

ABMU Workforce Metrics Report February 2018

1. PURPOSE

To provide the updated workforce metrics report for February 2018.

2. INTRODUCTION

This report is undergoing a review and the format has been changed to simplify the presentation of data. The main change is a focus towards comment on actions completed since the previous report and actions planned for the coming months.

For the first time the report includes Delivery Unit data in a separate section, this is still very much work in progress as we look to help the DUs develop reports using the same format and data sources.

3. RECOMMENDATIONS

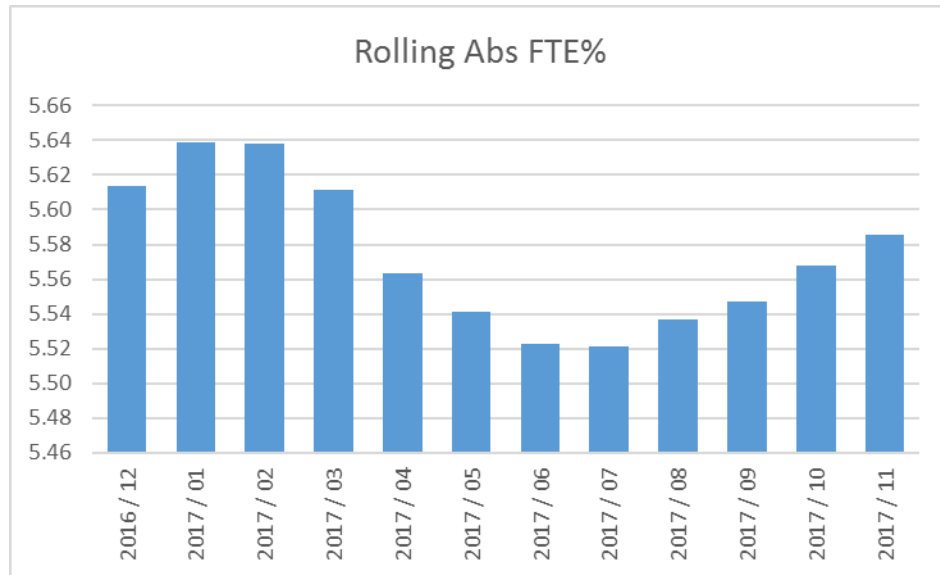
The Committee is asked to:

- a) Note the attached metrics paper.

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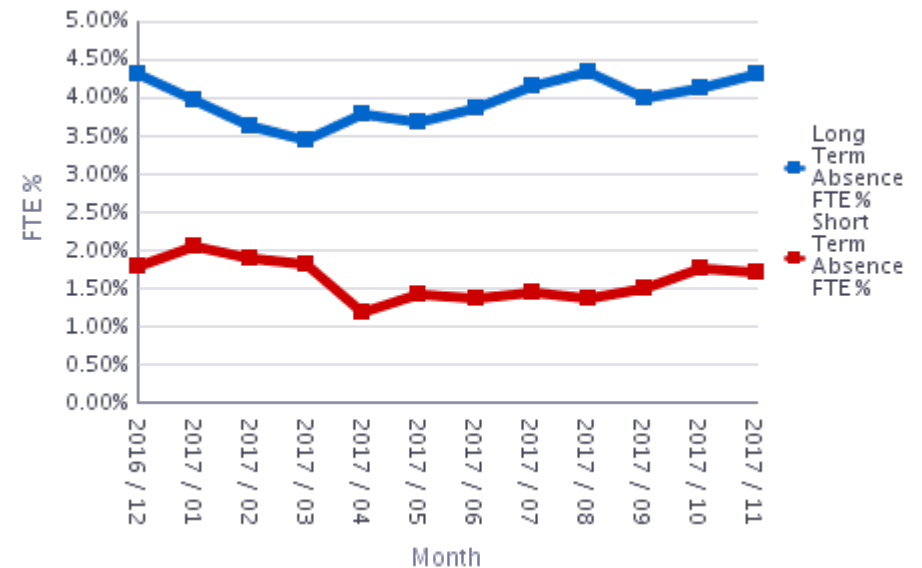
Part 1 – Sickness Absence Nov 1 2017 – 30 November 2017

Rolling 12 Month



The rolling 12 month sick absence rates has increased by .02% in the last month mirroring the increases seen in recent months.

Long Term v Short Term

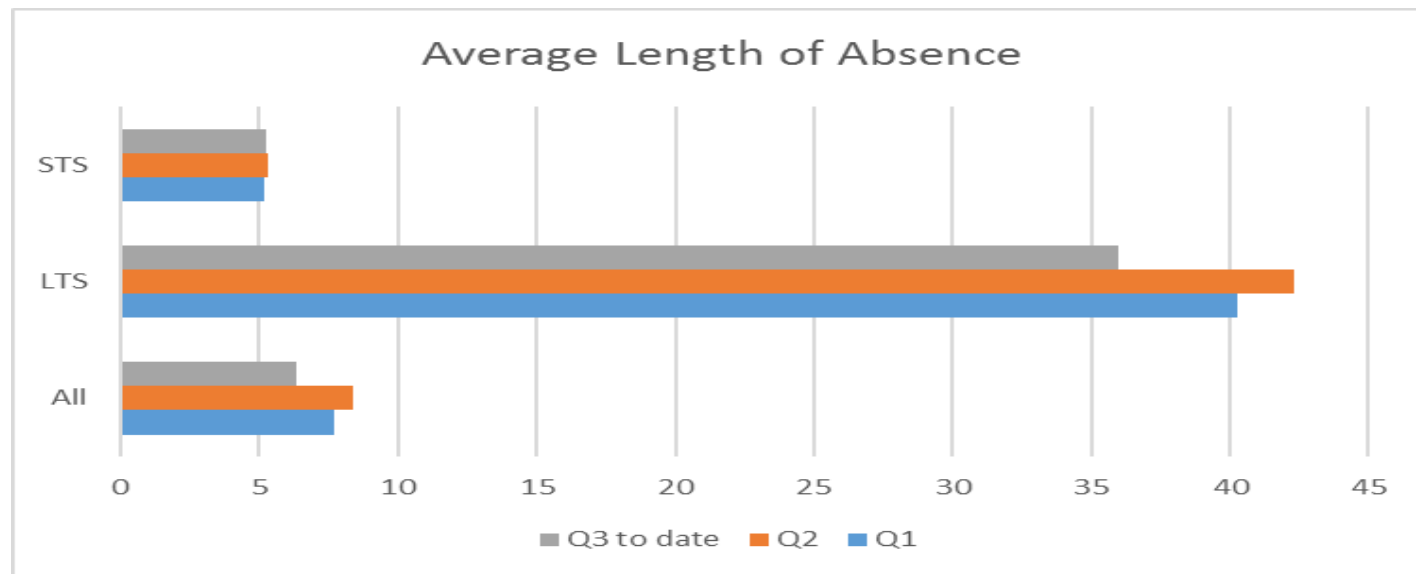


Short term absence has decreased in November as compared to October data. Long term absence is continuing to increase slightly despite good management in this area.

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Average Length of Absence

The chart below shows that our average length of absence for LTS for the first two months of Q3 has reduced by 6 days in comparison to Q2 overall performance. This performance indicates that whilst overall performance has declined our efforts to get individuals back to work quicker when on LTS is having some effect.



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Delivery Unit performance November 17

Given the poor performance overall in November it is no surprise that four out of six units have seen an increase in their in month and overall cumulative performance. The exception is POW, which continues to improve its cumulative performance each month from the beginning of the financial year.

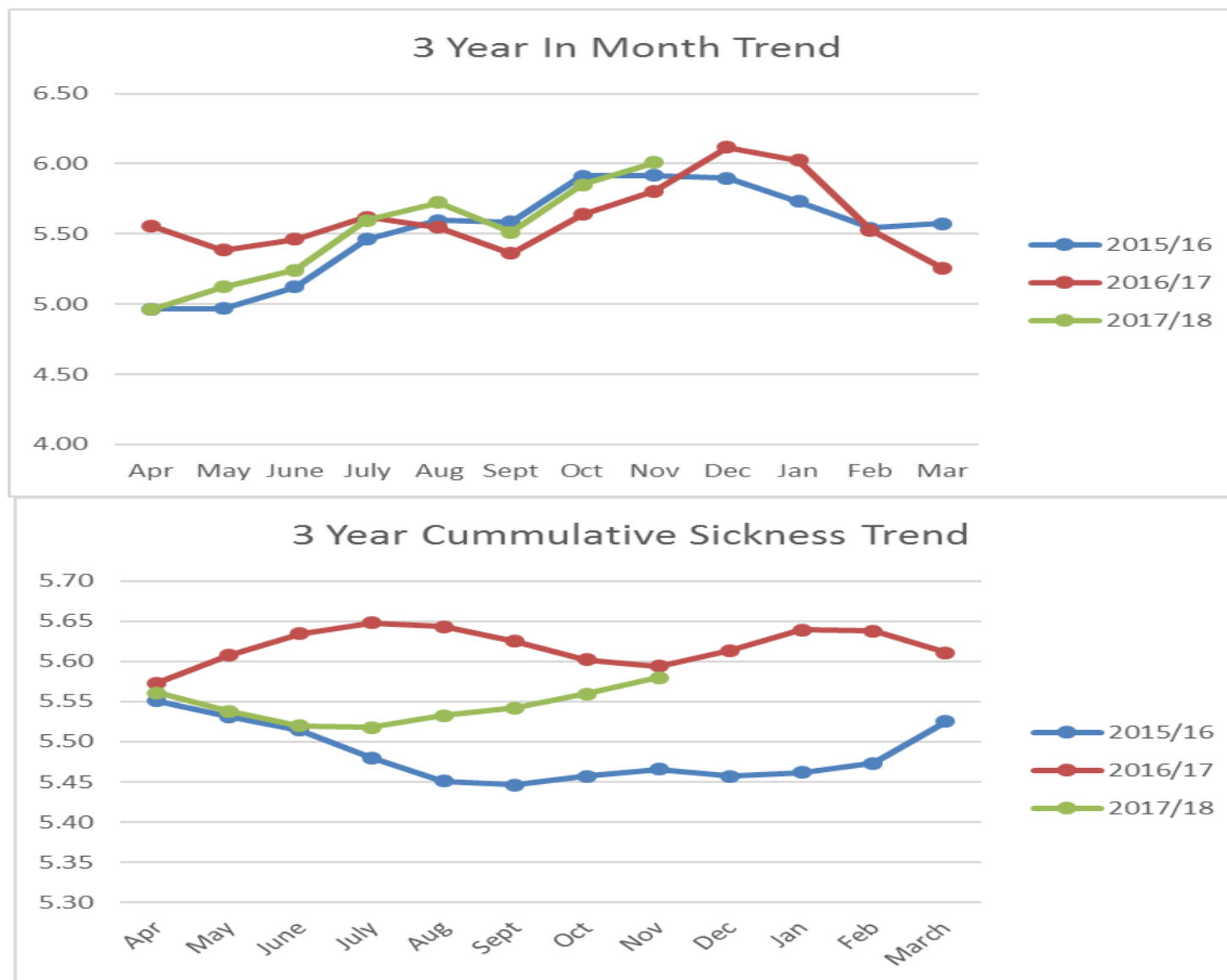
Of particular concern in this analysis is Singleton which saw almost a 1% increase in their in month performance and this is on top of an increase of 0.8 in the previous month. Further work needs to be undertaken to understand the issues that have given rise to this decline in performance.

	In month	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	6.07%	+ 0.29%	6.23%	no change
Morrison	6.08%	+ 0.04%	5.91%	+ 0.03%
Neath Port Talbot	5.57%	- 0.23%	4.54%	+ 0.03%
PCC	6.04%	+ 0.45%	5.51%	+ 0.02%
POW	4.90%	- 0.10%	4.95%	- 0.03%
Singleton	6.81%	+ 0.82%	5.32%	+ 0.08%

3 Year Trend

As you would expect this shows the trend for an increase in the winter months in previous years although last year was particularly bad in December and January so if we can improve on that this year that will improve our cumulative position. However given November's performance has declined to the worst levels for the last three years, unless we see significant improvement in the remaining months of 2017/18 compared to last year we are unlikely to see any significant improvement to our cumulative position overall.

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Actual performance versus Target

The table highlights that Q2 was poor in terms of seeing any improvements, with performance stagnating and in the first two months of Q3 worsening. 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 through the remaining months of 2017/18 compared to last year we will fall short of the 5% recovery and sustainability target by between 0.25% and 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				

Actions being taken

To bring a more directed approach to the management of LTS we are currently focussing efforts on the top 10 worst LTS cases in each unit and will be taking this approach on a periodic basis via the HR teams in each unit. This approach has resulted in **30 of out of the longest 60 cases being resolved** either due to a return to work or termination. In addition we are focussing on the following actions: -

Actions taken completed Dec	Actions planned for Jan/Feb
<ul style="list-style-type: none"> Continuation of the ABMU Flu Campaign. Further Hot Spot area audits, focusing on escalation of triggers under the policy Comments received on first draft of managing long-term sickness guidance. This is aimed to assist managers with more tangible guidance around actions and timescales in addition to sickness policy. DU's sent repeat absentees list for previous Xmas 	<ul style="list-style-type: none"> New model of OH delivery being introduced offering telephone based service to speed up assessments and provide advice. Sick Absence audits continuing within 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

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periods to follow up with individuals.	<ul style="list-style-type: none">• Further analysis of impact of service change on sickness levels.• Finalise actions to be taken as a result of data analysis into correlation between sickness absence, variable pay and vacancy gaps.• Develop a plan to formally launch the new all Wales Health and Wellbeing guidance which has been developed.
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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.

Health Board	Budgeted Establishment as at 31 December 2017	Staff in Post as at 31 December 2017	Vacancy shown as +ve, over-establishment shown as -ve	Movement since November report
Add Prof Scientific and Technic	477.55	442.33	35.22	↑
Additional Clinical Services	2742.16	2745.84	-3.68	↓
Administrative and Clerical	2551.7	2464.85	86.85	↓
Allied Health Professionals	970.85	918.19	52.66	↑
Estates and Ancillary	1514.21	1382.13	132.08	↓
Healthcare Scientists	336.09	325.41	10.68	↑
Medical and Dental	1497.41	1299.79	197.62	↑
Nursing and Midwifery Registered	4835.07	4452.23	382.84	↑
Students	11.00	7.90	3.10	↓
Grand Total	14936.04	14038.67	897.37	↑

Vacancies have increased in many Occupational groups but this reflects the Holiday Period where recruitment activity is reduced.

