

## 10. WORKFORCE UPDATES AND ACTIONS

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

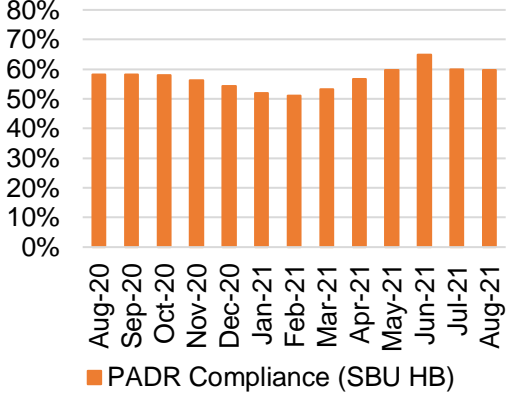
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<p><b>Staff sickness rates-</b> <i>Percentage of sickness absence rate of staff</i></p>	<ul style="list-style-type: none"> <li>The latest confirmed in month absence performance, (July 21) saw a decline in performance of 0.53% on the previous month to 7.28%. Compared to the previous July, this is 0.80% higher.</li> <li>The 12-month rolling performance to the end of July 21 was 6.85%, an improvement of 0.08%. This represents an overall improvement in cumulative performance of 0.06% in the 12 months to end July 21.</li> <li>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 half of 2021, although in July 21 Covid related absence stood at 0.53%, an increase of 0.06% on the previous month and the first increase we have</li> </ul>	<p><b>% of full time equivalent (FTE) days lost to sickness absence (12 month rolling)</b></p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>% sickness rate (12 month rolling)</th> <th>% sickness rate (in-month)</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>7.0</td><td>7.0</td></tr> <tr><td>Aug-20</td><td>7.0</td><td>6.5</td></tr> <tr><td>Sep-20</td><td>7.0</td><td>6.5</td></tr> <tr><td>Oct-20</td><td>7.0</td><td>7.0</td></tr> <tr><td>Nov-20</td><td>7.0</td><td>8.5</td></tr> <tr><td>Dec-20</td><td>7.0</td><td>9.8</td></tr> <tr><td>Jan-21</td><td>7.0</td><td>8.0</td></tr> <tr><td>Feb-21</td><td>7.0</td><td>6.5</td></tr> <tr><td>Mar-21</td><td>7.0</td><td>6.0</td></tr> <tr><td>Apr-21</td><td>7.0</td><td>6.0</td></tr> <tr><td>May-21</td><td>7.0</td><td>6.5</td></tr> <tr><td>Jun-21</td><td>7.0</td><td>7.0</td></tr> <tr><td>Jul-21</td><td>7.0</td><td>7.3</td></tr> </tbody> </table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	Jul-20	7.0	7.0	Aug-20	7.0	6.5	Sep-20	7.0	6.5	Oct-20	7.0	7.0	Nov-20	7.0	8.5	Dec-20	7.0	9.8	Jan-21	7.0	8.0	Feb-21	7.0	6.5	Mar-21	7.0	6.0	Apr-21	7.0	6.0	May-21	7.0	6.5	Jun-21	7.0	7.0	Jul-21	7.0	7.3	<p>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:</p> <ul style="list-style-type: none"> <li>A focus on the reduction of LTS and STS with an expectation that sickness reduces and remains below 6%</li> <li>All service groups sickness absence performance to be monitored via established grip and control meetings</li> <li>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.</li> <li>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.</li> <li>A full action plan drafted for Facilities where sickness absence remains higher than other groups.</li> </ul>
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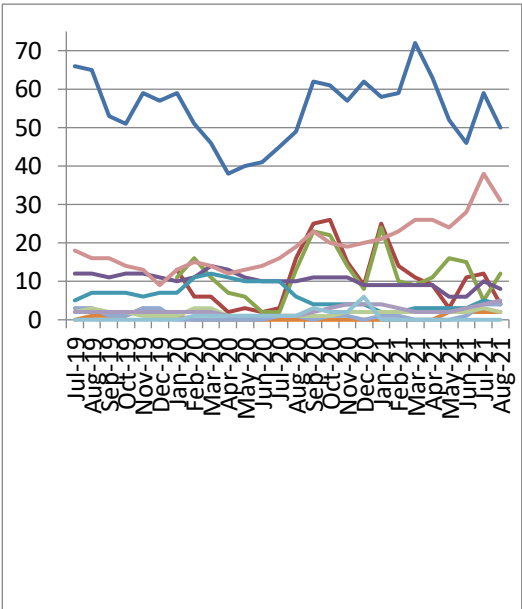
	<p>seen in monthly Covid rates since December 20.</p> <ul style="list-style-type: none"> <li>• If we discount Covid related reasons from July's overall absence performance we see an absence percentage of 6.75% for the month. Compared to July 20 (not including Covid absence) this would represent an overall increase of 0.70%.</li> </ul>		<p>Additional Covid recovery resource to support Occupational Health and the Staff Wellbeing Service has 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;</p> <ul style="list-style-type: none"> <li>• Increase in self/management referrals</li> <li>• Supporting staff experiencing Long Covid with self-management approaches/return to work advice</li> <li>• Development of a Post-Covid Staff Wellbeing Strategy that includes a review of the evidence base and consultation with a wide range of stakeholders.</li> <li>• Advice for managers and staff on Covid-19 exceptions to isolation to maximise attendance at work, and on underlying health conditions and pregnancy during the pandemic</li> <li>• Supporting the rollout of the co-administered Covid-19 vaccine booster and flu vaccine as part of the staff flu campaign from September 27<sup>th</sup>.</li> <li>• Supporting the All Wales Workforce Risk Assessment</li> <li>• Working with related organisations to reduce the stigma and discrimination of mental health in work.</li> <li>• Delivering the 2021/22 Staff Flu Campaign – supporting 200 peer vaccinators and supporting vaccinations on the main SG sites.</li> <li>• Continued delivery of Occupational Health and Staff Wellbeing Service Improvement Plans that includes recent internal audit recommendations and actions.</li> <li>• Supporting Health Board wide virtual Wellbeing/resilience days with Senior Nursing colleagues - 2 days monthly until December 2021</li> </ul>
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			<p>aimed at providing time-out for staff to 'reflect, relax and re-charge'</p> <ul style="list-style-type: none"> <li>Promotion of &amp; support in the delivery of 'Compassionate Circles' Mini-rounds across the Health Board (as developed by mental health colleagues)</li> <li>Continuing to develop the network of 400+ Wellbeing Champions, supported by a regular programme of workshops. <ul style="list-style-type: none"> <li>TRiM Coordinator facilitating TRiM 'train the trainer' training and roll-out to prioritised areas.</li> </ul> </li> </ul> <p>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.</p>																												
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<p><b>Mandatory &amp; Statutory Training-</b> <i>Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation</i></p>	<ul style="list-style-type: none"> <li>Since the last performance report, compliance against the 13 core competencies has changed slightly from 80.65% to 80.98%. This is a 0.33% increase.</li> <li>Medical &amp; Dental are currently the lowest performing area, which stands at 46.43% compliance, which is an increase of 0.23% on the last reported figure.</li> <li>Allied Health Professionals remain the highest performing area, which stands at 88.33%.</li> </ul>	<p><b>% of compliance with Core Skills and Training Framework</b></p> <table border="1"> <caption>% of compliance with Core Skills and Training Framework</caption> <thead> <tr> <th>Month</th> <th>% Level 1 compliance (SBU HB)</th> </tr> </thead> <tbody> <tr><td>Aug-20</td><td>78.00%</td></tr> <tr><td>Sep-20</td><td>78.00%</td></tr> <tr><td>Oct-20</td><td>78.00%</td></tr> <tr><td>Nov-20</td><td>78.00%</td></tr> <tr><td>Dec-20</td><td>78.00%</td></tr> <tr><td>Jan-21</td><td>78.00%</td></tr> <tr><td>Feb-21</td><td>78.00%</td></tr> <tr><td>Mar-21</td><td>78.00%</td></tr> <tr><td>Apr-21</td><td>78.00%</td></tr> <tr><td>May-21</td><td>78.00%</td></tr> <tr><td>Jun-21</td><td>78.00%</td></tr> <tr><td>Jul-21</td><td>78.00%</td></tr> <tr><td>Aug-21</td><td>80.98%</td></tr> </tbody> </table>	Month	% Level 1 compliance (SBU HB)	Aug-20	78.00%	Sep-20	78.00%	Oct-20	78.00%	Nov-20	78.00%	Dec-20	78.00%	Jan-21	78.00%	Feb-21	78.00%	Mar-21	78.00%	Apr-21	78.00%	May-21	78.00%	Jun-21	78.00%	Jul-21	78.00%	Aug-21	80.98%	<ul style="list-style-type: none"> <li>E-learning drop in sessions have now started up with sessions being booked in the libraries of Cefn Coed, Singleton, Morrision &amp; Neath Port Talbot between now and Christmas. Virtual support via Teams is still being offered as well as email and other support for staff.</li> <li>An arrangement is being put into place to assist with Safeguarding and there ongoing capacity issues around updating staff records of those who have attended level 3 training. A solution is still being sought</li> <li>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.</li> </ul>
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	<p>This is a decrease on the last reported figure by 0.16%</p> <ul style="list-style-type: none"> <li>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 88.66%.</li> <li>In close second is NHS MAND Dementia Awareness - No Renewal, which stands at 88.27%</li> <li>The core competency with the lowest compliance is: NHS MAND Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years. This stands at 73.07%</li> </ul>		<ul style="list-style-type: none"> <li>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 &amp; Language together with the ESR Team. Pilot areas are slowly being updated with role specific requirements. 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</li> <li>Meetings are being held with Digital Solutions on any ongoing or newly identified issues relating to E-Learning modules.. Work is ongoing with other health boards to identify and resolve issues . Password policy has now changed so that passwords will no longer expire after 90 days</li> </ul>																																																
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<p><b>Vacancies</b> <i>Medical and Nursing and Midwifery</i></p>	<ul style="list-style-type: none"> <li>Covid specific measures in terms of recruitment have ended and normal levels of local and corporate recruitment are now re-established.</li> <li>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.</li> </ul>	<table border="1"> <thead> <tr> <th colspan="4"><b>Vacancies as at /Jun/Jul/Aug 2021</b></th> </tr> <tr> <th><b>Staff Group</b></th> <th><b>2021 / 06</b></th> <th><b>2021 / 07</b></th> <th><b>2021 / 08</b></th> </tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td> <td>76.67</td> <td>77.19</td> <td>75.29</td> </tr> <tr> <td>Additional Clinical Services</td> <td>87.27</td> <td>106.27</td> <td>108.18</td> </tr> <tr> <td>Administrative and Clerical</td> <td>22.94</td> <td>-15.67</td> <td>-0.39</td> </tr> <tr> <td>Allied Health Professionals</td> <td>15.62</td> <td>22.58</td> <td>18.08</td> </tr> <tr> <td>Estates and Ancillary</td> <td>112.64</td> <td>109.34</td> <td>110.24</td> </tr> <tr> <td>Healthcare Scientists</td> <td>27.35</td> <td>30.91</td> <td>29.59</td> </tr> <tr> <td>Medical and Dental</td> <td>263.84</td> <td>273.67</td> <td>319.93</td> </tr> <tr> <td>NMC Registered</td> <td>306.01</td> <td>337.49</td> <td>363.39</td> </tr> <tr> <td>Students</td> <td>-1.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>911.34</b></td> <td><b>941.79</b></td> <td><b>1,024.32</b></td> </tr> </tbody> </table>	<b>Vacancies as at /Jun/Jul/Aug 2021</b>				<b>Staff Group</b>	<b>2021 / 06</b>	<b>2021 / 07</b>	<b>2021 / 08</b>	Add Prof Scientific and Technic	76.67	77.19	75.29	Additional Clinical Services	87.27	106.27	108.18	Administrative and Clerical	22.94	-15.67	-0.39	Allied Health Professionals	15.62	22.58	18.08	Estates and Ancillary	112.64	109.34	110.24	Healthcare Scientists	27.35	30.91	29.59	Medical and Dental	263.84	273.67	319.93	NMC Registered	306.01	337.49	363.39	Students	-1.00	0.00	0.00	<b>Grand Total</b>	<b>911.34</b>	<b>941.79</b>	<b>1,024.32</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
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<p><b>Recruitment</b> <i>Metrics provided by NWSSP. Comparison with all-Wales benchmarking</i></p>	<ul style="list-style-type: none"> <li>Swansea Bay UHB overall performance exceeds the target level for NHS Wales when excluding outlier data.</li> </ul>	<p><b>Vacancy Creation to Unconditional Offer June 2021 (working days: including outliers) T13</b></p>	<ul style="list-style-type: none"> <li>Recruitment activity has largely returned to normal.</li> <li>Through the Covid Pandemic HR Ops worked more closely with units using reports to target and review recruitment activity.</li> <li>For doctors we continue to recruit overseas on a post by post basis.</li> <li>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.</li> <li>Workforce remains on standby to assist with emergency recruitment on an ad hoc basis.</li> <li>We are developing plan to establish a small central recruitment team to assist with the recruitment to key clinical posts and to take pressure off the Service Groups. This will be considered by the Executive team in late September /early October 2021.</li> </ul>																											
<p><b>Turnover</b> <i>% turnover by occupational group</i></p>	<ul style="list-style-type: none"> <li>There is relatively little real change in turnover, despite the unusual circumstances over the preceding 18 months.</li> </ul>	<p><b>Staff Turnover 01 Sep 20 to 31 Aug 21</b></p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>FTE</th> <th>Headcount</th> </tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td> <td>9.56%</td> <td>9.99%</td> </tr> <tr> <td>Additional Clinical Services</td> <td>7.97%</td> <td>8.74%</td> </tr> <tr> <td>Administrative and Clerical</td> <td>8.84%</td> <td>9.54%</td> </tr> <tr> <td>Allied Health Professionals</td> <td>8.76%</td> <td>8.99%</td> </tr> <tr> <td>Estates and Ancillary</td> <td>10.73%</td> <td>11.48%</td> </tr> <tr> <td>Healthcare Scientists</td> <td>9.59%</td> <td>9.92%</td> </tr> <tr> <td>Medical and Dental</td> <td>7.38%</td> <td>8.12%</td> </tr> <tr> <td>NMC Registered</td> <td>9.08%</td> <td>9.78%</td> </tr> </tbody> </table>	Staff Group	FTE	Headcount	Add Prof Scientific and Technic	9.56%	9.99%	Additional Clinical Services	7.97%	8.74%	Administrative and Clerical	8.84%	9.54%	Allied Health Professionals	8.76%	8.99%	Estates and Ancillary	10.73%	11.48%	Healthcare Scientists	9.59%	9.92%	Medical and Dental	7.38%	8.12%	NMC Registered	9.08%	9.78%	<ul style="list-style-type: none"> <li>Exit interview work has recommenced to better understand ways to increase response rates, and implement most effective solution. Initial efforts will be focused on exploring ways of identifying pinch points in the current process, with a view to improvement.</li> </ul>
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<p><b>PADR</b> <i>% staff who have a current PADR review recorded</i></p>	<ul style="list-style-type: none"> <li>• Staff who have had a Personal Appraisal and Development Review (PADR) as of July 2021 stands at 60.04%. This is a decrease on the last reported figure by 4.77%</li> <li>• Estates and Ancillaries are currently the lowest performing staff group at 39.69%. This is a slight decrease on the last reported figure by 0.95%</li> <li>• Administrative and Clerical are also classed as a low performing staff group with a current compliance rate of 50.39%</li> <li>• Healthcare Scientists follow closely with 51.82%</li> <li>• Add Prof Scientific and Technicians are currently the highest performing area at 81.20%, which is a decrease of 1.57% on the last reported figure.</li> <li>• Allied Health Professionals are the next highest performing staff group with 77.77%, which is a decrease of 4.8% on the last reported figure.</li> </ul>	<p><b>% of staff who have had a PADR in previous 12 months</b></p>  <table border="1"> <caption>PADR Compliance (SBU HB) - Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Compliance Rate (%)</th> </tr> </thead> <tbody> <tr><td>Aug-20</td><td>58</td></tr> <tr><td>Sep-20</td><td>58</td></tr> <tr><td>Oct-20</td><td>58</td></tr> <tr><td>Nov-20</td><td>55</td></tr> <tr><td>Dec-20</td><td>53</td></tr> <tr><td>Jan-21</td><td>51</td></tr> <tr><td>Feb-21</td><td>51</td></tr> <tr><td>Mar-21</td><td>53</td></tr> <tr><td>Apr-21</td><td>57</td></tr> <tr><td>May-21</td><td>60</td></tr> <tr><td>Jun-21</td><td>65</td></tr> <tr><td>Jul-21</td><td>60</td></tr> <tr><td>Aug-21</td><td>60</td></tr> </tbody> </table> <p>■ PADR Compliance (SBU HB)</p>	Month	Compliance Rate (%)	Aug-20	58	Sep-20	58	Oct-20	58	Nov-20	55	Dec-20	53	Jan-21	51	Feb-21	51	Mar-21	53	Apr-21	57	May-21	60	Jun-21	65	Jul-21	60	Aug-21	60	<p>There has been no change on actions, since the last report.</p> <ul style="list-style-type: none"> <li>• PADR Training has been re-established through the Managers Pathway and through open course dates. This has been live since the start of May.</li> <li>• Dates for PADR have been planned up until December 2022.</li> <li>• Assistance from L&amp;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.</li> <li>• Further information is being waited for in regards to the Pay Progression Policy, which will affect the release of the updated PADR Policy.</li> </ul>
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<p><b>Operational Casework</b> Number of current operational cases.</p>	<ul style="list-style-type: none"> <li>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</li> <li>No. of open Disciplinary (50) has stabilised following a peak in Jul (59). Some delays will have been incurred by lack of availability during summer period.</li> <li>Number of Grievances (31) remains high in comparison to 2 year trends, but is starting to reduce following a peak in July (38).</li> <li>Dignity at Work increased to highest in 2 yr period although still relatively low</li> <li>Capability cases at 2 year high and have increased each month since May</li> <li>One ET case has been closed, bringing ongoing total back to 2.</li> </ul>	<p><b>Number of Operational Cases</b></p>  <p>Legend:</p> <ul style="list-style-type: none"> <li>Number of Disciplinary cases</li> <li>No. of Disciplinary cases opened in month</li> <li>No. of Disciplinary cases closed in month</li> <li>Total No. of staff suspended (inc those &gt;6 months)</li> <li>No. of staff suspended &gt;6 months</li> <li>No. of cases continuing for &gt;2 years</li> <li>Dignity at work</li> <li>Grievances</li> <li>ET's</li> <li>Capability</li> <li>Whistleblowing</li> </ul> <table border="1" data-bbox="864 1209 1384 1398"> <tr> <td><b>Total no. of investigations</b></td> <td>116</td> </tr> <tr> <td>-Grievance</td> <td>13</td> </tr> <tr> <td>-Disciplinary</td> <td>99</td> </tr> <tr> <td>-Injury Benefit</td> <td>3</td> </tr> <tr> <td>-Whistleblowing</td> <td>1</td> </tr> </table>	<b>Total no. of investigations</b>	116	-Grievance	13	-Disciplinary	99	-Injury Benefit	3	-Whistleblowing	1	<ul style="list-style-type: none"> <li>Continue managing current and incoming caseload in line with restrictions and additional workload dictated by the pandemic</li> <li>Guardians service continues to be available to staff throughout this period</li> <li>Embedding of Respect and Resolution policy</li> <li>Embedding of Just Culture Principles to existing Values and Behaviours Framework</li> <li>Planned roll out of ER dashboard to Service Groups to create transparency and enhance awareness</li> <li>Work to ensure E&amp;D data is recorded on ER tracker</li> </ul>
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