



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 December 2023
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:	Michelle James, Head of Resourcing and Utilisation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

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 of 31 October 2023 (unless stated otherwise for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements. Targets have been identified against the eight strategic statements of intent in the 10-year strategy to demonstrate the link between the target and progress in delivery of our strategy. The dashboard in Appendix 1 is produced bi-monthly with the full range of metrics and Key Performance Indicators (KPI's) presented 6 monthly to PODCC in February and August.

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 19% in September 2023, however, there has been a 3% drop in October back to 16%. Ways to increase participation are continually being explored.
 - More detailed methods of reporting are being explored with the focus on maintaining anonymity.
- Agency spend as a percentage 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.
 - There has been a 28% reduction in the number of Allied Health Professional (AHP)/ Healthcare Staffing Solutions (HSS) agency workers engaged with the Health Board since April 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.
 - Following the refresh of data in January 2024 an action plan will be developed to drive compliance.
- Percentage of sickness absence rate of staff.
 - Hywel Dda University Health Board's 12 month rolling rate is lower than 4 of the other 5 large Health Boards and is equal to the NHS average rate which contains all NHS organisations in Wales.
 - The rolling rate of 6.2% is 1.41% above the Health Board target of 4.79%.
 - Whilst we are seeing an increase in absence % we have maintained a lower percentage than that in October 2022.
- Qualitative report providing evidence of available 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 3 staff groups that are below the 85% target: Additional professional scientific and technical (83.2%), Estates & Ancillary (80.9%) and Medical & Dental (47.4%). These rates continue to increase.
- 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 67.5% in October 2022 to 75.0% in October 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 63.5% in April 2023 to 75.8% in September however October saw a reduction to 68.9%.
- Percentage of staff who have had a medical appraisal in the previous 12 months (excluding Doctors and Dentists in training) and Consultant/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 or child barred list check is required.
 - October 2022 saw 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 DBS being returned. This was to ensure the Apprentice could start on their employment and educational pathway. A

Disclosure and Barring Service (DBS) was received after commencement which contained no information.

- July 2023 saw the only other drop from 100% where a staff member started prior to their DBS check being completed however a risk assessment was undertaken. During routine reporting this was identified, mitigating action taken with learning put in place for the Appointing Manager concerned. A DBS has now been received which contained no information.

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 & Education Strategy.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee 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 Termiau: Glossary of Terms:	Included 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:	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

Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.



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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

Workforce Experience
This target aligns to the following statement of intent:
3 - Engaging our Staff



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%
2023 Sample in September	972	182	19%	74%
2023 Sample in October	988	161	16%	74%

Engagement Score by Staff Group

Role	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Administrative and Clerical	71%	76%	76%	77%	76%	74%	72%	76%	74%	75%	76%
Allied Health Professionals	73%	73%	74%	79%	71%	69%	79%	81%	71%	72%	77%
Estates, Facilities & Support Services					79%	82%		58%			
Healthcare Scientists	63%		80%	69%			67%	63%	73%		
Medical and Dental	77%	73%	73%	65%	57%	63%	77%	71%	56%	66%	73%
None of these	82%		83%					70%			
Nursing and Midwifery	75%	72%	74%	73%	73%	78%	77%	75%	76%	75%	71%
Other Clinical Services				70%	71%		73%	63%		76%	83%
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 rose in June 2023 to 76% which is the highest it has been since July 2022, it has since fallen to 74%.

Performance Against Trend

The response rate had remained at 18% from April through to July 2023, however this has dipped to 16% in October 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.

Operational Delivery Lead: Senior Workforce Manager – Workforce Efficiency

This target aligns to the following statement of intent:

8 - Developing Workforce Efficiency and Effectiveness



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

Since April 2023, total agency spend as a percentage of the total pay bill has been on a downward trajectory. Total agency spend as a percentage of the total pay bill during September and October 2023 is at it's lowest since the same period in 2020/21.

Future Positive Actions

Nursing

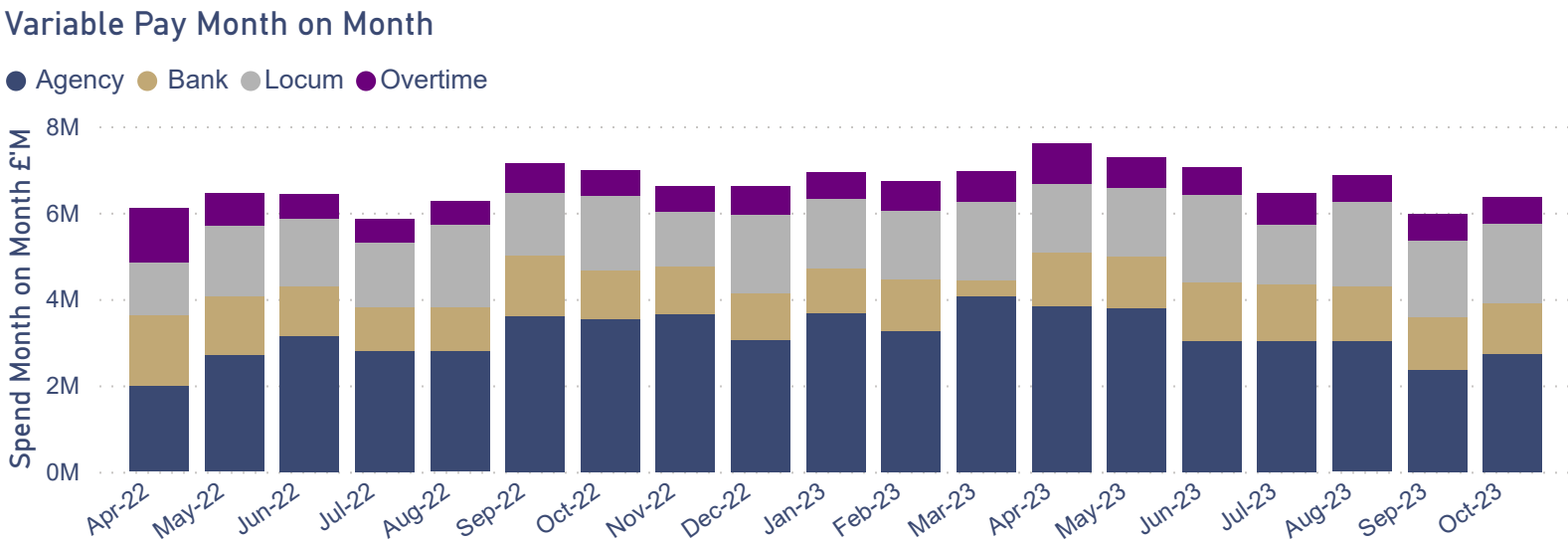
39 internationally educated nurses (IEN) are in the process of obtaining their Band 5 PIN. From the September 2023 cohort, 3 out of 24 candidates have successfully passed their Objective Structured Clinical Examination (OSCE). The remaining 21 candidates from this group are scheduled to retake their (OSCE) training between November 10th and 15th. The October cohort of 18 candidates will undertake their OSCE exam on December 11th 2023. These nurses will mainly be placed in Bronglais and Wthybush General Hospitals. This cohort will be the final placed as the IEN programme is paused from October 23.

On-framework controls have been implemented, providing agencies with a 7-day notice period down from 28 days to cover unfilled shifts, with reviews ongoing in areas where this hasn't been implemented. This approach prioritises the utilisation of additional hours, overtime, and bank resources. An evaluation of the introduction of additional shifts (tiles) is ongoing and a process being established to ensure these are authorised before being added to rosters. In our commitment to continuous improvement, we have initiated a Nurse User Group, with its inaugural meeting scheduled for December 5th. This group will review and enhance current roster practices, including roster sign-off, time balance management, effective rostering, temporary staffing usage, and strategies to minimise under and overpayments.

Medical / Allied Health Professionals (AHP / HSS)

All requests for agency workers that are Non-Direct Engagement (incur VAT), exceed three months or incur a total charge of £160+ an hour are escalated to the Financial Control Group for approval. Since April 2023, there has been a 28% reduction in the number of AHP / HSS agency workers engaged with the Health Board.

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%	4.81%
October	5.84%	8.33%	6.94%	5.25%
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%	



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.

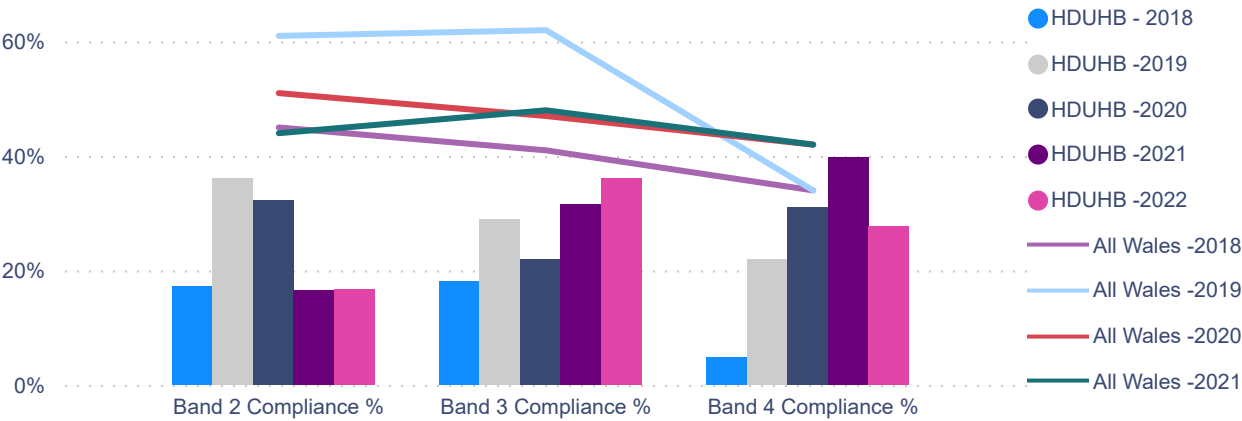
Operational Delivery Lead : Learning & Development Manager
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future



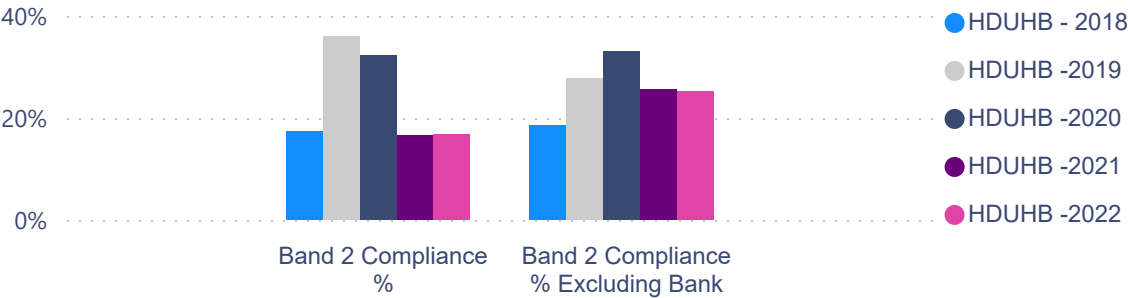
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Career Framework Data



Impact of Bank Compliance on Career Framework Data



Current Performance

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

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.

Future Positive Actions

The Strategic People Planning and Education Group will have oversight of the data relating to the AWCf and oversee improvement. Following refresh of the data in January 2024, a deep-dive will be carried out, along with an action plan to drive compliance.

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	0.0%	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.

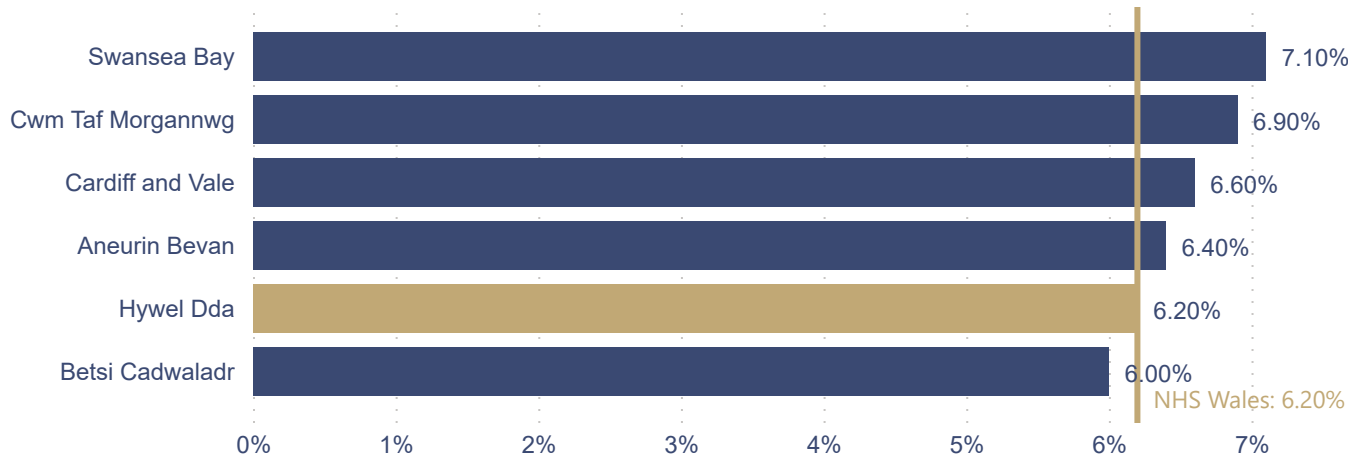
Headcount

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

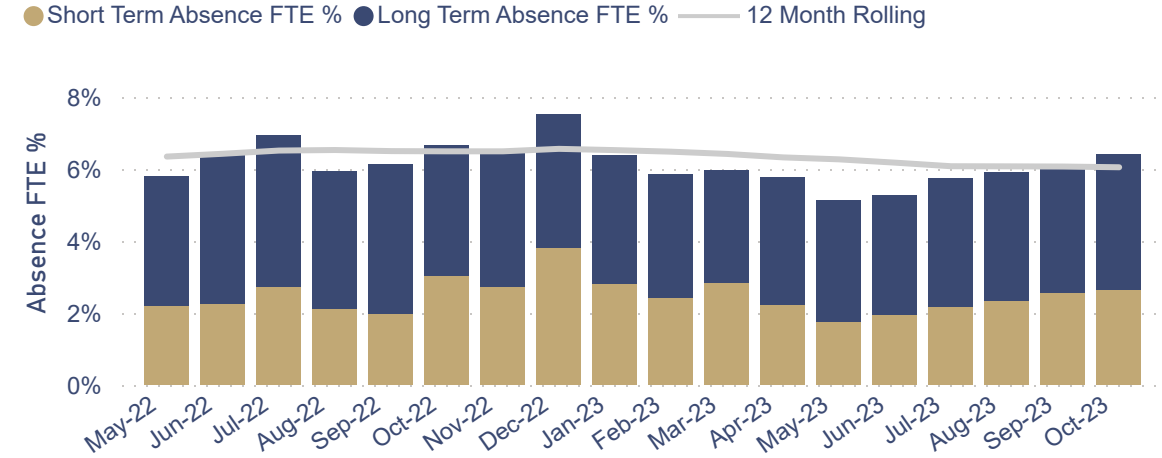
Workforce
This target aligns to the following statement of intent:
3 - Engaging our Staff



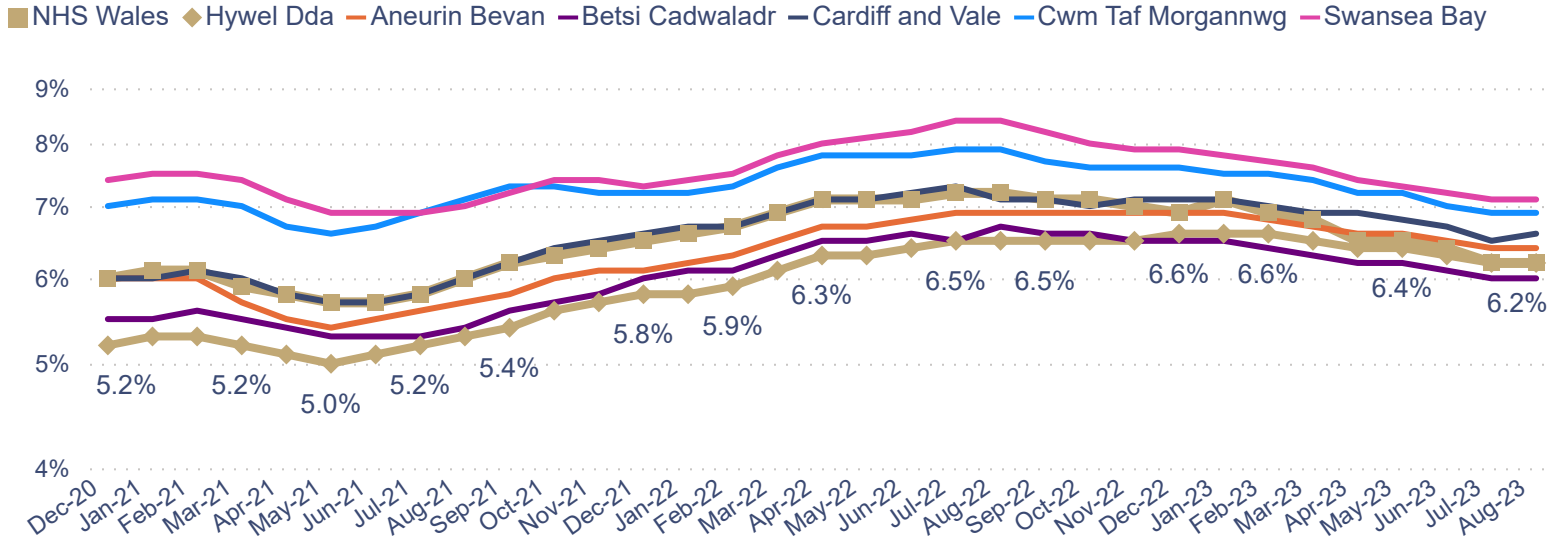
12 month rolling sickness absence rates (UHBs only) to August 2023



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



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



Current Performance

In the rolling 12 month period we have seen fluctuating absence levels around 6% and anticipate that this may peak again this winter. It is pleasing to note the reduction in the rolling 12 month period of 0.2% since the last report.

Performance Against Trend

HDUHB data remains consistently lower than the majority of the other UHBs in Wales based on the latest data set. Whilst the average rolling 12 month figure reported is 6.2 %, the same as our rolling 12 month figure, it should be noted that this figure is based on 13 NHS organisations in Wales, some of which are much smaller organisations. If we were to look at the rolling 12 month average against the 5 other HBs we benchmark against as most comparable, the average rolling 12 month figure would be 6.5%.

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.

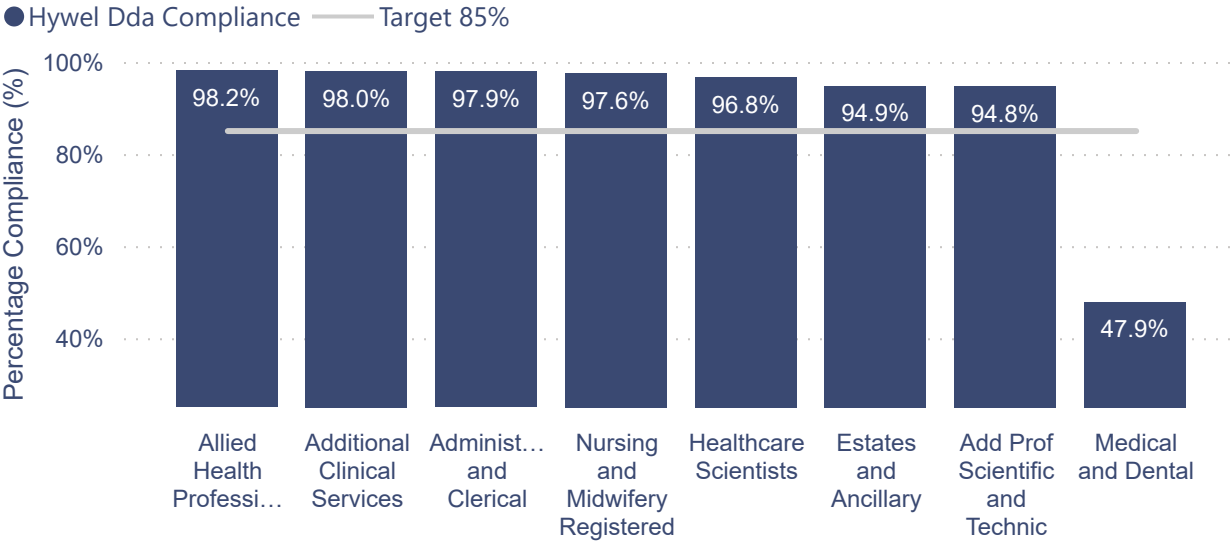
level Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams



Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



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.

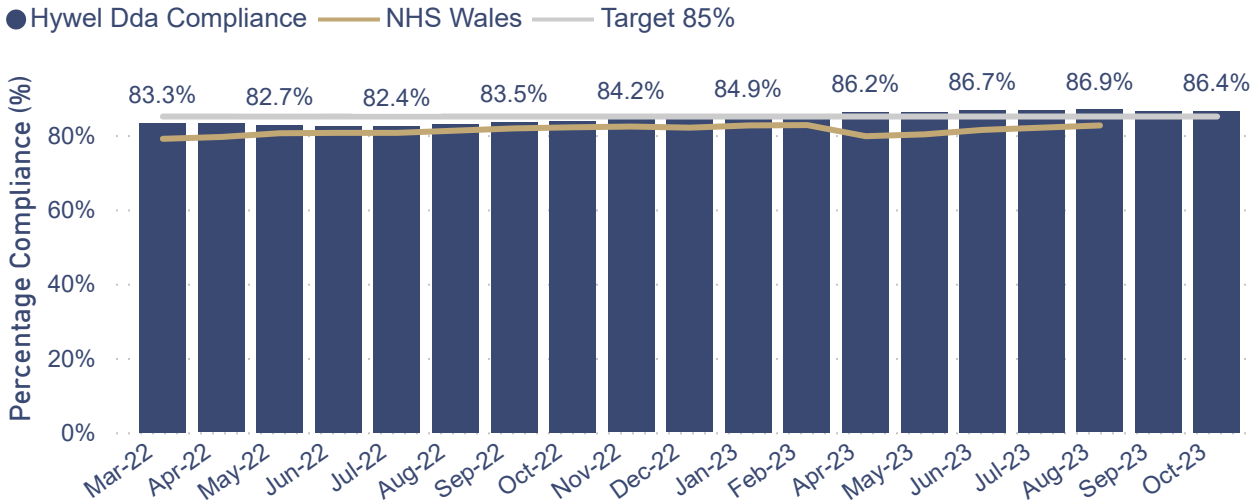
Future Positive Actions

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.

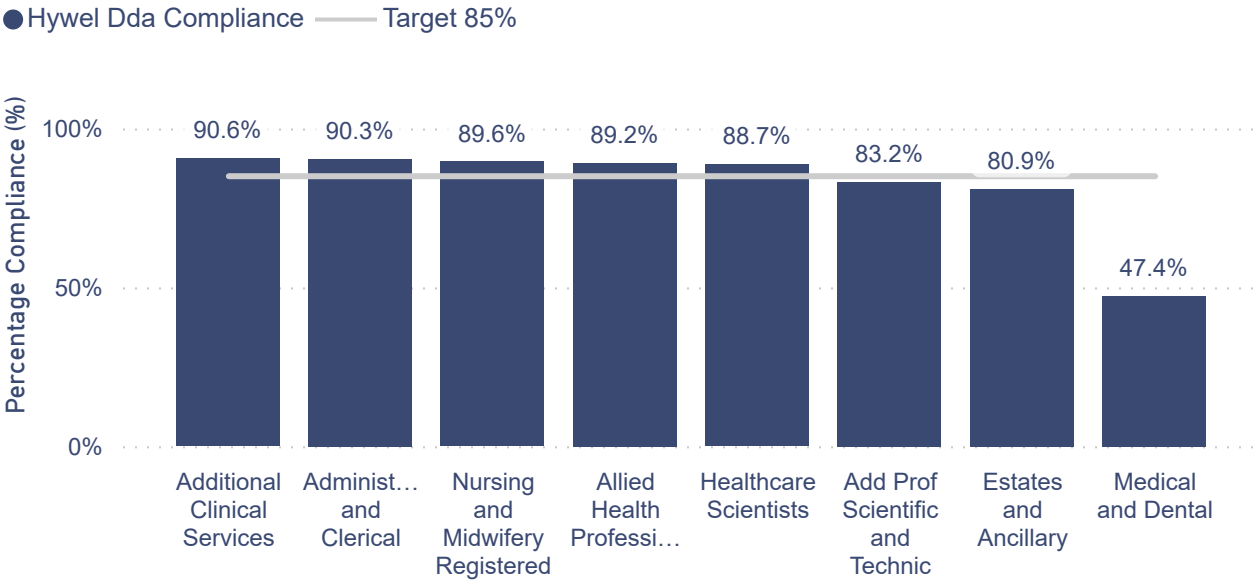
Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams



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



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



Current Performance

Since the last report, there has been some small declines in % due to a combination of factors; recent technical issues with Infection Prevention Control and Information Governance eLearning modules have impacted all staff groups. A data cleansing exercise to rectify this is currently underway.

Performance Against Trend

Estates and Medical Dental continue to show small yet positive increases in compliance. An issue with attendance at mandatory training remains amongst medical staff. We usually see a decline in compliance at this time of year due to large numbers of staff needing to renew their competencies around the anniversary of their employment. This peak in renewals coincides with previous winter pressure recruitment campaigns.

Future Positive Actions

Any future data cleansing requirements will be carried out in time for PODCC reporting to provide a more accurate reflection of mandatory training compliance. The Head of Medical Education continues to work closely with the People Development Service to improve attendance of medics at mandatory 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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Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

Apr-23

63.5%

May-23

69.6%

Jun-23

70.3%

Jul-23

71.8%

Aug-23

64.1%

Sep-23

75.8%

Oct-23

68.9%

Current Performance

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

Performance Against Trend

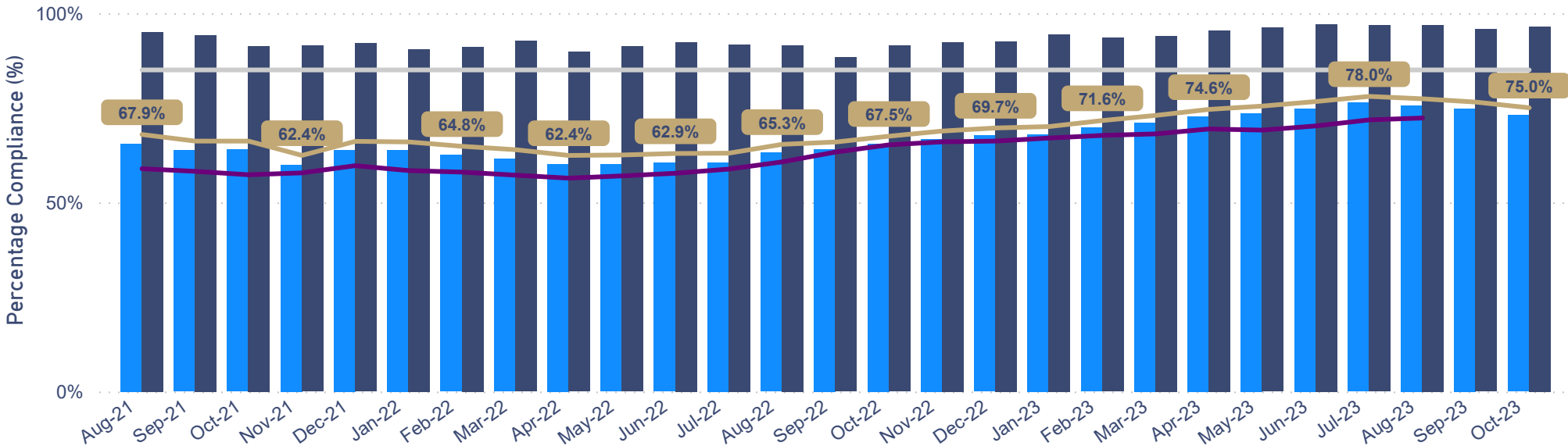
The Culture & Workforce Experience team are currently liaising with the L&D department to improve the booking system and increase engagement.
There has been a slight decline in compliance 76.51% in September to 75% in October, which could be due to service pressures

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%

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



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

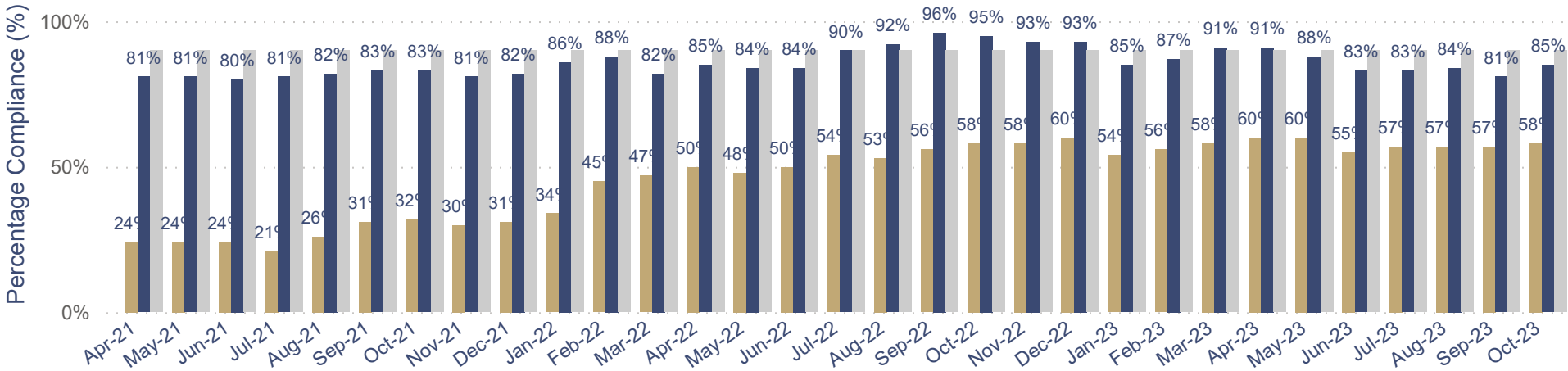


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Consultants/SAS doctors with a Job Plan (Current is within 12 Months)

Current Job Plan Job Plan 90% Target



Current Performance

We have maintained steady 57% during July, August and Sept – Slight improvement in October. Slow progress is due to numbers of job plans expiring.

Performance Against Trend

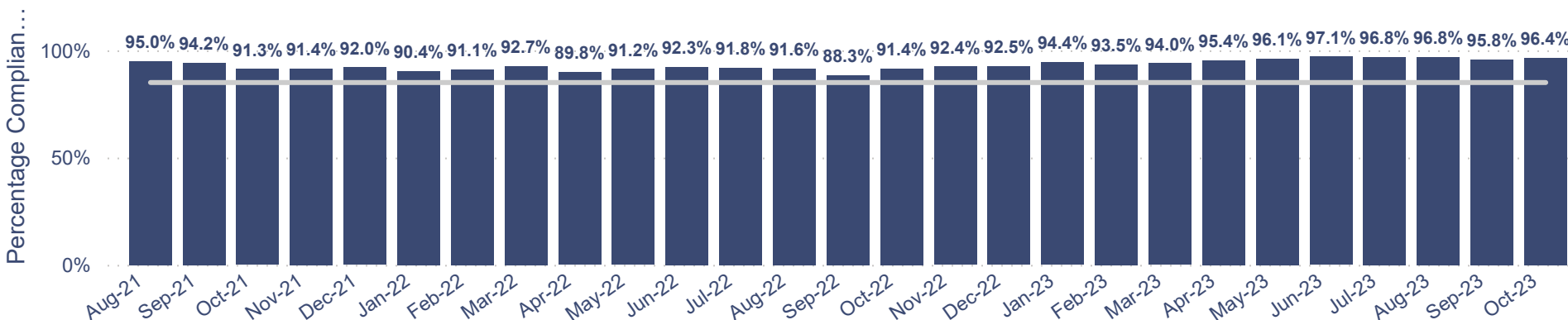
Continuing to make progress, clear improvement on previous years.

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 provided to doctors available via Teams session.

Medical Appraisal Compliance Performance against Target of 85%

M&D Appraisal Compliance Target 85%



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



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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; a risk assessment was completed after starting. A DBS has now been received which contained no information.










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	New Starters - Overseas	% 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%
Sep-23	170	171	5	100.0%
Oct-23	200	193	6	100.0%

				
	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.
	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.
	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.
	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.
	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

