

Workforce Planning

Final Internal Audit Report

2026/27

Hywel Dda University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

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Audit Team

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5 October 2026

October 2026

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Executive Summary

Purpose

To review the effectiveness of the development, implementation and monitoring of the Health Board’s workforce plan.

Overview

The Health Board has a structured and consistent approach to workforce planning through the use of a standardised workforce plans aligned to the Workforce Regeneration Framework. Governance and monitoring arrangements are in place that are supported by the Workforce Planning Team. Plans are regularly reviewed with effectiveness of initiatives monitored against workforce intelligence and performance information. A walkthrough of the in-year workforce adjustments process confirmed changes are supported with justifying evidence. We have identified three matters requiring management attention include:

- Instances of services not having a current workforce plan in place *[High Priority]*
- Instances of incompleteness of key information within service workforce action plans *[Medium Priority]*
- Unable to evidence a clear repository or formal cross-service mechanism for capturing and sharing lessons learned *[Medium Priority]*

This review has considered the workforce planning arrangements of the whole organisation from corporate level, in the development of an overarching Health Board workforce plan, to individual service and department plans. We have therefore concluded **reasonable** assurance on this area. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives ¹		Related Findings	Assurance
1	Workforce plans (short, medium and long-term) have been developed in line with the principles and requirements of national guidance and local priorities.	1 & 2	Reasonable
2	Monitoring arrangements are in place to assess the impact and effectiveness of workforce plans across departments and services	3	Reasonable
3	In-year workforce adjustments for departments or services are justified and supported by evidential data	-	Substantial

Management Actions

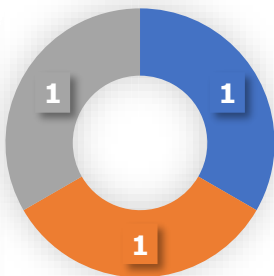


High Priority



Medium Priority

Themes



- Information, Data Quality & Data Accuracy
- Lessons Learnt
- Planning, Delivery & Deadline Management

Risk Types

Quality or Safety Issues
Financial Loss

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

Findings & Agreed Action Plan

Objective 1: Workforce plans (short, medium and long-term) have been developed in line with the principles and requirements of national guidance and local priorities

Reasonable

Overview / Summary of Observations

The Health Board has embedded workforce planning arrangements across the organisation to aid services and departments to develop their own plans. This has been achieved through the development of a workforce plan template that all services and departments are required to complete. The template plan ensures a consistent approach to every plan and includes dedicated sections that align to the Workforce Regeneration Framework.

The Health Board has established an iterative approach in the development and updating of workforce plans is with services and departments responsible for undertaking this process, whilst the Workforce Planning Team provide support, oversight and challenge where required. Key stakeholders including Finance and Informatics also provide supporting information to aid in the development of plans.

A review of the Workforce Planning Team central tracker indicated that approximately 25% of services did not have a workforce plan for 2026-27 in place. Whilst noting that many of the services without a plan were low-risk areas, we did identify high-risk areas such as Theatres, Anaesthetics, Long Term Care and Primary Care Nursing. A sample of these services confirmed that a current workforce plan had not been developed due to national/ regional workforce transformation programmes or organisational changes impacting their ability to produce a local plan. Whilst acknowledging these events, the lack of a workforce plans impacts on the delivery of services and their inability to address issues such as vacancy gaps, sickness rates and variable pay. This is evident in the Finance Deep Dive Medical Variable Pay report submitted to the Finance and Performance Committee in August 2026 where Anaesthetics had spent approximately £712k on variable pay, as at Month 3, due to reliance on additional sessions to deliver planned care activity. **[Finding 1]**

A review of four services (Cardiology, Neurology, Ophthalmology and Speech & Language Therapy) where completed workforce plans were in place, confirmed the inclusion of the following key elements:

- service change drivers, benefits, constraints and future service models had been recorded
- new service activities had been outlined with the identification of the skills needed, types and numbers of staff required explicitly stated
- supporting performance information such as workforce demographics, sickness rates, turnover, and retirement projections/ risks have been documented

Action plans had also been developed by the sampled four services to identify the steps and activities needed to implement the schemes and projects outlined in the workforce plans. Whilst action plans have also been produced for the four sampled services, testing identified instances of incompleteness including lack of action owners, review and completion dates. **[Finding 2]**

A review of the organisational workforce plan confirmed the inclusion of key risks themes and issues that are identified in the services workforce plans, whilst outlined schemes and projects were noted that contribute to the organisation's short, medium and long-term planning arrangements including alignment to Clinical Service Plans.

