



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th August 2019	Agenda Item	4.1
Report Title	Corporate Risk Register (Workforce Risks)		
Report Author	Hazel Robinson, Director of Workforce and OD		
Report Sponsor	Hazel Robinson, Director of Workforce and OD		
Presented by	Hazel Robinson, Director of Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is update the Workforce and OD Committee on the progress achieved to date to manage and mitigate the Workforce and OD risks reported to the Committee in August 2018. This follows the initial risk stocktake undertaken by the Director Of Workforce and OD.		
Key Issues	The report highlights the progress that has been achieved in a number of areas of workforce risk. A risk register has been developed and is attached to the paper as appendix 1.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The committee is asked to: <ul style="list-style-type: none"> - Note the progress achieved to date. - Identify specific areas of risk where the committee requires a further detailed report, as a matter of priority, to provide further assurance. 		

CORPORATE RISK REGISTER (WORKFORCE RISKS)

1. INTRODUCTION

The purpose of the report is to provide an update on the progress made over the last 5 months to manage and mitigate the workforce risk outlined in the stocktake of risks previously presented to the Workforce and OD Committee in August 2018.

2. BACKGROUND

The Workforce and OD Committee and Audit Committee have previously received a briefing report which outlined the key workforce risks and challenges faced by both the Workforce and OD Directorate and the Health Board.

Since the development of this stocktake a number of actions have been put in place to address the key risks and challenges previously identified. In addition, the risks which were identified as significant have been added to both the Directorate and Health Board risk registers, attached as Appendix 1 of this paper.

3. UPDATE ON KEY RISKS AND CHALLENGES

The following table provides a summary of overall progress against the risks and issues that have been identified.

Issue/Risk	Change	Comments and Rationale
Capacity of Workforce and OD Function	→	<p>Additional temporary funding secured.</p> <p>Greater awareness of fragility of function. Positive WAO Structured commentary in relation to workforce matters and reference to workforce capacity issues.</p> <p>Staff resource transfer to Cwm Taff agreed which will add to the fragility of the function.</p> <p>In addition a number if temporary funded posts have proved impossible to recruit to and some temporary staff that had been recruited to support critical pieces of work have/are leaving having secured substantive positions.</p> <p>Critical replacement posts (band 8a and band 7) approved for immediate recruitment to mitigate risk.</p> <p>Band 8a Senior HR Manager has retired.</p> <p>Temporary R&S funding for one post comes to an end in August 2019 and the post holder will leave having secured and alternative post outside the HB.</p>

		<p>Confirm and challenge discussion held with Director of Finance in early April 2019 to test reasonableness of structure.</p> <p>High level structure shared with workforce function. Strong support for these changes.</p> <p>Joint meeting W&OD/Finance meeting to be held with CEO present proposed structure. Discussion re future structure with CEO 24/07/2019.</p> <p>A paper outlining the detail of the proposed resource investment has been submitted to the CEO for consideration.</p> <p>Workforce risks discussed at Audit Committee.</p> <p>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.</p> <p>A senior practitioner from the team has been moved on a part time basis to support the work of the DSU.</p>
Workforce Structure	→	<p>Detailed work to commence January 2019. Work to implement new workforce team structure to be taken forward April 2019. Draft structure prepared for discussion with senior leadership team and workforce function to test fit for future organisation and priorities during March 2019. Resource requirements presented to DoF in confirm and challenge process – as above. Workforce re-structure to be managed in two phases:</p> <ul style="list-style-type: none"> • Re-alignment of Assistant Director portfolios – May 2019 – Complete • Organisational Change process to re-align/appoint to sub-structure posts. Consultation document drafted – awaiting resource confirmation. • Business case for additional resource submitted to CEO.

Workforce budget	↓	<ul style="list-style-type: none"> • Challenging workforce budget for 2019/20. • Posts remain unfunded following BBC • In addition, along with all other budgets, a CIP savings target has been set with a requirement to achieve financial balance by year end. • Delivery if this will impact further on the capacity of the workforce and OD function • Delivering DBS project with no additional financial resource
ESF Funding	→	<p>Welsh Government has confirmed the ESF £2.6m extension funding for the In Work Support Service until December 2022. Grant letter from Welsh Government to ABMU signed on 19/2/19.</p> <p>No longer a current risk.</p>
Sickness Absence	↑	<p>Attendance improvement plan developed which includes:</p> <ul style="list-style-type: none"> • Outputs of best practice case study conducted in three areas of good sickness performance (PoW case study), have been incorporated into each DU's attendance action plan. • New Attendance Audit for Swansea Bay is being rolled out all DU's within the organisation currently commencing in Singleton delivery unit with the rest of the delivery units to follow. • Pilot Focusing on early communication and support to aid early RTW for Short term Absences, which began in May 2019 within Facilities and Hotel Services. Initially focussing on a hot spot area containing 200 employees. Sickness cases are reducing since trial has been in place and June 2019 absence performance showing a decrease of 2% since April 2019. • Singleton Absence "Deep Dive" has commenced, reviewing five low absence areas and five high absence areas. With the first departments going through the deep dive process on 21st August 2019. The deep dive will produce a detailed findings report

		<p>attained from in-depth analysis and audits, allowing best practice to be shared and opportunities to be worked.</p> <ul style="list-style-type: none"> • Working with the Health & Wellbeing team to support plans to increase Attendance Management work. Currently producing leaflets promoting the Health & wellbeing services to counteract the recent increase in MSK absence reasons. • Continuation of Testing of Absence Data, ensuring appropriate reporting systems are being utilised to drive down absence performance. Currently exploring the possibility of accurate collation of DU's proactive support offered to staff members. • Confirm and challenge sessions are now complete, which reviewed each delivery unit's sickness absence plan, providing support to the SHRM's to lead a reduction in long-term absence performance. These sessions will commence each quarter, applying continued focus to Long-term absence. • MAAW policy training, A targeted plan is now in place to achieve approx. 3,000 managers through a blended learning approach by December 2020 ensuring maximum attendance levels are achieved, whilst also prioritising high absence areas first. To-date Swansea Bay has trained 440 managers on the new policy. <p>Working in partnership with staff side to support improving attendance at work. Other recent activity includes:</p> <ul style="list-style-type: none"> • Ongoing training for managers regarding the new all Wales Managing Attendance policy. • A full training plan is now in place to support the implementation of the new Attendance policy through to December 2020. • OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Key developments include commencing the scanning of all OH records to enable a
--	--	--

		<p>digital record and reduce inefficiencies (to be completed October 2019) and increasing OH resource with AHP's from TI monies. This has resulted in waiting lists for management referrals initially reducing from 4 to 2 weeks. Currently implementing digital dictation software for clinicians to reduce waits for OH reports to be sent to managers. Evaluation to be completed October 2019.</p> <p>Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health. This has reduced waits for staff to access initial support for common mental health problems from 5 weeks to 5 days.</p> <p>Physiotherapy phone assessment within 3 working days. Physiotherapist can access the musculoskeletal expedite-pathway for staff, enabling faster access to related diagnostic and surgical interventions.</p> <p>This service now currently provides the 'rapid access' to staff support. Between the 12 months of June 2018 and July 2019, 1,321 wellbeing assessments were offered of which 71% were for mental health support and 29 % for musculoskeletal support; of these 21% required no further support at the initial wellbeing assessment demonstrating the prudent approach of this model in supporting staff health and wellbeing. 81% of staff referring to the service during this reporting period were offered a wellbeing assessment within five working days, demonstrating the timely approach to this model. 59% of staff were 'presentees' - seeking support to remain in work and therefore sickness absence and associated variable costs may be higher without the Wellbeing service.</p> <p>Early evaluation demonstrates 67% of staff who were absent from work at referral returned to work at discharge.</p>
--	--	--

		<p>72% of staff reported that the service had a positive impact on their work status.</p> <p>This model accepted as Bevan Commission Exemplar 2018/19.</p> <ul style="list-style-type: none"> • Over 300 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. • 16-20th September is the Health Board's Wellbeing Week with arrange of workshops and seminars for staff. The launch of the staff flu campaign will take place on the final day, along with Tracy Myhill signing the 'Time to change' Wales pledge aimed at reducing stigma & discrimination regarding mental health in the workplace. • 4 'menopause wellbeing workshops' delivered across 4 main sites between March and June 2019 to support the implementation of the new all Wales Menopause policy. Plan for additional sessions during Wellbeing week. • 2019/20 Staff Flu vaccination programme currently being planned with the addition of new Comms plan and resource for fixed-term post of Staff Flu Coordinator • Continued delivery of Mental Health awareness sessions to managers. To date 32 sessions have been delivered to 253 managers. • Continue further delivery of Work related stress risk assessment training for managers. To date 43 sessions have been delivered to 352 managers in total. <p>Swansea Bay's attendance action plan is continually being reviewed to ensure it addresses the needs of the organisation.</p>
Occupational Health	↑	Ongoing delivery of OH transformation plan. New Senior Nurse Manager post filled plus new appointment of Band 7 Senior Nurse

		<p>and 2 band 6 Nurses and Band 3 OH Technician (who will undertake some phlebotomy and lung function testing) recently appointed (all to commence Oct 19).</p> <p>New database (Cohort 10) now installed and the team are working through initial transfer technical issues. Once fully operational from August 19, this will contribute to increased efficiencies and reduced waits.</p> <p>Retire and Return of OH consultant commenced 1st July 2019, working across both SB and CTM. Dr Tidley has indicated his wish to relinquish the Clinical Lead SPA, which will result in the need to explore the line management, governance and personal development related issues for the 2 remaining Specialty Doctors.</p> <p>Waiting times: AHP's supported by TI Monies have increased capacity and aiding reduced waits for reports to managers. Times for staff to see OH practitioners have reduced from over 6 weeks in July 2019 to the following current waits;; Nurse 1 week, AHP - 2 weeks and Doctor 3 weeks.</p> <p>There has been a recent rise in waiting times for pre-employment clearances due to Nurse vacancies and the transfer from Cohort 9 to version 10. This is being managed with the use of agency Nursing and the SBU OH Nurse team undertaking some weekend working and it is anticipated that this will reduce once the New OH Nurses commence in October 2019.</p>
Health Surveillance	↑	<p>The OH Clinical Director has produced an SBAR with several recommendations to help meet statutory obligations relating to health surveillance. These include ring-fencing Nursing and Medical resource to help develop and implement a project plan and developing robust risk assessment processes with H&S colleagues. All OH Nursing staff have undertaken spirometry training to enable lung functioning</p>

		<p>assessments to be undertaken with identified staff groups. A plan is being developed to prioritise staff groups and services and this has commenced in Singleton Hospital. Work towards skin surveillance implementation continues and it is anticipated that this will be taken forwards with the commencement of the Band 7 OH Nurse in October 19.</p>
<p>Staff Wellbeing Service Invest to Save funding ending 31/3/20 – currently supports 90+ staff each month</p>	<p>New Risk</p>	<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.</p> <p>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> <p>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.</p> <p>The award winning wellbeing service model in Bristol is being explored. Initial information indicates that the wellbeing</p>

		<p>team in this organisation is funded through charitable funds. This possibility will be explored as a future funding model.</p>
ER Casework	↑	<p>System testing has been completed and we are ready to go live. We have encountered an issue with Information Governance and this needs to be resolved before we can use the system a revised start date is not yet available.</p> <p>Additional short term support through employment law team to support case resolution and identification of lessons learnt to improve operating practices and casework management</p> <p>IGB funding secured to appoint 3 independent IOs to speed up processes. Interviews for the posts are in place for the end of May.</p> <p>IO's have been appointed and will start in post in late July/early August 2019.</p> <p>The HR operation team are now under the line management of 1 Assistant Director and will now operate as one health board wide team. A suite of standard operating process are being developed to enhance and ensure consistency of practice across the HB.</p> <p>The Assistant Director is currently conducting case reviews with the HR Ops teams.</p> <p>The volume of ER cases is showing a notable reduction but still runs at a comparatively high level compared to other organisations across NHS Wales. (further detail in metrics report)</p> <p>ER system will go live on the 20th August 2019.</p> <p>Two Investigating Officers started in post on 12th August 2019.</p>
Employee Relations	→	<p>Positive relationships being developed.</p>

		<p>ACAS supported intervention commences November 2018. All three planned events have been held. Discussions were held with ACAS in April and a further joint workshop will be held to agree next steps in partnership with staff side.</p> <p>IGB funding secured to appoint 3 independent IOs to speed up processes and has secured significant good will and positive improvement in the relationship. Interviews for these post are scheduled for the last week in May.</p> <p>IO's have been appointed and will start in post in late July/early August 2019.</p> <p>Two IO's started in post 12th August 2019.</p> <p>UNISON have submitted a dispute on 12 issues including the introduction of the Guardian Service and the recently revised Partnership Agreement.</p> <p>An initial meeting has been conducted with the branch and full time officer with CEO and DW&OD. Further follow up meetings to be arranged.</p>
E learning S&M	↑	<p>Compliance improving (July 2019 77.8%)</p> <p>This improvement has come from focused interventions including:</p> <ul style="list-style-type: none"> - Uploading of competencies - Mapping competencies to ensure the recognition of prior learning - Work with national team on inter authority transfers and accurate data <p>Focused work in areas such as facilities and estates departments. Medical staff will be an area of targeted working in the first quarter of 2019.</p> <p>Outcome of re-audit received. Audit rating has improved from limited to reasonable assurance.</p> <p>Meeting with Subject Matter Experts completed for 18/7 to discuss and agree the</p>

		awarding of competence for high levels of training. Awaiting actions from SMEs.										
PADR	→	<p>PADR Compliance has maintained at 64.44% (July 2019) from 64.21% in May 2019.</p> <p>This still reflects an overall decrease in PADR Compliance since February 2019. All Service delivery units remain amber at over 65%, this has also shown reduction from March 2019 figures.</p> <table border="1"> <tr> <td>Mental Health & Learning Disabilities</td> <td>66.12%</td> </tr> <tr> <td>Morrison Hospital</td> <td>64.69%</td> </tr> <tr> <td>Neath Port Talbot Hospital</td> <td>77.11%</td> </tr> <tr> <td>Primary Care & Community</td> <td>79.83%</td> </tr> <tr> <td>Singleton Hospital</td> <td>70.83%</td> </tr> </table> <p>All Service Delivery Units have been asked to write a plan for increasing their compliance levels. A focus on compliance in Estates and Facilities has been requested with feedback to Workforce and OD committee scheduled in August 2019.</p> <p>With the boundary change and impact of organisational restructure, maintaining this level of PADR compliance will remain a challenge until structures are stabilised and the roll out of ESR self and supervisor self-service are complete.</p>	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%
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%											
Recruitment and Retention action plans	↑	<p>Medical R&R action plan drafted for W&ODC comment. This is now being shared with the LNC on the 23rd May. Nursing R&R plan in development.</p> <p>Initial findings from work with Kendall Bluck well received by Exec Team. Final presentation held on 3rd April. Final reports due week commencing 15th July and then the HB to decide next steps. Final reports received and meetings held with the</p>										

		<p>Executive team. Numerous strands being worked through including the ED department reviews, banding opportunities, locum replacement and recruitment and specific work in certain specialties as recommended by KB.</p> <p>Work underway to clarify the Medical and Dental establishments to feed into the development of the Recruitment & Retention Strategy for medical staff. This is proving difficult and complex. The HB may need to make some pragmatic decisions about the shape of the strategy whilst the work continues around the establishment. There is a meeting on the 31st May to agree next steps. It has not proved possible to clarify these as they are devolved to service managers meaning there is no Unit or corporate oversight.</p> <p>The Deanery via HEIW have notified that they will not notify us of our vacancies in August until the 19th July. Some DUs have over established in anticipation that vacancies will be evident, This could lead to some financial risk. Fortunately this has not materialised and we are still recruiting to some vacancies but this has helped the situation.</p> <p>The HB is in the process of agreeing a more cost effective package with the BMJ but will help us improve our position in the market. This has been approved.</p>
Turnover	→	Health Board Turnover has remained low over the last six months with only very minor fluctuations within staff groups. Nurse FTE turnover remains low in the range of 8.5 – 9.5%.
Nurse Bank	↑	<p>Discussion with ND team and NWSSP took place in January 2018.</p> <p>Discussions held on the development of a collaborative bank. Initial pilot between ABMU and CT prior to wider all Wales roll out. Subject to agreement with CT this is anticipated to be May 2019.</p>

		<p>Benefits will be staff can register on more than one bank to work in multiple organisations and the collaborative bank will have the capacity to pay staff weekly, a major incentive to bank workers.</p> <p>An implementation date for the pilot collaborative bank scheme has not been agreed yet. The project is currently working through two technical issues one with the allocate software and the second relating to how costs collected and booked through the collaborative bank can be disaggregated to the correct costs centre in each of the partner health boards.</p> <p>Currently over 700 staff from ABMU have indicated that they would wish to work for both banks. To date no communication has gone out to CTUHB staff to see what the uptake would be there.</p> <p>Nurse Bank transferred to W&OD from 1st April 2019.</p> <p>Nurse bank is currently looking into the opportunities to increase its support for admin staff on the bank. The assessment of the service needs for Admin Bank will be managed in conjunction with the current health boards review of Admin Staff Agency expenditure.</p>
Personal files	→	<p>Long term digital solution needed. Immediate risks are being managed. The Workforce function have completed all the work to move the Gorseinon files. There has been a delay in Health Board accommodation being available. This is taking longer than anticipated as the Estates Department still have not confirmed that the building is ready for the files. It is hoped to move the files in early May. The IG Dept want to do a further audit but without this move this will be exceptionally problematic. This is out of this function's control at present. The files were moved from Gorseinon on the 3rd May.</p>

		There has been a further incident at Singleton where the room containing the files was not secure. Estates have fitted a device which will trigger the fire alarm if it is opened. This can only be a short term solution however.
GDPR	→	Immediate risks managed
Welsh Language	→	<p>The Health Board has received the formal compliance notice. We are currently preparing the formal response under the guidance of the Health Board Welsh Language group.</p> <p>Ability to deliver Training and Development in Welsh.</p> <p>Ability to deliver Induction in Welsh.</p> <p>Standardised procedures for recruitment and interviews requested to be completed in Welsh.</p>
Agency/Locum	↑	<p>Kendall Bluck work will support solutions. This has involved a Review of all rota templates, vacancies & agency spend.</p> <p>The data analysis and discussion of proposed solutions and workforce models has taken place with clinical and management teams.</p> <p>Initial feedback made to Executive Team on 28th February.</p> <p>Final presentation held on the 3rd April 2019. Reports received. Numerous strands being worked through including the ED department reviews, banding opportunities, locum replacement and recruitment and specific work in certain specialties as recommended by KB.</p> <p>Long term recruitment key to sustainable improvement. Various recruitment scheme proposals have been outlined including a review of long term agency locums and overseas recruitment. This is resource dependant.</p>

		<p>Finalise the Medical and Dental establishments by the end of April 2019. This is proving difficult and complex. The Health Board may need to make some pragmatic decisions about the shape of the strategy whilst the work continues around the establishment. There is a meeting with the Executive Medical Director and Director of Workforce to agree what initiatives to pursue on the 31st May 19.</p> <p>Continued development detailed plans for proposed recruitment schemes during May 2019.</p> <p>Medacs work on long term locums bringing some benefit. Three doctors at CT level in Medicine at Neath and one Consultant in Oncology at Singleton.</p> <p>Data reporting and process compliance has improved. Implementation of Locum on Duty will support this. Implementation will commence with an initial meeting with Allocate on the 16th April. The roll out of the project commenced on the 1st May.</p> <p>Written assurance from each Delivery Unit on how the local scrutiny panels for agency cap operate with evidence of good processes and framework.</p> <p>Further assurance and confidence building meetings are planned and underway with each DU to improve process compliance and data reporting.</p> <p>Locum on Duty System procurement is complete. We will begin to recruit to the new medical bank from August onwards. Once we issue the terms of engagement which specifies that the rate includes payment for annual leave via an allowance of 12.07% this could lead to claims for back payment for those locums who have worked with us for a long period of time. This is a financial risk associated with the project. Initial up take for the bank has been good and nearly 200 doctors have registered so far.</p>
--	--	--

Job Planning	↑	<p>The Implementation team recruitment process is complete.</p> <p>System cleansing is in progress and on track to be completed by 31st March 2019. Project board sign off (April 2019)</p> <ul style="list-style-type: none"> ➤ Roll out plan ➤ “Board Settings”(System Hierarchies) ➤ Scrutiny criteria ➤ Benefit realisation plan <p>Team is now in place and roll out has commenced.</p> <p>The project is on track and is proving very popular with DUs. There is a great appetite to use the system. There is a risk however that the DUs will change the job plans before we can log the range of issues that we are recording as needing correcting. Consistency checking of job plans and annual leave will commence in the next few weeks starting with a small specialty to trial the methodology. Five specialities have been checked so far and a log of the issues found is being created.</p>
Employee Engagement	↑	<p>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).</p> <p>Positive messages on Staff survey with staff contributing to development of actions through October, November and December using a variety of methodologies to promote accessibility and capture what matters most to staff.</p> <p>Engagement complete and list of priorities and actions shared with Partnership Forum, Workforce & OD Committee and Executive Team. Actions identified against three themes: Healthy Workplaces and Wellbeing, Great Leaders Great Managers, Innovation Learning & Development. Pilot</p>

		<p>areas to be identified and work commences immediately.</p> <p>Other actions include:</p> <p>Support for the introduction of an independent 'freedom to speak up model' to enable staff to speak up in confidence in relation to any worry or risk in the workplace. Procurement for this independent resolution-focused service process has been completed and the contract has been awarded to The Guardian Service Ltd. Swansea Bay dedicated guardians have been appointed and detailed commissioning of the service is underway with a go live date of 13th May 2019. Unison have raised concerns about the commissioning of an independent organisation to support staff and how this impacts on their role as trade unions. Clarification and assurances have been given that this service is an additional vehicle for staff to raise concerns and in no way undermines the role of the Trade Unions. Existing mechanisms for staff support (HR, Wellbeing, Trade Unions etc) will continue with no change.</p> <p>The following are some of the risks associated with commissioning and launching The Guardian Service:</p> <ul style="list-style-type: none"> • At this stage, it is still too early to know what the exact up-take for The Guardian Service will be. • As we are the first Health Board in Wales to take forward the service, we can only refer to colleagues and Trusts in England that have taken it forward and use it to learn lessons as we test and trial the service. • There is still the need to manage perception around the service and educate managers and staff about the service to be clear that this is an additional avenue for staff to reach out in confidence and that it does not replace manager's managing staff, HR
--	--	--

		<p>processes or Union or wellbeing support available.</p> <p>Commissioning ACAS to work with ABMU from November 2018 through to March 2019 to run workshops for HR, Trade Unions and line managers. These workshops have been well received. The aim of the ACAS workshops has been to equip staff with people management responsibilities, with additional tools to benefit them in their day to day roles, particularly in dealing with difficult people management situations of a bullying nature. The focus is on creating a workplace and culture where appropriate behaviours are promoted and supported.</p> <p>It was initially targeted at those areas where the NHS Wales Staff Survey had confirmed a 20% or higher response rate to the bullying and harassment questions, however this training has now been opened out to all areas and is combined with the new Managing Attendance at Work Policy and promoted as a full-day People Management Skills Programme.</p> <p>All HR & trade union workshops are now complete. Originally 10 line manager workshops were planned. So far, 7 out of the 10 have been completed with 82 managers attending. The remaining 3 workshops are fully booked. Due to the success of the workshops, a further 10 workshops have been commissioned and these will run March through to August 2019.</p> <p>Staff Survey 2019</p> <p>There is a plan to deliver a shorter +/- 10 question survey, electronically in September 2019. This has not yet had final sign off by Welsh Government.</p> <p>It is anticipated that the survey will be self-populating so all staff can access and complete via any internet enabled device with no need to enter staff number etc but</p>
--	--	--

		<p>select their team from pre populated drop down boxes</p> <p>The team structures will have to be programmed in advance by the external provider Quality Health. The data for this programming will need to be collated and supplied by SBU HB in the time frame specified by the survey team. There is no outline as yet of how or when that data may be requested.</p> <p>Following recent boundary changes, the structures may not all be up to date in ESR and some manual data sorting may be required.</p> <p>Due to the proposed time scale, this information will be requested when there is a high level of annual leave in the organisation so capacity may be an issue.</p> <p>#LivingOurValues: Campaign is in response to engagement activities conducted throughout the Health Board and links in to three of the top ten ideas devised and voted for by our staff during the workshops and voting galleries, following the NHS Wales Staff Survey. It forms part of a package, accompanying the commissioning of ACAS and the Guardians service.</p> <p>Campaign will be Health Board wide and will be asking staff to sign a pledge card that is in line with the Health Boards Values. Staff are encouraged to write their own pledges to create a sense of ownership. Staff who sign up will be celebrated through promotion via social media, namely Twitter, only with their consent, and internally through Health Board communications. There will also be a display gallery of signed pledge cards after six months.</p> <p>The aim of the campaign is:</p>
--	--	--

		<ul style="list-style-type: none"> • Empower staff not to tolerate behaviours which are not in line with our Values • Reflect on our own behaviours and their impact • Strengthen the impact of other actions • ACAS & Guardians • Reinvigorate our Values – still pertinent to new organisation • Show staff that we are taking their feedback on board and putting things in place • Continuation of work surrounding #ShapingSBUHB • Culture of openness and honesty <p>Risks include ability to meet: Increased traffic for HR Increase in grievances Increase in mediation requests Increase in requests for L&OD intervention/training People Management Skills - bullying and harassment Equality Team building Footprints and Bridges</p> <p>Equality -workforce data</p> <ul style="list-style-type: none"> • Risks associated with incomplete data sets for SBUHB staff on ESR, including data on race, religion, sexual orientation and disability. • The Equality and Human Rights Commission (EHRC) commissioned work in 2018 to monitor compliance with the requirements of the Public Sector Equality Duty. The most compliance issues for health included workforce data collection and publication – particularly data in relation to training, applications for changes in position within the organisation and collection of gender reassignment data. There were also data issues in relation to disciplinary and grievance procedures, and confusion around pay and gender data requirements.
--	--	---

		<p>-gender plan</p> <ul style="list-style-type: none"> • It is a risk that SBUHB does not have a gender pay action plan. • EHRC reported that publishing a gender pay difference/gap action plan was a compliance issue for health. <p>-Continuation of memberships (stonewall, chwarae Teg)</p> <ul style="list-style-type: none"> • Without membership of Stonewall Diversity Champions Programme, SBUHB would not have access to expertise and resources, including seminars, regular updates, network opportunities and benchmarking and assessment through the Workplace Equality Index. This year, the advice from our Stonewall client account manager has been essential to support the setting up of a gender identity clinic at Singleton Hospital. • Membership of Chwarae Teg’s Fairplay Employer Service would support SBUHB to deliver gender equality. It would help staff recruitment and retention through supporting the organisation to overcome barriers to introducing modern working practices (flexible working). Feedback from pilots in other organisations show this brought significant improvements on short term absences over 12 months. • EIA – risk of judicial review if equality impact assessment is not carried out for proposed service changes and policy development.
Leadership Development	↑	<p>Short term availability of funding will impact on service delivery if a structure is not put into place before end of funding.</p> <p>Resignation of Band 6 Facilitator means impact on delivery of induction and training until a replacement is recruited.</p> <p>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</p>

		<p>order to deliver outcomes outlined in TI WG return.</p> <p>Additional short term R&S funding until March 2020 has enabled us to expand our successful behaviour-based people management programme 'Footprints' and launch a new 'Bridges' programme for senior leaders in Bands 8a and above. 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.</p> <p>'Bridges' launched in December 2018 and 3 cohorts have been completed so far with excellent feedback about content and application. Further Bridges programmes are scheduled throughout the year.</p> <p>'Footprints' has also been shortlisted for a national HPMA award.</p> <p>Training for level 1 & 2 MBTI has been completed. This will double the capacity within the L+OD team to deliver team interventions which involve the use of MBTI.</p> <p>ILM level 5 coaching qualification for 32 members of staff has commenced. All places are filled and this will triple the capacity that ABMU has to deliver coaching interventions. An ABMU coaching strategy is also in development.</p> <p>Relaunched consultant development programme which includes bridges behavioural Multi-Disciplinary element. Medical directors have nominated individuals to attend the cohorts from consultants who have been recruited in the previous 18- 24 months. The first cohort launched in April 2019 and all places are full.</p> <p>We are working closely with Service Delivery Units to enrol staff onto ILM Level</p>
--	--	--

		<p>5 Certificate in Leadership and Management with Gower College.</p> <p>A management pathway is in development which sets out 8 core management and leadership modules with 3 optional/additional modules, covering topics that managers across the organisation have identified as most important. This pathway is out to consultation for implementation from 1st April 2019.</p> <p>Swansea Bay's allocation of places at Academi Wales Summer School 2019 have all been filled as a core component of our investment in leadership development and succession planning.</p> <p>Cohort 2 will see six Graduate Trainee Managers start their two year programme 'Graduate Gateway' on September 2nd 2019. Currently five have been cleared to start. The sixth will be cleared by the Friday 16th July following a delay obtaining their reference.</p> <p>Recruitment directly into Service Delivery Unit management functions risks recruiting individuals who lack exposure to wider service areas and a sense of the wider picture and 'whole' service provided by the UHB gained through the Graduate Gateway Programme.</p>
Change management	↑	<p>The additional funding through R&S and Values team to support these activities. The programme of change will require significant focus and support through 2019 and beyond. Planning and implementation of the Organisational Strategy, the CSP, the transformational change programme and significant tail of work following BBC, High Value Opportunities work programmes (etc) will all require significant and dedicated workforce support. The availability of workforce capacity and capability presents a potential delivery risk.</p>
Workforce Planning (new risk)		<p>Delivery of CSP/ORG Strategy and Transformation programme. There is only</p>

		<p>one trained workforce planner in the workforce team. This is insufficient to support the development of the plans for CSP of which IMTP is only one part. No resource to plan around Arch, the joint CSP with Hywel Dda or to link with HEIW or other agencies to look at generic workforce plans. The HB does not have any workforce analyst capacity to underpin this strategic work.</p>
Vocational training	→	<p>Long term, secure funding stream required to ensure the sustainability of this service which is contributing the regional Health and Wellbeing goals and the Future Generations Act.</p> <p>Work has been completed to map where underpayments have been made from Welsh Government. The £34,000 underpayment has now been recovered from Welsh Government.</p> <p>However, this area remains a risk with change of Welsh Government contracts in 2019 (already delayed).</p>
Apprenticeship academy	→	<p>Long term, secure funding stream potentially required.</p> <p>The team continue to support the organisation to recruit apprentices. Work has been undertaken to consistently record all apprenticeship pathway programmes for existing staff on ESR to demonstrate return on investment from the Apprenticeship Levy.</p> <p>Gower College has provided the Apprentice Team with an individual, who now holds an honorary contract with ABMU to develop apprentice activity specifically in Singleton SDU. This agreement is also based on continued support from Gower College as a partner organisation. A new Apprentice Co-ordinator for Singleton funded by Gower College has started. The L&D Project Manager is in discussions with Gower to ensure continuity for the staff on Singleton site and arrange induction.</p>

		<p>Our existing apprentice apprenticeship coordinator has secured substantive employment in ABMU at Band 3. Discussion has been had with NPTC group around the replacement of this post. Funding has been agreed for a further 12 month period.</p> <p>Meetings are underway to develop Project Search in Swansea. This will be built into the Apprenticeship Academy, however, has no dedicated resource or budget.</p>
Work Experience	→	<p>Long term, secure funding stream required if the organisation wants to deliver work experience.</p> <p>The Health Board continues to receive requests for work experience placements on a weekly basis. No work has been progressed on this as there is currently no funding to support this.</p> <p>Swansea Bay UHB has been asked to pilot the Prince of Wales Cadet scheme starting May 2019. This will require coordination and resources working in conjunction with the RCN to ensure a good experience for those involved.</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>
Medical education	→	<p>Discussion with incoming MD to develop future operating model. Exec MD has asked the Workforce function to develop plans to form the basis of future discussions regarding how the interface should operate optimally.</p> <p>Key posts have left Medical Education and this will result in risks to leadership and organisational memory.</p>

		<p>The Medical Director and Director of Workforce & OD have agreed a review of medical education.</p> <p>Increasing numbers in student placements.</p> <p>Drop out of PA posts following recruitment process. –This HB is unable to offer permanent band 7 posts after the fixed term band 6 internship period. This means we are either less attractive or we lose existing PAs to other HBs who have gone at financial risk to create a sustainable pool over the last two years e.g. AB. We are inviting AB to visit the HB to share their journey so we can learn lesson. Lack of funds however sits at the heart of the problem.</p> <p>The Deanery via HEIW have notified that they will not notify us of our vacancies in August until the 19th July. Some DUs have over established in anticipation that vacancies will be evident. This could lead to some financial risk. To compound matters the Deanery have decided this year not to attempt to recruit to any posts where they know the doctor will be commencing maternity leave. They will inform the HB however that the post is filled.</p>
Bridgend	↑	<p>The TUPE transfer of staff was delivered on time, further residual work is still required to manage the impact of the significant number of SLA's in place with CTM UHB and the potential of further TUPE's as these SLA's are reviewed and services are disaggregated. Resource in the team is now significantly reduced as there is no funding for the team, current resource will need to be reviewed once we are clear of the disaggregation requirement going forward.</p>
BREXIT Preparations (new risk)	↑	<p>Health Board has engaged with our EU nationals in the workforce supporting HMG plans around the "settled status" post Brexit. Workforce related issues are picked up through NHS Employers and we continue to monitor developments and advice through both National and local</p>

		<p>Committees (EPRR) overseeing preparation. Staff facing web content has been published on the SB Intranet site with other bulletins issued as required.</p> <p>NHS Employers have just issued a new toolkit supporting Brexit preparation this is being reviewed with the aim of revising the advice available to staff on the Intranet. The HB continues to monitor changes and developments with HMG policy with regard to Brexit.</p>
<p>Implications of HMRC Pensions regulations changes (new Risk)</p>	<p>↑</p>	<p>In the Budget of 2015 a number of changes were made to cut the amount of tax relief to which higher earners would be entitled on contributions to their pensions. Anyone earning £150,000 or more per annum would see their tax relief taper away, limiting the amount they could save to their pension. There was a significant tax liability for anyone breaching the £10,000 per annum limit. At the same time the lifetime allowance for the amount that can accumulate in a pension reduced from £1.25M to £1M.</p> <p>These rules are now having a material effect on the NHS as it appears that some of the most experienced consultants and Doctors are now refusing to work additional hours on Waiting List initiative for fear of being hit with unexpected tax bills. SBLHB has examples of this being cited as an issue. We are aware that the BMA is having discussions with NHS Employers nationally on this problem which is also seeing an increase of senior medical staff leaving the NHS Pension. The HB is monitoring the position. This issue and it's impact has been raised with Welsh Government who have committed to discuss with the Department of Health.</p> <p>There has been considerable media interest in this issue in recent weeks in both national and local news. Whilst we are aware discussions continue at departmental level within HMG a solution to the issue is not yet apparent.</p>

		<p>Further evidence of medical staff withdrawing from CD roles.</p> <p>An analysis has been undertaken of consultant medical staff who have (or wish to reduce sessions, who are unwilling to undertake WLIs and who have withdrawn from medical leadership roles has been undertaken. The analysis shows that the HB is beginning to see a tangible reaction from some staff with respect to concerns over the tax impact on them following the 2016 HMRC changes. There are reports of consultants who are unwilling to undertake WLIs and or wish to reduce the number of sessions they are working. There are also a number of senior clinicians who have withdrawn from or have indicated they may need to leave medical leadership roles. This is having a direct impact on Patient care as RTT performance decreases and surgical and anaesthetic capacity at weekends decreases significantly due to a refusal to work additional sessions and WLIs.</p> <p>This evidence is in keeping with the available data and reports of the impact across the NHS.</p> <p>Following recent announcements in early August 2019 by HMG / HMRC regarding changes in both tax and Pensions arrangements the HB is involved in the NHS Wales review of current Pension Scheme flexibilities and how they may be applied across NHS Wales. The recently revised plans for change are not expected to be in place until 2020. Hence the need to use what options are available where that benefits the HB.</p>
DBS Rollout	NEW RISK	<p>Plan in place for DBS rollout to ensure all staff who require a DBS have had one. 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</p>

		<p>data preparation work estimated cost of £74, 000.</p> <p>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.</p>
Junior Doctor New Deal	NEW RISK	<p>There BMA have supported a group of doctors in England. They are owed back pay over a 6 year period due to the way in which the Allocate system calculates their rest periods when on leave. I.e. they assume they meet the rest requirements. It has been found this can skew the new deal monitoring results. We have already received a request for info from one doctor over the 6 year period. It is anticipated that we like other HBs will receive claims shortly.</p>

4. RECOMMENDATIONS

The Workforce and OD Committee is asked to:

- Note the progress achieved to date
- Identify specific areas of risk where the Committee requires a further detailed report, as a matter of priority, to provide further assurance

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 type="checkbox"/>
	Co-Production and Health Literacy	<input 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 type="checkbox"/>
	Partnerships for Care	<input 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 type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Workforce and OD is an integral part of the governance structure which supports quality, safety and patient experience.		
Financial Implications		
Address, on a sustainable basis, adequate resourcing of the workforce and OD function to ensure that the Directorate is able to support the Health Board and meet current and future service, financial and workforce challenges.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications. .		
Staffing Implications		
The report outlines a range of workforce risks, within the workforce and OD function and within the wider organisation.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The decision to establish a workforce and OD forum will help shape the long-term governance arrangements for the health board.		
Report History	First report to the committee considered on 13 th November 2018.	
Appendices	Appendix 1 – Workforce Updates and Actions	