



AGENDA ITEM

(3.3.9)

PEOPLE & CULTURE COMMITTEE

**WORKFORCE AND ORGANISATIONAL DEVELOPMENT
METRICS REPORT**

| | |
|---|---|
| Date of meeting | 13 October 2021 |
| FOI Status | Open/Public |
| If closed please indicate reason | Not Applicable - Public Report |
| Prepared by | Tanya Challenger, Workforce Information Manager / Sharon Page, Workforce Efficiency Manager |
| Presented by | Hywel Daniel, Executive Director for People |
| Approving Executive Sponsor | Executive Director for People |
| Report purpose | FOR NOTING |

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

| Committee/Group/Individuals | Date | Outcome |
|------------------------------------|--------------|-----------------|
| (Insert Name) | (DD/MM/YYYY) | Choose an item. |

ACRONYMS

| | |
|--------|---------------------------|
| ILG | Integrated Locality Group |
| FTE | Full Time Equivalent |
| BILG | Bridgend ILG |
| M&CILG | Merthyr & Cynon ILG |
| RTEILG | Rhondda Taf Ely ILG |
| CILG | Corporate ILG |



| | |
|-------|-----------------------------------|
| DEILG | Delivery Executive ILG |
| ESR | Electronic Staff Record |
| HILG | Hosted Organisations ILG |
| APST | Add Prof Scientific and Technical |
| ACS | Additional Clinical Services |
| A&C | Administrative and Clerical |
| AHP | Allied Health Professionals |
| E&A | Estates and Ancillary |
| HS | Healthcare Scientists |
| M&D | Medical and Dental |
| PDR | Personal Development Review |
| NMC | Nursing and Midwifery Registered |
| ST | Students |

1. SITUATION/BACKGROUND

To update the Committee on the key workforce metrics for July / August 2021, with historic trends shown as appropriate.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The following narrative describes the high and low lights of the current workforce metrics, as contained within the Appendix. An additional Appendix is included with data definitions.

2.1 *What's gone well*

Topic: Reporting to Gold, Silver and Bronze

Narrative: With the relaunch of the command groups there was a requirement for Workforce & Organisation Development (WOD) information to be fed into these forums. Due to the readiness of availability of data from eRostering, ESR and TRAC, there has been a wealth of information accessible to report into the relevant command groups, to inform and support decision making.



Topic: Training and PDR compliance

Narrative: Health Board compliance in both core mandatory training and PDRs has seen a slight increase over the last four to five months. There remains a lot of progress to be made, but this is a positive start and the position in August 2021 for both is an improvement on the position twelve months ago.

Topic: Recording of Covid-19 absence

Narrative: The continued reporting of Covid-19 related absence, including isolation, has provided essential information to ILGs and managers. Reports are made available on a weekly basis to the ILGs to allow them to manage their teams and support their response to the changing situation.

2.2 Areas for Improvement

Topic: Premium rate agency nurse (nursing)

Narrative: Whilst the premium rate nurse agency use dropped over May/June/July 2021, it has increased again in August 2021. For HCSWs, this dropped to zero between April and June 2021 but premium rate agencies have been used in July and August 2021.

Issue: Job Planning

Planned Intervention: Job planning is a core contractual requirement for consultants and SAS doctors, and the requirement is for job plans to be reviewed annually. This has never been achieved across the board in CTM or its predecessor organisations. At the height of emphasis on job planning and with considerable input from support staff in WOD, a figure of 67% was achieved in September 2017, i.e. 67% of consultants and SAS doctors had a job plan which was signed-off and dated within the previous twelve months. The current figures are 16% (consultants) and 15% SAS doctors with a signed-off job plan within the last twelve months.

Issue: Appraisals

Planned Intervention: Whilst further work is required to improve the overall appraisal level (currently 58.42%), this is an improvement on the previously reported position. Within the ILG breakdown of this measure, there are improvements in Bridgend, Hosted and Delivery Executive areas, but deteriorations in Merthyr Cynon and Rhondda Taf Ely.

3. IMPACT ASSESSMENT

| | |
|---|---|
| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| | The quality, safety, patient experience implications result from the availability of the right staff being available with the |



| | |
|---|--|
| | right skills, at the right place and time to deliver effective safe patient care. |
| Related Health and Care standard(s) | Staff and Resources |
| | Staying Healthy Safe Care Effective Care Dignified Care Timely Care Individual Care |
| Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services. | No (Include further detail below) |
| | The report covers the presentation of workforce related data, there is no policy or service change included. |
| Legal implications / impact | There are no specific legal implications related to the activity outlined in this report. |
| | |
| Resource (Capital/Revenue £/Workforce) implications / Impact | There is no direct impact on resources as a result of the activity outlined in this report. |
| | |
| Link to Strategic Well-being Objectives | Provide high quality, evidence based, and accessible care |

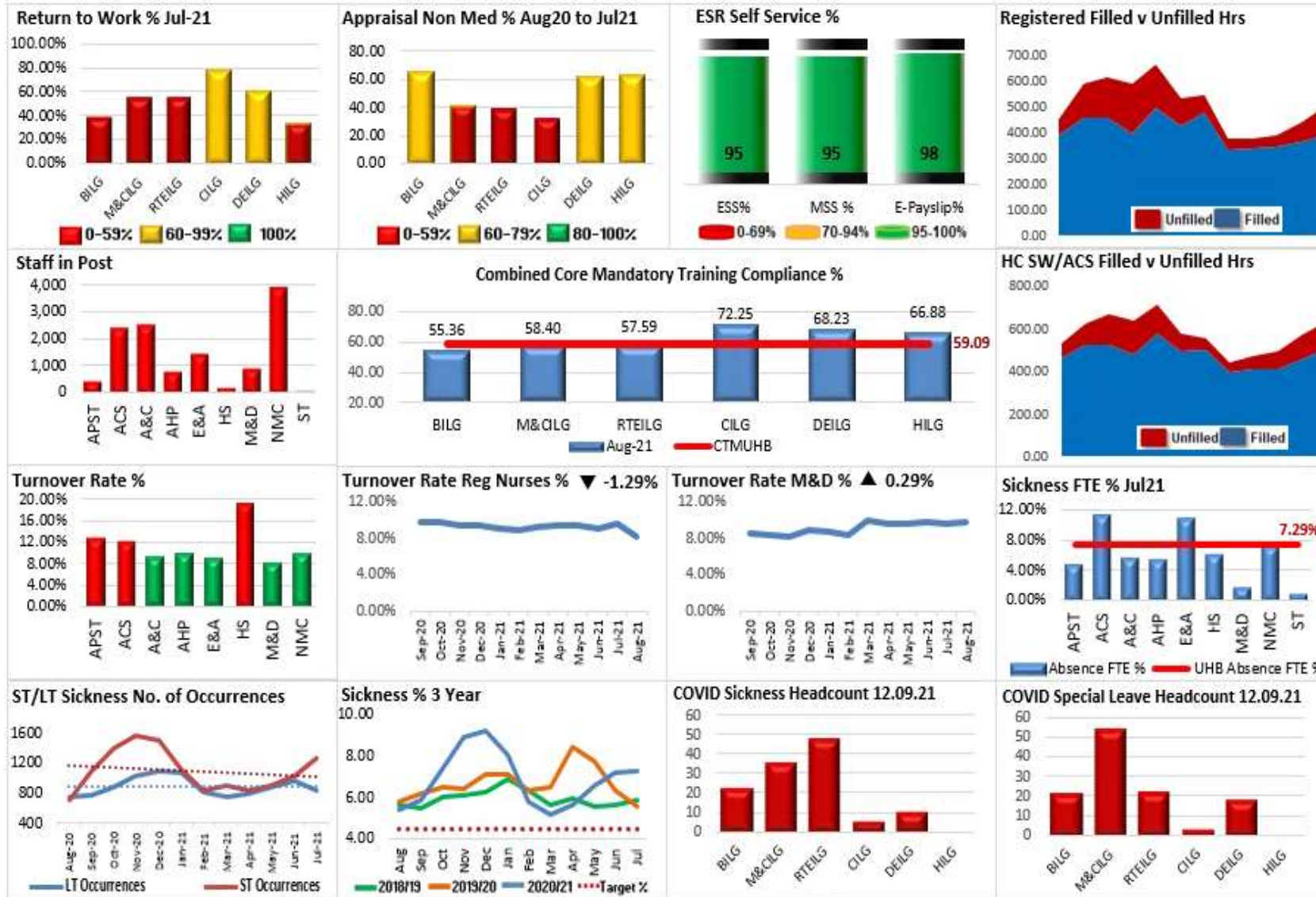
4. RECOMMENDATION

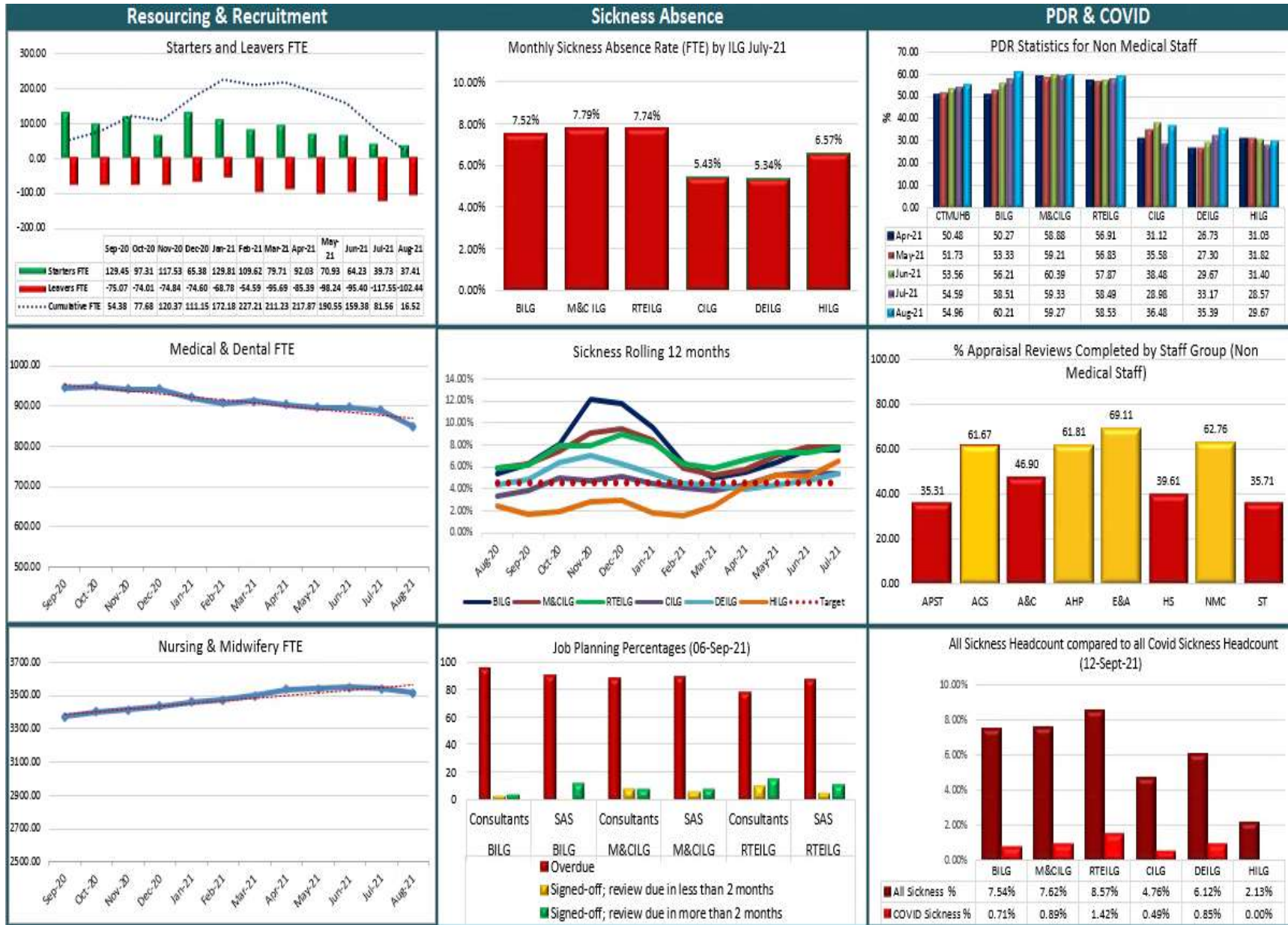
The People and Culture Committee are asked to:

Discuss the report and associated metrics and report and **NOTE** the detail.



Appendix 1 - Dashboards

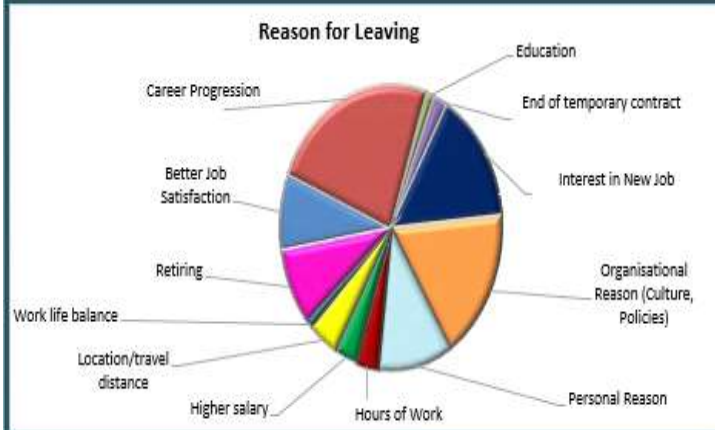
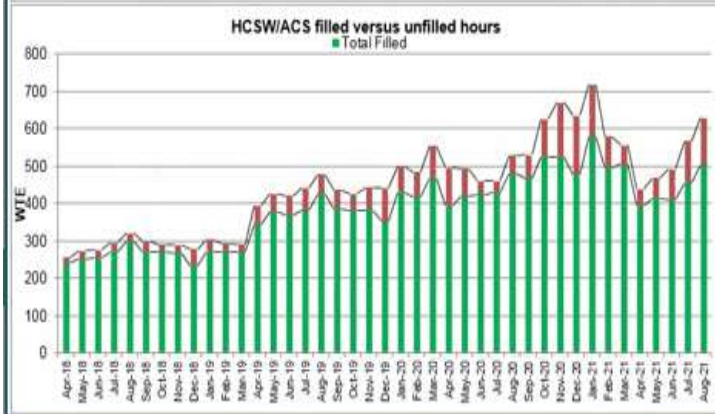
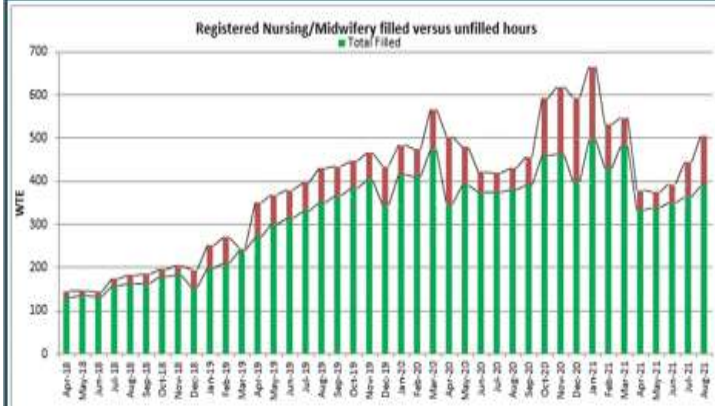






Workforce Utilisation & Exit Questionnaire

Efficiency of Recruitment Process



| Recruitment Volumes | 2016-17 totals | 2017-18 totals | 2018-19 totals | 2019-20 totals | 2020-21 totals | Jul-21 | 2021-22 YTD |
|--|----------------|----------------|----------------|----------------|----------------|--------|-------------|
| Number of Vacancies Raised | 678 | 1311 | 1713 | 2759 | 2715 | 321 | 1169 |
| Number of FTE Raised | 1064.78 | 2041.12 | 2479.97 | 3905.88 | 4634.68 | 513.1 | 1882.9 |
| Number of posts advertised New 2021/2 | - | - | - | - | - | 282 | 939 |
| Number of FTE advertised New 2021/2 | - | - | - | - | - | 213.7 | 1072.1 |
| Number of Conditional Offers Sent | 629 | 1213 | 1346 | 2271 | 2859 | 303 | 1072 |
| Number of ID Checks Completed | 649 | 1163 | 1364 | 2272 | 2491 | 290 | 1059 |
| Number of Occupational Health Clearances | 526 | 1043 | 1254 | 2012 | 2203 | 216 | 695 |
| Number of Sponsorships Requested | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of References Received | 627 | 1179 | 1278 | 1998 | 2213 | 270 | 860 |
| Number of DBS Checks | 0 | 0 | 812 | 1372 | 1925 | 232 | 727 |
| Number of Start Dates Requested | 605 | 1118 | 1222 | 2082 | 2271 | 183 | 677 |
| Number of Contracts Issued | 727 | 1169 | 1140 | 2049 | 2150 | 103 | 1092 |
| Number of Ad Hoc DBS Checks | 50 | 67 | 35 | 42 | 16 | 0 | 9 |

| Trac Report Code | Target Times | Responsibility | Trac Recruitment Health Check Average Times in Working Days | Average 17/18 | Average 18/19 | Average 19/20 | Average 20/21 | Jul-21 | Average YTD |
|------------------|--------------|----------------|---|---------------|---------------|---------------|---------------|--------|-------------|
| T0a | 5 | Manager | Notice Date to authorisation start date | 36.6 | 41.0 | 41.9 | 42.9 | 32.6 | 39.0 |
| T1a | 10 | Org | Time to approve vacancy request | 12.9 | 10.6 | 14.1 | 14.3 | 13.6 | 14.3 |
| T1b | 2 | NWSSP | Time to advertise | 1.7 | 1.6 | 1.6 | 2.5 | 1.7 | 1.7 |
| T3 | Variable | Manager | Duration of advertising | 8.8 | 8.3 | 8.7 | 8.4 | 9.0 | 8.5 |
| T3a | 2 | NWSSP | Time to move to shortlisting | 1.0 | 1.0 | 1.0 | 1.0 | 1.1 | 1.0 |
| T4 | 3 | Manager | Time to Shortlist (original) | 8.8 | 6.8 | 7.9 | 9.3 | 7.7 | 8.0 |
| T4 | 3 | Manager | Time to Shortlist (cleansed) | - | 4.7 | 5.2 | 6.2 | 5.0 | 5.8 |
| T5 | 2 | NWSSP | Time to send interview invites | 1.3 | 1.0 | 1.0 | 1.5 | 1.3 | 1.0 |
| T5a | Variable | All | Notification given to applicants for interview | 9.5 | 8.9 | 9.2 | 8.8 | 7.9 | 8.0 |
| T5b | 3 | Manager | Time to update interview outcomes | 4.7 | 2.5 | 3.4 | 2.7 | 2.1 | 2.0 |
| T6 | 5 | NWSSP | Time to send conditional offer | 3.6 | 3.8 | 3.6 | 3.4 | 3.6 | 3.6 |
| T7 | 3 | Candidate | Conditional Offer to ID appointment booked | 6.3 | 5.9 | 3.7 | 5.6 | 4.7 | 4.1 |
| T7a | 10 | Candidate | Conditional Offer to ID appointment attended | 10.1 | 8.6 | 7.8 | 8.7 | 6.8 | 7.1 |
| T7b | 7 | Candidate | ID appointment booked to ID appointment attended | 5.8 | 5.1 | 6.0 | 5.2 | 4.9 | 4.5 |
| T7c | 1 | Candidate | ID appointment attended to DBS form submitted | 3.2 | 3.7 | 3.3 | 3.8 | 6.4 | 17.6 |
| T7d | Variable | DBS Agency | DBS Form sent to DBS to DBS result received | - | 4.7 | 4.7 | 4.8 | 4.6 | 5.6 |
| T8 | - | Candidate/OH | Conditional offer to OH clearance | - | - | - | 17.3 | 16.7 | 17.0 |
| T12e | Variable | All | Checks ok to start date | 14.4 | 18.9 | 18.8 | 20.1 | 34.8 | 23.1 |
| T12 | 2 | NWSSP | Checks ok to unconditional offer | 1.7 | 1.6 | 1.7 | 1.8 | 1.8 | 1.8 |
| T13 | 44 | All | Vacancy Creation to conditional offer | 51.1 | 40.8 | 44.6 | 46.8 | 46.3 | 43.3 |
| T14 | 71 | All | Vacancy Creation to unconditional offer | 92.3 | 74.7 | 76.9 | 80.1 | 75.4 | 69.0 |
| T23 | 27 | All | From conditional offer to unconditional offer without outliers | 27.3 | 21.6 | 21.9 | 21.7 | 22.5 | 51.0 |
| T23 | 27 | All | From conditional offer to unconditional offer with outliers | 41.0 | 32.7 | 33.4 | 33.2 | 31.6 | 27.4 |
| T26 | Variable | All | Unconditional Offer to start date | 18.3 | 19.1 | 17.6 | 19.0 | 33.4 | 22.1 |



Appendix 2 – Data Definitions

| | |
|--|--|
| Appraisal Rate | The percentage of employees that have a completed appraisal for a selected period. (Appraisals Completed / Headcount) * 100 |
| Mandatory Training | The percentage of employees that have a completed the mandatory training for a selected period. (Training Completed / Headcount) * 100 |
| Job Planning | The number of Signed/Unsigned and Overdue Job Plans |
| ESR Self Service | The percentage of staff who are able to access ESR via Employee Self Service; Percentage of staff who have a valid ESR Supervisor; percentage of staff who have an online payslip. |
| FTE - Medical & Dental / Nursing & Midwifery | Total FTE of Medical & Dental / Nursing & Midwifery at selected date (monthly) |
| PDR Rate - Non Medical Staff | The percentage of employees that have a completed PDR for a selected period. (PDR Completed / Headcount) * 100 |
| COVID Related Absence | The headcount of both the COVID sickness related absence and COVID self-isolation related absence for a selected period. |
| Short Term / Long Term Sickness | Long Term and Short Term Absence - Number of Absence Occurrences for a selected period. |
| Sickness % 3 Year | The sickness percentage during a specified 3 year period. (FTE * Calendar Absence Days Lost) / (FTE * Calendar Days in Period) * 100 |
| 12 Month Rolling Sickness | Running sum of (FTE * Calendar Absence Days Lost) / (FTE * Calendar Days in Period) * 100 for a selected period |
| Staff in Post | The number of staff employed by the CTMUHB at a selected date. Headcount / SUM(Headcount) * 100 |
| Turnover Rate | An overall turnover rate for a selected period. (Number of Leavers / Average Employee Headcount) * 100 |
| Filled versus Unfilled Hours | Filled – FTE delivered by bank, overtime, and agency workers Unfilled – FTE requested but not filled by any of the above sources |
| Reason for Leaving | Number of exit questionnaires received with the various leaving reason quoted |
| Recruitment Volumes | Number of activities completed by the Recruitment Services team (excludes Bank and Medical/Dental). FTE where stated for advertising. |
| Recruitment Health Check | Working days to complete the various performance indicators |