ESR Self Service
Final Advisory Review Report

November 2022

Swansea Bay University Health Board

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
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Auditors:	Osian Lloyd, Head of Internal Audit Donna Morgan, Audit Manager
Executive sign-off:	Debbie Eyitayo, Director of Workforce & OD
Distribution:	Julian Rhys-Quirk, Assistant Director of Workforce & OD Emma Evans, Senior ESR and Workforce Information Manager
Committee:	Audit Committee

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Executive Summary

The Electronic Staff Record (ESR) is a payroll database system and offers a hub which gives NHS employees control over their personal data as well as access to payslips, total reward statements and e-learning. Employees can manage their own data and training through ESR. This helps employers understand talent profiles and the future needs of the workforce.

ESR also provides NHS organisations with a range of tools and functions which lets them record and analyse data about their workforce. Effective use of ESR functionality helps to support workforce management and planning and the delivery of national workforce policy and strategy.

ESR was implemented across NHS Wales approximately 15 years ago. Health Boards across Wales have adopted this functionality to varying degrees, however, Swansea Bay University Health Board (the 'health board'), to date, has taken the decision to retain traditional systems. Our review found that some arrangements at the health board differ to those typically in place across Wales, particularly in respect of annual leave and sickness absence, where, historically and until recently, manual and paper records were maintained for some members of staff. They are now required to record their annual leave directly in ESR, although uptake has been highlighted as an issue. There is also opportunity to make more use of ESR to capture and monitor training requirements. The ongoing review and maintenance of the management hierarchy structure will also be key, following the recent large-scale data cleansing exercise. The health board could also benefit from a more structured and coordinated approach to reporting, to ensure that this information is produced consistently and is monitored and managed more effectively.

A project to implement 'Self Service', encompassing ESR Supervisor Self-Service (SSS) and Manager Self-Service (MSS), at the health board is planned. We were informed that two transactions in respect of SSS were implemented recently without formal project management arrangements and recommend that clear objectives relating to the implementation of SSS and MSS are formally agreed from the outset. This should be supported by a robust business case to secure funding and resourcing, and a Project Initiation Document (PID) setting out the resource commitments, timescales, roles and responsibilities and risks and benefits associated with the proposal.

Project management arrangements should also be established, including a project team. The business case and outline PID that we have been provided with during this review require further update and approval prior to the commencement of the project. Project governance arrangements should also be in place, to ensure that the implementation of the project is subject to appropriate review, scrutiny and approval, at regular intervals. The project is an opportunity to engage with colleagues across Wales to learn from their past implementation experiences.

We have undertaken a review of the current arrangements for capturing employee data and raised recommendations within this report to highlight areas for enhancement and

further consideration, prior to the formal commencement of the ESR Self-Service implementation project.

In addition, and for context, we also understand that the NHS Business Services Authority is leading a collaborative programme of work to procure a future NHS workforce solution. This will take many years to develop and deliver a transformed workforce solution, and which will include replacing the existing ESR platform.

1. Introduction

1.1 ESR was implemented across NHS Wales approximately 15 years ago. However, Swansea Bay University Health Board (the 'health board'), to date, has taken the decision to retain some traditional systems. A proportion of the health board's employee data is collated via e-Rostering systems in addition to ESR. At the time of this review, some staff records interface from rostering systems to ESR e.g. sickness and annual leave. Other transactions, including study leave and maternity leave still do not currently interface from rostering systems to ESR. Other staff data sources may be collated and stored locally via manual systems, but will not be directly input onto ESR.

1.2 The health board is currently exploring the concept of Self Service within ESR, with a view to seeking support to commence a project to implement this functionality further. The user role profiles (URPs), or levels of self-service functionality available within ESR are as follows:

1) Employee Self Service (ESS): This is designed to give NHS employees the ability to view and edit their personal information as well as allowing them to request specific transactions, e.g. annual leave, and complete training. This URP is already implemented.
2) Supervisor Self Service (SSS): This is the lowest level of manager self-service access. It enables supervisors to view personal and employment information, undertake appraisals and pay progression, record absences and support career management. It provides rights to approve a specific list of transactions which are considered low risk, i.e. do not relate to assignment/pay impacting changes. Annual Leave and Pay Progression related transactions were recently implemented in April 2022, although we were informed that a formal process was not applied to manage this.
3) Manager Self Service (MSS): is a type of employee management software that provides managers with the tools and information they need to administer certain aspects pertaining to employees' professional development. It eliminates paperwork and provides managers with a method to track information on each employee. There are two MSS URPs:
    a) payroll approval required: This level of access provides all of the SSS transactions, plus additional transactions which are pay impacting. However, the approval required element prevents these transactions

from being finalised until a designated user (this may or may not be a Payroll employee) provides the final stage of approval.

b) no payroll approval required: This access enables all available self-service transactions, including pay impacting, without any central intervention prior to the transactions being finalised and accepted by ESR.

1.3 The implementation of ESR Manager, Supervisor and Employee Self Service involves building a complete central database of employee activities. It would provide managers with access to a vast array of information on their teams, with the additional benefit of the ability to act upon the information directly into the system. This change would enable the health board to transform its central administration functions to provide greater 'value add' services to its workforce, and deliver greater insight for strategic decision-making purposes.

Advisory review

1.4 The objective of this review was to undertake a baseline assessment of the arrangements in respect of the implementation of the ESR Manager, Supervisor and Employee Self Service functionalities across the health board, and to provide suggestions for areas of improvement or future development.

1.5 The review involved a baseline assessment of the systems and processes in place to capture employee data across all staff groups (focusing on annual leave, appraisals, training, sickness absence and pay affecting transactions), the mechanisms in place to store, collate and analyse employee data, and arrangements to monitor and report employee data, including compliance with Welsh Government and statutory obligations. Please refer to Appendix B for further details.

1.6 This is an advisory review therefore we have **not provided an assurance rating**. We have identified learning and provided recommendations to strengthen and improve the implementation of ESR Self Service. Our recommendations are set out in Appendix A.

2. Detailed Review Findings

Objective 1: The systems and processes currently in place to capture employee data across all staff groups:

Annual Leave

2.1 We understand that a significant number (approximately 9,500) of health board staff use rostering systems that directly interface into ESR. Information in respect of annual leave is therefore captured directly in ESR, in line with arrangements at other health boards and organisations within NHS Wales.

2.2 The staff groups that typically use rostering systems include nursing and midwifery staff (utilising the 'Allocate' system, also known as the 'Health Roster' system), and estates and facilities staff (using the Kronos system). The manner for processing annual leave requests occurs when employees raise a request to take annual leave via an app, which interfaces with the roster system. This is subsequently approved or declined by the relevant manager.

2.3 Currently, the rostering systems interface sickness and annual leave records on a weekly and monthly basis. These interfaces have the ability to electronically transfer holiday information into ESR as part of the download process. Therefore, the use of the rostering systems would ensure an efficient solution for the majority of staff.

2.4 The health board also has access to 'Medic on Duty', 'Locum on Duty' and 'Intrepid' rostering systems, which are utilised by medical and dental staff. These systems do not currently interface with ESR, and therefore annual leave records require direct input.

2.5 Until recently, the remaining health board staff, including some allied health professionals and administrative and clerical staff, remained on manual time management systems. These arrangements were not in line with established practices at other health boards in NHS Wales, where annual leave is routinely requested and approved on ESR. Nevertheless, every member of staff at the health board now has access to self-service and should be utilising ESR to record annual leave.

2.6 However, we were advised that user uptake is an issue, where recent reports highlight that ESR does not currently hold annual leave data for approximately 2,876 staff. The health board is currently in a period of embedding and transition in respect of its usage of ESR and is working hard and focusing effort to improve staff engagement to support its roll out. **See Matters Arising 1.**

2.7 Other categories of 'leave', including maternity leave and special leave, are entered directly on to ESR by payroll on a case by case basis, following instruction by a manager. This is regardless of whether a member of staff is on a rostering system. Non pay affecting absence, such as study leave, does not get entered into ESR at all.

Training

2.8 Formal training records captured on ESR within the health board include the core statutory and mandatory modules (including fire safety; health, safety and welfare; equality, diversity and human rights; safeguarding – level 1; resuscitation; manual handling; information governance; infection prevention and control; cyber security; and violence and aggression).

2.9 Whilst we recognise that it is not practical to capture all staff training requirements on ESR, as a significant proportion will be completed outside the system, there are however many additional training modules accessible on the system (via the Online Learning Module) that other NHS Wales bodies typically require staff to

complete. However, reporting of compliance figures within the health board is currently only available for statutory and mandatory training records.

2.10 For example, there are several levels of safeguarding training available within ESR and we have noted that compliance levels are captured at other NHS Wales bodies. Our recent report following review of arrangements in place over compliance with mental health legislation at the health board, identified inconsistencies in the capturing and reporting of such training.

2.11 There is an opportunity for the health board to make more use of ESR to capture additional training requirements. However, it has been made clear by management that this is a completely separate project which falls outside of the scope of self-service implementation. In doing so, it would be important to review training needs analysis undertaken with reference to the suite of training modules available on ESR, and update the system to ensure alignment. Current arrangements in respect of role specific training are reliant on manual and local records. See **Matters Arising 2**.

Appraisals

2.12 Consistent with practices at other health boards, information relating to employee appraisals, including the date completed and the next appraisal date, should be recorded in ESR for all members of staff.

2.13 Pay progression arrangements were paused in March 2020, as a result of the COVID-19 pandemic, but will restart from 1 October 2022. Pay increases will no longer be applied automatically, therefore failure to complete appraisals will prevent individuals from being awarded a pay step.

2.14 We were advised that appraisal related information has historically been input into ESR by an administrative member of staff, rather than the responsible line manager. The health board recently implemented the functionality for a pay progression related transaction within Supervisor Self-Service in ESR in April 2022, in response to the restart of the Pay Progression arrangements. It is considered that the benefit of being able to look at removal of the Admin URP is a welcome by-product of this implementation, noting the sensitive nature of the information included within appraisals, and the fact that this information may have an impact on salary.

2.15 We were advised that there are controls in place to mitigate the risk of an employee receiving a salary increment incorrectly. Firstly, the system will not process a pay increment if the dates indicate that an individual is not due one. Secondly, confirmation that a satisfactory PADR has been undertaken within the last year has to be input onto ESR, alongside confirmation that a pay progression meeting has been held.

2.16 Historically we understand that the health board has experienced challenges where the management hierarchy within ESR did not reflect existing staff hierarchies. However, the hierarchy was recently reviewed as part of a large-scale

cleansing exercise, where managers and supervisors were requested to confirm that their team hierarchies were accurately reflected in ESR. All employees were also advised to check their allocated line manager.

2.17 However, since it is early in its implementation, we were advised that it is likely that staff hierarchical data isn't 100% accurate despite this exercise. This includes just over 2,500 gaps or blank fields currently on ESR in respect of supervisors. The health board is reminding users to review its information on a regular basis and correct anomalies and inaccuracies. See **Matters Arising 3**.

Sickness Absence

2.18 Consistent with annual leave above, sickness absence records for a significant number of health board staff (nursing, midwifery, estates and facilities) are recorded in rostering systems that directly interface with ESR.

2.19 Completion of Payroll Return Notifications (PRNs) is required for some staff groups (including medical and dental staff, allied health professionals and some administrative and clerical staff), including the remaining individuals that still adopt manual processes and where the rostering system does not interface with ESR. These are sent to the Payroll Department for processing before they are manually entered onto ESR. These staff groups are outliers when comparing to arrangements in place at other health boards in NHS Wales, where sickness absences are input directly on ESR.

Pay Affecting Transactions

2.20 There are approximately 55 transactions that can be undertaken on ESR, eight of which may directly affect an individual's salary (pay affecting transactions):

- '*Enter, view, maintain sickness absence*' – completed via roster systems or PRNs;
- '*Hire an applicant*' – completed via a manual enrolment notification to Payroll and upload of applicant data from TRAC Recruitment system;
- '*Change employee assignment details*'[1] – completed via a manual notification to Payroll;
- '*Action change in working hours*' – completed via a manual notification to Payroll;
- '*Complete pay progression appraisal*' (see appraisal section above);
- '*Change an employee's location*' (affects expense claims) – completed via a manual notification to Payroll
- '*End employment*' – completed via a manual notification to Payroll; and
- '*End non primary assignment*' – completed via a manual notification to Payroll.

[1] 'Change employee assignment details' means any change e.g. a reduction in contracted hours, or a full move to another department etc. This particular transaction is at the 'high end' of the scale as it can affect pay and requires the Manager Self Service URP to be implemented (managers do not have this level of access at present and there is not a proposed implementation date).

2.21 Of the 55 transactions, we were advised that with the exception of expenses, pay progression and sickness absence, the remainder were unlikely to be implemented by the health board until much further into the wider ESR project.

2.22 Items 1-5 above require the Manager Self-Service ESR module. This is split into two transaction types, in line with the requirement to have Payroll Department approval, in addition to line manager approval before it can be reflected on ESR. We were advised that the items requiring Payroll Department approval will be rolled out first, as they relate to more high risk transactions, but are unlikely to be implemented within the next 12 months.

2.23 As outlined above, we understand that a great deal of these transactions will still involve processing and approval of manual forms, outside of ESR. However, this is consistent with practices at other organisations within NHS Wales e.g. applications for maternity and study leave.

Conclusion:

2.24 Until recently, the health board relied on a combination of manual and electronic systems to record and authorise processes such as annual leave, absence, change of assignment and hours etc. Following instruction by a manager, other categories of 'leave', including maternity leave and special leave, are entered directly on to ESR by payroll on a case by case basis.

2.25 Historically, arrangements at Swansea Bay University Health Board differed to other Health Boards in Wales in respect of annual leave and sickness absence, due to the reliance on manual and paper records for some staff groups. Every member of staff at the health board now has access to self-service and should be utilising ESR to record annual leave, however we were advised that user uptake is an issue. Please refer to **Matters Arising 1.**

2.26 There is also opportunity to make more use of ESR to capture training requirements. Please refer to **Matters Arising 2.** Whilst a large-scale cleansing exercise has recently been undertaken to update the management hierarchy within the system to reflect current existing staff hierarchies, this remains an important area of focus. Please refer to **Matters Arising 3.**

Objective 2: The mechanisms in place to store, collate and analyse employee data.

2.27 As noted at Objective 1 above, the health board has historically relied on a combination of paper and electronic systems (ESR and rostering systems such as 'Allocate', 'Kronos', 'Medic on Duty', 'Locum on Duty' and 'Intrepid') to record and authorise processes such as annual leave, absence, change of assignment and hours etc. In addition, the Payroll Department, is typically required to input information such as maternity leave and special leave into ESR to facilitate reporting.

2.28 Data that is not held on electronic systems, including the annual leave and sickness absence records that are not currently recorded within ESR (as noted under objective 1 above where uptake in the use of ESS is an issue), is not

captured for reporting purposes. This information may also need to go through multiple stages of manual input and validation, which increases the likelihood of human error and causes delay in the availability of information.

2.29 Whilst ESR has been designed and developed to be a comprehensive, integrated workforce management system, historically it has been utilised within the health board as a simple database, requiring central functions to provide manual update facilities. As noted above, a large-scale data cleansing exercise has recently been undertaken at the health board, to review the management hierarchies within ESR. Ongoing cleansing and maintenance of the hierarchy will be a user driven exercise, as local knowledge is necessary to ensure changes are implemented in a timely way.

2.30 However, this process did not include the remaining manual processes and records, therefore any transactions not being captured directly via self-service will not be visible. The reliability of the workforce information underpins the effective management of the workforce, to understand and support their development and to allocate resources appropriately.

2.31 The issues outlined above can mean that managers do not have access to accurate and timely information to assist them to manage and support their staff. Central functions, such as Workforce and Finance, are also unable to gain insight, for example into levels and patterns of holiday usage and sickness absence levels and trends. See **Matters Arising 3**.

2.32 We were advised that there are a range of methods by which managers can obtain workforce information. This includes requesting personalised reports, viewing the employee record in person, or via one of the compliance reports distributed. However, these reports may be inaccurate if information on ESR is not complete and there are inaccuracies within the management hierarchy.

2.33 We note that the Workforce Team plans to monitor usage of ESR to encourage it being embedded throughout the organisation.

Conclusion:

2.34 The combination of the electronic and paper systems that have historically been in place results in a number of complexities when validating employee data. Where manual or paper systems exist outside of ESR, then the data is not collated, validated and reported. In addition, the need to update management hierarchies within ESR has presented a significant challenge to the health board. Accordingly, a large-scale data cleansing exercise has been undertaken to ensure data quality. The ongoing review and maintenance of staff records will be key to enable managers to undertake their duties effectively. See **Matters Arising 3**.

Objective 3: Arrangements to monitor and report employee data, including compliance with Welsh Government and statutory obligations.

2.35 It is vital that the health board is able to produce up to date, quality workforce information to support informed decision making, both corporately and by line

managers, and to enable closer integration of Finance, Workforce and Payroll processes.

2.36 The health board produces a standard workforce metrics report on a bi-monthly basis. This forms part of the governance arrangements for reporting on key workforce activity and key national and corporate performance targets, including sickness absence levels and appropriate completion of appraisals and training.

2.37 Integrated Performance Reports (IPR) are reported to the bi-monthly Workforce and OD Committee and to the Board, under eight staff group headings (1. Additional Professional Scientific and Technic 2. Additional Clinical Services 3. Administrative and Clerical 4. Allied Health Professionals 5. Estates and Ancillary 6. Healthcare Scientists 7. Medical and Dental 8. Nursing and Midwifery Registered).

2.38 Whilst we did not request or test current compliance levels for the purposes of the review, the latest IPR presented at the August 2022 Workforce and OD Committee highlighted the following:

- Statutory and mandatory training compliance is 80.94% for the health board, with Medical and Dental reported as being the worst performing staff group.
- 55.91% of the workforce had recorded an appraisal within the last 12 months, with Medical and Dental reported as being the worst performing staff group.
- The sickness absence rate for the health board was reported at 7.31%. A decrease of 1.62% since the last report and was highlighted as being the lowest rate since July 2021. It was reported that Morriston Hospital was the worst performing service area within this category.

2.39 In addition, 'Workforce and HR updates' are typically included as standing agenda items at Service Group meetings. We noted examples where areas such as sickness absence rates, training and appraisal compliance, vacancies, and workforce efficiencies (including improving rostering, recruitment and retention strategies and reducing absence rates) were being discussed.

2.40 Although we would not expect to see regular reporting of annual leave records within a formal report, there are opportunities to improve absence management and planning through provision of accurate and relevant information to managers.

2.41 Noting that the health board has more manual processes in relation to leave records compared to other health boards, more work and effort is needed to calculate workforce information, such as the accrual for untaken annual leave for the purposes of the financial statements. A summary explaining how the figures are calculated and reported is included in the 'Annual Accounts Update' presented at the March 2022 Audit Committee.

2.42 The health board implemented functionality to enable annual leave transactions within Supervisor Self-Service (SSS) following this exercise, to understand how much annual leave staff members had remaining at the end of the year. We were

informed that, as it was considered low risk since all other NHS Wales Bodies had implemented this level of access some time ago, a formal process was not applied to manage this process.

2.43 As noted above, there is a delay before information is available for reporting purposes. This issue, along with the management hierarchies within ESR not reflecting current staffing hierarchies, presents more of a challenge for the health board in comparison to other health bodies.

2.44 We were advised that numerous reports are generated and maintained across the organisation. These may be reports that are generated locally, from manual records, or information may be requested from the Workforce Team, via the workforce support email address. However, generation of these reports appears to be 'ad hoc' and the health board could benefit from a more structured and coordinated approach to ensure that this information is produced consistently and monitored and managed more effectively. **See Matters Arising 4**.

2.45 The implementation of ESR provides opportunities to streamline the way that data is held allowing for access to more accurate and timely information in respect of absence, training compliance, appraisals and pay progression for example. In turn this will ease the burden on central resources such as Workforce and Finance, allowing managers to reclaim this responsibility. It will also reduce, if not remove the need for external paper.

Conclusion:

2.46 Reports containing workforce metrics are regularly produced for submission to the Board and Workforce and OD Committee and are regularly discussed at Service Group meetings. The health board has more manual processes in relation to leave records compared to other health boards and therefore there are opportunities to improve absence management and planning through provision of accurate and relevant information to managers. We were advised that numerous reports are generated and maintained across the organisation. However, the health board could benefit from a more structured and coordinated approach to ensure that this information is produced consistently and is monitored and managed more effectively. Please refer to **Matters Arising 4**.

