

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2024
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 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 30 April 2024 (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 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 has increased slightly from February's 10% rate up to 14%. Ways to increase participation are continually being explored.
 - More detailed methods of reporting are being explored with the focus on maintaining anonymity.
 - The Engagement score saw a dip in March 2024 down to 70%, however this has returned to 75% in April 2024.

- 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 is a plan to bring in an escalation process for all on contract framework agency in phases with phase one being commenced by the end of the first quarter.
 - There continues to be 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 2023, however it is likely that this will not be shared until late 2024.
 - Following the refresh of data in January 2024 an action plan will be developed to drive compliance in August's Strategic People Planning and Education Group (SPPEG).
- Percentage of sickness absence rate of staff
 - The rolling rate of 6.3% is 1.51% above the Health Board target of 4.79%.
 - Whilst we are seeing a consistently high absence % we have maintained an improving trend in month from January 2024 to April 2024 with almost a 1% reduction for the in-month rates.
- 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 been maintained for the last year at slightly above our 85% target.
 - We have 2 staff groups that are below the 85% target: Estates & Ancillary (76.4%) and Medical & Dental (48.3%). 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 62.4% in April 2022 to 74.6% in April 2023 and further increased to 75.9% in April 2024.
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job
 - The rate has stayed between 64% and 72% between October 2023 to April 2024, with the peak being in February 2024 at 71.3%.
- 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)
- 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 Disclosure and Barring Service (DBS) check being returned. This was to ensure the Apprentice could start on their

employment and educational pathway. A 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 or a risk assessment being 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.

We have included statistical process chart (SPC) in relation to staff engagement, agency spend as a % of total pay bill, % sickness absence rate and the percentage of staff who have had an appraisal in the last 12 months.

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	1 Workforce Stabilisation
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.
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.**



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National Delivery Framework Target	Operational Delivery Lead
Percentage of sickness absence rate of staff	Head of Workforce
Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework	Clinical Education Manager
Agency spend as a % of total pay bill	Senior Workforce Manager – Workforce Efficiency
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
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	Future Workforce Programme Manager
Overall staff engagement score – scale score method	Head of Culture and Workforce Experience
Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Learning & Development Manager
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
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
Percentage of employed NHS staff completing dementia training at an informed level	Clinical Education Manager
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
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
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
Variable pay (Agency, Locum, Bank & Overtime: monthly position)	Senior Workforce Manager – Workforce Efficiency

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%
2023 Sample in September	972	182	19%	74%
2023 Sample in October	988	161	16%	74%
2023 Sample in November	997	152	15%	73%
2023 Sample in December	977	107	11%	72%
2024 Sample in January	939	135	14%	73%
2024 Sample in February	944	94	10%	76%
2024 Sample in March	935	120	13%	70%
2024 Sample in April	931	132	14%	75%

Engagement Score by Staff Group

Role	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Administrative and Clerical	76%	74%	72%	76%	74%	75%	76%	76%	74%	77%	75%	69%	75%
Allied Health Professionals	71%	69%	79%	81%	71%	72%	77%	77%	78%	69%	75%	69%	76%
Estates, Facilities & Support Services	79%	82%		58%							79%		
Healthcare Scientists			67%	63%	73%								
Medical and Dental	57%	63%	77%	71%	56%	66%	73%	73%	69%	73%		60%	78%
None of these				70%									
Nursing and Midwifery	73%	78%	77%	75%	76%	75%	71%	71%	70%	72%	75%	72%	77%
Other Clinical Services	71%		73%	63%		76%	83%	83%	70%				83%
Other Scientific and Technical	58%	78%		68%	72%								
Other									62%				

Note -

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

Current Performance

We saw a dip in March's engagement score to 70% the lowest figure reported since the inception of the Board Outcome Survey, however this rose back up to an above average score of 75% in April 2024.

Performance Against Trend

March and April's response rates were low, being 13% and 14% respectively.

Future Positive Actions

The Board Outcome Survey is being rebranded and relaunched in summer 2024 with the aim being to increase participation.

SPC taken from IPAR system measures.

Our overall score for staff engagement (Hywel Dda survey)



This indicator is showing expected (common cause) variation.

Expected performance is between 69.7% and 78.6%

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Apr 2024		Higher	74.70%	●	N/a	

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

Medical and Allied Health Professional agency spend in April 2024 was significantly lower than that in April 2023. All requests for Medical and AHP / HCS agency usage must now be approved by the Financial Control Group.

As of May 13, 2024, our nursing agency spend has reduced to 218.46 WTE in April. This is the lowest agency usage figure we've seen in the past 18 months. To ensure this downward trend continues, we're actively working to assign Phase 3 Internationally Educated Nurses (IENs) to areas where we can maximise agency reduction.

Performance Against Trend

Agency spend has remained below 5% of the total pay bill since November 2023.

Historically, January, February, and March are the months with the highest variable pay usage. This year has been consistent with that trend. While agency use has decreased, it's in line with the peak trend previously observed in nursing variable pay.

Future Positive Actions

A data gathering exercise is being undertaken across medical services in relation to variable pay. This will be used to inform and develop variable pay reduction action plans with services.

We're finalising a SBAR (Situation, Background, Assessment, Recommendation) to highlight ward establishment, demand, and other factors influencing the use of variable pay. Once completed, it will be shared with the Variable Pay Reduction and Effectiveness Group.

We're also developing an escalation process based on the RAG (Red, Amber, Green) status of ward areas and their vacancy levels. The plan is to have an escalation process for all on-framework usage starting from June 2024 in Carmarthenshire as a first phase.

Y Lolfa, located in Carmarthenshire, has now fully closed. This closure will impact the variable pay expenditure within Glangwili Hospital and allow staff to return to their original ward areas, further driving down agency usage.

Phase 3 of the IEN programme commenced in May, with the goal of stabilising Carmarthenshire and Pembrokeshire. We're in the process of placing the first 22 nurses in May 2024, with the remaining 38 set to start in June and July 2024.

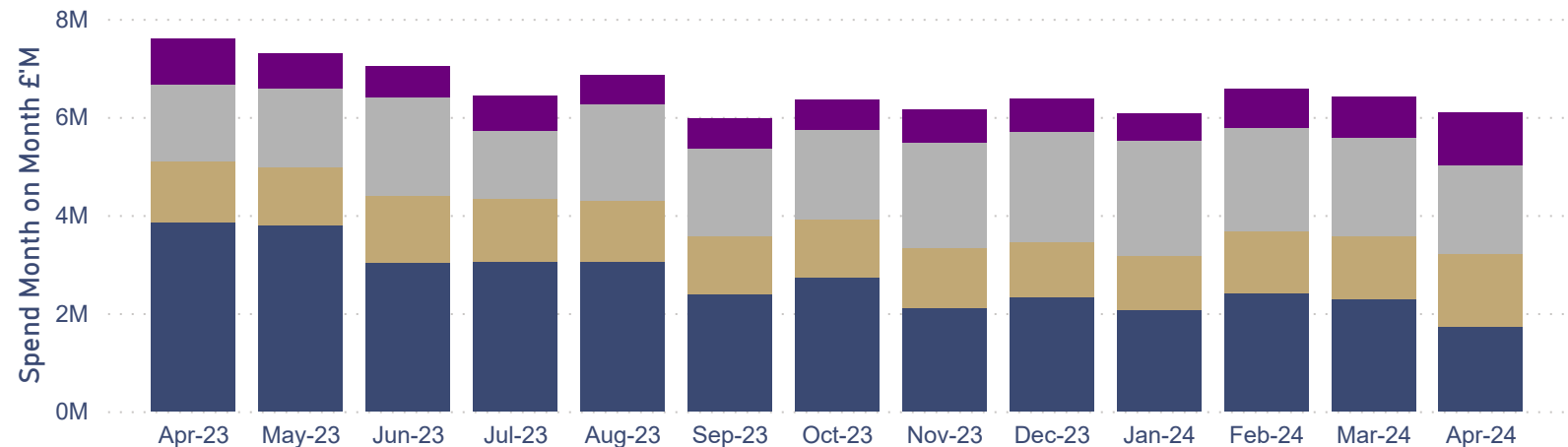
Ongoing actions are being led by the Variable Pay Reduction and Effectiveness Group.

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

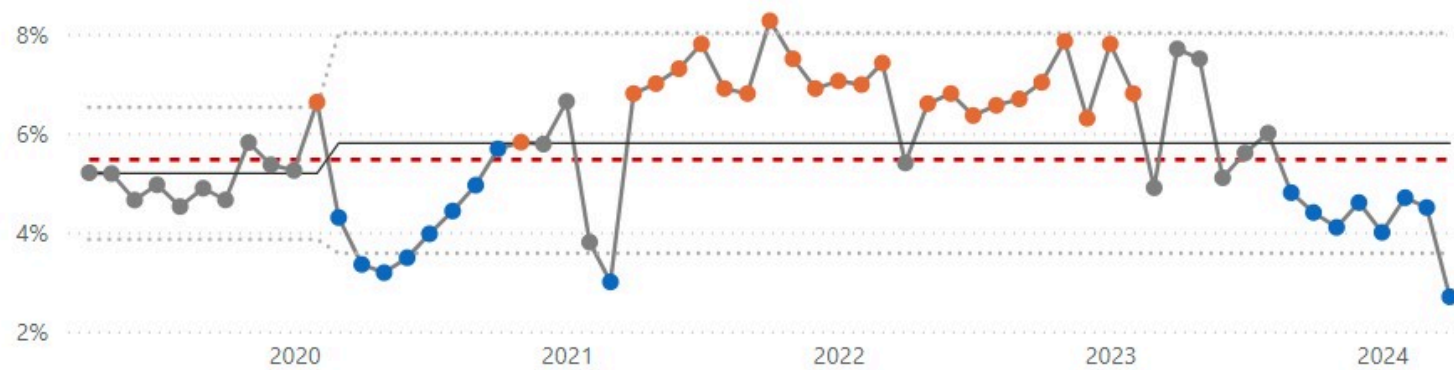
Month Name	2022/2023	2023/2024	2024/2025
April	6.46%	7.82%	3.40%
May	6.12%	7.62%	
June	6.94%	5.09%	
July	6.42%	5.62%	
August	6.46%	6.05%	
September	6.52%	4.81%	
October	6.94%	5.25%	
November	9.27%	4.19%	
December	6.23%	4.64%	
January	7.83%	4.04%	
February	6.89%	4.71%	
March	7.80%	3.05%	

Variable Pay Month on Month

● Agency ● Bank ● Locum ● Overtime



Agency spend as a % total pay bill



The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be consistently met.

Expected performance is between 3.6% and 8.0%

Key

- Upper and lower limits
- Mean
- - - Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Apr 2024	5.47%	Lower	2.70%	●	▣	◆

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	Status
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	

Key	
	Output known
✓	Completed
	In Progress

Current Performance

Submission for financial year 2024/25 to cover the period up to c2027 complete. Awaiting refreshed placement matrix from HEIW for next round.

Performance Against Trend

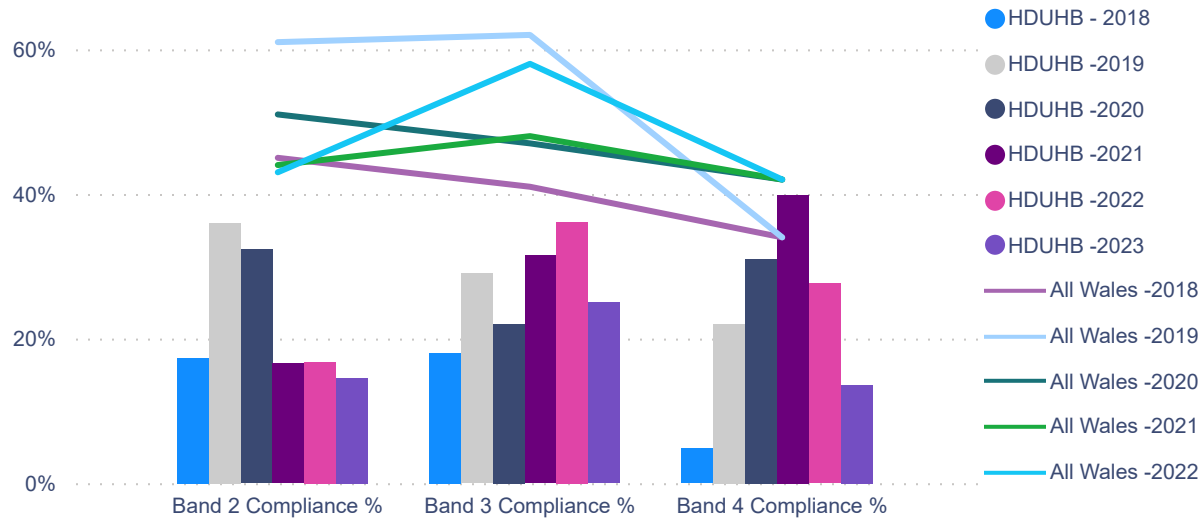
Submission to HEIW are completed as per guidance for all years from 2021 to date based on our current funded establishments. Detailed analysis of submissions available on request. To note alternative workforce roles noted under APP, PA and CAAP have nominal figures included until a defined “future establishment” can be defined that includes a fuller model for development and expansion in the workforce.

Future Positive Actions

HEIW are due to publish a dashboard as part of the “observatory” offering to allow HB’s to track the education commissioning process. Details to follow. Once known we will be able to assess further work linked to the People Regeneration work and our approach to future analytics for education commissioning. Alignment has been made to the Higher Awards process which will continue to be strengthened.

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

Career Framework Data



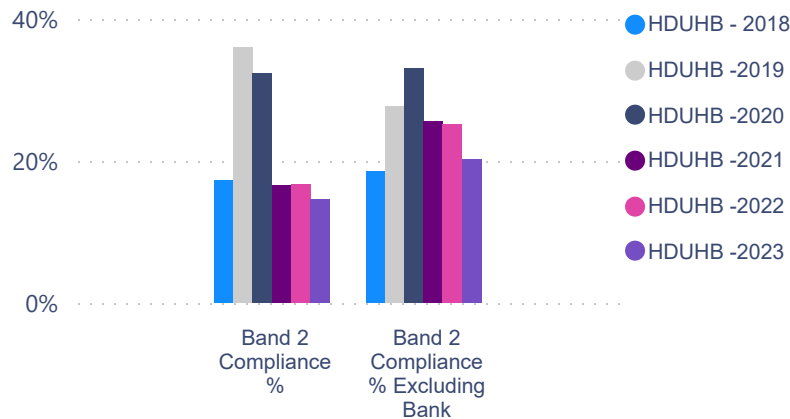
January - December 2023

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Bank / Temporary Staff (on Bank only contracts)	6.0%	17.6%	11.8%
Dietetics			7.7%
Maternity	13.8%	33.3%	0.0%
Nursing Adult	20.1%	26.4%	17.1%
Nursing Child	25.9%	20.0%	50.0%
Nursing Community	29.1%	33.0%	27.3%
Nursing Learning Disability		23.1%	0.0%
Nursing Mental Health	16.3%	31.6%	8.6%
Occupational Therapy		0.0%	4.7%
Operating Theatres	26.2%	25.7%	60.0%
Physiotherapy	0.0%	13.7%	0.0%
Radiology	0.0%	9.4%	0.0%
Speech and Language service		0.0%	4.3%

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

Impact of Bank Compliance on Career Framework Data



Current Performance

HDdUHB annual performance fluctuates considerably, with greater cleansing of data and continuation to do so through ESR.

As at December 2022 all Wales data 43% of HCSW across Wales hold at least a level 2 qualification.

Future Positive Actions

The Strategic People Planning and Education Group (SPPEG) 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. The deep-dive has been included on the agenda for SPPEG August 2024 meeting; which will outline challenges, risks and include an action plan to drive improvement of the data.

Performance Against Trend

HDdUHB data is significantly lower than the 'All Wales' comparison. The December 2023 data shows a decline in performance, matching the decline in non-registered workforce accessing qualifications due to challenges around backfill and recognising financial constraints on services.

