10. WORKFORCE UPDATES AND ACTIONS

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

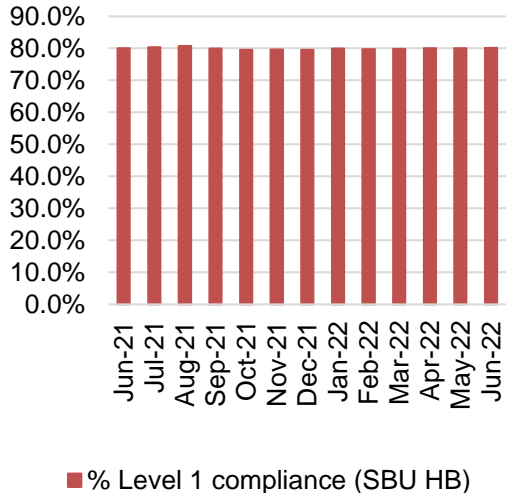| Description	Current Performance	Trend	Actions planned for next period
Staff sickness rates- *Percentage of sickness absence rate of staff*	• May 22, in month absence decreased by 1.62% to 7.31%. This was the lowest in month position since July 2021. In comparison to June 21 this is an overall decline of 0.56%. It is important to note, that due to the unpredictable COVID strains and outbreaks it is difficult to compare the in-month sickness absence rates with the previous years performance. • Absence due to anxiety/stress related reasons was 28% representing one of the lowest months for this absence reason in the last two years. • All service groups made an in month improvement in sickness absences rates. • Mental Health and Learning Disabilities reported the most improved in-month position of 7.77% which was an improved performance of 1.90% from the April 2022 reported position of 9.67%. Neath Port Talbot and Singleton Service Group reported a 1.87% reduction from the April position of 9.00% to 7.13% in May 2022	**% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)** —— % sickness rate (12 month rolling) —◆— % sickness rate (in-month)	• 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 now have a full action plan which focuses on rolling hot spots with targeted approach to improve performance and a heavy focus on well-being, as well as ensuring cases are managed accordingly to policy. • A full action plan developed for Facilities where sickness absence remains higher than other groups. • A full action plan has been developed for Theatres where sickness absence is high and impacting on service delivery. • Workforce support continues at monthly group roster review meetings focusing on staff unavailability, including overtime hours assigned, bank and agency, working time regulations and annual leave arrangements. • Deep dive/sickness audits planned in areas with high sickness levels. • Hotspot absence areas identified and workforce are meeting with relevant managers to discuss absence management strategies, long term sickness and support required.

and Primary Community and Therapy Service Group also reported a reduction of 1.21% from the April position of 8.52%. • Morriston was the service group with the highest in month absence in May 22 at 8.54%, however this was an improved position on the previous month of 10.20%. • Chief Operating Officer was the highest corporate area at 12.52% in May 2022, however this was an improved position of 0.82% from the April position of 13.34%. • Short-term sickness for May 22 was 2.38%, a decrease of 1.28% on the previous months reported STS. Long-term sickness decreased in month by 0.34% compared to previous months reported LTS to 5.27%. • In May 22 Covid related absence stood at 1.31%, a reduction of 1.34% on the previous month. If we discount Covid related reasons from May's overall absence performance we see an absence percentage of 6.0% for the month.		• Additional absence management workshops are being provided by HR Operational team and Business Partner team. • On-going review of Long Term COVID absences in line with the Welsh Government Risk Assessment Tool and the ceasing of full pay for long term COVID Sick in June. • On-going review and support to clinically vulnerable employees to support their return to work as soon as possible in line with the Welsh Government Risk Assessment Tool and advice. • On-going review of employee relation cases, to reduce impact on staff well-being and absence from work. • Review of workforce sickness absence data and processes currently available and the access managers have to this information through the development of workforce share point sites. • Workforce currently in discussion with the Health Board regarding securing additional resource through short term funds to dedicate to sickness absence in priority areas such as Theatres. • The Occupational Health Service is developing increased access to Case Conferences to support areas with high levels of sickness absence. It is anticipated this approach, which will work collaboratively with the staff member, manager and Operational HR will help to alleviate some of the barriers that may exist in long term sickness absence cases and expedite a return to work. • Occupational Health support for staff with Long Covid to continue.

