

ABM University Health Board	
27 th April 2018 Performance & Finance Committee Agenda item: 2i	
Subject	Key Workforce Metrics and Workforce Issues
Prepared by	Julian Quirk, Head of HR – Delivery Units, Policy & Systems
Approved by	Kathryn Jones, Assistant Director of HR – Staff Experience
Presented by	Hazel Robinson, Director of Workforce & OD

1. PURPOSE

To provide the updated workforce metrics report for April 2018.

2. INTRODUCTION

Following revision the report now follows a standard template set from February 2018.

3. RECOMMENDATIONS

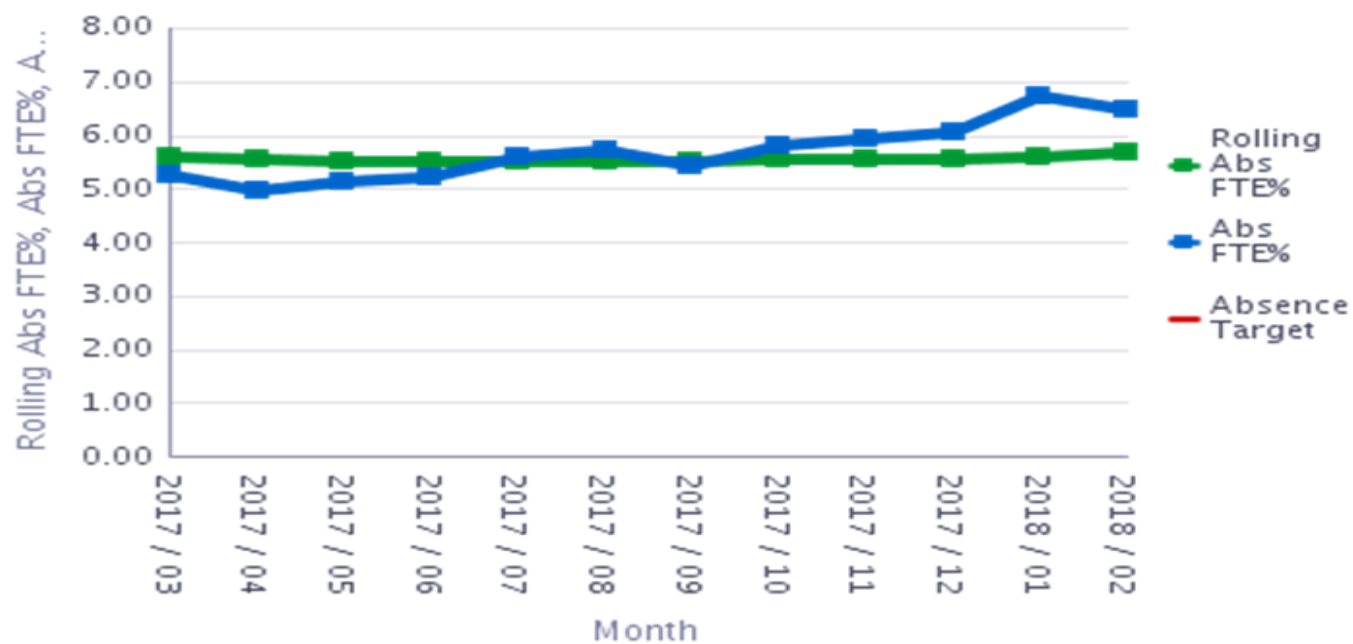
The Committee is asked to:

- a) Note the attached metrics paper.

Part 1 – Sickness Absence March 1 2017 – 28 Feb 2018

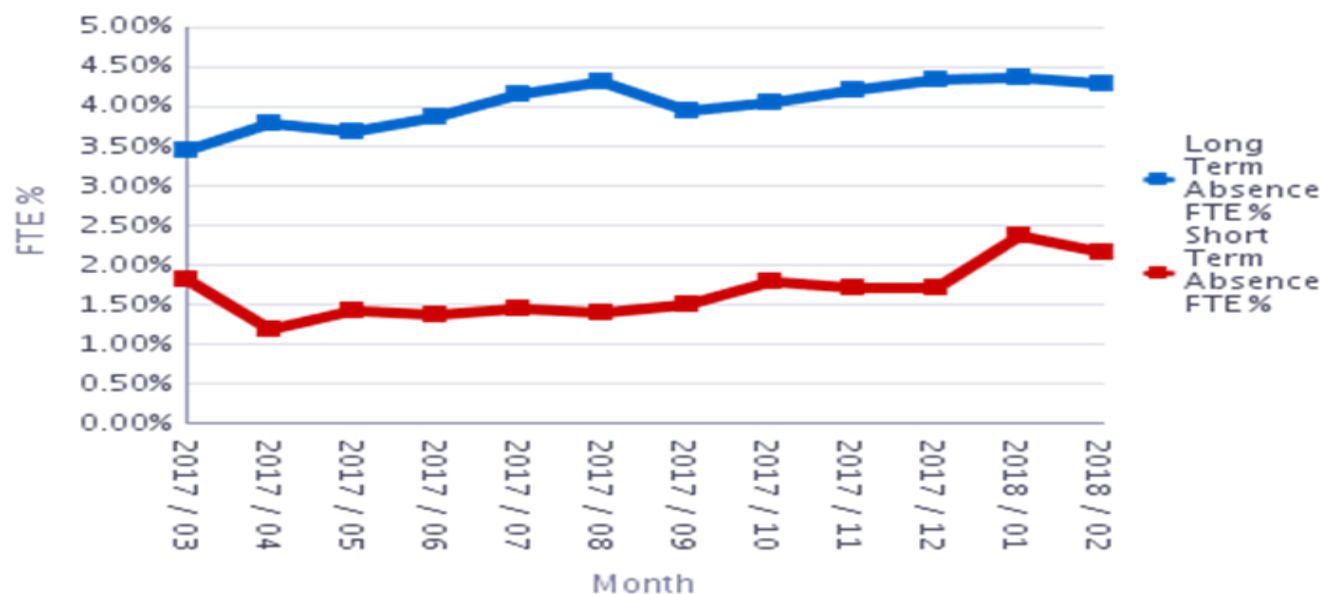
February in Month = 6.47% (0.28% decrease on previous month)

February Rolling 12 month performance = 5.69% (0.05% increase on previous month)



LTS v STS position February 2018

February In Month - Long Term = 4.30% (decrease of 0.12% on previous month) Short Term = 2.17% (decrease of 0.15% on previous month)



As the tables below show, the large increase in short term sickness experienced in January has largely continued due to high levels of Colds, Coughs and Flu related absence, which remained above normal levels. These high levels for this reason equates to 3275 more fte days lost in Jan and Feb combined, compared with the combined total for Nov and Dec.

Absence Reasons by FTE Lost Jan 18				
Absence Reason	Headcount	Abs Occurren	FTE Days Lost	%
S10 Anxiety/stress/depression/other psy	463	507	7,530.47	25.6
S13 Cold, Cough, Flu - Influenza	754	785	3,733.45	12.7
S12 Other musculoskeletal problems	226	238	3,418.33	11.6

Absence Reasons by FTE Lost Feb 18				
Absence Reason	Headcount	Abs Occurren	FTE Days Lost	%
S10 Anxiety/stress/depression/	428	483	6,986.34	27.4
S13 Cold, Cough, Flu - Influenza	624	649	3,038.34	11.9
S12 Other musculoskeletal prob	191	221	2,709.57	10.6

February Cumulative – Long term = 4.04% (+0.04%) Short Term = 1.66% (+0.03%)

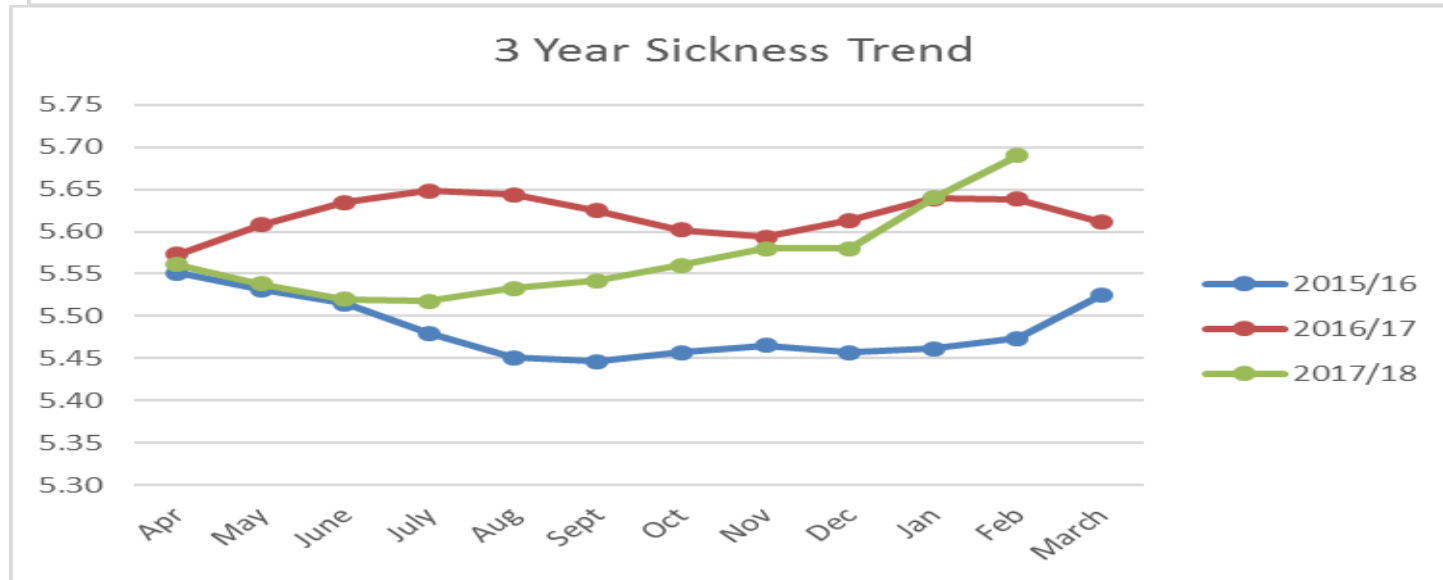
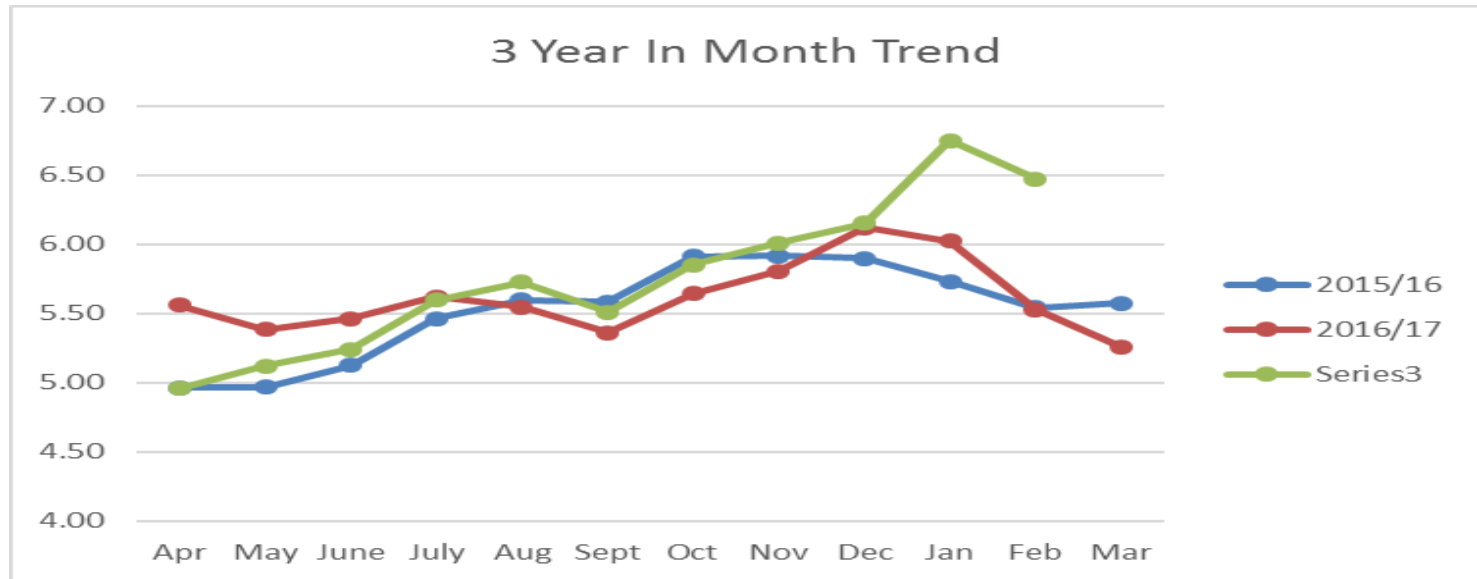
Delivery Unit Performance February 18

Whilst four out of six units improved their in month sickness performance only MH and LD improved their cumulative performance, although POW and Singleton continued to see high levels of in month absence mainly due to colds and flu related absence. An anticipated reduction of cold and flu related absence in March should see units improve their in month performance next month. Singleton has seen a particular increase in in month levels of sickness over recent months resulting in performance of over 7%. The unit is undertaking further analysis of their data to better understand the reasons for this.

	In month	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	5.89%	- 0.36%	6.15%	- 0.02%
Morrison	6.49%	- 0.64%	5.95%	no change
Neath Port Talbot	5.89%	- 0.04%	4.80%	+ 0.12%
PCC	6.27%	- 0.63%	5.69%	+ 0.04%
POW	6.26%	+ 1.0%	5.13%	+ 0.11%
Singleton	7.04%	- 0.02%	5.53%	+ 0.10%

3 Year Trend

Due to the significant increase in Colds, Coughs and Flu related absence in January and February performance is significantly worse than the same time last year. Based on the current trend data available for March it is likely that whilst performance may improve it will still be above last year's levels, which would see cumulative performance increase further.



Actual performance versus Target

As already highlighted above the table below shows our 12 month cumulative sickness absence performance has further deteriorated in the second month of Q4. The below is based on our IMTP target trajectory which the HB performance card is still based on. Unless we see a marked improvement in performance in the remaining month of 2017/18 compared to last year we will fall short of the 5% recovery and sustainability target in excess of 0.5%.

	Projected end of March 2017 position	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	5.7	5.65	5.6	5.55	5.5	5.45	5.4	5.35	5.3	5.25	5.25	5.2	5.15
Actual	5.7	5.65	5.59	5.54	5.53	5.54	5.54	5.56	5.58	5.58	5.64	5.69	

Actions being taken

Actions taken completed Feb - Mar	Actions planned for April/May
<ul style="list-style-type: none"> New model of OH delivery being introduced offering telephone based service to speed up assessments and provide advice. Continue to focus operational efforts on the top 10 worst LTS cases in each unit to bring a more directed approach to the management of LTS. Easter period sickness trends shared with units identifying frequent absentees and enable managers to have appropriate conversation with individuals as necessary. 	<ul style="list-style-type: none"> Standardised process and methodology for LTS scrutiny being piloted. Output to be reviewed by SHRMS prior to consultation with DUs. Review of medical staff sick absence reporting and actions taken. Further draft of LTS guidance following comments received in order to share with staffside Development of evaluation of Wellbeing Champion network Commence provision of training opportunities in 'Mental health in the workplace for managers'. Commence provision of opportunities in HSE work related stress risk assessment Develop a plan to formally launch the new all Wales

	<p>Health and Wellbeing guidance which has been developed.</p> <ul style="list-style-type: none"> • Review information received from a Trust in England that has taken a “different approach to sickness absence management and reduced cumulative sickness by 0.5% in a 12 month period to under 4%
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Part 2 – Establishment, Vacancies and Recruitment

	Budgeted Wte			Staff In post			Vacancy			Vacancy %	
	Apr-17	Mar-18	Movement	Apr-17	Mar-18	Movement	Apr-17	Mar-18	Movement	Apr-17	Mar-18
Admin & Clerical	2491.98	2549.83	57.85	2473.01	2465.84	-7.17	18.97	83.99	65.02	0.76	3.29
Medical & Dental	1463.75	1498.41	34.66	1272.36	1297.96	25.6	191.39	200.45	9.06	13.08	13.38
Nursing & Midwives	4795.49	4840.51	45.02	4480.06	4445.97	-34.09	315.43	394.54	79.11	6.58	8.15
Add Prof, Scientific & Technical	447.15	478.88	31.73	467.89	444.17	-23.72	-20.74	34.71	55.45	-4.64	7.25
Add Clinical Services	2698.33	2752.54	54.21	2800.17	2730.58	-69.59	-101.84	21.96	123.8	-3.77	0.80
Allied Health Professionals	907.06	973.32	66.26	884.09	916.12	32.03	22.97	57.2	34.23	2.53	5.88
Healthcare Scientists	333.16	337.41	4.25	312.63	325.67	13.04	20.53	11.74	-8.79	6.16	3.48
Estates & Ancillary	1514.66	1513.18	-1.48	1383.21	1375.66	-7.55	131.45	137.52	6.07	8.68	9.09
Students	9	11	2	10	7.9	-2.1	-1	3.1	4.1	-	28.18
Total	14660.58	14955.08	294.5	14083.42	14009.87	-73.55	577.16	945.21	368.05	3.94	6.32

- Medical and Dental - staff in post excludes the GPSTs who are now on NWSSP payroll but we continue to hold the budget. This would reduce vacancies by around 55 wte
- Budgeted whole time equivalents increased by 294.5wte across a range of areas. This is due to additional investments in Mental Health, Primary Care and ICF using Welsh Government funding. There have also been some increases in health records funding establishment to reflect actual staffing levels.
- Despite significant efforts locally, nationally and overseas staffing
- numbers have remained broadly static with significant vacancies

- across a range of staff groups. The greatest challenges are within registered nursing and medical staffing. We are developing initiatives at a local level to support nurse recruitment.
- The turnover rate has stabilised at around 8.8%. The key areas of concern are additional clinical services 9.87% and registered nursing 9.89% work is been undertaken in nursing with particular regard to turnover of staff with less than 2 year service.

Nursing Vacancies		Establishment wte	Post wte	(SIP - Funded) wte
Singleton DU	Qualified	781.66	731.59	-50.07
	Unqualified	285.38	302.59	17.21
	Total	1,067.04	1,034.18	-32.86
POW DU	Qualified	748.66	661.46	-87.20
	Unqualified	283.45	272.23	-11.22
	Total	1,032.11	933.69	-98.42
Morrison DU	Qualified	1,451.25	1319.55	-131.70
	Unqualified	427.36	506.93	79.57
	Total	1,878.61	1,826.48	-52.13
Mental Health & Learning Disabilities	Qualified	825.38	739.47	-85.91
	Unqualified	670.50	623.71	-46.79
	Total	1,495.88	1,363.18	-132.70
Primary Care & Community DU	Qualified	683.36	659.94	-23.42
	Unqualified	229.92	207.39	-22.53
	Total	913.28	867.33	-45.95
NPT DU	Qualified	312.85	300.54	-12.31
	Unqualified	125.52	123.47	-2.05
	Total	438.37	424.01	-14.36

COMMENT

We continue to engage nurses from outside the UK to help mitigate the UK shortage of registered nurses.

To date we have:

- EU Nurses employed at Band 5 = **70**
- Philippine nurses arrived in 17/18 and employed at Band 5 = **28**

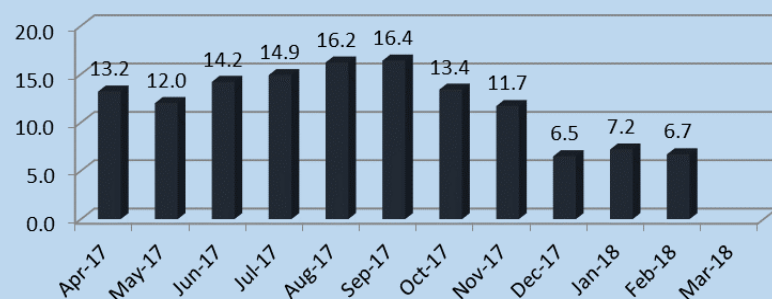
We are also currently exploring further options of nurses from Dubai and India.

In addition, we are taking actions to develop / grow our own Nursing workforce. These include:

- Eleven of our Health Care Support Workers (HCSW's) recruited to a part time degree in nursing. Seven commenced in September 2017 on a four-year programme, the remainder commenced in January 2018 on a two year nine month programme. We have also secured further external funding to offer similar places to Thirteen HCSW's in 18/19 and recruitment to these places is underway.
- A further thirteen of our HCSW's have also been successful in gaining places on a two-year master's programme.
- Eight HCSW's with overseas registration have recently commenced a programme developed with Swansea University to become registered nurses in the UK.