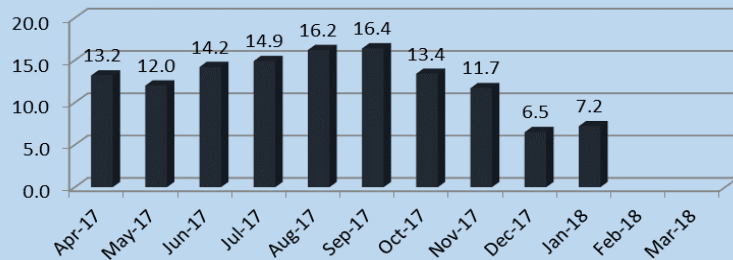
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Nursing Vacancies		Funded Establishment wte	Staff in Post wte	Vacancy (SIP - Funded) wte
Singleton DU	Qualified	783.26	715.21	-68.05
	Unqualified	284.80	293.91	9.11
	Total	1,068.06	1,009.12	-58.94
POW DU	Qualified	746.08	647.21	-98.87
	Unqualified	282.65	265.44	-17.21
	Total	1,028.73	912.65	-116.08
Morrison DU	Qualified	1,450.48	1289.88	-160.60
	Unqualified	424.10	509.88	85.78
	Total	1,874.58	1,799.76	-74.82
Mental Health & Learning Disabilities	Qualified	824.28	732.65	-91.63
	Unqualified	670.50	619.28	-51.22
	Total	1,494.78	1,351.93	-142.85
Primary Care & Community DU	Qualified	680.13	642.88	-37.25
	Unqualified	228.72	205.21	-23.51
	Total	908.85	848.09	-60.76
NPT DU	Qualified	308.89	296.16	-12.73
	Unqualified	123.48	123.31	-0.17
	Total	432.37	419.47	-12.90

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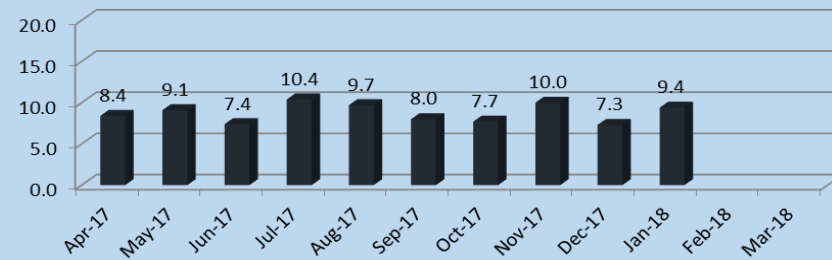
Time to approve Vacancies

Target: 10 working days



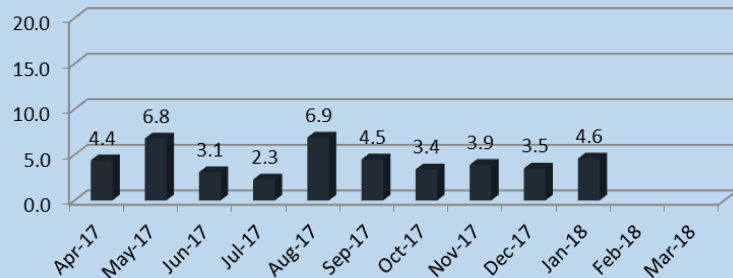
Time to Shortlist by Managers

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).

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Recruitment Timeline as at January 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	47.6	27.0	28.8	23.7	71.0	77.3
ABMU	44.0	34.8	27.0	34.8	20.1	71.0	76.9
AB	44.0	52.8	27.0	40.3	25.8	71.0	88.7
BCU	44.0	49.2	27.0	17.1	39.2	71.0	86.2
CV	44.0	55.8	27.0	40.1	24.8	71.0	88.9
CT	44.0	54.2	27.0	40.9	25.2	71.0	91.5
HD	44.0	50.8	27.0	30.6	17.8	71.0	76.3
NWIS	44.0	49.6	27.0	21.9	18.4	71.0	69.2

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NWSSP	44.0	50.2	27.0	23.2	18.8	71.0	65.8
POW	44.0	51.4	27.0	44.5	28.0	71.0	94.6
PHW	44.0	42.3	27.0	33.3	22.0	71.0	80.5
VCC	44.0	40.8	27.0	22.0	22.0	71.0	72.5
Vel	44.0	54.5	27.0	11.3	11.3	71.0	43.7
WAST	44.0	39.4	27.0	19.1	34.9	71.0	84.2
WBS	44.0	40.6	27.0	23.8	23.8	71.0	62.5

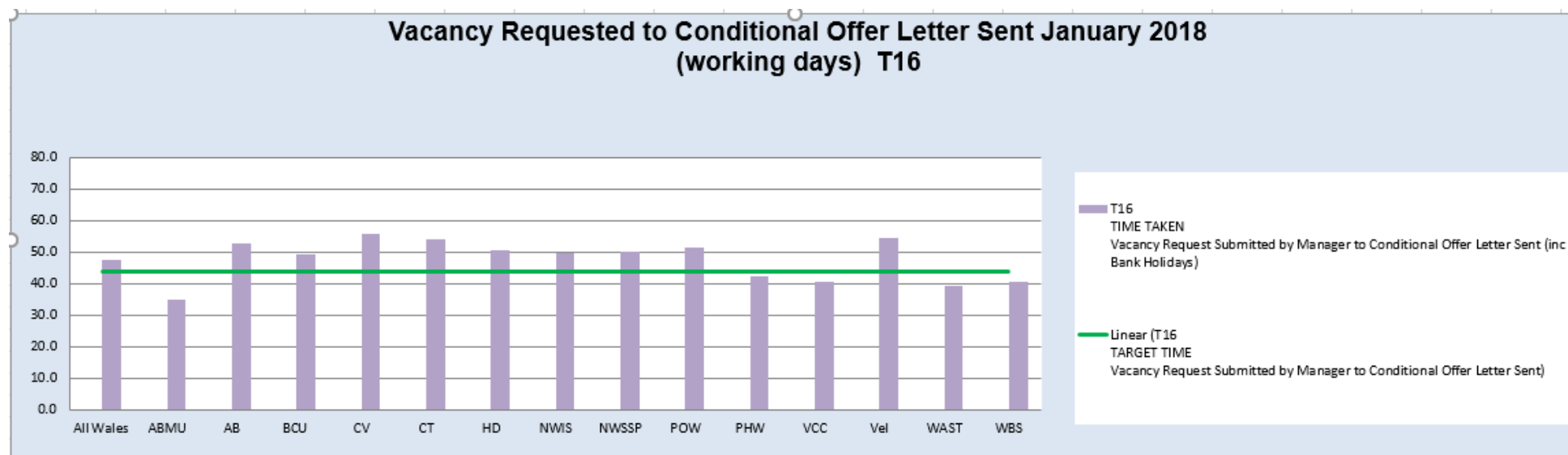
Note – outliers are cases where the timescales have been exceeded to a very significant level and often reflect issues with reporting activity as being concluded. The ability to run our own reports will allow ABMU to manage its own data cleansing.

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.

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Trac Recruitment Health Check Average Times in Working Days	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-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

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.

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Actions taken completed November	Actions planned for Feb / March
<ul style="list-style-type: none">• First TRAC training session completed for SHRMs to allow us to generate DU specific reports on a range of recruitment activity.• First Recruitment Guidance bulletin Issued.• Second and final TRAC training session completed.	<ul style="list-style-type: none">• Agreement on how the reports will be used internally within DUs established and how they will be incorporated into the monthly metrics report.• Three recruitment Guidance bulletins issued by end of February.• NWSSP running recruitment “clinics” for ABMU managers, dates to be confirmed.• First TRAC reports considered by DUs. Focus on delays in TRAC submission

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Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 Dec 2016 – 31 Dec 2017

Staff Group	Headcount	FTE	Change (headcount)
Add Prof Scientific and Technic	8.91%	8.66%	↑
Additional Clinical Services	10.13%	9.87%	↑
Administrative and Clerical	8.91%	8.56%	↑
Allied Health Professionals	8.97%	8.63%	↓
Estates and Ancillary	7.11%	6.89%	↓
Healthcare Scientists	4.02%	3.75%	↑
Medical and Dental	8.12%	7.46%	↓
Nursing and Midwifery Registered	10.05%	9.89%	↓

Average turnover has decreased by 0.2% but remains relatively low as an organisational rate. The rate has been fluctuating around 9% for most of 2017. Nursing turnover remains highest of the staff groups but has reduced in the last three months.

Health Board - Excluding Junior Medical & Dental Staff & Students	Headcount	FTE	Change (headcount)
Overall Rate	9.17%	8.93%	↓

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Actions taken completed December/Jan	Actions planned for Feb/March
<ul style="list-style-type: none">• Leavers data is circulated on a monthly basis to all DUs. Analysis at DU level has started but needs further development.• New Exit Interview system has started	<ul style="list-style-type: none">• 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.• Continued development of a new exit interview system based on survey monkey that focuses on nursing, and covers all nurses. Outcome report planned for development for next Metrics Report

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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 30th January 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	19	7	36.84
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	1,670	458	27.43
130 D3 Director of Therapies & Health Sciences - Div	27	21	77.78
130 D3 EMRTS - Div	28	1	3.57
130 D3 Finance - Div	97	76	78.35
130 D3 Informatics - Div	397	50	12.59
130 D3 Medical Director - Div	43	25	58.14
130 D3 Nurse Director - Div	79	71	89.87
130 D3 Workforce & Organisational Development - Div	124	103	83.06
130 SDU - Mental Health & Learning Disabilities - Div	1,988	1,455	73.19
130 SDU - Morriston Hospital - Div	3,127	2,003	64.06
130 SDU - Neath Port Talbot Hospital - Div	1,435	1,076	74.98
130 SDU - Primary Care & Community - Div	1,757	1,439	81.90
130 SDU - Princess of Wales Hospital - Div	1,550	849	54.77
130 SDU - Singleton Hospital - Div	2,170	1,234	56.87
Grand Total	14,631	8,918	60.95

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

Org L6	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Corporate Strategy - Dir	39	6	15.38
130 D3 Delivery Unit - Dir	33	0	0.00
130 D3 EMRTS - Dir	28	1	3.57
130 D3 Estates - Dir	215	50	23.26
130 D3 Head of Operational Services - Hotel Services - Dir	1,416	402	28.39
130 D3 Informatics - Dir	397	50	12.59
130 MN Unit Management - Dir	21	5	23.81
130 POW Delivery Unit Management - Dir	31	3	9.68

The overall Health Board percentage of PADR's recorded within ESR as of January 2018 for a 12 month rolling period is **60.95%**, however the all-Wales and local target is 85% of PADR's recorded in ESR and so continued improvement remains essential.

Actions taken completed Dec/Jan	Actions planned for February
<ul style="list-style-type: none"> All staff with Learning Administration access have been contacted and further training events delivered. Work continues, to identify those who no longer require administrator access rights to support cleanse and enhance system security. 	<ul style="list-style-type: none"> Requests for administrator access to input PADR data continue to be received and training will be provided accordingly There are 2 PADR for Review Workshops planned; one at the end of January at Singleton and one in February at POWH. PADR sessions for staff will continue to be offered as bespoke sessions delivered in the workplace

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Part 5 - Statutory and Mandatory Training

Competency	Compliance %
Equality, Diversity and Human Rights	53.67%
Fire Safety	60.13%
Safety and Welfare	52.99%
Infection Prevention and Control - Level 1	51.96%
Information Governance (Wales)	59.58%
Moving and Handling - Level 1	37.51%
Resuscitation – Level 1	34.23%
Safeguarding Adults - Level 1	47.92%
Safeguarding Children - Level 1	43.17%
Violence and Aggression (Wales)	49.79%
Dementia awareness	47.93%
Social Services and Well Being Act Wales Awareness (2014)	24.55%
Violence Against Women, Domestic Abuse and Sexual Violence	30.14%

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.

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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 completed Dec/Jan	Actions planned for February
<ul style="list-style-type: none">• ESR underwent a significant up-grade in functionality on 1st January 2018 and a user-friendly portal was made available to all staff from December 2017, resulting in ESR access from home, tablets and other mobile devices.• A recent data upload to record the change in Dementia competence has resulted in a change to over 3500 records, similarly a change to the social services competence resulted in over 12,000 records being updated, this has not yet been reflected in the above figures, due to the timing of the report.	<ul style="list-style-type: none">• Accurate and up-dated reporting of Dementia and Social Services & Wellbeing compliance in line the recent bulk data up-load in readiness for the next metric report.• Delivery and Facilitation of 6 e-learning drop-in workshops across 2 main hospital sites.

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Part 6 - Variable Pay

The Health Board variable pay spend, excluding payments for Waiting List Initiatives for the first nine months of 2017/18 is £27.026m This compares to a spend of £30.886m for the same period of the previous financial year. This is a reduction of £3.860m between the two financial years.

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

	2017/18 Apr - Dec £m	2016/17 Apr - Dec £m	Change between years £m
Medical – Additional Payments	5.410	5.282	+0.128
Medical – Agency	6.240	6.823	-0.583
Non Medical – Bank	6.143	5.515	-0.628
Non Medical – Overtime	4.457	5.732	-1.275
Non Medical – Agency	8.346	10.677	-2.331
Total Spend	30.596	34.029	-3.433

Medical staff variable pay has increased significantly over recent years, for both internal cover and agency staff, this reflects sustaining existing rotas in light of increasing medical vacancies and pressures to increase rota to improve training for junior doctors. This financial year has seen a reduction in costs of almost £0.5m for the year to date. The Welsh Government cap on agency and internal cover rates came into effect from mid-November and has had little impact on the costs reported to date, however the modelling work undertaken indicates savings of around £1.5m in a full year.

The non-medical variable pay spend reduction reported in 2016/17 has continued, driven by reductions in agency and overtime expenditure. The overtime reduction can be mainly attributed to Registered Nurses and HCSW and has in part been offset by increasing bank usage. The agency reduction is mainly attributed to Admin and Clerical staff, where agency costs have reduced from £2.485m in the first 9 months of 2016/17 to £0.832m for the same period in 2017/18.

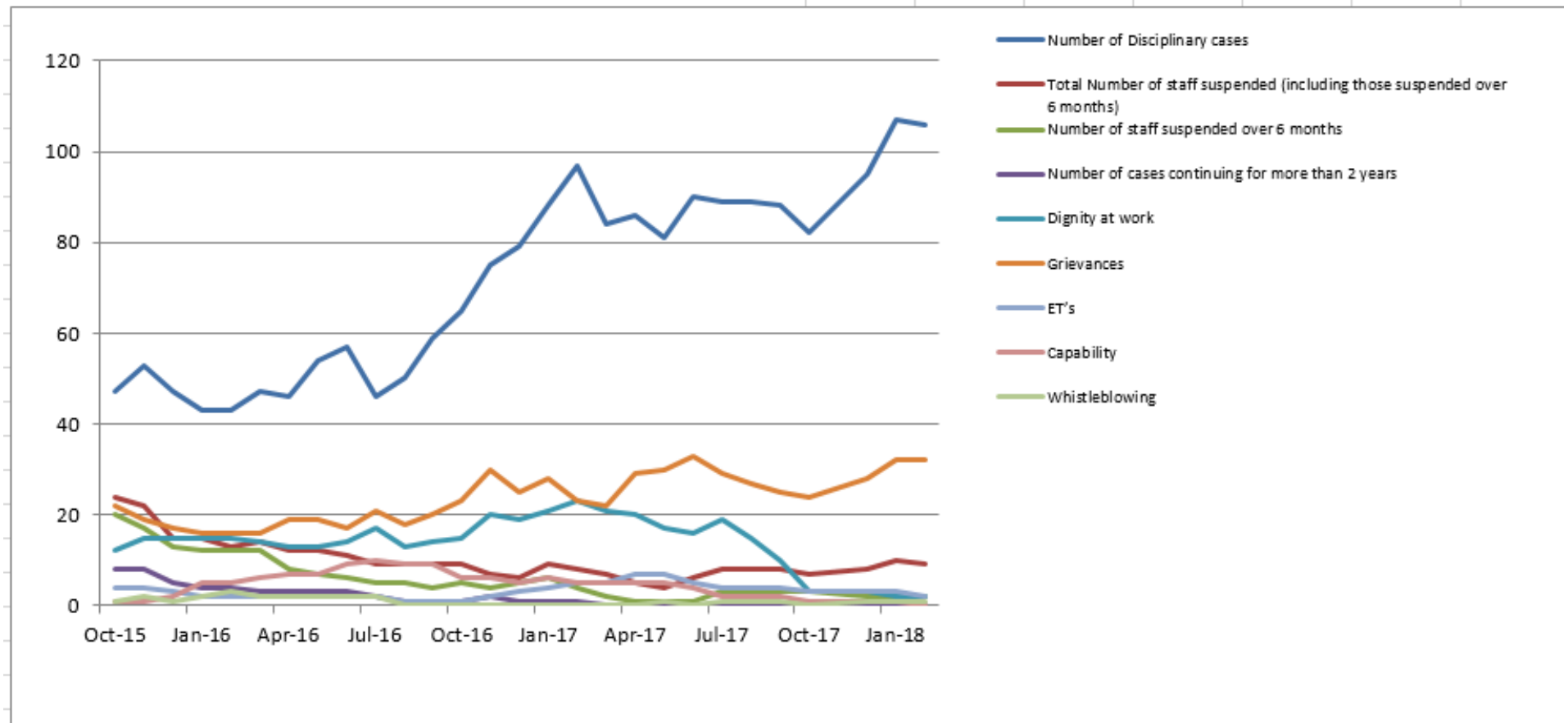
Analysis of variable pay performance forms part of the performance reviews for all Delivery Units.

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Actions taken completed Dec/Jan	Actions planned for Feb/March
<ul style="list-style-type: none">• Ongoing support and management to implement the 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, Post implementation review started.• Analysis of Bank Incentivisation options completed	<ul style="list-style-type: none">• Complete review of Agency diagnostic Tool outcome seek Executive team approval for recommendations from that exercise.• Agency Action Plan issued with timetable for completion.• Reach final decision on bank work incentivisation.

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Part 7 - Operational Workforce Activity



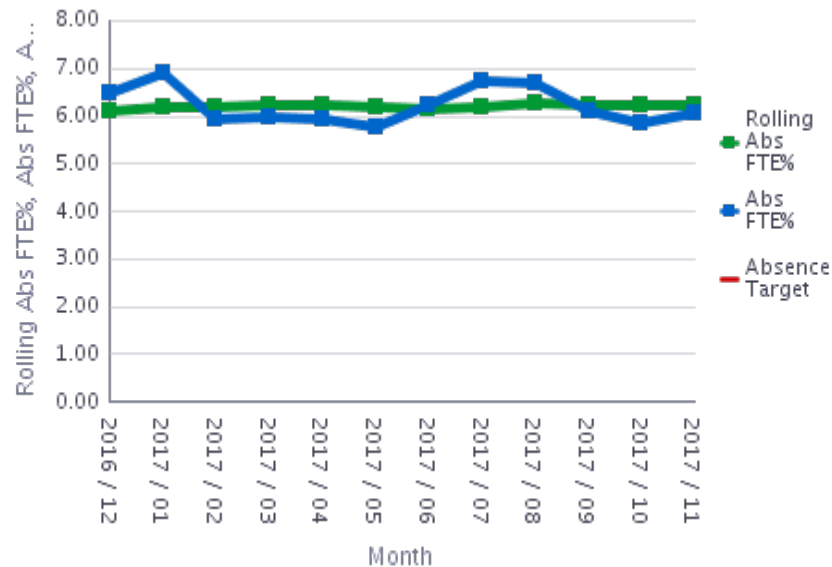
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Actions taken completed November	Actions planned for Feb/March
<ul style="list-style-type: none">• Revised central database updated.• NAAIS Cases reported through IG Board.• 	<ul style="list-style-type: none">• Revised guidance covering the Initial Assessment phase of the all Wales Disciplinary Policy to be issued.• Internal review within HR to look at consistency issues and establish common guidance for Operational Teams Support and Guidance to Investigation Officers to be revised and reissued.

Mental Health & Learning Disabilities Delivery Unit

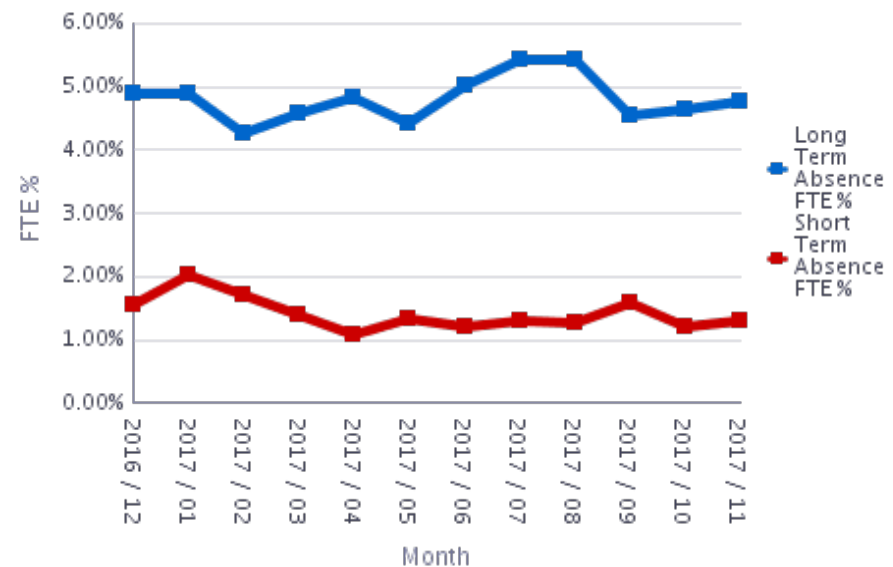
Part 1 – Sickness Absence Dec 2016 – Nov 2017

Rolling 12 Month



The rolling 12 month sick absence rates were 6.23% in November 2017 and have remained static at around 6.23% over the last four months.

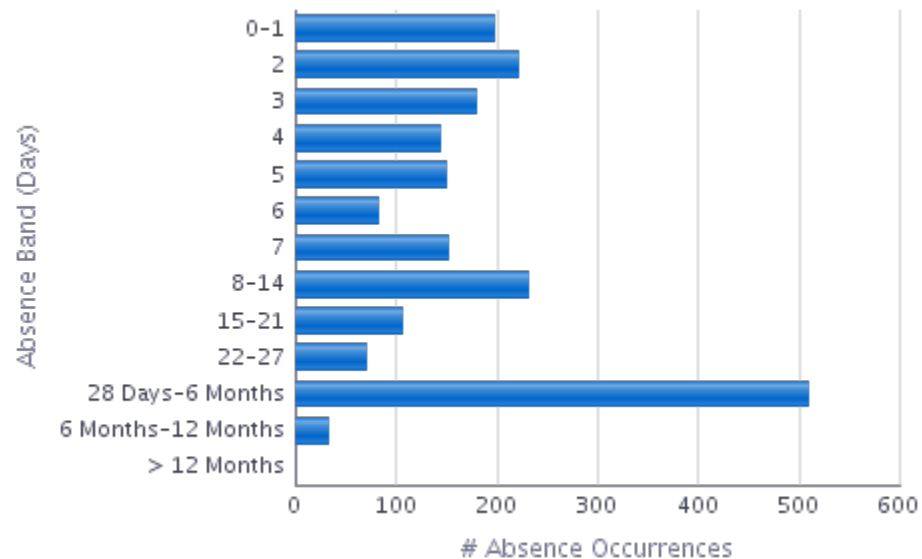
In Month Absence



Short and long term absence have increased from October to November 2017. However, short term absence reduced overall from 1.46% in November 2016 to 1.29% in November 2017. Long term absence reduced overall from 4.82% in November 2016 to 4.78% in November 2017.

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 July to November 2017

The DU had enjoyed a reducing trend in its total in month absence position from July to October 2017, but has seen an increase in November 2017.

	In month	+/- on previous month	Cumulative	+/- on previous month
July 2017	6.67%		6.19%	
August 2017	6.64%	- 0.03%	6.23%	+ 0.04%
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

Actions taken completed November	Actions planned for Jan/Feb
<ul style="list-style-type: none"> • Continuation of the ABMU Flu Campaign. • Following Hot Spot area audits, sickness process training needs have been reviewed with plans to address shortfalls. • 138 DU managers have attended Nelson Training. 	<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. • DU taking part in taster sessions for Art Therapy project to improve staff health and wellbeing on 19/20th March 2018. • In process of identifying resources to pilot DU Staff Counsellor for 12 months in Specialist Services Locality. • DU Wellbeing Champions leading on support for 'Time to Talk Day' on 1 February 2018 in each Locality. • DU supported 32 Wellbeing Champions and each Locality reviewing how they can best be utilised to support staff health and wellbeing. • Review of attendance at monthly Locality Sickness Meetings.

Part 2 – Establishment, Vacancies and Recruitment – December 2017

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
MH & LD Delivery Unit	Admin & Clerical	203.06	189.87	-13.19 ↑
	Consultant	47.90	41.90	-6.00 ↓
	Other	320.04	267.00	-53.04 ↑
	Other Medical Staff	78.61	51.46	-27.15 No change
	Qualified Nurse	824.28	745.45	-78.83 ↑
	Unqualified Nurse	670.50	621.53	-48.97 ↑
MH & LD Delivery Unit Total		2,144.39	1,917.20	-227.19

In December 2017, 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 50WTE of which 36 WTE are either awaiting commencement or are in recruitment.

The Delivery Unit is presently utilising 10 MEDACs locums to backfill approximately 19 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 Dec 2017	227.19
Less: Vacancies filled via recharges (Velindre/Social Services/University)	22
Establishing Community Investments	34.1
Total Adjusted Vacancies as at Dec 2017	171.09
Breakdown of Key Vacancies:	
Medical	19
Older Peoples ward staff pending removal through service change	42
Learning Disabilities Community Services	24
Learning Disabilities Inpatient Services	22
Specialist Services Inpatient Services	42
Remaining spread across services	22
Breakdown of Key Vacancies Total	171

Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 January 2017 – 31 December 2017

Staff Group	FTE
Add Prof Scientific and Technic	24.01%
Additional Clinical Services	8.31%
Administrative and Clerical	7.54%
Allied Health Professionals	7.15%
Estates and Ancillary	9.73%
Medical and Dental	7.35%
Nursing and Midwifery Registered	9.85%

Average turnover has decreased over the last few months. The overall rate has been fluctuating around 9% for most of 2017. 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 9.85% in December 2017.

Health Board - Excluding Junior Medical & Dental Staff & Students

Overall Rate	9.09%
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Actions taken completed November	Actions planned for Dec/Jan
<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.	<ul style="list-style-type: none">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 Localities have been asked to undertake an exercise for all staff groups to ascertain a more informed picture of predicted retirements over next 3-5 years.

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 December 2017 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	5	3	60.00
130 Head of Operations - Dir	130 R004 Joint Training & Education	1	0	0.00
130 Head of Operations - Dir	130 R005 Mental Health Administration	38	31	81.58
130 Head of Operations - Dir	130 R008 Mental Health Directorate Management	9	5	55.56
130 Head of Operations - Dir	130 T013 Special Projects Team	1	0	0.00
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	9	81.82
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	4	100.00
130 MHL D Bridgend Locality - Dir	130 R030 Bridgend MH Comm Serv	11	5	45.45
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	28	21	75.00
130 MHL D Bridgend Locality - Dir	130 R037 South Bridgend CMHT	15	13	86.67
130 MHL D Bridgend Locality - Dir	130 R038 North Bridgend CMHT	21	17	80.95
130 MHL D Bridgend Locality - Dir	130 R107 Perinatal MH Services	10	1	10.00
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	26	20	76.92
130 MHL D Bridgend Locality - Dir	130 R112 Coity Clinic Ward 21	24	18	75.00
130 MHL D Bridgend Locality - Dir	130 R113 OT & Physio Adult Bridgend	10	8	80.00
130 MHL D Bridgend Locality - Dir	130 R115 Bridgend Crisis Team	19	16	84.21
130 MHL D Bridgend Locality - Dir	130 R121 MH Bridgend OT OPS	5	4	80.00
130 MHL D Bridgend Locality - Dir	130 R129 Bridgend Continuing Health Care	16	13	81.25
130 MHL D Bridgend Locality - Dir	130 R131 Angelton Clinic Ward 1	18	18	100.00

130 MHL D Bridgend Locality - Dir	130 R133 Angelton Clinic Ward 3	17	10	58.82
130 MHL D Bridgend Locality - Dir	130 R134 Coity Clinic Ward 15	20	8	40.00
130 MHL D Bridgend Locality - Dir	130 R135 Angelton Clinic Ward 2	28	19	67.86
130 MHL D Bridgend Locality - Dir	130 R136 EMI Teams	13	10	76.92
130 MHL D Bridgend Locality - Dir	130 R201 MH Community Drug & Alcohol	5	2	40.00
130 MHL D Bridgend Locality - Dir	130 R202 Home Detox	2	2	100.00
130 MHL D Bridgend Locality - Dir	130 R203 SMAP Funding	6	3	50.00
130 MHL D Bridgend Locality - Dir	130 R204 Bridgend Assessment Service	1	1	100.00
130 MHL D Bridgend Locality - Dir	130 R610 Bridgend Locality Management	6	4	66.67
130 MHL D Bridgend Locality - Dir	130 T006 LD Dietician	3	2	66.67
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	14	73.68
130 MHL D Bridgend Locality - Dir	130 T017 Community Health Team - Bridgend	18	15	83.33
130 MHL D Bridgend Locality - Dir	130 T018 Community Health Team - Cardiff	33	26	78.79
130 MHL D Bridgend Locality - Dir	130 T019 Community Health Team - Vale	15	15	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	10	71.43
130 MHL D Bridgend Locality - Dir	130 T022 Community Health Team - Merthyr	8	8	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 N028 Occupational Therapy OPS NPT	13	11	84.62
130 MHL D Neath Port Talbot Locality - Dir	130 R002 Mental Health Veterans Service	5	3	60.00
130 MHL D Neath Port Talbot Locality - Dir	130 R007 NPTH MH Administration	7	6	85.71
130 MHL D Neath Port Talbot Locality - Dir	130 R053 Dechrau Newydd	3	3	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R058 NPT MH Measure	17	14	82.35
130 MHL D Neath Port Talbot Locality - Dir	130 R062 South Community MH Team	11	11	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R063 North Community MH Team	12	11	91.67
130 MHL D Neath Port Talbot Locality - Dir	130 R064 Neath Psychology	4	3	75.00
130 MHL D Neath Port Talbot Locality - Dir	130 R067 NPTH Ward F Acute	30	23	76.67
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	12	11	91.67
130 MHL D Neath Port Talbot Locality - Dir	130 R079 First Episode Psychosis	5	4	80.00
130 MHL D Neath Port Talbot Locality - Dir	130 R102 NPT Detox Ward	14	12	85.71
130 MHL D Neath Port Talbot Locality - Dir	130 R105 Occupational Therapy Adult NPT	5	4	80.00
130 MHL D Neath Port Talbot Locality - Dir	130 R140 Tonna EMI General Admin	11	11	100.00
130 MHL D Neath Port Talbot Locality - Dir	130 R142 Tonna Emi Suite 1	22	18	81.82
130 MHL D Neath Port Talbot Locality - Dir	130 R143 Tonna Emi Suite 2	24	16	66.67
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	18	69.23
130 MHL D Neath Port Talbot Locality - Dir	130 R146 Tonna EMI Day Hospital	8	7	87.50
130 MHL D Neath Port Talbot Locality - Dir	130 R147 Neath Community Emi	31	30	96.77
130 MHL D Neath Port Talbot Locality - Dir	130 R150 NPTH Ward G EMI	28	25	89.29
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	8	72.73
130 MHL D Neath Port Talbot Locality - Dir	130 R220 MH Comm Drug & Alcohol	7	5	71.43
130 MHL D Neath Port Talbot Locality - Dir	130 R222 Low Threshold Prescribing Service	3	2	66.67
130 MHL D Neath Port Talbot Locality - Dir	130 R225 SMART	2	1	50.00
130 MHL D Neath Port Talbot Locality - Dir	130 R510 Neath Port Talbot Locality Management	3	2	66.67
130 MHL D Neath Port Talbot Locality - Dir	130 T016 Community Health Team - Neath	19	12	63.16
130 MHL D Swansea Locality - Dir	130 R014 CC Medical Records	2	1	50.00
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	10	83.33
130 MHL D Swansea Locality - Dir	130 R083 Swansea Psychology	9	5	55.56
130 MHL D Swansea Locality - Dir	130 R084 Fendrod Ward CCH	25	25	100.00
130 MHL D Swansea Locality - Dir	130 R085 Clyne Ward CCH	24	19	79.17
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	18	85.71
130 MHL D Swansea Locality - Dir	130 R089 Community Acute Area 3 (Ty-Einon)	28	25	89.29

