



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 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 on delivery against national delivery framework targets. The dataset presented is accurate as of 30 October 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 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 has started to increase from the beginning of 2023 where we were at 10% and is now at 22% in October 2024. Ways to increase participation are continually being explored.
 - More detailed methods of reporting are being explored with the focus on maintaining anonymity.

- Engagement score has been continuously above 70% although it has fluctuated between 75% in April 2020 and 71%; currently October 2024 shows 73% engagement.
- We are seeing a decline in some staff engagement metrics evidenced on the SPC charts, notably feeling proud to work for Hywel Dda has seen a downturn. Evoking pride in colleagues is multifaceted and there may be many reasons in the decline in positive responses.
- There are a number of strategies created to help build staff engagement across the organisation and instigate feelings of pride from working for Hywel Dda. These include
 - Recognition and Appreciation programmes
 - Positive/Supportive Work Environment
 - Professional Development and Opportunities for Growth
 - Strong Leadership Programmes such as LEAP.
- 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 all temporary workforce to drive costs down. There is a continued trend of reducing nursing agency use in line with the Nursing Stabilisation Plans.
 - Additional controls have been brought in for medical agency bookings from the 1 November 2024 ensuring a Quality Impact Assessment (QIA) supports the booking of agency.
- 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.
 - Moving forward, the following actions will be undertaken:
 - Scope how other Health Boards across Wales approach All Wales Career Framework (AWCF) compliance.
 - Scope interception points during recruitment and induction to widen opportunities to gather the relevant documentation e.g. Skills to Care.
 - Continue to cleanse current data to enhance accuracy.
 - Request opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings, Professional Forums, and other platforms.
 - Twice yearly progress updates to the SPPEG – May (post submission of data to Welsh Government) and November (interim position update).
- Percentage of sickness absence rate of staff
 - The rolling rate has consistently been above the Health Board target of 4.79%. In October 24 it stands at 6.61%
 - Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates.
 - 38% of staff on long term absence have the reason for absence listed as anxiety, stress and depression; of which 3% have been identified as work related.
 - Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way.

- Reviewing sickness absence training to ensure it remains fit for purpose.
- Temporary redeployment guidance drafted and now in final stages of development, inclusive of a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
- Workforce Sickness Absence Advisor has developed a program of work focusing on deep dives into prevalent high sickness areas with focus on long term sickness and action plans/additional training devised to support.
- Qualitative report providing evidence of available learning and development in line with the Good Work – Dementia Learning and Development Framework.
 - The Percentage of staff completing dementia training is consistently well above the 85% target.
 - The only staff group not above the 85% target are medical and dental.
 - Meetings have been set up for December to draw up an action plan. This is driven by the monthly mandatory training group that is then submitted to SPPEG for assurance and governance.
 - The action plan will include additional sessions of support, both online and on sites as well as reaching out at various levels to encourage completion to supervisors at each level.
- Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation
 - Our performance has steadily been increasing, and we are now slightly above our 85% target.
 - We have 2 staff groups that are below the 85% target: Estates & Ancillary (77.8%) and Medical & Dental (48.8%). These rates continue to steadily increase.
 - As with the targeted action for the dementia compliance, a meeting has been set up in December, driven by the mandatory training group and SPPEG.
 - The action plan will include additional sessions of support, both online and on sites as well as reaching out at various levels to encourage completion to supervisors at each level.
- 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 continued to increase raising month on month, currently sitting at 83%.
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.
 - The rate has steadily increased from 68.2% in April 2024 to 77.3% in September & October 2024.
- Consultant/SAS doctors with a job plan and Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).
 - Continued progress and clear improvements are seen.
- Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.
 - We continue to maintain 100% compliance over the last 12 months.

We have included a 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:	
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 Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge Choose an item. Choose an item. Choose an item.
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 Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
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 Choose an item. Choose an item. Choose an item.

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.**



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

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

Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
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%
2024 Sample in May	947	123	13%	71%
2024 Sample in June	914	157	17%	71%
2024 Sample in July	917	171	19%	71%
2024 Sample in August	909	157	17%	72%
2024 Sample in September	900	207	23%	73%
2024 Sample in October	901	198	22%	73%

Engagement Score by Staff Group

Role	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Administrative and Clerical	76%	74%	77%	75%	69%	75%	72%	73%	70%	76%	72%	75%
Allied Health Professionals	77%	78%	69%	75%	69%	76%	70%	78%	71%	70%	74%	72%
Estates, Facilities & Support Services				79%				73%	81%		66%	
Healthcare Scientists								67%	46%	83%	70%	78%
Medical and Dental	73%	69%	73%		60%	78%	58%	59%	72%	67%	77%	67%
None of these											71%	
Nursing and Midwifery	71%	70%	72%	75%	72%	77%	72%	67%	75%	72%	74%	73%
Other Clinical Services	83%	70%				83%	70%		64%	66%		71%
Other Scientific and Technical								77%			70%	
Other		62%							71%			

Note -

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

Current Performance

Engagement scores have shown a consistent improvement, rising from 71% in May, June and July to 73% in September and October. This represents a 3% increase from the lowest score of 70% recorded on March 24.

Performance Against Trend

Following the introduction of new branding, we observed an increase in response rates from 17% in August (pre-rebranding) to 23% in September and 22% in October.

Future Positive Actions

We will continue with the rebranding efforts and enhance communication methods to ensure all staff have access to the Board Outcome Survey.

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: Assistant Director of People Planning

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

As of 31st October, there are currently 21 agency workers, a reduction of 4 compared to September. Additional controls have been brought in from 1st November to ensure Quality Impact Assessments support the requirements of agency bookings.

Allied Health Professionals and Health Sciences

As of 31st October, there are currently 17 agency workers compared to 25 in September. Additional controls have been brought in from 1st November to ensure Quality Impact Assessments support the requirements of agency bookings.

Nursing

Nursing agency usage for October has further reduced to a low of 110.44 WTE, the lowest level of nursing agency usage this financial year.

Performance Against Trend

Agency spend has slightly increased from 2.27% to 2.41% due to locum usage. However, agency use continues to decrease across all staff groups. Although overtime usage has reduced, there is a significant risk of increased variable pay spend in January, February, and March, which are historically high months for agency usage. Despite this, it remains below the 5% target of the total pay bill since November 2023.

Future Positive Actions

Medical

A health board-wide effectiveness group has been established to advance plans to stabilise the medical workforce. This includes programmes for international recruitment, rostering efficiency, agency control metrics, rate cards, and other positive steps to reduce variable pay spend within the health board.

Allied Health Professionals and Health Sciences

Monthly meetings are being arranged between the Deputy Director of Allied Health Professionals and Workforce to provide support regarding agency usage and workforce planning.

Nursing

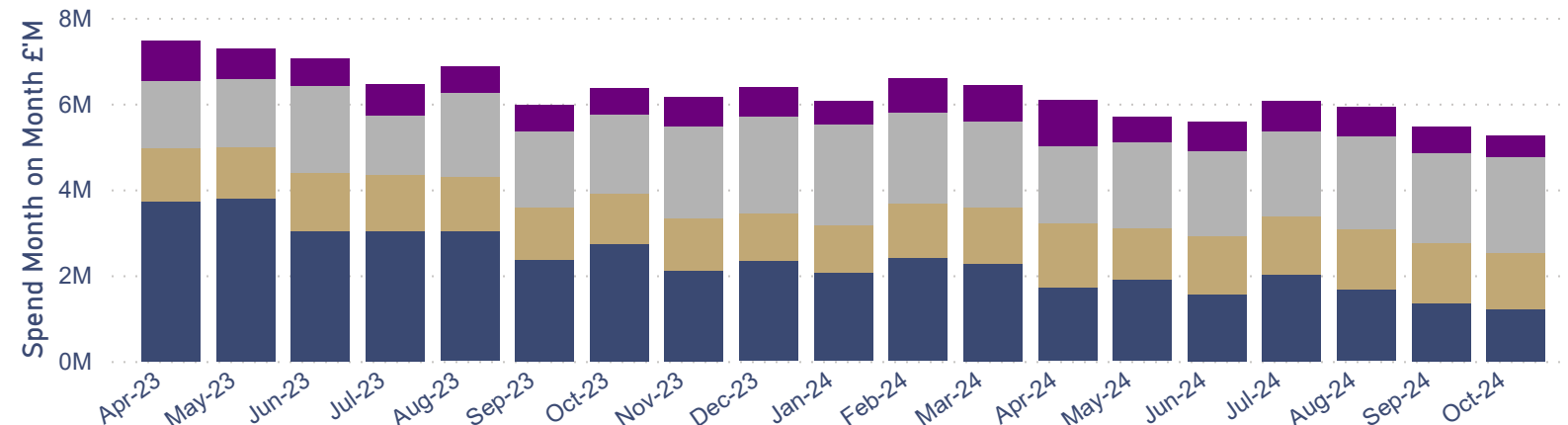
The Nursing Stabilisation Programme is in its final phase, with planned Task and Finish groups being stood down to return to monitoring and retention elements. This will continue the current resourcing trends that have seen centralisation and improved efficiencies.

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%	3.78%
June	6.94%	5.09%	3.08%
July	5.62%	5.62%	3.94%
August	6.46%	6.05%	3.29%
September	6.52%	4.81%	2.27%
October	6.94%	5.25%	2.41%
November	9.27%	4.19%	
December	6.23%	4.64%	
January	7.83%	4.04%	
February	6.89%	4.71%	
March	5.17%	3.05%	

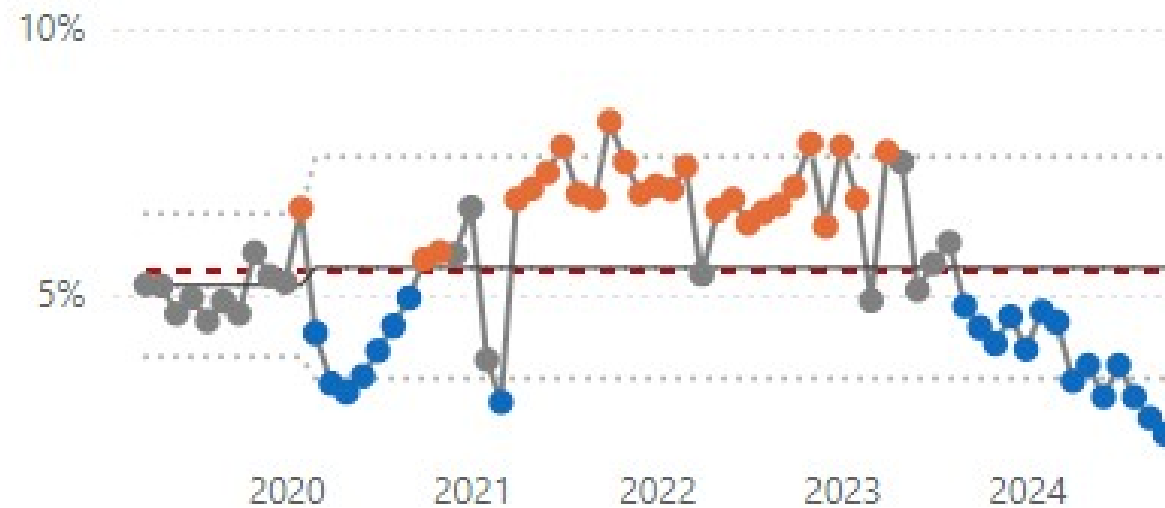
Variable Pay Month on Month

● Agency ● Bank ● Locum ● Overtime



- Key**
- Upper and lower limits
 - Mean
 - - - Target
 - ◆ Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation

Agency spend as a % total pay bill



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/Interim Deputy CEO. Operational Delivery Lead: Assistant Director of People Planning

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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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.

We are planning to commence the 2025/26 round of education and commissioning for out turn of students.

We have now received information from HEIW on how they wish to approach the online education and commissioning portal. We are still in discussion with HEIW with regards to this year's process and the alignment of additional training needs, which will enable clear communication to be sent to Service Leads to assist with completion of their education commissioning return within agreed timelines.

To align with the Annual Planning cycle, we have revised our approach to align education commissioning discussions to Operational Workforce Planning, inclusive of ongoing training and education needs for current and future workforce.

We have devised a plan which will see the completion of the Draft submission by January 2025, and are in the process of aligning/working with professional leads and operational/corporate colleagues to enable an integrated approach to cover the 3 year annual planning cycle, with Executive sign off of all required submissions by February (to align with annual planning timeline) to submit to HEIW by 31st March 2025.

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	
2025/26	Out turn c2028	

Key	
	Output known
	Completed
	In Progress

Performance Against Trend

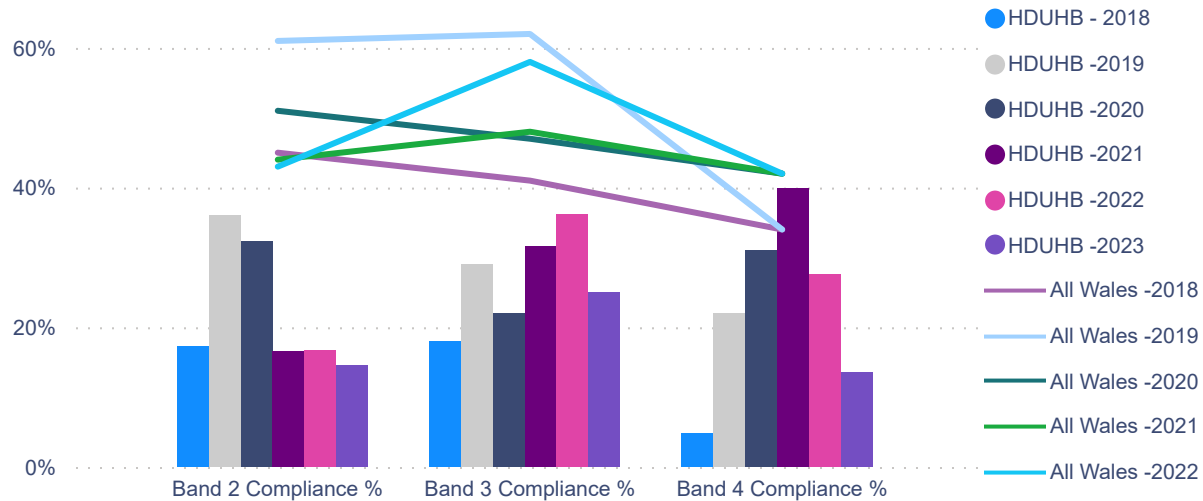
Submission to HEIW are completed as per guidance for all years from 2021 to date based on our current funded establishments. Detailed analysis of submissions available on request.

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.

Career Framework Data



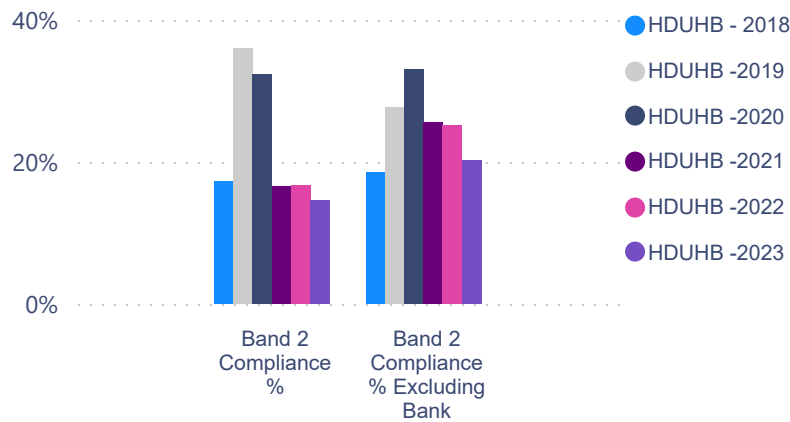
Current Performance

Report was submitted to SPPEG highlighting current position and outlining actions taken/planned to improve compliance. A Career Framework Administrator was appointed in August 2024. Progress includes commencement of cleansing existing records, updating ESR records, correspondence to those who are non-compliant and training to support ESR uploads. A Staff In Post (SIP) report demonstrates an increase of 3% compliance for band 2 and band 3 posts (excluding bank) between 3rd September 2024 and 21st October 2024 demonstrating measurable progress in a short space of time.

Career Framework- Percentage with requisite level of health related qualification

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

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

- Scope how other Health Boards across Wales approach AWCF compliance as intelligence suggests accuracy of benchmark data.
- Scope interception points during recruitment and induction to widen opportunities to gather the relevant documentation e.g. Skills to Care.
- Continue to cleanse current data to enhance accuracy.
- Request opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings, Professional Forums, and other platforms.
- Twice yearly progress updates to the SPPEG – May (post submission of data to Welsh Government) and November (interim position update).

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)	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

Performance Against Trend

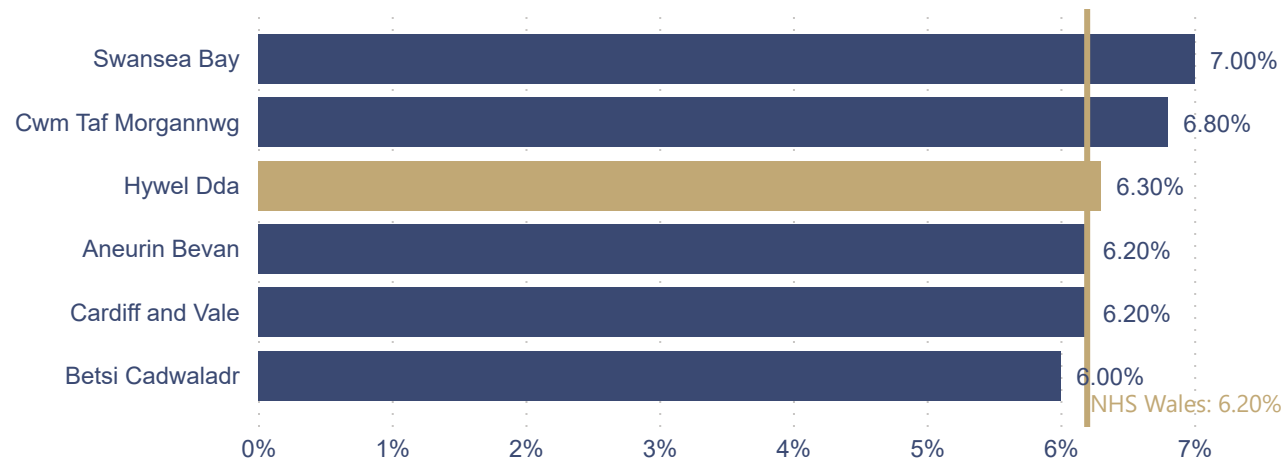
HDdUHB data is significantly lower than the 'All Wales' comparison. The December 2023 data shows a decline in performance, matching the decline in non-registered workforce accessing qualifications due to challenges around backfill and recognising financial constraints on services.

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: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

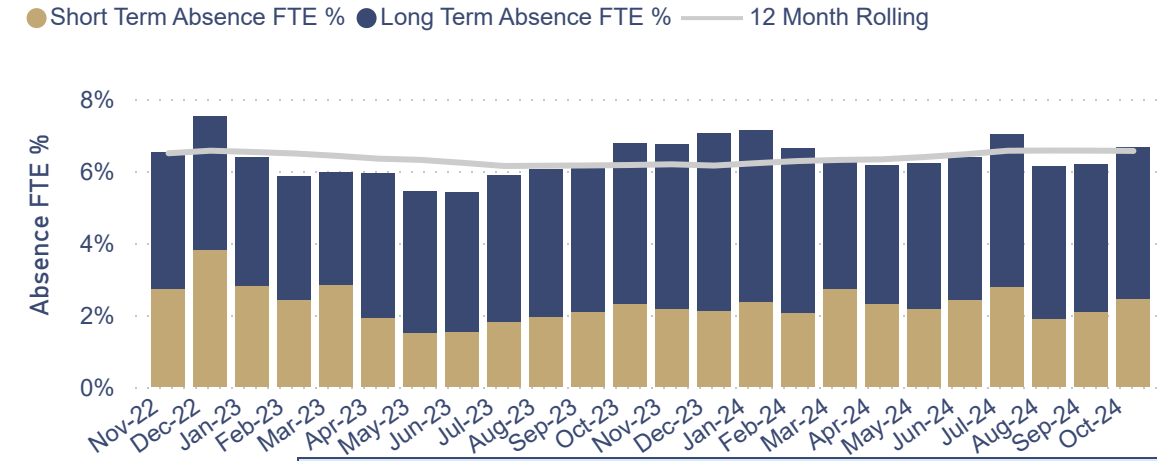
This target aligns to the following statement of intent:
3 - Engaging our Staff



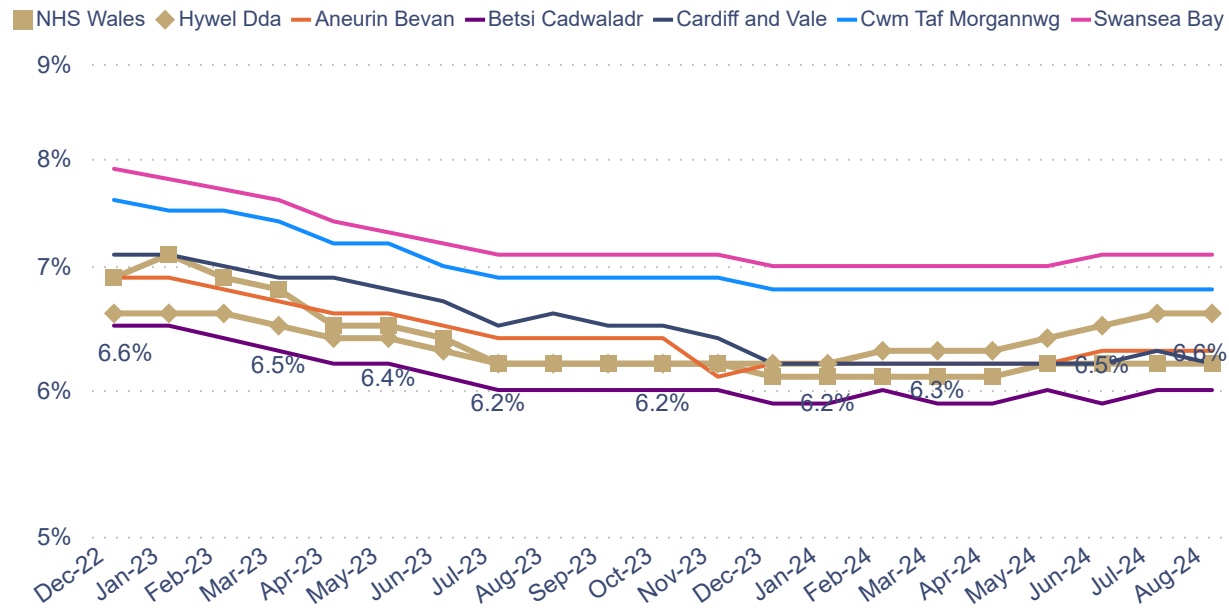
12 month rolling sickness absence rates (UHBs only) to August 2024



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



Rolling 12-month sickness absence rates, Dec'22 to Aug'24

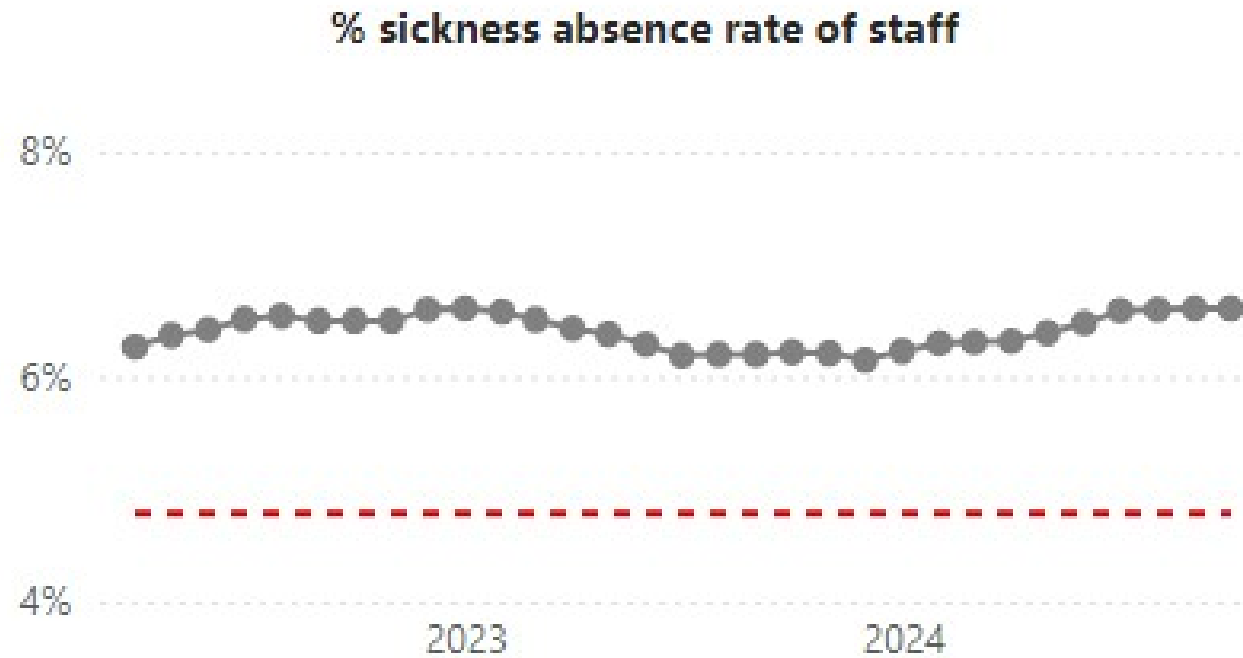


Current Performance
Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The analysis of long term sickness cases (more than 4 weeks) shows that circa 38% of staff are off due to anxiety/stress/depression/other psychiatric illnesses. However only 3% of these are entered as work related absences. More work is being done to understand what additional support would enable an earlier return to work and there has been a significant increase in the number of stress risk assessments being completed which helps understand the issues impacting an earlier return.

Performance Against Trend
Whilst Operational Workforce continue to support services with the management of sickness absence on a case by case basis, there is little capacity to support further with targeted and proactive interventions at present due to complex employee relations case work. We have diverted one part time member of staff to some trend analysis and identification of additional interventions and this is focused on one directorate at present. We will be reviewing the benefits of this work at our January 2025 senior workforce manager meeting.

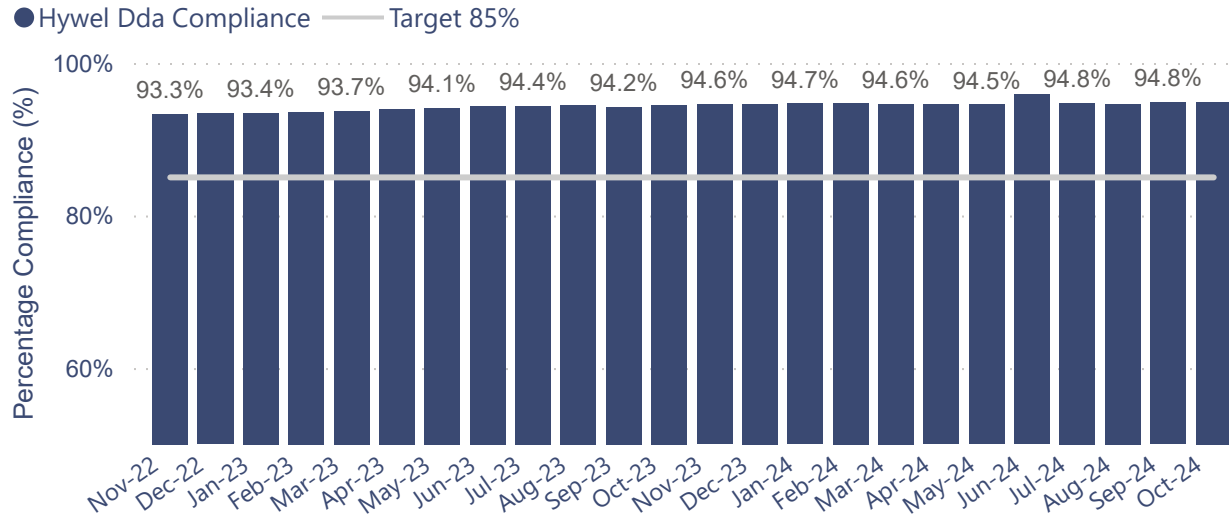
- Future Positive Actions**
- Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick.
 - Reviewing sickness absence training to ensure it remains fit for purpose. Training will focus on reasonable adjustments and tailored adjustments. Passport for reasonable adjustments to be rolled out.
 - Temporary redeployment guidance drafted and now in final stages of development. This includes a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
 - Bitesize Training Sessions being developed which will each focus on just one element of the absence management process. The first one is a 5 minute session on how to conduct effective Return to Work Interviews. A list of some 15 other similar sessions have been identified and have been allocated to the team to develop.
 - The Welsh Health Circular (17) Non Pay Health & Wellbeing Group continue to adapt and deliver their action plan to support a reduction in sickness absence.

- Key**
- Upper and lower limits
 - Mean
 - - Target
 - Ambition
- Variation - how are we doing over time**
- Improving variation
 - Usual variation
 - Concerning variation

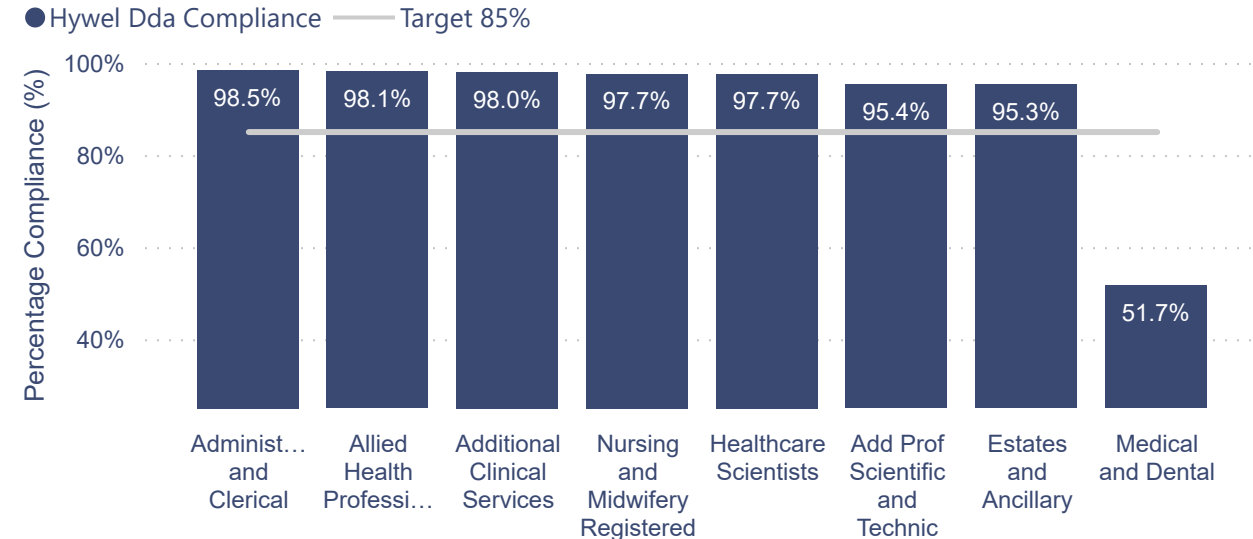


National target 12m reduction. Live data subject to change.

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

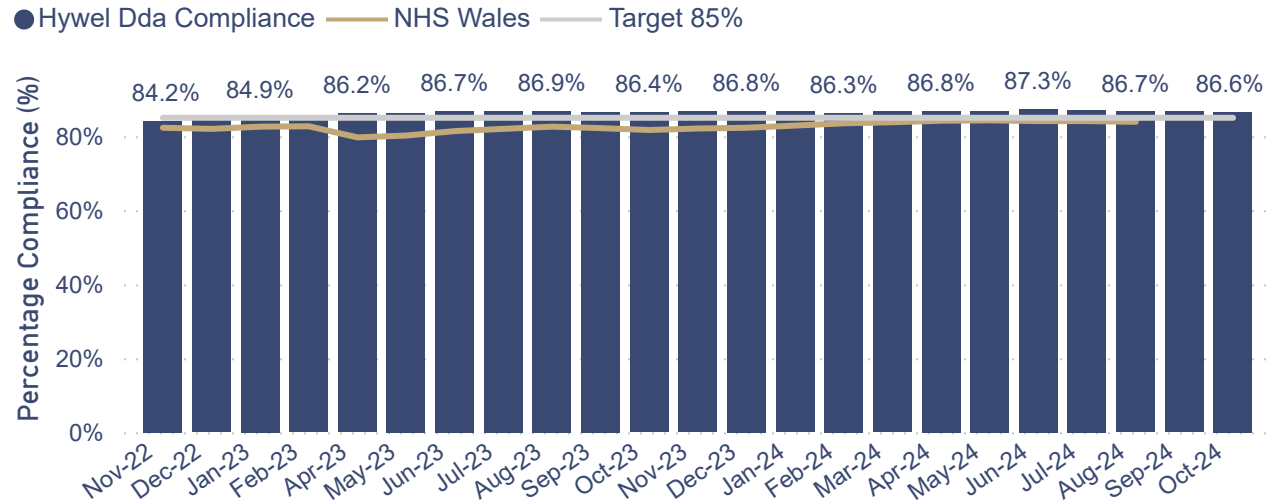
West Wales Care Partnership with Hywel Dda and other partners have developed a draft Dementia L&D framework to support new training for the Good Work framework, however the Framework is in draft and is yet to be published.

Future Positive Actions

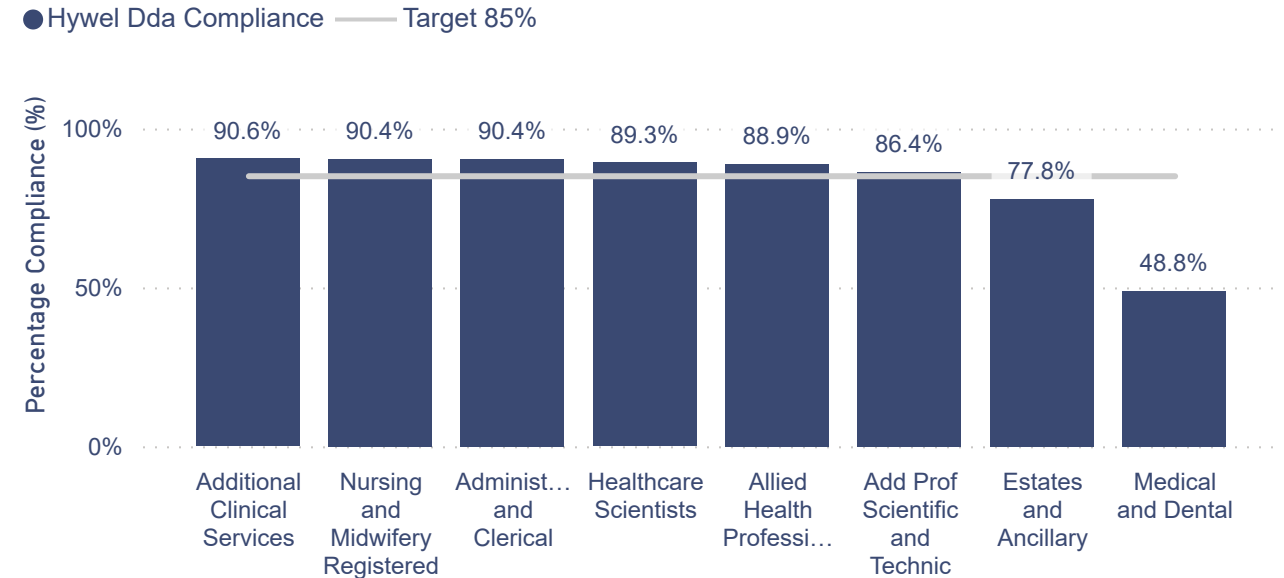
A new Hywel Dda working group has been set up to review the training recommendations and resources in the draft Dementia L&D framework. They have begun to identify if any new training resources should be delivered to target groups and also explore options for suitable Agored module units meet the framework.

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.

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 above benchmark.

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 Mandatory training group has been re-established meeting bi-monthly which will feed into the Strategic People Planning and Education Group (SPPEG). As a standing agenda item all professions who fall below benchmark will be supported through an action plan.

SPPEG is monitoring compliance towards CSTF with actions being driven through this group. This is standing agenda item.

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)
 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:

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
 The PADR compliance rate continues to climb, with continued engagement in the process. This is extremely pleasing given the challenge of completing the relevant meetings at one of the most pressured times of the year.

Performance Against Trend
 PADR completion rate has increased, along with the measurement of staff feeling it was meaningful in the board outcome survey. The organisational staff survey score 2023 for PADR was also one of the best in Wales.

Future Positive Actions
 2024 will bring fresh impetus around this agenda with support being offered for identified for teams of historical low compliance. The Culture and Workforce Experience team will also look to evolve the learning with new mechanism for deeper understanding of performance management.

Apr-24
68.2%

May-24
65.9%

Jun-24
70.1%

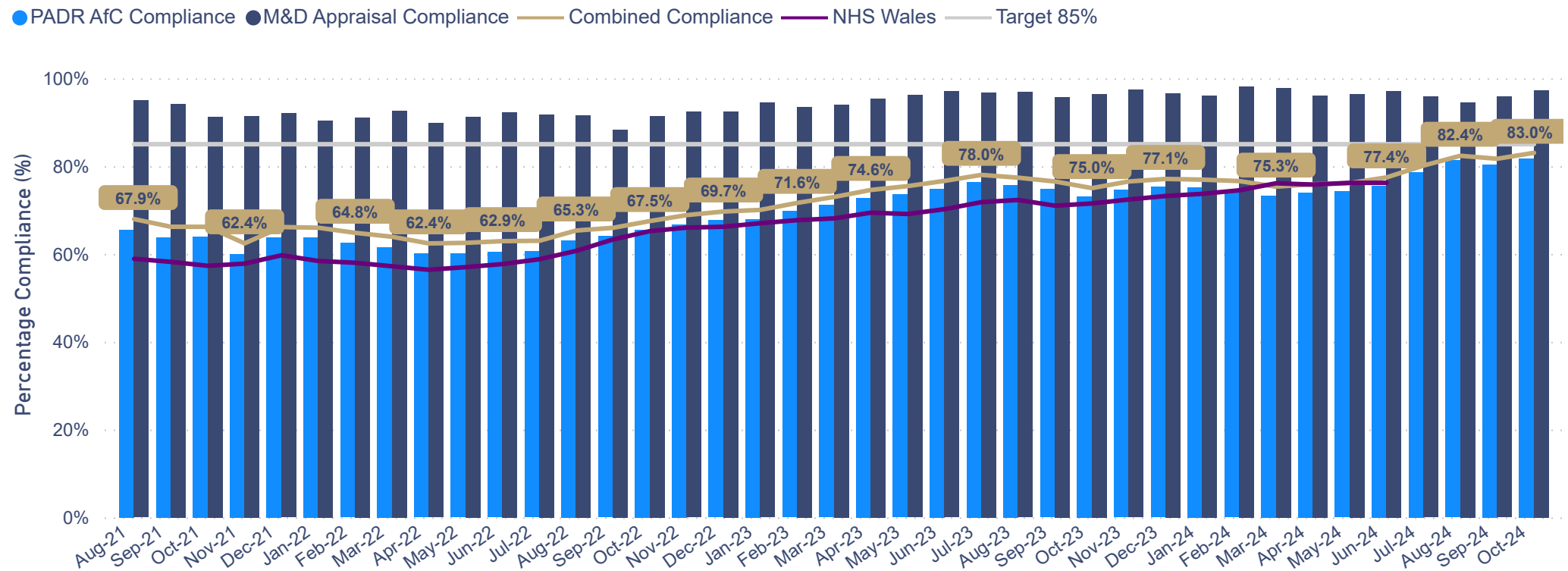
Jul-24
70.8%

Aug-24
70.7%

Sep-24
77.3%

Oct-24
77.3%

PADR Compliance to NHS Wales Performance and Target of 85%



- Key**
- Upper and lower limits
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 - - - Target
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- Variation - how are we doing over time**
- Improving variation
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% staff who have had an appraisal in the previous 12 months



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

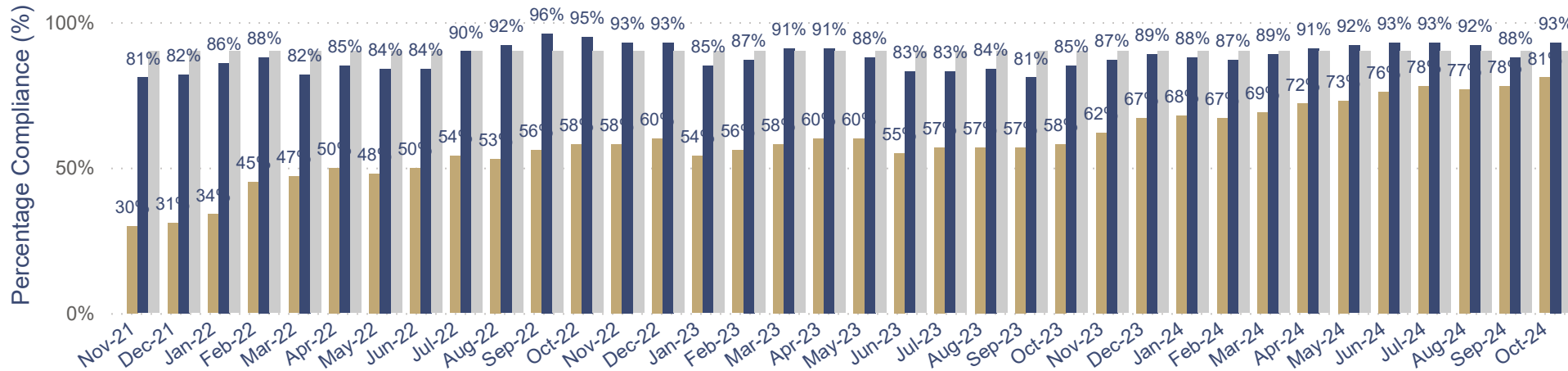
This target aligns to the following statement of intent:

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

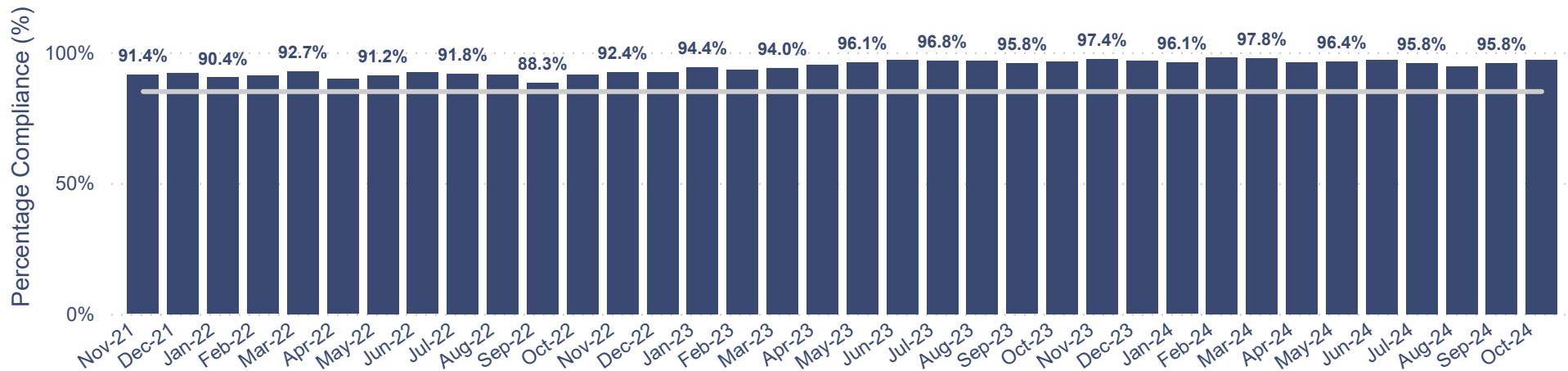


Current Performance
 ▲ There was a 3% improvement in October, with large number of job plans being signed off.

Performance Against Trend
 ▼ The trend remains the same improvement over time.

Medical Appraisal Compliance Performance against Target of 85%

● M&D Appraisal Compliance — Target 85%



Future Positive Actions
 ▼ We have processes in place for chasing up all doctors awaiting sign off and escalation letter where the chasers fail. We continue to deliver training and provide guidance to new Service Delivery Managers(SDM) for using the Allocate system. We work with the SDM's to highlight priority work needed month on month. Escalation meetings to be organised for Services below target.

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 People Management

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
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	145	3	100.0%
May-24	102	102		100.0%
Jun-24	142	141	1	100.0%
Jul-24	128	128	4	100.0%
Aug-24	168	167	2	100.0%
Sep-24	236	229	3	100.0%
Oct-24	146	141	9	100.0%