

# Staff Retention

## Final Internal Audit Report

### 2025/26

Swansea University Health Board



Reasonable Assurance

#### Contents

Executive Summary .....	1
Findings & Agreed Action Plan .....	4
Appendix A: Assurance Opinion and Prioritisation of Findings .....	15

Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

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# Executive Summary

## Purpose

To evaluate the adequacy of the systems and controls in place within Swansea Bay University Health Board (the health board) relating to staff retention. The audit focused on the implementation of the nursing retention plan, as well as the support being provided to staff recruited from overseas.

## Overview

The retention of staff is a key issue for the NHS, as highlighted in Health Education and Improvement Wales' Nurse Retention Plan (Retaining and Valuing Nurses within the NHS in Wales)<sup>1</sup>, published October 2023. Whilst efforts often focus on workforce supply and building recruitment pipelines, it is equally important to ensure that both new and existing staff feel supported and motivated to remain within the health board. Effective retention depends on a combination of factors, including effective onboarding for new starters, clear development and career pathways, and fostering positive organisational cultures and values.

In response, the Welsh Government launched its National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges<sup>2</sup> in January 2023, building on the 10-year strategy A Healthier Wales: Our Workforce Strategy for Health and Social Care<sup>3</sup>, published in October 2020. The plan advocates a holistic approach to retention, recognising factors such as terms and conditions, workplace environment and targeted support at critical career points (e.g. newly qualified professionals) all influence decisions to stay.

Locally, the health board launched its People Strategy 2024-2029, which aligns with the national workforce strategy. It sets out key priorities such as improving workplace experience and wellbeing; attracting and recruiting the right people, with the right skills, at the right time; building confidence in digital tools, systems and technology; and investing in development opportunities. These priorities are particularly pertinent following the conclusion of the international recruitment programme, which successfully appointed approximately 560 nurses over the past six years.

Building on its People Strategy, the health board has developed a wide range of initiatives and support mechanisms. These include wellbeing services, pastoral support for international nurses, flexible working processes, leadership development programmes and staff recognition schemes. Workforce information, such as turnover and leavers' data, is routinely monitored through dashboards and national benchmarking. Governance arrangements provide regular oversight, with the Workforce and Organisational Development Committee receiving updates on People Strategy delivery and service-level workforce activity, demonstrating sustained organisational focus on workforce stability.

We have concluded **reasonable** assurance on this area. We recognise that staff turnover within the health board is relatively low and has been steadily declining, and as such retention has not been identified as a critical risk area. The health board has focused on maintaining workforce stability, improving staff experience, and embedding system-wide conditions that support people to stay, rather than introducing new or standalone retention initiatives. The matters requiring management attention include the following, noting that that some of these issues reflect themes identified in similar reviews we have undertaken across NHS Wales:

- To minimise duplication of assurance mechanisms, improved alignment of metrics for retention initiatives articulating how such support sustained workforce stability.
- There is a lack of a structured evaluation framework, with defined outcomes, success measures, or supporting action plans—resulting in monitoring that tracks activity rather than assessing the impact of retention initiatives.
- Completion rates for the ESR leavers' questionnaire are extremely low, and the limited feedback obtained is not analysed or used, meaning a nationally endorsed source of qualitative insight is effectively unused within the health board.

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<sup>1</sup> [Nurse Retention Plan](#)

<sup>2</sup> [National Workforce Implementation Plan](#)

<sup>3</sup> [A healthier Wales](#)

- Retention governance is fragmented, with no structured or integrated reporting framework to ensure that service-level recruitment and retention activity is consistently escalated, monitored, or overseen at corporate level.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Relevant strategies, policies and plans are in place that clearly outline the health board’s approach to staff retention and demonstrate alignment with national workforce frameworks.	1	<b>Reasonable</b>
2	Initiatives to retain staff are implemented in alignment with agreed strategies and plans, and their outcomes are regularly reviewed.	1,2	<b>Reasonable</b>
3	Mechanisms exist to collect and analyse data in relation to staff retention, including turnover rates and feedback from leavers. Lessons learned are incorporated into retention plans and processes.	1, 2, 3	<b>Reasonable</b>
4	Appropriate governance arrangements provide oversight of the regular review and delivery of retention plans.	4	<b>Reasonable</b>

