

Review of Workforce Planning Arrangements – Hywel Dda University Health Board

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector, which is complimentary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long-term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues.
 - shifts in attitudes towards full and part time working.
 - developing home grown talent and the ability to attract talent from outside the country into Wales.
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 At the time of writing this report, Hywel Dda University Health Board (the Health Board) was facing significant workforce challenges. Specifically, high staff vacancy rates across a range of services and professions and issues with staff retention and recruitment. These issues are causing greater workload pressures on existing members of staff and services to become increasingly fragile. In part, the Health Board struggles to recruit because of its rural location and aging population, which means there are less working age people to recruit from locally. In addition, the Health Board also has an aging workforce, which will further reduce workforce numbers. To manage these challenges, the Health Board relies heavily on agency staff which puts pressure on overall workforce costs at a time when the Health Board is facing considerable financial pressures. In 2022-23, the Health Board's

workforce spend was £585 million, which is a 45% increase in the five years since 2017-18.

- 5 'A Healthier Mid and West Wales: Our future generations living well' is the Health Board long-term strategy for health and care. This sets out the long-term vision for acute and community services, and workforce transformation is a key element. Central to the strategy is building a new urgent and planned care hospital, repurposing the existing district general hospitals, and developing the community estate to support care closer to home. The challenge for the Health Board is ensuring it has the workforce to support its future service model, this needs timely and robust workforce planning. At the time of this review, the Health Board had identified potential sites for the new hospital but was awaiting Welsh Government approval of the Programme Business Case.
- 6 The Health Board developed its 2020-2030 Workforce, Organisational Development and Education Strategy (Workforce Strategy) in 2019, prior to the pandemic. The Workforce Strategy was approved by the Board in 2019, with some elements amended in November 2021. At the time of our review, the Health Board was in the very early stages of refreshing its Workforce Strategy.
- 7 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements such as staff/nurse rostering, consultant job planning and operational deployment of agency staffing, fall outside the scope of this review.
- 8 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

Overall, we found that **the Health Board is clearly focusing its efforts on its significant workforce challenges and is taking pragmatic steps to help reduce risks. However, it needs to urgently develop a clear and consolidated workforce implementation plan and measure the impact it is having to help address the significant workforce challenges it faces.**

Key workforce challenges

- 9 The Health Board is facing significant workforce challenges as outlined in **paragraph 4**. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board steadily increasing its workforce numbers over the past decade it still faces serious workforce challenges, which threaten the stability of services. The Health Board has high vacancy numbers, mainly related to nursing, midwifery, medical and dental professions. This has caused a sharp rise in the use of agency staff, which cost the Health Board £38 million in 2022-23, further exacerbating an already pressured financial situation. Comparatively, the Health Board has lower than average staff turnover (10%) and sickness rates (6%) but these still present significant workforce issues to be managed.

Strategic approach to workforce planning

The Health Board's strategic workforce planning approach is built on a strong understanding of needs and the challenges, but it needs a clear implementation plan to guide delivery.

- 10 The Health Board's Workforce Strategy is clearly focused on addressing workforce risks. Supported by extensive workforce analysis, the Health Board has a robust understanding of its current and future service demands and trends, based on the current service model. The Health Board is also working well with internal and external stakeholders to find shared solutions to workforce challenges. However, there is no overarching implementation plan to support the oversight and delivery of the Workforce Strategy.

Operational action to manage workforce challenges

The Health Board is adopting a proactive approach to help address its workforce challenges, but the sustainability of the workforce both currently and in the medium term is a significant risk.

- 11 The Health Board is strengthening investment in corporate workforce planning capacity and capability, but operational pressures mean that service leads do not have sufficient time to develop workforce planning solutions to help address operational challenges. The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions. These relate to workforce shortages, financial pressures, and a lack of clarity about a possible new major

hospital build and related future clinical models. Workforce challenges are also limiting the Health Board's ability to meet the requirements of the Nurse Staffing Levels Act. The Health Board is taking steps to address these challenges through a range of recruitment, retention, and development activities. However, education commissioning is not yet supporting a sustainable workforce.

Monitoring and oversight of workforce plan/strategy delivery

Whilst Committee and Board maintain reasonable oversight of workforce challenges there needs to be stronger focus on the extent that actions are having an impact and reducing short and medium-term workforce risks.

- 12 The People, Organisational Development and Culture Committee receive timely and comprehensive workforce performance reports. Whilst there is some alignment with the Workforce Strategy, without a clear implementation plan, it is hard to understand progress with delivery and what impact that action is having. There is also opportunity to better compare performance with organisations that have similar demographics and population characteristics.

Recommendations

Exhibit 1: recommendations

- 13 **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Recommendations

Implementation plan

- R1 We found that there is no clear, overall implementation plan to support the Health Board's 10-year workforce strategy. The Health Board should ensure its refreshed workforce strategy is supported by a resourced implementation plan, which is clear about delivery priorities. There should be a clear programme approach to delivery with outcomes set out so that progress and the impact of the plan's delivery can be effectively monitored (**high priority**).

Regional workforce planning

- R2 We found that there are several regional transformation projects at various stages, which have workforce implications and will need regional workforce modelling and plans. The Health Board should ensure these are adequately

Recommendations

reflected in workforce plans to ensure it has the resources needed to support their development **(medium priority)**.

Supporting services

- R3 We found that service leads generally understood their role in workforce planning but operational pressures did not allow them sufficient time to ‘think strategically’ to develop solutions. The Workforce Planning Team should develop a process to ensure services routinely receive support with workforce planning, for example through adopting a workforce planning business partnering model **(medium priority)**.
-

Evaluating workforce planning training

- R4 We found that the Health Board is strengthening workforce planning capability through a range of training initiatives, some of which are still in development. Training is central to ensuring staff have the capability to support good workforce planning, as such the Health Board should develop an evaluation framework to measure the success of its training programme **(medium priority)**.
-

Performance monitoring

- R5 We found that in the absence of a clear implementation plan supporting the 10-year workforce strategy, it is difficult to gauge the progress and impact of its delivery. We recognise that the Health Board is refreshing its workforce strategy. But in the interim it should update the People Organisational Development and Culture Committee twice a year on **(high priority)**:
- A. progress against the key outcomes for success outlined in the workforce strategy; and
 - B. how actions are having an impact on reducing workforce risks, specifically by developing a set of measurable impact measures for the Workforce Strategy.
-

Benchmarking

- R6 The Health Board benchmarks its workforce performance metrics with other health bodies in Wales, but there is potential to benchmark with similar bodies outside of Wales. The Health Board should look to other health organisations

Recommendations

with similar demographics, geography, and challenges, both to benchmark performance and seek good practice (**medium priority**).

Detailed report

Our findings

- 14 The following three tables set out the areas that we have reviewed and our findings. These focus on:
- The health body's approach to strategic workforce planning (**Exhibit 2**).
 - Operational action to manage workforce challenges (**Exhibit 3**).
 - Monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: Strategic approach to workforce planning

This section focusses on the Health Board's approach to strategic planning. Overall, we found that **the Health Board's strategic workforce planning approach is built on a strong understanding of needs and the challenges, but it needs a clear implementation plan to guide delivery.**

What we looked at	What we found
<p>We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks.</p> <p>We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">• Identifies current and future workforce challenges.• Has a clear vision and objectives.	<p>We found that the Health Board's Workforce Strategy is clearly focused on addressing workforce risks, but there needs to be a clear and joined up implementation plan to deliver it.</p> <p>The Health Board's 2020-2030 workforce strategy provides a clear vision and objectives, setting out the Health Board's ambition to be 'an employer of choice'. Its objectives focus on recruiting and retaining staff, workforce engagement, delivering a workforce fit for the future, enabling people to release their potential, delivering high performing teams, delivering innovation and efficiency and productivity. These seem logical and seek to address current and future challenges.</p>

What we looked at	What we found
<ul style="list-style-type: none"> • Is aligned to the organisation’s strategic objectives and wider organisational plans. • Is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care. • Is supported by a clear implementation plan. 	<p>In addition to the Workforce Strategy, the Health Board prepares a well-researched and annually refreshed ‘Workforce Technical Document’ which supports its Integrated Medium Term Plan¹. The work supporting this explores workforce challenges and solutions in some detail, focusing on operational workforce and professional group risks, and wider social, economic, and geographical risks which will have an impact on the workforce. Together, the Workforce Strategy and technical documents align to relevant national legislation such as the Well-being of Future Generations (Wales) Act 2015 and Nurse Staffing Levels (Wales) Act 2016. They also support the ambitions set out in the national Workforce Strategy for Health and Social Care. Both the Workforce Strategy and the technical documents also sufficiently reflect the ambitions set out in the Health Board’s long-term strategy. In April 2022, Internal Audit’s review of the Workforce Strategy and supporting technical document gave a substantial assurance rating.</p> <p>While the Workforce Strategy development is positive, we found a need to better coordinate the delivery of it. Currently, there is no overarching implementation plan to support the Workforce Strategy’s delivery. The workforce technical documents include some delivery actions, but there is a need to ensure there is a short to medium term plan which helps to coordinate the delivery of the Health Board’s workforce strategy. It needs to ensure there are clear delivery priorities, that the plan is resourced, there is a clear programme approach to deliver it and outcomes are set out so that progress and the impact of plan delivery can be effectively monitored (Recommendation 1).</p>
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p>	<p>We found that the Health Board has a good understanding of its current and future service and trends, based on the current service model.</p> <p>The Health Board has a robust and evolving understanding of its current and future service demands and trends. The workforce technical documents set out extensive workforce analysis and</p>

¹ The Health Board does not currently have an approved Integrated Medium Term Plan, instead the Health Board works to an Annual Plan set within a three-year context.

What we looked at	What we found
<ul style="list-style-type: none"> • Use of reliable workforce information to determine workforce need and risk in the short and longer term. • Action to improve workforce data quality and address any information gaps. 	<p>service modelling, including scenario and service change mapping. The Health Board has developed a Workforce Regeneration Framework², now adopted by other bodies in Wales, which it uses to help determine workforce gaps and model potential solutions. However, the Health Board needs a clearer understanding of its future service models for acute and community services related to the planned new hospital and associated service changes. This will help to ensure service level workforce planning supports service modernisation, development of new roles and supports workforce sustainability in the medium to long term.</p> <p>The Health Board has reasonable data to support workforce planning and the expertise to analyse it. However, in some instances the quality and consistency of certain metrics could be improved. For example, whilst there is an agreed funded establishment³, we understand that financial data and workforce data do not always align. There are also inconsistencies in the way some professions or groups of staff are coded. The Health Board is taking steps to improve data quality, as some of these issues are common across NHS Wales, the Health Board is involved in appropriate national working groups to find shared solutions such as the All-Wales Data Quality Group. The Health Board is also taking steps to improve workforce data accessibility at a service level by developing a management dashboard, initially starting with the most common metrics such as headcount, sickness, and statutory and mandatory training.</p>
<p>We considered whether the Health Board is working with partners to help resolve current</p>	<p>We found that the Health Board is working well with internal and external stakeholders to find shared solutions to workforce challenges.</p>

² The Workforce Regeneration Framework is a tool developed by the Health Board to help model the workforce shape and supply. It has now been adapted for use across NHS Wales. The framework uses the six principles to model the workforce, these are: 1. Resource and Replenish (Buy), 2. Redevelop and Reskill (Build), 3. Reposition and Renew (Borrow), 4. Retain and Reward (Bind), 5. Resolve and Revive (Bounce) and 6. Rediscover and Reinvent (Boost).

³ Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding which is financially budgeted for.

What we looked at	What we found
<p>and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • Effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues. • Shared solutions identified with key stakeholders to help address workforce challenges. 	<p>Internally, the central workforce planning team has developed good engagement processes to aid service level workforce planning. Internal Audit's report found that service leads from across the Health Board were engaged in developing the 2022-25 technical document, with the members of the Workforce Planning Team working with services to better understand their current and future service needs. The Team has also held workshops based on the six-step model⁴ with staff and management, including the Nursing Workforce Management Group and Health visiting staff, to support wider workforce planning. However, we understand that due to service pressures, service level engagement in workforce planning can be variable. We explore this further below.</p> <p>The Health Board also recognises the importance of regional working to support the development of sustainable services. It actively works with its local authority⁵ partners and a range of regional collaboratives to find shared workforce solutions, such as A Regional Collaboration for Health (ARCH)⁶, Mid Wales Health Collaborative, West Wales Regional Workforce Programme Delivery Board and Regional Partnership Board. We noted that there are several regional transformation projects at various stages, which have workforce implications and will need regional workforce modelling and plans. These include, South-West Wales cancer centre, eye care and thoracic services projects, as well as plans to bridge services for domiciliary care and develop integrated locality plans. The Health Board should ensure these projects are adequately reflected in workforce plans to ensure it has the resources needed to support their development (Recommendation 2).</p> <p>The Health Board also routinely engages with HEIW on local and regional workforce issues. For example, HEIW is involved in developing career pathways for regional transformation projects such as ARCH's non-surgery oncology project.</p>

⁴ Health Education and Improvement Wales has developed a [workforce planning toolkit](#) based on the following six steps: 1, Define your plan, 2, Map the service change, 3, Define the workforce, 4, Workforce supply, 5, Define actions required, 6 Implement and monitor.

⁵ Three local authorities cover the Health Board area, these are Carmarthenshire, Ceredigion and Pembrokeshire county councils.

⁶ A Regional Collaboration for Health (ARCH) is a partnership between the Health Board, Swansea Bay University Health Board and Swansea University.

Exhibit 3: Operational action to manage workforce challenges

This section focusses on the actions the Health Board is taking to manage workforce challenges. Overall, we found that **the Health Board is adopting a proactive approach to help address its workforce challenges, but the sustainability of the workforce both currently and in the medium term is a significant risk.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium and long-term. We expected to see:</p> <ul style="list-style-type: none"> • Clear roles and responsibilities for workforce planning. • Appropriately skilled staff to ensure robust workforce planning. • Sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan. • Sufficient financial resources to deliver the workforce strategy or plan. 	<p>We found that the Health Board is strengthening investment in corporate workforce planning capacity and capability, but operational pressures mean that service leads don't have sufficient time to develop workforce planning solutions to help address operational challenges.</p> <p>Since late 2020, the Health Board has strengthened investment in its workforce planning function to ensure it has the capacity and capability to deliver its Workforce Strategy. The directorate, led by the Director of Workforce and Organisational Development, has a clear remit, and is appropriately structured to support effective workforce planning. Its teams cover workforce resourcing and utilisation, organisational development and workforce planning and transformation. The latter has four workforce planning project managers, each with clear responsibilities covering a geographical region, professional group, and a thematic aspect. These thematic areas include data modelling and solutions, change mapping and pathway work, regional workforce planning including ARCH, and role design and education and commissioning. Recent reorganisation resulted in the establishment of a new People Effectiveness Team, whose focus is to support operational workforce improvement by stabilising the nursing, medical and allied health professional workforce, improving retention and developing staff.</p> <p>Corporately, the Health Board has sufficient resources to support workforce planning, but there are capacity issues at an operational level. Our focus groups identified that service leads generally understood their role in workforce planning but that operational pressures did not allow them sufficient time to 'think strategically' to develop solutions. To help address this, the workforce planning team should develop a process to ensure services receive workforce planning support on a routine bases, for</p>

What we looked at	What we found
	<p>example through adopting a workforce planning business partnering model (Recommendation 3). Overtime this will also build workforce planning capability at an operational level.</p> <p>The Health Board is also strengthening workforce planning capability and plans to expand training over the next three years. This includes developing a strategic workforce planning learning framework and needs assessment, which will allow training to be targeted. Training currently offered ranges from master's level workforce planning qualifications to an introduction to strategic workforce planning. Our focus group participants were generally aware of the training available and there is a good level of engagement. This is positive, but the training initiatives are relatively new, so it is difficult to judge whether it is improving workforce planning capability. However, given that training is central to ensuring staff have the capability to support good workforce planning, the Health Board should seek to evaluate the success of its training initiatives (Recommendation 4). The Health Board will also need to be mindful that operational pressures do not inhibit access to training.</p> <p>The Health Board's workforce plan is costed as part of its annual IMTP development process and there are plans to develop longer-term workforce costings. The Health Board is working in a very challenging financial environment. This means services will need to think differently to tackle workforce challenges and exercise tighter control on workforce spend.</p> <p>The Health Board has identified efficiencies that it could achieve by reducing reliance on agency staffing. However, we understand that some services are over-spending on agency. To tackle this issue and understand reasons for overspending, the Health Board's recently introduced Improving Quality Together (IQT) executive level performance meetings will focus on and align improvement actions on workforce, finance, and operations. This appears to be a positive development but at the time of the audit the arrangements had not been in place long enough to demonstrate positive change.</p>
<p>We considered whether the Health Board has a good understanding of the short and longer term risks that might prevent it from</p>	<p>We found that whilst the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, actions to mitigate these risks have had minimal effect to date.</p>

What we looked at	What we found
<p>delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> • A good understanding of the barriers that might prevent delivery of the workforce strategy or plan. • Plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions. • Clearly documented workforce risks that are managed at the appropriate level. 	<p>The Health Board’s workforce ambitions are clearly articulated, but there are a range of risks which may prevent its delivery. These mainly relate to workforce shortages, financial pressures, and a lack of clarity about a possible new major hospital build⁷ and related future clinical models. Additionally, workforce challenges are limiting the Health Board’s ability to meet the requirements of the Nurse Staffing Levels Act⁸. Despite taking mitigating actions at corporate and operational levels, during 2022-23, 42%⁹ of the planned nursing rosters on the wards subject to the Act were not met and not deemed appropriate to meet the care needs of patients.</p> <p>Corporately, substantial short and longer-term workforce risks are appropriately reflected and managed through the Board Assurance Framework and corporate risk register. The People and Organisational Development and Culture Committee oversee these risks, routinely scrutinising mitigating actions. The committee also periodically reviews operational workforce risks. Operationally, the Workforce and Organisational Development Directorate Business Group reviews corporate and directorate risk registers and keeps a workforce themed risk register. However, the scale of the workforce challenges mean that mitigating actions are having minimal effect on reducing workforce risks. Some of the arrangements to manage these risks are relatively new and once embedded and if successful, may help reduce some workforce challenges. These include the stabilisation programme (see section</p>

⁷ The Health Board has recently undertaken a [consultation](#) to help choose the potential site for a new urgent and planned care hospital. If this plan progresses, it is likely to open in the latter part of this decade. At the time of writing this report the Health Board was awaiting Welsh Government approval of the Programme Business Case.

⁸ Nurse Staffing Levels (Wales) Act 2016, was passed in March 2016. The Act places a duty on health bodies to have regard to providing appropriate nurse staffing levels. This is to ensure their nurses have the time to provide the best possible care for patients. Currently the Act only applies to adult acute medical and surgical, and paediatric inpatient wards.

⁹ In May 2023, the Board received the [2022-23 Nurse Staffing Levels Annual Assurance Report](#), covering the period between April 2022 and April 2023. The percentage is based on the total shifts recorded during the period.

What we looked at	What we found
	<p>below), improving quality together performance meetings and the work of the newly established Strategic People Planning and Education Group¹⁰.</p>
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • Effective reporting and management of staff vacancies. • Action to improve staff retention. • Efficient recruitment practices. • Commissioning of health education and training which is based on true workforce need. • Evidence that the organisation is modernising its workforce to help meet current and future needs. 	<p>We found that the Health Board is taking appropriate steps to address current workforce challenges through a range of recruitment, retention, and development activities. However, significant challenges remain and education commissioning is not yet supporting a sustainable workforce.</p> <p>As a percentage of its total establishment, the Health Board has the highest vacancy rate compared to other health boards in Wales (Exhibit 10, page 27), as such it is increasing its use of agency staff to help address short-term workforce shortfalls (Exhibit 8, page 25). Through its stabilisation programme, the Health Board is actively managing vacancy rates and agency spend, using bank staff and international recruitment. The programme started in November 2022 at Glangwili hospital and within a short timeframe is seeing a small reduction in agency use and a positive impact on staff well-being with a decrease in sickness rates and wards anecdotally feeling better due to being fully staffed. Comparatively, the Health Board has the second lowest sickness rate (Exhibit 12, page 29) but like other health bodies is not meeting the national target.</p> <p>The Health Board also has lowest staff turnover amongst NHS bodies in Wales, with most staff leaving because of retirement, voluntary resignation and for ‘other’ reasons. (Exhibit 9, page 26). That said, staff retention remains a key challenge which the Health Board is seeking to address through its stabilisation programme. As staffing levels at each hospital stabilise in turn, the retention phase of the programme will commence. This phase of work is focussed on practical solutions and expected to include reviews of rostering, actions to improve flexible working, supporting staff rotation, and strengthening staff appreciation and experience. The Health Board has already introduced measures to</p>

¹⁰ Strategic People Planning and Education Group (SPPEG), is a sub-group of the People, Organisational Development and Culture Committee. At the time of writing this report, SPPEG was yet to hold its first meeting.

What we looked at	What we found
	<p>help ease the cost-of-living pressures by allowing staff access to a proportion of their wages over a month. The third phase of the programme focuses on developing staff, through career progression opportunities and extending and enhancing 'grow your own' and apprenticeships schemes, this phase should further support staff retention.</p> <p>Given the Health Board's substantial vacancies, it also needs to have effective recruitment practices. Recognising there are inefficiencies in its internal recruitment process, the Health Board is taking steps to streamline and centralise the process for example by starting to manage nursing vacancies centrally. Part of the recruitment process is managed by NHS Shared Services Partnership, however, this interface sometimes causes delays. To mitigate this risk, increasingly, the Health Board is managing more of the recruitment process in-house.</p> <p>There are weaknesses in the education commissioning process that mean that the pipeline of newly qualified staff does not meet demand. For 2023-24, the Health Board completed the education and training commissioning process alongside a review of its workforce baseline to ensure commissioning numbers accurately reflect service needs. However, the Health Board appoints significantly less staff than it trains through the commissioning process. For example, in 2021, of the 125 adult nursing training places commissioned, only 87 ended up working for the Health Board. This makes workforce planning difficult and in recent years has meant the Health Board seeking alternative solutions to ensure a sustainable workforce. For example, focusing on grow your own schemes and relying on international recruitment. The Health Board is also exploring ways to change the skills mix for various fragile services for example by exploring the use of new roles such as physicians' associates, physician anaesthetists and advanced practice roles, but progress is, as yet, limited.</p>

Exhibit 4: Monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **whilst Committee and Board maintain reasonable oversight of workforce challenges, there needs to be stronger focus on the extent that actions are having an impact and reducing short and medium-term workforce risks.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board’s workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> • Arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels. • Effective action where progress on elements of the workforce strategy or plan are off-track. • Performance reports showing the impact of delivering the workforce strategy or plan. • The organisation benchmarking its workforce performance with similar organisations. 	<p>We found that the People, Organisational Development and Culture Committee receive timely and comprehensive workforce performance information, but there is a need to better understand the impact of workforce strategy delivery, and opportunities to better compare performance with similar organisations.</p> <p>The People, Organisational Development and Culture Committee receive timely and comprehensive workforce performance reports, but the reporting on the delivery and impact of the Workforce Strategy is inadequate. As highlighted earlier in this report, the Health Board does not have a clear implementation plan supporting its Workforce Strategy. This makes it difficult to understand whether the Health Board is successfully delivering its strategic workforce ambitions and the impact they are having. The Health Board is refreshing its Workforce Strategy, but in the interim it should provide the People and Organisational Development Committee with twice yearly update reports on progress against the strategy’s key outcomes for success (Recommendation 5a).</p> <p>The People, Organisational Development and Culture Committee receives a workforce dashboard at each meeting, and a more detailed dashboard twice a year. Whilst the dashboard is very comprehensive and well set out, it is difficult to understand whether the action the Health Board is taking is helping to reduce its workforce risks. Some metrics are starting to show improvement. For example, a small reduction in agency spend as a percentage of the total pay bill. These improvements may be directly linked to the initiatives such as the stabilisation programme, but without formally agreed strategy impact measures it is hard to be certain (Recommendation 5b).</p> <p>As highlighted earlier, Directorates are scrutinised on workforce matters at the recently established Improving Quality Together (IQT) executive level performance meetings, which are attended by the</p>

What we looked at	What we found
	<p>Director of Workforce and Organisational Development or Head of Strategic Workforce Planning and Transformation. Directorates submit a performance report to the executive team prior to the meeting allowing them to highlight key workforce issues. This arrangement ensures there is a focus on workforce matters, but as this is a relatively new arrangement, it is too early to judge its impact.</p> <p>Where possible, the Health Board benchmarks its workforce performance with other health bodies in Wales, comparing metrics such as turnover, sickness rates, time to hire and recruitment checks through its workforce dashboard. However, given the differing population and geography, like for like comparison within Wales is difficult. As such there is an opportunity for the Health Board to benchmark its workforce performance and identify good practice and innovation with similar organisations across the UK and internationally (Recommendation 6).</p>

Appendix 1

Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

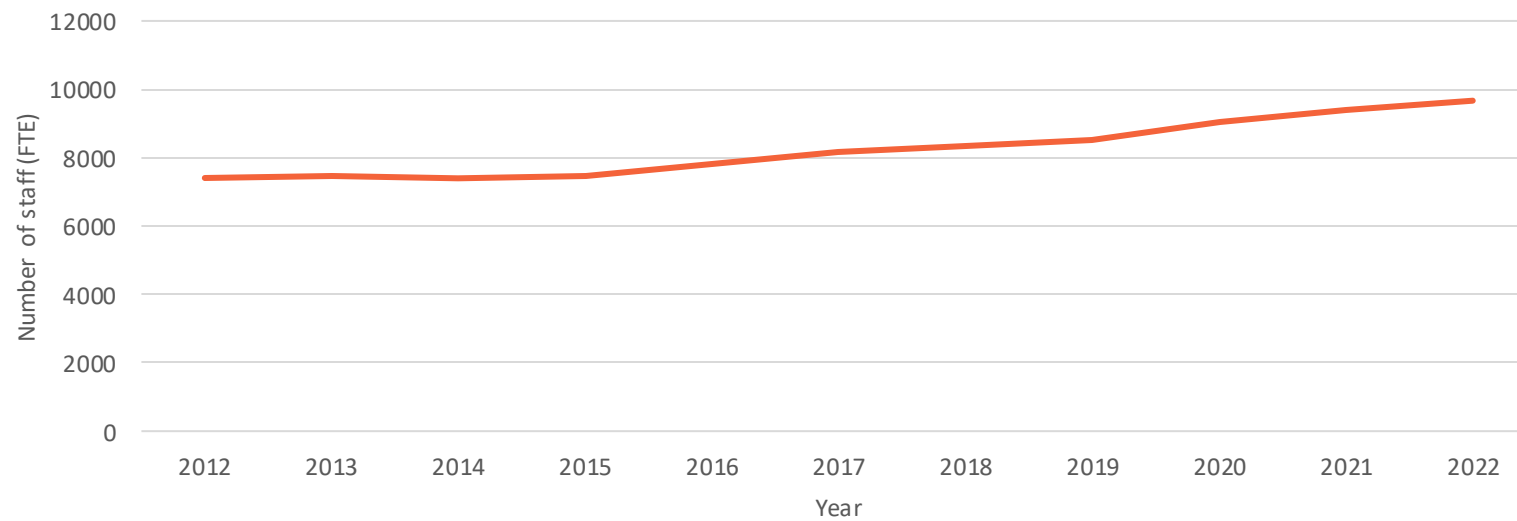
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation / delivery plans for workforce strategy – high-level and operational• Evidence of evaluation of workforce strategy and/or associated initiatives• Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning• Evidence of stakeholder engagement.• Structure charts for workforce planning functions.• Examples of workforce planning training offered to staff e.g., CIPD, other training formal or informal• Workforce finance and resource plans• Corporate and operational risk registers• Document showing recruitment process and recruitment and retention initiatives• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery

Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> • Executive Director for Workforce and Organisational Development • Deputy Director for Workforce and Organisational Development • Assistant Director of People Development • Assistant Director of Finance • Head of Strategic Workforce Planning and Transformation • Head of Workforce – Organisation Development • Head of People and Organisational Effectiveness • Head of Resource Utilisation • Workforce Planning Project Managers x 4 • Workforce Manager: Systems and Workforce Intelligence • Senior Value Business Partner • Former Chair of People & Organisational Development Committee
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

Appendix 2

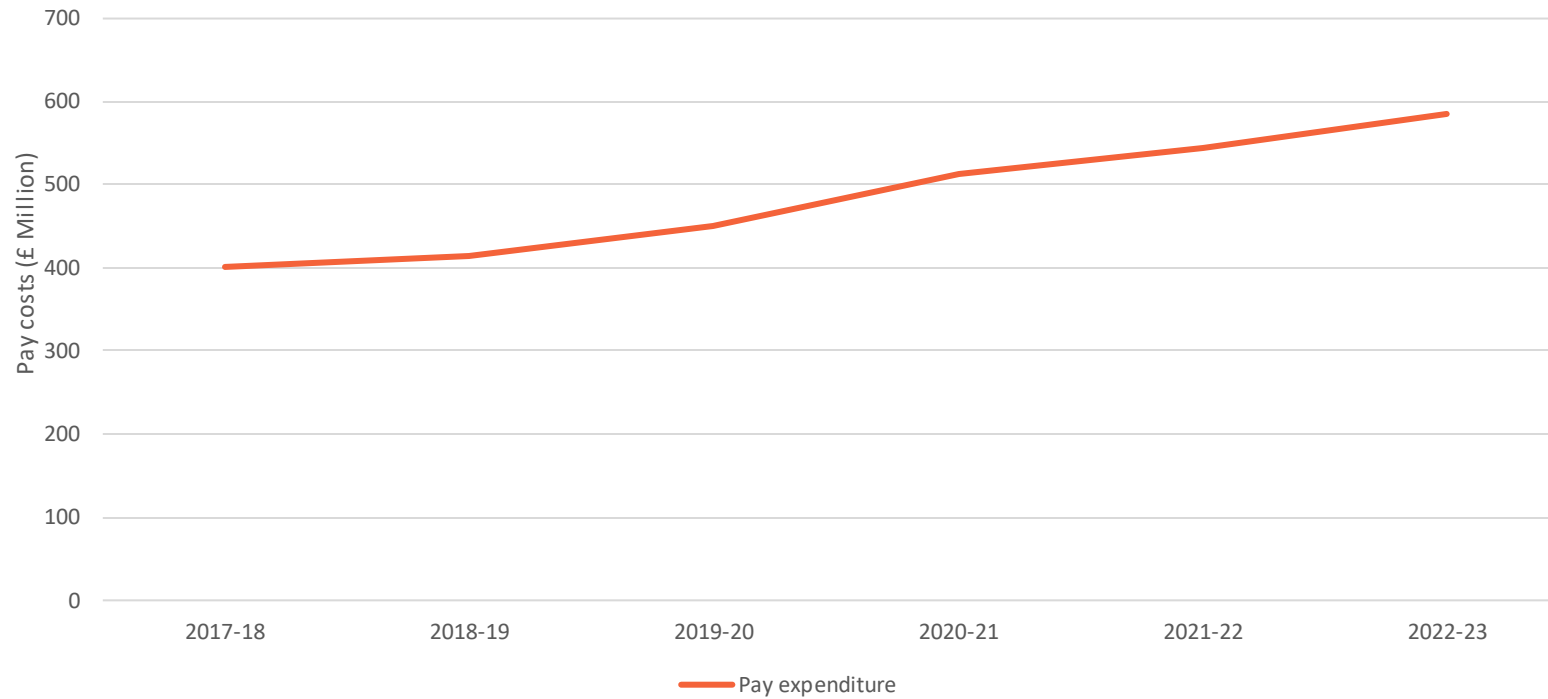
Selected workforce indicators

Exhibit 6: Trend in workforce numbers (full time equivalent), Hywel Dda University Health Board



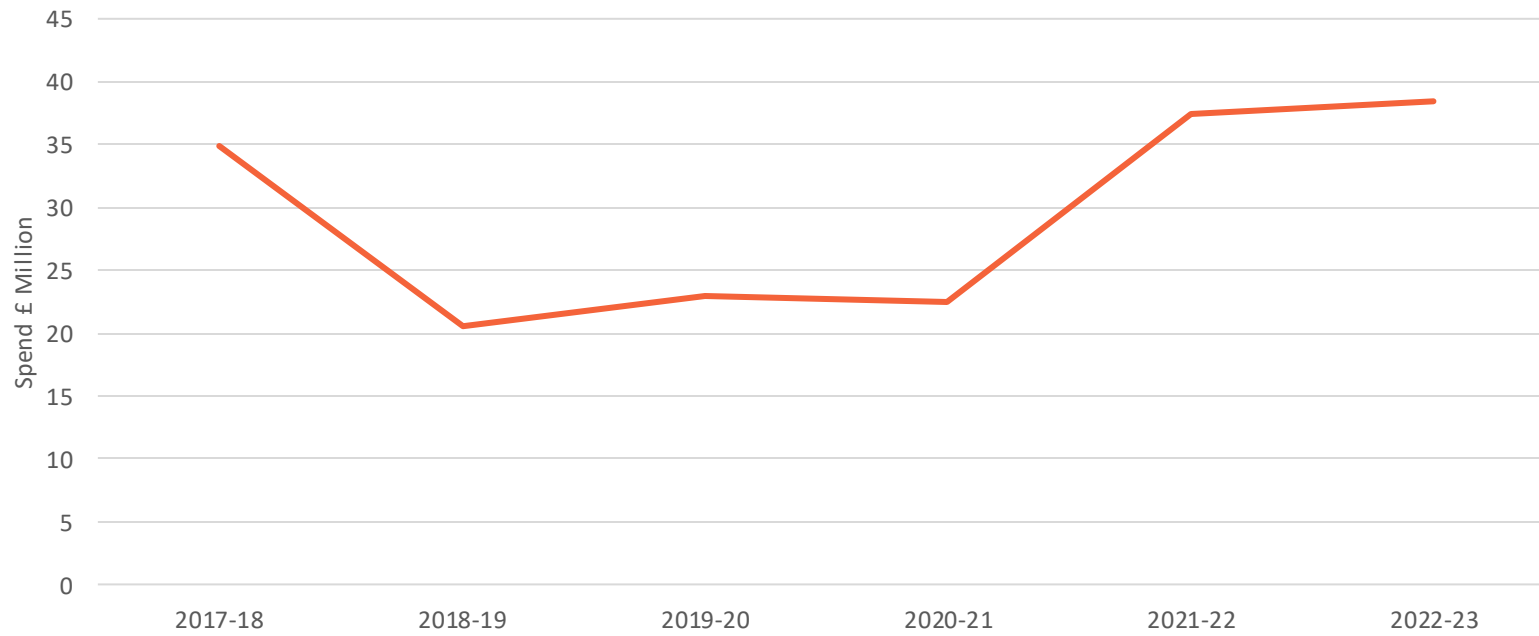
Source: Welsh Government, Stats Wales.

