

Ref	Opened/ Received Update	Objective for 18/19	Risk	Current context	Q1	Q2	Q3	Q4	Q1 - 2019	Q2 2019/2020	Q3 2019/2020	Q4 2019/2020	Q3 2020/2021	
W&OD 1		Oct-08	Capacity of Workforce and OD Function within ABMU link to Work of the future & Digital Workforce & Employee Engagement/Culture	Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern.Current resourcing levels have been benchmarked with other Health Boards (to date only for the core workforce arm of the function) demonstrates that ABMU has the lowest ratio of workforce staff to staff headcount of all Health Boards in Wales.					Full risk register developed and presented to WF&ODC and Audit committee. IMTP for workforce function in preparation.	Resignation of the OD and Staff Experience Project Manager and OD and Staff Experience Administrator at extremely busy time of the year (run up to Chairman's Awards and Patient Choice Awards). Short term availability of funding will impact on service delivery in Learning and OD if a structure is not put into place before end of funding. Resignation of Band 6 Facilitator means impact on delivery of induction and training until a replacement is recruited. TI funding currently 40k overspend due to delays in recruitment to Recovery and Sustainability temporary funding which has now expired. One year contract offered in order to deliver outcomes outlined in TI WG return. Business case submitted to CEO for additional resource requirement				
	LI		Funding of "In Work Support Service"	The ESF funded 'In Work Support Service' has been a partnership between the Health Board and Welsh Government and since 2015 has provided approximately 500K funding per annum to support the multidisciplinary clinical and administrative team - the current funding agreement ends in August 2018. ABMU has become accustomed to the service provided by the Wellbeing through Work team and this is now an established and reputable support service. Written assurance has been provided by Welsh Government Project Leads that extension funding will be provided and this has been planned until 2022, however, the Health Board has not yet received written confirmation from the related Cabinet Secretaries (Economy and Health & Social Care) nor written agreement from WEFO that this will commence from 1st September 2018.					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	We are currently monitoring service outcomes as, although referrals to the service are meeting predicted numbers, gaining the required ESF eligibility evidence from participants is proving problematic, resulting in lower service outcomes (WEFO will only accept an outcome if eligibility evidence is complete).	Continue to monitor service outcomes as referrals to the service are below predicted numbers and along with gaining the required ESF eligibility evidence from participants, lower service outcomes are being experienced (WEFO will only accept an outcome if eligibility evidence is complete). To mitigate against this, a radio and social media campaign has commenced along with increasing engagement with primary care. Welsh Government continue to monitor outcomes and it is anticipated a review of the service will be undertaken at the end of year 1 of extension in January 2020.	Clear steer from WG that there is a need to increase absentee outcomes. An action plan has been developed with input from Primary Care Medical Director to support GP referrals and WG have agreed to challenge WEFO on levels of eligibility information required as this continues to be an issue in demonstrating outcomes. Ongoing dialogue with Welsh Government project colleagues regarding challenges gaining absentee eligibility documentation and AHP practitioners are now based in 4 primary care services to increase absentee referrals. Awaiting feedback from WG re challenge to WEFO on levels of eligibility information required as this continues to be an issue in demonstrating outcomes.	Ongoing dialogue with Welsh Government project colleagues regarding challenges gaining absentee eligibility documentation. Plans to increase referrals from Primary Care include In Work Support now being available via WCCG referral system
	GH/KJ		Sickness Absence Management	There is a need to manage long term sickness more proactively which takes time, both managerial and workforce. It is perceived that workforce practitioners get involved in many cases at a late stage, thus elongating periods of absence that could have been resolved at an earlier date.					Draft Attendance plan developed as part of the R and S programme which includes: • Sharing internal best practices in managing attendance (POW Case Study) with all DU's. • Create new Attendance Audit for ABMU in line with New MAAW Policy. • Create new Cultural Audit for ABMU to measure the culture of each department. • Pilot Focusing on early communication and support to aid early RTW for Short Term Absences. • Strategically align Health & Wellbeing plans with Attendance Management work stream. • Testing of Absence Data. • Develop pilot within Facilities to test and exploit the benefits of using ESR Manager Self-Serve in managing absence more effectively. • Exploring options to use the ER Tracking system to support management of LTS cases • 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 • 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.	Long term sickness levels have improved over last two months data. Difficulty in focussing resources on sickness due to operational workforce team numbers.	Long-term sickness saw rates improve between January 2019 to March 2019. Although the current performance for April 19 stands at 4.07% which is an increase on previous months performance. With the impact of Bridgend boundary change reducing available hours by 103,493, absence percentages have inflated due to PoW delivery unit's historically good absence performance. Confirm and challenge sessions have been held with all delivery units and there are new plans in place, focusing on long-term absence reductions. Long term sickness performance for June has improved by almost 0.1% compared to the previous month. Early indications of pilot in Facilities is showing an overall reduction in sickness absence. This approach is being considered for further roll out but requires proper support for it to be effective and would be more complex to replicate in a Delivery Unit environment. Member of staff supporting R&S sickness workstream which supports some of the projects re managing attendance has handed in their notice there is no budget to continue appoint to this post so work will not continue at pace.	Short-term sickness absence has seen rates improve between April 2019 and May 2019. Currently at its lowest rate since August 2018 standing at 1.34% . A senior practitioner from the team has been moved on a part time bases to support the work of the DSU. The 12-month rolling performance to the end of July 2019 remained the same at 5.98% compared to the previous month. Our in-month performance for July 2019 has increased from 5.79% in June 2019 to 5.85% in July 2019. The outputs from the review pilot using early intervention techniques within Morriston Facilities department will be formally reported. This approach is being rolled out across the entire Facilities dept and a plan to accelerate this rollout is being worked on. Additional areas that may be able to adopt the above approach are to be identified with a view to adopt this approach where practicable. Sickness due to Stress Depression and Anxiety has increased further to 37% of all absence in August 19 which requires further analysis of where this increase is being experienced.	The 12-month rolling performance to the end of Nov 2019 declined slightly by 0.01% to 6.02% compared to the previous month. In month performance in Nov 19 also declined slightly by 0.14% on the previous month to 6.47%. Long-term absence (LTA) in Nov 19 reduced by 0.09% on the previous month to 4.01%. Three of the five delivery units saw long term absence improve in Nov 19 compared to the previous month. All but one saw STA increase. Sickness due to Stress Depression and Anxiety has reduced by 3% since Aug 19 to 34% in Nov 19. 2019/20 Staff Flu campaign continues 58% of frontline staff having been vaccinated at 20th January 2020. The Welsh Government target is to vaccinate 60% of staff.	Additional Occupational Health Covid Resource is helping to manage waiting times, given 78% increase in referrals to the service. The Staff Wellbeing Service continues to support early intervention for Musculoskeletal (MSK) and Mental Health. This has reduced waits for staff to access initial support for common mental health problems from 5 weeks to 7 days. Physiotherapy phone assessment within 3 working days. Early evaluation demonstrates 67% of staff who were absent from work at referral returned to work at discharge. 72% of staff reported that the service had a positive impact on their work status. Over 380 Staff Wellbeing Champions are now registered to support their teams health and wellbeing and signpost to HB support services, promoting a prevention/early intervention approach. Virtual Autumn and Winter Workshops are planned/being delivered. Continue to support and promote 'Time to change' Wales pledge aimed at reducing stigma & discrimination regarding mental health in the workplace. 'Winter Wellbeing' presentation in development, introduced by Tracy Myhill, to communicate support for staff during continued Covid-19 pandemic. Supporting Health Board wide virtual Wellbeing days with Senior Nursing colleagues – 2 days monthly for next 12 months aimed at providing time-out for staff to 'reflect, relax and re-charge'. • Our in-month performance for September 2020 has improved from 6.27% in August to 6.23% in September 2020. • The 12-month rolling performance to the end of September 2020 remains unchanged to the previous month at 6.98% • Since February 20, monthly absence increased to a peak of 9.72% in April 20, a level not previously experienced and 3.84% higher than in April 19. Current levels have now reduced by 3.5% in September 20 this is in line with levels seen in September 19. • This unprecedented increase has been due to the effect of the Covid 19 pandemic which at the peak in April 20, 2.68% of the monthly absence was attributable to Covid reasons. In September 20 this had fallen to 0.67% however this is an increase 0.30% on the previous month due to the increase in prevalence of Covid 19 in the community and our hospitals toward the back end of September. If we discount Covid related reasons from September performance we see an absence percentage of 5.56% for the month. Compared to September 19 this would represent an improvement of 0.47%.
W&OD 2		SV	Sickness Absence of Medical Staff	There is likely to be under-reporting of current levels of absence and a lack of clarity and lack of resourcing about the lead responsibility (with the workforce team) for managing this exacerbates the problem.Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019. Also, following negotiations at a national level, the re-introduction of unsocial hours pay for sickness absence with effect from December 2017 may have the impact of further driving up sickness rates in some staff groups. This needs to be closely monitored. In relation to this Welsh Government has set a national target of 4.2% to be achieved by March 2019.				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	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.	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.	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. The belief is that medical sickness absence is under reported and units have been requested to include actions to address this within their improvement plans. This however is likely to have a further adverse effect on sickness absence performance overall	The new Locum on Duty system is highlighting that sickness seems to be more prevalent than thought at this early stage. Each unit has an action to in the first instance ensure that medical sickness is being captured accurately.	covid has halted work in this area and also complicated the issue as many doctors have taken sick leave due to Covid. Will pick this up once more once the covid workload eases	
	LI		Occupational Health	Occupational Health services is a critical enabler to support the effective management of staff well-being and sickness absence cases. Demand is increasing and access to and delivery of OH services is currently an obstacle in the timely and robust management of sickness absence within the HB. Difficulties recruiting experienced Nursing staff and Nursing sickness absence continue to compound effective service delivery and the ability of the Health Board to fully discharge its duties related to HSE Health Surveillance standards. The future provision on OH services requires urgent strategic review to determine the most appropriate future operating model given the potential retirement of two doctors and the Senior Nurse Manager in early 2019.				• 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 plans to complete by Sept • Service data to transfer to new database (Cohort 10) in July 19 with gains in admin and clinical efficiencies as a result of this.	• 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 and the Nursing Band 7 and Band 6 posts are out to advert - reduced Nursing resource is currently contributing to some delays in clearing pre-employment health declarations • 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 plans to complete by Sept • Service data to transfer to new database (Cohort 10) in July 19 with gains in admin and clinical efficiencies as a result of this.	Nursing Band 7 and 2x Band 6 recruited and commence October 2019. Nursing resource is currently contributing to some delays in clearing pre-employment health declarations • AHP Lead recruited and commences Sept 2019 and increase capacity for manager referrals. • Scanning to be completed by Oct 2019 • Transfer to new database (Cohort 10) now complete and report building has commenced to extract relevant performance data. • OH Consultant has reduced one SPA (Clinical Lead) across SBU and CTM.	New multi-disciplinary OH team established and workshops with HR and DU colleagues to improve management referral processes and pre-employment processes undertaken with actions to increase efficiencies. There has been a recent increase in escalated pre-employment cases to OH with managers experiencing long delays for clearances to appear on TRAC. This has been exacerbated by an undiagnosed problem with information transferring from the OH database, cohort 10, to ESR, resulting in up to 5 weeks being added to waiting times for managers to receive notification that staff have been cleared by OH. Cohort are currently looking to resolve this issue.	New clearance process agreed at All Wales level to enable auto-clearance of internal HB staff to be cleared before OH checks and therefore significantly reduce waiting times for staff moving to new job within the HB. Recruitment services confirmed the commencement of this new process on 17th Nov 2019. Cohort have updated the OH database to fix the problem of clearance data not transferring from Cohort to ESR and awaiting confirmation that this has been successful. Monitoring self-declaration clearance Jan-March 2020 to determine effectiveness. Processes in place between OH and recruitment as a 'back up' should the problem of clearance data not transferring from Cohort to ESR re-emerge. Awaiting outcomes of decision regarding future funding of OH TI AHP posts.	Additional Occupational Health investment from the Health Board until March 31 st 2021 has enabled additional Nursing, AHP and Medical resource to support the function and will facilitate the following services aimed at supporting staff to remain in work and to provide prevention based interventions to help staff to remain well at work. • An 78% increase in self/management referrals (Aug-Oct 2019 compare to same period in 2020) • Supporting the rollout of the Covid-19 vaccine • Supporting the All Wales Workforce Risk Assessment • Advising on underlying health conditions and pregnancy during the pandemic • Supporting staff with accelerated access to antigen testing and supporting SBU contact tracing • Integration with serology/antibody testing of staff and related surveillance • Plans are being developed with CTM UHB to end the Occupational Health SLA from SBU to POWH on 31/3/21. This will enable additional resources to be utilised from POWH within SBU's service in the next financial year. Consultant and Speciality Doctor coverage for both Health Boards will continue with an new SLA to provide this aspect of the service across the 2 Health Boards	

	GH/KM/K J		Management of Sickness and Absence	Sickness absence is one, amongst many other measures of employment engagement and symptomatic of organisational culture. In the publication 'Engaging for Success – Enhancing performance through employee engagement' MacLeod & Clarke (2012) cited that engaged employees in the UK take an average 2.69 sick days per year, versus 6.19 taken by disengaged employees. Therefore effective management of sickness absence is far greater than dealing with sickness absence per se; it requires a concerted effort to build an engaged organisational culture, built on authentic visible leadership which allows individuals to perform, innovate and grow.High levels of sickness absence can be a symptom of an unengaged workforce but in parallel with effective S/Abs manage practices the HB must also treat the underlying cause.			<ul style="list-style-type: none">• Implementation of new all Wales Managing Attendance policy.• Commenced training for managers regarding the new all Wales Managing Attendance policy.•Currently developing paper outlining the significant resource impact of training all managers on the revised all Wales policy and options to achieve this.• Confirm and challenge panels with SHRM's focusing on the management of LTS within each unit	Long term sickness levels have improved over last two months data. Difficulty in focussing resouces on sickness due to operational workforce team numbers.	April 2019 saw an increase in absence of 0.29% on the previous month's performance placing April's in-month percentage at 6.01%. Long-term absence increased by 0.28% against previous months performance, whilst short-term absence slightly increased by 0.01%. April's performance is the first month the Health Board has seen the reduction of 2,948 FTE within the reporting numbers due to the impact of Bridgend boundary change, representing a reduction of 103,493 FTE available hours. Therefore, inflating April's absence performance compared to March 2019 performance. Continuing the focus on LTS is proving increasingly difficult to sustain due to small numbers of operational workforce staff. This impact is further compounded by the need to train all managers on the new all Wales Attendance policy. This new piece of work was never accounted for within our staff numbers. A paper has been produced for Executive team to highlight the impact of this.	June 2019 saw a very slight increase of 0.01% on the previous months performance placing June's in-month percentage at 5.79%. Long-term absence decreased by 0.1% on previous month, with short-term absence increasing by 0.14%. Continuing the focus on LTS is proving increasingly difficult to sustain due to small numbers of operational workforce staff. This impact is further compounded by the need to train all managers on the new all Wales Attendance policy. This new piece of work was never accounted for within our staff numbers. A paper has been produced for Executive team to highlight the impact of this.	Our in-month performance for Aug 2019 has increased from 5.85% in July 2019 to 5.94% in Aug 2019. LTS however decreased slightly by 0.15% Sickness due to Stress Depression and Anxiety has increased further to 37% of all absence in August 19 which requires further analysis of where this increase is being experienced.	3 x Investigating officers have now commenced which will free up capacity within our operational workforce team and allowing more focus on supporting managers with the management of attendance including extra training on the new MAAW policy as well as providing coaching to managers within hotspot areas following the training	The 12-month rolling performance to the end of Nov 2019 declined slightly by 0.01% to 6.02% compared to the previous month. In month performance in Nov 19 also declined slightly by 0.14% on the previous month to 6.47%. Long-term absence (LTA) in Nov 19 reduced by 0.09% on the previous month to 4.01%. Three of the five delivery units saw long term absence improve in Nov 19 compared to the previous month. All but one saw STA increase. Sickness due to Stress Depression and Anxiety has reduced by 3% since Aug 19 to 34% in Nov 19. 'New' MAAW forum has been established to focus on MAAW in a multi disciplinary way	Our in-month performance for September 2020 has improved from 6.27% in August to 6.23% in September 2020. <ul style="list-style-type: none">• The 12-month rolling performance to the end of September 2020 remains unchanged to the previous month at 6.98%• Since February 20, monthly absence increased to a peak of 9.72% in April 20, a level not previously experienced and 3.84% higher than in April 19. Current levels have now reduced by 3.5% in September 20 this is in line with levels seen in September 19.• This unprecedented increase has been due to the effect of the Covid 19 pandemic which at the peak in April 20, 2.68% of the monthly absence was attributable to Covid reasons. In September 20 this had fallen to 0.67% however this is an increase 0.30% on the previous month due to the increase in prevalence of Covid 19 in the community and our hospitals toward the back end of September. If we discount Covid related reasons from September performance we see an absence percentage of 5.56% for the month. Compared to September 19 this would represent an improvement of 0.47%
	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.			<ul style="list-style-type: none">•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.•Continued delivery of Work related stress risk assessment training for managers. To date 24 sessions have been delivered to 210 managers in total	<ul style="list-style-type: none">• 4 menopause wellbeing workshops have been planned March -June across the Health Board to pilot this approach at early intervention for staff• Over 340 Wellbeing Champions have been trained and are supporting their colleagues to access support for health at work concerns•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.	<ul style="list-style-type: none">• 4 menopause wellbeing workshops have taken place attended by a total of 26 staff with one further session planned for June 2019, focusing on early intervention for staff.• Post boundary change the organisation now has 302 trained Wellbeing Champions available to support colleagues that experience health and wellbeing issues at work.•Since May 2018 234 managers have attended 'understanding mental health for managers training' run over 28 sessions within the organisation.•Priority appointments for staff counselling - 4 appointments per month have been made available for staff who are identified as requiring faster access for support.	<ul style="list-style-type: none">• Scanning of OH records continues with plans to complete by Oct 19• Planning for 2019 Wellbeing Week (16-20 Sept) continues with workshops including managing stress at work, menopause and health checks for staff included.	The Health Board's Wellbeing Week took place 16-20 th September with a range of workshops and seminars for staff. The launch of the staff flu campaign took take place on the final day, along with Tracy Myhill signing the 'Time to change' Wales pledge aimed at reducing stigma & discrimination regarding mental health in the workplace. 12 'menopause wellbeing workshops' delivered across 4 main sites with 131 attendee's to support the implementation of the new all Wales Menopause policy. Continued delivery of Mental Health awareness sessions to managers. To date 49 sessions have been delivered to 411 managers. Continue further delivery of Work related stress risk assessment training for managers. To date 43 sessions have been delivered to 262	New pilot course delivered to staff aimed at reducing effects of stress related to experiencing trauma and based on EMDR therapy. Group traumatic episode protocol (G-Tep) allows staff to safely process distressing emotions over 2 x 1 hour sessionsDates have been set for Feb-August 2020 (13 groups of 2 sessions each) across NPfH, Morriston & Singleton. The extended pilot is intended for staff from Midwifery, Theatres, ED & Burns & Plastics due to the recognition of being typical hotspots. • 189 referrals during Dec/Jan 2020 to Wellbeing Service;73% were for mental health support. 95% of staff given first appointment within 5 days of accessing the service.	An 78% increase in self/management referrals (Aug-Oct 2019 compare to same period in 2020) <ul style="list-style-type: none">• stress related absence at the end of March 20 made up 31.3% of our total absence, by September 20 this stood at 37.7%. This is however a 4.5% improvement on the previous month. It is reasonable to assume this increase is directly attributable to the effect of Covid 19 on our workforce and whilst this increase has begun to reduce, the current second surge of Covid 19 is likely to have a further detrimental effect on our staff mental wellbeing.To mitigate this effect the following interventions have been put into place:The continued provision of a staff trauma pathway with specific interventions to support staff e.g. provision of G-TEP (trauma based intervention on a group basis). Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) to remote delivery, enabling increased capacity.• Conversion of Managing Your Wellbeing self-management course to remote delivery• Promotion of & support in the delivery of Taking Care Giving Care Rounds Mini-rounds across the Health Board (as developed by mental health colleagues) - see below.• Continuing to develop the network of 380 Wellbeing champions, supported by a regular programme of workshops. The autumn series has been delivered via Teams.• Working closely with related organisations such as Time to Change Wales to reduce the stigma and discrimination of mental health in work.• 'Winter Wellbeing' presentation in development, introduced by Tracy Myhill, to communicate support for staff during continued Covid-19 pandemic• Supporting Health Board wide virtual Wellbeing days with Senior Nursing colleagues – 2 days monthly for next 12 months aimed at providing time-out for staff to 'reflect, relax and re-charge'• Delivery of TriM (Trauma Risk Management). The programme is an early intervention/prevention approach to trauma-focused peer support compliant with the PTSD management guidelines produced by NICE• Roll out of Taking Care Giving Care (TCGC) Mini Rounds. that enable staff from different areas (or whole teams) to focus specifically on the emotional impact of their work	
	GH/KG		Financial Cost of Sickness Absence	At current levels the total cost of sickness absence is calculated as £24m. This measures the 'value of staff time' lost essentially.			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. 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 <ul style="list-style-type: none">• LTS management within units: to be the focus of confirm and challenge panels with SHRM's	Confirm and challenge panels are currently being undertaken. Long term sickness levels have improved over the last two months data.	Prior to the Bridgend boundary change impacts on reported numbers, overall sickness performance improved between January 19 and March 2019. This is mainly due to the focus on reducing long-term sickness levels, which has delivered a reduction in performance reaching below 4% in March 2019. Sustainability of this approach within current resources remains a challenge as already highlighted above.	In the three months since Swansea Bay Health Board came into being in month sickness absence trend has improved slightly by 0.1%. This is mainly due to the continued focus on reducing long-term sickness levels but is increasingly difficult to maintain without dedicated resources.	In the 5 months since Swansea Bay Health Board has come into being the average in month sickness performance has improved by 0.24% compared to the last 5 months as ABMU Health Board. The majority of this has been due to a decrease in STS rather than LTS.	Three out of five units saw LTS improve in Nov 19 compared to the previous month performance and in month LTS performance overall has improved by 0.67% in the last 12 months In month absences due to Stress, Anxiety and Depression have decreased by 3% to 34% since August 19	Supporting the rollout of the Covid-19 vaccine Four of the five service groups saw their in month performance for Sept 20 improve compared to the previous month, with NPT seeing the largest improvement of 0.66%. PC&C saw the only deterioration in performance of 0.19%. In cumulative performance with NPT saw the largest improvement of 0.58% whilst Morriston saw a 0.18% worsening of performance.	
	KJ		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.			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.	System Configuration will be completed and local testing completed. Issue with Inforantion Governance identified which is being worked through prior to go live.	ER system goes live 20th August 2019. Two of the IO's have commenced in post in August 2019. Case review meetings are being conducted by the Assistant Director Workforce and OD with the HR operational team	Third IO has commenced in post. IO's have had report writing training. Ops team to receive allegations writing training. Number of ER cases reduced to 53	Starting to look at culture impact introduced concept of Just and Learning culture at WOD away day. Training secured for March and May 2020	Supporting the All Wales Workforce Risk Assessment In month, short-term sickness for Sept 20 was 2.03%, which is a increase of 0.43% on the previous month. This increase is likely due to the increase in new Covid 19 infections, which began toward the end of September but is circa 1.5% lower to the peak in short term sickness we saw in April 20. Long-term sickness has continued to decrease in month by 0.47%% to 4.20% and reflects the fourth consecutive months decrease since long term rates increased at the start of the pandemic. This current level of LTS represents a 0.14% improvement on the levels we saw pre pandemic. ER tracking system in place within operational HR. Records all ER cases and tracks them through the process. Currently 74 open ER cases.	
	KJ		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.			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.	Three Investigation Officers have been appointed, expected to commence employment late July/ early August 2019	Two IOs have commenced in post August 2019	Third IO has commenced, training for team in place	Team undertaken shared services training - identifying further training needs	Advising on underlying health conditions and pregnancy during the pandemic 7 nurses have arrived since September following recommendation of the current activity. 14 further due to arrive by end of 2021. IO team now undertaking all types of ER investigations. Reduction in the time taken to complete an investigation. Delays remain in other areas of the process.	

	KJ		Employee Relations	The climate in ABMU is very challenging. Partnership working in the trust 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.			ACAS sessions have commenced and employee relations case review undertaken by solicitors, learning event bieng 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.		Case reviews been undertaken with operational team by Assistant director to support consistency and learning	Case reviews continue, and development package for ops team continues. ACAS feedback session and next steps October 2019	Case reviews continuing, developing lessons learnt process Awaiting development of action plan by Trade Union colleagues following ACAS feed back session.	Supporting staff with accelerated access to antigen testing and supporting SBU contact tracing
W&OD 3													
	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 compatible and user error is significant which requires resourcing to support			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.	Improvement continues to be seen in relation to completion of M+S Training Competencies. April 2019 75.30% compliance. Compliance improving (May 2019 75.90%)	Compliance improving (July 2019 77.8%)	Compliance improving September 2019 79.6% Compliance for estates and Anxillary staff has risen 60.58%.	Compliance improving (January 2020 80.95%) although this is now slower improvement than previous months Compliance for estates and Ancillary staff has risen 67.25% Jan 2020.	Integration with serology/antibody testing of staff and related surveillance
W&OD 4													
	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.			PADR Compliance remains stable andhas risen in Decemebr 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 andhas risen in Decemebr 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.	PADR Compliance has risen to 64.21% in May 2019 from 63.79% in April 2019. Mental Health & Learning Disabilities 81.46% Morrison Hospital 71.61% Neath Port Talbot Hospital 85.09% Primary Care & Community 85.77% Singleton Hospital 77.17% This still reflects an overall decrease in PADR Compliance since February 2019.	PADR Compliance has maintained at 64.44% (July 2019) from 64.21% in May 2019. Mental Health & Learning Disabilities 66.12% Morrison Hospital 64.69% Neath Port Talbot Hospital 77.11% Primary Care & Community 79.83% Singleton Hospital 70.83%	Mental Health & Learning Disabilities 67.61% Morrison Hospital 65.51% Neath Port Talbot Hospital 75.41% Primary Care & Community 83.11% Singleton Hospital 71.12% Estates and facilities current sit at 47.02% compliance.	PADR Compliance has risen to 70.12 (January 2020) from 67% in September 2019. All Service delivery units have risen in compliance except for P+CC who are have dropped slightly (2%) since October 2019. Mental Health & Learning Disabilities 78.18 % Morrison Hospital 67.88 % Neath Port Talbot Hospital 72.77 % Primary Care & Community 81.57 % Singleton Hospital 68 % Estates and facilities currently sit at 56.85% up from 47.02% compliance in September 2019.	PADR Figures have decreased during the pandemic. October 2020 - 57.91% Health Board Wide. Mental Health & Learning Disabilities 67.71 % Morrison Hospital 47.58 % Neath Port Talbot Hospital 56.96 % Primary Care & Community 73.31 % Singleton Hospital has been the only Unit to increase to 71.96 % Estates and facilities currently sit at 45.94% decreased from 47.02% compliance in September 2019. Plans are being developed with CTM UHB to end the Occupational Health SLA from SBU to POWH on 31/3/21. This will enable additional resource to be utilised from POWH within SBU's service in the next financial year. Consultant and Speciality Doctor coverage for both Health Boards will continue with an new SLA to provide this aspect of the service across the 2 Health Boards
W&OD 5													
	SV		Recruitment and Vacancies	There are acute shortages of both nursing and medical staff which fundamentally impact on ABMUs ability to meet targets (performance, financial and quality/safety). For medical vacancies this impacts on the variable pay postion.			Engaged with Kendal Bluck work will commence in Nov/Dec. Initial findings well received by Exec Team. Final presentation took place on the 3rd April. Ongoing work with Medacs re long term locums. Participated in the Nov round of Bapio recruitment. 21 posts offered as a result. In process of developing R&R strategy for medical staff presented to January meeting of WOD Comittee. Work underway to clarify the Medical and Dental establishments to feed into the strategy	Clarifying the medical and dental establishments is proving complex. There is meeting on the 31st may wit the EMD and Director of WOD to agree what initiatives to pursue. Now confirmed that there is no Unit or Coporate Oversight of the establishments as finance do not hold them and they are devolved to service managers.		Morrison has agreed to work with us to try to clarify some of their establishments. This is proving very complex and is ongoing	Successful BAPIO campaign recruited 25 doctors	Recruitment and deployment has continued to support the covid effort. A stretic approach however has been halted due to Covid. There has been no BAPIO this year. A Strategic recruitment and retention manager has been appointed but will not take up post until Febuary	
W&OD 6													
	LJ/KJ		Recruitment and Vacancies	Vocational Training Self funded and in place since 1986. The team is established on the basis that they are self-funding (circa £120K) through income generation. Providing essential / life-line access to work based learning opportunities for the unemployed in our community. These include employability skills programme for adults and Engagement programmes for 16-19 year olds. Changes in WG policy and funding arrangements have jeopardised the achievement of income generation targets for this team. The team is also a licenced AGORED Accredited Centre and provides a corporate function in registering all AGORED accredited programmes. This saves the organisation significant money, but the function is not funded to provide this service and does so on a goodwill basis which is not sustainable. Starting initially as a goodwill gesture (20 registrations), this has grown exponentially to over 1000 registrations. The Team are qualified internal verifiers and host the external verifiers providing reports and data as required and producing certificates. The agored registrations cover ABMU staff, national initiatives led by ABMU (e.g. ED programmes for nurses) and all patient programmes (e.g. dog grooming and gardening for mental health patients).			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.	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			No update at present	
W&OD 6													

	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.		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	Awaiting outcome from IBG regarding business case in order to secure funding for 19/20. meeting held with procurement to pursue some short term international recruitment whilst the framework is being sorted. Due to our current contract with our current provider being out of date. Procurement are in the process of putting in a short term solution in place to enable us to take advantage of any IELTS passed nurses who our current provider have available for recruitment.	Short term single provider contract put in place and signed off by Procurement to enable us to pursue the opportunity of engaging IELTS passed overseas nurses who are available in the marketplace. The business case for this recruitment remains with IBG scrutiny and has not progressed since providing further information requested and revising the bid from ABMU requirements to Swansea Bay.	Approved but reduced to £350K due to the loss of Bridgend. However the majority of vacancies are more West. Recruited 12 IELTS ready nurses due to join in December. Skype interviews have been carried out with a number of IELTS qualified international nurses and 12 offers have been made of which 11 have been accepted. These nurses should commence by no later than January 2020. Further Skype interviews have been planned in November for a further cohort of nurses of which we hope to make a further 8 to 10 offers. A more strategic approach to international nurse recruitment rather than an annual business case is required in order to adequately support the process.	Invest to Save bid is currently been developed for submission to WG to further support international nurse recruitment in 2020/21. Resources to support this ongoing activity are fragile as all support staff are temporary. A properly funded support team will be included within the Invest to Save bid 6 x overseas nurses are currently undertaking their OSCE preparation and a further cohort of 6 to 8 nurses are due to arrive in March 20. There is no formal plan agreed to invest in overseas nurses after these nurses arrive and a decision is required asap if we are going to continue this activity in order to plan for further interviews and properly resource this activity. Further Skype interviews took place in November for a further cohort of nurses further 12 offers were made. A more strategic approach to international nurse	Bid ready to be considered by SLT to recruit 120 Overseas nurses for next two years	
	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.		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.	Training session on ESR exit questionnaire has now been arranged for July due to previous meetings being cancelled.	Due to limited resources this is unlikely to progress until early Autumn at the earliest	Still no clear way to achieve this without the roll out of ESR			
	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 Gorseionon, 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		Workforce ready to move the files from Gorseionon but waiting for the unit to be completed. This is taking longer than anticipated. The files are due for move on the 3rd May		Files moved to Neath on the 3rd May. Further incident occurred in Singleton as the files were not in a secure room. Estates have fitted a device which will trigger the fire alarm if tampered with. This is only a short term solution however.		Pressure to move the Cefn Coed files of site. No place to store them or move them at present.			
	IQ		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.		Draft SAR policy completed no resolution to funding resource issues as yet.	Further discussions on SAR completed with a view to agreeing way forward.						Progress on this impacted by Covid - SAR policy not finalised or released as yet.
	IQ		Welsh Language Standards	Revised Welsh Language Standards will come into place in 2018. For ABMU the implications of providing training and support to staff who wish to learn the Welsh language has both costs and resource implications. Staff will also be able to require the health board to conduct all forms of internal processes e.g. disciplinary, sick absence management through the medium of the Welsh language, this will be challenging in a practical context for both managers and workforce staff.		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.	Ability to deliver Training and Development in Welsh. Ability to deliver induction in Welsh. Meeting of the SB Welsh language group has been held and away forward to review the compliance notice agreed. Further actions are expected through more regular meetings of this group.			Notice sent to recruitment managers regarding the HB position re recruitment supporting material being provided in Welsh. This is in keeping with NHS Wales approach.		Progress on this impacted by Covid and loss of Welsh Language Officer. New Office now in place and activity restarting.
	SV	W&OD 7	Medical Vacancies • Consideration should be given to specific International recruitment campaigns. • Meeting the agency cap challenge and premium payment issues which will significantly reduce cost. • Ensuring access to robust language training to help get doctors through either IELTS or OELTS	Management of Medical Workforce management of the medical workforce Considerable under capacity in Team who struggle to meet the demands of units in this respect. Level Medical Vacancies • Work is ongoing to support the recruitment of doctors to substantive vacancies. • The medical workforce team are unable to find the capacity to work with the Delivery Units on innovative recruitment campaigns Recruitment and retention Establishment of a Junior Doctor Welfare • Help with the recruitment and retention specifically of junior medical staff. • Lead some work around medical engagement. • The junior doctors have said they will also be much more willing to fill locum shifts if they feel better about work. The job planning process and the content of consultant job plans • This would benefit from significant focus and attention to ensure that the Health Board is deriving best value in terms of both performance and cost from its medical workforce. • This is a significant and complex area of work that requires dedicated resourcing to be undertaken effectively aligned to the role out of the e job planning system. • To resource this an Invest to Save Bid is being submitted to Welsh Government which will provide much needed resource to scrutinise the job plans for consultants and SAS doctors, review annual leave patterns and to complete the roll out of e job planning to ensure full benefits realisation.		Already working with Medacs with long term locums. KB commenced in November. KB Results presented to Execs in February and April. Participated 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 WOOD Committee in January. Work underway to clarify the medical and dental establishments		Work continues with Kendall Bluck and Medacs. Clarifying the M&D establishments is proving complex and so there is a meeting on 31.5.19 to decide next steps. Now confirmed that there is no Unit or Corporate Oversight of the establishments as finance do not hold them and they are devolved to service managers. Locum on duty began its roll out on the 1st May	Projects all on track and some savings are being realised.	Projects all on track and some savings are being realised. Continue on working on this agenda through the High Values Opportunities. Some slippage due to general workload, sickness in the team and inability to get key documents signed off quickly.	Work getting back on track	Please see recruitment section above	
			Healthcare Support Worker Framework	Health Care Support Worker Framework is a mandated framework by Welsh Government and the responsibility for implementation sits with Nurse Director. However, with the development of the framework to include all clinical and non-clinical support workers, there is a debate about where responsibility for the framework will sit in the future. This is a risk and will need to be resourced appropriately if / when the framework is rolled out further than nursing health care support workers. The current risk is that the overwhelming operational workload previously referred to detracts 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 needs 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									
	not us												
	KM		Work Experience Co-ordinator	There is no resource to coordinate work experience in ABMU or to work with schools and colleges through career fairs to ensure widening access to clinical and medical careers locally. Two bids were made to Charitable Funds to fund a Band 6 Widening Access Coordinator, but this was turned down on the basis that it was core HR business. Some work does happen but this is down to individuals with the good will and passion to make this better and takes place in their own time. There is no non pay budget to support this work either.		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.	There is no update on this risk.		There is no update on this risk.			The Health Board has invested in a work experience and Careers facilitator. The individual is currently on Mat leave and will commence post in spring 2021.

	JQ			<p>Pay Deal (2018)</p> <p>Lack of knowledge of the key points of the pay deal.</p> <p>Contentious issues</p> <ul style="list-style-type: none">• Pay progression• Unsocial Hours – reduction in sickness rate <p>Run our own session on the pay deal for WF&OD staff</p> <p>Invite Finance Staff</p> <p>Invite Staff side</p> <p>Closure of Band 1</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>Issue Bulletin re pay deal</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>Spot salaries</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>TUC's "Dying to Work" agreement</p> <p>We are committed to signing up to the TUC's "Dying to Work" agreement (staff with terminal illness).</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>	<p>Closure of Band 1 process is underway. All but 1 of our current B1's are employed within hotel services.</p> <p>An all Wales process has been agreed which is currently being implemented across Hotel Services.</p>	<p>Interviews with existing B1 staff continue, in line with the all Wales process, tin order to identify those individuals who wish to move to B2 posts. Over 380 have been completed to date out of a total of 550. Regular data is communicated to all Wales project manager to report on progress. Our anticipated completion date for this work is 31st August 19.</p>	<p>Interviews with existing B1 staff have been completed apart from a handful of staff either on LTS or due to ER issues who have yet to be communicated with.</p> <p>To date circa 75% of B1's have opted to move to a B2 job description.</p>	<p>Staff who have opted to move to B2 JD's as part of the closure of B1 process will be formally moved to B2 in the December pay run.</p>	<p>No issues now. Awaiting details of next NHS Wales pay deal for 2021 and beyond</p>
	PD		<p>Staff Wellbeing Service Invest to Save funding</p>	<p>The Staff Wellbeing Service has been externally funded for the past several years, providing staff with timely advice and support for mental and physical health issues, whilst streamlining existing staff support services, reducing duplication and improving ease of access for staff. This has reduced waits for staff to access initial support for common mental health problems from 5 weeks to 5 days and enables a Physiotherapy telephone assessment within 3 working days. This service currently provides the 'rapid access' to staff for expedited musculoskeletal issues and supports the HB's aims in reducing sickness absence.Training for managers around mental health and work based stress assessments along with Menopause training for staff and the Cycle for Health scheme is supported by the Wellbeing team, as is the Wellbeing Champion Network which now has more than 300 Champions supporting the HB's staff.</p> <p>There is a risk of not only losing the services outlined above but the experience, knowledge and skills developed by the team over the last 7 years.</p>		N/A	N/A	<p>A Business plan is being developed with planned presentation to Exec team colleagues to communicate the risks of not supporting the service into the future.</p>			<p>Awaiting outcome of Business Case and future funding of the service.</p>		
	KJ		<p>DBS Rollout</p>	<p>Plan in place for DBS rollout to ensure all staff who require a DBS have had one.</p>		N/A	N/A	<p>Shared Services are supporting six month project and will require funding for four band 3's, the workforce function will require funding for two band 3's to support the data preparation work - estimated cost of £74,000. Funding will also be required for the cost of the DBS estimated at £275,000, there no budget within the workforce function to fund this work. So the function is proceeding at risk.</p>		<p>Work is in progress, funding has still not been identified</p>	<p>Work in progress funding still not identified</p>		