

ABM University Health Board	
<b>Date of Meeting: 19<sup>th</sup> January 2018</b>	
<b>Name of Meeting: Workforce and Organisational Development (OD)</b> <b>Agenda item:</b>	
<b>Subject</b>	<i>Recovery and Sustainability Programme - Workforce Stream Update</i>
<b>Prepared by</b>	Gaurav Shinde ,Project Manager, Recovery and Sustainability Team
<b>Approved by</b>	Kate Lorenti, Acting HR Director
<b>Presented by</b>	Names and Designations here

### **1.0 Situation**

The purpose of this paper is to update the Workforce and OD Committee on the current status of the Workforce Workstream under the Health Board's Recovery and Sustainability programme as at the end of November 2017.

The Workforce Workstream is comprised of 13 different work projects. Five of these projects were identified as priority projects by the Recovery and Sustainability Programme Board in July 2017.

These are:

- Sickness Absence Reduction
- Improved Rostering
- Reduced Recruitment Time
- Incentivising Bank Take Up
- Job Controls/Grading Drift

### **2.0 Background**

With an overspend of £40 million in 2016-17, ABMU is working to improve its financial position and aiming to limit its overspend to £36 million by end of 2017-18. This translates into a saving target of £25 million. A series of projects were developed under the Workforce Workstream to facilitate savings in operational service delivery units to contribute to this target. Variable pay, workforce efficiency and reducing sickness were identified as key themes.

In Last update as at the end of the end of July 2017, the Health Board's financial position worsened against the forecasted saving's target, resulting in a total overspend position of just over £14 million. There are signs of improvements in health boards financial position as reported end of October 2017 and monthly spend was within overdraft limit. Chief operating officers monthly brief highlighted the importance of effective planning in doing the right things for patients whilst meeting financial obligations.

### **3.0 Assessment**

#### **3.1 Workforce Recovery and Sustainability Group**

The Workforce Recovery and Sustainability Group is chaired by the Acting HR Director who is responsible for driving the different workstreams and projects under this remit. Membership consists of senior HR managers, Recovery and Sustainability project manager and workstream Leads. The Group meets once every month now instead of 15 days to report progress against the plan and act on any new directives issued from the Recovery and Sustainability Programme Board.

#### **3.2 Workforce Executive Workstream Programme Plan Briefs (Appendix 1-11)**

These plans provide an overview of all the work being undertaken within the Workforce remit to support the Recovery and Sustainability Programme.

#### **3.3 30 day, 60 day, 90 day Action Logs and Highlight reports**

As updated in July 2017, the Programme Management Office (PMO) introduced two new templates for the purpose of reporting into the Recovery & Sustainability Programme Operational Group. The Action Log and highlight report. Highlight reports have been submitted to programme board along with associated papers every month.

There is possibility of new reporting format using a project management platform from February 2018 onwards.

#### **3.4 SMART Objectives (Appendix 12)**

To create a more tangible understanding of workstreams, PMO introduced a smart objectives template in November 2017. These will be used as aide memoir at the beginning of programme board meetings in order to inform all colleagues of what is the workstream attempting to achieve.

#### **3.6 Priority Streams**

As detailed in 1.0, there are five priority workforce streams:

##### **3.6.1 Sickness Absence Reduction**

There was rise in sickness to 5.87% in October 2017 from 5.47% in September 2017. This is also the highest in last 5 Months.

A guidance to manage long term sickness is being issued. This is in draft at present and been sent out for comments. It is expected this will be published in January 2018. The objective is to give managers more tangible timescale for actions and along with the all Wales sickness policy this will further support managers.

A shortlist of top 10 long-term off sick staff is being reviewed by each delivery unit. This will be an ongoing activity and will help support managers in managing these cases.

The result of sickness audits in hotspot areas generally showed policy compliance and good record keeping. 8<sup>th</sup> Day welfare letter and Escalation Process were highlighted as areas for improvement. Policy and Nelson training needs were also accessed in the audited areas. A communication and training plan is being developed to address these gaps.

Other focus in this area has been to improve the occupational health referrals process. The key objectives are appropriate referrals, effective and efficient use of resources and time. 17% reduction in DNA rates at occupational Health doctor's appointment was observed in October 2018 by reminding staff via phone calls. There are various electronic systems and mode of communications being considered to reduce non-value added time in process.

A process map showing improvements in various step of process has been attached. **(Appendix 13)**

Recommendations of the 'Thriving at Work' - Mental Health and Employers Report are being considered to develop initiatives to support staff's mental health and wellbeing.

### **3.6.2 Improved Rostering**

The E-Rostering team is working with Morryston Service Delivery Unit and focusing on rationalising shifts in line with needs of the service and how the system available in the area can be used for rostering. There have been delays in overall implementation plan due to logistic and resource reasons. Also arranging training for a large group of nurses is a challenge as clinical work takes priority. ITU, Cardiac-ITU, Cyril Evans (Ward) are areas covered till now. There is work in progress in surgical wards G and H. Impact evaluation of initial work will be completed in January 2018.

In regards to gaining efficiency and effectiveness in rostering, Standardisation of shifts paper was submitted to programme board in October 2017. This was approved and a consultation plan is in development.

There is a possibility of implementing a single system all across the Health Board, this will result in changing the current rostering system in Morryston. This is also being considered in taking this project ahead. A bid was submitted to Invest to save. Initial response has been positive and it is expected the final outcome will be communicated in January 2018.

The team has also worked with senior nurses on rostering KPI's and these are now being reported to Unit Nurse Director every month.

### **3.6.3 Reduced Recruitment Time**

It was noted in July update that health board performance against the target timetable for recruitment is best amongst peer group in Wales.

Recognising there was still more scope for improvements there is focus on some steps of the process which are part of the NHS Wales target to save 75 days off this wider KPI measure. Primary focus is on recently introduced KPI measure which compares the date of notification of resignation against the vacancy being placed on TRAC. Shared services are running a campaign with Health Board managers specifically looking at what managers can do to improve their performance against

KPIs. The campaign consists of a series of bulletins, two of which have been published in November 2017. This will be followed by clinics run by Shared Services in areas where there is the greatest room for improvement.

Training sessions for Health Board HR staff have been held, giving specific access and training to TRAC so they can run reports for their Delivery Units and facilitate progress on recruitment processes. It is expected there will be some significant reduction in January–February 2018 following some initial data clearance in system.

#### **3.6.4 Job Controls/Grading Drift**

The new vacancy control process has been established across all Service Delivery Units which includes all vacancies including new posts, re-evaluation requests and replacement posts. This weekly mechanism takes place at unit and corporate levels to scrutinize all applications. This process is consistent and being sustained. The figures and financial impact are being reported to programme board in highlight reports.

#### **3.6.5 Incentivising Bank Take Up**

In October 2017 health board implemented a new Nurse Bank system. This system ensures clear hierarchy in approval of bank and agency shifts. System is also more accessible and user friendly for bank staff as can be accessed from their Smart devices (phones). This will support health board's objectives in reducing variable pay.

Other initiatives to incentivise the bank take up are being considered. Lessons learnt from other health boards have been captured in this process. An options paper will be submitted to programme board in January 2018.

### **3.7 Other Streams**

In addition to priority streams there has been development in other streams.

#### **3.7.1 Developing Apprentice**

Learning and development team has worked with teams in developing and recruiting apprentice roles. From August to November 2017, 72 apprentice positions have been advertised. These are a great opportunity for job seekers to gain experience and exposure to working environment and gain key skills. Some of these will possibly continue in full time roles in the Health Board addressing vacancy and skill gaps.

#### **3.7.2 Non Medical Study Leave**

A paper to find £100k saving for 2017/2018 study leave budget was submitted to programme board in November 2018. The objective was to plan and reduce the overspent in study leave budget and ensure the assigned budget is appropriately prioritised for mandatory and important things.

#### **3.7.3 Policy Review**

Various policies have been shortlisted to be amended or supported by protocol documents for compliance and supporting Recovery and Sustainability programme.

Admin & Clerical deployment policy –to prioritise use of staff against any held vacancies, Revised Higher Starting Salaries Protocol- assist managers to decide whether Higher Starting Salary for new entrants, Engaging Management Consultants / external contractor support- guidance around tendering for management consultant and contractor support. These are approved and live and other policies revision priority list is being developed.

### **3.7.4 Staff Engagement**

There have been various initiatives to engage with and keep staff engaged with the organisation. Footprint behavioural training focused on leadership skills for Band 4-7 staff has had a very positive feedback. A complete evaluation of the course is being carried out and is expected to be complete in February 2018.

Staff Wellbeing Week was organised across the Health Board in June 2017, which attracted more than 500 staff to workshops and a road show event. Staff had the opportunity to seek advice on looking after their mental wellbeing, physical exercise at work.

In July 2017 Long Service Recognition Awards to recognise staff members who have dedicated their time to the Health Board for 25 plus years service, were held. These were attended by 637 qualifying staff.

Patient Choice Awards were held in November 2017. The Patient Choice Award gives patients, carers, relatives and visitors the chance to have their say and nominate a member of staff or team working for ABMU health board, who they feel have made a real difference and provided outstanding care. 184 individuals in 56 teams were recognised.

Focused on listening to our staff, various staff survey data including NHS Staff survey was triangulated. Based on this each unit has submitted their action plan. There are more listening sessions planned to further engage with specific departments. Also, Team Climate and Culture listening sessions planned will be held January 2018 onwards to tackle bullying.

### **3.7.5 Staff Retention**

Data analysis completed in October 2017 indicated, Band 5 nurse in age group of 21-30 are highest leavers and are most probable to leave in first two years of service. This contributes to the existing difficulties in nurse recruitment due to shortages of nurses. There are initiatives included in the 2017-20 Nursing and Midwifery strategy to tackle this and more initiatives will be developed from engagement sessions planned in 2018. There is also an electronic platform under development which will be used to collect and collate intelligent exit interview data.

### **3.7.6 Agency Diagnostic Tool**

This tool focuses on five areas/domains involved in use of agency staff to help diagnose issues, decide ways forward and implement improvements quickly to implement best practice and reduce agency cost. An initial assessment was completed by each delivery unit under five domains of

- Leadership
- Technology
- Control sand Information

-Staff engagement, Recruitment and Bank

-Procurement

A report has been submitted to executive team, further actions will follow. Implementation plan is expected to move forward from January 2018 onwards.

#### **4.0 Recommendations**

The Workforce & OD Committee is asked to note the current position of the Workforce Executive Workstream under the Health Board's Recovery and Sustainability programme at end of November 2017

## Recovery & Sustainability Programme 2017-18

### Agency Cost Monitoring Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Julian Quirk	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translati on Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Complete Monitor Agency Diagnostic Tool Assessment	1 <sup>st</sup> Sept 2017	Complete DU Baseline Assessment	Aug-17	J Quirk	Y	Y				
			Complete Action Plan for LEADERSHIP component of the Tool	Sep-17	J Quirk						
			Complete Action Plan for TECHNOLOGY component of the Tool - links to e.roster Plan	Sep-17	J Quirk	Y					
			Complete Action Plan for CONTROLS AND INFORMATION component of the Tool	Sep-17	J Quirk	Y					
			Complete Action Plan for STAFF ENGAGEMENT RECRUITMENT AND BANK component of the Tool	Sep-17	J Quirk	Y					
			Complete Action Plan for PROCUREMENT component of the Tool	Sep-17	J Quirk	Y					
	Develop Delivery plan based on Tool		Issue Workstream delivery plan: breakdown of action plan into	Sep-17	DHR	N-Delayed	Y				



## Recovery & Sustainability Programme 2017-18

### Developing Apprentice-Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Develop a fit for purpose 5 year Apprentice Strategy		Dedicate L+D resource to pilot apprentice positions across the Health Board	August 2016	KM	Y					
			Engagement with partner organisations including	Ongoing	KM	Y					
			Develop Apprentice Contract	August 2016	KM	Y					
			Develop Apprentice Job Descriptions	Ongoing	KM	Y					
			Explore how Apprentice Posts can support the HCSW Framework	January 2017	LJ/KM	Y					

			Secure funding with NPTC Group for funded posts including agreeing KPIs and recharge arrangements	March 2017	KM	Y					
			Engagement events with key stakeholders across the Health Board including Nursing staff	March 2017	LJ/KM	Y					
			Appointment of the Apprentice and Widening Access Coordinator and Apprentice	May/ June 2017	KM	Y					
			Pause apprentice recruitment and develop procedures and policies to support the workstream	June – August 2017	KM	N					
			Develop draft	July	KM	N					



## Recovery & Sustainability Programme 2017-18

### WorkForce –Improving Rostering- Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	<b>Rostering:</b>  Review roster policy in line with recommendations from carter review	Mar-2017	Policy reviewed and amended	Mar-2017	EO	Y					
	<b>Rostering:</b>  Implement good rostering practice complying with new rostering policy(mar-2017)using e-rostering & Establish a framework to monitor Roster Performance (Morrison-SDU)	June-2018	Morrison SDU-Phase 1-ITU	Oct-2017	EO	Y					
			Morrison SDU-Phase 2-Cardiac	Oct-2017	EO	Y					
			Phase 6-Surgical	Nov-2017	EO	Y(WIP)					
			Phase 4-Cardiology	Nov-2017	EO						
			Phase 5-Medicine	Jan- 2018	EO						
			Phase 3-Burns & Plastics	Mar-2018	EO						
			Phase7-Orthopaedics	Jun-2018	EO						
	<b>Rostering:</b>  Implement good rostering practice complying with new rostering policy(mar-2017)using e-rostering &	Mar-2020	Singleton	Nov-2018	EO						
			Mental Health	April-2019	EO						
			Primary Care & Community Services	Sep-2019	EO						
			POW	Jan-2020	EO						
			NPT	Mar-2020	EO						



## Recovery & Sustainability Programme 2017-18

### Incentivising Bank Take Up-Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Milestone Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translati on Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Incentivising Bank Take up	Dec-17	Set out range of options with analysis of benefits and risk	Sep-17	J Quirk	Y	Y				
			Meet with Lesley Jenkins (Nurse Lead) to agree final proposals, arrange for costing of any measures introduced.	Sep-17	J Quirk	N-Delayed					
			Discuss and confirm arrangements for any changes with Shared Services Payroll	Oct-17	J Quirk	N-Delayed					
			Fully costed Proposals and or recommendation submitted to Exec Team for approval.	Oct-17	J Quirk	N-Delayed					
			Outcome confirmed and delivered (dependent on solution)	Dec-17	J Quirk	N-Delayed					
	Implement New Nurse Bank System	Oct-17	Configure the system	Sep-17	E Owen	Y	Y				
			Organise manager and Staff Training events	Sep-17	E Owen	Y					
			Go Live	Oct-17	E Owen	Y					

## Recovery & Sustainability Programme 2017-18

### Job Control/Grading Drift-Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Streamline job evaluation processes.	End of Sept 2017	Review job evaluation processes.	April 2017	SV	Y					
			Strengthened rebanding applications so that Service Directors authorise applications.	April 2017	SV	Y					
			Further implement clustering and a development of generic job descriptions to optimise the job evaluation resource.	End of Sept 2017	SV	Y					
	Strengthening the rebanding process.	End of July 17	Cease management initiated rebandings for 6 months during recovery phase .	End of June 2017	SV	Y					



## Recovery & Sustainability Programme 2017-18

### Non-Medical Study Leave Policy- Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Fit for purpose study leave policy for non medical staff	31 <sup>st</sup> July 2017 Dependant on the Medical Study Leave work Stream	Analysis of spend versus budget for 2015-2016,2016-2017	June 2017	KM	Y					
			Comparison of ABMU policy to other NHS Wales policy	April 2017	KM	Y					
			Fact finding questions with other NHS Wales organisations with regards to implementation of the study leave policy	April 2017	KM	Y					
			Review policy decisions and future strategic directions of NHS Wales	June 2017	KM	Y					
			Set up multi disciplinary working group to review information	May 2017	KM	Y					
			Working group to meet	June 2017	Multi Disciplinary Group	Y					
			Compare recommendations from working group with Medical Study Leave	June 2017	Km/ Multi Disciplinary Group	Y					





