



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 November 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Assurance & Workforce Metrics
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) and Deputy CEO
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 September 2025 (unless stated otherwise e.g. 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 frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

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 fluctuated through 2024/25 from its lowest at 13% to the apex of 23%. In September 2025 the response rate was 22%. 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 2024 and 70%; current rate in September 2025 shows 73% engagement.

- 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 University Health
- Board. 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.
- A Medical Stabilisation Group has been established to oversee the stabilisation of the medical workforce. This group aims to assess, analyse, and implement action plans to reduce agency reliance across professional groups while aligning workforce pipelines to ensure high retention rates.
- Single handed services at consultant level leaving little time to train new workers available through workforce pipelines, leading to double running of agency and substantive staff.
- Agency is increasing with 23 medics engaged and 28 Allied Health Professionals (AHP)/Health Scientists (HS) engaged.

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 2024.
- HEIW has confirmed that once a HCSW has enrolled on the Clinical Induction, they are on the All Wales Career Framework (AWCF) pathway. This has resulted in a measurable increase in compliance for the Health Board for Bands 2, 3 and 4.
- Continue to strengthen partnership with HEIW and engage in strategic review of the framework.

Percentage of sickness absence rate of staff

- As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn 6.60%.
- Figures are indicative of a small upward trend in absence, but the Health Board is still marginally within the target of 6.60%.
- Anxiety, stress and depression continues to account for the highest reasons for absence across the health board making up 35.1% of all sickness absence.
- Designated support from Workforce & Organisational Development (OD) continues to be utilised to help address concerns aligned to employee relations matters.
- Instances of Cold, cough and flu are increasing as winter months draw closer.
- Launch of the annual flu vaccination programme commenced on 1 October supported by peer vaccinators.
- Workforce intelligence and data science have worked collaboratively to develop a tool allowing visualisation of absence overlaid with geographical information. This is being presented to the Workforce and OD Business Group in December 2025 to explore ways to support our workforce. The tool was presented to the Business Executive Team in September Appendix 2.

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.
- There has been a 3.7% increase in medical and dental compliance since June 25.
- Bespoke support will be offered to any areas who are not currently demonstrating compliance with 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; we continue to be above our 85% target.
- We only have 1 staff groups that are below the 85% target which is Medical & Dental. These rates continue to steadily increase and have increased by 3.9% since June 2025, currently sitting at 56.5%.
- The Learning and Development Team is working closely with Medical and Dental colleagues. Action plans remain in place; these have enabled bespoke training packages to be developed collaboratively with key stakeholders.
- We continue to perform higher than NHS Wales.

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 continues to fluctuate between 82.1% and 84% with the current rate at 83.3%.
- We continue to perform better than NHS Wales, however we continue to fall slightly short of the 85% target.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job

- The rate has fluctuated between 68.2% and 79.6% since March 2025, with the current rate being 76.4%.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- There has been a 5% decrease since April 2025. Current job plans are recorded at 81% against a target of 90%.
- The slight decline in trend has been impacted by a large number of job plans expiring.
- An escalation process is in place to encourage clinicians to sign off their job plans.

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.

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 Performance Assurance and Workforce Metrics report and **RECEIVE 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Positive futures
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Performance reported in a number of the key performance indicators will have an impact on the quality of patient care.
<b>Gweithlu:</b> <b>Workforce:</b>	All metrics and performance indicators contained in the report have direct relevance to the workforce agenda
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	All data presented is anonymous
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable