



Oifig an Choimisiúin um Cheapacháin Seirbhíse Poiblí
Office of the Commission for Public Service Appointments

Follow-up audit of policies and practices relating to local recruitment
and appointments by

HR units in HSE hospital groups:

University Hospital Waterford

University Hospital Limerick

June 2018

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Introduction and background

Introduction

This report has been prepared under Section 43(5) and Section 13 of the Public Service Management (Recruitment and Appointments) Act, 2004.

In 2016 an audit was carried out by the Commission for Public Service Appointments (the Commission) of the policies and practices governing local recruitment and appointments made by HR units in Health Service Executive (HSE) hospital groups, University Hospital Limerick (UHL) and University Hospital Waterford (UHW). The audit reviewed a selected sample of appointment processes conducted during 2015.

The audit report found that a number of processes and procedures were in place that supported the appointment of candidates on merit. However, it noted concerns about the level of safeguards deployed in appointing candidates to positions in the HSE and considered that the licence holder needed to take steps to address the shortcomings identified.

The report made a number of recommendations, with a view to supporting the HSE in its efforts to properly meet the provisions of its recruitment licence.

Purpose of the follow-up audit

The purpose of the audit was to assess the actions taken by the HSE on foot of the recommendations made in 2016. It was also to assess ongoing compliance by the HSE with the Commission's recruitment principles and ensure that effective procedures are in place for administering appointment processes in accordance with the Codes of Practice.

Acknowledgements

The Commission would like to thank the staff of the HSE's national HR unit and HR units in UHL and UHW, who gave their time and cooperation to this audit process.

The Commission is committed to undertaking audits not only with a focus on compliance, but in a spirit of improvement, knowledge sharing and facilitation of best practice across the public service.

Audit recommendations 2016

The 2016 audit raised concerns about the level of safeguards deployed in appointing candidates to positions locally within the HSE. It found that the HSE needed to take steps to address the shortcomings identified.

The report made a number of recommendations which were designed, when implemented, to support the HSE in its efforts to properly meet the provisions of its recruitment licence. The key recommendations made in the Commission's report are outlined below.

(i) Governance

It was noted that there was no little or no central monitoring or controlling of standards applied in areas such as the manner in which posts were advertised; how selection board members were chosen, trained and briefed; the application of centrally approved job and person specifications, including eligibility criteria for positions; the provision of feedback to candidates.

It was recommended that the HSE review and strengthen its governance arrangements for each hospital group. It considered that national HR needed to assume greater responsibility for the oversight of local recruitment to ensure that the terms of the HSE's recruitment licence were not compromised.

(ii) Awareness of the Codes of Practice

It was noted that there appeared to be limited appreciation at a local level of the HSE's statutory obligations to adhere to the CPSA's Codes of Practice and the terms and conditions of its recruitment licence.

(iii) Fair and equitable practice

Allied to the recommendation above, and in the interest of ensuring the fair and equitable treatment of candidates in recruitment processes, it was recommended that the HSE ensures the following safeguards are applied on a consistent basis, for appointments across the organisation:-

- All appointment processes are supported by clear, concise and effective marketing
- Centrally approved job specifications/role profiles
- Pre-determined job related selection criteria are used to assess candidates for all posts
- Set protocols are followed in choosing, training and briefing selection board members
- Specific and meaningful feedback is available to candidates on request
- Robust candidate vetting to ensure that only eligible candidates are selected
- Information on the CPSA's Codes of Practice and its review and complaint procedures are available to all candidates

(iv) Delays

It was recommended that the HSE considers the comments made by UHL's local HR unit about delays it experiences when making appointments from HBS recruit panels to determine whether there was scope to improve the level of service provided.

(v) Training and information sharing

Notwithstanding the knowledge, experience and commitment of many HR staff at a local level, the audit recommended that those involved in recruitment locally receive training as a priority.

In addition to the provision of training to those involved in recruitment and selection, the report recommended that communication with all hospital groups should be reviewed to ensure relevant and up-to-date information on national policies and procedures is shared with relevant personnel in a timely manner.

(vi) Sourcing appropriate candidates

The HSE was encouraged to take the steps necessary to ensure that those qualified and interested in pursuing a career in nursing in Ireland can find out from HSE.ie and other appropriate sources about the range of options available to them for employment opportunities in the Irish health service.

The HSE was advised to act immediately to end the practice of confining competitions to those who had submitted unsolicited CVs. The HSE was advised that it is obliged to deploy effective marketing efforts to ensure that its recruitment is from the widest pool of available talent.

(vii) Use of recruitment agencies

The HSE was advised that it must act immediately to review how recruitment agencies operate in making appointments to positions in the HSE.

The report did not see evidence that the agencies used by UHW and UHL made efforts to advertise the positions to be filled within the HSE. It appears that the agencies involved did little more than forward CVs they had received for consideration by local HR. In this regard, the employment of agency staff is no different to the employment of staff on foot of receipt of unsolicited CVs.

The audit report also outlined concerns that there may be similar weaknesses in practices and procedures deployed in other HSE hospital groups. This view was supported by formal complaints and informal enquiries received by the Commission relating to local recruitment in other locations across the HSE.

Methodology

Following the recommendations made by the Commission, in September 2016 the HSE outlined a number of key actions it intended to take to address the shortcomings and ensure ongoing adherence to the Codes of Practice.

The follow-up audit focused on assessing:

- Progress made by the HSE in relation to the actions outlined
- Progress made by the HSE in addressing each of the areas where shortcomings were identified
- The effect of any changes made on foot of the 2016 recommendations in recruitment practices at a local level
- Ongoing awareness of and compliance with the Codes of Practice at a local level.

During the course of the audit, several updates were sought from national HR on progress in relation to its proposed action plan and the governance structures in place to ensure oversight of local HR units.

A follow-up on-site visit was also carried out in UHL. During this, updates were sought on any changes made since the Commission's report was issued in 2016 and any perceived increase in governance levels within the HSE. An examination of a selection of recruitment processes carried out since September 2016 was also undertaken, with a view to assessing ongoing awareness of and adherence to the Codes of Practice.

In addition, a desk-based audit was carried out into ongoing practices in UHW. This again focused on obtaining an update on any changes made since the Commission's report was issued in 2016, any perceived increase in governance levels within the HSE and any recruitment and selection carried out since September 2016.

Audit findings

(i) Governance

For the most part ongoing recruitment at a local level is carried out only to fill permanent vacancies on a temporary basis, while awaiting the availability of candidates from permanent panels administered by HBS recruit. For the majority of such temporary posts, prior approval is still required from HBS recruit

UHW reported only to carry out recruitment for such short-term positions. It also reported a good working relationship with HBS recruit, which it actively engages with in regard to the filling of any posts.

However UHL reported that since 2017, due to delays in the filling of posts, the number of permanent appointments being made at a local level has increased. In certain cases prior approval is no longer required from HBS recruit to carry out recruitment locally, with increased autonomy devolved to the hospital group.

National HR advised that a number of processes are now in place to support the governance arrangements of hospital groups. It considers such processes to include:

- HBS recruit working closely with national HR, through the forum of the HBS governance committee, to improve and strengthen governance arrangements around recruitment in the HSE. The committee is currently examining recruitment models which should improve quality and compliance locally and nationally
- Meetings that take place on a regular basis of a hospital group forum. Attendees of the forum are local human resources managers in hospital groups (HR Directors) and community healthcare organisations (CHOs) and senior corporate HR Managers (Assistant Director of HR). The forum meets to discuss a range of HR items, including:
 - Recruitment activity
 - Development posts
 - Implementation of the HSE's People Strategy 2015-2018
- National HR has nominated a single senior manager to work closely with a counterpart within HBS Recruit to ensure appropriate governance at a local level
- A model recruitment optimisation group has been introduced in the South/South West Hospital Group. The group includes representatives from HBS recruit, the hospitals and the hospital group HR Director. The group meets to discuss recruitment issues and requirements. The model is to be considered for wider applicability in other hospital groups and in CHOs
- Mature working groups have been developed with many of the professions to improve recruitment quality, efficiency and standards. These include psychotherapists, speech and language therapists, occupational therapists, social workers, psychologists and many non-acute nursing areas. One of the aims of this is

to improve the over quality of recruitment in these professions and ensure that recruitments model meet the needs of the service

It was evident that the HSE has numerous structures and processes in place to support communication between national HR and the hospital groups and a certain degree of oversight. However, concerns remain to the degree to which national HR assumes responsibility for ensuring optimal recruitment is being carried out at a local level.

There is limited evidence that the HSE plays an active role in comprehensively monitoring the amount and type of appointments being made at a local level. There is also limited evidence that the HSE, at a national HR, assume an active role in ensuring that appointments being made locally are being carried out in adherence with the Codes of Practice.

(ii) Awareness of the Codes of Practice

Following the 2016 audit report correspondence was issued from national HR to the heads of the hospital groups and CHOs, outlining the role of the Commission and the HSE' obligations for fair and merit based recruitment under the Act.

Further correspondence was issued to all recruiters in March 2017 advising them of the Commission's updated Codes of Practice. A briefing session on the new Codes was also run by HBS recruit for local recruiters.

UHL advised that training is provided locally to all new staff members on the Codes of the Practice. It was evident that both hospital groups had, to a substantial degree, an awareness of the provisions of Codes. It was also evident that significant efforts were being made to ensure the fair and merit based recruitment of staff.

However, some concerns remained with regard to the understanding of certain provisions of the Codes. This is in particular in relation to the advertisement of posts, sourcing candidates from appropriately wide candidate pools, the information that should be provided to candidates in advance of the process and the information provided to candidates in relation to review and appeal mechanisms available to them.

(iii) Fair and equitable practice

Eligibility criteria

Considerable work has been undertaken into the standardisation of eligibility criteria across the HSE. Criteria for most posts are now standardised and available centrally. A senior official in the workforce analysis and informatics unit is tasked with ensuring awareness of the criteria and advising on interpretation issues. He also advises local hospital groups on any revisions to determined criteria.

Standardised documentation

A full standardised central suite of documentation is yet to be introduced. However, local recruiters have access, on request from the HBS recruit, to standard documents in relation to a number of job descriptions. They are also provided with, on request and if available, copies of historic job descriptions.

Local recruiters are encouraged to use, where available standard job-specifications. Where unavailable specifications will be developed at a local level.

Both UHW and UHL advised that such job specifications are used where available. Both also reported that staff in HBS Recruit provide support, where required, in relation to any queries that arise.

The HSE advised that it has plans to review the suite of standard documentation which is used by local recruiters, at each stage of the recruitment process. HBS recruit are currently introducing new customer relations management (CRM) technology, which will be accessible by all customers.

As part of this, a file sharing service will be developed of previously used, non-nationally agreed job specifications, to be available to local recruiters. The technology is required to facilitate the sharing of information across the HSE and improve standardisation, quality, compliance and reporting. The building stage of the technology has now commenced. When fully implemented this technology will provide:

- Real time data for all customers
- Standardisation of job descriptions and eligibility criteria
- Standardisation of documents and processes across all HSE recruiters
- Online training for interview board members

Pre-determined job-related selection criteria

No standardised or centralised assessment criteria exist, at a national level for posts. Criteria for assessment are developed at a local level, in line with the duties and responsibilities of the role and the competencies required.

The recruitment files examined suggested in most cases that pre-determined job-related assessment criteria were agreed and applied during the course of the selection process. However, in one of the processes examined in UHL, there was no evidence on file that any assessment process had been carried of the candidates against identified criteria. The appointment process was in respect of a critical needs post, to which two agency workers working within the group were appointed on a permanent basis.

Information on review and appeals mechanisms

An examination of a number of selection processes in UHL identified that reference is made to the Codes of the Practice in the information booklets provided to candidates at the beginning of a selection process.

However, in some cases no meaningful information was provided to candidates on the different appeal processes open to them or how to avail of them. Notably, candidates were not advised on receipt of the final decision, that it was open to them to request a review under Section 7 or Section 8 of the Code.

(iv) Delays

National HR advised that the HBS recruit backlog in recruitment of permanent posts has been reduced from 9 months to 10 weeks.

At a local level however hospital groups reported that considerable delays were still occurring in relation to the recruitment of permanent staff from HBS panels. This relates primary to the recruitment of clerical/administrative grade staff (clerical officers, grade IV, grade V, grade VI and support staff). HBS recruit advertised for a number of administrative grade panels in 2016, however local hospital groups were still awaiting appointments of candidates from these panels in early 2018.

Both hospitals advised that such delays are causing pressure in their front line areas. The delays in access to permanent staff from HBS panels has resulted in local recruiters continuing to carry out administrative recruitment on a temporary basis.

UHL advised that temporary administrative staff are initially appointed on a fixed-term basis for 6 months. This is extended in periods of 12 months where the position is not filled. Where the period of employment passes a four year period, these posts are converted to permanent posts.

This is not however the case in UHW. It confirmed that temporary posts are under no circumstances converted to permanent posts. If a temporary staff member is in situ approaching four years, the post is refilled.

(v) Training and information sharing

National HR advised that it is planned that training for local interview board members at a central level will be developed. However, at present no standardised training is provided by the HSE to local interview board members or local recruiters. In addition there is no evidence of any active oversight of the training provided at a local level by national HR. Any training that takes place is organised locally.

Notwithstanding this, in 2016 UHL collaborated with the University of Limerick in the development of a comprehensive interview board members training programme. This was provided to all board members used. UHW similarly engaged the IPA to run interview training for all of its board members.

Both hospitals advised that staff involved in recruitment received appropriate training at a local level. This was noted to include obligations under the Codes of Practice.

(vi) Sourcing appropriate candidates

In May 2016 correspondence issued from the National Director of HR advising local hospital groups that the practice of confining competitions to persons who had submitted unsolicited CVs to local HR units constituted a breach on the Codes of Practice and must cease.

Both hospitals provided assurance that unsolicited CVs are no longer accepted and there is no evidence that this practice remains.

However, concerns were noted with regard to the advertisement of certain posts, sourcing of candidates from appropriately wide candidate pools and attracting the most appropriate persons for a role.

UHL advised that, since 2016, it undertook a number of recruitment process for temporary positions at a clerical level. The advertisement of these posts was limited to local radio and an ad placed in a local newspaper.

Candidates were requested to submit a CV outlining their interest in the role. At no point during the advertisement process was a detailed job specification or competency framework provided to potential applicants.

On receipt of CVs, candidates who were deemed relevant for the role were invited to a competency based interview. Where successful at interview, candidate CVs were maintained on file for a period of 6 months. No order of merit was established. As posts arose in specific areas, candidates were matched with posts on the basis of the experience and skills outlined in their CV.

UHL also advised that, where required, temporary clerical staff are recruited through local recruitment agencies. Where this occurs a job specification for the role is issued to the agency who will match CVs on its database to the duties and requirements of the role. Candidates are then invited to a competency based interview. Agencies are not however requested to conduct open advertisement on the basis of the duties and requirements of the role.

UHW advised that since 2016 minimal recruitment has taken place with regard to temporary clerical staff. Clerical positions have been filled from the resources already within the hospital group. However, it noted that on occasion, where required, clerical positions were filled through local recruitment agencies.

In such cases, no open recruitment is carried out in the first instance, nor are recruitment agencies required to carry out open recruitment in relation to the posts. Similar to UHL, candidate CVs, that match the duties and requirements of the role, are forwarded to the hospital for consideration. UHW advised that this is the process that is followed for the recruitment of any agency staff, including those under the new agency framework.

(vii) Use of recruitment agencies

On 1 September 2017 a new national multi-supplier framework for the provision of short-term temporary and locum health service agency placements was put in place. The framework is in respect of five different categories of staff:

- Doctors (consultant and NCHDs)

- Nurses
- Allied health professionals
- Health care assistants
- Social care workers

Service level agreements were developed for each of the staff groups. The agreements note that the HSE will, in so far as practicable, in the first instance, seek to recruit short-term positions using its own resources prior to the engagement of the staff under the agreement.

All agencies under the framework are obliged to act at all times in compliance with the Codes of Practice. Staff engaged under the framework are paid at the appropriate rate of pay, by the recruitment agency and are not employees of the HSE.

The agency framework does not cover the engagement of administrative/clerical staff. As noted above, both hospitals reported that temporary clerical staff are, where required, recruited through local recruitment agencies. While UHL reported a service level agreement in place, there is no service level agreement in place for such in UHW.

Commission's response to the findings

Increased compliance

It is evident that, on foot of the recommendations made by the Commission in 2016, considerable efforts have been made by the HSE to enhance compliance with the Codes of Practice locally.

A number of communication structures are now in place between national HR and local recruiters to increase oversight of recruitment activities at a local level. The general delays in placing permanent staff members from HBS recruit panels has reduced significantly and the practice of recruiting candidates on foot of unsolicited CVs appears to have ceased completely.

While a standardised suite of documentation is yet to be introduced, job specifications for a significant amount of roles are available centrally. Standard, centrally approved eligibility criteria are also used, without exception, across the HSE.

Local recruiters liaise on an ongoing basis with staff in HBS Recruit, who appear to play an active and important role in offering guidance and support on the administration of selection processes. A framework agreement has now also been introduced for the use of agency staff within the HSE.

A number of measures are also currently under consideration or in development stage, which should have a considerable effect on the HSE ability to address the shortcomings originally identified.

Commission's concerns

However, the Commission retains a number of concerns in relation to certain aspects of the HSE's activities and its ongoing compliance with the Codes of Practice. These concerns are outlined below.

1. Notwithstanding the communications structures in place, there is still limited evidence that the HSE plays an active role, at a national level, in comprehensively monitoring the amount and type of appointments being made at a local level. There is also limited evidence that it assumes responsibility for, or plays an active role in, ensuring that appointments made locally are done so in adherence with the Codes of Practice.
2. While delays have been generally reduced, significant delays remain in relation to the recruitment of permanent clerical/administrative grade staff from HBS recruit panels. This is placing considerable pressure on front line staff and has resulted in an increased need to run local competitions for short-term appointments or recruit administrative staff from local recruitment agencies.

3. Concerns with regard to the level of understanding, at a local level of certain provisions of the Codes of Practice remains. This is in particularly evident in relation to:
 - The advertisement/marketing of posts
 - Sourcing candidates from appropriately wide candidate pools
 - Documentation of the assessment of candidates at each step of a section process
 - The information that should be provided to candidates throughout a process
 - The information provided to candidates in relation to review and appeal mechanisms available to them
4. Limited or restricted advertising remains a concern in relation to local open recruitment. This is particularly concerning in the case of clerical/administrative posts where staff may be recruited through local recruitment agencies by way of CVs retained on file or where a selection process is administered locally and advertising and marketing of the post is restricted.

This is of particular concern as, in certain cases, where permanent panels are not in place, temporary administrative staff are retained on rolling 12 month contracts, which are ultimately converted to permanent posts.

5. The agency framework introduced does not cover the engagement of administrative/clerical staff. There is no formal requirement on local recruiters to have a service level agreement in place with agencies for administrative/clerical staff, to ensure that staff sourced through same have been done so in accordance with the Codes of Practice.

Conclusions

It is evident that, on foot of the recommendations made in 2016, considerable efforts have been made by the HSE to enhance compliance with the Codes of Practice and address the shortcomings identified. However, a number of concerns remain in relation to certain aspect of the HSE's activities and its ongoing compliance with the Codes.

The Commission acknowledges that a number of measures, outlined in the HSE's action plan of 2016, are currently under consideration or in development stage. These should support the HSE, in due course, in enhancing fair, consistent and merit-based recruitment. It is important that the HSE's continues with the planned introduction of same, without delay.

However, the Commission considers that, in addition to this, in order to continue to address the shortcomings identified, the HSE will need to assume greater responsibility, at a national level, for any recruitment or selection carried out locally. It will also need, at a national level, to:

- Put formal mechanisms in place to ensure that recruitment and selection practitioners, in every area of the HSE, are fully aware, and have a full understanding of, each provision of the Codes of Practice
- Put formal mechanisms in place to assess the ongoing compliance of local recruiters with the Codes of Practice

The Commission would request that the HSE revert, without delay, advising of what further actions it intends to take at this stage.