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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th May 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. 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 (please ✓ one only)	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.

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 of function. 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> <p>Band 8a Senior HR Manager to retire.</p> <p>Confirm and challenge discussion held with Director of Finance in early April 2019 to test reasonableness of structure.</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>High level structure shared with workforce function. Strong support for these changes.</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.
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. 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 has been developed and is currently in use in MH&LD delivery unit with the rest of the delivery units scheduled for June.

		<ul style="list-style-type: none"> • 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. Although official numbers will not be available until June 2019 reporting data. • Continually working with Health & Wellbeing team to support plans to increase Attendance Management work. • Continuation of Testing of Absence Data, ensuring appropriate reporting systems are being utilised to drive down absence performance. • 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. • Continuing the development/ implementation of the MAAW policy training, ensuring maximum attendance levels are achieved, whilst also prioritising high absence areas first. <p>Working in partnership with staff side to support improving attendance at work. Other recent activity includes:</p> <ul style="list-style-type: none"> • Implementation of new all Wales Managing Attendance policy. • Ongoing training for managers regarding the new all Wales Managing Attendance policy. • Development of a full training plan to support implementation of the new Attendance policy. • OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Key developments include commencing
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		<p>the scanning of all OH records to enable a digital record and reduce inefficiencies (to be completed October 2019) and increasing OH resource with AHP's from T1 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 July 2019.</p> <ul style="list-style-type: none"> • Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSK) and Mental Health, ideally within 5 days (90 referrals monthly) and expediting to MSK diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19. • Over 350 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. • Plan to deliver 'menopause wellbeing workshops' across 4 main sites between March and June 2019 to support the implementation of the new all Wales Menopause policy. • Flu vaccination programme ended 31/3/19 with 55% of staff vaccinated. • Continued delivery of Mental Health awareness sessions to managers. To date 24 sessions have been delivered to 209 managers. • Continue further delivery of Work related stress risk assessment training for managers. To date 284 sessions have been delivered to 234 managers in total.
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		Swansea Bay's attendance action plan is continually being reviewed to ensure it addresses the needs of the organisation.
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. New database (Cohort 10) from August 19 will enable increased efficiencies and reduced waits. AHP's supported by TI Monies supporting capacity and aiding reduced waits for reports to managers. Retire and Return of OH consultant discussed and agreed in principle with MDs/W&ODS ABMU and CT and commences 1 st July 2019.
Health Surveillance	→	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. Retire and return of Clinical Director on 1/7/19 will help progress this.
Staff Wellbeing Service Invest to Save funding ending 31/3/20 – currently supports 90+ staff each month	New Risk	The Staff Wellbeing Service has been externally funded for the past several years, providing staff with timely advice and support for mental and physical health issues, whilst streamlining existing staff support services, reducing duplication and improving ease of access for staff. This has reduced waits for staff to access initial support for common mental health problems from 5 weeks to 5 days and enables a Physiotherapy telephone assessment within 3 working days. This service currently provides the 'rapid access' to staff for expedited musculoskeletal issues and supports the HB's aims in reducing sickness absence. Training for managers around mental health and work based stress assessments along with Menopause

		<p>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>
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>
Employee Relations	→	<p>Positive relationships being developed. 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.</p>

		<p>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>								
E learning S&M	↑	<p>Compliance improving (May 2019 75.90%)</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>								
PADR	→	<p>PADR Compliance has risen to 64.21% May 2019 from 63.79% in April 2019.</p> <p>This still reflects an overall decrease in PADR Compliance since February 2019. This decrease in compliance was predicted as a potential impact of Bridgend Boundary Change as the focus has been on maintaining service delivery during a time of uncertainty and change for managers and staff. However, all Service delivery units remain amber at over 65%, this has also shown a slight reduction from March 2019 figures.</p> <table border="1"> <tr> <td>Mental Health & Learning Disabilities</td> <td>81.46%</td> </tr> <tr> <td>Morrison Hospital</td> <td>71.61%</td> </tr> <tr> <td>Neath Port Talbot Hospital</td> <td>85.09%</td> </tr> <tr> <td>Primary Care & Community</td> <td>85.77%</td> </tr> </table>	Mental Health & Learning Disabilities	81.46%	Morrison Hospital	71.61%	Neath Port Talbot Hospital	85.09%	Primary Care & Community	85.77%
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		<p>Singleton Hospital 77.17%</p> <p>All Service Delivery Units have been asked to write a plan for increasing their compliance levels.</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>
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 on the 16th April and then the HB to decide next steps. Final reports received and meetings held with the 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>
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.</p>

		Nurse FTE turnover remains very low hovering around 8%.
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>Implementation for collaborative bank has been pushed back to June. 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>
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. 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.</p>

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.</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</p>

		<p>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.</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.</p> <p>High Value Opportunities' work programme.</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.</p> <p>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>
Employee Engagement	↑	<p>Resignation of the OD and Staff Experience Project Manager and OD and</p>

		<p>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 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>Commissioning ACAS to work with ABMU from November 2018 through to March 2019 to run workshops for HR,</p>
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		<p>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. 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>
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 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</p>

		<p>successful behaviour-based people management programme 'Footprints' and launch a new 'Bridges' programme for senior leaders in Bands 8a and above.</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 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</p>
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		<p>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 of our internal Graduate Scheme, 'Graduate Growth' has been confirmed and we are currently out to advert. 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). A total of 167 applicants were received for the 6 graduate places and recruitment processes, including assessment centres are currently underway.</p>
Change management	↑	<p>The additional funding through R&S and Values team to support these activities.</p> <p>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. 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>

		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.
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>
Bridgend	↑	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.
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 has been published on the SB Intranet site with other bulletins issued as required.

<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>Further evidence of medical staff withdrawing from CD roles.</p>
<p>DBS Rollout</p>	<p>NEW RISK</p>	<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 data preparation work estimated cost of £74, 000. Funding will also be required for the cost of the DBS estimated at £275,000, there no budget within the workforce function to fund this work. So the function is proceeding at risk.</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 corporate objectives <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	
						✓	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
			✓				
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 - https://futuregenerations.wales/about-us/future-generations-act/)							
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 – Risk register						