

<b>ABM University Health Board</b>	
<b>17<sup>th</sup> January 2018</b> <b>Workforce and Organisational Development Committee</b> <b>Agenda item: 8</b>	
<b>Subject</b>	Workforce Metrics Report
<b>Prepared by</b>	Julian Quirk, Head of HR – Delivery Units, Policy & Systems
<b>Approved by</b>	Kate Lorenti, Acting Director of HR
<b>Presented by</b>	Kate Lorenti, Acting Director of HR

### 1. PURPOSE

To provide the updated workforce metrics report for December 2017.

### 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.

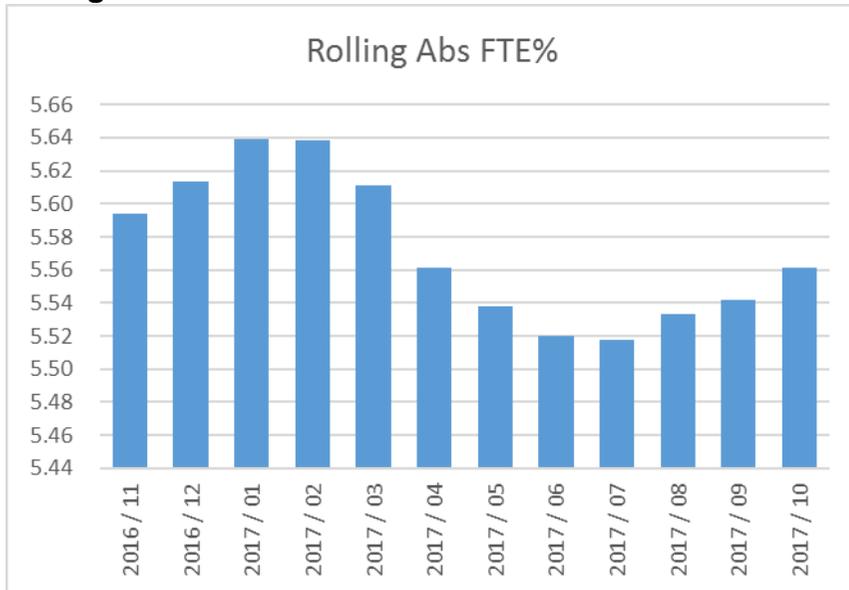
From January 2018 Delivery Unit data will be added in a common format broadly mirroring the corporate data provided.

### 3. RECOMMENDATIONS

The Committee is asked to note the attached metrics paper.

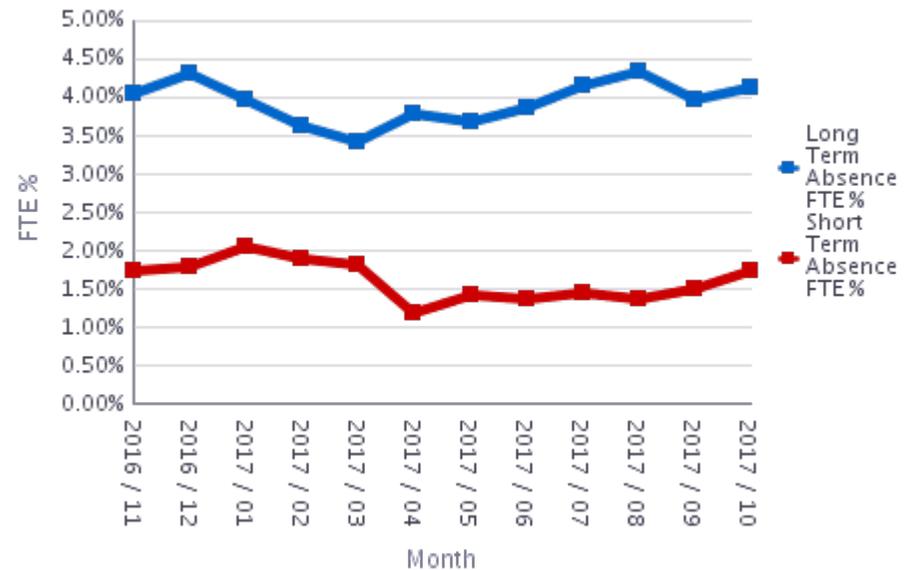
**Part 1 – Sickness Absence 1 November 2017 – 31 October 2017**

**Rolling 12 Month**



The rolling 12 month sick absence rates has increased by .02% in the last month with a 0.4% increase over the last four months.

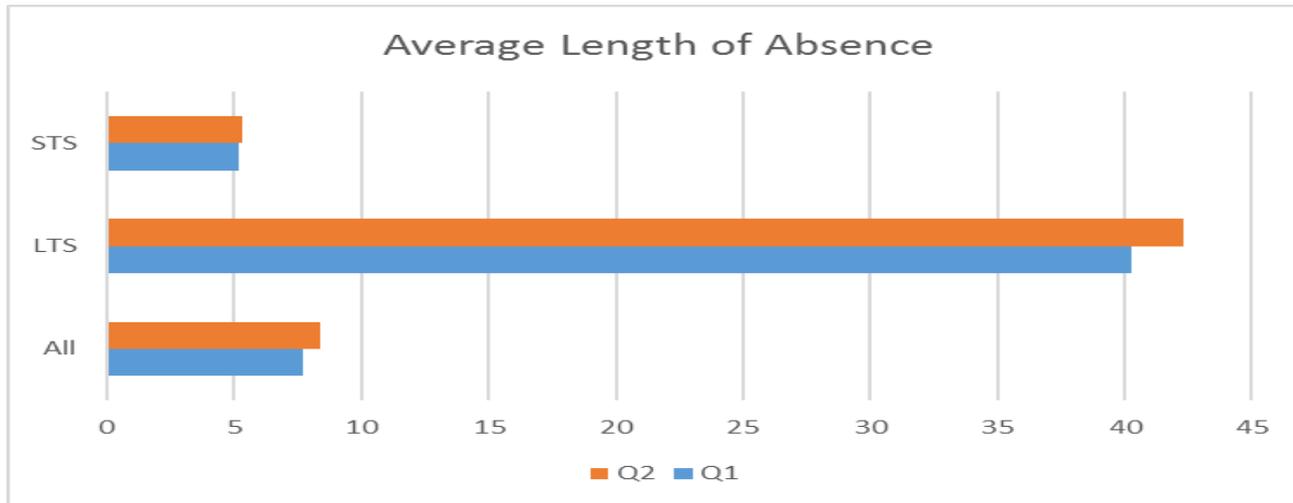
**In Month Absence**



Short and long term absence has increased in October as compared to September data. Long term absence is continuing to increase slightly despite good management in this area.

### Average Length of Absence

The chart below shows that our average length of absence has increased for Long Term Sickness (LTS) in Q2 of this year from 40 to 42 days. This performance is consistent with the disappointing overall performance in Q2.



