WORKFORCE METRICS

10. WORKFORCE UPDATES AND ACTIONS

This section of the report provides further detail on key workforce measures.

Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- Percentage of sickness absence rate of staff	 The latest confirmed in month absence performance, (May 21) saw an decline in performance of 0.45% on the previous month to 6.31%. Compared to the previous March, this is an improvement of 2.23%. The 12-month rolling performance to the end of May 21 was 6.87%, an improvement of 0.19% This represents an overall improvement in cumulative performance of 0.07% in the 12 months to end May 21 At the peak of the first wave of the Covid 19 pandemic in April 20, 2.68% of the monthly absence was attributable to Covid reasons. This reduced to a low of 0.35% by August 20 but throughout the preceding months increased to a peak in the second wave of 3.55% by December 20. We have now seen a decrease in these rates in the first five months of 2021 and in 	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)	 As the impact of the second wave of Covid 19 subsides, we have been able to re start work in the area of our "normal" activity including supporting absence reduction. In this regard we have commenced a review of previous and current plans and will continue adapting these to ensure that our focus continues to be in the correct areas based on the most up to date data and fit for purpose in the current situation. Initial actions include: A focus on the reduction of LTS and STS with an expectation that sickness reduces and remains below 6% All service groups sickness absence performance to be monitored via established grip and control meetings All service groups to focus on a rolling five hot spot area plan with targeted approach to improve performance. Corporate group stress related sickness to be further explored with report to be submitted to the Workforce and OD committee and a plan to be developed with relevant managers to support hot spot areas. A full action plan drafted for Facilities where sickness absence remains higher than other groups.

May 21 Covid r stood at 0.54% reduction of 0.0		Additional Covid recovery resource to support Occupational Health and the Staff Wellbeing Service has
previous month discount Covid reasons from N absence perfor	n. If we related farch's overall mance we see	enabled additional Nursing, AHP and Medical resource to support the function and the following services aimed at supporting staff to both return to work and remain well in work;
an absence per 5.77% for the m Compared to M would represen improvement of	nonth. lay 20 this it an	 Increase in self/management referrals Supporting staff with Long Covid and Development of a Post-Covid Staff Wellbeing Strategy that includes a review of the evidence base, consultation with a wide range of stakeholders. Supporting the All Wales Workforce Risk Assessment Advising on underlying health conditions and pregnancy during the pandemic Supporting staff with accelerated access to PCR testing and supporting SBU contact tracing Working with related organisations to reduce the stigma and discrimination of mental health in work.
		 Comms 'refresh' of all support available for staff (internal & external) on the front page of the HB's intranet plus regular social media updates Supporting the continued rollout of the Covid-19 vaccine/the booster programme and staff flu programme during the autumn/winter. Development of Occupational Health and Staff Wellbeing Service Improvement Plans. 'Winter Wellbeing/Resilience' presentation developed, introduced by Mark Hackett, to communicate support for staff during continued Covid pandemic. Developing a staff suicide awareness and prevention campaign.

 Supporting Health Board wide virtual Wellbeing/resilience days with Senior Nursing colleagues - 2 days monthly during 2021 aimed at providing time-out for staff to 'reflect, relax and re- charge' Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) and Managing Your Wellbeing to remote delivery, enabling increased capacity. Promotion of & support in the delivery of Taking Care Giving Care Mini-rounds across the Health Board (as developed by mental health colleagues) Continuing to develop the network of 400+ Wellbeing Champions, supported by a regular programme of workshops. Wales Shared Services Partnership. Developing workshops regarding Moral Injury, to be delivered remotely. Appointment of TRiM Coordinator and procurement of 'March on Stress' to deliver 'train the trainer' training.
This remains a fluid situation and should we face a further surge of Covid cases affecting our hospitals due to easing of social restrictions we may once again need to re assign some of our resources to support the response to best utilise resources in the situation.

Description	Current Performance	Trend	Actions planned for next period
Mandatory & Statutory Training- Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	 Since the last performance report, compliance against the 13 core competencies has changed slightly from 80.20% to 80.65%. This is a 0.45% increase. This takes into account both current employees who are maintaining their compliance as well as those who are new to the Health Board. Medical & Dental are currently the lowest performing area, which stands at 46.20% compliance, which is an increase of 0.71% on the last reported figure. Allied Health Professionals remain the highest performing area, which stands at 88.49%. This is a decrease on the last reported figure by 0.60% The core competency with the highest compliance is: NHS MAND Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal This stands at 88.39% The core competency with the lowest compliance is: NHS MAND Violence Against Women, Domestic Abuse and 	% of compliance with Core Skills and Training Framework 100% 60% 40% 20% 0%	 There are no changes to the current actions identified below E-learning drop in sessions are not running due to the current situation, however, individual one to one via Teams are being offered as and when required. A follow up meeting was held for early 2021 to discuss the recording of face to face Mandatory training. The issue was agreed to be held at a senior level between Kathryn Jones and Nicola Edwards Most relevant Subject Matter Experts are continuing to examine the current Mandatory Training Framework to ensure it is fit for purpose and to comment on any changes required. Identification of essential training within pilot areas is planned that will identify essential training required above the corporate requirements. This will also reduce the number of active position numbers within ESR currently over 7000. Pilot areas identified are Midwifery, Radiology, Physiotherapy and Speech & Language together with the ESR Team. Meetings are being held via Shared Services regarding the working of IAT for Mandatory training which transfers training records when staff change from one NHS organisation to another and will reduce the need to complete Mandatory training unnecessarily.

	Sexual Violence - 3 Years. This stands at 72.58%			
Description	Current Performance	Trend		Actions planned for next period
Vacancies Medical and Nursing and Midwifery	 Covid specific measures in terms of recruitment have ended and normal levels of local and corporate recruitment are now reestablished. Focus of recruitment to Imms programme is still being closely monitored in a very fluid workforce plan. That plan is now looking at service extending beyond September 2021. All newly qualified registered staff have been deployed as required. 	Vacancies as at /Feb/Mai Grade - Medical & Dental 21000-Consultant (M&D) 21100-Locum Consultant (M&D) 22110-Associate Specialist (M&D) 22250-Specialist Dental Officer 22260-Senior Dental Officer 22230-Dental Officer 22310-Speciality Doctor (M&D) 23100-Speciality Registrar (M&D) 24100-Speciality Registrar (M&D) 24100-F2 foundation year 2 (M&D) 24410-Locum F1 Foundation year 1 (M&D) 24400-F1 foundation year 1 (M&D) 25000-Clinical Assistant (M&D) 25100-Senior Lecturer (M&D) 25300-G.P.Sessions / Staff Fund Total Grade - Nursing & Midwifery 2A32-Nurse Manager Band 88 2A281-Nurse Manager Band 88 2A282-Nurse Manager Band 80 2A283-Nurse Manager Band 80 2A297-Nurse Manager Band 81 2A297-Nurse Manager Band 81 2A481-Registered Nurse Band 7<	Apr-21 May-21 Jun-21 -39.96 -42.94 -41.99 2.15 5.95 5.65 -7.70 -7.66 -8.61 0.00 0.00 0.00 -0.40 -0.40 -0.40 -1.36 -1.36 -1.36 -19.25 -19.45 -17.25 -0.10 -0.10 -0.10 -149.25 -19.40 7.00 -1.00 -1.00 -1.00 -1.01 -0.10 -1.01 -1.02 -1.00 -1.00 -2.70 4.00 -4.00 -2.71 -4.00 -4.00 -2.51 -1.51 1.00 -1.00 -1.00 0.00 -2.51 -2.51 -1.51 1.00 -1.00 0.00 -2.53 -2.51 -1.51 1.00 -1.00 0.00 -2.01 -2.00 -2.00 -2.02 -2.00 -2.00 -	 Currently exploring further options of nurses from Dubai and India. We are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements as this has been the time delay to date in our recruitment timeline. Work is underway to develop a medical recruitment strategy in partnership with the Medical Director/ Deputy Medical Director team. The initial plans were presented to the Workforce and OD committee in February. This is due for discussion at the May Local Nursing Committee (LNC). Work has moved on and as part of our People Plan to support the Annual plan a 100 day plan has been developed to try to recruit to every vacant post and to devise creative schemes to make us an attractive employer. Overseas nurse recruitment continues.

Description	Current Performance	Trend	Actions planned for next period
Recruitment Metrics provided by NWSSP. Comparison with all-Wales benchmarking	 Swansea Bay UHB overall performance continues to match the target level for NHS Wales when excluding outlier data. 	Vacancy Creation to Unconditional Offer June 2021 (working days: including outliers) T13	 Through the Covid Pandemic HR Ops worked more closely with units using reports to target and review recruitment activity. For doctors we continue to recruit overseas on a post by post basis. We provide hotel accommodation for the 10 days quarantine period on a full board basis. HB has approved the business case to recruit 60 nurses from overseas in the next financial year. They will have the same hotel accommodation package as the doctors.
Turnover % turnover by occupational group	 In comparison with the calendar year 2021 there is relatively little real change. 	Period Turnover Rate – Jun 2021	 Exit interview work has recommenced to better understand ways to increase response rates, and implement most effective solution.

		Staff Group	FTE	Headcount	
		Add Prof Scientific and Technic	9.28%	9.95%	
		Additional Clinical Services	7.52%	8.13%	
		Administrative and Clerical	8.25%	8.87%	
		Allied Health Professionals	8.90%	9.18%	
		Estates and Ancillary	11.81%	12.70%	
		Healthcare Scientists	9.59%	10.05%	
		Medical and Dental	6.14%	6.70%	
		Nursing and Midwifery Registered	8.29%	8.92%	
		Students	56.14%	60.47%	
Description	Current Performance	Trend			Actions planned for next period
PADR % staff who have a current PADR review recorded	 Staff who have had a Personal Appraisal and Development Review (PADR) as of June 2021 stands at 64.81%. This is an increase on the last reported figure by 9.18% Estates and Ancillaries are currently the lowest performing at 40.64%. This is a big increase of 13.90% Add Prof Scientific and Technicis are currently the highest performing area at 82.77%. Allied Health Professionals closely follow with 82.57% 	% of staff who have in previous 12 80% 60% 40% 20% 0% 0% 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	Jan-21 Feb-21 Mar-21 Mar-22	May-21 Jun-21	 There has been no change in actions since the last report. However, positive progress can be seen in the increase in compliance with PADR's from Estates and Ancillaries. This shows that the work Learning & Development are currently doing, is working. These are on-going actions. PADR Training has been re-established through the Managers Pathway and through open course dates. This has been live since the start of May. Dates for PADR have been planned up until December 2022. Assistance from L&OD has been provided to Estates and Facilities in order to improve current PADR compliance rates. A plan has been formulated in the way of Group PADR's and is in the process of starting. Further information is being waited for in regards to the Pay Progression Policy, which will affect the release of the updated PADR Policy.
Description	Current Performance	Trend			Actions planned for next period

Operational Casework Number of current operational cases.	 The break in processing of Operational Casework between March 2020 and September 2020 due to the COVID pandemic continues to distort case numbers for that period and should be taken into account Number of suspensions is now lowest recorded Outstanding Disciplinaries have reduced from 63 at last report to 46 at end June 21. Disciplinary caseload intake was low during May, raising in June, but not sufficient to create a spike in demand. Number of Grievances has now raised beyond highest peak since Jan 19, with 28 I total. 1 Dignity at Work case has emerged since last report. Capability cases have increased by 1 to 3 in total, which is within long term average. Currently 2 ET cases ongoing which require significant resource investment. 	Number of Operational Cases 90 80 70 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60 50 60	 Continue managing current and incoming caseload in line with restrictions and additional workload dictated by the pandemic Guardians service continues to be available to staff throughout this period
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