Exhibit 7: Trend in actual workforce costs, Hywel Dda University Health Board



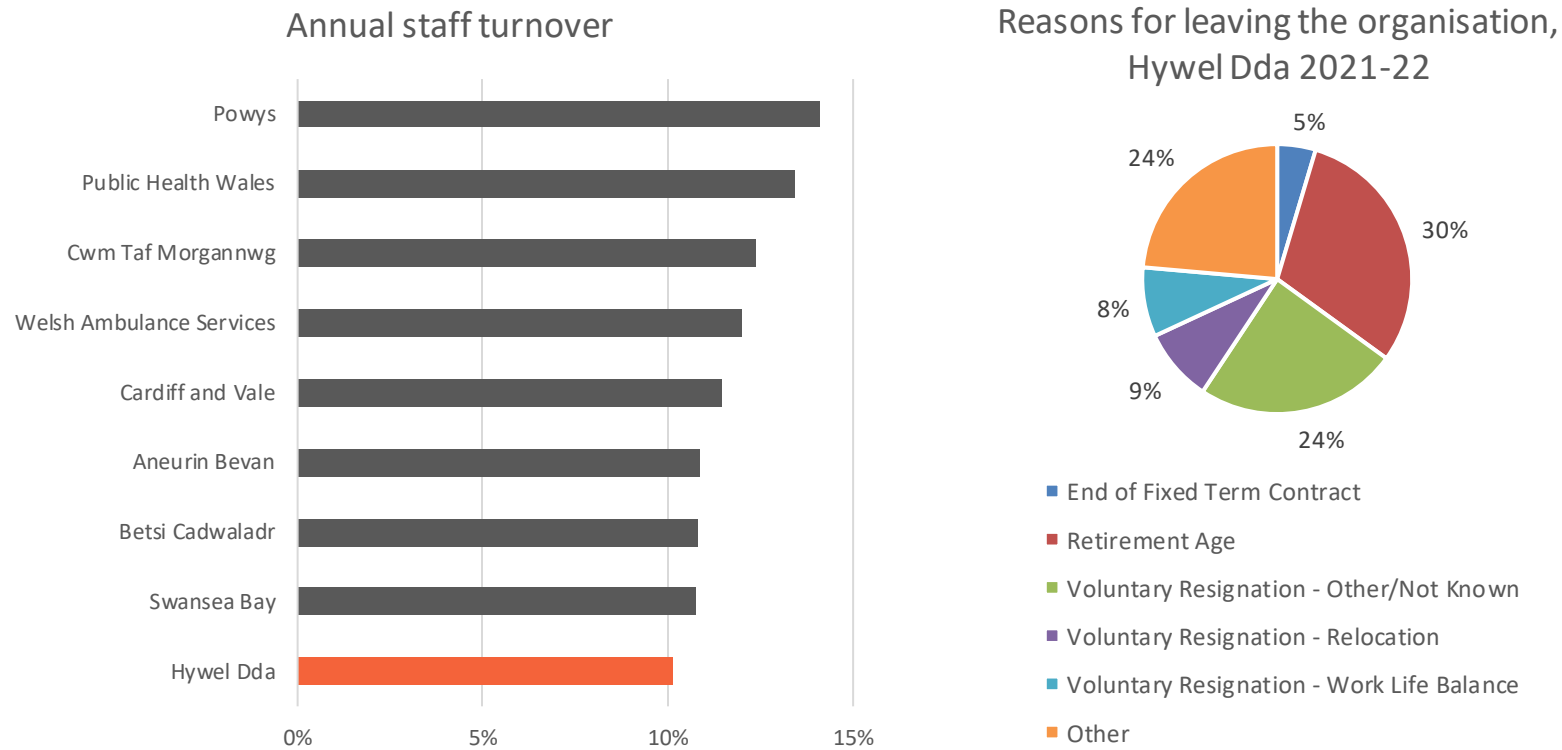
Source: Monthly Monitoring Returns reported to Welsh Government, HM Treasury inflation rates

Exhibit 8: Trend of expenditure on workforce agency £ Million, Hywel Dda University Health Board



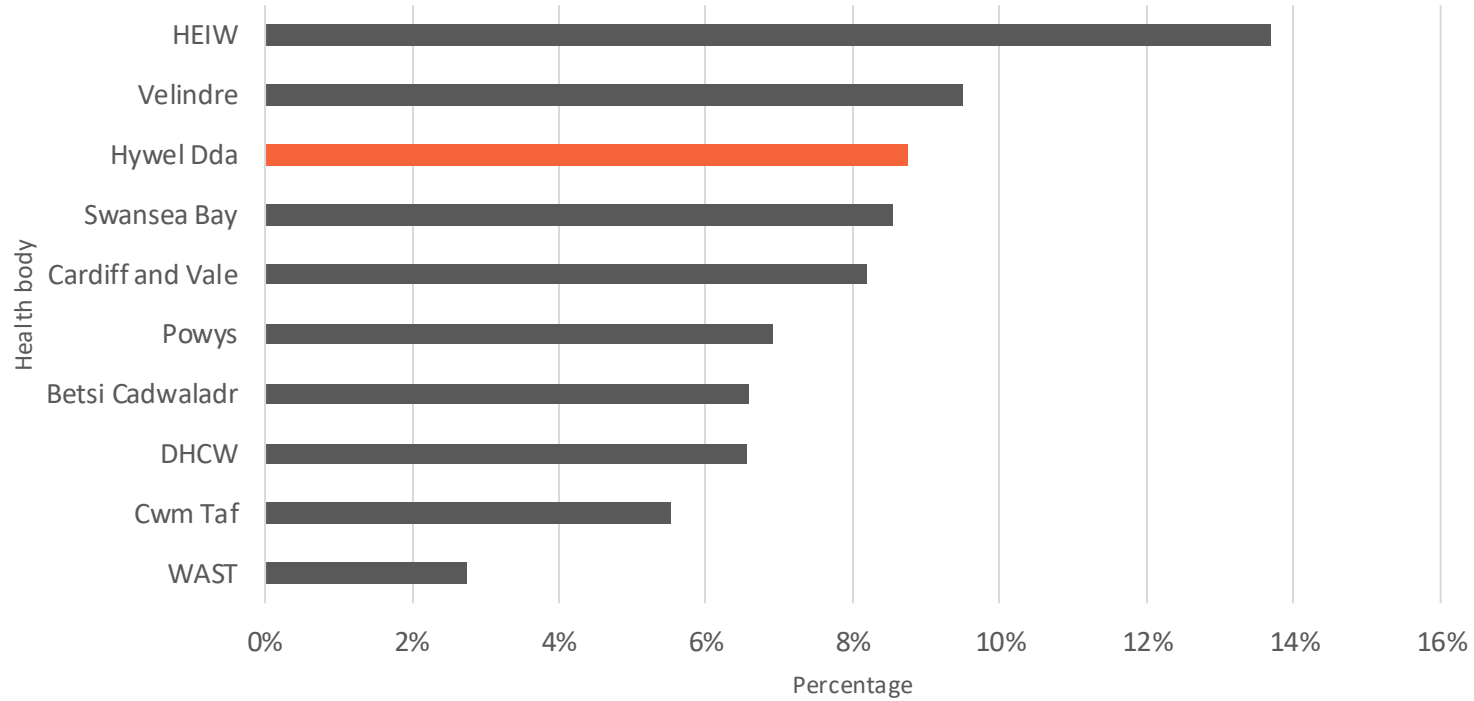
Source: Monthly Monitoring Returns reported to Welsh Government

Exhibit 9: Annual staff turnover and reason for leaving, 2021-22, Hywel Dda University Health Board



Source: Staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

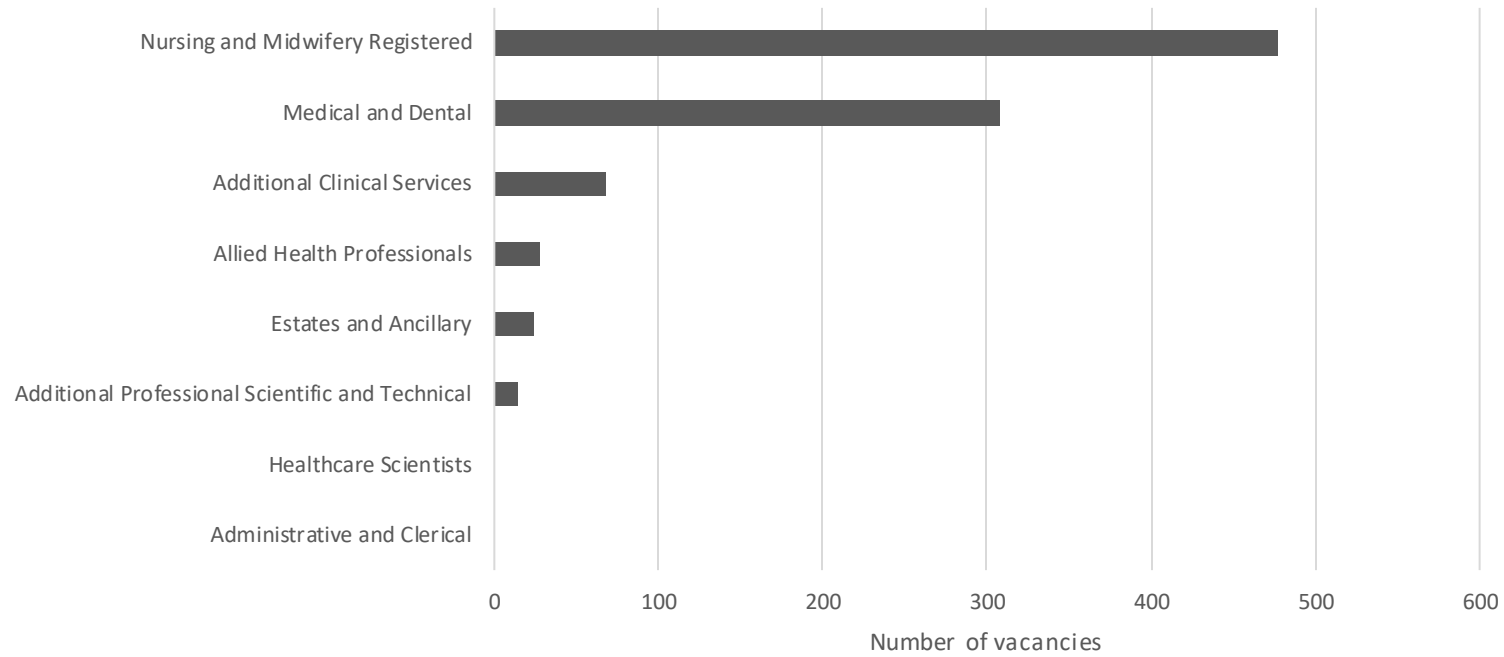
Exhibit 10: Vacancies as a percentage of total establishment, as at March 2022



Source: health body data request

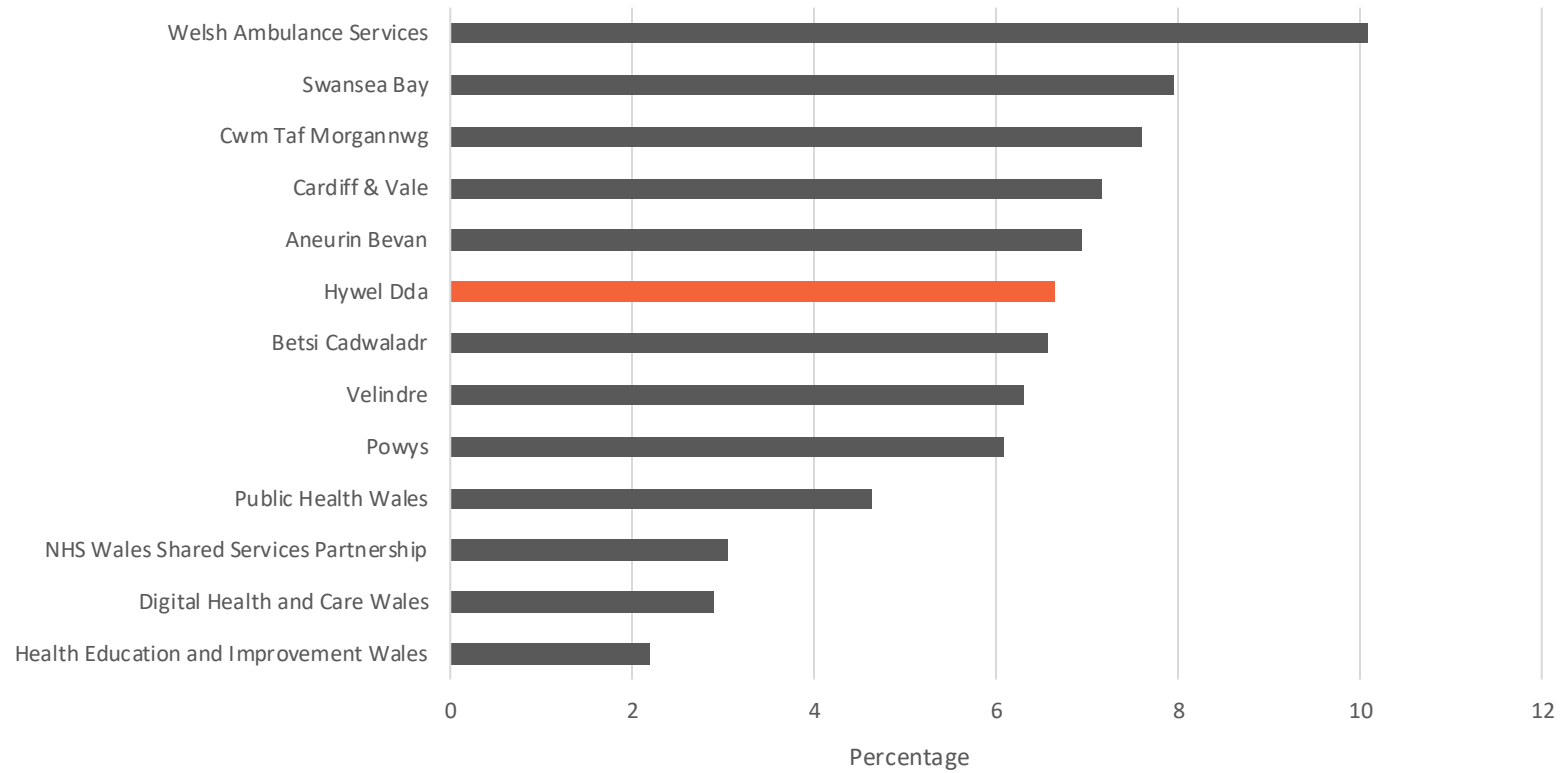
Exhibit 11: Number of vacancies (Full Time Equivalent) at Hywel Dda, by staff group, March 2022

Number of vacancies has been calculated based on the difference between establishment and actual numbers of staff in post.



Source: health body data request

Exhibit 12: Sickness absence by organisation, 2022



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 13: Hywel Dda University Health Board's response to our audit recommendations.

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>Implementation plan</p> <p>We found that there is no clear, overall implementation plan to support the Health Board's 10-year workforce strategy. The Health Board should ensure its refreshed workforce strategy is supported by a resourced implementation plan, which is clear about delivery priorities. There should be a</p>	<p>Creation of an overall costed/resourced workforce implementation plan for the 10-year strategy</p> <p>The 10-year workforce strategy was developed in 2018-19 and is due to be refreshed to take account of the changing strategic context and challenges faced by NHS Wales i.e. Post COVID, Cost of Living Crisis etc and actions related to workforce shifted focus.</p>	<p>30 April 2024</p> <p>Strategy Refresh complete (Dec 2023 to be ratified as part of annual business planning process March 2024)</p>	<p>Director of Workforce & Organisational Development</p> <p>Head of Strategic Workforce Planning and</p>

<p>clear programme approach to delivery with outcomes set out so that progress and the impact of the plan's delivery can be effectively monitored (high priority).</p>	<p>There was an implementation plan aligned to our 10 Year Strategy covering the first 3 years, however, the development of people aligned to strategic intent is an iterative process, we evolved our approach as we matured and integrated workforce planning within our structures and built capability.</p>	<p>30 April 2025 Workforce Implementation Plan taken forward 24/25 (Including Resource Plan for Workforce Implementation Plan 24/25)</p>	<p>Transformation</p>
	<p>The Strategic Workforce Implementation Plan was adapted through subsequent iterations of our Workforce Planning process/Annual Plan as we began to focus on the most critical gaps in our workforce i.e. Nursing Workforce Implementation Plan.</p>		
	<p>The Nursing Workforce Plan has demonstrated progress and impact as per the metrics developed and monitored as part of our Performance Dashboard.</p>		
	<p>We will continue to build on the work noted above and we will continue to define the shape of the workforce we feel is best placed to meet the agreed demands faced within the financial envelope available to the Health Board, as needed seeking efficient and effective resource utilisations in the short,</p>		

		medium and long term. Multiple scenarios may be required.		
R2	<p>Regional workforce planning</p> <p>We found that there are several regional transformation projects at various stages, which have workforce implications and will need regional workforce modelling and plans. The Health Board should ensure these are adequately reflected in workforce plans to ensure it has the resources needed to support their development (medium priority).</p>	<p>We are alert to ensuring that the needs of the Regional Workforce Planning activity is met, and are reflecting on how best we can approach this. At present, this is being absorbed through ARCH, Mid & West Wales Group and the Regional Board for Workforce.</p> <p>Resources for a) modelling and planning the workforce and b) associated workforce pipeline developed to ensure resource for delivery of the programmes themselves will be explored in partnership with other HB's and wider partners. A joint solution would be preferable however mitigations of risk may need to be introduced in the interim.</p>	April 2024	<p>Director of Workforce & Organisational Development</p> <p>Head of Strategic Workforce Planning and Transformation</p>
R3	<p>Supporting services</p> <p>We found that service leads generally understood their role in workforce planning but operational pressures did not allow them sufficient time to 'think strategically' to develop solutions. The</p>	<p>Supporting services with strategic and operational workforce planning</p> <p>WOD does not have a Business Partnering Model we have 3 distinct teams which deliver on supporting cultural development (ODRM's); our operational workforce colleagues who</p>	April 2024 Evaluation Paper on Supporting Services in Workforce Planning	<p>Director of Workforce & Organisational Development</p> <p>Head of Strategic</p>

	<p>Workforce Planning Team should develop a process to ensure services routinely receive support with workforce planning, for example through adopting a workforce planning business partnering model (medium priority).</p>	<p>facilitate change (OCP processes) and the workforce planning team.</p> <p>We are working collaboratively across WOD and with service leads to test our approaches to supporting services in the short, medium and long term. An evaluation will be undertaken and a paper on value of approaches in March 2024.</p>		<p>Workforce Planning and Transformation</p>
R4	<p>Evaluating workforce planning training</p> <p>We found that the Health Board is strengthening workforce planning capability through a range of training initiatives, some of which are still in development. Training is central to ensuring staff have the capability to support good workforce planning, as such the Health Board should develop an evaluation framework to measure the success of its training programme (medium priority).</p>	<p>Evaluating workforce planning training</p> <p>The approach to evaluation is in progress and a report reflecting the approach and outcomes will be undertaken in line with recommendation and actions under R3 above.</p>	April 2024	<p>Director of Workforce & Organisational Development</p> <p>Head of Strategic Workforce Planning and Transformation</p>

<p>R5</p>	<p>Performance monitoring</p> <p>We found that in the absence of a clear implementation plan supporting the 10-year workforce strategy, it is difficult to gauge the progress and impact of its delivery. We recognise that the Health Board is refreshing its workforce strategy. But in the interim it should update the People Organisational Development and Culture Committee twice a year on (high priority):</p> <ul style="list-style-type: none"> A. progress against the key outcomes for success outlined in the workforce strategy; and B. how actions are having an impact on reducing workforce risks, specifically by developing a set of measurable impact measures for the Workforce Strategy. 	<p>Performance monitoring</p> <p>Please note commentary in relation to R1 above and references to gauging progress and impact. In the interim, specifically in relation to A: we will be appraising the PODCC committee and introducing SPPEG to the requirements of the workforce plans in progress and developing, which align to our current and evolving strategic approach and implementation plans.</p> <p>Specifically in relation to B, again this is in progress through a number of pieces of work on Workforce Risk Assessment & Intervention Framework; Development of Intelligence and Metrics linked to Workforce Performance and further organisational alignment to the HB's Benefit's Realisation Tool will be sought to ensure an integrated strategic & operational approach to workforce planning and measurement of impact.</p>	<p>Ongoing with review 30 April 2024</p> <p>October 2023 Paper to PODCC & SPPEG</p>	<p>Director of Workforce & Organisational Development</p> <p>Head of Strategic Workforce Planning and Transformation</p>
<p>R6</p>	<p>Benchmarking</p> <p>The Health Board benchmarks its workforce performance metrics with other health bodies in Wales, but there is potential to benchmark with similar</p>	<p>Benchmarking</p> <p>The Health Board has undertaken scoping to assess relevant health organisations on a local and international scale, this is referenced in a number of HB documents. Further work is</p>	<p>Ongoing to April 2024</p>	<p>Director of Workforce & Organisational Development</p>

bodies outside of Wales. The Health Board should look to other health organisations with similar demographics, geography, and challenges, both to benchmark performance and seek good practice (**medium priority**).

ongoing as part of continuous improvement to our approach to workforce planning.

Head of Strategic Workforce Planning and Transformation



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.