Key Findings		Risk & Impact	Agreed Management Action
1	Service Workforce Plans A sample of these services confirmed that a current workforce plan had not been developed due to national/ regional workforce transformation programmes or organisational changes impacting their ability to produce a local plan. Whilst acknowledging these events, the lack of a workforce plans impacts on the delivery of services and their inability to address key performance areas such as vacancy gaps, sickness rates and variable pay. No evidence in the escalation of this risk to respective executive directors or Clinical Care Group leads was evident.	No actions are implemented to address known workforce issues resulting in continued financial and workforce risks	Agreed Action: Management accepts the finding. The central tracker will be risk-rated and services without a current plan will be required to complete a workforce plan or an agreed interim plan. High-risk gaps will be escalated to the relevant Clinical Care Group lead and Executive Director, with progress reported through SPPEG. To add, based on our experience with MHLD CCG – it may be helpful to share the approach as “good practice” with wider CCG leaders for adoption.
		High Priority	Expected Evidence of Implementation: Risk-rated tracker; completed or interim plans; escalation records; and SPPEG progress reports.
	Theme: Planning, Delivery & Deadline Management	Control Operation	Officer: Dan Owen (Workforce Planning Lead) Target Implementation Date: 31 March 2027
2	Completeness of Action Plans Testing of the four sampled services workforce action plans identified instances of incompleteness including lack of action owners, review and completion dates.	Workforce risks and opportunities identified in short, medium and long terms plans are not delivered due to incomplete actions plans.	Agreed Action: Management accepts the finding. The workforce planning template and guidance will be revised to require a named owner, delivery date, review date, outcome measure and status for every action. To add, based on our experience with MHLD CCG – it may be helpful to share the approach as “good practice” with wider CCG leaders for adoption.
		Medium Priority	Expected Evidence of Implementation: Risk-rated tracker; completed or interim plans; escalation records; and SPPEG progress reports.
	Theme: Information, Data Quality & Data Accuracy	Control Operation	Officer: Dan Owen (Workforce Planning Lead) Target Implementation Date: 31 March 2027

Objective 2: Monitoring arrangements are in place to assess the impact and effectiveness of workforce plans across departments and services

Reasonable

Overview / Summary of Observations

Monitoring arrangements to assess the implementation, impact and effectiveness of workforce plans across departments and services have been established with the Workforce Planning Team implementing a risk-based approach in the prioritisation of resources to target higher-risk services and departments.

The Workforce Planning Team maintains a central tracker to monitor workforce planning activity with evidence of engagement with services to support the development of plans. However, as noted in Objective 1, some services and departments do not have a workforce plan in place. We were unable to evidence whether the risk of services and departments not having a current workforce plan in place had been escalated to respective executive directors or Clinical Care Group leads. **[Finding 1]**

Progress against operational workforce action plans are monitored through workforce intelligence reports and minimum dataset information that provide updates on key workforce performance indicators, including vacancies, turnover, sickness absence, retention, recruitment outcomes, and workforce-related risks. Supply and pipeline information, including education and apprenticeship programmes, and 'grow your own' schemes, are also monitored through dedicated workforce planning trackers. Where ineffective elements of the workforce plan have been identified, in-year changes are developed and proposed for consideration – see detailed testing of this process below in Objective 3.

The Workforce Planning Team were able to provide examples of lessons learned for schemes and initiatives identified and implemented by services from previous years and evidence of review groups focusing on CSPs. We were unable to evidence a clear repository or formal cross-service mechanism for capturing and sharing lessons learned that could aid in addressing recurring planning weaknesses or missed opportunities for improvement. **[Finding 3]**

Formal governance arrangements are established with updates on the progress of service workforce plans reported through to the Strategic People Planning and Education Group (SPPEG) via Workforce Intelligence Groups, with assurance from SSPEG provided to the Health Board via the People, Organisational Development and Culture Committee (PODCC) including an annual report that was submitted at the August 2026 meeting.

