

Recruitment and Retention Final Internal Audit Advisory Review Report

March 2022

Cwm Taf Morgannwg University Health Board



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1. Introduction

- 1.1 Our review of recruitment and retention was completed as part of the 2021/22 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation').
- 1.2 We last reviewed recruitment processes in 2017, approximately a year after the TRAC recruitment system had been rolled out across NHS Wales. In our report, we issued a 'Reasonable Assurance' opinion in relation to the systems and controls in place at that time for non-medical recruitment.
- 1.3 In 2018 we reviewed the retention process for staff, specifically in relation to nursing, and issued a 'Limited Assurance' report. We followed up this review in the summer of 2019, but little progress had been made, and again we issued a 'Limited Assurance' opinion.
- 1.4 More recently, in addition to the Covid-19 pandemic, there have been a number of significant changes in the Health Board, including its expansion to incorporate staff working in the Bridgend area, and from April 2020, the implementation of a new operating model. Furthermore, there have been changes within the workforce team. As such, the Workforce and OD team is reviewing, updating, and revising a number of its processes, including recruitment and retention.
- 1.5 With these changes in mind, we have looked at aspects of the review being undertaken by the workforce team which align to the objectives in our previous reviews relating to recruitment and retention.
- 1.6 When workforce have completed their review and the Health Board has implemented the revised approach, we will undertake an assurance audit of the process to consider if the risks identified in our original retention review have been mitigated.
- 1.7 This report is to note the work that the Health Board is undertaking and to provide observations on the changes that are being made.
- 1.8 For the purpose of this report, due to the availability of staff within the Health Board, our work focused on the Bridgend ILG.
- 1.9 The relevant lead for the review was the Executive Director of People.

2. Detailed Audit Findings

2.1 We looked to understand:

Objective 1: The arrangements in place that allow Clinical Service Groups (CSGs) to capture relevant workforce data, including future recruitment requirements, turnover rates and retention issues, to help inform the development of their workforce plans.

2.2 Previously, each CSG was responsible for producing workforce plans for their area, that in turn informed the respective workforce plan element of their ILG's Integrated Medium Term Plan (IMTP). Plans should derive from, amongst other things, staff in post lists maintained within ESR, and finance staffing lists based on information held in the finance system, Oracle. This data can be used to confirm the establishment within each CSG. CSG managers should then be able to apply local knowledge to the data to make it more meaningful, for example anticipated retirement dates, in order for detailed CSG workforce plans to be created.

2.3 Due to the pressures of the pandemic, in 2021/22 planning did not involve CSG management teams, but was done at an ILG level by Heads of Workforce.

2.4 CSGs can capture workforce data to help develop their workforce plan. The Bridgend IMTP states that the availability of workforce data needs to be improved to help inform workforce planning.

2.5 Guidance and toolkits were produced to assist in workforce planning, but these were not referenced during our fieldwork. We understand that there is no standardised planning process across CSGs.

2.6 We understand that an Assistant Director for Workforce Planning has been recruited whose role includes reviewing the future workforce needs.

Conclusion and considerations:

2.7 As a result of a different approach to the development of the 2021/22 workforce plans, we were not able to fully review and appraise the method used in CSGs for developing meaningful workforce plans. While CSGs can capture workforce data through ESR and finance reports their approaches to processing this information varies. As noted above, concerns have been raised around improving the availability of workforce data to enable better workforce planning.

2.8 Consideration should be given to:

- Having a clearly documented process or toolkit that provides guidance and a structure to CSG managers who use workforce data to develop workforce plans.
- Ensuring CSG managers have the access to the relevant workforce data needed to aid them in producing both short term and longer-term workforce plans.

Objective 2: The process to collate CSG workforce plans into Integrated Locality Group (ILG) workforce plans and how they aligned to corporate objectives.

- 2.9 While CSGs had less involvement in the workforce planning for 2021/22, they provided some information on recruitment and speciality shortages to their ILG.
- 2.10 This change in approach meant the ILG Heads of Workforce had to aggregate the workforce data for their ILG. We understand that staff identified a discrepancy in the Bridgend ILG IMTP due to the aggregation process followed in 2021/22. In 2022/23 the CSG managers will be involved in producing workforce data for the IMTP, which will add an additional layer of scrutiny.
- 2.11 Some of the recruitment issues detailed in the Bridgend ILG IMTP reflect the wider issues that the Health Board is experiencing, with recruitment challenges in certain staff groups, in particular nursing and medical workforce.

Conclusion and considerations:

- 2.12 The approach adopted in 2021/22 meant that the CSG workforce plans were not collated into ILG workforce plans in the normal way, which may have resulted in discrepancies.
- 2.13 Consideration should be given to:
- Ensuring that CSG managers are involved in workforce planning, with less reliance placed on planning at an ILG level, where there is limited localised knowledge.
 - Reconciling the budgeted establishment to actual establishment to ensure the base data is an accurate starting position.

Objective 3: The role of business partners work with CSGs and ILGs in the development of workforce plans and resultant action plans.

- 2.14 The ILG Heads of Workforce provide support in developing the workforce plans. They worked together to produce the plans for the 2021/22 IMTP to ensure that the approach was consistent. These plans were agreed with the Senior Leadership Team at each ILG.
- 2.15 The Bridgend IMTP contains information on its workforce challenges and by the wider Health Board. The IMTP lists the responses to those challenges and the key workforce priorities, such as the ongoing work to enable the Health Board to have a multi-professional and multiagency workforce model. However, we did not see documentation setting out at a more localised level how the ILG is going to implement the actions needed to achieve their workforce plan.

Conclusion and considerations:

- 2.16 The Heads of Workforce and the workforce business partner teams have been involved in the development of the 2021/22 ILG workforce plans for their IMTPs.
- 2.17 Consideration should be given to:

- Repeating the cross working that was undertaken by the Heads of Workforce to ensure consistency across ILG workforce plans and encourage the sharing of learning.
- ILGs compiling action plans linked to the workforce priorities of further work needed listed in their IMTPs. Working alongside other ILGs to develop collaborative approaches where there are common actions required.

Objective 4: The process for overseeing staff retention, including initiatives that have been set up to establish why people leave, and to encourage staff to communicate if they are thinking of leaving.

- 2.18 Four workstreams have been set up within the Employee Experience team that align with the Health Board's employment pathway.
- 2.19 The 'Moving On' workstream has looked at ways to encourage people to stay, but if they do leave, to understand why they have left. Currently only 2% of leavers complete exit interviews and the Health Board would like this to increase to a 20% completion rate. Survey work has started to understand the reason for staff leaving, to determine if there are specific themes. The 'moving on' survey has been trialled but at the time of our fieldwork the results had not been fully analysed to ensure the form captures all appropriate information.
- 2.20 In addition to reviewing the content of the survey, the timing of when a survey is completed has been considered. Currently, the exit interview is undertaken as the employee leaves the Health Board. The Health Board recognises that there is more benefit engaging with staff at the point they resign as there may be an opportunity to retain the employee.
- 2.21 One of the main reasons for leaving the Health Board is for development opportunities. The 'Develop and Retain' workstream have reviewed the training provided within the Health Board. Their aim is to raise awareness and make training more accessible by producing a Learning and Development Opportunities Prospectus, detailing all training available by area.
- 2.22 Furthermore, the 'Develop and Retain' workstream have updated the PDR process. The process has been amended to allow it to be more of a 'conversation' between the Manager and employee, including checking the employee's health and wellbeing, and to consider learning and development opportunities.
- 2.23 Sickness remains an issue within the Health Board. Work carried out by the Learning and Development team has been identified that the correct return to work process is not always being followed in some areas of the Health Board. Instances of staff completing the return to work forms independently of the Managers have been identified. Our previous audit work in directorates and Clinical Service Groups has also identified cases where return to work forms were not completed. The absence of such meetings means the loss of an opportunity to discuss the reason for the sickness, which could be work related, and could be prevented from re-occurring.

Conclusion and considerations:

2.24 The Health Board has recognised the need to review the processes in place that will aid it in retaining staff in both the short and long term. A number of initiatives have been developed that need to be fully rolled out and embedded. Key to their success will be ensuring managers see the importance of these initiatives and utilising them on staff.

2.25 Consideration should be given to:

- Providing training to line managers on the revised PDR process and 'moving on' surveys, emphasising the importance of these processes in aiding the Health Board to retain staff and improve compliance rates.
- Having measurable criteria to help determine if new initiatives have been successful.
- Continuing to improve the proportion of staff that have an exit interview.
- Reviewing 'moving on' survey responses promptly after completion, to allow immediate action to be taken that may encourage a staff member to stay. Developing action plans to deal with any themes identified from the survey analysis.

Objective 5: The process and documentation for undertaking recruitment within the Health Board, including the approval to advertise a post, preparing job descriptions and person specification, and shortlisting candidates.

2.26 The Health Board's current recruitment process is not documented. We understand that process mapping work is due to start, primarily to address the timeliness of recruitment.

2.27 The Health Board receives a monthly report detailing the steps that need to be carried out to recruit an employee. The report includes the target time for each stage of the process and the actual time taken. There are numerous points within the process where delays occur. For example, in September 2021, it took on average 28.9 days from date of resignation to the date the job was added onto TRAC. The target time is 5 days. Furthermore, we understand that up to eight people are involved in the pre-TRAC approval process.

2.28 Although staff have received recruitment training, including training on the TRAC system, the Health Board recognise that some managers do not use the recruitment process regularly, and may be unsure of the process, meaning that in some cases delays can occur.

2.29 Within the Bridgend ILG, the process for recruitment has been amended in an attempt to reduce their overspend. They have agreed to scrutinise all vacant posts by reinstating the vacancy control panel. The panel will include the Senior Leadership Team of Bridgend ILG and will consider whether the vacant post should be recruited to or whether it could be deferred.

Conclusion and considerations:

- 2.30 There are delays within the recruitment process and the Health Board is failing to achieve the targets set at different stages in the process. The delays appear to be for a number of reasons and the process mapping work should help managers better understand their role and the process to ensure timely recruitment.
- 2.31 Consideration should be given to:
- The adoption, like other health boards, of a 'leavers checklist' for managers, detailing the processes to be completed when a member of staff decides to leave. One of the steps to be undertaken on receiving the employees resignation is that the recruitment process starts immediately to help speed up the process to fill the vacancy.
 - As a result of the process mapping work, developing detailed procedures for recruitment process, incorporating the expected timeframes for each stage in the process.

Objective 6: There are approaches to alternative recruitment initiatives, especially where previous or traditional recruitment methods have failed.

- 2.32 In addition to traditional recruitment methods, the Health Board continues to apply alternative methods. Prior to the pandemic, an extensive overseas recruitment programme was in place.
- 2.33 More locally, there are a number of initiatives to recruit and provide people with experience. 'Project Search' is a joint partnership between the Health Board and Bridgend College to provide students with a placement in a number of areas within the Health Board. Following completion of the placement, the participants are able to apply for permanent positions.
- 2.34 'Kickstart' is another initiative targeting unemployed 18–25-year-olds on universal credit. Kickstart provides fully funded placements in several areas within the Health Board. As with Project Search, the participants are able to apply for permanent roles following the placement.
- 2.35 The Health Board plans to measure the success of these initiatives by assessing whether people have acquired the appropriate skills, completed the placements and if any apply to the Health Board or elsewhere and secure employment.

Conclusion and considerations:

- 2.36 It is apparent that the Health Board has been pro-active in developing alternative approaches to recruit staff. The success of each initiative should be reviewed to help determine future plans.
- 2.37 Consideration should be given to:
- Ongoing review of recruitment initiatives to assess whether they have been successful.

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- Ensuring that recruitment planning aligns to the workforce plans developed by CSGs, so that the Health Board is targeting its recruitment efforts to those areas where it is needed.

Objective 7: The monitoring and reporting process taking place at CSG, ILG, speciality (e.g. Nursing Workforce Group) and corporate level is appropriate.

- 2.38 Managers within CSGs have access to Business Intelligence reports within ESR to produce staffing reports, but we understand these are not always used.
- 2.39 There are monthly ILG reports on areas including recruitment, turnover, staff in post and agency usage. These staff metric reports are reported to the People and Culture Committee.
- 2.40 ILG leads hold monthly meetings with the CSGs to discuss performance indicators and turnover. There are monthly performance meetings between the Interim Chief Operating Officer and the ILG Leads where similar matters are discussed.
- 2.41 At other health boards we have seen deep dives into workforce areas where similar issues have been identified in Workforce. We are unaware of similar work within the Health Board.

Conclusion and considerations:

- 2.42 Workforce reporting is undertaken at all levels within the Health Board. The monitoring that is performed has recognised that there are issues with recruitment and retention in some areas and further work is needed.
- 2.43 Consideration should be given to:
- Undertaking deep dive work to understand specific problems and concerns within certain areas or processes and develop steps for improvement.



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