	ABM University Health Board
Health Board	**Meeting on: 30th March 2017**

Subject:	Performance Report- A Fully Engaged and Skilled Workforce

ABMU Key Priorities : A Fully Engaged and Skilled Workforce
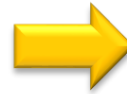
Improved Performance	1 Measures
Sustained Performance	0 Measures
Decline in Performance	1 Measures
Trend	

Measures	Period	Value	Target Attained	Trend
% workforce sickness absence (Rolling 12 months)	Dec-16	5.67%	✗	↓
% staff (medical & non medical) undertaking performance appraisals	Jan-17	57.9%	✗	↑

OUR STAFF & RESOURCES - PEOPLE IN WALES CAN FIND INFORMATION ABOUT HOW THEIR NHS IS RESOURCED AND MAKE CAREFUL USE OF THEM

Measure 1: % workforce sickness absence

Strategic Aim : A Fully Engaged and Skilled Workforce		Strategic Change Programme: Workforce and OD	Executive Lead : Kate Lorenti	
Period : Dec 2016	IMTP Profile Target : 5.1%	WG Target : Improve	Current Status : ✖	Movement : ⬇ Worsening

Current Trend: Dec 15- Dec 16	How are we doing ?

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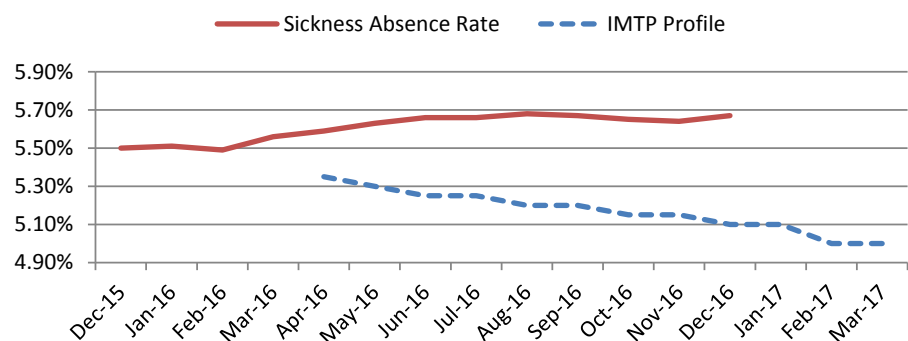
Rolling 12 month performance:-
• Jan 15 - Dec 15 =5.45%
• Dec 15 - Nov 16 = 5.55%
• Jan 16 - Dec 16 = 5.65%

Long-term sickness increased in December 2016 to 4.64% and remains our main challenge. We have also seen an increase in short term absence to 1.72%, however this is a similar position in comparison to the winter period last year.
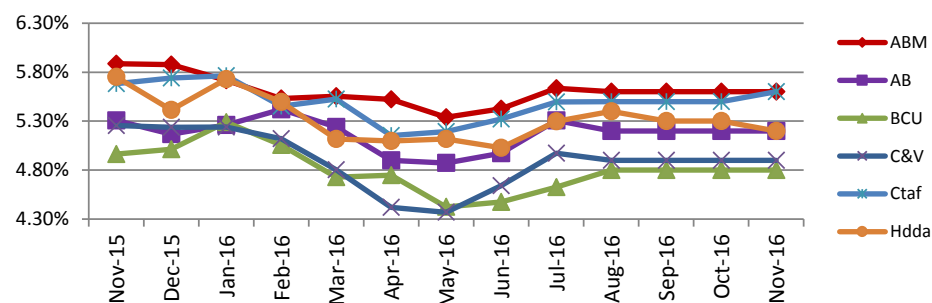
In Month performance:
• Nov 16 = 5.69%   • Dec 16 = 6.36% (was 5.92% in Dec 15)

Our top reason for absence is for stress, anxiety, depression and other mental health illnesses and accounts for 25% of all absence as at December 2016.

Benchmark | **What actions are we taking?**

Comparison of In-Month Sickness Absence Rates

What actions are we taking?

• Unknown reasons for sickness have seen an increase. Actions have been taken to remove these reasons from both e rostering systems. However we are unable to remove these options from ESR and if managers do not enter a reason for sickness shared services payroll will input reason unknown. Hotspot areas for this are in the process of being identified and will be manged in order to improve this area of compliance.

• Service Delivery units (SDU's) are being supported in facilitating Staff Health and Wellbeing events and Morriston SDU held a weeklong event at the end of January 2017, providing staff with a range of advice in ways to manage their wellbeing.

• Interventions to reduce missed Occupational Health appointments has resulted in a reduction of these by 10% between June 2016 and November 2016. This has helped to reduce the waiting time for Doctors appointments by up to 2 weeks. A text reminder service is to be introduced in April 2017.

How do we compare with our peers? | **What are the main areas of risk?**

The latest 12 month cumulative differential between ABMU and the all-Wales performance is 0.45%.
• The latest differential between our monthly sickness absence rates and the all-Wales average is 0.58%.

• Failure to maintain continued focus on sickness absence performance may lead to levels increasing.
• Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values.
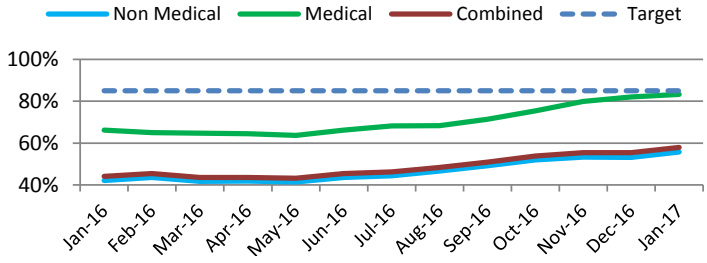• Direct effect on costs in terms of bank, agency and overtime.
• Increasing levels of sick absence increases pressure on those staff who remain at work.

Source : NHS WALES OUTCOMES FRAMEWORK, ALL WALES PERFORMANCE SUMMARY (FEBRUARY 2017)

OUR STAFF & RESOURCES - PEOPLE IN WALES CAN FIND INFORMATION ABOUT HOW THEIR NHS IS RESOURCED AND MAKE CAREFUL USE OF THEM

Measure 1: % staff (medical & non medical) undertaking performance appraisals

Strategic Aim : A Fully Engaged and Skilled Workforce	Strategic Change Programme: Workforce and OD	Executive Lead : Hamish Laing/Kate Lorenti	
Period : Jan 2017	**IMTP Profile Target :** 85.0%	**WG Target :** Improve	**Current Status :** ✗	**Movement :** ⬆ Improving

Current Trend: Jan 16- Jan 17	How are we doing ?
Source of figures: • Non Medical: Electronic Staff Record (ESR) • Medical : Medical Appraisal and Revalidation System (MARS)	**Medical:**• The positive upward trend in the 12 month rolling average continues, reflecting increased compliance with annual appraisal, engagement with Unit Medical Directors (UMD's) and the effects of active implementation of Exception Management processes. • Figures do not allow for 'exemptions' - only calculated annually (approximately 10% overall 2015/2016) • In year figures (April 16 on) confirm on target to 85%+ by year end. Recent all-Wales figures to December 2016 show our performance as consistent with other Health Boards in Wales. **Non Medical:**• Reporting figures demonstrate the continued gradual increased compliance (46.63% in Aug to 55.73% in January 2017). Attention remains focused on enabling areas to report accurate figures within the ESR System and to complete Values Based Group PADR. Training of managers within Singleton Ward areas is now complete and ESR team are monitoring PADR data entered via Supervisor Self Service compared to administrator access.

Benchmark	What actions are we taking?
	Medical: • Continue to notify Unit Medical Directors of doctors due for appraisal in next appraisal quarter (AQ) • Quarterly exception management to continue, focussed on getting doctors back into AQ schedule to meet GMC and revalidation requirements • Appraisal Lead appointments deferred due to financial constraints, limiting capacity for further improvement (particularly on quality of appraisal) until resolved. **Non Medical**:• 40 managers trained in Values Based PADR between November 2016 and January 2017 • Group PADR pilot further role out- Pathology in POWH have started group PADR's following successful training for supervisors. •Oncology Medical Secretaries have also implemented and completed 66% of their team using Group PADR's, sessions booked for March 2017 target to reach 100% compliance. •As at end of January 2017 Facilities POW have achieved 94.2% compliance using Group PADR• Planning has commenced for PADR quality Audit in Singleton SDU with interviews commencing in Febuary 2017.

How do we compare with our peers?	What are the main areas of risk?
• Peer data is not currently available.	**Medical:**• Doctors fall behind on timescale to complete enough appraisals for next revalidation recommendation: stress for doctor; diversion of doctor's and management time / resource; potential delayed revalidation; significant consequences for licence to practise if ultimately fail to engage. • Poor quality appraisals - lack of personal / service development and progression; continuation of sub-optimal practices; resistance to change. **Non Medical:**• Dependence on roll out of Supervisor self service for PADR Reporting data accuracy, double reporting, use of ESR, accuracy of ESR, IT skills of staff. • Time to complete PADR's in clinical areas- risk around the quality of PADR versus the target figures. • Local administrators and locally held data – change of culture and the time scales to do this.. • IT Equipment supporting the running of upgraded ESR Programme.

Source : ESR and MARS