### Management Actions

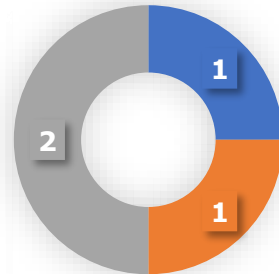


High Priority



Medium Priority

### Themes



- Governance
- Lessons Learnt
- Performance Monitoring

### Risk Types

- Quality or Safety Issues
- Public Perception & Reputational Risk

# At a Glance: NHS Wales Staff Turnover Data.

Outlined below is an overview of NHS Wales staff turnover data collected by Health Education and Improvement Wales (HEIW) as part of the National Staff Retention Programme. HEIW maintains a Staff Turnover Dashboard<sup>4</sup> to support local retention efforts. As of the most recent data available (November 2025), the health board recorded a staff turnover rate of 6.4%, compared with the NHS Wales average of 7.5%.

Chart 1a: Swansea Bay University Health Board: All Staff

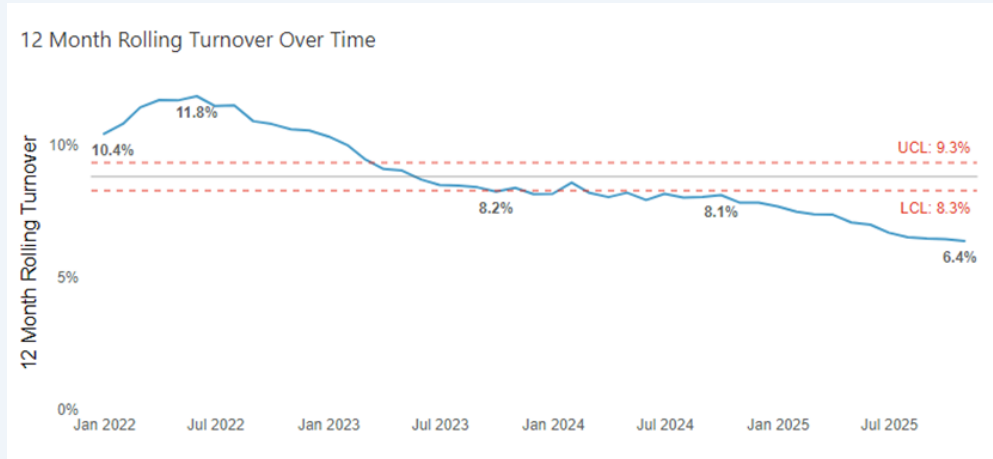


Chart 1b: Swansea Bay University Health Board: Nursing and Midwifery

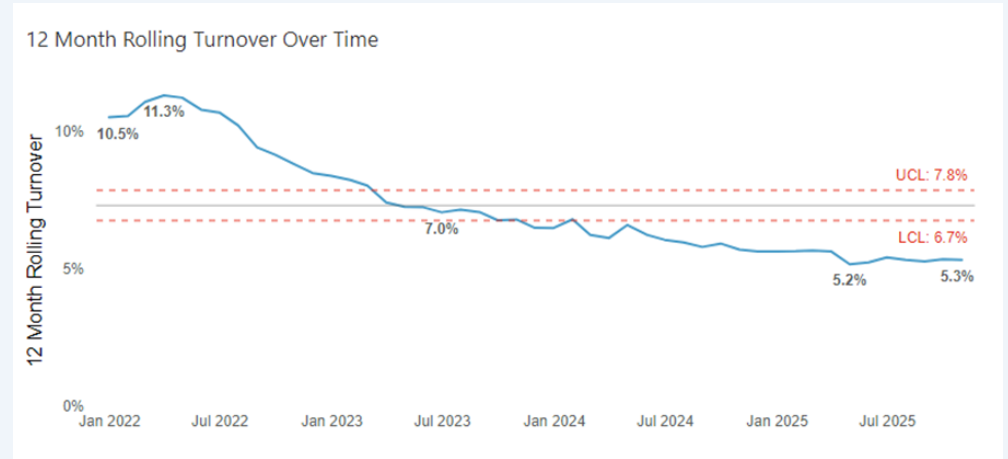


Chart 2a: Chart 1: NHS Wales: All Staff

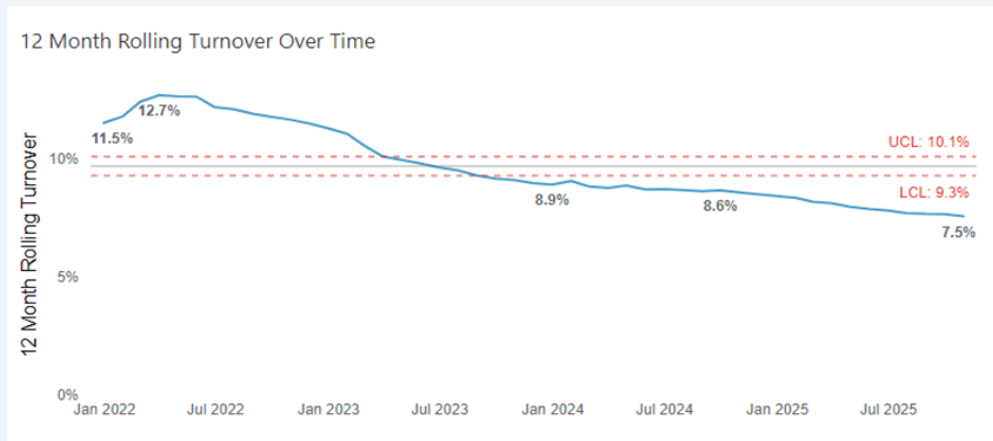
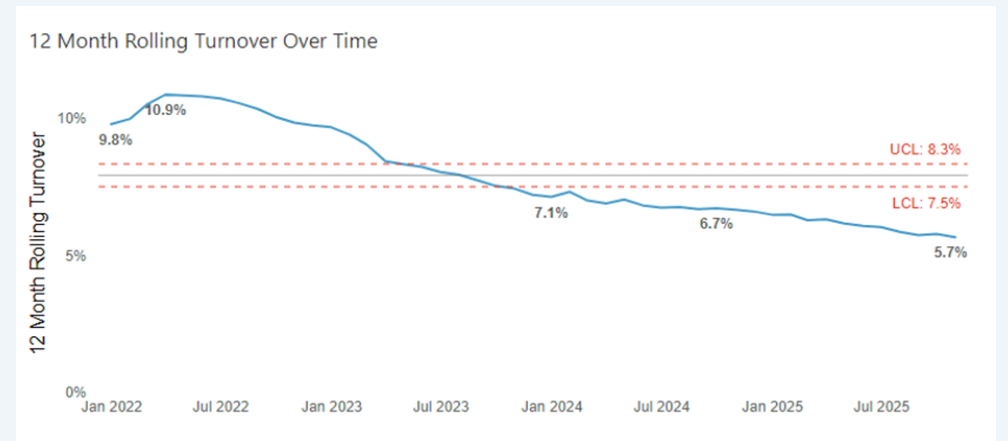


Chart 2b: Chart 1: NHS Wales: Nursing and Midwifery



<sup>4</sup> [National Staff Retention Programme - Staff Turnover Dashboard](#)

# Findings & Agreed Action Plan

**Objective 1:** Relevant strategies, policies and plans are in place that clearly outline the health board's approach to staff retention and demonstrate alignment with national workforce frameworks.

