



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 December 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Plan Update Position
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce and Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The risk of increased demand and an unsustainable workforce model is ever increasing; the COVID-19 pandemic and Brexit have placed new challenges on Hywel Dda University Health Board (HDdUHB). An example of the challenges, in terms of new workforce demands, include mass testing, vaccination and diminished supply routes. HDdUHB also has an aging workforce, with 34.38% aged over 51 years (3104.46 whole time equivalent (WTE)). Almost 60% of the total workforce are aged over 40 years and 19.1% of the workforce are aged 55 years and over (please note the Integrated Medium Term Plan (IMTP) Workforce Technical Document 2021/22 explored this in detail, identifying risks and issues). This is set against the strategy to deliver “A Healthier Mid and West Wales” which will require workforce transformation, as between 60-80% of our workforce today will be our workforce tomorrow.

Cefndir / Background

The underlying workforce deficits, as at January 2021, were Medical & Dental: 251 WTE vacant posts, Nursing & Midwifery: 416 WTE vacant posts, additional Professional, Scientific Technical and Other Professional Groups: 33.1 WTE vacant posts, Allied Health Professionals: 11.1 WTE vacant posts, Healthcare Scientists: 17 WTE vacant posts – a total of 728.2 WTE.

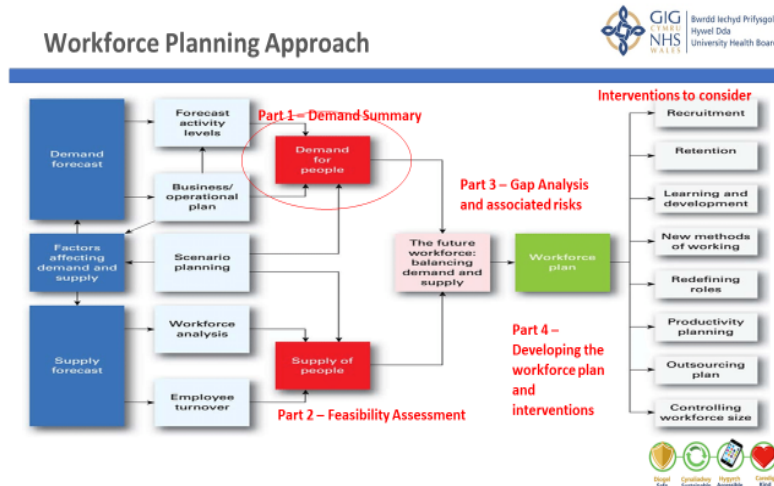
As at October 2021, the workforce deficit based on our funded establishment has increased to c.950 WTE across all staff groups (9.16%).

Asesiad / Assessment

The purpose of this report is to define, explore and develop interventions to increase workforce supply routes that can further contribute to the overall workforce plan (as part of the IMTP) and identify resource needs within the Workforce & Organisational Development (OD) Directorate that would require additional investment to support the ambition to address the scale of the workforce deficits. This will be an iterative process to align the workforce gap and supply sources, however, this report makes strides in identifying how the gap can be reduced as per the interventions in the diagram below.

The three critical areas we wish to focus upon are:

1. Retention (Bind)
2. Recruitment (Buy)
3. Workforce development (Build)



There is also a fourth element which may require exploring, i.e. strengthening of organisational analysis, workforce planning and workforce design. This will create the infrastructure to strengthen alignment with the IMTP and A Healthier Mid & West Wales Strategy.

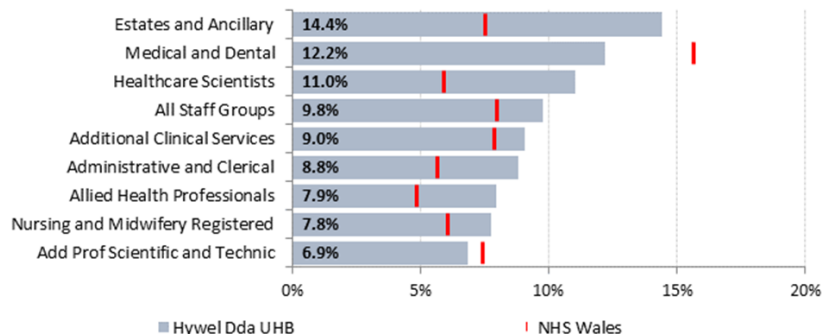
1. Retention (Bind)

HDdUHB currently has one of the highest reported turnovers across NHS Wales, at 9.8% (as at May 2021). The current Welsh average for 12 month rolling turnover (headcount) is 8% (as at May 2021). Of the other Health Boards in Wales, HDdUHB is currently 0.9% below the current best rate of 8.9%. In terms of “reason for leaving”, “retirement age” is highest, the majority of the other main reasons for leaving include various different types of voluntary resignation. The main five reasons equate to over 550 people. There is a requirement for better understanding as an organisation to ensure any interventions made are focused on the real challenges for HDdUHB.

Comparing staff groups against the Wales %, it is evident that there are some immediate significant “outliers” that may need exploring in relation to reason, i.e. estates and ancillary and healthcare scientists.

The aim is to reduce the current turnover rate **by 1%**. **This translates to approximately 100 people over 12 months**; 50 people not leaving within the next 6 months that otherwise would have. Within an 18 month period, the aim is to reduce turnover by 3%. Thus helping to minimise the growing workforce deficits.

12 month Turnover rate for Hywel Dda UHB and NHS Wales as at May-21



2. Resourcing (Buy)

As at October 2021, there is a vacancy factor of c.950 WTE across all staff groups - the medical and dental staff group accounts for c.330 WTE and the nursing and midwifery staff group accounts for c.475 WTE. There are 744 WTE vacancies currently active in the TRAC system. Of the 744 WTE vacancies, 319 WTE are in the nursing & midwifery staff group, 55 WTE in the medical and dental staff group and 162 WTE in additional clinical services (mainly Healthcare Support Workers (HCSWs)).

General recruitment activity on TRAC has increased within HDdUHB. The pre-pandemic activity was c.550 WTE in October 2019 compared to post-pandemic activity of c.750 WTE in October 2021. The average number of new starters per month over the last 12 months (November 2020 – October 2021) is 196 (107 WTE). This number will include COVID-19 mass recruitment exercises and it is not expected that this number will be sustained over the next 12 months as recruitment to vacancies settles in the budgeted establishment only. This compares to 135 (79 WTE) in the 2018/19 pre-pandemic period. COVID-19 mass recruitment activity has resulted in **5330** applicants, **3137** offers and **2429** being appointed. This is in addition to all other recruitment activity associated with turnover or new workforce requirements for service developments continuing in the usual way.

The increase in activity requires correlation to outcomes and priority areas in order for secured supply to be directed to focused areas of need. Modelled supply based on interventions is summarised below (which suggests that if demand and supply can be aligned, the deficits can be significantly reduced, however it is recognised that skills set and specialisms are a critical factor).

Overseas Resourcing Programme

The Overseas Registered Nurse (RN) Resourcing Programme offers a significant opportunity to scale up nurse resourcing and meet the strategic aims of the workforce plan and address the concerns aligned to Nurse Staffing Levels. The intent would be to start “safely” using Medacs as provider/contractor to onboard 30 WTE as a pilot and increase to 100 RN WTE in the first year and extend from there to 150 to 200 WTE as modelled below:

RN Focused Interventions	WTE									
	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Resourcing & Retention Based										
TRAC (BAU) Resourcing	100	100	100	100	100	100	100	100	100	100
Overseas RN Resourcing	100	150	200	0	0	0	0	0	0	0
Streamlining Registrants	100	100	100	200	200	200	200	200	200	200
Bank to substantive	20	20	20	20	20	20	20	20	20	20
Registrant Agency to substantive	10	10	10	10	10	10	10	10	10	10
Registrant Direct Hire	5	5	5	5	5	5	5	5	5	5
Registrant/RN initiatives	30	30	30	30	30	30	30	30	30	30
Total	365	415	465	365	365	365	365	365	365	365
Assumption WTE Resourcing	365	415	465	365	365	365	365	365	365	365
Assumption WTE Turnover(-Retention)	300	350	350	350	350	350	350	350	350	350
Starting deficit (assumes steady state)	-450	-385	-320	-205	-190	-175	190	205	220	235
Residual deficit	-385	-320	-205	-190	-175	190	205	220	235	250

As a resourcing programme, the first 12 months of any cohort would be working as a HCSW/Assistant Practitioner (AP) (potentially Band 4) and will then progress to Registrant status after successful achievement of objective structured clinical examinations (OSCE's). Theoretically, within a 3-5 year timespan, nurse vacancies based on today's establishment will have been eradicated (i.e. vacancy profile less than 500 for RN's) and a pipeline of Band 4 HCSW/AP in training to support attrition.

3. Workforce Development (Build)

Recognising the increasing need to 'Grow Our Own' workforce, there is a requirement to design opportunities to provide additionality to the external supply of a skilled workforce. The focus will be to:

- Provide an ambitious expansion of our apprenticeship scheme;
- Increase the pipeline of the Band 4 Assistant Practitioner roles;
- Increase the pipeline of nurses through the internal part-time programmes;
- Create a support system that recognises the pastoral needs of the future workforce pipeline.

This is a complex piece of work to model through and deliver for two reasons: a) to balance supply and attrition against a changing service profile; and b) to manage the education and commissioning pipeline as they are interdependent educational pathways, subject to personal choice, service need, local labour market supply and funding/places from Health Education and Improvement Wales (HEIW)/Higher Education Institutions (HEI) respectively (which we will be dependent on for this programme of work). This is the first iteration of this pipeline which will need to be modelled against our demography to ensure a pipeline of apprentices can be sourced at scale on a recurrent basis from our local labour market – further work against census data will be required to test this approach. Based on recent practice, 50 is feasible and expansion by 100 also appears feasible based on internal support mechanisms.

If we focus purely on modelling of the three areas above, apprenticeships, the Band 4 APs, internal part-time programmes into our workforce pipeline over the next 10 years and building on the assumptions made in the retention and resourcing sections; the workforce profile could present as follows:

RN Focused Interventions	WTE									
	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Resourcing & Retention Based										
TRAC (BAU) Resourcing	100	100	100	100	100	100	100	100	100	100
<i>Overseas RN Resourcing</i>	<i>100</i>	<i>150</i>	<i>200</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Streamlining Registrants	100	100	100	200	200	200	200	200	200	200
Bank to substantive	20	20	20	20	20	20	20	20	20	20
Registrant Agency to substantive	10	10	10	10	10	10	10	10	10	10
Registrant Direct Hire	5	5	5	5	5	5	5	5	5	5
Registrant/RN initiatives	30	30	30	30	30	30	30	30	30	30
Total	365	415	465	365	365	365	365	365	365	365
<i>Assumption WTE Resourcing</i>	<i>365</i>	<i>415</i>	<i>465</i>	<i>365</i>	<i>365</i>	<i>365</i>	<i>365</i>	<i>365</i>	<i>365</i>	<i>365</i>
Assumption WTE Turnover(-Retention)	300	350	350	350	350	350	350	350	350	350
Starting deficit (assumes steady state)	-450	-385	-320	-205	-190	-175	190	205	220	235
Residual deficit	-385	-320	-205	-190	-175	190	205	220	235	250
Workforce Development Based										
AP Development Pipeline (Potential)	33.6	57.6	104.4	142.8	174.8					
Impact on RN Residual Deficit of AP Pipeline	-351.4	-262.4	-100.6	-47.2	-0.2	190	205	220	235	250
RN Outturn				12	72	102	125	145	145	
Impact on RN Residual Deficit of RN Outturn	-385	-320	-205	-178	-103	292	330	365	380	250
Total WTE Increase from Development	33.6	57.6	104.4	154.8	246.8	102	125	145	145	0
Total Impact on RN Residual Deficit	-351.4	-262.4	-100.6	-35.2	71.8	292	330	365	380	250

NB Attrition modelling need significantly factoring

If all of the interventions identified in the table above are maintained between years 1-4 dependent on service models being similar today, HDdUHB may be in a position to have a "workforce oversupply" subject to external/internal labour market influence by year 5 and the ability to increase workforce development activities earlier could be reflected upon, if feasible. This needs to be an iterative piece of workforce planning and link in to the IMTP, and wider business cases to ensure alignment overall. Please note this needs to be heavily caveated as noted above - demography and attrition within education and establishment may shift this position considerably. Further work based on a range of assumptions and scenarios linked to internal and external research on demand and supply will be required.

Points for consideration (as inherent risks to programme of workforce development):

- Requires commitment for the Level 4 from HEIW and HEI to ensure funding through HCSW Funding Allocation or the commissioning process;
- Depending on the agreement of HEIW/HEI for the commissioning of nursing places to supporting this proposal;
- No distance learning provision offered, requiring consultation with HEIW and HEIs in relation to how local provision will be provided.

4. Strengthening Strategic & Operational Workforce Planning

All of the workforce supply routes contained above need to be balanced and aligned to the identified workforce gap by priority and risk assessment. To achieve this in a systemic way, there is a requirement to strengthen the approach to workforce planning at a strategic and operational level to support the development of the workforce plan to meet identified and anticipated workforce gaps through organisational analysis, workforce planning activity and workforce design.

This includes:

a. Significant research and data analysis to understand and align

- Population Health Data;
- Labour Market Intelligence ;
- Census Data i.e. Education, Employment, Travel.
 - NB new Census data will start to emerge from March 2022.

b. Data modelling tools to enable organisational analysis, workforce planning and workforce design

- Currently no “end to end” tool exists within HDdUHB and unlikely to be in the “market place” therefore a mixture of buy and build will need to be employed to:
 - Create internal capacity for supply modelling;
 - Align all data sources for demand.

c. Investment in capability in workforce planning:

- Six Steps Workforce Planning Methodology (PM) and specific training approaches with facilitation and elements of PM support:
 - Population Health Based;
 - Scenario Based;
 - Competency Based (links to role design).

5. Workforce & OD Directorate Resource Implications

To deliver the revised scope and scale of the workforce plan as detailed, the following additional posts will be required to deliver. To summarise, the following resourcing is noted under each programme of work:

- Workforce Planning – yes additionality;
- Retention – no additionality;
- Resourcing: Overseas RN Programme – yes additionality;
- Workforce Development – yes additionality.

A summary of the financial implications is captured below and includes pay and non pay costs as well as associated backfill within each of the programmes. The costings below focus on the potential WTE breakeven point between establishment vacancy and oversupply which equates to between years 2 - 5 (dependent on service model, resourcing, retention and development activity, as modelled above a variance of c100 WTE

Noted below is a costing option (Option 2) which takes account of the only key differences which is internal versus external training provision in the delivery of OSCE programme and related accommodation costs for the Overseas RN Resourcing Programme. The recommended option is option 2.

Please note that this only covers essential costs and there are optional extras to make the offer more attractive to candidates (such as relocation packages) which may need to be accounted for at a later date.

Option 2 All programmes (with external training provision)

Finance costs		£	£	£
		Year 1 22/23	Year 2 23/24	Year 3 24/25
Overseas Project management Pay costs				
Exec Sponsor and Senior Management Team oversight of project		To be absorbed		
Project Management	1 x Band 4	29,696	30,587	31,504
Project Management	1 x Band 6	42,101	43,364	44,665
RN pastoral care lead	1 x Band 6	42,101	43,364	44,665
ELN pastoral care lead	1 x Band 6	42,101	43,364	44,665
Total		155,999	160,679	165,499
Capacity Building & Apprentices				
Maintaining Internal Pipeline		Detail		
Create opportunities to release existing B2/B3 HCSW to achieve the Level 2/3 in healthcare.	12 days backfill B2 @ 7.5 Hrs min 100 HC per year	11,529	11,875	12,231
Consider feasibility of introducing Vocational mandatory automatic enrolment for Level 2 HCSW pipeline to support All Wales Career Framework compliance and maintain pipeline for 'Grow Your Own Pathways'.	Unable to predict			
Increase Healthcare Apprentices Recruitment to create a greater pipeline into the nursing route	100 Per annum	1,006,200	1,036,386	1,067,478
Implement Pastoral/learning Support Officer roles, providing holistic support to participants of the future workforce pathway, with responsibility to support Community hospitals, community services, and primary care.	4 x Band 5	140,192	144,398	148,730

Increase capacity of the Part-time nursing 4 year programme significantly to allow the release of staff from their substantive HCSW role	Backfill creating 90 @ 6.5 hours for 45 weeks B2 to allow for backfill	209,823	858,176	1,653,180
Increase capacity of the Part-time nursing 3 year programme significantly to allow the release of staff from their substantive HCSW role	Backfill creating 90 @ 6.5 hours for 45 weeks B2 to allow for backfill	179,848	1,075,192	2,029,197
Apprentice Academy Support to support the administrative function	B2 Apprentice Advisor	23,498	24,203	24,929
Increasing capacity of level 4 programme	Increase capacity of the Level 4 programme, providing time to release in year 1. 20 days per person @ 7.5 hrs per day = 150 hours	192,146	306,760	366,925
Increase Administrative Capacity for Level 4 & Nursing Programmes, managing the increased numbers of the grow your own pathways	Band 4 Clinical Education Advisor	29,696	30,587	31,504
	Total	1,792,931	3,487,577	5,334,174
Workforce planning resource				
Role Design Training & Support	Band 6	42,101	43,364	44,665
Modelling	Band 5	33,951	34,970	36,019
Project Management	Band 5	33,951	34,970	36,019
WFP Training	Band 5	33,951	34,970	36,019
Planning In Partnership	Band 6	42,101	43,364	44,665
	Total	186,055	191,637	197,386
TOTAL PAY COSTS		2,134,985	3,839,892	5,697,059
Non pay				
Workforce Modelling Tools		350,000		
Overseas recruitment (100 yr1, 150 yr2, 200 yr3)		798,900	1,183,350	1,557,800
TOTAL NON PAY		1,148,900	1,183,350	1,557,800
TOTAL PAY AND NON PAY COSTS*		3,283,885	5,023,242	7,254,859
Opportunity savings / cost reduction				
		Year 1	Year 2	Year 3

Numbers of RN nurses recruited:			
Overseas RN nurses	100	150	200
Workforce development - RN output			
Workforce development - Trainee AP output	34	58	104
	134	208	304
Financial costs:		Per Person	
Opportunity cost per RN	25,630		
Opportunity cost- paying at B4 year 1	31,596		
Overseas RN nurses	3,159,600	4,739,400	6,319,200
Workforce development - RN output	0	0	0
Workforce development - Trainee AP output	1,061,626	1,819,930	3,298,622
	4,221,226	6,559,330	9,617,822
Saving / (Loss)	937,340	1,536,087	2,362,964

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Support the initial proposals as approved by Formal Executive Team and receive assurance from the development of the programme of work involved.
- Note the indicative costs and requirement for further scoping and development work aligned to: a) workforce planning modelling tools and b) longer term workforce and financial detailed modelling work on a 10 year programme that has a more sophisticated approach to attrition modelling.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Consider the implications for workforce planning arising from the development of HDdUHB's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Referred to within the body of the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Referred to within the body of the report
Risg: Risk:	Referred to within the body of the report
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable