



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	13th November 2018	Agenda Item	2a
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. - Agree that all further updates will be provided via the further development and population of the W&OD risk register. - 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 3 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. This paper provides a narrative update on progress. In addition, the risks 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

Capacity of Workforce and OD Function

Issue - The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues was identified as a significant area of professional concern.

Action - Additional short term resourcing has been secured which will address a number of areas of key risk. This is outlined in further detail in the report that follows. However it should be noted that the funding secured is not substantive and will not address all areas of deficit on a medium to long term basis. Funding has been secured from a number of sources but much of the funding has been provided to support projects which will now sustain the core business requirements moving forward.

It is difficult to fully assess future staffing capacity needs and likely shortfall until the impact of the Bridgend Boundary change is resolved. The transfer quantum of the workforce function resource will need to be identified and agreed before this becomes clear.

In simple terms – what resource will transfer? What will be left and what shortfall in capacity this may leave to support the future needs of ABMU2. Once the impact is understood future needs will be included in the IMTP as a (potential) cost pressure.

This analysis will also be informed by the outcome of the national corporate benchmarking exercise that is currently being undertaken. The outcome of this work is not anticipated until late November 2018.

It is very positive that there is a better understanding and acceptance at Executive and Board level of the current fragility of workforce function.

Workforce Structure

Issue – The current Delivery Unit focussed structure has created challenges in sustaining a ‘one team’ philosophy and ensuring consistent working practices and standards across the workforce function which are currently organised in teams which mirror the Delivery Units. There is currently no central, corporate workforce resource.

Action – following Bridgend Boundary Change the workforce function will be restructured to better respond to organisational needs. This will not be taken forward until April 2018 although initial internal discussion on structural options have started.

ESF funded In Work Support Service

Issue – continuation of the £500K funding until 2022 has not yet been formally confirmed, placing at risk the current early intervention /prevention health and work service to the Health Board population, with potential associated redundancy costs for staff who cannot be redeployed within the Health Board.

Action – In the absence of WEFO confirmation Welsh Government have agreed to extend the teams contracts for a further 6 months from 1st November 2018 in which time it is anticipated the extension funding agreement will have been signed off.

Sickness Absence

Issue - significant levels, with ABMU reporting the highest levels of sickness absence in NHS Wales. The current rolling average is reported at 5.86%. The re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. Improved, pro-active management of long term sickness absence needed.

Mental health related sickness absence accounts for 30% of long term absence. Many parts of the organisation are under significant strain with unrelenting demand and the pressure of service delivery.

Action – future structural changes of the workforce function will aim to establish one pan organisational ‘centre of excellence’ team to manage all sickness absence cases to ensure improved focus, consistency and co-ordination. One post funded until October 2019 through Recovery and Sustainability investment has been appointed to and will provide additional immediate focus on sickness management strategies.

Additional mental health support for staff has been made available through an ‘Invest to Save’ two year funded ‘Staff Wellbeing Advice and Support Service’ which provides fast access for staff for health support and is funded until March 2020. Training in ‘Understanding mental health in the workplace’ for managers is now available along with training in using HSE Stress Management standards to assess the risk of work related stress.

Occupational Health

Issue – The Occupational Health services is a critical enabler to support the effective management of staff well-being and sickness absence management. Demands on the service are increasing and access to and delivery of OH services is currently an obstacle in the timely and robust management of sickness absence within the Health Board. Difficulties recruiting experienced nursing staff and OH nursing sickness absence continue to compound effective service delivery and the ability of the Health Board to fully discharge its duties related to HSE Health Surveillance standards. The future provision on OH services requires urgent strategic review to determine the most appropriate future operating model given the potential retirement of two doctors and the Senior Nurse Manager in early 2019.

Action – suite of actions already in train including the development of a digital, scanned record, a text reminder service to reduce DNA's and automatic clearance when applicable for non-patient and non-food handling staff.

A strategic options paper is being finalised for consideration by the Executive Team in November 2018 which will outline potential future OH operating model options and the required system/process/performance improvements aligned to the potential agreement to 'retire and return' the existing medical staff. In addition, Targeted Intervention monies will test the proof of concept of employing AHP's within the service to undertake some management referral duties.

Employee Relations Casework

Issue - the number of Disciplinary, Grievance, and Dignity at Work cases is currently at an exceptionally high level at circa 180 cases in total. This is a huge resource drain on both the workforce team and managers. Cases take a very long time to resolve and the current organisational structure supports the potential for variation in practice and standards. No dedicated investigation resource which adds to the burden of managers, workforce, elongates timescales and causes significant stress to staff. The skills of investigation officers (IOs) and the quality of investigations has been of concern (raised by HIW).

Action – short term funding has been secured to source support from the NWSSP employment law team. The team is undertaking a review and triage of all ER cases and will work with the HR team and managers on complex and long term cases to ensure they move forward to resolution. The team will also provide bespoke training to the HR team and managers on improved management of cases.

Investment and Benefit Group (IGB) funding has been secured to procure an ER case management system to ensure better oversight, management, visibility and grip on ER casework. Implementation of the software will commence in November 2018.

A bid has been approved to appoint 3 substantive Band 6 Investigating Officer posts by IBG at its meeting on 23rd October. These posts will provide support on the

management of routine ER cases and will bring huge benefit in terms of timeliness and quality of the ER investigation process.

Employee Relations

Issue - the climate in ABMU has been very challenging. Partnership working in the truest sense is not understood and partnership behaviours exhibited within ABMU are not what most organisations would recognise as constructive partnership working. The ER environment needs improvement and investment in time to build constructive relationships and move forward in a positive way. Developing the people skills of managers are vital to improving this environment.

Action - Individual discussions have been held with TUs and as required with full time officers to try to develop better, more constructive, trusting working relationships. Whilst it is still early days relationships feel more constructive and open. This is an ongoing journey with no quick fix.

Having secured additional short term funding, ACAS have been commissioned to work with trade unions, HR teams and managers to identify current frustrations and to develop collaborative frameworks and training to support improved partnership working.

Developing the people skills of managers will require a long term focus and an ongoing programme of work. This will be initially supported through the ACAS intervention and also the HR policy training to be provided by the NWSSP employment law team referred to in the previous section.

Beyond these initial actions the Health Board must develop and deliver an ongoing programme of development for managers. Whilst there is already an established and reputable programme for leadership development (Footprints) this is not currently mandated and focuses on behavioural leadership and not core management skills. Work has been started to map competencies for a 'management passport' and a proposition is being developed for Executive team consideration proposing the mandating of Footprints/ Bridges and the management passport, as a joined up programme for all staff with people management responsibility. Work is being undertaken to scope the capacity needed to deliver a mandated programme of development if this has executive support together with the impact of the loss of TI funded Leadership Development posts from March 2020.

E learning and Statutory & Mandatory Training

Issue – non - compliance with Welsh Government target of 85% and the impact on quality and safety with staff not being fully compliant in the core statutory and mandatory modules.

Action - although there is no dedicated infrastructure in place to support e-learning compliance levels are improving and are reported at 68% in October 2018. Circa 30,000 additional competences have been achieved and recorded since April 2018. There remain many system infrastructure issues that need to be fully addressed.

Lack of resource will be addressed as part of the business case developed to support the broader use of ESR within ABMU.

An action plan has been developed, including priority processes around updating competencies, levels of compliance, review of processes and assurance around process (e.g. IAT). Currently each Subject Matter Expert is being consulted with individually to assess levels of sign off required within the CSTF subjects. The framework will subsequently be refreshed and presented to the Executive Team for approval.

PADR

Issue – organisational wide PADR compliance currently stands at 63% and has not shown improvement in recent months. The Welsh Government target is 85%. The performance review process is a critical element of employee engagement. NHS Wales pay award will require all staff to have undertaken a PADR. Significant work is needed to prepare for the changes, engage with staff and develop managers in the new pay award linked process.

Action – to address this there is a continued focus on training managers to complete Values Based PADR/use ESR to improve reporting figures, with training schedules in place from October 2018 to March 2019 at all sites. Additionally, bespoke PADR training delivered as requested by teams and units.

All Corporate and Unit Directors have been written to and asked provide PADR compliance delivery plans to enable the 85% target to be achieved.

Recruitment and Vacancies

Issue - the challenges of current vacancy levels and recruitment issues are well rehearsed and are a UK wide if not an international issue. There are acute shortages of both nursing and medical staff which fundamentally impact on ABMUs ability to meet targets (performance, financial and quality/safety). The impact of the Nurse Staff Act will further highlight and increase the reported vacancy levels within the Health Board. Unlike many Health Boards ABMU does not have central specialist team to focus on strategic recruitment for all staff groups.

Action – The development and implementation of comprehensive, profession specific recruitment and retention strategies now feature as part of the general workforce Recovery and Sustainability programme and the newly established R&S medical workforce programme.

Short term TI funding has been secured to support this work. An appointment has been made to the post and will commence in post in November. The post holder will focus on the development of recruitment and retention strategy, which will include a number of targeted initiatives.

A boarder paper on register nurse recruitment, challenges and plans is being considered at the November meeting of the W&ODC.

Turnover and Retention

Issue - this is clearly linked to the vacancy challenge referred to above. When the recruitment market is so competitive all efforts must be to retain the staff we currently have as far as possible. Global turnover rate has fallen to circa 8%, not disproportionately high, but there are hot spots that need to be addressed and includes in particular the number of nursing staff that leave with 2 years of appointment. In addition, the Health Board does not have any consistent way of conducting exit interviews which are critical to know how to address turnover and improve staff retention.

Action – high level ‘reasons for leaving’ data is now produced and scrutinised. To supplement this, options are being explored to implement a full and consistent exit interview process across the Health Board. A number of options are currently being reviewed. These are:

- Roll out of the pilot nurse exit interview process
- Explore the new exit interview functionality on ESR
- Procure a commercial product

Given current workload and priorities this will be more fully addressed in the New Year with the expectation of having a system established for April 2019.

Nurse Bank

Issue – maximise the role and capacity of the nurse bank to support the switch from agency to bank working and broaden to other staff groups.

Action/Progress – no significant progress to date. Discussions with Cwm Taf about the potential of running a shared bank following Bridgend boundary change. This could be facilitated with the support of NWSSP.

Personal Files

Issue – inconsistent methodology for storing and retaining personal files. Personal Files are legal documents. The inability to store files safely raises both reputational and actual risks for the Health Board through possible Information Commissioner fines

Action/Progress - looking to the future a full digitisation solution should be considered. This has not been progressed to date and will be considered as part of the wider digitisation strategy following Bridge Boundary Change.

GDPR

Issue – the new provisions do expand the rights of staff as it applies to the security, handling and storage of their sensitive personal data with new provisions and

deadlines for releasing personal data under the statutory Subject Access Request (SAR). This process is currently undertaken within the workforce function but the current post that supports this activity is currently not funded.

Action/Progress – a review of responsibility for this has been undertaken across all organisations in Wales which has identified that ABMU is only one of two organisations where this is the responsibility of the workforce function. A proposition is being prepared that this responsibility is transferred aligned to the broader review of corporate responsibilities.

Welsh Language Standards

Issue - revised Welsh Language Standards will come into place in 2018 which have widened scope in the way they apply to staff, including the provision of training and support to staff who wish to learn the welsh language which has both costs and resource implications and a requirement to conduct all forms of internal processes e.g. disciplinary, sick absence management through the medium of the welsh language.

Action/Progress – ABMU has received the feedback from our discussion with WG regarding the standards this forms part of what is termed a “Draft Compliance Notice”. We have reviewed the implications for workforce related issues in preparation for presenting the ABMU response to the compliance notice. The health board meeting to take this forward was cancelled and we await a new date for this. The principle challenges from a workforce (as opposed to service delivery) perspective involve the commitment to deliver and fund welsh language training across the health board, and the need to be able to deliver events relating to workforce policies, such as discipline and Grievance entirely through the medium of the welsh language where that is requested by a member of staff.

Agency and Locum usage

Issue - expenditure on locum and agency use continues to present a challenge. Compliance with capped rates is not being achieved. Robust monitoring, management and reporting is challenging given the manual process currently in place. There were also previous audit concerns relating to governance and approval of shifts worked and paid.

Action/Progress – this issue is being address in a number of ways. The long term solution is a comprehensive reduction in vacancy levels which drive the use of agency and locum spend. Details have been provided in the relevant section above.

In addition, funding has been secured to procure and implement ‘Locum of Duty’ software, an additional product linked to the Allocate e rostering system. This will provide a digital solution for medical shift booking and a streamlined way of reporting and monitoring utilisation. Using App based technology it will enable doctors to book shifts electronically which in other organisations has led to improvement in internal fill rates, thus reducing agency usage. The implementation will commence following staff recruitment to support its implementation and roll out. If recruitment is successful it is hoped this will commence in the New Year.

Kendal Bluck, experts in efficient medical deployment have been commissioned to undertake a review of junior doctor rotas to advise if there are efficiencies in this area which may result in reductions in agency and locum usage. Kendal Bluck will also undertake a specific review of ED in Morrision. This support is on a 'no win no fee' basis. This work will commence in November 2018.

There are current in excess of 100 rota co-ordinators with ABMU and looking to the future, following Bridgend boundary change, a review should be undertaken of this operating model which leads to inconsistent standards and practices together with governance challenges. The establishment of a rota co-ordinating office should be considered as part of the structural review of ABMU2.

Junior Doctor Rostering

Issue – in addition to the need to ensure efficient and effective rostering practices to support the ongoing drive to reduce medical locum and agency expenditure ABMU has a number of very fragile rotas that need urgent attention. There are also a number of new challenges flowing from changing the Shape of Training.

Action/Progress – the Kendal Bluck work referred to above will provide expert insight into this area. The work they have carried out in England has delivered significant cost efficiencies and benefits to patient care through better rostering. The work should help minimise the impact of vacancies and reduce agency and locum spend. This work will commence in November 2018.

Job Planning

Issue – the job planning process and the content of consultant job plans and the population and utilisation of the e job planning system requires significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce.

Action/Progress – the e job planning system has been rolled out across ABMU but a review has shown that the roll out is not fully complete and further work is needed to ensure full utilisation of the system. Short term funding has been secured through the Recovery and Sustainability programme to undertake this work. Role profiles have been developed and have been advertised. A project action plan has been developed and if recruitment is successful it is hoped that this work will commence at pace in the New Year.

Employee Engagement/Culture/Values

Issue – improving employee engagement, organisation culture and values is vitally important as we face unprecedented financial and operational challenges. The level of staff engagement is a predictor of organisational success, including staff absenteeism, patient satisfaction, mortality and safety measures, including infection rates. The outcome of the current staff survey has provided an insight and an important baseline into the current levels of engagement and specific issues that need to be addressed. Much more work needs to be taken forward in regard to the

fully embedding of values with the workforce. Specific concerns remain about a bullying culture in some parts of the Health Board and how staff raise and gain resolution to concerns is a fundamental issue for the Health Board to address.

Action/Progress – the funding for the previously established values team has been transferred to the workforce function to strengthen the small staff experience team. Appointments have recently been made to these additional posts. This additional resource will enable much greater focus and attention to be given to employee engagement strategies, embedding values and addressing cultural challenges. A full work programme and action will now be developed to take forward this strategic area of change and also address the key issues contained within the staff survey outcomes.

The Health Board has commissioned ACAS to undertake a series of Bullying and Harassment training for managers to improve awareness raising.

An options appraisal is being developed for Executive Team consideration. This proposal will outline a range of solutions to support staff in raising concerns and gaining resolution.

Leadership Development

Issue - the development of our leaders and managers is critical to all areas of performance in the Health Board, from staff engagement to the effective management of sickness absence, good employee relations, recovery and sustainability and service transformation. Leaders and managers play a key role in determining the well-being of staff. Limited and temporary resourcing has limited the level of activity and focus on this issue. In addition, to individual leadership development, there is an increasing demand to support new teams, 'teams in trouble' and bespoke training requirements within teams, including the supporting of development events.

Action/Progress – short term additional resource (to March 2020) has been secured through the recovery and sustainability funding which has been used to strengthen the capacity of the core L&D team. Some additional posts have recently been recruited to and further recruitment is planned. This additional resource will enable the current 'footprints' behavioural based leadership programme to continue with some potential to increase the numbers of managers participating. In addition the L&D team will now be able to roll out Bridges a leadership development programme targeted at bands 7 and above. The additional short term resource will also be able to provide additional team focused bespoke interventions and better support 'teams in trouble'. Given the critical role that leaders play in transforming services and supporting staff engagement and wellbeing, consideration is taking place about mandating management and leadership development for all staff who manage staff. Whilst this provides assurance about baseline standards, release of staff will need to be prioritised as will the long term L&D resourcing to scale up leadership development delivery, as this is a long-term organisational commitment.

Leading and supporting staff through change

Issue - as the organisation prepares for changes to its geographical footprint post April 2019, the impact on staff, services and organisational structure is a key engagement, performance and cultural issue. Whilst the full impact is not yet known at the time of writing this report, the impact of any change, whether small scale or large scale will need to be well managed and well lead at an individual, team and service delivery unit level. This will ensure that all staff are kept fully abreast of any pending changes and how this change affects them on a personal level. This will be particularly important if structural changes are required, requiring the instigation of the Organisational Change Policy (OCP).

Action/Progress – a small HR team has been established to oversee the Bridgend Boundary Change (BBC) transition. Whilst significant upfront work is needed to effect the contractual changes needed by March 2019, the longer term impact on what happens after April 2019 and the direct consequences on staff in ABMU2 is a risk if this change is not managed well. Short term resource has been secured through the recovery and sustainability programme board to provide ‘change management’ support to leaders and managers to effectively manage change and support staff. This additional resource will work closely with the HR team to provide focused bespoke interventions to those areas in most need for change support.

Vocational Training

Issue – this team is self-funded through income generated from activity. The team provides essential / life-line access to work based learning opportunities for the unemployed in our community and ‘employability skills programme for adults and Engagement programmes for 16-19 year olds and supports our corporate social responsibilities. Changes in Welsh Government policy and funding arrangements have jeopardised the achievement of the income generation target.

Action/Progress – the programme continues to run very successfully and strives to meet the income generation target needed to fund team. However the ongoing security of the team and funding streams continue to be vulnerable as they are directly linked to Government led initiatives. For the future ABMU should determine if this area of work is considered as core business. If it is then a case should be made for substantive funding, this team plays a pivotal community role in working with disadvantaged groups in our local communities and any decisions around the future of the team should be risk assessed from both a community and Health Board perspective.

Apprenticeship Academy

Issue - ABMU has the largest and most established Apprentice Academy in NHS Wales with over 100 externally appointed and over 500 current staff apprentices progressing through the Academy over the last 18 months. The function of this academy is only possible through the partnership arrangements with Neath Port Talbot College Group (NPTCG). NPTCG fund an Apprentice Coordinator (Band 5) and an Apprentice Administrator (higher Apprentice). There is an ongoing risk that funding from NPTCG could be withdrawn and this will result in the closure of the academy unless there is ABMU investment in the posts. A partnership arrangement was also set up with Bridgend College, however this funding was withdrawn as of the

1st October 2018. This has severely impacted on apprenticeship recruitment in Bridgend and once the advertised posts are completed there will be no new apprenticeship posts recruited into Bridgend.

Currently recruitment is fully managed by the Apprentice Academy Team meaning repetition of work for pre-employment checks.

Action/Progress – very positive levels of Apprenticeships continue with many clinical and corporate areas wanting to increase the numbers allocated within the NPT and Swansea.

Given the vulnerability of this model at some stage ABMU should consider if this area of work is considered to be core business and allocate funding for posts and resources.

Work Experience and Career Development

Issue – no dedicated resource in ABMU due to previous arrangement with NWSSP and this named individual in NWSSP has now left organisation. There is lack of equity in work experience placements and no strategic focus on work experience across ABMU. There are no WOD resources for Career Development. A bid to charitable funds was not supported twice as this was considered to be core business.

Action/Progress – all current activity is covered by the goodwill of individual team members working outside funded hours. Given the lack of equity, unsustainability of this model and previous suggestion that this is core to ABMU work ABMU should reconsider if this area of work is considered to be core business and allocate funding for posts and resources. This requirement will feature in the resource and structural review following Bridgend changes.

Medical Education

Issue - significant loss of organisational knowledge, memory and leadership at a senior level, with the departure of Medical Director and the Assistant Medical Director and the imminent retirement of the Clinical Governance Coordinator. Increasing pressure on the Medical Education Centre Manager (Morrison), in particular to manage forward plans and the relationship with the Deanery and the University.

Action/Progress – a future proof model being developed for discussion with incoming Medical Director which proposes the alignment and resourcing of all medical education centres within the workforce function Post April 2019.

Bridgend Boundary Change

Issue – risks both in the short and long term. The short term risk is the immediate impact on the work of the workforce team and the significant pressure that staff are under to deliver the required programme of work. In the longer term the potential

impact a reduction of 28% of current workforce team resource will impact on delivery and performance.

Action/Progress – additional funding has been allocated to support the short term increase in workload however ABMU has struggled to secure significant additionality. The review of corporate resources and the impact on the future function is being managed as part of the overall programme of work

4. SUMMARY AND ASSESSMENT OF CHANGES TO PREVIOUSLY IDENTIFIED RISKS

The following table provides a summary of overall progress against the risks and issues identified in the paper.

Issue/Risk	Change	Comments and Rationale
Capacity of Workforce and OD Function	↑	Additional temporary funding secured Greater awareness of fragility
Workforce Structure	→	Detailed work to commence January 2019
ESF Funding	→	Awaiting WG confirmation of funding
Sickness Absence	↑	Additional R&S resource to support
Occupational Health	↑	Options paper developed for Execs
ER Casework	↑	Software management system procured Additional short term support through employment law team IGB funding secured to appoint 3 independent IOs to speed up processes
Employee Relations	↑	Positive relationship being developed ACAS supported intervention commences November 2018 IGB funding secured to appoint 3 independent IOs to speed up processes and has secured significant good will and positive improvement in the relationship
E learning S&M	↑	Compliance improving Sustainable operating models being developed
PADR	→	Drive additional focus needed
Recruitment	↑	Additional short term resource developed
Turnover	↑	% turnover rates improving
Nurse Bank	→	Discussion with ND and NWSSP planned November 2018

Personal files	→	Long term digital solution needed. Immediate risks managed
GDPR	→	Immediate risks managed
Welsh Language	→	Assessment undertaken but real impact still unknown
Agency/Locum	↑	Kendal Bluck work will support solutions Long term recruitment key to sustainable improvement Medacs work on long term locums bringing some benefit Locum on Duty software will improve management and control
Job Planning	↑	Invest to save funding secured to compete full operational roll out
Employee Engagement	↑	Positive messages on Staff survey Bullying strategy in development, supported by TUs and ACAS facilitated Values team funding transferred to W&OD and additional staff recruited
Leadership Development	↑	Additional short term funding secured through R&S funding to enable more activity and the implementation of 'Bridges' programme
Change management	↑	The additional funding through R&S and Vales team to support these activities
Vocational training	→	Long term, secure funding stream potentially required
Apprenticeship academy	→	Long term, secure funding stream potentially required
Work Experience	→	Long term, secure funding stream potentially required
Medical education	→	Discussion with incoming MD to develop future operating model
Bridgend	↑	Additional resource in place to manage transition – work programme on target

Overall, of 25 areas of risk identified, over the last 3 months:

- 14 have shown positive improvement
- 11 have remained unchanged
- None report a worse position

5. RECOMMENDATIONS

The Workforce and OD Committee is asked to:

- Note the progress achieved to date

- Agree that all further updates will be provided via the risk register
- 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.								
Appendices			Appendix 1 – Risk register								

Ref	Opened/ Received Update	Objective for 17/18	Risk	Current context	Controls in place	Consequence	Likelihood	Rating	Action Plan	Action Lead	Option Agreed	Board/ Committee	Progress	Q1	Q2	Q3	Q4	
			Capacity of Workforce and OD Function within ABMU	Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern. Current resourcing levels have been benchmarked with other Health Boards (to date only for the core workforce arm of the function) demonstrates that ABMU has the lowest ratio of workforce staff to staff headcount of all Health Boards in Wales.						Director of Workforce and OD		Work Force and OD						
			Funding of "In Work Support Service"	The ESF funded 'In Work Support Service' has been a partnership between the Health Board and Welsh Government and since 2015 has provided approximately 500K funding per annum to support the multidisciplinary clinical and administrative team - the current funding agreement ends in August 2018. ABMU has become accustomed to the service provided by the Wellbeing through Work team and this is now an established and reputable support service. Written assurance has been provided by Welsh Government Project Leads that extension funding will be provided and this has been planned until 2022, however, the Health Board has not yet received written confirmation from the related Cabinet Secretaries (Economy and Health & Social Care) nor written agreement from WEFO that this will commence from 1st September 2018.						Director of Workforce and OD		Work Force and OD						
			Sickness Absence Management	There is a need to manage long term sickness more proactively which takes time, both managerial and workforce. It is perceived that workforce practitioners get involved in many cases at a late stage, thus elongating periods of absence that could have been resolved at an earlier date. There is also a perception that there is an organisational culture of 'I don't like something so I will go on the sick'.						Director of Workforce and OD		Work Force and OD						
			Sickness Absence of Medical Staff	There is likely to be under-reporting of current levels of absence and a lack of clarity and lack of resourcing about the lead responsibility (with the workforce team) for managing this exacerbates the problem. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019.						Director of Workforce and OD		Work Force and OD						

			Recruitment of Specialist Occupational Health Nurses and medical Staff	The provision of Occupational Health services is a critical enabler to support the effective management of staff well-being and sickness absence cases. There has been increasing demand for Occupational Health services in the last few years with a year on year increase in management referrals (18% increase between 2015 and 2017). Recruiting specialist Occupational Health Nurses and Medical staff has been challenging and the team has a reduced experience base compared to previous years resulting in some delays, particularly in relation to recruitment clearances and reports to managers to support sickness (51% of staff were cleared within 5 days of receipt of the health declaration in May 2017 compared to 35% in May 2018).						Director of Workforce and OD		Work Force and OD						
			Management of Sickness and Absence	Sickness absence is one, amongst many other measures of employment engagement and symptomatic of organisational culture. In the publication 'Engaging for Success – Enhancing performance through employee engagement' MacLeod & Clarke (2012) cited that engaged employees in the UK take an average 2.69 sick days per year, versus 6.19 taken by disengaged employees. Therefore effective management of sickness absence is far greater than dealing with sickness absence per se; it requires a concerted effort to build an engaged organisational culture, built on authentic visible leadership which allows individuals to perform, innovate and grow. High levels of sickness absence can be a symptom of an unengaged workforce but in parallel with effective S/Abs manage practices the HB must also treat the underlying cause.						Director of Workforce and OD		Work Force and OD						
			Sickness absence and Stress and Work pressure	Mental health related sickness absence is now the primary reason for long term sickness absence within the Health Board with 30% of long term absence being attributable to this. As a result, additional staff counselling support has been made available and the Invest to Save two year funded 'Staff Wellbeing Advice and Support Service' has recently been launched, providing fast access for staff for health support. Training in 'Understanding mental health in the workplace' for managers is now available along with training in using HSE Stress Management standards to assess the risk of work related stress.						Director of Workforce and OD		Work Force and OD						
			Financial Cost of Sickness Absence	At current levels the total cost of sickness absence is calculated as £24m. This measures the 'value of staff time' lost essentially.						Director of Workforce and OD		Work Force and OD						
			Casework	The number of Disciplinary, Grievance, and Dignity at Work etc cases is currently at an exceptionally high level at circa 180 cases in total. By way of comparison C&V (70) AB (60) H Dda (70) CT (30). This is a huge resource drain on both the workforce team and managers.						Director of Workforce and OD		Work Force and OD						
			Skills of Investigation Officers	The skills of investigation officers (IOs) has been of concern and the current organisational structure supports the potential for variation in practice and standards. Of the cases reviewed on 20 – 25 % of occasions the delays were related to the progress/pace of IOs. A previous HIW investigation recommended the establishment of an investigation team to deal with complex cases as there has been severe criticism on the quality of investigations and the HB did commit to address this.						Director of Workforce and OD		Work Force and OD						

			Employee Relations	The climate in ABMU is very challenging. Partnership working in the truest sense is not understood and partnership behaviours exhibited in ABMU are not what most organisations would recognise as constructive partnership working. Developing the people skills of managers are vital to improving this environment. To address this the HB should both invest in resources to train Line Managers in HR policies and soft skills (see leadership section later in the document) whilst adopting a coaching approach to management, as well as invest in developing our operational HR teams to foster a different climate of employee relations.						Director of Workforce and OD		Work Force and OD						
			E-Learning and Manadatory	Although compliance levels are improving ABMU currently has the lowest levels of compliance across NHS Wales. There is currently no dedicated infrastructure in place to support e-learning, despite the core mandated training dictated and monitored by Welsh Government being on an e-learning platform. Within the L&D team, one member of staff takes on a supportive role, answering queries and running reports, however, this is in addition to his principal role which is a L&D facilitator, with responsibility for leading on coaching skills development and roll-out across the organisation. This is a shared risk with IT – as systems and/or software are often not compatible and user error is significant which requires resourcing to support						Director of Workforce and OD		Work Force and OD						
			PADR	organisational wide PADR compliance currently stands at circa 63% (check figure). Again compliance levels have been improving but ABMU still reports the lowest levels of compliance across NHS Wales currently. The proper use of the ESR ESS/MSS portal will help improve this figure but a concerted effort is needed to focus managerial efforts to ensure compliance levels are improved to at least the target figure. There is a real danger that unless the new arrangements are implemented effectively it will lead to more grievances if managers try to prevent (even appropriately) pay progression.						Director of Workforce and OD		Work Force and OD						
			Recruitment and Vacancies	The challenges of current vacancy levels and recruitment issues are well rehearsed and are a UK wide if not an international issue. There are acute shortages of both nursing and medical staff which fundamentally impact on ABMUs ability to meet targets (performance, financial and quality/safety).						Director of Workforce and OD		Work Force and OD						
			International Recruitment Campaign	A further international recruitment campaign is being developed to source overseas nurses but to learn lessons from previous campaigns the Health Board has determined that nurses will only be interviewed if they hold the appropriate IELTS qualification. This will speed up the recruitment timeline significantly and should be a better operating model as long as companies can furnish staff with the appropriate IELTS standard.The impact of the Nurse Staff Act will further highlight and increase the reported vacancy levels within the Health Board.						Director of Workforce and OD		Work Force and OD						

			Exit Interviews	The Health Board does not have any consistent way of conducting exit interviews which are critical to know how to address turnover and improve staff retention. There are a number of systems on the market there is a UK based system available today for as little £4K per annum, including set up, design of questions, regular reporting and analysis.					There is software commercially available that allow large volume of exit interview data to be captured and be available for detailed analysis to obtain a true and detailed picture of the reasons for staff leaving the organisation which we are able to report upon it. This will ensure that any actions taken are evidence and data based and not conjecture or anecdotal	Director of Workforce and OD		Work Force and OD							
			Personal Files	The inability to store files safely raises both reputational and actual risks for the Health Board through possible Information Commissioner fines which can be considerable. The files currently held at Gorseinon, Cefn Coed, Singleton and with Robbins Brothers need to be culled and ideally scanned. Looking to the future a full digitisation solution should be considered						Director of Workforce and OD		Work Force and OD							
			GDPR	Of particular concern is the new deadlines for releasing personal data under the statutory Subject Access Request (SAR) and the publicity around GDPR which may of itself increase the likelihood of staff seeking to see their data. We are currently looking at a revised SAR policy and the optimum way to make staff aware of both their rights and the HB responsibilities. The current post that supports this activity is currently not funded.						Director of Workforce and OD		Work Force and OD							
			Welsh Language Standards	Revised Welsh Language Standards will come into place in 2018. For ABMU the implications of providing training and support to staff who wish to learn the welsh language has both costs and resource implications. Staff will also be able to require the health board to conduct all forms of internal processes e.g. disciplinary, sick absence management through the medium of the welsh language, this will be challenging in a practical context for both managers and workforce staff.						Director of Workforce and OD		Work Force and OD							
			Medical Vacancies Internation Recruitment	Work is ongoing with MEDACS to support the recruitment of doctors to substantive vacancies. However, given the positive changes to the immigration rules consideration should be given to specific International recruitment campaigns. Although this is not a quick fix increasing the supply of medical staff is key to meeting the agency cap challenge and premium payment issues which will significantly reduce cost. This mechanism can be further enhanced by ensuring access to robust language training to help get doctors through either IELTS or OELTS. The medical workforce team are unable to find the capacity to work with the Delivery Units on innovative recruitment campaigns						Director of Workforce and OD		Work Force and OD							

			Medical Vacancies - Recruitment and retention	To help mitigate the recruitment and retention risks faced a further initiative to support medical recruitment and retention would be the establishment of a Junior Doctor Welfare Officer which will help with the recruitment and retention specifically of junior medical staff. They could also lead some work around medical engagement. This concept has already discussed with the Junior Doctor Engagement Group which believe this would solve a lot of problems with the juniors' experience which will help them navigate their problems, improve their staff experience and improve the feedback from the GMC trainee survey which will have a knock on effect to recruitment. The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work.						Director of Workforce and OD		Work Force and OD					
			Medical Vacancies job Planning	Health Board seeks to dive out efficiency one major and significant area for review relates to the medical workforce. The job planning process and the content of consultant job plans would benefit from significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce. This is a significant and complex area of work that requires dedicated resourcing to be undertaken effectively aligned to the role out of the e job planning system.To resource this an Invest to Save Bid is being submitted to Welsh Government which will provide much need resource to scrutinise the job plans for consultants and SAS doctors, review annual leave patterns and to complete the roll out e job planning to ensure full benefits realisation.						Director of Workforce and OD		Work Force and OD					
			Junior Doctor Rostering	It is recognised that there may well be benefits and efficiencies of undertaking a wholesale review of the current junior doctor rosters. These are developed and managed by in excess of 100 local rota coordinators. Given the medical resourcing challenge it would seem prudent if a comprehensive review is undertaken to ensure efficient and effective rostering practices. This work will support the ongoing drive to reduce medical locum and agency expenditure. In addition there are a number of very fragile rotas that need urgent attention, for example the ED rota in Morriston where the Deanery has threatened to remove training posts unless improvements are made. There are a number of new challenges flowing from changing the Shape of Training. This could be a considerable amount of work around rota redesign and in implementing the changes. Further attention needs to be given to provide Rota Coordinator and Service Manager training around medical workforce issues.						Director of Workforce and OD		Work Force and OD					
			Succession Planning	In the short term as the most senior and experienced medical workforce team are moving swiftly to retirement. The need to upskill junior staff in the complexities of M&D T&Cs will become very acute in the next 2 years.						Director of Workforce and OD		Work Force and OD					
			Loss of Medical Director	We also need to recognise the risk arising from the loss of the Executive Medical Director and the Deputy Executive Medical Director which presents additional risk given that they have become very skilled Medical Workforce Managers. It is likely that the new incumbents are likely to need a much higher level of support from the Medical HR Department						Director of Workforce and OD		Work Force and OD					

			Healthcare Support Worker Framework	Health Care Support Worker Framework is a mandated framework by Welsh Government and the responsibility for implementation sits with Nurse Director. However, with the development of the framework to include all clinical and non-clinical support workers, there is a debate about where responsibility for the framework will sit in the future. This is a risk and will need to be resourced appropriately if / when the framework is rolled out further than nursing health care support workers. The current risk is that the overwhelming 'operational' workload previously referred to detracts for the planning, attention and intervention needed on this strategic need. Linked to this ABMU (as does the rest of NHS Wales) has a very challenging aging workforce profile. Attention need to be given as to how we manage and support an aging workforce and keep people working longer to ensure we can achieve the required future staffing levels						Director of Workforce and OD		Work Force and OD					
			Work Experience Co-ordinator	There is no resource to coordinate work experience in ABMU or to work with schools and colleges through career fairs to ensure widening access to clinical and medical careers locally. Two bids were made to Charitable Funds to fund a Band 6 Widening Access Coordinator, but this was turned down on the basis that it was core HR business. Some work does happen but this is down to individuals with the good will and passion to make this better and takes place in their own time. There is no non pay budget to support this work either.						Director of Workforce and OD		Work Force and OD					
			HRH Nurse Cadet Scheme	Further work is also anticipated during autumn in the coordination of a high profile HRH Nurse Cadet Scheme. The intention is develop a 2 year cadet scheme for 70 students and grow this to include other professions such as OTs and Physios in subsequent years. Given the size of the organisation and our recruitment challenges, this is a risk for the organisation and consequently we are falling behind other organisations in meeting the minister's mandate on widening access. This is a pivotal area of work that is not resourced at the current time, both in terms of staff and materials.						Director of Workforce and OD		Work Force and OD					
			Digital Workforce Solutions	ABMU is significantly behind the pace with the implementation of digital workforce solutions, including ESR. In the past it may be that this has not been a priority for the Health Board and the resource investment made by other organisations has not been mirrored within ABMU. The impact of this position is that there is significant waste and duplication in many of our core workforce processes. In addition there is a lack of up to date workforce information and analytics to support evidence based practice.						Director of Workforce and OD		Work Force and OD					
			Employee Engagement Culture	Capacity to support staff engagement and culture is vitally important as we face unprecedented financial and operational challenges. With more change ahead, we will need to ensure that staff are sighted and understand the need for change, are fairly dealt with through the process of change and keep staff, focused and engaged with the direction of travel. The outcome of the current staff survey will provide an insight and an important baseline into the current levels of engagement and specific issues that need to be addressed						Director of Workforce and OD		Work Force and OD					

			Values	Specific concerns remain about a bullying culture in some parts of the Health Board. Due to a retirement and vacancies held within the team, there is no resource to deliver listening events to continue to engage with our staff and embed our organisational values. This will be a critical resource as the results of the staff survey are published in September and therefore the need to release the held posts within this team is vitally important.						Director of Workforce and OD		Work Force and OD						
			Organisational Change	Given experience of recent change programmes there is evidence that whilst the process of change may be successfully managed the organisation is not always successfully in embedding and sustaining a change. The tendency seems to have been that the journey of change stops once a change is implemented and the next change is initiated without the realisation and that focus on post change activity is required for change to be successful.						Director of Workforce and OD		Work Force and OD						
			People Skills of Managers and management capability	Footprints - This is an organisational risk given the size of the team who are involved in running the training. Footprints currently runs on a weekly basis (3 days per week) and is delivered by 2 Learning & Development facilitators. One member of staff is fixed term and despite his contract being renewed twice previously based on vacancy restrictions, this will come to an end in December and the organisation will no longer be able to run Footprints.						Director of Workforce and OD		Work Force and OD						
			People Skills of Managers and management capability	Bridges - There is no capacity currently to roll-out the 'Bridges' programme to Bands 8a and above. To enable the Health Board to continue to roll-out Footprints to the size and scale needed and to provide leadership development to Bands 8a and above ('Bridges'), a long-term investment in teaching staff is needed as well as administrative support.						Director of Workforce and OD		Work Force and OD						
			People Skills of Managers and management capability	Teams in Trouble - There is an increasing demand to support new teams, 'teams in trouble' and bespoke training requirements within teams, including the supporting of development events. There is significant empirical evidence over the past 20 years in the NHS which correlates effective team working with lower patient mortality, higher patient satisfaction, innovation and improved levels of workforce wellbeing (West and Aston OD, 2009). However, there is no resource within the team to respond to these 'team requests' and when the most urgent are identified, there are often significant delays in supporting these. Given the potential impact on organisational effectiveness and individual well-being, this is an organisational risk. There are currently 20 requests for team development support alone and many of these will require 3 to 4 interventions per team. These requests are often for teams identified as 'in trouble' where significant input and skill is needed to challenge and develop interpersonal relationships. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						Director of Workforce and OD		Work Force and OD						
			Vocational Training	Self funded and in place since 1986. The team is established on the basis that they are self-funding (circa £120K) through income generation. Providing essential / life-line access to work based learning opportunities for the unemployed in our community. These include 'employability skills programme for adults and Engagement programmes for 16-19 year olds. If we fail to meet the income generation target, the team is at risk as they are no longer financially viable.						Director of Workforce and OD		Work Force and OD						

			Internal Graduate Scheme	Cohort 2 is pending confirmation of funding from the units, despite success of Cohort 1, impact and calibre of students. The risk is that if no funding is forthcoming, all work set up for running our internal graduate scheme will be lost, unless the organisation is willing to centrally fund the students.						Director of Workforce and OD		Work Force and OD							
			Apprenticeship Academy	Currently our apprenticeship academy has 2 coordinator and 1 apprenticeship post which are funded externally by our partners, Neath and Bridgend colleges. Provided we meet our performance indicators, this funding will continue. However, there is a risk that the funding could be withdrawn if there are changes to education policy or if we don't meet our numbers (e.g. in Bridgend – currently not meeting our targets as focus on boundary change). Bridgend has very recently formally served us notice and our contract will end in September 2018.						Director of Workforce and OD		Work Force and OD							
			No non pay budget	No non pay budget within Learning & Development to cover travel expenses. This is significant for the team as our role is a peripatetic one and requires travel across the Health Board.						Director of Workforce and OD		Work Force and OD							
			Medical Education	With the departure of Medical Director and the Assistant Medical Director and the imminent retirement of the Clinical Governance Coordinator, there is a leadership risk and a significant loss of organisational knowledge at a senior level, this will place increasing pressure on the Medical Education Centre Manager, in particular to manage forward plans and the relationship with the Deanery and the University.						Director of Workforce and OD		Work Force and OD							
			Bridgend Boundary Change	This strategic change creates very significant additional workload and risk for the workforce team. The process of managing the transfer and TUPE transfer process – identifying those affected, running the consultation process, managing the organisational change processes by April 2019 are enormous. The scale and complexity of the work required is unprecedented. Additional resources are critical to the delivery of this work programme and bids have been submitted to Welsh Government in this regard. There is a danger that the required resources – either in terms of money or people, will not be able to be identified which puts both the successful delivery of the boundary change and the delivery of all BAU activity at significant risk						Director of Workforce and OD		Work Force and OD							
			Recovery & Sustainability Programme	This programme of work makes significant demands on the workforce team. Short term funding has been provided and further financial support requested from Welsh Government. Unless 'additional' staff can be secured to focus on the work required there is a danger that delivery of the BAU agenda will further suffer.						Director of Workforce and OD		Work Force and OD							
			Priorities	There is an urgent need to agree and commit to a smaller range of workforce organisational priorities as the current resource constraints make it extremely challenging to operate effectively across all areas of activity. The workforce team has been asked to identify a list of activity that can be stopped to enable better focus on priority areas of work.						Director of Workforce and OD		Work Force and OD							
			Reputation	The workforce function wishes to both improve reputation within and value to ABMU. A significant number of limited assurance internal audits is a key focus of improvement.						Director of Workforce and OD		Work Force and OD							

Ref	Opened/ Received Update	Objective for 18/19	Risk	Current context	Controls in place	Consequence	Likelihood	Rating	Action Plan	Action Lead	Option Agreed	Board/ Committee	Progress	Q1	Q2	Q3	Q4
W&OD 1	Oct-08		Capacity of Workforce and OD Function within ABMU link to Work of the future & Digital Workforce & Employee Engagement/Culture	Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern. Current resourcing levels have been benchmarked with other Health Boards (to date only for the core workforce arm of the function) demonstrates that ABMU has the lowest ratio of workforce staff to staff headcount of all Health Boards in Wales.	Director of Workforce and OD reported risk stocktake to W&OD Committee. This risk register has been generated as a consequence. Reported at Corporate Performance review with CEO. Reported to Audit Committee.	4	5	20	Risk recognised through R&S and TI. Temporary resource provided for some areas for next 12/18 months. No additional resource provided to some core functions. Review of resourcing to take into account Boundary Change as some core functions resource issues are still to be addressed. Review of corporate benchmarking exercise once complete will determine and quantify shortfall.	Director of Workforce and OD	Utilise temporary funded continue to raise resourcing issue at corporate level and through committee governance arrangements. Run at risk.	Work Force and OD	Discussed at WF&ODC, Performance Review and P&F / Audit Committee. Also flagged at Trust Board by independent members. Greater organisational awareness and appreciation of inadequate workforce team resource and risks associated with this.			Full risk register developed and presented to WF&ODC and Audit committee. IMTP for workforce function in preparation.	
	LJ		Funding of "In Work Support Service"	The ESF funded 'In Work Support Service' has been a partnership between the Health Board and Welsh Government and since 2015 has provided approximately 500K funding per annum to support the multidisciplinary clinical and administrative team - the current funding agreement ends in August 2018. ABMU has become accustomed to the service provided by the Wellbeing through Work team and this is now an established and reputable support service. Written assurance has been provided by Welsh Government Project Leads that extension funding will be provided and this has been planned until 2022, however, the Health Board has not yet received written confirmation from the related Cabinet Secretaries (Economy and Health & Social Care) nor written agreement from WEFO that this will commence from 1st September 2018.	Raised at Workforce & OD Committee. Regular communication with WG, highlighting risk to service continuity and staff employment issues.	5	3	15	In the absence of WEFO confirmation Welsh Government have agreed to extend the teams contracts for a further 6 months from 1 st November 2018 in which time it is anticipated the extension funding agreement will have been signed off.	Director of Workforce and OD		Work Force and OD	Welsh Government agreement to underwrite risk and extend funding for the team for a further 6 months from 1 st November 2018 in which time it is anticipated the extension funding agreement will have been signed off.			Welsh Government agreement to underwrite risk and extend funding for the team for a further 6 months from 1 st November 2018 in which time it is anticipated the extension funding agreement will have been signed off.	
W&OD 2	GH/KJ		Sickness Absence Management	There is a need to manage long term sickness more proactively which takes time, both managerial and workforce. It is perceived that workforce practitioners get involved in many cases at a late stage, thus elongating periods of absence that could have been resolved at an earlier date.					Temporary resource provided to assist with R & S plan for next 12/18 months. Current R and S plan to be refreshed with a focus on improving long term sickness.	Director of Workforce and OD	Utilise temporary resource to assist in developing the plan and implementing specific actions.	Work Force and OD	New all Wales Managing Absence policy which has been recently agreed will provide a springboard into re-educating managers. Recent best practise				
	SV		Sickness Absence of Medical Staff	There is likely to be under-reporting of current levels of absence and a lack of clarity and lack of resourcing about the lead responsibility (with the workforce team) for managing this exacerbates the problem. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019.	Reporting to WOD and Audit Committees				Limited capacity at present. Only able to deal with the most urgent cases. Will attempt to address more broadly post boundary change once the function has reorganised. This may however remain resource dependant	Director of Workforce and OD	Reported to WoD and Audit Committees. Run at risk	Work Force and OD				Only dealing with urgent cases at present but recognise more needs to be done which is currently resource dependant. Continue to report the risk to the appropriate committees	

	LJ		Occupational Health	Occupational Health services is a critical enabler to support the effective management of staff well-being and sickness absence cases. Demand is increasing and access to and delivery of OH services is currently an obstacle in the timely and robust management of sickness absence within the HB. Difficulties recruiting experienced Nursing staff and Nursing sickness absence continue to compound effective service delivery and the ability of the Health Board to fully discharge its duties related to HSE Health Surveillance standards. The future provision on OH services requires urgent strategic review to determine the most appropriate future operating model given the potential retirement of two doctors and the Senior Nurse Manager in early 2019.	Performance reported through to R&S Programme Board & Workforce & OD Committee. Future delivery models and options reported through to Executive Team for discussion and decision making.	4	4	16	Determine sustainable future delivery model with strategic options appraisal. Plan transformation project with clear outputs and milestones.	Director of Workforce and OD		Work Force and OD	Options appraisal and future delivery model presented to Executive Team for discussion and decision. Additional temporary funding through TI in place to March 2020 to increase capacity and test multi-disciplinary AHP model. Recruitment currently underway. Transformation project scoped and underway			Recruitment to additional AHP staff underway. Tender process underway for scanning records and awarding of contract to take place in November. Work to start in January 2019.	
	GH/KM/KJ		Management of Sickness and Absence	Sickness absence is one, amongst many other measures of employment engagement and symptomatic of organisational culture. In the publication 'Engaging for Success – Enhancing performance through employee engagement' MacLeod & Clarke (2012) cited that engaged employees in the UK take an average 2.69 sick days per year, versus 6.19 taken by disengaged employees. Therefore effective management of sickness absence is far greater than dealing with sickness absence per se; it requires a concerted effort to build an engaged organisational culture, built on authentic visible leadership which allows individuals to perform, innovate and grow. High levels of sickness absence can be a symptom of an unengaged workforce but in parallel with effective S/Abs manage practices the HB must also treat the underlying cause.				Staff Experience strategy developed and agreed in April 2017.	Director of Workforce and OD		Work Force and OD	New all Wales Managing Absence policy has been recently agreed and has far more emphasis on maintaining the Health and Wellbeing of our staff. All Wales training package has been developed to educate managers in this approach, however this will require significant resource to deliver this training to all managers.					
	LG		Sickness absence and Stress and Work pressure	Mental health related sickness absence is now the primary reason for long term sickness absence within the Health Board with 30% of long term absence being attributable to this. As a result, additional staff counselling support has been made available and the Invest to Save two year funded 'Staff Wellbeing Advice and Support Service' has recently been launched, providing fast access for staff for health support. Training in 'Understanding mental health in the workplace' for managers is now available along with training in using HSE Stress Management standards to assess the risk of work related stress.					Director of Workforce and OD		Work Force and OD						
	GH/KG		Financial Cost of Sickness Absence	At current levels the total cost of sickness absence is calculated as £24m. This measures the 'value of staff time' lost essentially.	Reporting to WOD and Audit Committees				If Sickness levels can be reduced by 1% compared to current levels (an actual reduction of circa 100k)	Director of Workforce and OD		Work Force and OD					
	JQ		Casework	The number of Disciplinary, Grievance, and Dignity at Work etc cases is currently at an exceptionally high level at circa 180 cases in total. By way of comparison C&V (70) AB (60) H Dda (70) CT (30). This is a huge resource drain on both the workforce team and managers.	Director of Workforce and OD reported risk stocktake to W&OD Committee. This risk register has been generated as a consequence. Casework activity is monitored monthly in detail with a detailed	3	5	15	Workforce have conducted an internal review looking at case type and activity to see if there are any patterns of behaviour or casework activity. Approval has been	Director of Workforce and OD	Continue to monitor activity which will be enhanced when the new system comes in. Also linked to the appointment of the Investigation	Work Force and OD	IGB case for ER system approved. Tender process agreed with NWSSP and purchased via NHS framework. Meetings held with the				
	JQ		Skills of Investigation Officers	The skills of investigation officers (IOs) has been of concern and the current organisational structure supports the potential for variation in practice and standards. Of the cases reviewed on 20 – 25 % of occasions the delays were related to the progress/pace of IOs. A previous HIW investigation recommended the establishment of an investigation team to deal with complex cases as there has been severe criticism on the quality of investigations and the HB did commit to address this.	Director of Workforce and OD reported risk stocktake to W&OD Committee. This risk register has been generated as a consequence. Local ER system used to gather data and identify issues relating to investigations along with local intelligence gathered by workforce teams. Workforce teams continue to QA all reports with those covering gross misconduct reviewed by appropriate Senior	4	4	16	IGB case to establish a dedicated Investigations team that would support the majority of casework investigations including disciplinary, whistleblowing grievance and D@W.	Director of Workforce and OD	IGB case to be submitted for consideration in Oct 2018.	Work Force and OD	IGB case for IO team submitted.			IGB case for Investigation team approved in Oct 2018. Work now underway to establish and recruit to the team.	
W&OD 3	KJ		Employee Relations	The climate in ABMU is very challenging. Partnership working in the truest sense is not understood and partnership behaviours exhibited in ABMU are not what most organisations would recognise as constructive partnership working. Developing the people skills of managers are vital to improving this environment. To address this the HB should both invest in resources to train Line Managers in HR policies and soft skills (see leadership section later in the document) whilst adopting a coaching approach to management, as well as invest in developing our operational HR teams to foster a different climate of employee relations.	Reported by Director of Workforce and OD as part of risk stocktake to W&OD Committee. Reported at Corporate Performance review with CEO. Reported to Audit Committee. ER activity monitored by Director of WF and OD	4	5	20	to support improved employee relations climate. Working with Acas to improve partnership working, working with shared services legal team to review all ER cases and learn lessons, developing training plan for ER operational teams. Footprints programme in place to support	Director of Workforce and OD	Resources agreed to support ACAS work and legal services support. Funding to roll out Footprints programme and funding for Bridges (8a's and above) agreed	Work Force and OD	Discussed at WFODC, greater organisational awareness of the issue. ACAS support to start in November, Bridges programme to commence in November, permanent resource for Footprints programme secured. Shared services review commenced				

W&OD 4	KM	E-Learning and Manadatory	Although compliance levels are improving, ABMU currently has the lowest levels of compliance across NHS Wales. As at September 2018, ABMU performance is 66.27% against 85% WG target. There is currently no dedicated infrastructure in place to support e-learning, despite the core mandated training dictated and monitored by Welsh Government being on an e-learning platform. Within the L&D team, one member of staff takes on a supportive role, answering queries and running reports, however, this is in addition to their principal role which is a L&D facilitator, with responsibility for leading on coaching skills development and roll-out across the organisation. This is a shared risk with IT and Finance (ESR) – as systems and/or software are often not	Reported as part of Workforce Metrics to Finance and Performance Committee. Work subject to Internal Audit	5	3	15	developed, including priority processes around updating competencies, levels of compliance, review of processes and assurance around process (e.g. IAT). Currently each Subject Matter Expert is being consulted with individually to assess levels of sign off required within the CSTF subjects. The framework will subsequently be	Director of Workforce and OD	Director of W&OD to continue to monitor action plan and progress. Run at risk.	Work Force and OD	Since April 2018, compliance increased by 38%. ABMU now has the largest number of ESR logins in Wales and third highest in UK.			Since April 2018, compliance increased by 38%. ABMU now has the largest number of ESR logins in Wales and third highest in UK.
W&OD 5	KM	PADR	organisational wide PADR compliance currently stands at circa 63% (check figure). Again compliance levels have been improving but ABMU still reports the lowest levels of compliance across NHS Wales currently. The proper use of the ESR ESS/MSS portal will help improve this figure but a concerted effort is needed to focus managerial efforts to ensure compliance levels are improved to at least the target figure. There is a real danger that unless the new arrangements are implemented effectively it will lead to more grievances if managers try to prevent (even appropriately) pay progression.	Reported as part of Workforce Metrics to Finance and Performance Committee. Work subject to Internal Audit. Reported by Service Delivery Units and Corporate Directors as part of Performance Review	3	4	12	Continued focus on training managers in values-based PADR and the use of ESR. Training schedules are in place until March 2019 at all sites. Bespoke PADR trainign delivered as requested by teams and units. All corporate and unit directors have been written to by Director W&OD asking for compliance and delivery	Director of Workforce and OD	Director of W&OD to continue to monitor action plan and progress. Run at risk.	Work Force and OD	Slow but sustained improvement (April 2018 at 62.1% and 63% in September 2018).			Slow but sustained improvement (April 2018 at 62.1% and 63% in September 2018). All Service Delivery Units now reporting yellow compliance 63%-76.8%).
W&OD 6	SV	Recruitment and Vacancies	There are acute shortages of both nursing and medical staff which fundamentally impact on ABMUs ability to meet targets (performance, financial and quality/safety). For medical vacancies this impacts on the variable pay postion.	Reported to the WOD and Audit Committes				For medical staff the HB participates in Bapio recruitment. We are working with Medacs to review long term locums to replace them with substative staff. Kendall bluck is carrying out deep dives into ED Morrision and review of all junior doctor rotas to minimise the impact of vacacnies. recruitment and retention strategy in development	Director of Workforce and OD	Work with Bapio, develop recruiment and retention strategy, work with Medacs and Kendall Bluck	Work Force and OD	Since April 2018, a total of 47 adult vocational trainees have commenced, which is more than 50% of the target for the year. 1 youth trainee has commenced; 14 vocational trainees have successfully gained employment. If unussuccessful in gaining employment, candidates are			Engaged with Kendall Bluck work will comece in Nov/Dec. Ongoing work with Medacs re long term loucms. Partipate in the Nov round of Bapio recruitment. In process of developing R&R strategy for medical staff.
W&OD 6	LJ/KJ	Recruitment and Vacancies	Vocational Training Self funded and in place since 1986. The team is established on the basis that they are self-funding (circa £120K) through income generation. Providing essential / life-line access to work based learning opportunities for the unemployed in our community. These include 'employability skills programme for adults and Engagement programmes for 16-19 year olds. Changes in WG policy and funding arrangements have jeopardised the achievement of income generation targets for this team. The team is also a licenced AGORED Accredited Centre and provides a corporate function in registering all AGORED accredited programmes. This saves the organisation significant money, but the function is not	Monitoring via monthly finance meetings and reported risks to Director of W&OD. Recruitment of Band 5 in team frozen to reduce spend within the team.	3	4	12			Continue to monitor performance & run at risk		Continue to monitor performance & run at risk			Since April 2018, a total of 47 adult vocational trainees have commenced, which is more than 50% of the target for the year. 1 youth trainee has commenced; 14 vocational trainees have successfully gained employment. If unussuccessful in gaining employment, candidates are proactively signing up
	GH/KJ	International Recruitment Campaign	A further international recruitment campaign is being developed to source overseas nurses but to learn lessons from previous campaigns the Health Board has determined that nurses will only be interviewed if they hold the appropriate IELTS qualification. This will speed up the recruitment timeline significantly and should be a better operating model as long as companies can furnish staff with the appropriate IELTS standard.The impact of the Nurse Staff Act will further highlight and increase the reported vacancy levels within the Health Board.	Reported at W and ODC and Pand F comittees. Also regular reporting into N and M Board				Conduct a mini tender process to identify appropriate Nurse recruitment agencies who could fullfil our requirements.	Director of Workforce and OD	Conduct a mini tender process to identify appropriate Nurse recruitment agencies who could fullfil our requirements.	Work Force and OD	Mini tender specification has been developed. Currently awaiting the renewal of the LPP framework in order to target those nurse recruitment agencies who are part of that framework			
	GH/KJ	Exit Interviews	The Health Board does not have any consistent way of conducting exit interviews which are critical to know how to address turnover and improve staff retention. There are a number of systems on the market there is a UK based system available today for as little £4K per annum, including set up, design of questions, regular reporting and analysis.				There is software commercially available that allow large volume of exit interview data to be captured and be available for detailed analysis to obtain a true and detailed picture of the reasons for staff leaving the organisation which we are able to report upon it. This will ensure that any actions taken are evidence and data based and not conjecture or anecdotal	Director of Workforce and OD	Use ESR capability to provide exit interviews questionnaires for all leavers, which provides analysis of data provided, allowing us to identify specific areas for improvement.	Work Force and OD	Capability to provide exit interview process for all leavers via ESR is now available. Awarness to be raised with managers that this exists and encourage leavers to complete.				

	SV		Personal Files	The inability to store files safely raises both reputational and actual risks for the Health Board through possible Information Commissioner fines which can be considerable. The files currently held at Gorseinon, Cefn Coed, Singleton and with Robbins Brothers need to be culled and ideally scanned. Looking to the future a full digitisation solution should be considered	Reported to the WOD and Audit Committes				Temporary site located at Neath . This unit has a limited life. Workforce are ready to move the Gorseinon files but waiting for Estates to complete the area. No plans for other files at present	Director of Workforce and OD	Move to the Unit in Neath imminely but go at risk with other files whilst other optios being identified.	Work Force and OD				Workforce ready to move the files from Gorseinon but waiting for the unit to be completed.
	JQ		GDPR	Of particular concern is the new deadlines for releasing personal data under the statutory Subject Access Request (SAR) and the publicity around GDPR which may of itself increase the likelihood of staff seeking to see their data. We are currently looking at a revised SAR policy and the optimum way to make staff aware of both their rights and the HB responsibilities. The current post that supports this activity is currently not funded.	Dedicated resource has been allocated to support SAR requests but this is curently not substantive. SAR activity monitored monthly and reported	3	5	15	Substantive SAR policy and resource needed to ensure HB has both the capcity and expertise to deal wth SAR requests promptly.	Director of Workforce and OD	See action plan	Work Force and OD	Draft SAR policy prepared but contingent on resolving resourcing challenge. Publication of policy may result in a volume of acticity the HB cannot address. Benchmarking across NHS Wales to see where best			Draft SAR policy completed no resolution to funding resource issues as yet.
	JQ		Welsh Language Standards	Revised Welsh Language Standards will come into place in 2018. For ABMU the implications of providing training and support to staff who wish to learn the welsh language has both costs and resource implications. Staff will also be able to require the health board to conduct all forms of internal processes e.g. disciplinary, sick absence management through the medium of the welsh language, this will be challenging in a practical context for both managers and workforce staff.	Reported by Director of Workforce and OD as part of risk stocktake to W&OD Committee. Senior Workforce representative on HB Wesh Language Strategy group.				compliance notice from the WLC. Reviewing content with the aim of reesponding and addressing what needs to be done to meet the expectations, all this managed through the ABMU Welsh Language Strategy group.	Director of Workforce and OD		Work Force and OD	Compliance notice reviewed and circuated within workforce - key issues identified relating to work based welsh language training and welsh language supprot to internal ER activity.			Awaiting reconveined Welsh Language group meeting to go through HB response.
W&OD 7	SV	Medical Vacancies • Consideration should be given to specific International recruitment campaigns. • Meeting the agency cap challenge and premium payment issues which will significantly reduce cost. • Ensuring access to robust language training to help get doctors through either IELTS or OELTS	Management of Medical Workforce	Management of the Medical Work Force Considerable under capacity in Team who struggle to meet the demands of units in this respect. Level Medical Vacancies . • Work is ongoing to support the recruitment of doctors to substantive vacancies. • The medical workforce team are unable to find the capacity to work with the Delivery Units on innovative recruitment campaigns Recruitment and retention Establishment of a Junior Doctor Welfare • Help with the recruitment and retention specifically of junior medical staff. • Lead some work around medical engagement. • The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work. The job planning process and the content of consultant job plans • This would benefit from significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce. • This is a significant and complex area of work that requires dedicated resourcing to be undertaken effectively aligned to the role out of the e job planning system. • To resource this an Invest to Save Bid is being submitted to Welsh Government which will provide much need resource to scrutinise the job plans for consultants and SAS doctors, review annual leave patterns and to complete the roll out e job planning to ensure full benefits realisation.	Reported to the WOD and Audit Committes	2	5	10	In the process of developing a R&R plan however insufficient capacity to implement in a compehensive manner. Participation with Bapio. Working with to source substative recruitment to long term locuems. Work with Kendall Bluck to optimally deploy junior doctors to minimise impace of gaps . No fundin to support the junior doctr wlefar officer identified by the juniors as being critical to increasing junior doc engagement which will benefit R&R. implementation in Loucm of Duty which will create a Medical Bank.	Director of Workforce and OD	Developing R&R plan. Participation in Bapio. Investment to implement Locum on duty to create medical bank to assist agency cap. Work with Medacs and Kendall Bluck. For the rest run at risk.	Work Force and OD				Already working with Medacs with long term locuems . KB due to commence in November. Participatin in Bapio round in Nov.
	not us		Healthcare Support Worker Framework	Health Care Support Worker Framework is a mandated framework by Welsh Government and the responsibility for implementation sits with Nurse Director. However, with the development of the framework to include all clinical and non-clinical support workers, there is a debate about where responsibility for the framework will sit in the future. This is a risk and will need to be resourced appropriately if / when the framework is rolled out further than nursing health care support workers.The current risk is that the overwhelming 'operational' workload previously referred to detracts for the planning, attention and intervention needed on this strategic need. Linked to this ABMU (as does the rest of NHS Wales) has a very challenging aging workforce profile. Attention need to be given as to how we manage and support an aging workforce and keep people working longer to ensure we can achieve the required future staffing levels						Director of Workforce and OD		Work Force and OD				

	KM	Work Experience Co-ordinator	There is no resource to coordinate work experience in ABMU or to work with schools and colleges through career fairs to ensure widening access to clinical and medical careers locally. Two bids were made to Charitable Funds to fund a Band 6 Widening Access Coordinator, but this was turned down on the basis that it was core HR business. Some work does happen but this is down to individuals with the good will and passion to make this better and takes place in their own time. There is no non pay budget to support this work either.	Raised at Senior W&OD Team as an on-going risk		4	5	20		Director of Workforce and OD	Work experience queries are currently directed to NWSSP generic work experience email. Discussions are planned between ABMU & NWSSP to agree way forward.	Work Force and OD				Work experience queries are currently directed to NWSSP generic work experience email. Discussions are planned between ABMU & NWSSP to agree way forward.
	no us	HRH Nurse Cadet Scheme	Further work is also anticipated during autumn in the coordination of a high profile HRH Nurse Cadet Scheme. The intention is develop a 2 year cadet scheme for 70 students and grow this to include other professions such as OTs and Physios in subsequent years.Given the size of the organisation and our recruitment challenges, this is a risk for the organisation and consequently we are falling behind other organisations in meeting the minister's mandate on widening access. This is a pivotal area of work that is not resourced at the current time, both in terms of staff and materials.							Director of Workforce and OD		Work Force and OD				
	JQ	Digital Workforce Solutions	ABMU is significantly behind the pace with the implementation of digital workforce solutions, including ESR. In the past it may be that this has not been a priority for the Health Board and the resource investment made by other organisations has not been mirrored within ABMU.The impact of this position is that there is significant waste and duplication in many of our core workforce processes. In addition there is a lack of up to date workforce information and analytics to support evidence based practice.	Reported by Director of Workforce and OD as part of risk stocktake to W&OD Committee. Local WFIS Group meetings reinstated to monitor progress against NHS Wales ESR programme objectives. Senior Workforce and Finance membership of all Wales WFIS Programme Board		4	5	20	Ongoing discussions regarding the resource needs for ABMU to meet all NHS Wales and Local objectives for an ESR team covering the full spectrum of fuannce and workforce related issues. ABMU is the only HB where ESR does not sit within the workforce	Director of Workforce and OD	Prepare analysis of resource needs to meet all Finance and Workforce related needs for digital solutions and to meet NHW Wales targets/objectives.	Work Force and OD	Discussions between DOF and D of WF&OD established agreement on way forward in terms of resource and ownership of ESR function.			Initial analysis of resource needs for ESR team to be completed.
	LJ	Supporting staff through change	Risk to staff engagement, well being and attendance if change as a result of the Bridgend Boundary Change isn't well led and well managed.	Update reports to R&S Board through Assistant Director Workforce		5	4	20	a small HR team has been established to oversee the Bridgend Boundary Change (BBC) transition. Whilst significant upfront work is needed to effect the contractual changes needed by March 2019, the longer term impact on what happens after April 2019 and the direct consequences on staff in ABMU2 is a risk if this change is not managed well. Short term resource has been secured through the recovery and sustainability programme board to provide 'change management' (to November 2019) support to leaders and managers to effectively manage change and support staff. This additional resource will work closely with the	Director of Workforce and OD		Work Force and OD	a small HR team has been established to oversee the Bridgend Boundary Change (BBC) transition. Whilst significant upfront work is needed to effect the contractual changes needed by March 2019, the longer term impact on what happens after April 2019 and the direct consequences on staff in ABMU2 is a risk if this change is not managed well. Short term resource has been secured through the recovery and sustainability programme board to provide 'change management' (to November 2019)			
W&OD 8	KM	People Skills of Managers and Management Capabilities	Resources to support leadership development is limited. Temporary resourcing has been secured to increase the scale of leadership activity, including extending the roll out of Footprints and developing Bridges . This resource temporary resource is funded via TI monies and is in place until March 2020. At that point, our capacity returns to current levels.	Reporing on delivery outcomes from the funding is R&S Programme Director thorough to WG. Risks raised at W&OD Committee		4	3	12		Director of Workforce and OD	Temporary funding to increase capacity to facilitate leadership development.	Work Force and OD	Short term additional resource secured. Additional posts have been recrited to and new starters in place from December 2018.			Short term additional resource secured. Additional posts have been recrited to and new starters in place from December 2018.
	Km	Internal Graduate Scheme	Cohort 2 is pending confirmation of funding from the units, despite success of Cohort 1, impact and calibre of students. The risk is that if no funding is forthcoming, all work set up for running our internal graduate scheme will be lost, unless the organisation is willing to centrally fund the students.	Reported to W&OD Committee in September 2018		2	4	8	Units to confirm plans and funding to support scheme in 2019.	Director of Workforce and OD		Work Force and OD	Confirmation of 1 post for Singleton; 1 post for NPTH. Still awaiting feedback from other units. Interest from Director of Corporate Governance.			Confirmation of 1 post for Singleton; 1 post for NPTH. Still awaiting feedback from other units. Interest from Director of Corporate Governance.

	KM	Apprenticeship Academy	Currently our apprenticeship academy has 2 coordinators and 1 apprenticeship post which are funded externally by our partners, Neath and Bridgend colleges. Provided we meet our performance indicators, this funding will continue. However, there is a risk that the funding could be withdrawn if there are changes to education policy or if we don't meet our numbers (e.g. in Bridgend – currently not meeting our targets as focus on boundary change). Bridgend has very recently formally served us notice and our contract will end in September 2018.	Formal partnership agreement in place with NPTCG including performance measures. This is monitored on a quarterly basis and reported to NPTCG Board. Update on progress also reported to ABMU Partnership Forum and through ARCH workforce & Skills programme Board.	3	3	9	Continue to monitor performance and outcomes in line with partnership agreement. Influence the All Wales Apprenticeship Steering Group (hosted by NHS Confederation). National representative on the four nations Apprenticeship Working Group	Director of Workforce and OD		Work Force and OD	October 2016-October 2018 = 165 total apprentices. 27.3% have secured permanent jobs in ABMU and 6% have progressed onto higher apprenticeship frameworks. 26 apprentices are currently awaiting start dates			October 2016-October 2018 = 165 total apprentices. 27.3% have secured permanent jobs in ABMU and 6% have progressed onto higher apprenticeship frameworks. 26 apprentices are currently awaiting start dates
	SV/LJ	Medical Education	With the departure of Medical Director and the Assistant Medical Director and the imminent retirement of the Clinical Governance Coordinator, there is a leadership risk and a significant loss of organisational knowledge at a senior level, this will place increasing pressure on the Medical Education Centre Manager, in particular to manage forward plans and the relationship with the Deanery and the University.	Reported to the WOD and Audit Committees				Urgent discussion needed with the new Executive Medical Director when he commences in November.	Director of Workforce and OD	Urgent discussion needed with the new Executive Medical Director when he commences in November.	Work Force and OD				Plan to discuss with new Executive Medical Director in November
	KJ	Bridgend Boundary Change	This strategic change creates very significant additional workload and risk for the workforce team. The process of managing the transfer and TUPE transfer process – identifying those affected, running the consultation process, managing the organisational change processes by April 2019 are enormous. The scale and complexity of the work required is unprecedented. Additional resources are critical to the delivery of this work programme and bids have been submitted to Welsh Government in this regard. There is a danger that the required resources – either in terms of money or people, will not be able to be identified which puts both the successful delivery of the boundary change and the delivery of all BAU activity at significant risk	Risk reported by Director of Workforce and OD to WFODC, Performance and Finance Committee and Audit committee and at Corporate Performance Review with the CEO.	4	5	20	Resources required submitted in ABMU/ Cwm Taf Health Board request to Welsh Government	Director of Workforce and OD	Resources agreed by Welsh Government but not at level requested	Work Force and OD	Recruitment to workforce boundary change transition team in line with resources allocated			
	KJ	Recovery & Sustainability Programme	This programme of work makes significant demands on the workforce team. Short term funding has been provided and further financial support requested from Welsh Government. Unless 'additional' staff can be secured to focus on the work required there is a danger that delivery of the BAU agenda will further suffer.	Risk reported by Director of Workforce and OD to WFODC, Performance and Finance Committee and Audit committee and at Corporate Performance Review with the CEO.				Bid for resources to support work submitted internally.	Director of Workforce and OD	Resources agreed	Work Force and OD	Appointments to Workforce Recovery and Sustainability team made, postholders commence in October, November and December			
	HR	Priorities	There is an urgent need to agree and commit to a smaller range of workforce organisational priorities as the current resource constraints make it extremely challenging to operate effectively across all areas of activity. The workforce team has been asked to identify a list of activity that can be stopped to enable better focus on priority areas of work.						Director of Workforce and OD		Work Force and OD				
	HR	Reputation	The workforce function wishes to both improve reputation within and value to ABMU. A significant number of limited assurance internal audits is a key focus of improvement.						Director of Workforce and OD		Work Force and OD				
	JQ	Pay Deal (2018)	Lack of knowledge of the key points of the pay deal. Contentious issues <ul style="list-style-type: none"> Pay progression Unsocial Hours – reduction in sickness rate Run our own session on the pay deal for WF&OD staff Invite Finance Staff Invite Staff side Closure of Band 1 Band 1 disappears by 2021. Need to review all Band 1 posts. Meet with key managers Effect on replacement of Band 1 Staff in departments where band 1 is still used. Issue Bulletin re pay deal Direct staff to the pay journey tool Annual leave purchase calculations Staff who will pass through Pension contribution thresholds Spot salaries If we have any staff on spot salaries in the A4C banding structure we need to consider what we are doing with them. TUC's "Dying to Work" agreement We are committed to signing up to the TUC's "Dying to Work" agreement (staff with terminal illness).	Issues to be reported to WF&ODC and DoF/Dir WF&OD, given potential cost implications and technical requirements to support wider policy changes confirmed within the pay deal eg pay progression. Senior attendance at NHS employers seminar on the pay deal in order to gain appropriate level of understanding of the implications.	2	5	10	Review Pay deal implications locally - run internal awareness for WF and TU staff to ensure common understanding. Contribute and be involved in the all Wales work to look at common processes and support to enable pay progression. Issue local bulletin on the pay deal and monitor comment dealing with any questions. Set up review of band 1 grade in light of pay deal implications. Review spot salaries. Complete local sign up to "Dying to Work".	Director of Workforce and OD	See column J	Work Force and OD	Data to support Band 1 review being sought. Pay bulletin issued and comments reviewed and addressed as required.			Awaiting confirmation of all Wales groups looking at specific pay deal related commitments. Complete sign up to "TUC Dying for Work" scheme. Session on pay deal completed. Spot salary staff review completed in preparation of All Wales work managed through NHS Employers.

WD & OD 7			Managing the Medical Workforce.	Considerable under capacity in Team who struggle to meet the demands of units in this respect. Level Medical Vacancies . Risks Level of Medical Vacancies							Director of Workforce and OD		Work Force and OD					
			Medical Vacancies - Recruitment and retention	To help mitigate the recruitment and retention risks faced a further initiative to support medical recruitment and retention would be the establishment of a Junior Doctor Welfare Officer which will help with the recruitment and retention specifically of junior medical staff. They could also lead some work around medical engagement. This concept has already discussed with the Junior Doctor Engagement Group which believe this would solve a lot of problems with the juniors' experience which will help them navigate their problems, improve their staff experience and improve the feedback from the GMC trainee survey which will have a knock on effect to recruitment. The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work.							Director of Workforce and OD		Work Force and OD					
			Medical Vacancies job Planning	Health Board seeks to dive out efficiency one major and significant area for review relates to the medical workforce. The job planning process and the content of consultant job plans would benefit from significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce. This is a significant and complex area of work that requires dedicated resourcing to be undertaken effectively aligned to the role out of the e job planning system.To resource this an Invest to Save Bid is being submitted to Welsh Government which will provide much need resource to scrutinise the job plans for consultants and SAS doctors, review annual leave patterns and to complete the roll out e job planning to ensure full benefits realisation.							Director of Workforce and OD		Work Force and OD					
			Junior Doctor Rostering	It is recognised that there may well be benefits and efficiencies of undertaking a wholesale review of the current junior doctor rosters. These are developed and managed by in excess of 100 local rota coordinators. Given the medical resourcing challenge it would seem prudent if a comprehensive review is undertaken to ensure efficient and effective rostering practices. This work will support the ongoing drive to reduce medical locum and agency expenditure. In addition there are a number of very fragile rotas that need urgent attention, for example the ED rota in Morriston where the Deanery has threatened to remove training posts unless improvements are made. There are a number of new challenges flowing from changing the Shape of Training. This could be a considerable amount of work around rota redesign and in implementing the changes. Further attention needs to be given to provide Rota Coordinator and Service Manager training around medical workforce issues.							Director of Workforce and OD		Work Force and OD					
			Succession Planning	In the short term as the most senior and experienced medical workforce team are moving swiftly to retirement. The need to upskill junior staff in the complexities of M&D T&Cs will become very acute in the next 2 years.							Director of Workforce and OD		Work Force and OD					
			Loss of Medical Director	We also need to recognise the risk arising from the loss of the Executive Medical Director and the Deputy Executive Medical Director which presents additional risk given that they have become very skilled Medical Workforce Managers. It is likely that the new incumbents are likely to need a much higher level of support from the Medical HR Department							Director of Workforce and OD		Work Force and OD					