

Name of Register: CORPORATE																			
Date: December 2013 (Q3)					Initial RA								Revised RA -				Stds		
Ref	Opened	Objective for 13/14	Domain/Type	Description	Controls in place	Consequence	Likelihood	Rating	Action Plan	Action Lead	Option Agreed	Board/ Committee	Progress	Q1	Q2	Q3	Q4	Links to	Dir/Loc Links
3	Q1 2012/13	Excellent People Excellent Patient Outcomes	Safety Domain Deliver services effectively through trained competent staff and develop new roles as services change over time. Workforce Planning Compliance with Mandatory and statutory training	National shortages of numbers in some areas can lead to: Unable to recruit sufficient numbers of trainees to fulfil rotas on all sites Unable to attract non training grades to complete rotas Unable to fill Consultant grade posts in some specialties with adverse affects on patient safety and industrial relations	Regular monitoring of recruitment position with reports to Executive Team and Board via Medical Director and Medical Workforce Board. Specialty based local workforce boards established to monitor and control specific issues. The new HB Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. Engagement of the Deanery about recruitment position	5	4	20	HB Workforce & OD Committee to be established. Medical workforce issues are seen as a lever for service planning and factored into C4B and South Wales service plans. Ongoing discussions and communication with Deanery about recruitment position. Recruitment campaigns for additional non training posts to fill gaps . Specific Medical Workforce Group for Integrated Medicine and Paediatrics to develop short term workforce plans . Medical Workforce Board to consider current and future shape of the medical workforce . Review of primary care in terms of recruitment and retention underway. Funding to be secured to increase nurse staffing levels. Number of workforce risks have been identified by NPT Locality relating to staffing issues of therapy staff. Action plans being worked through to ensure appropriate controls are in place.	Director of Workforce and OD Medical Director, Director of Nursing, Director of Therapies & Health Sciences	Treat	ABMU Workforce & OD Committee	Regular Workforce & OD Committee meetings now underway on a quarterly basis to provide assurance on WF and OD issues including staffing levels and recruitment. Focus of Changing for the Better and South Wales Programme is to redesign services and roles that take account of recruitment difficulties in key specialties.A number of medical training initiatives are being pursued in a number of specialties to ease junior doctor recruitment. Medical Workforce Board continues to monitor recruitment and junior doctors rotas 1.2m investment for nurse staffing - 44 wte registered nurses commenced employment in July 2013 across the Health Board.Further recruitment is planned.	20	20			7,8,22,24,25,26	10 Operational risks relating to Workforce
1	Q1 2012/13	Excellent Patient Outcomes	Timeliness of Care & Access Unscheduled Care Access	Difficult to achieve waiting times in A&E and handovers which may lead to delays in assessing and treating patients and a risk of the right care not being given at the right time. Pressures on the service from number of factors which include changing profile of patient, increased demand, major service change in unscheduled care services, reduced opportunities for surge capacity due to refurbishment programme and service change, medical staffing pressures, norovirus.	ABMU and partners Unscheduled Care and Patient Flow Improvement plan for 2013/14 developed and submitted to WG. Additional actions underway regarding winter preparedness in conjunction with LA/WAST and 3rd sector USC and Patient Flow Programme board established, chaired by CEO. Daily Health Board wide escalation process in place. Regular reporting to Executive Team, Executive Board and Health Board/Quality and Safety Committee. External reporting to Welsh Government.	4	5	20	5 key elements of plan focussed on Pre Hospital initiatives Effective ED's Patient Flow Efficient operational processes Improved capacity – acute and community (Cross refer to detailed plan)	Chief Operating Officer	Treat	Q&S Committee Board	Additional capacity of 80 beds and bed equivalents in place at the end of Quarter 2 to deliver sustainable increase in capacity. Quarters 3&4 schemes now being implemented. Winter planning arrangements underway. Redesign of assessment units. Roll out of board rounds to support patient flow ED Operational processes being reviewed with support of external consultants	20	20			5,6,8,12,18,22	16 Operational Risks relating to access.
2	Q1 2012/13	Good Governance	Efficiency Domain - Finance Achieving financial balance for 2013/14 is a statutory requirement	Number of factors mean that this risk is high and include: * ability to deliver CIPs and cost containment measures * ITU activity levels above funded levels as a result of increased demand * Ability to recruit to medical staff * Investment required in Unscheduled care Capacity and Nurse Staffing levels * Capital Resource limit *Capacity and Demand Issues for Unscheduled Care and cost of Delivery of RTT targets.	• Directorate/Locality CIPs are updated and maintained on weekly/monthly basis * Use of risk rating to assess CIPs * Review of CIP delivery through monthly performance reviews * Regular reporting/monitoring of CIPs to Health Board * Counter Fraud specialist in post, Fraud work plan reporting to the Audit Committee * Regular review of Workforce information * Regular reporting of Medical Staffing	4	5	20	* Review of CIP through monthly performance reviews. * Options for increasing capacity linked to ITU beds being developed. * Target reduction in use of agency, bank staff and overtime. Need to continue to identify further savings. *Structured approach to unscheduled care & RTT delivery plan. * Briefings to WG identifying significant overspend. Options to reduce £32M financial gap presented to HB.	Director of Finance and Chief Operating Officer	Treat	Audit committee	Financial Plans and current £32.5m gap have been presented in detail to WG. WG have issued additional allocation of £20.5m, this leaves the Health Board with a forecast deficit of £12m. . Options to reduce costs further to be considered by Executive Team (JDIs) and Health Board for schemes that impact on service.	12	16			1	4 operational risks relating to finance.

8	Q1 2012/13	Sustainable Services	Safety Domain Environment Records	The inability to access records stored off site or held in community based settings, particularly out of hours, can present a risk to patient care. GPOOH access to Hospital records.	Staff adherence to policies and procedures for retention and destruction of records, enabling existing storage to be used more effectively and for records to be consolidated.	4	4	16	Development of business case for an off site storage solution.	Director of Workforce and OD	Treat	Informatics Strategy and Governance Board	Discussed at Performance meeting and a Task and Finish Group established to consider options to reduce the risk and actions taken in high risk areas. Directorates/Localities requested to review all areas and ensure compliance with the Records Management Policies prior to further actions being considered.	16	16		20,22	3 Operational risks relating to Environment /records Management
11	Q1 2012/13	Excellent Patient Outcomes	All 6 Domains Focus on improving Dignity in Care and the needs of older people	Increasing challenge of providing healthcare models for aging population. Over next 20 years care resident population will see a 24% increase in people of a pensionable age and 15% increase in people of non working age. Providing services to enable citizens to live independently at home is a major challenge.		4	4	16	Action Plan to implement 12 key recommendations within the Older People Strategy. Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy.	Director of Therapies	Treat	Q&S Committee	Action plan in place and monitored through the Older Persons Group. Full implementation of the Butterfly Scheme and Dementia Training in Place across the Health Board.	16	16			
10	Q1 2012/13	Excellent Population Health	Safety & Effectiveness Domain Improving Cardiovascular Health	Failure to deliver against this priority and reduce mortality rates for citizens of the HB population.	1000 Lives plus Programme, Localities and Directorates have plans in place for Tobacco Control and obesity, ABM Public Health Team contributed to the Health Improvement Plans.	4	4	16	Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy.	Director of Clinical Strategy and Director of Public Health	Treat	Q&S Committee	ABMU Public Health Team supporting the development of an ABMU HB area 2012/13 Obesity Strategic Action Plan. Implementing the actions from the ABMU HB Tobacco Control Strategic Action Plan 2012 - 14 across the Localities	16	16			
9	Q1 2012/13	Excellent Patient Outcomes Sustainable Services	Access	Insufficient bed capacity to meet demand at peak times can have a major impact on service delivery around access particularly	See Unscheduled Care Access ref 1. Specific Programmes in place for Patient flow and Surgical Pathway Efficiency reporting to the Stratig Change Board.	4	4	16	Comprehensive pre-hospital alternatives programme incorporated into the USC and patient flow programme, building on previous work with partner agencies, to reduce avoidable hospital attendances Capacity plans will increase acute and community capacity by 286 beds/ bed equivalents) by March 2014 to deliver 85% medical bed occupancy. Capacity plan in place for critical care. Surgical Pathway efficiency programme will deliver improvements in emergency surgical capacity.	Chief Operating Officer	Tolerate	Board	Additional capacity of 80 beds and bed equivalents in place at the end of Quarter 2 to deliver sustainable increase in capacity. Quarters 3&4 schemes now being implemented. Winter planning arrangements underway. Reduction in elective cancellations as a result of bed access issues. Recruitment underway to support the commissioning of all 28 critical care beds at Morriston on a substantive basis by the end of December (circa 5 additional beds)	16	16		5,6,8,12,18,22	16 Operational risks relating to access.
21	Q3 2012/13	Sustainable Services	Safety Domain Follow up Not Booked Lists	Length of follow up OPD lists. Patients are waiting over their target dates in numerous specialties. There is potential for patient harm.	Detailed Follow Up Not Booked lists published weekly on the Caldicott Drive. FUNB information with exception reporting is also available via Hypercube. Additionally, Follow Up Not Booked lists and exception reports are provided to Directorates on a weekly basis for review and action. Impact of the actions are reviewed through the monthly performance review meetings as part of the quality scorecard.	4	4	16	Working with Directorates to review clinic capacity, clinic templates/ follow up policy/ virtual clinics/ SOS follow up/validation of lists etc in order to reduce FUNB problem	All Operational Directorates	Treat	Board	Speciality specific action plans being developed and monitored monthly through the performance meetings.	16	16			
25	Q4 2012/13	Excellent Outcomes	Safety Delayed electronic discharge Summaries	Lack of timely discharge information provided to General Practitioners may lead to patient harm - minimum standard of information - specific follow up instructions, medication and diagnosis	Board wide project in place to improve compliance. IT systems in place to assist in streamlining processes. Performance monitored via HB perf report and monthly performance review meetings with each Directorate and locality.	4	4	16	Working Group established to oversee implementation of the actions identified to support increase in compliance.	Chief Operating Officer and Director of W&OD	Treat	Board	Single PAS project & rollout of PIMS+portal to Swansea I by March 2014, will provide single solution for creating discharge summaries as part of Admission process	16	16		1, 6, 19, 22 & 23	

26	Q2 2012/13	Good Governance	Good Governance Investigation Redress Department	Prolonged period of reduced resourcing within the department, arising through high staff turnover resulting in limited knowledge levels within the team. Increased volume of work entering the department - 50% increase in complaints over past 3 years / continual increases in volumes of incidents reported / increasing Serious incidents and Never Events / increasing litigation / increasing numbers of cases progressing to Ombudsman / NHS Redress requiring far greater input to achieve compliance / changes to HM Coroners requirements demanding greater co-ordination.	Interim Complaints strategist recruited to review complaints arrangements and progress devolvement of work. Interim Operational Manager for Complaints assisting within department to progress backlog complaints and resolve complaints capacity issues through the next 3 months. Former departmental staff assisting undertaking work as external contractors. Executive oversight of Ombudsman correspondence.	4	4	16	Progress restructuring and redesign of corporate functions provided by the existing department to ensure ownership is appropriately allocated to increase awareness and likelihood of improvement actions being realised and more effective in reducing recurrence.	Director of Therapies & Health Sciences	Treat	HR Group / Quality & Safety Committee	Anticipated reorganisation and devolvement to be progressed to implementation within 6 months with the assistance of the Interim Complaints Strategist.	16			
4	Q1 2012/13	Excellent Patient Outcomes	Safety Domain Infection Control Reducing Healthcare Acquired infections	Healthcare acquired infection (HCAI) causes patients harm. HCAI also results in increased costs, length of stay and bed losses.	Comprehensive Control of Infection Policies & Procedures / SOPs in place. HB wide ICD appointed. Comprehensive programme of action via the 1,000 Lives Programme being actioned	5	4	20	Continue with current management arrangements Consider implications of zero tolerance approach Focus backlog maintenance efforts in high risk areas Ensure full compliance with Hand	Director of Nursing Chief Operating Officer Medical Director	Treat	Infection Prevention Board Infection Control Committee reporting to the Q&S Committee	The Infection Control Commitment to Purpose Action Plan is being implemented. Levels of HCA C Diff' and MRSA reducing. Improving levels of hand hygiene compliance. Improved levels of antibiotic stewardship evident Infection Prevention Board chaired by the Chief Executive monitoring monthly compliance in relation to a range of IC	12	16	6,7,13,22	8 operational risks relating to IC.
22	Q4 2012/13	Sustainable Services	Safety and Access Domains ... Single PAS	Inability to manage the flow of patients across the organisation (primary/secondary care) due to a lack of a single Patient Administration System.	The single PAS project is now underway, with go live planned at Bridgend & NPT by November 2013	3	5	15	Continual review of the delivery timescales for national products and services.	Director of Workforce and OD	Treat	MSP Programme Board	Project established with NWIS Directors to ensure timescales are met and issues escalated immediately. Project currently on track to go live in November 2013	15	15	19	
15	Q1	Excellent Population Health	All 6 Domains	Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	Local Public Health Strategic Framework developed to ensure that work to achieve targets is being delivered and progress reported via the HB performance reviews.	5	3	15	Actions plans and strategic plans in place for actions relating to tobacco control, substance misuse, obesity, falls and injuries, workplace health and sexual health.	Director of Public Health and Chief Operating Officer	Treat	Board	ABM Public Health Team contributed to the Single Integrated Plan Joint Needs Assessment in Bridgend, NPT and Swansea. Director of Public Health Annual report which will inform the work of the three Localities.	15	15		
23	Q4 2012/13	Good Governance	Safety Domain Business continuity and Disaster Recovery	Large scale system failure may impact the delivery of key services	ICT Business Continuity Task and Finish Group set up to develop coordinated disaster recovery plan.	4	3	12	Business Continuity plans to be developed for key IT and Clinical Systems to be made available across the Health Board via the Emergency Planning Web Site	Director of Workforce and OD and all Operational Directorates	Treat	Emergency planning and Informatics Strategy and Governance Board		12	12	1, 4, 19	

13	Q1 2012/13	Excellent Patient Outcomes Sustainable Services	Safety Environment - Premises	Accommodation that does not meet statutory/health and safety requirements could have an adverse impact citizens, staff, financial and operational performance. This is a problem in the acute setting as well as across primary care in community clinics and surgeries.	Key areas where performance linked to health & safety/fire issues flagged through Health and Safety Committee and actions agreed to mitigate impacts. Issues raised through site meetings held regarding service changes for all 4 acute hospital sites	4	4	16	Develop a strategy to improve primary and community services estate.	Directorate Managers and Locality Directors	Tolerate	H&S Committee	Position statement in respect of primary and community services in progress and will be available by end October	12	12	8,12,22	8 Operational risks relating to environment.
17	Q1 2012/13	Excellent Patient Outcomes	Safety and Efficiency Domains Equipment Replacement	Inability to replace key pieces of equipment could adversely affect capacity and patient well being	Ensure that asset life information will be produced in the new single EBME system from 2011/12, is consistent with the Fixed Asset Register and will allow equipment replacement programmes to be planned for future years. Ensure equipment replacement requirements are identified within all future capital new build/ refurbishment schemes	4	3	12		Director of Planning	Tolerate	Medical Device Committee	Database being developed to support an ongoing equipment replacement programme.	12	12	8,16,22	8 operational risks relating to equipment
24	Q4 2012/13	Excellent Patient Outcomes	Safety Domain Compliance with NPSA Alerts	NPSA alerts are produced following a review of incidents across England and Wales promoting safer ways of working to limit the risk of a reoccurrence. Non compliance with the alerts exposes the Health Board to safety risks.	Exception reports produced for the RMRG on a bi monthly basis and reported to the Q&S Committee on a quarterly basis. All Wales Group for leads to share practice in compliance with the alerts.	4	3	12	Continuous monitoring	Director of Nursing	Treat and Tolerate for the alert re neuralaxial connectors	Risk Management Review Group and Q&S Committee	Action Plans for each notice monitored on an exception basis at each RMRG and T&F Groups set up to oversee implementation of the actions for specific alerts.	12	12	7, 22, 23	
16	Q1 2012/13	Excellent Patient Outcomes	Access, Efficiency & Timeliness Domains	Failure to achieve compliance with waiting times, failure to ensure Equity planning maps through our access plans.	Weekly information provided to RTT management teams with prospective views of patient booking. Monthly performance reviews track progress against delivery. Flexible resource identified to manage in-year waiting times risks. Weekly executive support meetings in place in high risk areas	4	3	12	Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy. Two efficiency Progrmmes (Surgical Pathway and Patient Flow) support the delivery of this work.	Chief Operating Officer and Director of Planning	Tolerate	Board and Q&S Committee	Regular Monitoring in place.	12	12		
27	Q1 2012/13	Excellent Patient Outcomes	Safety and Efficiency	Loss of access to key clinical and support service information due to insufficient level of capital funding for technical system and hardware refresh	Limited discretionary capital (approx £500k pa) is utilised to invest in priority areas. Resilient systems and networks implemented wherever possible. Working closely with Finance to secure additional capital annually on an ad-hoc basis. Ongoing requirement is £2.3 million on an annual basis.	3	4	12	Continue to invest in technology which reduces capital requirement such as server virtualisation and thin client technology. Invetogate feasibility of implementing 'bring your own device' (BYOD) facility to improve access for clinicians. Develop strategic outline programme (SOP) for Informatics to bid for capital investment from WG	Director of Workforce and OD	Treat	MSP Programme Board; Informatics Clinical Reference Group	Ad-hoc funding of £2.1 million secured in 2012/13 which enabled replacement of out of warranty equipment and some refresh of PCs and laptops. Wireless network installed in Morriston hospital as part of hospital upgrade development. Pilot of BYOD pilot in place to determine risks and benefits. SOP being developed to highlight capital and revenue requirements for investmnet in technology to support clinical practice and benefit patient care	12	12	19,20	
19	Q1 2012/13	Sustainable Services	All 6 Domains	Poorly planned/managed service changes could have an adverse impact on: Staff Patient/Public Financial performance Ongoing operational delivery of services	Weekly Planning Implementation Group meetings chaired by Chief Operating Officer and supported by the Director of Planning, engaging all Localities and Directorates and staff organisations to plan and manage change. Regular service planning meetings with CHC Effective project management and communication management regarding particular strategic changes Stakeholder Reference Group operational	5	2	10	Specific planning meetings for Singleton Hospital, Morriston Hospital and princess of Wales Hospital have been established. Changing for the Better Programme based on engagement of key stakeholders in planning service changes.	Director of Planning	Tolerate	Board	All key stakeholders involved in key service changes.	10	10	5,6,8,12,18,22	

12	Q1 2012/13	Excellent People	Safety Domain - Workforce Violence and Aggression	Incidents of violence and aggression put staff at risk of personal harm and injury. This has a potential impact on the quality of patient care, staffing levels, employee well being and also has a potential effect on the number of personal injury claims. Incidents of violence and aggression could also create an unsafe environment for patients and visitors	V&A incidents and actions are monitored by the Health & Safety Committee; Violence & Aggression Core Steering Group (monitors progress against the Corporate Violence and Aggression Action Plan and V&A incident reports); Violence and Aggression Action Plan; Case management of Violence and Aggression incidents (assess and investigate incidents, support victims and liaise with Police); Lone Working Policy; V&A Policy	4	4	16	Review risks from violence and aggression to staff to determine appropriate control measures and training and competency needs. Complete review of violence and aggression training arrangements in mental health directorate. Review Violence and aggression policy. Further develop links and partnership working with the police, local authorities and community safety partnerships. review and monitor usage of the Lone worker devices. Provide further support and guidance in the appropriate response and support for "difficult to manage" patients and relatives. A revised Violence and Aggression Policy was implemented from October 2012	Director of Workforce and OD	Treat	ABMU Workforce & OD Committee	Work continues with Directorates and Localities to identify risk factors in wards and departments and to agree local strategy. New links made with police and community safety groups to review local risk factors and how they impact on staff. Police arrangements including de-arresting etc. Good progress against action plan using the Protect and respect principles reported to H and S committee led by the head of H and S. A task and finish group has been established to review the lone worker device and to develop a business case for options for the way forward. ABMU continues to support all Wales initiatives linking into various all Wales forums.	9	9		7,10,18,22,26	
14	Q1 2012/13	Sustainable Services	Safety and Efficiency Fragmented and duplicate records	Absence of a single unique patient identifier and multiple fragmented clinical records, which prevent timely access to complete and up to date clinical information. This is exacerbated by low NHS number completeness for historic records in legacy information systems.	Access to electronic results, discharge information for clinical staff with appropriate search protocols. Ongoing programme of duplicate record amalgamation	4	4	16	The implementation of the ICT Clinical Development Programme over the next 5 years which includes the introduction of 'gold standard' registration processes and an enterprise (organisation-wide) master patient index (EMPI) of demographic information. This will support improvements in patient safety by providing the foundation for delivering an integrated patient-centric record as well as begin to reduce the legacy of duplicate records and therefore reduce clinical risk	Director of Workforce and OD	Tolerate	MSP Programme Board	EMPI two way interface implemented in August 2013, which ensures demographic updates are populated in both PAS systems and potential duplicates are identified to users. Ongoing programme of duplicate record amalgamation in place where resources allow.	9	9		19,20	
5	Q1 2012/13	Excellent Patient Outcomes	Safety Domain Environment - Premises	Legacy water systems in Hospital could provide a breeding ground for Legionella during the re site redevelopment due to stagnation in the pipes if water is untreated or system unused for any length of time.	Regular monitoring of contamination levels in unused areas. Control team meetings in place to coordinate any necessary actions based on 5 and 10 day microbiology results. Site Redevelopment Plan designed to minimise unused areas and systems. Site Management in place to ensure patient safety	4	5	20	No additional action required at this stage, although will be reviewed if there are any plans to use the area.	Director of Planning/ Director of Nursing	Tolerate	H&S Committee	Regular Monitoring in place.	9	9		8,12,22	
7	Q1 2012/13	Good Governance	Adverse publicity	Adverse publicity can put the reputation of the Health Board at risk	Management structures provide an escalation mechanism Communications Department to respond to press queries Policies and procedures in place in relation to risk and incident reporting	5	4	20	Revise arrangements for dealing with FOI requests to include assessment of reputation risk with associated escalation process Regular reporting to the Quality and Safety Committee of Serious Incidents and No Surprise Reports notified to the Welsh Government	Board Secretary	Treat	Board	Arrangements in place and effective.	9	9		5,6,8,12,18,22	

18	Q1 2012/13	Excellent People	<p>All 6 Domains - Workforce Employee engagement and staff support and Appraisals</p>	<p>If employees are not engaged / supported appropriately this may have a potential adverse effect on the organisation's ability to deliver its strategic plans and maintaining employee relations / employee wellbeing. Other risks include: Negative perceptions of senior staff engagement (senior staff may not have the opportunity to meet with staff to discuss service improvement and safety issues and giving appropriate praise and recognition). Not all employees receive an appraisal /PDR – therefore they do not receive appropriate feedback on their performance. Individual objectives may not be set and agreed or aligned with service plans. Employees may not be aware of service plans, or be given adequate opportunities to share their ideas or suggestions relating to service improvement.</p>	<p>Workforce & OD Committee will expect assurance of employee engagement and staff support issues.</p> <p>Leadership & OD development to create a culture of change, through leadership and team working.</p> <p>Partnership working with Professional and Trade Union organisations through the ABMU Partnership Forum to engage staff groups in supporting and facilitating employee engagement and staff support initiatives</p> <p>Shared outcome of Quality & Safety Committee.</p>	3	4	12	<p>Develop and implement '1000 lives plus quality and safety staff survey' corporate and Locality / Directorate Action Plans.</p> <p>Significantly invest in team development across the organisation, using the Aston Team Based Working Model and the development of Lead Team Coaches in Localities and Directorates.</p> <p>Use 'Changing for the Better' Editorial Board to drive and monitor the ABMU engagement and staff support agenda</p> <p>Renewed focus on PDRs/appraisals driven by the Executive Board. Sustain and build on the success and impact of the Executive Walkarounds and Staff Open Forums to engage with and listen to our staff to improve performance and the patient experience.</p> <p>Celebrate success and share learning through events, staff communication and forums</p>	Director of Workforce and OD	Treat	ABMU Workforce & OD Committee	<p>HB continues to hold: Chief Executive blog, Rumour Line, monthly cascade of ABMU Team Brief; staff forums; C4B community and hospital events; medical staff forums, leadership walk rounds, specific site meetings. Results from the Staff survey, undertaken in January 2013 were received in mid May and shared widely with staff. A staff survey steering group has been established which is chaired jointly between the Dir of WF and OD and the Staff Side Chair. This group has already met and will now meet monthly to ensure the HB is making progress against agreed actions . Tailored action plans will be developed to address hot spot areas. Listening champions will be appointed to help engage with front line staff. There will be regular Pulse surveys to assess staff views .The organisational values will be refreshed and leadership development will focus on behavioural aspects of management. Operational structures continue to apply Team Based working with Bridgend locality being a recent example. Feedback from community and staff C4B engagement events and survey have informed the HB strategic service plans which are now under consultation. The Chairman's Award has now been established with the first presentation event scheduled for November 2013 This award recognises excellence among individuals and teams and is an opportunity to recognise staff contribution and identify and roll out good practice. The HB has been awarded the Gold level of CHS. There is an active Health and Well being group , which ensures that staff and Health and well being is kept as a priority with a range of events and facilities being made available to staff.</p>	8	8		22,26		
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