

Qualification: CIPD Diploma in Applied Human Resources

Module Name: 5ARTP Contributing to Resource and Talent Planning in the Organisation

Student Name: _____

Student Number: _____

CIPD Membership Number: _____

By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.

Signed: _____

Date: 06th June 2020

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Bibliography

CIPD Candidate Evidence

Candidate name.		CIPD Membership/registration No.:			
Qualification title: CIPD Diploma in Applied Human Resources		Unique Learner No. (ULN):			
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence Number	I/V initials if sampled
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Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	IV/ initials if sampled
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CIPD

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Qualification title: CIPD Diploma in Applied Human Resources							Unique Learner No. (ULN):
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled	
5ARTP	Contributing to Resource and Talent Planning in an Organisation	3.1, 3.2,	Email trail relating to Family Liaison Officer	EV21			
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Qualification title: CIPD Diploma in Applied Human Resources	Unique Learner No. (ULN):	
• I confirm that the work/evidence presented for assessment is my own unaided work. • I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action. • I agree to this work being subjected to scrutiny by textual analysis software if required. • I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998. • I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records. • I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.		
Signature:	Date:	06/06/2020

CIPD

LO1: Be able to review and evaluate on organisations approach to talent planning

Hywel Dda University Health Board are governed by requirements set out by Health Education and Improvement Wales (HEIW) and Welsh Government in many areas and workforce planning is no exception. The NHS Wales planning framework (NHS Wales, 2019) (EV 4) requires the Health Board to submit a three year Integrated Medium Term Plan (IMTP) (EV5). The formal process requires each health board to use the six stage approach to planning cycle (EV 6), with an agreed template also confirmed. Once the IMTP is submitted to HEIW, it is agreed and this informs the commissioning process, identifying the medical staff, nurses and therapists required. It also confirms the students that the Health Board have to provide placements for (EV7). From this process, the Education Commissioning and Training Plan (EV 8) is produced, identifying key priorities in relation to ensuring that the organisation have the clinical staff to service the local population.

Effective forecasting of demand is usually done in a stable environment for 1-2 years (Taylor, 2019), however the organisation plan using their IMTP for three years, an annual plan which is in more operational detail and 10 year forecasting, suggesting a robust workforce planning strategy.

The recent Covid-19 pandemic is no exception to the formal planning processes in place within the organisation, with all workforce planning decisions being formalised and set around the quality assurance and governance processes. Prior to any recruitment decisions being made, a recruitment strategy paper was presented forecasting anticipated demand for staff, with a three week lead time (EV13). A supply and demand plan (EV 14) was then produced setting out clear stages forecast supply, along with nominated managers to oversee demand and supply, including recruitment, volunteering, deployment, medical students and retire and return. A combination of a systematic technique and subjective management views were used to come to the decisions, which is best practice (Armstrong, 2020). Although there was evidence used of how the pandemic affected other countries, data relating to patient and healthcare, staff ratio and various other data, the organisation had never experienced a pandemic to the scale and as lockdown

affected the health board infection rates across Wales, there was no evidence to be able to long-term forecast the pandemic (HDUHB, 2020). By seeking sign off through the gold tactical group created a level of objectivity (Taylor, 2019).

The deployment implementation process (EV15) outlines considerations including pay scales, training requirements and risk assessments, with a focus on temporary changes to the working conditions. With the need to identify the gaps and skills needed a training gap analysis was carried out (EV 17) and a skills matrix/schedule to manage this operationally, providing a workforce of the right size, at the right time, with the right skills (CIPD,2019). A skills audit is an effective way of identifying gaps (Deloitte, 2020), however, this was difficult due to the lack of recording of staff who have the relevant skills to support specific activities (ESR, 2020). An example of this was the identification of healthcare support workers who had completed vena puncture training, CPAP and those who have skills within respiratory management.

With an awareness of the fluidity of the pandemic, a deployment hub was set up to manage addressing the gaps, with a deployment matching process (EV16), ensuring the right people, with the right skills could be matched effectively. This process demonstrates the four stages of planning (Taylor, 2019).

Recruitment processes are also very formal, with the job matching service to assess job descriptions, and Eagle Framework (EV19) to sign off the skills and competencies required and also if the role meets the requirements of the organisations vision and long term strategy, once again demonstrating best practice (Armstrong, 2012). Despite the formality of processes, the organisations do not have a recruitment policy as most procedures are laid down by all Wales practices.

The organisation have a substantial amount of recruitment activity being done by the service and following a recent audit (Owen, 2020) identified non-compliance of recruitment policies including shortlisting and interviewing. It was identified that in some cases the successful candidate did not make the full essential criteria, suggesting that the "who you know" method of recruitment was used, which can impact employee brand (Taylor, 2019).

Effective branding is important in recruitment marketing strategies, supporting recruitment and retention (Taylor, 2019). The organisations employer brand is based on values (EV9), with the 'Train, Work, Live' campaign (EV10), depicting the work life balance and the benefits of working in a rural community. In addition, the website, Hywel Dda have a Facebook page for the local population, promoting good news stories and wellbeing updates (EV11) and a 'Swyddi Hywel Dda/ Hywel Dda Jobs Page (EV12), promoting positive workforce stories and vacancies, which is one of the most effective means of promoting vacancies (Owen, 2020). All workforce and talent planning activities are linked to organisational values and goals, thus demonstrating best practices (CIPD, 2019). As social media pages link to the website, the ease of the application progress does mean that many irrelevant applications are received, will little understanding of the role (Taylor, 2020).

When considering the availability of talent, the organisation have 6.14% of vacancies, with 11.49% being in medical and dental, 7.94% in nursing and midwifery is and 7.33% in Allied healthcare professions (ESR, 2020) (EV20). With these being hard to fill. With the United Kingdom accessing 14.4% of the nursing workforce from overseas (Health Foundation, 2019). In order to overcome this, The organisation continue to have an overseas nursing program, relocation packages and more recently investment in a grow your own pathway from HCSW's and taking on 50 health care apprentices to become nurses on 2026, creating a talent pipeline.

When considering the shortage of nursing, 76% of band five specialist nursing vacancies are filled from internal workforce side stepping, advertised internally. This does not support the need to increase nursing capacity within the organisation. The other disadvantage of internal recruitment is the lack of different perspectives and diversity that this may bring (Forbes, 2020).

At the end of 2019, youth employment rates were up to 54.6% (Mistry, 2020) with the organisation still only having reached 8.4% of their workforce being in this age category (Employee Staff Records, 2020). In order to combat this, the organisation has an Apprenticeship Academy, with the opportunities for apprentices in all some areas of the organisation being written into the workforce plan.

With regards to the other vacancies within the organisation, including catering, cleaning and those that require a lower skill set, the vacancy rate is 0.94%, the vacancy rate still considerably low for administration and clerical being 2.79%, this reflect the year overall labour market information, creating a loose labour market (Wilkinson & Taylor, 2016). Due to high rates of unemployment within Pembrokeshire, Ceredigion and Carmarthenshire (Nomis, 2019), this makes recruiting non-skilled relatively easy in contrast to skilled roles, who tend to move to more urban areas (ONS, 2020).

The NHS Wales staff survey identifies very little focus on learning and development, with 52% feeling that they are not encouraged to develop and with external workplace learning report identifying 94% of employees stay with their organisation longer as a result of career development (LinkedIn, 2018), would suggest that there needs to be greater focus on development of employees and creating a talent pipeline (Wilkinson Ann Taylor, 2016). Despite robust workforce planning practices, in non-clinical roles, there is little evidence of talent planning or succession planning.