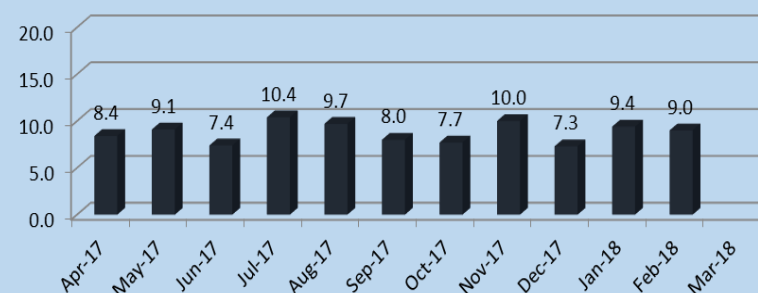
Time to approve Vacancies

Target: 10 working days



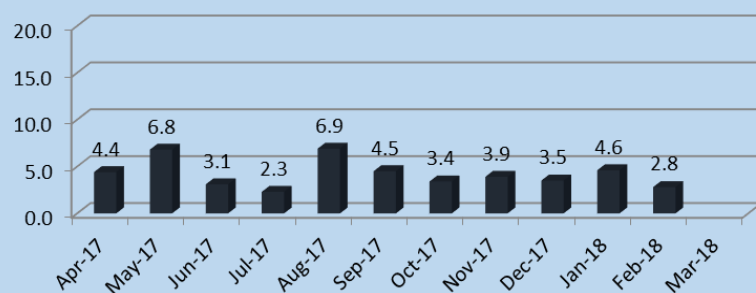
Time to Shortlist by Managers

Target: 3 working days



Time to notify Recruitment of Interview Outcome

Target: 3 working days












These are the three main KPIs within the TRAC/recruitment process that our managers have direct control over. Manager performance has improved considerably over the last two years. The planned recruitment guidance bulletins will address these KPIs. The approving of vacancies within TRAC once submitted remains over target. We plan to undertake a process review in this area taking in the new measures covering the time it takes to submit a TRAC request from date of resignation. (See below).

Recruitment Timeline as at February 2018

Org	T16 TARGET TIME Vacancy Request Submitted by Manager to Conditional Offer Letter Sent	T16 TIME TAKEN Vacancy Request Submitted by Manager to Conditional Offer Letter Sent (inc Bank Holidays)	T17 TARGET TIME Conditional Offer Letter Sent to Unconditional Offer Letter Sent	T17 TIME TAKEN Conditional Offer Letter Sent to Unconditional Offer Letter Sent (inc Bank Holidays) Excluding Outliers	T17 TIME TAKEN Conditional Offer Letter Sent to Unconditional Offer Letter Sent (inc Bank Holidays) Including Outliers	T18 TARGET TIME Vacancy Requested to Unconditional Offer Letter	T18 TIME TAKEN Vacancy Requested to Unconditional Offer Letter (inc Bank Holidays) Including Outliers
All Wales	44.0	48.0	27.0	18.5	29.3	71.0	72.3
ABMU	44.0	47.2	27.0	28.9	35.9	71.0	77.9
AB	44.0	51.7	27.0	21.8	36.6	71.0	85.9
BCU	44.0	45.4	27.0	15.7	32.6	71.0	80.0
CV	44.0	52.4	27.0	19.1	34.4	71.0	86.6
CT	44.0	57.1	27.0	24.7	56.2	71.0	103.4
HD	44.0	47.0	27.0	18.4	22.5	71.0	73.6
NWIS	44.0	47.4	27.0	10.8	15.5	71.0	58.7
NWSSP	44.0	34.8	27.0	15.0	16.5	71.0	58.5

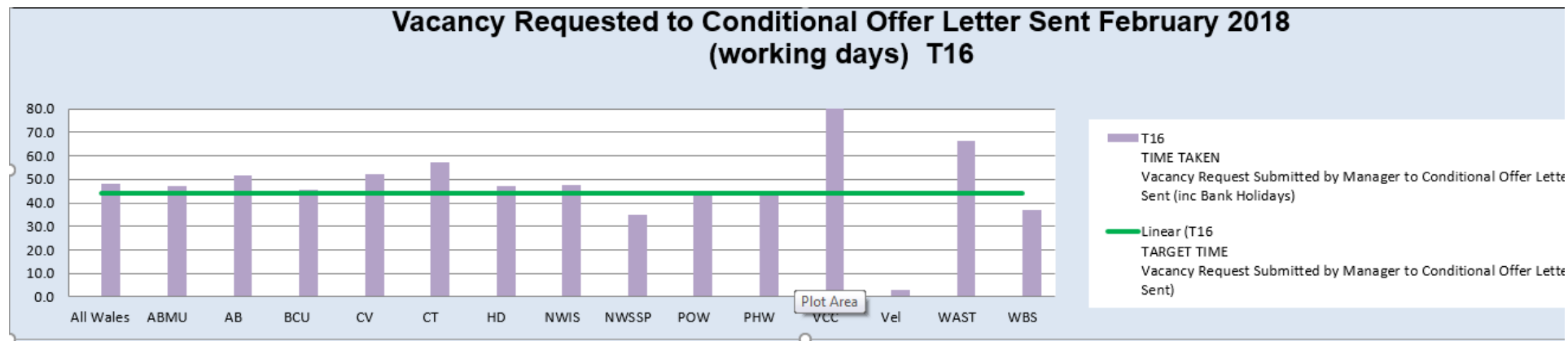
POW	44.0	43.1	27.0	25.3	44.3	71.0	88.7
PHW	44.0	43.4	27.0	16.6	21.4	71.0	66.4
VCC	44.0	96.4	27.0	17.7	33.8	71.0	81.4
Vel	44.0	3.0	27.0	0.0	0.0	71.0	0.0
WAST	44.0	66.3	27.0	0.0	30.2	71.0	77.4
WBS	44.0	37.0	27.0	26.5	30.7	71.0	73.0

Note – outliers are cases where the timescales have been exceeded to a very significant level and often reflect issues with reporting activity as being concluded. The ability to run our own reports will allow ABMU to manage its own data cleansing.

RAG Rating Key for table above.	
T15	
	> 50 days
	45-50 days
	0-44 days
T16	
	> 50 days
	28-50 days
	0-27 days
T17	
	> 91 days
	71-91
	0-71 days

Comment

- ABMU compares well against similar sized NHS Wales organisations.
- Outliers continue to adversely affect the target timescales.
- Delays with some checks do affect the end to end performance but all checks are now based on the absolute minimum required by law (right to work) and NHS recruitment standards.
- OH processes have been revised to look at improving triaging recruitment checks.
- The most significant delays remain applicant based eg failure to submit OH clearance declaration, failure to provide required documentation and or DNA at the identity checking appointments.



Trac Recruitment Health Check Average Times in Working Days	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
From Notice Date to Vacancy Request Date (New measure from 01/08/17)	67.4	43.4	56.7	64.3	49.1	36.6	48	70

This is a new measure which extracts data from the TRAC authorisation detailing when the individual gave notice to the date the TRAC authorisation was submitted. The ABMU KPI for this is 10 days, allowing some time for the effect the vacancy panel process has. The data clearly shows a lengthy delay between the point the incumbent for a post leaves and the date the request to recruit is submitted on TRAC. Looking at the reasons for this and improving performance is the first area we will explore following the ability to run DU specific reports.

Actions taken completed Feb / March	Actions planned for April / May
<ul style="list-style-type: none"> • Training completed reviewed methodology for reports to be included. 	<ul style="list-style-type: none"> • Confirm how the reports will be used internally within DUs. • Last recruitment bulletins to be issued • NWSSP running recruitment “clinics” for ABMU managers, dates to be confirmed. • First TRAC reports considered by DUs. Focus on delays in TRAC submission

Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 April 2017 – 31 March 2018

Staff Group	Headcount	FTE	Change (headcount) from year ending 31 Dec 17
Add Prof Scientific and Technic	9.28%	9.09%	↑
Additional Clinical Services	9.64%	9.31%	↓
Administrative and Clerical	8.55%	8.43%	↓
Allied Health Professionals	8.71%	8.39%	↓
Estates and Ancillary	6.30%	6.26%	↓
Healthcare Scientists	3.98%	3.52%	↓
Medical and Dental	8.93%	8.79%	↑
Nursing and Midwifery Registered	9.68%	9.45%	↓

Average turnover has decreased by 0.32% but remains relatively low as an organisational rate. The rate has been fluctuating around 9% for most of 2017/18. Nursing turnover remains highest of the staff groups but has reduced in the last six months.

Health Board - Excluding Junior Medical & Dental Staff & Students	Headcount	FTE	Change (headcount)
Overall Rate	8.85%	8.65%	↓

Actions taken completed Feb - Mar	Actions planned for April / May
<ul style="list-style-type: none"> DU analysis of leavers to establish patterns and check on concerns over staff leaving using available exit information started. 	<ul style="list-style-type: none"> Review data consistency with a view to adding some analysis to the next metrics report.

Part 4 - PADR

Current Position and Background

The following provides a breakdown by ABMU Delivery Unit of PADR completion and recording within Electronic Staff Record (ESR) as a percentage, as of the 31st March 2018 for a 12 month rolling period.

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Board Secretary - Div	44	14	31.82
130 D3 Clinical Medical School - Div	18	5	27.78
130 D3 Clinical Research Unit - Div	43	36	83.72
130 D3 Delivery Unit - Div	33	0	0.00
130 D3 Director of Strategy - Div	1,664	490	29.45
130 D3 Director of Therapies & Health Sciences - Div	26	23	88.46
130 D3 EMRTS - Div	30	1	3.33
130 D3 Finance - Div	95	74	77.89
130 D3 Informatics - Div	396	45	11.36
130 D3 Medical Director - Div	43	26	60.47
130 D3 Nurse Director - Div	79	61	77.22
130 D3 Workforce & Organisational Development - Div	129	82	63.57
130 SDU - Mental Health & Learning Disabilities - Div	1,989	1,705	85.72
130 SDU - Morriston Hospital - Div	3,130	1,946	62.17
130 SDU - Neath Port Talbot Hospital - Div	1,430	1,044	73.01
130 SDU - Primary Care & Community - Div	1,776	1,414	79.62
130 SDU - Princess of Wales Hospital - Div	1,563	942	60.27
130 SDU - Singleton Hospital - Div	2,174	1,187	54.60
Grand Total	14,662	9,095	62.03

Please find below a table of areas where the PADR Compliance is below 30%.

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Clinical Medical School - Div	18	5	27.78
130 D3 Delivery Unit - Div	33	0	0.00
130 D3 Director of Strategy - Div	1,664	490	29.45
130 D3 EMRTS - Div	30	1	3.33
130 D3 Informatics - Div	396	45	11.36

The overall Health Board percentage of PADR's recorded within ESR as of March 2018 for a 12 month rolling period is **62.03%**, however the all-Wales and local target is 85% of PADR's recorded in ESR and so continued improvement remains essential.

Actions taken Feb / March	Actions planned for April / May
<ul style="list-style-type: none"> • An increase in recording of PADR's in ESR by 1.08% • Considerable retraining of staff with Learning administrative access to enable the updating of local PADR information • Over 40 staff have been identified as no longer requiring access and the process is underway to remove access. • 270 staff have learning administrator access. Other users of this level of access include learning administrators for SME (Subject Matter Experts) who deliver face to face mandatory training and are required to update attendance records. • All staff with Learning Administration have been trained to be able to produce local reports on PADR activity for their area/Unit. 	<ul style="list-style-type: none"> • Requests for administrator access to input PADR data continue to be received and training provided accordingly

Part 5 - Statutory and Mandatory Training

Competence Name	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	58.52%
NHS CSTF Fire Safety - 2 Years	65.78%
NHS CSTF Health, Safety and Welfare - 3 Years	57.25%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	56.18%
NHS CSTF Information Governance (Wales) - 2 Years	63.31%
NHS CSTF Moving and Handling - Level 1 - 2 Years	42.72%
NHS CSTF Resuscitation - Level 1 - No Specified Renewal	40.07%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	52.00%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	47.74%
NHS CSTF Violence and Aggression (Wales) - Module A	55.37%
NHS MAND Dementia Awareness - No Renewal	61.99%
NHS MAND Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal	86.31%
NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	36.67%

In August 2016 it was mandated that the Electronic Staff Record (ESR) would be the only method of reporting Statutory and Mandatory Training Compliance for all NHS organisations. Subject Matter Experts and their administrators have been entering local Mandatory Training records / compliance, manually into ESR since October 2012. National e-Learning packages for the minimum competencies became available to Staff and Health Boards from June 2014, with new starters being able to access the e-Learning since October 2014, meaning an automatic transfer of training records between the Learning@Wales e-learning platform and ESR, however this is mainly for level 1 training. The updating of the training records from Learning@Wales has been a manual process.

A major change in the accessing of e-learning was completed on 1st January 2017, meaning that staff are only able to access e-learning modules for Mandatory and other e-learning via the ESR system. This has had the following benefits, which have been lacking to date:

- Only needing 1 log-on / password
- Instant and accurate updating of individual training records for the Mandatory Training subjects
- Removal of the use to enrolment keys
- Access to a greater variety of e-learning subjects
- Managers with Manager Self Service access will be able to monitor the training compliance of their staff direct

Actions taken Feb / March	Actions planned for April / May
<ul style="list-style-type: none"> • Records transferred from Learning@Wales have been manually updated into ESR covering Level 1 Mandatory & Statutory training and is now as up to date as possible. • E-Learning drop in sessions have been delivered across all major sites allowing individuals to highlight any issues • Individuals who have experienced systematic issues have had their compliance updated manually 	<ul style="list-style-type: none"> • E-learning drop-in sessions are continually provided to assist individuals with any issues. • The Action Point system continues to provide advice and support across the organisation.

Part 6 - Variable Pay

For this report a comparison of the position between FY 16/17 and 17/18 is provided

Variable pay spend has reduced by £4.895m compared to the previous financial year. Within this reduction there has been a reduction in Medical agency spend which can in part be attributed to medical agency cap, but also reflects improved recruitment and rota changes.

Registered nursing agency usage has increased and this reflects increases in nurse vacancy levels. Within Mental Health staff were previously paid overtime with limited use of Bank, during 2017/18 staff were encouraged to sign up to the bank and overtime was restricted. This has had some impact on expenditure.

The reduction in the other staff groups agency is mainly in A&C and Additional clinical services both of which have reduced by around 65% when compared with the previous year. This forms the greatest reduction in monetary terms.

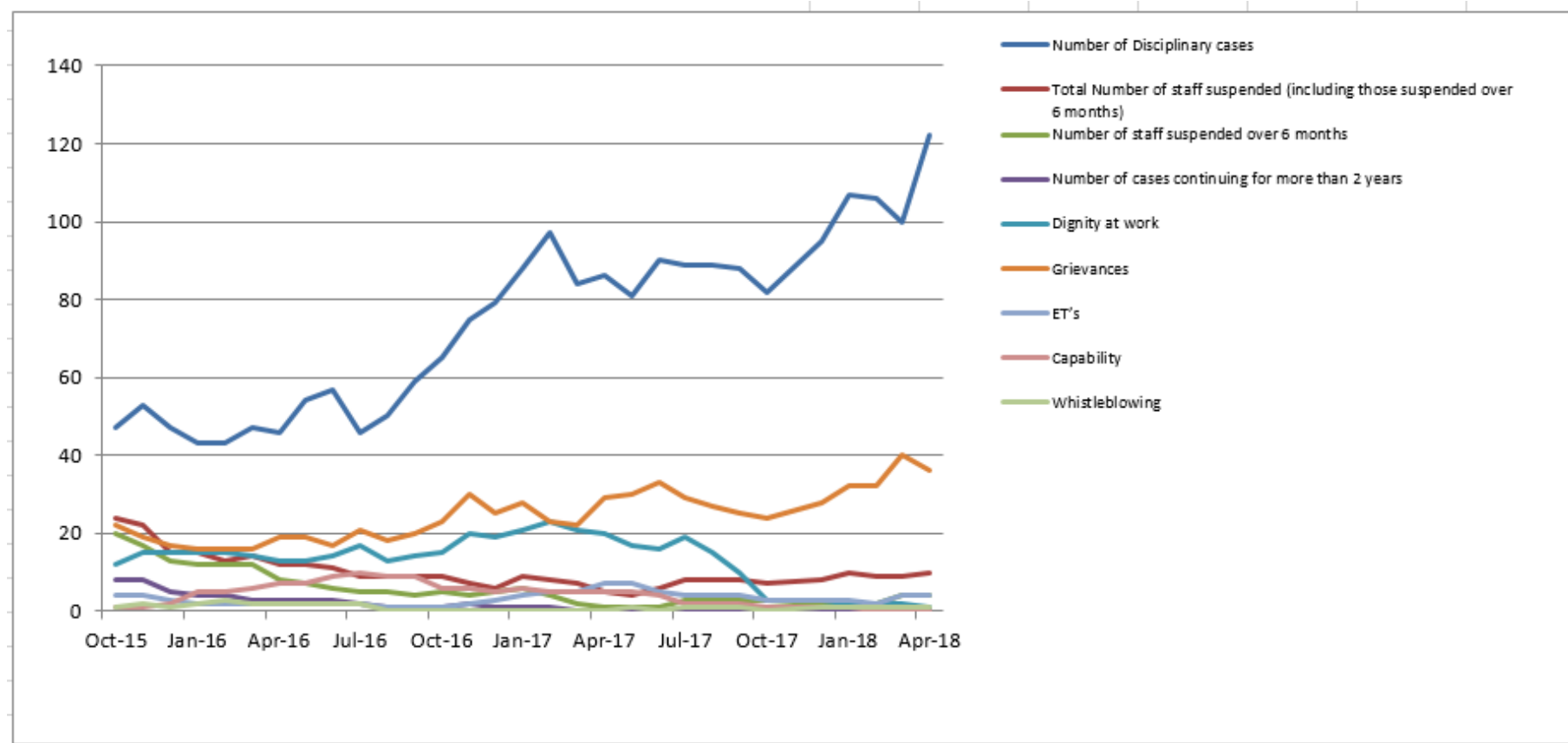
ABM - Variable Pay

		2017/18 £m	2016/17 £m	Difference £m
Medical	Agency	7.961	9.765	-1.804
	Irregular ADH	6.976	6.949	0.027
Total Medical		14.937	16.714	-1.777
Registered Nursing	Agency	7.572	6.288	1.284
	Overtime	2.301	3.092	-0.791
	Bank	3.195	3.009	0.186
Total Registered Nursing		13.068	12.389	0.679
Other Staff Groups	Agency	3.972	8.009	-4.037

	Overtime	3.711	4.244	-0.533
	Bank	5.505	4.732	0.773
Total Other Staff Groups		13.188	16.985	-3.797
Total Variable Pay		41.193	46.088	-4.895

Actions taken Feb / March	Actions planned for April / May
<ul style="list-style-type: none"> Completed review of Agency diagnostic Tool outcome New bank system continues to be imbedded within the HB, Post implementation review started. 	<ul style="list-style-type: none"> Agency diagnostic tool Action Plan issued with timetable for completion. Reach final decision on bank work incentivisation.

Part 7 - Operational Workforce Activity

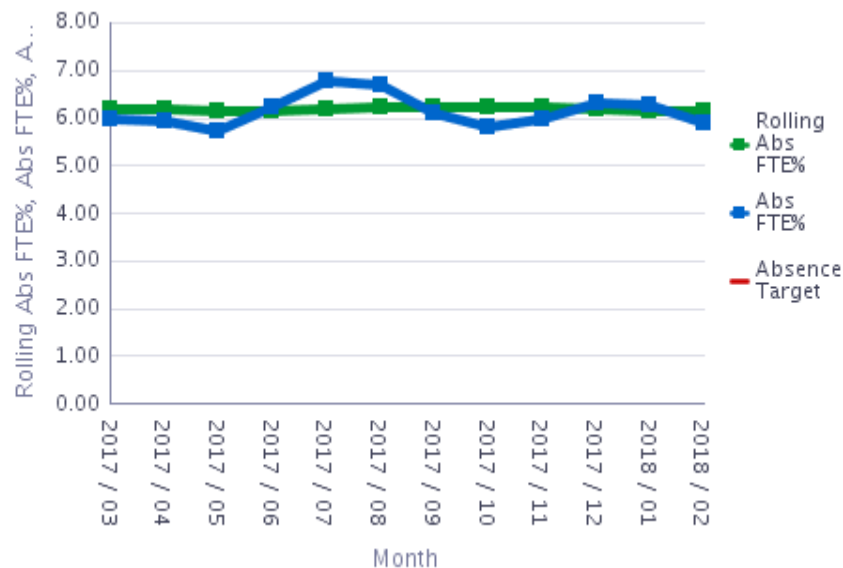


Actions taken Feb / March	Actions planned for April / May
<ul style="list-style-type: none"> • Review of Investigating officer guidance completed • Consistency issues discussed with agreement reached over some specific issues around guidance to be provided. 	<ul style="list-style-type: none"> • Whilst part of the recent increase in reported cases is due to a single issue with multiple employees Operational teams are reviewing whether there are identifiable factors associated with the recent increase in disciplinary cases. To date there appears to be no pattern or single cause for the increase in disciplinary cases over the last two years. • Revised guidance covering the Initial Assessment phase of the all Wales Disciplinary Policy to be issued. In light of agreements reached re IO guidance. • Paper seeking support/investment for dedicated Investigating Officer team to be submitted to IGB.

Mental Health & Learning Disabilities Delivery Unit

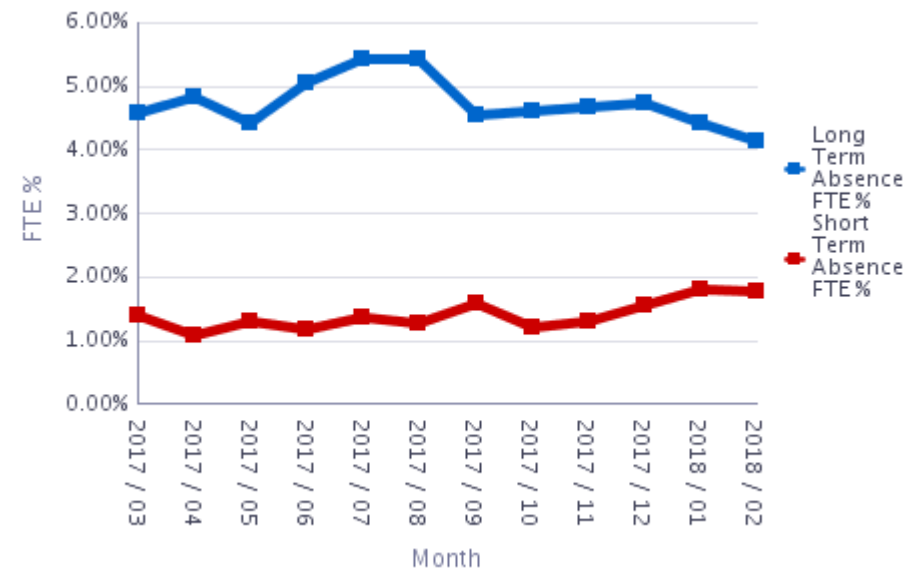
Part 1 – Sickness Absence March 2017 – Feb 2018

Rolling 12 Month



The rolling 12 month sick absence rate was 6.33% in March 2017 and remained static for the majority of 2017 but has now reduced to 6.15% in February 2018.

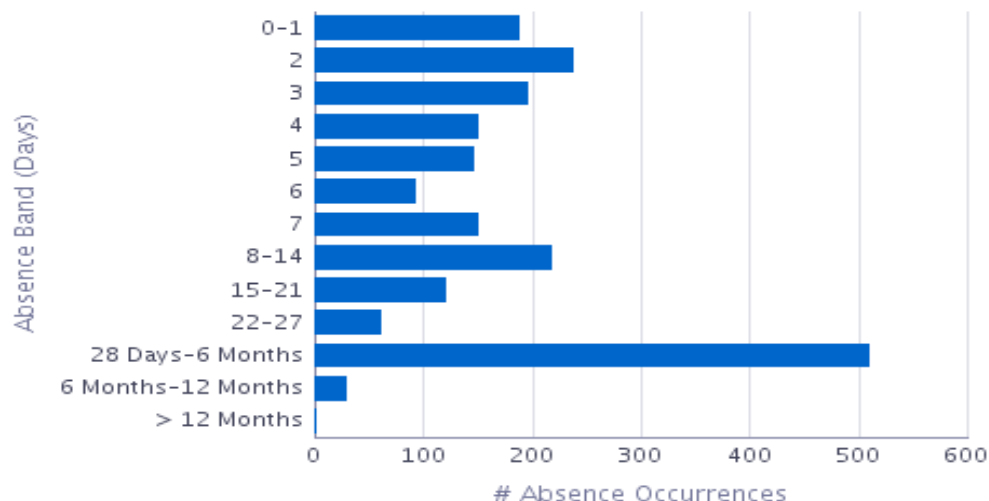
In Month Absence



Both short & long term absence decreased from January to February 2018. Short term absence has increased overall from 1.39% in March 2017 to 1.76% in February 2018, mainly due to significant increase in comparison for colds, coughs and flu from 14 in March 17 to 65 in Feb 18. The majority of the DU sickness is long term absence, which reduced overall from 4.58% in March 2017 to 4.13% in February 2018.

Length of Absence

The chart below shows that the majority of absences are between 28 days and 6 months. This is a similar pattern to that over the last 12 months.



Delivery Unit performance August 17 to February 2018

The DU had enjoyed a reducing trend in its total in month and rolling absence position from December 2017 to February 2018.

	In month	+/- on previous month	Cumulative	+/- on previous month
August 2017	6.64%		6.23%	
September 2017	5.95%	- 0.69%	6.21%	- 0.02%
October 2017	5.78%	-0.17%	6.23%	+ 0.02%
November 2017	6.07%	+0.29%	6.23%	No change
December 2017	6.57%	+0.5%	6.28%	+0.05%
January 2018	6.25%	-0.32%	6.17%	-0.11%
February 2018	5.89%	-0.36%	6.15%	-0.02%

Actions taken/completed	Actions planned for April/May
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<ul style="list-style-type: none"> • Continuation of the ABMU Flu Campaign. • Following Hot Spot area audits, sickness process training has been reviewed and further back to basics HR training scheduled for 17 & 27 April. • 140 DU managers have attended Nelson Training. • Guy Holt and Paul Dunning attended DU Workforce meeting in April to discuss further ways to assist and improve staff health and wellbeing. • Art Therapy Pilot Taster Sessions held on 19 & 20 March 2018. 	<ul style="list-style-type: none"> • Sick Absence audits continuing across DU Localities. • Reviewing medical staff sick absence reporting and actions taken as part of Medical Workforce Meeting. • DU hot spot analysis across all localities. • Review of top 10 long term sickness cases on a monthly basis in Locality Sickness meetings. • Taster sessions for Art Therapy project to improve staff health and wellbeing were held on 19/20th March 2018. Feedback from participants was extremely positive and Steering group will be meeting on 3 May to agree pilot area and proceed with application for further funding from Arts Council Wales. • Funding being secured to pilot DU Staff Counsellor for 12 months in Specialist Services Locality. Job description has recently been approved and will now proceed through vacancy control process. • DU supported 32 Wellbeing Champions and each Locality reviewing how they can best be utilised to support staff health and wellbeing. • Review being undertaken of attendance of Band 7 managers at monthly Locality Sickness Meetings. This is main lessons learnt following best practice review undertaken with POW DU.
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Part 2 – Establishment, Vacancies and Recruitment – February 2018

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
MH & LD Delivery Unit	Admin & Clerical	203.56	192.82	-10.74 ↓
	Consultant	47.90	42.90	-5.00 ↓
	Other	321.64	264.70	-56.94 ↑
	Other Medical Staff	79.61	47.46	-32.15 ↑
	Qualified Nurse	825.38	740.23	-85.15 ↑
	Unqualified Nurse	670.50	618.58	-51.92 ↑
MH & LD Delivery Unit Total		2,148.59	1,906.68	-241.91

The WTE for planned reinvestment into Community services had been budget set. These investments enable the planned ward closures within Older Peoples Services. As the ward closures are not agreed, their respective WTE remains, therefore, overstating the vacancy position by 42 WTE within qualified and unqualified nursing.

The Delivery Unit has two main areas of recruitment difficulty, substantive medical appointments and qualified nursing. The largest shortfall in qualified nursing is within Learning Disabilities Inpatient and Community Services. Specialist Services Locality has the largest amount of nursing vacancies at 48WTE of which 40 WTE are either awaiting commencement or are in recruitment.

The Delivery Unit is presently utilising 10 MEDACs locums to backfill approximately 20 medical vacancies. The remainder is covered via additional sessions or remaining vacant. The Delivery Unit Medical Workforce Group are pursuing strategies to substantively recruit.

Mental Health & Learning Disabilities Delivery Unit Vacancies Reported Vacancies as at Feb 2018	241.91
Less: Vacancies filled via recharges (Velindre/Social Services/University)	22
Establishing Community Investments	34.1
Total Adjusted Vacancies as at Feb 2018	185.81
Breakdown of Key Vacancies:	
Medical	20
Older Peoples ward staff pending removal through service change	42
Learning Disabilities Community Services	24
Learning Disabilities Inpatient Services	22
Specialist Services Inpatient Services	26
Remaining spread across services	52
Breakdown of Key Vacancies Total	186

Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 April 2017 – 31 March 2018

Staff Group	FTE
Add Prof Scientific and Technic	18.63%
Additional Clinical Services	8.30%
Administrative and Clerical	7.36%
Allied Health Professionals	7.82%
Estates and Ancillary	7.00%
Medical and Dental	5.42%
Nursing and Midwifery Registered	9.17%

Average turnover has decreased over the last few months to 8.63% as at 31 March 2018. Nursing turnover was of concern as it had been as high as 11.89% in the last 12 months, mainly due to high level of retirements. The nursing turnover has now reduced to 9.17% in March 2018.

Health Board - Excluding Junior Medical & Dental Staff & Students

Overall Rate	8.57%
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Actions taken/completed	Actions planned for April/May
<ul style="list-style-type: none"> Leaver's data is circulated on a monthly basis to all Localities as part of the DU HR report to Board. DU took part in two HB Nurse Recruitment events in both Morriston and POW and successfully recruited to posts at both events. Implemented values based recruitment for all inpatient registered nursing roles and generic job descriptions from 1 April 2018. 	<ul style="list-style-type: none"> DU implemented pilot exit questionnaire for nursing staff from 1 April 2018. DU update analysis of leavers to establish patterns and check on concerns over staff leaving within the first year of their appointment with a focus on nursing. Each Locality is undertaking an exercise for all staff groups to ascertain a more informed picture of predicted retirements over next 3-5 years. DU will continue to take part in HB wide Nurse Recruitment events on a rolling basis.

Part 4 - PADR

Current Position and Background

The following provides a breakdown by MH & LD Delivery Unit cost centre PADR completion and recording within Electronic Staff Record (ESR) as a percentage, as of the 31st March 2018 for a 12 month rolling period.

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 Head of Operations - Dir	130 R001 Mental Health Directorate Support	4	1	25.00
130 Head of Operations - Dir	130 R004 Joint Training & Education	1	1	100.00
130 Head of Operations - Dir	130 R005 Mental Health Administration	37	29	78.38
130 Head of Operations - Dir	130 R008 Mental Health Directorate Management	9	8	88.89
130 Head of Operations - Dir	130 T013 Special Projects Team	1	1	100.00
130 Head of Operations - Dir	130 T014 Directorate Team	4	4	100.00
130 Head of Psychology & Therapies	130 R210 Professional Heads of Therapies	4	4	100.00
130 MHL D Bridgend Locality - Dir	130 R016 MH Measure Bridgend	11	11	100.00
130 MHL D Bridgend Locality - Dir	130 R020 Psychological Therapies Bridgend	2	1	50.00
130 MHL D Bridgend Locality - Dir	130 R024 ARC Day Opportunities	4	3	75.00
130 MHL D Bridgend Locality - Dir	130 R030 Bridgend MH Comm Serv	10	8	80.00
130 MHL D Bridgend Locality - Dir	130 R032 Bridgend Psychology	3	3	100.00
130 MHL D Bridgend Locality - Dir	130 R034 PICU Coity Clinic	27	26	96.30
130 MHL D Bridgend Locality - Dir	130 R037 South Bridgend CMHT	16	16	100.00
130 MHL D Bridgend Locality - Dir	130 R038 North Bridgend CMHT	21	20	95.24
130 MHL D Bridgend Locality - Dir	130 R107 Perinatal MH Services	9	6	66.67
130 MHL D Bridgend Locality - Dir	130 R109 Occupational Therapy Management	3	1	33.33
130 MHL D Bridgend Locality - Dir	130 R111 Coity Clinic Ward 14	28	28	100.00
130 MHL D Bridgend Locality - Dir	130 R112 Coity Clinic Ward 21	25	23	92.00
130 MHL D Bridgend Locality - Dir	130 R113 OT & Physio Adult Bridgend	6	6	100.00
130 MHL D Bridgend Locality - Dir	130 R115 Bridgend Crisis Team	18	15	83.33
130 MHL D Bridgend Locality - Dir	130 R121 MH Bridgend OT OPS	4	2	50.00
130 MHL D Bridgend Locality - Dir	130 R129 Bridgend Continuing Health Care	16	15	93.75
130 MHL D Bridgend Locality - Dir	130 R131 Angelton Clinic Ward 1	16	13	81.25

130 MHL D Bridgend Locality - Dir	130 R133 Angelton Clinic Ward 3	17	15	88.24
130 MHL D Bridgend Locality - Dir	130 R134 Coity Clinic Ward 15	22	21	95.45
130 MHL D Bridgend Locality - Dir	130 R135 Angelton Clinic Ward 2	29	21	72.41
130 MHL D Bridgend Locality - Dir	130 R136 EMI Teams	13	13	100.00
130 MHL D Bridgend Locality - Dir	130 R201 MH Community Drug & Alcohol	6	2	33.33
130 MHL D Bridgend Locality - Dir	130 R202 Home Detox	2	1	50.00
130 MHL D Bridgend Locality - Dir	130 R203 SMAP Funding	6	4	66.67
130 MHL D Bridgend Locality - Dir	130 R204 Bridgend Assessment Service	2	1	50.00
130 MHL D Bridgend Locality - Dir	130 R610 Bridgend Locality Management	6	5	83.33
130 MHL D Bridgend Locality - Dir	130 T006 LD Dietician	4	3	75.00
130 MHL D Bridgend Locality - Dir	130 T007 LD Art Therapy	4	4	100.00
130 MHL D Bridgend Locality - Dir	130 T010 LD Administration	19	16	84.21
130 MHL D Bridgend Locality - Dir	130 T017 Community Health Team - Bridgend	19	19	100.00
130 MHL D Bridgend Locality - Dir	130 T018 Community Health Team - Cardiff	34	30	88.24
130 MHL D Bridgend Locality - Dir	130 T019 Community Health Team - Vale	14	14	100.00
130 MHL D Bridgend Locality - Dir	130 T020 Community Health Team - RCT East	10	9	90.00
130 MHL D Bridgend Locality - Dir	130 T021 Community Health Team - RCT West	14	12	85.71
130 MHL D Bridgend Locality - Dir	130 T022 Community Health Team - Merthyr	6	5	83.33
130 MHL D Neath Port Talbot Locality - Dir	130 N028 Occupational Therapy OPS NPT	12	10	83.33
130 MHL D Neath Port Talbot Locality - Dir	130 R002 Mental Health Veterans Service	5	4	80.00
130 MHL D Neath Port Talbot Locality - Dir	130 R007 NPTH MH Administration	7	7	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R053 Dechrau Newydd	3	2	66.67
130 MHL D Neath Port Talbot Locality - Dir	130 R058 NPT MH Measure	18	18	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R062 South Community MH Team	10	10	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R063 North Community MH Team	12	12	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R064 Neath Psychology	5	5	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R067 NPTH Ward F Acute	28	24	85.71
130 MHL D Neath Port Talbot Locality - Dir	130 R068 NPTH Recovery Unit	3	3	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R069 NPT Assertive Outreach Team - NPTH	6	4	66.67

130 MHL D Neath Port Talbot Locality - Dir	130 R070 NPTH CRHT Team	13	13	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R079 First Episode Psychosis	5	5	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R102 NPT Detox Ward	14	14	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R105 Occupational Therapy Adult NPT	6	6	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R140 Tonna EMI General Admin	11	10	90.91
130 MHL D Neath Port Talbot Locality - Dir	130 R142 Tonna Emi Suite 1	23	23	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R143 Tonna Emi Suite 2	24	24	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R144 Tonna Suite 3	4	3	75.00
130 MHL D Neath Port Talbot Locality - Dir	130 R145 Tonna Emi Suite 4	26	26	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R146 Tonna EMI Day Hospital	8	6	75.00
130 MHL D Neath Port Talbot Locality - Dir	130 R147 Neath Community Emi	32	31	96.88
130 MHL D Neath Port Talbot Locality - Dir	130 R150 NPTH Ward G EMI	25	24	96.00
130 MHL D Neath Port Talbot Locality - Dir	130 R151 NPTH Day Hospital G	5	5	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R156 Young Onset Dementia Service	1	1	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R157 Dementia Services - OP/CMHT	11	5	45.45
130 MHL D Neath Port Talbot Locality - Dir	130 R220 MH Comm Drug & Alcohol	7	6	85.71
130 MHL D Neath Port Talbot Locality - Dir	130 R222 Low Threshold Prescribing Service	3	3	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R225 SMART	2	2	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R510 Neath Port Talbot Locality Management	3	3	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 T016 Community Health Team - Neath	18	15	83.33
130 MHL D Swansea Locality - Dir	130 R014 CC Medical Records	2	2	100.00
130 MHL D Swansea Locality - Dir	130 R059 MH Eating Disorders	1	1	100.00
130 MHL D Swansea Locality - Dir	130 R077 Assertive Outreach Team - Swansea	12	12	100.00
130 MHL D Swansea Locality - Dir	130 R083 Swansea Psychology	8	7	87.50
130 MHL D Swansea Locality - Dir	130 R084 Fendrod Ward CCH	24	23	95.83
130 MHL D Swansea Locality - Dir	130 R085 Clyne Ward CCH	25	20	80.00
130 MHL D Swansea Locality - Dir	130 R087 Community Acute Area 1 (Central Clinic)	15	11	73.33
130 MHL D Swansea Locality - Dir	130 R088 Community Acute Area 2 (Central Clinic)	21	16	76.19
130 MHL D Swansea Locality - Dir	130 R089 Community Acute Area 3 (Ty-Einon)	28	24	85.71

130 MHL D Swansea Locality - Dir	130 R092 Crisis Resolution Service	30	24	80.00
130 MHL D Swansea Locality - Dir	130 R093 Adult Liaison Psychiatry	26	16	61.54
130 MHL D Swansea Locality - Dir	130 R104 CC Adult Occupational Therapy	17	17	100.00
130 MHL D Swansea Locality - Dir	130 R106 CC Occupational Therapy	9	9	100.00
130 MHL D Swansea Locality - Dir	130 R110 CC Physiotherapy	4	4	100.00
130 MHL D Swansea Locality - Dir	130 R127 MH Measure Swansea	29	25	86.21
130 MHL D Swansea Locality - Dir	130 R160 CC Onen Ward	36	22	61.11
130 MHL D Swansea Locality - Dir	130 R161 CC Derwen Ward	36	24	66.67
130 MHL D Swansea Locality - Dir	130 R167 Old Age Psych -Nurse Admin	11	8	72.73
130 MHL D Swansea Locality - Dir	130 R168 Memory Clinic	5	3	60.00
130 MHL D Swansea Locality - Dir	130 R170 CC Celyn Ward	37	14	37.84
130 MHL D Swansea Locality - Dir	130 R171 Garngoch Day Hospital	4	1	25.00
130 MHL D Swansea Locality - Dir	130 R172 Westfa Day Care	4	2	50.00
130 MHL D Swansea Locality - Dir	130 R173 EMI Areas 1 & 2	16	8	50.00
130 MHL D Swansea Locality - Dir	130 R174 EMI Areas 3 & 4	16	12	75.00
130 MHL D Swansea Locality - Dir	130 R175 Community In Reach Team - Swansea	8	7	87.50
130 MHL D Swansea Locality - Dir	130 R176 Older Age Liason Psychiatry	1	1	100.00
130 MHL D Swansea Locality - Dir	130 R241 Medical Staff - Substance Misuse	1	0	0.00
130 MHL D Swansea Locality - Dir	130 R244 Community Drugs Team	18	9	50.00
130 MHL D Swansea Locality - Dir	130 R410 Swansea Locality Management	2	2	100.00
130 MHL D Swansea Locality - Dir	130 T015 Community Health Team - Swansea	13	13	100.00
130 Mental Health & Learning Disabilities Management - Dir	130 6F43 Mental Health & Learning Disabilities Unit Management	17	15	88.24
130 Mental Health & Learning Disabilities Management - Dir	130 R003 MH Informatics Team	2	2	100.00
130 Specialist Services - Dir	130 N029 Forensic Occupational Therapy	11	11	100.00
130 Specialist Services - Dir	130 R026 Cefn Yr Afon Quarella Road	26	19	73.08
130 Specialist Services - Dir	130 R055 Cedar Ward	24	20	83.33
130 Specialist Services - Dir	130 R056 Rowan Ward	25	24	96.00
130 Specialist Services - Dir	130 R057 Taith Newydd Support Services	14	12	85.71
130 Specialist Services - Dir	130 R076 Step Down Unit CCH - Ty Gwanwyn	10	8	80.00

130 Specialist Services - Dir	130 R078 Step Down Unit CCH - Carreg Sarn	11	9	81.82
130 Specialist Services - Dir	130 R091 Criminal Justice Team	13	12	92.31
130 Specialist Services - Dir	130 R097 Gwelfor Unit CC	29	26	89.66
130 Specialist Services - Dir	130 R099 Medical Staffing for Rehab/R	1	0	0.00
130 Specialist Services - Dir	130 R260 Forensic General Services	39	35	89.74
130 Specialist Services - Dir	130 R261 Forensic Prof Support Services	5	5	100.00
130 Specialist Services - Dir	130 R263 Forensic Penarth Ward	36	29	80.56
130 Specialist Services - Dir	130 R264 Forensic Ogmre Ward	30	25	83.33
130 Specialist Services - Dir	130 R265 Forensic Nursing Services	17	14	82.35
130 Specialist Services - Dir	130 R266 Forensic Newton Ward	33	29	87.88
130 Specialist Services - Dir	130 R268 Forensic Cardigan Ward	22	19	86.36
130 Specialist Services - Dir	130 R270 Forensic Tenby Ward	30	25	83.33
130 Specialist Services - Dir	130 R290 Prison In-Reach Team	8	6	75.00
130 Specialist Services - Dir	130 R431 CHC Staffing Costs	11	10	90.91
130 Specialist Services - Dir	130 R710 Specialist Services Locality Management	6	5	83.33
130 Specialist Services - Dir	130 T040 Special Services - Meadow Court	21	21	100.00
130 Specialist Services - Dir	130 T041 Special Services - Dan-y-Bont	19	19	100.00
130 Specialist Services - Dir	130 T042 Special Services - Ty Garth Newydd	20	19	95.00
130 Specialist Services - Dir	130 T043 Special Services - Bryn Afon	18	17	94.44
130 Specialist Services - Dir	130 T044 Special Services - Swyn-y-Afon	17	12	70.59
130 Specialist Services - Dir	130 T045 Special Services - Dan-y-Deri	16	11	68.75
130 Specialist Services - Dir	130 T047 Special Services - Lletty Newydd	23	22	95.65
130 Specialist Services - Dir	130 T060 Special Services - Hafod-y-Wennol	20	18	90.00
130 Specialist Services - Dir	130 T061 Special Services - Llwyneryr	22	19	86.36
130 Specialist Services - Dir	130 T062 Special Services - Laurels & Briary	30	21	70.00
130 Specialist Services - Dir	130 T063 Special Services - Rowan House	23	20	86.96
130 Specialist Services - Dir	130 T080 Special Services - Facing the Challenge	9	9	100.00
130 Specialist Services - Dir	130 T081 Special Services Behavioural Team	15	15	100.00
Grand Total		1,988	1,684	84.71

The DU's position has continued to improve and has increased from 76.76% at 31st December 2017 to just marginally below the target at 84.71% at 31 March 2018.

Actions taken/completed	Actions planned for April/May
<ul style="list-style-type: none"> Each Locality nominated a person who now has business admin rights for ESR access to enter PADR data, who all attended re-training/training in late 2017. Further work has been undertaken by the DU to interrogate the ESR records against local data and reconcile staff in post information via payroll to accurately reflect current staffing. 	<ul style="list-style-type: none"> Review of PADR compliance is conducted by each Locality in their monthly sickness/workforce meetings and at each DU quarterly performance reviews. DU will now expect each Locality to maintain the current position as a minimum going forward and will scrutinise performance at quarterly locality performance reviews.

Part 5 - Statutory and Mandatory Training – As per Performance Review Scorecard February 2018

Competency	Compliance
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	%
Fire Safety	95.00%
Violence and Aggression (Wales)	96.83%
Manual Handling	93.12%
Hand Hygiene	95.05%
Infection Prevention and Control - Level 1	96.86%
Safeguarding Children - Level 1	98.98%
POVA	93.30%
MCA/DOLS	89.93%
Information Governance (Wales)	69.00%
Dementia awareness	Not provided

Actions taken/completed	Actions planned for April/Feb
<ul style="list-style-type: none"> Significant improvements have been shown over the last quarter in mandatory and statutory training compliance. 	<ul style="list-style-type: none"> Mandatory and statutory training compliance forms part of targeted intervention for hot spot areas and reviewed at quarterly Locality performance reviews. Localities have been asked to review all staff compliance with Information Governance training as a priority.

Part 6 - Variable Pay

The DU variable pay spend, for the first eleven months of 2017/18 is £5.836m. This compares to £5.807m for the same period of the previous financial year. Variable Pay expenditure has remained fairly static across the last two financial years.

The table below summaries the key elements of the variable pay and the comparison with the previous year.

	2017/18 Apr - Feb £m	2016/17 Apr - Feb £m	Change between years £m
Medical – Additional Payments	0.324	0.262	+0.062
Medical – Agency	1.485	1.386	+0.099
Non Medical – Bank	3.196	2.178	+1.018
Non Medical – Overtime	0.013	0.946	-0.933
Non Medical – Agency	.818	1.035	-0.217
Total Spend	5.836	5.807	+0.029

Medical agency/additional payments expenditure has remained largely static over the last year reflecting the fact that DU has been required to maintain the same number of Medacs locums overall despite progress in moving to NHS contracts and substantive appointments in some posts. The vast majority of these posts are being backfilled to cover Speciality Doctor posts. There has been a small increase in ADH payments linked to an increase in the number of vacancies on the junior doctor rotas.

Expenditure on Nurse Bank has increased but this has been offset by reductions in overtime. This reflects the impact of the managed change instigated by the DU to ban the use of overtime & to restrict all usage to Bank with Agency only being utilised when there is no alternative. The decrease in agency usage is reflective of the ongoing drive to minimise its usage within MH and LD Services.

The overall nursing variable pay has reduced by £130k over this period against a position where in-patient vacancies have continually increased throughout this financial year.

The reduction in expenditure is linked to a large extent to the focus placed on the effective and efficient management of the nursing resource by the DU management team. The DU has also benefited from the temporary closures of both Ty Penfro & Tonna Suite 3.

Staff from these 2 areas have been deployed within Learning Disabilities & NPT Older People Services to cover vacancies and as a result there has been less reliance on both Bank & Agency, despite the vacancy factor within in-patient areas increasing throughout this financial year.

Analysis of variable pay performance forms part of the performance reviews for all Localities across DU.

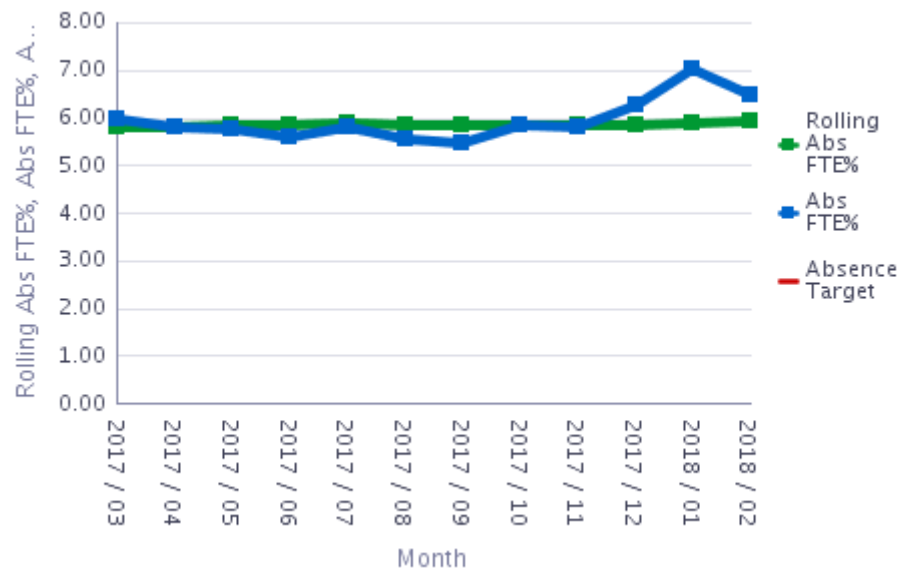
Actions taken completed	Actions planned for March/April
<ul style="list-style-type: none"> • Agency Cap for Medical and Dental Staff introduced to support reduction in locum/agency usage and costs. • New bank system continues to be imbedded within the HB • Took part in HB Nurse Recruitment Open Days in both February & March 	<ul style="list-style-type: none"> • Review values based HCSW bank recruitment. • Review of bank implementation to identify any actions outstanding. • Review standardised shift system for nursing across DU. • Currently undertaking shift standardisation pilots across Specialist Locality areas. • Deliver values based recruitment training to all inpatient recruiting managers. • Roll out values based recruitment for all registered nurse vacancies from April 2018.

Morrison Delivery Unit

Morrison Delivery Unit

Part 1 – Sickness Absence 1 March 2017 – 28 February 2018

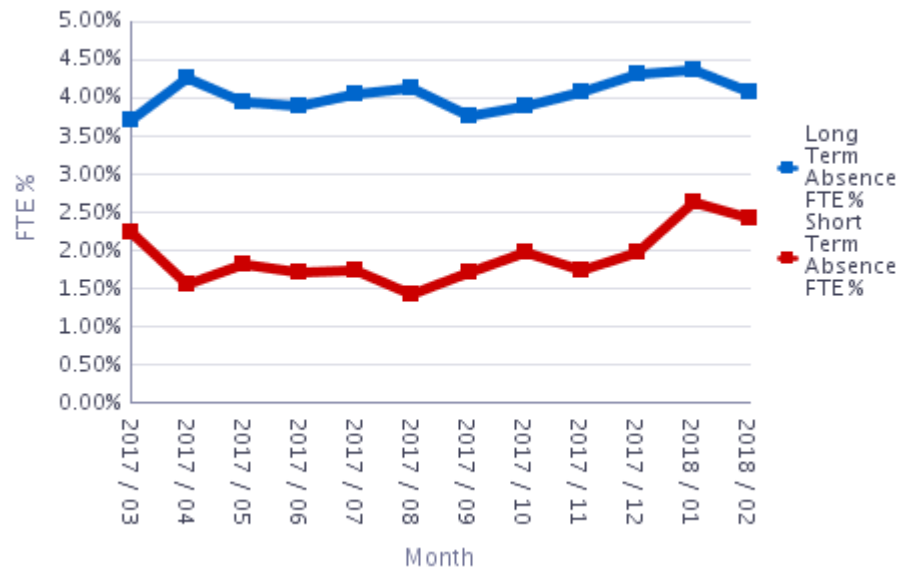
Rolling 12 month sickness absence



The rolling 12 month sick absence rate remained the same as the previous month. The in month figure decreased by 0.52%

When compared to February 2017 cumulative sickness absence rate, the unit's cumulative sickness absence rate has increased by 0.02% during the 12 month period.

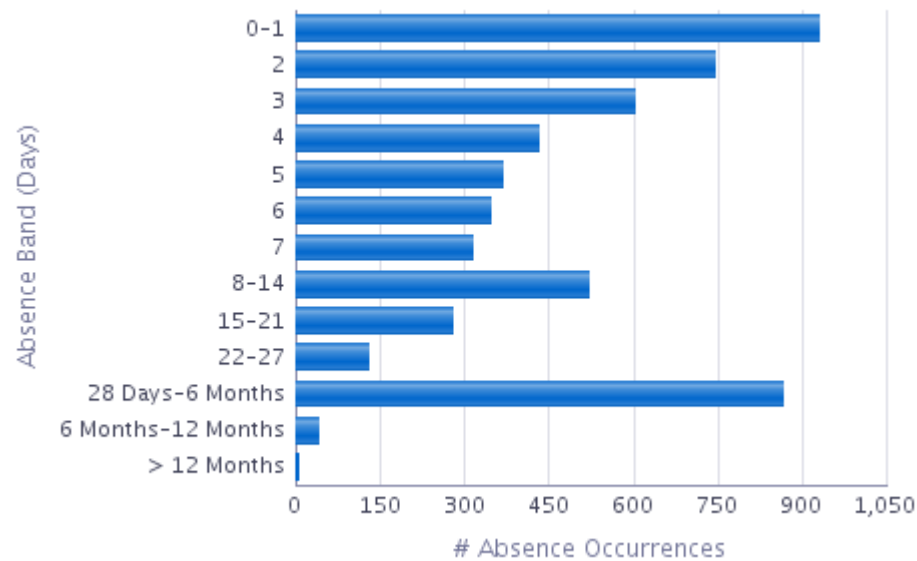
In Month Absence



Short term absence has decreased by 0.21% and long term absence has decreased by 0.30% for February 2018 against the previous month sickness rates.

Length of Absence

The chart below shows the length of absences.



Overall performance February 2018

There has been an increase in both the in month figure and overall cumulative sickness figure.

Morrison	In month 6.49%	+/- on previous month - 0.52%	Cumulative 5.95%	+/- on previous month +0.00%
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Actions taken February/March	Actions planned for April /May
<ul style="list-style-type: none"> • Review of the staff with the longest length of absence reviewed by Senior HR Managers. • Ward by Ward sickness analysis undertaken through roster reckoner meetings (Nurse Director led) • Plans to reduce sickness in each Hotspot area have been discussed at the weekly business meeting. • Review of long term and short term sickness by the operational HR team to ensure compliance with the Sickness absence policy. • Audits undertaken in Hotspot areas. • Management Development – promotion of sickness behavioural (Nelson) and Footprints training. • Time to change /Talk promotional stand in Main OPD on 1st February 2018 and presentation at team brief • Engagement with well-being champions • Staff survey action plan reviewed • Support from the Staff Wellbeing programme in Hotspot areas 	<ul style="list-style-type: none"> • Continue to monitor sickness absence at the weekly business meeting. • Review of Service Group plans to reduce sickness at the weekly business meeting. • Further sick absence audits to continue within unit during 2018. • 'Time to Talk champion to attend Team Brief Team • On-going health and well-being focus in team brief. • Implement actions from staff survey action plan including a newsletter • Nursing trigger Peer review sickness audits to commence

Part 2 – Establishment, Vacancies and Recruitment

Over the last year or so the Health Board have been developing the ESR system to include an “establishment” figure so that we are able to accurately assess the number of true vacancies at any given time. The work has focused on our operational directorates and in particular nursing given the shortage of qualified nurses available within the employment market.

	FTE by Month													
Staff Group	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	Vacancies
Add Prof Scientific and Technic	84.47	84.22	84.54	85.31	69.70	70.00	72.00	74.00	74.00	77.00	76.73	77.73	77.73	4.61
Additional Clinical Services	618.51	627.34	621.33	615.98	622.39	617.26	612.23	607.90	592.52	584.22	585.91	585.76	586.24	-96.59
Administrative and Clerical	461.96	471.72	475.79	473.32	474.86	470.64	470.96	468.42	463.36	460.88	461.45	463.53	464.91	19.14
Allied Health Professionals	156.94	155.07	153.87	151.17	153.17	154.77	158.17	157.37	159.37	160.17	160.17	159.17	157.57	13.05
Estates and Ancillary	111.68	110.68	110.68	109.78	110.38	108.08	111.46	111.46	110.26	118.70	117.94	118.30	116.21	0.39
Healthcare Scientists	54.22	54.22	54.22	54.22	52.32	51.32	51.32	53.43	54.47	54.47	54.47	54.59	54.59	1.19
Medical and Dental	567.90	564.28	561.93	561.09	558.99	557.58	595.78	582.07	581.32	577.75	573.30	573.88	571.45	67.39
Nursing and Midwifery Registered	1,282.59	1,275.81	1,299.88	1,293.11	1,284.82	1,291.14	1,286.23	1,288.22	1,304.88	1,324.79	1,324.43	1,314.06	1,314.82	138.16
Grand Total	3,338.27	3,343.34	3,362.23	3,343.99	3,326.64	3,320.79	3,358.16	3,342.88	3,340.19	3,357.99	3,354.41	3,347.02	3,343.53	147.33

Recruitment and retention of key staff groups- registered nursing and medical staff remain the key problem in terms of the level of vacancies and difficulties in recruitment and retention.

The recruitment strategy for qualified nurses has been revisited and the Band 5 recruitment open days have continued along with speciality led adverts An ED Workforce plan has been developed with skill mix changes agreed to address the deficit in medical staff.

Physician Associate Internships have been introduced in Surgery with a plan to extend Internships to Medicine, ED and ENT The Unit has considerable funded nursing establishment deficits compared with previously agreed WG CNO principles & Nurse Staffing Act. This requires significant investment or bed reduction in order to achieve patient safety and financial balance. Targeted nurse retention work has been undertaken in ITU

Part 3 - Turnover & Labour Stability

Staff Turnover – Morriston Hospital - 1 April 2017 to 31 March 2018

Staff Group	FTE
Add Prof Scientific and Technic	1.32%
Additional Clinical Services	12.58%
Administrative and Clerical	6.50%
Allied Health Professionals	6.63%
Estates and Ancillary	4.00%
Healthcare Scientists	7.45%
Medical and Dental	9.86%
Nursing and Midwifery Registered	8.12%

Average turnover has seen a slight increase of 0.03% compared to last month's cumulative rate. The overall turnover rate has increased slightly by 0.03% since March 2017

Nursing turnover has seen a decrease in its turnover rate of 0.38% compared to March 2017

	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 11	2017 / 12	2018 / 01	2018/02	2018 / 03
Headcount	3,496	3,468	3,460	3,460	3,459	3,466	3,479	3,486	3,475	3,474	3,468	3,482
FTE	3,097.21	3,074.29	3,067.90	3,065.52	3,065.25	3,068.64	3,077.09	3,083.43	3,076.39	3,073.09	3,069.54	3,081.15
Leavers Headcount	22	29	19	25	21	37	28	22	23	18	22	27
Leavers FTE	19.87	26.33	16.61	22.51	19.45	33.36	24.83	20.06	19.04	15.82	19.94	23.71
Starters Headcount	22	16	19	21	20	36	47	34	13	20	17	22
Starters FTE	17.57	14.21	16.35	18.63	18.84	33.00	42.41	30.47	12.23	17.54	16.13	19.41
Maternity	73	74	76	74	76	75	78	83	82	78	79	79
Turnover Rate (Headcount)	0.63%	0.84%	0.55%	0.72%	0.61%	1.07%	0.80%	0.63%	0.66%	0.52%	0.63%	0.78%
Turnover Rate (FTE)	0.64%	0.86%	0.54%	0.73%	0.63%	1.09%	0.81%	0.65%	0.62%	0.51%	0.65%	0.77%
Leavers (12m)	304	308	304	302	299	306	312	308	306	298	298	293
Turnover Rate (12m)	8.85%	8.94%	8.80%	8.73%	8.62%	8.82%	8.98%	8.86%	8.80%	8.57%	8.85%	8.44%
Leavers FTE (12m)	259.99	265.04	263.16	263.70	261.11	267.11	273.05	270.734	268.67	262.81	265.10	261.53%
Turnover Rate FTE (12m)	8.54%	8.69%	8.60%	8.60%	8.50%	8.69%	8.87%	8.79%	8.72%	8.54%	8.61%	8.51%

Delivery unit - Excluding Junior Medical & Dental Staff & Students

Overall Rate	8.51%
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Actions taken completed February /March	Actions planned for April/May
<ul style="list-style-type: none"> Exit interviews undertaken to establish the reasons for leaving in areas with high turnover. Actions taken to address concerns raised where applicable 	<ul style="list-style-type: none"> DU to continue to undertake exit interviews to review if the actions taken have addressed the concerns raised. Staff survey action plan implemented

Part 4 - PADR

Current Position and Background

The following provides a breakdown of the Morriston Delivery Unit PADR completion and recording within ESR as a percentage as at 31st March 2018 for a 12 month rolling period.

PDR Reviews - SDU - Morriston Hospital - excluding Medical and Dental
1st April 2017 - 31st March 2018

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 MN Clinical Services Group - Dir	130 A105 MN Anaesthetics	7	7	100.00
130 MN Clinical Services Group - Dir	130 A111 West Pain Service	5	5	100.00
130 MN Clinical Services Group - Dir	130 A201 POW HSDU	33	25	75.76
130 MN Clinical Services Group - Dir	130 A202 MN HSDU	60	51	85.00
130 MN Clinical Services Group - Dir	130 A203 SN HSDU	30	22	73.33
130 MN Clinical Services Group - Dir	130 A210 HSDU Management	1	1	100.00
130 MN Clinical Services Group - Dir	130 A303 West Outreach	3	3	100.00
130 MN Clinical Services Group - Dir	130 A311 West Critical Care	205	179	87.32
130 MN Clinical Services Group - Dir	130 A312 Critical Care Medical Staff	5	3	60.00
130 MN Clinical Services Group - Dir	130 A313 Vascular Access Service	3	2	66.67
130 MN Clinical Services Group - Dir	130 A406 West Pre-Assessment	20	18	90.00
130 MN Clinical Services Group - Dir	130 A423 MN Theatres	271	177	65.31
130 MN Clinical Services Group - Dir	130 A430 Theatre Support Staff & Management	17	11	64.71
130 MN Clinical Services Group - Dir	130 A501 CSS Directorate Management	6	6	100.00
130 MN Clinical Services Group - Dir	130 D611 MN MRI	8	8	100.00
130 MN Clinical Services Group - Dir	130 D612 SN Radiology	65	61	93.85
130 MN Clinical Services Group - Dir	130 D614 MN Medical Photography	6	4	66.67
130 MN Clinical Services Group - Dir	130 D615 SN Medical Photography	1	1	100.00
130 MN Clinical Services Group - Dir	130 D616 MN Radiology	119	97	81.51
130 MN Hospital Operations & Emergency Care - Dir	130 6B21 Resuscitation Training	8	6	75.00

130 MN Hospital Operations & Emergency Care - Dir	130 F210 MN Emergency Department - Non Medical	136	66	48.53
130 MN Hospital Operations & Emergency Care - Dir	130 F212 ED Admin Staff	19	15	78.95
130 MN Hospital Operations & Emergency Care - Dir	130 P410 MN General Admin	6	5	83.33
130 MN Hospital Operations & Emergency Care - Dir	130 P422 West Bed Management	22	14	63.64
130 MN Hospital Operations & Emergency Care - Dir	130 P460 MN Social Work Office	2	1	50.00
130 MN Hospital Operations & Emergency Care - Dir	130 P461 Operational Services Manager	10	4	40.00
130 MN Medicine Service Group - Dir	130 F102 Medicine Services Directorate Support	10	8	80.00
130 MN Medicine Service Group - Dir	130 F103 Respiratory Nursing	11	7	63.64
130 MN Medicine Service Group - Dir	130 F206 Acute Medical Assessment Unit (East)	39	30	76.92
130 MN Medicine Service Group - Dir	130 F213 CDU Admin Staff	6	3	50.00
130 MN Medicine Service Group - Dir	130 F313 MN Respiratory Medicine	2	2	100.00
130 MN Medicine Service Group - Dir	130 F314 MN General Medicine	2	2	100.00
130 MN Medicine Service Group - Dir	130 F315 Ward S	41	13	31.71
130 MN Medicine Service Group - Dir	130 F316 Morriston Anglesey Ward	39	27	69.23
130 MN Medicine Service Group - Dir	130 F317 MN Gower Ward	31	22	70.97
130 MN Medicine Service Group - Dir	130 F329 MN Ward D	49	19	38.78
130 MN Medicine Service Group - Dir	130 F401 MN Renal Medicine	17	8	47.06
130 MN Medicine Service Group - Dir	130 F402 MN Renal Main & Acute Dialysis	42	19	45.24
130 MN Medicine Service Group - Dir	130 F403 MN Cardigan Renal Ward	40	19	47.50
130 MN Medicine Service Group - Dir	130 F404 ESA Repatriation	1	1	100.00
130 MN Medicine Service Group - Dir	130 F410 MN Renal Medicine Pharmacy	8	8	100.00
130 MN Medicine Service Group - Dir	130 F412 MN Renal HVS	28	15	53.57
130 MN Medicine Service Group - Dir	130 F413 MN Renal Community Team	16	2	12.50
130 MN Medicine Service Group - Dir	130 F414 MN Renal Specialist Nurses	12	4	33.33
130 MN Medicine Service Group - Dir	130 F504 MN Diabetology	11	4	36.36
130 MN Medicine Service Group - Dir	130 F533 MN Gastroenterology	4	3	75.00
130 MN Medicine Service Group - Dir	130 F541 Neurology Nursing	10	7	70.00
130 MN Medicine Service Group - Dir	130 F542 Regional Neuropsychology & Brain Injury Service	2	1	50.00
130 MN Medicine Service Group - Dir	130 F545 MN Clinical Neurophysiology	9	8	88.89

130 MN Medicine Service Group - Dir	130 F546 MN Neurology	13	9	69.23
130 MN Medicine Service Group - Dir	130 F548 Neuro Muscular Advisor	2	1	50.00
130 MN Medicine Service Group - Dir	130 F549 MND Project	3	2	66.67
130 MN Medicine Service Group - Dir	130 F550 MN Neurology Amulatory Unit	3	1	33.33
130 MN Medicine Service Group - Dir	130 N071 MN Ward F	38	27	71.05
130 MN Medicine Service Group - Dir	130 N076 MN Elderly Care	5	5	100.00
130 MN Medicine Service Group - Dir	130 N206 Acute Medical Assessment Unit (West)	43	31	72.09
130 MN Medicine Service Group - Dir	130 P421 MN Outpatients Clinics	17	12	70.59
130 MN Medicine Service Group - Dir	130 R082 MN Psychology (Neuro)	8	8	100.00
130 MN Surgery Service Group - Dir	130 A420 Laser Service	2	1	50.00
130 MN Surgery Service Group - Dir	130 C101 MN Tertiary Cardiology Med Specialty	5	0	0.00
130 MN Surgery Service Group - Dir	130 C102 West Secondary Cardiology Med Spec	3	3	100.00
130 MN Surgery Service Group - Dir	130 C111 MN Cardiac Surgery Medical Specialty	4	1	25.00
130 MN Surgery Service Group - Dir	130 C207 Cardiac Specialist Nurses	8	2	25.00
130 MN Surgery Service Group - Dir	130 C211 MN Cardiac ITU/HDU	99	70	70.71
130 MN Surgery Service Group - Dir	130 C212 MN CC	28	13	46.43
130 MN Surgery Service Group - Dir	130 C214 MN Dan Danino Ward	26	6	23.08
130 MN Surgery Service Group - Dir	130 C215 MN Cyril Evans Ward	41	16	39.02
130 MN Surgery Service Group - Dir	130 C216 MN Cardiac Perfusion (Cardiac)	10	1	10.00
130 MN Surgery Service Group - Dir	130 C217 MN Cardiac Catheter Laboratory & Short Stay Unit	24	9	37.50
130 MN Surgery Service Group - Dir	130 C302 Cardiac Directorate Support	25	19	76.00
130 MN Surgery Service Group - Dir	130 C411 SN ECG	13	4	30.77
130 MN Surgery Service Group - Dir	130 C412 MN ECG	40	16	40.00
130 MN Surgery Service Group - Dir	130 E102 MN Surgery Services Group Support	30	11	36.67
130 MN Surgery Service Group - Dir	130 E103 Surgery Directorate Admissions/RTT	22	17	77.27
130 MN Surgery Service Group - Dir	130 E201 West General Surgery CNS	14	11	78.57
130 MN Surgery Service Group - Dir	130 E203 West Urology CNS	8	6	75.00
130 MN Surgery Service Group - Dir	130 E206 Vascular CNS	5	4	80.00
130 MN Surgery Service Group - Dir	130 E302 West General Surgery Med Spec	25	13	52.00

130 MN Surgery Service Group - Dir	130 E413 Surgical Services Nursing Pool	18	16	88.89
130 MN Surgery Service Group - Dir	130 E414 MN Ward T	43	22	51.16
130 MN Surgery Service Group - Dir	130 E416 MN Ward H	36	26	72.22
130 MN Surgery Service Group - Dir	130 E417 MN Ward G	42	27	64.29
130 MN Surgery Service Group - Dir	130 E418 MN Ward V	47	37	78.72
130 MN Surgery Service Group - Dir	130 E419 MN SDMU / TAU	59	31	52.54
130 MN Surgery Service Group - Dir	130 E521 West Urology Medical Specialty	18	3	16.67
130 MN Surgery Service Group - Dir	130 E522 NPTH Urology Unit	9	9	100.00
130 MN Surgery Service Group - Dir	130 F318 Morriston Ward C	38	16	42.11
130 MN Surgery Service Group - Dir	130 G102 MSK Directorate Support	2	2	100.00
130 MN Surgery Service Group - Dir	130 G104 MSK West Site Operational Support	24	21	87.50
130 MN Surgery Service Group - Dir	130 G105 MN OP Appointment Centre	62	48	77.42
130 MN Surgery Service Group - Dir	130 G510 POA Service	2	2	100.00
130 MN Surgery Service Group - Dir	130 G511 MN Fracture Clinic	18	2	11.11
130 MN Surgery Service Group - Dir	130 G512 MN Ward W	28	4	14.29
130 MN Surgery Service Group - Dir	130 G513 MN Ward A Trauma Admissions Ward	44	26	59.09
130 MN Surgery Service Group - Dir	130 G514 MN Ward B	39	1	2.56
130 MN Surgery Service Group - Dir	130 G515 MN Ward J	40	3	7.50
130 MN Surgery Service Group - Dir	130 G517 MN MSK Nurse Practitioners	12	3	25.00
130 MN Surgery Service Group - Dir	130 G602 MSK Physiotherapy West	46	36	78.26
130 MN Surgery Service Group - Dir	130 K101 Regional Surgery Directorate Support	5	2	40.00
130 MN Surgery Service Group - Dir	130 K106 Regional Services RTT Validation and Waiting List Teams	4	4	100.00
130 MN Surgery Service Group - Dir	130 K201 MN Burns Outreach Team	2	1	50.00
130 MN Surgery Service Group - Dir	130 K204 MN Powys Ward (B&P)	20	18	90.00
130 MN Surgery Service Group - Dir	130 K205 MN B&P Specialist Nursing	10	5	50.00
130 MN Surgery Service Group - Dir	130 K206 MN B&P Medical Specialty	23	19	82.61
130 MN Surgery Service Group - Dir	130 K207 MN B&P Outpatients	11	6	54.55
130 MN Surgery Service Group - Dir	130 K208 MN Burns Theatre	14	5	35.71
130 MN Surgery Service Group - Dir	130 K209 Morriston Tempest Ward (B&P)	36	19	52.78

130 MN Surgery Service Group - Dir	130 K210 Morriston Clydach Ward	28	18	64.29
130 MN Surgery Service Group - Dir	130 K211 Morriston Pembroke Acute Ward (B&P)	41	8	19.51
130 MN Surgery Service Group - Dir	130 K212 Morriston Dyfed Ward (B&P)	17	8	47.06
130 MN Surgery Service Group - Dir	130 K301 MN ALAC	6	4	66.67
130 MN Surgery Service Group - Dir	130 K302 Spinal Medical Specialty	13	2	15.38
130 MN Surgery Service Group - Dir	130 K305 ALAC Prosthetics	9	8	88.89
130 MN Surgery Service Group - Dir	130 K402 MN Ward R	40	28	70.00
130 MN Surgery Service Group - Dir	130 K403 West Vascular Surgery	10	9	90.00
130 MN Surgery Service Group - Dir	130 K501 POW Maxillo-facial Outpatients	3	0	0.00
130 MN Surgery Service Group - Dir	130 K506 MN OMFS	8	8	100.00
130 MN Surgery Service Group - Dir	130 K507 MN Maxillofacial Lab	15	14	93.33
130 MN Surgery Service Group - Dir	130 K508 MN Orthodontics	8	8	100.00
130 MN Surgery Service Group - Dir	130 K510 Cleft Lip & Palate Service	22	6	27.27
130 MN Surgery Service Group - Dir	130 K513 MN Head & Neck Outpatients	52	29	55.77
130 MN Surgery Service Group - Dir	130 K604 NPTH ENT Medical Specialty	2	2	100.00
130 MN Surgery Service Group - Dir	130 K606 MN ENT Medical Specialty	9	7	77.78
130 MN Surgery Service Group - Dir	130 K801 Regional Surgery Physio	6	6	100.00
130 MN Surgery Service Group - Dir	130 K802 Regional Surgery OT	8	7	87.50
130 MN Unit Management - Dir	130 6F40 Morriston Unit Management	15	5	33.33
130 MN Unit Management - Dir	130 F332 Morriston Unit Governance Team	8	6	75.00
Grand Total		3,134	1,940	61.90

The Unit's PADR position has improved significantly since March 2016 when it was 32.4%. At end of March 2018 it was 61.90% which is a slight decrease from the previous month. The Unit recognises that this is still not at an acceptable level and aims to ensure that all available (excluding those on maternity & sick leave) staff have a PDAR to discuss their objectives and have feedback from their manager. PADR rates are monitored at the weekly business meeting. The Unit is working towards 70% of staff having received an annual PADR by the end of Q1.

Actions taken completed February/ March	Actions planned for April/May
<ul style="list-style-type: none"> Plans by Service Groups to increase compliance in 	<ul style="list-style-type: none"> Continue to monitor PADR compliance at the weekly

<p>Hotspot areas are reviewed at the weekly business meeting.</p> <ul style="list-style-type: none"> Any areas with 0% have provided a report to increase compliance 	<p>business meeting</p> <ul style="list-style-type: none"> Hotspot areas to provide a plan with a trajectory to reach at least 50 % by Q1 PDR compliance to be monitored in Service Group performance meetings particularly focusing on areas below 50%.
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Part 5 - Statutory and Mandatory Training

Information Governance	54%
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Competency	Compliance %
Hand Hygiene	90.6%
Fire Safety Training	76.0%
Infection Prevention and Control- Level 1	82.1%
Violence and Aggression	68.4%
Manual Handling	72.6%
MCA/DOLS	60.5%
Safeguarding	57.4%
POVA	65.2%

Actions taken completed February /March	Actions planned for April/May
<ul style="list-style-type: none"> Mandatory/ Statutory & Information Governance compliance monitored at weekly business meeting ESR self- serve promoted in Service Groups to enable staff to complete mandatory training on line. IG Governance issues discussed at the local partnership forum Additional MCA/DOLS training session arranged 	<ul style="list-style-type: none"> Focus on Information Governance compliance at the weekly business meetings Service Groups to provide plans to increase Information Governance compliance Continue to remind staff of the opportunities available to support completion of mandatory training Targeted improvement action plan for MCA/DOLS, Infection

	Control and Hand Hygiene training through the Heads of Nursing
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The funded nursing establishment gaps is impacting on the units ability to release staff to undertake mandatory & statutory training

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Part 6 - Variable Pay

The table below summaries the key elements of the variable pay trends for this year to date

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	Total
BUDGET	13,805,859	14,339,822	14,257,044	14,261,668	14,374,921	14,419,697	14,270,357	14,336,884	14,375,254	15,003,071	15,104,324	158,548,902
VACANCY	-661,078	-1,170,549	-928,031	-1,132,580	-1,246,044	-1,110,283	-1,150,971	-1,209,262	-1,219,077	-1,547,405	-1,623,433	-12,998,713
TOTAL FIXED	13,144,781	13,169,273	13,329,013	13,129,089	13,128,877	13,309,414	13,119,386	13,127,622	13,156,177	13,455,666	13,480,891	145,550,189

Bank	50,578	78,161	87,610	95,616	117,061	106,795	90,435	66,229	85,215	78,662	100,464	956,826
Overtime	169,568	173,003	158,610	145,343	129,123	173,484	132,136	136,104	162,511	158,529	163,422	1,701,835
Agency - Non Medical	254,668	215,421	161,582	282,586	282,910	222,588	192,505	291,146	271,996	372,658	291,261	2,839,321
Agency - Medical	137,697	249,788	192,687	276,923	269,170	216,348	190,346	164,518	-22,364	48,816	67,662	1,791,591
WLI	134,020	234,622	103,188	235,930	316,326	190,390	216,907	98,928	74,732	211,502	240,053	2,056,598
Irregular Sessions	210,365	234,962	155,136	381,793	328,916	191,281	374,875	195,209	275,786	203,930	250,991	2,803,246
TOTAL VARIABLE	956,895	1,185,957	858,813	1,418,191	1,443,507	1,100,886	1,197,205	952,134	847,877	1,074,097	1,113,853	12,149,416
TOTAL PAYBILL	14,101,676	14,355,230	14,187,827	14,547,280	14,572,384	14,410,300	14,316,591	14,079,756	14,004,054	14,529,764	14,594,744	157,699,605
Variable Pay of Total Pay %	6.79%	8.26%	6.05%	9.75%	9.91%	7.64%	8.36%	6.76%	6.05%	7.39%	7.63%	7.70%

In the last quarter the total pay bill has remained below the budget level spend but vacancy level has increase by over £1m from April. The variable pay in the last two months has averaged 7.5% of total pay which below the annual average of 7.7%. The last two months have been supported by Welsh Government Winter Funding and also Morriston has instigated additional activity which has resulted in additional Waiting List Initiatives (WLI). Within Medical pay there has seen the introduction of the Cap on agency spend and in addition the work within anaesthetics to have a financially sustainable workforce continues and is delivering a monthly benefit. Within nursing, focus has been supporting the unscheduled care and medicine pressures from operating at maximum capacity and manning the short stay unit as part of the winter plan.

The Welsh Government cap on agency and internal cover rates came into effect from mid-November and there will be need for continued corporate finance assessment of the financial savings from this implementation.

Actions taken completed February/March	Actions planned for April/May
<ul style="list-style-type: none"> Process for Agency Cap breaches for Medical and Dental Staff reviewed at the weekly Workforce panel. Rota co-ordinators workshop established to ensure compliance with the Agency cap process. New bank system continues to be embedded within the HB. Service and Medicine group nurse rostering meetings continue with April and May's rosters to be inputted on new 	<ul style="list-style-type: none"> Continue to recruit to medical/nursing vacancies. Particular focus on recruiting to Medical posts in ED. Actions contained within individual service group workforce plans to be implemented. Nursing shift standardisation consultation commenced on 9th April 2018. Nurse designed tool kit to support the rostering process being

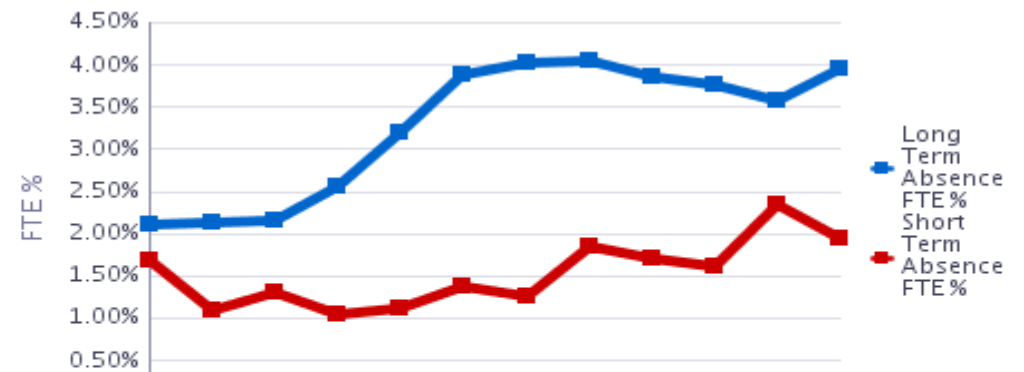
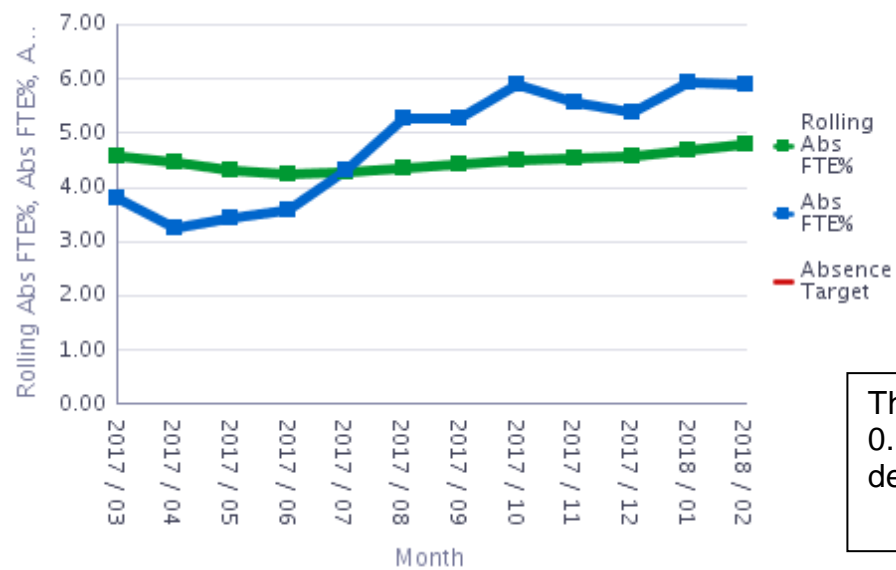
spreadsheet. <ul style="list-style-type: none"> • Review of sickness absence rates at the weekly business meeting . • Monthly open day recruitment events for nursing vacancies. • Reconciling MEDACS information with rota co-ordinator input Administration of the additional medical cover to identify anticipated service level pressures .	introduced into Surgical services and medicine. <ul style="list-style-type: none"> • On- going focus on robust sickness management
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Neath Port Talbot Delivery Unit

Part 1 – Sickness Absence 1 February 2017 – Feb 2018

Rolling 12 Month

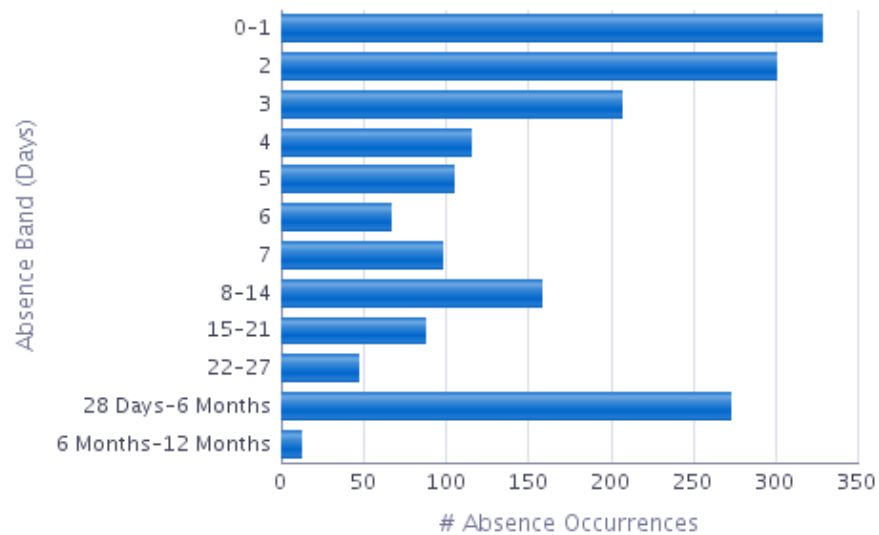
Short term/Long term



The rolling 12 month sick absence rate has increased by 0.12% in the last month. The in month figure has decreased by 0.04%.

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43% and

Length of Absence



Overall performance February 2018

There has been a slight decrease in the in month figure and a slight increase in the overall cumulative sickness figure.

	In month	+/- on previous month	Cumulative	+/- on previous month
Neath Port Talbot	5.89%	-0.04%	4.80%	+ 0.12%

Actions taken completed	Actions planned
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<p>Sickness task force developed to undertake deep dive on long term sickness in January and February.</p> <p>Meetings arranged to for:</p> <ul style="list-style-type: none"> • Dietetics – 4.1.18 • Matrons (12.1.18; 18.01.18; 01.02.18) • Pharmacy (POW - 15.1.18; Morriston 22.01.18; Singleton 24.01.18; NPT 30.01.18) • OT - 24.1.18 <p>Rolling programme of deep dive to be developed.</p>	<ul style="list-style-type: none"> • Continue deep dive into sickness with all the unit managers, to discuss the cases and action plans for each case, rolling programme • Sick Absence audits continuing within DUs. • Reviewing medical staff sick absence reporting and actions taken. • Following Hot Spot area audits, sickness process training needs being reviewed.
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Part 2 – Establishment, Vacancies and Recruitment

Over the last year or so we have been developing the ESR system to include an “establishment” figure so that we are able to accurately assess the number of true vacancies at any given time. The work has focused on our operational directorates and in particular nursing given the shortage of qualified nurses available within the employment market.

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
Neath Port Talbot Delivery Unit	Admin & Clerical	165.70	159.01	-6.69
	Consultant	16.73	15.60	-1.13
	Other	653.83	651.40	-2.43
	Other Medical Staff	22.85	17.40	-5.45
	Qualified Nurse	312.85	299.54	-13.31
	Unqualified Nurse	125.52	123.64	-1.88
Neath Port Talbot Delivery Unit Totals		1,297.48	1,266.59	-30.89

Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 April 2017 – 31 March 2018

Overall Rate	FTE
130 SDU - Neath Port Talbot Hospital	9.03%

Staff Group	FTE
Add Prof Scientific and Technic	8.92%
Additional Clinical Services	8.25%
Administrative and Clerical	7.42%
Allied Health Professionals	10.51%
Healthcare Scientists	2.61%
Medical and Dental	3.91%
Nursing and Midwifery Registered	10.09%
Students	0.00%

The turnover rate for the unit has been fluctuating around 9% for most of 2017. The unit has a high turnover of allied health professionals as we host three of the therapy areas, where high turnover due to promotion is not unusual.

	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Headcount	1,460	1,446	1,443	1,448	1,445	1,447	1,458	1,467	1,459	1,463	1,464	1,456
FTE	1,261.00	1,246.44	1,241.82	1,244.54	1,244.77	1,244.25	1,256.32	1,264.67	1,257.65	1,265.35	1,267.22	1,262.87
Leavers Headcount	10	13	11	12	12	15	7	9	16	6	12	15

Actions taken completed	Actions planned
<ul style="list-style-type: none"> Leavers data is circulated on a monthly basis to all DUs. 	<ul style="list-style-type: none"> No patterns emerging from the exit interviews, the numbers remain relatively small.

Part 4 - PADR

Current Position and Background

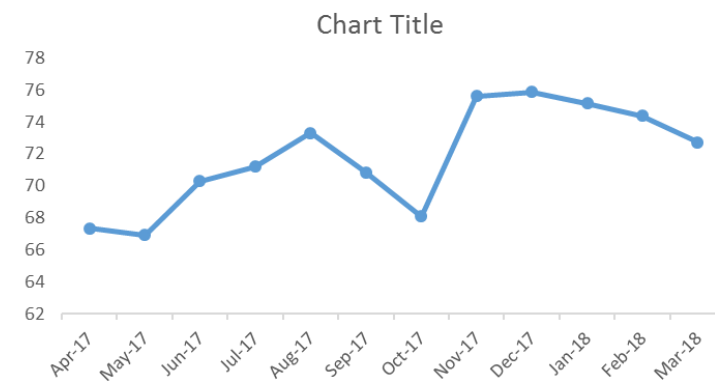
The following provides a breakdown of the PADR completion and recording within ESR, as of the 31st March 2018 for a 12 month rolling period.

Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 D501 POW Pharmacy	62	54	87.10
130 D502 NPTH Pharmacy	34	25	73.53
130 D503 NPTH Pharmacy - Prepack Service	5	4	80.00
130 D511 SN Pharmacy	63	30	47.62
130 D512 MN Aseptic Suite	8	7	87.50
130 D513 CC Pharmacy	15	12	80.00
130 D514 SN PTS	24	18	75.00
130 D515 MN Pharmacy	91	63	69.23
130 U030 Medicines Management Strategy	9	5	55.56
130 V034 Prescribing Advice Support	9	7	77.78
130 V035 Prescribing Hub	5	2	40.00
130 W005 Drugs Prescribing	11	4	36.36
130 W353 Integrated Medicines Management	5	4	80.00
130 W360 Smoking Cessation Team	5	5	100.00
130 W365 Primary Care Funded Pharmacists	2	0	0.00
130 H401 NPTH Womens Health Clinic	10	7	70.00
130 H431 NPTH Birth Centre	38	25	65.79
130 H437 West Community Midwives - South Team	37	34	91.89
130 H438 Bridgend Community Midwives	32	22	68.75
130 H445 Obstetric Specialist Nurses	32	20	62.50
130 6F42 Neath Port Talbot Unit Management	6	5	83.33
130 N113 NPT Nurse Management & Quality	8	5	62.50
130 6A03 Practice Facilitation	10	8	80.00

130 6A04 Clinical Education	1	1	100.00
130 6C32 HCSW	6	5	83.33
130 P428 Nurse Bank Administration	11	7	63.64
130 E403 NPTH Ward A	19	13	68.42
130 F204 NPTH MIU	33	22	66.67
130 F307 NPTH General Medicine	4	3	75.00
130 F309 NPTH Ward D	41	27	65.85
130 F310 NPTH Ward C	42	20	47.62
130 F324 Nurse Specialist	14	3	21.43
130 F350 Patient Flow	6	5	83.33
130 F351 NPTH Nurse Practitioners	11	9	81.82
130 F543 NPTH Rehabilitation Medicine	2	2	100.00
130 F547 NPTH Neuro-Rehab Ward	27	9	33.33
130 G302 Rheumatology Medical Specialty	22	18	81.82
130 G303 POW Rheumatology Day Unit	11	10	90.91
130 G504 NPTH Fracture Clinic	13	12	92.31
130 N011 NPTH Ward E	37	24	64.86
130 N012 NPTH Elderly Day Hospital	7	4	57.14
130 N013 NPTH Ward B2	34	23	67.65
130 N060 NPTH Elderly Care	2	2	100.00
130 N112 NPT Specialists	2	1	50.00
130 P003 NPTH Outpatients	47	24	51.06
130 P211 NPTH Administration	14	8	57.14
130 P252 NPT Hospital Admin	8	7	87.50
130 P254 Rapid Diagnostic Centre	3	2	66.67
130 N025 East Dietetics	31	25	80.65
130 N026 POW Occupational Therapy	39	36	92.31
130 N027 NPTH Occupational Therapy	21	21	100.00
130 N030 POW Physiotherapy	41	35	85.37
130 N032 NPTH Physiotherapy	26	18	69.23
130 N082 MN Occupational Therapy	67	63	94.03
130 N083 West Community Occupational Therapy	26	24	92.31
130 N090 Enhanced Nutrition & Dietetics Service	7	7	100.00
130 N091 SN Dietetics	11	9	81.82
130 N092 MN Dietetics	25	16	64.00
130 N094 Dietetics WAG Initiative	8	8	100.00
130 N095 West Community Physiotherapy	41	26	63.41
130 N097 Swansea Physiotherapy	102	89	87.25

130 H412 South Wales IVF Service	17	12	70.59
130 H446 Embryology & Semenology	26	20	76.92
130 H448 WFI Admin	3	3	100.00
	1,429	1,039	72.71

The Unit's position has been improving has decreased by 1.68% since last month.



Part 5 - Statutory and Mandatory Training

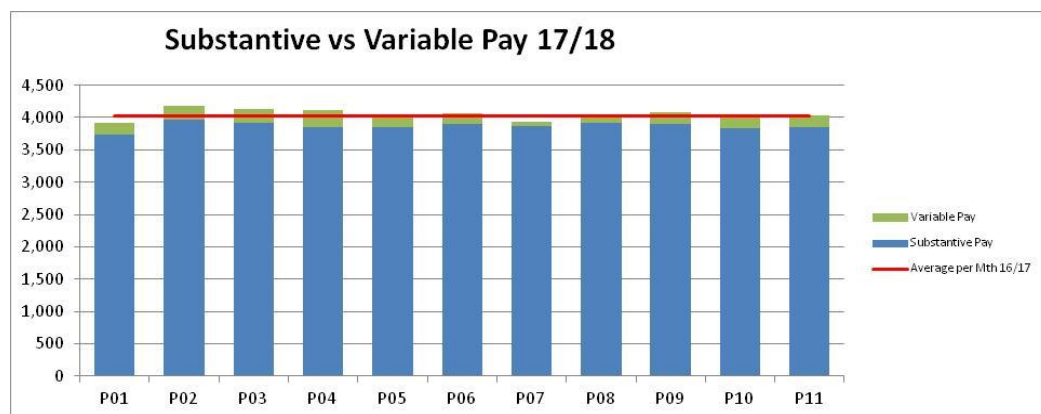
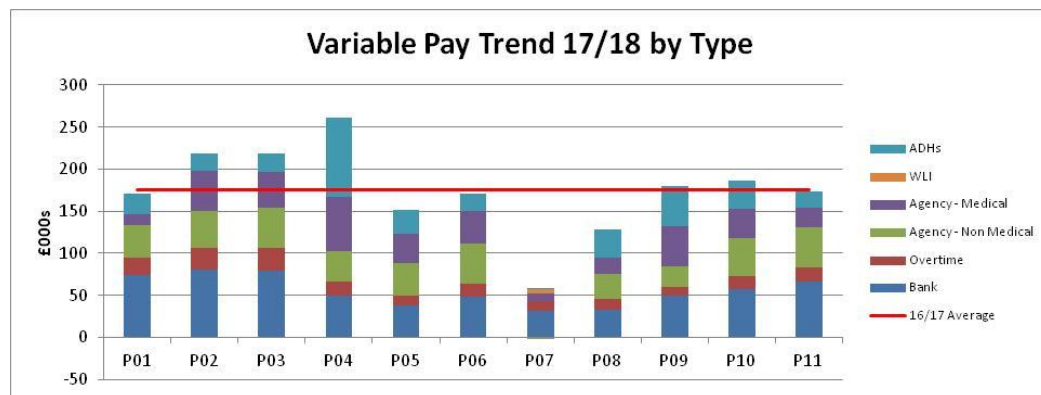
MANDATORY TRAINING (ALL STAFF)	
% Staff received fire Safety training	94.0%
% Staff received V&A training	97.0%
% Staff received Manual Handling training	91.0%
% Staff received Hand Hygiene training in last 12 months	99.8%
% Staff received Standard precaution infection control training in last 12 months	89.0%
% Staff received appropriate level of Safe Guarding children training (3 yrly)	96.0%
% Staff received POVA training in last 3 years	99.0%
% Staff trained in MCA/DOLS	100.0%
% staff who have undergone information governance training as outlined in C-PIP Guidance	74%
%age compliance with mandatory and statutory training (all staff)	58.12%

Actions taken completed	Actions planned
<ul style="list-style-type: none"> Mandatory training must be complete prior to any application 	<ul style="list-style-type: none"> Continue to remind staff of the opportunities available to

<p>for study leave being considered</p> <ul style="list-style-type: none"> • Drop in sessions to support staff to undertake IG training 	<p>support completion of mandatory training</p> <ul style="list-style-type: none"> • Updated flow chart for study leave approval process
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Part 6 - Variable Pay

The Neath Delivery Unit's variable pay spend, and the variable pay spend in comparison to substantive pay can be seen below:



Actions taken completed

Actions planned

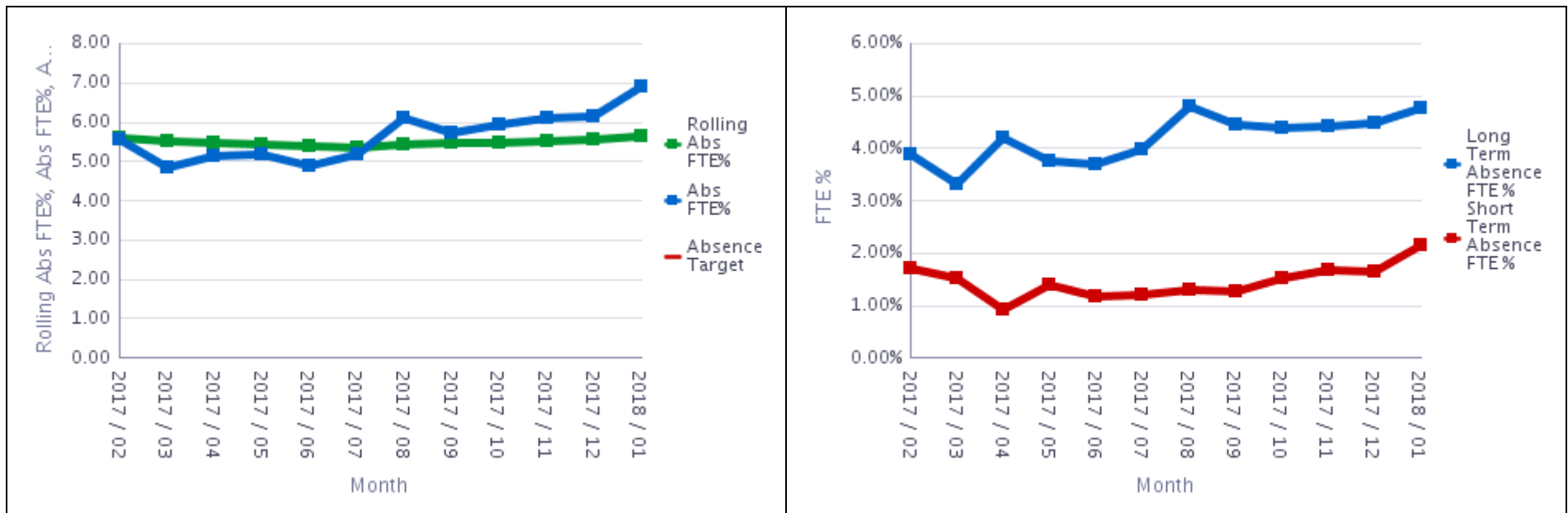
<ul style="list-style-type: none"> • Agency Cap for Medical and Dental Staff introduced to support reduction in locum/agency usage and costs. • Some medical vacancies filled 	<ul style="list-style-type: none"> • Continue to look to recruit to medical vacancies. • In conjunction with above advertise for additional ANP's to join the medical rota to cover the gaps • All long term agency doctors will be gone by May. • Short term therapy locums in place to cover gaps to ensure RTT is met
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Primary and Community Services Delivery Unit

Part 1 – Sickness Absence 1 February 2017 – 31 January 2018

Rolling 12 Month

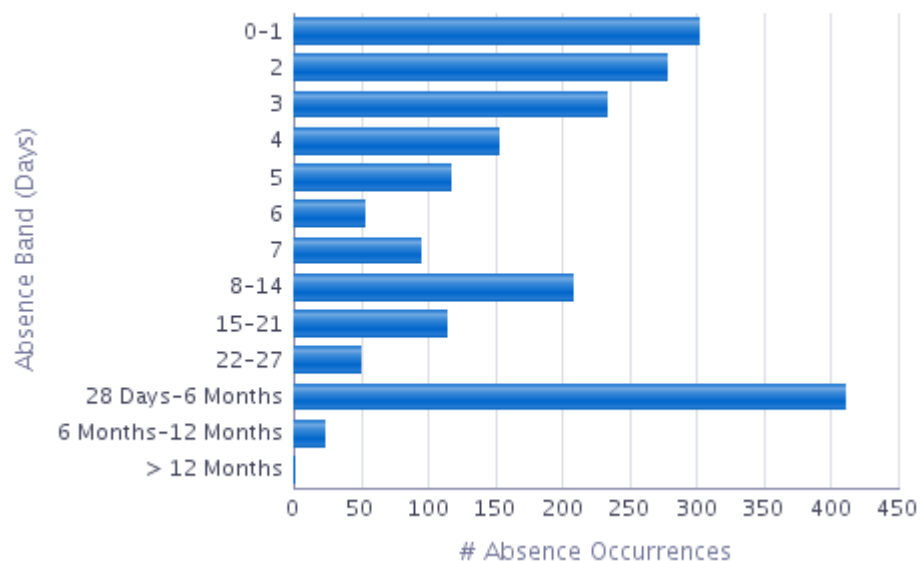
In Month Absence



The rolling 12 month sick absence rate has increased by .01% in the last month. The in month figure has increased by 0.75%.

Short term and long term absence has increased in January. Short term by 0.5% and Long term by 0.25%.

Length of Absence



Overall performance January 2018

There has been a slight increase in the in month figure and a slight increase in the overall cumulative sickness figure.

	In month	+/- on previous month	Cumulative	+/- on previous month
PCS	6.90%	+0.75%	6.15%	+ 0.10%

Actions taken completed January	Actions planned for Feb
<ul style="list-style-type: none"> • Focussed reduction of LTS cases. • Reporting on Hot Spot areas and completion of confirm and challenge panels. • Proactive encouragement to attend Nelson Training. 	<ul style="list-style-type: none"> • Confirm and challenge panels planned for March and April for all hotspot areas with addition of auditing sickness reporting and departmental systems. • Holding feedback sessions on latest sickness audit outcomes.

Part 2 – Establishment, Vacancies and Recruitment

Over the last 6 months the DU have been reviewing the vacancy levels in the Unit to obtain a “true vacancy “picture as Heads of Service were unsure of the accuracy of vacancy figures available on business intelligence.

In addition the Unit wanted to have a clearer picture of all funded posts and where the true vacancies lay to inform the vacancy control process .In particular in respect of Admin and Clerical posts and the deployment of staff.

The information available on Business Intelligence stands as for February 18

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
Primary Care & Community Delivery Unit	Admin & Clerical	242.54	219.94	-22.60
	Consultant	13.50	10.50	-3.00
	Other	390.40	349.96	-40.44
	Other Medical Staff	35.80	41.24	5.44
	Qualified Nurse	683.36	657.52	-25.84
	Unqualified Nurse	267.35	244.20	-23.15
Primary Care & Community Delivery Unit Totals		1,632.95	1,523.35	-109.60

	Funded	Staff in	Vacancy	
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Nursing Vacancies		Establishment wte	Post wte	(SIP - Funded) wte	% under establishment
Primary and Community Services DU	Qualified	683.36	657.52	-25.84	-3.78%
	Unqualified	267.35	244.20	-23.15	- 8.65%
	Total	950.71	901.72	-48.99	- 12.43%

Staff Turnover - Primary Care & Community - 1 April 17 to 31 March 2018

Staff Group	FTE
Add Prof Scientific and Technic	26.94%
Additional Clinical Services	9.33%
Administrative and Clerical	10.24%
Allied Health Professionals	9.32%
Estates and Ancillary	0.00%
Healthcare Scientists	0.00%
Medical and Dental	16.14%
Nursing and Midwifery Registered	8.49%
Students	0.00%

The average turnover rate for the Unit is 9.43%
The rate has decreased in the last 2 months by 1%.

Overall Rate	FTE
130 SDU - Primary Care & Community	9.43%

Actions taken completed March	Actions planned for April/May
<ul style="list-style-type: none"> Leavers data is circulated on a monthly basis to all DUs. 	<ul style="list-style-type: none"> DU to review exit interviews to establish if there are any patterns for staff leaving within the first year of their appointment.

Part 4 - PADR

Current Position and Background

The following provides a breakdown of the Primary and Community Services Delivery Unit of PADR completion and recording within Electronic Staff Record (ESR) as a percentage, as of the 31st December 2017 for a 12 month rolling period.

1st April 2017 - 31st March 2018

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Add Prof Scientific and Technic	30	20	66.67
Additional Clinical Services	420	319	75.95
Administrative and Clerical	276	220	79.71
Allied Health Professionals	229	196	85.59
Estates and Ancillary	2	1	50.00
Healthcare Scientists	38	37	97.37
Nursing and Midwifery Registered	780	613	78.59
Students	3	1	33.33
Grand Total	1,778	1,407	79.13

Staff Group	Assignment Count	Reviews Completed	Reviews Completed %
Medical and Dental	52	14	26.92
Grand Total	52	14	26.92

The Unit's position had improved month on month but it has decreased slightly since last month.

Unit Actions taken completed March	Unit Actions planned for April
<ul style="list-style-type: none"> Ongoing close monitoring of rate and progress Managers receiving regular updates with names of those staff showing as non-compliant. 	<ul style="list-style-type: none"> Continue to offer support to ensure PADR's are not only undertaken but recorded. Maintain scrutiny to achieve target.

Part 5 - Statutory and Mandatory Training

The availability of up to date information on statutory and mandatory training compliance for the Delivery Unit has been highlighted to Informatics and the executive team

The performance scorecard has now been updated to reflect the % compliance for both Information Governance and all other training.

As at **March 2018 (February 2108 data)** performance scorecard compliance shows :

Information Governance – **77 %** compliance

All other mandatory and Statutory Training – **57.59%**

Actions taken completed March	Actions planned for April
<ul style="list-style-type: none">• Mandatory training must be complete prior to any application for study leave being considered• Triumvirate steer to encourage staff to undertake IG training	<ul style="list-style-type: none">• Continue to remind staff of the opportunities available to support completion of mandatory training•

Part 6 - Variable Pay

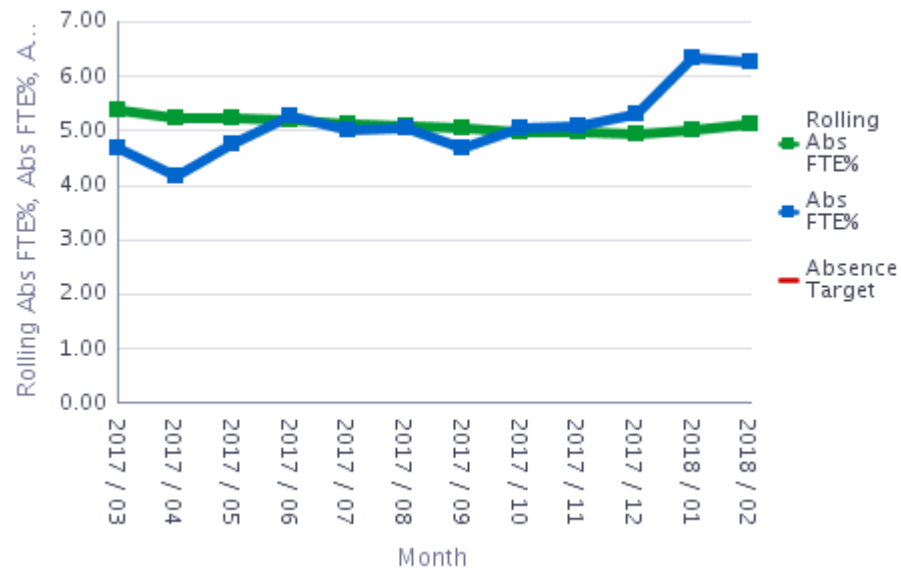
	2017/18 Apr - Mar £m	2016/17 Apr - Mar £m	Change between years £m
Medical – Additional Payments	0.018	0.063	-0.045
Medical – Agency	0.000	0.006	-0.006
Non Medical – Bank	0.853	0.797	0.056
Non Medical – Overtime	0.191	0.270	-0.079
Non Medical – Agency	0.456	0.526	-0.070
Total Spend	1.518	1.662	-0.144

This is the current position

Princess of Wales Delivery Unit

Part 1 – Sickness Absence March 2017 – February 2018

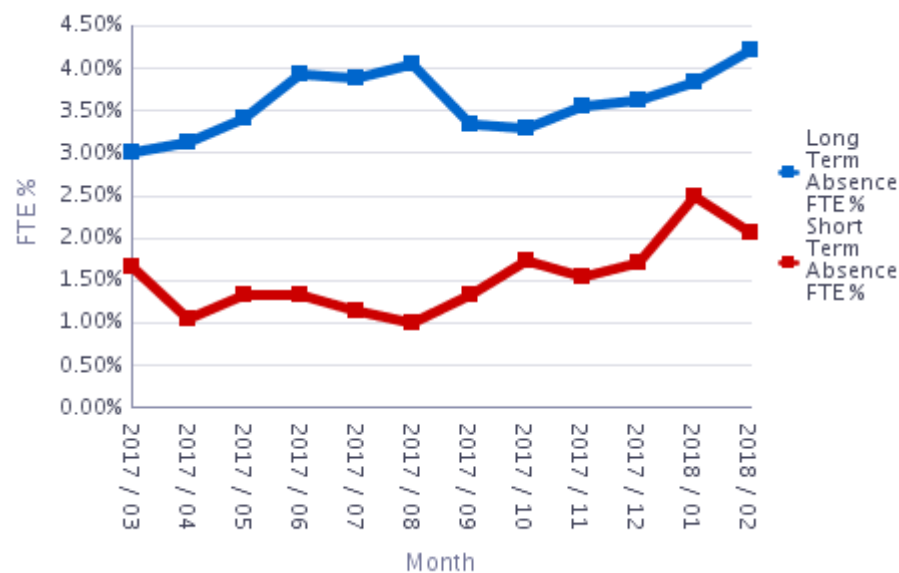
Rolling 12 month sickness absence



The rolling 12 month sick absence rate has increased by 0.11% in the last month. The in month figure decreased by 0.8%.

When compared to the February 2017 cumulative sickness absence rate of 5.56%, the unit's cumulative sickness absence rate has reduced by 0.43% during the 12 month period.

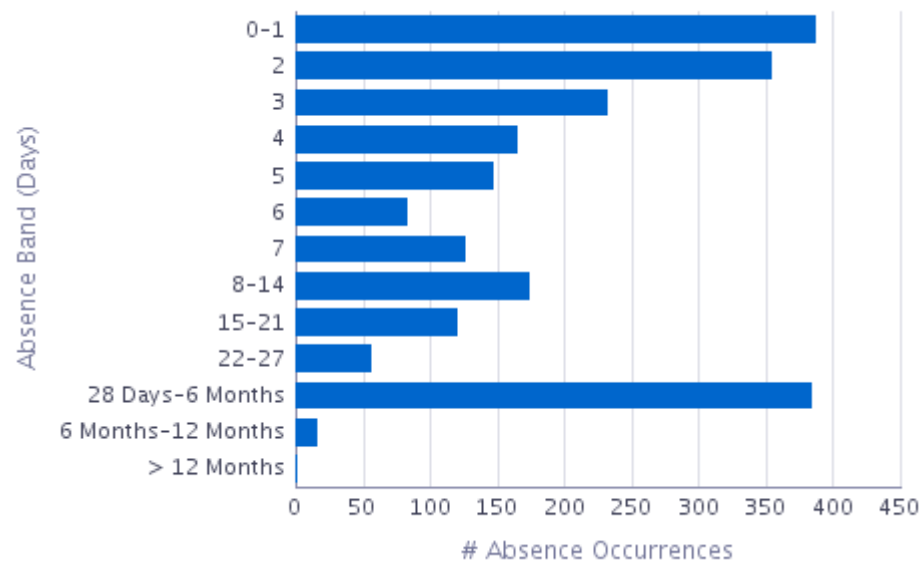
In Month Absence



Short term absence has decreased by 0.43% and long term absence has increased by 0.36% for February against the previous month sickness rates. There was a significant increase in cold/cough/flu related absences in January which was consistent with a flu outbreak in the community and hospital during this period.

Length of Absence

The chart below shows the length of absences.



Overall performance February 2018

There has been a slight decrease in the in month figure but an increase in the overall cumulative position when compared to last month. However, the cumulative position has reduced by 0.43% when compared to February 2017.

Princess of Wales	In month 6.26%	+/- on previous month -0.08%	Cumulative 5.13%	+/- on previous month + 0.11%
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Actions taken February/March	Actions planned for April/May
<ul style="list-style-type: none"> Continuation with the ABMU Flu Campaign. On-going implementation of unit's Attendance Improvement and Well-being action plan. Management Development – promotion of sickness behavioural (Nelson) and Footprints training. Conclusion of some long standing employee relation cases. Continue with monthly service group sickness absence meetings with unit managers, to discuss the cases and review action plans for each case On-going health promotion in main corridor i.e. 'Time to Change/Talk' promotional stand in main corridor on 1 February 2018. On-going health and well-being focus in POW newsletter and team brief. 	<ul style="list-style-type: none"> Continue with monthly service group sickness absence meetings with unit managers, to discuss the cases and review action plans for each case Further sick absence audits to continue within unit during 2018. Review of medical staff sick absence reporting and actions taken. Time to Change Wales session delivered in Team Brief in April – anti-stigma talk regarding mental health. Anxiety/stress still remains within the top reasons for sickness absence within the unit and Health Board On-going health promotion in main corridor On-going health and well-being focus in POW newsletter and team brief. Guy Holt and Paul Dunning to attend Leadership Team in May to discuss further ways to assist and improve staff health and well-being. Review of top 10 long term cases on a monthly basis DU hot spot review on monthly basis Implement actions from staff survey action plan Implement actions from PADR improvement plan

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Part 2 – Establishment, Vacancies and Recruitment

	FTE by Month													
Staff Group	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	Vacancies
Add Prof Scientific and Technic	33.15	33.15	33.15	33.15	34.15	34.15	37.15	38.15	39.15	39.15	40.15	40.15	40.15	-2.05
Additional Clinical Services	314.12	312.87	310.99	307.04	308.33	310.73	308.67	306.71	311.41	307.32	306.91	306.80	313.61	4.55
Administrative and Clerical	224.29	228.22	232.08	233.12	234.69	235.48	244.76	245.37	242.96	242.50	243.70	243.08	242.94	16.10
Allied Health Professionals	102.55	102.77	102.77	101.17	101.22	102.66	104.18	104.18	103.30	105.90	106.17	105.58	106.58	14.72
Estates and Ancillary	6.27	6.27	6.27	6.27	6.27	6.27	6.00	6.00	6.00	6.00	6.00	6.00	6.00	1.38
Healthcare Scientists	15.79	15.91	15.91	15.91	15.91	15.91	16.91	16.91	17.71	18.84	18.84	18.84	18.84	-0.11
Medical and Dental	257.32	253.03	255.83	252.38	248.14	246.34	261.25	254.18	255.18	260.28	262.88	260.88	261.81	48.35
Nursing and Midwifery Registered	679.13	678.87	679.37	676.35	674.58	666.83	662.95	656.73	656.89	668.61	664.87	658.42	659.81	89.12
Grand Total	1,632.62	1,631.08	1,636.36	1,625.39	1,623.29	1,618.37	1,641.87	1,628.22	1,632.59	1,648.60	1,649.52	1,639.75	1,649.74	172.06

Recruitment and retention of key staff groups- registered nursing and medical staff remain the key problem in terms of the level of vacancies and difficulties in recruitment and retention. The unit continues to recruit to medical and nursing vacancies and has recently introduced new roles, career opportunities and workforce models to attract and retain their future workforce.

Part 3 - Turnover & Labour Stability

Staff Turnover - Princess of Wales Hospital - 1 Apr 2017 to 31 Mar 2018

	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Headcount	1,723	1,716	1,715	1,725	1,717	1,719	1,730	1,734	1,723	1,734	1,738	1,735
FTE	1,529.8 0	1,524.6 7	1,522.5 2	1,532.3 2	1,525.0 5	1,528.8 2	1,536.8 3	1,538.8 7	1,529.5 0	1,540.0 5	1,544.9 2	1,540.4 8
Leavers Headcount	20	13	12	15	17	15	12	7	14	7	3	10
Leavers FTE	18.72	11.60	10.76	13.45	14.65	13.41	10.32	5.93	11.44	5.53	2.61	8.45
Starters Headcount	19	13	13	16	4	19	20	10	6	15	5	2
Starters FTE	15.59	11.59	9.31	13.83	4.00	16.91	17.35	7.54	5.56	12.69	5.00	2.00
Maternity	35	35	37	41	40	43	43	42	45	39	37	38
Turnover Rate (Headcount)	1.16%	0.76%	0.70%	0.87%	0.99%	0.87%	0.69%	0.40%	0.81%	0.40%	0.17%	0.58%
Turnover Rate (FTE)	1.22%	0.76%	0.71%	0.88%	0.96%	0.88%	0.67%	0.39%	0.75%	0.36%	0.17%	0.55%
Leavers (12m)	212	213	207	204	200	180	167	162	161	157	152	145
Turnover Rate (12m)	12.14%	12.23%	11.92%	11.77%	11.57%	10.43%	9.69%	9.40%	9.34%	9.11%	8.81%	8.40%
Leavers FTE (12m)	184.37	186.77	182.98	181.22	178.40	160.69	149.18	143.81	141.55	137.45	132.67	126.89
Turnover Rate FTE (12m)	11.92%	12.10%	11.88%	11.79%	11.63%	10.49%	9.75%	9.39%	9.25%	8.97%	8.66%	8.28%

Delivery unit - Excluding Junior Medical & Dental Staff & Students

Overall Rate	8.28%
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Average turnover has decreased by 0.32% compared to last month's cumulative rate. The overall rate has reduced significantly throughout the financial year from 11.92% in April 2017 to 8.28% in March 2018.

Part 4 - PADR

Current Position and Background

The following provides a breakdown of the Princess of Wales Delivery Unit PADR completion and recording within Electronic Staff Record (ESR) as a percentage, as of the 31st March 2018 for a 12 month rolling period.

**PDR Reviews (excluding Medical & Dental) - SDU - Princess of Wales Hospital
1st April 2017 - 31st March 2018**

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 POW Clinical Support Services - Dir	130 A101 POW Anaesthetics	2	1	50.00
130 POW Clinical Support Services - Dir	130 A110 East Pain Service	3	3	100.00
130 POW Clinical Support Services - Dir	130 A302 POW Critical Care	55	48	87.27
130 POW Clinical Support Services - Dir	130 A305 PWH Outreach	2	2	100.00
130 POW Clinical Support Services - Dir	130 A403 East Pre-Assessment	15	12	80.00
130 POW Clinical Support Services - Dir	130 A418 POW Theatres	123	49	39.84
130 POW Clinical Support Services - Dir	130 A419 NPTH Theatres	59	45	76.27
130 POW Clinical Support Services - Dir	130 A431 POW Theatre Support Staff & Management	6	1	16.67
130 POW Clinical Support Services - Dir	130 D602 POW Radiology	74	36	48.65
130 POW Clinical Support Services - Dir	130 D603 NPTH Radiology	52	15	28.85
130 POW Clinical Support Services - Dir	130 U505 Clinical Support Services - Management	5	5	100.00
130 POW Delivery Unit Management - Dir	130 6F45 POW Unit Management	5	1	20.00
130 POW Delivery Unit Management - Dir	130 F101 Medicine Clinical Support	8	0	0.00
130 POW Delivery Unit Management - Dir	130 N004 Discharge Lounge	4	0	0.00
130 POW Delivery Unit Management - Dir	130 P121 East Bed Management	8	4	50.00
130 POW Delivery Unit Management - Dir	130 P124 POW Discharge Liaison	5	3	60.00
130 POW Emergency & Acute Medicine - Dir	130 F201 POW Emergency Unit	73	19	26.03
130 POW Emergency & Acute Medicine - Dir	130 F202 POW AMU	55	50	90.91
130 POW Emergency & Acute Medicine - Dir	130 F203 POW Ambulatory Care	2	2	100.00
130 POW Emergency & Acute Medicine - Dir	130 F216 POW ED Medical Staff	14	0	0.00
130 POW Emergency & Acute Medicine - Dir	130 F306 POW Acute Care	3	3	100.00
130 POW Emergency & Acute Medicine - Dir	130 U502 Emergency & Acute Services Management	20	14	70.00
130 POW Medicine - Dir	130 C103 POW Cardiology Medical Specialty	7	7	100.00
130 POW Medicine - Dir	130 C104 NPTH Cardiology Medical Specialty	2	2	100.00
130 POW Medicine - Dir	130 C201 POW Cardiac Unit	48	42	87.50
130 POW Medicine - Dir	130 C202 POW Cardiac Catheter Laboratory	12	9	75.00
130 POW Medicine - Dir	130 C401 POW ECG	23	12	52.17
130 POW Medicine - Dir	130 C402 NPTH ECG	6	1	16.67

130 POW Medicine - Dir	130 D302 POW Endoscopy Suite	23	7	30.43
130 POW Medicine - Dir	130 F301 POW Ward 2	29	15	51.72
130 POW Medicine - Dir	130 F302 POW Ward 6	29	19	65.52
130 POW Medicine - Dir	130 F303 POW Ward 5	32	19	59.38
130 POW Medicine - Dir	130 F304 POW Ward 17	16	0	0.00
130 POW Medicine - Dir	130 F305 POW Respiratory Medicine	10	7	70.00
130 POW Medicine - Dir	130 F327 POW Ward 20	34	20	58.82
130 POW Medicine - Dir	130 F500 POW Diabetic Clinic	7	7	100.00
130 POW Medicine - Dir	130 F501 POW Diabetology	2	2	100.00
130 POW Medicine - Dir	130 F520 POW Dermatology	10	5	50.00
130 POW Medicine - Dir	130 F530 POW Gastroenterology	4	0	0.00
130 POW Medicine - Dir	130 K706 Singleton Orthoptics	10	9	90.00
130 POW Medicine - Dir	130 N001 POW Elderly Care	18	14	77.78
130 POW Medicine - Dir	130 N002 POW Ward 18	39	20	51.28
130 POW Medicine - Dir	130 N003 POW Ward 19	33	21	63.64
130 POW Medicine - Dir	130 N005 POW Day Medical Unit	13	8	61.54
130 POW Medicine - Dir	130 P004 POW Outpatients	13	13	100.00
130 POW Medicine - Dir	130 U503 Medical Services - Management	12	6	50.00
130 POW Patient Experience & Governance - Dir	130 U027 Clinical Governance	10	5	50.00
130 POW Site Management & Admin - Dir	130 P120 POW Hospital Admin	5	3	60.00
130 POW Site Management & Admin - Dir	130 P130 POW Bridgend Clinic	21	9	42.86
130 POW Site Management & Admin - Dir	130 U353 POW Site Management & Administration	6	0	0.00
130 POW Surgical Services - Dir	130 E202 East General Surgery CNS	9	6	66.67
130 POW Surgical Services - Dir	130 E204 East Urology CNS	10	10	100.00
130 POW Surgical Services - Dir	130 E205 ENT CNS	3	2	66.67
130 POW Surgical Services - Dir	130 E208 Singleton Breast Services	6	5	83.33
130 POW Surgical Services - Dir	130 E210 Breast Services - Medical staff	10	9	90.00
130 POW Surgical Services - Dir	130 E301 East General Surgery Medical Specialty	11	5	45.45
130 POW Surgical Services - Dir	130 E401 POW Ward 7	34	20	58.82
130 POW Surgical Services - Dir	130 E402 POW Ward 8	30	20	66.67
130 POW Surgical Services - Dir	130 E404 POW Short Stay Unit	15	6	40.00
130 POW Surgical Services - Dir	130 E511 East Urology Medical Specialty	8	7	87.50
130 POW Surgical Services - Dir	130 G405 MSK East Site Operational Support	15	10	66.67
130 POW Surgical Services - Dir	130 G500 MSK Nurse Practitioners	9	6	66.67
130 POW Surgical Services - Dir	130 G501 POW Ward 10	35	31	88.57
130 POW Surgical Services - Dir	130 G502 POW Ward 9	34	18	52.94
130 POW Surgical Services - Dir	130 G503 POW Fracture Clinic	14	10	71.43
130 POW Surgical Services - Dir	130 G601 MSK Physiotherapy East	24	22	91.67

130 POW Surgical Services - Dir	130 H403 POW Ward 11	29	8	27.59
130 POW Surgical Services - Dir	130 H404 POW Womens Health Clinic	11	8	72.73
130 POW Surgical Services - Dir	130 H421 POW Obs & Gynae Medical Staff	6	5	83.33
130 POW Surgical Services - Dir	130 H426 Obs and Gynae Admin	12	0	0.00
130 POW Surgical Services - Dir	130 H432 POW Maternity	86	49	56.98
130 POW Surgical Services - Dir	130 K601 Cochlear Implant Team	3	2	66.67
130 POW Surgical Services - Dir	130 K602 POW ENT Medical Specialty	4	3	75.00
130 POW Surgical Services - Dir	130 K701 POW Orthoptics	10	10	100.00
130 POW Surgical Services - Dir	130 K702 POW Ophthalmology Medical Specialty	6	6	100.00
130 POW Surgical Services - Dir	130 K703 POW Ophthalmolgy Clinic	14	9	64.29
130 POW Surgical Services - Dir	130 P007 POW Outpatients - Admin	33	24	72.73
130 POW Surgical Services - Dir	130 U504 Surgical Services - Management	15	10	66.67
Grand Total		1,563	916	58.61

The Unit's PADR position has improved slightly over the last few months to 59%. The PADR rates are an area on concern for the unit and a PADR improvement plan has been implemented to improve this position in the forthcoming months.

Actions taken completed February/March	Actions planned for April/May
<ul style="list-style-type: none"> Re-training/training of ESR Learning Administrators undertaken to centrally input and report on PADR dates. PADR improvement plan agreed and implemented. 	<ul style="list-style-type: none"> Continue to implement actions from PADR improvement plan. Explore where group PADR sessions are appropriate. PADR training for managers

Part 5 - Statutory and Mandatory Training

Information Governance	65%
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Competency	Compliance %
Fire Safety	87.7%
Infection Prevention and Control - Level 1	89.0%
Manual Handling	89.6%
POVA	74.4%
Safeguarding Children - Level 1	67.8%
Violence and Aggression (Wales)	88.0%
Hand Hygiene	92.8%
MCA/DOLS	70.1%

Actions taken completed February/March	Actions planned for April/May
<ul style="list-style-type: none"> Mandatory training must be completed prior to any application for study leave being considered Roll out of violence and aggression training in ED, plan to reach out to further service areas in quarter 1 2018. Monthly nurse rostering meetings– study leave KPI's reviewed with ward managers 	<ul style="list-style-type: none"> Continue to remind staff of the opportunities available to support completion of mandatory training Improve PADR compliance rates/reviewing of statutory mandatory training Train the trainer in violence and aggression to continue On-going review of nursing rosters to maximise study leave availability and attendance.

Part 6 - Variable Pay

The table below summaries the key elements of the variable pay trends for this year to date

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	Total
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BUDGET	7,178,765	7,177,794	7,365,672	7,262,036	7,237,769	7,341,417	7,244,148	7,413,711	7,406,307	7,571,382	7,665,248	80,864,251
VACANCY	-750,166	-755,320	-725,785	-972,160	-822,202	-836,866	-784,496	-971,528	-958,740	-1,032,472	-1,022,609	-9,632,344
TOTAL FIXED	6,428,599	6,422,474	6,639,887	6,289,876	6,415,567	6,504,551	6,459,652	6,442,183	6,447,567	6,538,910	6,642,639	71,231,907
Bank	88,796	85,405	94,501	101,847	118,100	102,975	83,509	106,795	112,593	126,174	143,643	1,164,338
Overtime	89,486	73,569	17,874	107,447	55,290	64,721	48,194	53,091	51,005	59,857	63,021	683,554
Agency - Non Medical	223,034	172,443	142,800	270,300	187,078	209,470	230,570	220,758	193,931	247,771	185,940	2,284,094
Agency - Medical	139,784	185,019	261,738	265,935	252,797	171,284	92,443	182,057	229,068	161,715	158,662	2,100,502
WLI	47,233	28,106	67,734	39,534	67,794	75,833	48,195	58,047	68,133	55,485	93,364	649,459
Irregular Sessions	144,815	161,192	67,436	209,738	111,456	97,320	157,240	93,797	189,928	79,348	103,672	1,415,940
TOTAL VARIABLE	733,149	705,735	652,082	994,802	792,515	721,603	660,150	714,544	844,658	730,349	748,301	8,297,889
TOTAL PAYBILL	7,161,748	7,128,208	7,291,970	7,284,678	7,208,082	7,226,154	7,119,803	7,156,728	7,292,225	7,269,260	7,390,941	79,529,795
Variable Pay of Total Pay %	10.24%	9.90%	8.94%	13.66%	10.99%	9.99%	9.27%	9.98%	11.58%	10.05%	10.12%	10.43%

The overall pay position was underspent from continued vacancy across a number of staff groups including medical, nursing and admin and clerical. There has been a reduction in agency medical staffing and an improved nursing position. Key risks for medical staff are the Urology on-call cover and Radiology consultant gaps and agency/outsourcing gaps.

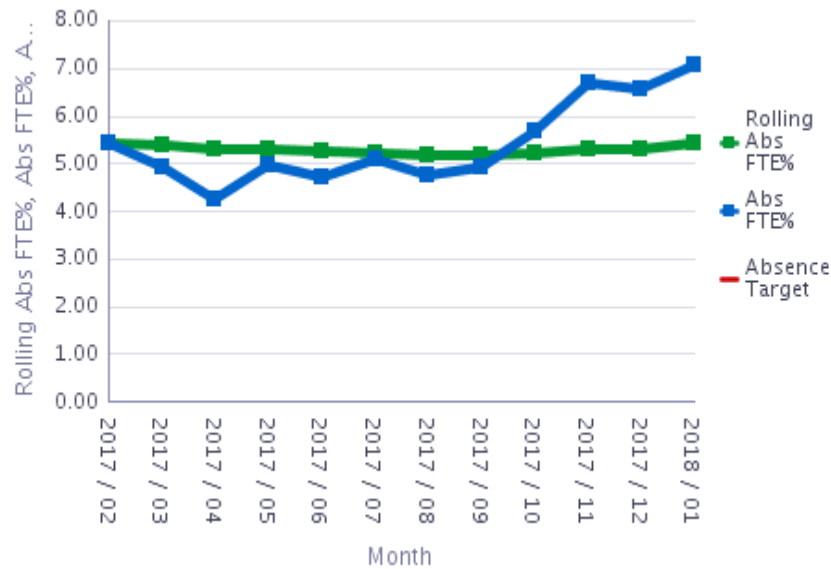
Actions taken completed February/March	Actions planned for April/May
<ul style="list-style-type: none"> Monthly service group nurse rostering meetings continue Monthly service group sickness meetings continue High level of nursing/medical vacancies Review of medical job plans/rota commitment Monthly recruitment events for nursing vacancies Shift standardisation consultation closed and final document circulated to all affected staff. 	<ul style="list-style-type: none"> Continue to recruit to medical/nursing vacancies. Implement nursing shift standardisation in line with timescales of the consultation Pay cost pressures from variable pay to be managed through cost reduction action plan On- going focus on robust sickness management

Singleton Delivery Unit

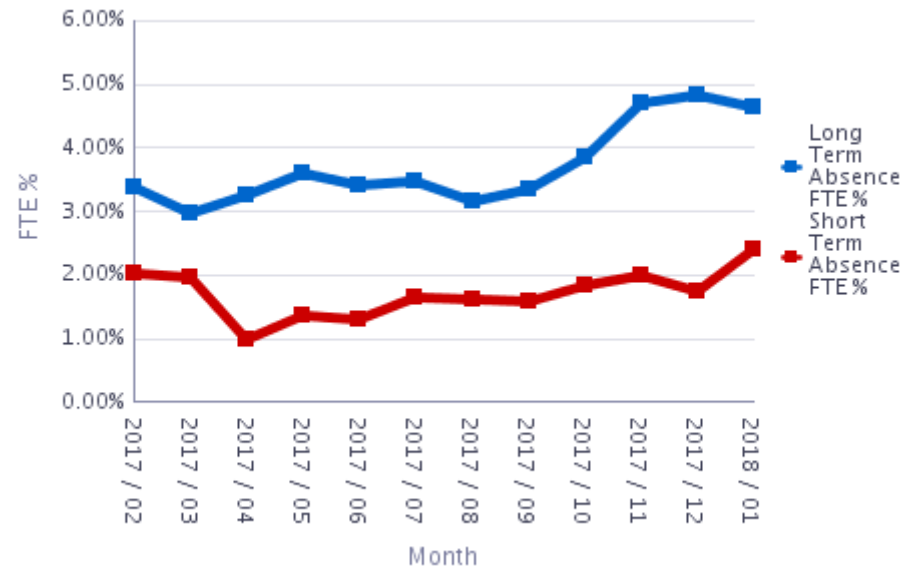
Part 1 – Sickness Absence Feb 2017 – Jan 2018

Rolling 12 Month

In Month Absence



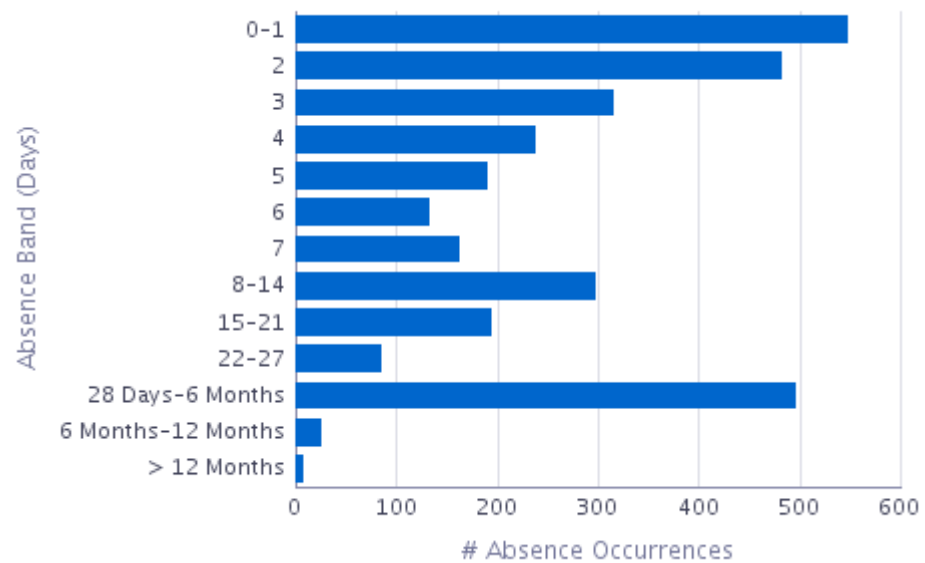
- The sickness absence cumulative rate for the Unit as at January 2018 was 5.43%.



In the Unit, the greater proportion of sickness absence continues to be made up of long term sickness absence. Since April 2017, we have observed an overall increase in both long and short term sickness in the Unit.

Length of Absence

The chart below shows that the majority of absences are between 28 days and 6 months. This is a similar pattern to that over the last 12 months.



Delivery Unit performance Sept 17 to January 2018

	In month	+/- on previous month	Cumulative	+/- on previous month
Sept 2018	4.93%		5.22%	
Oct 2018	6.64%	+1.71%		
Nov 2018	5.95%	- 0.69%		
Dec 2018	6.58%	+0.63%		

January 2018

7.06%

+0.48%

5.43%

+0.21 from Sept

Actions taken to date	Actions planned for April / May
<ul style="list-style-type: none">Continuing review of the ten longest 'long term' sick cases – the HR team continue to work alongside managers to review the management of long terms sick cases via the Unit's HR Governance process.The HR Governance arrangements. The Unit's Service Group management teams continue to work with the HR team to review analyse and act on the HR workforce data that is provided on a monthly basis.The Unit continues to encourage all employees with line management responsibility to attend the following development opportunities: Footprints (Band 4-7), Coaching for IMPACT, PADR Training and the Nelson Behaviours training. The Unit will continue to review how many of the Unit's managers have undertaken this training.	<ul style="list-style-type: none">The Senior HR Manager and Cancer Services management team continue to scope out a pilot project in conjunction with 'Maggie's' to introduce clinical supervision to support employee wellbeing within cancer services. <p>Rolled out of sickness procedure training for mangers <i>From the training it is expected that managers will gain the following knowledge / skills:</i></p> <ul style="list-style-type: none"><i>Understanding of their role in managing attendance</i><i>Clear understanding of what support available</i><i>Gain Practical skills and knowledge through examples of sickness absence cases</i>

Part 2 – Establishment, Vacancies and Recruitment –January 2018

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
Singleton Delivery Unit	Admin & Clerical	330.33	317.53	-12.80
	Consultant	141.30	128.25	-13.05
	Other	481.75	467.28	-14.47
	Other Medical Staff	176.62	156.71	-19.91
	Qualified Nurse	779.26	728.76	-50.50
	Unqualified Nurse	323.08	339.46	16.38
Singleton Delivery Unit Totals		2,232.34	2,137.98	-94.36

To support recruitment the unit participates in:-

Recruitment Open days for Registered Nurses

University visits to speak to student nurses to promote the Unit as an employer

Part 3 - Turnover & Labour Stability

Staff Turnover - Singleton Hospital - 1 Mar 2017 to 28 Feb 2018

Staff Group	FTE
Add Prof Scientific and Technic	0.00%
Additional Clinical Services	8.17%
Administrative and Clerical	5.76%
Allied Health Professionals	6.73%
Estates and Ancillary	0.00%
Healthcare Scientists	3.37%
Medical and Dental	8.43%
Nursing and Midwifery Registered	9.81%

Overall Rate	FTE
130 SDU - Singleton Hospital	7.84%

Average turnover has decreased over the last few months. The average rate over the last 12 months has been 8.2%

Nursing and midwifery is the highest turnover rate at 9.81%

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Actions taken completed February

Actions planned for April / May

<ul style="list-style-type: none"> • Leaver's data is circulated on a monthly basis to all Localities as part of the DU HR report to Board. 	<p>Continue to promote staff engagement via:- Singleton team brief Singleton Stronger Together events Continuing to promote staff wellbeing events such as" a time to talk"</p>
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Part 4 – PADR

Current Position and Background

The following provides a breakdown by Singleton Services Delivery Unit cost centre PADR completion and recording within Electronic Staff Record (ESR) as a percentage, as of the 6th April 2018.

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 SN Acute GP/MIU - Dir	130 F208 SN Minor Injuries Unit	5	1	20.00
130 SN Cancer Services - Dir	130 B101 SN Haematology Medical Specialty	11	4	36.36
130 SN Cancer Services - Dir	130 B120 SN Oncology Medical Specialty	14	1	7.14
130 SN Cancer Services - Dir	130 B201 SN CANTORIS	23	4	17.39
130 SN Cancer Services - Dir	130 B202 SN Radiotherapy Department	46	15	32.61
130 SN Cancer Services - Dir	130 B301 SN Ward 11 Haematology Day Unit	23	17	73.91
130 SN Cancer Services - Dir	130 B302 Anticoagulation Nursing	6	5	83.33
130 SN Cancer Services - Dir	130 B303 Haematology Specialist Nursing	7	2	28.57
130 SN Cancer Services - Dir	130 B310 SN Radiotherapy Nursing	9	7	77.78
130 SN Cancer Services - Dir	130 B311 SN Cancer Genetics	7	0	0.00
130 SN Cancer Services - Dir	130 B312 SN Chemotherapy Day Unit	17	8	47.06
130 SN Cancer Services - Dir	130 B313 SN Ward 12 (Oncology)	43	6	13.95
130 SN Cancer Services - Dir	130 B314 Oncology Specialist Nursing	12	12	100.00
130 SN Cancer Services - Dir	130 B315 Triage Service	4	0	0.00
130 SN Cancer Services - Dir	130 B320 POW Y Bwthyn Newydd	35	31	88.57
130 SN Cancer Services - Dir	130 B321 MN Ty Olwen Charitable Trust	8	6	75.00
130 SN Cancer Services - Dir	130 B322 MN Ty Olwen	45	37	82.22
130 SN Cancer Services - Dir	130 B323 NPTH Y Rhosyn	1	1	100.00
130 SN Cancer Services - Dir	130 B330 SN Cancer Institute	5	4	80.00
130 SN Cancer Services - Dir	130 B401 Swansea Lymphodaema Service	17	7	41.18
130 SN Cancer Services - Dir	130 B402 Oncology Rehabilitation	4	2	50.00
130 SN Cancer Services - Dir	130 B403 National Lymphoedema Specialist Nurses	7	4	57.14
130 SN Cancer Services - Dir	130 B502 Cancer Directorate Support	13	4	30.77

130 SN Childrens Services - Dir	130 H201 WCS Management Team	11	5	45.45
130 SN Childrens Services - Dir	130 H501 Bridgend Community Paediatrics	1	1	100.00
130 SN Childrens Services - Dir	130 H503 West Paediatric Continuing Care Pool	62	46	74.19
130 SN Childrens Services - Dir	130 H510 POW Paediatrics Medical Staff	1	1	100.00
130 SN Childrens Services - Dir	130 H512 Paediatrics Secretaries	37	31	83.78
130 SN Childrens Services - Dir	130 H522 NPTH Paediatric OPD	3	3	100.00
130 SN Childrens Services - Dir	130 H524 POW Paediatric Ward	38	23	60.53
130 SN Childrens Services - Dir	130 H526 MN Oakwood OPD	5	0	0.00
130 SN Childrens Services - Dir	130 H528 Singleton Paediatrics OPD	7	5	71.43
130 SN Childrens Services - Dir	130 H531 West Child Health Appointment Admin	29	28	96.55
130 SN Childrens Services - Dir	130 H532 MN Oakwood Ward (Green)	43	29	67.44
130 SN Childrens Services - Dir	130 H534 MN Paediatric Assessment Unit	19	7	36.84
130 SN Childrens Services - Dir	130 H536 Neurodevelopmental and Learning Disability Services	4	4	100.00
130 SN Childrens Services - Dir	130 H537 Paediatric Diabetic Service - Peer Review	3	2	66.67
130 SN Childrens Services - Dir	130 H539 MN Oakwood Paeds (Ward M)	24	15	62.50
130 SN Childrens Services - Dir	130 H541 POW SCBU.	26	21	80.77
130 SN Childrens Services - Dir	130 H542 SN Neo-Natal Intensive Care Unit	95	55	57.89
130 SN Childrens Services - Dir	130 H550 Paediatric Specialist Nurses	17	17	100.00
130 SN Childrens Services - Dir	130 H551 Neonates Medical Specialty	5	1	20.00
130 SN Childrens Services - Dir	130 N111 CHC Bridgend Heronsbridge	1	1	100.00
130 SN Clinical Support Services - Dir	130 D401 SN General Medical Physics	12	12	100.00
130 SN Clinical Support Services - Dir	130 D402 SN Medical Electronics	8	6	75.00
130 SN Clinical Support Services - Dir	130 D410 MN Renal Technical Support	5	4	80.00
130 SN Clinical Support Services - Dir	130 D411 MN Medical Electronics	19	14	73.68
130 SN Clinical Support Services - Dir	130 D412 Clinical Engineering	3	3	100.00
130 SN Clinical Support Services - Dir	130 D413 SN Mechanical Engineering	1	1	100.00
130 SN Clinical Support Services - Dir	130 D414 Rehab Engineering	10	7	70.00
130 SN Clinical Support Services - Dir	130 D415 NPTH Medical Electronics	7	2	28.57
130 SN Clinical Support Services - Dir	130 D420 SN Nuclear Medicine	19	12	63.16

130 SN Clinical Support Services - Dir	130 D450 SN Radiotherapy Physics	25	23	92.00
130 SN Clinical Support Services - Dir	130 D460 SN Radiation Protection	5	5	100.00
130 SN Clinical Support Services - Dir	130 J101 Pathology Directorate Support	1	1	100.00
130 SN Clinical Support Services - Dir	130 J102 West Pathology Support	52	16	30.77
130 SN Clinical Support Services - Dir	130 J106 Point of Care Testing	7	0	0.00
130 SN Clinical Support Services - Dir	130 J108 Pathology Directorate Support Admin	17	15	88.24
130 SN Clinical Support Services - Dir	130 J301 Cellular Pathology	82	23	28.05
130 SN Clinical Support Services - Dir	130 J601 Laboratory Medicine	198	28	14.14
130 SN Clinical Support Services - Dir	130 K202 West PUPIS	3	3	100.00
130 SN Site Management - Dir	130 6F41 Singleton Unit Management	13	11	84.62
130 SN Site Management - Dir	130 P430 Total Bed Management Contract	1	0	0.00
130 SN Site Management - Dir	130 P690 SN General Admin	5	3	60.00
130 SN Site Management - Dir	130 P692 SN Outpatients Clinics	16	11	68.75
130 SN Site Management - Dir	130 W350 Swansea Locality Management	5	4	80.00
130 SN Site Management - Dir	130 W352 Nursing	25	11	44.00
130 SN Surgical Services - Dir	130 A422 SN Theatres	87	49	56.32
130 SN Surgical Services - Dir	130 H202 WCH Directorate Support	1	0	0.00
130 SN Surgical Services - Dir	130 H203 WCS NPT Directorate Support	1	1	100.00
130 SN Surgical Services - Dir	130 H204 Women & Childrens Health Division Management	1	0	0.00
130 SN Surgical Services - Dir	130 H402 NPTH Ward B1	11	9	81.82
130 SN Surgical Services - Dir	130 H407 SN Gynaecology OPD	13	2	15.38
130 SN Surgical Services - Dir	130 H408 Singleton Ward 20 (Gynaecology)	13	4	30.77
130 SN Surgical Services - Dir	130 H410 SN Colposcopy	12	2	16.67
130 SN Surgical Services - Dir	130 H411 Gynaecology Specialist Nurses	6	2	33.33
130 SN Surgical Services - Dir	130 H425 SN Obs & Gynae Medical Specialty	26	2	7.69
130 SN Surgical Services - Dir	130 H433 SN Ante-Natal Clinic	13	7	53.85
130 SN Surgical Services - Dir	130 H444 SN Maternity	156	97	62.18
130 SN Surgical Services - Dir	130 K605 SN Ward 2	46	38	83.00
130 SN Surgical Services - Dir	130 K704 NPTH Ophthalmology Medical Specialty	2	2	100.00

130 SN Surgical Services - Dir	130 K705 SN Ophthalmology Medical Specialty	13	9	69.23
130 SN Surgical Services - Dir	130 K707 SN Ophthalmology Outpatients	28	12	42.86
130 SN Surgical Services - Dir	130 K708 Outpatient Support Team	19	0	0.00
130 SN Surgical Services - Dir	130 W357 Sing SDU Surgical Mgmt	6	3	50.00
130 SN Unscheduled Care & Medicine - Dir	130 D301 NPTH Endoscopy Suite	23	22	95.65
130 SN Unscheduled Care & Medicine - Dir	130 D311 Singleton Endoscopy Suite	20	13	65.00
130 SN Unscheduled Care & Medicine - Dir	130 D312 MN Endoscopy Suite	19	15	78.95
130 SN Unscheduled Care & Medicine - Dir	130 E411 SN Ward 4	43	21	48.84
130 SN Unscheduled Care & Medicine - Dir	130 F211 SN SAU	43	25	58.14
130 SN Unscheduled Care & Medicine - Dir	130 F312 SN Respiratory Medicine	6	3	50.00
130 SN Unscheduled Care & Medicine - Dir	130 F320 SN Ward 10	1	1	100.00
130 SN Unscheduled Care & Medicine - Dir	130 F321 Singleton Ward 9	28	15	53.57
130 SN Unscheduled Care & Medicine - Dir	130 F322 SN Ward 8	40	26	65.00
130 SN Unscheduled Care & Medicine - Dir	130 F328 SN Ward 6	33	16	48.48
130 SN Unscheduled Care & Medicine - Dir	130 F331 Singleton Day Unit	7	5	71.43
130 SN Unscheduled Care & Medicine - Dir	130 F503 SN Diabetology	9	6	66.67
130 SN Unscheduled Care & Medicine - Dir	130 F523 SN Dermatology	14	6	42.86
130 SN Unscheduled Care & Medicine - Dir	130 F532 SN Gastroenterology	4	1	25.00
130 SN Unscheduled Care & Medicine - Dir	130 N061 SN Elderly Care Medical	4	2	50.00
130 SN Unscheduled Care & Medicine - Dir	130 N066 SN Ward 7 (Elderly Care)	28	18	64.29
130 SN Unscheduled Care & Medicine - Dir	130 N077 SN Ward 3 (Elderly)	38	33	86.84
130 SN Unscheduled Care & Medicine - Dir	130 N200 BBV Specialist Nurses	4	0	0.00
130 SN Unscheduled Care & Medicine - Dir	130 W356 Sing SDU USC/Med Mgmt	7	6	85.71
		2,157	1,161	53.82%

Actions taken to date	Actions planned for April / May
<ul style="list-style-type: none"> The Business Hub continues to provide managers with up to 	<ul style="list-style-type: none"> The HR Governance arrangements. The Unit's Service

date completion rates for their areas. They are also providing detailed reports that show the names of employees who have a current up to date PADR / a PADR that is due to expire in the next two months / or who have a PADR that has expired.	<p>Group management teams continue to work with the HR team to review analyse and act on the HR workforce data that is provided on a monthly basis.</p> <ul style="list-style-type: none"> Target set to reach 85% compliance by 31st March 2018.
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Part 5 - Statutory and Mandatory Training – As per Performance Review Scorecard January 2018

MANDATORY TRAINING (NURSING STAFF ONLY- CARE METRICS)	
% Staff received Fire Safety training	94.9%
% Staff received V&A training	91.2%
% Staff received Manual Handling training	89.3%
% Staff received Hand Hygiene training in last 12 months	91.9%
% Staff received Standard precaution infection control training in last 12 months	91.8%
% Staff received appropriate level of Safe Guarding children training (3 yrly)	91.2%
% Staff received POVA training in last 3 years	86.4%
% Staff trained in MCA/DOLS	86.6%
MANDATORY TRAINING (All STAFF)	
% staff who have undergone information governance training as outlined in C-PIP Guidance	51%

% compliance with mandatory and statutory training (all staff)	46.82%
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Actions taken completed November	Actions planned for
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> April / May data cleansing exercise around staff that have completed information governance.

Part 6 - Variable Pay

The table below summaries the key elements of variable pay.

Period	Agency Medical	Irregular Sessions	WLI
P01	57,697	71,297	14,507
P02	138,558	109,647	3,749
P03	146,376	67,456	23,180
P04	165,878	222,069	6,137
P05	250,013	98,559	28,392
P06	159,874	139,383	41,755
P07	129,384	126,401	20,561
P08	150,816	182,433	59,031
P09	71,666	105,472	61,787
P10	162,287	91,975	25,161
P11	158,157	66,284	53,349
Total	1,590,706	1,280,975	337,608

Period	Bank	Overtime	Agency Non
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			Medical
P01	87,094	92,141	231,457
P02	94,873	97,811	182,229
P03	87,751	105,620	186,358
P04	106,032	90,699	223,229
P05	103,261	84,659	199,450
P06	103,401	118,460	132,409
P07	101,656	95,714	154,675
P08	111,567	90,315	183,113
P09	135,151	111,937	202,750
P10	160,435	116,094	205,206
P11	142,214	103,342	154,959
Total	1,233,436	1,106,793	2,055,835

Actions taken completed February	Actions planned for April / May
<ul style="list-style-type: none"> Agency Cap for Medical and Dental Staff introduced to support reduction in locum/agency usage and costs. 	<ul style="list-style-type: none"> Review standardised shift system for nursing across DU.