

Workforce Planning Final Internal Audit Report

April 2022

Hywel Dda University Health Board

NWSSP Audit and Assurance



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Executive Summary

Purpose

The purpose of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for the development and management of the Workforce Plan.



Overview

Overall, we identified satisfactory arrangements in place for the coordination and production of the workforce plan, including the undertaking of workforce modelling exercises and engagement with stakeholders.

At the time of this audit, the workforce plan for 2022-25 was still being developed prior to its approval and submission in line with the NHS Wales Planning Framework. Therefore, a review of the latest workforce plan iteration was undertaken.

One medium priority finding was identified where the Workforce Planning and Conscience Group terms of reference required updating and approval.

Report Classification

		Trend
 <p>Substantial</p>	<p>Few matters require attention and are compliance or advisory in nature.</p> <p>Low impact on residual risk exposure.</p>	

Assurance summary¹

Assurance objectives	Assurance
1 Workforce plan development and engagement with stakeholders	Substantial
2 Identification of future services and workforce configurations to address 'hard-to-fill' service gaps	Substantial
3 Key actions and changes required to deliver the workforce plan	Substantial
4 Governance arrangements to monitor and report the workforce plan delivery	Reasonable

Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Workforce Planning and Conscience Group	4	Operation	Medium

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

1. Introduction

- 1.1 The review of the Workforce Planning was completed in line with the 2021/22 Internal Audit Plan. The Executive lead for this review was the Director of Workforce & Organisational Development (OD).
- 1.2 The aim of workforce planning was to ensure the organisation has a workforce of the right size, with the right skills and diversity, organised in the right way, within an affordable budget, delivering the services needed to provide patient care to required quality standards.
- 1.3 The following inherent risk was considered during this audit:
 - lack of understanding of the current workforce profile and the failure to accurately identify future workforce needs may lead to skill gaps in the workforce.

2. Detailed Audit Findings

Objective 1: A workforce plan with a defined vision and outcomes has been developed based on population and healthcare environment needs with clear engagement with stakeholders

- 2.1 A workforce planning document had been developed and submitted to Welsh Government (WG) for 2021-22, whilst a workforce plan was currently being developed for its incorporation into the Health Board's Integrated Medium Term Plan (IMTP) for 2022-25. The Workforce Planning Team are responsible for coordinating the development of the workforce plan for 2022-25 for inclusion in the IMTP.
- 2.2 A review of the draft workforce plan for 2022-25 sets out the Health Board's vision in regard to shaping the current and future workforce in order to meet the challenges and needs of the '*A Healthier Mid and West Wales*' long-term plan. To achieve these aims, a 10-year Workforce Strategy has been developed that aligns with the seven key themes of the national workforce strategy.
- 2.3 We can confirm that the Workforce Planning Team have engaged with service leads across the Health Board to aid development of the draft workforce plan for 2022-25. The Workforce Planning Team adopted the methodology set out in the '*Workforce Planning Guidance*' document produced by Health Education and Improvement Wales (HEIW).
- 2.4 A collaborative approach was undertaken between the Workforce Planning Team and directorate services leads to better understand the current and future workforce needs. A workforce planning template was issued to directorate and service leads and captured information including anticipated levels of retirement, long-term vacancies and any emerging plans within services to develop skills. The deadline for the return of these templates was the 31st March 2022. As at the end of February 2022, we can confirm the majority of directorates and services had completed and returned their submission noting that some corporate departments had yet to return their workforce planning templates.
- 2.5 The Workforce Planning Team have also worked on a one-to-one basis with the directorates and departments in providing support and assistance to develop their workforce plan. The Workforce Planning Team also provided workforce planning forums for service leads to offer support and advice on building workforce plans.

Conclusion:

- 2.6 This has resulted in a Substantial assurance rating.

Objective 2: Future services and workforce configurations have been forecasted based on an analysis of workforce demand and supply to identify gaps in 'hard-to-fill' services that could impact on service delivery

- 2.7 To ascertain the future services and workforce configurations, a mapping of service changes and key workforce implications was undertaken for Covid-19 related services, planned and essential services, urgent and emergency care and bridging services for home care. The findings of the mapping exercise were documented in the draft workforce plan for 2022-25.
- 2.8 Workforce modelling and analysis was also undertaken for all staffing groups in order to identify and assess underlying deficits. The table below was based on the Establishment Control Tool for January 2022².

Staff Group	Budget	Actual	Vacancy
ADD PROF SCIENTIFIC AND TECHNICAL	365.5	346.0	19.5
ADDITIONAL CLINICAL SERVICES	2,214.7	2,101.8	112.9
ADMINISTRATIVE & CLERICAL	1,974.0	1,984.0	(10.0)
ALLIED HEALTH PROFESSIONALS	648.5	620.2	28.2
ESTATES AND ANCILLIARY	895.5	888.7	6.8
HEALTHCARE SCIENTISTS	199.5	197.1	2.4
MEDICAL AND DENTAL	923.7	606.5	317.3
NURSING AND MIDWIFERY REGISTERED	3,316.1	2,816.2	499.9
PAY BUDGET ADJUSTMENTS	10.0		10.0
STUDENTS	2.2		2.2
Grand Total	10,549.7	9,560.3	989.3

- 2.9 The workforce modelling also took into consideration implications for the coming year (2022-23) of further potential gaps based on Turnaround, Absence and Retirement data. The modelling assumptions of these three datasets were based on the trends and patterns of the previous year's data in order to estimate the medium data points.
- 2.10 The workforce plan for 2021-22 stated that it had been difficult to pinpoint the workforce gap or the perceived workforce gap to base actions for creating the desired workforce upon. A review of the draft workforce plan for 2022-25 noted that the workforce gap assessment was included in the plan, as part of the Programme Business Care, with a breakdown of future workforce design over a 10-year period.

Conclusion:

- 2.11 This has resulted in a Substantial assurance rating.

² These are the figures used in the draft workforce plan at the time of fieldwork – these figure will be updated prior to formal submission to the Health Board and WG on 31st July 2022

Objective 3: Key actions and changes required to deliver the workforce plan, including training and internal staff development, have been identified.

- 2.12 To identify and shift in workforce shape and the changes made as a result of the interventions and plans put in place by the Health Board over a 5-10 year period, a workforce gap assessment is required. However, as noted in the above objective the detail of the workforce gap assessment and the illustration and quantification of interventions are not included in the current iteration of the draft workforce plan for 2022-25.
- 2.13 We also noted that the Workforce & OD Delivery Plan included within the workforce plan for 2022-25 was being developed in order to set out the actions and plans to address the vacancy gaps that had been identified.
- 2.14 The draft workforce plan for 2022-25 sets out the strengthening of the Health Board's approach to strategic workforce planning. The Health Board had developed a Regeneration Workforce Planning Framework to assist services across the three counties access the workforce required. This framework builds on the 'Buy, Build, Borrow, Blend' approach outlined and implemented in the Workforce Plan for 2021-22.
- 2.15 The key actions identified within the Regeneration Workforce Planning Framework include the introduction of the overseas registered nursing programme and redevelopment and reskill of the current workforce through the 'Grow Your Own' ethos across professional staffing groups.
- 2.16 The Health Board has also introduced an Education Strategy to aid the development and expansion of the workforce to align with the strategic vision and to build a sustainable workforce. The draft workforce plan for 2022-25 outlines a summary of education and commissioning requests by professional groups and Health Board. In addition, known deficits and areas of risk had also been set out by professional staffing groups.
- 2.17 The focus of the Health Board's main source of supply through education and commissioning was outlined in the following key priorities;
- expansion of the apprenticeship scheme;
 - increase the pipeline of Band 4 Assistant Practitioner roles and nurses through the internal part-time programmes;
 - improvement of the All Wales Career Framework; and
 - the creation of a support system that recognises the pastoral needs of the future workforce.
- 2.18 To achieve these key priorities, the Health Board will continue with collaborative working with internal departments and groups, in addition to working with other key organisations such as HEIW.

Conclusion:

2.19 This has resulted in a Substantial assurance rating.

Objective 4: Clear governance arrangements to monitor and report the delivery of the workforce plan have been established.

2.20 A Workforce Planning and Conscience Group was established in September 2021 with the key aim of assessing and reporting against workforce plans as part of the IMTP and strategic programmes of work.

2.21 The Workforce Planning and Conscience Group has a terms of reference (TOR) in place. However, the consistency in reference to the title of the group and the identification of the Chair and Vice-Chair requires updating. **[Matter Arising 3]**

2.22 We can confirm the Workforce Planning and Conscience Group reports into the People Organisational and Cultural Committee (PODCC) with 'Workforce Plan Update Position' paper presented in December 2021, in line with the PODCC workplan for 2021-22.

2.23 To support the delivery and progress of priorities and actions in the workforce plan, the Workforce and OD directorate have established four supporting groups. These groups were formed in September 2021 and include a Business Group, Development Group, Strategic Group and a Rapid Response Group. The four groups have a TOR on place that documents the membership and a Chair/ Vice Chair.

2.24 The Workforce Planning Team has also provided the Executive Team a progress update reports, such as the Workforce Modelling Plan submitted in September 2021 and future resource, retention and development paper in November 2021.

Conclusion:

2.25 This has resulted in a Reasonable assurance rating due to the need to update and approve the Workforce Planning and Conscience Group TOR.

Appendix A: Management Action Plan

Matter Arising 1: Workforce Planning and Conscience Group (Operational)		Impact
<p>The Workforce Planning and Conscience Group has a terms of reference in place. However, the consistency in reference to the title of the group and the identification of the Chair and Vice-Chair requires updating.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> lack of understanding of the current workforce profile and the failure to accurately identify future workforce needs may lead to skill gaps in the workforce.
Recommendation		Priority
<p>Management should ensure the terms of reference for the Workforce Planning & Conscience Group is updated and promptly approved.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Agreed - the Workforce Planning & Conscience Group and associated workforce planning groups have been reviewed and the attached outlines the approach going forward.</p> <p>Further work is underway to further integrate workforce planning with education planning and revised terms of reference will be developed shortly.</p>	31 st July 2022	Director of Workforce & OD

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

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

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

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



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