

Ref	Opened/ Received Update	Objective for 18/19	Risk	Current context	Q1	Q2	Q3	Q4	Q1 - 2019	Q2 2019/2020
W&OD 1	Oct-08		<b>Capacity of Workforce and OD Function within ABMU link to Work of the future &amp; Digital Workforce &amp; Employee Engagement/Culture</b>	Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern. Current resourcing levels have been benchmarked with other Health Boards (to date only for the core workforce arm of the function) demonstrates that ABMU has the lowest ratio of workforce staff to staff headcount of all Health Boards in Wales.			Full risk register developed and presented to WF&ODC and Audit committee. IMTP for workforce function in preparation.		Resignation of the OD and Staff Experience Project Manager and OD and Staff Experience Administrator at extremely busy time of the year (run up to Chairman's Awards and Patient Choice Awards). Short term availability of funding will impact on service delivery in Learning and OD if a structure is not put into place before end of funding.  Resignation of Band 6 Facilitator means impact on delivery of induction and training until a replacement is recruited.  TI funding currently 40k overspend due to delays in recruitment to Recovery and Sustainability temporary funding which has now expired. One year contract offered in order to deliver outcomes outlined in TI WG return. Business case submitted to CEO for additional resource requirement	A review of all Unit risks with a score of 16 and above has been undertaken which has identified that 50% of these risks are linked to workforce related issues. A senior practitioner from the team has been moved on a part time bases to support the work of the DSU
	LJ		<b>Funding of "In Work Support Service"</b>	The ESF funded 'In Work Support Service' has been a partnership between the Health Board and Welsh Government and since 2015 has provided approximately 500K funding per annum to support the multidisciplinary clinical and administrative team - the current funding agreement ends in August 2018. ABMU has become accustomed to the service provided by the Wellbeing through Work team and this is now an established and reputable support service. Written assurance has been provided by Welsh Government Project Leads that extension funding will be provided and this has been planned until 2022, however, the Health Board has not yet received written confirmation from the related Cabinet Secretaries (Economy and Health & Social Care) nor written agreement from WEFO that this will commence from 1st September 2018.			Grant letter signed by ABMU on 19/2/19 to agree funding from Welsh Government (via ESF) and delivery of service until Dec 2022	Employment contractual changes made with the delivery team and continue to work with WG Project group to deliver the service. Can be removed from the Risk Register	We are currently monitoring service outcomes as, although referrals to the service are meeting predicted numbers, gaining the required ESF eligibility evidence from participants is proving problematic, resulting in lower service outcomes (WEFO will only accept an outcome if eligibility evidence is complete).	
W&OD 2	GH/KJ		<b>Sickness Absence Management</b>	There is a need to manage long term sickness more proactively which takes time, both managerial and workforce. It is perceived that workforce practitioners get involved in many cases at a late stage, thus elongating periods of absence that could have been resolved at an earlier date.			Draft Attendance plan developed as part of the R and S programme which includes: <ul style="list-style-type: none"> <li>• Sharing internal best practices in managing attendance (POW Case Study) with all DU's.</li> <li>• Create new Attendance Audit for ABMU in line with New MAAW Policy.</li> <li>• Create new Cultural Audit for ABMU to measure the culture of each department.</li> <li>• Pilot Focusing on early communication and support to aid early RTW for Short Term Absences.</li> <li>• Strategically align Health &amp; Wellbeing plans with Attendance Management work stream.</li> <li>• Testing of Absence Data.</li> <li>• Develop pilot within Facilities to test and exploit the benefits of using ESR Manager Self-Serve in managing absence more effectively.</li> <li>• Exploring options to use the ER Tracking system to support management of LTS cases</li> <li>• Confirm and challenge panels led by Director of W and OD to be carried out with each SHRM to fully understand HR activity within each Unit on the management of sickness absence. Particular focus to be placed on the management of LTS</li> <li>• Paper submitted to W and OD committee outlined current performance and actions being taken to mitigate high absence for reasons of Stress and MSK conditions.</li> </ul>	Long term sickness levels have improved over last two months data. Difficulty in focussing resources on sickness due to operational workforce team numbers.	Long-term sickness saw rates improve between January 2019 to March 2019. Although the current performance for April 19 stands at 4.07% which is an increase on previous months performance. With the impact of Bridgend boundary change reducing available hours by 103,493, absence percentages have inflated due to PoW delivery unit's historically good absence performance. Confirm and challenge sessions have been held with all delivery units and there are new plans in place, focusing on long-term absence reductions.	Short-term sickness absence has seen rates improve between April 2019 and May 2019. Currently at its lowest rate since August 2018 standing at 1.34% . A senior practitioner from the team has been moved on a part time bases to support the work of the DSU.  Long term sickness performance for June has improved by almost 0.1% compared to the previous month.  Early indications of pilot in Facilities is showing an overall reduction in sickness absence This approach is being considered for further roll out but requires proper support for it to be effective and would be more complex to replicate in a Delivery Unit environment.  Member of staff supporting R&S sickness workstream which supports some of the projects re managing attendance has handed in their notice there is no budget to continue appoint to this post so work will not continue at pace.

	SV		<b>Sickness Absence of Medical Staff</b>	There is likely to be under-reporting of current levels of absence and a lack of clarity and lack of resourcing about the lead responsibility (with the workforce team) for managing this exacerbates the problem. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019.		Only dealing with urgent cases at present but recognise more needs to be done which is currently resource dependant. Continue to report the risk to the appropriate committees		Only dealing with urgent cases at present but recognise more needs to be done which is currently resource dependant. Continue to report the risk to the appropriate committees.	Only dealing with urgent cases at present but recognise more needs to be done which is currently resource dependant. Continue to report the risk to the appropriate committees.
	LJ		<b>Occupational Health</b>	Occupational Health services is a critical enabler to support the effective management of staff well-being and sickness absence cases. Demand is increasing and access to and delivery of OH services is currently an obstacle in the timely and robust management of sickness absence within the HB. Difficulties recruiting experienced Nursing staff and Nursing sickness absence continue to compound effective service delivery and the ability of the Health Board to fully discharge its duties related to HSE Health Surveillance standards. The future provision on OH services requires urgent strategic review to determine the most appropriate future operating model given the potential retirement of two doctors and the Senior Nurse Manager in early 2019.		TI funded AHP delivery of management referral clinics commenced Jan 2019 and has resulted in initial reduction in waiting times for staff to be seen to 2 weeks - this requires longer term evaluation as the only full time Doctor retires May 2019. Training to use speech recognition software being delivered Feb 2019 which will reduce waits for managers to receive reports. Exec team has agreed future multidisciplinary model for OH using digital solutions to transform the service and retire and return of OH Consultant will support this. Scanning of OH records commenced Jan 2019 as a result of IBG funding with aim of full e-record for all staff by Oct 2019	• Discussions between SBU and CTM Exec Directors have resulted in the retire and return of the Occupational Health Consultant to deliver services across both Health Boards. The same arrangement is being planned for the Specialist Doctor to enable a sustainable medical resource across both Health Boards • The Senior Nurse Manager post has been recruited to since the retirement of the previous post holder • A Specialist AHP Lead post is being developed to enable a wider multi-disciplinary team approach and will increase capacity after the retirement of the only full time Specialist Doctor • Scanning of OH records continues with Morriston Hospital being complete by end of April 19 - efficiencies being recognised within admin team as paper notes decrease and waiting times continue at 2 weeks	• Discussions between SBU and CTM Exec Directors have resulted in the retire and return of the Occupational Health Consultant to deliver services across both Health Boards. The same arrangement is being planned for the Specialist Doctor to enable a sustainable medical resource across both Health Boards • The Senior Nurse Manager post has been recruited to since the retirement of the previous post holder and the Nursing Band 7 and Band 6 posts are out to advert - reduced Nursing resource is currently contributing to some delays in clearing pre-employment health declarations • A Specialist AHP Lead post is being developed to enable a wider multi-disciplinary team approach and will increase capacity after the retirement of the only full time Specialist Doctor • Scanning of OH records continues with plans to complete by Sept • Service data to transfer to new database (Cohort 10) in July 19 with gains in admin and clinical efficiencies as a result of this.	<b>Nursing Band 7 and 2x Band 6 recruited and commence October 2019. Nursing resource is currently contributing to some delays in clearing pre-employment health declarations</b> • AHP Lead recruited and commences Sept 2019 and increase capacity for manager referrals. • Scanning to be completed by Oct 2019 • Transfer to new database (Cohort 10) now complete and report building has commenced to extract relevant performance data. • OH Consultant has reduced one SPA (Clinical Lead) across SBU and CTM.
	GH/KM/KJ		<b>Management of Sickness and Absence</b>	Sickness absence is one, amongst many other measures of employment engagement and symptomatic of organisational culture. In the publication 'Engaging for Success – Enhancing performance through employee engagement' MacLeod & Clarke (2012) cited that engaged employees in the UK take an average 2.69 sick days per year, versus 6.19 taken by disengaged employees. Therefore effective management of sickness absence is far greater than dealing with sickness absence per se; it requires a concerted effort to build an engaged organisational culture, built on authentic visible leadership which allows individuals to perform, innovate and grow. High levels of sickness absence can be a symptom of an unengaged workforce but in parallel with effective S/Abs manage practices the HB must also treat the underlying cause.		<ul style="list-style-type: none"> <li>Implementation of new all Wales Managing Attendance policy.</li> <li>Commenced training for managers regarding the new all Wales Managing Attendance policy.</li> <li>Currently developing paper outlining the significant resource impact of training all managers on the revised all Wales policy and options to achieve this.</li> <li>Confirm and challenge panels with SHRM's focusing on the management of LTS within each unit</li> </ul>	Long term sickness levels have improved over last two months data. Difficulty in focussing resources on sickness due to operational workforce team numbers.	April 2019 saw an increase in absence of 0.29% on the previous month's performance placing April's in-month percentage at 6.01%. Long-term absence increased by 0.28% against previous months performance, whilst short-term absence slightly increased by 0.01%. April's performance is the first month the Health Board has seen the reduction of 2,948 FTE within the reporting numbers due to the impact of Bridgend boundary change, representing a reduction of 103,493 FTE available hours. Therefore, inflating April's absence performance compared to March 2019 performance. Continuing the focus on LTS is proving increasingly difficult to sustain due to small numbers of operational workforce staff. This impact is further compounded by the need to train all managers on the new all Wales Attendance policy. This new piece of work was never accounted for within our staff numbers. A paper has been produced for Executive team to highlight the impact of this.	June 2019 saw a very slight increase of 0.01% on the previous months performance placing June's in-month percentage at 5.79%. Long-term absence decreased by 0.1% on previous month, with short-term absence increasing by 0.14%.  Continuing the focus on LTS is proving increasingly difficult to sustain due to small numbers of operational workforce staff. This impact is further compounded by the need to train all managers on the new all Wales Attendance policy. This new piece of work was never accounted for within our staff numbers. A paper has been produced for Executive team to highlight the impact of this. The recruitment of 3 Investigating Officers will assist in realigning resource toward this training need.

	LG		<b>Sickness absence and Stress and Work pressure</b>	Mental health related sickness absence is now the primary reason for long term sickness absence within the Health Board with 30% of long term absence being attributable to this. As a result, additional staff counselling support has been made available and the Invest to Save two year funded 'Staff Wellbeing Advice and Support Service' has recently been launched, providing fast access for staff for health support. Training in 'Understanding mental health in the workplace' for managers is now available along with training in using HSE Stress Management standards to assess the risk of work related stress.		<ul style="list-style-type: none"> <li>Continued delivery of Invest to Save 'Staff Wellbeing Advice and Support Service' - aim for staff to receive initial contact with the service within 5 days of self-referral. Averaging 90 staff referring monthly - 70% for mental health support and 30% musculoskeletal support.</li> <li>Continued delivery of Mental Health awareness sessions to managers. To date 16 sessions have been delivered to 132 managers.</li> <li>Continued delivery of Work related stress risk assessment training for managers. To date 24 sessions have been delivered to 210 managers in total</li> </ul>	<ul style="list-style-type: none"> <li>4 menopause wellbeing workshops have been planned March -June across the Health Board to pilot this approach at early intervention for staff</li> <li>Over 340 Wellbeing Champions have been trained and are supporting their colleagues to access support for health at work concerns</li> <li>Since April 2018, 32 Work Related Stress Workshops have been delivered to managers with 267 attendee's and 24 Mental Health Awareness Workshop with 209 managers attending.</li> </ul>	<ul style="list-style-type: none"> <li>4 menopause wellbeing workshops have taken place attended by a total of 26 staff with one further session planned for June 2019, focusing on early intervention for staff.</li> <li>Post boundary change the organisation now has 302 trained Wellbeing Champions available to support colleagues that experience health and wellbeing issues at work.</li> <li>Since May 2018 234 managers have attended 'understanding mental health for managers training' run over 28 sessions within the organisation.</li> <li>Priority appointments for staff counselling - 4 appointments per month have been made available for staff who are identified as requiring faster access for support.</li> </ul>	<ul style="list-style-type: none"> <li>Scanning of OH records continues with plans to complete by Oct 19</li> <li>Planning for 2019 Wellbeing Week (16-20 Sept) continues with workshops including managing stress at work, menopause and health checks for staff included.</li> </ul>
	GH/KG		<b>Financial Cost of Sickness Absence</b>	At current levels the total cost of sickness absence is calculated as £24m. This measures the 'value of staff time' lost essentially.		<p>Long term sickness rates have improved in the last 2 months and the current performance for November 18 is 3.97% and is an improvement of 0.35% compared to reported levels at the same period last year. This may have some impact on reducing overall costs. However until the overall rate reduces this may not be particularly evident.</p> <p>It should be noted that the impact of the boundary change is likely to worsen our sickness performance as an organisation as the POW unit is our best performing unit for sickness absence</p> <ul style="list-style-type: none"> <li>LTS management within units to be the focus of confirm and challenge panels with SHRM's</li> </ul>	Confirm and challenge panels are currently being undertaken. Long term sickness levels have improved over the last two months data.	Prior to the Bridgend boundary change impacts on reported numbers, overall sickness performance improved between January 19 and March 2019. This is mainly due to the focus on reducing long-term sickness levels, which has delivered a reduction in performance reaching below 4% in March 2019. Sustainability of this approach within current resources remains a challenge as already highlighted above.	In the three months since Swansea Bay Health Board came into being in month sickness absence trend has improved slightly by 0.1%. This is mainly due to the continued focus on reducing long-term sickness levels but is increasingly difficult to maintain without dedicated resources.