## Recovery & Sustainability Programme 2017-18

### Reduced Recruitment Time-Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables		Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translati on Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Reduced Recruitment Time	Nov-17	Shared Services deliver access to TRAC and training to HR staff so they can interrogate the system and run DU and directorate specific reports. Agree key KPIs to be used.	Sep-17	J Quirk	Y- delayed	Y				
proposals for how the information is to be used consistently across the HB and how the data is reported at DU performance Reviews.			Sep-17	J Quirk	N- Delayed						
Series of Bulletins published through Sept/Oct provided targeted advice and guidance to managers on the measures they can take to reduce the time table.			Oct-17	J Quirk	Y						
Agree follow of clinic to be delivered by Shared Service to targeted areas with the worst performance			November (on-going)	J Quirk	N- Delayed						



Ref	Key Deliverables	Paul	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translati on Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	<b>Sickness Policy Monitoring:</b>  Establish a mechanism and process to review all long term sickness monthly	<b>Jun-2017</b>	Establish a mechanism and process to review all long term sickness monthly	JUN-2017	GH	Y					
	<b>Sickness Policy training:</b>  Deliver training around behaviour and conversations enabling managers to manage sickness and support staff in returning to work		Nelson sickness training ongoing. 1-2 workshops each month, 40 delegates each workshop, <b>till end of 2017</b>		GH	Y					
	<b>Other Initiatives:</b>		Issue guidance to manage long-term sickness	Jan-18	GH						
Setup a process to review top 10 long-term off sick staff by DU			Dec-17	GH	Y						
Send out Christmas frequent flyer list to DU's			Dec-17	GH/KL	Y						
Consider the recommendations of the 'Thriving at Work' - Mental Health and Employers Report and develop an implementation plan if required			Jan-18	PD							



## Recovery & Sustainability Programme 2017-18

### Staff Experience / Staff Experience Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£	Other Currency	RAG Status
	Improving behavioural leadership skills	April 2018	Developing behavioural leadership programme - Foot prints	March '17	L&D	Y					
			Identify and agree priority areas with Exec Team & staff side approval	March '17	L&D	Y					
			Determine resource required to facilitate – fortnightly and weekly programmes	March '17	L&D	Y					
			Agree programme roll out for 2017/18	April '17	L&D	Y					
			Evaluate impact of cohorts	6 months post each cohort	L&D						
			Determine phase 2 delivery and target groups	January 2018	L&D						
Staff Recognition	April 2018 & on-going	Action Staff Experience Strategy	March 2018	Staff Experience Team							
		Agree programme of Staff Recognition for 2017/18	January '17	Staff Experience Team	Y						
		Launch programme of Long Service Awards	July '17	Staff Experience Team	Y						
		Run Patient Choice Awards in each Delivery Unit	December '17	Staff Experience Team	Y						

			Determine revised model for Chairman's Awards	February '18	Staff Experience Team						
Listening to our staff	April 2018 & on-going		Run values survey as baseline survey – year 1	February '17	Values Programme Team	Y					
			Analyse data and feedback to SDUs	June '17	Values Programme Team	Y					
			Support Units to triangulate data with MES and NHS Staff Survey	June '17	Values Programme Team	Y					
			Delivery Units to identify priority areas for action & lead improvement	July '17	Service Delivery Units	Y					
			Repeat values survey – year 2 on an annual basis	February '18	Values Programme Team						
Staff experience through recruitment & retention			Refer to Recruitment Work stream								
Healthy Workplaces	April 2018		Cross reference sickness work stream and actions to improve and expedite access to well being services and occupational health								
			Develop & further extend well being champions role across the organisation	September '17	OH & Well Being Team	Y					
			Improve access to services through development of Single Point of Access & website	September '17	OH & Well being Team	Y					
			Determine top 3 well being priorities for 2017/18 based on staff survey feedback	July '17	OH & Well Being Team	Y					
	Februa		Analyse current data to identify	May '17		Y					



## Recovery & Sustainability Programme 2017-18

### Workforce-Staff Retention- Health Board Theme Programme Plan Deliverables & Milestone Actions

Ref	Key Deliverables	Delivery Date	Milestone Action	Milestone Date	Milestone Owner	Complete Y/N	Translation into Service Delivery Unit				
							Translation Y/N	Unit Scheme Plan Reference & Name	£ '000	Other Currency	RAG Status
	<b>Staff Retention:</b> Implement Retire and Return policy	Aug-2017	Draft Policy	May-2017	GH	Y					
			Consultation with LNC and sub group partnership forum	Jun-2017	GH	Y					
			Exec Sign Off	Aug-2017	GH	Y					
	<b>Staff Retention:</b> Review of Exit interview data	Oct-2017	Data analysis of exit interview data of staff leaving within 24 months of joining the organisation.	Aug-2017	GH	Y-Delayed					
			Recommendations and actions from data analysis and staff engagement	Oct-2017	GH	N-Delayed					
	<b>Staff Retention:</b> Longer working tool assessment	Nov-2017	Finish Assessment	Sep-2017	GH	Y					
			Develop initiatives and recommendation	Nov-2017	GH	N-Delayed					

## Recovery & Sustainability SMART Objectives – Workforce

<b>Improving Rostering</b>				
<b>No</b>	<b>Objective</b>	<b>Who</b>	<b>Timescale</b>	<b>Measures</b>
1	To reduce bank and agency spend	Emma Owen	Mar-2018	Bank and Agency Cost Bank and Agency Hours
2	To improve rostering efficiency	Emma Owen	Mar-2018	<ul style="list-style-type: none"> <li>• By Wards               <ul style="list-style-type: none"> <li>▪ Variance in No. of Staff on shift</li> <li>▪ Headroom management (Unavailability %)</li> </ul> </li> </ul>

<b>Incentivising Bank Take Up</b>				
<b>No</b>	<b>Objective</b>	<b>Who</b>	<b>Timescale</b>	<b>Measures</b>
1	Reduce agency cost	Julian Rhys Quirk	Mar-2018	No. of Agency Shifts Agency Hours Agency Cost
2	Increase shifts take up by bank staff	Julian Rhys Quirk	Mar-2018	No. of Bank Shifts Bank Hours Bank Cost

<b>Reduced Recruitment Time</b>				
<b>No</b>	<b>Objective</b>	<b>Who</b>	<b>Timescale</b>	<b>Measures</b>
1	Reduce overall recruitment time by focusing on specific steps of the process	Julian Quirk Rhys	Mar-2018	From Notice Date to Vacancy Request Date (10 Days)  Recruiting Managers Time Taken to Shortlist (3 Days)  From vacancy requested by manager to unconditional offer (71 Days)

<b>Reduce Sickness Absence</b>				
<b>No</b>	<b>Objective</b>	<b>Who</b>	<b>Timescale</b>	<b>Measures</b>
1	Reduce sickness absence	Guy Holt/Paul Dunning	Mar-2018	Sickness % (5%)
2.	Reduce DNA rates at occupational health appointment	Paul Dunning	Mar-2018	DNA Rates
3.	Improve OH process to see referred staff in timely manner	Paul Dunning	Mar-2018	Time taken to seen from referrals
4.	Sickness policy compliance	Guy Holt	Mar-2018	Regular Audits

<b>Job Controls-Grading</b>				
<b>No</b>	<b>Objective</b>	<b>Who</b>	<b>Timescale</b>	<b>Measures</b>
1	Implement a consistent vacancy control process(including new post and Re-evaluation) all across health board	Kate Lorenti	Mar-2018	New Process Implemented
2	Financial savings by holding vacancies where appropriate	Kate Lorenti	Mar-2018	TBC

**Process Improvements in Occupational Health Sickness Referrals**

Process Steps	Improvements being made	Impact
Referral 	# Examples of good and bad referrals # New e-referral form with manager guidance	# Improve standard of referrals # Referrals completed
Triage 	# Multidisciplinary triage # Return inappropriate referrals to manager with explanation	# Better use of available clinical appointments # Increased compliance to refer appropriately
Appointment 	# E-mail appointment letter to manager # Telephone reminder (eventually text reminder) to staff member # Manager to remind staff of contractual obligation	# Reduced DNA rates # Manager takes more responsibility for motivating staff to attend
Appointment Day 	# Text reminder service # Train BAND 7	# Reduce DNA's # Increase capacity # Reduce waiting time
Report 	# Explore possibility of speech recognition software # e-mail report securely to employee	# Save time taken to type and get report approved
Report sent to manager	# e-mail report to manager	# Manager receives report more quickly