Appendix A: Management Action Plan

Matter arising 1: Management of staff absence records (Design)	Impact
We understand that a significant number (approximately 9,500) of health board staff use rostering systems (mainly 'Allocate', also known as the 'Health Roster' system, and 'Kronos') that directly interface into ESR. Information in respect of annual leave is therefore captured directly in ESR, in line with arrangements at other health boards and organisations within NHS Wales. The health board also has access to 'Medic on Duty', 'Locum on Duty' and 'Intrepid' rostering systems, which are utilised by medical and dental staff. These systems do not currently interface with ESR, and therefore annual leave records require direct input. Until recently, the remaining health board staff, including some allied health professionals and administrative and clerical staff, remained on manual time management systems. These arrangements were not in line with established practices at other health boards in NHS Wales, where annual leave is routinely requested and approved on ESR. Nevertheless, every member of staff at the health board now has access to self-service and should be utilising ESR to record annual leave. However, we were advised that user uptake is an issue, where recent reports highlight that ESR does not currently hold annual leave data for approximately 2,876 staff. The health board is currently in a period of embedding and transition in respect of its usage of ESR and is working hard and focusing effort to improve staff engagement to support its roll out. Although we would not expect to see regular reporting of annual leave records within a formal report, there are opportunities to improve absence management and resource planning through provision of accurate and relevant information to managers.	Systems for capturing employee data do not fully meet the needs of the organisation. Reporting of staff data is inadequate, limiting the health board's ability to analyse to support workforce management and planning and the delivery of national workforce policy and strategy. Staff wellbeing is compromised due to poor resource planning and failure to ensure that annual leave is taken on a regular basis.

Recommendations	Priority
1.1 The health board should continue to stress and enforce the requirement for staff and managers to record their absence records (including annual leave, sickness, study and maternity leave) on ESR. 1.2 The health board should continue to monitor the uptake of ESR, to ensure that more reliable, accurate and timely information is available.	Medium

	Management response	Target Date	Responsible Officer
1.1	Accepted. We continue to look for opportunities to embed self-service in the organisation, e.g. we are developing a newsletter for staff which we plan to issue on a monthly basis. This will highlight key changes and messages, with the intention of adopting a 'subscription' model to deliver directly to personal email Inboxes. WF Business Partners continue to support in reinforcing messages by disseminating to their local networks, and we plan to bring Finance Business Partners on board to assist in the same way.	Completed and Ongoing. Subscription model to be adopted in Q4 2022/23.	Emma Evans, Senior ESR and Workforce Information Manager.
1.2	Accepted. A similar 'Usage and Maintenance Newsletter' will be produced for WF management to monitor uptake, along with other key issues worth highlighting. This will be in a format which can be shared with other interested parties e.g. Finance management. The content is data driven, to enable objective measurement of progress.	Completed and Ongoing. Maintenance report completed by December 2022 and produced monthly.	Emma Evans, Senior ESR and Workforce Information Manager.

Matter arising 2: Management of staff training records (Design)	Impact
Formal training records captured on ESR within the health board include the core statutory and mandatory modules (including fire safety; health, safety and welfare; equality, diversity and human rights; safeguarding – level 1; resuscitation; manual handling; information governance; infection prevention and control; cyber security; and violence and aggression). Whilst we recognise that it is not practical to capture all staff training requirements on ESR, as a significant proportion will be completed outside the system, there are however many additional training modules accessible on the system (via the Online Learning Module) that other NHS Wales bodies typically require staff to complete. However, reporting of compliance figures within the health board is currently only available for statutory and mandatory training records. For example, there are several levels of safeguarding training available within ESR and we have noted that compliance levels are captured at other NHS Wales bodies. Our recent report following review of arrangements in place over compliance with mental health legislation at the health board, identified inconsistencies in the capturing and reporting of such training. Current arrangements in respect of role specific training are reliant on manual and local records. There is an opportunity therefore for the health board to make more use of ESR to capture additional training requirements. However, it has been made clear by management that this is a completely separate project which falls outside of the scope of self-service implementation.	Systems for capturing employee data do not fully meet the needs of the organisation. Reporting of staff data is inadequate, limiting the health board's ability to analyse to support workforce management and planning and the delivery of national workforce policy and strategy.

Recommendation		Priority
2.1	Noting that current arrangements in respect of role specific training are reliant on manual and local records, we recommend that the health board reviews training needs analysis undertaken with reference to the suite of training modules available to staff on ESR and update the system to ensure alignment.	Medium
2.2	The health board should consider updating reports to capture compliance of the additional training modules for ongoing monitoring purposes.	

	Management response	Target Date	Responsible Officer
2.1	Accepted in part. Preliminary discussions have taken place regarding the development of role specific training records on ESR. Baseline scoping indicates that ESR currently holds approx. 7000 position numbers requiring cleansing before, and in addition to, training needs analysis commencement. Given the scale and complexity of the exercise, it would be vital to ensure that proper scoping and outline planning is undertaken beforehand, to understand the level of commitment and time required to undertake this piece of work and to ensure that a clear agreement is made at the outset around intention, and therefore inclusion/exclusion from scope.	Action plan to be agreed by Q4 2022/23.	Julian Rhys Quirk, Assistant Director of Workforce & OD.
2.2	Accepted in part. As part of the project scoping, exploration would need to be included to establish capacity and limitations of the available reporting functionality, and to ensure that a) the ability is present to include additional training in outputs, and b) that Stat and Mandatory training would remain distinguishable from other role specific training.	SR will be raised by 1st January 2023 and following scoping work.	Emma Evans, Senior ESR and Workforce Information Manager.

Matter arising 3: Management hierarchy (Design)	Impact
We understand that the health board has historically experienced challenges where the management hierarchy within ESR did not reflect existing staff hierarchies. However, the hierarchy was recently reviewed as part of a large-scale data cleansing exercise, where managers and supervisors were requested to confirm that their team hierarchies were accurately reflected in ESR. All employees were also advised to check their allocated line manager. Since it is early in its implementation, we were advised that it is likely that hierarchical data isn't 100% accurate despite this exercise. This includes just over 2,500 gaps or blank fields currently on ESR in respect of supervisors. The health board is reminding users to review its information on a regular basis and correct anomalies and inaccuracies.	Systems for capturing employee data do not fully meet the needs of the organisation. Managers do not have access to accurate and timely information to assist them to manage and support their staff.

Recommendation	Priority
3.1 The health board should continue to complete the data cleansing exercise to ensure that all staff have a supervisor / manager allocated to them on ESR. 3.2 The management hierarchy is subject to regular review and maintenance, to ensure it appropriately reflects the staff hierarchies within the health board.	High

Management response	Target Date	Responsible Officer
3.1 Accepted. Central cleansing and update was completed as an ad hoc exercise, which made use of the Health Board wide commitment to facilitate the recent WG Annual Leave Buy Back Scheme. We continue to monitor issues i.e. gaps in supervisor fields which will naturally arise from new joiners every month. Maintenance of hierarchy is in 'business as usual' state now, in that users are required to inform of changes and updates required. A clear process and guidance has been published (and is continuously re-published in all Health Board wide bulletins related to ESR), and a single point of contact has been established to report all issues and support requirements, including hierarchy amendments.	Completed.	Emma Evans, Senior ESR and Workforce Information Manager.

3.2 Accepted. As above. It is important to understand that the Health Board is unable to validate the hierarchy centrally, as our only insight into this is the ESR hierarchy itself. Local knowledge is required to verify and monitor the detail, which was the rationale for moving quickly into a 'business as usual' process as soon as the initial large scale cleanse was complete. Links to incoming pipeline work between Workforce and Finance.	Completed. Joint work between Workforce and Finance Q3 2022/23.	Emma Evans, Senior ESR and Workforce Information Manager.

Matter arising 4: Reporting (Design)	Impact
Integrated Performance Reports (IPRs) are reported to the bi-monthly Workforce and OD Committee and to the Board. In addition, 'Workforce and HR updates' are typically included as standing agenda items at Service Group meetings. It is important to note that data not held on electronic systems, including the manual annual leave and sickness absence records noted under matter arising 1, are not captured for reporting purposes (see MA1). We have also noted under MA2 that reporting of training compliance figures within the health board is currently only available for statutory and mandatory modules. Noting that the health board has more manual processes in relation to leave records compared to other health boards, more work and effort is needed to calculate workforce information, such as the accrual for untaken annual leave for the purposes of the financial statements. A summary explaining how the figures are calculated and reported is included in the 'Annual Accounts Update' presented at the March 2022 Audit Committee. There is also a delay before information is available for reporting purposes. This issue, along with the management hierarchies within ESR not reflecting current staffing hierarchies, presents more of a challenge for the health board in comparison to other health bodies. We were advised that numerous workforce related reports can be generated and maintained across the organisation. These may be reports that can be generated locally, from manual records, or information may be requested from the Workforce Team, via the workforce support email address. However, generation of these reports appears to be 'ad hoc'.	Reporting of staff data is inadequate, limiting the health board's ability to analyse to support workforce management and planning and the delivery of national workforce policy and strategy.

Recommendation	Priority
4.1 The health board should look to adopt a more structured approach to ensure that workforce information is produced consistently in a timely manner and monitored and managed more effectively. 4.2 The health board should raise awareness of ESR reports available and their benefits to staff. Guidance and training should be provided to line managers and report usage monitored on an ongoing basis.	Medium

Management response	Target Date	Responsible Officer
4.1 Accepted in part. Current reporting arrangements are fit for purpose in the sense that data is available to a wide range of designated points within the HB, and requirements are met via the established network. We currently have approx. 119 Business Intelligence URP's allocated to approved individuals. In addition, an established line exists into the ESR Team enabling more complex or ad hoc requests to be fulfilled. To date we have not received any reports of managers having concerns regarding timeliness of availability of data, and feedback indicates that turnaround	Ongoing.	Emma Evans, Senior ESR and Workforce Information Manager.

	times are very fast (within 1-2 working days in most cases). Standardising reporting within the HB is a difficult task, given that so many departments exist, each with different (and constantly changing) requirements at any given time. However, we do intend exploring this, in an attempt to establish common requirements at HB wide level, and understand the capacity for standardisation, with a view to producing monthly datasets which would be accessible via the Intranet to all staff. This has already been taking place to some degree for several years, although a review would establish the relevance of current publications, and provide opportunity to build on and expand the datasets being made available. Historically, this data has been available to an 'approved' group of people with individual access awarded on a case by case basis, however, as the data is not sensitive we are now making it available to the whole HB via the new Workforce Intranet pages. This is intended to reduce the number of requests incoming to the ESR Team in the hope of achieving efficiencies, whilst also improving access to data by optimising the current platform. Further to the above, we intend exploring the potential for making a Workforce specific platform available to HR Business Partners, which would provide access to set reports each month for e.g. sickness, PADR etc. This would reduce the time spent by individual users on running reports from ESR, and ensure all users are working from the same dataset. This would need to be supported in a protected and secure environment as it would include sensitive information, and this needs to be investigated fully as part of the piece of work.		
4.2	Accepted in part. Awareness of data available to managers has (and will further be) advertised and supported by the introduction of portals within the self-service platform of ESR. These provide 'at a glance' graphs and tables regarding compliance of key areas e.g. Registrations and Memberships, Absence, and PADR's. The portals can be clicked on to reveal additional detail down to an individual team member level. For most managers this access fulfils their needs, with the needs of higher level managers requiring a wider perspective being addressed by the points in 4.1. In addition, individual members of staff are able to access their own personal information more readily via self-service e.g. by the use of the Absence Calendar and Employee Self Service Portals.	Completed and Ongoing.	Emma Evans, Senior ESR and Workforce Information Manager.

Appendix B: Terms of Reference

Scope and Objectives

Scope	To undertake a baseline assessment of the arrangements in place prior to the implementation of the ESR Manager, Supervisor and Employee Self Service functionalities across the health board, and to provide suggestions for areas of improvement or future development. Objectives of the area under review: • The systems and processes currently in place to capture employee data across all staff groups, with focus on the following: a. Annual leave b. Training c. Appraisals d. Sickness absence e. Pay affecting transactions (e.g. changes to hours, assignment changes etc.); • The mechanisms in place to store, collate and analyse employee data; and • Arrangements to monitor and report employee data, including compliance with Welsh Government and statutory obligations.

Limitation of scope

Limitations to scope	We will not be undertaking detailed testing of data to ensure quality. We will be reviewing evidence that the health board has undertaken testing of data quality.

Associated Risks

Associated risks	• Systems for capturing employee data do not fully meet the needs of the organisation; • Reporting of staff data is inadequate, limiting the health board's ability to analyse to support workforce management and planning and the delivery of national workforce policy and strategy; and • System preparation and data quality exercises required prior to the implementation of ESR self service may be underestimated, if the health board does not have a full understanding of how employee data is captured, collated and stored.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership