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<table>
<tr><td colspan="2"><strong>PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL<br>PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE</strong></td></tr>
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| | |
|---|---|
| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 10 October 2023 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Performance Assurance & Workforce Metrics |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Lisa Gostling, Director of Workforce and Organisation Development (OD) |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Michelle James, Head of Resourcing and Utilisation |

| |
|---|
| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
| Er Sicrwydd/For Assurance |

| |
|---|
| **ADRODDIAD SCAA**<br>**SBAR REPORT** |
| **Sefyllfa / Situation** |

**Sefyllfa / Situation**

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 31 August 2023 (unless stated otherwise for NHS Wales benchmarking datasets).

**Cefndir / Background**

PODCC is required to provide assurance to the Board on best practice around the Workforce and OD agenda. This report provides assurance of delivery against national delivery framework targets.

**Asesiad / Assessment**

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

- Overall staff engagement score – scale score method
  - The response rate is gradually increasing from the 10% in November 2022 up to 17% in August 2023, this is 1% lower than April-July 2023 which all received a response rate of 18%. Ways to increase participation are continually being explored.
- Agency spend as a % of total pay bill
- Variable pay (agency, locum, bank & overtime: monthly position).
  - Work has been undertaken to bring a reduction in off contract agency usage to drive costs down. There has been no off-contract agency use since June 2023.

- Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.
- Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding
  - We are awaiting the receipt of all Wales information for the year 2022.
- Percentage of sickness absence rate of staff
  - Hywel Dda continues to record a lower 12 month rolling absence rate than NHS Wales.
- Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework.
- Percentage of employed National Health Service (NHS) staff completing dementia training.
- Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation
  - Our performance has steadily been increasing and we are now slightly above our 85% target.
  - We have 2 staff groups that are below the 85% target; Estates & Ancillary (80.8%) and Medical & Dental (45.4%). These rates continue to increase.
  - Members of the People development team are meeting with representatives from medical education in October with a view to improve their compliance.
- Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).
  - The combined appraisal compliance has steadily been increasing from 67.9% in August 2021 to 77.4% in August 2023.
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.
  - The rate steadily increased from 68.5% in February 2023 to 71.8% in July however August saw a reduction to 64.1% of staff agree that their PADR helps improve delivery of their role, this is the lowest since April 2023.
- Percentage of staff who have had a medical appraisal in the previous 12 months (excluding Doctors and Dentists in training) and Consultant/Specialty and Specialist (SAS) doctors with a job plan and Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).
- Percentage of compliance for staff appointed into new roles where a child barred list check is required.
- Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
  - October 2022 reported for the first month since July 2021 where compliance dropped below 100%. This is due to a risk assessment being undertaken for an apprentice to start prior to their Disclosure and Barring Service (DBS) checks being returned. This was to ensure the apprentice could start on their employment and educational pathway.
  - July 2023 saw the only other drop from 100% where a staff member started prior to their DBS check being completed, a risk assessment was completed before starting.

Following a request from committee in August, we have added Appendix 2 which shows a statistical process chart (SPC) in relation to absence along with an explanatory page to enable interpretation. This has been developed to understand if this format is required and should be developed for other metrics that lend themselves to this type of visual analysis.

The targets are presented in a format which will allow PODCC to assess the alignment between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development and Education Strategy.

**Argymhelliad / Recommendation**

The PODCC is requested to:

- Note the content of the report as assurance of performance in key areas of the Workforce and OD agenda.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring (HDdUHB) is recognised as a leader in this field |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 3. Effective |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 3. Data to knowledge |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 1. Putting people at the heart of everything we do 2. Working together to be the best we can be |
| Amcanion Cynllunio Planning Objectives | 2c Workforce and OD strategy |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | Data extracted from a range of workforce information systems. |

| Rhestr Termau:<br>Glossary of Terms: | Included within the body of the report. |
|---|---|
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:<br>Parties / Committees consulted prior to People, Organisational Development & Culture Committee: | Not Applicable |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian:<br>Financial / Service: | Not Applicable |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care: | Performance reported in a number of the key performance indicators will have an impact on the quality of patient care. |
| Gweithlu:<br>Workforce: | All metrics and performance indicators contained in the report have direct relevance to the workforce agenda |
| Risg:<br>Risk: | Not Applicable |
| Cyfreithiol:<br>Legal: | Not Applicable |
| Enw Da:<br>Reputational: | Not Applicable |
| Gyfrinachedd:<br>Privacy: | All data presented is anonymous |
| Cydraddoldeb:<br>Equality: | Not Applicable |

## Strategic Planning Objective 1A:
## Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.

| National Delivery Framework Target | Operational Delivery Lead | Page Number ▲ |
|---|---|---|
| Overall staff engagement score – scale score method | Head of Culture and Workforce Experience | 2 |
| Agency spend as a % of total pay bill | Senior Workforce Manager – Workforce Efficiency | 3 |
| Variable pay (Agency, Locum, Bank & Overtime: monthly position) | Senior Workforce Manager – Workforce Efficiency | 3 |
| HEIW Planning Objective 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis | Head of Strategic Workforce Planning and Transformation | 4 |
| HEIW Planning Objective 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding | Learning & Development Manager | 5 |
| Percentage of sickness absence rate of staff | Head of Workforce | 6 |
| Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework | Learning & Development Manager | 7 |
| Percentage of employed NHS staff completing dementia training at an informed level | Learning & Development Manager | 7 |
| Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation | Learning & Development Manager | 8 |
| Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training) | Head of Culture and Workforce Experience | 9 |
| Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job | Head of Culture and Workforce Experience | 9 |
| Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months) | Head of Medical Education & Professional Standards | 10 |
| Percentage of compliance for staff appointed into new roles where a child barred list check is required | Head of Recruitment and Workforce Equality, Diversity & Inclusion | 11 |
| Percentage of compliance for staff appointed into new roles where an adult child barred list check is required | Head of Recruitment and Workforce Equality, Diversity & Inclusion | 11 |

KEY: 8 Statements of Intent Contained within the 10 Year Workforce, Organisational Development(OD) and Education Strategy

1 - Delivering Collective and Compassionate Leadership
2 - Recruiting and Retaining Great People
3 - Engaging our Staff
4 - Delivering a Workforce Fit for the Future
5 - Enabling Our People to Release Their Potential
6 - Developing High Performing Teams
7 - Delivering Innovation, System Learning and Change Agility
8 - Developing Workforce Efficiency and Effectiveness

NHS delivery framework target: 1.A.i - Develop plans to deliver, on a sustainable basis – Overall staff engagement score – scale score method Strategic Delivery Lead: Assistant Director of Organisation Development; Operational Delivery Lead:  Head of Culture and Workforce Experience
This target aligns to the following statement of intent:
3 - Engaging our Staff

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## Staff Engagement Score Year on Year

| Year Of Survey | Sent to | Number Completed | Response Rate | Engagement Score |
|---|---|---|---|---|
| 2016 NHS Wales Staff Survey | 4535 | 1550 | 34% | 74% |
| 2018 NHS Wales Staff Survey | 9484 | 2401 | 25% | 77% |
| 2020 NHS Wales Staff Survey | 10533 | 1759 | 17% | 76% |
| 2021 Sample in December | 1171 | 266 | 23% | 76% |
| 2022 Sample in January | 1172 | 269 | 23% | 77% |
| 2022 Sample in February | 1172 | 237 | 20% | 75% |
| 2022 Sample in March | 1169 | 242 | 21% | 76% |
| 2022 Sample in April | 1164 | 242 | 21% | 74% |
| 2022 Sample in May | 1164 | 215 | 18% | 75% |
| 2022 Sample in June | 1163 | 216 | 19% | 74% |
| 2022 Sample in July | 1169 | 184 | 16% | 76% |
| 2022 Sample in August | 1170 | 199 | 17% | 73% |
| 2022 Sample in September | 1129 | 201 | 18% | 75% |
| 2023 Sample in October | 940 | 168 | 18% | 72% |
| 2022 Sample in November | 969 | 97 | 10% | 74% |
| 2023 Sample in January | 1006 | 144 | 14% | 74% |
| 2023 Sample in February | 1010 | 162 | 16% | 75% |
| 2023 Sample in March | 999 | 168 | 17% | 75% |
| 2023 Sample in April | 1001 | 178 | 18% | 72% |
| 2023 Sample in May | 990 | 181 | 18% | 74% |
| 2023 Sample in June | 994 | 175 | 18% | 76% |
| 2023 Sample in July | 985 | 181 | 18% | 74% |
| 2023 Sample in August | 1002 | 170 | 17% | 73% |

## Engagement Score by Staff Group

| Role | Sep-22 | Oct-22 | Nov-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Administrative and Clerical | 77% | 74% | 71% | 76% | 76% | 77% | 76% | 74% | 72% | 76% | 74% |
| Allied Health Professionals | 75% | 69% | 73% | 73% | 74% | 79% | 71% | 69% | 79% | 81% | 71% |
| Estates, Facilities & Support Services | | 72% | | | | | 79% | 82% | | 58% | |
| Healthcare Scientists | 83% | 81% | 63% | | 80% | 69% | | | 67% | 63% | 73% |
| Medical and Dental | 67% | 59% | 77% | 73% | 73% | 65% | 57% | 63% | 77% | 71% | 56% |
| None of these | 73% | 68% | 82% | | 83% | | | | | 70% | |
| Nursing and Midwifery | 73% | 74% | 75% | 72% | 74% | 73% | 73% | 78% | 77% | 75% | 76% |
| Other Clinical Services | 73% | | | | | 70% | 71% | | 73% | 63% | |
| Other Scientific and Technical | | | | | | | 58% | 78% | | 68% | 72% |

*Note -*
*Any area with less than 5 responses will not be reported on so as not to identify anyone and respect confidentiality*

### Current Performance

The staff engagement score had risen in June 2023 to 76% which is the highest it has been since July 2022, it has since fallen to 73%.

### Performance Against Trend

The response rate had remained at 18% from April through to July 2023, however this has dipped to 17% in August 2023.

### Future Positive Actions

In July 2023 we introduced a question on salary to help identify any differences in engagement by staff grade/band. We are continually looking at ways to increase participation and we will be relaunching the survey in the new year, including rebranding the invite email, filming messages and developing communications to show staff how the data is being used. We are also looking to report on data below directorate level where possible whilst ensuring anonymity.

NHS delivery framework target: 1.A.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Locum, Bank & Overtime: monthly position)   Strategic Delivery Lead:  Head of Resourcing & Utilisation
Operational Delivery Lead:  Senior Workforce Manager – Workforce Efficiency
This target aligns to the following statement of intent:
8 - Developing Workforce Efficiency and Effectiveness

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## Current Performance

The Health Board are not meeting the 12 month reduction trend for agency spend as percentage of the total pay bill.

## Performance Against Trend

During the period June 2023 to August 2023, agency spend as a percentage of the total pay bill has been at its lowest since March 2022. Variable pay in July 23 is the lowest since August 2022, however August 2023 saw an increase to a similar level to June 2023.

## Future Positive Actions

Nursing
A further 45 international nurses have arrived and been placed across all acute sites.
A further cohort of 18 international nurses are due to arrive in October 23 and will be placed in Withybush and Bronglais Unscheduled Care.

Off-Framework use has been reduced to zero. The escalation process has moved onto on-framework use with a plan to implement across Mental Health and Learning Disabilities during September 23. A review of this process will be undertaken and will inform a programme to implement across all areas using on-framework agency.
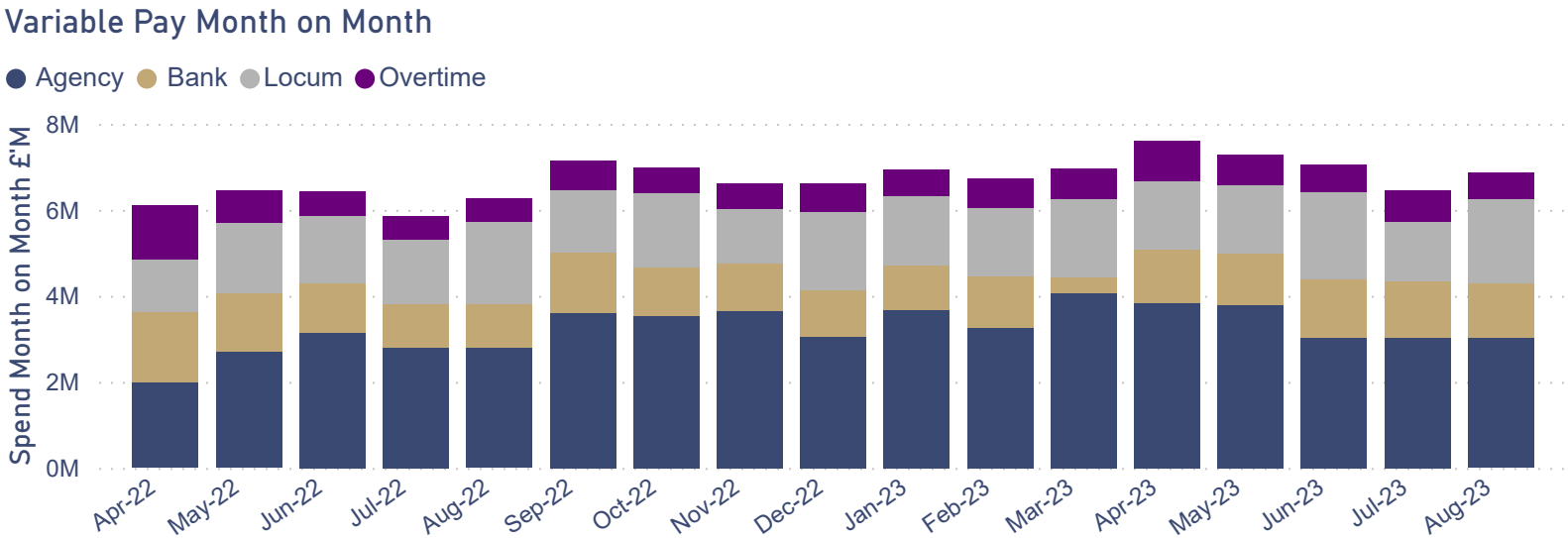
Medical / Allied Health Professionals (AHP) / Healthcare Scientists (HSS)
All requests for medical agency workers that are Non-Direct-Engagement (incurs VAT), exceed three months or incur a total charge of £160+ an hour are escalated to Executive Director level for approval.

Work is ongoing to strengthen grip and control of agency bookings across medical and AHP/ HSS staff groups with a revised booking form and escalation process to be implemented over the coming weeks.

## Agency Spend as a percentage (%) of the total pay bill

| Month Name | 2020/2021 | 2021/2022 | 2022/2023 | 2023/2024 |
|---|---|---|---|---|
| April | 3.36% | 6.84% | 6.46% | 7.82% |
| May | 3.19% | 7.04% | 6.12% | 7.62% |
| June | 3.45% | 7.47% | 6.94% | 5.09% |
| July | 3.89% | 7.95% | 6.42% | 5.62% |
| August | 4.58% | 7.01% | 6.46% | 6.05% |
| September | 5.07% | 6.79% | 6.52% | |
| October | 5.84% | 8.33% | 6.94% | |
| November | 6.23% | 7.77% | 9.27% | |
| December | 6.07% | 7.18% | 6.23% | |
| January | 6.92% | 7.15% | 7.83% | |
| February | 3.98% | 7.08% | 6.89% | |
| March | 3.12% | 5.13% | 7.80% | |

## Variable Pay Month on Month

● Agency ● Bank ● Locum ● Overtime

NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Director of Workforce & Organisational Development.
Operational Delivery Lead:  Head of Strategic Workforce Planning and Transformation
This target aligns to the following statement of intent:
 2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

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| Plan | Education Commissioning | Complete/ In Progress |
|------|------------------------|----------------------|
| 2020/21 | Out turn c2023 | ✓ |
| 2021/22 | Out turn c2024 | ✓ |
| 2022/23 | Out turn c2025 | ✓ |
| 2023/24 | Out turn c2026 | ✓ |
| 2024/25 | Out turn c2027 | ⌛ |

**Current Performance**

Submission for financial year 2023/24 to cover the period up to circa 2026 complete. Refreshed placement matrix received and noted from HEIW.

Plans developing to create and inform the IMTP/E&C cycle 2024/25 to cover 2024-2027 i.e. HEIW contacted for update on forms and Forum/meetings with services to be scheduled.
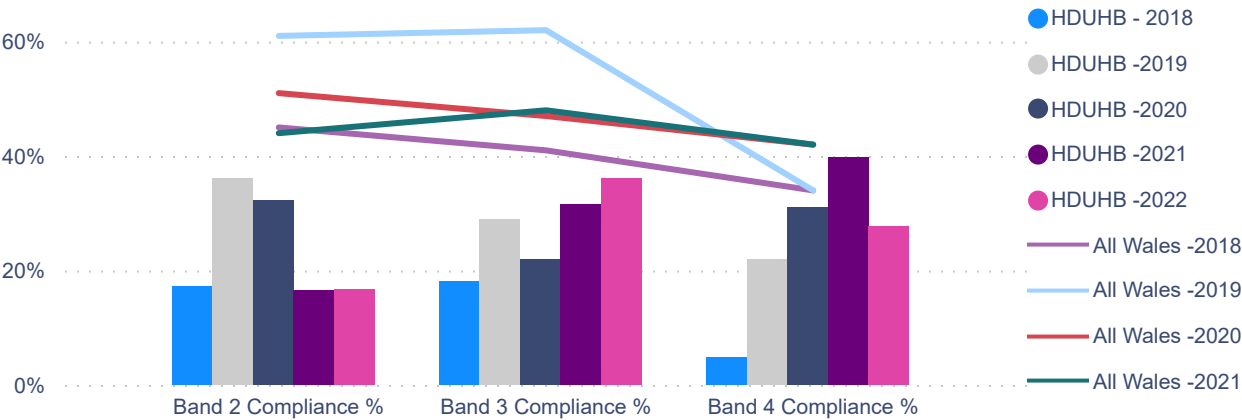
**Performance Against Trend**

Ongoing discussions on deficits and use of alternative practitioner roles: i.e. Physician Associates, Advanced Paramedic Practitioners to determine the commissioning "ask" Specifically Physician Associate and role in stabilising our medical workforce and APP's as part of TUEC programme.
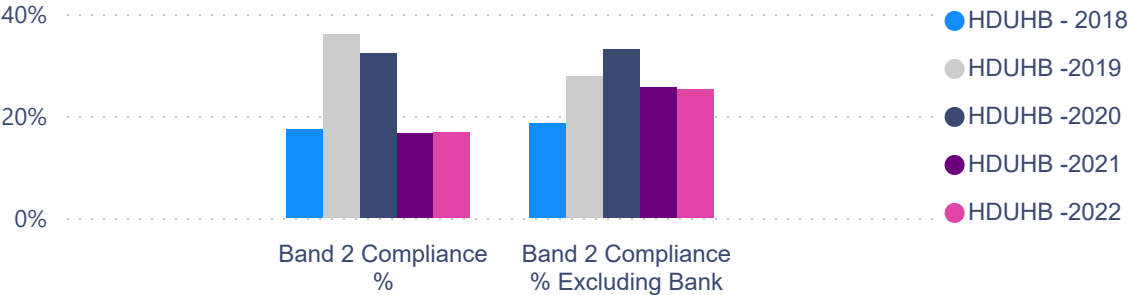
**Future Positive Actions**

An outcomes based Workforce Interventions Performance Dashboard will be developed to align to this work to track the whole pathway from education & commissioning requirements to placement capacity and recruitment streamlining on an annual basis. This is a significant piece of work that requires reflection in relation to our overall workforce data/analytics approach.