	• It is important to note, that since the improved May 2022 sickness absence position, there has been a surge of COVID cases in June and July and this position is likely to decline in the next reporting period.		• Close partnering between HR BP team and Operational HR colleagues to provide targeted absence management training / appropriate coaching for managers / improvement plan. • Development of Divisional based wellbeing plans. • Solutions focused Workshops e.g. Senior Nursing Team • Wellbeing focus utilising Psychology support within MH and LD service group • Utilising Learning and Development targeted support within service groups for team development and managing change. • Rollout out of exit interview process within service groups. • Exploring the development of a Disability staff support network in addition to the other established staff networks such as BAME, Calon and Well-being champions. • Successfully launched Pulse surveys in Morriston service group for areas with high absence rates in areas to obtain local feedback from staff. Improvement plans are being created with managers and staff communication sessions held. • Organisational Development interventions being delivered alongside sickness absence management support, such as restorative culture approaches, healthy working relationships and compassionate leadership. To improve culture in work areas in line with our values and behaviours. • MH & LD Counsellor working in targeted areas to prevent sickness absence

			• Carer support sessions rolled out in Mental Health and Learning Disabilities
			• Reviews with Service Groups regarding working practices & alternative ways of working
			• Monthly on-going Managing Attendance at Work training rolled out to support managers to manage sickness absence in line with the policy and procedures.
			• Signposting the management and leadership training and support available for managers through courses such as Bridges, Footprints, Courageous Conversations, IMPACT, Workforce planning and Managers Pathway.
			• Focussed change management sessions to support employees and managers who are managing or subject to organisational change.
			• Review of the Agile Working framework to support employees to work more flexibly, where appropriate.
			• Roll out of Respect and Resolution policy training following the changes to the grievance and dignity at work policy and procedures.
			• Monthly Division meetings in place to review all cases and monitor patterns
			These areas of intervention and developments continue to be reviewed and adapted 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.
			A successful business case approved by the Health Board in March 2022 will support the Staff
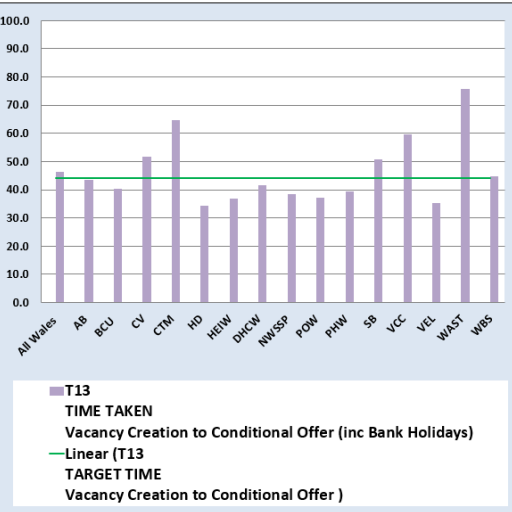
			Wellbeing's increased service demand and will enable services developed and extended during the Covid-19 pandemic to continue; this includes the roll out of TRiM, additional psychological practitioner resource and admin resource. The following services are supporting staff to both return to work and remain well in work;
			- Supporting staff experiencing Long Covid with self-management approaches/return to work advice – over 140 referrals to date. The Minister for Health & Social Care visited the Health Board on 3/2/22 to hear the experience and outcomes from staff and service-users and recently announced £5m extension funding to support long Covid services across Wales until April 2023. - Delivery of Post-Covid Staff Wellbeing Strategy that includes a review of the evidence base and consultation with a wide range of stakeholders. - Advice for managers and staff on Covid-19 exceptions to isolation to maximise attendance at work, and on underlying health conditions and pregnancy - Planning to support the Autumn rollout of the co-administered Covid-19 vaccine and staff flu vaccine. - Supporting the All Wales Workforce Risk Assessment - Working with related organisations to reduce the stigma and discrimination of mental health in work. - Continued delivery of Occupational Health and Staff Wellbeing Service Improvement Plans that include recent internal audit recommendations and actions.

