



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 April 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisation Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Annmarie Thomas, Assistant Director of Workforce (Resourcing and Utilisation)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

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 28th February 2022.

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;
- Agency spend as a % of total pay bill;
- 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;
- Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation;
- Percentage of sickness absence rate of staff;
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job;

- Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework;
- 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);
- 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;
- Percentage of employed National Health Service (NHS) staff completing dementia training at an informed level;
- Variable pay (agency, locum, bank & overtime: monthly position).

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 & Education Strategy.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- a) Consider the performance NHS Delivery Framework metrics below and advise of any issues arising that are required to be escalated to the next Public Board meeting:
 - PADR/medical appraisal.
 - Sickness absence.
 - % core skills and training framework compliance (level 1 competencies).
 - % staff who come into contact with the public who are trained in an appropriate level of dementia care.
 - Consultants/Staff and Associate Specialist (SAS) doctors with a job plan.
 - Consultants/SAS doctors with an up to date job plan (reviewed within the last 12 months).
- b) 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.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 7. Staff and Resources
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 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:	Data extracted from a range of workforce information systems.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable.

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



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	1173	266	23%	76%
2022 Sample in January	1173	269	23%	78%
2022 Sample in February	1173	237	20%	75%

Engagement Score by Staff Group

Role	Dec-21	Jan-22	Feb-22
Administrative and Clerical	80%	77%	77%
Allied Health Professionals	79%	78%	78%
Estates, Facilities & Support Services	73%	71%	71%
Healthcare Scientists	78%		
Medical and Dental	73%	74%	74%
None of these	80%	77%	77%
Nursing and Midwifery	70%	78%	78%
Other Clinical Services	74%	82%	82%
Other Scientific and Technical	82%		

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

Current Performance

Staff Engagement in January higher than previous NHS Wales surveys and has also increased from the December 2021 rate, however we have seen a slight drop in February in response rate and engagement score.

Performance Against Trend

The response rate for December and January has remained at 23% but dipped in February to 20%. Compared to the 2020 NHS Wales survey February response rate is higher however engagement has dropped very slightly

Future Positive Actions

We are looking at many new methods to capture staff views in easy and accessible ways. This survey will be sent to a random sample of employees every month to monitor an ongoing measure of staff experience.



Current Performance

The Health Board are not meeting the 12 month reduction trend for variable pay spend.

Performance Against Trend

Whilst agency spend as a percentage of the total pay bill has reduced since November 2021, it is higher than both December 21 and January 2022. It is also significantly higher than the same period last year, when agency spend as a percentage of the total pay bill was 3.98%.

Whilst variable pay has reduced since November 2021, at £6,950,811, it is higher than both December 21 and January 2022. This is largely driven by an increase in bank pay, the monthly cost for February 2022 being the highest monthly cost in 2021/22 to date. It is also significantly higher than the same period last year, when variable pay was £4,918,574.

Future Positive Actions

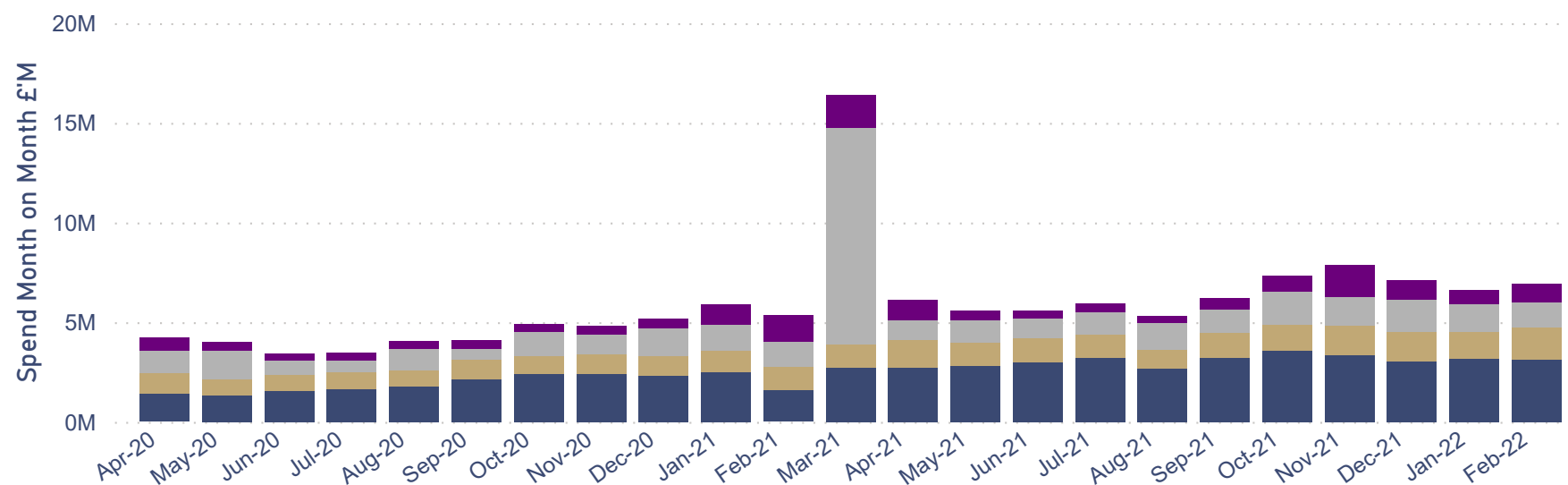
A new vacancy in the Workforce Efficiency team has been successfully recruited to, increasing capacity to focus on efficiency related activities during 2022/23. A workforce efficiency plan has been developed, which identifies a number of Health Board-wide schemes that will could deliver results in workforce efficiency and effectiveness. Regular meetings are held with the main supplier of agency staff and targeted work ongoing to identify exit strategies for high cost or long-term agency staff. A dashboard on medical agency spend is in development which will help to identify areas of focus.

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

Month Name	2020/2021	2021/2022
April	3.36%	6.84%
May	3.19%	7.04%
June	3.45%	7.47%
July	3.89%	7.95%
August	4.58%	7.01%
September	5.07%	6.79%
October	5.84%	8.33%
November	6.23%	7.77%
December	6.07%	7.18%
January	6.92%	7.15%
February	3.98%	7.08%
March	3.12%	

Variable Pay Month on Month

● Sum of Agency ● Sum of Bank ● Sum of Locum ● Sum of Overtime



Current Performance

Submitted in January 2021 by the HEIW deadline

Submission of Education and Commissioning Template to HEIW on 28th February as per deadline.

Performance Against Trend

Two ongoing queries to resolve over longer term Physician Associates and WAST

Advanced Paramedic Practitioners Pipeline discussions.

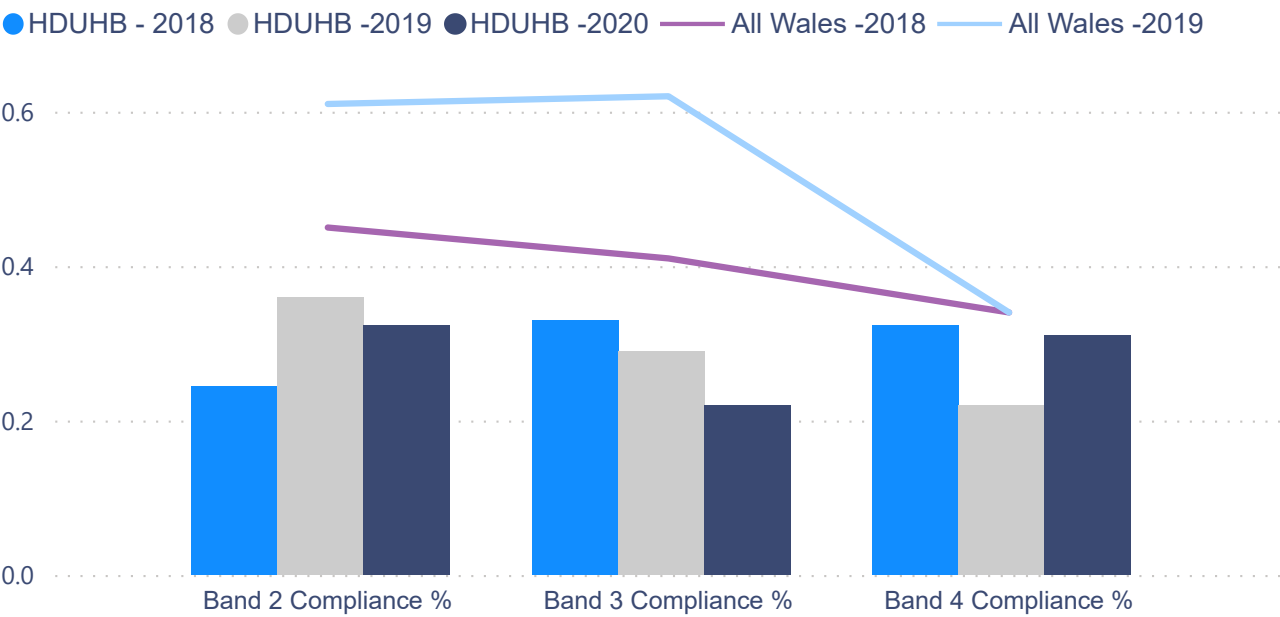
Future Positive Actions

▲

Process: Lessons learnt activity from 22/23 commissioning to be undertaken and recommendations implemented for next year.

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.

Career Framework Data



Current Performance

HDUHB annual performance fluctuates considerably due to Covid-19 mass recruitment and changes in system reporting. The data recording mechanism used is now through ESR, providing accuracy for future data collection.

The ESR reporting was a pilot for HEIW, with only two Health Boards having reached this milestone.

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.

We are still awaiting 2020 All Wales data.

Career Framework- Percentage with requisite level of health related qulaification.

Profession	% Level 2	% Level 3	% Level 4
Bank Staff (on Bank only contracts)	2.1%	8.8%	37.5%
CAMHS	0.0%	58.3%	100.0%
Dietetics	0.0%	0.0%	0.0%
Nursing & Midwifery	25.7%	33.3%	43.2%
Occupational Therapy	0.0%	36.4%	28.6%
Other Allied Health Discipline	0.0%	0.0%	58.3%
Physiotherapy	0.0%	39.1%	57.9%
Podiatry	0.0%	0.0%	0.0%
Radiology	0.0%	14.3%	0.0%
Speech and Language service	0.0%	100.0%	17.6%
Welsh Blood Service	0.0%	0.0%	0.0%

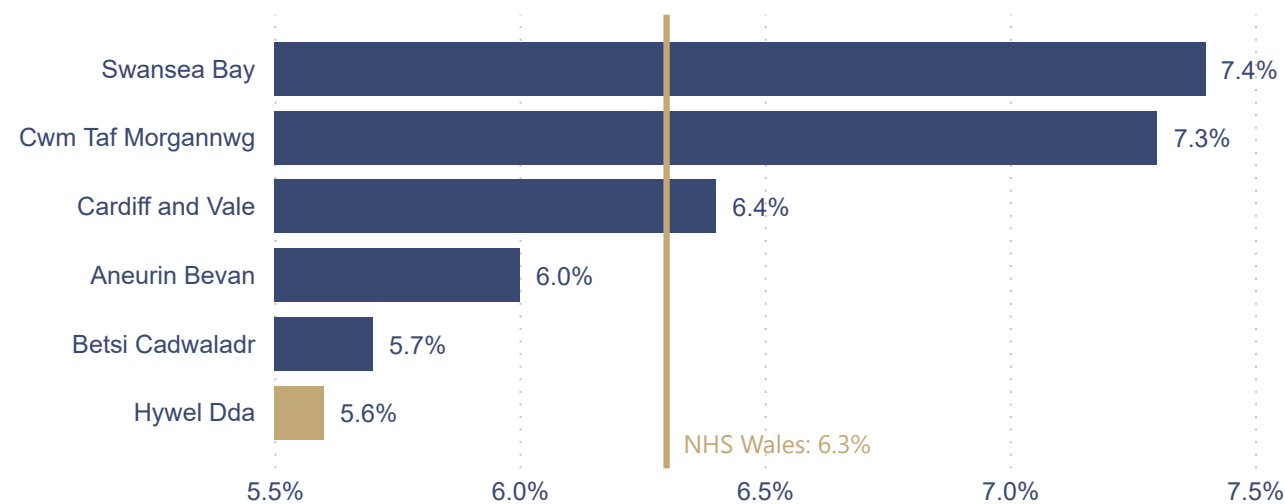
Future Positive Actions

L&D continue to cleanse data and input all qualifications towards the framework in ESR, creating one source of truth. A dedicate role is now in place to support services to reach compliance.

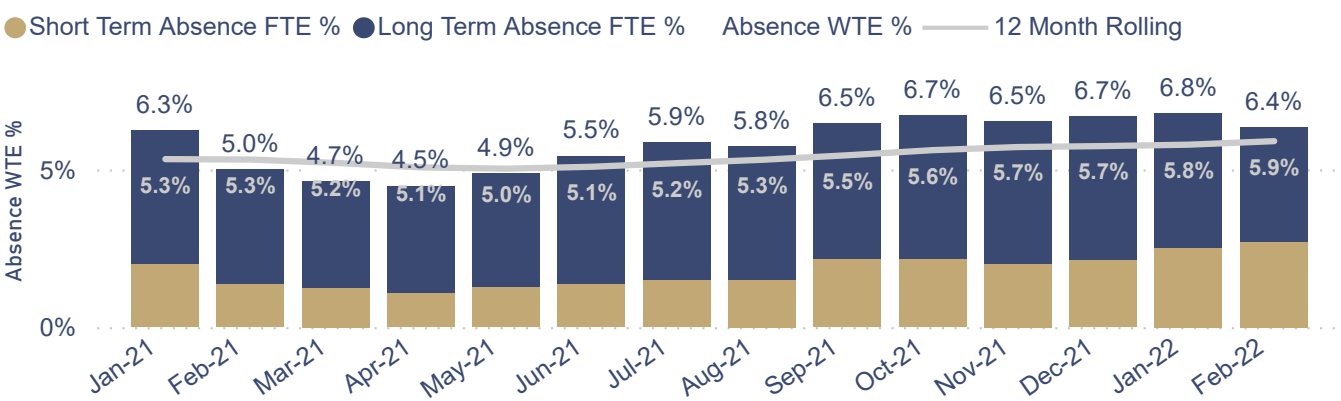
Qualifications are being developed to allow for Band 4 achievement.

Attendance at senior management meetings for services to promote All Wales Compliance against Target.

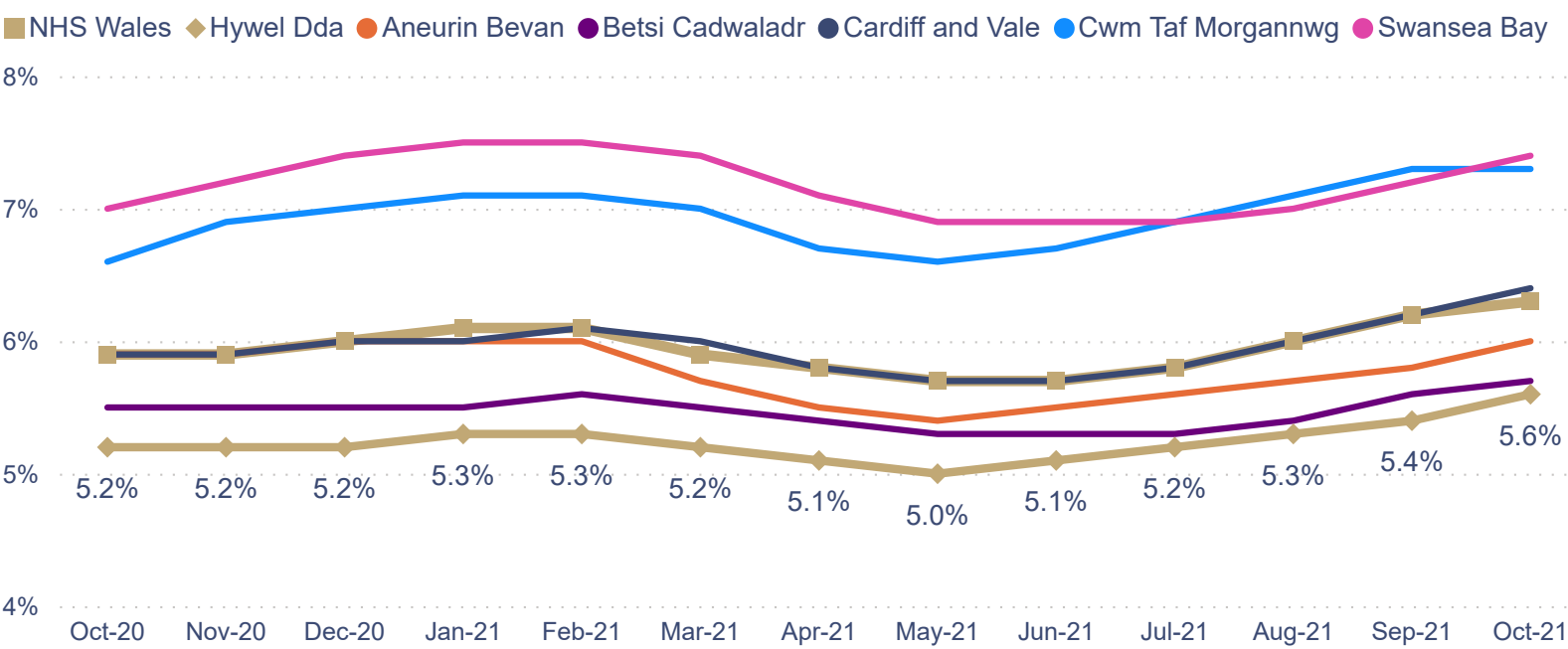
12 month rolling sickness absence rates (UHBs only) to October 2021



Hywel Dda Sickness Absence Month on Month by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Oct '20 to Oct '21



Current Performance

In February, we started to see a reduction in sickness absence levels across 8 of the 14 broad areas we report on. However, the reduction is minimal at present and was insufficient to make a positive impact when compared with figures for the rolling 12 month and monthly figures in February 2021. As we head into spring, we anticipate that we will continue to see a downward trend in reported absence levels.

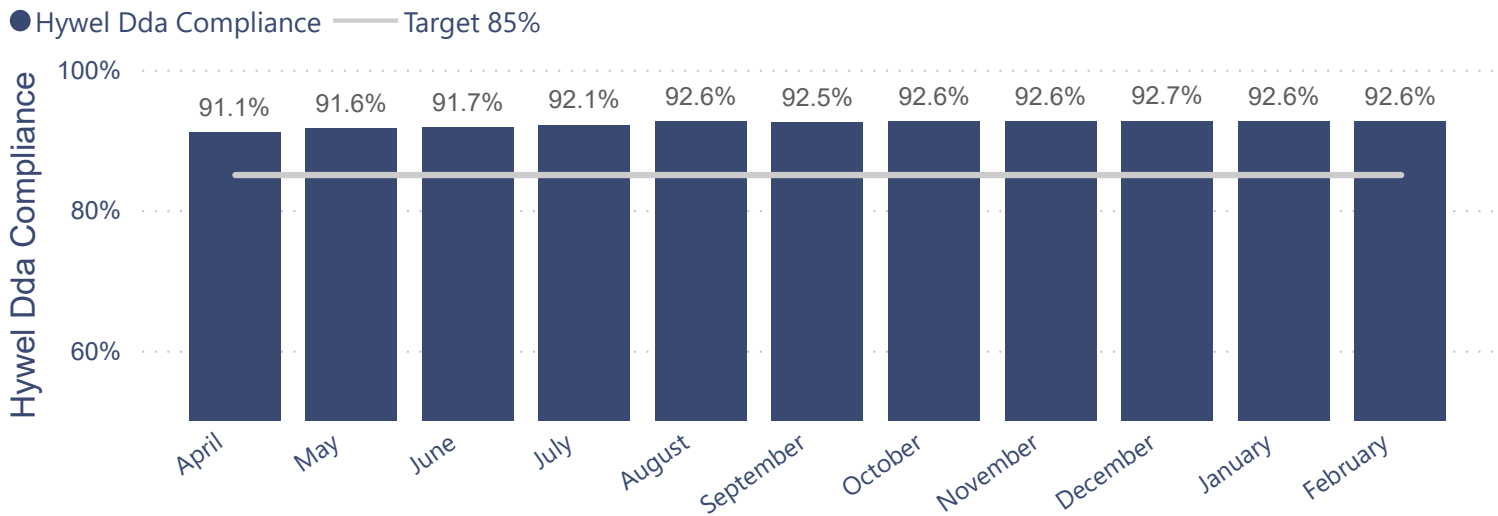
Performance Against Trend

Whilst we have seen a slight dip in absence levels across all 3 types of absence - general sickness absence, Covid and self-isolations as previously anticipated, the drop is marginal at present. However, the work of the Command Centre capturing the weekly absence snapshots suggests that this downward trend will continue into March.

Future Positive Actions

Workforce continues to offer support and advice to managers in the management of both short and long term sickness absence. We are also in the process of enhancing our data capture of case work in relation to the management of sickness absence which will feed into the broader development work of an ESR Case Management system.

Percentage of Staff completing Dementia Training at an Informed Level



Current Performance

HDUHB trend continues to increase and above target.

Performance Against Trend

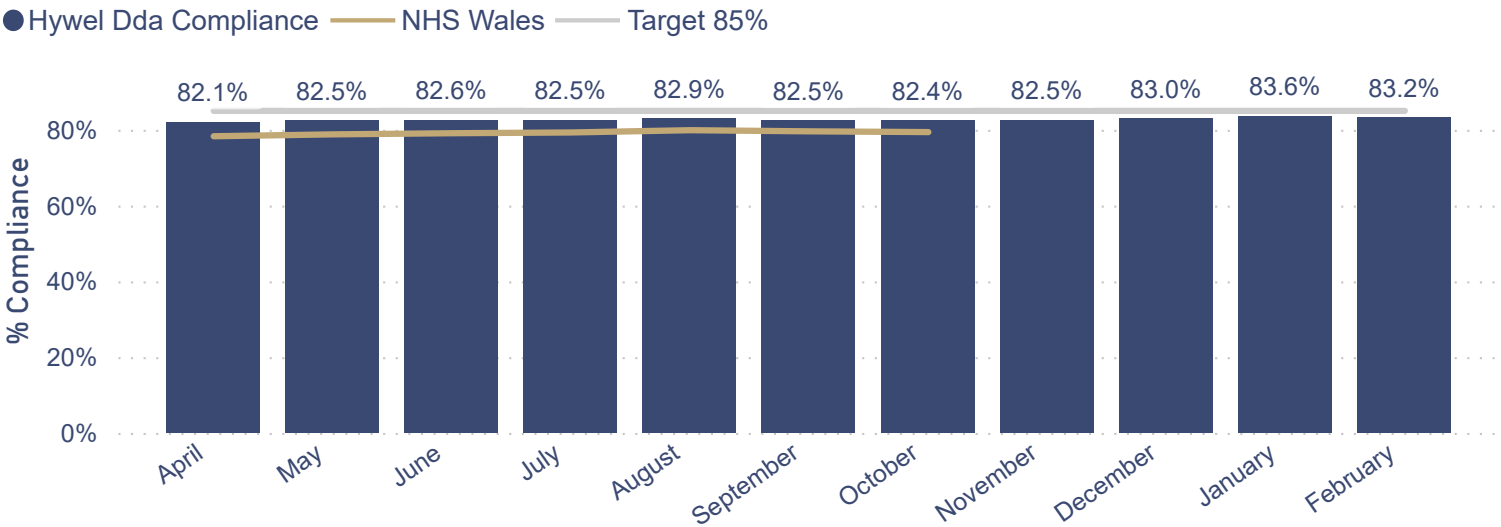
HDUHB are significantly above the Welsh Government target of 85%.

Future Positive Actions

L&D have implemented a support package to drive compliance involving L&D targeted support



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



Current Performance

HDUHB are currently in a decline position, currently in special concern measures. The factors contribute to decline in compliance include mass onboarding due to Covid-19. Lack of face to face IT/E-learning Support and National issues with ESR learning platform, which created further non-compliance due to access issues for a considerable duration. Service pressures, not able to release staff for training.

Performance Against Trend

Currently below the 85% target, but maintaining a higher compliance rate when compared to NHS Wales.

Future Positive Actions

L&D implementing new support package to drive compliance involving L&D targeted support.

L&D will deliver support packages to targeted departments/services with low compliance working with managers to improve compliance offering support via telephone and user friendly support guides including the creation of Video support.

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



Percentage of Staff from December 21 and January 22 engagement Survey who Strongly Agree or Agree that thier PADR helps improve how they do their job

December
66.17%

January
66.91%

February
65.40%

Performance Against Trend

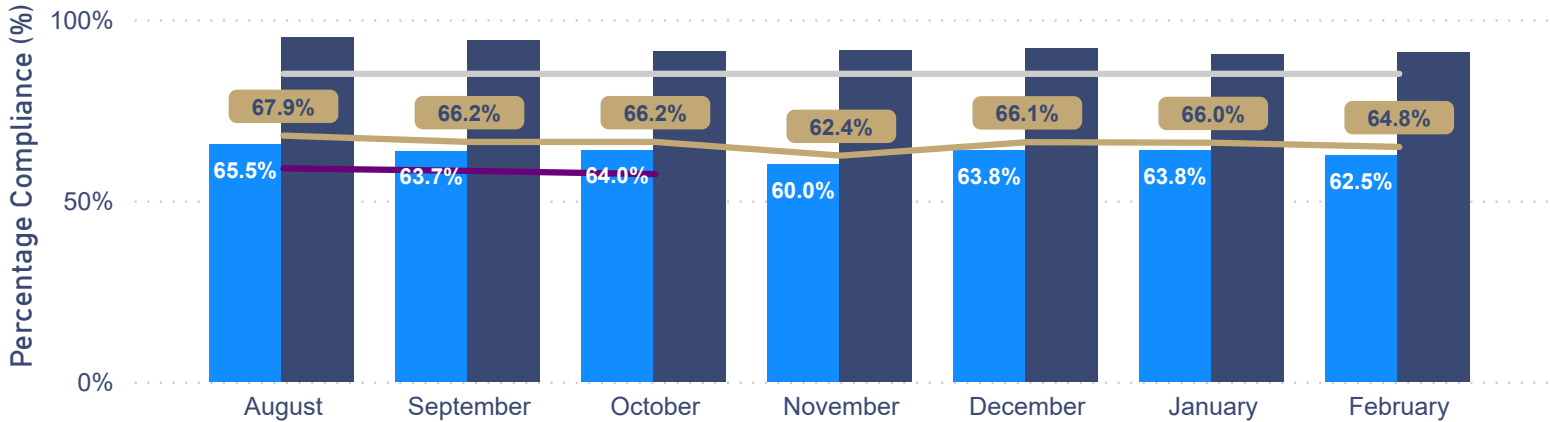
Largely stayed on trend in low 60% compliance
Although below target of 85% we are performing better than the all Wales position of 57.3%

Current Performance

Currently below the target of 85%

PADR Compliance to NHS Wales Performance and Target of 85%

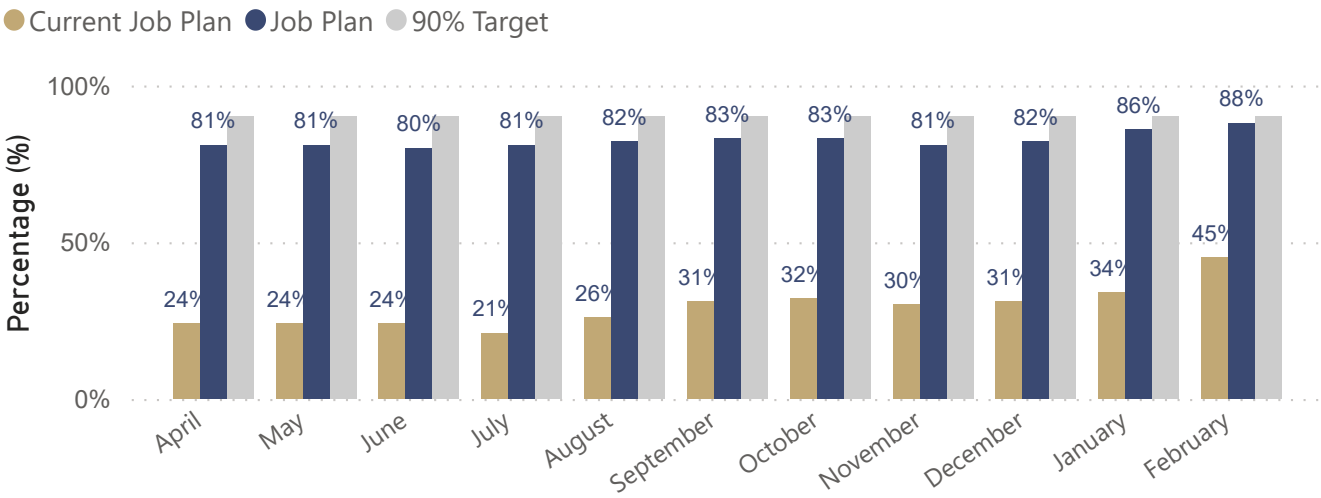
● PADR AfC Compliance ● M&D Appraisal Compliance — Combined Compliance — NHS Wales — Target 85%