Headcount

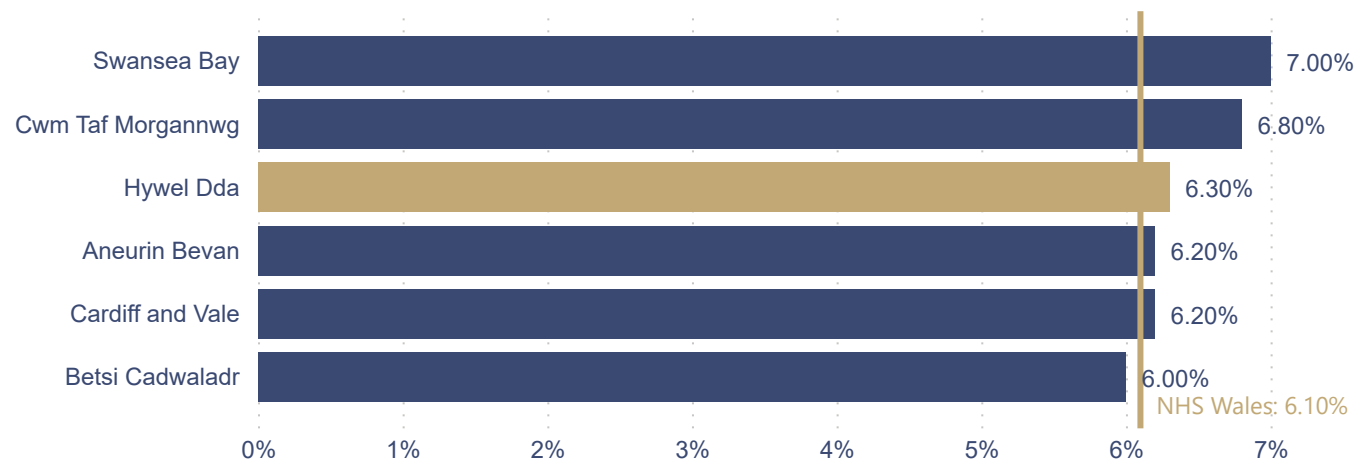
Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	810	49	108	19	17	2
Dietetics	0		0		13	1
Maternity	65	9	6	2	1	
Nursing Adult	938	189	284	75	111	19
Nursing Child	27	7	10	2	20	10
Nursing Community	55	16	185	61	33	9
Nursing Learning Disability	0		39	9	19	
Nursing Mental Health	80	13	133	42	35	3
Occupational Therapy	0		2		43	2
Operating Theatres	42	11	35	9	10	6
Physiotherapy	2		51	7	43	
Radiology	1		64	6	20	
Speech and Language service	0		4		23	1
Total	2020	294	921	232	388	53

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

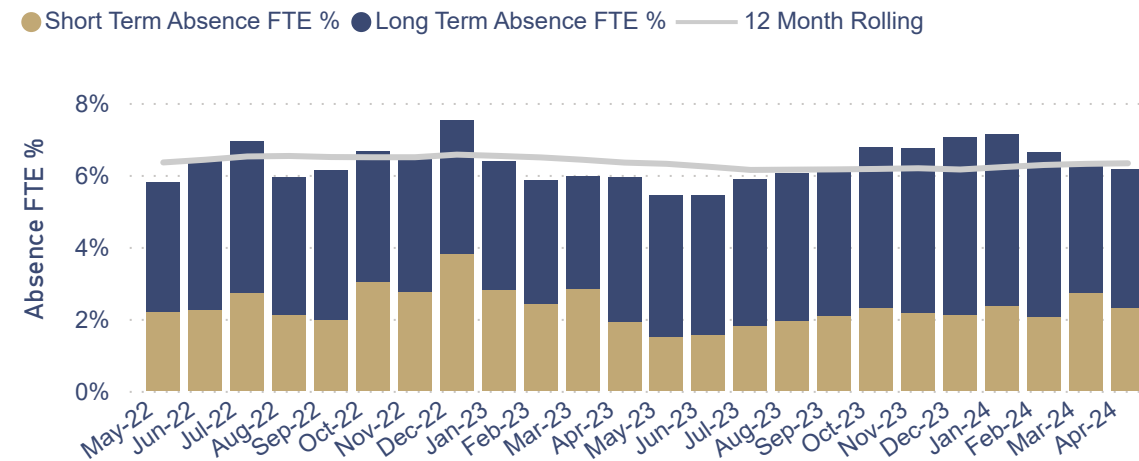
This target aligns to the following statement of intent:
 3 - Engaging our Staff



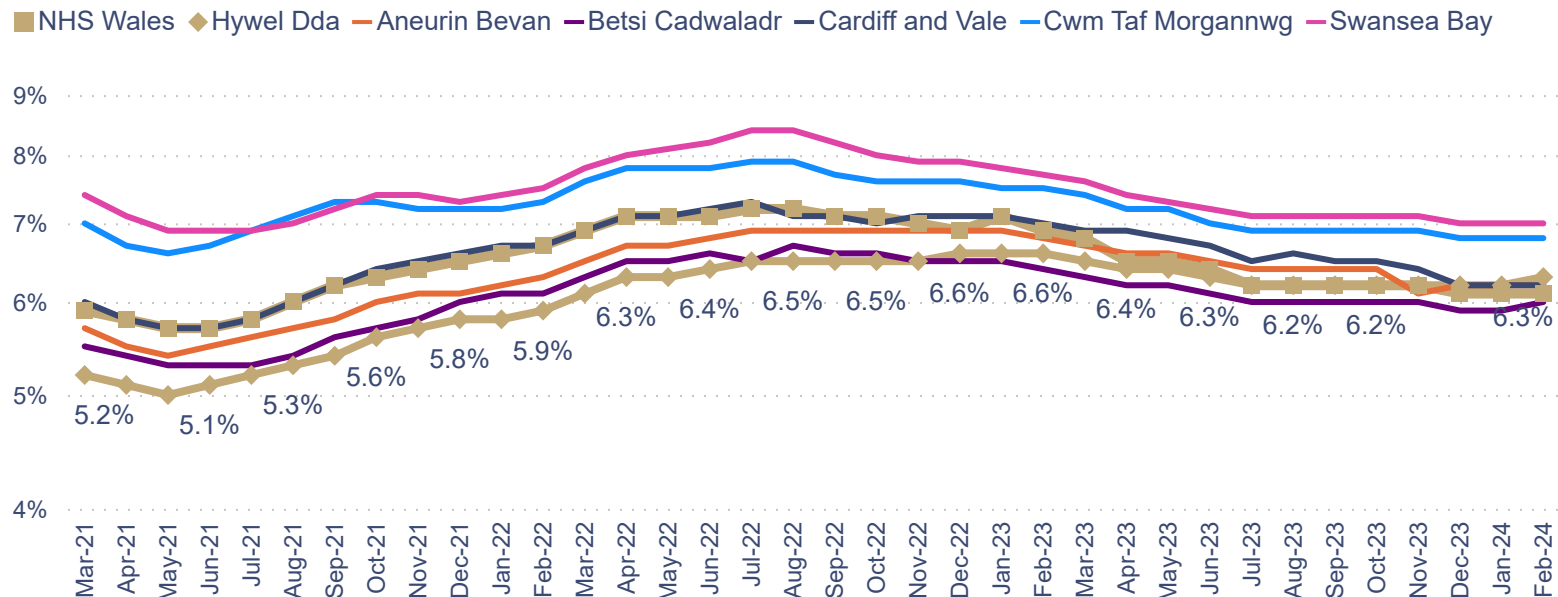
12 month rolling sickness absence rates (UHBs only) to February 2024



