



**University Health Board Report**

**WORKFORCE & ORGANISATIONAL DEVELOPMENT METRICS**

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**Purpose of the Health Board Report**

To update the Health Board on the key workforce metrics for March/April, with historic trends shown as appropriate.

**Governance**

**Link to Health Board Strategic Objective(s)**

The Board's overarching role is to ensure its Strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan 2019-2022 and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are:

- To **improve** quality, safety and patient experience
- To **protect** and **improve** population health
- To **ensure** that the services provided are accessible and sustainable into the future
- To **provide** strong governance and assurance
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

This report aims to support improving quality, safety and patient experience and reducing the per capita cost of care in line with the resources made available to the Health Board.

**Supporting evidence**

The Workforce and Organisational Development (W&OD) team have supplied the suite of graphs; NHS Shared Services Partnership (NWSSP) provide recruitment data, finance provides the finance data.

**Engagement – Who has been involved in this work?**

Director of W&OD, Deputy Director of Finance

<b>Health Board Resolution To:</b>							
<b>APPROVE</b>		<b>ENDORSE</b>		<b>DISCUSS</b>	✓	<b>NOTE</b>	✓
<b>Recommendation</b>	The Health Board is asked to: <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> the report and associated metrics and report and <b>NOTE</b> the detail.</li> </ul>						
<b>Summarise the impact of the Health Board Report</b>							
<b>Equality and diversity</b>	There are no equality and diversity implications of the report.						
<b>Legal implications</b>	There are no legal implications of this report.						
<b>Population Health</b>	There are no population health implications of this report.						
<b>Quality, Safety &amp; Patient Experience</b>	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.						
<b>Resources</b>	Whilst the efficiency of workforce management and deployment systems directly impacts upon the costs of service delivery, there are no direct resource implications arising from this report.						
<b>Risks and Assurance</b>	The purpose of this report is to ensure that adequate workforce metrics are in place to ensure that workforce risks are minimised and significant trends are identified and understood.						
<b>Health and Care Standards</b>	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy Safe Care Effective Care Dignified Care Timely Care Individual Care Staff & Resources <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> The work reported in this takes into account many of the related quality themes but especially staff and resources.						
<b>Workforce</b>	The report provides an overview of the workforce						
<b>Freedom of Information Status</b>	Open						

## WORKFORCE AND ORGANISATIONAL DEVELOPMENT METRICS

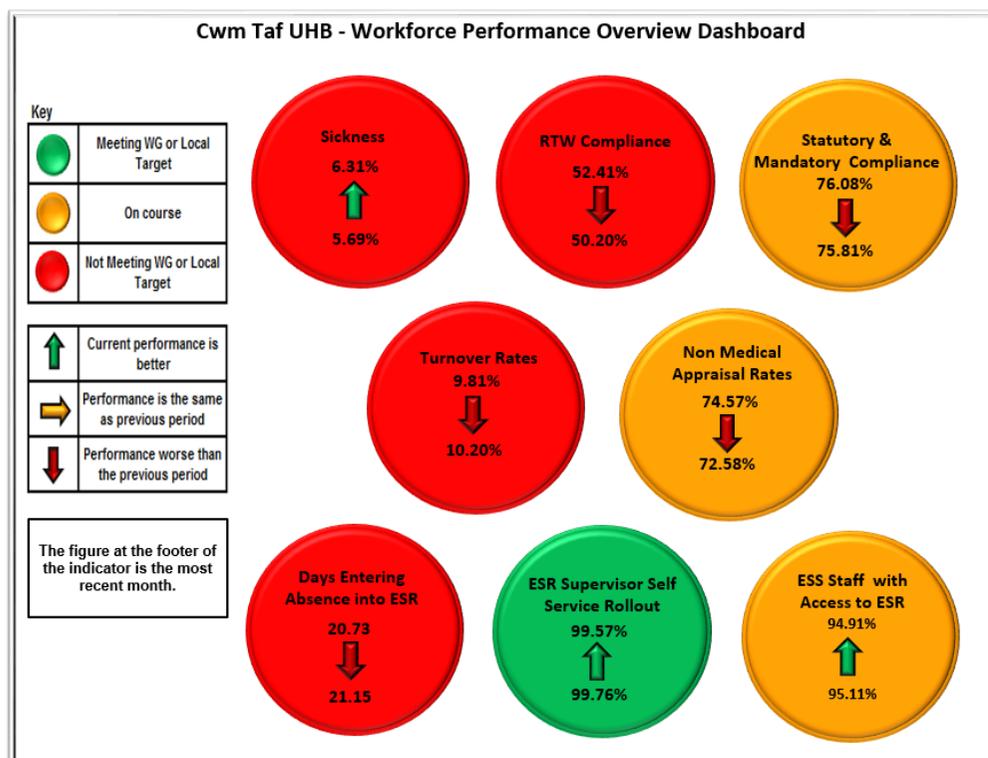
### 1. **S**ITUATION / PURPOSE OF REPORT

The report provides details on the key workforce metrics contained within the dashboard, and provides a narrative update on any key issues or trends. Where appropriate, benchmarking data comparing Cwm Taf Morgannwg to other Health Boards has been included.

#### Summary of Key Messages

<b>Key Points</b>	The report details the key workforce-related metrics, including narrative and actions underway as appropriate. Occupational Health information is now being included in this report (see section 3.6). Where Bridgend services data impacts on the performance reported below, this is noted in the relevant section accordingly.
<b>Highlights</b>	<p><b>Sickness levels</b> – Sickness in month has decreased from 6.31% to 5.69%. The continued rollout of the new Managing Attendance Policy and associated training is being positively received, and a refreshed Attendance Management Plan is in the process of being produced.</p> <p><b>International recruitment</b> – the tender to recommence international nurse recruitment has been released, with returns to be shortlisted/reviewed in late May.</p> <p><b>Time to Hire</b> – the time to hire for non Medical/Dental staff is currently 69 days against a target of 71 days.</p> <p><b>Job Planning</b> – the number of expired job plans dropping from 200 to 164, and 7 Directorates have increased the number of signed off plans.</p>
<b>Lowlights</b>	<p><b>Occupational Health</b> – Current waiting time for a Psychologist is 16 weeks.</p> <p><b>Retention</b> – turnover for the year-to-date has increased slightly to 10.20% (from 9.81%). The staff groups reporting the highest turnover are Nursing and Midwifery, and Additional Professional Scientific and Technical and Medical and Dental.</p> <p><b>Nursing Vacancy Levels</b> – nursing vacancies on our acute and community wards and A&amp;E units remain a concern, with an increase in the deficit on acute wards.</p> <p><b>Temporary Staffing Utilisation</b> – demand for and use of temporary nursing resource remains high (trends are available in section 3.5), linked to the vacancy position, with an additional increase in April as a result of the inclusion of the Bridgend area services.</p>

## 2. BACKGROUND / INTRODUCTION



### Key Points:

- The chart to the left provides a snapshot of performance against the 8 core metrics measured over a one month period - April 2019 (with sickness figures as at March 2019)
- The arrows signify improvement or deterioration since the last report and the colours represent whether we have met the Cwm Taf Morgannwg or Welsh Government targets
- You can see that of the 8 areas of activity:
  - 3 have improved – ESR supervisor self-service rollout, sickness rates and staff with access to the Electronic Staff Record (ESR).
  - 5 have deteriorated – Statutory and mandatory compliance, time to enter sickness onto the ESR, non-medical appraisal rates, turnover, and return to work compliance.

### 3 ASSESSMENT / GOVERNANCE AND RISK ISSUES

The report provides an update against 6 core activity areas with addition metrics in the appendices.

#### 3.1 Resourcing and recruitment activity

#### 3.2 Sickness absence

#### 3.3 ESR and E-Systems roll out

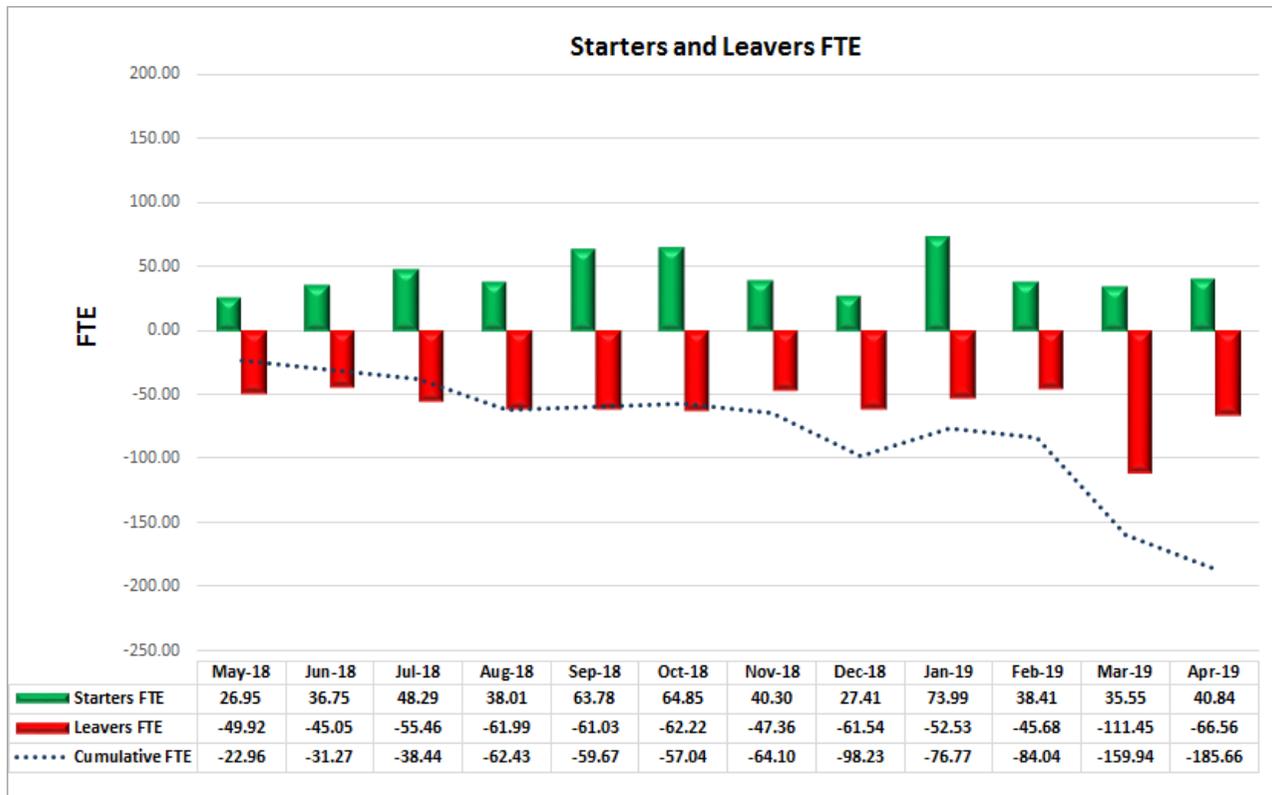
#### 3.4 Personal Development Review (PDR) and core mandatory training compliance

#### 3.5 Workforce utilisation

#### 3.6 Occupational Health and Wellbeing

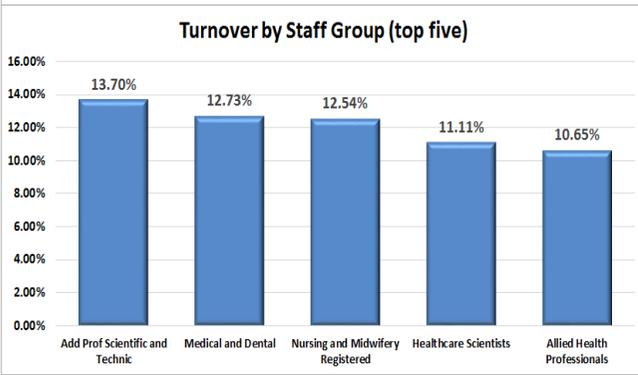
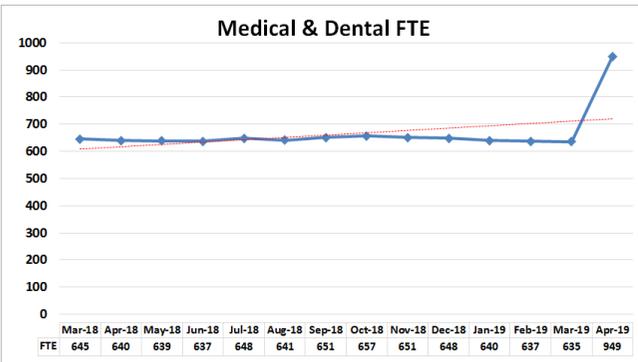
#### 3.7 Engagement

### 3.1 Resourcing and Recruitment Activity



#### Key Points:

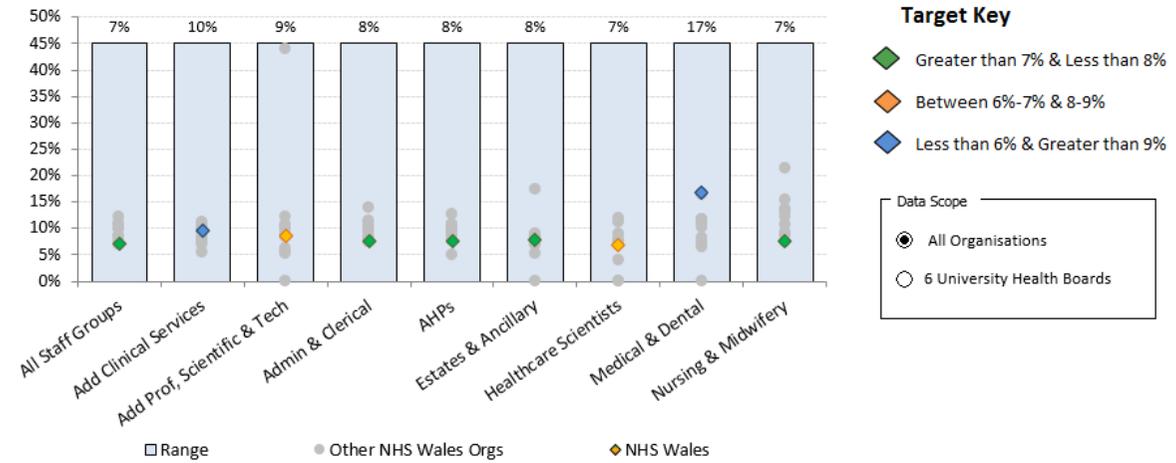
- Headcount at the end of April was 11,736 (10267.40 Whole Time Equivalent (WTE)) – this reflects boundary change
- Cumulative change in WTE was -185.66
- Rolling turnover increased at 10.20% - Additional Professional Scientific and Technical is our highest group at 13.70%
- See [Appendix 1](#) for headcount by Directorate



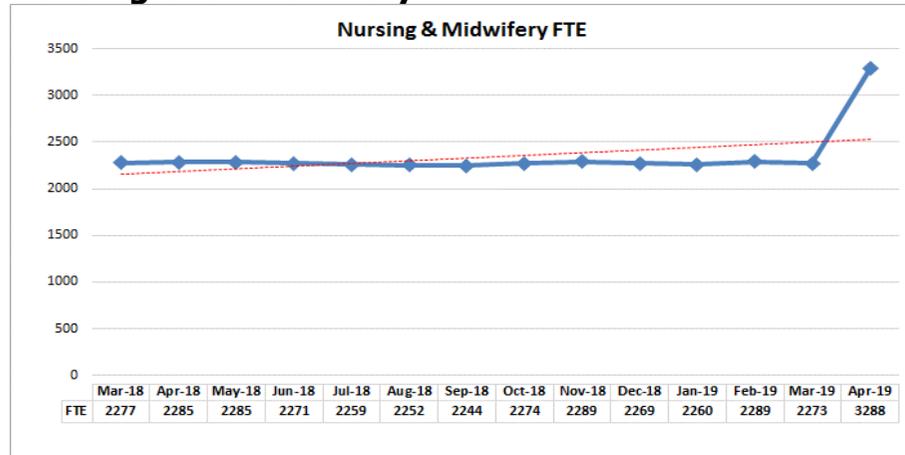
### Key Points:

- See [Appendix 1](#) for reasons for leaving for groups over 10%
- Nursing and midwifery remains significant with over 35% of our nurse leavers leaving due to retirement
- Additional Professional/Scientific/Technical, Medical and Dental, and Allied Health Professionals turnover has increased – promotion and retirement factor highly in the recorded reasons for leaving
- Second highest reason for turnover in several staff groups is noted as 'not known/other' on ESR however the termination form has been amended and no longer offers this option
- Medical and Dental
  - Turnover does not including trainee rotations
  - Slight decrease in Full Time Equivalents (FTE) staffing levels over the last month
  - Since January 2018, offers of employment made to:
    - 34 Consultants (inc. NHS Locums)
    - 50 Middle grades

12 Month Turnover Rate to Feb-19 by Staff Group



## Nursing and Midwifery



### Key Points:

- The tender to re-commence international nurse recruitment has now been released – the initial shortlisting is due to happen in late May
- 9 international nurses currently working for us, all in receipt of Nursing and Midwifery Registration
  - Further 10 individuals working towards being able to relocate, currently no indication as to when they are likely to pass the relevant exams
- Professional Practice/Adaptation
  - 18 recruited
    - 15 started in Royal Glamorgan Hospital (RGH) – all supported by the Practice Development Nurses and peer group
    - 3 onboarding for Prince Charles Hospital (PCH)

### Key Points:

- Nursing and Midwifery Registered staff vacancies – excluding Princess of Wales/Bridgend locality:
  - 165 WTE in acute and community areas, including:
    - 84 WTE at RGH - 15 international nurses preparing for registration
    - 67 WTE at PCH
  - 89.38 WTE other active Nursing and Midwifery vacancies
- Health Care Support Worker (HCSW) vacancies:
  - Deficit at RGH – 33 WTE
  - Deficit at PCH – 23 WTE
- HCSW recruitment continues to fill all current vacancies
- Adverts are running which cover the main acute areas, plus we have specialty-specific adverts running
- Details about maternity vacancies and recruitment are included in the Maternity update.

## Efficiency of Recruitment Process

Cwm Taf Morgannwg is constantly monitoring its general recruitment performance, with key performance indicators (KPIs) produced on an all Wales basis every month. There are some key stages that can be readily controlled by the appointing managers, namely authorisation, shortlisting and notifying the outcomes of interviews.

Recruitment Volumes	2016-17 totals	2017-18 totals	2018-19 totals	Apr-19	2019-20 YTD
Number of Vacancies Raised	678	1311	1713	175	175
Number of FTE Raised	1064.78	2041.12	2479.97	227.4	227.4
Number of Conditional Offers Sent	629	1213	1346	158	158
Number of ID Checks Completed	649	1163	1364	201	201
Number of Occupational Health Clearances	526	1043	1254	148	148
Number of Sponsorships Requested	0	0	0	0	0
Number of References Received	627	1179	1278	163	163
Number of DBS Checks	0	0	812	82	82
Number of Start Dates Requested	605	1118	1222	150	150
Number of Contracts Issued	727	1169	1140	107	107
Number of Ad Hoc DBS Checks	50	67	35	3	3

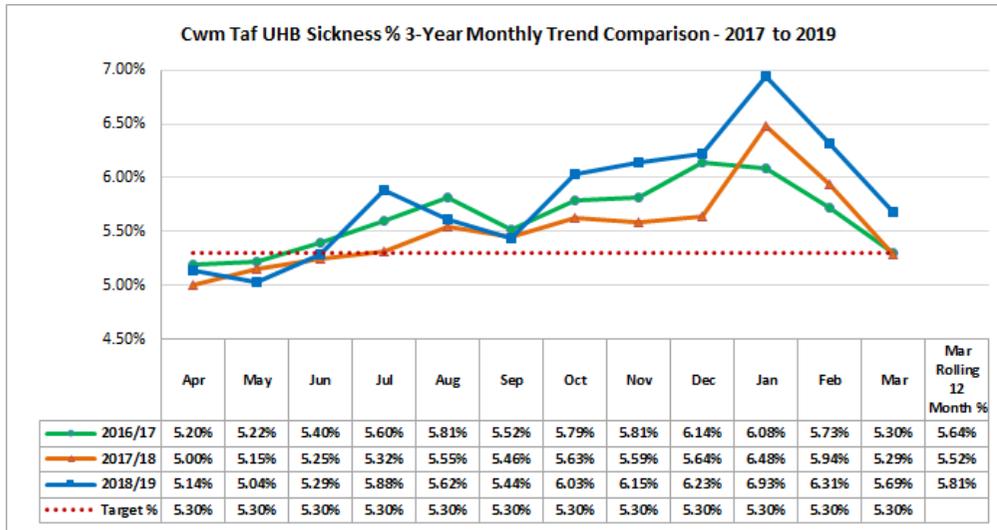
### Key Points:

- See [Appendix 1](#) for time to hire comparisons across Wales
- Trajectory is generally improving, and performance has improved through this year compared to last
- Vacancy authorisation and time to shortlist are key areas for improvement

Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Average 16/17	Average 17/18	Average 18/19	Apr-19	Average YTD
T0a	5	Manager	Notice Date to authorisation start date		36.6	41.0	59.0	59.0
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	13.5	13.5
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.8	1.8
T3	Variable but target 10	Manager	Duration of advertising	9.2	8.8	8.3	8.6	8.6
T3a	2	NWSSP	Time to move to shortlisting	1.7	1.0	1.0	1.0	1.0
T4	3	Manager	Time to Shortlist (original)	10.1	8.8	6.8	7.0	7.0
T4	3	Manager	Time to Shortlist (cleansed)	-	-	4.7	5.0	5.0
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.3	1.3
T5a	Variable between 5 and 10 days	Minimum Requirement	Notification given to applicants for interview	8.9	9.5	8.9	9.6	9.6
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.8	3.8
T6	5 4 from Jan 2018	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.5	3.5
T7	3	Candidate	Conditional Offer to ID appointment booked	4.1	6.3	5.9	6.6	6.6
T7a	10	Candidate	Conditional Offer to ID appointment attended	8.1	10.1	8.6	8.9	8.9
T7b	7	Candidate	ID appointment booked to ID appointment attended	5.7	5.8	5.1	5.2	5.2
T7c	1	Candidate	ID appointment attended to DBS form submitted	5.6	3.2	3.7	2.4	2.4
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received			4.7	4.0	4.0
T11a	Variable	All	Checks ok to start date	17.2	14.4	18.9	17.9	17.9
T11b	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.7	1.7
T12	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	39.4	39.4
T13	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	69.0	69.0
T15	27	All	From conditional offer to unconditional offer <b>without outliers</b>	25.0	27.3	21.6	20.4	20.4
T15	27	All	From conditional offer to unconditional offer <b>with outliers</b>	40.8	41.0	32.7	27.7	27.7
T16	Variable	Manager & Candidate	Unconditional Offer to start date	15.7	18.3	19.1	17.0	17.0

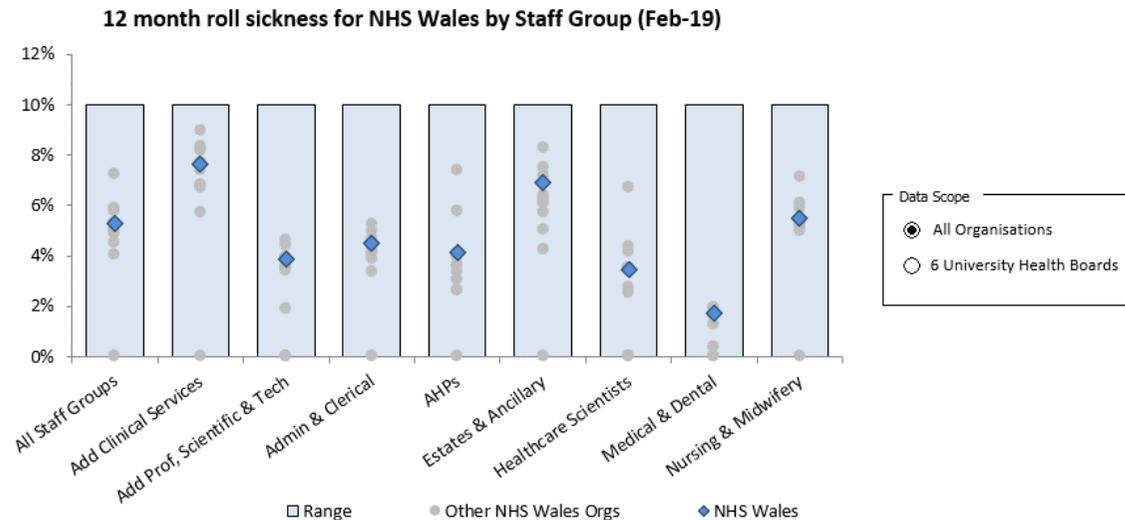
\* 2016/17 figures only cover October 2016 to March 2017

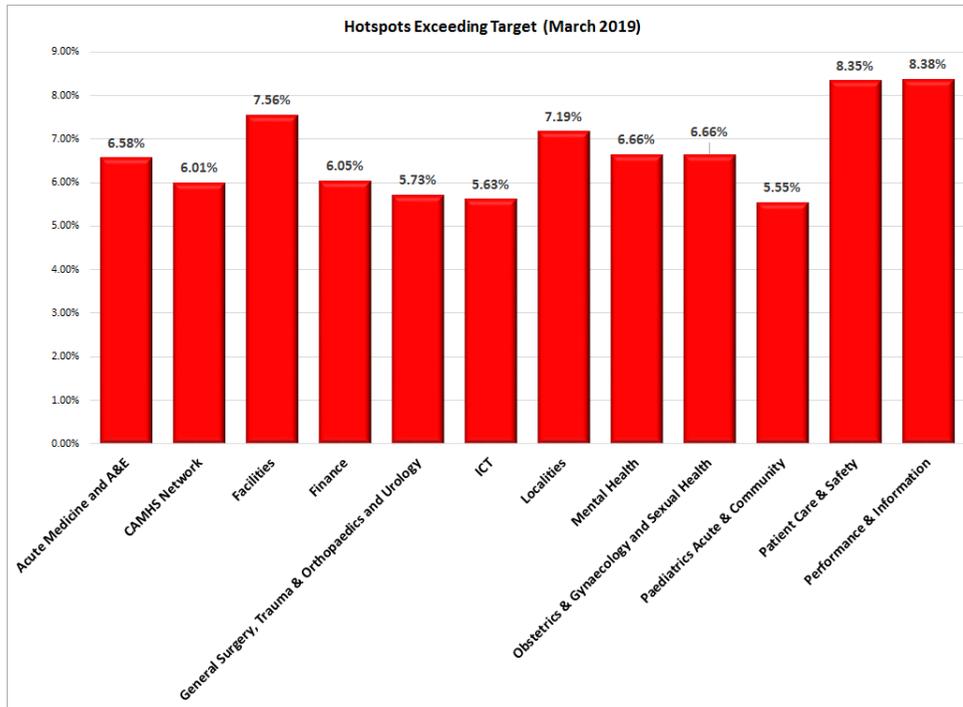
### 3.2 Sickness Absence



#### Key Points:

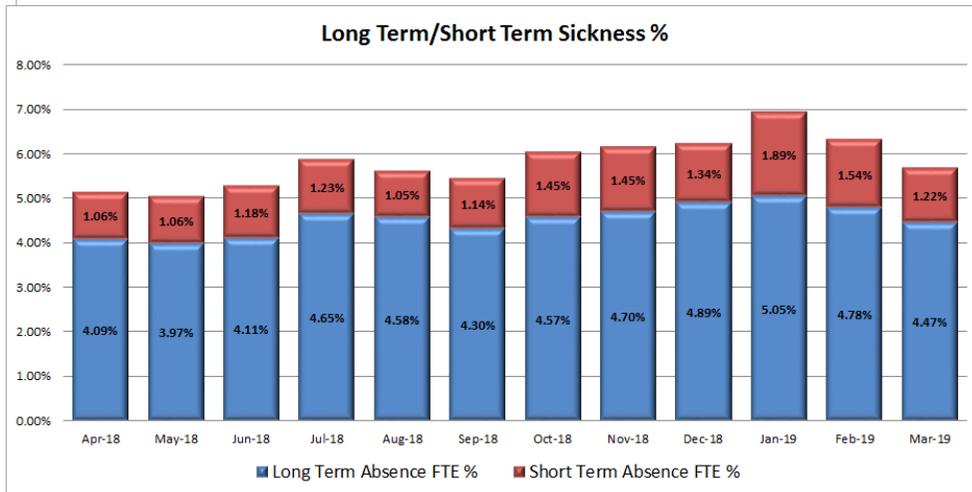
- Sickness has decreased to 5.69% in March 2019, with the rolling average over the past three years remaining at around 5.6/5.8%
- Training for the new Attendance Management Policy commenced in November and is being delivered in partnership. Schedule of dates agreed to 1 April 2019 with 6 sessions per month. Feedback on the training to date is positive, and Cwm Taf Morgannwg are leading the way with training in this area
- Anxiety, stress and depression remains the highest category of sickness absence (see the staff survey action plan)



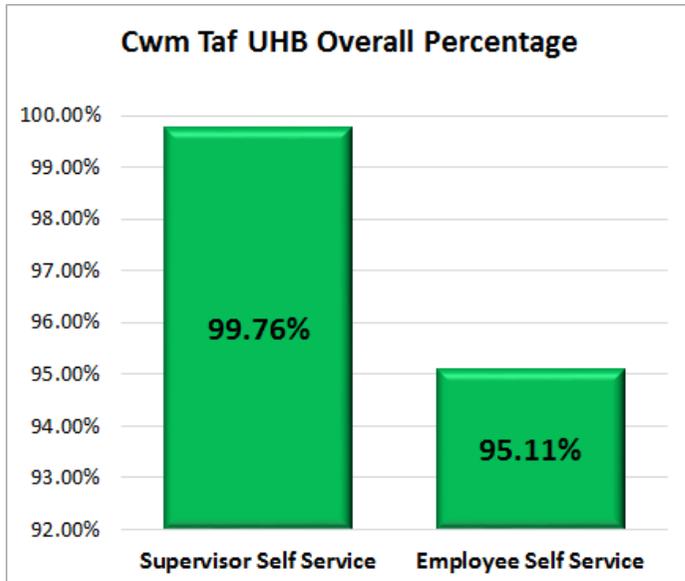


**Key Points:**

- 12 Directorates (last month there were 12) are above the 5% Cwm Taf Morgannwg target.
- 19 Directorates are below target
- Managing Attendance at Work policy training is continuing, with 20% of managers having undertaken the training to date
- Toolkit has been launched, initial feedback from managers has been positive
- Health and Wellbeing prospectus has been implemented, which is a person centred, holistic approach to health and wellbeing
- Sickness absence data is scrutinised at monthly Clinical Business Meetings (CBMs) and at monthly nurse staffing meetings
- Frequency of short term occurrences has reduced since January 2019 (666 in March 2019 compared to 917 in January 2019)
- Trend on long term occurrences has increased since the start of the 12 month window (526 in March 2019 compared to 450 in April 2018)
- The emphasis of the new Attendance Management Policy is on prevention of illness and improving health and wellbeing, along with rapid access and early referral of staff to key services
- For additional details, please see [Appendix 2](#)

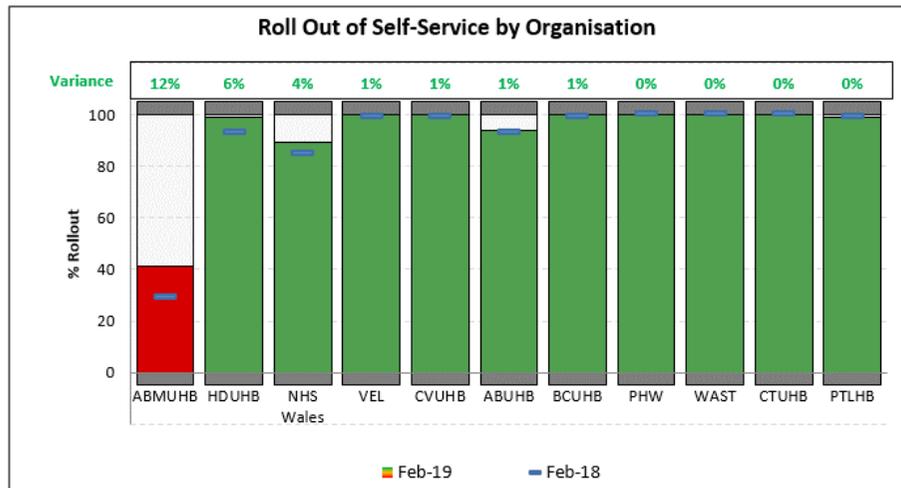


### 3.3 ESR and E Systems Roll Out



#### Key Points:

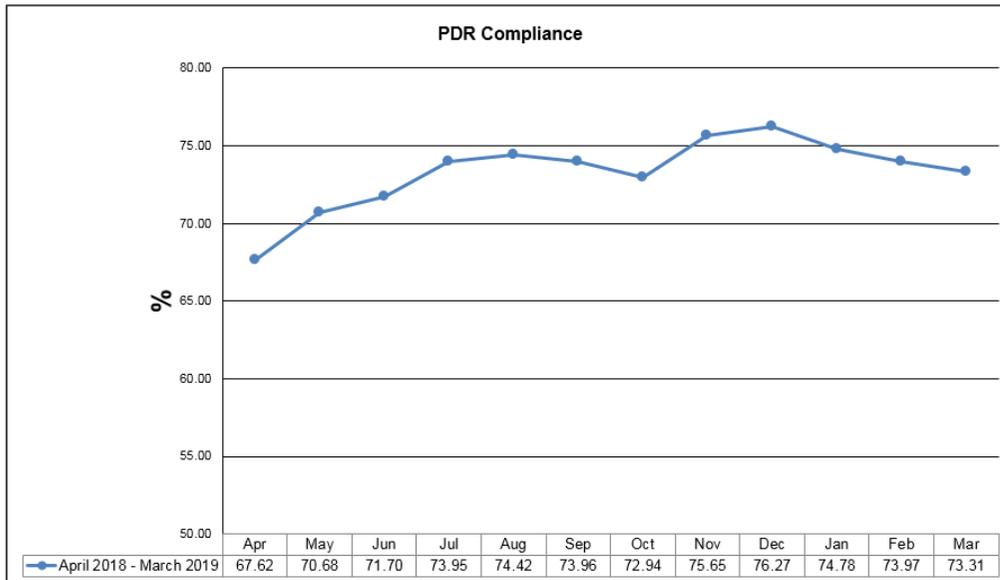
- 99.76% of employees are now managed by a manager with self service access, and 95.11% of employees have an active ESR Self Service account which shows a continuing increase
- 91.30% of employees are accessing their payslip electronically, with a plan in place to capture the remaining staff and target new employees (down from 91.79% in February).
- Please see [Appendix 3](#) for the self service access levels over time
- The chart below provides the position for organisations across Wales, highlighting the majority of organisations exceeding 85% roll out of self service (at February 2019)



#### Key Points:

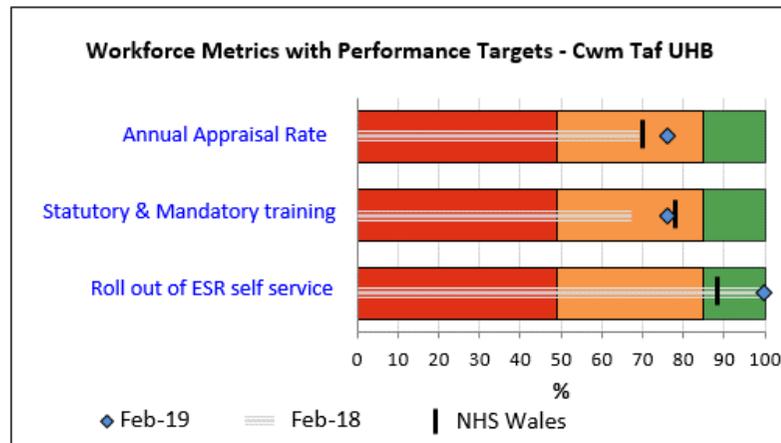
- An ESR rollout plan for Bridgend areas will be developed to include Supervisor Hierarchy Structures changes, Employee Self Service (ESR) and Manager\Supervisor Self Service, which will also require a robust staff training programme.
- The UHB is currently recruiting a Senior Workforce Information Officer to oversee this work and other e-enablement projects. The plan will be developed subject to any hierarchical changes that may arise as a result of organisational restructure.

### 3.4 Personal Development Review (PDR) Compliance

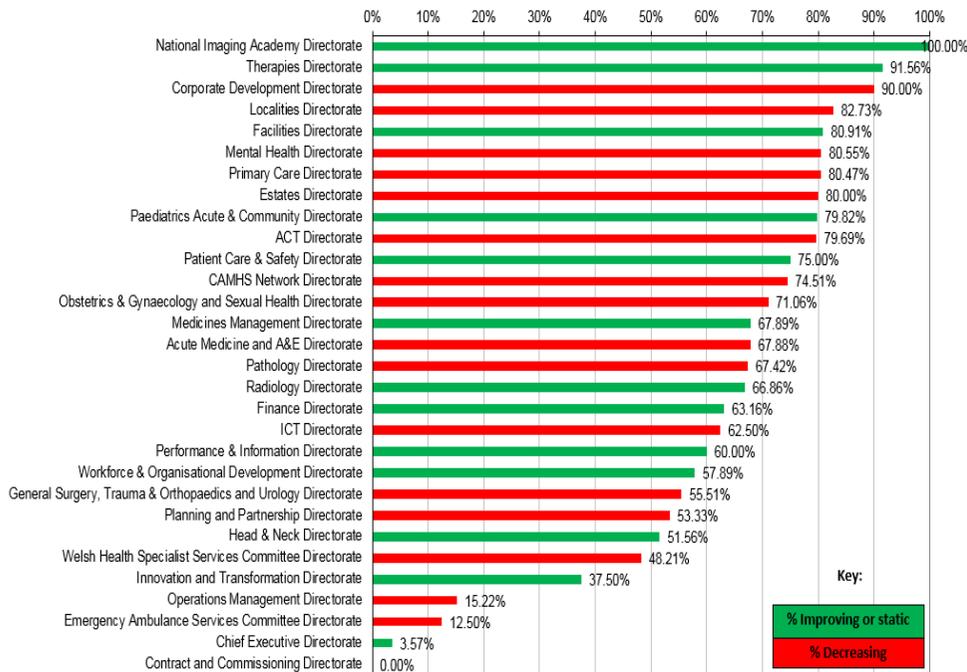


#### Key Points:

- As at 1 April 2019 compliance is 73.31% which represents a decrease of 0.66% compared to the 1 March position of 73.97%.
- Cwm Taf Morgannwg are performing well on these metrics when benchmarked across Wales
- Of the Directorates, 3 are performing within the desired target range of 85-100%, 8 are in the 75% - 85% compliance range, and 19 are performing below 75%.
- Of the Directorates, 14 have either seen improvement or remained static in their compliance this month.
- Monthly reports are sent to CBMs and Directors on highlighting the outstanding PDRs. This is being supported by a continued focus from the Directors to ensure the improvement continues.

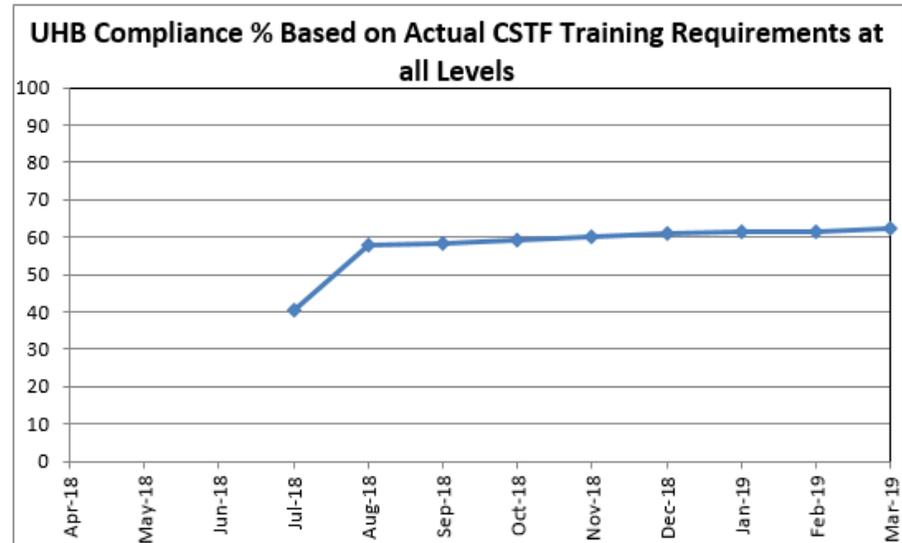
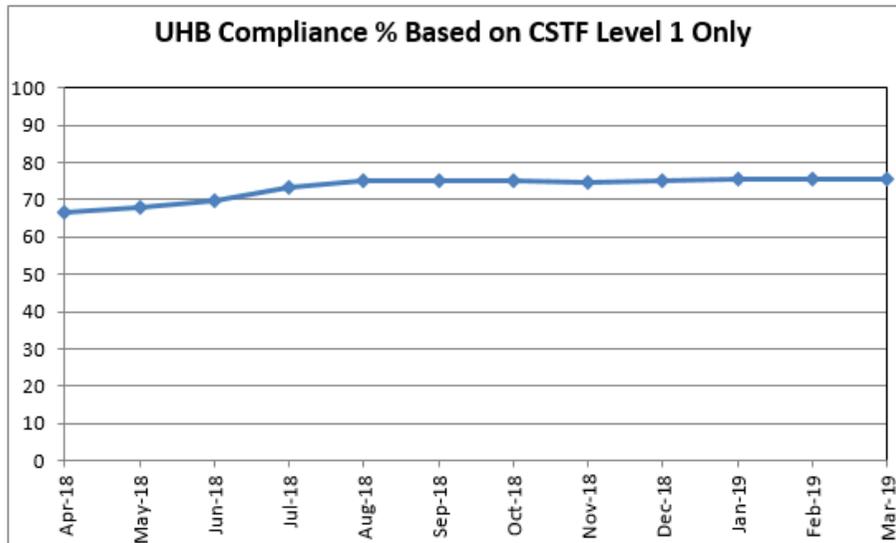


Non Medical Staff - PDR Compliance by Directorate at 1st April 2019

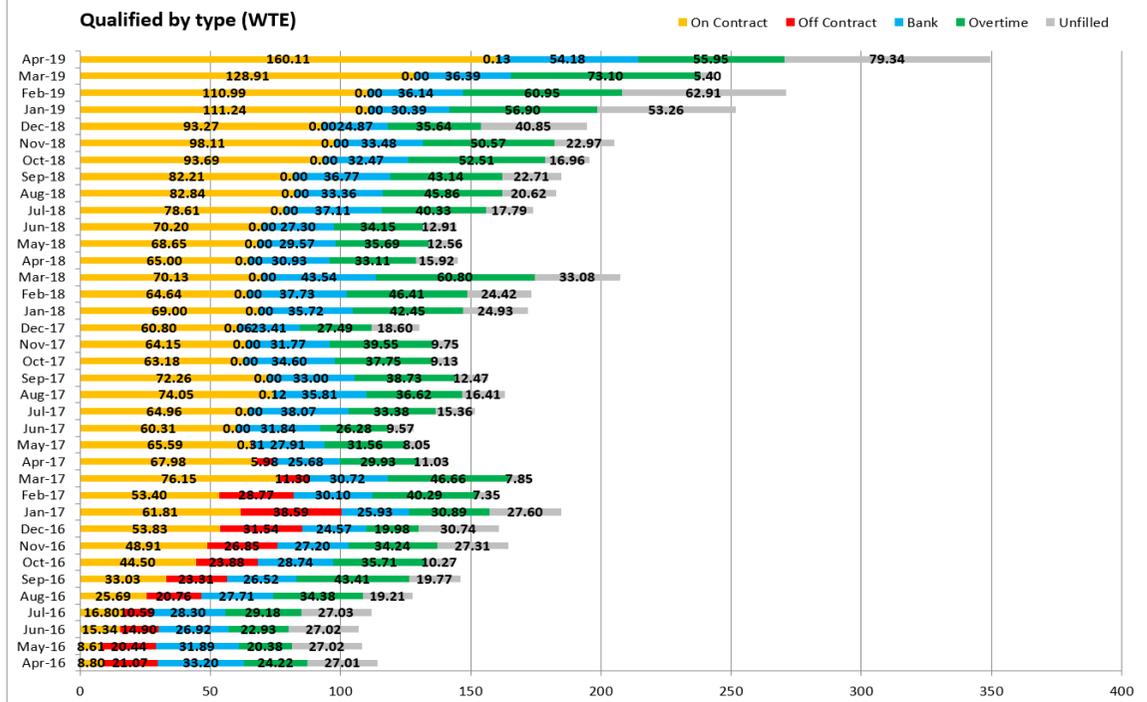
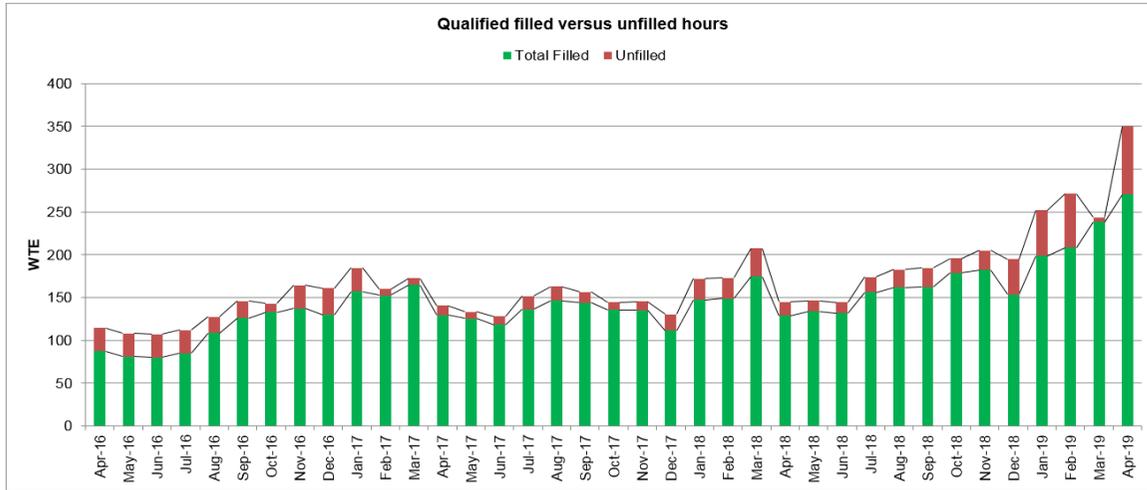


**Key Points:**

- Managers are continually encouraged to access Business Intelligence (BI) PDR Dashboards through their ESR Self Serve accounts allowing them to view a full set of up to date compliance for their areas
- Appraisal rates by staff group are in [Appendix 3](#)
- Learning and Development (L&D) provide a comprehensive suite of reports monthly to Directorate Managers providing the latest PDR compliance data, contextualising performance; what to do to improve compliance; and where to seek further help and guidance
- A shortened, non-accredited PDR Awareness training course for Managers is available.
- Statutory training compliance is slowly but steadily improving, both at level 1 and higher levels (figures at 1 March 2019).



