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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	13th November 2018	Agenda Item	2c
Report Title	Registered Nursing Recruitment and Retention Update		
Report Author	Sharon Vickery, Assistant Director of Workforce Louise Joseph, Assistant Director of Workforce and OD		
Report Sponsor	Hazel Robinson, Director of Workforce and OD		
Presented by	Hazel Robinson, Director of Workforce and OD		
Freedom of Information			
Purpose of the Report	The purpose of the report is to provide an analysis of vacancies and recruitment and retention challenges current faced by the Health Board. This paper will address the position within the nursing and medical professions.		
Key Issues	<p>Recruitment and retention of medical and nursing staff present a significant risk to the Health Board. Current staff shortages impact directly on the delivery of service and financial targets, quality and safety of patient care and the wellbeing of the workforce.</p> <p>The report outlines the current levels of vacancy and turnover for medical and nursing staff and outline plans to address the current position to reduce vacancy levels and turnover.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	<p>The committee is asked to:</p> <ul style="list-style-type: none"> - Note the contents of the paper and the progress made and planned to address nursing and medical vacancies. - Advise on further updates required to provide assurance on progress and delivery of plans. 		

REGISTERED NURSING RECRUITMENT AND RETENTION UPDATE

1. INTRODUCTION

The purpose of the report is to provide an analysis of current vacancies and turnover for medical and nursing staff and outlines plans to address and reduce the current levels of vacancies within the Health Board.

The purpose of this paper is to provide an analysis of vacancies and recruitment and retention challenges current faced by the Health Board. This paper will address the position within the nursing and medical professions.

Recruitment and retention of clinical staff is a key strategic concern, not only for ABMU, but more widely across NHS Wales and all other part of the health care sector within the UK. High levels of vacancies and staff turnover materially impact on organisational performance and the delivery of performance targets. It drives costs into the system through undesirable levels of bank, agency and locum usage. There is also a recognised impact on patient staff, quality and patient/service user experience. The impact on staff moral and well-being is also well recognised and detrimental to staff experience and engagement levels.

The paper also goes on to explore actions currently being taken or planned by ABMU and will also highlight further work that needs to address as an urgent need to address and improve the current position.

2. CURRENT POSITION REGISTERED NURSES

Registered Nurse Vacancies

The table below provides a comparison of funded establishments against staff in post since April 2013 (CNO guiding principles introduced in 2013).

	Funded Establishment FTE	Actual Staff in Post FTE	Vacancy level FTE	Vacancy level %
April 2013	4350.77	4299.99	50.78	1.17%
April 2014	4552.98 (+202.21)	4431.00 (+131.01)	121.98	2.68%
April 2015	4618.43 (+65.45)	4458.45 (+27.45)	159.98	3.46%
April 2016	4708.08 (+89.65)	4473.74 (+15.29)	234.34	4.98%
April 2017	4795.49 (+87.41)	4489.10 (+15.36)	306.39	6.39%
April 2018	4858.37 (+62.88)	4478.32 (-10.78)	380.05	7.82%
Movement 13-18	+507.60	+178.33		
Sept 2018	4896.73 (+38.36)	4429.75 (-48.57)	466.98	9.54%

This table indicates that whilst the number of registered nurses in post has increased over time, the required level of nursing has increased at a greater rate, therefore increasing our level and % of vacancies.

The increase in required nursing levels reflects CNO guiding principles which have been implemented over time, including setting relief cover at 26.9% across all ward areas along with introduction of new capacity/services/service models.

Staff on post has reduced over the last 12/18 months.

Over the same time frame there has been an overall increase in registered nurses across NHS Wales of 640.75 FTE. ABMU has had 27.8% of this overall increase in registered nurse staffing levels.

The recent benchmarking exercise, which has not yet been finalised has identified almost 3000 registered nurse vacancies across the 7 Welsh Health Boards, this equates to a vacancy rate of around 12%. Against this benchmark ratio ABMU has a lower vacancy % rate, which currently stands at 9.54% in September 2018.

The table below provides a breakdown of vacancy by A4C bands 5-7.

Grade	Budgeted FTE	Staff in Post FTE	Under/Over Establishment	Vacancy %
Band 5	2,697	2,385	(312)	11.57%
Band 6	1,233	1,195	(38)	3.10%
Band 7	755	711	(44)	5.8%

The table below identifies areas of the Health Board which are vacancy 'hot spots' which highlight those areas with vacancy levels in excess of 10%.

Unit	Band	Vacancy FTE	Vacancy %
MH&LD	Band 5	48	12.45%
Morrison	Band 5	137	12.89%
NPT	Band 6	13	11.91%
PC&C	Band 5	25	10.05%
POW	Band 5	56	12.41%

Registered Nurse Turnover and Stability

Between October 2017 and September 2018 the registered nurse turnover rate is reported at **8.50%**. The turnover trend has been improving (falling) over recent months. This equates to 424 nurse leavers.

The labour stability index for the same period is **91.16%**. This measure donates the number of nurses who were in post at the start of the period with those remaining at the end of the period. I.e. of the 4991 nurses employed at October 2017, 4550 of these nurses remained in September 2018.

The table below highlights turnover by A4C pay band.

Pay Band	No of Leavers	% Turnover
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Band 5	264	9.75%
Band 6	84	6.28%
Band 7	58	7.58%
Band 8A and above	18	8.45%

Clarity on the reasons for nurses leaving is important, to understand the reasons that are driving nurses to leave.

Of the leavers the following table identifies those that are made through choice – promotion, career development (and potentially could have been retained) and those who have left for other reason e.g. retirement, dismissal etc.

Reason for leaving	Number	%
Discretionary – e.g. promotion	229	54%
Other turnover e.g. retirement	195	46%
Total	424	100%

Finally, the table below reports turnover by length of service. In the past there have been concerns that nurse turnover is high in the first year or two of employment.

Band	< 1 year	1-2 years	2-5 years	5-10 years	10 + years	Total
Band 5	40	52	52	31	89	264
Band 6	4	5	11	15	49	84
Band 7	1	6	10	4	36	57
Band 8A +	0	3	2	3	11	19
Total	45	66	76	53	184	424

This indicates that 10.6% of all new starters leave within the first year of employment and nearly 26.1% leave within the first two years. For band 5 nurses the figures are 9.9% within first year and 21.7% within first two years.

Exit Interview Processes

There is currently no health board wide consistent and comprehensive approach to conducting exit interviews. This process is key to understand why staff leave and to inform strategies to address underlying issues.

Work is underway to address this and a number of solutions are being considered:

- Expanding the pilot exit interview process undertaken within nursing. The limitations are that this is a paper driven process which will be difficult to manage and is unlikely to provide a robust, sustainable solution.
- Utilise the new ESR exit interview functionality. This is not yet fully live and further national work is being undertaken to ensure the product is fully fit for purpose. This is anticipated to be completed by the end of the calendar year.

This would provide an electronic system which would be able to be utilised Health Board wide and is free of charge as part as the national ESR contract.

- Explore the procurement of an exit interview system and process managed by a third party provider. There are many systems on the market at competitive rates which provide comprehensive electronic solutions.

A recommendation will be developed for consideration by the Executive Team in early 2019.

Key Messages

- Current vacancy levels – 467 FTE, 9.54% of registered nursing establishment
- Registered nursing staff in post has increased since 2013 but has fallen back over last 12/18 months
- Current vacancy % lower than NHS Wales average
- Band 5 reports the highest level of vacancies at 11.5%
- There are a number of recruitment hot spots within ABMU, mostly at band 5 level
- Turnover rates have fallen to 8.5%, with turnover highest at band 5 level at 9.75%
- 56% of turnover is discretionary, made through choice
- Over one quarter of new starters leave within the first two years of employment
- A comprehensive and sustainable exit interview process is needed

A full breakdown of this information is attached as Appendix 1.

3. NURSE RECRUITMENT ACTIVITY AND STRATEGIC APPROACHES

Recruitment Success

The information below outlines recruitment activity and success rates over the last 12 months. Further detail is provided in Appendix 2.

Unit	Post Advertised	Posts Filled	Partially Filled	Not Filled	Success Rate
Morrleston	173	68	27	78	64%
Singleton	135	47	28	60	68%
NPT	68	28	13	27	70%
MH&LD	155	77	9	69	65%

International Recruitment

Due to the UK nurse shortage the Health Board commenced overseas recruitment in July 2015. The initial activity focussed on recruiting nurses from within the European Union (EU). Whilst we had success in the recruitment of EU qualified nurses we faced a number of challenges. The main one being the low numbers of these nurses who were able to successfully gain the International English Language Testing System (IELTS) at Level 7 which is a Nursing Midwifery Council (NMC) requirement which contributed to the high levels of resignations from those initially recruited. Additionally we also encountered fairly high numbers of leavers from those who

gained registration most who gained employment in or near London. From the almost 200 nurses that originally arrived with us only 70 remain employed with us as registered nurses.

In 2016 we commenced via our all Wales appointed agent, two nurse recruitment trips to the Philippines these resulted in over 400 offers being made of employment with us. However the challenge has been similar to the EU workforce in that there has been a slow pass rate of the IELTS, which for the Philippine workforce they have to pass as part of the immigration process. The effect being that out of the initial number of offers, to date we have only had 30 arrivals to date who have gone on to successfully become registered nurses. With a further 5/6 planned at the end of 2018 early 2019. However the main advantage is that once registered our Philippine nurses remain in our employ and are not looking to move to bigger cities etc.

We have recently been exploring further options of nurses from Dubai and India but due to the challenges already encountered above recognise that we have to change our overall approach. For this reason we are in the process of preparing a mini tendering exercise which will be aimed at suppliers who are able to provide overseas qualified nurses who already have the requisite English language requirements prior to recruitment. Whilst this will result in fewer numbers overall being recruited it will mean the nurses that arrive with us will in the majority of circumstances become registered nurses with us.

We continue to undertake local recruitment activity via regionally organised nurse recruitment days which ensure we are not duplicating efforts across our hospital sites. These are heavily advertised across social media platforms via our communications team.

We have also been part of the Welsh Student Streamlining project which is aimed at developing a more efficient process of recruiting nurse students from Welsh universities without the need for formal interviews.

Additional activity to grow our own nursing workforce currently includes:

Eleven of our Health Care Support Workers (HCSW's) undertaking a part time degree in nursing. Seven commenced in September 2017 on a four-year programme, the remainder commenced in January 2018 on a two year nine month programme. We also secured further external funding to offer similar places to Thirteen HCSW's in 18/19.

A further thirteen of our HCSW's are currently undertaking a two-year master's programme and eight HCSW's with overseas registration have recently commenced a programme developed with Swansea University to become registered nurses in the UK.

'Growing our Own'

Our Apprenticeship Academy provides apprenticeship opportunities for individuals wishing to pursue a health care career. Since the Academy launched in 2016, 165 individuals have been supported through our Academy in a range of clinical and non-clinical areas. Whilst undertaking the apprenticeship role, individuals also study a

Level 2 qualification with Neath Port Talbot College. At the end of their apprenticeship, apprentices are able to apply for roles within the Health Board or pursue higher apprenticeships.

To date, a total of 18 HCSW have completed apprenticeships on our medical and surgical wards, theatres, physiotherapy, speech and language therapy, audiology and discharge lounge. Following their apprenticeship, 15 have secured permanent employment as HCSWs in ABMU and 1 is accessing a higher apprenticeship route in speech and language therapy. Our experience over the past 18 months has demonstrated that the apprenticeship route is an effective talent pipeline for recruiting our future HCSWs and a further 13 HCSW apprenticeship opportunities were created in Morriston Hospital's medical and surgical wards. The selection process for these posts has already taken place and the apprentices will join us in December 2018.

ABMU has also undertaken a number of 'grow your own' initiatives to increase the Registered Nurse workforce. In 2017, new and flexible career pathways were developed, enabling existing HCSWs to train to become registered nurses. In partnership with Swansea University, two new education pathways were developed to support this transition;

- **BSc (HONs) part-time nursing degree (Adult, Child and Mental Health)**

The part time nursing degree enables existing Health Care Support Workers to continue working and earning and study part time over a period of 4 years. In 2017, ABMU filled the 11 commissioned places; Seven HCSWs commenced a 4-year programme in September 2017 and four commenced a shorter programme of 2 years 9 months in January 2018. The length of programme is determined by the entry level of the HCSW, which is dependent on their qualifications. The programme is 22.5 hours per week and jointly funded by WEDS and the Service Delivery Units. A key component of this programme is that our HCSWs commit to working for the Health Board for four years post registration. For 2018/19 entry, our 13 commissioned places have been filled and a further 2 places have been allocated. We expect to see an increase in this part-time route year on year and could fill more places if they were available.

- **programme for Internationally Educated Nurses (IENs) to attain UK NMC registration**

An intensive IEN IELTS 13-week programme was developed in partnership with Swansea University Language School and Hywel Dda Health Boards in 2017. The initial programme included 10 HCSWs from Hywel Dda and 7 from ABMU who were assessed on their ability to achieve Level 7 to satisfy the NMC requirements. In total only 2 HCSWs passed the IELTS exam from ABMU and the disappointing outcome has prevented the second stage of the programme commencing as planned. However, an alternative option of English language training is currently being considered to allow the HCSWs the opportunity to sit the OET which is an alternative test accepted by the NMC and was introduced in October 2017. WEDS (HEIW) have agreed to fund this training and arrangements are being made with a local provider. If this programme proves to be successful, further recruitment could be initiated.

A further full time pathway was developed during 2017:

- **MSc Nursing (Adult, Child and Mental Health)**

In September 2017, a new MSc Nursing (Adult, Child and Mental Health) programme at Swansea University was introduced. This is a two year programme and offers an additional route for HCSWs to train to become a registrant. In its first cohort, thirteen ABMU HCSWs were successful in gaining places. This programme is full time and open to graduates with a 2:2 degree or above who have a minimum of 750 hours' experience of working in a healthcare environment. There is currently no Health Board financial support for this programme and HCSWs who enrol become full time students for two years and leave their HCSW post, although some do maintain a bank contract. Tuition fees are WEDS/HEIW funded and students are eligible for a non-means tested bursary.

HCSWs who wish to pursue a nursing degree programme, are also able to apply once they have gained the HE Cert. This level 4 qualification enables HCSWs to enter at year 2 of the full time nursing degree programme. This option has been available to HCSWs for many years and full funding is available via WEDS/HEIW.

And for the future:

A new flexible opportunity will be available in 2019 to our HCSWs via the Open University Nursing Degree. ABMU has been allocated 3 allocated places for the four year distance learning programme. Thirteen candidates have been shortlisted and interviews will take place early November. It is the first time for Wales to offer the OU nursing degree, although it is well established in Ireland and in other parts of the UK. The entry requirements are less than nursing degree programmes in our Welsh universities and therefore this could allow opportunities for HCSWs who would not normally meet the academic entry level for a nursing degree.

Nurse Recruitment Strategy 'Think Tank'

A recruitment 'Think Tank' has recently been to explore the development of recruitment and retention strategies for nursing. A number of areas were explored which are summarised below:

- How to improve and streamline recruitment end to end processes
- Maximising the benefits of the student streamlining process– automatic post off to all new registrants without interview. Aligned to new nurse bursary system
- Strategies to attract nurses from out of area (specifically with skills)
- HCSW recruitment
- Bank recruitment
- Apprenticeships and how this links to HCWS development
- Overview of recruitment events across the Health Board (timely management, marketing, occ health, support, facilities)
- Joining up campaigns with national Train, Work Live campaign
- Talent pool within TRAC ('keep people on file who are not successful but are appointable') to offer alternative positions
- External job fairs – how do we maximise the benefit of these?
- Uniformed approach to interviewing processes

4. MEDICAL RECRUITMENT

The following section provides an explanation of the range of grades of medical staff and the difference approaches to recruitment of each of these.

All training grade doctors are recruited via the Wales Deanery (now part of HEIW), if the Deanery are unable to recruit into a vacancy it is passed to the Health Board to recruit a Locum Appointment to Service (LAS), which is a fixed term post for the duration of the vacancy. Unfortunately, LAS post are not approved for training and are therefore not as attractive to junior doctors. The Health Board recruits all non-training grade appointments.

If the Health Board requires doctors to work alongside a trainee in a like for like post then the doctor is placed into either a Junior Clinical Fellow or Senior Clinical Fellow post dependant on the equivalent grade of trainee.

Specialty and Associate Specialist (SAS) doctors are career grade doctors. The Associate Specialist is a closed grade and therefore the Health Board can only recruit to Specialty Doctors however, if an Associate Specialist applies for a Specialty Doctor post on first day of employment it has been agreed in Wales that the doctor can be changed to an Associate Specialist.

All Consultant posts are required to follow The National Health Service (Appointment of Consultants) Regulations 1996.

Attached is a breakdown of the current Medical vacancies as at 31st October 2018 actively being advertised it does not include any posts the Directorates may have placed on hold or have not uploaded onto TRAC. Information attached as Appendix 3.

Below is a table providing an overview of some of the specialties within Morryston Unit that consistently experience vacancies, Morryston Unit has been chosen as it has the highest number of training posts;

Dept & Level	No Posts	Vacancies 2015	Vacancies 2016	Vacancies 2017	Vacancies 2018
T&O 1 st tier	12	3	4	2	4
2 nd tier	12	3	1	2	2
Surgery 2 nd tier	12	2	2	1	3
3 rd tier	11	1	2	1	2
Cardiothoracic 1 st tier	8	5	4	5	3

5. MEDICAL RECRUITMENT DIFFICULTIES

In recent years, there have been changes to the immigration rules applied to doctors within the UK plus changes to training and number of posts available. This has resulted in a reduction of overseas doctors wishing to come to the UK to train/work; there has also been a significant increase in the number of doctors requesting to train less than fulltime. Both of these situations have had a significant impact on rotas and delivery of service.

The introduction of the Deanery Educational Contract has also had an impact on the Health Boards delivery of services and training, the main issue is the introduction of 1:11 rotas. The frequency of a rota relates to non-resident on-call rotas only and does not relate to shift working patterns therefore the 1:11 is not relevant to shift rotas. The increase in the number of doctors required to work a 1:11 rota has resulted in vacancies that previously were not part of the Health Board establishment. A review of the rotas has been agreed and Kendall Bluck has been contracted to work in the Emergency Department at Morriston and to undertake a review of all junior doctor rotas, across the Health Board and work will be commencing shortly.

SAS doctors in hard to fill areas are turning down posts and moving across to England as higher salaries are being offered outside of the T&Cs.

Consultants are a key part of the NHS workforce, they represent a significant investment for the individual Consultant and the Health Board. They are also a limited resource and not always readily replaced and with some of the changes to the number of training doctors, this may affect the number of 'home-grown' training grades coming through the system to replace retiring Consultant and new Consultant posts. We also need to factor in the change to the pension scheme as some Consultants may take early retirement to protect pension sums; we need to ensure that Directorates are looking at careful succession planning to avoid the risk of having an unsustainable service going forward.

Due to the difficulties experienced within most departments there has been a need to retain some agency locums long term. A review of long term locums revealed departments found it necessary to retain these agency doctors due to the overall vacancies they are experiencing on various tiers of rotas. This has meant that although the doctor is considered a long-term locum they may have covered various vacancies at different levels plus on different sites. Therefore Medical HR have considered the overall position and following discussion with departments have requested that the Consultants at interview consider appointing doctors at various levels not only for the level being interviewed. Medical HR have also requested Medacs to provide CV's for permanent recruitment where there are a number of vacancies, vacancies at another grade or if it is considered that the department may not be successful in recruiting following interviews.

6. WHAT HAVE WE DONE?

2016 - The Health Board participated with HCL and Medacs Agencies in an International and European Recruitment campaign, interviewing in Dubai and India. This was successful and the Health Board saw 14 doctors commence employment.

The Medicine Department for Singleton and Morriston participated in recruitment of doctors to the Medical Training Initiative (MTI) Scheme via the Royal College of Physicians, which was also successful, and all 7 doctors interviewed commenced employment.

There was an All Wales initiative with BAPIO in 2016, which 6 Health Boards participated in. ABMU saw 11 doctors commence employment from this initiative.

The Medical Workforce Department were made aware of vacancies in Anaesthesia and linked with Medacs Agency who at that time were attending the European Congress of Anaesthesia Conference in London with the primary aim to identify future medical talent taking into account the vacancies within the Health Board building relationships and expanding contacts within the UK. This did not result in any recruitment for the Health Board.

The GAMET conference was held in India In March 2016, the Health Board joined Medacs to promote the Emergency Department, and a Health Board SAS doctor attended the stand from Morriston ED. The Health Board provided banners and flyers to support the advertising at the conference. This did not result in any recruitment for the Health Board.

2017 - Wales joined BAPIO for a second recruitment initiative and interviewed in Mumbai and Delhi. This initiative was successful and the Health Board appointed 17 doctors 3 of which have commenced in post, 14 are at various stages of gaining the relevant requirements for working within the UK. The lead in time for these doctors can be between 4 – 12 months however, experience to date is that doctors remain in post for the period of the contract unlike agency recruitment, which has seen doctors leave their employment early and move elsewhere.

Every year the Health Board participates on an all Wales basis in the BMJ London Careers Fair held every October, which is organised by the WG. All live vacancies are published and the aim from this is to again build relationships, networking and selling Wales as a whole; however, this does not prove very successful as a recruitment aid for ABMU.

7. WHAT HAVE WE PLANNED?

Participating in the All Wales BAPIO Campaign in November 2018. At present the Health Board have identified thirty-nine posts to be included in this initiative. The specialties included in the initiative are T&O, Surgery, Medicine, Emergency Medicine, Mental Health, Paediatrics, Ophthalmology and Anaesthetics. For this round, BAPIO are informing candidates to sit either the IELTS or OET language tests as soon as they apply and it is hoped this will help to reduce the time from recruitment to commencing employment.

A number of the BAPIO posts are at a junior clinical fellow level and the Royal College will only sponsor senior clinical fellows at ST4 and above. It has been agreed doctors will be assessed at interview on their level of experience, those at a more junior level will be asked if they wish to take up the offer of employment under a Tier 2 visa. It is anticipated that applications for Tier 2 visas will be successful following the changes to visa restrictions by the Home Office, which no longer

requires applications for doctors to be submitted and considered in the Tier 2 visa monthly allocations.

8. POTENTIAL RECRUITMENT SOLUTIONS

- The Health Board organises their own overseas recruitment campaign using Consultant contacts with institutes in various countries. Interviews could be held via Skype or overseas and organised without agency or BAPIO, which would have a reduced cost to the Health Board.
- Enhance the induction/cultural induction to Wales and the Health Board for overseas doctors. This is already in place, but may benefit from a refresh. This measure will make it easier to recruit and retain doctors and will enhance the Health Board's reputation for future recruitment campaigns.
- Consider an increase to the relocation package for all overseas doctors from £3,000 to £5,000 in line with the BAPIO initiative.
- Develop innovative rotations between different specialities, which may be of interest to doctors.
- Develop exchange programmes with different countries.
- Participate in recruitment fairs and events.
- Optimise our relationship with the BMJ to enhance our position in the market and consider flexible recruitment packages, Appendix 3
- Develop innovative solutions such as the SAS development programme they have utilised in a number of English Trusts to support the SAS doctors through the CESR route to become consultants. This has worked very well in ED and they now have a considerable number who can be appointed at consultant level.
- Enhance use of social media i.e. Facebook, Twitter, Linkdin
- ABMU job fairs and open days
- Professional networking by Consultants with organisations within and outside UK
- Clinical Observerships, advertise to allow doctors the opportunity to visit the UK and gain understanding of differences in practise and culture. This also allows the Health Board to assess clinical skills and if appropriate potentially employ the doctor. Previously this scheme was very successful in recruiting doctors to vacancies, this changed with immigration changes and lack of Consultant 'buy in'. However, if arranged with benefits to both doctors and Health Board could prove successful. The Health Board if considering this option should also consider offering a bursary, free accommodation etc. to encourage applicants.
- Locum Bank, there will be an opportunity to advertise and promote the Health Board to encourage doctors to work as locums but also potentially to move from a

'jobbing locum' to NHS. The Health Board should consider opportunities such as junior doctor induction to register doctors onto the bank.

- Consider branding for the Health Board when advertising that will reinforce the Health Boards values supported by a brochure that gives an overview of the organisation and details the benefits of working in Wales and specifically for ABMU.
- Recent discussions with Royal College Glasgow has identified their wish to work with NHS Wales and can offer benefits for all MTI doctors recruited via BAPIO and Health Board. They are also formalising a proposal for Wales, which would include an International Advisor Network with various countries. This will be a Wales initiative if taken forward.
- Consider over establishing, currently when posts returned to the Health Board by the Deanery for recruitment they are fixed term appointments however, looking at the table provided in this document it is evident that although vacancies vary in number they are consistently experienced within many departments. Therefore, if recruiting longer term or permanent and if the Deanery did recruit to all posts it is likely to be for brief periods only that the department may be over established.

9. NEXT STEPS

Work has commenced in conjunction with the Director of Nursing on the development of a wide ranging Registered Nurse Recruitment and Retention Strategy.

Early discussions are planned with the incoming Medical Director to agree a strategic approach to medical recruitment and the development of a Medical Recruitment Strategy.

10. RECOMMENDATIONS

The Workforce and OD Committee is asked to:

- Note the contents of the paper and the progress made and planned to address nursing and medical vacancies
- Advise on further updates required to provide assurance on progress and delivery of plans

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships	
						✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
			✓				
Quality, Safety and Patient Experience							
Workforce and OD is an integral part of the governance structure which supports quality, safety and patient experience. High levels of vacancies may impact of quality and safety of patient care.							
Financial Implications							
High level of vacancies drive staffing costs up through the use of agency and locum staff.							
Legal Implications (including equality and diversity assessment)							
Ability to meet the requirements of the Nurse Staffing Act.							
Staffing Implications							
High levels of vacancies impact on the well-being of staff and can contribute to increased workforce stress.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)							
The decision to establish a workforce and OD forum will help shape the long-term governance arrangements for the health board.							
Report History	First report to the committee.						
Appendices	Appendix 1 – Turnover and Stability information Appendix 2 – Vacancy success reports by organisation unit Appendix 3 – Copy of combined vacancy report						