**Reasonable**

The health board has established a clear strategic foundation for staff retention through the People Strategy 2024–2029, which sets out high-level aims to support wellbeing, engagement, leadership development, flexible working and career progression. Retention-related themes, such as flexible working, the people recognition programme and leadership development, are embedded throughout the strategy, which demonstrates alignment with national workforce priorities, including the *National Workforce Implementation Plan*, *A Healthier Wales: Workforce Strategy*, and *HEIW's Nurse Retention Plan*.

It is recognised that staff turnover within the health board is relatively low and has been steadily declining (refer to 'At a Glance' page), and as such retention has not been identified as a critical risk area. The health board has focused on maintaining workforce stability, improving staff experience, and embedding system-wide conditions that support people to stay, rather than introducing new or standalone retention initiatives.

The health board's approach is further supported by HEIW-funded investment in a fixed-term Retention Lead, appointed for 24 months (ending 31 March 2026) to strengthen organisational capacity and coordinate retention activity. While the role was established as part of the NHS Wales Nurse Retention Programme, the health board has deliberately chosen to adopt an all-staff approach rather than a nursing-specific model. As a result, workforce wellbeing, flexible working, leadership and inclusion are treated as system-wide priorities, with nurse retention incorporated within broader organisational workforce sustainability efforts.

Work is currently underway to develop a Retention Framework as a practical extension of the People Strategy. It outlines a broad approach to improving staff experience; however, it is primarily explanatory and does not introduce new initiatives beyond those already captured in the People Strategy. We recognise that not all actions within the framework sit within the health board's remit or control – one was dependent on the delivery by HEIW but the associated programme has since ceased, limited the ability to progress locally; and another in relation to national partnership working for which progress is limited as the Welsh Partnership Forum has not asked the health board to participate in the associated workstream.

The health board also utilises the HEIW Nurse Retention Action Plan. Of the 40 nationally defined actions, the health board has recorded 31 as achieved, seven as in progress, and two as not achieved. We note that the plan lacks locally developed outcome measures or detailed operational plans (see **Key Finding 1**) – a similar issue to that identified at the same audit completed at another NHS Wales organisation. We recognise that the health board routinely captures and reports a wide range of workforce metrics through established dashboard and governance arrangements; however, such existing intelligence is not consistently framed or presented as a coherent view of retention outcomes to support collective oversight and strategic narrative. In addition, there is no structured reporting in place on the status of the action plan, limiting transparency and oversight of progress – refer to *objective 4* for further details on the governance arrangements in place.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Alignment of metrics for retention initiatives.</b></p> <p>The health board routinely captures and reports a wide range of workforce metrics through established dashboards and governance arrangements.</p> <p>Whilst recognising these established measurable outcomes in place, such need to be aligned with the actions included in the HEIW Nurse Retention Plan to present as a coherent view of retention outcomes to support collective oversight and strategic narrative.</p> <p>Good practice in this context would involve proportionate articulation of how existing workforce intelligence and initiatives collectively support sustained workforce stability, without introducing additional or duplicative assurance mechanisms.</p>	<p>Lack of clear performance measures limits progress tracking, impact evaluation and responsiveness</p>	<p><b>Agreed Action:</b></p> <p>Prior to finalisation, the Nurse Retention Framework will be updated to clearly set out specific, time-bound actions, and defined monitoring and reporting arrangements.</p> <p>For actions where the health board has direct ownership and control, it commits to completion by the end of the 2028/29, allowing sufficient time for implementation, embedding into practice and evaluation of impact.</p> <p>Progress against these actions will be monitored and reported through the appropriate workforce committee to ensure oversight and assurance.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1. Approved Retention Framework incorporating defined actions and performance indicators.</li> <li>2. Reporting of the actions to workforce committees.</li> </ol>
<p><b>Theme:</b> Performance Monitoring</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Tina Ricketts, Director of WOD</p> <p><b>Target Implementation Date:</b> 31 March 2029 (<i>reflective of staff retention not currently being a critical risk area for the health board</i>)</p>

The health board has implemented a broad range of initiatives designed to support staff retention including:

- **Training and Development:** Including the 'Brilliant Basics' bite sized training modules to support staff capability; and the 'LEAD' Development Programme, launched in August 2025, providing managers and supervisors with training aimed at strengthening leadership behaviours.
- **Flexible Working:** A new ESR-based system has been launched for requesting and recording flexible working arrangements, supported by a targeted communications campaign aimed at increasing awareness and uptake.
- **Well-being Services:** A long-standing suite of occupational health and psychological well-being services is available, including counselling, trauma support, physiotherapy, mental-health services and health checks.
- **Staff Recognition:** An established programme of recognition events, peer nominated awards, and celebration of individual achievements.
- **Data Collection and Insight:** Work has begun to improve the categorisation, guidance and communication relating to leaver reasons recorded in ESR. In addition, the health board is developing a new exit-interview questionnaire accessible via the intranet aimed at improving the quality of retention related data.

In addition, targeted support for internationally recruited nurses, including OSCE (Objective Structured Clinical Examination) training programme preparation, pastoral support networks, and tailored induction, demonstrates alignment with HEIW's Nurse Retention Plan and wider national workforce strategies.

Such initiatives are supported by a comprehensive suite of organisational policies that promote inclusion, fairness and a positive staff experience.

The staff intranet functions as the primary platform for accessing wellbeing services, development opportunities, recognition schemes, staff survey information, and flexible working guidance. Regular intranet campaigns, news stories, and service-level communications help maintain visibility and accessibility of available support.

The health board has a range of monitoring and evaluation mechanisms in place (see *objective 4* for further details). Wellbeing services track participation and referral patterns; staff recognition arrangements are under review; staff survey results undergo structured annual evaluation; and the new ESR-based flexible working system has enabled improved oversight of application volumes and outcomes. Within staff development, feedback and participation data inform ongoing refinements to PADR resources and leadership programmes, with further evaluation planned for newly established initiatives such as the LEAD programme.

However, as identified in *objective 1*, the absence of measurable outcomes, clear success indicators, and documented action plans significantly limits the health board's ability to assess the effectiveness and impact of retention initiatives. While monitoring processes exist, including through the data collated at the annual All Wales Staff Survey, they primarily focus on activity, uptake and engagement rather than demonstrable outcomes. This limits the ability to determine whether initiatives are achieving their intended retention aims, hindering robust evaluation across organisational and service-level programmes (**see Key Finding 2**) – noted as not uncommon at other NHS Wales organisations following completion of similar audits; but we also recognise that measuring effectiveness can often be difficult to attribute to individual initiatives..

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Limited evaluation of retention initiatives.</b></p> <p>Although monitoring mechanisms exist across several retention initiatives, there is limited evidence to demonstrate the effectiveness of these initiatives.</p> <p>This limits the ability of the health board to assess what is working, refine approaches, and demonstrate progress in strengthening workforce sustainability.</p> <p>We recognise the challenge to measure effectiveness of individual initiatives as such is difficult to directly attribute, however, there are opportunities for the health board to strengthen its approach.</p>	<p>Limited evaluation hinders assessment of initiatives risking missed improvements and continued use of ineffective methods with unclear outcomes.</p>	<p><b>Agreed Action:</b></p> <p>The retention agenda within the health board is recognised as broad and multi-factorial, with a wide range of workforce, education, wellbeing and employment initiatives collectively contributing to staff experiences and decisions to stay. Many of these initiatives are already subject to regular review and reporting through established governance arrangements, including updates on workforce metrics, training and development, flexible working and staff experience.</p> <p>The health board, however, acknowledges that while the effectiveness of individual initiatives is routinely reported, these reviews are not always explicitly framed or consolidated as a single, periodic <i>retention effectiveness review</i>, nor directly linked to defined retention indicators.</p> <p><u>ACTION:</u></p> <ol style="list-style-type: none"> <li>1. The health board will strengthen existing arrangements by undertaking periodic (annual) retention effectiveness reviews, drawing together: <ul style="list-style-type: none"> <li>• Workforce indicators (turnover, vacancy rates, sickness absence trends)</li> <li>• Staff experience and feedback (survey results, exit questionnaire themes where available).</li> <li>• Updates on key retention-related initiatives (e.g. education and development, flexible working, staff recognition, recruitment pathways).</li> </ul> </li> </ol> <p>These reviews will focus on assessing trends and contribution, rather than attempting to directly attribute retention outcomes to individual interventions, recognising the inherent limitations in quantifying causality (e.g., attendance at training cannot be solely linked to an individual's decision to remain in post). Instead, the emphasis will be on identifying which initiatives demonstrate positive alignment with workforce stability, staff experience and engagement indicators.</p> <p>Specific examples include:</p> <ul style="list-style-type: none"> <li>• Training and development: Programmes (e.g. Brilliant Basics, LEAD) reviewed using uptake, completion, feedback and impact on capability and engagement, reported to WOD committee with six-month impact and demographic analysis.</li> </ul>

Key Findings	Risk & Impact	Agreed Management Action
		<ul style="list-style-type: none"> <li>• Flexible working: monitored through the Plan on a Page framework, focusing on application volumes, outcomes and key themes.</li> <li>• Staff recognition: Reviewed by the executive team using participation, uptake, feedback, impact and staff experience measures.</li> <li>• Data and insight: Workforce dashboards, leaver data, and staff feedback analysed on an ongoing basis to identify trends over time.</li> </ul> <p>2. Findings from these periodic reviews will be reported through the relevant workforce and quality committees and used to inform decisions on scaling, refining or discontinuing initiatives where appropriate.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>1. Develop and formalise an overarching retention evaluation approach to clearly articulate how existing workforce indicators are used as success measures for retention initiatives; and to confirm monitoring, review frequency and reporting routes through existing workforce and quality committees (e.g., WOD Committee).</p>
	<p><b>Medium Priority</b></p>	<p><b>Officer:</b> Tina Ricketts, Director of WOD</p> <p><b>Target Implementation Date:</b> 31 March 2028</p>
<p><b>Theme:</b> Performance Monitoring</p>	<p>Control Operation</p>	

**Objective 3:** Mechanisms exist to collect and analyse data in relation to staff retention, including turnover rates and feedback from leavers. Lessons learned are incorporated into retention plans and processes.

**Reasonable**

The All-Wales NHS leavers questionnaire is a standardised survey consisting of ten drop down questions and an open text comment field, accessible within the Electronic Staff Record (ESR). When a staff member is leaving the organisation, the responsible manager selects the reason from a pre-set list included on ESR. ESR will also automatically issues the questionnaire for completion by the departing staff member. We note that the completion rates are very low (<5%), as is the same across NHS Wales, primarily as the notification is received post the payroll processing of the departure. Although the system ensures a reason for leaving is submitted, there is a high usage of the 'other/not known' category. This significantly limits the usefulness of the dataset for understanding the underlying drivers of turnover and inform decision making or retention planning (see **Key Finding 3**).

We understand that work is ongoing to implement a new centralised leavers' survey. The survey questions have been developed and agreed, and the Digital Team is currently progressing the build of the system. Once operational, this survey has the potential to meaningfully strengthen the health board's qualitative data collection.

ESR remains the primary source of retention-related workforce information and provides all quantitative leaver data, including turnover rates, recorded reasons for leaving and workforce demographic profiles (see 'At a Glance' charts 1a and 1b). These datasets are incorporated into the Workforce Dashboard, allowing routine trend analysis of staff turnover and leavers reasons at both organisational and service group level. While overall turnover has remained steady, the occupational groups Medical and Dental, Estates and Ancillary, and Additional Clinical Services continue to show turnover levels above the organisational average. Despite this, each group have shown a decline in turnover over the past two years.

Benchmarking against national data provided by HEIW shows that the health board's staff turnover is below the All-Wales average (see 'At a Glance' charts 2a and 2b), and its turnover rate for the last 12 months is the lowest of all health boards in Wales. Nonetheless, the overall quality and depth of leaver-related data remain constrained by the high proportion of "Other/Not Known" leaver reasons and the very low completion rate of the ESR leavers' questionnaire.

Retire and return is recognised as a component of the health board's staff-retention approach, offering the organisation a means of retaining experienced staff. However, ESR system limitations mean that only limited data is available to support comprehensive collection and analysis of its application and impact. We note that the forthcoming replacement of ESR through a new contract with Infosys presents an opportunity to address long-standing data and process weaknesses within the current system.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Limited use of ESR Leavers' Questionnaire Data.</b></p> <p>The health board is not utilising the nationally endorsed ESR leavers' questionnaire data as completion rates remain extremely low due to questionnaires being issued only after payroll processing – often after staff have already left. Consequently, feedback is neither analysed nor used to inform retention planning.</p> <p>Although national guidance (i.e. HEIW Nurse Retention Plan) highlights the need to improve exit questionnaire completion</p>	<p>Lack of insight needed to understand and address the drivers of staff turnover, weakening ability to make informed decisions that support workforce</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. It is recognised that completion of the ESR leaver's questionnaire is voluntary and not mandatory for staff leaving the organisation. However, the health board will promote completion of the ESR leaver's questionnaire through a series of targeted awareness and communication campaigns aimed at both line managers and staff at the start of the leaver process. This will include reinforcing the role of line managers and workforce leads in signposting the ESR functionality and encouraging completion as part of good leaver practice.</li> </ol>

Key Findings	Risk & Impact	Agreed Management Action
<p>and analysis, no local action has been taken to address the low response rate of strengthen the use of this data,</p> <p>This limits the health board’s ability to identify themes or learning to support effective staff retention.</p>	<p>stability and retention.</p>	<p>Communications will focus on:</p> <ul style="list-style-type: none"> <li>• Raising awareness of the availability and purpose of the ESR leaver’s questionnaire.</li> <li>• Highlighting how feedback is used to inform workforce and retention improvement activity; and</li> <li>• Encouraging consistent messaging by line managers during notice periods and leaver discussions.</li> </ul> <p>2. The health board has an established process whereby Workforce Business Partner Leads have access to ESR leaver data and can extract and review this information to understand local workforce trends. This data is already used to inform workforce discussions and support service-level insight.</p> <p>To strengthen this further, the health board is implementing an additional exit interview questionnaire, developed following feedback from Trade Union colleagues. This will collect aggregated quantitative data, providing an enhanced and more accessible insight into leaver themes and experience. The aggregated outputs will be hosted on the intranet to support transparency and shared understanding.</p> <p>The data from the exit interview questionnaire will feed into a dashboard and heat-map approach, enabling Workforce Business Partners, Trade Union representatives and appropriate workforce and service leads to:</p> <ul style="list-style-type: none"> <li>• Identify key themes and trends</li> <li>• Highlight areas for improvement at organisational and service level</li> <li>• Support regular analysis and discussion through existing governance arrangements</li> </ul> <p>3. It is recognised that this data will not be wholly comprehensive, as completion is voluntary and the questionnaire will be accessible via Microsoft Forms, meaning any individual will be able to submit a response. However, when triangulated with ESR leaver data and wider workforce metrics, this approach will provide a richer, outcome-focused understanding of leaver experience and inform improvement activity.</p>

Key Findings	Risk & Impact	Agreed Management Action
		<p>Findings from ESR leaver data, exit interview feedback and wider workforce insight will be integrated into health board retention planning through established reporting and governance arrangements.</p> <p>Key themes, trends and learning will be:</p> <ul style="list-style-type: none"> <li>• Reported within the Annual Retention Activity Report, as referenced in earlier actions, providing an overview of insight gathered and how it has informed retention priorities and activity.</li> <li>• Shared with and discussed at relevant workforce, partnership and service-level forums and groups (e.g., Recruitment and Retention Working Group), ensuring feedback informs the design, refinement and targeting of retention initiatives.</li> <li>• Used to identify areas requiring further focus, targeted intervention or improvement, and to support continuous refinement of retention activity over time.</li> </ul> <p>This approach ensures that staff feedback and leaver insight are systematically embedded into retention planning and decision-making, while making best use of existing governance and reporting structures.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1. Promotion methods for completion of questionnaire; and completion rates.</li> <li>2. Thematics analysis report presented to an appropriate forum (e.g., Recruitment and Retention Working Group, WOD Committee).</li> <li>3. Demonstrated use of findings to inform retention actions.</li> </ol>
<b>Theme:</b> Lessons Learnt	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Tina Ricketts, Director of WOD</p> <p><b>Target Implementation Date:</b> 31 March 2028</p>

Quarterly updates on progress against the People Strategy are presented quarterly at Workforce & Organisational Development (WOD) Committee, providing oversight of delivery against the health board's strategic workforce priorities. These reports summarise progress across key areas such as staff wellbeing, flexible working, leadership development, data quality improvement, onboarding and exit processes, and targeted retention interventions. They also highlight emerging workforce risks, improvements in turnover trends, increased clarity around leaver reasons, and the impact of specific initiatives.

On a rotational basis, Service Groups provide workforce overview reports to each WOD Committee meeting, outlining key workforce metrics, risks and operational issues. However, the structure, depth, and level of detail in these reports vary considerably across Service Groups, reflecting differing local approaches to workforce oversight. Some Service Groups, such as Mental Health & Learning Disabilities and Primary, Community & Therapies, operate their own recruitment and retention groups and provide detailed workforce reports that cover turnover trends, sickness management, wellbeing interventions, leadership engagement, and improvements in exit-intelligence. In contrast, other groups, such as Neath Port Talbot Singleton, focus more on wellbeing initiatives, PADR and training compliance, and the development of tailored wellbeing and retention plans. As a result, the depth of analysis and the extent to which retention drivers are explored vary, with some groups providing more comprehensive analysis and risk-based reporting than others.

We note that reporting is not aligned to any clearly defined retention plan with measurable outcomes, delivery milestones, or systematic monitoring against agreed action plans. As a result, governance arrangements provide oversight that is largely activity-based rather than outcome-driven, limiting the ability to assess progress against intended retention benefits (**see Key Findings 1 & 2**).






The health board has established a monthly Recruitment and Retention Group, chaired by the Retention Lead. Membership includes senior HR and Workforce leaders (such as the Assistant Director of WOD, multiple HR Business Partners, the Head of Workforce Planning, Recruitment Manager, and HR leads from Corporate, Morriston, Mental Health, Primary Care, and Estates), alongside specialists from Medical HR and Therapies. Clinical and professional staff are also represented, with attendees from Physiotherapy, Occupational Therapy, Podiatry, Audiology, and Corporate Nursing. However, there is currently no direct reporting from this group into wider governance structures such as the WOD Committee, which we have identified in place through similar audits at other NHS Wales organisations. Instead, and its activity is only indirectly reflected through the quarterly People Strategy updates. This limits visibility and transparency of retention-specific discussions and actions across the organisation (**see Key Finding 4**).

Key Findings	Risk & Impact	Agreed Management Action
<p>4 <b>Lack of a Structured and Integrated Governance Framework for Retention</b></p> <p>Governance arrangements for retention are fragmented, despite the Workforce &amp; OD Committee providing structured oversight. Retention activity is spread across multiple groups without a formal, integrated framework to ensure consistent organisational oversight. There is no defined reporting pathway connecting service group recruitment and retention forums to the health board's corporate governance structure.</p> <p>Consequently, operational intelligence, risks, and learning from service-level activity are not systematically escalated to the Recruitment and Retention Group or the Workforce &amp; OD Committee.</p>	<p>Continued reduction in the health board's workforce due to recruitment and retention issues not being effectively monitored or addressed.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Terms of Reference will be reviewed and refreshed where required to ensure there is: clear articulation of roles and responsibilities for each group; explicit clarification of decision-making authority; clear lines of accountability and escalation; and transparency regarding where each group reports and feeds into within the wider health board governance structure.</li> </ol> <p>This review will ensure that retention-related governance is consistently applied, clearly understood, and aligned with health board decision-making and oversight arrangements.</p> <ol style="list-style-type: none"> <li>2. The health board acknowledges that there is a need to establish a clearly defined reporting pathway from Service Group recruitment and retention forums through to the Recruitment and Retention Group and onward to the Workforce and Organisational Development (WOD) Committee.</li> </ol> <p>As the organisation progresses through Organised for Success and the new Care Group structures are established, the health board will ensure that:</p> <ul style="list-style-type: none"> <li>• Each Care Group has appropriate representation within recruitment and retention governance arrangements.</li> <li>• There is a clear and consistent reporting and escalation route from Care Group or service-level forums into the central Recruitment and Retention Group.</li> <li>• Outputs, risks and priorities from Care Groups are escalated through to the WOD Committee for strategic oversight and assurance.</li> </ul> <p>This will strengthen alignment between operational and strategic retention activity and ensure that workforce insight is consistently captured, considered and acted upon at the appropriate level.</p> <ol style="list-style-type: none"> <li>3. The health board will introduce a basic, standardised reporting template to support consistent escalation of operational intelligence, emerging risks, and themes and learning from service-level retention activity.</li> </ol>

Key Findings	Risk & Impact	Agreed Management Action
		<p>The template will be aligned with existing organisational reporting formats and governance processes, rather than creating a new or duplicative reporting mechanism. This will ensure consistency while avoiding unnecessary administrative burden.</p> <p>The approach will:</p> <ul style="list-style-type: none"> <li>• Capture key intelligence, risks and learning in a simple and proportionate format</li> <li>• Support consistent escalation through established recruitment and retention governance routes</li> <li>• Be iteratively refined based on user feedback to ensure it remains practical and non-arduous for services</li> </ul> <p>This will support improved visibility and assurance of service-level retention issues while maintaining a streamlined and efficient reporting approach.</p> <p>4. Service-level retention insights, including emerging risks, themes and learning, will be subject to routine review by the Recruitment and Retention Group.</p> <p>Outputs from these reviews will be reported onwards to the Workforce and Organisational Development (WOD) Committee as part of structured workforce oversight and assurance. This will ensure consistent visibility of service-level issues, support appropriate escalation, and inform strategic decision-making related to retention</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1. Details of the confirmed retention governance framework.</li> <li>2. Documented reporting pathway.</li> <li>3. Reporting template developed and in use across all Service Groups.</li> <li>4. Consolidated retention intelligence report received by WOD Committee.</li> </ol>
<b>Theme:</b> Governance	<b>Medium Priority</b>  Control Operation	<b>Officer:</b> Tina Ricketts, Director of WOD <b>Target Implementation Date:</b> 31 March 2029

# Appendix A: Assurance Opinion and Prioritisation of Findings

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Swansea University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Swansea University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