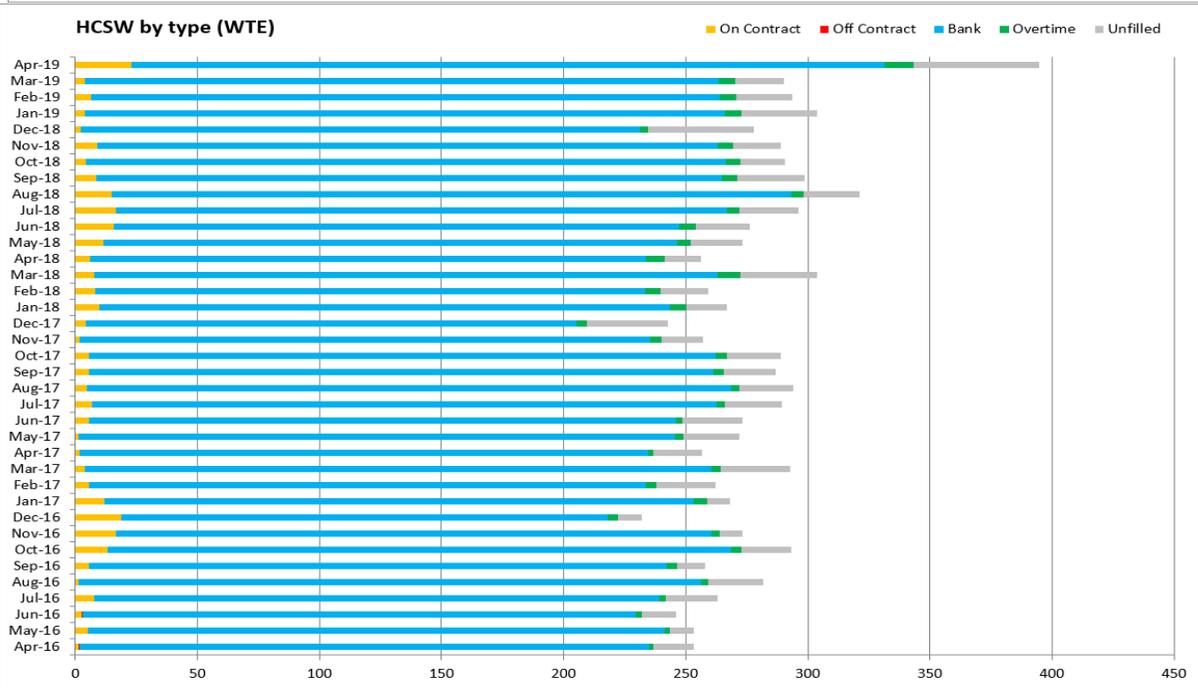
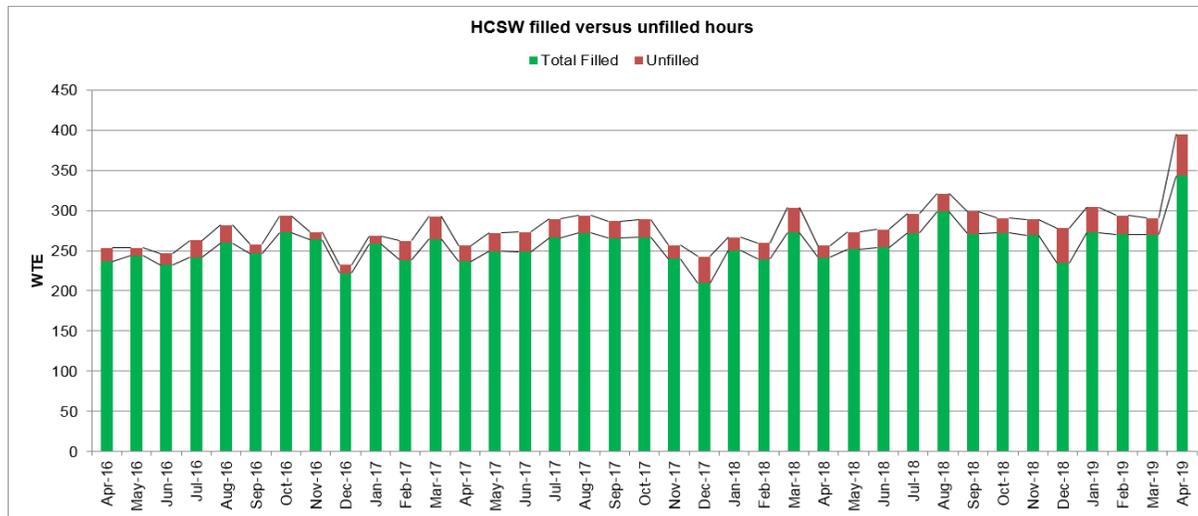
### 3.5 Workforce Utilisation Registered Nurse Temporary Staffing Demand and Supply



#### Key Points:

- Winter pressures impact is ongoing
- External (agency) supply continues to exceed internal (bank and overtime) supply
- March had the lowest unfilled rate to date – this was largely due to rosters being open and released earlier due to the transition down time
- Top 3 areas for demand:
  - Emergency Department POW (12.32 WTE)
  - PCH Intensive Treatment Unit (ITU) (11.88 WTE)
  - RGH A&E (11.25 WTE)
- Data now includes the Bridgend County Borough Council (CBC) area services
- Information about the reasons for these 3 areas is in [Appendix 4](#)
- In addition to ongoing recruitment activity, work will be undertaken to review rostering arrangements to ensure roster patterns are optimum

# Healthcare Support Worker (HCSW) Temporary Staffing Demand and Supply



## Key Points:

- Demand remains high, April now includes the Bridgend CBC area services
- Top 3 areas for demand:
  - Ysbyty Cwm Rhondda (YCR) Ward A1 (21.59 WTE)
  - PCH Clinical Dependency Unit (CDU) (13.50 WTE)
  - CAMHS Enfys Ward (12.07 WTE)
- Information about the reasons for these 3 areas is in [Appendix 4](#)
- YCR Ward A1 has been in the top 3 for the last 6 months due to a requirement for increased supervision
- The demand for HCSW is primarily due to sickness, supervision, acuity levels, and vacancies on the wards.

## Job Planning



Directorate	Head Count	Signed	% Signed	a/w Sign Off	In discussion	Expired	% Expired	Not undertaken	% Not undertaken
110 ACT Directorate	68	31	↑ 46%	14	5	18	26%		0%
110 Acute Medicine and A&E Directorate	89	11	↔ 12%	8	2	61	69%	7	8%
110 CAMHS Network Directorate	19	6	↓ 32%	1	1	8	42%	3	16%
110 Head & Neck Directorate	37	12	↑ 32%	3	1	18	49%	3	8%
110 General Surgery, Trauma & Orthopaedics and Urology	54	10	↑ 19%	4	2	25	46%	13	24%
110 Localities Directorate	15	13	↔ 87%			2	13%		0%
110 Mental Health Directorate	19	10	↑ 53%	5	1	3	16%		0%
110 Obstetrics & Gynaecology and Sexual Health	23	4	↑ 17%	3	2	13	57%	1	4%
110 Paediatrics Acute & Community Directorate	27	2	↔ 7%		16	9	33%		0%
110 Pathology Directorate	14	8	↑ 57%	1		5	36%		0%
110 Radiology Directorate	23	11	↑ 48%	10		2	9%		0%
<b>Total</b>	<b>388</b>	<b>118</b>	<b>30%</b>	<b>49</b>	<b>30</b>	<b>164</b>	<b>42%</b>	<b>27</b>	<b>7%</b>

### Key Points:

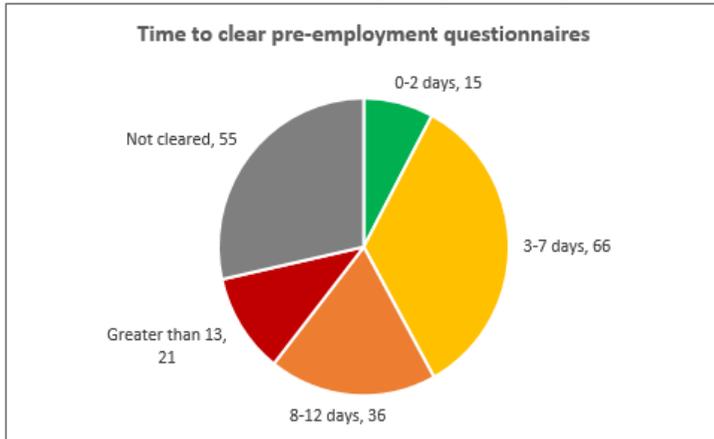
- Several job plan review meetings have taking place in April resulting in the number of expired job plans dropping from 200 to 164. The Job Planning Administration will continue to liaise with Directorates and Human Resource Business Partners (HRBPs) monthly to track continued progress.
- 7 Directorates have increased their percentage of job plans being signed off. This is the result of the Job Planning team and Directorate Managers (DMs) working closely together. A validation exercise of starters and leavers is also routinely undertaken to ensure the data is accurate.
- CAMHS - The percentage of signed off job plans has dropped, as several doctors whose job plans were complete and signed off were removed from the system following TUPE process to Cardiff and Vale UHB in April.
- Paediatrics-Job Plan statistics remain the same due to the ongoing issues with the job plans for new consultants.
- Anaesthetics - The Directorate continue to make progress, with nearly 50% of their job plans signed off. They have 18 SAS job plans which have expired and aim to have these undertaken and in the sign off process by the end of May.

**Key Points:**

- Acute Medicine & A&E - The Directorate continues to make progress with their job plans, and have provided a concise schedule of when they aim to undertake job plans. The DM has been in regular contact with the department and a validation exercise of starters and leavers has been undertaken to update the system. The Directorate Administrator for Emergency Medicine has also received training on the system to support the inputting of information during the job plan reviews.
- Obstetrics & Gynaecology (O&G) and Sexual Health - Slight increase in the Directorate percentage. Job Planning administration are still awaiting a date to meet with the DM to devise a schedule for all outstanding job plans.
- General Surgery, Urology & Trauma & Orthopaedics (T&O) - Continued issues with rotas and Getting it Right First Time (GIRFT) programme have stopped several job plans from being undertaken, therefore affecting the Directorates figures. However the department are making a concerted effort to undertake job plans where there are no issues.
- Radiology - The Directorate continue to make progress with nearly 50% of their job plans now signed off and a further 10 awaiting sign off and only 2 job plans that have expired.
- Head & Neck - Progress continues to be made and the DM is aware of the expired job plans and these are to be addressed as soon as possible.
- Mental Health - The Directorate has worked very closely with the Job Planning team which has resulted in over 50% of job plans being signed off, a further 5 awaiting sign off and no expired job plans.

### 3.6 Occupational Health and Wellbeing

To increase visibility of the activity levels and performance of the Occupational Health and Wellbeing function, key performance indicators are now being reported (trend analysis will be added once there is sufficient data) – below is the March position:



Current Waiting list	
Speciality	Next available appointment (weeks)
Occupational Health Physician	10 weeks
Occupational Health Advisers	10 weeks
Occupational Health Nurse Screening Assessor	2 weeks
Physiotherapy	
▪ Case manager appts	12 weeks
▪ Other	Self referrals – 2-3 weeks
Counselling	16 weeks
Clinical Psychologist	8 weeks (telephone screening)

#### Key Points:

- The Department has seen 196 pre-employment health questionnaires, the chart to the left shows the time to clear (and the number not yet cleared)
- Of the 55 forms not cleared as at the end of March, 35 have not been processed 16 are awaiting nurse clearance, 1 is awaiting doctor clearance and 1 is waiting for a response
- Waiting lists as at start of March are detailed above by specialty
- For February to March, Did Not Attend (DNA) rates for the following decreased:
  - Occupational Health Advisers from 29% in February to 26% in March
  - Clinical Psychologist from 23% in February to 24% in March
  - Physiotherapy Case Manager appointments from 22% in February to 18% in March
- The DNA rate for the Clinical Psychologist went from 23% in February to 24% in March
- Recruitment plans are underway to fill vacancies and the service is looking to improve access routes to the physiotherapists, including telephone triage for line manager referrals

### **3.7 Staff Survey**

Organisational progress is monitored via the Staff Survey Steering Group which meets monthly and is chaired by the Deputy Director of Workforce and Organisational Development. The organisational action plan is being progressed in line with their target delivery dates.

To date 131 staff have attended dignity at work awareness training this year, 67 have attended the Stress Management in the Workplace course, and we have 8 people currently attending the Team Care Engagement Programme. Also, there have been 23 participants on the Mindfulness Based Living Course. The next course is full with 12 participants and we have 8 on the waiting list. We continue to monitor uptake of training, working alongside HR business partner teams to identify staff or areas of need.

HR Business Partner teams are working closely with Directorate managers to progress localised staff survey action plans monitored at Clinical/corporate Business Meetings, informed by staff survey data, engagement champions and staff input. Progress against these plans are captured monthly through the steering group, and any necessary support or progress these may need is discussed and agreed.

Monthly staff survey newsletter commenced in March 2019, and we continue to work with communications to share good news stories and updates against the action plan.

Engagement Champions continue to meet monthly, interest has grown for these roles and we currently have over 40 staff involved across all directorates of Cwm Taf Morgannwg. Engagement champions help support the work of the staff survey activating two way communication between staff and the Staff Survey steering group.

#### **Tackling Harassment, Bullying and Abuse**

The 2018 NHS Staff Survey, results showed that 24% of Cwm Taf staff felt they have experienced harassment, bullying or abuse (HBA) at work from patients / service users, their relatives or other members of the public. As a result tackling HBA in Cwm Taf Morgannwg was identified as one of the primary areas of focus for action, and an important issue that needed to be taken seriously.

It was crucial that senior stakeholders were involved in this work and the first step was for senior members of the Board, to sign the Call for Action which demonstrates Cwm Taf Morgannwg are serious about tackling HBA head on. Dilys Jouvenat (Independent Member) has agreed to act as Board Champion, and will provide a close link to the Board.

Secondly, a clear and robust action plan has been designed to support tackling bullying, harassment and abuse in partnership with staff side colleagues.

A steering group chaired by Dilys Jouvenat is being established to ensure correct governance of this work and to ensure meaningful and decisive action is taken and monitored. This will work in conjunction with the wider staff survey steering group and associated work streams.

The Call for Action is our commitment to work in partnership to create a positive workplace culture and tackle bullying. We will report progress through the Cwm Taf Morgannwg, Working in Partnership Forum and update the Social Partnership Forum (UK), with our learning, action plan highlights and progress. Essentially the Call for Action approach will encompass four key focuses that Cwm Taf Morgannwg pledges to uphold.

- 1. We will foster a culture of inclusive and compassionate leadership, with a zero tolerance approach to bullying & harassment.**
- 2. We will tackle bullying in partnership with staff side.**
- 3. We will support staff to respectfully challenge problem behaviours.**
- 4. We will publish action plans and progress so staff, patients and the public can hold Cwm Taf Morgannwg to account.**

The Call for Action was signed by the following, at the most recent Board Meeting on 25 April 2019:

- Chief Executive – *Allison Williams*
- Chair – *Marcus Longley*
- Director of Workforce & OD – *Joanna Davies*
- Independent Board Member and Chair of the HBA Steering Group – *Dilys Jouvenat*
- Chair of Staff Side (Unison) at Cwm Taf Morgannwg – *Ian Cathrew*

#### 4. RECOMMENDATION

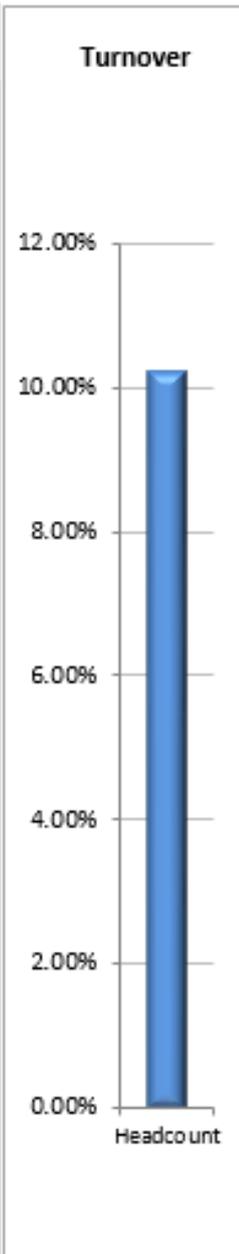
The Health Board is asked to:

- **DISCUSS** the report and associated metrics and report and **NOTE** the detail.

<b>Freedom of Information Status</b>	Open
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## Appendix 1 – Resourcing and Recruitment

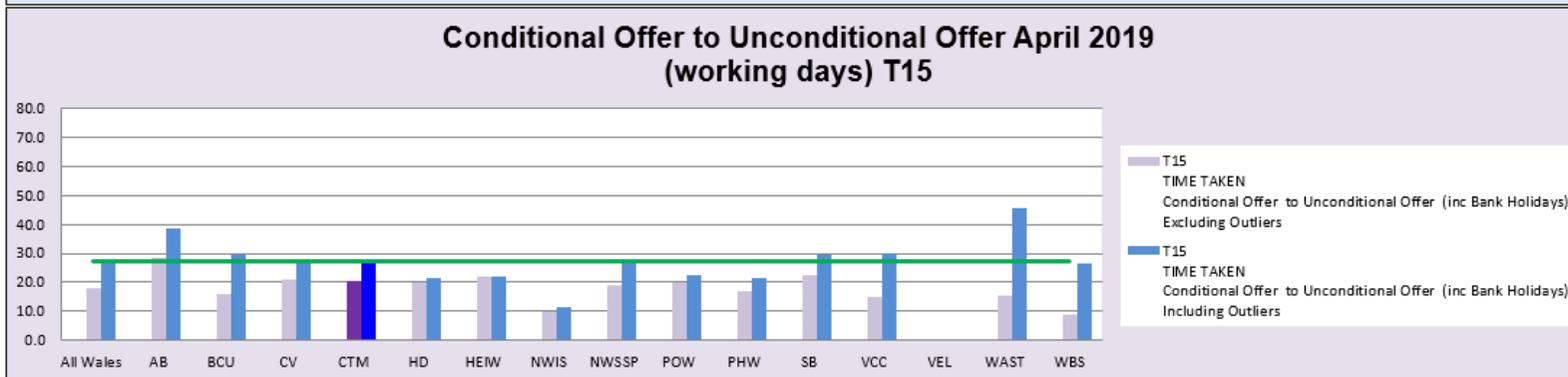
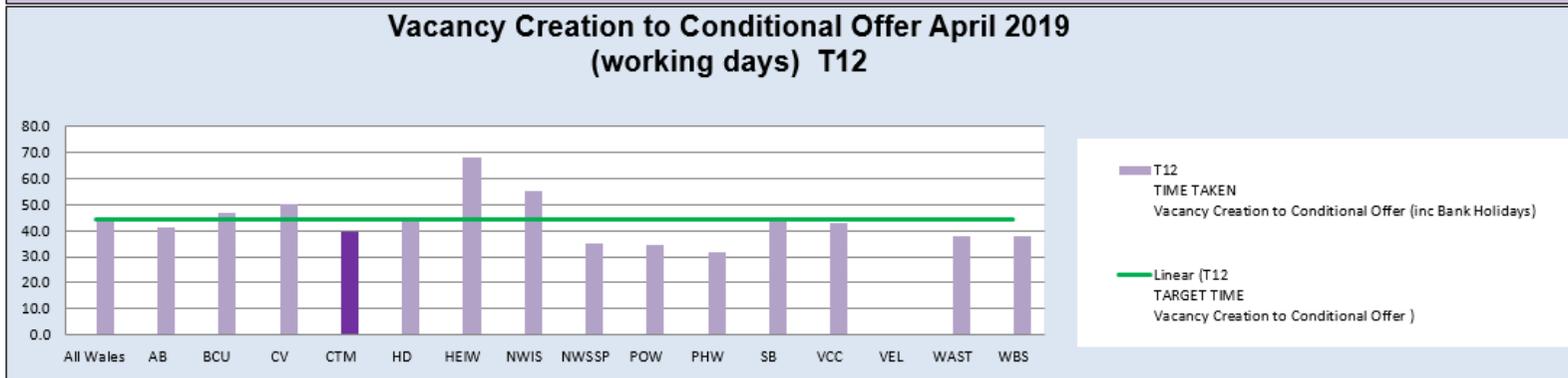
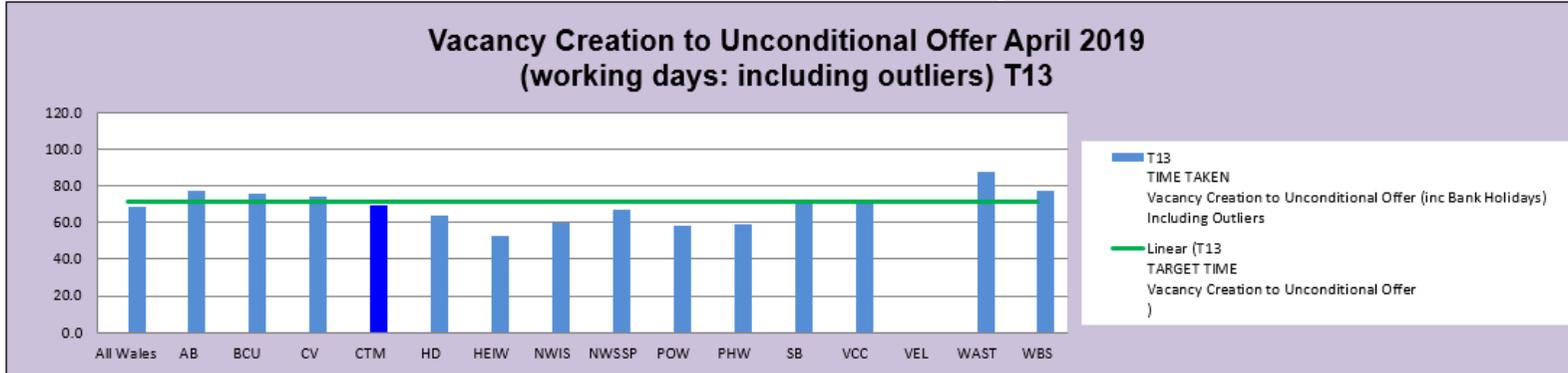
Cwm Taf Head Count and WTE @ 30th Apr 2019		
Directorate	Headcount	FTE
ACT	491	461.69
Acute Medicine and A&E	1,522	1,357.15
Bridgend Localities	231	196.78
Bridgend Medicines Management	86	79.88
Bridgend Mental Health	385	349.81
CAMHS Network	235	201.34
Chief Executive	31	27.81
Contract and Commissioning	3	3.00
Corporate Development	44	42.77
Emergency Ambulance Services Committee	19	18.80
Estates	166	165.60
Facilities	1,305	973.24
Finance	63	60.98
General Surgery, Trauma & Orthopaedics and	585	539.35
Head & Neck	204	182.64
ICT	58	57.60
Innovation and Transformation	7	7.50
Localities	701	616.67
Medical Director	3	2.20
Medicines Management	226	194.93
Mental Health	647	588.88
National Imaging Academy	5	4.10
Obstetrics & Gynaecology and Sexual Health	393	326.21
Operations Management	45	41.85
POW Clinical Support Services	394	358.02
POW Delivery Unit Management	10	8.20
POW Emergency Care & Hospital Operations	227	206.01
POW Medicine	496	446.10
POW Surgical Services	588	511.76
Paediatrics Acute & Community	711	616.42
Pathology	241	220.50
Patient Care & Safety	86	75.72
Performance & Information	57	51.82
Planning and Partnership	19	18.81
Primary Care	379	284.73
Radiology	210	195.65
Therapies	597	537.44
Welsh Health Specialist Services Committee	61	53.77
Workforce & Organisational Development	201	181.66
<b>Grand Total</b>	<b>11,736</b>	<b>10,267.40</b>
<b>Previous Month - Grand Total</b>	<b>8,335</b>	<b>7,304.87</b>



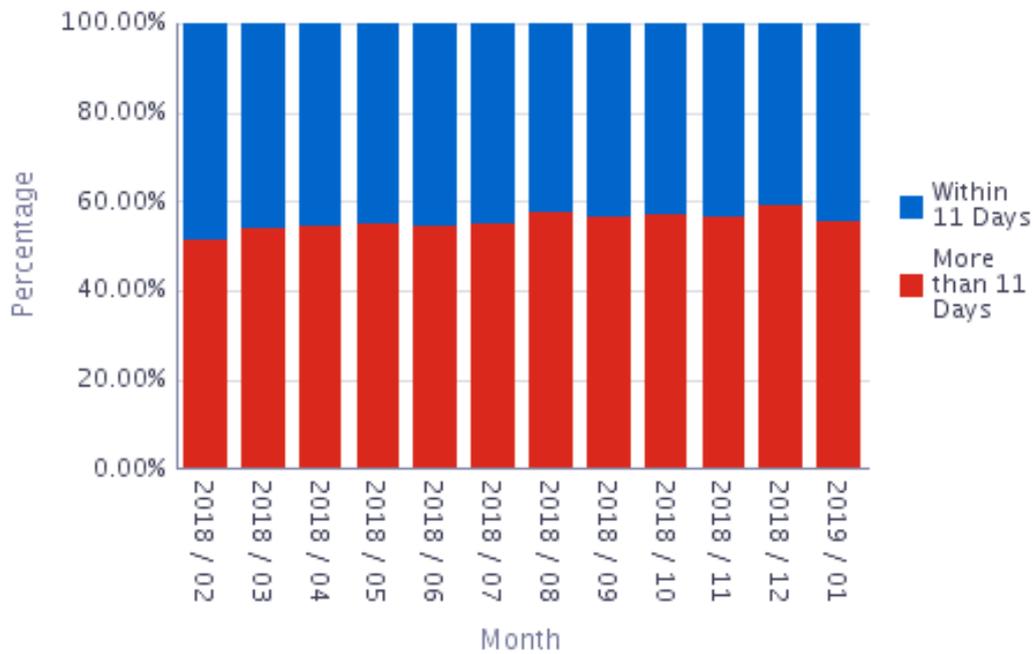
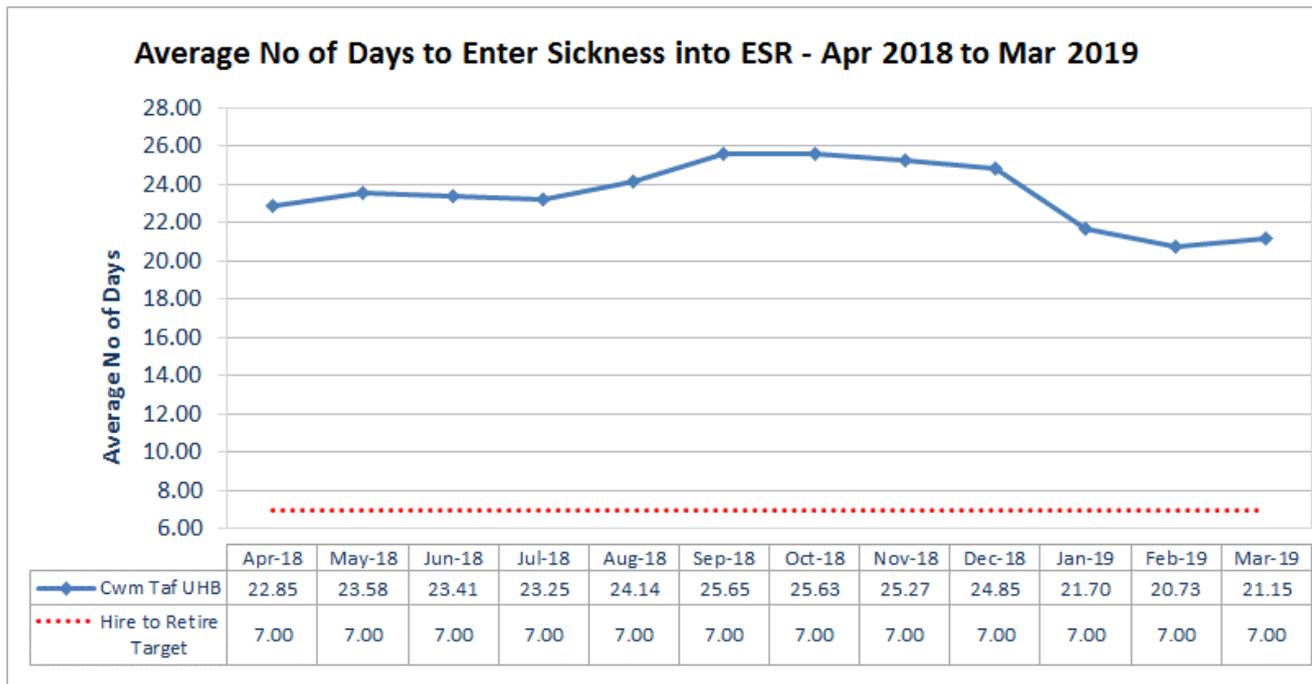
## Turnover and Reasons for Leaving (Leaving date between May-18 and Apr-19)

	Sum of FTE
<b>Add Prof Scientific and Technic</b>	
Dismissal - Capability	0.85
End of Fixed Term Contract	2.00
End of Fixed Term Contract - Other	0.40
Has Not Worked	0.00
Retirement - Ill Health	1.00
Retirement Age	5.20
Voluntary Resignation - Other/Not Known	3.43
Voluntary Resignation - Promotion	10.95
Voluntary Resignation - Relocation	3.00
Voluntary Resignation - To undertake further education or training	2.00
Voluntary Resignation - Work Life Balance	1.59
Merged Organisation - Duplicate Record	0.40
<b>Add Prof Scientific and Technic Total</b>	<b>30.82</b>
<b>Medical and Dental (SAS and Consultant only)</b>	
Employee Transfer	1.50
End of Fixed Term Contract	1.00
End of Fixed Term Contract - Other	1.00
Retirement - Ill Health	0.80
Retirement Age	14.20
Voluntary Resignation - Better Reward Package	1.00
Voluntary Resignation - Other/Not Known	12.21
Voluntary Resignation - Promotion	2.00
Voluntary Resignation - Relocation	6.40
Voluntary Resignation - To undertake further education or training	2.00
Voluntary Resignation - Work Life Balance	1.00
<b>Medical and Dental Total</b>	<b>43.11</b>
<b>Nursing and Midwifery Registered</b>	
Dismissal - Capability	0.60
Dismissal - Conduct	2.00
Dismissal - Some Other Substantial Reason	0.96
Employee Transfer	11.01
End of Fixed Term Contract	1.00
Has Not Worked	1.00
Retirement - Ill Health	5.75
Retirement Age	94.37
Voluntary Early Retirement - with Actuarial Reduction	1.00
Voluntary Resignation - Adult Dependants	1.90
Voluntary Resignation - Better Reward Package	2.00
Voluntary Resignation - Child Dependants	4.64
Voluntary Resignation - Health	7.95
Voluntary Resignation - Incompatible Working Relationships	5.00
Voluntary Resignation - Lack of Opportunities	3.00
Voluntary Resignation - Other/Not Known	24.01
Voluntary Resignation - Promotion	28.78
Voluntary Resignation - Relocation	27.73
Voluntary Resignation - To undertake further education or training	10.69
Voluntary Resignation - Work Life Balance	42.55
<b>Nursing and Midwifery Registered Total</b>	<b>275.93</b>
<b>Healthcare Scientists</b>	
Dismissal - Some Other Substantial Reason	0.80
End of Fixed Term Contract	2.00
Retirement Age	2.33
Voluntary Resignation - Lack of Opportunities	1.00
Voluntary Resignation - Other/Not Known	3.60
Voluntary Resignation - Promotion	4.00
Voluntary Resignation - Relocation	1.00
Voluntary Resignation - Work Life Balance	3.00
<b>Healthcare Scientists Total</b>	<b>17.73</b>
<b>Allied Health Professionals</b>	
Death in Service	0.80
Employee Transfer	1.00
Flexi Retirement	1.00
Retirement - Ill Health	0.81
Retirement Age	3.20
Voluntary Resignation - Better Reward Package	6.00
Voluntary Resignation - Child Dependants	1.48
Voluntary Resignation - Health	1.00
Voluntary Resignation - Lack of Opportunities	2.70
Voluntary Resignation - Other/Not Known	4.10
Voluntary Resignation - Promotion	4.00
Voluntary Resignation - Relocation	10.88
Voluntary Resignation - Work Life Balance	9.51
Redundancy - Compulsory	0.40
<b>Allied Health Professionals Total</b>	<b>46.88</b>
<b>Grand Total</b>	<b>414.47</b>

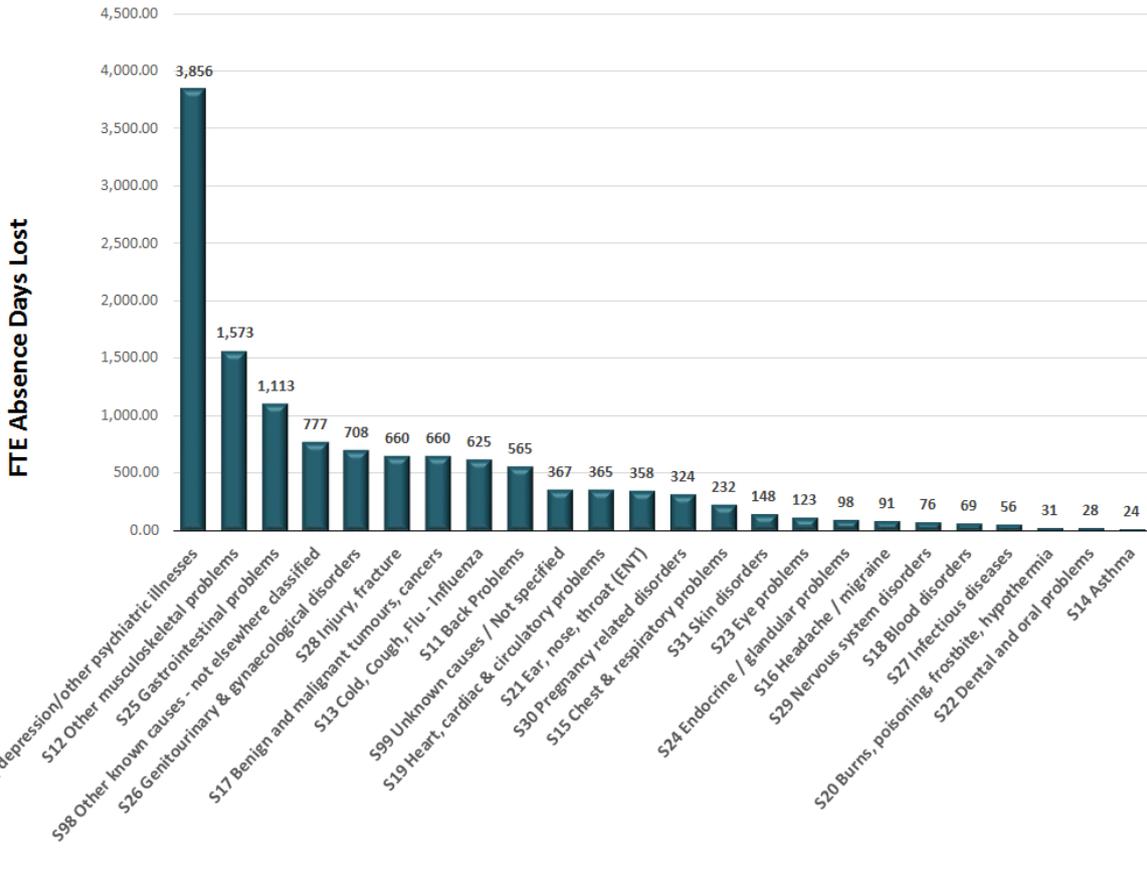
## Efficiency of the Recruitment Process – General Recruitment Comparison across Wales



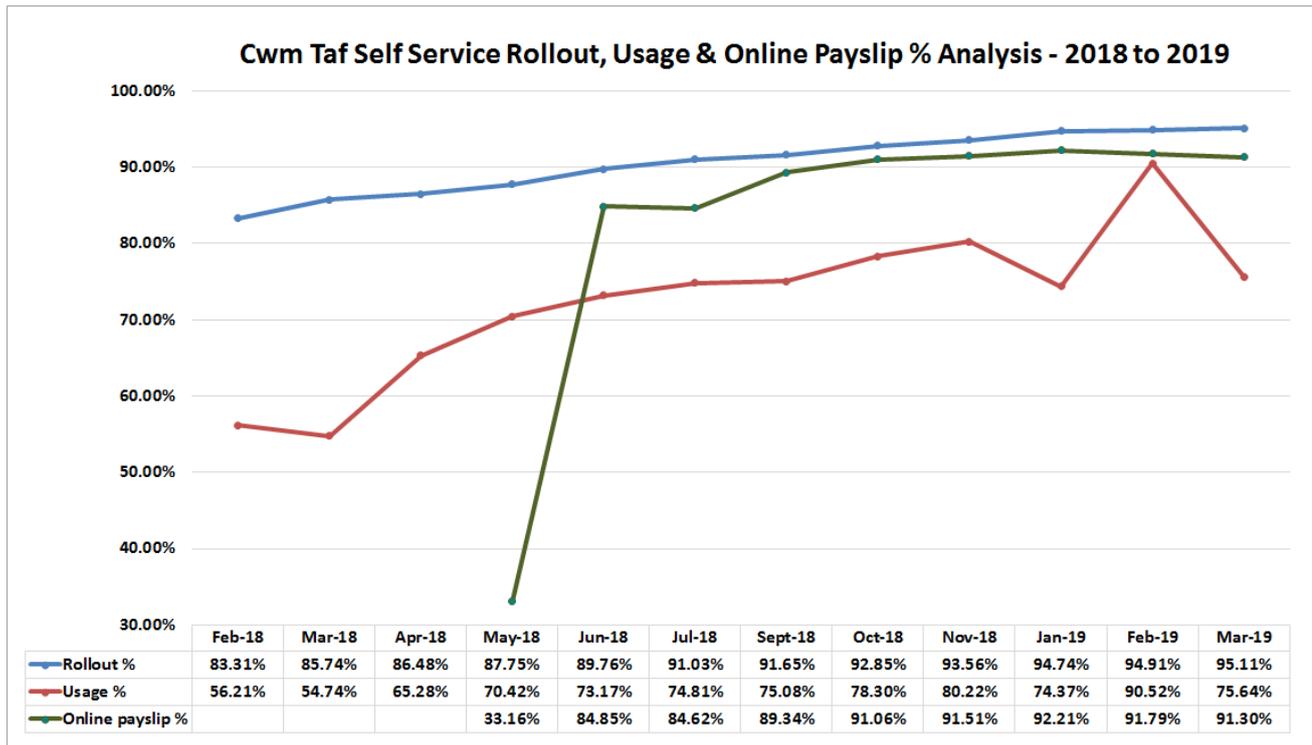
## Appendix 2 – Sickness Absence



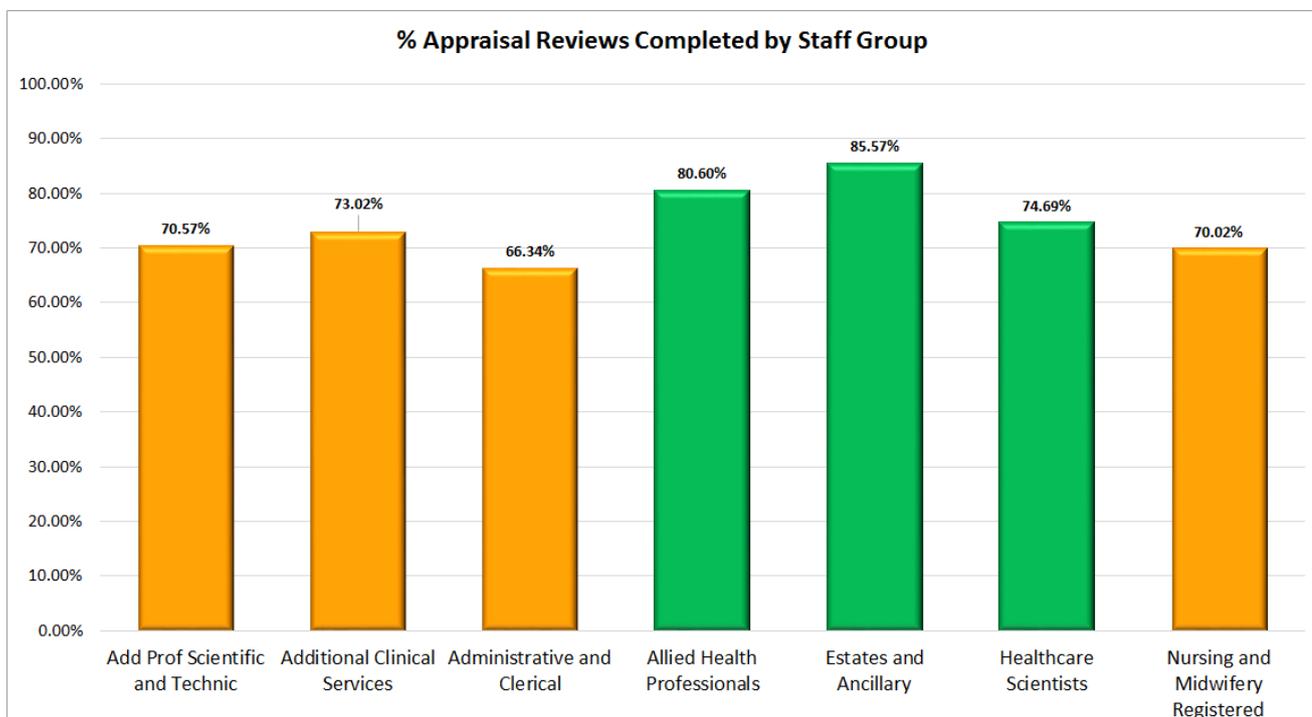
### Cwm Taf Sickness Absence Reasons FTE Days Lost March 2019



## Appendix 3 – ESR and e-Systems

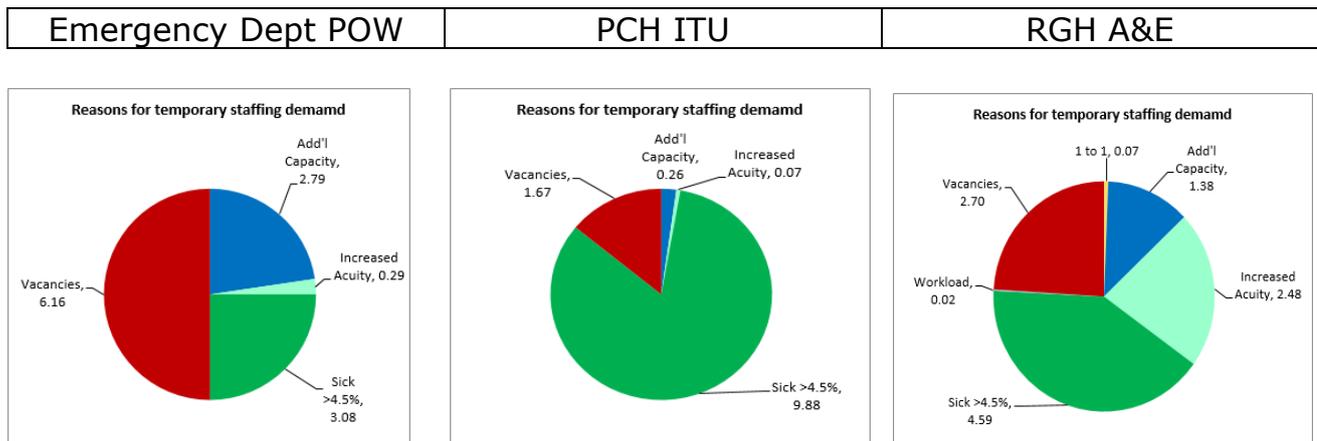


## Appraisal Rates by Staff Group



## Appendix 4 – Reasons for Temporary Staffing Demand

### Registered Nurses (top 3 areas)



### Healthcare Support Workers (top 3 areas)