NHS delivery framework target: 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding.   Strategic Delivery Lead:  Assistant Director of People Development
Operational Delivery Lead :  Learning & Development Manager
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future

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## Career Framework Data



Legend:
- HDUHB - 2018
- HDUHB -2019
- HDUHB -2020
- HDUHB -2021
- HDUHB -2022
- All Wales -2018
- All Wales -2019
- All Wales -2020
- All Wales -2021

## Impact of Bank Compliance on Career Framework Data



Legend:
- HDUHB - 2018
- HDUHB -2019
- HDUHB -2020
- HDUHB -2021
- HDUHB -2022

### *January - December 2022*

Career Framework- Percentage with requisite level of health related qualification

| Profession | % Level 2 | % Level 3 | % Level 4 |
|---|---|---|---|
| Bank / Temporary Staff (on Bank only contracts) | 0.3% | 0.0% | 0.0% |
| Dietetics | 0.0% | 0.0% | 33.3% |
| Maternity | 19.7% | 0.0% | 0.0% |
| Nursing Adult | 25.3% | 33.5% | 34.9% |
| Nursing Child | 28.6% | 33.3% | 30.8% |
| Nursing Community | 31.7% | 50.5% | 57.9% |
| Nursing Learning Disability | 0.0% | 25.5% | 15.4% |
| Nursing Mental Health | 17.5% | 41.7% | 50.0% |
| Occupational Therapy | | 66.7% | 10.9% |
| Operating Theatres | 26.3% | 52.0% | 83.3% |
| Physiotherapy | 0.0% | 42.9% | 25.9% |
| Radiology | 0.0% | 17.6% | 9.1% |
| Speech and Language service | 0.0% | 66.7% | 5.3% |

*Please note that where zero percent is shown; there are minimal staff at this level for these professions. Please see headcount Table.*
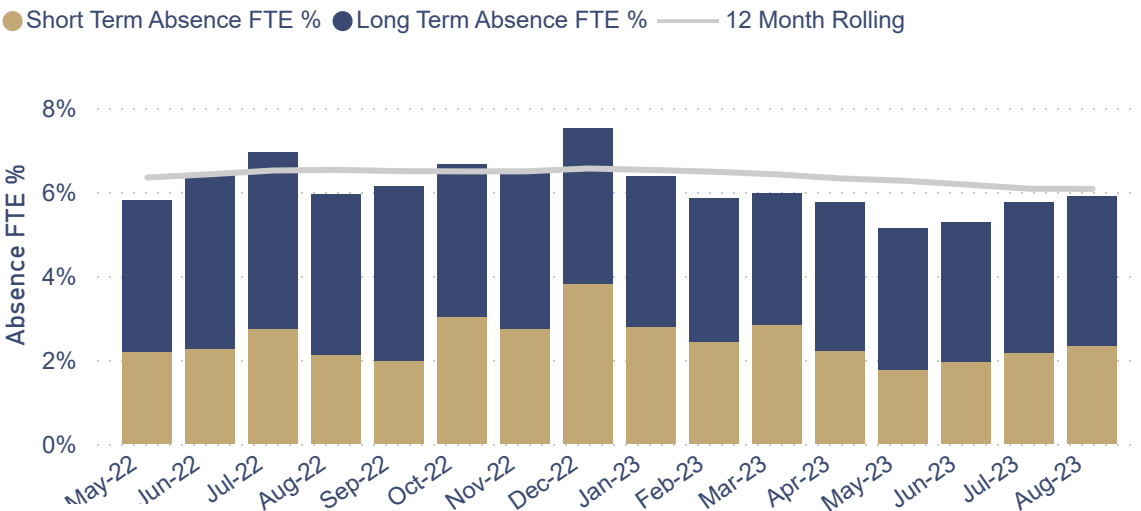
## Headcount

| Profession | Headcount B2 | Number at L2 | Headcount B3 | Number at L3 | Headcount B4 | Number at L4 |
|---|---|---|---|---|---|---|
| Bank / Temporary Staff (on Bank only contracts) | 587 | 2 | 63 | 0 | 16 | 0 |
| Dietetics | 0 | 0 | 2 | 0 | 12 | 4 |
| Maternity | 61 | 12 | 4 | 0 | 0 | 0 |
| Nursing Adult | 850 | 215 | 236 | 79 | 63 | 22 |
| Nursing Child | 35 | 10 | 24 | 8 | 39 | 12 |
| Nursing Community | 104 | 33 | 186 | 94 | 19 | 11 |
| Nursing Learning Disability | 0 | 0 | 55 | 14 | 13 | 2 |
| Nursing Mental Health | 80 | 14 | 108 | 45 | 2 | 1 |
| Occupational Therapy | 0 | 0 | 6 | 4 | 55 | 6 |
| Operating Theatres | 19 | 5 | 25 | 13 | 6 | 5 |
| Physiotherapy | 2 | 0 | 21 | 9 | 54 | 14 |
| Radiology | 0 | 0 | 34 | 6 | 11 | 1 |
| Speech and Language service | 0 | 0 | 3 | 2 | 19 | 1 |
| **Total** | **1738** | **291** | **767** | **274** | **309** | **79** |

### Current Performance

HDUHB annual performance fluctuates considerably The data recording mechanism used is now through ESR, providing accuracy for future data collection.

### Future Positive Actions

A Career Framework Compliance Group will be set up with the aim of looking at how this compliance data is displayed, including those accessing qualifications.

L&D also to attend service lead meeting to discuss compliance and create action plans for each service.

Due to financial constraints a limited number are being released to attend thus a negative impact will be seen.

### Performance Against Trend

HDUHB data significantly lower than the "All Wales comparison", this is attributed to data reporting issues in previous years and also lack of structure to collect and record data.

NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Deputy Director of Workforce & Organisational Development  Operational Delivery Lead:  :  Head of Workforce
This target aligns to the following statement of intent:
3 - Engaging our Staff

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## 12 month rolling sickness absence rates (UHBs only) to June 2023



- Swansea Bay — 7.2%
- Cwm Taf Morgannwg — 7.0%
- Cardiff and Vale — 6.7%
- Aneurin Bevan — 6.5%
- Hywel Dda — 6.3%
- Betsi Cadwaladr — 6.1%

NHS Wales: 6.4%
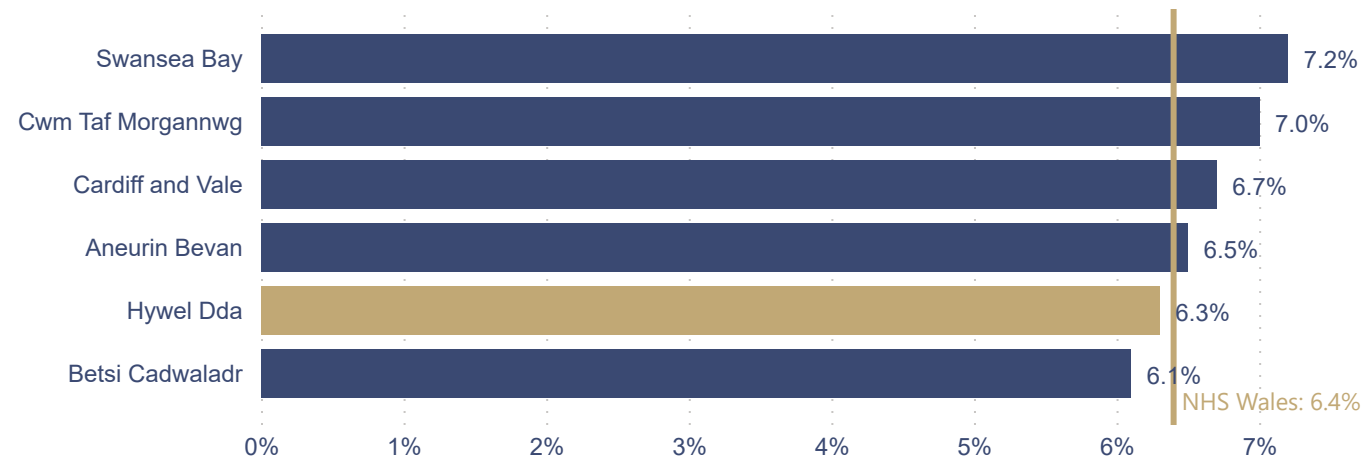
## Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m

● Short Term Absence FTE %   ● Long Term Absence FTE %   ── 12 Month Rolling



## Rolling 12-month sickness absence rates, Dec '20 to Jun'23

■ NHS Wales   ◆ Hywel Dda   — Aneurin Bevan   — Betsi Cadwaladr   — Cardiff and Vale   — Cwm Taf Morgannwg   — Swansea Bay



5.2%  5.2%  5.0%  5.2%  5.4%  5.8%  6.1%  6.4%  6.5%  6.6%  6.5%  6.3%
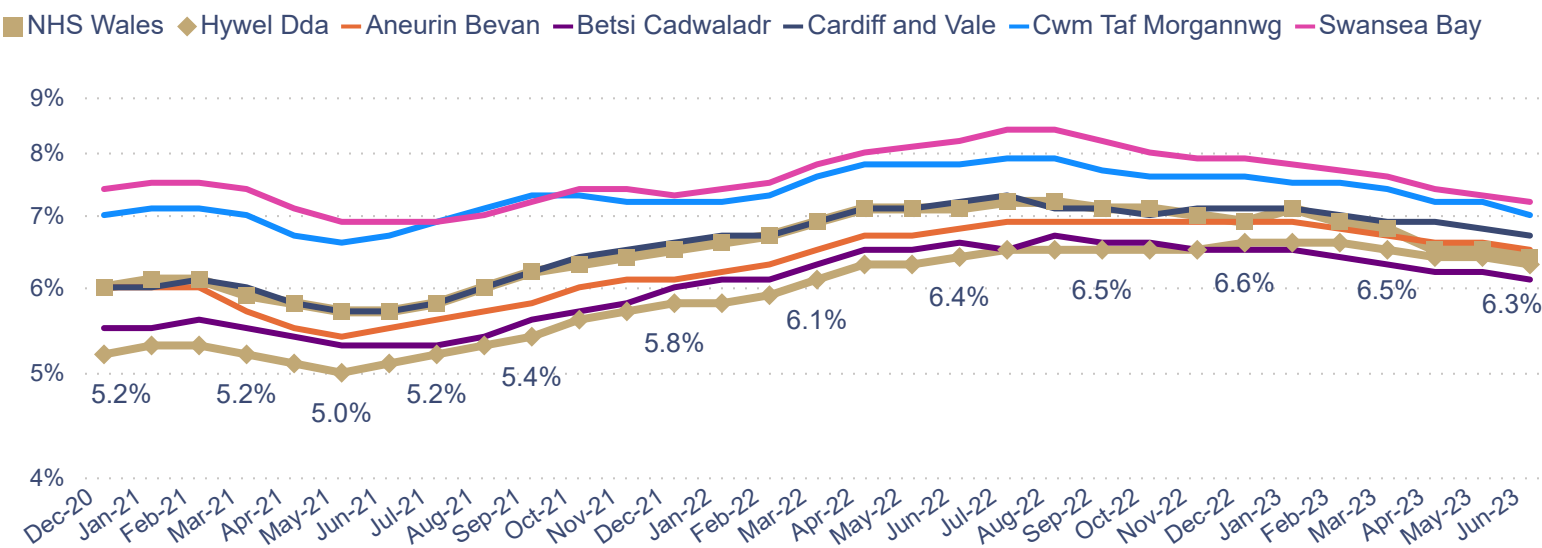
**Current Performance**

In the rolling 12 month period we have seen fluctuating absence levels around 6% with a peak during winter (December 2022).
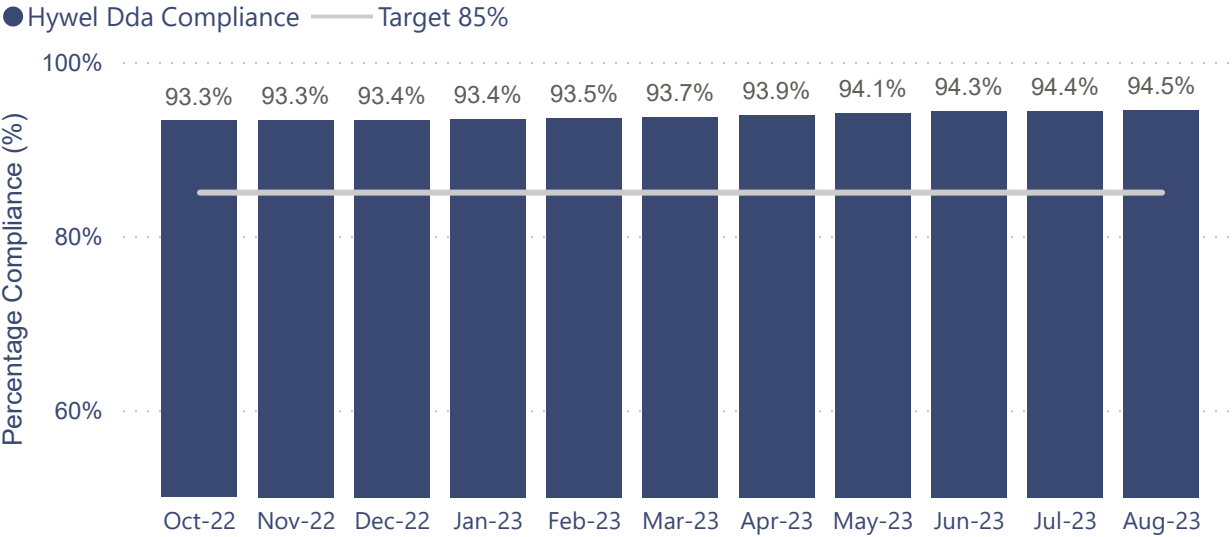
**Performance Against Trend**

HDUHB data remains consistently lower than the majority of other UHBs in Wales based on the latest data set (June 23). The average NHS Wales rolling 12 month figure being 6.4%.
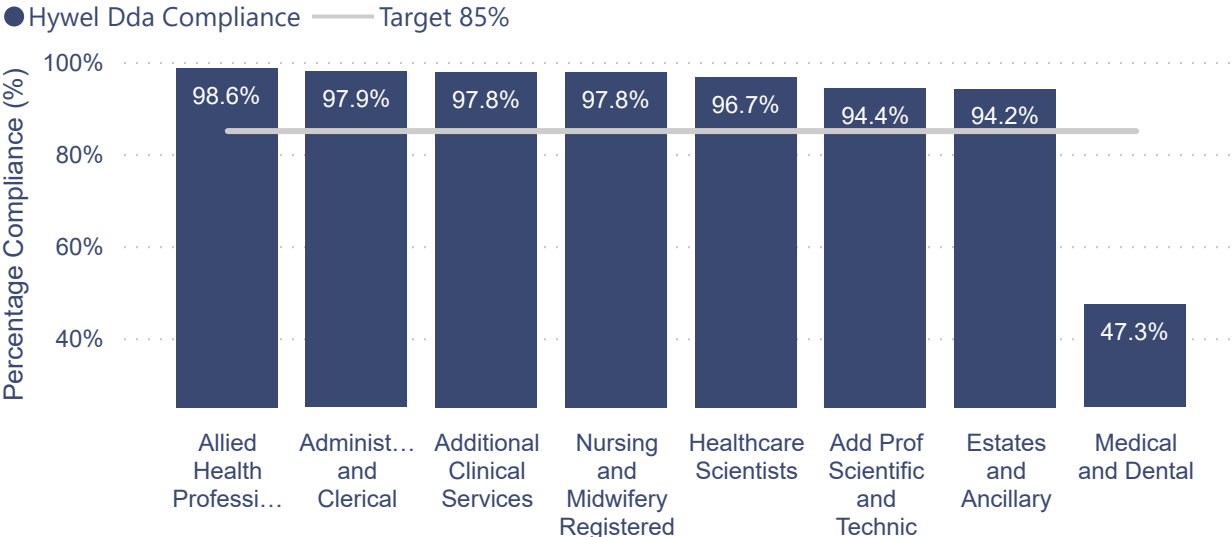
**Future Positive Actions**

Workforce will continue to offer support and advice to managers in the management of both short and long term sickness absence. These include supporting managers with undertaking sickness reviews, providing training to managers and conducting sickness audits. We additionally offer a suite of interventions to support staff psychological wellbeing and signposting these resources. An enhanced level of support will be offered to those areas where a significant rise in absence rates has been seen in more recent months.

As part of our planning objectives this year a sickness absence action plan to review all internal processes and documentation against our mission for kinder people processes has been developed.

NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level  Strategic Delivery Lead: Assistant Director of People Development  Operational Delivery Lead: Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

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## Percentage of Staff completing Dementia Training

● Hywel Dda Compliance ── Target 85%



Monthly bar chart (Oct-22 to Aug-23):
- Oct-22: 93.3%
- Nov-22: 93.3%
- Dec-22: 93.4%
- Jan-23: 93.4%
- Feb-23: 93.5%
- Mar-23: 93.7%
- Apr-23: 93.9%
- May-23: 94.1%
- Jun-23: 94.3%
- Jul-23: 94.4%
- Aug-23: 94.5%

## Percentage of Staff completing Dementia Training

● Hywel Dda Compliance ── Target 85%



Staff group bar chart:
- Allied Health Professi...: 98.6%
- Administ... and Clerical: 97.9%
- Additional Clinical Services: 97.8%
- Nursing and Midwifery Registered: 97.8%
- Healthcare Scientists: 96.7%
- Add Prof Scientific and Technic: 94.4%
- Estates and Ancillary: 94.2%
- Medical and Dental: 47.3%

### Current Performance

Dementia training is well above trend in most staff groups.

### Performance Against Trend

West Wales Care Partnership with Hywel Dda and other partners have developed a draft Dementia L&D framework to support new training for the Good Work framework, however the Framework is in draft and is yet to be published.

### Future Positive Actions

A new Hywel Dda working group has been set up to review the training recommendations and resources in the draft Dementia L&D framework. They have begun to identify if any new training resources should be delivered to target groups and also explore options for suitable Agored module units meet the framework.

NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: :
Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

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## Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%

● Hywel Dda Compliance ——— NHS Wales ——— Target 85%
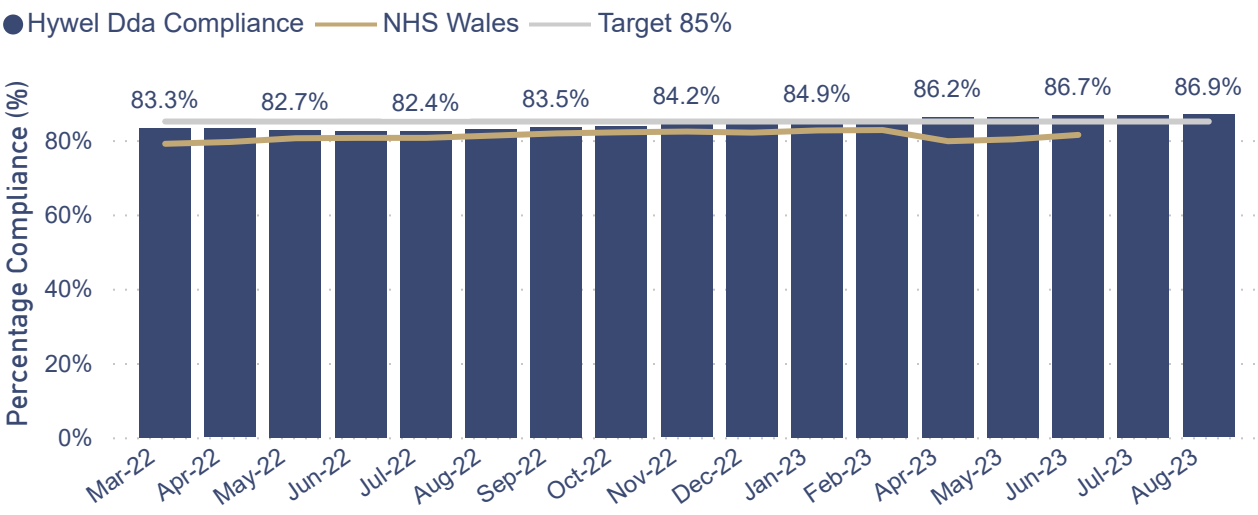


## Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group

● Hywel Dda Compliance ——— Target 85%
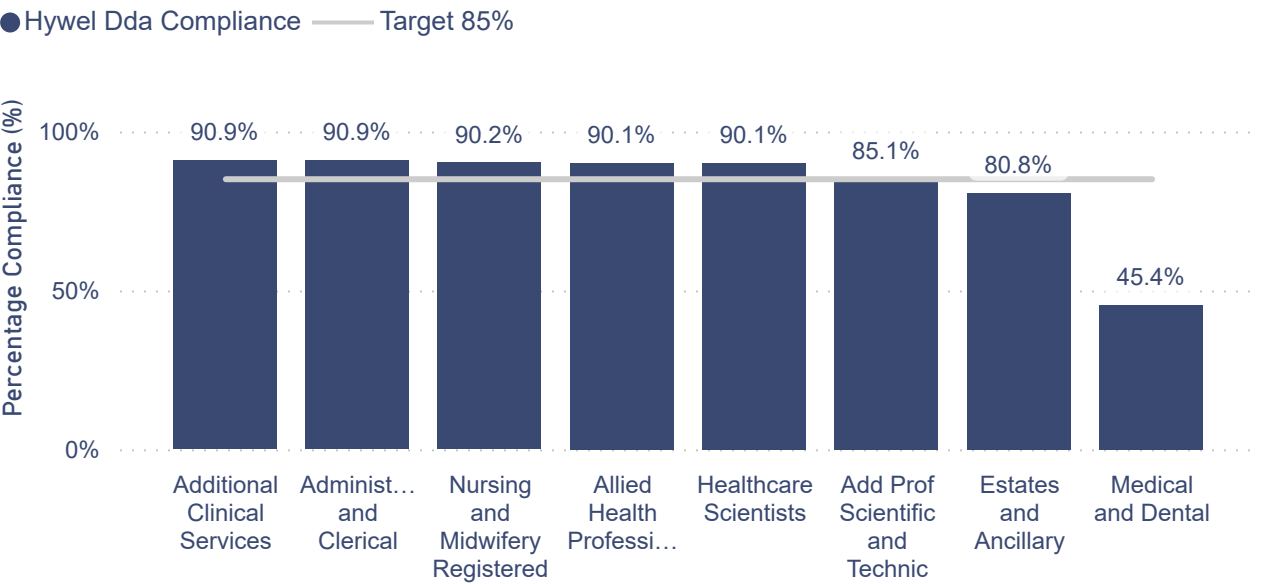


**Current Performance**

Access to computers has been advertised and provided. Temporary additional resource provided to assist with data entry into ESR. This, along with a range of activity led by L&D, has seen the Health Board achieving an overall compliance rate of 86.9%. A significant difference between our highest and lowest performing staffing groups remain.

**Performance Against Trend**

HDD performance has consistently improved over the last twelve months - including the performance of the staffing groups below the 85% threshold.

**Future Positive Actions**

A meeting is set up for October between People Development and Medical Education, with a view to further improve mandatory training compliance.

NHS delivery framework target: 5.A.i - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job & Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)
Operational Delivery Lead:  Head of Culture and Workforce Experience
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People,  3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future  , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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Hywel Dda
University Health Board

Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

Feb-23
**68.5%**

Mar-23
**67.3%**

Apr-23
**63.5%**

May-23
**69.6%**

Jun-23
**70.3%**

Jul-23
**71.8%**

Aug-23
**64.1%**

### Current Performance

Sessions are currently being run on a bi-weekly basis due to service pressures. 51 staff have attended training for the period June-August 2023. Bespoke sessions are facilitated with services on an ad hoc basis.

### Performance Against Trend

The Culture & Workforce Experience team are currently liaising with the L&D department to improve the booking system and increase engagement. We are continuing to see a positive trend against compliance. – 76.6% in July to 77.4% in August, an increase of 0.8%.

### Future Positive Actions

The Culture & Workforce Experience Team will be increasing the number of workshops once vacancies have been filled within the team. The workshops are highlighted as part of the Inform Development Resources for staff. Work is continuing to ascertain reasons for low compliance and provide support mechanisms to aid improvement.

## PADR Compliance to NHS Wales Performance and Target of 85%
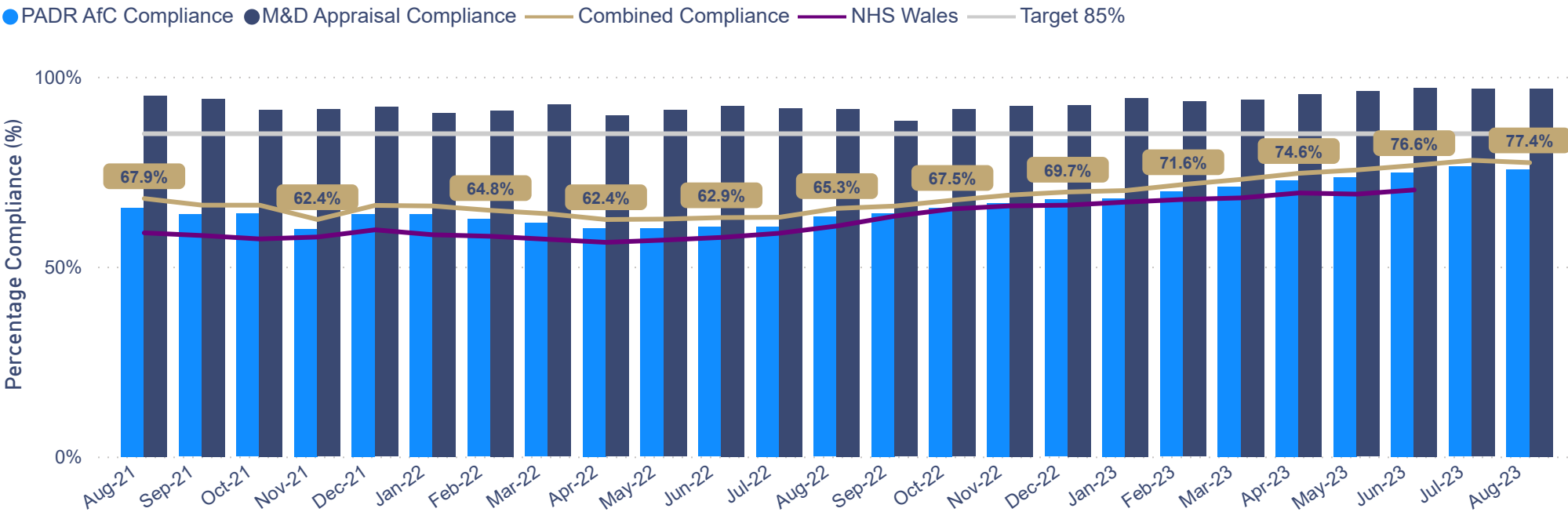
Legend: ● PADR AfC Compliance  ● M&D Appraisal Compliance  — Combined Compliance  — NHS Wales  — Target 85%

NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery Lead: Medical Director & Deputy CEO  Operational Delivery Lead: Head of Medical Education & Professional Standards
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People,  3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future  , 5 - Enabling Our People to Release Their Potential &
6 - Developing High Performing Teams

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## Consultants/SAS doctors with a Job Plan (Current is within 12 Months)

● Current Job Plan  ● Job Plan  ● 90% Target
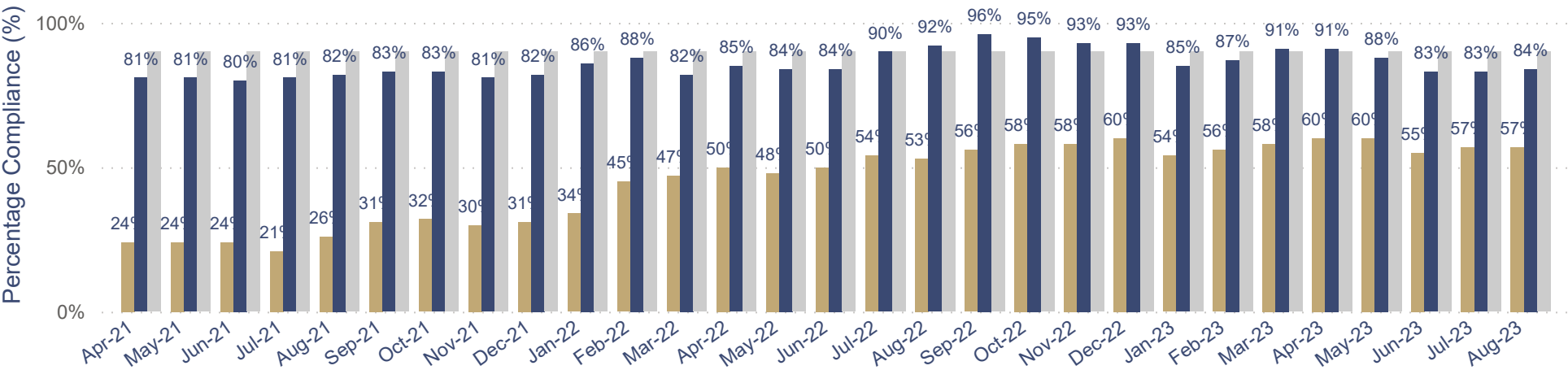


### Current Performance

Slight drop in numbers of job plans completed in June however, we have maintained steady progress since. Again, slow progress due to numbers of job plans expiring.

### Performance Against Trend

Continuing to make progress, clear improvement on previous years.

### Future Positive Actions

Monthly statistics continue to be reported and meetings between the Deputy Medical Director and General Managers are ongoing. New escalation process has been introduced which is in the process of evaluation to ascertain effectiveness and identify possible tweaks to improve. Training and demonstration sessions have been arranged for coming months.

## Medical Appraisal Compliance Performance against Target of 85%

● M&D Appraisal Compliance  —— Target 85%

NHS delivery framework target: 5.B.i Percentage of compliance for staff appointed into new roles where a child barred list check is required. & Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
Strategic Delivery Lead: Head of Resourcing & Utilisation
Operational Delivery Lead: Head of Recruitment and Workforce Equality, Diversity & Inclusion
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

## Current Performance

Monthly reporting confirms risk assessment undertaken for an Apprentice to start prior to DBS being returned. This was to ensure Apprentices could start on employment and educational pathway. Low risk as supervised.

## Performance Against Trend

July 23 a small dip in compliance from 100% to 99.2% as one employee commencing prior to their DBS being completed; this is in progress on TRAC.

## Future Positive Actions

Continue to perform at a high standard.

Compliance for staff appointed into new roles where an Adult or Child barred list check is required.
Note : All overseas recruits would have provided Overseas police checks as they cannot have a DBS until they have been in UK for 3 Months.

### DBS Checks Processed

| Axis | Adult Barred Lists | Child Barred Lists | Overseas Doctors | % Compliance |
|---|---|---|---|---|
| Jul-21 | 119 | 123 | 6 | 100.0% |
| Aug-21 | 134 | 132 | 8 | 100.0% |
| Sep-21 | 180 | 181 | 3 | 100.0% |
| Oct-21 | 151 | 154 | 4 | 100.0% |
| Nov-21 | 143 | 143 | 6 | 100.0% |
| Dec-21 | 84 | 83 | 6 | 100.0% |
| Jan-22 | 176 | 169 | 3 | 100.0% |
| Feb-22 | 128 | 126 | 1 | 100.0% |
| Mar-22 | 149 | 147 | 7 | 100.0% |
| Apr-22 | 130 | 128 | 3 | 100.0% |
| May-22 | 150 | 148 | 1 | 100.0% |
| Jun-22 | 149 | 148 | 7 | 100.0% |
| Jul-22 | 108 | 108 | 6 | 100.0% |
| Aug-22 | 124 | 126 | 4 | 100.0% |
| Sep-22 | 186 | 185 | 3 | 100.0% |
| Oct-22 | 211 | 210 | 5 | 99.5% |
| Nov-22 | 100 | 99 | 5 | 100.0% |
| Dec-22 | 80 | 77 | 4 | 100.0% |
| Jan-23 | 179 | 147 | 3 | 100.0% |
| Feb-23 | 131 | 132 | 8 | 100.0% |
| Mar-23 | 143 | 141 | 7 | 100.0% |
| Apr-23 | 142 | 132 | 2 | 100.0% |
| May-23 | 153 | 146 | 3 | 100.0% |
| Jun-23 | 103 | 102 | 3 | 100.0% |
| Jul-23 | 120 | 120 | 3 | 99.2% |
| Aug-23 | 119 | 115 | 7 | 100.0% |

| |  P |  ? |  F |  |
|---|---|---|---|---|
| **H L (blue)** | Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target. | Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits. | Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign. | Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided. |
| **L (blue)** | Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target. | Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits. | Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign. | Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided. |
| **(grey)** | Common cause variation, no significant change. This process is capable and will consistently **PASS** the target. | Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits. | Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign. | Common cause variation, no significant change. Assurance cannot be given as a target has not been provided. |
| **H (orange)** | Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target. | Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits. | Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign. | Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided. |
| **L (orange)** | Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target. | Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits. | Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign. | Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided. |

| | | | | |
|---|---|---|---|---|
|  | | | | Special cause variation where **UP** is neither improvement nor concern. |
|  | | | | Special cause variation where **DOWN** is neither improvement nor concern. |
|  | | | | Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided. |

Staff Sickness: Hywel Dda