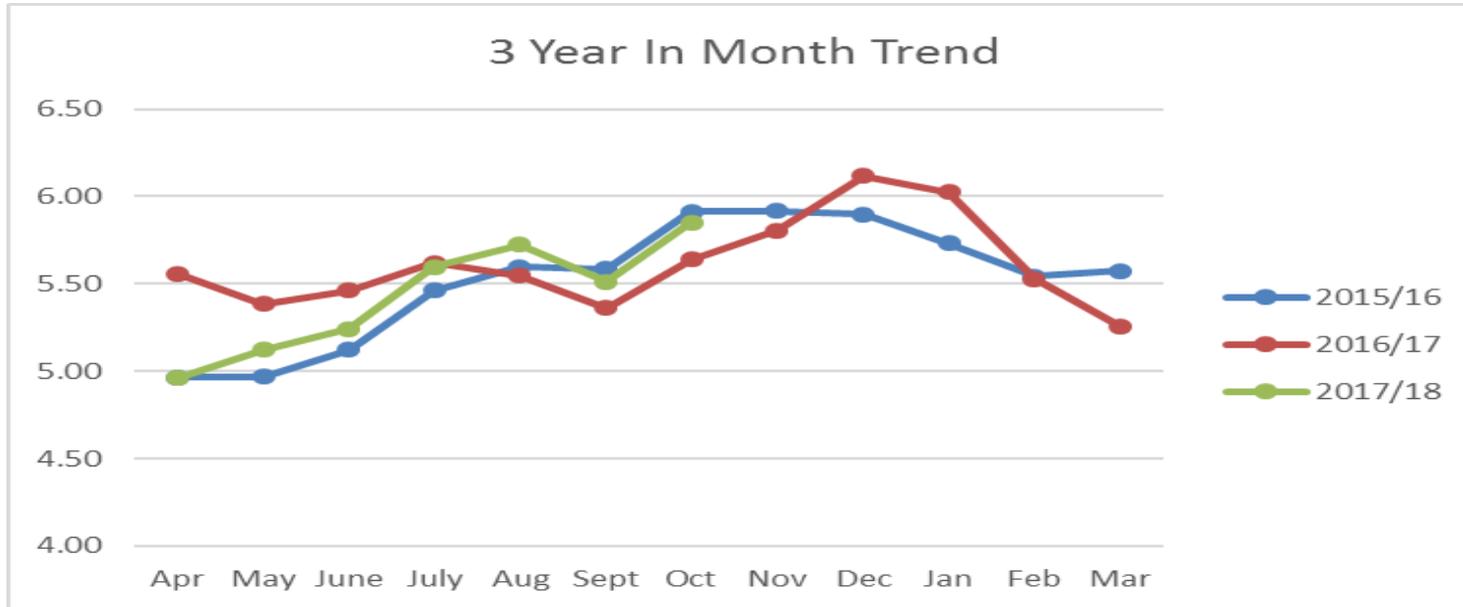
### Delivery Unit performance October 2017

Given the poor performance overall in October it is no surprise that most units have seen an increase in their in month and overall cumulative performance. The exception is POW, which is the only unit to have improved its cumulative performance every month from the beginning of the financial year.

	In month	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	5.78%	- 0.17%	6.23%	+ 0.02%
Morrison	6.04%	+ 0.44%	5.88%	+ 0.01%
Neath Port Talbot	5.90%	+ 0.59%	4.51%	+ 0.08%
PCC	5.79%	no change	5.49%	+ 0.02%
POW	5.0%	+ 0.42%	4.98%	- 0.03%
Singleton	5.89%	+ 0.82%	5.24%	+ 0.02%

### 3 Year Trend

Not surprisingly this shows the trend for an increase in the winter months in previous years, although last year was particularly bad in December and January. If we can improve this trend this year we will improve our cumulative position. However given October performance has declined to almost 2015/16 levels, unless we see particular improvement in November, December and January compared to last year we are unlikely to see any significant improvement to our cumulative position overall.



Actions taken completed November	Actions planned for Dec/Jan
<ul style="list-style-type: none"> <li>• Continuation of the ABMU Flu Campaign.</li> <li>• Following Hot Spot area audits, sickness process training needs have been reviewed with plans to address shortfalls.</li> <li>• Data analysis to correlate sickness absence, Variable pay and underlying factors.</li> <li>• First draft of managing long-term sickness guidance sent out for feedback. This is aimed to assist managers with more tangible guidance around actions and timescales in addition to sickness policy.</li> <li>• Redesign of Occupational Health referral form to reduce inappropriate referrals.</li> <li>• Part 1 of business case for paperless /IT based OH notes system submitted.</li> </ul>	<ul style="list-style-type: none"> <li>• New model of OH delivery being introduced offering telephone based service to speed up assessments and provide advice.</li> <li>• Sick Absence audits continuing within DUs.</li> <li>• Reviewing medical staff sick absence reporting and actions taken.</li> <li>• This report will include DU hot spot analysis.</li> <li>• Director of HR to email DU's a list of repeat absentees over previous Christmas periods. DU managers to arrange discussions with individuals as necessary.</li> <li>• Revisit theatres sickness audits to review escalation process in order to identify any inappropriate trends.</li> <li>• Following data analysis correlating sickness absence, Variable pay and underlying factors decide on strategy and approach within identified hotspot.</li> <li>• Review comments from draft long term sickness guidance and make changes as appropriate. Arrange to share with staff side for further comment</li> </ul>

## 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 30 November 2017	Staff in Post as at 30 November 2017	(Under) / Over Establishment	Movement since October report
Administrative & Clerical	2548.78	2454.25	-94.53	↑
Medical And Dental	1491.76	1308.38	-183.38	↓
Nursing And Midwifery Registered	4837.44	4464.00	-373.44	↓
Add Prof Scientific And Technical	472.24	440.40	-31.84	↑
Additional Clinical Services	2725.84	2743.55	17.71	↓
Allied Health Professionals	958.85	922.32	-36.53	↓
Healthcare Scientists	335.99	329.29	-6.70	↓
Estates And Ancillary	1514.21	1392.34	-121.87	↓
Students	11.00	6.00	-5.00	↓
<b>Grand Total</b>	<b>14896.11</b>	<b>14060.54</b>	<b>-835.57</b>	

With the exception of the A&C and Prof and Tech staff group vacancies have reduced. This is not unexpected given the additional controls and scrutiny of A&C positions. The movement in Prof and Tech was nominal.

<b>Nursing Vacancies</b>		Funded Establishment wte	Staff in Post wte	Vacancy (SIP - Funded) wte	% under establishment
<b>Singleton DU</b>	Qualified	788.60	724.93	-63.67	-8.07%
	Unqualified	284.80	295.59	10.79	3.79%
	<b>Total</b>	<b>1,073.40</b>	<b>1,020.52</b>	<b>-52.88</b>	<b>-4.93%</b>
<b>POW DU</b>	Qualified	745.88	658.86	-87.02	-11.67%
	Unqualified	281.65	263.65	-18	-6.39%
	<b>Total</b>	<b>1,027.53</b>	<b>922.51</b>	<b>-105.02</b>	<b>-10.22%</b>
<b>Morrison DU</b>	Qualified	1,448.71	1304.32	-144.39	-9.97%
	Unqualified	424.10	508.39	84.29	19.88%
	<b>Total</b>	<b>1,872.81</b>	<b>1,812.71</b>	<b>-60.10</b>	<b>-3.21%</b>
<b>Mental Health &amp; Learning Disabilities</b>	Qualified	820.28	739.45	-80.83	-9.85%
	Unqualified	662.50	624.56	-37.94	-5.73%
	<b>Total</b>	<b>1,482.78</b>	<b>1,364.01</b>	<b>-118.77</b>	<b>-8.01%</b>
<b>Primary Care &amp; Community DU</b>	Qualified	680.25	642.42	-37.83	-5.56%
	Unqualified	228.72	203.69	-25.03	-10.94%
	<b>Total</b>	<b>908.97</b>	<b>846.11</b>	<b>-62.86</b>	<b>-6.92%</b>
<b>NPT DU</b>	Qualified	311.77	302.33	-9.44	-3.03%
	Unqualified	124.09	126.11	2.02	1.63%
	<b>Total</b>	<b>435.86</b>	<b>428.44</b>	<b>-7.42</b>	<b>-1.70%</b>

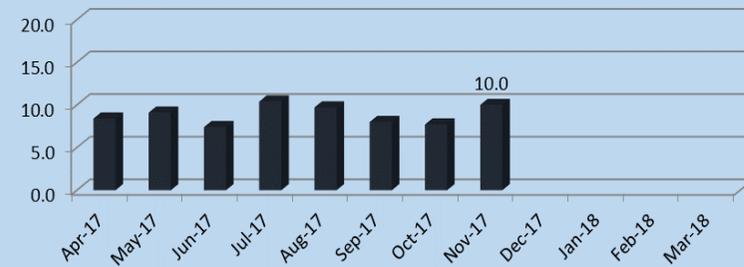
### Time to approve Vacancies

Target: 10 working days



### Time to Shortlist by Managers

Target: 3 working days



### Time to notify Recruitment of Interview Outcome

Target: 3 working days



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

## Recruitment Timeline as at November 2017

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) <b>Excluding Outliers</b>	T17 TIME TAKEN Conditional Offer Letter Sent to Unconditional Offer Letter Sent (inc Bank Holidays) <b>Including Outliers</b>	T18 TARGET TIME Vacancy Requested to Unconditional Offer Letter	T18 TIME TAKEN Vacancy Requested to Unconditional Offer Letter (inc Bank Holidays) <b>Including Outliers</b>
All Wales	44.0	45.1	27.0	20.2	30.2	71.0	75.6
ABMU	44.0	46.5	27.0	21.3	29.6	71.0	75.0
AB	44.0	52.2	27.0	22.7	42.4	71.0	89.7
BCU	44.0	44.4	27.0	17.2	41.2	71.0	89.8
CV	44.0	52.2	27.0	22.5	31.9	71.0	86.7
CT	44.0	45.0	27.0	24.0	42.2	71.0	89.9
HD	44.0	44.1	27.0	21.2	24.4	71.0	74.0
NWIS	44.0	37.9	27.0	19.6	19.6	71.0	65.8
NWSSP	44.0	36.4	27.0	19.7	26.8	71.0	70.3
POW	44.0	54.3	27.0	25.2	46.9	71.0	94.3
PHW	44.0	52.1	27.0	18.6	26.1	71.0	70.6
VCC	44.0	52.4	27.0	23.1	29.0	71.0	74.2
Vel	44.0	27.7	27.0	8.0	8.0	71.0	47.3
WAST	44.0	49.3	27.0	18.6	30.3	71.0	70.0
WBS	44.0	36.2	27.0	21.0	24.4	71.0	61.4

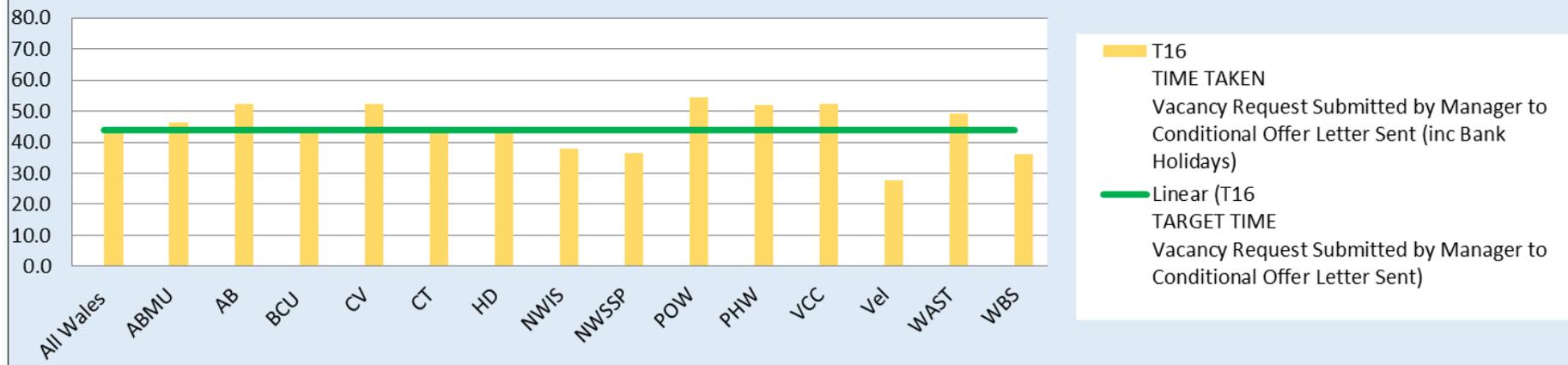
Note – outliers are cases where the timescales have been exceeded to a very significant level and often reflect issues with reporting activity as being concluded. The ability to run our own reports will allow ABMU to manage its own data cleansing.

