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| Report Title: | | | | People Dashboard | | | | | | | | | | | Agenda Item no. | | | 3.2 | | | |
| Meeting: | | | | Strategy & Delivery Committee | | | | | | Public | | | | X | Meeting Date: | | | September 2022 | | | |
| Private | | | |  |
| Status  *(please tick one only):* | | | | Assurance | | | | X | | Approval | | | |  | Information | | | | | |  |
| Lead Executive: | | | | Executive Director of People and Culture | | | | | | | | | | | | | | | | | |
| Report Author (Title): | | | | Assistant Director of People & Culture / Head of People Analytics | | | | | | | | | | | | | | | | | |
| Main Report | | | | | | | | | | | | | | | | | | | | | |
| Background and current situation: | | | | | | | | | | | | | | | | | | | | | |
| The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for July 2022.  A brief UHB overview summary is provided as follows:    **Whole Time Equivalent Headcount and Pay bill**   * **Variable pay** trend has remained in the 10-11% range over the last 12 months; the percentage for July is 10.85% UHB-wide. * Total **pay bill** peaked as expected in March due to year end accruals; the April to July pay bills were broadly similar to February. * **Turnover** rates have increased month-on-month over the last year, but fell for the first time for June 13.58% UHB wide. The July turnover rate is 13.60%. There has been a 1.90% increase in turnover during the last 12 months, which equates roughly to an additional 255 WTE leavers. The top 5 reasons recorded for leaving are; ‘Voluntary Resignation - Other/Not Known’, ‘Retirement Age’, ‘Voluntary Resignation – Relocation’, ‘Voluntary Resignation - Work Life Balance’ and ‘Voluntary Resignation - Promotion’. * **Sickness Absence** rates remain high; the monthly sickness rate for July is 7.34%. The rates for June and July are at the highest they’ve ever been for this time of year. The cumulative rate continues to rise, at 7.24%; this figure is derived from absence over the last 12 months.  The top 5 reasons for absence for the past 12 months are; ‘Anxiety/stress/depression/other psychiatric illnesses’, ‘Chest & respiratory problems’, ‘Cold, Cough, Flu – Influenza’, ‘Other musculoskeletal problems’ and ‘Other known causes - not elsewhere classified’  The number of staff on long term sick leave suffering where the absence reason has been identified as ‘Anxiety/stress/depression/other psychiatric illnesses’ has reduced. On 31/03/22 there was 284 and as at 30/06/22 there were 258 (a reduction of 26 – 9.15%). There are 135 staff on long term absence where Covid-19 has been identified as a Related Reason. * Employee Relations caseload is the lowest it has been in over 5 years; the reduction is attributable to the change in the People Services Team operating model and continuing to embed the ‘Restorative & Just Culture’ principles. * Statutory and Mandatory training compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance. * Compliance with Fire training has fallen slightly in July, down to 64.82%. In June the compliance with Fire training was 65.02%. * By the end of July 2022, 83.45% of consultant job plans were under construction in the e-system, including 41.78% that have been signed-off. * The rate of compliance with Values Based Appraisal remains very low; the compliance at July 2022 was 34.57%. It is likely that operational pressures continue to adversely affect compliance.   Below is an update on some of the work that has been undertaken/achieved since the last report.    **People Resourcing**   * There has been a focused effort on our apprenticeship academy, the team have successfully increased the number of apprentices, implemented new apprenticeship programmes and developed promotional materials which will be used in schools, colleges and universities. * The majority of the Project Search Interns (work placements for those with learning disabilities and or autism) have now been offered employment at CAVUHB. * The Temporary Staffing Department (Bank) have increased the supply of HCSW’s since June, this will support improve fill rates and reduce agency usage. * The team are continuing with the Widening Access events with schools to promote NHS careers. * A significant number of HCSW’s have been recruited into existing vacancies by the Hub, this will support the Winter Plan and our aim to reduce agency usage. * The team have supported with the recruitment of Facilities staff, which has helped reduce the vacancies within this area. * Full funding has been provided to offer work experience placements with Prince’s Trust 16-30-year olds to commence in November. * The team are participating in a recruitment event for Ukrainian and Afghan refugees in September, this will include meeting with Afghan medical professionals which includes doctors and nurses. * Participation in the Public Sector fun day in Grangetown area to promote the UHB as an employer. * Feedback from recruitment events has been really positive and they are proving to be an effective way to promote the UHB and the careers/roles we have.   **Engagement**   * Wellbeing survey for our Medical & Dental teams closed on 31st July 2022. 378 responses were received and the analysis report received 31st August. Work progressing in September to support with triangulation with other engagement responses (e.g. MES) to identify next steps. Actions to commence October 2022. * The Winning Temp Staff Engagement Platform was launched in July. Currently a 12% participation rate after 7 weeks (800 people participating). The team are meeting with Directors of Nursing and Heads of People and Culture in September to encourage further engagement and regular sharing of findings. * Requests for team development and cultural assessments continue to increase with requests from across the UHB. Researching potential organisational diagnostics, conversations taking place with HEIW regarding using the NHS Culture and Leadership Programme approach. Work commencing Sept 2022 with ALAS, initial meeting with HEIW September. * Awaiting update from HEIW regarding timing and content of NHS Wales Staff Survey 2022.Previous timings indicated Autumn 2022, expected update September 2022.     **Health & Wellbeing of our staff**   * Inner Wellness webinars for all staff continued in July and August with high attendance and positive feedback. The final webinar will take place in September. * The first three Wellbeing Retreats have taken place and informal feedback from participants has been very positive. Work is currently underway to capture feedback, with engagement planned in September 2022, supported by The Fathom Trust. September and October dates are fully allocated, including a pilot of MDT access. * Development of Peer Support, including Schwartz Rounds and MedTRiM is gaining momentum. Clinical leads for Schwartz Rounds will be confirmed in September 2022 following discussions with Executive Directors of Nursing, Medical Director and Exec Director Therapies. Training for Clinical Leads and the Steering Group will be scheduled for Oct 2022. Facilitator identification to take place Oct-Dec 2022. Launch 2023. MedTRiM Practitioner Training scheduled for October 2022. * Staff Wellbeing Framework development will now commence September 2022, progress and development to be supported by Strategic Wellbeing Group, with proposed framework to be finalised by December 2022. * The number of staff on long term absence suffering with long Covid is continuing to reduce and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has also reduced. * The team are working with the Innovation and Improvement Team to underpin Wellbeing Plans with effective measurements to capture progress and impact. Initial meeting 7th September 2022. * Work to support colleagues with the Cost of Living has commenced with the establishment of a working group led by the Head of EWS, the group includes Trade Union representation. Signposting will go live on the UHB internet by the 5th September. Working with Communications Team to cascade advice available, including purchase of food, bill prioritiser tools, debt advice and WG links to financial support. Further action meeting taking place 6th September, including development of CAV Community Cupboard. Action plan to be finalised and agreed at Strategic Wellbeing Group, October 2022. * Strategic Wellbeing Group terms of reference in development to ensure group provides governance and assurance while setting strategic direction. * Internal Audit of Staff Wellbeing – Culture and Values, undertaken Summer 2022. Initial report received indicating substantial assurance across 2 objectives, and reasonable assurance across 4 objectives. Overall Assurance – Reasonable. Management Response underway for presentation to Audit Committee, November 2022.   **Education, Learning and leadership Development**   * First Cohort of Royal College of Nursing Cadets hosted in July. All attendees were from an ethnically diverse background and discussions are underway to ensure an inclusive approach to the recruitment of future cohorts. * All Nurses that joined us via the International Nurse Recruitment campaign (331) have now achieved registration. * A number of our HCSW’s are starting the flexible undergraduate nursing programme in September. * Acceler8 Cohort 1; Module 6 completed, final module scheduled for September 2022. Cohort 2 nominations now received. Allocation of places under-way, currently over-subscribed. * A small number of physiotherapy and occupational therapy assistants will be starting the flexible part-time undergraduate programmes in September 2022 as part of a HEIW pilot. * Collabor8 Leadership Development programme design agreed and nominations taking place in September 2022 with the programme commencing October 2022. This 7-month programme will enable delegates to develop and enhance their leadership capability. * Coaching network progressing well with cohort 3 of coach trainees due to commence in the autumn. Coaches are currently supporting senior and lead nurses in phase 1 of the network development. Coaching Supervisor Development Programme to commence October 2022. * The team are working with Innovation team to develop links between programmes (Climb; Acceler8; Collabor8), to clarify pathways and establish leadership networks and mentoring opportunities. * REACTMH Training for Managers – over 30 facilitators now trained via the ‘train the trainer’ approach. Roll-out plan in development to start October 2022. REACTMH Session will also be built into existing management development programmes.   **Workforce planning, systems** **and People Analytics**   * e-rostering – 70% of the 12.5hr nursing wards have been trained and are using the new system. The system is also being used by the Mass Vaccination/Immunisation team. The system has been implemented for Capital, Estates and Facilities bank workers and will be rolled out to the wider team over the next few months. * Training and implementation of SafeCare for our Nursing teams will commence in November 2022. * Work has commenced to review the workforce models on our inpatient wards, looking at new and extended roles, upskilling, etc. * Strategic Workforce Planning training will commence in October to build workforce planning capabilities. * e-job planning –the team are refreshing this work to raise awareness and ensure managers understand the benefits of having approved job plans. * We are continuing to work with local authority colleagues to ensure that we work collaboratively. We have just completed a scoping exercise looking at the different terms and conditions across NHS, Local Authority and Private Providers as part of the 1,000-bed initiative. | | | | | | | | | | | | | | | | | | | | | |
| Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee: | | | | | | | | | | | | | | | | | | | | | |
| The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce metrics.  Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Integrated Performance Report. | | | | | | | | | | | | | | | | | | | | | |
| **Recommendation:** | | | | | | | | | | | | | | | | | | | | | |
| The Strategy and Delivery Committee is requested to:   * **Note** and **discuss** the contents of the report | | | | | | | | | | | | | | | | | | | | | |
| Link to Strategic Objectives of Shaping our Future Wellbeing:  *Please tick as relevant* | | | | | | | | | | | | | | | | | | | | | |
| 1. Reduce health inequalities | | | | | | | | | x | | 1. Have a planned care system where demand and capacity are in balance | | | | | | | |  | | |
| 1. Deliver outcomes that matter to people | | | | | | | | | x | | 1. Be a great place to work and learn | | | | | | | | x | | |
| 1. All take responsibility for improving our health and wellbeing | | | | | | | | | x | | 1. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology | | | | | | | | x | | |
| 1. Offer services that deliver the population health our citizens are entitled to expect | | | | | | | | | x | | 1. Reduce harm, waste and variation sustainably making best use of the resources available to us | | | | | | | |  | | |
| 1. Have an unplanned (emergency) care system that provides the right care, in the right place, first time | | | | | | | | |  | | 1. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives | | | | | | | | x | | |
| Five Ways of Working (Sustainable Development Principles) considered  *Please tick as relevant* | | | | | | | | | | | | | | | | | | | | |
| Prevention |  | Long term | | |  | Integration | | | | |  | Collaboration | | |  | Involvement | | |  | |
| Impact Assessment:  *Please state yes or no for each category. If yes please provide further details.* | | | | | | | | | | | | | | | | | | | | | |
| Risk: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Safety: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Financial: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Workforce: Yes/No Yes | | | | | | | | | | | | | | | | | | | | | |
| Workforce risks and mitigating actions taken are described throughout this report | | | | | | | | | | | | | | | | | | | | | |
| Legal: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Reputational: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Socio Economic: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Equality and Health: Yes/No No | | | | | | | | | | | | | | | | | | | | | |
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| Decarbonisation: Yes/No | | | | | | | | | | | | | | | | | | | | | |
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| Approval/Scrutiny Route: | | | | | | | | | | | | | | | | | | | | | |
| Committee/Group/Exec | | | | | Date: | | | | | | | | | | | | | | | | |
| Strategy & Delivery | | | | |  | | | | | | | | | | | | | | | | |
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