			Improving access to Case Conferences to manage long tern complex sickness absence.
			• Promotion of & support in the delivery of 'Compassionate Circles' Mini-rounds across the Health Board (as developed by mental health colleagues)
			• TRiM project team established and rollout to priority areas has commenced and over 1550 staff have undertaken the React MH training.
			• New Occupational Health and Wellbeing SharePoint site to communicate support available to staff
			• Continued roll-out of prevention based webinars including 'menopause for managers – supporting staff', 'Information and support for cervical cancer' and 'mindful menopause for staff'
			Continuing to develop the network of 550+ Wellbeing Champions, supported by a regular programme of workshops.
			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 80.67% to 80.94%. This is a 0.28% increase. • The Staff Group Medical & Dental continue to be the lowest performing area, standing at 48.06% compliance, which is an increase of 0.75% on the last reported figure. • Staff Group Allied Health Professionals remain the highest performing area, which stands at 87.46%. This is a slight increase on the last reported figure by 0.31% • Morriston Service Group is the lowest performing service group which stands at 74.15% • NPTS Service Group 83.20% • MH & LD Service Group 86.28% • Primary Care & Community Service Group is the highest performing service group which stands at 88.51% • The core competency with the highest compliance is: NHS|MAND|Dementia Awareness - No Renewal, which stands at 89.60%	**% of compliance with Core Skills and Training Framework** Chart showing % Level 1 compliance (SBU HB) from Jun-21 to Jun-22, ranging around 80%, with a y-axis from 0.0% to 90.0%. ■ % Level 1 compliance (SBU HB)	• [**Updated**] E-learning drop in sessions have now been booked in the libraries of Cefn Coed, Singleton, Morriston & Neath Port Talbot for 2023, The sessions are held physically in the libraries of the main sites, details are available within ESR on every individuals MY Learning page under announcements. Virtual support via Teams is also offered as well as email and other support for staff. • [**Completed**] Safeguarding are looking to recruit additional Administrative staff to assist with An ongoing capacity issues around updating staff records of those who have attended level 3 training. Providing training later in March/Early April. A person has now been recruited and access and training has been provided. • [**Ongoing**] The process of identifying essential training within pilot areas that will identify training required above the corporate requirements has started, however, due to capacity any progress is slow. This will reduce the number of active position numbers within ESR, which currently over 7000. Pilot areas identified are Midwifery, Radiology, Physiotherapy and Speech & Language together with the ESR Team. The first areas have been completed, however, work needs to be completed on the effect of this on staff and to ensure compliance is restored. Ongoing with ED • [**Completed**] All e-learning modules are in the process of being updated to use Microsoft EDGE as the browser of choice, with only a few working in Internet Explorer. This work has now been completed and ALL M & S e-learning is available via EDGE • [**Ongoing**]A new project of identifying essential training for all admin staff is underway; this will also

	• The core competency with the lowest compliance is: NHS|MAND|Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years| This stands at 74.51%		assist in the identification of the different roles within this staff group. • **[Updated]** A meeting of the Mandatory Training Framework group has been organised to reviews the Mandatory Training policy on 11th April with all Subject Matter experts. The meeting took place and the Framework is being finalised with any updates and is due to be completed by June 2022 • **[Updated]** A review of staff with Learning administration has taken place and staff not using this level of access within the last 12 months have been removed and others are being granted in place, training of new staff with this level of access in underway. With SSS (Supervisor Self-Service) due to be rolled out by the local ESR team in time for the pay progression to be implemented later this year, all staff with Learning Administration access used to update PADR data will have accessed removed as it will no longer be required. This is reliant on the local ESR completing the roll out of SSS across the HB.

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 re-established. • Focus of recruitment to Imms programme is still being closely monitored in a very fluid workforce plan.	**Vacancies Apr to Jun 2022** (see table below)	• The business case for 22/23 has been developed and approved and activity has commenced to recruit up to 200 overseas nurses in the next financial year. It has been suggested that a further 150 overseas nurses need to be recruited in order to achieve the transformation schemes that are being proposed and a further case is being developed to identify what extra infrastructure would be needed to achieve this increase in numbers. • The recent SSP process for student nurses who qualify in September 22 has recently been completed and we expect to receive circa 180 newly qualified nurses into the Health Board in Sept/Oct 22 the HB resourcing team have begun the planning process for supporting these neww employees through their pre-employment checks process to ensure they are ready to commence employment upon the issuing of their NMC PIN. • The selection phase of the Therapies and Health Science SSP has finished for students that will qualify from numerous AHP/HS professions in September 22. The HB expects to have an intake of circa 60 newly qualified therapists and health scientist in Sept/Oct 22 and once again the resourcing team will be assisting in ensuring pre employment checks are completed in time for them to commence upon qualification. • The CEO has requested an additional 150 overseas nurses be commissioned in this financial year. This brings the total number to 350. This raises significant issues for the infrastructure including OSCE trainers, training facilities and accomodation

Vacancies Apr to Jun 2022

Grade - Medical And Dental	Apr-22	May-22	Jun-22
21000-Consultant (M&D)	-48.94	-49.04	-48.87
21100-Locum Consultant (M&D)	19.00	17.20	17.30
22110-Associate Specialist (M&D)	-10.88	-9.88	-10.18
22250-Specialist Dental Officer	0.20	0.00	0.00
22260-Senior Dental Officer	0.00	0.00	0.00
22270-Dental Officer	-0.11	0.09	-0.20
22310-Speciality Doctor (M&D)	-12.65	-12.85	-11.55
22320-Locum Speciality Doctor (M&D)	-0.10	-0.10	-0.10
23100-Specialty Registrar (M&D)	-270.20	-272.40	-274.00
23105-SLE- Specialty Registrar (M&D)	-28.03	-29.03	-31.03
23120-Locum Specialty Registrar (M&D)	3.50	3.50	3.70
23200-Specialist Registrar (M&D)	-4.00	-4.00	-4.00
24100-F2 foundation year 2 (M&D)	-38.00	-37.00	-37.00
24105-SLE -F2 Foundation year (M&D)		-1.00	-1.00
24110-Locum F2 Foundation year 2 (M&D)	-1.00	-1.00	-1.00
24400-F1 foundation year 1 (M&D)	-52.50	-53.50	-53.50
24410-Locum F1 Foundation year 1 (M&D)	1.00	1.00	1.00
24900-Dental Trainees in Hosp Post	-0.63	-0.63	-0.63
24925-SLE – Dental Core Trainees		-4.00	-4.00
25000-Clinical Assistant (M&D)	-0.09	-0.09	-0.18
25100-Senior Lecturer (M&D)	-3.00	-3.00	-3.00
25300-G.P.Sessions / Staff Fund	7.62	4.45	4.24
Total	**-438.81**	**-451.28**	**-454.00**

Grade - Nursing & Midwifery Registered	Apr-22	May-22	Jun-22
2A182-Nurse Consultant Band 8B	-1.00	-1.00	-1.00
2A281-Nurse Manager Band 8A	12.29	10.94	5.94
2A282-Nurse Manager Band 8B	2.50	-0.15	0.25
2A283-Nurse Manager Band 8C	-1.40	-0.40	0.60
2A284-Nurse Manager Band 8D	4.00	3.00	3.00
2A451-Registered Nurse Band 5	-330.80	-348.68	-377.07
2A461-Registered Nurse Band 6	-37.39	-37.94	-37.19
2A471-Registered Nurse Band 7	-38.22	-32.42	-19.21
2A481-Registered Nurse Band 8A	-5.74	-5.54	-5.63
2A482-Registered Nurse Band 8B	-1.00	-2.00	-2.00
2A600-Registered Nurse - Bank	0.76	0.76	0.16
Total	**-396.00**	**-413.43**	**-432.15**

Grade - Additional Clinical Services	Apr-22	May-22	Jun-22
2AA21-Nursing HCA/HCSW Band 2	-124.85	-141.86	-143.02
2AA31-Nursing HCA/HCSW Band 3	-13.44	-21.87	-20.63
2AA41-Nursing HCA/HCSW Band 4	40.65	34.07	34.39
2AB00-Nursing HCA/HCSW - Bank	-1.51	-1.51	-0.51
Total	**-99.16**	**-131.17**	**-129.78**

Description	Current Performance	Trend	Actions planned for next period
Recruitment *Metrics provided by NWSSP. Comparison with all-Wales benchmarking*	• Swansea Bay UHB overall performance has slightly deteriorated this period. HRBP's have been asked to discuss with Service Groups with a view to reducing the lag between the date termination of posts are being requested versus date a TRAC entry was initiated. This currently sits at approximately equal to the recruitment process as a whole, and is where the greatest gains could be made, once causes for delay are identified and remedial actions identified (if possible).	**Vacancy Creation to Conditional June 2022 (working days: excluding outliers) T13** ■T13 TIME TAKEN Vacancy Creation to Conditional Offer (inc Bank Holidays) —Linear (T13 TARGET TIME Vacancy Creation to Conditional Offer)	• Recruitment activity has largely returned to normal. • 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. • The central resourcing team continues focussing on the recruitment of B5 nurses, B2 ward based HCSW's and assisting in overseas nurse recruitment. In addition they are assisting in the recruitment of newly qualified nurses, AHP's and Health Scientists via the all Wales Student Streamlining process. As well as specific identified hard to recruit to posts. • SBW who have been appointed via a tendering process to help Swansea Bay develop its recruitment brand and associated recruitment platform are due to present their creative recruitment branding proposal to Management Board at the end of June and if approved will lead to formal development of this brand inc tools and materials fr the use in future recruitment campaigns and a recruitment microsite which will allow us to showcase the opportunities available within Swansea Bay and the varied services and activities that make up Swansea Bay Health Board. • The initial presentation is promising and attendance at Management Board is being arranged.

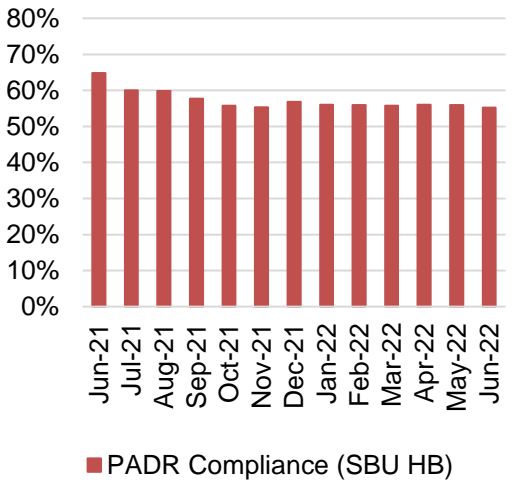| Turnover *% turnover by occupational group*	• Turnover has increased and remains at the higher end of the normal spread seen pre Covid. In order to better understand the recent increases, an analysis has been commissioned. This will identify any unusual trends in comparison to previous years, as well as seasonal fluctuations, along with potential reasons, and suggested remedial action wherever possible. • All categories increased again during this period, except for Nursing and Midwifery who remained equal in terms of FTW and slightly reduced in terms of headcount.	**Period Turnover Rate – 01 Jul 2021 - 30 Jun 2022** Excludes Bank, Locum, Honorary & Widow/Widower *M&D excludes Junior M&D Staff	• Currently working on making Exit Questionnaires available earlier to leavers, to provide better opportunity for individuals to access and complete, with a view to increasing the response rate. Review to be arranged with Payroll to monitor timing of action for A4 termination forms which could affect response rates. • Early indications are that Exit Questionnaires yield lower response rates than Staff Surveys, and that a 30% return would be considered very good. • In order to identify potential flaws in the process, SNPTH SG have agreed to identify a sample of leavers to engage in feedback on the leaver process. • Analysis commenced by Workforce Information Cell to identify patterns and trends contributing to overall increase.

Staff Group	FTE	Headcount	Prev Position
Add Prof Scientific and Technic	9.08%	9.71%	↑
Additional Clinical Services	8.83%	9.33%	↑
Administrative and Clerical	12.64%	13.51%	↑
Allied Health Professionals	11.48%	12.76%	↑
Estates and Ancillary	8.74%	9.03%	↑
Healthcare Scientists	8.18%	8.32%	↑
Medical and Dental	8.75%	9.75%	↑
Nursing and Midwifery Registered	11.59%	12.37%	↓

Overall Rate	FTE	Headcount	Prev Position
Overall Rate	10.64%	11.34%	↑

Description	Current Performance	Trend	Actions planned for next period
PADR *% staff who have a current PADR review recorded*	• Since the last performance report, compliance against the 13 core competencies has remained stable with a slight increase from 80.94% to 81%. • The Staff Group Medical & Dental continue to be the lowest performing area, standing at 49.21% compliance, which is an increase of 1.15% on the last reported figure. • Staff Group Allied Health Professionals remain the highest performing area, with compliance of 88.54% which is slight increase on the last reported figure by 1.08%. Additional Professional Scientific and Technical staff group are the second highest with compliance of 87.17%, followed by Nursing and Midwifery Registered staff group at 85.52% compliance. • Primary Care and Community have the highest compliance amongst the service groups, with 88.37% compliance. • Mental Health and Learning Disability service group has 86.43% compliance, which remains steady with a slight	**% of staff who have had a PADR in previous 12 months** *(bar chart showing PADR Compliance (SBU HB) from Jun-21 to Jun-22, values around 55-65%, y-axis 0%-80%)* ■ PADR Compliance (SBU HB)	In addition to this additional training is now being arranged for staff with Swansea University in preparation for the introduction of Liberty Protection Safeguards. • [**Updated**] process of identifying essential training within pilot areas to identify training required, above the corporate requirements, has started. Advice has been sought from a NHS Wales wide perspective since this work started, and advice has recently been given. Due to a 'Once for Wales' approach, which will be taken for this piece of work nationally, locally in Swansea Bay we should start by working towards reducing our active position numbers from the current 7000 that we have. Areas have been identified such as Pharmacy, Physiotherapy and Occupational Therapy to be more manageable areas to start with. Due to capacity and the upcoming long term ESR Self Service project the ESR team are engaging in, discussions are taking place to better understand the work that will be involved to reduce position numbers and the capacity to support this, so current progress is slow. Other pilot areas previously identified prior to the message regarding the national approach include Midwifery, Radiology, Physiotherapy and Speech & Language. Some work relating to these areas has been completed, and further

	increase of 0.15% from the last report. • Neath Port Talbot Singleton service group has 83.34% compliance, which remains steady with a slight increase of 0.14% from the last report. • Morriston service group has 74% compliance which although remains steady from the last report, is a slight decrease of 0.15%. • The corporate area with the lowest compliance rate is Strategy at 61.96% and it is important to note that establishment figures used to reflect these percentages include staff who have been employed on short term contracts, with a high proportion who are due to cease employment in June or have limited time left on their contract. • There have been significant changes to directorate and corporate area structures, as there will continue to be in line with proposed structure changes that will be taking place across the health board for a significant period to come. It has also been highlighted by key individuals from directorates and corporate areas that on	work to establish the effect of this on staff will be carried out to ensure compliance is restored. • [**Completed**] All e-learning modules are in the process of being updated to use Microsoft EDGE or Chrome as the browser of choice, with only a few working in Internet Explorer. This work has now been completed and ALL M & S e-learning is available via EDGE • **[Ongoing]**A new project of identifying essential training for all admin staff is underway; this will also assist in the identification of the different roles within this staff group. • **[Updated]** A meeting of the Mandatory Training Framework group has taken place and the Mandatory Training Framework has been updated together with an Equality Impact Assessment completed. All parties provided updates and the framework is now ready to be submitted for replacing previous version. • **[Updated]** A review of staff with Learning administration has taken place and staff not using this level of access within the last 12 months have been removed and others are being granted in place, training of new staff with this level of access in underway. With SSS (Supervisor Self-Service) due to be rolled out by the local ESR team in time for the pay progression to be implemented later this year, all staff with Learning Administration access used to update PADR data will have accessed removed as it will no longer be required. This is reliant on the local ESR completing the roll out of SSS across the HB. Any staff with access to high level Learning admin access to the ESR system that

| | closer inspection of staff in post structures, work needs to be carried out at a local level to ensure accuracy as some structure changes have not been reflected in their staff in post lists.

• The core competency with the highest compliance is: NHS\|MAND\|Dementia Awareness - No Renewal, which stands at 89.54%

• The core competency with the lowest compliance is: NHS\|MAND\|Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years\| This stands at 74.71% | | have not accessed the system for 12 months or more have been identified and had their access removed. Should they require access to be returned, they will need to complete the access request forms again. Once SSS (Supervisor Self Service) or MSS (Manager Self Service) is available then staff who have access to update PADR data will have their access removed as it will no longer be needed. Staff who enter training data will still have their access retained.

• SSS and/or MSS is due to become available towards the end of 2022 and is a project being organised and run by the local ESR team, they will provide training for staff on how to use these higher levels of access, which will allow managers to access their own staff training, absence and other information. |

Description	Current Performance	Trend	Actions planned for next period
Operational Casework *Number of current operational cases.*	• No. of open Disciplinaries has remained at 50, incoming cases sits in the mid range at 12 during June. • Number of Grievances reduced slightly to 28. • Dignity at Work remains at 2 cases. • Capability remains at 4 cases. • ET's remain at 3, still very low in comparison to the number of employees. • 1 whistleblowing case has been opened.	**Number of Operational Cases** Legend: — Number of Disciplinary cases — No. of Disciplinary cases opened in month — No. of Disciplinary cases closed in month — Total No. of staff suspended (inc those >6 months) — No. of staff suspended >6 months — No. of cases continuing for >2 years — Dignity at work — Grievances — ET's — Capability — Whistleblowing	• Guardians service continues to be available to staff throughout this period • Embedding of Respect and Resolution policy, providing feedback to the central group on lessons learnt from current cases • Embedding of Just Culture Principles to existing Values and Behaviours Framework. Utilising the decision tree when providing advice to managers • ER dashboard rolled out to Service Groups to create transparency and enhance awareness • Work to ensure E&D data is recorded on ER tracker and updating the system to reflect changes to policies • Embedding 'hub' model of providing advice, guidance and support to managers