130 MHL D Swansea Locality - Dir	130 R092 Crisis Resolution Service	29	28	96.55
130 MHL D Swansea Locality - Dir	130 R093 Adult Liaison Psychiatry	25	21	84.00
130 MHL D Swansea Locality - Dir	130 R100 Nurse Admin for Adult Psychiatry	1	0	0.00
130 MHL D Swansea Locality - Dir	130 R104 CC Adult Occupational Therapy	18	9	50.00
130 MHL D Swansea Locality - Dir	130 R106 CC Occupational Therapy	8	4	50.00
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	28	23	82.14
130 MHL D Swansea Locality - Dir	130 R160 CC Onen Ward	36	30	83.33
130 MHL D Swansea Locality - Dir	130 R161 CC Derwen Ward	37	23	62.16
130 MHL D Swansea Locality - Dir	130 R167 Old Age Psych -Nurse Admin	12	10	83.33
130 MHL D Swansea Locality - Dir	130 R168 Memory Clinic	5	5	100.00
130 MHL D Swansea Locality - Dir	130 R170 CC Celyn Ward	37	21	56.76
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	4	100.00
130 MHL D Swansea Locality - Dir	130 R173 EMI Areas 1 & 2	16	12	75.00
130 MHL D Swansea Locality - Dir	130 R174 EMI Areas 3 & 4	16	11	68.75
130 MHL D Swansea Locality - Dir	130 R175 Community In Reach Team - Swansea	7	5	71.43
130 MHL D Swansea Locality - Dir	130 R241 Medical Staff - Substance Misuse	1	1	100.00
130 MHL D Swansea Locality - Dir	130 R244 Community Drugs Team	18	11	61.11
130 MHL D Swansea Locality - Dir	130 R410 Swansea Locality Management	2	1	50.00
130 MHL D Swansea Locality - Dir	130 T015 Community Health Team - Swansea	15	13	86.67
130 Mental Health & Learning Disabilities Management - Dir	130 6F43 Mental Health & Learning Disabilities Unit Management	17	8	47.06
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	9	8	88.89
130 Specialist Services - Dir	130 R026 Cefn Yr Afon Quarella Road	29	19	65.52
130 Specialist Services - Dir	130 R055 Cedar Ward	23	20	86.96
130 Specialist Services - Dir	130 R056 Rowan Ward	24	20	83.33
130 Specialist Services - Dir	130 R057 Taith Newydd Support Services	14	5	35.71
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	5	45.45
130 Specialist Services - Dir	130 R091 Criminal Justice Team	14	14	100.00
130 Specialist Services - Dir	130 R097 Gwelfor Unit CC	29	22	75.86
130 Specialist Services - Dir	130 R099 Medical Staffing for Rehab/R	1	0	0.00
130 Specialist Services - Dir	130 R260 Forensic General Services	37	34	91.89
130 Specialist Services - Dir	130 R261 Forensic Prof Support Services	5	5	100.00
130 Specialist Services - Dir	130 R263 Forensic Penarth Ward	35	25	71.43
130 Specialist Services - Dir	130 R264 Forensic Ogmre Ward	29	23	79.31
130 Specialist Services - Dir	130 R265 Forensic Nursing Services	15	13	86.67
130 Specialist Services - Dir	130 R266 Forensic Newton Ward	34	25	73.53
130 Specialist Services - Dir	130 R268 Forensic Cardigan Ward	23	20	86.96
130 Specialist Services - Dir	130 R270 Forensic Tenby Ward	31	29	93.55
130 Specialist Services - Dir	130 R290 Prison In-Reach Team	7	5	71.43
130 Specialist Services - Dir	130 R431 CHC Staffing Costs	11	10	90.91
130 Specialist Services - Dir	130 R710 Specialist Services Locality Management	5	4	80.00
130 Specialist Services - Dir	130 T040 Special Services - Meadow Court	19	19	100.00
130 Specialist Services - Dir	130 T041 Special Services - Dan-y-Bont	19	15	78.95
130 Specialist Services - Dir	130 T042 Special Services - Ty Garth Newydd	21	16	76.19
130 Specialist Services - Dir	130 T043 Special Services - Bryn Afon	17	9	52.94
130 Specialist Services - Dir	130 T044 Special Services - Swyn-y-Afon	17	7	41.18
130 Specialist Services - Dir	130 T045 Special Services - Dan-y-Deri	15	10	66.67
130 Specialist Services - Dir	130 T047 Special Services - Lletty Newydd	22	17	77.27
130 Specialist Services - Dir	130 T060 Special Services - Hafod-y-Wennol	19	18	94.74
130 Specialist Services - Dir	130 T061 Special Services - Llwyneryr	22	15	68.18
130 Specialist Services - Dir	130 T062 Special Services - Laurels & Briary	31	25	80.65
130 Specialist Services - Dir	130 T063 Special Services - Rowan House	22	15	68.18
130 Specialist Services - Dir	130 T080 Special Services - Facing the Challenge	9	6	66.67
130 Specialist Services - Dir	130 T081 Special Services Behavioural Team	14	7	50.00
Grand Total		1,984	1,523	76.76

The DU's position has continued to improve and has increased by 1.4% from November to December 2017 to 76.76%. The target is for the DU to reach the all-Wales and local target of 85% by end of March 2018.

Actions taken completed November	Actions planned for Dec/Jan
<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. 	<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. Target set to reach 85% compliance by 31st March 2018.

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

Competency	Compliance %
Fire Safety	93.90%
Violence and Aggression (Wales)	96.15%
Manual Handling	93.49%
Hand Hygiene	97.19%
Infection Prevention and Control - Level 1	95.70%
Safeguarding Children - Level 1	92.37%
POVA	93.27%
MCA/DOLS	87.63%
Information Governance (Wales)	85.23%
Dementia awareness	95.68%

Actions taken completed November	Actions planned for Jan/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.

Part 6 - Variable Pay

The DU variable pay spend, for the first eight months of 2017/18 is £4.076m. This compares to £4.612m for the same period of the previous financial year. This is a reduction of £0.536m between the two financial years.

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

	2017/18 Apr - Nov £m	2016/17 Apr - Nov £m	Change between years £m
Medical – Additional Payments	0.267	0.237	+0.030
Medical – Agency	1.044	1.036	+0.008
Non Medical – Bank	2.227	1.508	+0.719
Non Medical – Overtime	0.012	0.931	-0.919
Non Medical – Agency	.526	0.900	-0.374
Total Spend	4.076	4.612	-0.536

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.

Overall nursing variable pay has reduced significantly by over £500k over this period. This 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 & as a result there has been less reliance on both Bank & Agency.

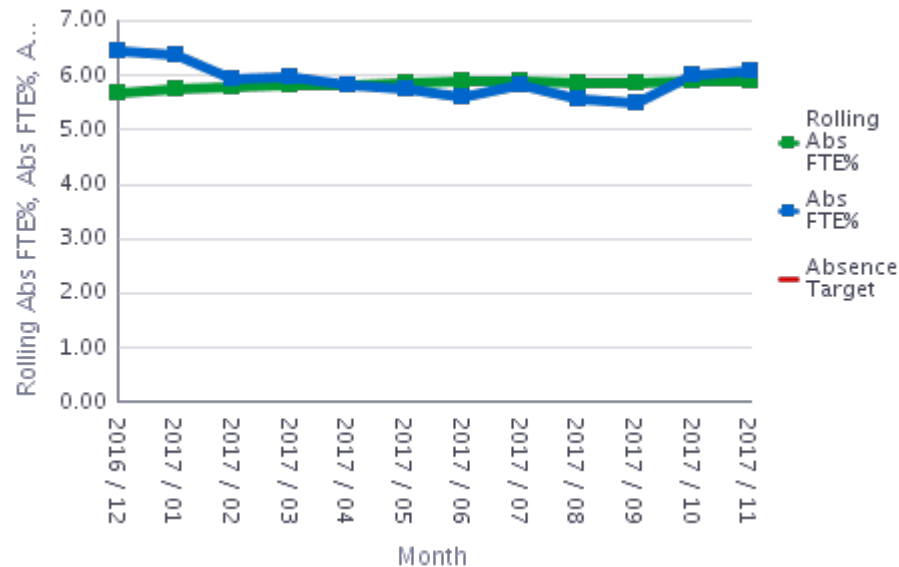
Analysis of variable pay performance forms part of the performance reviews for all Localities across DU.

Actions taken completed November	Actions planned for Jan/Feb
<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 	<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. • Deliver values based recruitment training to all inpatient recruiting managers. • Roll out values based recruitment for all registered nurse vacancies from April 2018. • Take part in HB Nurse Recruitment Open Days in Feb and March.

Morrison Delivery Unit

Part 1 – Sickness Absence 1 December 2016 – 30 November 2017

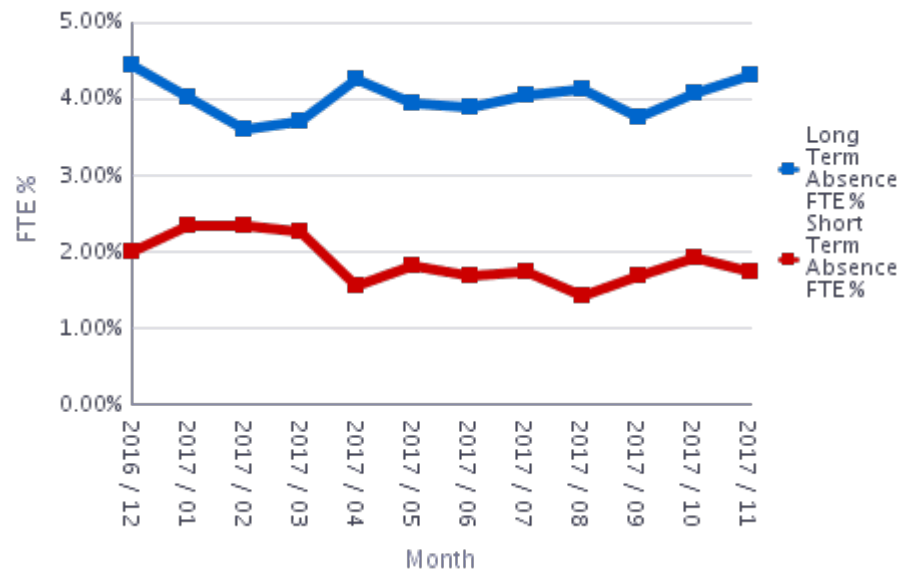
Rolling 12 month sickness absence



The rolling 12 month sick absence rate has increased by 0.03% in the last month. The in month figure has also increased by 0.08%.

When compared to November 2016 cumulative sickness absence rate, the unit's cumulative sickness absence rate has increased by 0.14% during the 12 month period.

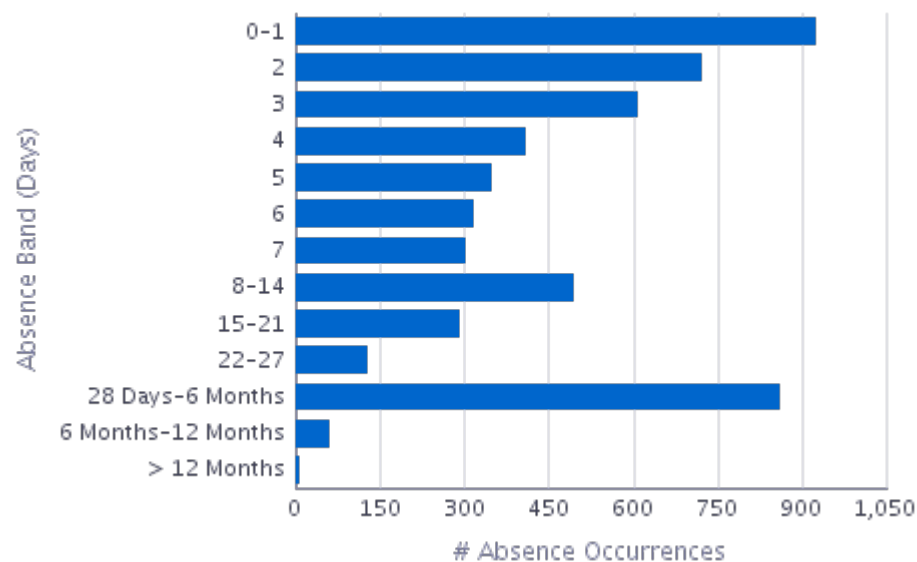
In Month Absence



Short term absence has decreased by 0.18% and long term absence has increased by 0.16% for November against the previous month sickness rates.

Length of Absence

The chart below shows the length of absences.



Overall performance November 2017

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

	In month	+/- on previous month	Cumulative	+/- on previous month
Morrison	6.08%	+0.08%	5.91%	+0.03%

Actions taken November/December/January	Actions planned for Feb
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<ul style="list-style-type: none"> • Deep dive reviews undertaken in Theatres and Pre-assessment to establish compliance with sickness absence policy. • Deep dive sickness trigger audits undertaken in ITU, AMAU East & AMAU West • 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 Wales presentation to managers • Engagement with well-being champions • Staff survey action plan agreed • 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 Change/Talk' promotional stand in main OPD on 1 February 2018 and presentation at Team brief. • 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
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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.

Staff Group	FTE by Month													Vacancies
	2016 / 11	2016 / 12	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	
Add Prof Scientific and Technic	81.86	83.15	84.47	84.22	84.54	85.31	69.70	70.04	72.04	74.04	74.04	76.04	75.77	4.32
Additional Clinical Services	608.31	605.11	615.51	624.34	618.33	612.37	617.78	612.65	607.62	602.29	588.59	580.49	581.61	-93.33
Administrative and Clerical	453.62	452.39	460.96	469.72	473.79	471.32	472.86	468.64	468.16	464.62	458.56	457.48	455.10	30.36
Allied Health Professionals	157.51	157.91	155.94	154.07	152.87	150.17	151.17	152.77	156.17	155.37	157.37	158.17	158.17	12.45
Estates and Ancillary	113.78	113.78	111.68	110.68	110.68	109.78	109.38	107.08	110.46	111.46	110.26	118.04	117.44	-0.84
Healthcare Scientists	54.22	54.22	54.22	54.22	54.22	54.22	52.32	51.32	51.32	53.43	54.47	53.47	53.47	0.99
Medical and Dental	565.51	566.01	566.90	563.28	560.93	560.09	557.99	556.58	594.78	579.07	577.32	573.75	567.15	70.24
Nursing and Midwifery Registered	1,284.27	1,281.45	1,278.32	1,268.53	1,291.00	1,283.23	1,273.94	1,280.82	1,275.11	1,277.70	1,292.24	1,307.80	1,303.20	145.51
Grand Total	3,319.09	3,314.03	3,328.00	3,329.06	3,346.35	3,326.50	3,305.14	3,299.90	3,335.67	3,317.99	3,312.85	3,325.24	3,311.93	169.68

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 an ED Workforce plan has been developed. Monthly Band 5 recruitment open days have continued along with specialty led adverts.

Physician Associate Internships have been introduced in Surgery with a plan to utilise this staff group on a permanent basis.

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 Jan 2017 to 31 Dec 2017

Staff Group	FTE
Add Prof Scientific and Technic	3.08%
Additional Clinical Services	13.57%
Administrative and Clerical	6.83%
Allied Health Professionals	6.23%
Estates and Ancillary	4.23%
Healthcare Scientists	5.60%
Medical and Dental	7.01%
Nursing and Midwifery Registered	8.38%

Average turnover has decreased by 0.14% compared to last month's cumulative rate. The overall turnover rate has increased slightly by 0.19% since April 2017 (8.40%) and by 0.25% compared to December 2016 (8.34%).

Nursing turnover has seen a slight increase of 0.27% in its turnover rate compared to December 2016 when it was 8.34%

Staff Turnover - Morriston Hospital - 1 Jan 2017 to 31 Dec 2017

	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12
Headcount	3,468	3,472	3,498	3,486	3,465	3,458	3,460	3,460	3,463	3,484	3,482	3,473
FTE	3,077.55	3,078.35	3,100.46	3,086.37	3,068.36	3,063.14	3,064.36	3,064.41	3,065.60	3,081.38	3,079.40	3,072.12
Leavers Headcount	26	21	32	22	29	19	25	21	37	28	22	20
Leavers FTE	21.68	17.05	27.28	19.27	26.33	15.44	22.51	19.45	33.36	24.83	20.06	16.84
Starters Headcount	43	37	34	20	16	19	21	20	36	47	31	11
Starters FTE	33.95	32.35	28.99	16.17	14.21	16.35	18.63	18.84	33.00	42.41	27.87	9.43
Maternity	59	52	52	51	47	48	44	45	39	36	36	36
Turnover Rate (Headcount)	0.75%	0.60%	0.91%	0.63%	0.84%	0.55%	0.72%	0.61%	1.07%	0.80%	0.63%	0.58%
Turnover Rate (FTE)	0.71%	0.55%	0.88%	0.62%	0.86%	0.50%	0.73%	0.63%	1.09%	0.81%	0.65%	0.55%
Leavers (12m)	302	297	302	299	304	300	298	295	303	310	307	302
Turnover Rate (12m)	8.90%	8.72%	8.84%	8.72%	8.84%	8.71%	8.63%	8.52%	8.75%	8.94%	8.85%	8.70%
Leavers FTE (12m)	257.41	253.55	258.40	254.79	260.84	257.79	258.32	255.74	262.74	269.68	268.36	264.09%
Turnover Rate FTE (12m)	8.58%	8.42%	8.58%	8.40%	8.57%	8.45%	8.45%	8.34%	8.56%	8.78%	8.73%	8.59%

Delivery unit - Excluding Junior Medical & Dental Staff & Students

Overall Rate	8.59%
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Actions taken completed December/January	Actions planned for Feb
<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 to be implemented

Part 4 - PADR

Current Position and Background

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

PDR Reviews - SDU - Morriston Hospital - excluding all Medical and Dental
1st January 2017 - 31st December 2017

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 MN Clinical Services Group - Dir	130 A105 MN Anaesthetics	7	6	85.71
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	30	90.91
130 MN Clinical Services Group - Dir	130 A202 MN HSDU	57	53	92.98
130 MN Clinical Services Group - Dir	130 A203 SN HSDU	28	25	89.29
130 MN Clinical Services Group - Dir	130 A210 HSDU Management	1	1	100.00
130 MN Clinical Services Group - Dir	130 A303 West Outreach	4	2	50.00
130 MN Clinical Services Group - Dir	130 A311 West Critical Care	200	172	86.00
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	3	100.00
130 MN Clinical Services Group - Dir	130 A406 West Pre-Assessment	20	20	100.00
130 MN Clinical Services Group - Dir	130 A423 MN Theatres	270	123	45.56
130 MN Clinical Services Group - Dir	130 A430 Theatre Support Staff & Management	17	16	94.12
130 MN Clinical Services Group - Dir	130 A501 CSS Directorate Management	8	7	87.50
130 MN Clinical Services Group - Dir	130 D611 MN MRI	8	8	100.00
130 MN Clinical Services Group - Dir	130 D612 SN Radiology	61	57	93.44
130 MN Clinical Services Group - Dir	130 D614 MN Medical Photography	4	4	100.00
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	123	104	84.55
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	141	93	65.96
130 MN Hospital Operations & Emergency Care - Dir	130 F212 ED Admin Staff	19	16	84.21

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	21	17	80.95
130 MN Hospital Operations & Emergency Care - Dir	130 P460 MN Social Work Office	1	1	100.00
130 MN Hospital Operations & Emergency Care - Dir	130 P461 Operational Services Manager	10	5	50.00
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	14	8	57.14
130 MN Medicine Service Group - Dir	130 F206 Acute Medical Assessment Unit (East)	39	31	79.49
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	0	0.00
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	42	25	59.52
130 MN Medicine Service Group - Dir	130 F316 Morriston Anglesey Ward	38	23	60.53
130 MN Medicine Service Group - Dir	130 F317 MN Gower Ward	34	28	82.35
130 MN Medicine Service Group - Dir	130 F318 Morriston Ward C	36	9	25.00
130 MN Medicine Service Group - Dir	130 F329 MN Ward D	45	29	64.44
130 MN Medicine Service Group - Dir	130 F401 MN Renal Medicine	15	14	93.33
130 MN Medicine Service Group - Dir	130 F402 MN Renal Main & Acute Dialysis	47	26	55.32
130 MN Medicine Service Group - Dir	130 F403 MN Cardigan Renal Ward	40	27	67.50
130 MN Medicine Service Group - Dir	130 F404 ESA Repatriation	1	1	100.00
130 MN Medicine Service Group - Dir	130 F405 Immunosuppressant	1	1	100.00
130 MN Medicine Service Group - Dir	130 F410 MN Renal Medicine Pharmacy	7	6	85.71
130 MN Medicine Service Group - Dir	130 F412 MN Renal HVS	29	19	65.52
130 MN Medicine Service Group - Dir	130 F413 MN Renal Community Team	15	0	0.00
130 MN Medicine Service Group - Dir	130 F414 MN Renal Specialist Nurses	12	5	41.67
130 MN Medicine Service Group - Dir	130 F504 MN Diabetology	10	3	30.00
130 MN Medicine Service Group - Dir	130 F533 MN Gastroenterology	4	2	50.00
130 MN Medicine Service Group - Dir	130 F541 Neurology Nursing	11	5	45.45
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	7	77.78

130 MN Medicine Service Group - Dir	130 F546 MN Neurology	13	7	53.85
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	2	66.67
130 MN Medicine Service Group - Dir	130 N071 MN Ward F	38	26	68.42
130 MN Medicine Service Group - Dir	130 N076 MN Elderly Care	5	2	40.00
130 MN Medicine Service Group - Dir	130 N206 Acute Medical Assessment Unit (West)	43	29	67.44
130 MN Medicine Service Group - Dir	130 P421 MN Outpatients Clinics	18	11	61.11
130 MN Medicine Service Group - Dir	130 R082 MN Psychology (Neuro)	8	6	75.00
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	2	40.00
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	10	3	30.00
130 MN Surgery Service Group - Dir	130 C211 MN Cardiac ITU/HDU	99	73	73.74
130 MN Surgery Service Group - Dir	130 C212 MN CC	27	14	51.85
130 MN Surgery Service Group - Dir	130 C214 MN Dan Danino Ward	22	8	36.36
130 MN Surgery Service Group - Dir	130 C215 MN Cyril Evans Ward	40	24	60.00
130 MN Surgery Service Group - Dir	130 C216 MN Cardiac Perfusion (Cardiac)	10	4	40.00
130 MN Surgery Service Group - Dir	130 C217 MN Cardiac Catheter Laboratory & Short Stay Unit	26	16	61.54
130 MN Surgery Service Group - Dir	130 C302 Cardiac Directorate Support	24	18	75.00
130 MN Surgery Service Group - Dir	130 C411 SN ECG	12	7	58.33
130 MN Surgery Service Group - Dir	130 C412 MN ECG	40	19	47.50
130 MN Surgery Service Group - Dir	130 E102 MN Surgery Services Group Support	29	6	20.69
130 MN Surgery Service Group - Dir	130 E103 Surgery Directorate Admissions/RTT	22	19	86.36
130 MN Surgery Service Group - Dir	130 E201 West General Surgery CNS	12	2	16.67
130 MN Surgery Service Group - Dir	130 E203 West Urology CNS	8	3	37.50
130 MN Surgery Service Group - Dir	130 E206 Vascular CNS	5	3	60.00
130 MN Surgery Service Group - Dir	130 E302 West General Surgery Med Spec	23	19	82.61

130 MN Surgery Service Group - Dir	130 E413 Surgical Services Nursing Pool	14	6	42.86
130 MN Surgery Service Group - Dir	130 E414 MN Ward T	40	14	35.00
130 MN Surgery Service Group - Dir	130 E416 MN Ward H	36	33	91.67
130 MN Surgery Service Group - Dir	130 E417 MN Ward G	42	14	33.33
130 MN Surgery Service Group - Dir	130 E418 MN Ward V	47	39	82.98
130 MN Surgery Service Group - Dir	130 E419 MN SDMU / TAU	60	51	85.00
130 MN Surgery Service Group - Dir	130 E521 West Urology Medical Specialty	18	16	88.89
130 MN Surgery Service Group - Dir	130 E522 NPTH Urology Unit	8	8	100.00
130 MN Surgery Service Group - Dir	130 F217 Ambulatory Emergency Care Unit	1	1	100.00
130 MN Surgery Service Group - Dir	130 G102 MSK Directorate Support	2	0	0.00
130 MN Surgery Service Group - Dir	130 G104 MSK West Site Operational Support	24	16	66.67
130 MN Surgery Service Group - Dir	130 G105 MN OP Appointment Centre	57	40	70.18
130 MN Surgery Service Group - Dir	130 G510 POA Service	2	1	50.00
130 MN Surgery Service Group - Dir	130 G511 MN Fracture Clinic	16	1	6.25
130 MN Surgery Service Group - Dir	130 G512 MN Ward W	30	15	50.00
130 MN Surgery Service Group - Dir	130 G513 MN Ward A Trauma Admissions Ward	41	28	68.29
130 MN Surgery Service Group - Dir	130 G514 MN Ward B	37	11	29.73
130 MN Surgery Service Group - Dir	130 G515 MN Ward J	37	6	16.22
130 MN Surgery Service Group - Dir	130 G517 MN MSK Nurse Practitioners	11	3	27.27
130 MN Surgery Service Group - Dir	130 G602 MSK Physiotherapy West	47	34	72.34
130 MN Surgery Service Group - Dir	130 K101 Regional Surgery Directorate Support	5	1	20.00
130 MN Surgery Service Group - Dir	130 K106 Regional Services RTT Validation and Waiting List Teams	5	1	20.00
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)	18	17	94.44
130 MN Surgery Service Group - Dir	130 K205 MN B&P Specialist Nursing	10	6	60.00
130 MN Surgery Service Group - Dir	130 K206 MN B&P Medical Specialty	22	1	4.55
130 MN Surgery Service Group - Dir	130 K207 MN B&P Outpatients	12	6	50.00
130 MN Surgery Service Group - Dir	130 K208 MN Burns Theatre	12	10	83.33
130 MN Surgery Service Group - Dir	130 K209 Morriston Tempest Ward (B&P)	37	22	59.46

130 MN Surgery Service Group - Dir	130 K210 Morriston Clydach Ward	25	22	88.00
130 MN Surgery Service Group - Dir	130 K211 Morriston Pembroke Acute Ward (B&P)	39	22	56.41
130 MN Surgery Service Group - Dir	130 K212 Morriston Dyfed Ward (B&P)	15	15	100.00
130 MN Surgery Service Group - Dir	130 K301 MN ALAC	6	6	100.00
130 MN Surgery Service Group - Dir	130 K302 Spinal Medical Specialty	12	3	25.00
130 MN Surgery Service Group - Dir	130 K305 ALAC Prosthetics	9	0	0.00
130 MN Surgery Service Group - Dir	130 K402 MN Ward R	41	17	41.46
130 MN Surgery Service Group - Dir	130 K403 West Vascular Surgery	11	11	100.00
130 MN Surgery Service Group - Dir	130 K501 POW Maxillo-facial Outpatients	4	1	25.00
130 MN Surgery Service Group - Dir	130 K506 MN OMFS	9	8	88.89
130 MN Surgery Service Group - Dir	130 K507 MN Maxillofacial Lab	16	14	87.50
130 MN Surgery Service Group - Dir	130 K508 MN Orthodontics	8	4	50.00
130 MN Surgery Service Group - Dir	130 K510 Cleft Lip & Palate Service	22	16	72.73
130 MN Surgery Service Group - Dir	130 K513 MN Head & Neck Outpatients	51	27	52.94
130 MN Surgery Service Group - Dir	130 K604 NPTH ENT Medical Specialty	2	1	50.00
130 MN Surgery Service Group - Dir	130 K606 MN ENT Medical Specialty	9	4	44.44
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	13	3	23.08
130 MN Unit Management - Dir	130 F332 Morriston Unit Governance Team	8	2	25.00
Grand Total		3,095	1,988	64.23

The Unit's PADR position has improved significantly since March 2016 when it was 32.4%. At end of December 2017 it was 64.23%. However, 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 75% of staff having received an annual PDAR by the end of Q4.

Actions taken completed December/January	Actions planned for Feb
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<ul style="list-style-type: none"> Plans by Service Groups to increase compliance in Hotspot areas are reviewed at the weekly business meeting. List of ESR Learning Administrators within Morriston has been shared to enable inputting of PADR dates in a timely manner 	<ul style="list-style-type: none"> Continue to monitor PADR compliance at the weekly business meeting PDR compliance to be monitored in Service Group performance meetings particularly focusing on areas below.
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Part 5 - Statutory and Mandatory Training

Information Governance	49%
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Competency	Compliance %
Fire Safety	89.9%
Hand Hygiene	88.9%
Infection Prevention and Control- Level 1	88.5%
Violence and Aggression	80.5%
Manual Handling	76.2%
MCA/DOLS	61.6%
Safeguarding	61.4%
POVA	56.0%

Actions taken completed December/January	Actions planned for Feb
<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 	<ul style="list-style-type: none"> Focus on Information Governance compliance at the weekly business meetings Plan to focus on Information Governance at March Team brief Continue to remind staff of the opportunities available to support completion of mandatory training

forum <ul style="list-style-type: none"> • Deep dive ward by ward review by Nurse Director undertaken of MCA/DOLS, Infection control and Hand Hygiene training 	<ul style="list-style-type: none"> • Targeted improvement action plan for MCA/DOLS, Infection Control and Hand Hygiene training through the Heads of Nursing • Additional MCA/DOLS training sessions arranged
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The funded nursing establishment gaps is impacting on the units ability to release staff to undertake mandatory & statutory training.

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	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	128,441,507
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	-9,827,875
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	118,613,631
Bank	50,578	78,161	87,610	95,616	117,061	106,795	90,435	66,229	85,215	777,700
Overtime	169,568	173,003	158,610	145,343	129,123	173,484	132,136	136,104	162,511	1,379,884
Agency - Non Medical	254,668	215,421	161,582	282,586	282,910	222,588	192,505	291,146	271,996	2,175,402
Agency - Medical	137,697	249,788	192,687	276,923	269,170	216,348	190,346	164,518	-22,364	1,675,112
WLI	134,020	234,622	103,188	235,930	316,326	190,390	216,907	98,928	74,732	1,605,044
Irregular Sessions	210,365	234,962	155,136	381,793	328,916	191,281	374,875	195,209	275,786	2,348,325
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	9,961,466
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	128,575,097
Variable Pay of Total Pay %	6.79%	8.26%	6.05%	9.75%	9.91%	7.64%	8.36%	6.76%	6.05%	7.75%

In recent months, there has been an underlying reduction in agency medical staffing but an increased cost of ADH's. Medical agency spend has reduced in month 9 but this is due to spend that was previously incorrectly charged to Morriston and POW is now being recharged for this. The plan to reduce WLI payments has been implemented which has seen a reduction in months 8&9

The nursing variable pay position in month 9 is in line with trajectory given the unscheduled care pressures and additional capacity on site. Agency Nurse spend also increased due to additional pressures in Critical Care (over capacity & increased cardiac cases). The Nurse variable pay expenditure is a direct result of the significant deficits in funded nurse establishments across the Unit.

