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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	14th June 2022	Agenda Item	3.1
Report Title	Recruitment and Retention Update		
Report Author	Sharon Vickery, Assistant Director of Workforce and OD		
Report Sponsor	Debbie Eytayo, Director of Workforce and OD		
Presented by	Sharon Vickery, Assistant Director of Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	To update the Workforce and OD Committee of recent recruitment and retention success since the detailed presentation at the Committee's previous meeting in April.		
Key Issues	To provide the Workforce and OD Committee assurance that the Health Board continues to take proactive and innovative actions to address workforce vacancies and to promote SBUHB as a place to work and receive health care.		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	X		
Recommendations	<p>That the Workforce and OD Committee:</p> <ul style="list-style-type: none"> • NOTE the updates since the last meeting 		

RECRUITMENT AND RETENTION UPDATE

1. INTRODUCTION

The purpose of this paper is to update the Workforce and OD Committee of the recent recruitment and retention success since the detailed presentation at the Committee's previous meeting in April. This work is associated with the recruitment and retention strategy aligned to the Health Board's Recovery and Sustainability plan.

2. BACKGROUND

A detailed paper was submitted to the last Committee in April which was accompanied by a presentation. This paper aims to provide a brief update around activity since the last meeting to provide assurance that there are number of successes in both recruiting and retaining staff.

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 2021 with the updates of achievements since April as of the 13th May 2022.

Activity to note	March 2022	As of 13 th May 2022
B2 HCSW's recruited/supported through PEC's	119	140 (21 new)
Band 5 UK domicile nurses recruited	24	33 (9 additional)
Band 5 Nurses from overseas recruited by corporate team via Agency	70	89 (19 additional)
Band 5 Nurses from overseas directly recruited by team (instead of agency)	15	28 (13 additional)
High calibre applications saved from overseas nurses	66	Additional 143 (93 of which potentially OSCE ready)
Assets created to support recruitment activity e.g. info packs, case studies	10	Additional 10
Student nurses supported through PEC's	68	68 – same cohort
Vacancies uploaded	16	Additional 4 <i>(no. reduced as we opting to just extend nurse vacancy now rather than clone)</i>

Since the March update, the Resourcing Team have recruited an additional 21 Band 2 HCSW's, with a further 3 rounds of recruitment planned for the coming months. The team have recruited 22 new Band 5 Nurses, a mix of UK domicile and direct overseas applicants. A further 19 overseas nurses have been recruited via agency. The team is also now supporting theatre recruitment to accelerate PEC checks and onboarding.

Key achievements in addition to the activity in the table above

- KPI Data has shown that the Resourcing Team have reduced the time taken from vacancy creation to conditional offer to 35 days, compared to the HB average of 71 days (Data from March 2022). Time to shortlist by the Resourcing Team is 1 day compared to HB average of 9.5 days.
- The team's Recruitment Facebook page is generating excellent engagement e.g. a post about HCSW's for Cefn Coed hospital reached 16.7k people and had 1.2k engagements. A promotion around OPAS for Band 5 Nurses reached 6k people and has resulted in 3 applicants coming through the generic vacancy interested in OPAS.
- The generic inbox is acting as an effective net for Band 5 nurse enquiries from UK registered nurses interested in specific areas, capturing and directing interest that might otherwise have been lost.
- The team have designed manager training around the soft skills side for recruitment, with a focus on the pre-boarding stage and the need for improved communication to improve candidate experience and maximise the success of recruitment. The first of these sessions is to be delivered in 'Learning at Work Week 19th May.
- The Team is continuing to create a range of assets such as case studies to provide applicants with increased information about the Health Board's areas, selling them as excellent places to work.
- Survey feedback suggests that the team have resulted in 85% less rescheduling of ID checks, made it 70% easier to contact/ask questions about PEC's and improved communication by 65%.

3.2 Branding and Attraction

SBW have recently completed numerous focus groups with a broad range of staff across the Health Board to better understand what working for the Health Board is like and what attracts people to work for us. Some of the key messages, both positive and negative, from the focus groups were:

- General feedback was that whilst geographically and culturally the Health Board feels divided, as a result of Covid, a stronger sense of togetherness was felt by many participants particularly from clinical staff.
- General feeling that the Health Board does not celebrate the positive stories, research, alternative ways of working etc and this was coupled with lot of participants feeling that incredible work was going on around them but were not aware of what many other teams in the Health Board do.
- General negativity was heavily focused on the recruitment process, it's lack of warmth and lack of speed.
- Participants often felt valued and most felt immediate managers appreciated what they do, but they felt senior leadership were unaware of what they do.

- Location was seen as a key attribute for the Health Board, and a point of difference against neighbouring Health Boards such as Cardiff in that it offered the best of both worlds - city and beach.
- Non-clinical staff members particularly mentioned job security as the biggest reason for wanting to work in the NHS and the fact that SBUHB was local, this was often the driving factor.

These outputs along with other feedback that came from the focus groups is now being used by SBW to develop a unique brand concept for the Health Board which encompasses what staff have told them. This concept is currently being worked on and SBW will then present their recommendations to us for our input and views to agree an appropriate recruitment brand which we can use in all of our recruitment materials and activity going forward. A recent demonstration highlighted the creativity in approach and the vast range of possibilities the company can offer the Health Board. SBW will continue to work with us to develop these materials e.g., an online microsite, and assist with specific recruitment campaigns as required as part of the agreed contract.

3.3 Medical Recruitment Update

During the period 1st January 2022 to end of April, a total of 62 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 team continue to support the implementation of the relaxed Vacancy Control Process (VCP) for medical posts. This allows for more agile recruitment and should reduce reliance on bank and agency. However, the team still experience challenges from the Finance Department in some areas when trying to recruit in anticipation of vacancies. There is a small risk of being over-established but so far this has not been realised.
- Pastoral approach to recruitment: This is an ongoing priority for the team to ensure that doctors feel supported from application to commencement in post, and can ensure the successful integration into a new country, new health care system and culture.
- The team are collaboratively working with SBW to upload the content for the digital on-boarding system to support this pastoral work. This will allow us to support new employees more effectively from the start of their recruitment journey.

- Reviewing all documentation to make it more visibly attractive and user friendly.
- External Agencies: The team are working with a range of agencies to secure NHS appointments and for all posts regarded as hard to fill with recent success in Anaesthetics and Oncology through Kaizen and BDI.
- Following the “head hunting” approach with Remeidum for the following areas Burns Anaesthesia, Psychiatry and Oncology, they have successfully secured an appointment of a specialty doctor in Psychiatry who we will support through the CESR route.
- The Team are also supporting several specialties to create different opportunities for junior doctors to create their own job or possible rotation, to recruit and retain staff.
- Working with the Accommodation Department to provide a robust process to ensure timely turnover for overseas doctors who require accommodation to create greater capacity to provide an equitable approach to the provision of hospital accommodation.
- Working closely with the central resourcing team to pool ideas, efforts and eradicate duplication.
- Working with Service Groups to ensure that the Fatigue and Facilities Charter is embedded which will help with the recruitment and retention of medical staff.

3.5 Recruitment and Retention Group

At the recent Recruitment and Retention group the internal transfer pilot for band 5 nurses was showcased: -

- The pilot development scheme will be launching on the 13th June and will be running for 12 weeks for Morriston Service Group only at this stage. The Group are working on promotional material as well as a generic inbox where staff can enquire about transferring to other specialities or areas. Weekly and monthly reports will be generated in order to analyse various factors e.g., how many have been successful and how many have not, why they were not successful and how can that be improved.
- Concerns were raised around why the development scheme was only available to Band 5 nurses in Morriston which may cause issues due to not all staff receiving the same opportunities. The purpose of the pilot however is to understand how this scheme will work within the Health Board, as it has been very successful in both Cardiff and England.
- After the 12 weeks the effectiveness will be evaluated and if successful consideration will be given to open the scheme to all Band 5 nurses across the Health Board.

The work of the group is broadening to include a showcase on Therapies and Health Science recruitment and retention issues. Following a presentation of the success by the central resourcing team a number of areas said that they would benefit from their

help due to the large number of candidates “stuck” in the NWSSP pre employment check process which will mean significant delays in the new appointees commencing employment. Capacity was cited as the main problem within the central resourcing team.

4. GOVERNANCE AND RISK ISSUES

There are risks associated with the lack of supply of the relevant workforce including continuity and quality of care. Risk are emerging for overseas candidates in that Visa applications are slow due to the Ukraine war.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

That the Workforce and OD Committee notes:

- The updates since the last meeting.

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

