

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance update of strategic objectives 1, 2 and 3 for Hywel Dda University Health Board – as at 31 st August 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce and Organisational Development

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Starting from October 2021, the measures within the performance assurance report are being assigned to a strategic objective and reported to the relevant lead committee for the strategic objective.

The measures included in the performance assurance report are currently under review. New processes are currently being established to collect staff survey data. This new data source will provide rich data on how our staff are feeling. This data will inform new measures for the performance report that will be included from December 2021 onwards.




For this month, traditional performance report measures are being reported. For the People, Organisational Development and Culture Committee (PODCC), these include measures relating to:




- Sickness absence;
- Core skills mandatory training;
- Performance appraisals;
- Consultants/Specialist & Specialty (SAS) job planning ;
- Staff dementia training;
- Staff that are happy with standards of care we are providing;
- Overall staff engagement score;
- Research and development studies.

The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: [Performance report dashboard as at 31st August 2021](#).

This performance report dashboard is also available via our internet site in [English](#) and [Welsh](#).

The dashboard uses statistical process control (SPC) charts. Each SPC chart produces two types of icons i.e. one for variation and another for assurance:

VARIATION How we are doing over time		Special cause concerning variation = a decline in performance that is unlikely to have happened by chance
		Common cause variation = a change in performance that is within our usual limits
		Special cause improving variation = an improvement in performance that is unlikely to have happened by chance

ASSURANCE Performance against target		We will consistently fail the target until a review of the service is undertaken and resulting actions implemented
		We will randomly hit and miss the target until a review of the service is undertaken and resulting actions implemented
		We will consistently hit the target

* The assurance icon is not shown for the small number of metrics that do not have a target.

There are two short videos available to explain more about SPC charts:

- [Why we are using SPC charts for performance reporting](#)
- [How to interpret SPC charts](#)

If you require assistance in navigating the performance assurance report dashboard, please contact the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

The 2021/22 NHS Delivery Framework is due to be published by Welsh Government in October 2021. In the interim, we have reported against the NHS Wales Delivery Framework 20/21 (<https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/2020-21-delivery-framework>).

Asesiad / Assessment

Position at 31st August 2021

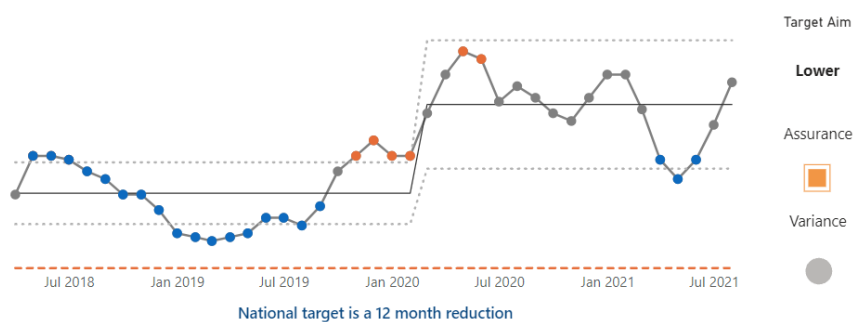
Measure	Target	Latest data	Variance	Assurance
Non-COVID sickness absence	4.79%	5.27%	●	□
COVID sickness absence	0%	0.66%	●	□
Core skills mandatory training	85%	82.6%	●	□
Performance appraisals (PADR)	85%	64.9%	●	□
Consultants/SAS doctors - current job plan	90%	26%	●	□
Consultants/SAS doctors - a job plan	90%	82%	●	□
Staff dementia training	85%	92.7%	●	□
Staff happy with standards of care (2020)*	71%	70%	n/a	n/a
Overall staff engagement score (2020)*	77%	76%	n/a	n/a
Research and development studies - open recruiting to time & target (commercial)*	100%	100%	n/a	n/a
Research and development studies - open recruiting to time & target (portfolio)*	100%	67%	n/a	n/a

* These quarterly/annual measures do not have enough data points (15+) to produce an SPC chart.

Sickness absence

Both non-COVID-19 and COVID-19 related absence are showing common cause variation, however, when both are considered together, our staff sickness is higher by comparison than previous years. The main reason for non-COVID-19 sickness absence has been identified as stress.

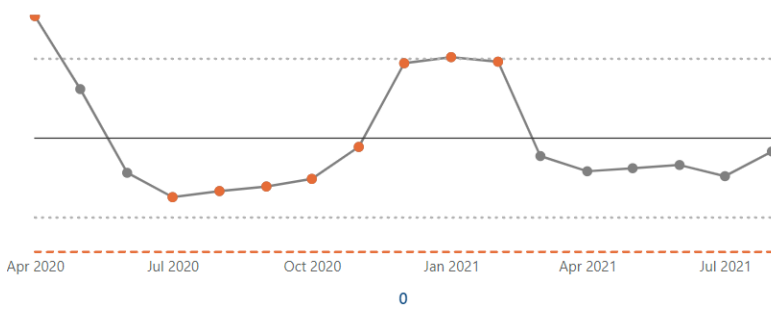
Non-COVID-19 sickness absence



Non-COVID-19 sickness absence rates show common cause variation.

