

University Health Board Report

WORKFORCE & ORGANISATIONAL DEVELOPMENT METRICS

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Purpose of the University Health Board Report

To update the Health Board on the key workforce metrics for May/June, 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) 'Quadruple 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

Health Board Resolution To:							
APPROVE		ENDORSE		DISCUSS	✓	NOTE	✓
Recommendation	The Health Board is asked to: <ul style="list-style-type: none"> • DISCUSS the report and associated metrics and report and NOTE the detail. 						
Summarise the Health Board Report							
Equality and diversity	There are no equality and diversity implications of the report.						
Legal implications	There are no legal implications of this report.						
Population Health	There are no population health implications of this report.						
Quality, Safety & Patient Experience	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.						
Resources	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.						
Risks and Assurance	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.						
Health and Care Standards	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 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf The work reported in this takes into account many of the related quality themes but especially staff and resources.						
Workforce	The report provides an overview of the workforce						
Freedom of Information Status	Open						

WORKFORCE AND ORGANISATIONAL DEVELOPMENT METRICS

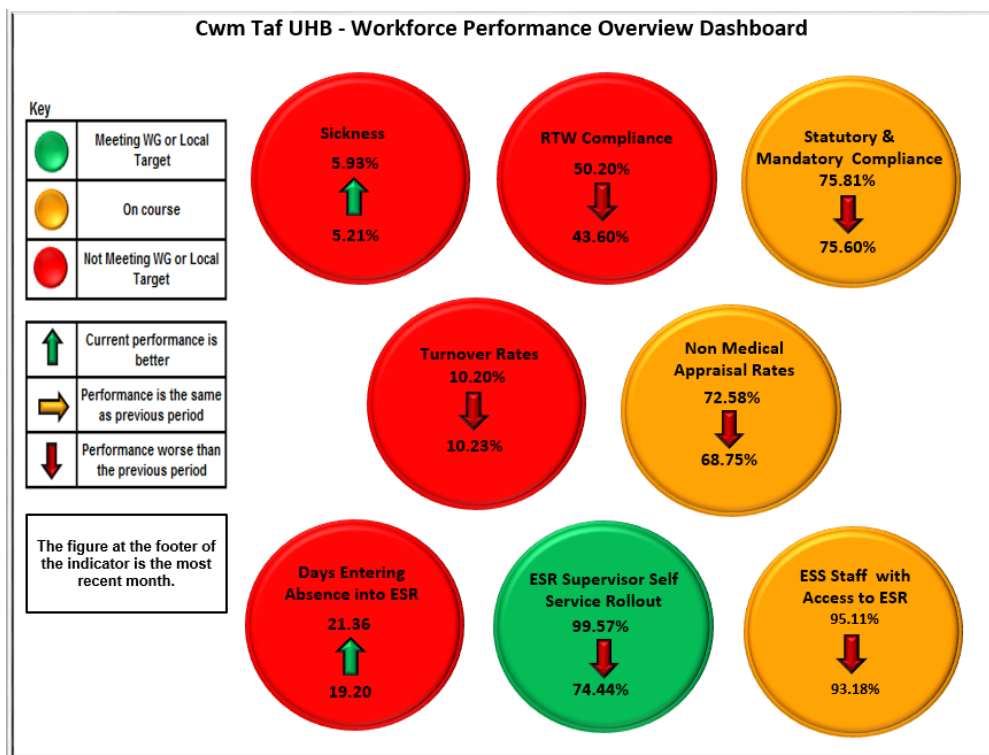
1. SITUATION / PURPOSE OF REPORT

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

Key Points	The report details the key workforce-related metrics, including narrative and actions underway as appropriate. Where Bridgend services data impacts on the performance reported below, this is noted in the relevant section accordingly.
Highlights	<p>Sickness levels – Sickness in-month has decreased from 5.93% to 5.21%, however the May sickness rate is slightly higher than the previous two years (5.15% and 5.04% respectively). The continued roll-out 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, including further analysis of our trends, and drivers.</p> <p>International recruitment – the contract to recommence international nurse recruitment has been awarded, with interviews commencing in early-July.</p> <p>Time to Hire – the time to hire for non Medical/Dental staff is currently 68.2 days against a target of 71 days.</p> <p>Job Planning – the number of signed off job plans has risen to nearly 50%, and the number of expired job plans has reduced from 41% to 36%.</p>
Lowlights	<p>Occupational Health – Current waiting time for counselling is 16 weeks, with a vacancy in the current establishment. We are currently out to recruit for this vacancy, as well as working with external providers to support staff.</p> <p>Retention – turnover for the year-to-date is relatively static, with a very slight increase to 10.23% (from 10.20%). The staff groups continuing to report the highest turnover are Nursing and Midwifery, and Additional Professional Scientific and Technical and Medical and Dental.</p> <p>Nursing Vacancy Levels – nursing vacancies on our acute and community wards and A&E units remain a concern, with an increase in the deficit on acute wards.</p> <p>Temporary Staffing Utilisation – 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 from 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 - June 2019 (with sickness figures as at May 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:
 - 2 have improved – Time to enter sickness onto the ESR, sickness rates.
 - 6 have deteriorated – Statutory and mandatory compliance, Electronic Staff Record (ESR) supervisor self-service rollout, non-medical appraisal rates, turnover, return to work compliance and staff with access to ESR.

Please note, we are currently exploring alternative means to reflect some of our data beyond in-month changes, as this does not always reflect the position meaningfully (e.g. sickness in-month changes are only partly relevant).

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

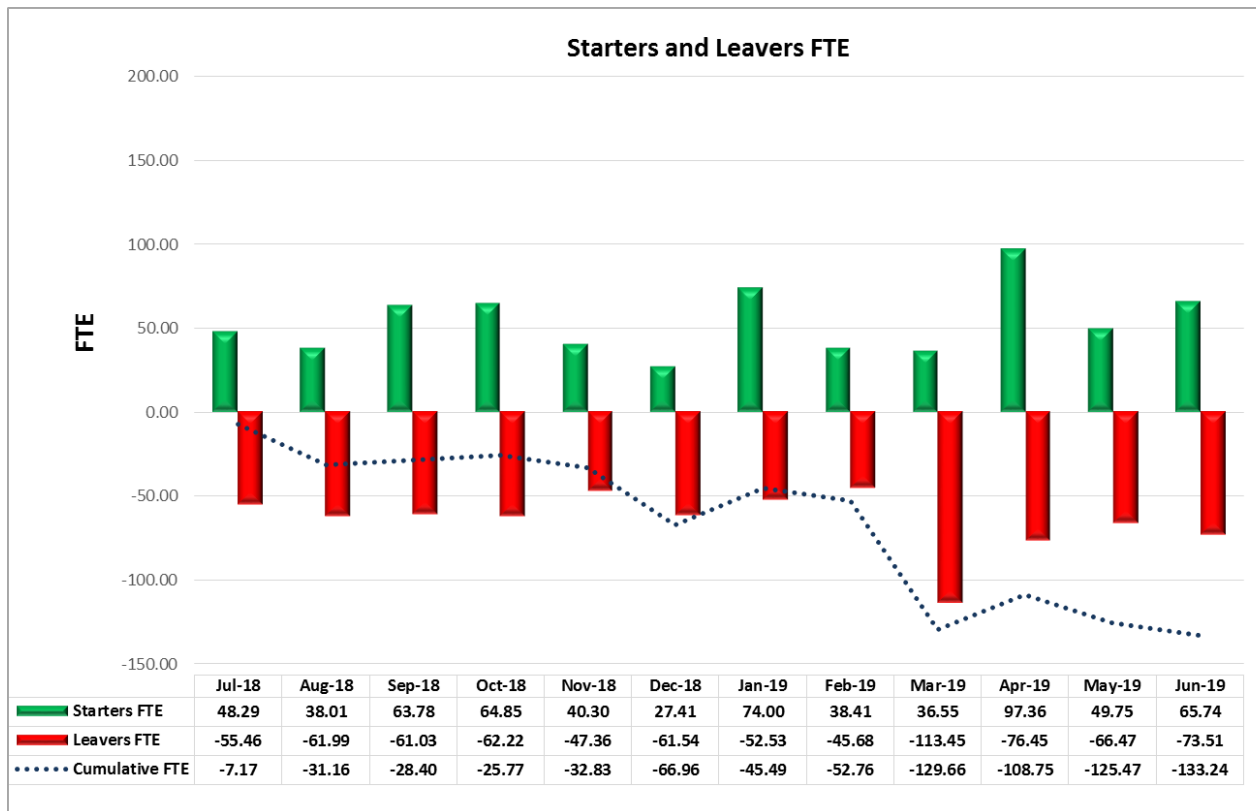
3.3 ESR and E-Systems roll out

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

3.5 Workforce utilisation

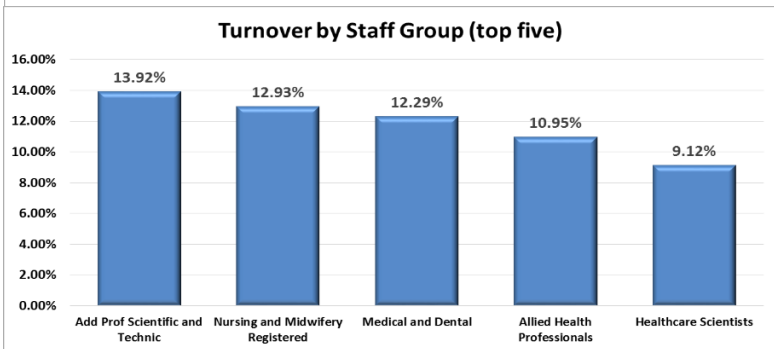
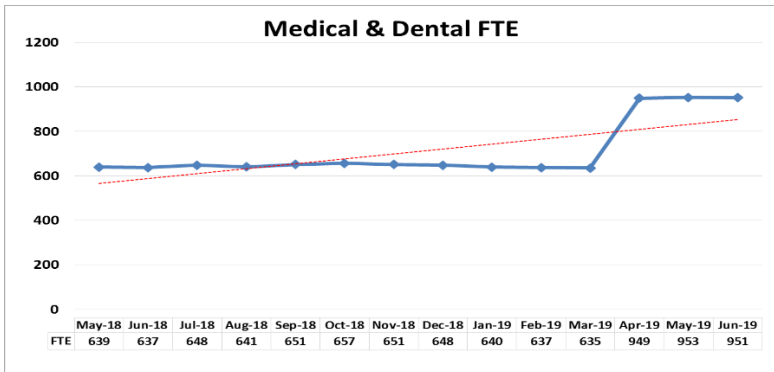
3.6 Occupational Health and Wellbeing

3.1 Resourcing and Recruitment Activity



Key Points:

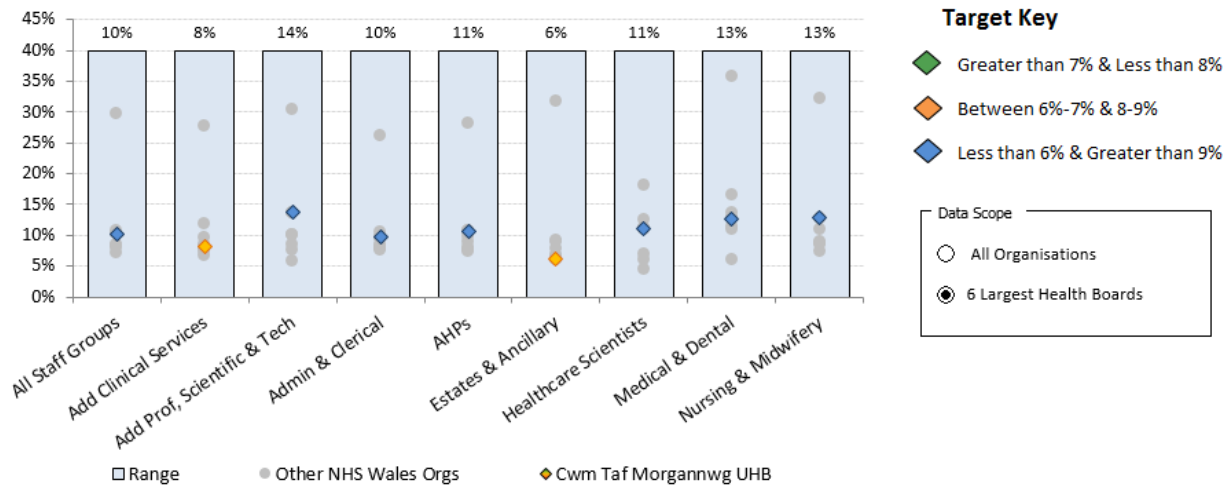
- Headcount at the end of June was 11,766 (10303.11 Whole Time Equivalent (WTE)) – this reflects boundary change
- Cumulative change in WTE was -133.24
- Rolling turnover increased at 10.23% - Additional Professional Scientific and Technical is our highest group at 13.92%
- See [Appendix 1](#) for headcount by Directorate



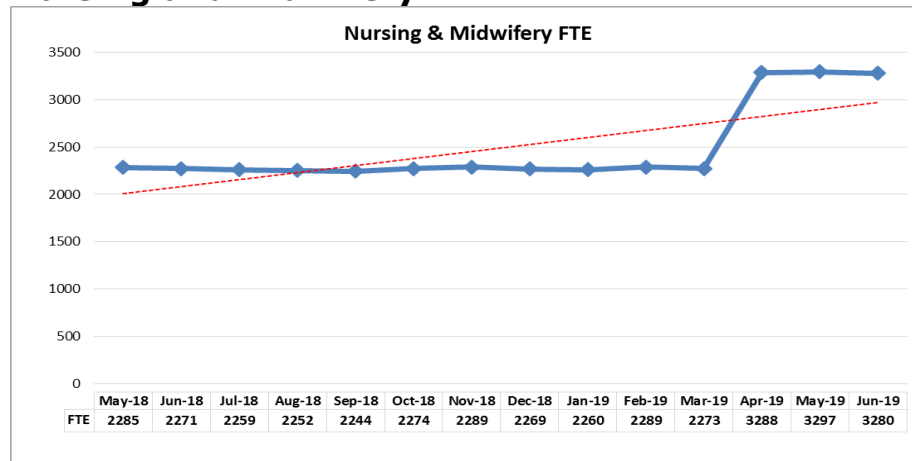
Key Points:

- 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, Nursing and Midwifery, and Allied Health Professionals turnover has increased – promotion and retirement factor highly in the recorded reasons for leaving
- Second highest reason for turnover several staff groups is noted as 'not known/other' on ESR however the termination form has been amended and no longer offers this option, so this will diminish over time
- Medical and Dental
 - Turnover does not including trainee rotations
 - Slight decrease in Full Time Equivalents (FTE) staffing levels over the last month

12 Month Turnover Rate to Apr-19 by Staff Group



Nursing and Midwifery



Key Points:

- 9 international nurses currently working for us, all in receipt of Nursing and Midwifery Registration
- Professional Practice/Adaptation
 - 18 recruited
 - 2 obtained their NMC registration
 - 12 working in RGH – all supported by the Practice Development Nurses and peer group
 - 3 onboarding for PCH

Key Points:

- Nursing and Midwifery Registered staff vacancies – excluding Princess of Wales/Bridgend locality:
 - 184 WTE in acute and community areas, including:
 - 89 WTE at RGH
 - 76 WTE at PCH
- Health Care Support Worker vacancies:
 - Deficit at RGH – 23 WTE
 - Deficit at PCH – 26 WTE
- Healthcare Support Worker (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.
- Tender has been awarded for international recruitment
 - First round of interviews will run in the week commencing 4 July
 - Key challenges are:
 - Suitable accommodation – the on site residences at PCH and RGH are fully occupied
 - Capacity within clinical education to deliver the training programme to a larger number of students

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	May-19	2019-20 YTD
Number of Vacancies Raised	678	1311	1713	216	391
Number of FTE Raised	1064.78	2041.12	2479.97	263.7	491.1
Number of Conditional Offers Sent	629	1213	1346	184	342
Number of ID Checks Completed	649	1163	1364	159	360
Number of Occupational Health Clearances	526	1043	1254	152	300
Number of Sponsorships Requested	0	0	0	0	0
Number of References Received	627	1179	1278	162	325
Number of DBS Checks	0	0	812	70	152
Number of Start Dates Requested	605	1118	1222	160	310
Number of Contracts Issued	727	1169	1140	113	220
Number of Ad Hoc DBS Checks	50	67	35	0	3

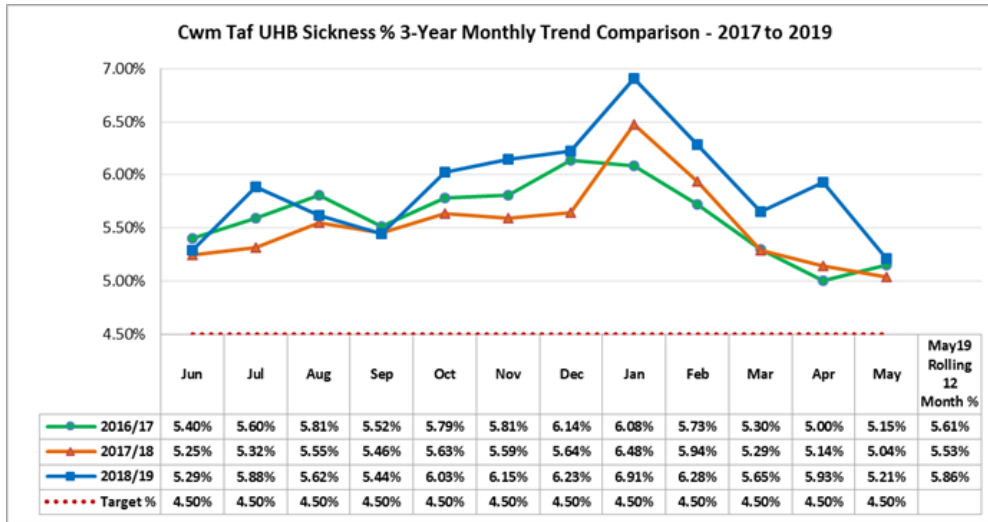
Key Points:

- 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

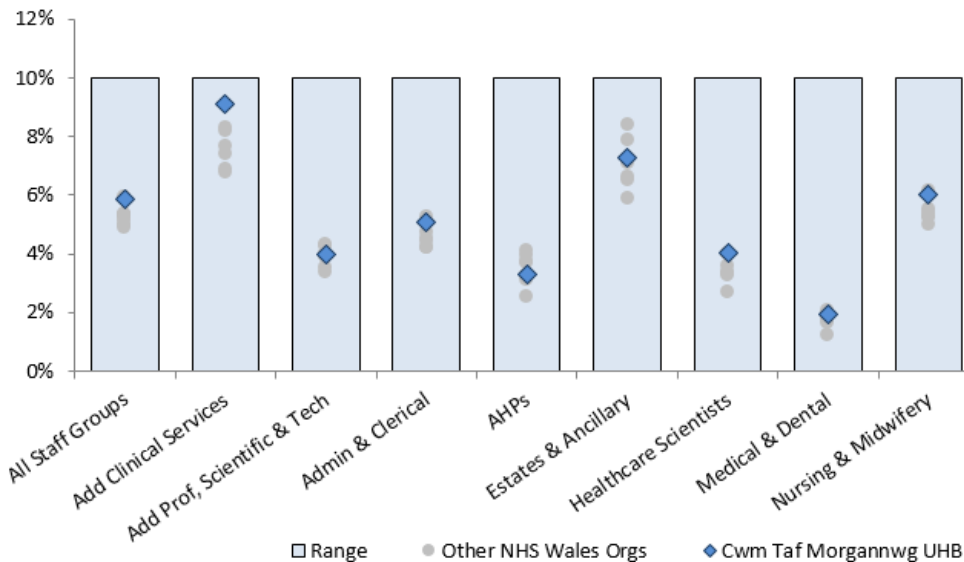
Trac Report Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	Average 16/17	Average 17/18	Average 18/19	May-19	Average YTD
T0a	5	Manager	Notice Date to authorisation start date		36.6	41.0	43.0	51.0
T1a	10	Org	Time to approve vacancy request	14.2	12.9	10.6	13.8	13.7
T1b	2	NWSSP	Time to advertise	2.0	1.7	1.6	1.7	1.8
T3	Variable but target 10	Manager	Duration of advertising	9.2	8.8	8.3	8.0	8.3
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	8.3	7.7
T4	3	Manager	Time to Shortlist (cleansed)	-	-	4.7	5.3	5.2
T5	2	NWSSP	Time to send interview invites	1.0	1.3	1.0	1.0	1.2
T5a	Variable between 5 and 10 days	Minimum Requirement	Notification given to applicants for interview	8.9	9.5	8.9	9.1	9.4
T5b	3	Manager	Time to update interview outcomes	4.8	4.7	2.5	3.2	3.5
T6	5 4 from Jan 2018	NWSSP	Time to send conditional offer	3.3	3.6	3.8	3.7	3.6
T7	3	Candidate	Conditional Offer to ID appointment booked	4.1	6.3	5.9	3.6	5.1
T7a	10	Candidate	Conditional Offer to ID appointment attended	8.1	10.1	8.6	7.1	8.0
T7b	7	Candidate	ID appointment booked to ID appointment attended	5.7	5.8	5.1	4.9	5.1
T7c	1	Candidate	ID appointment attended to DBS form submitted	5.6	3.2	3.7	3.6	3.0
T7d	Variable	DBS Agency	DBS Form sent to DBS to DBS result received			4.7	5.3	4.7
T11a	Variable	All	Checks ok to start date	17.2	14.4	18.9	16.1	17.0
T11b	2	NWSSP	Checks ok to unconditional offer	3.3	1.7	1.6	1.6	1.7
T12	44	All	Vacancy Creation to conditional offer	51.6	51.1	40.8	40.6	40.0
T13	71	All	Vacancy Creation to unconditional offer	88.7	92.3	74.7	68.2	68.6
T15	27	All	From conditional offer to unconditional offer without outliers	25.0	27.3	21.6	23.0	21.7
T15	27	All	From conditional offer to unconditional offer with outliers	40.8	41.0	32.7	27.8	27.8
T16	Variable	Manager & Candidate	Unconditional Offer to start date	15.7	18.3	19.1	14.7	15.9

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

3.2 Sickness Absence

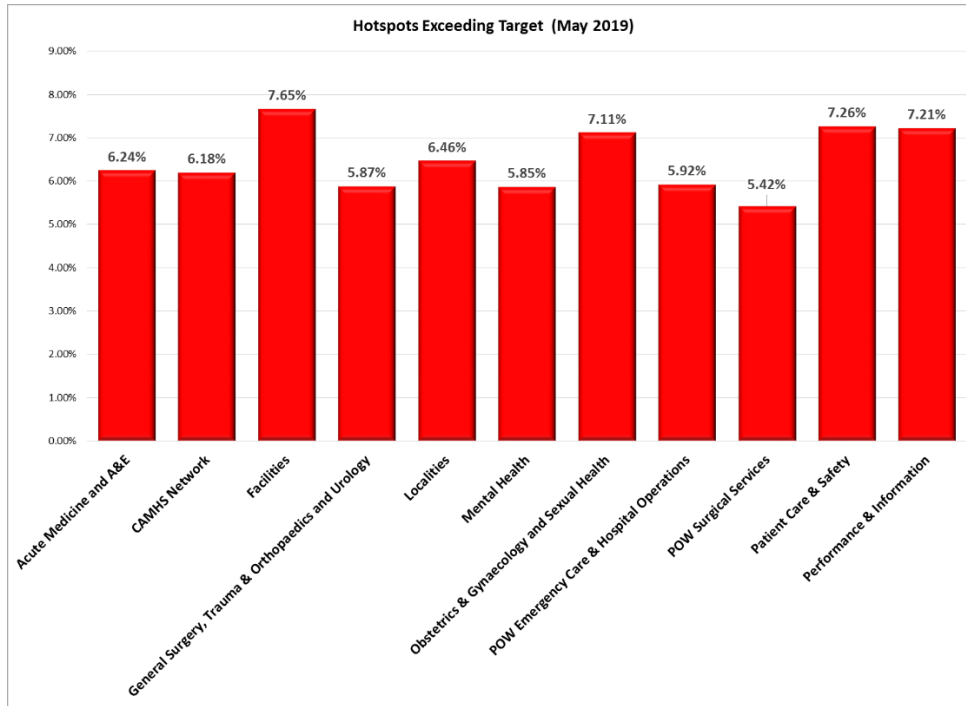


12 month roll sickness for Cwm Taf Morgannwg UHB by Staff Group (Apr-19)



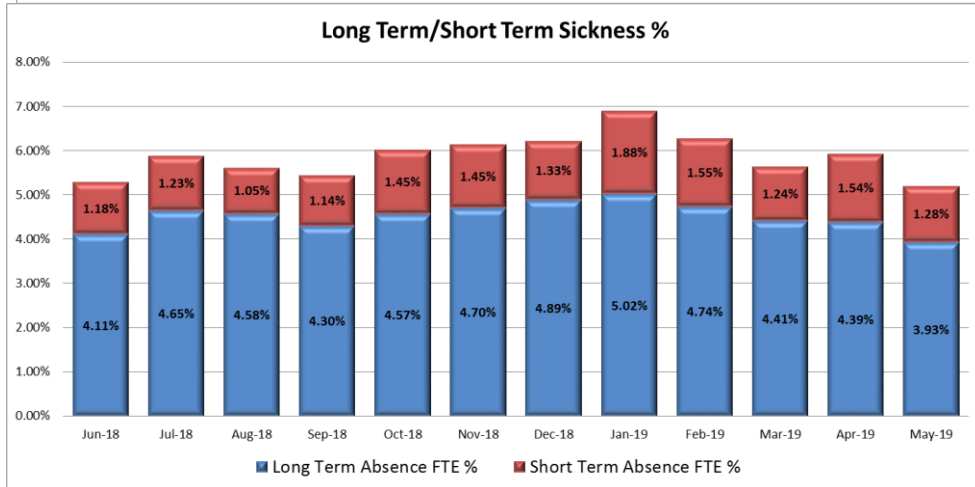
Key Points:

- Sickness has decreased to 5.21% in-month, however the rolling 12 month average remains above the previous two years. In addition, May's rate is higher than May 2018 and May 2017.
- Anxiety, stress and depression remains the highest category of sickness absence (see the staff survey action plan)
- Training for the new Attendance Management Policy commenced in November, is being delivered in partnership, and is ongoing. Feedback on the training to date is positive, and Cwm Taf Morgannwg are leading the way with training in this area
- Actions being taken to roll out the new policy:
 - Toolkit to support managers when managing attendance has been published
 - Health and wellbeing initiatives introduced, with a monthly calendar of events
 - Sickness workstream meets monthly, including staff side and Occupational Health
 - Currently reviewing the organisation's support process around dealing with stress and anxiety, including a review of the stress risk assessment and action plan
 - Training attendance is highlighted at CBMs with a reminder for all managers to attend, at local establishment meetings for ward areas in RGH and PCH, and within Princess of Wales hospital there are monthly meetings with unit managers

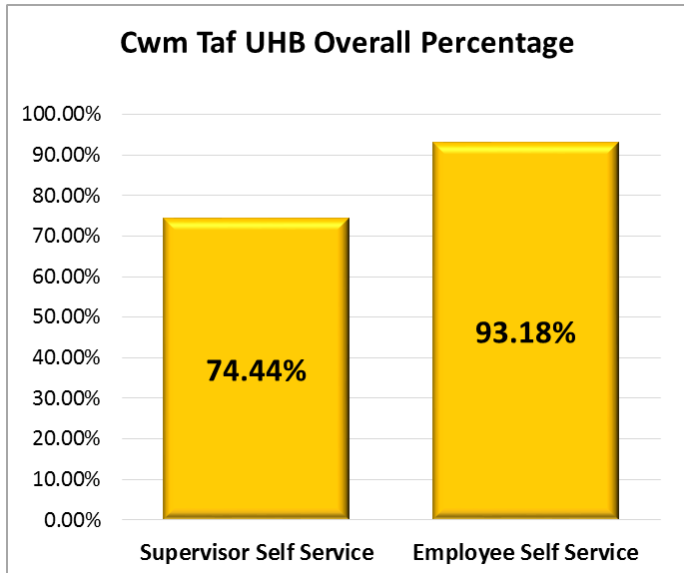


Key Points:

- 11 Directorates (last month there were 12) are above the 4.5% Cwm Taf Morgannwg target.
- 25 Directorates are below target
- Frequency of short term occurrences has reduced since April 2019 (766 in May 2019 compared to 1008 in April 2019)
- Trend on long term occurrences has increased since the start of the 12 month window (571 in May 2019 compared to 469 in Jun 2018)
- For additional details, please see [Appendix 2](#)
- Facilities – a deep dive has been carried out, additional managers have been identified for training which is in progress. It also identified that sickness absence had been used when other policies i.e. carers policy or special leave should have been applied – further analysis of this is currently underway before recommendations are made
- Patient Care and Safety – this is a small department so sickness levels have a disproportionate impact on this comparison. Staff have been subject to increased levels of stress as a result of the release of the maternity report.
- Scheduled care wards – piloted the 8 week mindfulness course which saw all the attendees on long term sickness return to work sooner than anticipated

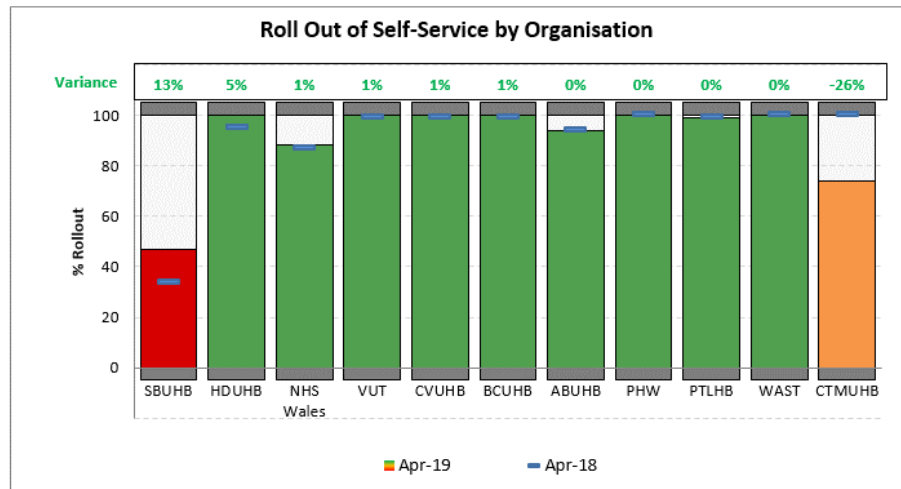


3.3 ESR and E Systems Roll Out



Key Points:

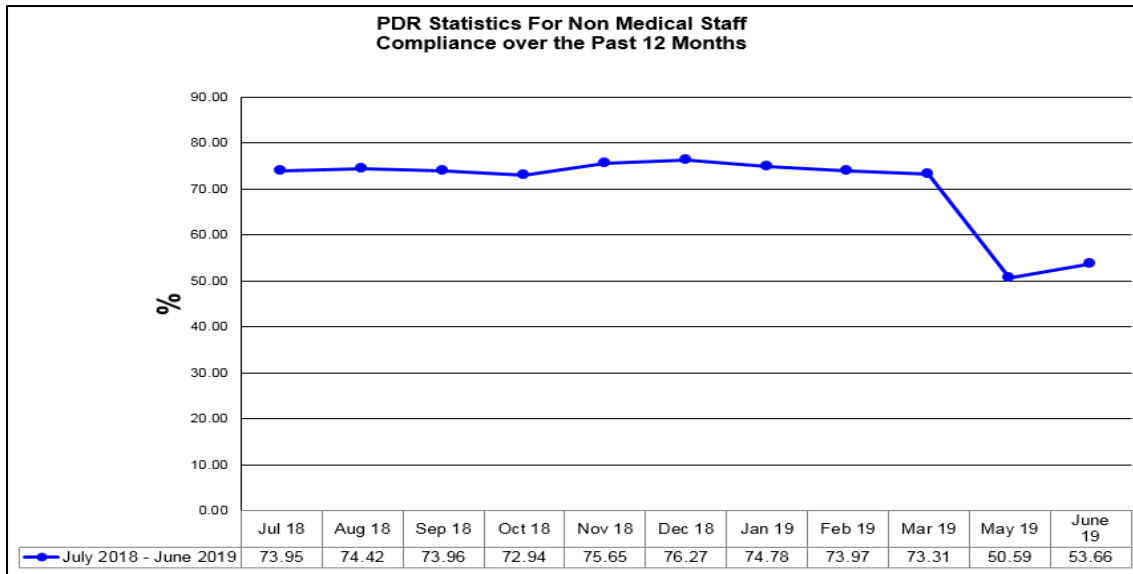
- 74.44% of employees are now managed by a manager with self service access, and 93.18% of employees have an active ESR Self Service account which shows a decrease due to the transition of Morgannwg.
- 69.25% of employees are accessing their payslip electronically, due to the transition of Morgannwg (down from 91.30% in March).
- 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 April 2019)



Key Points:

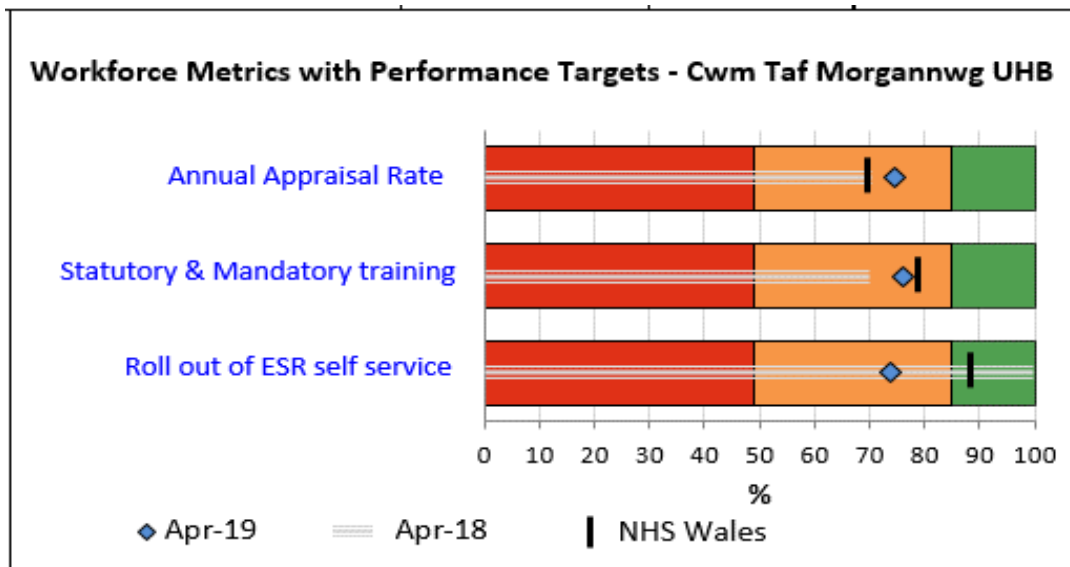
- An ESR rollout plan for Bridgend areas will be developed to include Supervisor Hierarchy Structures changes, Employee Self Service and Manager\Supervisor Self Service, which will also require a robust staff training programme.
- The Health Board has recruited a Senior Workforce Information Officer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

3.4 PDR Compliance

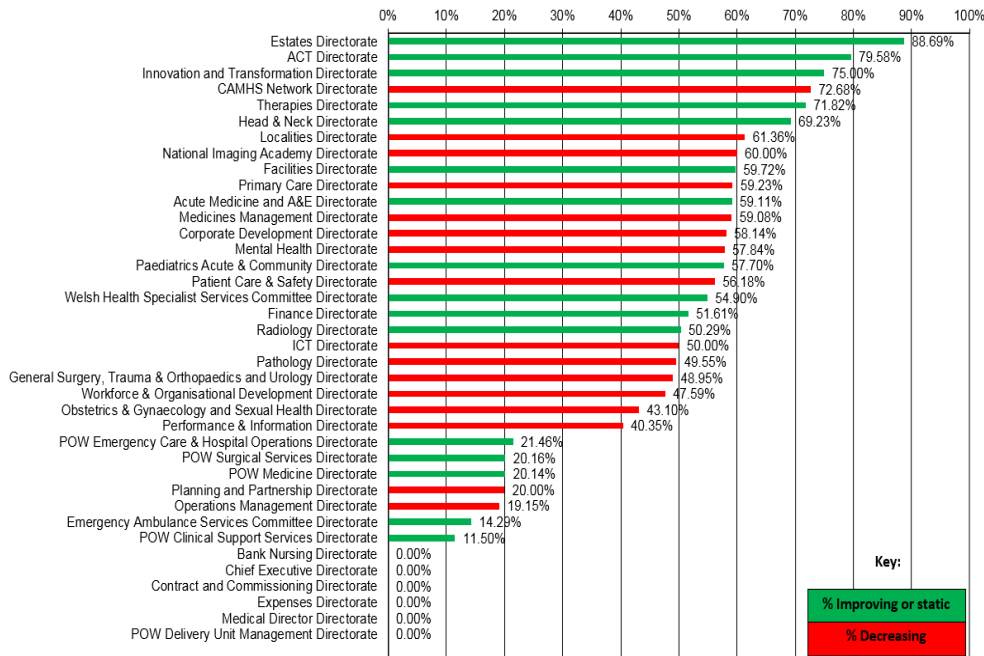


Key Points:

- As at 1 June 2019 compliance is 53.66%, a slight increase from the May figure of 50.59%.
- This is not necessarily a true representation of the position because the Learning and Development team are manually transferring the records for staff affected by the boundary change. The PDR data did not transfer as part of the Mass Organisational Change Process when the employee records were moved.
- 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.
- The Health Board may wish to consider a targeted campaign around PDR compliance over the next few months, considering an appropriate time of year against winter pressures.

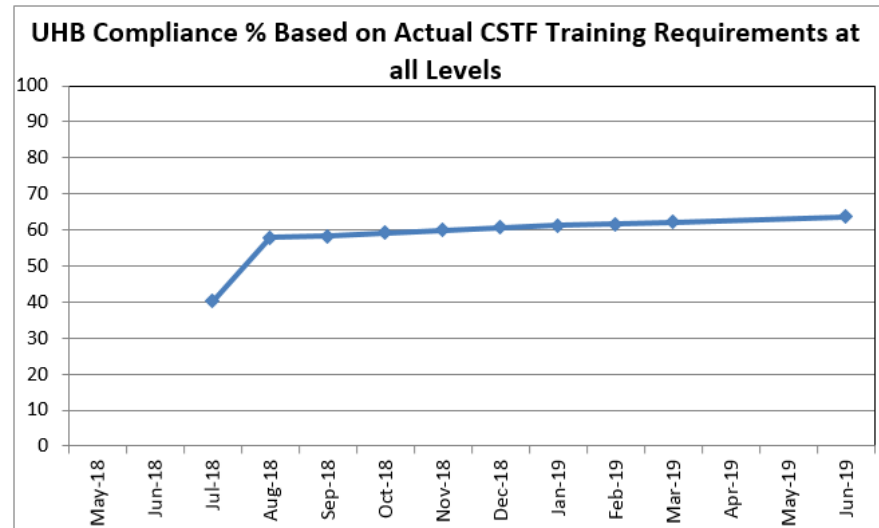
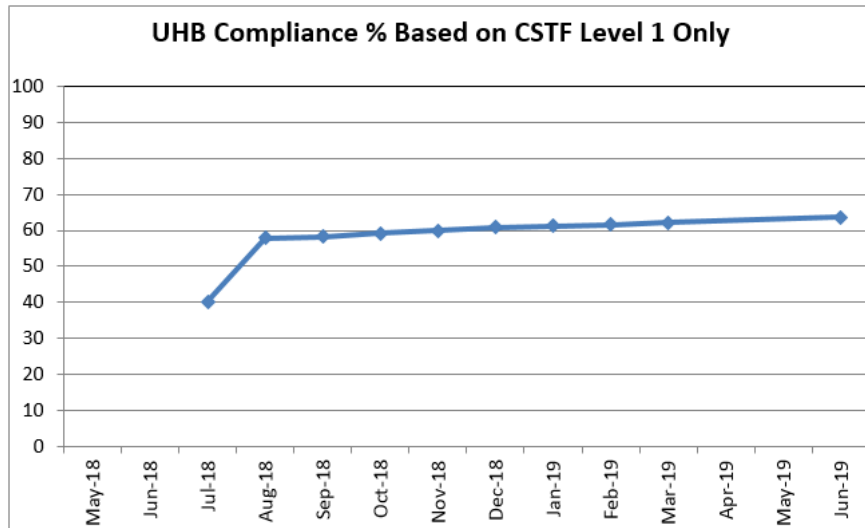


Non Medical Staff - PDR Compliance by Directorate at 1st July 2019

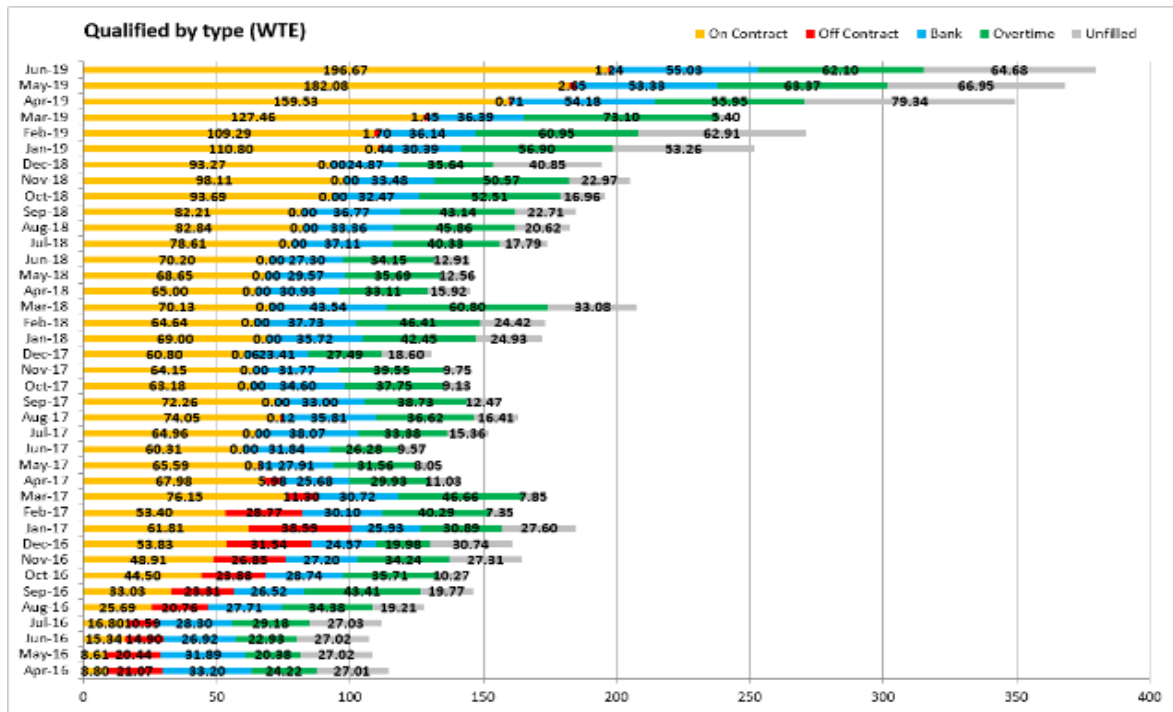
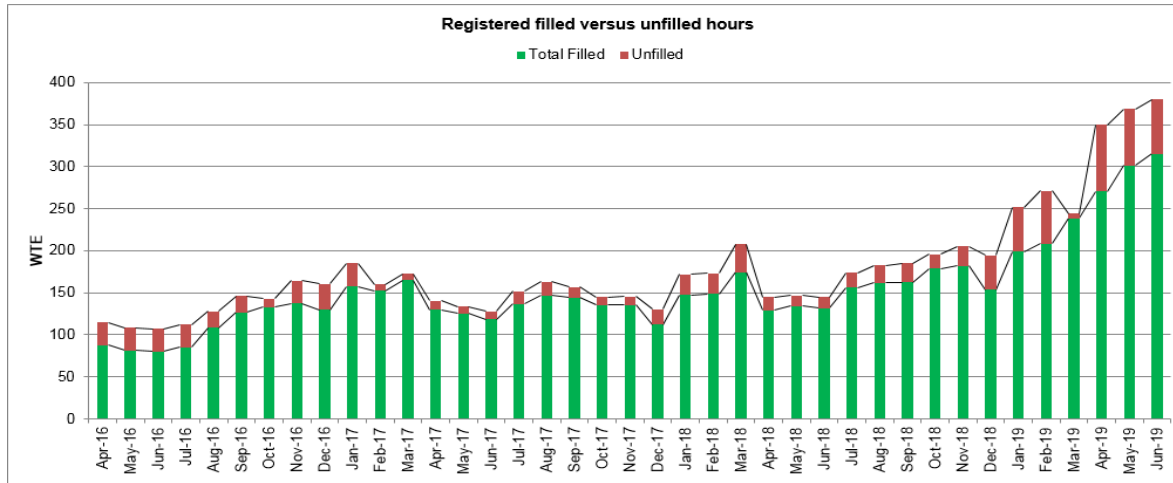


Key Points:

- 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 July 2019).



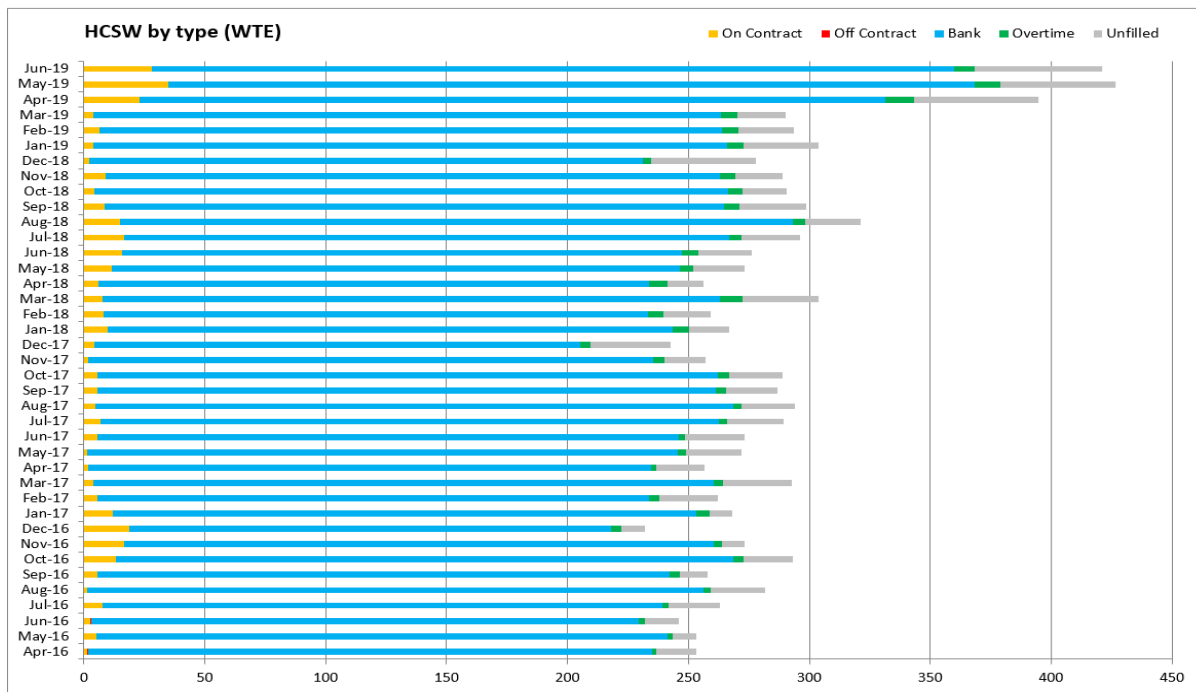
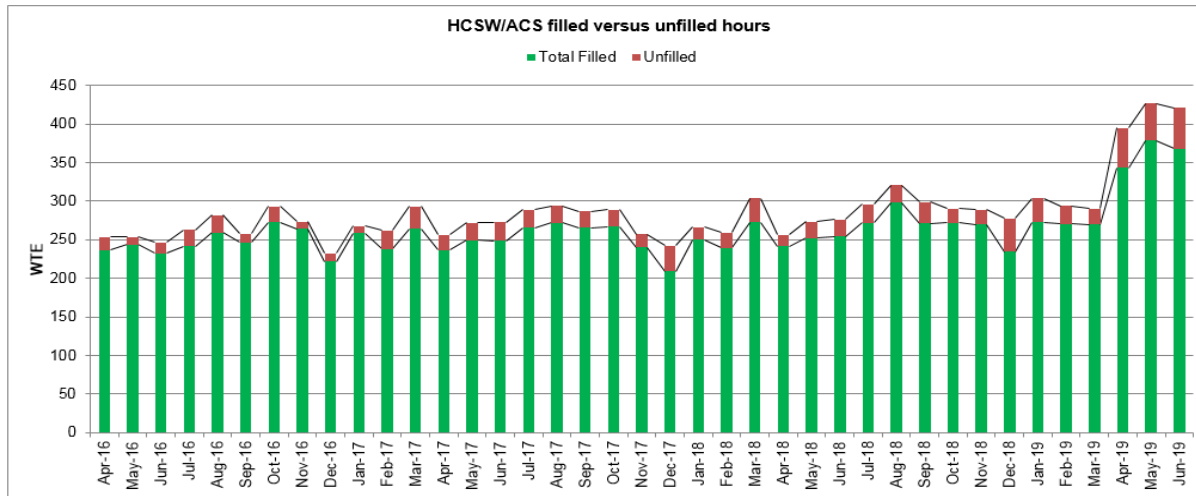
3.5 Workforce Utilisation Registered Nurse Temporary Staffing Demand and Supply



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:
 - RGH A&E (14.31 WTE)
 - RGH AMU (13.70 WTE)
 - PCH CDU (12.43 WTE)
- Data now includes the Bridgend Count 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

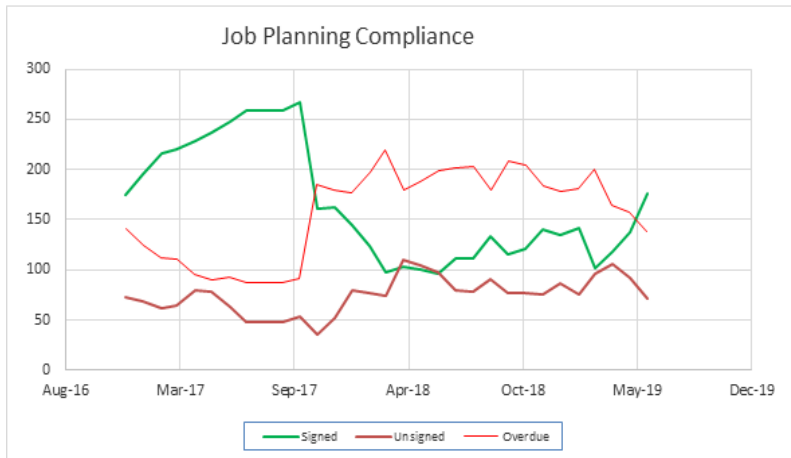
Healthcare Support Worker (HCSW) Temporary Staffing Demand and Supply



Key Points:

- Demand remains high, April now includes the Bridgend CBC area services
- Top 3 areas for demand:
 - YCR Ward A1 (18.55 WTE)
 - PCH Midwifery (16.36 WTE)
 - PCH CDU (13.23 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	67	60	↑ 90%		3	4	6%		0%
110 Acute Medicine and A&E Directorate	88	20	↑ 23%		4	58	66%	6	7%
110 CAMHS Network Directorate	18	9	↑ 50%	4	1	3	17%	1	6%
110 Head & Neck Directorate	36	14	↑ 39%	2		18	50%	2	6%
110 General Surgery, Trauma & Orthopaedics and Urology	55	13	↑ 24%	1	3	26	47%	12	22%
110 Localities Directorate	16	14	↑ 88%	1		1	6%		0%
110 Mental Health Directorate	20	13	↑ 65%	2	2	2	10%	1	5%
110 Obstetrics & Gynaecology and Sexual Health	22	6	↔ 27%	3		11	50%	2	9%
110 Paediatrics Acute & Community Directorate	25	2	↑ 8%		16	7	28%		0%
110 Pathology Directorate	15	8	↓ 53%	1		6	40%	1	7%
110 Radiology Directorate	24	17	↑ 71%	3	2	2	8%		0%
Total	386	176	46%	17	31	138	36%	25	6%

Key Points:

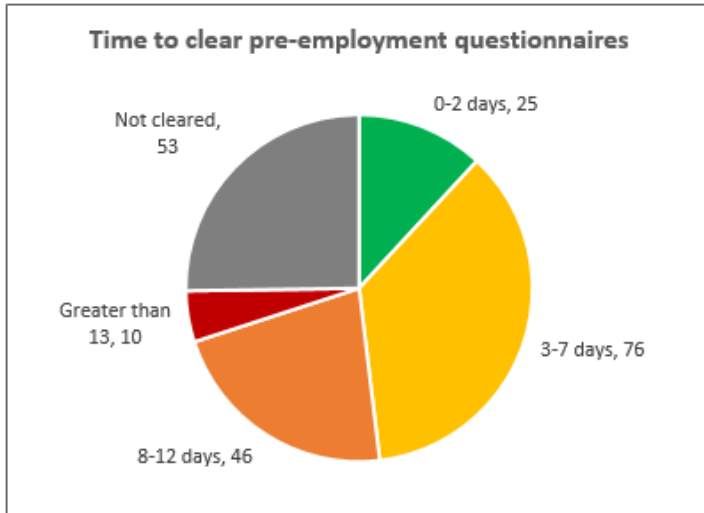
- The Job Planning administration continues to work closely with the Directorate Managers and HR Business Partners with regards to tracking their progress. Monthly meetings have now begun to be undertaken with Medical Productivity and each Directorate, where Job Planning administration have attended to provide a report on their progress and to provide any help or advice to the Directorate Managers (DMs). This has resulted in the percentage of Job Plans signed off rise to nearly 50%, expired Job Plans has reduced to 36% (from 41%) and the percentage of Job Plans not undertaken has dropped to 6% (from 7%). Job Planning is undergoing an internal audit via shared services and the results of this should be available in August.
- 9 Directorates have shown an increase in their percentage of Job Plans signed off. This is the result of Job Planning administration working closely with the DMs.
- ACT-After working with Directorate to ensure the expired SAS Job Plans had been signed and uploaded to the system they now have 90% of their Job Plans signed off, leaving 7 to complete, 4 of which are expired and a further 3 that are in discussion. Dates have been provided for completion of the expired Job Plans as well as any reasons as to why they cannot be completed at present, such as long term sickness.

Key Points:

- Acute Medicine and A&E – The Directorate has seen a slight increase in Job Plan Sign offs, however there is still much work to be done as the Directorate has 58 expired Job Plans and 6 Job Plans not undertaken. This has been communicated with the DM, asking for a timetable of completion dates.
- CAMHS – The Directorate continues to work closely with Job Planning administration and this has resulted with 50% of Job Plans now signed off and 4 Job Plans awaiting sign off.
- Head and Neck – There has been a slight increase in the percentage of signed off job plans. The Directorate continues to work closely with Job Planning administration and provides regular updates.
- General Surgery, Urology and Trauma & Orthopaedics (T&O) – Continued issues with rotas and Getting it Right First Time (GIRFT) programme has stopped several Job Plans from being undertaken. However, they have still managed a slight increase in their percentage of sign off Job Plans, this is due to making a concerted effort to undertake Job Plans where there are no issues.
- Localities – The Directorate continues to increase their percentage of signed off Job Plans with one 1 awaiting sign off and 1 expired Job Plan.
- Paediatrics – Ongoing issue with rotas have halted the Directorate working on their Job Plans. DM continues to provide regular updates.
- Radiology – The Directorate has seen a marked increase in their signed off job plans, now standing at 71% with 3 awaiting sign off, 2 in discussion and 2 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 May position:



Current Waiting list	
Speciality	Next available appointment (weeks)
Occupational Health Physician	6 weeks
Occupational Health Advisers	12 weeks
Occupational Health Nurse Screening Assessor	2 weeks
Physiotherapy	
▪ Case manager appts	10 weeks
▪ Other	6 weeks
Counselling	16 weeks

Key Points:

- Occupational Health Physician has signed a 3 year contract to provide the service with 6 sessions per week, clinical SPA and support strategic leadership in the service
- Service is currently without a Clinical Psychologist – currently looking to secure additional counselling resources, including bank and advertising for a fixed term post
- From June, Physiotherapists are telephoning line manager referrals as part of their triage process
- Upgrade from Cohort v9 to Cohort v10 currently underway – this is a significant undertaking in a tight timescale

Key Points:

- Occupational The Department has seen 210 pre-employment health questionnaires, the chart above shows the time to clear (and the number not yet cleared)
- Of the 53 forms not cleared as at the end of May, 30 have not been processed, 19 are awaiting nurse clearance, 1 is waiting on a nurse screening appointment, and 1 is waiting for the individual to contact the department
- For May, Did Not Attend (DNA) rates for the following were:
 - Occupational Health Advisors – 28%
 - Clinical Psychologist – 39%
 - Physiotherapy Case Manager – 16%

4. RECOMMENDATION

The Health Board is asked to:

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

Freedom of Information Status	Open
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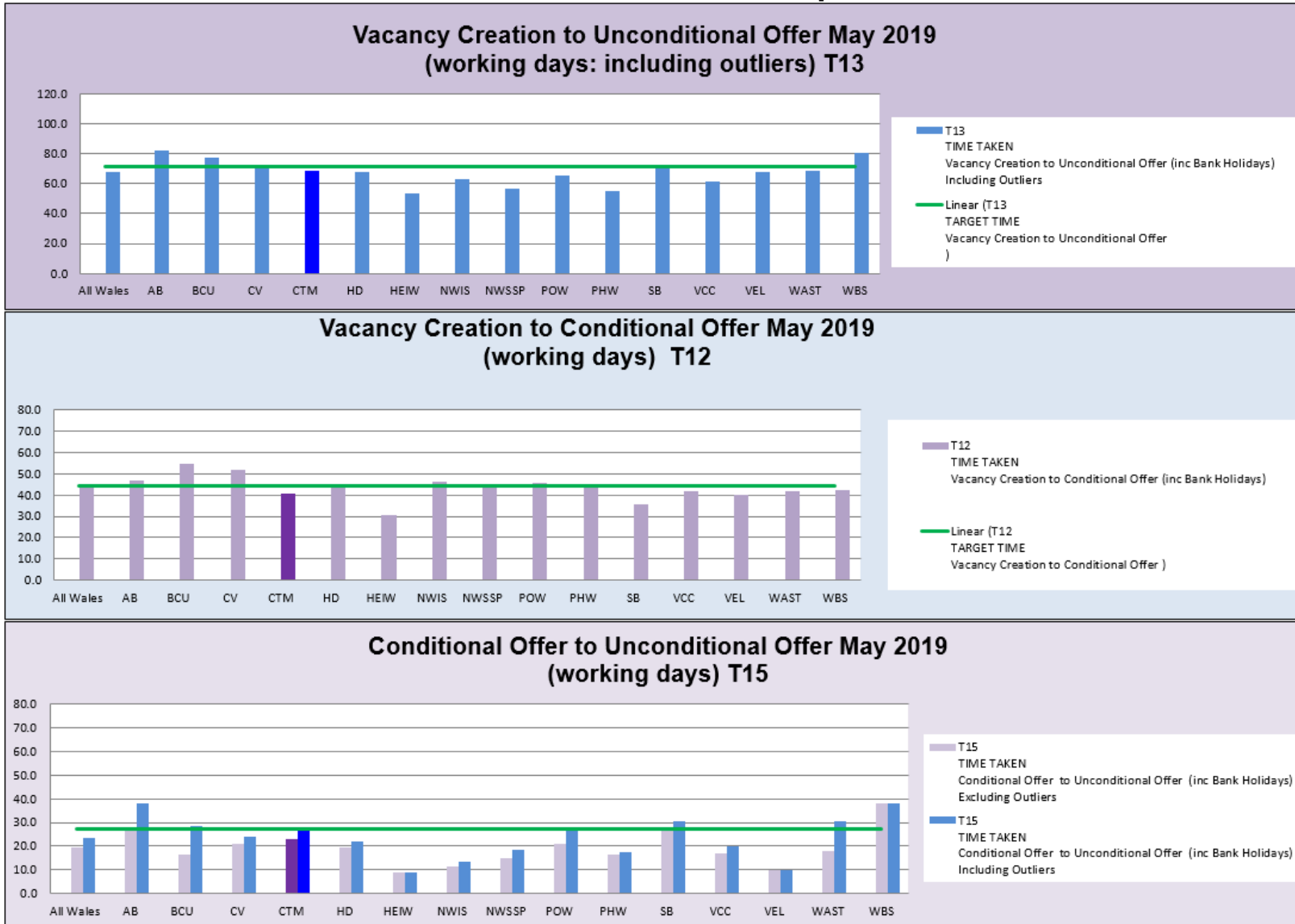
Appendix 1 – Resourcing and Recruitment

Cwm Taf Head Count and WTE @ 30th Jun 2019			Turnover
Directorate	Headcount	FTE	
ACT	482	454.30	
Acute Medicine and A&E	1,520	1,357.61	
CAMHS Network	233	200.55	
Chief Executive	29	26.83	
Contract and Commissioning	3	3.00	
Corporate Development	46	44.77	
Emergency Ambulance Services Committee	21	20.80	
Estates	168	166.60	
Facilities	1,303	974.11	
Finance	63	60.98	
General Surgery, Trauma & Orthopaedics and Urology	586	539.69	
Head & Neck	202	180.73	
ICT	58	57.60	
Innovation and Transformation	7	7.50	
Localities	932	813.95	
Medical Director	3	2.20	
Medicines Management	309	273.01	
Mental Health	1,036	942.23	
National Imaging Academy	6	5.10	
Obstetrics & Gynaecology and Sexual Health	392	323.97	
Operations Management	46	43.35	
POW Clinical Support Services	399	360.91	
POW Delivery Unit Management	8	6.40	
POW Emergency Care & Hospital Operations	242	219.01	
POW Medicine	505	453.93	
POW Surgical Services	598	520.80	
Paediatrics Acute & Community	716	618.63	
Pathology	241	220.85	
Patient Care & Safety	89	79.56	
Performance & Information	57	51.85	
Planning and Partnership	19	18.81	
Primary Care	378	284.57	
Radiology	210	196.75	
Therapies	601	539.44	
Welsh Health Specialist Services Committee	59	51.77	
Workforce & Organisational Development	199	180.94	
Grand Total	11,766	10,303.11	
April 2019 - Grand Total	11,736	10,267.40	

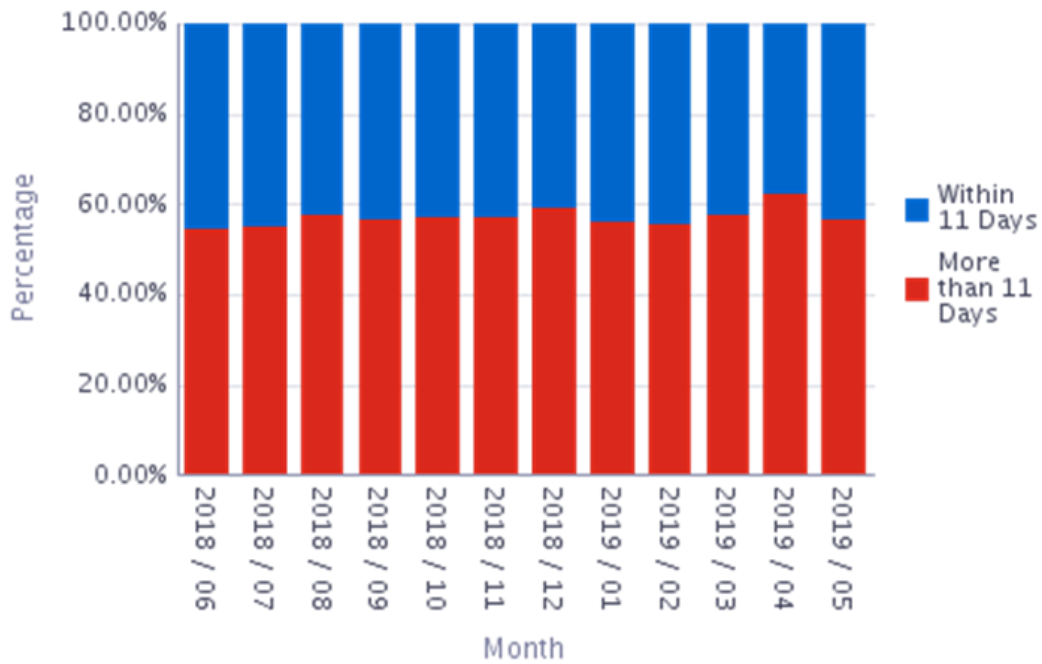
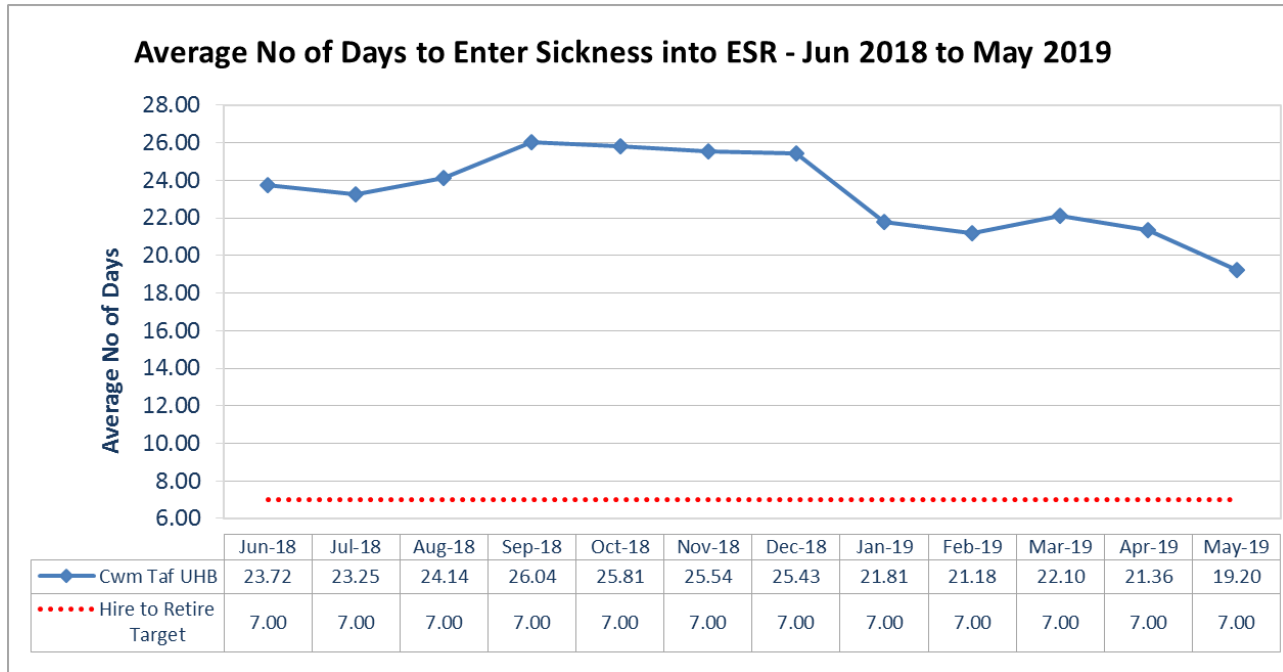
Turnover and Reasons for Leaving (Leaving date between Jul-18 and Jun-19)

Add Prof Scientific and Technic	
Dismissal - Capability	0.85
End of Fixed Term Contract	3.00
End of Fixed Term Contract - Other	0.40
Has Not Worked	0.00
Retirement - Ill Health	1.00
Retirement Age	5.00
Voluntary Resignation - Other/Not Known	1.43
Voluntary Resignation - Promotion	13.95
Voluntary Resignation - Relocation	3.00
Voluntary Resignation - To undertake further education or training	2.00
Voluntary Resignation - Work Life Balance	3.59
Merged Organisation - Duplicate Record	0.40
Add Prof Scientific and Technic Total	34.62
Medical and Dental (Consultant and SAS Career Grades only)	
End of Fixed Term Contract	1.00
End of Fixed Term Contract - Other	1.00
Retirement Age	15.30
Voluntary Resignation - Better Reward Package	1.00
Voluntary Resignation - Incompatible Working Relationships	0.93
Voluntary Resignation - Other/Not Known	10.25
Voluntary Resignation - Promotion	3.00
Voluntary Resignation - Relocation	6.40
Voluntary Resignation - To undertake further education or training	2.20
Voluntary Resignation - Work Life Balance	1.80
Medical and Dental Total	42.88
Nursing and Midwifery Registered	
Dismissal - Capability	0.60
Dismissal - Conduct	1.00
Dismissal - Some Other Substantial Reason	0.96
Employee Transfer	10.05
End of Fixed Term Contract	2.00
Has Not Worked	4.60
Retirement - Ill Health	6.84
Retirement Age	105.17
Voluntary Early Retirement - with Actuarial Reduction	1.00
Voluntary Resignation - Adult Dependants	1.90
Voluntary Resignation - Better Reward Package	4.96
Voluntary Resignation - Child Dependants	5.73
Voluntary Resignation - Health	8.15
Voluntary Resignation - Incompatible Working Relationships	5.00
Voluntary Resignation - Lack of Opportunities	3.00
Voluntary Resignation - Other/Not Known	20.48
Voluntary Resignation - Promotion	35.21
Voluntary Resignation - Relocation	29.81
Voluntary Resignation - To undertake further education or training	11.69
Voluntary Resignation - Work Life Balance	48.48
Merged Organisation - Duplicate Record	1.00
Nursing and Midwifery Registered Total	307.64
Allied Health Professionals	
Death in Service	0.80
Employee Transfer	1.00
Flexi Retirement	1.00
Retirement - Ill Health	0.81
Retirement Age	2.61
Voluntary Resignation - Better Reward Package	4.00
Voluntary Resignation - Child Dependants	1.00
Voluntary Resignation - Health	1.00
Voluntary Resignation - Lack of Opportunities	1.70
Voluntary Resignation - Other/Not Known	3.10
Voluntary Resignation - Promotion	12.96
Voluntary Resignation - Relocation	8.88
Voluntary Resignation - Work Life Balance	12.51
Redundancy - Compulsory	0.40
Allied Health Professionals Total	51.76
Grand Total	436.90

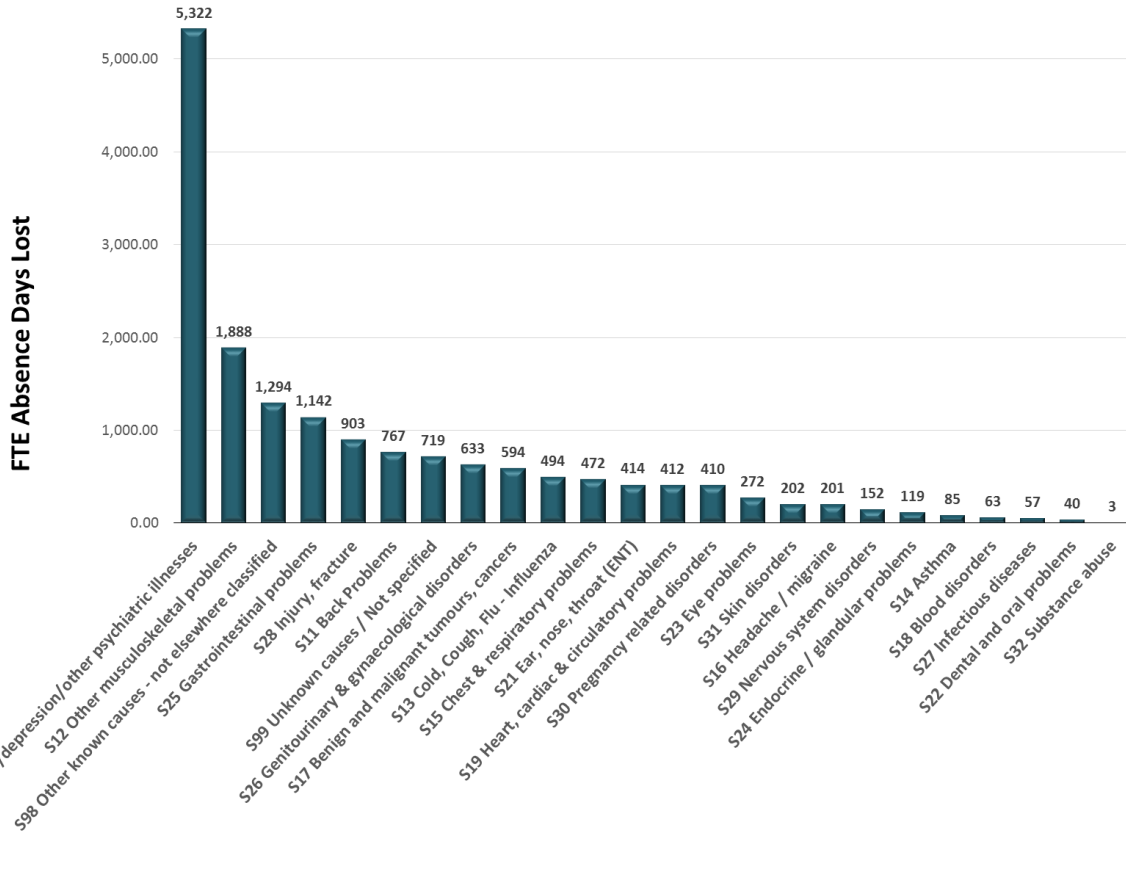
Efficiency of the Recruitment Process – General Recruitment Comparison across Wales



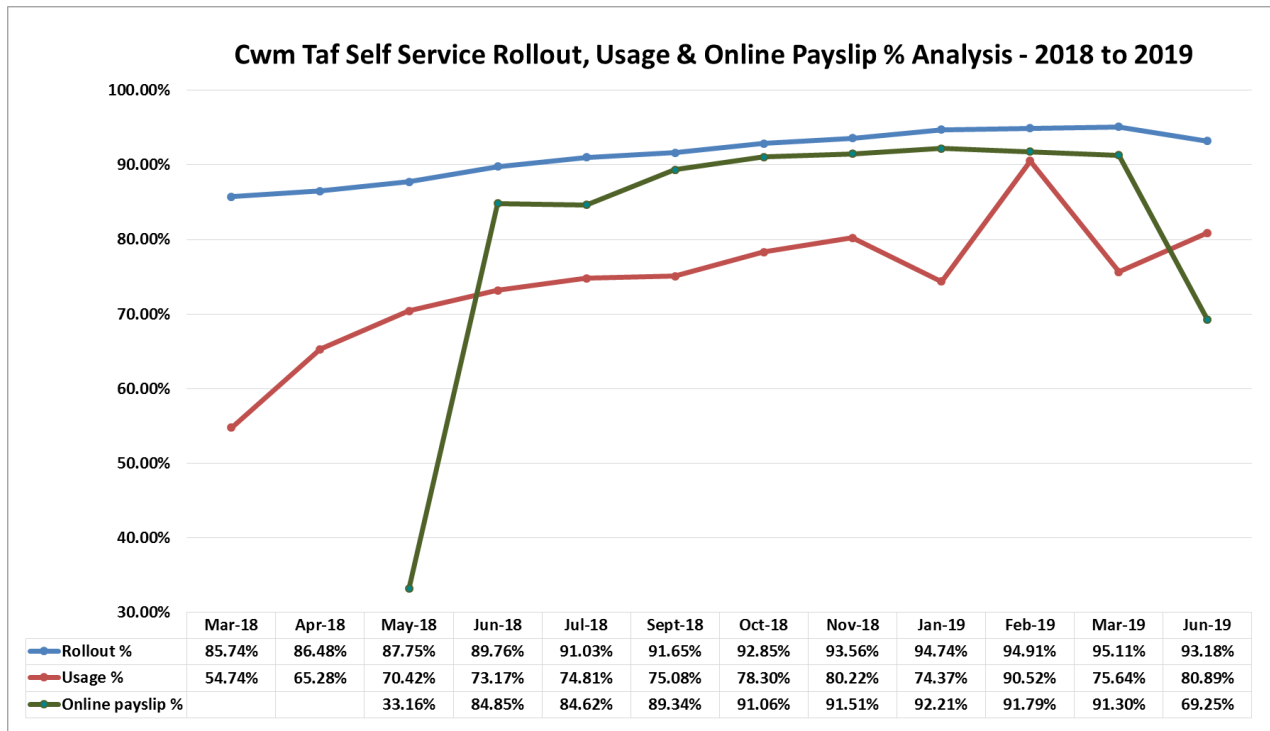
Appendix 2 – Sickness Absence



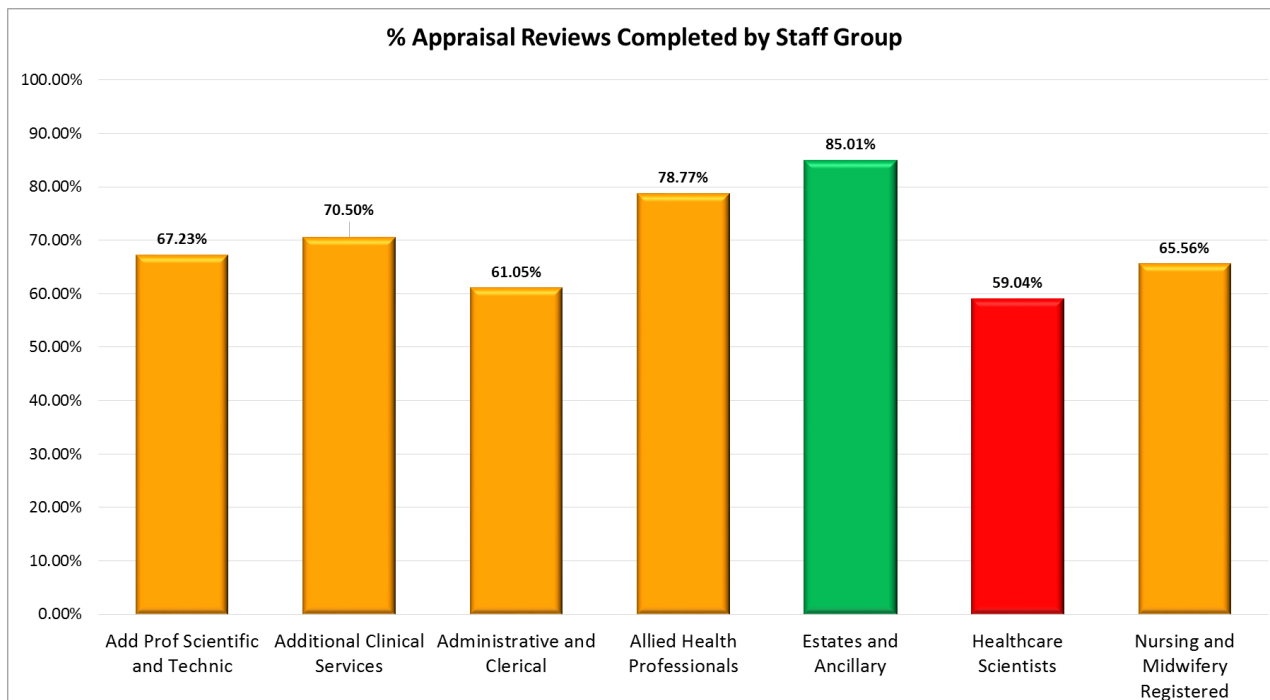
Cwm Taf Sickness Absence Reasons FTE Days Lost May 2019



Appendix 3 – ESR and e-Systems

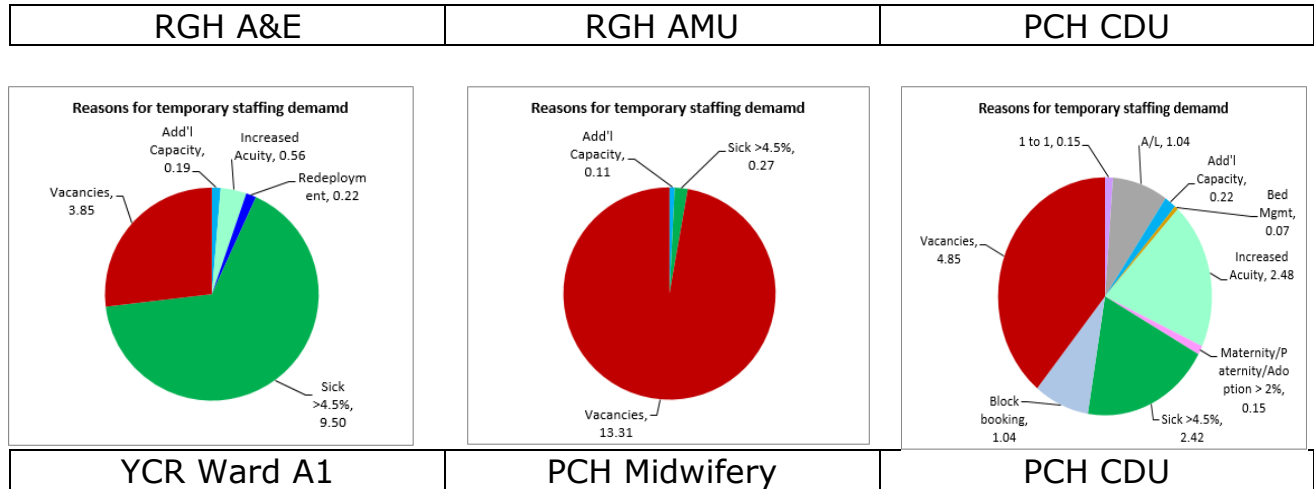


Appraisal Rates by Staff Group



Appendix 4 – Reasons for Temporary Staffing Demand

Registered Nurses (top 3 areas)



Healthcare Support Workers (top 3 areas)

