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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>17<sup>th</sup> January 2019</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Corporate Risk Register (Workforce Risks)</b>		
<b>Report Author</b>	Hazel Robinson, Director of Workforce and OD		
<b>Report Sponsor</b>	Hazel Robinson, Director of Workforce and OD		
<b>Presented by</b>	Hazel Robinson, Director of Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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. This follows the initial risk stocktake undertaken by the Director Of Workforce and OD.		
<b>Key Issues</b>	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.		
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	The committee is asked to: <ul style="list-style-type: none"> <li>- <b>Note</b> the progress achieved to date.</li> <li>- <b>Identify</b> specific areas of risk where the committee requires a further detailed report, as a matter of priority, to provide further assurance.</li> </ul>		

## 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.

### 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            Greater awareness of fragility            Positive WAO Structured commentary in relation to workforce matters and reference to workforce capacity issues.            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>
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.</p>

		Resource requirements to be presented to DoF in confirm and challenge process.
ESF Funding	↑	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.
Sickness Absence	↑	<p>Draft Attendance plan developed as part of the R and S programme which includes:</p> <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>• Confirm and challenge sessions organised for sickness absence</li> <li>• Discussions had with staff side to support improving attendance at work.</li> </ul> <p>Other recent activity includes:</p> <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>• Occupational Health improvement plan complete and being implemented – this includes increasing capacity for</li> </ul>

		<p>management referrals in occupational health using AHP workforce and scanning of 35 000 staff records to enable efficiency savings related to e-records and E-Systems.</p> <ul style="list-style-type: none"> <li>• Continue Flu vaccination programme which to date has seen almost 53% of staff vaccinated as 19/2/19. Making us the best Health Board in Wales</li> <li>• Continue delivery of Mental Health awareness sessions to managers. To date 16 sessions have been delivered to 132 managers.</li> <li>• Continue further delivery of Work related stress risk assessment training for managers. To date 24 sessions have been delivered to 210 managers in total</li> </ul> <p>Detailed sickness absence action plan developed and for assurance discussion on February W&amp;ODC agenda.</p>
Occupational Health	↑	<p>Options paper presented and considered at Execs in November 2018. Agreement reached on future model, R&amp;R of current consultant and required performance standards. Meeting scheduled January 2019 to discuss requirements with OH CD</p> <p>Meeting conducted in partnership with MD.</p> <p>Retire and Return of OH consultant discussed and agreed in principle with MDs/W&amp;ODS ABMU and CT in support of future SLA post boundary change.</p>
Health Surveillance	(New Risk)	<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&amp;S colleagues.</p>
ER Casework	↑	<p>Software management system procurement pathway agreed, formal purchase order placed. Project Implementation is well under way with</p>

		<p>workforce staff currently completing the work needed to configure the system prior to user testing. Go live is on track for Mid April 2019.</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. JD completed for formal JE and content agreed in partnership with staff side. Posts will be advertised externally through NHS JOBS around end of Feb 2019.</p>
Employee Relations	↑	<p>Positive relationships being developed. ACAS supported intervention commences November 2018. All three planned events have been held next stage is to discuss feedback from ACAS.</p> <p>IGB funding secured to appoint 3 independent IOs to speed up processes and has secured <b>significant</b> good will and positive improvement in the relationship</p>
E learning S&M	↑	<p>Compliance improving (December 2018 71.32%)</p> <p>This improvement has come from focused interventions including:</p> <ul style="list-style-type: none"> <li>- Uploading of competencies</li> <li>- Mapping competencies to ensure the recognition of prior learning</li> <li>- Work with national team on inter authority transfers and accurate data</li> </ul> <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>
PADR	→	<p>Delivery of PADR Training.</p> <p>PADR Compliance has risen to 66.77% in December 2018 from 62% in August 2018. All Service delivery units are currently amber at over 60% compliance.</p>

		<table border="1"> <tr> <td>Mental Health &amp; Learning Disabilities</td> <td><b>78.53%</b></td> </tr> <tr> <td>Morrison Hospital</td> <td><b>67.50%</b></td> </tr> <tr> <td>Neath Port Talbot Hospital</td> <td><b>79.53%</b></td> </tr> <tr> <td>Primary Care &amp; Community</td> <td><b>78.28%</b></td> </tr> <tr> <td>Princess of Wales Hospital</td> <td><b>67.67%</b></td> </tr> <tr> <td>Singleton Hospital</td> <td><b>70.98%</b></td> </tr> </table> <p>All Service Delivery Units have been asked to write a plan for increasing the compliance of With the boundary change and organisational restructures 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	<b>78.53%</b>	Morrison Hospital	<b>67.50%</b>	Neath Port Talbot Hospital	<b>79.53%</b>	Primary Care & Community	<b>78.28%</b>	Princess of Wales Hospital	<b>67.67%</b>	Singleton Hospital	<b>70.98%</b>
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Recruitment and Retention action plans	↑	<p>Additional short term resource secured. Medical R&amp;R action plan drafted for W&amp;ODC comment. Nursing R&amp;R plan in development.</p> <p>Work continues on the development of recruitment and retention plans. Further paper for consideration at February W&amp;ODC.</p>												
Turnover	→	<p>Health Board Turnover has remained low over the last few months with a very small increase compared to the all time low figures seen just prior to December 2018. Nurse FTE turnover remains very low hovering around 8%.</p>												
Nurse Bank	→	<p>Discussion with ND team and NWSSP planned 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>												
Personal files	→	<p>Long term digital solution needed. Immediate risks are being managed. The</p>												

		Workforce function have completed all the work to move the Gorseinon files. There has been a delay in Health Board accommodation being available. This will be ready during February 19.
GDPR	→	Immediate risks managed
Welsh Language	→	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.
Agency/Locum	↑	<p>Kendal Bluck work will support solutions. This work has commenced and initial reports will be presented to Executive at the end of February. . Initial informal feedback has suggested significant savings can be made on junior doctor rota costs.</p> <p>Long term recruitment key to sustainable improvement. A recruitment plan is being developed and the initial stage of this will be presented to the WOD Committee in January.</p> <p>Medacs work on long term locums bringing some benefit. This work is ongoing and is being supported by the new Exec MD and COO encouraging DUs to use Medacs.</p> <p>Locum on Duty software will improve management and control. The Welsh Government bid has been successful. Staff have been who will commence employment in February/March 19 to roll out the project.</p> <p>This suite of initiatives is being managed and co-ordinated through the 'High Value Opportunities' work programme.</p>
Job Planning	↑	<p>Invest to save funding secured to compete full operational roll out. Staff have been appointed who will commence in February / March to begin the roll out of the project.</p> <p>To support this work a data collection exercise has been initiated by MD and DU returns will be scrutinised in forthcoming weeks to identify issues/concerns/opportunities.</p>
Employee Engagement	↑	Positive messages on Staff survey with staff contributing to development of actions through October, November and December using a variety of methodologies to

		<p>promote accessibility and capture what matters most to staff.</p> <p>Engagement complete and list of priorities and actions shared with Partnership Forum, Workforce &amp; OD Committee and Executive Team. Actions identified against three themes: Healthy Workplaces and Wellbeing, Great Leaders Great Managers, Innovation Learning &amp; Development. Pilot areas to be identified and work commences immediately.</p> <p>Support for development of a 'freedom to speak up model' for the Health Board. Tender process complete. Tender awarded and preparatory work has commenced to support April go live.</p> <p>Following the Staff Survey 2018 results and the feedback from staff on perceptions of bullying and harassment, the Health Board contracted up to 10 workshops with ACAS up until March 2019. These sessions are aimed at managers to address bullying and harassment. These sessions are designed by subject matter experts at ACAS, the sessions cover descriptions and perceptions of bullying and harassment and encourage open conversation between managers framed against local context, policy and protocols. Sessions were set up to accommodate up to 180 managers, based on 18 per session. Priority invites have been sent via the service delivery units senior teams to managers in areas which reported above 20% perceived bullying and harassment in the staff survey. Initial take up was slow, but with positive experience of staff attending the sessions, all places have now been filled and a waiting list generated. As a result, additional training sessions are been commissioned with ACAS to run after April and throughout 2019. This will be integrated as part of the management pathway implementation.</p>
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		<p>The feedback from these sessions continues to be very positive. Participants say that 'all staff' should be exposed to the content. Executive Directors have all agreed to attend a future workshop session. All sessions are now fully booked with a waiting list of over 80 staff. Additional ACAS sessions have been secured within the original procurement scope.</p>
Leadership Development	↑	<p>Additional short term funding secured through R&amp;S funding to enable more activity and the implementation of 'Bridges' programme.</p> <p>Three Bridges pilots run in November and December and January with positive feedback received from managers attending.</p> <p>Training for level 1 MBTI has been completed with assessment set up for March 2019. This will double the capacity within the L+OD team to deliver team interventions which involve the use of MBTI.</p> <p>Set up contract to deliver 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 will take commence April 2019 and all places are full.</p> <p>We are working closely with Service Delivery Units to enrol staff onto ILM Level 5 Certificate in Leadership and Management with Gower College.</p> <p>A management pathway is in development which sets out 8 core management and</p>

		<p>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 1<sup>st</sup> April 2019.</p> <p>Nominations are also out for Summer School 2019 as a core component of our investment in leadership development and succession planning.</p> <p>We have commitment to run a 2<sup>nd</sup> internal graduate scheme and will shortly be advertising 6 places across the Health Board. This is a 2-5 year programme, consisting of 2 year rotational graduate experience, year 3 working within identified posts within units. Years 3-5 will enable individuals to complete a part time Masters degree programme, if applicable).</p>
Change management	↑	<p>The additional funding through R&amp;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>
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.</p> <p>Our existing apprentice apprenticeship coordinator has secured substantive employment in ABMU at Band 3. This creates a gap in the team and there is no confirmation that Neath Port Talbot Group of Colleges will continue to fund a post.</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>
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 will leave the Medical Education and this will result in risks to leadership and organisational memory.</p>
Bridgend	↑	<p>Additional resource in place to manage transition – work programme on target but remains a very significant resource drain on the workforce team.</p> <p>Delivery of the workforce processes remain on track and within the overall programme</p>

		scope. The efforts of the workforce team have been exceptional to deliver the required activity.
BREXIT Preparations (new risk)	↑	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 Committees (EPRR) overseeing preparation. Staff facing web content is being prepared and should be live by beginning of March.

Overall, of 26 areas of risk identified, over the last 5 months:

- 17 have shown positive improvement (+3)
- 9 have remained unchanged (-2)
- None report a worse position

#### 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

<b>Governance and Assurance</b>											
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
									✓		
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
			✓								
<b>Quality, Safety and Patient Experience</b>											
Workforce and OD is an integral part of the governance structure which supports quality, safety and patient experience.											
<b>Financial Implications</b>											
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.											
<b>Legal Implications (including equality and diversity assessment)</b>											
There are no legal implications.											
<b>Staffing Implications</b>											
The report outlines a range of workforce risks, within the workforce and OD function and within the wider organisation.											
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>)</b>											
The decision to establish a workforce and OD forum will help shape the long-term governance arrangements for the health board.											
<b>Report History</b>			First report to the committee considered on 13 <sup>th</sup> November 2018.								
<b>Appendices</b>			Appendix 1 – Risk register								