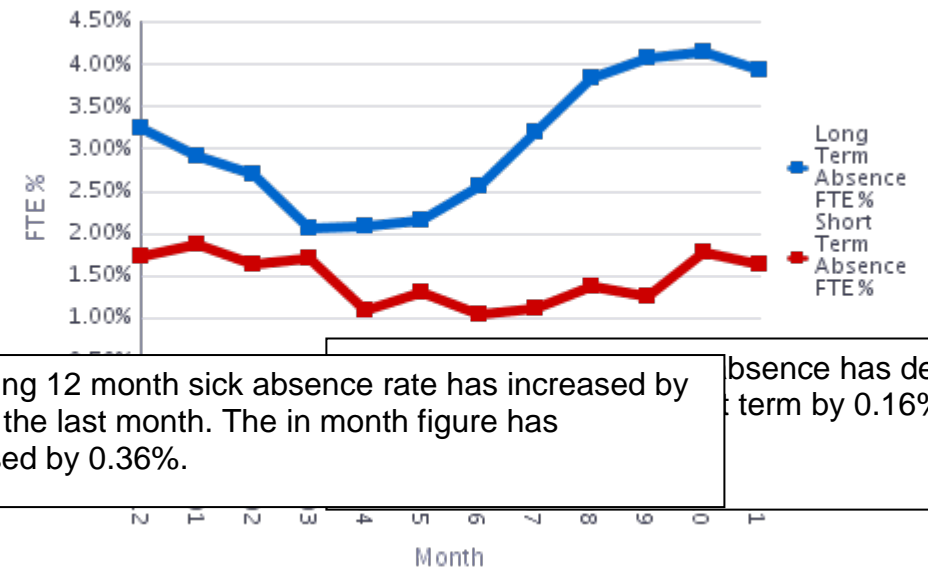
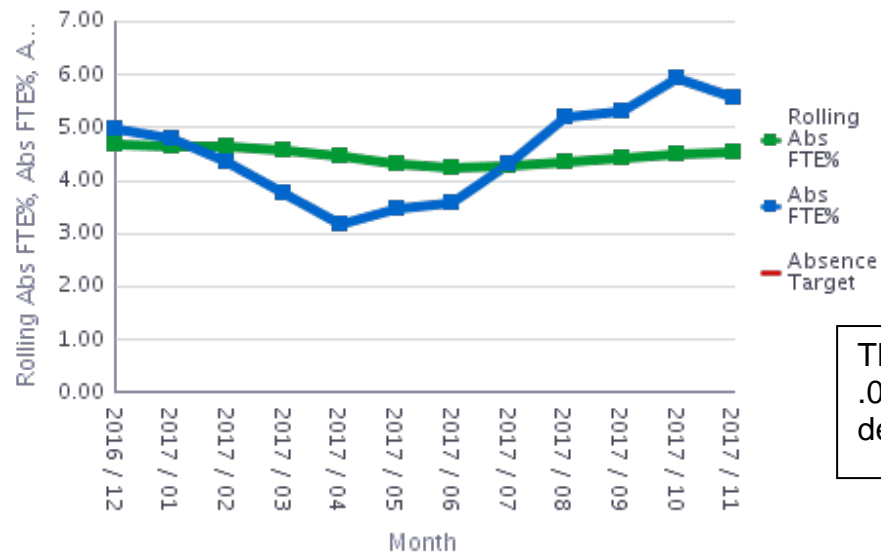
The Welsh Government cap on agency and internal cover rates came into effect from mid-November and there will be need for a corporate finance assessment of the financial savings from this implementation.

Actions taken completed December/January	Actions planned for Feb
<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 embedded within the HB. • Service group nurse rostering meetings continue • Review of sickness absence rates at the weekly business meeting • Monthly open day recruitment events for nursing vacancies 	<ul style="list-style-type: none"> • Continue to recruit to medical/nursing vacancies. • Actions contained within individual service group workforce plans to be implemented • Nursing shift standardisation consultation to commence • Nurse designed tool kit to support the rostering process being introduced into Surgical services • Reconciling MEDACS information with rota co-ordinator input. Administration of the additional medical cover to identify anticipated service level pressures. • On- going focus on robust sickness management

Neath Port Talbot Delivery Unit

Part 1 – Sickness Absence 1 November 2017 – Nov 2017

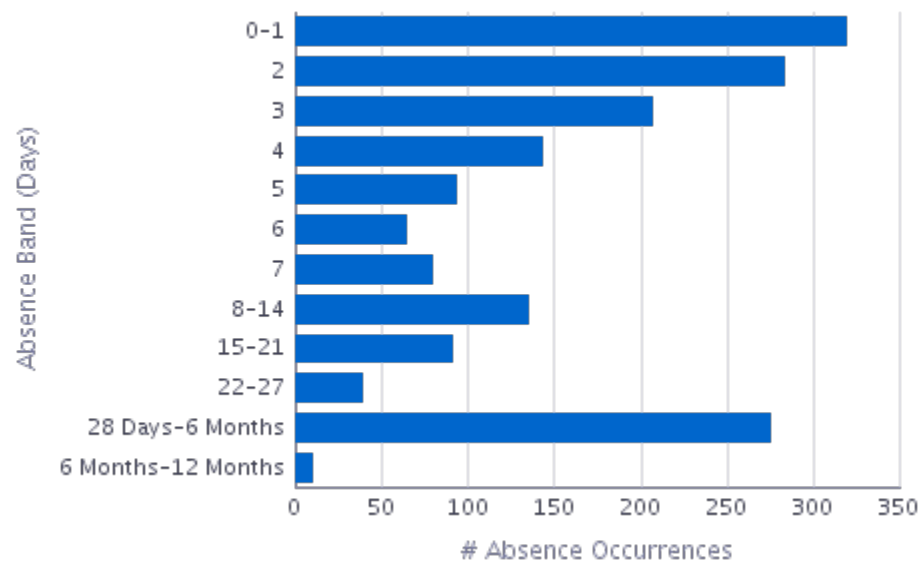
Rolling 12 Month



The rolling 12 month sick absence rate has increased by .03% in the last month. The in month figure has decreased by 0.36%.

Long term absence has decreased by 0.16% and short term absence has decreased by 0.36%.

Length of Absence



Overall performance November 2017

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	5.57%	-0.36%	4.54%	+ 0.03%

Actions taken completed November	Actions planned for Feb
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<ul style="list-style-type: none"> • Continuation of the ABMU Flu Campaign. • Following Hot Spot area audits, sickness process training needs being reviewed. 	<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 • Sick Absence audits continuing within DUs. • Reviewing medical staff sick absence reporting and actions taken.
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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
NPT Delivery Unit	Admin & Clerical	165.43	159.73	-5.70
	Consultant	16.73	15.60	-1.13
	Other	652.77	655.82	3.05
	Other Medical Staff	22.85	16.40	-6.45
	Qualified Nurse	308.89	302.44	-6.45
	Unqualified Nurse	123.48	126.31	2.83
NPT Delivery Unit Total		1,290.15	1,276.30	-13.85

Part 3 - Turnover & Labour Stability

Period Turnover Rate – 1 December 2016 – 30 November 2017

Staff Group	FTE
Add Prof Scientific and Technic	8.14%
Additional Clinical Services	8.01%
Administrative and Clerical	6.69%
Allied Health Professionals	11.44%
Healthcare Scientists	0.00%
Medical and Dental	10.80%
Nursing and Midwifery Registered	9.88%

Average turnover has increased by 0.28% organisational rate. The rate 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.

Delivery unit - Excluding Junior Medical & Dental Staff & Students

Overall Rate	9.01%
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Actions taken completed December	Actions planned for Jan/Feb
<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 Neath 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.

Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 D501 POW Pharmacy	64	53	82.81
130 D502 NPTH Pharmacy	34	23	67.65
130 D503 NPTH Pharmacy - Prepack Service	5	5	100.00
130 D511 SN Pharmacy	61	29	47.54
130 D512 MN Aseptic Suite	10	8	80.00
130 D513 CC Pharmacy	15	9	60.00
130 D514 SN PTS	24	20	83.33
130 D515 MN Pharmacy	93	72	77.42
130 U030 Medicines Management Strategy	8	6	75.00
130 V034 Prescribing Advice Support	7	6	85.71
130 V035 Prescribing Hub	2	1	50.00
130 W005 Drugs Prescribing	13	8	61.54
130 W353 Integrated Medicines Management	5	4	80.00
130 W360 Smoking Cessation Team	4	4	100.00
130 W365 Primary Care Funded Pharmacists	2	1	50.00
130 6F42 Neath Port Talbot Unit Management	6	5	83.33
130 6A03 Practice Facilitation	8	8	100.00
130 6A04 Clinical Education	1	1	100.00
130 6C32 HCSW	6	5	83.33
130 E403 NPTH Ward A	19	16	84.21
130 F204 NPTH MIU	31	23	74.19
130 F307 NPTH General Medicine	4	2	50.00
130 F309 NPTH Ward D	47	35	74.47
130 F310 NPTH Ward C	43	22	51.16
130 F324 Nurse Specialist	16	4	25.00
130 F350 Patient Flow	6	5	83.33
130 F351 NPTH Nurse Practitioners	11	9	81.82
130 F543 NPTH Rehabilitation Medicine	2	1	50.00
130 F547 NPTH Neuro-Rehab Ward	28	10	35.71

130 G302 Rheumatology Medical Specialty	20	18	90.00
130 G303 POW Rheumatology Day Unit	13	12	92.31
130 G504 NPTH Fracture Clinic	13	11	84.62
130 H401 NPTH Womens Health Clinic	8	7	87.50
130 H431 NPTH Birth Centre	40	33	82.50
130 H437 West Community Midwives - South Team	37	34	91.89
130 H438 Bridgend Community Midwives	32	25	78.13
130 H445 Obstetric Specialist Nurses	31	25	80.65
130 N011 NPTH Ward E	35	29	82.86
130 N012 NPTH Elderly Day Hospital	7	5	71.43
130 N013 NPTH Ward B2	34	25	73.53
130 N060 NPTH Elderly Care	2	2	100.00
130 N112 NPT Specialists	2	1	50.00
130 N113 NPT Nurse Management & Quality	8	6	75.00
130 P003 NPTH Outpatients	46	28	60.87
130 P211 NPTH Administration	15	9	60.00
130 P252 NPT Hospital Admin	7	6	85.71
130 P254 Rapid Diagnostic Centre	2	1	50.00
130 P428 Nurse Bank Administration	10	8	80.00
130 N025 East Dietetics	32	26	81.25
130 N026 POW Occupational Therapy	37	34	91.89
130 N027 NPTH Occupational Therapy	21	21	100.00
130 N030 POW Physiotherapy	36	32	88.89
130 N032 NPTH Physiotherapy	25	19	76.00
130 N082 MN Occupational Therapy	66	58	87.88
130 N083 West Community Occupational Therapy	27	23	85.19
130 N090 Enhanced Nutrition & Dietetics Service	7	7	100.00
130 N091 SN Dietetics	11	8	72.73
130 N092 MN Dietetics	25	22	88.00
130 N094 Dietetics WAG Initiative	8	8	100.00
130 N095 West Community Physiotherapy	40	25	62.50
130 N097 Swansea Physiotherapy	101	77	76.24
130 H412 South Wales IVF Service	15	12	80.00
130 H446 Embryology & Semenology	26	20	76.92
130 H448 WFI Admin	4	4	100.00
	1,418	1,076	75.88

The Unit's position has continued to improve, and has increased by 0.28% since last month.

Actions taken completed December	Actions planned for Feb
<ul style="list-style-type: none">• Four sessions providing re-training/training of ESR Learning Administrators required to centrally input and report on PADR dates for Units and Corporate Directorates.• A process has been agreed with ESR for new Administrators requiring access and training to ensure timeliness of training and support, whilst respecting the security requirements of the system.	<ul style="list-style-type: none">• Continue to offer support to ensure PADR's are not only undertaken but recorded.• Explore further areas where group PADR sessions are appropriate.• Investigate issues where PADR's are showing on individual records as in date but are listed as non compliant on the detailed report

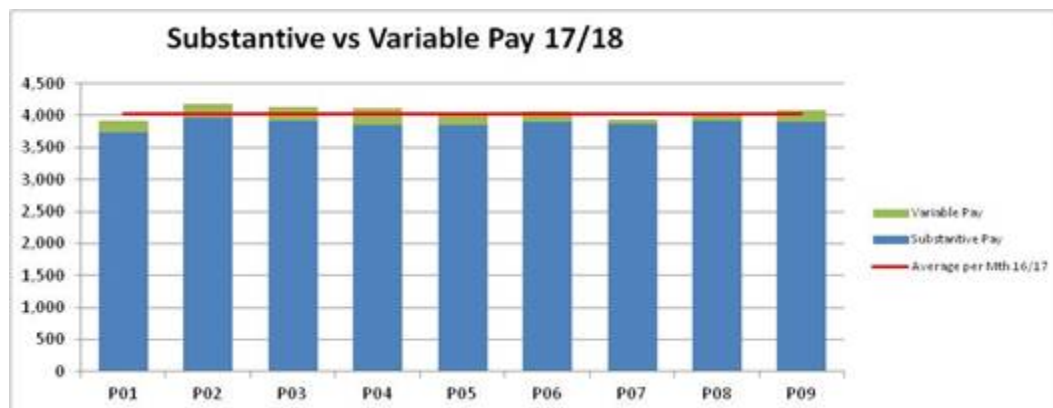
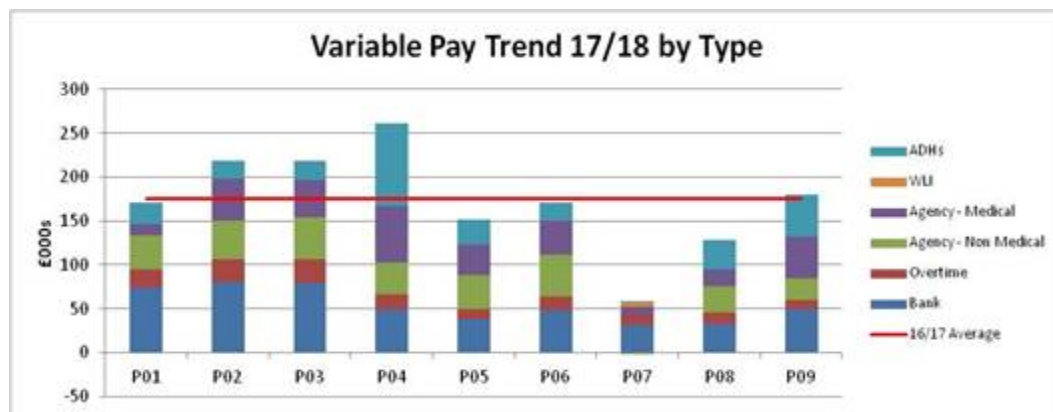
Part 5 - Statutory and Mandatory Training

Competency	Compliance %
Fire Safety	84%
Infection Prevention and Control - Level 1	84%
Information Governance (Wales)	73%
Moving and Handling - Level 1	86%
Safeguarding Adults - Level 1	95%
Safeguarding Children - Level 1	91%
Violence and Aggression (Wales)	96%
Hand Hygiene	100%
MCA/DOLS	97%

Actions taken completed December	Actions planned for Feb
<ul style="list-style-type: none"> Mandatory training must be complete prior to any application for study leave being considered Drop in sessions to support 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

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



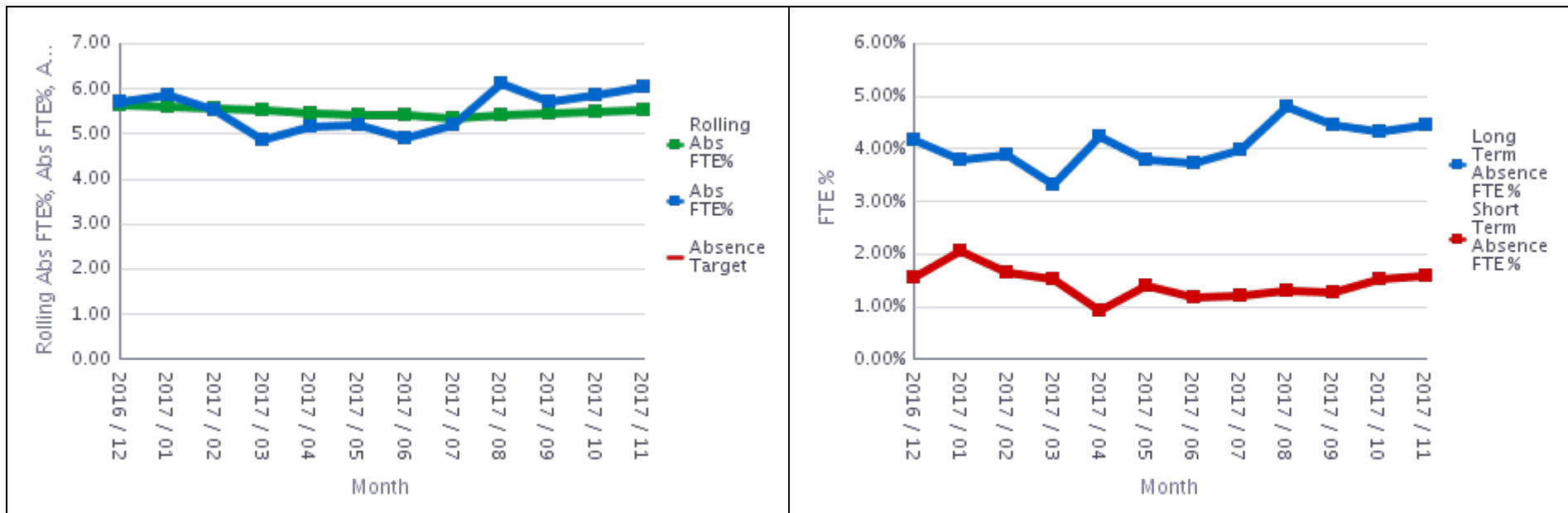
Actions taken completed December	Actions planned for Feb
<ul style="list-style-type: none"> • Agency Cap for Medical and Dental Staff introduced to support reduction in locum/agency usage and costs. • New bank system continues to be embedded within the HB 	<ul style="list-style-type: none"> • Continue 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

Primary and Community Services Delivery Unit

Part 1 – Sickness Absence 1 December 2016 – 30 November 2017

Rolling 12 Month

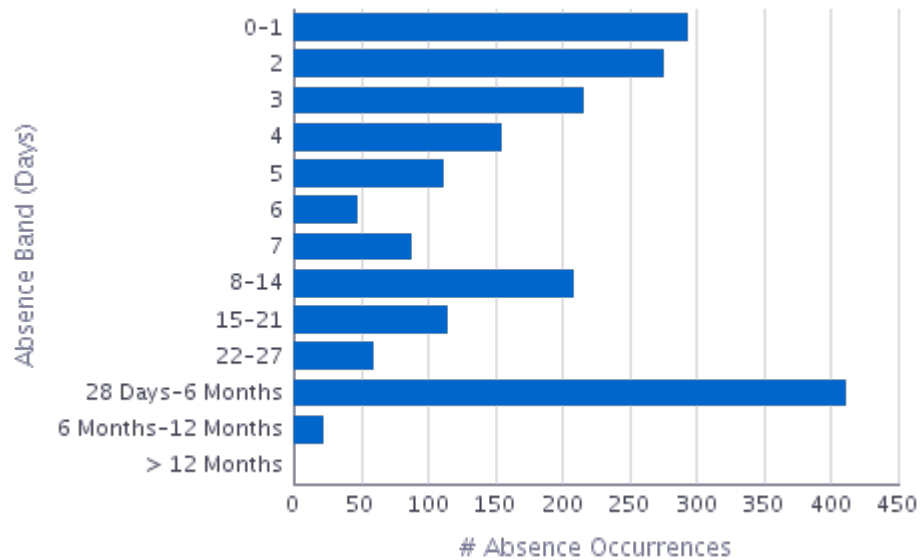
In Month Absence



The rolling 12 month sick absence rate has increased by .02% in the last month. The in month figure has increased by 0.19%.

Short term and long term absence has increased slightly in November. Short term by 0.05% and Long term by 0.41%.

Length of Absence



Overall performance November 2017

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	6.04%	+0.26%	5.51%	+ 0.02%

Actions taken completed November	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"> • Undertake 11 hotspot areas confirm and challenge panels 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 December 17

Directorate	Staff Category	Budget Wte	SIP Detail FTE	-Under / Over Establishment
Primary Care & Community Delivery Unit	Admin & Clerical	246.02	222.13	-23.89
	Consultant	13.50	11.10	-2.40
	Other	386.96	342.89	-44.07
	Other Medical Staff	35.80	40.48	4.68
	Qualified Nurse	680.13	647.99	-32.14
	Unqualified Nurse	266.15	243.92	-22.23
Primary Care & Community Delivery Unit Total		1,628.56	1,508.51	-120.05

Nursing Vacancies		Funded Establishment wte	Staff in Post wte	Vacancy (SIP - Funded) wte	% under establishment
Primary and Community Services DU	Qualified	680.13	647.99	-32.14	-4.72%
	Unqualified	266.15	243.92	-22.23	- 8.35%
	Total	946.28	891.91	-54.37	- 5.74%

Part 3 - Turnover & Labour Stability

Staff Turnover - Primary Care & Community - 1 Jan 2017 to 31 Dec 2017

The average turnover rate for the Unit is 9.27%
The rate has increased ,month by month ,by 1.37%

Staff Group	FTE
Add Prof Scientific and Technic	16.18%
Additional Clinical Services	8.80%
Administrative and Clerical	9.30%
Allied Health Professionals	10.78%
Estates and Ancillary	0.00%
Healthcare Scientists	0.00%
Medical and Dental	14.71%
Nursing and Midwifery Registered	10.66%
Students	0.00%

Overall Rate	FTE
130 SDU - Primary Care & Community	10.06%

Actions taken completed December	Actions planned for Jan/Feb
<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.

Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 D111 Audiology	52	49	94.23
130 H302 Childrens Disability Team	3	1	33.33
130 H303 West LAC Health Team	18	12	66.67
130 H305 West Asylum Seekers Project	5	4	80.00
130 H310 West Flying Start Project	41	38	92.68
130 H311 Neath Health Visting	49	28	57.14
130 H312 Bridgend Health Visting	49	36	73.47
130 H314 West Flying Start - HB Funded Posts	6	5	83.33
130 H315 JIGSO	12	2	16.67
130 H525 School Nursing	55	53	96.36
130 N016 Neath Locality District Nursing	107	92	85.98
130 N018 Neath Locality Continuing Care Team	6	2	33.33
130 N040 Maesteg Hospital	28	24	85.71
130 N045 Looked After Children	1	1	100.00
130 N048 Maesteg Day Unit	9	7	77.78
130 N049 Maesteg Hospital Administration	12	9	75.00
130 N051 NPT ICF	63	53	84.13
130 N052 Neath COPD	3	0	0.00
130 N053 Acute Community Rehab Team	3	1	33.33
130 N055 Flying Start - Bridgend	27	17	62.96
130 N056 Flying Start - Neath	37	32	86.49

130 N108 Intermediate Care Fund	41	35	85.37
130 N110 CHC Bridgend Enhanced Reablement	1	0	0.00
130 U180 District Nursing - North Network	29	27	93.10
130 U181 District Nursing - East Network	30	29	96.67
130 U182 District Nursing - West Network	30	29	96.67
130 U183 District Nurses - CHC	14	12	85.71
130 U184 District Nursing - Other	1	1	100.00
130 U352 Nursing & Community Services	2	2	100.00
130 U358 Long Term Care Staff	6	5	83.33
130 V031 Port Talbot Resource Centre	2	2	100.00
130 V040 Expert Patient Programme	3	2	66.67
130 V135 DOLS	1	0	0.00
130 V358 CHC Team	9	5	55.56
130 W103 Continuing Care	11	9	81.82
130 W300 Prison Healthcare	22	19	86.36
130 W310 Central - Integrated Community Hub	109	99	90.83
130 W311 West - Integrated Community hub	89	63	70.79
130 W312 North - Integrated Community Hub	71	42	59.15
130 W313 CRS - Integrated Community Hub	2	2	100.00
130 W314 Health Visiting	76	63	82.89
130 W315 Acute Clinical Response Service	51	45	88.24
130 W316 Community Continence	11	9	81.82
130 6F44 Primary Care & Community Unit Management	30	22	73.33
130 U354 Primary Care & Planning 2	8	6	75.00
130 V350 Locality Director	1	0	0.00
130 V352 Nursing	7	7	100.00
130 V353 Governance	2	0	0.00
130 V354 Primary Care & Planning 3	8	5	62.50
130 V355 Admin	1	0	0.00

130 W354 Primary Care & Planning 3	1	0	0.00
130 G204 West Podiatry Services	30	28	93.33
130 G206 East Podiatry Services	35	32	91.43
130 H102 Designed 2 Smile	22	15	68.18
130 H103 Community Dental	26	17	65.38
130 V004 Dental Services Expenditure	17	13	76.47
130 W002 Pharmaceutical Services	1	1	100.00
130 W035 Planning Support	4	4	100.00
130 W036 Primary Care Commissioning Manager	2	2	100.00
130 U360 Community Networks East	1	1	100.00
130 U361 Community Networks West	2	2	100.00
130 U383 Big Fight Delivery Plan	3	3	100.00
130 U384 Comm Resp COPD Delivery Plan	24	12	50.00
130 U385 Community Pharmacy Pathfinder	1	1	100.00
130 U387 Dementia Support	7	7	100.00
130 U389 One Stop Delivery Plan	1	1	100.00
130 U392 Resp Physio Delivery Plan	2	2	100.00
130 U393 Vulnerable Patient Delivery Plan	14	13	92.86
130 U394 Workforce Care Homes Interface Nurse	2	0	0.00
130 U396 Workforce Prof Devel for DN	1	1	100.00
130 U397 Workforce PC Training and Slippage Equipment	2	2	100.00
130 U398 Primary Care 111 Scheme	1	1	100.00
130 V001 GMS	14	5	35.71
130 V140 Upper Valleys GP Cluster	1	1	100.00
130 V141 Neath GP Cluster	1	1	100.00
130 V143 Neath Primary Care Hub Pathfinder	2	2	100.00
130 W160 Bay Health Community Network Team	2	2	100.00
130 W164 Penderi Community Network Team	1	1	100.00
130 N033 Speech Therapy Paediatrics	55	49	89.09

130 N034 Speech Therapy Flying Start Bridgend	3	3	100.00
130 N035 Speech Therapy Flying Start NPT	8	8	100.00
130 N101 Speech Therapy Adults	21	21	100.00
130 W165 Swansea Flying Start SALT	7	6	85.71
130 A112 Chronic Back Pain Service	14	14	100.00
130 C203 POW Health Psychology	2	0	0.00
130 C204 Cardiac Rehabilitation - Bridgend	5	2	40.00
130 C205 Cardiac Rehabilitation - Neath	3	2	66.67
130 C219 MN Cardiac Rehabilitation	12	3	25.00
130 G404 MCAS	20	19	95.00
130 H603 Bridgend Sexual Health Service	30	26	86.67
130 H605 SN GUM	12	11	91.67
130 K505 MN Restorative Dentistry (Maxfax)	3	0	0.00
130 N067 Gorseinon West Ward	48	40	83.33
130 N070 Gors - Rehabilitation Day Unit	4	4	100.00
130 N074 Gorseinon Administration	3	3	100.00
130 R080 Psychological Medicine	3	2	66.67
130 W305 Swansea Out of Hours Service	32	24	75.00
	1,759	1,413	80.33

The Unit's position has continued to improve, and has increased by 1.98% since last month.

Unit Actions taken completed December	Unit Actions planned for Feb
<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

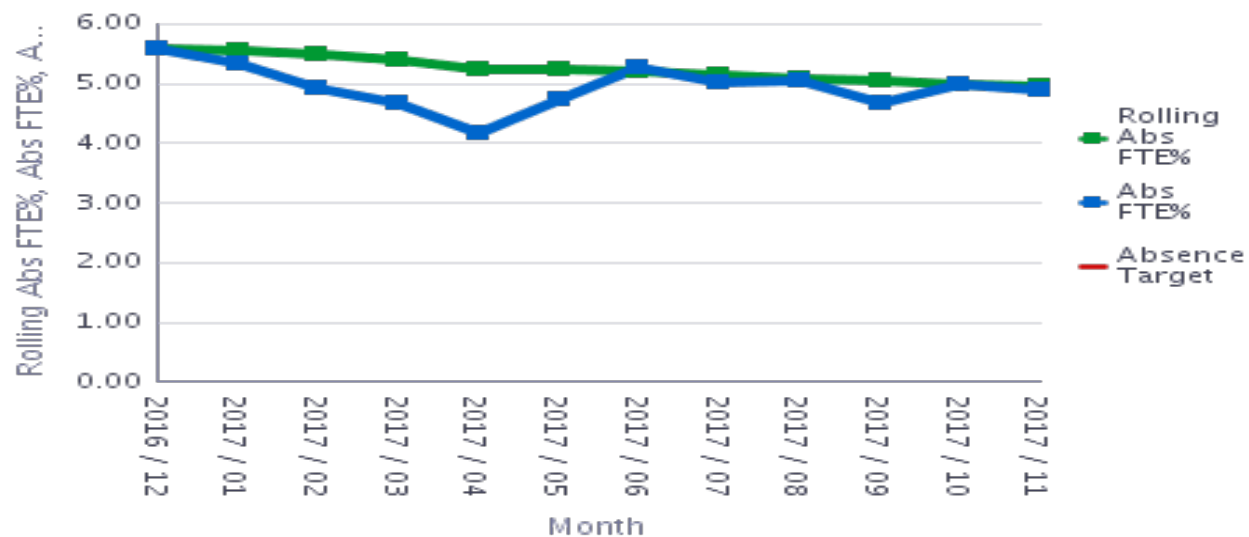
The performance scorecard only holds information for Maesteg Hospital.

Actions taken completed December	Actions planned for Feb
<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•

Princess of Wales Delivery Unit

Part 1 – Sickness Absence 1 December 2016 – 31 November 2017

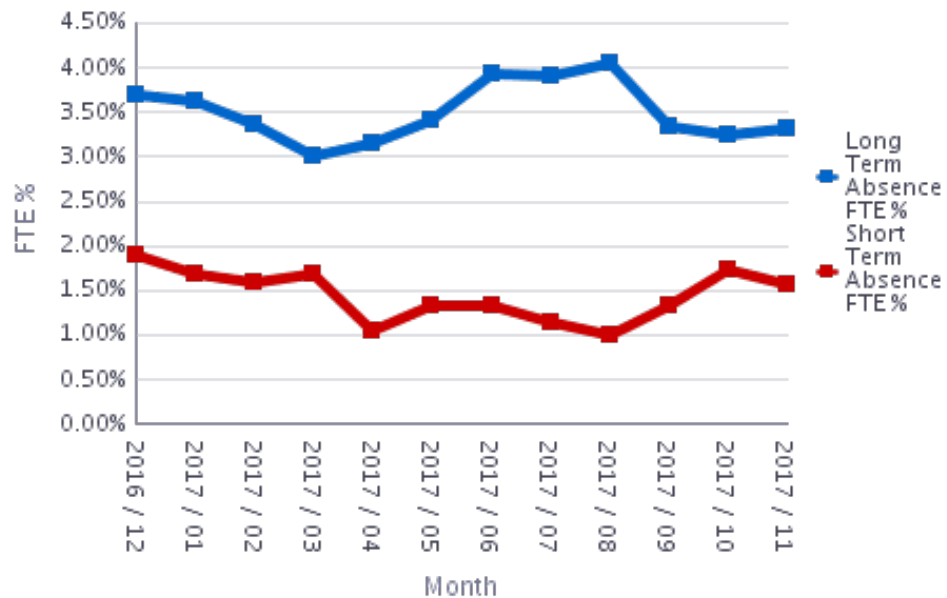
Rolling 12 month sickness absence



The rolling 12 month sick absence rate has decreased by 0.03% in the last month. The in month figure has also decreased by 0.10%.

When compared to November 2016 cumulative sickness absence rate, the unit's cumulative sickness absence rate has reduced by 0.78% during the 12 month period.

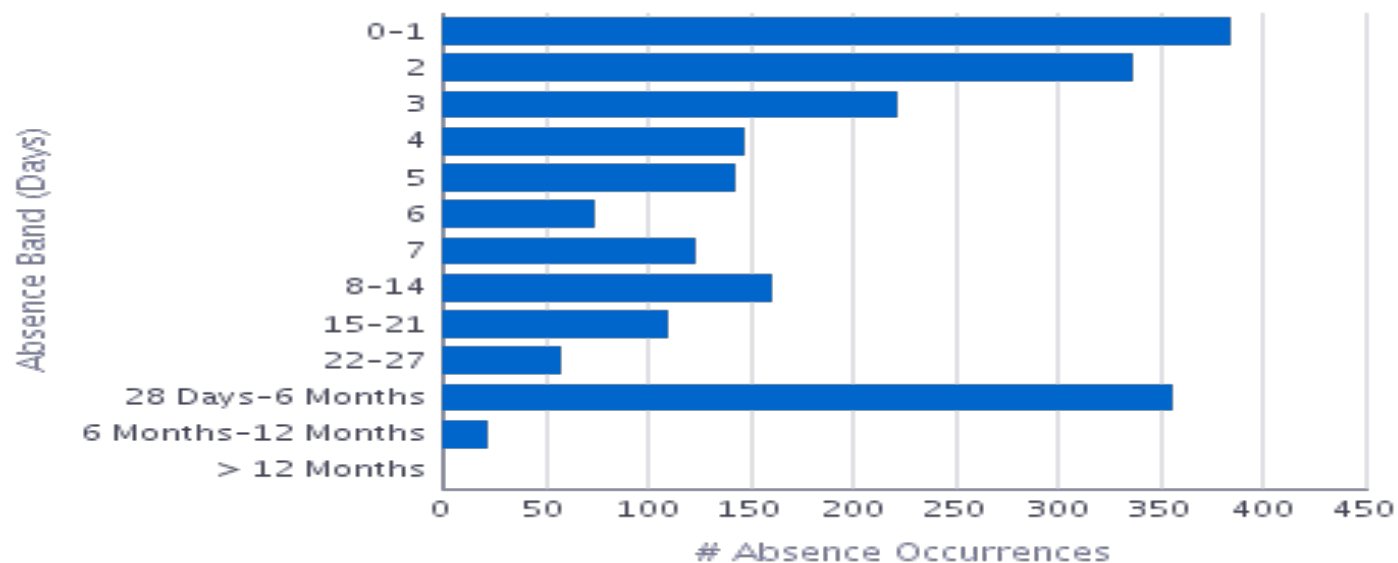
In Month Absence



Short term absence has decreased by 0.17% and long term absence has increased slightly by 0.16% for November against the previous month sickness rates.

Length of Absence

The chart below shows the length of absences.



Overall performance November 2017

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

	In month	+/- on previous month	Cumulative	+/- on previous month
Princess of Wales	4.90%	-0.10%	4.95%	- 0.03%

Actions taken November/December/January	Actions planned for Feb

<ul style="list-style-type: none"> • Continue with the ABMU Flu Campaign. • On-going implementation of unit's Attendance Improvement and Well-being action plan. • Case conference with Occupational Health for complex long term sickness cases. • Management Development – promotion of sickness behavioural (Nelson) and Footprints training. • Conclusion of some long standing employee relation cases. • Engagement with well-being champions • Staff survey action plan agreed and implemented with various staff groups, including medical. 	<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. • 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. • Implement actions from staff survey action plan
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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	2016 / 11	2016 / 12	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	Vacancies
Add Prof Scientific and Technic	34.45	34.45	33.15	33.15	33.15	33.15	34.15	34.15	37.15	38.15	39.15	39.15	40.15	-2.05
Additional Clinical Services	301.81	309.59	311.52	309.47	307.59	302.71	304.00	306.40	302.73	300.77	304.35	300.47	300.85	15.48
Administrative and Clerical	222.20	222.99	224.29	227.22	231.08	232.12	233.69	234.48	242.76	243.37	240.96	239.50	239.92	19.12
Allied Health Professionals	100.42	100.42	101.55	101.77	101.77	100.17	100.22	101.66	103.18	102.18	101.30	103.90	104.17	17.13
Estates and Ancillary	6.27	6.27	6.27	6.27	6.27	6.27	6.27	6.27	6.00	6.00	6.00	6.00	6.00	1.38
Healthcare Scientists	15.32	15.32	15.79	15.91	15.91	15.91	15.91	15.91	16.91	16.91	17.71	18.84	18.84	-0.21
Medical and Dental	259.76	259.12	257.32	253.03	255.83	252.38	248.14	246.34	261.25	255.18	256.18	260.28	261.78	48.38
Nursing and Midwifery Registered	683.85	682.27	676.37	675.11	675.61	672.59	669.02	661.07	657.19	650.37	650.17	660.51	657.86	88.02
Grand Total	1,624.08	1,630.43	1,626.26	1,621.92	1,627.20	1,615.29	1,611.40	1,606.27	1,627.18	1,612.93	1,615.82	1,628.66	1,629.57	187.25

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 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 Jan 2017 to 31 Dec 2017

Staff Group	FTE
Add Prof Scientific and Technic	0.00%
Additional Clinical Services	9.30%
Administrative and Clerical	7.31%
Allied Health Professionals	4.51%
Estates and Ancillary	4.35%
Healthcare Scientists	0.00%
Medical and Dental	6.83%
Nursing and Midwifery Registered	11.81%

Average turnover has decreased by 0.20% compared to last month's cumulative rate. The overall turnover rate has reduced by 2.69% since April 2017 and by 2.74% compared to December 2016 (11.92%).

Nursing turnover has seen a significant reduction of 3.09% in its turnover rate compared to December 2016 when it was 14.90%.

Staff Turnover - Princess of Wales Hospital - 1 Jan 2017 to 31 Dec 2017

	2017 / 01	2017 / 02	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12
Headcount	1,707	1,711	1,717	1,711	1,712	1,711	1,722	1,715	1,717	1,731	1,731	1,723
FTE	1,517.3 6	1,522.8 9	1,528.1 7	1,520.4 0	1,519.1 7	1,515.5 4	1,524.0 5	1,518.5 8	1,521.9 5	1,536.2 3	1,535.1 5	1,529.4 6
Leavers Headcount	10	8	17	20	12	12	15	17	15	12	7	13
Leavers FTE	8.87	7.39	14.23	18.72	11.60	10.76	13.45	14.65	13.41	10.32	5.93	10.64
Starters Headcount	14	15	7	19	13	13	16	4	19	20	10	5
Starters FTE	12.13	13.63	7.00	15.59	11.59	9.31	13.83	4.00	16.91	17.35	7.54	4.56
Maternity	28	27	23	19	17	18	18	16	17	17	17	17
Turnover Rate (Headcount)	0.59%	0.47%	0.99%	1.17%	0.70%	0.70%	0.87%	0.99%	0.87%	0.69%	0.40%	0.75%
Turnover Rate (FTE)	0.58%	0.49%	0.93%	1.23%	0.76%	0.71%	0.88%	0.96%	0.88%	0.67%	0.39%	0.70%
Leavers (12m)	206	201	206	210	210	204	201	197	178	165	160	158
Turnover Rate (12m)	11.81%	11.55%	11.85%	12.11%	12.15%	11.82%	11.67%	11.46%	10.37%	9.63%	9.32%	9.20%
Leavers FTE (12m)	174.54	171.26	176.51	182.60	185.00	181.21	179.45	176.63	159.92	148.42	143.05	139.98
Turnover Rate FTE (12m)	11.30%	11.10%	11.45%	11.87%	12.05%	11.83%	11.74%	11.57%	10.50%	9.75%	9.39%	9.18%

Delivery unit - Excluding Junior Medical & Dental Staff & Students

Overall Rate	9.18%
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Actions taken completed December/January	Actions planned for Feb
<ul style="list-style-type: none"> Leaver's data to be circulated on a monthly basis within unit. 	<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. Staff survey improvement plan actions to be implemented in line with the plan

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 December 2017 for a 12 month rolling period.

PDR Reviews (excluding Medical & Dental) - SDU - Princess of Wales Hospital 1st January 2017 - 31st December 2017

Org L6	Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 POW Clinical Support Services - Dir	130 A101 POW Anaesthetics	2	0	0.00
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	53	42	79.25
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	10	66.67
130 POW Clinical Support Services - Dir	130 A418 POW Theatres	122	54	44.26
130 POW Clinical Support Services - Dir	130 A419 NPTH Theatres	58	42	72.41
130 POW Clinical Support Services - Dir	130 A431 POW Theatre Support Staff & Management	6	2	33.33
130 POW Clinical Support Services - Dir	130 D602 POW Radiology	71	29	40.85
130 POW Clinical Support Services - Dir	130 D603 NPTH Radiology	52	2	3.85
130 POW Clinical Support Services - Dir	130 U505 Clinical Support Services - Management	5	4	80.00
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 P121 East Bed Management	10	2	20.00
130 POW Emergency & Acute Medicine - Dir	130 F201 POW Emergency Unit	75	7	9.33
130 POW Emergency & Acute Medicine - Dir	130 F202 POW AMU	51	42	82.35
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	2	66.67
130 POW Emergency & Acute Medicine - Dir	130 U502 Emergency & Acute Services Management	16	5	31.25

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	47	36	76.60
130 POW Medicine - Dir	130 C202 POW Cardiac Catheter Laboratory	13	3	23.08
130 POW Medicine - Dir	130 C401 POW ECG	21	14	66.67
130 POW Medicine - Dir	130 C402 NPTH ECG	6	3	50.00
130 POW Medicine - Dir	130 D302 POW Endoscopy Suite	21	10	47.62
130 POW Medicine - Dir	130 F301 POW Ward 2	28	13	46.43
130 POW Medicine - Dir	130 F302 POW Ward 6	28	23	82.14
130 POW Medicine - Dir	130 F303 POW Ward 5	31	18	58.06
130 POW Medicine - Dir	130 F304 POW Ward 17	17	7	41.18
130 POW Medicine - Dir	130 F305 POW Respiratory Medicine	10	8	80.00
130 POW Medicine - Dir	130 F327 POW Ward 20	36	9	25.00
130 POW Medicine - Dir	130 F500 POW Diabetic Clinic	7	6	85.71
130 POW Medicine - Dir	130 F501 POW Diabetology	2	2	100.00
130 POW Medicine - Dir	130 F520 POW Dermatology	8	5	62.50
130 POW Medicine - Dir	130 F530 POW Gastroenterology	4	0	0.00
130 POW Medicine - Dir	130 H403 POW Ward 11	32	12	37.50
130 POW Medicine - Dir	130 K706 Singleton Orthoptics	10	8	80.00
130 POW Medicine - Dir	130 N001 POW Elderly Care	17	12	70.59
130 POW Medicine - Dir	130 N002 POW Ward 18	36	21	58.33
130 POW Medicine - Dir	130 N003 POW Ward 19	31	21	67.74
130 POW Medicine - Dir	130 N004 Discharge Lounge	4	0	0.00
130 POW Medicine - Dir	130 N005 POW Day Medical Unit	12	9	75.00
130 POW Medicine - Dir	130 P004 POW Outpatients	13	7	53.85
130 POW Medicine - Dir	130 P124 POW Discharge Liaison	5	0	0.00
130 POW Medicine - Dir	130 P131 POW Program Investigation Unit	2	1	50.00
130 POW Medicine - Dir	130 U503 Medical Services - Management	12	5	41.67
130 POW Patient Experience & Governance - Dir	130 U027 Clinical Governance	10	9	90.00
130 POW Site Management & Admin - Dir	130 P120 POW Hospital Admin	5	0	0.00
130 POW Site Management & Admin - Dir	130 P130 POW Bridgend Clinic	20	13	65.00
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	7	77.78
130 POW Surgical Services - Dir	130 E204 East Urology CNS	10	10	100.00
130 POW Surgical Services - Dir	130 E205 ENT CNS	3	1	33.33
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	12	6	50.00
130 POW Surgical Services - Dir	130 E401 POW Ward 7	34	30	88.24
130 POW Surgical Services - Dir	130 E402 POW Ward 8	32	25	78.13
130 POW Surgical Services - Dir	130 E404 POW Short Stay Unit	16	7	43.75
130 POW Surgical Services - Dir	130 E511 East Urology Medical Specialty	7	7	100.00
130 POW Surgical Services - Dir	130 G405 MSK East Site Operational Support	14	10	71.43
130 POW Surgical Services - Dir	130 G500 MSK Nurse Practitioners	8	2	25.00
130 POW Surgical Services - Dir	130 G501 POW Ward 10	34	31	91.18
130 POW Surgical Services - Dir	130 G502 POW Ward 9	33	22	66.67
130 POW Surgical Services - Dir	130 G503 POW Fracture Clinic	14	11	78.57
130 POW Surgical Services - Dir	130 G601 MSK Physiotherapy East	25	24	96.00
130 POW Surgical Services - Dir	130 H404 POW Womens Health Clinic	11	5	45.45
130 POW Surgical Services - Dir	130 H421 POW Obs & Gynae Medical Staff	5	4	80.00
130 POW Surgical Services - Dir	130 H426 Obs and Gynae Admin	12	7	58.33
130 POW Surgical Services - Dir	130 H432 POW Maternity	86	48	55.81
130 POW Surgical Services - Dir	130 K601Cochlear Implant Team	3	0	0.00
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	6	60.00
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	11	78.57
130 POW Surgical Services - Dir	130 P007 POW Outpatients - Admin	33	27	81.82
130 POW Surgical Services - Dir	130 U504 Surgical Services - Management	14	11	78.57
Grand Total		1,541	870	56.46

The Unit's PADR position has not improved over the last few months and has remained at approximately 56%. The PADR rates are an area on concern for the unit and a PADR improvement plan has recently been agreed and implemented to improve this position in the forthcoming months.

Actions taken completed December/January	Actions planned for Feb
<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.

Part 5 - Statutory and Mandatory Training

Information Governance	65%
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Competency	Compliance %
Fire Safety	86.4%
Infection Prevention and Control - Level 1	89.3%
Manual Handling	85.6%
POVA	79.5%
Safeguarding Children - Level 1	67.8%
Violence and Aggression (Wales)	76.7%
Hand Hygiene	91.5%
MCA/DOLS	75.9%

Actions taken completed December/January	Actions planned for Feb
<ul style="list-style-type: none"> Mandatory training must be completed prior to any application for study leave being considered Information governance focus in team brief 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 commence

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	Total
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	65,627,620
VACANCY	-750,166	-755,320	-725,785	-972,160	-822,202	-836,866	-784,496	-971,528	-958,740	-7,577,262
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	58,050,357
Bank	88,796	85,405	94,501	101,847	118,100	102,975	83,509	106,795	112,593	894,521
Overtime	89,486	73,569	17,874	107,447	55,290	64,721	48,194	53,091	51,005	560,676
Agency - Non Medical	223,034	172,443	142,800	270,300	187,078	209,470	230,570	220,758	193,931	1,850,384
Agency - Medical	139,784	185,019	261,738	265,935	252,797	171,284	92,443	182,057	229,068	1,780,125
WLI	47,233	28,106	67,734	39,534	67,794	75,833	48,195	58,047	68,133	500,611
Irregular Sessions	144,815	161,192	67,436	209,738	111,456	97,320	157,240	93,797	189,928	1,232,921
TOTAL VARIABLE	733,149	705,735	652,082	994,802	792,515	721,603	660,150	714,544	844,658	6,819,238
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	64,869,595
Variable Pay of Total Pay %	10.24%	9.90%	8.94%	13.66%	10.99%	9.99%	9.27%	9.98%	11.58%	10.51%

In recent months, there has been an underlying reduction in agency medical staffing but an increased cost of ADH's. Medical agency spend appears high in month 9 but this is due to spend that was previously incorrectly charged to Morriston and POW is now being recharged for this. When adjusting for this spend the trend is downwards.

The nursing variable pay position reduced in December due to a reduction of annual leave. This reduction has been offset in part by some increase in bank.

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

In relation to pay overall there has been improvement year on year and the unit is currently meeting the targets set to improve pay.

Actions taken completed December/January	Actions planned for Feb
<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 embedded within the HB. 	<ul style="list-style-type: none"> Continue to recruit to medical/nursing vacancies. Actions contained within individual service group medical workforce plans to be implemented

<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 	<ul style="list-style-type: none"> • Nursing shift standardisation consultation to commence • Pay cost pressures from variable pay to be managed through cost reduction action plan • On- going focus on robust sickness management
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