



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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	17 August 2023
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Fraud eLearning compliance update
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Amanda Glanville, Assistant Director of People Development

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

An action was raised to discuss compliance with counter fraud mandatory training eLearning (particularly among certain staff groups) at the People, Organisational Development and Culture Committee (PODCC).

This short report is to provide assurance to the committee that compliance in this area is improving and actions are in place to further improve compliance.

**Cefndir / Background**

Identified as a Health Board priority in 2021, the NHS Wales Fraud Awareness eLearning module is provided to all staff, via the Electronic Staff Record (ESR). The module has a 3-year renewal requirement.

All new starters are made aware of the need to complete the module when joining Hywel Dda University Health Board (HDdUHB). It is displayed on the ESR homepage for all staff, using the red (incomplete) or green (complete) coding system, which People Development have found to be very effective in improving eLearning engagement and compliance.

**Asesiad / Assessment**

The following data is correct as of the 28 June 2023 and makes comparisons to how the data has changed during the preceding two months.

Collectively, HDdUHB compliance is 80.33%, and despite less than the benchmark of 85%, has increased by 2.41% since 30 April 2023.

51% of directorates are compliant and table 1 provides a performance breakdown. The data shows that those currently not compliant (red: less than 80%, orange 81% to 84.9%) are on a positive trajectory towards compliance.

Org L4	Compliance % as at 30/4/23	Compliance % as at 28/6/23	Difference
100 ASST DIR OPS QUALITY & NURSING DGIA	53.85%	57.69%	3.85%
100 CARMARTHENSHIRE COUNTY DBAA	74.72%	76.61%	1.90%
100 CEREDIGION COUNTY DCAA	83.04%	83.70%	0.66%
100 CHIEF EXECS OFFICE DTAA	75.86%	78.41%	2.55%
100 DIGITAL DXAB	96.28%	98.14%	1.86%
100 FACILITIES DEAA	67.70%	71.73%	4.03%
100 FINANCE DXAA	94.06%	96.04%	1.98%
100 MEDICAL DAAD	85.34%	86.07%	0.72%
100 MEDICINES MANAGEMENT DOAA	76.21%	77.55%	1.34%
100 MENTAL HEALTH & LEARNING DISABILITIES DLAA	91.07%	91.45%	0.39%
100 NURSING DVAA	86.73%	88.00%	1.27%
100 ONCOLOGY & CANCER SERVICES DAEA	85.95%	88.80%	2.85%
100 OPERATIONS DIR MANAGEMENT DGAA	86.69%	86.59%	-0.10%
100 PATHOLOGY DMAC	83.80%	85.77%	1.96%
100 PEMBROKESHIRE COUNTY DDAA	89.16%	92.54%	3.38%
100 PERFORMANCE DXAC	100.00%	100.00%	0.00%
100 PLANNED CARE DIAA	67.77%	70.74%	2.97%
100 PRIMARY CARE DKA	71.68%	76.82%	5.14%
100 PRIMARY CARE MANAGEMENT DJAA	78.90%	81.82%	2.92%
100 PUBLIC HEALTH DYAA	86.11%	86.62%	0.51%
100 RADIOLOGY DMAB	73.93%	74.83%	0.90%
100 STRATEGIC PLANNING DFBA	75.56%	76.74%	1.19%
100 THERAPIES DAIA	86.43%	88.38%	1.95%
100 UNSCHEDULED CARE BRONGLAIS DMBA	70.60%	74.63%	4.02%
100 UNSCHEDULED CARE GLANGWILI DMCA	65.27%	71.33%	6.06%
100 UNSCHEDULED CARE PRINCE PHILIP DMDA	83.02%	85.03%	2.02%
100 UNSCHEDULED CARE WITHYBUSH DMEA	78.46%	81.67%	3.21%
100 WOMEN & CHILDREN DACA	69.63%	71.54%	1.91%
100 WORKFORCE & ORGANISATIONAL DEVELOPMENT DWAA	94.92%	97.19%	2.27%

Table 1 Performance breakdown by Directorate

Drilled down further we can see that Medical and Dental have a significantly lower compliance score (table 2). The Medical Education team have linked in with the library and knowledge services teams on each site and are in the process of developing a programme of monthly sessions which doctors can book on to support an improved engagement with all eLearning compliance. These sessions will start in September.

Staff Group	Compliance % as at 30/4/23	Compliance % as at 28/6/23	Difference
Add Prof Scientific and Technic	77.57%	78.91%	1.34%
Additional Clinical Services	83.30%	85.51%	2.22%
Administrative and Clerical	85.45%	87.43%	1.98%
Allied Health Professionals	80.40%	82.22%	1.82%
Estates and Ancillary	68.17%	72.31%	4.14%
Healthcare Scientists	85.10%	86.54%	1.44%
Medical and Dental	22.93%	25.88%	2.94%

Nursing and Midwifery Registered	81.49%	84.05%	2.56%
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Table 2 Performance breakdown by Staff Group

The People Development Team are providing ongoing support to staff across the Health Board and are working closely with all services to improve access to eLearning support, enabling completion of all modules, including fraud awareness.

### Argymhelliad / Recommendation

The committee are asked to:

- Take assurance that all staff groups are achieving and/or progressing on a positive trajectory, towards compliance with the NHS Wales Fraud Awareness eLearning module and that planned targeted sessions will support continuous improvement.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
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>	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	4. Learning, improvement and research Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ESR Records
Rhestr Termiau:	ESR: Electronic Staff Record

Glossary of Terms:	
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

<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>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<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>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable