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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>12<sup>th</sup> April 2022</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Recruitment and Retention Update</b>		
<b>Report Author</b>	Sharon Vickery, Assistant Director of Workforce and OD Guy Holt, Associate Head of Workforce.		
<b>Report Sponsor</b>	Debbie Eytayo Director of Workforce and OD		
<b>Presented by</b>	Sharon Vickery Assistant Director of Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To set out for the Workforce and OD Committee initiatives being undertaken at present and proposed as part of the Health Board's Recruitment and Retention plan		
<b>Key Issues</b>	To provide the Workforce and OD Committee assurance that the Health Board has taken proactive and innovative actions to address workforce vacancies and to promote SBUHB as a place to work and receive health care.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>That the Workforce and OD Committee notes:</p> <ul style="list-style-type: none"> <li>• The work with SBW.</li> <li>• The establishment and success of the Central Resourcing Team.</li> <li>• The work associated with resourcing the medical workforce.</li> <li>• The future work of the new Recruitment and Retention Group</li> <li>• The need to undertake further work to establish the HB's retention priorities.</li> </ul>		

## RECRUITMENT AND RETENTION UPDATE

### 1. INTRODUCTION

The purpose of this paper is to set out for the Workforce and OD Committee actions being undertaken at present as well as proposed initiatives in train which form part of the Health Board Recruitment and Retention plan to address key workforce challenges.

### 2. BACKGROUND

The Health Board has a strong Annual Plan for 2021/22, with a focus on quality and additional resources to deliver clinical transformation for patients with the support of our local community which we have engaged with. Changing for the Future has set out a clear direction of travel of three specialised centres of excellence on our main acute hospital sites and major expansion of out of hospital, community, mental health and primary services. Workforce has been identified as a key risk to delivering on the plan.

In Wales, all Health Boards work in partnership with NWSSP who provide the transactional element of the recruitment process except for the recruitment of medical staff. At the point they took over this work, the Health Board TUPE transferred its in house Recruitment Team to NWSSP, but this meant that there was no dedicated resource within the Health Board with a dedicated focus on this work. SBUHB was an outlier as other HBs retained some level of internal central resource.

In September 2021, a business case was presented for the Health Board to fund a small dedicated centralised resourcing team to support the introduction of an innovative and streamlined approach to recruitment to critical clinical roles. The business case was approved and funding of circa £104k was provided on a non-recurrent basis for 12 months. It was also agreed that it was important as part of the Recruitment plan to develop a branding and attraction strategy and non-recurrent funding of £65k was provided for this. Given the success of the central resourcing team the funding has recently been confirmed on a recurrent basis.

### 3. KEY ACTIONS

#### 3.1 Central Resourcing approach

Since its inception in October 2021, the team have focused on supporting areas of high-volume recruitment needs where vacancies lead to bank, agency and overtime costs.

The table below gives an overview of recruitment activities since October

Activity to note	
B2 HCSW's recruited/supported through PEC's	119
Band 5 UK domicile nurses recruited	24

Band 5 Nurses from overseas recruited by team via Agency	<b>70</b>
Band 5 Nurses from overseas directly recruited by team (instead of agency)	<b>15</b>
High calibre applications saved from overseas nurses	<b>66</b>
Assets created to support recruitment activity e.g. info packs	<b>10</b>
Student nurses supported through PEC's	<b>68</b>
Vacancies uploaded	<b>16</b>

Based on the numbers in the table above of the 119 B2 HCSW's and 109 B5 nurses that the team has helped to recruit, the vacancy rates as at the 10<sup>th</sup> November (when the team was fully operational) reduced by 78% and 40% respectively.

This approach has streamlined the recruitment process for key non-medical clinical posts particularly associated with the needs of the Recovery and Sustainability plan 2022/23, removed the duplication that existed with each Service Group undertaking this activity, targeted new local labour markets and provided pastoral support to new recruits.

The aim is to reduce overall vacancies in the identified clinical staff groups by 2% over the next 12 months and to develop and devise further innovative approaches to attract and recruit high quality candidates to the Health Board.

### **Key achievements in addition to the activity in the table above**

- There is evidence due to the team's intervention that the period for employment checks for some has reduced to four weeks. This has significantly accelerated the onboarding process.
- Creative and visual material has been developed for a range of recruitment campaigns including international efforts and for the Therapy professions.
- Developing a stronger social media presence to present ourselves as an employer of choice, and created landing pages so that regardless of whether a vacancy is live, individuals can register their interest in nursing or HCSW roles. Any registered nurse that contacts the Health Board is signposted to the appropriate area for interview.
- Surveyed individuals who had recently been through the pre-employment check process to gauge feedback from applicants on their experience and how it could be improved.

### **3.2 Branding and Attraction.**

The Health Board had a limited ability to produce innovative recruitment materials which did little to support the organisation to stand out in a crowded recruitment market. Therefore, in the last quarter of 2021 the Health Board invested in a professional attraction and branding campaign aimed at promoting the organisation as an Employer of choice, promoting career opportunities to local people and further afield. This work included publicity and campaign material, development of a recruitment microsite and local and social media campaigns. Following a tendering exercise, SBW, a creative marketing and advertising agency, was awarded the contract to deliver this work for the Health Board.

This work will be delivered in several phases outlined below: -

- **Project Scoping & Planning:** What is our aspiration?
- **Research & Insights:** Where are we now? What is unique about us? Where are our candidates, regional, national and international?
- **Development of the Proposed approach, Communication Strategy and Plan:** Differentiating us against our competitors and development of our identity:
- **Brand roll out:** Website and microsite development. Launch of new brand internally/ externally
- **Measure and review**

The overall project is anticipated to take five months to complete and is currently at the 2<sup>nd</sup> phase check listed above of Research and Insights. As part of this SBW are in the process of meeting with a broad range of staff across the Health Board and will be reviewing our current recruitment practices. The Health Board has recently been successful in securing prepaid funding for innovative advertising packages for 2022/23 which will support our recruitment challenges

### **3.3 Medical Recruitment Initiatives**

The Health Board has a small medical workforce team providing a wide-ranging operational service for the medical workforce. A critical element of this work is resourcing.

As indicated in the Committee's Medical Locum and Agency paper, the Chief Executive and Executive Medical Director have established a robust and rigorous medical efficiency programme. At the heart of this is an extensive recruitment programme to drive down bank and agency spend. For the period April 2021 to December 2021, a total of 399 appointments have been secured. The number of adverts will exceed this number as some posts received no applicants and so are readvertised, sometimes on several occasions. This work is key to support the medical staffing needs of the Health Board's Recovery and Sustainability plan 2022/23.

The team on a weekly basis prepares a report for the Chief Executive which is also shared with Service Group Medical Directors to accelerate the recruitment process to ensure as many candidates are secured. Part of this work has involved setting dates for shortlisting at the outset when the vacancy is first processed and including interview dates in the adverts.

Some key achievements include:

- The relaxation of the Vacancy Control Process (VCP) for most medical posts except for consultant posts. This allows for more agile recruitment and should reduce reliance on bank and agency.
- Recruitment in anticipation of known gaps caused by HEIW's inability to fill all training vacancies. Based on an analysis of data, Service Group Medical Directors supported by the Medical Workforce Team can recruit in advance and

without VCP approval for the major rotations in August and February. This should reduce reliance on bank and agency and ensure that the doctors are fully competent by the time they need to join their respective rotas. There is a small risk of being over-established but so far this has not been realised.

- Pastoral approach to recruitment: A significant element of our medical recruitment involves overseas doctors. We know from the work we have undertaken with BAPIO and the MTI schemes that if overseas doctors receive a good work experience, then that message travels to their home countries, helping the Health Board to establish a new pipeline of doctors. The aim of this more pastoral approach is to support the doctors through the pre-employment checks, helping with the Home Office requirements and acting as a point of contact when they commence employment. Further work is planned to keep contact with these doctors in the first 3 months of employment to ensure that they are successfully integrated into a new country, new health care system and culture. The team have worked with SBW and have commissioned a digital onboarding system to support this work.
- External Agencies: The team are working with a range of agencies to secure NHS appointments and for all posts regarded as hard to fill.
- We are deploying a “head hunting” approach in a range of areas. A recruitment agency called Remeidum are currently involved in recruitment in Burns Anaesthesia, Psychiatry and Oncology. They have recently secured the successful appointment of a Consultant post in Psychiatry.
- The Team are also supporting several specialties to create different opportunities for junior doctors to create their own job or possibly rotation, to recruit and retain staff.

### **3.4 New Recruitment and Retention Group.**

The Health Board has established a new working group to develop recruitment and retention interventions that supports the Health Board’s Recovery and Sustainability plan 2022/23. This will allow us to understand the needs of the organisation in greater detail, also it will become a forum to challenge new ways of working and new roles where recruitment is no longer viable.

### **3.5 Retention Opportunities**

The current 12-month turnover rate to the end of December 2021 across all staff groups was 11.63%. This is inclusive of a turnover rate of 33.48% for the Medical and Dental staff group which is skewed by the rotation of junior doctors who are recorded as leavers when rotating to a different Health Board.

Whilst in overall terms our turnover is low in comparison to 15% average UK turnover rate across all sectors, we still need to ensure we have the right practices and initiatives in place to retain our workforce, particularly in those staff groups where there is a shortage of qualified staff. Despite this turnover figure this masks a number of key

hotspots and recruitment challenges. Some actions that have recently been taken are:

- Refresh of the current Exit Questionnaire questions to gather more relevant feedback from leavers
- Making Exit Questionnaires, which are issued to leavers via ESR, available earlier to leavers, to provide better opportunity for individuals to access and complete, with a view to increasing the response rate and improve data on reasons for leaving. This will be tied to the roll out of ESR.
- A trial of a more flexible recruitment approach for band 5 nurses to move to different areas within one particular Service Group.
- Revision of the retire and return policy which makes the process more flexible to individuals and does not impose time limits on individuals wanting to draw down their NHS pension but return to their substantive post

During 2022 the Health Board needs to consider in more detail what are the priorities for the retention of its workforce. It is likely to be a multi-faceted approach involving several different elements of the Workforce and OD function to develop this. The new Recruitment and Retention group will be key in defining this programme.

#### **4. GOVERNANCE AND RISK ISSUES**

There are risks associated with the lack of supply of the relevant workforce including continuity and quality of care.

#### **5. FINANCIAL IMPLICATIONS**

There are financial risks associated with the lack of supply of the relevant workforce and the costs of cover.

#### **6. RECOMMENDATION**

That the Workforce and OD Committee notes:

- The work with SBW.
- The establishment and success of the Central Resourcing Team.
- The work associated with resourcing the medical workforce.
- The future work of the new Recruitment and Retention Group
- The need to undertake further work to establish the HB's retention priorities.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
A sustainable workforce is key for the quality of patient care.		
<b>Financial Implications</b>		
There are financial risks associated with the lack of supply of the relevant workforce and the costs of cover.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Not applicable		
<b>Staffing Implications</b>		
To reduce current vacancy levels and secure a robust and sustainable workforce model		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Not applicable		
<b>Report History</b>	First report in this format.	
<b>Appendices</b>	None	