

Ref	Opened/Received Update	Objective for 19/19	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		<b>Capacity of Workforce and OD Function within ABMU link to Work of the future &amp; Digital Workforce &amp; Employee Engagement/Culture</b>	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.	
	U		<b>Funding of "In Work Support Service"</b>	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 1st 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	E-mail received 19/11/2018 from Welsh Government stating that £2.6m ESF funding has been agreed by WEFO until Dec 2022 for ABMU delivery of In Work Support. Awaiting grant letter from WEFO but have been given approval by WG to extend contracts until Dec 2022 end.			Grant letter signed by ABMU on 19/2/19 to agree funding from Welsh Government (via ESF) and delivery of service until Dec 2022	Employment contractual changes made with the delivery team and continue to work with WG Project group to deliver the service. Can be removed from the Risk Register
W&OD 2	GH/KJ		<b>Sickness Absence Management</b>	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 case study in areas of good practise provide evidence of how sickness can be managed well particular focus on early intervention in order to prevent where possible short term sickness becoming long term			Draft Attendance plan developed as part of the R and S programme which includes: <ul style="list-style-type: none"> <li>Sharing internal best practices in managing attendance (POW Case Study) with all DU's.</li> <li>Create new Attendance Audit for ABMU in line with New MAAW Policy.</li> <li>Create new Cultural Audit for ABMU to measure the culture of each department.</li> <li>Pilot Focusing on early communication and support to aid early RTW for Short Term Absences.</li> <li>Strategically align Health &amp; Wellbeing plans with Attendance Management work stream.</li> <li>Testing of Absence Data.</li> <li>Develop pilot within Facilities to test and exploit the benefits of using ESR Manager Self-Serve in managing absence more effectively.</li> <li>Exploring options to use the ER Tracking system to support management of LTS cases</li> <li>Confirm and challenge panels led by Director of W and OD to be carried out with each SHRM to fully understand HR activity within each Unit on the management of sickness absence. Particular focus to be placed on the management of LTS</li> <li>Paper submitted to W and OD committee outlined current performance and actions being taken to mitigate high absence for reasons of Stress and MSK conditions.</li> </ul>	Long term sickness levels have improved over last two months data. Difficulty in focussing resources on sickness due to operational workforce team numbers.
	SV		<b>Sickness Absence of Medical Staff</b>	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.	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	
	U		<b>Occupational Health</b>	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	TI funded AHP delivery of management referral clinics commenced Jan 2019 and has resulted in initial reduction in waiting times for staff to be seen to 2 weeks - this requires longer term evaluation as the only full time Doctor retires May 2019. Training to use speech recognition software being delivered Feb 2019 which will reduce waits for managers to receive reports. Exec team has agreed future multidisciplinary model for OH using digital solutions to transform the service and retire and return of OH Consultant will support this. Scanning of OH records commenced Jan 2019 as a result of IBG funding with aim of full e-record for all staff by Oct 2019			TI funded AHP delivery of management referral clinics commenced Jan 2019 and has resulted in initial reduction in waiting times for staff to be seen to 2 weeks - this requires longer term evaluation as the only full time Doctor retires May 2019. Training to use speech recognition software being delivered Feb 2019 which will reduce waits for managers to receive reports. Exec team has agreed future multidisciplinary model for OH using digital solutions to transform the service and retire and return of OH Consultant will support this. Scanning of OH records commenced Jan 2019 as a result of IBG funding with aim of full e-record for all staff by Oct 2019	Discussions between SBU and CTM Exec Directors have resulted in the retire and return of the Occupational Health Consultant to deliver services across both Health Boards. The same arrangement is being planned for the Specialist Doctor to enable a sustainable medical resource across both Health Boards • The Senior Nurse Manager post has been recruited to since the retirement of the previous post holder • A Specialist AHP Lead post is being developed to enable a wider multi-disciplinary team approach and will increase capacity after the retirement of the only full time Specialist Doctor • Scanning of OH records continues with Morriston Hospital being complete by end of April 19 - efficiencies being recognised within admin team as paper notes decrease and waiting times continue at 2 weeks

	GH/KM/KI	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 management 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.		<ul style="list-style-type: none"> <li>Implementation of new all Wales Managing Attendance policy.</li> <li>Commenced training for managers regarding the new all Wales Managing Attendance policy.</li> <li>Currently developing paper outlining the significant resource impact of training all managers on the revised all Wales policy and options to achieve this.</li> <li>Confirm and challenge panels with SHRM's focusing on the management of LTS within each unit</li> </ul>	Long term sickness levels have improved over last two months data. Difficulty in focussing resources on sickness due to operational workforce team numbers.
	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		<ul style="list-style-type: none"> <li>Continued delivery of Invest to Save 'Staff Wellbeing Advice and Support Service' - aim for staff to receive initial contact with the service within 5 days of self-referral. Averaging 90 staff referring monthly - 70% for mental health support and 30% musculoskeletal support. Continued delivery of Mental Health awareness sessions to managers. To date 16 sessions have been delivered to 132 managers.</li> <li>Continued delivery of Work related stress risk assessment training for managers. To date 24 sessions have been delivered to 210 managers in total</li> </ul>	<ul style="list-style-type: none"> <li>4 menopause wellbeing workshops have been planned March - June across the Health Board to pilot this approach at early intervention for staff</li> <li>Over 340 Wellbeing Champions have been trained and are supporting their colleagues to access support for health at work concerns</li> <li>Since April 2018, 32 Work Related Stress Workshops have been delivered to managers with 267 attendee's and 24 Mental Health Awareness Workshop with 209 managers attending.</li> </ul>	
	GH/KG	Financial Cost of Sickness Absence	At current levels the total cost of sickness absence 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 18%) a reduction in 'cost' of sickness absence of circa £4.1m would be achieved across all staff groups.	Director of Workforce and OD		Work Force and OD		<p>Long term sickness rates have improved in the last 2 months and the current performance for November 18 is 3.97% and is an improvement of 0.35% compared to reported levels at the same period last year. This may have some impact on reducing overall costs. However until the overall rate reduces this may not be particularly evident.</p> <p>It should be noted that the impact of the boundary change is likely to worsen our sickness performance as an organisation as the POW unit is our best performing unit for sickness absence</p> <ul style="list-style-type: none"> <li>LTS management within units to be the focus of confirm and challenge panels with SHRM's</li> </ul>	Confirm and challenge panels are currently being undertaken. Long term sickness levels have improved over the last two months data.	
	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 report issued to the senior team. Regular discussions take place with SHRMs and the workforce teams looking at casework activity. Casework activity is reported through the P&F committee.			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 given to purchase a case management system which will provide more detailed management information as well as directly support the casework support provided to managers by the workforce teams.	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 Officer team covered by a separate risk.	Work Force and OD	IGB case for ER system approved. Tender process agreed with NWSSP and purchased via NHS framework. System System training completed and Testing underway. on track for Mid April 2019 go live	System Configuration will be completed and local testing started to support go-live Mid April 2019	Long term sickness levels have improved over the last two months data.	
	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 Manager	3	5	15	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 IO team approved by IGB. JD agreed with staff side in partnership. Cleared internal vacancy control adverts due to go live in the next week	IGB case for investigation team approved in Oct 2018. Work now underway to establish and recruit to the team.	Adverts for Investigation Officers and the Team Support Officer have been published on NHS Jobs.
	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	4	16	Development of ER strategy 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 development of management soft skills.	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 Partnership events all held next stage is summary of outcomes and recommendations from the detail of the events held. Bridges programme to commence in November, permanent resource for Footprints programme secured. Shared services review commenced	ACAS sessions have commenced and employee relations case review undertaken by solicitors, learning event being organised for WF staff with solicitors	Learning event scheduled for 4th April with operational team. Work with ACAS continues, meeting arranged to consider feedback and next steps required.
W&OD 3					4	5	16							

W&OD 4	KM	E-Learning and Mandatory	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	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 ET and PF for involvement and sign off.	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.		Improvement continues to be seen in relation to completion of M+S Training Competencies. December 2019 72.8% compliance. During December 2018 technical issues have meant that users are unable to complete Elearning. This may have some impact on the Q4 statistics.	Improvement continues to be seen in relation to completion of M+S Training Competencies. February 2019 74.37% compliance. This Audit is no longer Limited Assurance. Improvement continues to be seen in relation to completion of M+S Training Competencies. March 2019 75.22% compliance. Following ESR configuration in relation to boundary change there may be a change in figures impact on figures.
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 plans	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).	PADR Compliance remains stable and has risen in Decembr 2018, this is reported as 67.13%. The Director of Workforce and OD has requested improvement plans from all Units on how they will improve compliance.	PADR Compliance remains stable and has risen in Decembr 2018, this is reported as 66.81%. PADR Compliance remains stable however has slightly fallen to 65.93% in March 2019. Following ESR configuration in relation to boundary change there may be a change in figures impact on figures.	
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 position.	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 Morrison and review of all junior doctor rotas to minimise the impact of vacancies. recruitment and retention strategy in development	Director of Workforce and OD	Work with Bapio, develop recruitment 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 unsuccessful in gaining employment, candidates are proactively signing up to the ABMU admin bank. Since April 2018, strengthened links with	Engaged with Kendall Bluck work will commence in Nov/Dec. Initial findings well received by Exec Team. Final presentation due on 3rd April. Ongoing work with Medacs re long term locums. Partipate in the Nov round of Bapio recruitment. 21 posts offered as a result. In process of developing R&R strategy for medical staff, to be presented to January meeting of WOD Committee. Work underway to clarify the Medical and Dental establishments to feed into the strategy		
W&OD 6	LJ/KJ	Recruitment and Vacancies	<b>Vocational Training</b> 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		Director of Workforce and OD	Continue to monitor performance & run at risk	Work Force and OD	Continue to monitor performance & run at risk	following an audit of all Vocational Training activity and payments, an underpayment has been identified. The Health Board have received an interim payment has been made to the Health Board. There is a delay of the Welsh Government procurement for the overarching provider of the all age training programme. this may impact on the work of the VT team in 2019/2020.	There is currently no update on the Welsh Government procurement for the all age programme. This may impact the work of the VT in 2019/2020.	
	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 committees. Also regular reporting into N and M Board				Conduct a mini tender process to identify appropriate Nurse recruitment agencies who could fulfill our requirements.	Director of Workforce and OD	Conduct a mini tender process to identify appropriate Nurse recruitment agencies who could fulfill 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	Mini tender has not been progressed due to a delay in the renewal of the LPP framework. This is outside of the HB's control.  Business case being developed to bid for further funding to continue overseas nurse recruitment in 2019/20 including resource to administer the process.  Business case has been submitted for initial scrutiny to secure further funding into 2019/20 to continue with recruitment of overseas nurses.	Further information has been provided as requested from scrutiny process. Awaiting outcome from IBG	
	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. Awareness to be raised with managers that this exists and encourage leavers to complete.	Training to HR team on the ESR EQ process arranged but had to be postponed due to illness. Session now taking place in January. HR team will cascade in their areas in order to make managers aware of process. Re arranged training has had to be rearranged again due to further illness of trainer. Plan now to take place in March 18	Meeting postponed until May due to resource issues.		
	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 Gorseion, 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 Gorseion 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. Plans have been delayed due to the need to rack the unit and resolve fire	Work Force and OD	No other update as the workforce function is ready to move files but still waiting for Estates to finish the work to move the Gorseino files.	Workforce ready to move the files from Gorseion but waiting for the unit to be completed. This is taking longer than anticipated			
	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 currently not substantive. SAR activity monitored monthly and reported	3	5	15	Substantive SAR policy and resource needed to ensure HB has both the capacity and expertise to deal with 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 actity the HB cannot address. Benchmarking across NHS Wales to see where best	Draft SAR policy completed no resolution to funding resource issues as yet.	Further disuccsions on SAR completed with a view to agreeing way forward.	

	JQ		<b>Welsh Language Standards</b>	Revised Welsh Language Standards will come into place in 2019. 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 Welsh Language Strategy group.					2	5	10	ABMU has received its draft compliance notice from the WLC. Reviewing content with the aim of responding and addressing what needs to be done to meet the expectations, all this managed through the ABMU Welsh Language Strategy group.	<b>Director of Workforce and OD</b>		<b>Work Force and OD</b>	Compliance notice reviewed and circulated within workforce - key issues identified relating to work based Welsh language training and Welsh language support to internal ER activity.			Awaiting reconvened Welsh Language group meeting to go through HB response.	Undertaking review of compliance notice from a workforce perspective and awaiting SBLHB meeting to discuss response.
	SV	W&OD 7	<b>Vacancies Management of Medical Workforce</b>	<p>Considerable under capacity in Team who struggle to meet the demands of units in this respect.</p> <p>Level Medical Vacancies</p> <ul style="list-style-type: none"> <li>Work is ongoing to support the recruitment of doctors to substantive vacancies.</li> <li>The medical workforce team are unable to find the capacity to work with the Delivery Units on innovative recruitment campaigns.</li> <li>Meeting the agency cap challenge and premium payment issues which will significantly reduce cost.</li> <li>Ensuring access to robust language training to help get doctors through either IELTS or OELTS</li> </ul> <p>Recruitment and retention</p> <p>Establishment of a Junior Doctor Welfare</p> <ul style="list-style-type: none"> <li>Help with the recruitment and retention specifically of junior medical staff.</li> <li>Lead some work around medical engagement.</li> <li>The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work.</li> </ul> <p>The job planning process and the content of consultant job plans</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	Reported to the WOD and Audit Committees								In the process of developing a R&R plan however insufficient capacity to implement in a comprehensive manner. Participation with Bapio. Working with Medacs to source substantive recruitment to long term locums. Work with Kendall Bluck to optimally deploy junior doctors to minimise impact of gaps. No funding to support the junior doctor welfare officer identified by the juniors as being critical to increasing junior doc engagement which will benefit R&R implementation in Locum of Duty which will create a Medical Bank.	<b>Director of Workforce and OD</b>	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.	<b>Work Force and OD</b>			Already working with Medacs with long term locums. KB due to commence in November. KB Results due for presentation to Execs in February. Final presentation 3rd April Participating in Bapio round in Nov. 21 post offered. Employed project staff for Locum on duty, project due to commence February. R&R strategy being developed, presented to WOD Committee in January. Work underway to clarify the medical and dental establishments		
		not us	<b>Healthcare Support Worker Framework</b>	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 from 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										<b>Director of Workforce and OD</b>		<b>Work Force and OD</b>					
	KM		<b>Work Experience Coordinator</b>	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		<b>Director of Workforce and OD</b>	Work experience queries are currently directed to NWSSP generic work experience email. Discussions are planned between ABMU & NWSSP to agree way forward.	<b>Work Force and OD</b>			Work experience queries are currently directed to NWSSP generic work experience email. Discussions are planned between ABMU & NWSSP to agree way forward.	There is no update on this risk.	
		no us	<b>HRH Nurse Cadet Scheme</b>	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.										<b>Director of Workforce and OD</b>		<b>Work Force and OD</b>				There is no update on this risk.	
	JQ		<b>Digital Workforce Solutions</b>	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 finance and workforce related issues. ABMU is the only HB where ESR does not sit within the workforce function. Part of a wider review of workforce resource. Assessment of resource needs to	<b>Director of Workforce and OD</b>	Prepare analysis of resource needs to meet all Finance and Workforce related needs for digital solutions and to meet NHW Wales targets/objectives.	<b>Work Force and OD</b>	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.	Discussion on workforce funding and support for ESR workforce analytics underway

	LI		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 HR team to provide focused bespoke interventions to those areas in most need for change support.	Director of Workforce and OD		Work Force and OD						
	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.	Reporting on delivery outcomes from the funding is R&S Programme Director through 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 recruited to and new starters in place from December 2018.			Planning complete for 2019 programmes. Pilot of 2 bridges programme (8a plus managers).		Programmes continue to run and gain momentum. Footprints has been nominated for a national HMPA Award. There is no update on this risk.
W&OD 8	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				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.		Funding has been allocated via an agreement to top slice funding. The Graduate Growth Scheme is currently out to advert (March 2019). Currently out to advert for graduates.
	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 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		The Apprentice Academy Apprentice has gained employment. Discussion has been had with NPTCG group around the replacement of this post. Funding has been agreed for a further 12 month period. The apprentice coordinator for Singleton funded by Gower College will not continue. The L+D Project manager is in discussions with Gower to ensure continuity for the staff on Singleton Site. No update to this risk.
	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 Deanship 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				Following discussions with the Medical Director research is underway to inform an options appraisal paper. This will include a review of what currently exists and what is needed for the delivery of Medical Education in future.		The Medical Director and Director of Workforce and OD have agreed a review of medical education. This is at a critical point for this as the Medical Education and Governance Manager retires at the end of April. Temporary changes have been agreed while a review is commissioned.
	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	3	12	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			Recruited to team and work is being completed, however recruitment is on basis of FTC and we may lose some of the team before completing the project. We are working in partnership with CTUHB to mitigate the risk.		Tupe and volunteer process has been completed. Currently accessing future work load. WG are no longer funding transition team, we have two members of staff remaining who are managing the workload. TUPE transfer was effected on time, risk remain the volume of SLA's between CTMHB and SB UHB which when SLA services are reviewed will result in service disaggregation and TUPE's for staff effected by this
	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.	4	3	12	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			Post holders have commenced work, however the staff due to funding staff are appointed on fixed term contracts and there is a danger they may seek permanent employment.		One to two members of staff has secured permanent employment outside the Health Board, we are currently reviewing our requirements for the coming year. With the HVO work commencing we will require additional resource to deliver appropriate workforce support
	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)	<p><b>Lack of knowledge of the key points of the pay deal.</b></p> <p><b>Contentious issues</b></p> <ul style="list-style-type: none"> <li>Pay progression</li> <li>Unsocial Hours – reduction in sickness rate</li> </ul> <p><b>Run our own session on the pay deal for WF&amp;OD staff</b></p> <p>Invite Finance Staff</p> <p>Invite Staff side</p> <p><b>Closure of Band 1</b></p> <p>Band 1 disappears by 2021. Need to review all Band 1 posts.</p> <p>Meet with key managers</p> <p>Effect on replacement of Band 1 Staff in departments where band 1 is still used.</p> <p><b>Issue Bulletin re pay deal</b></p> <p>Direct staff to the pay journey tool</p> <p>Annual leave purchase calculations</p> <p>Staff who will pass through Pension contribution thresholds</p> <p><b>Spot salaries</b></p> <p>If we have any staff on spot salaries in the A4C banding structure we need to consider what we are doing with them.</p> <p><b>TUC's "Dying to Work" agreement</b></p> <p>We are committed to signing up to the TUC's "Dying to Work" agreement (staff with terminal illness).</p> <p><b>Incremental movements within the pay deal</b></p>	<p>Issues to be reported to WF&amp;ODC and DoF/Dir WF&amp;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.</p>	2	5	10	<p>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 minitor 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".</p>	<p>Director of Workforce and OD</p>	See column J	<p>Work Force and OD</p>	<p>Data to support Band 1 review being sought.</p> <p>Pay bulletin issued and comments reviewed and addressed as required.</p>	<p>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.</p>	<p>There have been very few queries regarding the 2018 pay deal in general so no further action planned.</p> <p>Preparation and action plan for the closure of Band 1 underway with the affected departments. Dying to work agreement to be completed for new SB LHB.</p>
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