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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>4a</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	↑	Additional temporary funding secured Greater awareness of fragility Positive WAO Structured commentary in relation to workforce matters and reference to workforce capacity issues
Workforce Structure	↑	Detailed work to commence January 2019. Work to implement new workforce team structure to be taken forward April 2019
ESF Funding	↑	Welsh Government has confirmed the ESF £2.6m extension funding for the In Work Support Service until December 2022. Awaiting grant letter from Welsh Government to ABMU.
Sickness Absence	↑	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</li> </ul>

		<p>early RTW for Short Term Absences.</p> <ul style="list-style-type: none"> <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> </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 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.</li> <li>• Continue Flu vaccination programme which to date has seen almost 50% of staff vaccinated as 25/11/18. 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>
Occupational Health	↑	Options paper presented and considered at Execs in November 2018. Agreement reached on future model, R&R of current consultant and required performance

		standards. Meeting scheduled January 2019 to discuss requirements with OH CD
ER Casework	↑	<p>Software management system procurement pathway agreed, formal purchase order to be placed January 2019, followed by system implementation and project management meeting with vendor.</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 internal documentation (vacancy control) to be confirmed and submitted January 2019. Posts will be advertised externally through NHS JOBS.</p>
Employee Relations	↑	<p>Positive relationships being developed. ACAS supported intervention commences November 2018. First ACAS Partnership working event held 26<sup>th</sup> November, positive feedback received in terms of the event. Second event 25<sup>th</sup> January 2019, third event 4<sup>th</sup> February 2019.</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>
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	↑	Additional short term resource secured. Medical R&R action plan drafted for W&ODC comment. Nursing R&R plan in development.												
Turnover	↑	Health Board Turnover has reduced over the last six months and now stands at just over 7.5% (FTE). This is the lowest rate recorded since Health Board merger. There has been a steady reduction in Nursing turnover since April 2018. Nurse FTE turnover now sits at just below 8%.												
Nurse Bank	→	Discussion with ND team and NWSSP planned January 2018.												
Personal files	→	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 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	↑	Kendal Bluck work will support solutions. This work has commenced and initial reports will be presented to Executive at the end of February.												

		<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>
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>
Employee Engagement	↑	<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>These included:</p> <ul style="list-style-type: none"> <li>-Collating the themes from the Chief Executive #Shaping our Future / staff engagement events</li> <li>-Staff workshops during November to brainstorm ideas to enhance the staff and patient experience at ABMU in wellbeing, innovation and leadership, and</li> <li>-Feature “open walking galleries” (in person and virtual via electronic questionnaire) to feedback key themes from workshops and invite colleagues to pick their priority areas for action</li> </ul> <p>Support for development of a ‘freedom to speak up model’ for the Health Board. Tender specification developed for procurement of an external support service. Tender to go live on 7<sup>th</sup> January with a timescale for awarding service of April 2019.</p> <p>Following the Staff Survey 2018 results and the feedback from staff on perceptions of bullying and harassment, the Health</p>

		<p>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. Over 150 manager attendance nominations were received in December 2018 for the planned sessions. The first session took place in Morriston Hospital on the 20<sup>th</sup> December 2018. These sessions are supported by Trade Union Colleagues.</p> <p>Values team funding transferred to W&amp;OD and consolidation of the Staff Experience and OD Team.</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>Two Bridges pilots run in November and December with positive feedback received from managers attending.</p> <p>Training for MBTI has been set up to be delivered in January 2019 which 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 to become trained coaches in 2019. This training will commence with suitability interviews in January 2019 and will triple the capacity that ABMU has to deliver coaching interventions.</p> <p>Relaunched consultant development programme which includes bridges</p>

		behavioural Multi-Disciplinary element. Medical directors have been tasked with nominating individuals to attend the cohorts from consultants who have been recruited in the previous 18- 24 months.
Change management	↑	The additional funding through R&S and Values team to support these activities
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 undertaken to map where underpayments have been made from Welsh Government. It has been agreed that while errors are corrected an interim payment of £34,000 will be made to the health board.</p> <p>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>
Work Experience	→	<p>Long term, secure funding stream potentially required</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	→	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.

Bridgend	↑	Additional resource in place to manage transition – work programme on target but remains a very significant resource drain on the workforce team.
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.

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						