<b>RAG Rating Key for table above.</b>	
<b>T15</b>	
	> 50 days
	45-50 days
	0-44 days
<b>T16</b>	
	> 50 days
	28-50 days
	0-27 days
<b>T17</b>	
	> 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.

## Vacancy Requested to Conditional Offer Letter Sent November 2017 (working days) T16



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

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

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

### Part 3 - Turnover & Labour Stability

#### Period Turnover Rate – 1 December 2016 – 30 November 2017

Staff Group	Headcount	FTE	Change (headcount)
Add Prof Scientific and Technic	8.26%	7.77%	↓
Additional Clinical Services	9.96%	9.70%	↑
Administrative and Clerical	8.90%	8.56%	↓
Allied Health Professionals	9.19%	9.01%	↓
Estates and Ancillary	7.22%	7.04%	↑
Healthcare Scientists	3.75%	3.45%	↓
Medical and Dental	8.40%	7.81%	↑
Nursing and Midwifery Registered	10.04%	9.97%	↓

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 two months.

Health Board - Excluding Junior Medical & Dental Staff & Students	Headcount	FTE	
Overall Rate	9.15%	8.95%	↓

Actions taken completed November	Actions planned for Dec/Jan
<ul style="list-style-type: none"> <li>Leavers data is circulated on a monthly basis to all DUs.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Continued development of a new exit interview system based on survey monkey that focuses on nursing, and covers all nurses.</li> <li>DU analysis of turnover issues will be included from January 2018 and incorporates the new exit system when available.</li> </ul>

## 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 29<sup>th</sup> November 2017 for a 12 month rolling period.

Org L5	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Clinical Medical School - Div	10	3	30.00
130 D3 Clinical Research Unit - Div	24	23	95.83
130 D3 Director of Strategy - Div	1,544	386	25.00
130 D3 Director of Therapies & Health Sciences - Div	16	12	75.00
130 D3 EMRTS - Div	21	0	0.00
130 D3 Nurse Director - Div	27	23	85.19
130 D3 Workforce & Organisational Development - Div	15	11	73.33
130 SDU - Mental Health & Learning Disabilities - Div	1,750	1,321	75.49
130 SDU - Morriston Hospital - Div	2,514	1,632	64.92
130 SDU - Neath Port Talbot Hospital - Div	1,217	901	74.03
130 SDU - Primary Care & Community - Div	1,465	1,144	78.09
130 SDU - Princess of Wales Hospital - Div	1,238	687	55.49
130 SDU - Singleton Hospital - Div	1,763	1,062	60.24
<b>Grand Total</b>	<b>11,604</b>	<b>7,205</b>	<b>62.09</b>

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

Org L6	Assignment Count	Reviews Completed	Reviews Completed %
130 D3 Clinical Medical School - Dir	10	3	30.00
130 D3 Corporate Strategy - Dir	4	0	0.00
130 D3 EMRTS - Dir	21	0	0.00
130 D3 Estates - Dir	175	42	24.00
130 D3 Head of Operational Services - Hotel Services - Dir	1,365	344	25.20
130 POW Delivery Unit Management - Dir	16	0	0.00

The overall Health Board percentage of PADR's recorded within ESR as of November 2017 for a 12 month rolling period is **62.09%**, however the all-Wales and local target is 85% of PADR's recorded in ESR and so continued improvement remains essential. ESR suggests there has been a continued gradual improvement in the recording of PADR's via the system with a **2.24% increase** since last month.

Actions taken completed November	Actions planned for Dec/Jan
<ul style="list-style-type: none"> <li>Four sessions providing re-training/training of ESR Learning Administrators required to centrally input and report on PADR dates for Units and Corporate Directorates.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>There are 120 identified Learning Administrators remaining to attend and 4 more mop-up sessions have been organised for 19<sup>th</sup> Jan 2018 in Morrision to cover anyone who could not attend previous sessions.</li> <li>PADR sessions for staff will continue to be offered as bespoke sessions delivered in the workplace.</li> </ul>

## Part 5 - Statutory and Mandatory Training

Competency	Compliance %
<b>Equality, Diversity and Human Rights</b>	48.83%
<b>Fire Safety</b>	56.30%
<b>Safety and Welfare</b>	50.71%
<b>Infection Prevention and Control - Level 1</b>	50.12%
<b>Information Governance (Wales)</b>	51.93%
<b>Moving and Handling - Level 1</b>	32.58%
<b>Resuscitation – Level 1</b>	26.43%
<b>Safeguarding Adults - Level 1</b>	46.66%
<b>Safeguarding Children - Level 1</b>	39.56%
<b>Violence and Aggression (Wales)</b>	44.87%
<b>Dementia awareness</b>	47.93%
<b>Social Services and Well Being Act Wales Awareness (2014)</b>	14.27%
<b>Violence Against Women, Domestic Abuse and Sexual Violence</b>	18.00%

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.

A major change in the accessing of e-learning was completed on 1<sup>st</sup> 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 November	Actions planned for Dec/Jan
<ul style="list-style-type: none"> <li>• Working with Shared Services/NWIS and ESR colleagues to enhance the effectiveness and efficiency of e-Learning platform.</li> <li>• Preparation for significant upgrade to ESR e learning in 2018.</li> </ul>	<ul style="list-style-type: none"> <li>• New ESR ESS portal went live 1<sup>st</sup> December this facilitates easier access to and updating of training records.</li> <li>• ESR has a significant upgrade to functionality from January 2018. Testing and checking local environment post upgrade.</li> <li>• Review of upgrade and then revision of existing plans to incorporate any opportunities the new functionality brings.</li> </ul>

## Part 6 - Variable Pay

The Health Board variable pay spend, excluding payments for Waiting List Initiatives for the first eight 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 - Nov £m	2016/17 Apr - Nov £m	Change between years £m
<b>Medical – Additional Payments</b>	4.775	4.809	-0.034
<b>Medical – Agency</b>	5.769	6.205	-0.436
<b>Non Medical – Bank</b>	5.357	4.985	+0.372
<b>Non Medical – Overtime</b>	3.711	5.223	-1.512
<b>Non Medical – Agency</b>	7.414	9.664	-2.250
<b>Total Spend</b>	27.026	30.886	-3.860

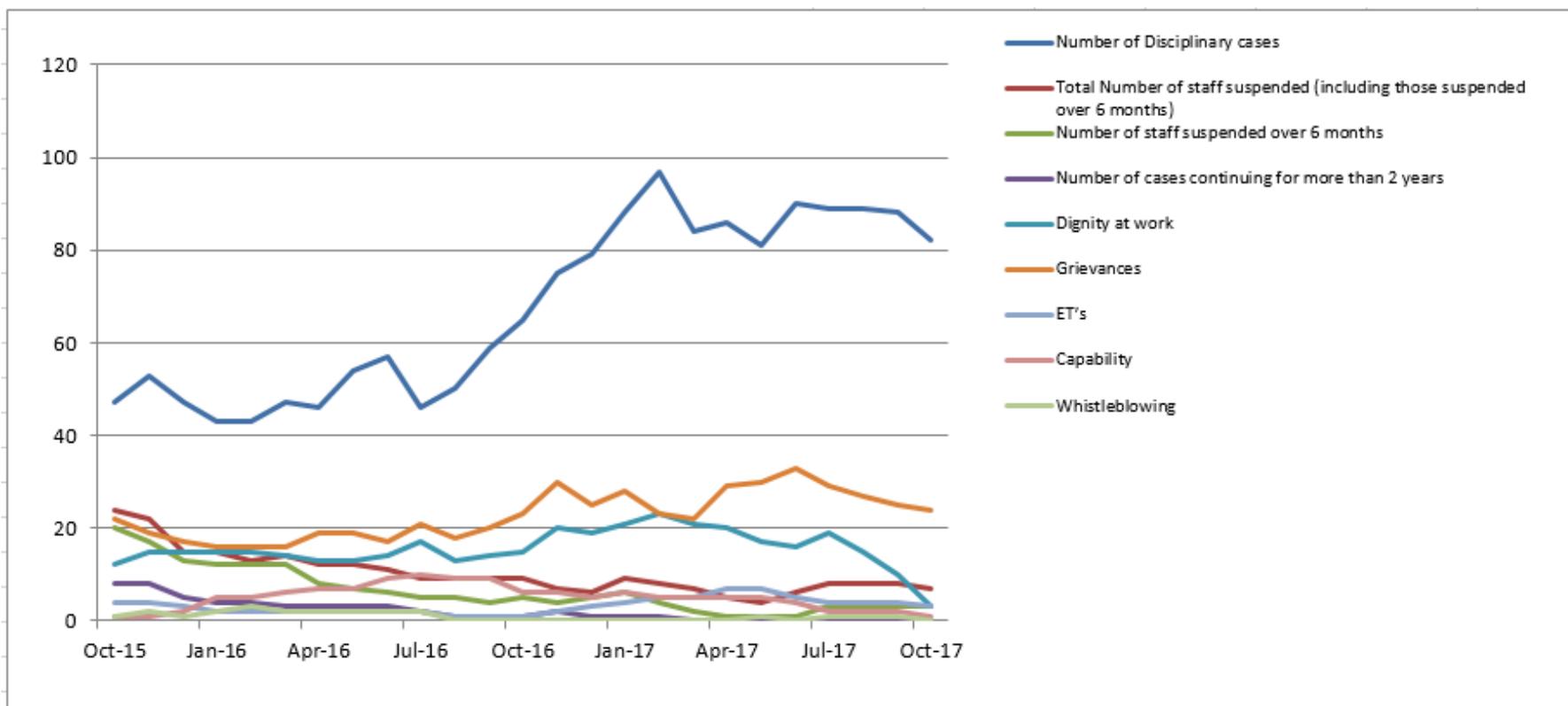
Medical staff variable pay has increased significantly over recent years, for both internal cover and agency staff, this reflects sustaining existing rotas in light of increasing medical vacancies and pressures to increase rota to improve training for junior doctors. This financial year has seen a reduction 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 £2.212m in the first 8 months of 2016/17 to £0.765m for the same period in 2017/18.

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

Actions taken completed November	Actions planned for Dec/Jan
<ul style="list-style-type: none"> <li>• Agency Cap for Medical and Dental Staff introduced to support reduction in locum/agency usage and costs.</li> <li>• New bank system continues to be imbedded within the HB</li> </ul>	<ul style="list-style-type: none"> <li>• Complete review of Agency diagnostic Tool outcome seek Executive team approval for recommendations from that exercise.</li> <li>• Agency Action Plan issued with timetable for completion.</li> <li>• Complete review of ABMU position on bank work incentivisation.</li> <li>• Review of bank implementation to identify any actions outstanding.</li> </ul>

## Part 7 - Operational Workforce Activity



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

**Part 8 - Delivery Unit Metrics**

To be populated from January 2018.