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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	27th March 2019	Agenda Item	4.1
Report Title	Corporate Risk Register (Workforce Risks)		
Report Author	Hazel Robinson, Director of Workforce and OD		
Report Sponsor	Hazel Robinson, Director of Workforce and OD		
Presented by	Hazel Robinson, Director of Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is update the Workforce and OD Committee on the progress achieved to date to manage and mitigate the Workforce and OD risks reported to the Committee in August. This follows the initial risk stocktake undertaken by the Director Of Workforce and OD.		
Key Issues	The report highlights the progress that has been achieved in a number of areas of workforce risk. A risk register has been developed and is attached to the paper as appendix 1.		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			✓
Recommendations	The committee is asked to: <ul style="list-style-type: none"> - Note the progress achieved to date. - Identify specific areas of risk where the committee requires a further detailed report, as a matter of priority, to provide further assurance. 		

CORPORATE RISK REGISTER (WORKFORCE RISKS)

1. INTRODUCTION

The purpose of the report is to provide an update on the progress made over the last 5 months to manage and mitigate the workforce risk outlined in the stocktake of risks previously presented to the Workforce and OD Committee in August.

2. BACKGROUND

The Workforce and OD Committee and Audit Committee have previously received a briefing report which outlined the key workforce risks and challenges faced by both the Workforce and OD Directorate and the Health Board.

Since the development of this stocktake a number of actions have been put in place to address the key risks and challenges previously identified. In addition, the risks which were identified as significant have been added to both the Directorate and Health Board risk registers, attached as Appendix 1 of this paper.

3. UPDATE ON KEY RISKS AND CHALLENGES

The following table provides a summary of overall progress against the risks and issues that have been identified.

Issue/Risk	Change	Comments and Rationale
Capacity of Workforce and OD Function	→	<p>Additional temporary funding secured Greater awareness of fragility Positive WAO Structured commentary in relation to workforce matters and reference to workforce capacity issues. Staff resource transfer to Cwm Taff agreed which will add to the fragility of the function.</p> <p>In addition a number if temporary funded posts have proved impossible to recruit to and some temporary staff that had been recruited to support critical pieces of work have/are leaving having secured substantive positions.</p> <p>Critical replacement posts (band 8a and band 7) approved for immediate recruitment to mitigate risk.</p> <p>Band 8a Senior HR Manager to retire.</p> <p>Confirm and challenge discussion held with Director of Finance in early April 2019 to test reasonableness of structure.</p>

		<p>Joint meeting W&OD/Finance meeting to be held with CEO present proposed structure.</p> <p>High level structure shared with workforce function. Strong support for these changes.</p>
Workforce Structure	↑	<p>Detailed work to commence January 2019. Work to implement new workforce team structure to be taken forward April 2019</p> <p>Draft structure prepared for discussion with senior leadership team and workforce function to test fit for future organisation and priorities during March 2019.</p> <p>Resource requirements presented to DoF in confirm and challenge process – as above.</p> <p>Workforce re-structure to be managed in two phases:</p> <ul style="list-style-type: none"> • Re-alignment of Assistant Director portfolios – May 2019 • Organisational Change process to re-align/appoint to sub-structure posts
ESF Funding	→	<p>Welsh Government has confirmed the ESF £2.6m extension funding for the In Work Support Service until December 2022.</p> <p>Grant letter from Welsh Government to ABMU signed on 19/2/19.</p> <p>No longer a current risk.</p>
Sickness Absence	↑	<p>Attendance improvement plan developed which includes:</p> <ul style="list-style-type: none"> • Outputs of best practice case study conducted in three areas of good sickness performance (PoW case study), are being incorporated into each DU's attendance action plan. • Finalising new Attendance Audit for Swansea Bay in line with New MAAW Policy. • Cultural Audit has been created to measure the culture of each department, being trialled in Morryston Facilities department. • Pilot Focusing on early communication and support to aid early RTW for Short Term Absences, which began in April 2019 within Facilities and Hotel

		<p>Services. Initially focussing on a hot spot area containing 200 employees.</p> <ul style="list-style-type: none"> • Continually working with Health & Wellbeing team to support plans to increase Attendance Management work. • Continuation of Testing of Absence Data, ensuring appropriate reporting systems are being utilised to drive down absence performance. Confirm and challenge sessions underway focussing specifically on management of Long Term Sickness. <p>Working in partnership with staff side to support improving attendance at work. Other recent activity includes:</p> <ul style="list-style-type: none"> • Implementation of new all Wales Managing Attendance policy. • Ongoing training for managers regarding the new all Wales Managing Attendance policy. • Development of a full training plan to support implementation of the new Attendance policy. • OH Improvement Plan completed with targets for reductions in waiting times approved by Exec Board. Key developments include commencing the scanning of all OH records to enable a digital record and reduce inefficiencies (to be completed October 2019) and increasing OH resource with AHP's from TI monies. This has resulted in waiting lists for management referrals initially reducing from 4 to 2 weeks. Currently implementing digital dictation software for clinicians to reduce waits for OH reports to be sent to managers. Evaluation to be completed July 2019. • Delivering Invest to Save 'Rapid Access - Staff Wellbeing Advice and Support Service' enabling early intervention for Musculoskeletal (MSk) and Mental Health, ideally
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		<p>within 5 days (90 referrals monthly) and expediting to MSk diagnostics and surgery when required. This model accepted as Bevan Exemplar 2018/19.</p> <ul style="list-style-type: none"> • Over 350 Staff Wellbeing Champions now trained to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. • Plan to deliver 'menopause wellbeing workshops' across 4 main sites between March and June 2019 to support the implementation of the new all Wales Menopause policy. • Flu vaccination programme ended 31/3/19 with 54% of staff vaccinated. • Continued delivery of Mental Health awareness sessions to managers. To date 24 sessions have been delivered to 209 managers. • Continue further delivery of Work related stress risk assessment training for managers. To date 32 sessions have been delivered to 267 managers in total. <p>Amendments to Swansea Bay's attendance action plan are underway to be re-submitted for sign off by W&OD Committee.</p>
Occupational Health	↑	<p>Options paper presented and considered at Execs in November 2018. Agreement reached on future model, R&R of current consultant and required performance standards. Meeting scheduled January 2019 to discuss requirements with OH CD</p> <p>Meeting conducted in partnership with MD.</p> <p>Retire and Return of OH consultant discussed and agreed in principle with MDs/W&ODS ABMU and CT in support of future SLA post boundary change.</p>

		Revised job plan agreed between CTM/SBU and OH consultant.
Health Surveillance	→	The OH Clinical Director has produced an SBAR with several recommendations to help meet statutory obligations relating to health surveillance. These include ring-fencing Nursing and Medical resource to help develop and implement a project plan and developing robust risk assessment processes with H&S colleagues. The recent appointment of the Senior Nurse Manager (1/4/19) and the planned retire and return of the OH Consultant will enable this to be implemented during 2019.
ER Casework	↑	System testing has been completed and Go live is on track for Mid April 2019. Additional short term support through employment law team to support case resolution and identification of lessons learnt to improve operating practices and casework management IGB funding secured to appoint 3 independent IOs to speed up processes. Adverts for Investigation Officers and the support role are published via NHS Jobs there have been a number of enquiries regarding the posts so far.
Employee Relations	→	Positive relationships being developed. ACAS supported intervention commences November 2018. All three planned events have been held. Discussions on next steps with ACAS in mid April. 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 (March 2019 75.22%) This improvement has come from focused interventions including: - Uploading of competencies

		<ul style="list-style-type: none"> - Mapping competencies to ensure the recognition of prior learning - Work with national team on inter authority transfers and accurate data <p>Focused work in areas such as facilities and estates departments. Medical staff will be an area of targeted working in the first quarter of 2019.</p> <p>Outcome of re-audit received. Audit rating has improved from limited to reasonable assurance.</p>												
PADR	→	<p>PADR Compliance remains stable and has fallen to 65.93% in March 2019 from 66.8% in February 2019.</p> <p>All Service delivery units are currently amber at over 65% compliance. NB compliance level will need to be reworked following the BBC transfer.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Mental Health & Learning Disabilities</td> <td style="text-align: right;">74.42</td> </tr> <tr> <td>Morrison Hospital</td> <td style="text-align: right;">68.73</td> </tr> <tr> <td>Neath Port Talbot Hospital</td> <td style="text-align: right;">81.84</td> </tr> <tr> <td>Primary Care & Community</td> <td style="text-align: right;">77.95</td> </tr> <tr> <td>Princess of Wales Hospital</td> <td style="text-align: right;">65.44</td> </tr> <tr> <td>Singleton Hospital</td> <td style="text-align: right;">70.97</td> </tr> </table> <p>All Service Delivery Units have been asked to write a plan for increasing their compliance levels.</p> <p>With the boundary change and impact of organisational restructure, maintaining this level of PADR compliance will remain a challenge until structures are stabilised and the roll out of ESR self and supervisor self-service are complete.</p>	Mental Health & Learning Disabilities	74.42	Morrison Hospital	68.73	Neath Port Talbot Hospital	81.84	Primary Care & Community	77.95	Princess of Wales Hospital	65.44	Singleton Hospital	70.97
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Recruitment and Retention action plans	↑	<p>Additional short term resource secured. Medical R&R action plan drafted for W&ODC comment. Nursing R&R plan in development.</p>												