A review of the governance arrangements confirmed management were provided with oversight of workforce sustainability, risks, pipeline capacity and the delivery of workforce planning interventions enabling plans to be reviewed and refined in response to emerging pressures and organisational priorities. However, a review of minutes and papers of the identified groups above highlighted the operational risks that the Health Board continues to face including persistent vacancies gaps covered through variable spend, organisational changes and the need to balance strategic planning with immediate service pressures.

Key Findings		Risk & Impact	Agreed Management Action
3	Lessons Learned We were unable to evidence a clear repository or formal cross-service mechanism for capturing and sharing lessons learned	Lessons learned are not captured resulting in weakness	Agreed Action: Management accepts the finding. A standard lessons-learned template and central repository will be established for significant workforce initiatives. Learning will be reviewed periodically

that could aid in addressing recurring planning weaknesses or missed opportunities for improvement.	or risks not being addressed.	through Planning Co-ordination Group & SPPEG and used to inform future planning guidance and service support.
		Expected Evidence of Implementation: Approved template; accessible repository; completed learning records; and governance minutes demonstrating review and reuse of learning. Evidence of how learning had been used to improve workforce planning practice and/or workforce redesign etc
	Medium Priority	Officer: Dan Owen (Workforce Planning Lead)
Theme: Lessons Learnt	Control Operation	Target Implementation Date: 31 March 2027

Objective 3: In-year workforce adjustments for departments or services are justified and supported by evidential data

Substantial

Overview / Summary of Observations

All workforce adjustments and changes are managed through an established governance and approval processes. A walkthrough test of this process was undertaken for Endoscopy Services with workforce adjustments driven by the following service demand, workforce risks, recruitment challenges and capacity pressures:

1. difficulties in recruiting to Consultant Gastroenterologist posts
2. high vacancies rates in nursing and medical roles resulting in a reliance on temporary staffing
3. nursing workforce is a limiting factor in expanding service capacity due to a lack of investment
4. surgeons' availability for endoscopy sessions is constrained by other clinical commitments
5. significant proportion of staff posing a retirement risk (within 5-10 years) with no succession planning developed

A demand and capacity review for Endoscopy Services identified an anticipated capacity gap of waiting lists. To bridge this gap, an opportunity was identified to train individuals into the role of a Clinical Endoscopist. The aim of the initiative formed part of the broader workforce strategy designed to improve service resilience, address current workforce gaps and support the long-term sustainability of the service. This initiative aligns with the 'Redevelop and Reskill (Build)' element of the Workforce Regeneration Framework.

To facilitate the development of the Clinical Endoscopist training programme, an Annex 21 assessment form was used to justify and gain approval for recruiting trainee Clinical Endoscopists under the NHS Wales Annex 21 provisions.

A recovery plan was also produced that outlined the interim initiatives that would be implemented whilst the first individual was being trained in the role of Clinical Endoscopist. The recovery plan detailed the initiatives, cost timeline and the expected output. Additional supporting evidence relating to workforce profiles, risk register and retirement projections was also evident.

The proposal for the recruitment of trainee Clinical Endoscopists was submitted to the Clinical Education and Governance Group, approved at the Financial Control Subgroup and Annex 21 Panel. To date, one individual has been successfully recruited into the role of Clinical Endoscopist whilst another individual is current undergoing training.

We noted other schemes and initiatives included within service workforce plans such as nursing apprentice programme (Endoscopy Services), recruitment of Health Care Science Associate Practitioner in Respiratory and Sleep speciality via Annex 21 training (Cardiology) and development pathways for Clinical Fellows and middle-grade doctors (Pathology).

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Global Internal Audit Standards

Audit and Assurance Services confirm with the Institute of Internal Auditors (IIA's) professional standards and to the Global Internal Audit Standards in the UK Public sector, as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