	KJ		<b>Casework</b>	The number of Disciplinary, Grievance, and Dignity at Work etc cases is currently at an exceptionally high level at circa 180 cases in total. By way of comparison C&V (70) AB (60) H Dda (70) CT (30). This is a huge resource drain on both the workforce team and managers.		System Configuration will be completed and local testing started to support go-live Mid April 2019	Long term sickness levels have improved over the last two months data.	System Configuration will be completed and local testing completed, issue with Inforamtion Governance identified which is being worked through prior to go live.	ER system goes live 20th August 2019, Two of the IO's have commenced in post in August 2019. Case review meetings are being conducted by the Assistant Director Workforce and OD with the HR operational team
	KJ		<b>Skills of Investigation Officers</b>	The skills of <b>investigation officers (IOs)</b> has been of concern and the current organisational structure supports the potential for variation in practice and standards. Of the cases reviewed on 20 – 25 % of occasions the delays were related to the progress/pace of IOs. A previous HIW investigation recommended the establishment of an investigation team to deal with complex cases as there has been severe criticism on the quality of investigations and the HB did commit to address this.		IGB case for Investigation team approved in Oct 2018. Work now underway to establish and recruit to the team.	Adverts for Investigation Officers and the Team Support Officer have been published on NHS Jobs.	Three Investigation Officers have been appointed, expected to commence employment late July/ early August 2019	Two IOs have commenced in post August 2019

W&OD 3	KJ		<b>Employee Relations</b>	The climate in ABMU is very challenging. Partnership working in the truest sense is not understood and partnership behaviours exhibited in ABMU are not what most organisations would recognise as constructive partnership working. Developing the people skills of managers are vital to improving this environment. To address this the HB should both invest in resources to train Line Managers in HR policies and soft skills (see leadership section later in the document) whilst adopting a coaching approach to management, as well as invest in developing our operational HR teams to foster a different climate of employee relations.		ACAS sessions have commenced and employee relations case review undertaken by solicitors, learning event being organised for WF staff with solicitors	Learning event scheduled for 4th April with operational team. Work with ACAS continues, meeting arranged to consider feedback and next steps required.		Case reviews been undertaken with operational team by Assistant director to support consistency and learning
W&OD 4	KM		<b>E-Learning and Mandatory</b>	Although compliance levels are improving, ABMU currently has the lowest levels of compliance across NHS Wales. As at September 2018, ABMU performance is 66.27% against 85% WG target. There is currently no dedicated infrastructure in place to support e-learning, despite the core mandated training dictated and monitored by Welsh Government being on an e-learning platform. Within the L&D team, one member of staff takes on a supportive role, answering queries and running reports, however, this is in addition to their principal role which is a L&D facilitator, with responsibility for leading on coaching skills development and roll-out across the organisation. This is a shared risk with IT and Finance (ESR) – as systems and/or software are often		Improvement continues to be seen in relation to completion of M+S Training Competencies. December 2019 72.8% compliance. During December 2018 technical issues have meant that users are unable to complete Elearning. This may have some impact on the Q4 statistics.	Improvement continues to be seen in relation to completion of M+S Training Competencies. February 2019 74.37% compliance. This Audit is no longer Limited Assurance. Improvement continues to be seen in relation to completion of M+S Training Competencies. March 2019 75.22% compliance. Following ESR configuration in relation to boundary change there may be a change in figures impact on figures.	Improvement continues to be seen in relation to completion of M+S Training Competencies. April 2019 75.30% compliance. Compliance improving (May 2019 75.90%)	Compliance improving (July 2019 77.8%)
W&OD 5	KM		<b>PADR</b>	organisational wide PADR compliance currently stands at circa 63% (check figure). Again compliance levels have been improving but ABMU still reports the lowest levels of compliance across NHS Wales currently. The proper use of the ESR ESS/MSS portal will help improve this figure but a concerted effort is needed to focus managerial efforts to ensure compliance levels are improved to at least the target figure. There is a real danger that unless the new arrangements are implemented effectively it will lead to more grievances if managers try to prevent (even appropriately) pay progression.		PADR Compliance remains stable and has risen in December 2018, this is reported as 67.13%. The Director of Workforce and OD has requested improvement plans from all Units on how they will improve compliance.	PADR Compliance remains stable and has risen in December 2018, this is reported as 66.81%. PADR Compliance remains stable however has slightly fallen to 65.93% in March 2019. Following ESR configuration in relation to boundary change there may be a change in figures impact on figures.	PADR Compliance has risen to 64.21% in May 2019 from 63.79% in April 2019.  Mental Health & Learning Disabilities 81.46% Morrison Hospital 71.61% Neath Port Talbot Hospital 85.09% Primary Care & Community 85.77% Singleton Hospital 77.17%  This still reflects an overall decrease in PADR Compliance since February 2019.	PADR Compliance has maintained at 64.44% (July 2019) from 64.21% in May 2019. Mental Health & Learning Disabilities 66.12% Morrison Hospital 64.69% Neath Port Talbot Hospital 77.11% Primary Care & Community 79.83% Singleton Hospital 70.83%
W&OD 6	SV		<b>Recruitment and Vacancies</b>	There are acute shortages of both nursing and medical staff which fundamentally impact on ABMU's ability to meet targets (performance, financial and quality/safety). For medical vacancies this impacts on the variable pay position.		Engaged with Kendall Bluck work will commence in Nov/Dec. Initial findings well received by Exec Team. Final presentation took place on the 3rd April. Ongoing work with Medacs re long term locums. Participated in the Nov round of Bapio recruitment. 21 posts offered as a result. In process of developing R&R strategy for medical staff presented to January meeting of WOD Committee. Work underway to clarify the Medical and Dental establishments to feed into the strategy		Clarifying the medical and dental establishments is proving complex. There is meeting on the 31st may with the EMD and Director of WOD to agree what initiatives to pursue. Now confirmed that there is no Unit or Corporate Oversight of the establishments as finance do not hold them and they are devolved to service managers.	

W&OD 6	LI/KJ		<b>Recruitment and Vacancies</b>	<b>Vocational Training</b> Self funded and in place since 1986. The team is established on the basis that they are self-funding (circa £120K) through income generation. Providing essential / life-line access to work based learning opportunities for the unemployed in our community. These include 'employability skills programme for adults and Engagement programmes for 16-19 year olds. Changes in WG policy and funding arrangements have jeopardised the achievement of income generation targets for this team. The team is also a licenced AGORED Accredited Centre and provides a corporate function in registering all AGORED accredited programmes. This saves the organisation significant		following an audit of all Vocational Training activity and payments, an underpayment has been identified. The Health Board have received an interim payment has been made to the Health Board. There is a delay of the Welsh Government procurement for the overarching provider of the all age training programme. this may impact on the work of the VT team in 2019/2020.	There is currently no update on the Welsh Government procurement for the all age programme. This may impact the work of the VT in 2019/2020.	There is currently no update on the Welsh Government procurement for the all age programme. This may impact the work of the VT in 2019/2020	
	GH/KJ		<b>International Recruitment Campaign</b>	A further <b>international recruitment campaign</b> is being developed to source overseas nurses but to learn lessons from previous campaigns the Health Board has determined that nurses will only be interviewed if they hold the appropriate IELTS qualification. This will speed up the recruitment timeline significantly and should be a better operating model as long as companies can furnish staff with the appropriate IELTS standard. The impact of the Nurse Staff Act will further highlight and increase the reported vacancy levels within the Health Board.		Mini tender has not been progressed due to a delay in the renewal of the LPP framework. This is outside of the HB's control.  Business case being developed to bid for further funding to continue overseas nurse recruitment in 2019/20 including resource to administer the process.  Business case has been submitted for initial scrutiny to secure further funding into 2019/20 to continue with recruitment of overseas nurses.	Further information has been provided as requested from scrutiny process. Awaiting outcome from IBG	Awaiting outcome from IBG regarding business case in order to secure funding for 19/20. meeting held with procurement to pursue some short term international recruitment whilst the framework is being sorted. Due to our current contract with our current provider being out of date. Procurement are in the process of putting in a short term solution in place to enable us to take advantage of any IELTS passed nurses who our current provider have available for recruitment.	Short term single provider contract put in place and signed off by Procurement to enable us to pursue the opportunity of engaging IELTS passed overseas nurses who are available in the marketplace. The business case for this recruitment remains with IBG scrutiny and has not progressed since providing further information requested and revising the bid from ABMU requirements to Swansea Bay .
	GH/KJ		<b>Exit Interviews</b>	The Health Board does not have any consistent way of conducting exit interviews which are critical to know how to address turnover and improve staff retention. There are a number of systems on the market there is a UK based system available today for as little £4K per annum, including set up, design of questions, regular reporting and analysis.		Training to HR team on the ESR EQ process arranged but had to be postponed due to illness. Session now taking place in January. HR team will cascade in their areas in order to make managers aware of process. Re arranged training has had to be rearranged again due to further illness of trainer. Plan now to take place in March 18	Meeting postponed until May due to resource issues.	Training session on ESR exit questionnaire has now been arranged for July due to previous meetings being cancelled.	Due to limited resources this is unlikely to progress until early Autumn at the earliest
	SV		<b>Personal Files</b>	The inability to store files safely raises both reputational and actual risks for the Health Board through possible Information Commissioner fines which can be considerable. The files currently held at Gorseinon, Cefn Coed, Singleton and with Robbins Brothers need to be culled and ideally scanned. Looking to the future a full digitisation solution should be considered		Workforce ready to move the files from Gorseinon but waiting for the unit to be completed. This is taking longer than anticipated. The files are due for move on the 3rd May		Files moved to Neath on the 3rd May. Further incident occurred in Singleton as the files were not in a secure room. Estates have fitted a device which will trigger the fire alarm if tampered with. This is only a short term solution however.	
	JQ		<b>GDPR</b>	Of particular concern is the new deadlines for releasing personal data under the statutory Subject Access Request (SAR) and the publicity around GDPR which may of itself increase the likelihood of staff seeking to see their data. We are currently looking at a revised SAR policy and the optimum way to make staff aware of both their rights and the HB responsibilities. The current post that supports this activity is currently not funded.		Draft SAR policy completed no resolution to funding resource issues as yet.	Further discussions on SAR completed with a view to agreeing way forward.		
	JQ		<b>Welsh Language Standards</b>	Revised Welsh Language Standards will come into place in 2018. For ABMU the implications of providing training and support to staff who wish to learn the Welsh language has both costs and resource implications. Staff will also be able to require the health board to conduct all forms of internal processes e.g. disciplinary, sick absence management through the medium of the Welsh language, this will be challenging in a practical context for both managers and workforce staff.		Awaiting reconvened Welsh Language group meeting to go through HB response.	Undertaking review of compliance notice from a workforce perspective and awaiting SBLHB meeting to discuss response.	Ability to deliver Training and Development in Welsh.  Ability to deliver Induction in Welsh. Meeting of the SB Welsh language group has been held and away forward to review the compliance notice agreed. Further actions are expected through more regular meetings of this group.	

W&OD 7	SV	<p><b>Medical Vacancies</b></p> <ul style="list-style-type: none"> <li>Consideration should be given to specific International recruitment campaigns.</li> <li>Meeting the agency cap challenge and premium payment issues which will significantly reduce cost.</li> <li>Ensuring access to robust language training to help get doctors through IELTS or OELTS</li> </ul>	<p><b>Management of Medical Workforce</b></p>	<p><b>Management of the Medical Work Force</b></p> <p>Considerable under capacity in Team who struggle to meet the demands of units in this respect.</p> <p>Level Medical Vacancies .</p> <ul style="list-style-type: none"> <li>Work is ongoing to support the recruitment of doctors to substantive vacancies.</li> <li>The medical workforce team are unable to find the capacity to work with the Delivery Units on innovative recruitment campaigns</li> </ul> <p>Recruitment and retention</p> <p>Establishment of a Junior Doctor Welfare</p> <ul style="list-style-type: none"> <li>Help with the recruitment and retention specifically of junior medical staff.</li> <li>Lead some work around medical engagement.</li> <li>The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work.</li> </ul> <p>The job planning process and the content of consultant job plans</p> <ul style="list-style-type: none"> <li>This would benefit from significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce.</li> <li>This is a significant and complex area of work that requires dedicated resourcing to be undertaken effectively aligned to the role out of the e job planning system.</li> <li>To resource this an Invest to Save Bid is being submitted to Welsh Government which will provide much need resource to scrutinise the job plans for consultants and SAS doctors, review annual leave patterns and to complete the roll out e job planning to ensure full benefits realisation.</li> </ul>			<p>Already working with Medacs with long term locums . KB commenced in November. KB Results presented to Execs in February and April .</p> <p>Participated in Bapio round in Nov. 21 post offered. Employed project staff for Locum on duty, project due to commence February. R&amp;R strategy being developed , presented to WOD Committee in January. Work underway to clarify the medical and dental establishments</p>	<p>Work continues with Kendall Bluck and Medacs. Clarifying the M&amp;D establishments is proving complex and so there is a meeting on 31.5.19 to decide next steps. Now confirmed that there is no Unit or Corporate Oversight of the establishments as finance do not hold them and they are devolved to service managers. Locum on duty began its roll out on the 1st May</p>	<p>Projects all on track and some savings are being realised.</p>
	not us		<p><b>Healthcare Support Worker Framework</b></p>	<p>Health Care Support Worker Framework is a mandated framework by Welsh Government and the responsibility for implementation sits with Nurse Director. However, with the development of the framework to include all clinical and non-clinical support workers, there is a debate about where responsibility for the framework will sit in the future. This is a risk and will need to be resourced appropriately if / when the framework is rolled out further than nursing health care support workers. The current risk is that the overwhelming 'operational' workload previously referred to detracts from the planning, attention and intervention needed on this strategic need. Linked to this ABMU (as does the rest of NHS Wales) has a very challenging aging workforce profile. Attention need to be given as to how we manage and support an aging workforce and keep people working longer to ensure we can achieve the required future staffing levels</p>					
	KM		<p><b>Work Experience Co-ordinator</b></p>	<p>There is no resource to coordinate work experience in ABMU or to work with schools and colleges through career fairs to ensure widening access to clinical and medical careers locally. Two bids were made to Charitable Funds to fund a Band 6 Widening Access Coordinator, but this was turned down on the basis that it was core HR business. Some work does happen but this is down to individuals with the good will and passion to make this better and takes place in their own time. There is no non pay budget to support this work either.</p>		<p>Work experience queries are currently directed to NWSSP generic work experience email. Discussions are planned between ABMU &amp; NWSSP to agree way forward.</p>	<p>There is no update on this risk.</p>	<p>There is no update on this risk.</p>	
	no us		<p><b>HRH Nurse Cadet Scheme</b></p>	<p>Further work is also anticipated during autumn in the coordination of a high profile HRH Nurse Cadet Scheme. The intention is develop a 2 year cadet scheme for 70 students and grow this to include other professions such as OTs and Physios in subsequent years. Given the size of the organisation and our recruitment challenges, this is a risk for the organisation and consequently we are falling behind other organisations in meeting the minister's mandate on widening access. This is a pivotal area of work that is not resourced at the current time, both in terms of staff and materials.</p>			<p>There is no update on this risk.</p>	<p>Resources will be required to support the placements. The scheme is due to commence on the 24-25th May. There is a confirmed second scheme which will commence in October 2019.</p> <p>Workload of Apprentice project manager is increased due to supporting the placements.</p>	<p>No post to support work experience or careers – developments requiring health board support include Nurse Cadet Scheme likely to expand (30 applications received across Wales for January placements), Arch work experience programme, step into work, Go Wales.</p>
	JQ		<p><b>Digital Workforce Solutions</b></p>	<p>ABMU is significantly behind the pace with the implementation of digital workforce solutions, including ESR. In the past it may be that this has not been a priority for the Health Board and the resource investment made by other organisations has not been mirrored within ABMU. The impact of this position is that there is significant waste and duplication in many of our core workforce processes. In addition there is a lack of up to date workforce information and analytics to support evidence based practice.</p>		<p>Initial analysis of resource needs for ESR team to be completed.</p>	<p>Discussion on workforce funding and support for ESR workforce analytics underway</p>		

	LJ		<b>Supporting staff through change</b>	Risk to staff engagement, well being and attendance if change as a result of the Bridgend Boundary Change isn't well led and well managed.						
W&OD 8	KM		<b>People Skills of Managers and Management Capabilities</b>	Resources to support leadership development is limited. Temporary resourcing has been secured to increase the scale of leadership activity, including extending the roll out of Footprints and developing Bridges . This resource temporary resource is funded via TI monies and is in place until March 2020. At that point, our capacity returns to current levels.			Planning complete for 2019 programmes. Pilot of 2 bridges programme (8a plus managers).	Programmes continue to run and gain momentum. Footprints has been nominated for a national HMPA Award. There is no update on this risk.		One member of the team who was delivering as part of the fixed term funding secondment has ended – this will leave delivery gaps and have to be filled within the team as a 2 day per week fixed term role would be unable to recruit.
	Km		<b>Internal Graduate Scheme</b>	Cohort 2 is pending confirmation of funding from the units, despite success of Cohort 1, impact and calibre of students. The risk is that if no funding is forthcoming, all work set up for running our internal graduate scheme will be lost, unless the organisation is willing to centrally fund the students.			Confirmation of 1 post for Singleton; 1 post for NPTH. Still awaiting feedback from other units. Interest from Director of Corporate Governance.	Funding has been allocated via an agreement to top slice funding. The Graduate Growth Scheme is currently out to advert (March 2019). Currently out to advert for graduates.	Internal staff recruited - currently discussions on organisational risk in relation to continued service.	<b>No update</b>
	KM		<b>Apprenticeship Academy</b>	Currently our apprenticeship academy has 2 coordinator and 1 apprenticeship post which are funded externally by our partners, Neath and Bridgend colleges. Provided we meet our performance indicators, this funding will continue. However, there is a risk that the funding could be withdrawn if there are changes to education policy or if we don't meet our numbers (e.g. in Bridgend – currently not meeting our targets as focus on boundary change). Bridgend has very recently formally served us notice and our contract will end in September 2018.			October 2016-October 2018 = 165 total apprentices. 27.3% have secured permanent jobs in ABMU and 6% have progressed onto higher apprenticeship frameworks. 26 apprentices are currently awaiting start dates	The Apprentice Academy Apprentice has gained employment. Discussion has been had with NPTC group around the replacement of this post. Funding has been agreed for a further 12 month period. The apprentice coordinator for Singleton funded by Gower College will not continue. The L+D Project manager is in discussions with Gower to ensure continuity for the staff on Singleton Site. No update to this risk.	Recruitment of a support member of staff within Singleton (funded and employed by Gower College) Recruitment ongoing	<b>No update</b>
	SV/LJ		<b>Medical Education</b>	With the departure of Medical Director and the Assistant Medical Director and the imminent retirement of the Clinical Governance Coordinator, there is a leadership risk and a significant loss of organisational knowledge at a senior level, this will place increasing pressure on the Medical Education Centre Manager, in particular to manage forward plans and the relationship with the Deanery and the University.			Following discussions with the Medical Director research is underway to inform an options appraisal paper. This will include a review of what currently exists and what is needed for the delivery of Medical Education in future.	The Medical Director and Director of Workforce and OD have agreed a review of medical education. This is at a critical point for this as the Medical Education and Governance Manager retires at the end of April. Temporary changes have been agreed while a review is commissioned.	Members of Staff have now left which is a risk to organisational memory and service provision.  Workload of team increasing with increased projects and placements.	<b>Increasing numbers in student placements.</b>  <b>Drop out of PA posts following recruitment process.</b>

	KJ		<b>Bridgend Boundary Change</b>	This strategic change creates very significant additional workload and risk for the workforce team. The process of managing the transfer and TUPE transfer process – identifying those affected, running the consultation process, managing the organisational change processes by April 2019 are enormous. The scale and complexity of the work required is unprecedented. Additional resources are critical to the delivery of this work programme and bids have been submitted to Welsh Government in this regard. There is a danger that the required resources – either in terms of money or people, will not be able to be identified which puts both the successful delivery of the boundary change and the delivery of all BAU activity at significant risk		Recruited to team and work is being completed, however recruitment is on basis of FTC and we may lose some of the team before completing the project. We are working in partnership with CTUHB to mitigate the risk.	TUPE and volunteer process has been completed. Currently accessing future work load. WG are no longer funding transition team, we have two members of staff remaining who are managing the workload. TUPE transfer was effected on time, risk remains the volume of SLA's between CTMHB and SB UHB which when SLA services are reviewed will result in service disaggregation and TUPE's for staff effected by this	Residual work continues, currently accessing resource required for disaggregation of SLA's	
	KJ		<b>Recovery &amp; Sustainability Programme</b>	This programme of work makes significant demands on the workforce team. Short term funding has been provided and further financial support requested from Welsh Government. Unless 'additional' staff can be secured to focus on the work required there is a danger that delivery if the BAU agenda will further suffer.		Post holders have commenced work, however the staff due to funding staff are appointed on fixed term contracts and there is a danger they may seek permanent employment.	One to two members of staff has secured permanent employment outside the Health Board, we are currently reviewing our requirements for the coming year. With the HVO work commencing we will require additional resource to deliver appropriate workforce support	We have seconded a member of staff to support the therapies HVO workstream, we only have funding for both posts until the end of September if funding is not extended we will not be able to continue to support the projects	<b>Member of staff supporting R&amp;S sickness workstream has handed in their notice there is no budget to continue appoint to this post so work will not continue at pace. Funding for the therapies workstream has been secured to April 2020.</b>
	HR		<b>Priorities</b>	There is an urgent need to agree and commit to a smaller range of workforce organisational priorities as the current resource constraints make it extremely challenging to operate effectively across all areas of activity. The workforce team has been asked to identify a list of activity that can be stopped to enable better focus on priority areas of work.					
	HR		<b>Reputation</b>	The workforce function wishes to both improve reputation within and value to ABMU. A significant number of limited assurance internal audits is a key focus of improvement.					
	JQ		<b>Pay Deal (2018)</b>	<p><b>Lack of knowledge of the key points of the pay deal.</b></p> <p><b>Contentious issues</b></p> <ul style="list-style-type: none"> <li>• Pay progression</li> <li>• Unsocial Hours – reduction in sickness rate</li> </ul> <p><b>Run our own session on the pay deal for WF&amp;OD staff</b></p> <p>Invite Finance Staff</p> <p>Invite Staff side</p> <p><b>Closure of Band 1</b></p> <p>Band 1 disappears by 2021. Need to review all Band 1 posts.</p> <p>Meet with key managers</p> <p>Effect on replacement of Band 1 Staff in departments where band 1 is still used.</p> <p><b>Issue Bulletin re pay deal</b></p> <p>Direct staff to the pay journey tool</p> <p>Annual leave purchase calculations</p> <p>Staff who will pass through Pension contribution thresholds</p> <p><b>Spot salaries</b></p> <p>If we have any staff on spot salaries in the A4C banding structure we need to consider what we are doing with them.</p> <p><b>TUC's "Dying to Work" agreement</b></p> <p>We are committed to signing up to the TUC's "Dying to Work" agreement (staff with terminal illness).</p>		Awaiting confirmation of all Wales groups looking at specific pay deal related commitments. Complete sign up to "TUC Dying for Work" scheme. Session on pay deal completed. Spot salary staff review completed in preparation of All Wales work managed through NHS Employers.	There have been very few queries regarding the 2018 pay deal in general so no further action planned. Preparation and action plan for the closure of Band 1 underway with the affected departments. Dying to work agreement to be completed for new SB LHB.	Closure of Band 1 process is underway. All but 1 of our current B1's are employed within hotel services. An all Wales process has been agreed which is currently being implemented across Hotel Services.	Interviews with existing B1 staff continue, in line with the all Wales process, in order to identify those individuals who wish to move to B2 posts. <b>Over 380 have been completed to date out of a total of 550.</b> Regular data is communicated to all Wales project manager to report on progress. Our anticipated completion date for this work is 31st August 19.



	PD		<b>Staff Wellbeing Service Invest to Save funding</b>	<p>The Staff Wellbeing Service has been externally funded for the past several years, providing staff with timely advice and support for mental and physical health issues, whilst streamlining existing staff support services, reducing duplication and improving ease of access for staff. This has reduced waits for staff to access initial support for common mental health problems from 5 weeks to 5 days and enables a Physiotherapy telephone assessment within 3 working days. This service currently provides the 'rapid access' to staff for expedited musculoskeletal issues and supports the HB's aims in reducing sickness absence. Training for managers around mental health and work based stress assessments along with Menopause training for staff and the Cycle for Health scheme is supported by the Wellbeing team, as is the Wellbeing Champion Network which now has more than 300 Champions supporting the HB's staff.</p> <p>There is a risk of not only losing the services outlined above but the experience, knowledge and skills developed by the team over the last 7 years.</p>			N/A	N/A	A Business plan is being developed with planned presentation to Exec team colleagues to communicate the risks of not supporting the service into the future.	
	KJ		<b>DBS Rollout</b>	Plan in place for DBS rollout to ensure all staff who require a DBS have had one.			N/A	N/A	Shared Services are supporting six month project and will require funding for four band 3's, the workforce function will require funding for two band 3's to support the data preparation work estimated cost of £74,000. Funding will also be required for the cost of the DBS estimated at £275,000, there no budget within the workforce function to fund this work. So the function is proceeding at risk.	