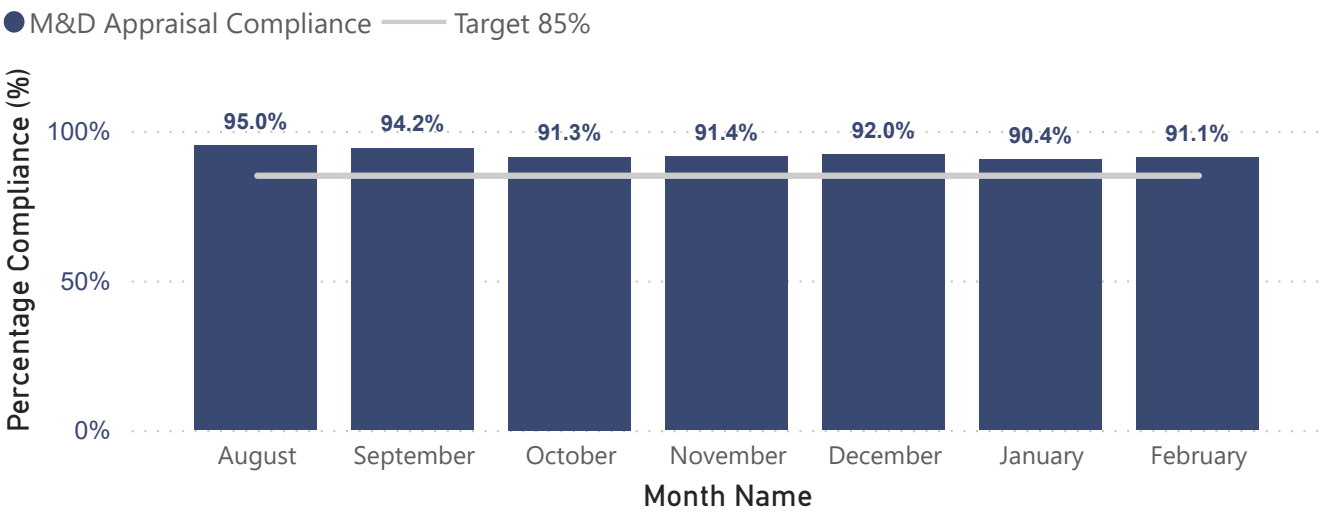
Future Positive Actions

Work is continuing on the PADR agenda with virtual training sessions being increased to weekly. 103 members of staff have attended in this reporting period. The Culture & Workforce Experience team are completing work on support videos, estimated completion April 2022.

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



Medical Appraisal Compliance Performance against Target of 85%



Current Performance

In February 2022, we achieved 45% compliance, against the target of 90%. Service pressures resulting from the fall out of the COVID pandemic continue to impact on the time available for the completion of job plan reviews. However, an improvement in compliance was seen in February due to a new member of staff joining the Job Planning team in December 2021, this has helped to ensure increased support to the services and helped to monitor compliance. The need for fully signed off up to date job plans to enable a move to the new SAS Doctor contract has also helped to ensure a rise in the numbers of SAS doctors reviews undertaken.

M&D Appraisal rates are consistently above the 85% target.

Performance Against Trend

Risk of not achieving 90% target of Consultants/SAS Doctors having a current job plan in place.

Mitigation: In addition to the 45% of doctors working to fully signed off and up to date job plans, there are a further 23% (101) job plans fully completed and awaiting full sign off, with a further 13% (55) in process on the system. In the event that all these are completed and fully signed off, this will bring the total up to date job plans to 81%.

Future Positive Actions

Job plans currently awaiting sign-off and in discussion will be targeted for completion. Timescale: March 2022.

Job plan statistics continue to be provided on a regularly to Service Delivery Managers to monitor compliance and identify any outstanding job plan reviews.

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: Assistant Director of Workforce (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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Compliance for staff appointed into new roles where an Adult or Child barred list check is required.

Note : All overseas doctors would have provided Overseas Police Checks as they cannot have a DBS until they have been in UK for 6 months

DBS Checks Processed

Month Name	Adult Barred Lists	Child Barred Lists	Overseas Doctors	% Compliance
July	119	123	6	100%
August	134	132	8	100%
September	180	181	3	100%
October	151	154	4	100%
November	143	143	6	100%
December	84	83	6	100%
January	176	169	3	100%
February	128	126	1	100%

Current Performance

Data set agreed with Workforce Digital Information and monthly reporting confirms HDUHB compliance consistently at 100% for staff appointed via Trac into positions where a adult barred list check is required

Data set agreed with Workforce Digital Information and monthly reporting confirms HDUHB compliance consistently at 100% for staff appointed via Trac into positions where a child barred list check is required

Performance Against Trend

Performance is Consistently 100%

Future Positive Actions

No further actions required as performance is 100%