		<p>Initial findings from work with Kendall Bluck well received by Exec Team. Final presentation due on 3rd April. Final reports due on the 16th April and then the HB to decide next steps</p> <p>Work underway to clarify the Medical and Dental establishments to feed into the development of the Recruitment & Retention Strategy for medical staff. This is proving difficult and complex. The HB may need to make some pragmatic decisions about the shape of the strategy whilst the work continues around the establishment.</p>
Turnover	→	<p>Health Board Turnover has remained low over the last few months with a very small increase compared to the all-time low figures seen just prior to December 2018. Nurse FTE turnover remains very low hovering around 8%.</p>
Nurse Bank	↑	<p>Discussion with ND team and NWSSP took place in January 2018.</p> <p>Discussions held on the development of a collaborative bank. Initial pilot between ABMU and CT prior to wider all Wales roll out. Subject to agreement with CT this is anticipated to be May 2019.</p> <p>Benefits will be staff can register on more than one bank to work in multiple organisations and the collaborative bank will have the capacity to pay staff weekly, a major incentive to bank workers.</p> <p>Implementation for collaborative bank has been pushed back to June. Currently over 700 staff from ABMU have indicated that they would wish to work for both banks. To date no communication has gone out to CTUHB staff to see what the uptake would be there.</p> <p>Nurse Bank transferred to W&OD from 1st April 2019.</p>

Personal files	→	Long term digital solution needed. Immediate risks are being managed. The Workforce function have completed all the work to move the Gorseinon files. There has been a delay in Health Board accommodation being available. This is taking longer than anticipated as the Estates Department still have not confirmed that the building is ready for the files. It is hoped to move the files in early May. The IG Dept want to do a further audit but without this move this will be exceptionally problematic. This is out of this function's control at present.
GDPR	→	Immediate risks managed
Welsh Language	→	The Health Board has received the formal compliance notice. We are currently preparing the formal response under the guidance of the Health Board Welsh Language group.
Agency/Locum	↑	<p>Kendall Bluck work will support solutions. This has involved a Review of all rota templates, vacancies & agency spend.</p> <p>The data analysis and discussion of proposed solutions and workforce models has taken place with clinical and management teams.</p> <p>Initial feedback made to Executive Team on 28th February.</p> <p>Final report submission and final presentation due on the 3rd April 2019. Final reports due on the 16th April.</p> <p>Develop implementation plan based on the final report during April/May 2019.</p> <p>Long term recruitment key to sustainable improvement. Various recruitment scheme proposals have been outlined including a review of long term agency locums and overseas recruitment.</p> <p>Finalise the Medical and Dental establishments by the end of April 2019.</p>

		<p>This is proving difficult and complex. The Health Board may need to make some pragmatic decisions about the shape of the strategy whilst the work continues around the establishment.</p> <p>Develop detailed plans for proposed recruitment schemes during May 2019. Medacs work on long term locums bringing some benefit.</p> <p>Data reporting and process compliance has improved. Implementation of Locum on Duty will support this. Implementation will commence with an initial meeting with Allocate on the 16th April.</p> <p>Written assurance from each Delivery Unit on how the local scrutiny panels for agency cap operate with evidence of good processes and framework.</p> <p>Further assurance and confidence building meetings with planned with each DU to improve process compliance and data reporting.</p> <p>Locum on Duty System procurement is complete.</p> <p>The Implementation team recruitment is still in progress.</p> <p>Commence roll out-April 2019.</p> <p>High Value Opportunities' work programme.</p>
Job Planning	↑	<p>The Implementation team recruitment process is complete.</p> <p>System cleansing is in progress and on track to be completed by 31st March 2019.</p> <p>Project board sign off (April 2019)</p> <ul style="list-style-type: none"> ➤ Roll out plan ➤ “Board Settings”(System Hierarchies) ➤ Scrutiny criteria ➤ Benefit realisation plan

		Team is now in place and roll out has commenced.
Employee Engagement	↑	<p>Positive messages on Staff survey with staff contributing to development of actions through October, November and December using a variety of methodologies to promote accessibility and capture what matters most to staff.</p> <p>Engagement complete and list of priorities and actions shared with Partnership Forum, Workforce & OD Committee and Executive Team. Actions identified against three themes: Healthy Workplaces and Wellbeing, Great Leaders Great Managers, Innovation Learning & Development. Pilot areas to be identified and work commences immediately.</p> <p>Other actions include:</p> <p>Support for the introduction of an independent 'freedom to speak up model' to enable staff to speak up in confidence in relation to any worry or risk in the workplace. Procurement for this independent resolution-focused service process has been completed and the contract has been awarded to The Guardian Service Ltd. Appointment of dedicated Guardians for Swansea Bay University Health Board is currently underway along with detailed commissioning work to set up the service end April/early May 2019.</p> <p>Commissioning ACAS to work with ABMU from November 2018 through to March 2019 to run workshops for HR, Trade Unions and line managers. These workshops have been well received. The aim of the ACAS workshops has been to equip staff with people management responsibilities, with additional tools to benefit them in their day to day roles, particularly in dealing with difficult people management situations of a bullying nature. The focus is on creating a</p>

		<p>workplace and culture where appropriate behaviours are promoted and supported. It was initially targeted at those areas where the NHS Wales Staff Survey had confirmed a 20% or higher response rate to the bullying and harassment questions, however this training has now been opened out to all areas and is combined with the new Managing Attendance at Work Policy and promoted as a full-day People Management Skills Programme.</p> <p>All HR & trade union workshops are now complete. Originally 10 line manager workshops were planned. So far, 7 out of the 10 have been completed with 82 managers attending. The remaining 3 workshops are fully booked. Due to the success of the workshops, a further 10 workshops have been commissioned and these will run March through to August 2019.</p>
Leadership Development	↑	<p>Additional short term R&S funding until March 2020 has enabled us to expand our successful behaviour-based people management programme 'Footprints' and launch a new 'Bridges' programme for senior leaders in Bands 8a and above.</p> <p>'Bridges' launched in December 2018 and 3 cohorts have been completed so far with excellent feedback about content and application. Further Bridges programmes are scheduled throughout the year.</p> <p>'Footprints' has also been shortlisted for a national HPMA award.</p> <p>Training for level 1 MBTI has been completed with assessment set up for March 2019. This will double the capacity within the L+OD team to deliver team interventions which involve the use of MBTI.</p> <p>Set up contract to deliver ILM level 5 coaching qualification for 32 members of staff has commenced. All places are filled</p>

		<p>and this will triple the capacity that ABMU has to deliver coaching interventions. An ABMU coaching strategy is also in development.</p> <p>Relaunched consultant development programme which includes bridges behavioural Multi-Disciplinary element. Medical directors have nominated individuals to attend the cohorts from consultants who have been recruited in the previous 18- 24 months. The first cohort will take commence April 2019 and all places are full.</p> <p>We are working closely with Service Delivery Units to enrol staff onto ILM Level 5 Certificate in Leadership and Management with Gower College.</p> <p>A management pathway is in development which sets out 8 core management and leadership modules with 3 optional/additional modules, covering topics that managers across the organisation have identified as most important. This pathway is out to consultation for implementation from 1st April 2019.</p> <p>Nominations are also out for Summer School 2019 as a core component of our investment in leadership development and succession planning.</p> <p>Funding has been allocated via an agreement to top slice funding for the Internal Graduate Scheme. The Graduate Growth Scheme is currently out to advert (March 2019). This is a 2-5 year programme, consisting of 2 year rotational graduate experience, year 3 working within identified posts within units. Years 3-5 will enable individuals to complete a part time Masters degree programme, if applicable).</p>
Change management	↑	<p>The additional funding through R&S and Values team to support these activities. The programme of change will require significant focus and support through 2019</p>

		and beyond. Planning and implementation of the Organisational Strategy, the CSP, the transformational change programme and significant tail of work following BBC, High Value Opportunities work programmes (etc) will all require significant and dedicated workforce support. The availability of workforce capacity and capability presents a potential delivery risk.
Vocational training	→	<p>Long term, secure funding stream required to ensure the sustainability of this service which is contributing the regional Health and Wellbeing goals and the Future Generations Act.</p> <p>Work has been completed to map where underpayments have been made from Welsh Government. The £34,000 underpayment has now been recovered from Welsh Government.</p> <p>However, this area remains a risk with change of Welsh Government contracts in 2019 (already delayed).</p>
Apprenticeship academy	→	<p>Long term, secure funding stream potentially required.</p> <p>The team continue to support the organisation to recruit apprentices. Work has been undertaken to consistently record all apprenticeship pathway programmes for existing staff on ESR to demonstrate return on investment from the Apprenticeship Levy.</p> <p>Gower College has provided the Apprentice Team with an individual, who now holds an honorary contract with ABMU to develop apprentice activity specifically in Singleton SDU. This agreement is also based on continued support from Gower College as a partner organisation. The Apprentice Co-ordinator 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.</p>

		<p>Our existing apprentice apprenticeship coordinator has secured substantive employment in ABMU at Band 3. Discussion has been had with NPTC group around the replacement of this post. Funding has been agreed for a further 12 month period.</p> <p>Meetings are underway to develop Project Search in Swansea. This will be built into the Apprenticeship Academy, however, has no dedicated resource or budget.</p>
Work Experience	→	<p>Long term, secure funding stream required if the organisation wants to deliver work experience.</p> <p>The Health Board continues to receive requests for work experience placements on a weekly basis. No work has been progressed on this as there is currently no funding to support this.</p>
Medical education	→	<p>Discussion with incoming MD to develop future operating model. Exec MD has asked the Workforce function to develop plans to form the basis of future discussions regarding how the interface should operate optimally.</p> <p>Key posts will leave the Medical Education and this will result in risks to leadership and organisational memory.</p> <p>The Medical Director and Director of Workforce & OD have agreed a review of medical education.</p>
Bridgend	↑	<p>Additional resource in place to manage transition – work programme on target but remains a very significant resource drain on the workforce team. The majority of the additional resource secured to undertake this work will leave at the end of March 2019 as additional funding has not been secured to manage post BBC work.</p> <p>Delivery of the workforce processes remain on track and within the overall programme scope. The efforts of the workforce team</p>

		<p>have been exceptional to deliver the required activity.</p> <p>The TUPE transfer of staff was delivered on time, further residual work is still required to manage the impact of the significant number of SLA's in place with CTM UHB and the potential of further TUPE's as these SLA's are reviewed and services are disaggregated. Resource in the team is now significantly reduced as there is no funding for the tea, current resource will need to be reviewed once we are clear of the disaggregation requirement going forward.</p>
BREXIT Preparations (new risk)	↑	<p>Health Board has engaged with our EU nationals in the workforce supporting HMG plans around the "settled status" post Brexit. Workforce related issues are picked up through NHS Employers and we continue to monitor developments and advice through both National and local Committees (EPRR) overseeing preparation. Staff facing web content has been published on the SB Intranet site with other bulletins issued as required.</p>
Implications of HMRC Pensions regulations changes (new Risk)	↑	<p>In the Budget of 2015 a number of changes were made to cut the amount of tax relief to which higher earners would be entitled on contributions to their pensions. Anyone earning £150,000 or more per annum would see their tax relief taper away, limiting the amount they could save to their pension. There was a significant tax liability for anyone breaching the £10,000 per annum limit. At the same time the lifetime allowance for the amount that can accumulate in a pension reduced from £1.25M to £1M.</p> <p>These rules are now having a material effect on the NHS as it appears that some of the most experienced consultants and Doctors are now refusing to work additional hours on Waiting List initiative for fear of being hit with unexpected tax bills. SBLHB has examples of this being cited as an issue. We are aware that the BMA is</p>

		having discussions with NHS Employers nationally on this problem which is also seeing an increase of senior medical staff leaving the NHS Pension. The HB is monitoring the position. This issue and it's impact has been raised with Welsh Government who have committed to discuss with the Department of Health.
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4. RECOMMENDATIONS

The Workforce and OD Committee is asked to:

- Note the progress achieved to date
- Identify specific areas of risk where the Committee requires a further detailed report, as a matter of priority, to provide further assurance

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