

Medical Staff Recruitment Final Internal Audit Report October 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance

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Acknowledgement

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Executive Summary

Purpose


To establish and evaluate the Health Board processes around medical staff recruitment, particularly the efficiency of recruiting new staff and the effectiveness of onboarding procedures.

Overview

We identified one key matter arising regarding the delays within the recruiting process particularly around information not be processed in a timely manner by recruiting managers and Health Board-side functions.

Whilst recognising the positive internal controls and processes that has resulted in this Reasonable assurance report, the recruitment of medical staff into substantive posts continues to be a challenging issue and remains a high priority for the Health Board to address.

Report Classification

		Trend
 <p>Reasonable</p>	Some matters require management attention in control design or compliance.	N/A
<p>Low to moderate impact on residual risk exposure until resolved.</p>		

Assurance summary¹

Assurance objectives	Assurance
1 Efficient and timely processing of recruiting medical staff	Reasonable
2 Clear and appropriate onboarding arrangements	Reasonable

Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Recruitment Delays	1	Operation	High
2	Delays in the Recruitment Process	2	Design	Medium
3	Onboarding Process	2	Design	Low

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulation the overall audit opinion

1. Introduction

1.1 The review of Medical Staff Recruitment was completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2021/22. The relevant lead Executive Director for this review was the Director of Operations.

1.2 The inherent risks considered in this review were as follows:

- delays in recruiting medical staff resulting in high locum costs and a negative impact on patient care; and
- lack of onboarding procedures which may detrimentally affect new recruits and the Health Board's reputation and future ability to recruit.

2. Detailed Audit Findings

Objective 1: The process of recruiting medical staff is efficient and timely in order to promptly address medical staff vacancies

- 2.1 The recruitment of medical staff into posts across the organisation is the responsibility of a designated recruiting manager with the department or function. The recruiting manager is responsible for placing a vacancies on the Trac² system, including an approved job description, and authorising each prompted step in the Trac system in a timely manner.
- 2.2 All recruiting managers are supported by the Medical Recruitment Teams in the processing of candidates within the Trac system.
- 2.3 A sample, of 10 consultants and junior doctors across a range of specialties, was selected to establish whether they had been processed in a timely manner. Whilst there are no nationally agreed recruitment key performance indicators (KPIs) in the recruitment process, the Medical Recruitment Teams have aligned their internal targets with those of the NHS Wales Shared Services Partnership (NWSSP).
- 2.4 Of the 10 sampled consultants and junior doctors, four showed no unavoidable delays between the vacancy arising and the post being advertised. However, for six of the 10 sampled consultants and junior doctors, delays were identified that resulted in several internal KPIs, where the recruiting manager was responsible, being breached including notice date to authorisation date and the time taken to approve the vacancy request. **[See Matter Arising 1]**
- 2.5 The current procedure to employ an agency/locum worker requires an 'AG1 Form' to be completed by the service or specialty. The 'AG1 Form' contains information on the period, cost and also the circumstances as to why an agency or locum is required. The 'AG1 Form' must be approved by the Service Manager before the request is forwarded onto Medacs for processing.
- 2.6 Testing of five agency/locum workers currently in post was undertaken to ensure a complete and valid 'AG1 Form' had been completed and authorised by the Service Manager. Testing confirmed that 'AG1 Forms' had been completed and appropriately authorised.
- 2.7 Following the completion and approval of an 'AG1 Form', the Medical Recruitment Teams maintain an 'Agency Exit Strategy' register of all open vacancies and agency/locum workers within those posts. We can confirm that the register records the period covered by the agency/locum worker, the costs and also a running commentary of the actions taken to fill the vacancy with a substantive role. The Health Board is also provided with a monthly breakdown of their running costs/savings and position from Medacs on the use of agency and locums.

² Trac is an online recruitment management system currently used by the NHS.

2.8 A review was undertaken of the five highest costing agency/locum workers listed on the 'Agency Exit Strategy' register to establish the reasons for using these individuals and what actions were being taken to employ someone into the substantive post. We can confirm that the use of the five highest costing agency/locum workers was as a result of vacancies within identified 'hard to fill' roles in specific specialties. Some of the specialties include:

- Accident and Emergency (A&E)
- Radiology
- Dermatology
- Mental Health
- Haematology
- General Medicine (for ST1 and ST3 posts)

2.9 We can confirm that the 'Agency Exit Strategy' register captures the progress made in appointing to open vacancies, such as going out to advert seven times for one post, and reference to the open vacancy job number currently on the Trac system. A review of the evidence recorded on the register and discussions with key personnel across the organisation confirmed that the difficulties in appointing individuals to substantive posts were known, which included:

- the lack of applicants to the post,
- applicants that do apply do not have the NHS experience or the required standard,
- agency/locum workers not wanting to transfer over to a substantive post; and
- the reluctance of clinicians to move to Wales due to the Covid-19 pandemic.

2.10 Whilst the use of agency/locum workers was required to ensure services continued to function, we note the positive efforts made by the Medical Recruitment Teams to liaise with agency/locum workers in trying to transfer them into the substantive post or reduce their fees in order to make some financial savings for the Health Board.

2.11 Whilst the Medical Recruitment Teams and the Medacs representative meet on a weekly basis to scrutinise and address vacancy position, the Medacs representative also meets with the Assistant Director of Workforce & Organisational Development on a regular basis to provide an update of the vacancy status for the Health Board.

2.12 A review of the number of starters and leavers of medical and dental employees for the period July 2020 to July 2021 highlighted the increase in leavers in comparison with new starters. However, this increase in leavers was also reflected across other Health Boards with the exception of Swansea Bay Health Board.

Conclusion:

2.13 The above finding has resulted in a Reasonable assurance rating.

Objective 2: There are clear and appropriate arrangements in place for onboarding of new staff

2.14 A review was undertaken to establish the onboarding process following the appointment of a new consultant or junior doctor. The first part begins following the acceptance of the new starter and revolves around the pre-employment checking phase of the onboarding process.

2.15 A sample of 10 new starters were selected to establish that clear and appropriate arrangements were in place for the onboarding process. Concluding testing, the following was noted where significant delays were identified:

- Conditional offer to Occupational Health clearance (up to 98 days)
- Conditional offer to first reference request (up to 23 days)
- Vacancy creation to unconditional offer (up to 179 days)

2.16 We identified a number of other delays in the recruitment process including occupational health clearance, candidate queries over salaries, extended notice periods and immigration status checks undertaken by the Home Office. **[See Matter Arising 2]**

2.17 The second phase of onboarding surrounds the work and pastoral elements of the induction process. The attendance of all new consultants, junior doctors and dentists is compulsory. Whilst consultants attend the corporate induction, junior doctors and dentists are required to attend a dedicated induction undertaken by the Medical Education Department, in addition to attending local departmental/specialty induction. A review of the induction programmes noted that the work element of the onboarding process was evident (e.g. introduction to the organisation, training, IT, etc.).

2.18 The pastoral element of the onboarding process is undertaken between the recruiting manager and the Medical Recruitment Teams. The Health Board has arrangements in place such as a 'buddy scheme' for overseas new starters and providing support with accommodation. Whilst these pastoral arrangements were in line with Swansea Bay and Cardiff & Vale Health Boards arrangements, we were informed by the Head of Recruitment & Workforce Equality, Diversity and Inclusion that the uptake of these schemes were low. **[See Matter Arising 3]**

Conclusion:

2.19 The above finding has resulted in a Reasonable assurance rating.

Appendix A: Management Action Plan

Matter Arising 1: Recruitment Delays (Operation)		Impact
<p>Of the 10 sampled consultants and junior doctors, delays were identified for six individuals that resulted in several internal KPIs, where the recruiting manager was responsible, being breached including notice date to authorisation date and the time taken to approve the vacancy request.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> delays in recruiting medical staff resulting in high locum costs and a negative impact on patient care.
Recommendations		Priority
<p>The Director of Operations should ensure that recruiting managers are made aware of their need to undertake the recruitment process in a timely and efficient manner in order to avoid delays in appoint new starters. Where delays are incurred, the Medical Recruitment Team should inform directorate or service management.</p>		<p>High</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Continue to deliver formal training at the New Consultant Development Programme and any other relevant leadership/development programmes for those responsible for staff in the Medical & Dental staff group to ensure recruiting managers are aware of their responsibilities. In addition, recruitment training is delivered via the following platforms – therefore some reliance on shared learning and influence via these delegates.</p> <ul style="list-style-type: none"> Managers Passport attended by Service Delivery Managers, Service Managers. <p>In addition, virtual training is already available on the intranet in ‘10 top tips’ which covers preparing to recruit. Further training is being developed including</p>	<p>31st March 2022</p>	<p>Andrew Carruthers (Executive Director of Operations)</p> <p>Sally Owen (Head of Recruitment & Workforce Equality, Diversity and Inclusion)</p>

virtual Trac training which could assist with the messaging around the need to place vacancies on Trac at the earliest opportunity.

Other sources of influence: OD Relationship Managers, Workforce Efficiency team, Workforce Planners.

As part of the recruitment pathway transformation work the recruitment team are engaged with the Digital Transformation Team – and are exploring the option of electronic leaver forms which could trigger actions linked to recruitment. This is at the exploration phase.

Matter Arising 2: Delays in the Recruitment Process (Design)		Impact
<p>We identified a number of other delays in the recruitment process including occupational health clearance, candidate queries over salaries, extended notice periods and immigration status checks undertaken by the Home Office.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> delays in recruiting medical staff resulting in high locum costs and a negative impact on patient care.
Recommendations		Priority
<p>Management should undertake a targeted review of consistent bottleneck areas within the recruitment process and develop actions in order to promptly address medical staff vacancies.</p>		<p style="text-align: center;">Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Medical Recruitment are reviewing the current starting salary process with the Medical Staffing team to ensure this process is streamlined as per A4C. There is a reliance on responses to queries from the Medical Recruitment Team.</p> <p>The OH team have recently reviewed and updated their OH onboarding process, which has seen some improved timelines. Overseas Medics are not able to attend OH appointments until they are in situ (Day 1). This does not slow down and add time to the onboarding process.</p> <p>Health Boards are unable to influence immigration status checks conducted by the Home Office.</p>	<p>31st January 2022</p>	<p>Sally Owen (Head of Recruitment & Workforce Equality, Diversity and Inclusion)</p>

Matter Arising 3: Onboarding Process (Design)		Impact
<p>The pastoral element of the onboarding process is undertaken between the recruiting manager and the Medical Recruitment Teams. The Health Board has arrangements in place such as a 'buddy scheme' for overseas new starters and providing support with accommodation. However, we were informed by the Head of Recruitment & Workforce Equality, Diversity and Inclusion that the uptake of these schemes were low.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> lack of onboarding procedures which may detrimentally affect new recruits and the Health Board's reputation and future ability to recruit.
Recommendations		Priority
<p>Management should undertake a review of the onboarding process and engage with key stakeholders to establish whether enhancements can be made to the current system.</p>		<p>Low</p>
Agreed Management Action	Target Date	Responsible Officer
<p>As part of the recruitment pathway transformation work, the recruitment team are reviewing information shared with key stakeholders in a bid to improve the recruitment journey including onboarding/pastoral care. Surveys have been completed (c800 responses), Focus Groups have taken place and workshops will be scheduled. It is hoped that information will be 1) more personal 2) more relevant 3) more inclusive and improve the onboarding process (up to and including Day 1) for all. The outcome of which will be:</p> <p>A: A more engaged and positive onboarding journey;</p> <p>B: More uptake on Network/support groups available (eg: BAME, Buddy, LGBTQ+, Carers Network);</p> <p>C: Reduced Attrition in year one.</p>	<p>31st May 2022</p>	<p>Sally Owen (Head of Recruitment & Workforce Equality, Diversity and Inclusion)</p>

The medical recruitment team are supporting the medical directorate in a piece of work to further explore candidate connections pre Day 1 and on/around Day 1.





The recruitment team have added a positive action page to the Health Board internet page which promotes the buddy scheme, LGBTQ+ network group (ENFYS), BAME Network and Carers Network – to encourage anyone interested to engage. They have also asked if the Strategic Partnership/Inclusion team can develop an information leaflet for use in their induction session to signpost new starters to networks available.

Accommodation is an ongoing issue for the Health Board. The Medical Recruitment team use every possible means to secure accommodation for new arrivals however there is a lack of suitable accommodation generally and often medics understandably want to arrive from overseas with their families for which there is little or no accommodation. This is an ongoing challenge and poor experience/first impression for our medics.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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