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



Rolling 12-month sickness absence rates, Mar '21 to Feb'24



Current Performance

We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months. Seasonal cough/colds/flu, gastro related health issues and anxiety/stress/depression account for more than 50% of the reasons for all absences in April 2024.

Performance Against Trend

Delays in inputting sickness absence also impacts proactive interventions with one area taking 80 days to enter absence details in the last month.

Future Positive Actions

Estates & Facilities to undertake 4 sickness absence audits. 3 audits have been completed with 1 to conclude in April. Two audit reports have been finalised to date with the majority of actions having been implemented. Both reports gave satisfactory assurance.

Sickness absence task & finish Meeting took place, data requirements identified and an action plan is being produced based around the agreed intentions. Action plan to be discussed at next meeting along with source data. This meeting will also explore delays to absence reporting in general and also reasons as to why Estates continues to consistently show higher levels of absence than most other directorates.

% sickness absence rate of staff



National target 12m reduction. Live data subject to change.

The latest data is showing a concerning trend and improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 5.2% and 6.7%

Key

- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Variation - how are we doing over time

- ◆ Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

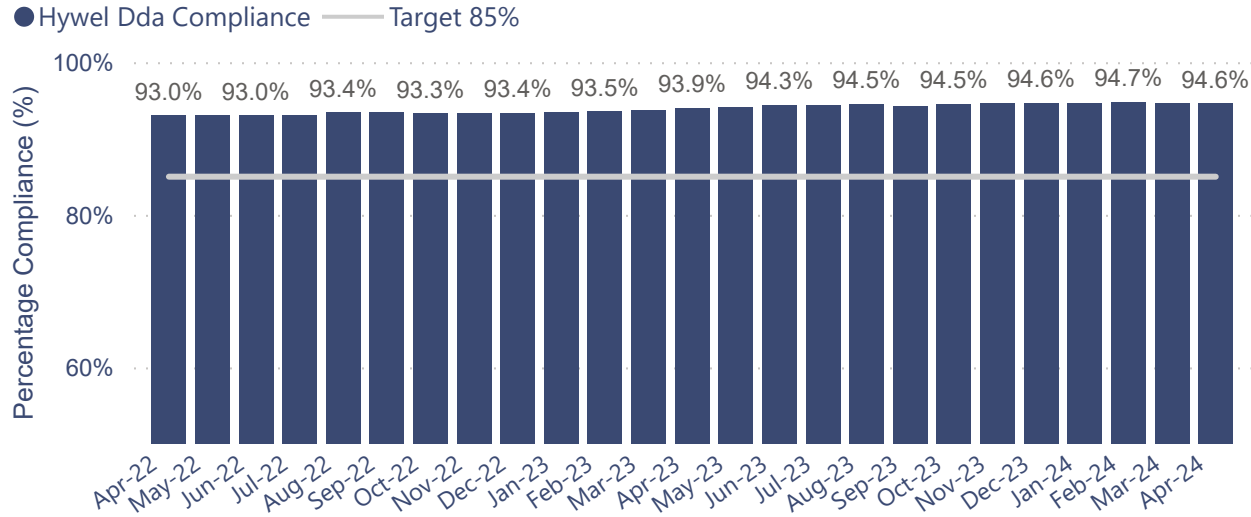
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

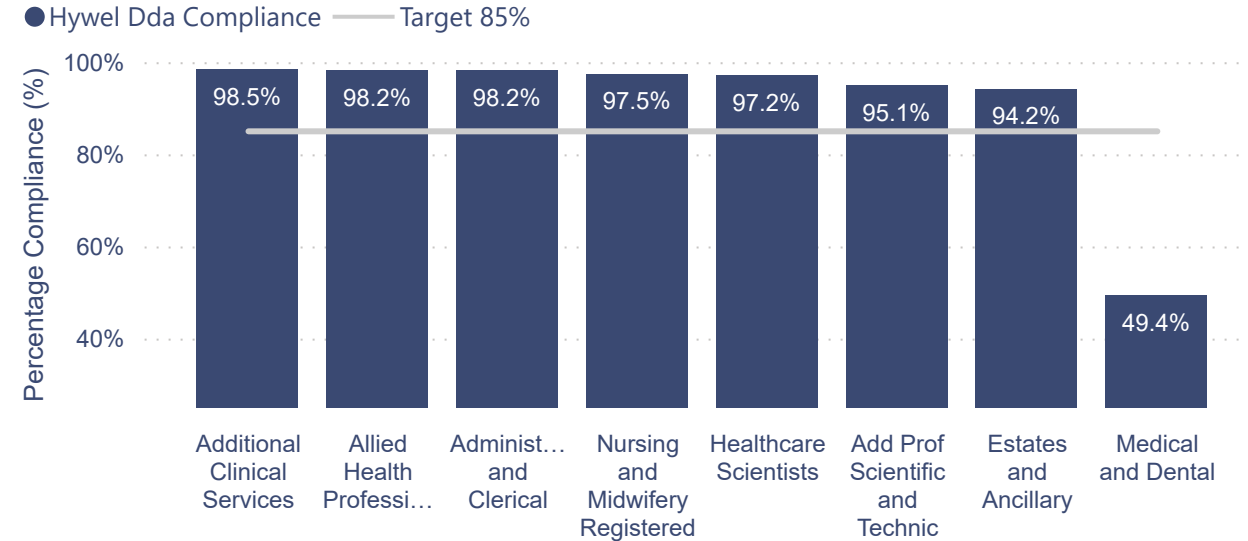
- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Apr 2024	4.79%	Lower	6.32%	●	▣	◆

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.

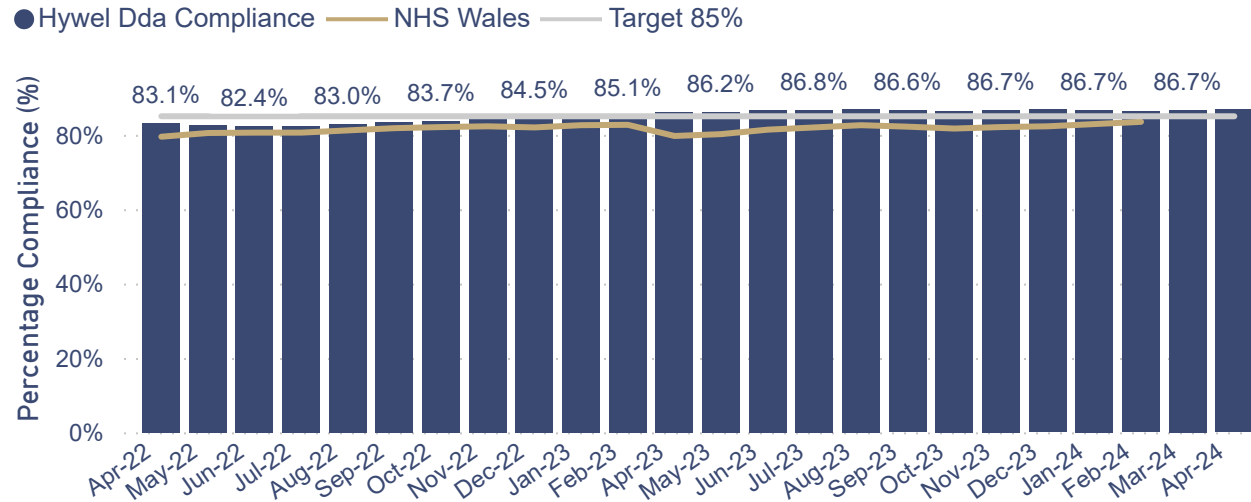
Future Positive Actions

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.

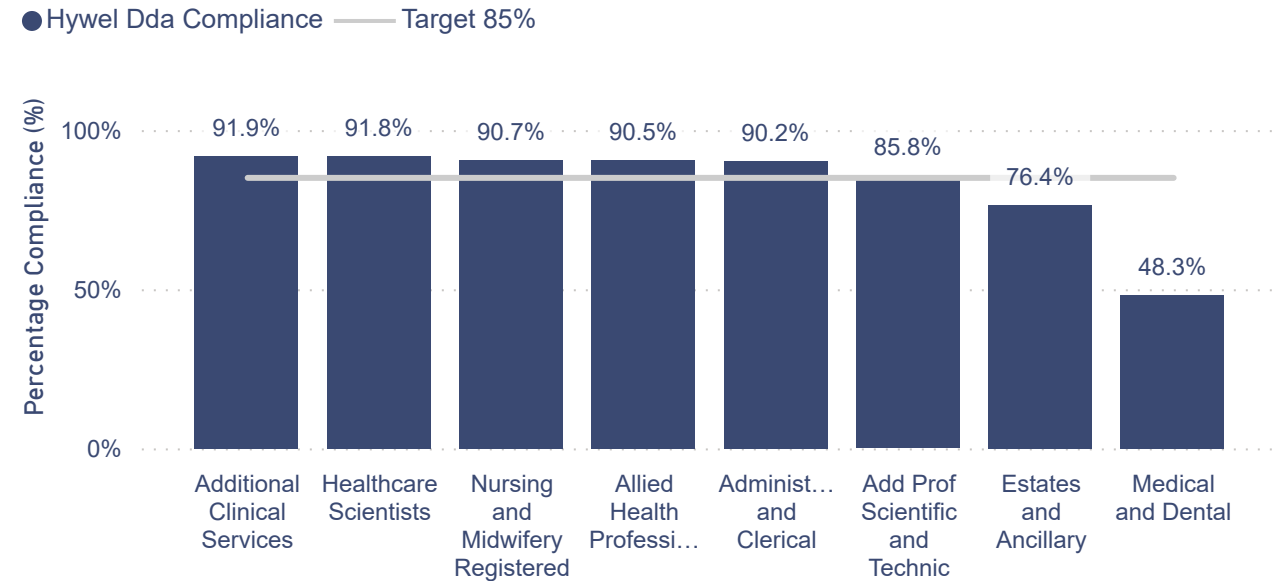
The Strategic People Planning and Education Group (SPPEG) is monitoring compliance towards Dementia awareness with actions being driven through this group. This is standing agenda item from August 2024.

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

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

The Health Board has increased performance after winter pressures, as anticipated.

Performance Against Trend

The Health Board continues to remain above the NHS Wales average and 85% compliance requirements.

Future Positive Actions

We continue to work with Medical and Dental to improve performance in this area.

The Strategic People Planning and Education Group (SPPEG) is monitoring compliance towards CSTF with actions being driven through this group. This is standing agenda item from August 2024.

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

Current Performance

PADR rates continue to be maintained during extreme pressure in the system. Hywel Dda is the second top performing health board across Wales for PADR.

Performance Against Trend

There is a continued development for both employees and leaders in establishing an employee led performance culture.

Future Positive Actions

These development sessions will increase in the next few months due to vacancies within the team being filled.

Oct-23
68.9%

Nov-23
71.1%

Dec-23
67.3%

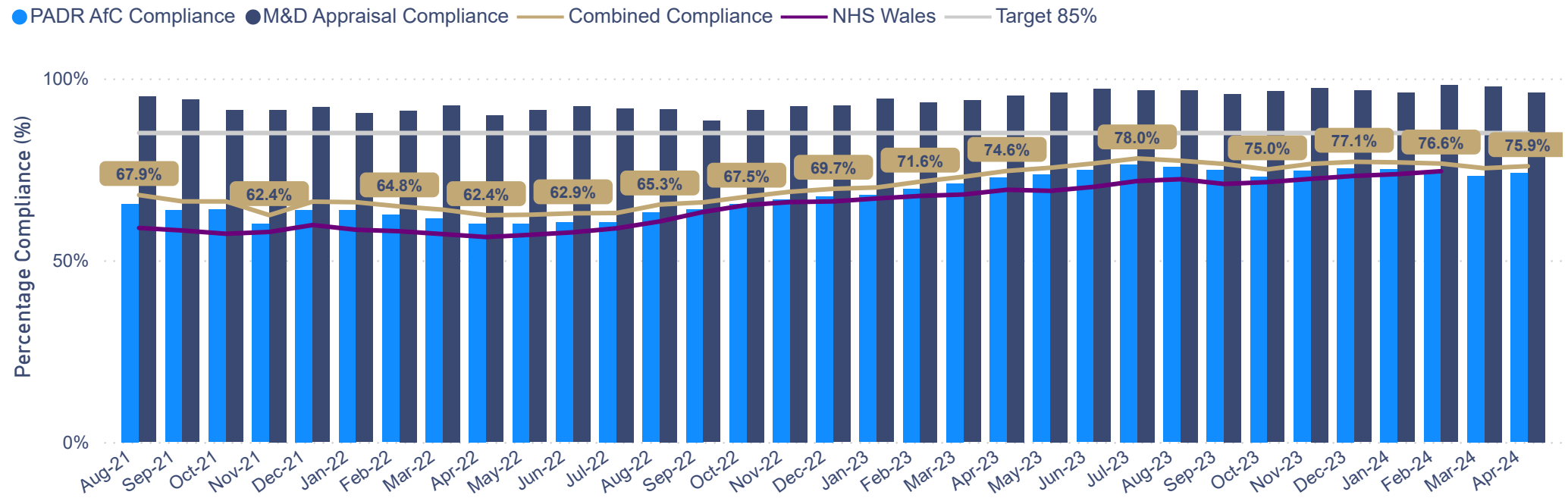
Jan-24
65.2%

Feb-24
71.3%

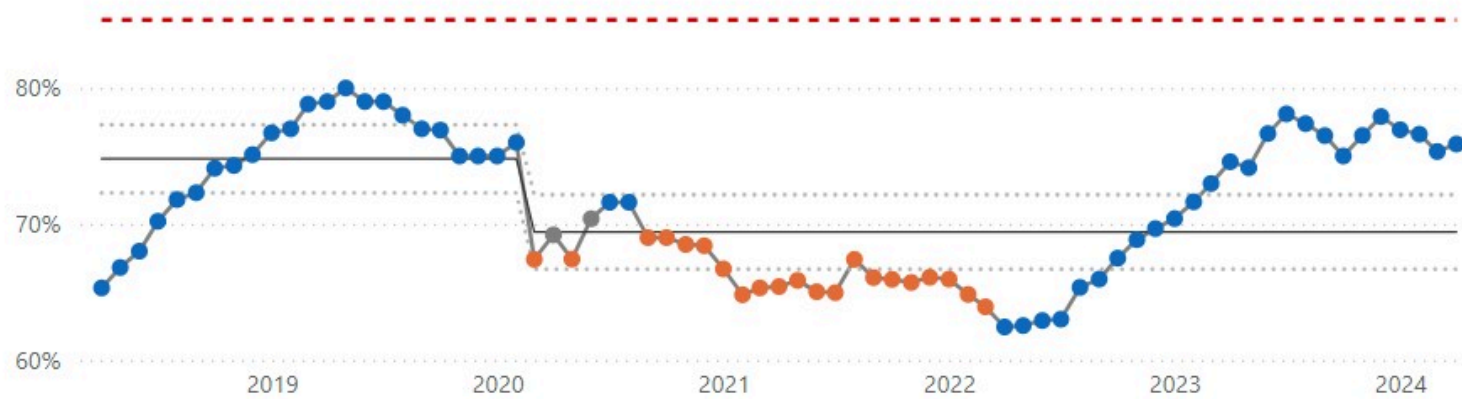
Mar-24
64.2%

Apr-24
68.2%

PADR Compliance to NHS Wales Performance and Target of 85%



% staff who have had an appraisal in the previous 12 months



The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 66.7% and 72.2%

Key

- Upper and lower limits
- Mean
- Target
- ◆ Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Apr 2024	85.00%	Higher	75.88%	●	▣	

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 Operational Delivery Lead: Head of Medical Education & Professional Standards

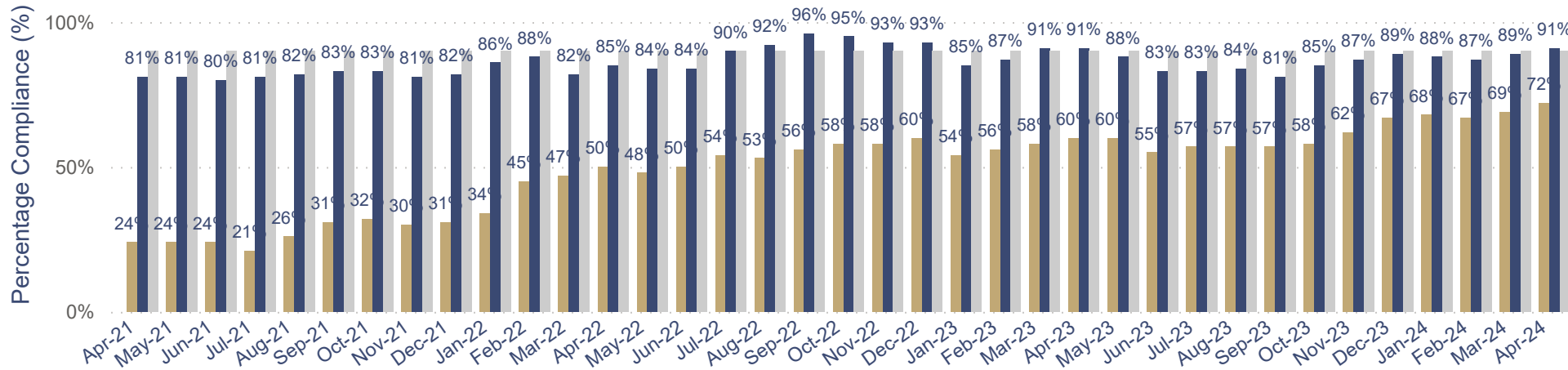
This target aligns to the following statement of intent:

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



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

● Current Job Plan ● Job Plan ● 90% Target

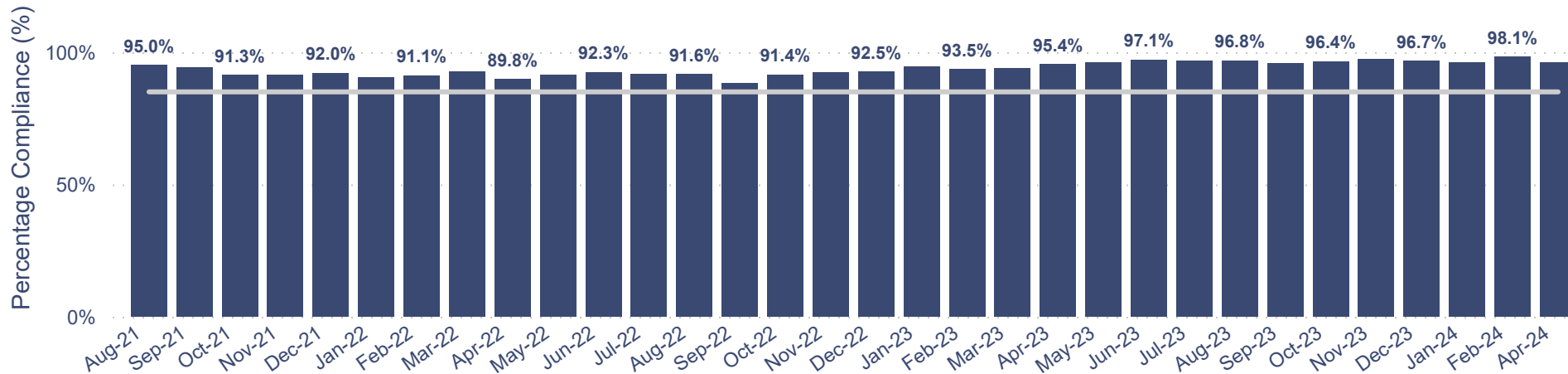


Current Performance
 ▲
 Slow progress is being made, delays are linked to expiring job plans and new doctors being added.

Performance Against Trend
 ▼
 Continuing to make progress, clear improvement on previous years.

Medical Appraisal Compliance Performance against Target of 85%

● M&D Appraisal Compliance — Target 85%



Future Positive Actions
 ▼
 Monthly reports to be strengthened to highlight 90% target and expiring job plans.
 Executive Medical Director to lead job planning compliance meetings.
 Training to be offered to doctors and service support managers.
 Allocate updated to offer more specific SPA detail.

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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
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	207	200	6	100.0%
Nov-23	180	174	6	100.0%
Dec-23	111	107	10	100.0%
Jan-24	147	144	6	100.0%
Feb-24	121	118	7	100.0%
Mar-24	103	100	11	100.0%
Apr-24	150	148	3	100.0%