In August 2021, 5.27% staff were absent due to non-COVID-19 related sickness. Expected performance is between 5.0% and 5.4%.

COVID sickness absence



Target Aim COVID-19 sickness absence rates show common cause variation.

Lower

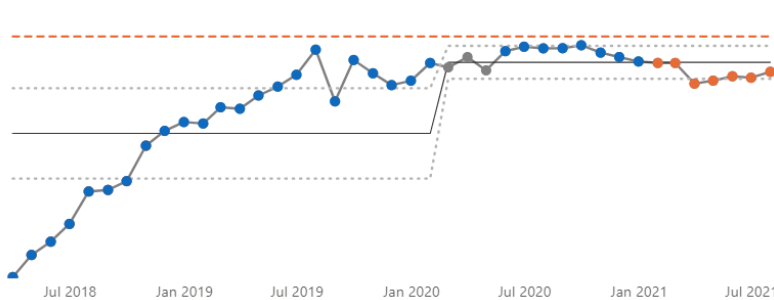
Assurance In August 2021, 0.66% staff were absent due to COVID-19 related sickness. Expected performance is between 0.2% and 1.3%.

Variance

Core Skills and Training Framework (CSTF)

Compliance for staff completing all level 1 competencies of the CSTF shows a declining trend. Ongoing pressures have seen priorities shift from mandatory core skills training, however, a new post has now been recruited within the Learning and Development department with a focus on improving learning compliance and aim to target individual departments/services showing a decline in compliance through telephone support, user friendly guides and facilitating face to face sessions.

% staff with all Core Skills level 1 competencies



Target Aim Core skills compliance rates show special cause concerning variation in August 2021. The national target will not be consistently met until a review of the service is embedded. Expected performance is between 82.1% and 84.4%.

Higher

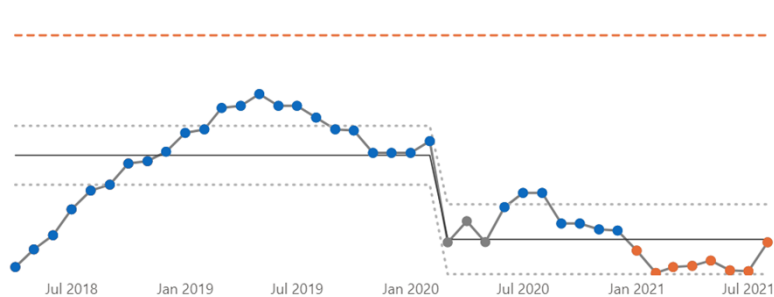
Assurance

Variance

Personal Appraisal and Development Review (PADR)

Compliance for staff having a PADR with their manager in the previous 12 months continues to show a declining trend. The Organisational Development team have increased virtual training sessions on 'Managing Performance' to twice monthly, development of support videos on how to complete PADRs are on track for completion by end of September 2021, and the next quarterly acute site visit to promote completion of PADRs has now been arranged for 18th October 2021 at Bronglais General Hospital (BGH).

% staff appraisal in the last 12 months



Target Aim PADR compliance rates show special cause concerning variation in August 2021. The national target will not be consistently met until a review of the service is embedded. Expected performance is between 64.7% and 70.6%.

Higher

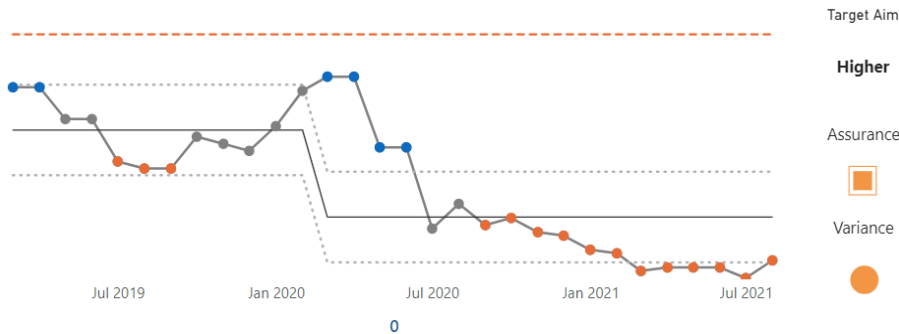
Assurance

Variance

Job Planning

82% of consultants/SAS doctors have a job plan, however, only 26% are up to date. An interim target of 70% compliance by 30th September 2021 has been set. A significant number of Job Plans are in the system awaiting finalisation and are due to be signed off this month. Once they have been signed off, it will increase the total of up to date job plans to 63%.

Consultants/SAS Doctors with current job plan



Performance has been consistently below 30% since January 2021. The 90% target is yet to be achieved and will not be met until a review of the service is embedded. Expected performance is between 25% and 51%.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee (PODCC) is asked to consider the PODCC measures from the Performance Assurance Report and advise of any issues arising.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Not applicable
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	<ol style="list-style-type: none"> 1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	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:	NHS Wales Delivery Framework 2020-21 Improving Together 2021
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable