Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

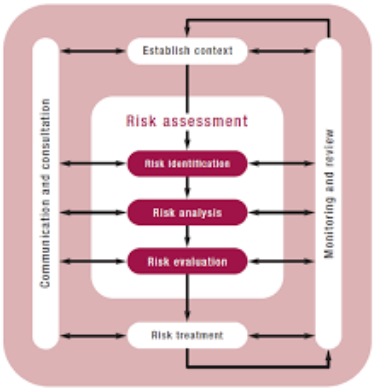
ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Committee is asked to request assurance from the lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identity through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top down and bottom up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability for example source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The PODCC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

2.6 To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern for example where risk tolerance is exceeded, lack of timely action.

2.7 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

2.8 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There is 1 risk currently aligned to PODCC (out of the 22 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

Changes Since Previous Report

Total Number of Risks	1
New risks	0
De-escalated/Closed	0
Increase in risk score ↑	0
No change in risk score →	1
Reduction in risk score ↓	0

See Note 1

Note 1 – No change in risk score

Since the previous report, there have been no changes in the risk score of the following risk:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1649 - Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market.	26/04/23	Director of Workforce & OD	**4x4=16** (Reviewed 18/09/23)	This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high at April 2023 compared to pre-Covid levels (c2-3% higher) however, there has been a general improvement over the last 12 months. Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence, and use of bank and agency. There is still a significant risk of workforce misalignment with activity and required competence levels. Further work has been undertaken to understand the level of risk across each staff group, speciality and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation,	**3x4=12**

				Improving Together and workforce planning to reduce the risk score during 2023/24. However, it should also be noted that due to the Health Board's current financial position and considering the wider financial context; (the extent and impact of which at this time is not fully known); this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum staff workforce.	

Argymhelliad / Recommendation

PODCC is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply

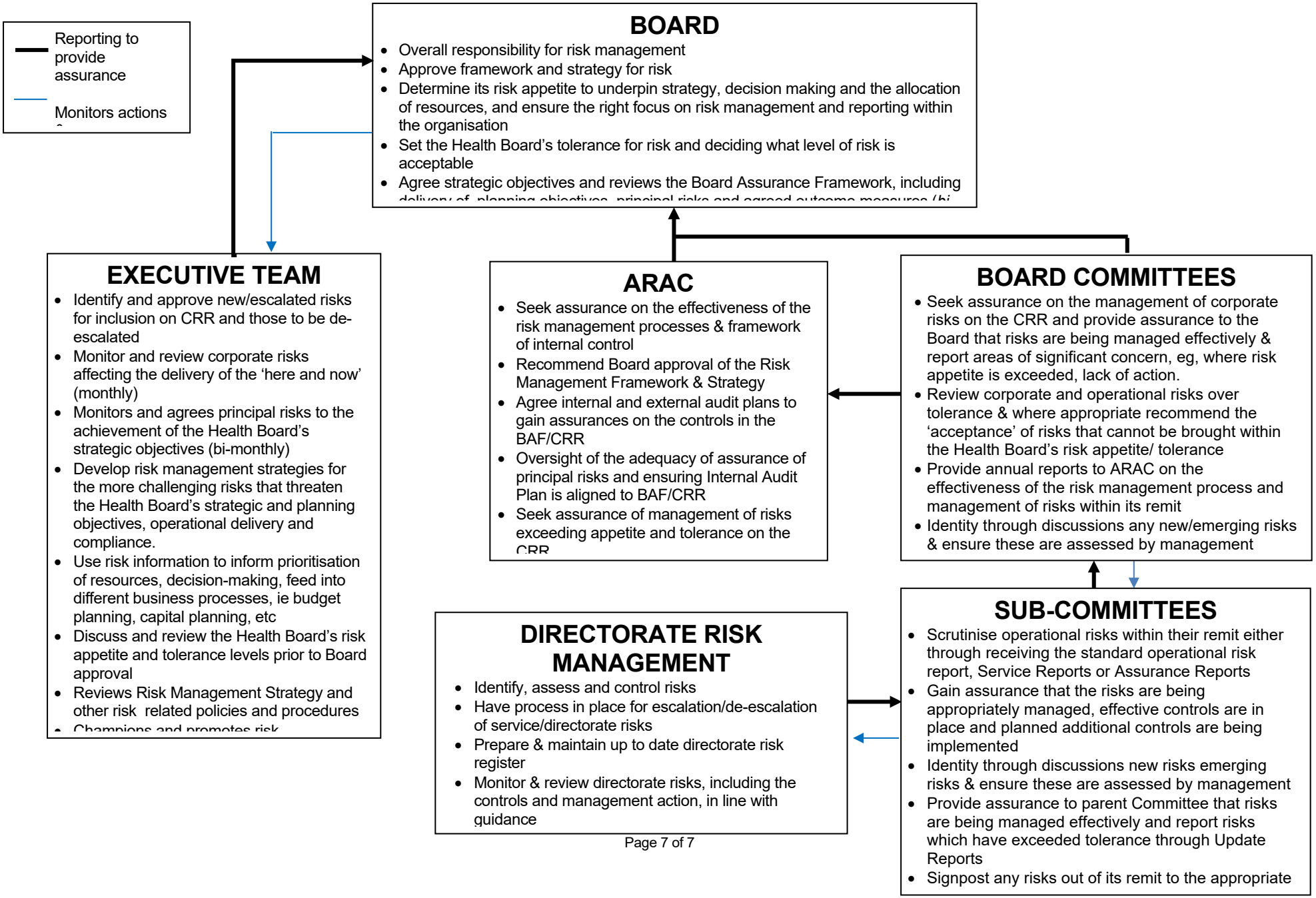
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.

Cyfreithiol: **Legal:**	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: **Reputational:**	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Appendix 2

CORPORATE RISK REGISTER SUMMARY OCTOBER 2023

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Sep-23	Trend	Target Risk Score	Risk on page no...
1649	Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market	Gostling, Lisa	Workforce/OD	8	4×4=16	**4×4=16**	→	**3×4=12**	6

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			
Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.

Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Inequalities/ Equity	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

RISK MATRIX

	LIKELIHOOD →				
IMPACT ↓	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	**High**	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

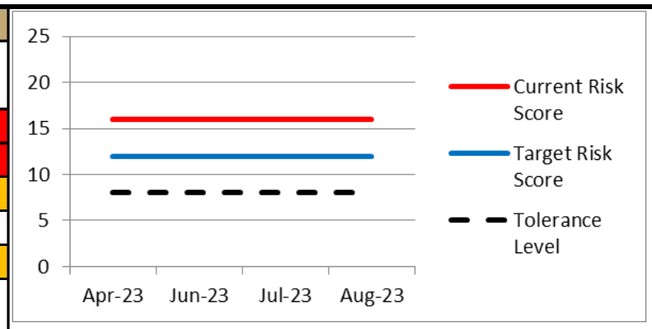
Date Risk Identified:	Apr-23
Strategic Objective:	

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Sep-23
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Oct-23

Risk ID:	**1649**	**Principal Risk Description:**	There is a risk there will be insufficient skilled workforce available to meet our Ministerial Priorities across all areas (UEC, Planned Care, Cancer and Mental Health etc). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care. And further impact on the health and wellbeing of teams.

Does this risk link to any Directorate (operational) risks?	86, 105, 111, 114, 118, 119, 137, 138, 199, 200, 205, 232, 233, 523, 525, 689, 737, 742, 747, 750, 818, 820, 834, 837, 842, 939, 940, 996, 1007, 1066, 1081, 1083, 1084, 1109, 1152, 1160, 1210, 1211, 1223, 1224, 1227, 1234, 1237, 1238, 1245, 1255, 1256, 1295, 1305, 1309, 1315, 1324, 1325, 1327, 1338, 1341, 1349, 1363, 1365, 1367, 1368, 1374, 1375, 1377, 1379, 1383, 1387, 1388, 1389, 1393, 1395, 1399, 1409, 1415, 1419, 1422, 1424, 1431, 1439, 1450, 1451, 1454, 1455, 1456, 1457, 1460, 1465, 1468, 1482, 1484, 1491, 1506, 1508, 1513, 1518, 1524, 1525, 1527, 1528, 1530, 1536, 1537, 1547, 1550, 1556, 1557, 1577, 1580, 1587, 1592, 1593, 1594, 1599, 1600, 1601, 1602, 1610, 1614, 1616, 1624, 1625, 1626, 1631, 1633, 1634, 1635, 1638, 1641, 1643, 1644, 1646, 1647, 1650, 1655, 1656, 1658, 1659, 1662, 1663, 1666, 1669, 1670, 1672, 1678, 1692, 1693, 1700, 1701 (Total = 145)

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high at Apr23 compared to pre-Covid levels (c2-3% higher) however, there has been a general improvement over the last 12 months. Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence, and use of bank and agency. There is still a significant risk of workforce misalignment with activity and required competence levels. Further work has been undertaken to understand the level of risk across each staff group, speciality and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2023/24. However it should also be noted that due to the Health Boards current financial position and considering the wider financial context; (the extent and impact of which at this time is not fully known); this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum staff workforce.

Rationale for TARGET Risk Score:

The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8%). Other intelligence leads as to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the specific services and/or the annual risk of a winter surge developing when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of multiple factors - respiratory infections, increased patient acuity, the longer term impacts of COVID-19 on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium to long term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign (linked to Principal Risks 1186 and 1188).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Organisational Governance Structure People, Organisational Development and Culture Committee (PODCC) Strategic People Planning and Education Group (SPPEG) & underpinning Governance Structure for People Planning & Education to create an organisation wide assessment for our 10 year strategy Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and deployment options based on service needs (CdG) Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply Align and iterate to implementation groups i.e. Medical retention.	Workforce planning groups need time to mature and develop focus underpinning SPPEG Capacity and capability in people planning within team and across organisation required Establishment control cannot be relied on as one source of truth for information as a) partially due to temporary changes linked with pathways, b) 9 sources of information not all feed into the establishment control tool and c) data management issues in ESR, eg, single employer status for our medical workforce. Tools to enable modelling in short, medium and long term to enable alignment of population health, labour market, internal labour market, activity & performance analysis aligned to financial constraints (work arounds utilised but gaps/issues exist). Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term. A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care.	Development of All Professions led people plans to align to in year tactical & operational plans linked to the overarching Strategic 10 year Workforce Plan. (See carried forward action below)	Walmsley, Tracy	Completed	Improving Together alignment to overarching professional groups to create alignment to in year tactical & operational issues; to be summarised and fed into Strategic People Planning & Education Group for quarterly monitoring. Summary of status of all professional groups in place via the development of the Workforce Technical Document. Stabilisation programme supporting specific services/sites - alignment required to 3-10 year strategy via development of People Road Map (Linked to People Planning Objectives 2c - Overarching workforce, od and partnership workforce plan) 1-3 year workforce plans in place testing "robustness" through assessment of risk, service change proposals.
		Analysis of all service levels workforce & od risks within 1-3 year timeline, and where appropriate to 10 year timeline. (PO2c2.i)	Walmsley, Tracy	Completed	Paper summarising all W&OD risks will be issued to SPPEG & PODCC for review and assessment of agreed prioritisation of actions. These have been reviewed in context of 1649 aligned risks, the wider themed risk register for workforce and DITS papers (32 risks identified and linked; a further 88 risks being assessed and profiled against WOD pillars for assurance against proposed actions & mitigations. Paper to be ready by mid July) NB relationship to demand & capacity noted as a risk based on review of DITS actions against services.

Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans Digital support with workforce planning to support speed in decision making at local, regional & national levels.			
PO 2a: Develop Career Progression Opportunities for all that want them aligned to the overarching workforce plan & strategy (ensuring underpinning methods and processes support this activity i.e. education commissioning)	Glanville, Amanda	~~30/07/2023~~ 31/03/2024	On track
Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at March 2024 submission to Welsh Government (PO2c2ii)	Walmsley, Tracy	30/04/2024	Progress to be provided at next risk review
Further develop training resources and capacity to support managers with workforce planning challenges to alleviate risks (PO 2c2iii)	Walmsley, Tracy	~~31/07/2023~~ ~~30/09/2023~~ 31/03/2024	Initial training programme drafted; dates in diary Jul to Dec 23. Linking with Risk Team to ensure aligned process including awareness raising and support. Bespoke programmes being developed for specific services such as Pathology & follow up workshops arranged. In process of embedding this approach as business as usual.

Approach to future community workforce development model requires alignment to UEC, Primary Care and Community Programmes of work & teams. (PO2c.2v)	Walmsley, Tracy	~~31/07/2023~~ 31/03/2024	Baselines in place; design methodology required and bought into by group. Progress: stalled due to "definition" of community and underpinning frameworks. May be other opportunities to reflect on work linking to social model approaches. Requires an assessment of approach and capacity to move forward. Work with leads to define "what and how", and explore opportunities to link to the Clinical Services Plan. Will utilise Clinical Services Plan workshop to inform work (2 Oct).
Analysis, design and development of the infrastructure and governance to develop the a new model of care i.e. OBC and Social Model of Health i.e. resource requirements, alignment to current structure and service design programmes (workforce planning for workforce, planning/project management, communications & engagement, clinical oversight).	Williams, Paul	30/09/2023	Resource identification has been reviewed and a phased plan of implementation agreed by Executive Team. Requires alignment of new resources within current operating model/infrastructure to make best use of resource and manage risks. Progress: no further update on specific as Clinical Review with WG in progress and will be complete by Aug23. A re-assessment will be needed aligned to work that will start within the "pathways" and PMO/TPO. Consideration of governance mechanisms to support alleviation of strategic workforce risks (7-10 years)
Digital support with workforce planning to support speed in decision making at local, regional & national levels. (Regeneration Framework adopted as a national model). Interdependent need to link population health, external labour market analysis, demand & capacity and activity modelling, internal labour market analysis to pathway design, patient outcomes and staffing models based on appropriate assumptions, scenario planning and financial models. (objective 2c c link " quantitative and qualitative workforce intelligence"). (PO2c3i)	Walmsley, Tracy	Completed	Business as usual. HEIW developing National Observatory in 2023/24. Data Design & Solution Project Manager in post. Exploring approach to workforce data linked to People Planning Objective 2c and Improving Together and BAF work.
Agree actions to mitigate strategic risks of workforce supply based on assessment paper	Gostling, Lisa	31/03/2024	Risk assessment in progress

Test "WFP" Project Support Role within a Directorate to strengthen operational and strategic workforce planning: Women & Children	Walmsley, Tracy	30/11/2023	Meeting with LH held to test aligned to Improving Together action identified. Initial introduction planned June 2023 for a 6 month trial period.
Methodology to support new and enhanced roles to be scoped and implemented.	Walmsley, Tracy	~~30/07/2023~~ 30/11/2023	In Progress - Linked to People Planning objectives 23/24 - plan on a page in development. Alignment of learning to date from role design, team around the patient, quality improvement and value based healthcare to be assessment.
Interrogate financial establishment/SIP to ensure "a source of truth" and align to identified and prioritised risks (operational and strategic).	Walmsley, Tracy	31/03/2024	Meeting to review risk to be set up to link in "Stabilisation" and wider Establishment Concerns (links to Principal Risk 1186)
1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates	Gostling, Lisa	31/03/2024	On track
1a.1 Redesign all JD & PS to focus on core requirements and skills	James, Michelle	~~30/06/2023~~ 30/11/2023	Schedule developed; next steps to be implemented.
1a.2 Employ new methods of advertising and appointing to roles	James, Michelle	~~30/06/2023~~ 30/11/2023	Schedule developed; next steps to be implemented.
1a.3 Develop programmes for employability support	James, Michelle	28/02/2024	Partners engaged, 3 programmes identified and being scoped fully.
1a.4 Develop attraction plan to link with offers for R&D, Service Improvement, Education etc	James, Michelle	30/09/2023	Tender action completed - work ongoing - revised timelines of plan to be developed
1a.5a Appoint to vacancies via different employment pools (resourcing)	James, Michelle	31/03/2024	Scoping for AHP & Medical roles (first action by 31 July) in progress. Various actions ongoing to March 2024
1a.5b Appoint to vacancies via different employment pools (learning & development)	James, Michelle	31/03/2024	In progress, including scoping of medical apprenticeships
1a.6 Enhance HB offer to improve lives of local population by social responsibility initiatives i.e. volunteering/employment pathways etc	James, Michelle	~~31/07/2023~~ 30/11/2023	Links to 1a.3
2a.1 Identify and target development pools to support future registrant roles	Glanville, Amanda	31/12/2023	On track - development work in progress

2a.2 Scope opportunities to support development in role and identify training needs	Glanville, Amanda	Completed	Completed 31/07/2023 Summary of findings to be shared with PODCC on 19/10/2023 and SPPEG on 31/10/2023
2a.3 Reshape higher awards process to link with training needs analysis	Glanville, Amanda	31/03/2024	On track
2a.4 Develop an interprofessional education plan with full implementation plan by 2026	Glanville, Amanda	31/03/2024	On track
2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships	Gostling, Lisa	31/03/2024	On track
2a.1 Implement a single point of contact for health & wellbeing services with parity for physical & psychological wellbeing	Davies, Christine	Completed	On track - single gateway Well being portal launched in May 2023
2a.2 Wellbeing charters are fully embraced	Davies, Christine	Completed	On track - Task and Finish group establishes and Charter progress review underway
2a.3 Deliver kind people processes to support people in challenging times	Davies, Christine	Completed	On track - Initial review of ER action plan undertaken and first draft of opportunity cost template drawn up. Report on ER cases for 2022/23 completed
2a.4 Undertake second delivery report to listen and understand how best to aid staff retention	Davies, Christine	Completed	On track - project team established and research phase is underway
2a.5 Implement Strategic Equality Plan to enhance HD as a culturally diverse organisation	Davies, Christine	Completed	On track - Pride events being held during June and July. Nominations submitted to the Welsh Veteran's Awards with the Health Board shortlisted as a finalist in the Employer of the Year category and three staff members shortlisted in the Reservist of the Year category
2a.6 Promote and provide proactive and responsive support to teams to enable healthy and happy cultures	Davies, Christine	Completed	On track - Nurse Retention work programme updated for Phase 2 and a new Medical Staff Retention group established. ODRMs supporting working cultures across a range of sites and services
2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services	Gostling, Lisa	31/03/2024	On track

2b.1 Improve HB education & development offer, supporting enhanced opportunities	Walmsley, Tracy	31/03/2024	On track
2b.2 Workforce Effectiveness and Stabilisation Programme to improve experience of staff by reducing reliance on agency/bank and recruiting to posts locally and by overseas means across all professions	Walmsley, Tracy	31/03/2024	Plans for nursing established, scoping of plans for other professional groups in progress.
2b.3 Widen choices relating to contracting opportunities	Walmsley, Tracy	31/03/2024	On track
2b.4 Enable job enrichment where appropriate; core principles and design methodology developed	Walmsley, Tracy	30/09/2023	On track
2b.5 Plan developed to optimise digital opportunity and cost effective workforce agility	Walmsley, Tracy	31/03/2024	On track
2b.6 Further develop and spread people recognition formally and informally	Walmsley, Tracy	31/03/2024	On track
2c Develop and maintain an overarching workforce, OD and partnership plan	Gostling, Lisa	31/03/2024	On track
2c.1 Implement succession planning and leadership & management pipeline	Walmsley, Tracy	31/03/2024	In progress
2c.2 Further develop short and long terms plan by services and professional groups	Walmsley, Tracy	31/03/2024	In progress linked to specific actions within the risk and wider service issues/plans on capital programmes/ Capacity challenge/prioritisation needed
2c.3 Understand our people by using quantitative and qualitative data	Walmsley, Tracy	~~31/08/2023~~ 31/03/2024	Good progress, timelines may prove a challenge to integrate all - wins will be sought for impact
2c.4 Develop a process of listening and learning from staff experiences ensuring regular feedback	Walmsley, Tracy	04/04/2024	In progress
2c.5 Promote a culture of innovation and enhance the HB reputation	Walmsley, Tracy	04/04/2024	In progress
Agree actions to mitigate strategic risks of workforce supply based on assessment paper	Gostling, Lisa	31/03/2024	Risk assessment in progress as at June 2023, with paper to follow

	Reiteration will be required for the Health Boards Annual Plan linked to Recovery Scenarios based on Board decisions for the development of All Professions led people plans to align to in year tactical & operational plans linked to the overarching Strategic 10 year Workforce Plan. (See carried forward action below)	Walmsley, Tracy	31/03/2024	Initial considerations and work can commence following September 2023 Board Meeting and then will formulate as business as usual.
	Explore & assess alternative roles (value, barriers and future plans (MAPS, AP's APP's, CAAPS))	Walmsley, Tracy	31/03/2024	Ongoing annual cycle of PA programme - panel complete. APP working group in place, CAAPS discussions ongoing for future years; AP assessment needed going forward links to All Wales work

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Draft Maturity Matrix and "Panel" approach to be tested	Walmsley, Tracy	~~31/05/2023~~ 30/09/2023	Draft developed to be tested with a panel and fed into PODCC for assurance
	Strategic People Planning & Education Group	1st					Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/24 to link to Annual Planning cycles (identified in Audit Wales initial draft report)	Walmsley, Tracy	31/03/2024	Suggested approach to be discussed: alignment of Risk, DITS (Operational plans) and Clinical Services Plan with AHMMWW strategy (Strategic plans) underpinned by stakeholders engagement on a wider workforce strategy.
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd								
	PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd								
	Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd								
	Wales Audit Office review of Workforce Planning (Fieldwork underway - report expected Summer 2023)	3rd								

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Evaluation of Workforce Risk
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley, Head of Strategic Workforce Planning & Transformation Wendy Davies, Project Manager, Workforce Planning (Risk Assurance)

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Situation

Since the July 2023 risk report the recommendations have started to be enacted to allow reporting on workforce specific related risks that allows for Workforce themed corporate risks to be aligned to the Workforce & Organisational Development (OD) Pillars within the Workforce Directorate.

Changes in practice are now being developed to integrate key findings from the Risk and Assurance Department by pulling together centrally workforce intelligence from the workforce corporate risk register, the workforce and OD (W&OD) themed risk register, and workforce themed risks emerging from Directorate Improving Together Sessions, and Recovery Plan strategies.

The aim of ongoing work is to provide a mechanism within Workforce and OD that allows for the analysis, interrogation, and greater depth of understanding of the overall workforce risk score position across the Health Board and to ensure workforce strategies are in place to reduce identified risks.

The triangulation of risk assurance with the service and workforce is fundamental for effective risk management and will contribute to organisational long and short-term planning, the Health Board's strategic vision and goals as well as informing the stabilisation and recovery agenda. It will also illustrate "the State of the Nation" picture and will identify where mitigation measures by services have been put in place to address areas of concern and will provide assurance to the Executive Team that workforce risk is being monitored and, where known, being managed accordingly.

The purpose of this paper is to inform on work done to date since the last reporting period and to provide an update since the last review also being cognisant of the Health Board's current financial position as we embark and navigate our way through financial recovery and the outturn impact that this will have on workforce risk.

However, to note the workforce risk position, risk registers, and themed risk registers have the potential to change on a daily basis – for the purpose of this paper; facts, analysis and conclusions have been drawn as at data sets available on the **14 August 2023.**

Background

The Health Board presently has the following risk structure and risks are categorised and escalated through the following reporting risk register systems.

Principal Risks - Health Board Strategic Risks.
Aligned to Strategic & Planning Objectives.
Owned by Executive Directors.
Lisa Gostling, Director of Workforce & OD has risk ownership and responsibility for **workforce principal risks 1186 and 1188**.
How we get our workforce to where we want to be in the 5 - 10 year space to deliver our plans and how this aligns with the strategic vision including the programme business case.

Risk Ref	Service/Department	Date Risk Identified	Title	Risk Level (Current)	Current Risk Score	Risk Level (Target)	Domain	Lead Committee
1186	Workforce and OD	16/04/2021	Attract, retain and develop staff with the right skills	Extreme	15	Moderate	Workforce/OD	Board
1188	Workforce and OD	28/05/2021	Effective leveraging within partnerships	High	9	Low	Business objectives/projects	Board

Date Risk Identified:	Apr-21
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Risk ID:	**1186**	**Principal Risk Description:**	There is a risk that the Health Board will not be able to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical staff roles (medical, nursing and therapies) with the right skills and values in the market and not being able to offer staff the space, time and support to develop. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
Does this risk link to any Directorate (operational) risks?		1649, 1247	

Rationale for CURRENT Risk Score:
Using the workforce domain at present there is a daily occurrence where staff aren't able to be released for training, vacancies exist and despite agency usage deficits remain on a daily basis. If we do not clearly understand our service models to design the workforce we need we may not develop the future capability we need. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning we will not be able to design or deliver the workforce of the future. As at June 2023, the trajectories as noted on the IPAR are currently being met in terms of numbers of staff employed.

On risk **1186,** there are 2 associated Directorate level (operational) risks linked: Long Term Strategy. Since the last reporting period Risk 1649 has now been added to principal risk 1186.

Date Risk Identified:	May-21
Strategic Objective:	2. Working together to be the best we can be

Risk ID:	**1188**	**Principal Risk Description:**	There is a risk that the Health Board is not effectively leveraging within our partnerships. This is caused by a lack of clarity about what we want to achieve together. This could lead to an impact/affect on the Health Board missing out on opportunities, duplication of effort as various partnerships not streamlined, and not realising the shared value/benefits of achieving more together than as separate entities.
Does this risk link to any Directorate (operational) risks?			

Rationale for CURRENT Risk Score:
The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: Public Services Boards; Regional Partnership Board; Area Planning Board for Substance Misuse; ARCH partnership; Emergency Ambulance Services Committee; Mid Wales Joint Committee; Community Safety Partnerships; Mid and West Wales Regional Safeguarding Children Board; Mid and West Wales Regional Safeguarding Adults Board. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

On **1188** there were no associated Directorate (operational) risks linked as at **14 August 2023.** There is the intention to also map this to the overall W&OD themed risk register by the next reporting period as ARCH (A Regional Collaboration for Health) and commissioning projects progress to ascertain if this position has also changed.

Corporate Risks
'Here and now' operational based risks.
Lisa Gostling, Director of Workforce & OD has risk ownership and responsibility for **workforce corporate risk 1649**.
Affects the Health Board as a whole, specific large concerns that require escalation and have oversight by the Executive Team. eg, operational demands and the Health Board's position to achieve ministerial priorities; concerns affecting the whole of the Health Board.

Risk Ref	Service/Department	Date Risk Identified	Title	Risk Level (Current)	Current Risk Score	Risk Level (Target)	Domain	Lead Committee
1649	Workforce and OD	26/04/2023	Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market	Extreme	16	High	Workforce/OD	People, Organisational Development and Culture Committee

Date Risk Identified:	Apr-23		
Strategic Objective:			

Risk ID:	**1649**	**Principal Risk Description:**	There is a risk there will be insufficient skilled workforce available to meet our Ministerial Priorities across all areas (UEC, Planned Care, Cancer and Mental Health etc). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care. And further impact on the health and wellbeing of teams.

Does this risk link to any Directorate (operational) risks?	86, 105, 111, 114, 118, 119, 137, 138, 199, 200, 205, 232, 233, 523, 525, 689, 737, 742, 747, 750, 818, 820, 834, 837, 842, 939, 940, 996, 1007, 1066, 1081, 1083, 1084, 1109, 1152, 1160, 1210, 1211, 1223, 1224, 1227, 1234, 1237, 1238, 1245, 1255, 1256, 1295, 1305, 1309, 1315, 1324, 1325, 1327, 1338, 1341, 1349, 1363, 1365, 1367, 1368, 1374, 1375, 1377, 1379, 1383, 1387, 1388, 1389, 1393, 1395, 1399, 1409, 1415, 1419, 1422, 1424, 1431, 1439, 1450, 1451, 1454, 1455, 1456, 1457, 1460, 1465, 1468, 1482, 1484, 1491, 1506, 1508, 1513, 1518, 1524, 1525, 1527, 1528, 1530, 1536, 1537, 1547, 1550, 1556, 1557, 1577, 1580, 1587, 1592, 1593, 1594, 1599, 1600, 1601, 1602, 1610, 1614, 1616, 1624, 1625, 1626, 1631, 1633, 1634, 1635, 1638, 1641, 1643, 1644, 1646, 1647, 1650, 1655, 1656, 1658, 1659, 1662, 1663, 1666, 1669, 1670, 1672, 1678, 1692, 1693, 1700, 1701 (Total = 148)

In the last reporting period, a total of **44** associated Directorate level (operational) risks were reported.

Following the recommendation made in the last People, Organisational Development and Culture Committee (PODCC) this has now been updated to include all W&OD themed risks that are on the most current risk register. This has seen an increase to **148 associated risks (**all listed above in red) following a comprehensive mapping exercise.

Directorate & Service Level Risks
These risks are recorded on individual services or directorate risk registers.
Directorate and Service level risks specific to the hospital site or service.
Service risks that are unable to be managed or those which pose greater risk (even where service level mitigation has been applied) are then escalated up to Directorate level who can escalate further up to Executive Level if this is a requirement.
Lisa Gostling, Director of Workforce & OD has risk ownership and responsibility for **Workforce Directorate Risk 1669**.

Risk Ref	Service/Department	Date Risk Identified	Title	Risk Level (Current)	Current Risk Score	Risk Level (Target)	Domain	Lead Committee
1669	Workforce and OD	12/04/2023	Recruitment – Pre-employment checks.	High	9	Moderate	Statutory duty/inspections	People, Organisational Development and Culture Committee

NB Risk 1669 was added after the last reporting period analysis was undertaken and is the first time being reported on. This risk was raised outside of the W&OD Directorate and is currently under review both with regard to content, mitigation and actual risk score. *(*Subsequently this risk has now been closed as at 26 September 2023).*

Where risks are above tolerance levels and are escalated to directorate level risks from service level risks that are of extreme concern and where there are issues required to mitigate, the Risk and Assurance Team provide risk reports bringing these to the attention of the relevant board level committees, e.g. Quality, Safety and Experience Committee, PODCC, etc for scrutiny and to provide assurance that these risks are being effectively managed.

Assessment –

Work undertaken to date:

Principal & corporate risks (1186, 1188, 1649), have been cross referenced against **W&OD themed risk register**; the most recent bi-monthly run report available at the time of commissioned work – **Month 5 (August) 2023/2024**. Please note the below figures and detail below were drawn upon as at **14 August 2023.** when the assessment was undertaken.

Against the HB W&OD themed risk register there are now a total of **148 Workforce themed risks**.

A comparison of Month 12 (March) 2022/23 against Month 3 (June) 2023/24 and Month 5 (August) 2023/24 are shown in the tables below. From the W&OD themed risk register provided on the 14 August 2023, there is an increasing trend consecutively during the reporting period from 119 to 146 and to the present reporting total of 148 workforce themed risks.

Workforce themed risk register summary	Mar-23		
	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	48	71	119
EXTREME (RED) RISKS (based on 'Current Risk Score')	21	17	38
HIGH (AMBER) RISKS (based on 'Current Risk Score')	25	45	70
MODERATE (YELLOW) RISKS (based on 'Current Risk Score	2	7	9
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	2	2

Workforce themed risk register summary	Jun-23		
	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	57	89	146
EXTREME (RED) RISKS (based on 'Current Risk Score')	24	14	38
HIGH (AMBER) RISKS (based on 'Current Risk Score')	32	66	98
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	1	7	8
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	2	2

Workforce themed risk register summary	Aug-23		
	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	57	91	148
EXTREME (RED) RISKS (based on 'Current Risk Score')	22	11	33
HIGH (AMBER) RISKS (based on 'Current Risk Score')	33	70	103
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	2	8	10
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	2	2

In June 2023, there were 38 extreme (red), 98 high (amber), 8 moderate (yellow) and 2 low (green) risks compared to August where there were 33 extreme (red) risks, 103 high (amber), 10 moderate (yellow) and 2 low (green) risks. There were also 2 additional new entries in the same period and **5 risks being reported to have de-escalated from extreme (red) risks to high (amber).**

Interventions, recruitment, and stabilisation efforts are reducing workforce risk scores and also through effective engagement and dialogue with services both by the Strategic Workforce Planning Team and the Risk and Assurance Team; services at every opportunity are being asked to review their workforce risks and their risk register scores. Therefore, we anticipate that by the next reporting period, we will have even greater confidence in scoring approaches and actions to mitigate.

Workforce & OD Themed Risk Register Review Dates

The overall workforce risk score position has the potential to change almost daily as new risks get both added, closed, escalated, and de-escalated. Initial scoping for June's report discovered there were many workforce themed risks that had review dates that had expired (100).

Analysis of August's risk register shows that this has increased and there are now 129 workforce themed risks which have passed their review dates. Services may well be addressing their risks, however risk review dates are not being updated as regularly. We will monitor the time period by which risks are overdue.

W&OD WF Register Report Date	Total Number of WF Risks	Risks with review dates expired	Risks with review dates in date
M03 – June 2023/24 (Review date past 31/5/23)	146	100	46
M05 – August 2023/24 (Review date past 31/7/23)	148	129	19

Therefore, as so many workforce risks have review dates that are out of date, we have yet to reach the most informed, accurate picture. At this moment in time no assurance can be given that we have the whole workforce score position understood correctly as so many review dates are out of date.

In the last reporting period as Directorates and Services navigated their way through a number of issues i.e. RAAC, recovery pressures (both operational and strategic) it can be expected that time may not have allowed them to fully align their workforce risk entries on the risk register with recovery plans and mitigations undertaken.

It is perceived that review dates and their expiry will be a regular ongoing issue. As the workforce planning team work more closely with Directorates and Services to understand their workforce pressures, gaps and issues; conversations will be had at every opportunity requesting them to review and address workforce risks and re-visit scores within their respective risk registers.

Risks or Issues?

- **Risk as a definition** – A potential for something to happen, or the imposed threat/likelihood of something to go wrong that could give rise to a risk. Actions are being taken to reduce the likelihood of it happening in the future, or to mitigate the impacts if the risk does materialise.
- **Issue as a definition** – Something that has already happened; which needs to be mitigated to limit the risk or its future occurrence to prevent it from happening again.

Issues are sometimes highlighted to the Risk and Assurance Team and after discussion these, once worked through in detail and deep discussion, could be identified as an actual issue rather than a risk that the service is dealing with, and advice is then given for the Service to keep an issues log with actions as a form of control measure; (on these occasions identified above it could be that the Service has not selected the correct appropriate risk theme in error without guidance from the Risk and Assurance function).

Ordinarily there are Health Board policies and procedures to manage issues as they present, however recurring issues and the failure to be able to manage them will then cause rise to this being a potential risk and for it to be recorded as such.

Directorate Improving Together Sessions (DITS) have also highlighted both out of date workforce risks and entries or amendments; including escalation to risk that is required having been flagged as concerns during those sessions. There has also been the requirement for Services to add risks to the risk register following their DITS meeting.

From analysis there were 6 risks that had been assigned as having a workforce risk; and whilst workforce could be affected there was seen to be no immediate workforce risk and were more appropriately deemed as more of a **workforce issue** rather than an actual **workforce risk** *(W&OD Risk Numbers 742,1610, 689, 1506, 1227,1468).* Work with the Risk and Assurance Team will have taken place by the next reporting period to address these accordingly and update will be given.

Workforce & OD Themed Risk Register movement since last report as reported on the W&OD M05 August 2023 Risk Register.

Risks Added

	Number of risks	Risk reference number	Title	Service
NEW RISKS ADDED SINCE PREVIOUS REGISTER SUBMITTED	7	1700	Risk of inability to deliver a sustainable OOH service due to service fragility	Central Operations: Out of Hours
		1692	The impact of changes in contractual arrangement affecting access to agency	Ceredigion
		1693	Accommodation for Youth Health Team	Women and Children: School Nursing
		1338	Capacity issues due to WCCIS data entry	Women and Children: Health Visiting
		1701	Staffing levels in blood sciences	USC: Pathology
		747	Delivery of a sustainable Dermatology service within HDUHB due to Consultant	Scheduled Care: Dermatology
		939	Inability to provide a safe working environment for staff in the health visiting	Women and Children: Health Visiting

NB. Review to be undertaken to ensure if all risks added above are appropriate i.e.,1693 and 939 may not be a workforce risk but rather linked to Estates and Facilities but with workforce implications.

Increase in Risk Score

INCREASE IN CURRENT RISK SCORE ⇧	2	1238 (Previous Score 12 > Current Score 16)	Respiratory Services: Bronglais General Hospital	USC: Respiratory
		1084 (6>9)	Surgical rota in PPH.	Scheduled Care: General Surgery

NB Review of the reasons for increase and what mitigations are being considered.

Reduction in Risk Score

REDUCTION IN RISK SCORE ⇩	8	1482 (Previous Score 16 > Current Score 12)	Provision of Interstitial Lung Disease (ILD) within Respiratory.	USC: Respiratory
		818 (15>10)	HB wide risk of delays to Neurology patients being seen.	Scheduled Care: Neurology
		1363 (20>9)	Inability to safely support Level 3 Critical Care provision across PPH and GGH (consultant availability)	Scheduled Care: Critical Care
		1643 (20>9)	Inability to sustain safe on call rotas across Critical Care and Anaesthetics in GGH and PPH (SAS availability)	Scheduled Care: Anaesthetics
		1666 (12>8)	Maintaining Service delivery during Industrial Action	Carmarthenshire
		1655 (12>8)	Risk of patient harm due to fragility of Lung Cancer Service.	USC: Respiratory
		1550 (8>4)	Risk to WGH maintaining service provision due to proposed industrial action	USC: WGH
		1422 (9>4)	Memory Assessment Services (MAS) Waiting Lists	MHLD: Older Adult Mental Health Services

NB Review to understand rationale of change i.e. what actions have been successful in reducing the risk?

Risks Closed or Changed

RISKS CLOSED OR THEME CHANGED	5	1664 (Escalated to Corporate Level)	Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit	Scheduled Care: Ophthalmology
		180	Age related Macular Degeneration (AMD) and Glaucoma Pathways.	Scheduled Care: Ophthalmology
		632	Ability to fully implement WG Eye Care Measures (ECM).	Scheduled Care: Ophthalmology
		1583	Staffing in the COBWEB prescription service	Pembrokeshire
		1485	Avoidable delay in specialist diagnosis and treatment due to lack of Gastroenterologist Consultant	USC: WGH

In the last reporting period 2 risks were escalated to corporate level (797, 1531).

797 (Escalated to Corporate Level)	Shortage of staff in sonography affecting the whole Health Board.	USC: Radiology
1531 (Escalated to Corporate Level)	Inability to safely support the Consultant on-call rota at WGH and GGH	Scheduled Care: General Surgery

In this reporting period, ophthalmology risk 1664 has been escalated to corporate level.

1664 (Escalated to Corporate Level)	Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit	Scheduled Care: Ophthalmology

As an organisation and as we circumnavigate recovery, it is yet to be fully determined and understood the extent that this potentially will pose on workforce risk.

Below presented in the following the table are W&OD themed risks split by directorate to depict the Directorate Proportion Representation of the Workforce & OD Workforce themed risk register.

Directorate Proportion Representation W&OD Risk	Number of Risks Raised
Cancer Services	2
Carmarthenshire: County Wide	1
Carmarthenshire: Palliative Care	1
Carmarthenshire: Community Nursing	1
Central Operations: Out of Hours	2
Ceredigion Community Tregaron Hosp	2
E&F: Directorate Team	1
E&F: Fire	1
Finance: Digital: Information and Communication Technology	1
Finance: Performance	1
MD: Effective Clinical Practice	1
MD: Medical Education and Knowledge	3
MD: Research and Development	1
MD: TriTech and Innovation	2
MHLD	3
MHLD: Adult Mental Health Services	3
MHLD: AMH Inpatient Services - Health Board Wide	1
MHLD: Learning Disability Services	4
MHLD: Medical Workforce	0
MHLD: Older Adult Mental Health Services	3
NQPE: Nursing Practice	1
P,C,LTC: Dental	1
P,C,LTC: GMS	1
P,C,LTC: Managed Practice	1
P,C,LTC: Medicines Management	2
P,C,LTC: Primary Care	0
Pembrokeshire Community	4
Public Health: Children's Public Health	2
Public Health: Vaccination Centres	2
Scheduled Care	1
Scheduled Care: Anaesthetics	1
Scheduled Care: Audiology	2
Scheduled Care: Critical Care	3
Scheduled Care: Dermatology	1
Scheduled Care: Endoscopy	2
Scheduled Care: General Surgery	2
Scheduled Care: Neurology	1
Scheduled Care: OPD	1
Scheduled Care: Ophthalmology	1
Scheduled Care: Orthopaedics	1
Scheduled Care: Pain	1
Scheduled Care: Rheumatology	1
Scheduled Care: Theatres	1
Scheduled Care: Trauma	2
Therapies and Health Science	1

Therapies and Health Science - Podiatry and Surgical Appliances	1
Therapies and Health Science: Dietetics and Nutrition	1
Therapies and Health Science: Occupational Therapy	2
USC: BGH	5
USC: Cardiology	2
USC: Diabetes	1
USC: GGH	8
USC: Health Board Wide	1
USC: Pathology	12
USC: PPH	5
USC: Radiology	9
USC: Respiratory	4
USC: Stroke	1
USC: WGH	6
Women and Children: Community Childrens Service	2
Women and Children: Gynaecology	2
Women and Children: Health Board Wide	2
Women and Children: Health Visiting	3
Women and Children: School Nursing	4
Women and Children: Midwifery and Maternity	1
Women and Children: Sexual Health	1
Women and Children: Paediatrics and Neonates	3
Workforce & OD	1
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AHP & Medical Locum workforce - Medacs

To help address locum and agency spend and, in an attempt, to triangulate service, workforce and workforce risk it has been requested by the Strategic Workforce Planning Team that Medacs contract requests for both allied health professionals (AHP) and medical locum workforce, should now include workforce risk register entries/risk numbers. Where longer term workforce cover is required through Medacs contracts, the fragility of the service unable to cover this workforce gap within our organisation should also be made evident through a workforce risk entry if not done so already. Therefore, service managers are being requested to provide their workforce risk number that the Medacs request correlates to via form AG1 between the Health Board and Medacs.

Service managers, moving forward following this proposal (agreed in principle) and on implementation of the new contract request form will be asked if their request for locum cover is associated to a workforce risk on the risk register in order that validation and further scrutiny can be made around their request and can also inform the Financial Control Group to assist with decision making.

Workforce Theme & Sub-Categories within Datix.

To assist with the continual assessment of workforce themed risks within the Datix System – Workforce & OD Pillars and themes will also be selected as sub-categories at the point of entry by the service this would allow for better reporting and more timely flagging of current and potential workforce risks within/across the W&OD Directorate. This early identification and followed up support provided by workforce leads to discuss options for early interventions/ mitigation would ease escalation and the subsequent increase to workforce risk scores.

Sub-Categories - (W&OD Pillars would form sub-categories)

Workforce & OD Themed Risk

Sub-Categories

- Organisational Culture
- People & Utilisation
- People Education & Development
- People Operations & Change
- Strategic People Planning
- Stabilisation
- Equality, Diversity & Inclusion

Themes within in Sub-Categories

W&OD Pillars & Risk Themes		*Amended Version 2 following Feedback*	
Organisational Culture	**People & Utilisation**	**People Education & Development**	**People Operations & Change**
Wellbeing	Workforce Data Availability	Mandatory Training	Organisational Change
Retention	Vacancies	Career Progression & Development	Contractual Issues
Leadership	Recruitment	Courses - Placements/Lack of Placemen	Terms & Conditions
Culture	Hard to recruit posts	Role Enhancement	Redeployment/Deployment
Research	Job Evaluation	Training - Upskilling Issues	Grievance/Disciplinaries
	Redeployment/Deployment	Grow Your Own Opportunities/Issues	Managing Attendance at Work
Strategic People Planning	**Stabilisation**	**Equality, Diversity & Inclusion**	
Education & Commissioning	Bank Reliance (all Staff Groups)	Equality	
Role Design	Agency Reliance (all Staff Groups)	Diversity & Inclusion	
10 Year Plan	Locum Reliance (all Staff Groups)	Health Inequality Partnerships	
Regional Plans			
Annual Plan & IMTP			
Demand & Supply			
Insights			
Horizon Scanning/Scenario Planning			
Demand & Capacity Issues			

Further actions to be undertaken by the Workforce & OD teams include: -

- Strategic Workforce Planning Team to update corporate risk 1649 with all Workforce associated risks so that risks are listed appropriately and correctly as an ongoing control measure.
- Working closely with Risk and Assurance Business Partners to work with service areas where:
  a) workforce risks have been recorded which could be deemed more appropriately as workforce issues.
  b) Directorate/Operational risks are out of the review date period. Risk owners to be contacted with the request to re-align, review and update with realistic review dates so that the accurate workforce risk position can be reached and understood.
  c) Recovery, Stabilisation and Improving Together risks that do not form part of the whole Workforce & OD Risk Register, and where these **should be in place,** workforce planning will request that the service add these accordingly as a new risk entry, or alternatively if an entry is already in place that their risks are updated and reviewed accordingly to ensure their workforce risk is scored accurately and articulated appropriately. The Strategic Workforce Planning Team will be engaging with Directorate and Service leads on a regular basis; (working closely with the Risk and Assurance Business Partners) will request redress by the service to get workforce implications

included by amending the risk statement and to include the correct scoring of workforce risks accordingly.
NB. This work will commence once assurance has been reached that the W&OD themed risk register is up to date, within review date and there is the assurance that the workforce risk picture is accurately depicted in the first instance.

- At agreed intervals, a risk paper brought to PODCC for review and consideration. The purpose of this will be to provide an update with regard to interventions and where known control measures and mitigation measures are in place to address workforce risk and to identify actions required and undertaken by respective W&OD Pillars.

Argymhelliad / Recommendation

The Committee are asked to:

- Note the work undertaken to date to understand all risks which have been recorded as linked to workforce.

The Committee are further asked to:

- Support the on-going development which will give assurance that the corporate risk score is as accurate as possible linked to knowledge of the risks being managed within all service areas.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.7 To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	n/a
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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:	Review of all risk register entries
Rhestr Termau: Glossary of Terms:	n/a
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	n/a

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Archwilio Cymru
Audit Wales

Review of Workforce Planning Arrangements – Hywel Dda University Health Board

Audit year: 2023

Date issued: July 2023

Document reference: 3462A2023

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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
We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which: • Identifies current and future workforce challenges. • Has a clear vision and objectives.	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.** The Health Board's 2020-2030 workforce strategy provides a clear vision and objectives, setting out the Heath 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.

What we looked at	What we found
• 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.	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 Plan[1]. 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. 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)**.
We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:	We found that **the Health Board has a good understanding of its current and future service and trends, based on the current service model.** 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

[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
• 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.	service modelling, including scenario and service change mapping. The Health Board has developed a Workforce Regeneration Framework[2], 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. 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 establishment[3], 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.
We considered whether the Health Board is working with partners to help resolve current	We found that **the Health Board is working well with internal and external stakeholders to find shared solutions to workforce challenges.**

[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
and anticipated future workforce challenges. We expected to see: • 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.	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 model[4] 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. The Health Board also recognises the importance of regional working to support the development of sustainable services. It actively works with its local authority[5] 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**). 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.

[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
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: • 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.	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.** 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. 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

What we looked at	What we found
	example through adopting a workforce planning business partnering model (**Recommendation 3**). Overtime this will also build workforce planning capability at an operational level. 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. 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. 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.
We considered whether the Health Board has a good understanding of the short and longer term risks that might prevent it from	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.**

What we looked at	What we found
delivering its workforce strategy or plan. We expected to see: • 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.	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 build[7] and related future clinical models. Additionally, workforce challenges are limiting the Health Board's ability to meet the requirements of the Nurse Staffing Levels Act[8]. 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. 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

[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
	below), improving quality together performance meetings and the work of the newly established Strategic People Planning and Education Group[10].
We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see: • 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.	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.** 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. 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

[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
	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. 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. 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.

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
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: • 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.	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.** 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**). 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**). 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

What we looked at	What we found
	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. 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**).

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.

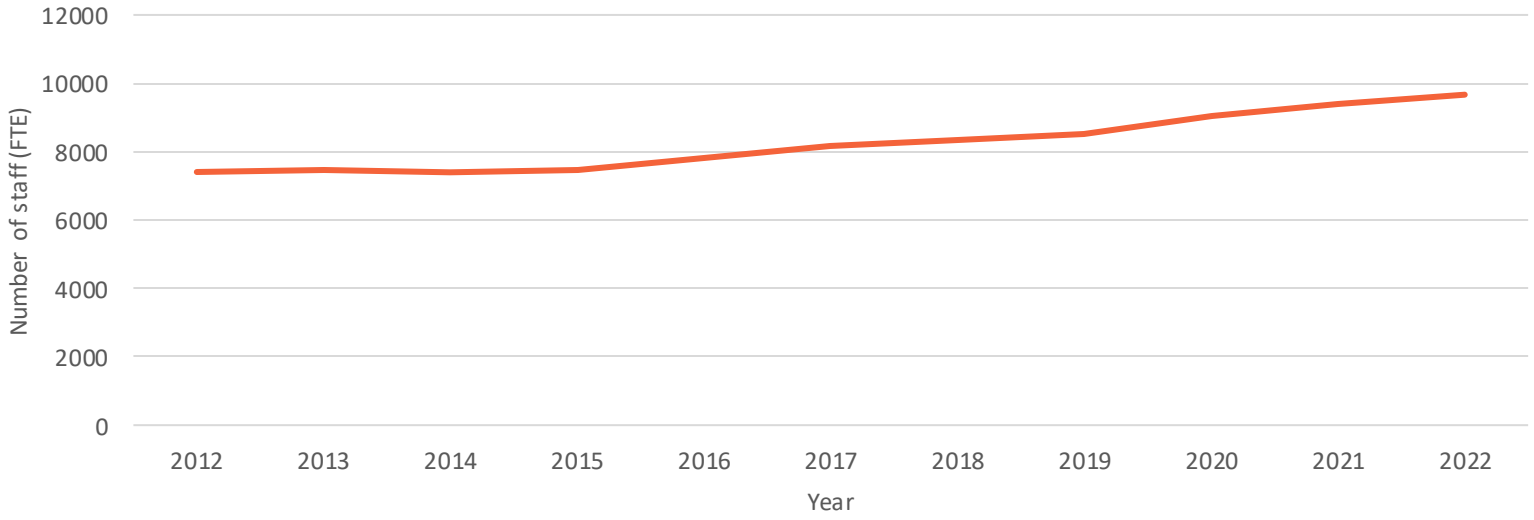
Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Workforce strategy and associated workforce plan(s) • Implementation / delivery plans for workforce strategy – high-level and operational • Evidence of evaluation of workforce strategy and/or associated initiatives • 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	We interviewed the following: • 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	We ran two focus groups with: • 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

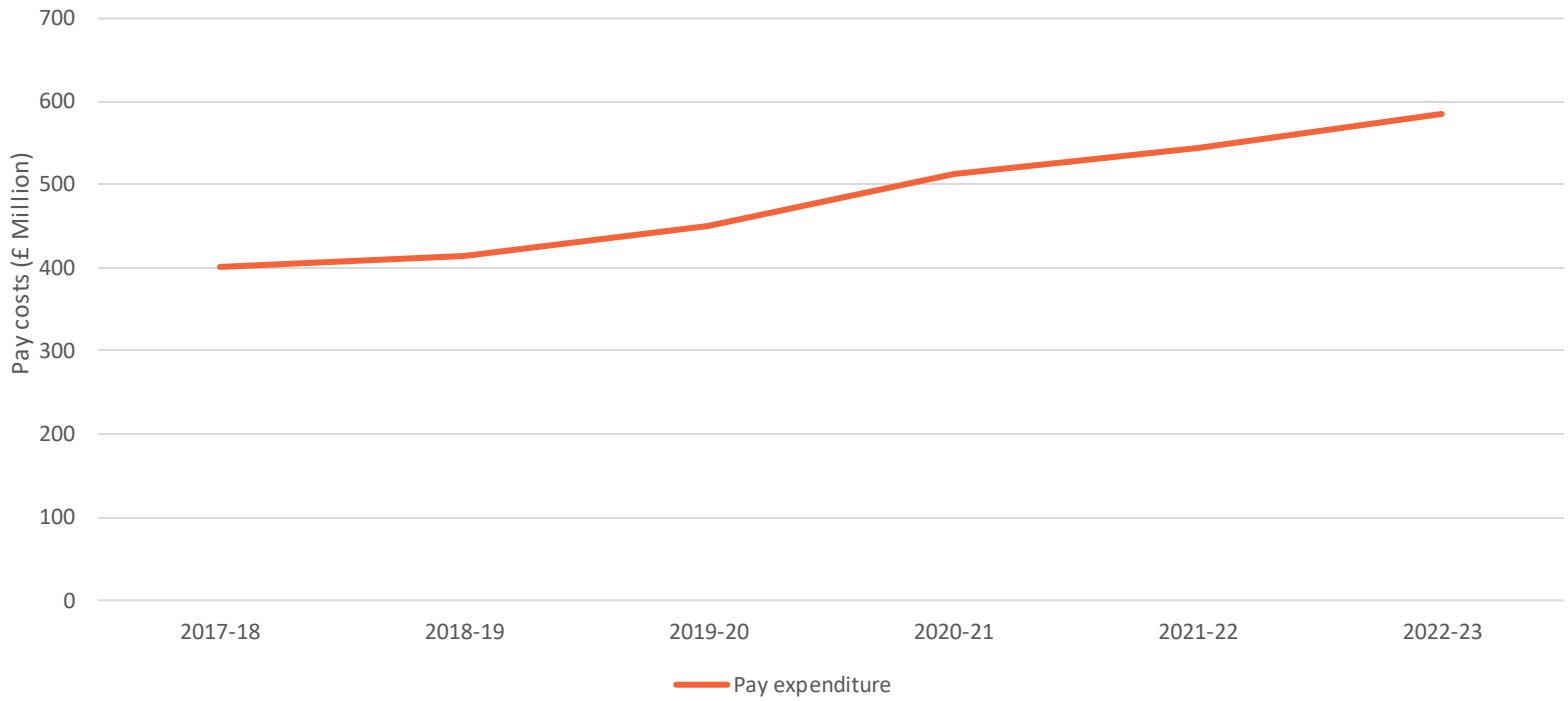
Selected workforce indicators

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



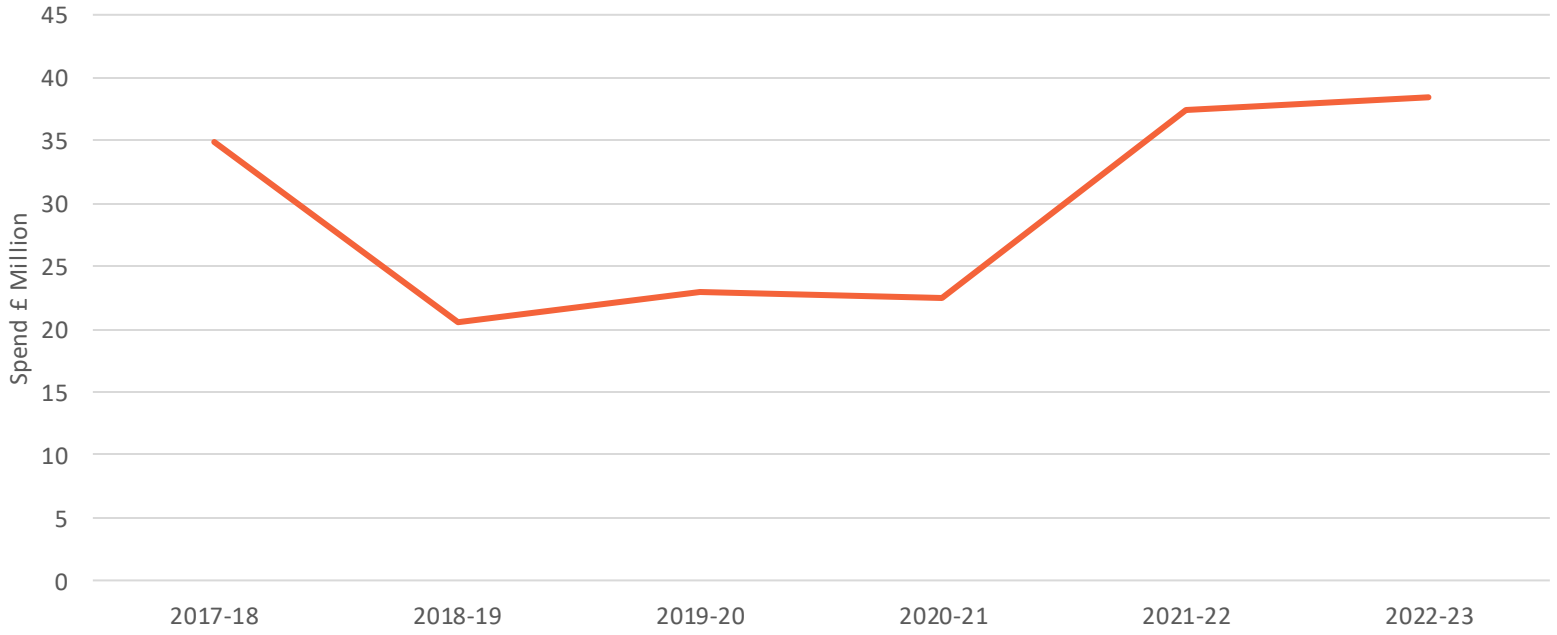
Source: Welsh Government, Stats Wales.

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



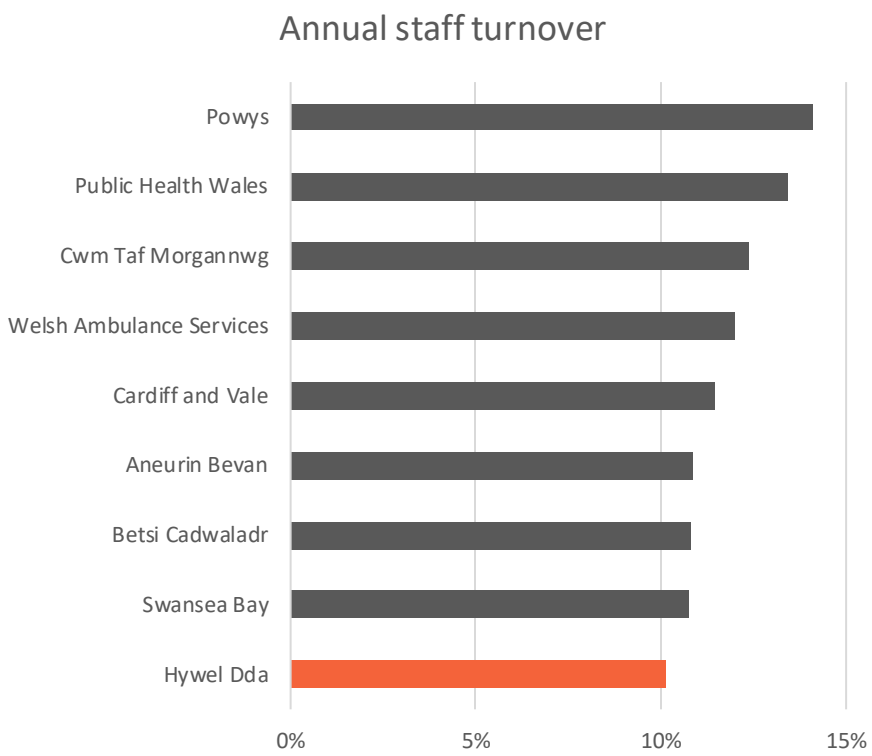
Source: Monthly Monitoring Returns reported to Welsh Government, HM Treasury inflation rates

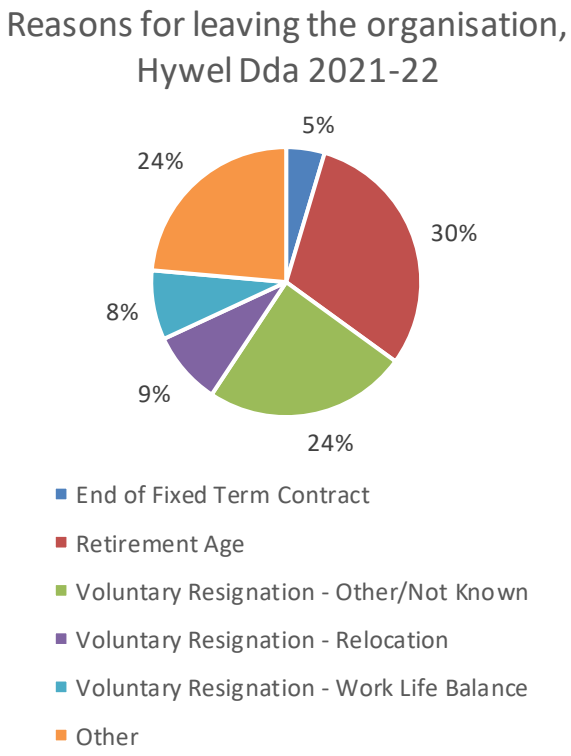
Exhibit 8: Trend of expenditure on workforce agency £ Million, Hywel Dda University Health Board



Source: Monthly Monitoring Returns reported to Welsh Government

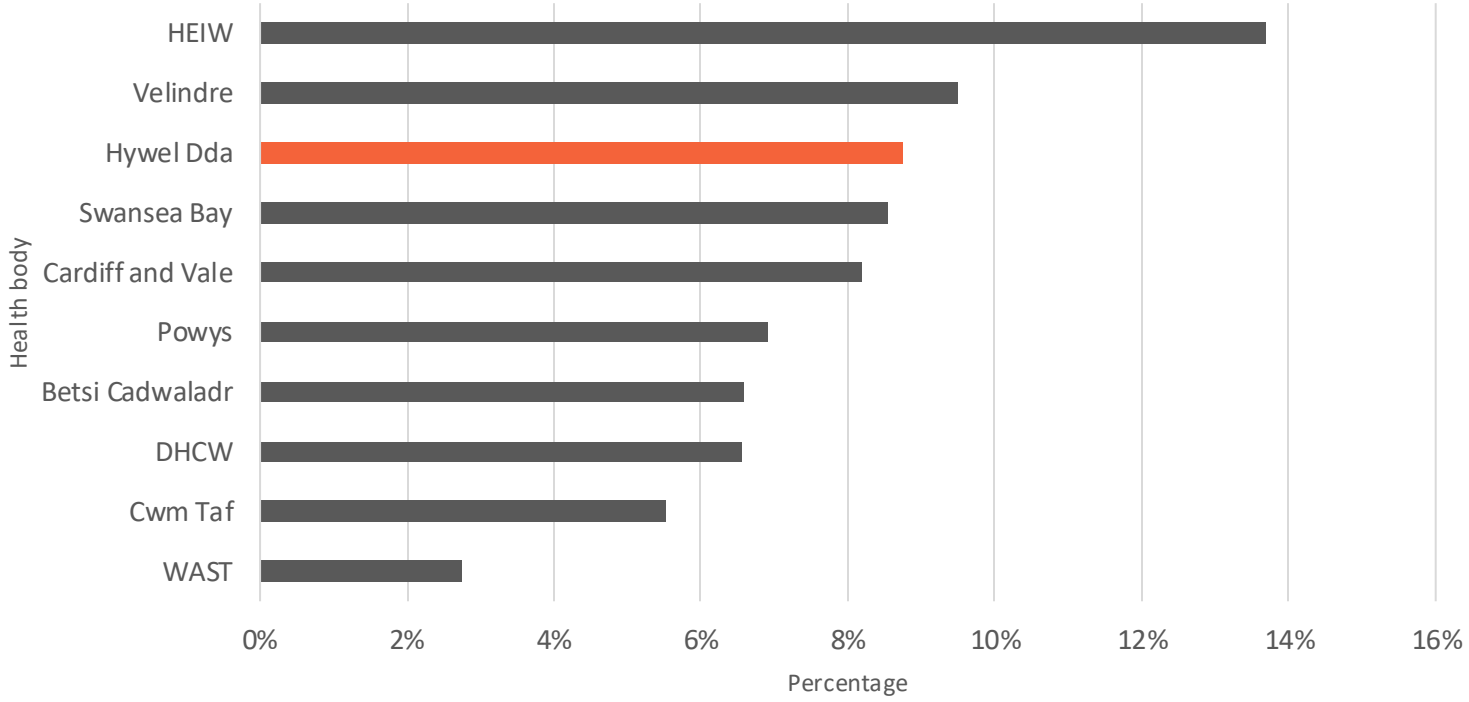
Exhibit 9: Annual staff turnover and reason for leaving, 2021-22, Hywel Dda University Health Board





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

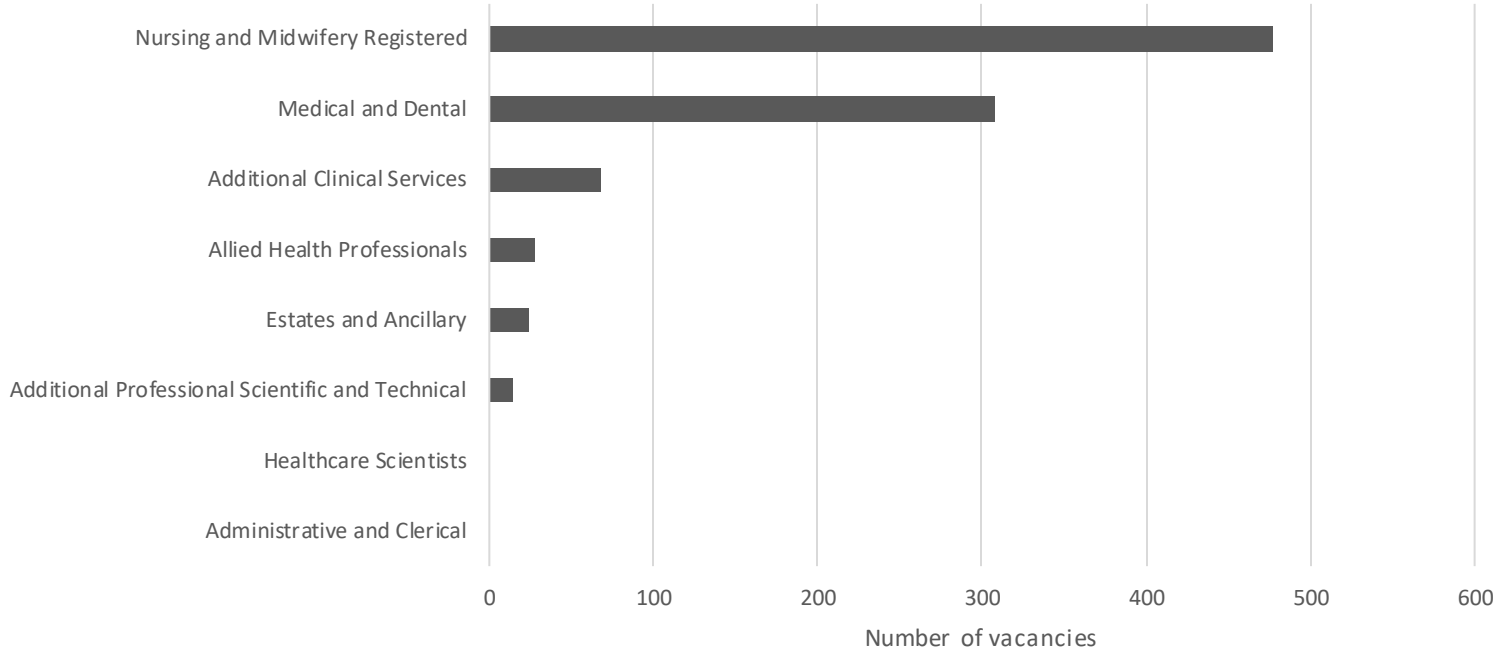
Exhibit 10: Vacancies as a percentage of total establishment, as at March 2022



Source: health body data request

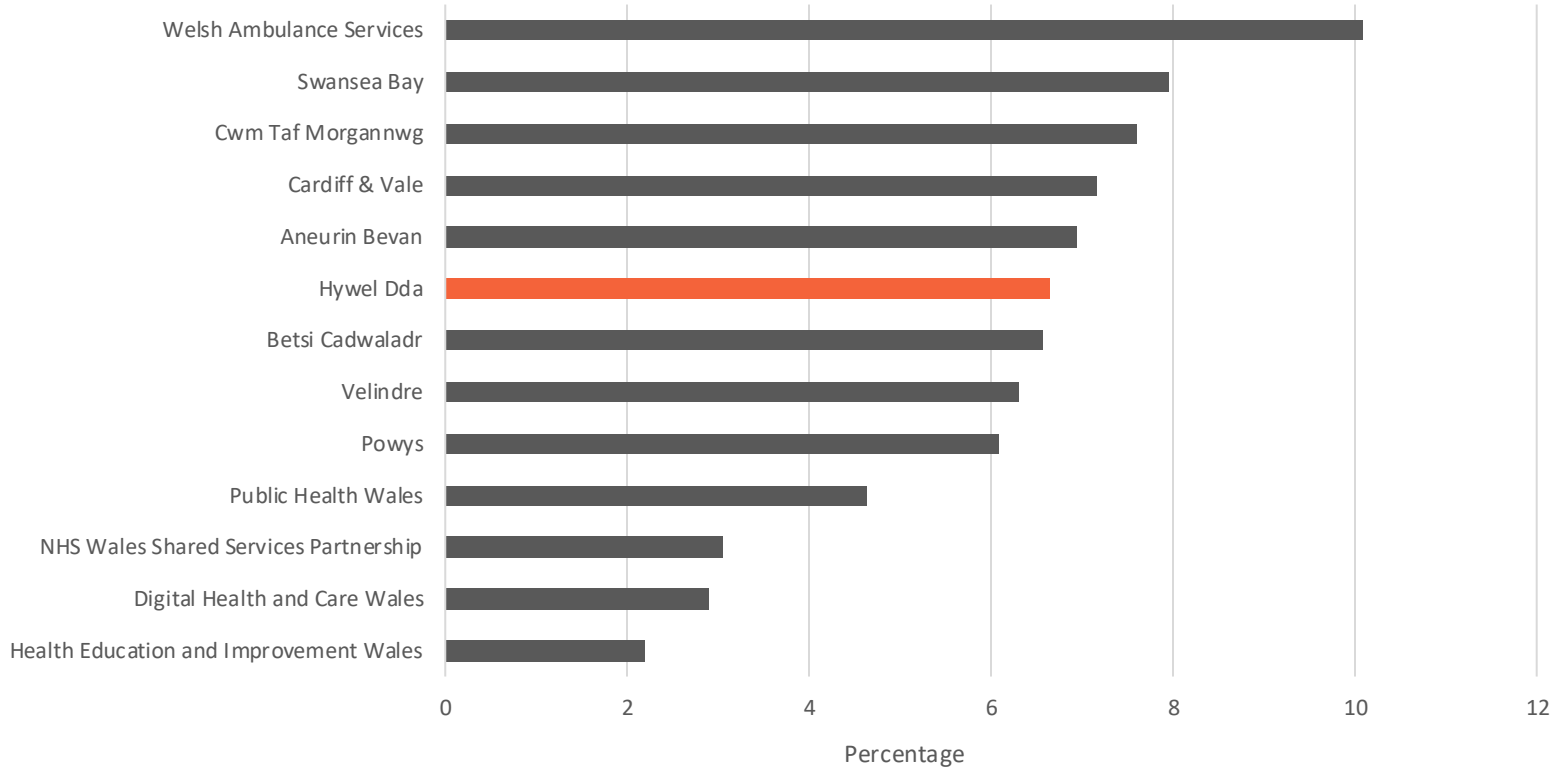
Exhibit 11: Number of vacancies (Full Time Equivalent) at Hywel Dda, by staff group, March 2022

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	**Implementation plan** 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	**Creation of an overall costed/resourced workforce implementation plan for the 10-year strategy** 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.	**30 April 2024** Strategy Refresh complete (Dec 2023 to be ratified as part of annual business planning process March 2024)	Director of Workforce & Organisational Development Head of Strategic Workforce Planning and

	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)**.	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. 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. The Nursing Workforce Plan has demonstrated progress and impact as per the metrics developed and monitored as part of our Performance Dashboard. 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,	**30 April 2025** Workforce Implementation Plan taken forward 24/25 (Including Resource Plan for Workforce Implementation Plan 24/25)	Transformation

		medium and long term. Multiple scenarios may be required.		
R2	**Regional workforce planning** 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)**.	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. 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.	**April 2024**	Director of Workforce & Organisational Development Head of Strategic Workforce Planning and Transformation
R3	**Supporting services** 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	**Supporting services with strategic and operational workforce planning** 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	**April 2024** Evaluation Paper on Supporting Services in Workforce Planning	Director of Workforce & Organisational Development Head of Strategic

	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)**.	facilitate change (OCP processes) and the workforce planning team. 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.		Workforce Planning and Transformation
R4	**Evaluating workforce planning training** 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)**.	**Evaluating workforce planning training** 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.	**April 2024**	Director of Workforce & Organisational Development Head of Strategic Workforce Planning and Transformation

R5	**Performance monitoring** 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.	**Performance monitoring** 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. 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.	Ongoing with review **30 April 2024** **October 2023** Paper to PODCC & SPPEG	Director of Workforce & Organisational Development Head of Strategic Workforce Planning and Transformation
R6	**Benchmarking** The Health Board benchmarks its workforce performance metrics with other health bodies in Wales, but there is potential to benchmark with similar	**Benchmarking** 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	Ongoing to **April 2024**	Director of Workforce & Organisational Development

	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

Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff CF10 4BZ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales
We welcome correspondence and telephone calls in Welsh and English.
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NHS Workforce data briefing

September 2023

Report of the Auditor General for Wales

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Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff, CF10 4BZ

Telephone 02920 320 500

Email info@audit.wales

Website www.audit.wales

Twitter @WalesAudit

Mae’r ddogfen hon hefyd ar gael yn Gymraeg

The NHS workforce is facing a number of significant challenges

Foreword

The Welsh Government's National Workforce Implementation Plan was published in February 2023 in response to the growing workforce pressures being experienced by the NHS in Wales.

The Implementation Plan, which builds on the 10-year Strategy for Health and Social Care Workforce, is an acknowledgement of the need to accelerate action to address the workforce challenges that the NHS in Wales is currently facing.

Whilst the workforce in NHS Wales has seen notable growth in recent years, long standing issues around recruitment and retention have been magnified and added to by the COVID-19 pandemic. Staff who are tired and at risk of burnout are working in a system that is seeing increased demand as services look to recover and deal with backlogs as well as heightened unscheduled care pressures.

My Taking Care of the Carers report described the positive action that was taken to support staff through the pandemic. However, despite these efforts the NHS workforce continues to be stretched with large numbers of vacancies, higher levels of sickness absence, increasing levels of staff turnover and a continued and growing reliance on temporary and agency staff to fill gaps in the workforce.

The Welsh Government's national implementation plan is timely and needs to be complemented by sound workforce planning within individual NHS bodies. Audit Wales are currently examining the approach to workforce planning in each of the 12 NHS bodies in Wales.

This data briefing is designed to help contextualise that work by bringing together a range of metrics and trends that help illustrate the challenges that need to be gripped locally and nationally. Those challenges are significant and are not unique to Wales, however, they must be tackled if the NHS is to remain fit for purpose and a rewarding place to work.

Adrian Crompton
Auditor General for Wales

Key facts

£5.64 billion - Cost of the workforce

£325 million agency spend

1.4 million** working days lost to sickness absence in 2022

Around **6,800** vacancies as at March 2022

9,153 doctors on the GMC register originally trained in Wales of which **3,975** remain in Wales as at February 2023

38,901 nurses educated in Wales of which around **26,500** remain in Wales (Sept 2022)**

27% NHS workforce growth between 2012-13 and 2022-23

91,404 full time equivalent (FTE)* staff - total NHS workforce

Data is for the period 2022-23 unless otherwise stated

*abbreviations and terminology are provided at the back of this briefing

**estimates

Key messages

NHS workforce levels have increased over time, but there is a risk that nursing numbers and the workforce on some medical specialties are not increasing with demand

Workforce costs have grown substantially, because of increasing workforce levels and a shift to a richer staff grade mix

Wales has the joint lowest level of registered doctors relative to population in the UK

Reliance on agency staffing is increasing, it represents around 5.5% (£325 million) of the total workforce costs in NHS Wales

Overall trends show that staff turnover is increasing

There is significant variation in sickness absence but in general, absence levels are high and have grown. The 6.9% sickness absence rate in 2022-23 equates to around 1.4 million working days

NHS Wales is becoming a more flexible and equal employer but there is still more to do

Wales is growing its own workforce, with increased nurses and doctors in training. Despite this, there is still a heavy reliance on medical staff from outside of Wales

How is the NHS workforce changing?

What is the cost of the NHS workforce?

How do NHS workforce levels in Wales compare to the rest of the UK

What is the recruitment challenge for NHS Wales?

To what extent does the NHS in Wales rely on temporary staff?

What is the position on sickness absence?

Is the NHS a more flexible and equal employer?

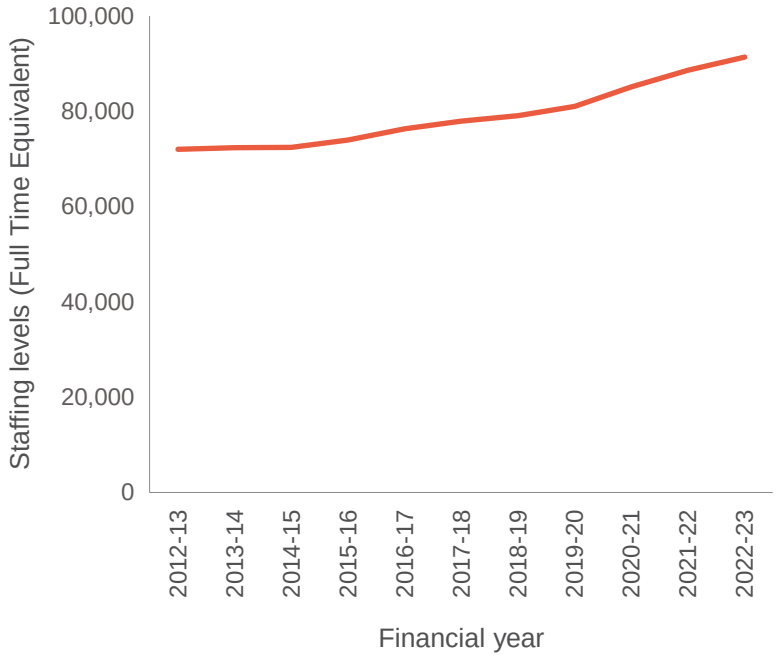
Is NHS Wales growing its own staffing?

Prev Next

01 How is the NHS workforce changing?

All NHS Wales staffing

Exhibit 1: NHS Wales staff levels, 2012 to 2023



Source: Stats Wales

Between 2012-13 and 2022-23, the overall NHS Workforce in Wales increased by around 27%.

But that growth in staffing is not uniform across all staff groups. NHS Wales has seen ambulance staffing and administration and estates staffing grow substantially.

At the same time healthcare assistants and support staffing levels have reduced and nursing has seen some, but limited growth.

Note: There have been some changes to the definitions for staff groups over this timeframe. This will apply to all 'staff group' related data analysis in this briefing.

How is the NHS workforce changing?

What is the cost of the NHS workforce?

How do NHS workforce levels in Wales compare to the rest of the UK

What is the recruitment challenge for NHS Wales?

To what extent does the NHS in Wales rely on temporary staff?

What is the position on sickness absence?

Is the NHS a more flexible and equal employer?

Is NHS Wales growing its own staffing?

Prev Next

Exhibit 2: NHS Wales percentage change in staff numbers from 2012-13 to 2022-23, by staff group

	2012-13	2022-23	Percentage change
Admin and estates	15039	22731	51.1%
Ambulance staff	1937	2749	41.9%
Scientific, therapeutic and technical	11549	15971	38.3%
Medical and dental	5917	7836	32.4%
Nursing, midwifery and health visiting	31176	36113	15.8%
Other non-medical	124	126	1.8%
Healthcare assistants and other support staff	6259	5878	-6.1%
All staff	**72002**	**91404**	**26.9%**

Source: Stats Wales

How is the NHS workforce changing?

What is the cost of the NHS workforce?

How do NHS workforce levels in Wales compare to the rest of the UK

What is the recruitment challenge for NHS Wales?

To what extent does the NHS in Wales rely on temporary staff?

What is the position on sickness absence?

Is the NHS a more flexible and equal employer?

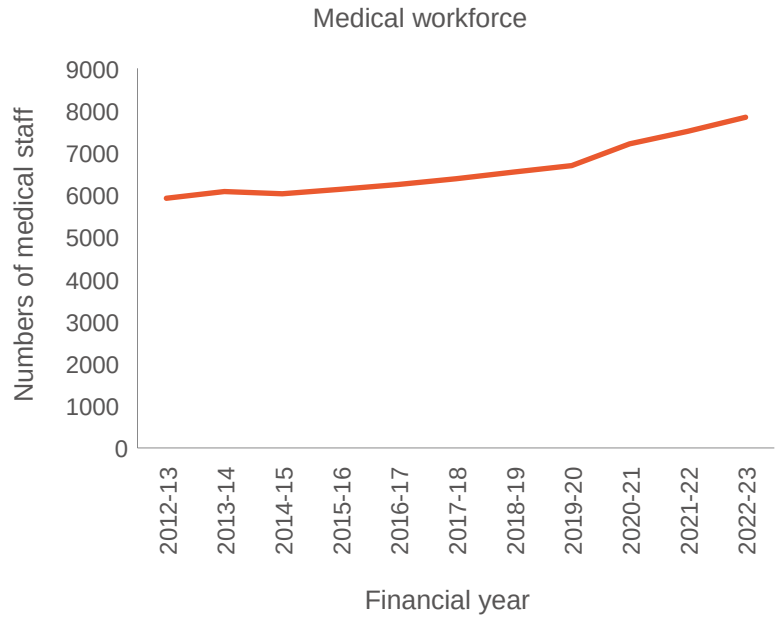
Is NHS Wales growing its own staffing?

Prev Next

Medical workforce

Exhibit 3 shows an increase of around 32% in the medical and dental workforce over the last decade. As a basic comparison, this is broadly in line with the increase in referrals prior to the pandemic.

Exhibit 3: Change in medical and dental workforce between 2012-13 and 2022-23



Source: Stats Wales

Exhibit 4 shows changes in the numbers of referrals and the medical workforce for selected high-volume specialties. For some specialties, this raises questions around capacity and demand.

Exhibit 4: Change in referrals and staffing between 2012-13 and 2022-23

	% change in numbers of referrals	% Change in medical workforce
General surgery	+28%	+12%
Ophthalmology	+56%	-2%
Ear, Nose and Throat	-1%	+21%
Gynaecology	+29%	+9%
Trauma & orthopaedics*	-5%	+17%

Note: *We anticipate reducing orthopaedic referrals is as a result of community-based services which are helping to manage demand in different ways.

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GP workforce (General Medical Services)

The total numbers of GPs in Wales has remained constant over the last 10 years at around 2,000 (headcount). However, demands on GP services are expected to continue to increase.

This is because the proportion of the population that are elderly is forecast to grow. Linked to this will be an increasing need to manage chronic conditions in the community.

Over the last 10 years the number of the GPs per 10,000 population aged over 65 has reduced by around 14%.

Going forward, we are expecting around a 17% increase in people aged over 65 in the 10 years (Source: Stats Wales).

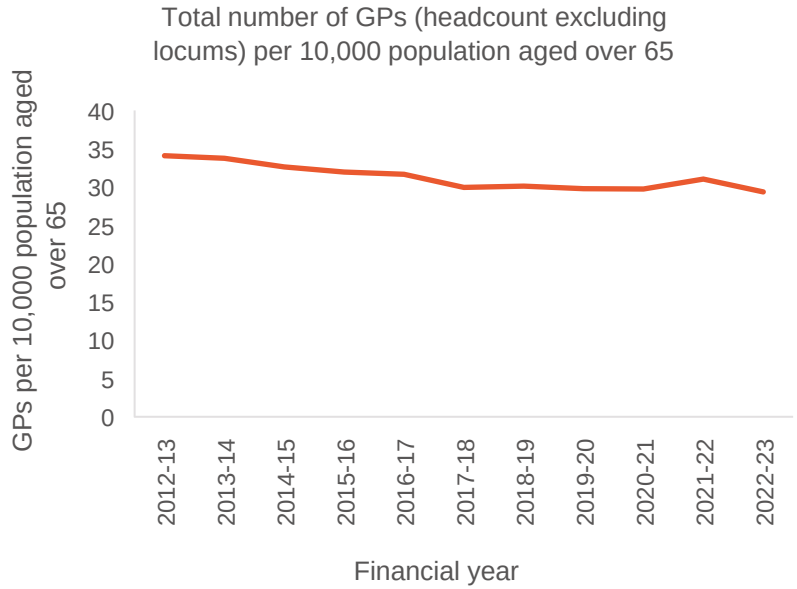
Notes:

A GP (General Practitioner) is doctor who is trained in general medicine and who works in the local community.

GPs are increasingly working part-time which may affect overall capacity in primary care if this continues. As a result, practices are starting to move to multi-disciplinary team models to help meet demand.

Changes to the collection and reporting of GP workforce data may affect comparisons over the 10-year time period.

Exhibit 5: Total number of GPs (headcount) per 10,000 population aged over 65, 2012-2023



Source: Stats Wales

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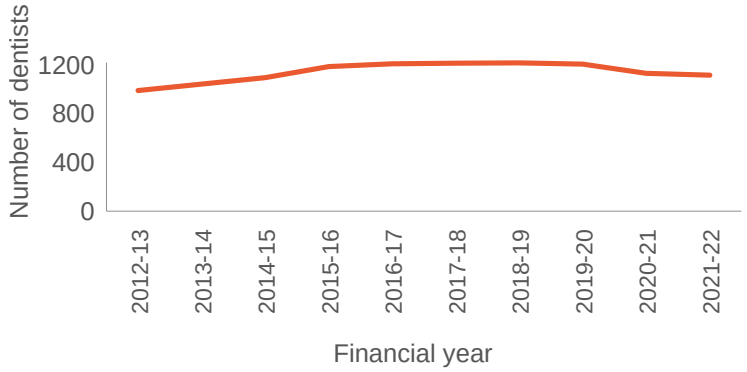
Dentist workforce

Exhibit 6 shows around 13% growth in the numbers of dentists between 2012-13 and 2021-22.

Exhibit 6: Dentist numbers in Wales (headcount)



Source: Stats Wales, General Dental Services

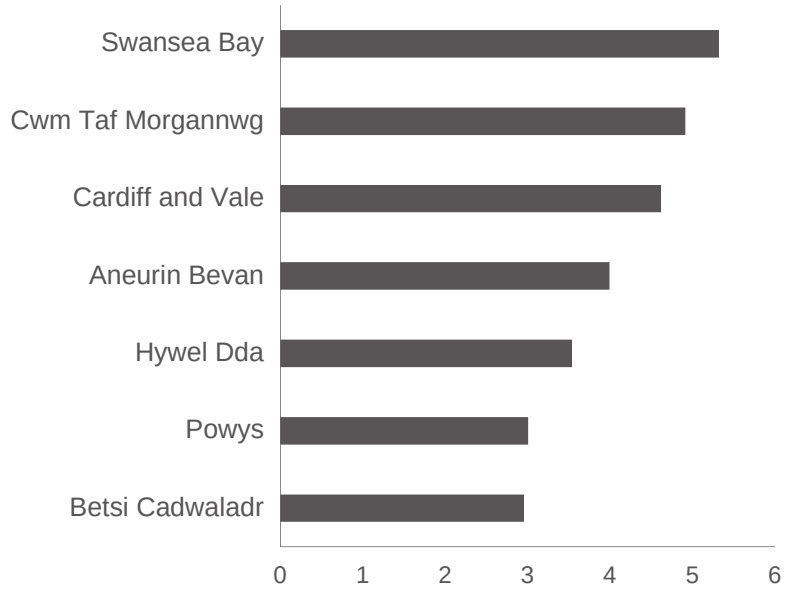
Notes:

Dentist numbers exclude hospital-based dentists. All data relates to 2021-22 with the exception of Scotland, which uses the latest available 2019 data.

The data is presented as 'headcount' and not 'full-time equivalent'. Some dentists will also undertake private work, which limits their capacity for NHS-based community dentistry.

Exhibit 7 shows the variation in registered dentists relative to population in different Health Board areas.

Exhibit 7: Numbers of dentists per 10,000 population (headcount), by health board, 2021-22



Source: Stats Wales, General Dental Services

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Change in grade mix

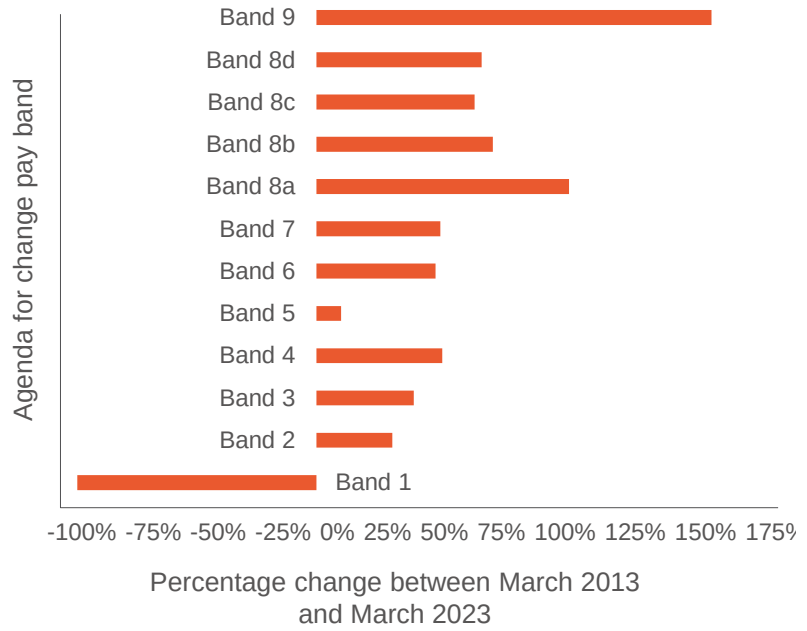
Agenda for Change is the national pay system for the majority of NHS staff.

Agenda for Change pay rates start at around £20,000 for lowest Band 1 and rise to £109,000 once at the top of band 9

Exhibit 8a shows higher pay bands are proportionately increasing at a higher rate. Band 8 and 9 roles are typically senior clinical and management positions. This growth reflects increasing use of advanced practitioners, for example advanced nurse practitioners, who undertake some of the clinical roles previously undertaken by medical staff.

In terms of actual numbers of staff, the greatest increase between 2013 and 2023 is seen at Band 7 and below.

Exhibit 8a: Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9



Source: Health Education and Improvement Wales

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Change in grade mix

Exhibit 8b: Change in NHS Wales staffing levels between March 2013 and 2023 by 'Agenda for Change' bands 1 to 9

AFC band	Staff numbers in 2023	Change in staff numbers between 2013 and 2023
Band 9	219	+132
Band 8d	407	+159
Band 8c	879	+334
Band 8b	1430	+580
Band 8a	3554	+1756
Band 7	10260	+3326
Band 6	15875	+5009
Band 5	16886	+1468
Band 4	9034	+2961
Band 3	12247	+3355
Band 2	16367	+3722
Band 1*	129	-1579

*Note: The substantial decrease in Band 1 staff is a result of the scale being closed to new entry staff

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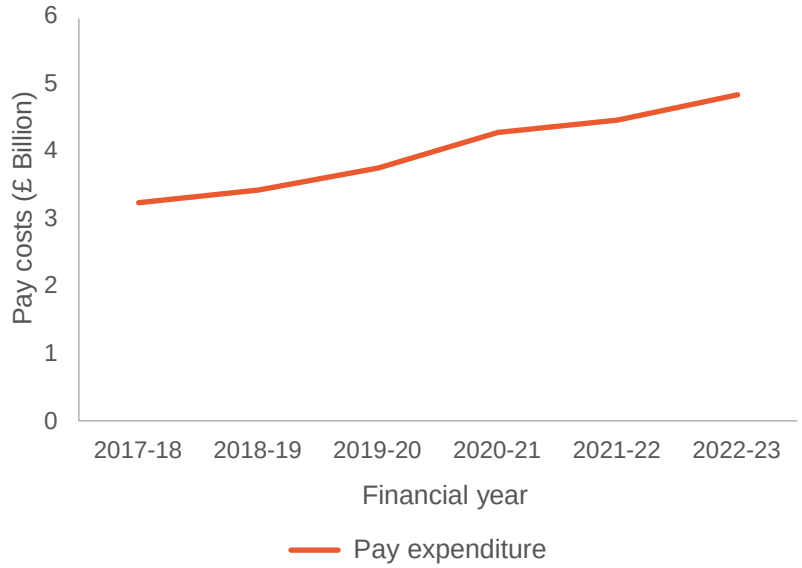
02 What is the cost of the NHS workforce?

Exhibit 9 shows the trend in actual total pay costs for Health Boards, with expenditure on pay increasing by 66% between 2017-18 and 2022-23.

Exhibit 9: NHS Wales Annual Health Board total pay costs



Source: Monthly Monitoring Returns reported to Welsh Government

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Average health board pay costs

Exhibit 10 shows the average Health Board pay costs across Wales. Overall, there is reasonable consistency in pay, although slightly lower pay costs in rural areas.

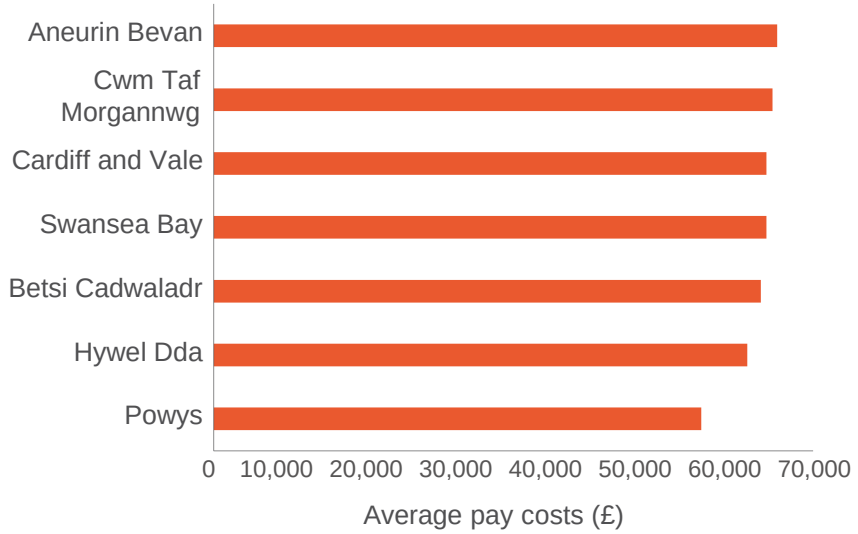
Notes:

Powys Teaching Health Board pay costs will be lower on average, because there is significantly lower medical staffing levels.

Average pay costs do not directly reflect average salary. Total pay costs are higher because they will include employers National Insurance and pension scheme contributions.

The chart shows Health Boards only. We have not analysed the other health bodies in Wales because they provide substantially different functions and would make unfair comparators.

Exhibit 10: Average staff pay, 2022-23



Source: Stats Wales workforce data and Monthly Monitoring Returns reported to Welsh Government

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03 How do NHS workforce levels in Wales compare to the rest of the UK

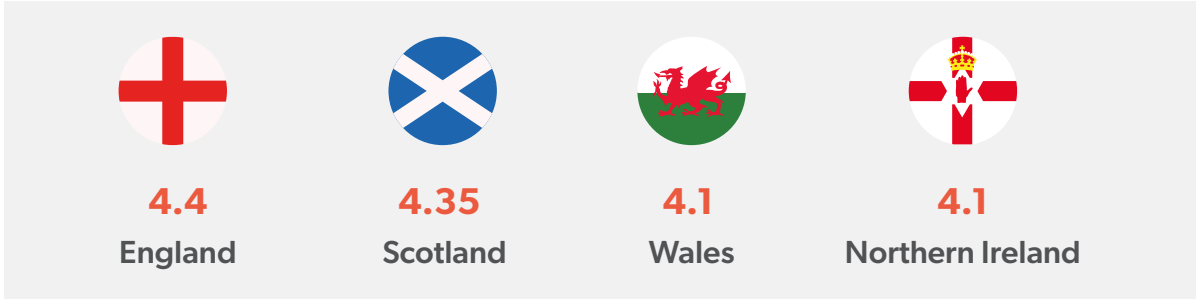
NHS medical and primary care dental staff comparison

Exhibit 11 shows the numbers of General Medical Council registered doctors in Wales, relative to population, is less than in England and Scotland and the same as Northern Ireland.

The data is based on numbers of doctors licenced and registered to practice in each country.

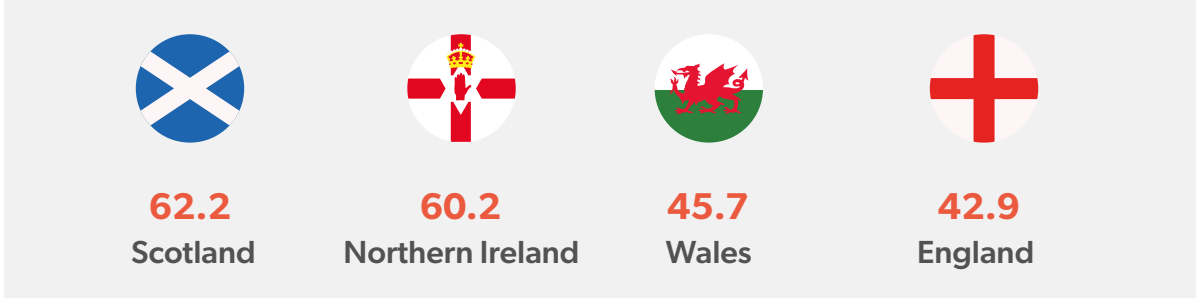
Exhibit 12 shows that comparatively, the numbers of primary care dentists are lower than Scotland and Northern Ireland but higher than England.

Exhibit 11: Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales analysis of GMC data explorer

Exhibit 12: Number of dentists registered to practice (per 100,000 population), by country, 2021-22



Source: Stats Wales, NHS Scotland, NHS Digital England, Health and Social Care Northern Ireland

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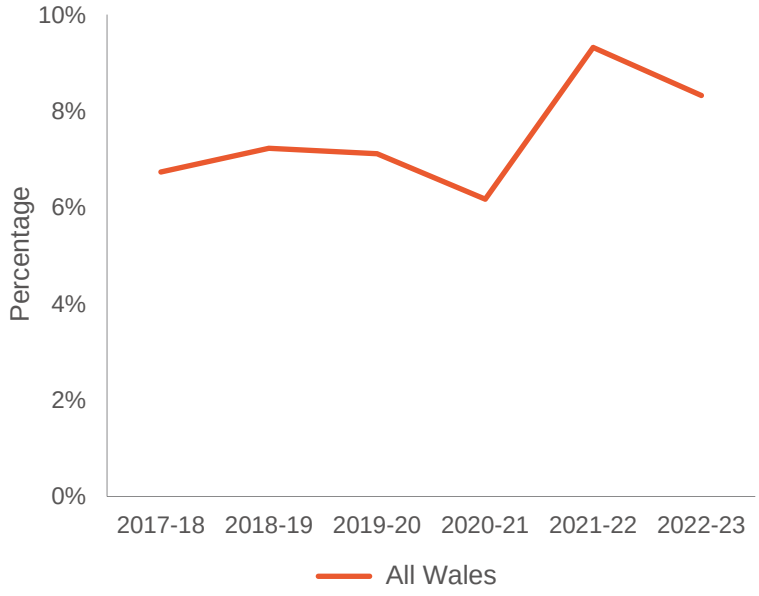
04 What is the recruitment challenge for NHS Wales?

Annual staff turnover

Staff turnover at an all-Wales level has increased in recent years, with a peak in 2021-22 linked in part to staff on short-term contracts employed during the pandemic. In total in 2021-22, over 10,000 FTE staff left NHS bodies in Wales with **Exhibit 14** showing the most common reasons. Highest turnover is seen for registered nursing and midwifery staff groups with over 2,500 leavers whilst **Exhibit 15** shows a variation across NHS bodies. High turnover presents a significant challenge for health bodies in terms of recruitment, induction and associated training costs and it may negatively affect service continuity.

Exhibit 13: All Wales staff turnover as of March of each financial year



Source: Health Education and Improvement Wales

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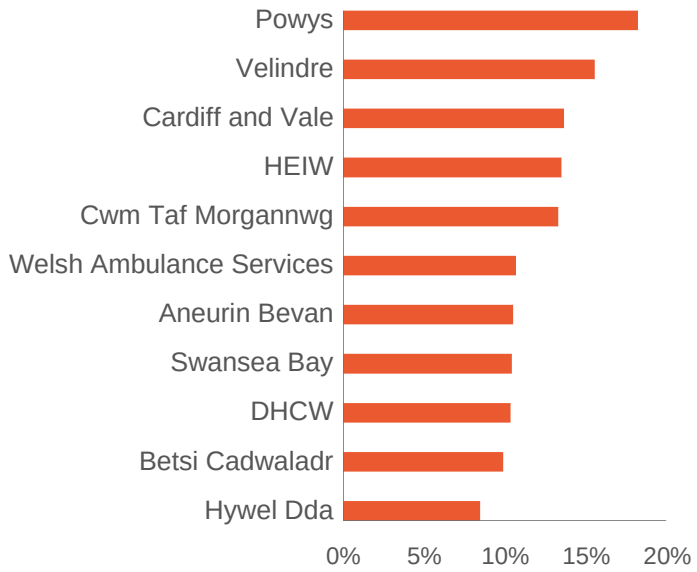
Annual staff turnover

Exhibit 14: 2021-22 staff leavers by reason

Voluntary Resignation - Other/Not Known	30%
Retirement Age	26%
End of Fixed Term Contract	13%
Voluntary Resignation - Relocation	12%
Voluntary Resignation - Work Life Balance	8%

Source: Returns from NHS Wales health bodies

Exhibit 15: Staff turnover by organisation, 2022-23



Source: Health Education and Improvement Wales

Note: individual organisation staff turnover is higher than all Wales because a staff member may move from one organisation in Wales and join another in Wales. This would count as turnover for an individual body. It would not count as turnover at an all-Wales level. All Wales turnover only includes staff leaving NHS Wales completely.

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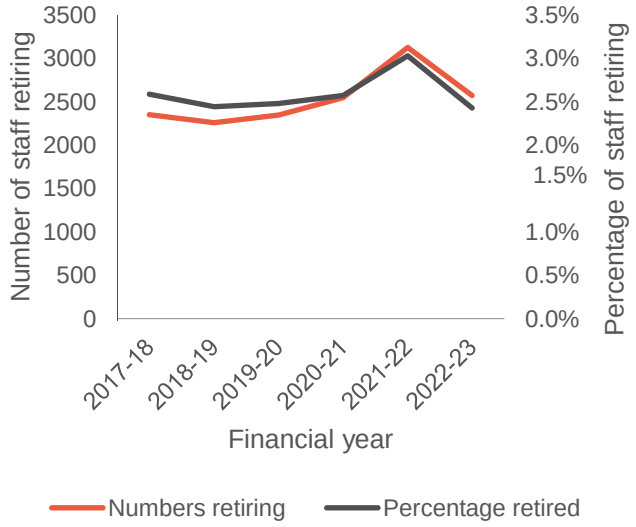
Retirement in NHS Wales

NHS Wales is seeing increasing numbers of staff retiring. While seemingly small compared to the circa 106,000 staff that were employed in 2022-23, it represents a loss of capacity, experience and knowledge.

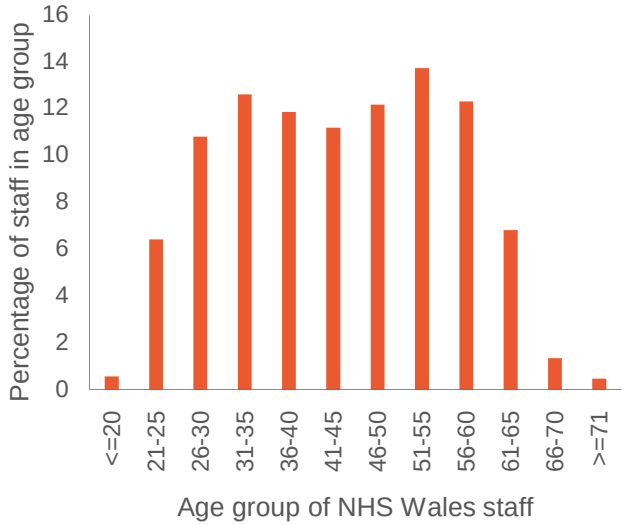
The age profile of the NHS workforce shown in **Exhibit 17** could also present a substantial challenge over the decade. Potentially around 35% of the workforce would reach or be above the current average retirement age of 61.

Exhibit 16: All Wales numbers and Percentage of NHS staff retiring annually, 2017-2023



Source: Health Education and Improvement Wales

Exhibit 17: NHS Wales workforce age profile, September 2022



Source: Stats Wales

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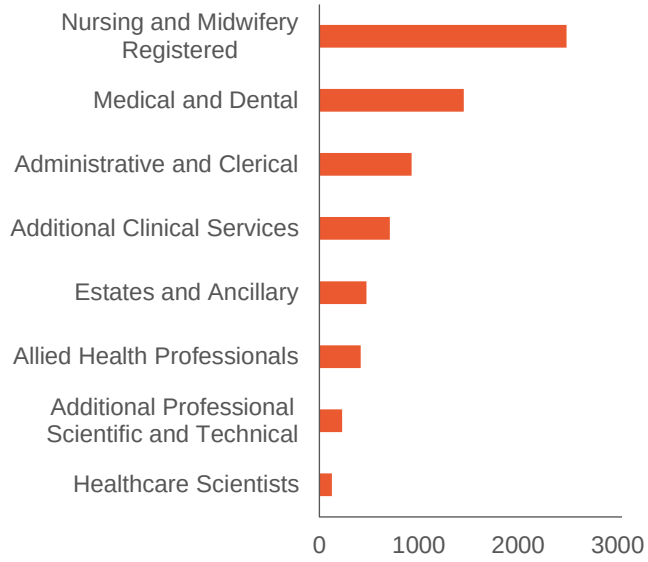
Vacancies in NHS Wales – by staff group

We asked NHS organisations to provide their agreed staffing establishment (agreed number of funded staff positions in an organisation) and the numbers of staff in post. As at March 2022, this indicated around 6,800 FTE equivalent vacancies, of which there were:

- Nearly 2,500 FTE registered nursing and midwifery vacancies
- 1,450 FTE medical and dental vacancies
- Over 900 admin and clerical vacancies.

Whilst some vacancies may only have limited impact on service delivery,the general picture of high service demand combined with high vacancy levels and reliance on temporary staffing will, in some areas, add pressures to the workforce, affect the wellbeing of staff and may compromise the quality of, or access to care.

Exhibit 18: Vacancies by staff group (FTE), March 2022, All NHS Wales (excluding primary care services)



Source: Returns from NHS Wales health bodies

Data quality notes:

- Vacancies has been counted as the gap between establishment and numbers of staff in place. Overstaffing in one staff group has not been counted against understaffing in another i.e. overstaffing by 50 admin and clerical workers does not counteract a shortfall of 50 doctors. We have therefore counted the understaffing against establishment for each staff group only and not offset this with overstaffing in another group.
- The recent Royal College of Nursing Wales 'Nursing in numbers' publication indicate nursing vacancies have increased to over 2,900 in the 2022-23 year.

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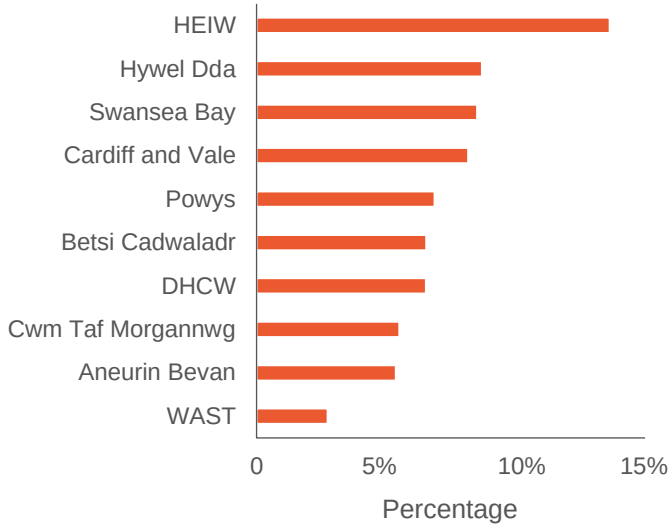
Vacancies in NHS Wales – by organisation

Exhibit 19 shows the percentage of vacancies against the total establishment. It shows that all bodies are operating in an environment where they are having to manage with fewer staff than they currently need.

Variation by health body may be a result of specific organisational challenges recruiting or retaining staff, approaches for calculating establishment, organisational size, and application of vacancy controls.

Note: Please see the previous slide regarding the calculation for vacancy levels.

Exhibit 19: Vacancies as a percentage of total establishment, March 2022



Source: : Returns from NHS Wales health bodies

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05 To what extent does the NHS in Wales rely on temporary staff?

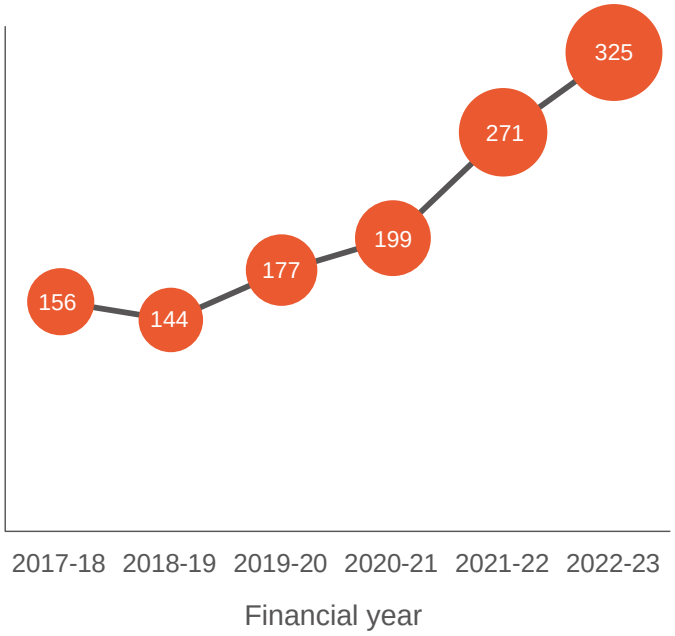
Annual trend in NHS Wales agency staffing use

There is a clear and substantial growth in the use of agency staffing by Welsh health bodies.

The consequences of the pandemic clearly has been a central factor in this increase. However, for 2022-23, agency use is continuing to rise.

Given that Covid-19 is having less of a direct impact than in previous years, it suggests the high agency use may be a feature of NHS workforce supply for some time as services are finding it difficult to recruit while service demand remains high.

Exhibit 20: All NHS Wales agency expenditure 2017-2023, £ million



Source: Monthly Monitoring Returns reported to Welsh Government

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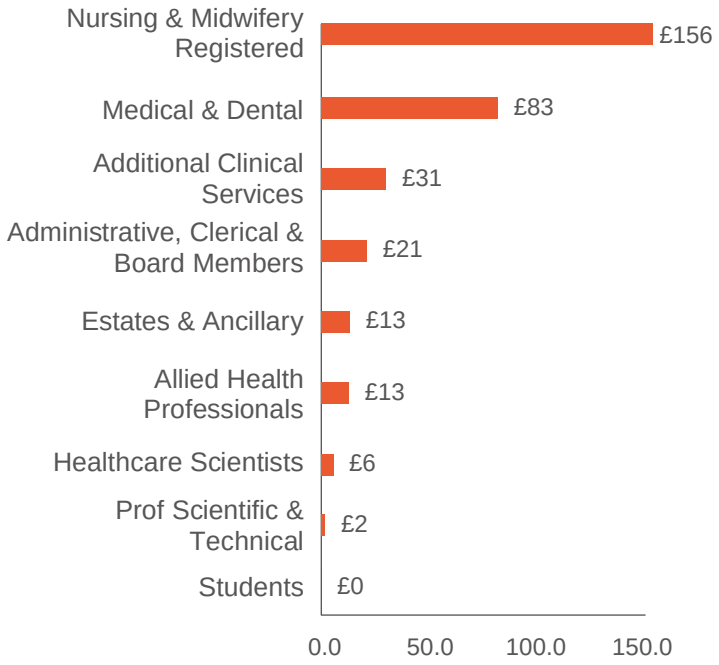
NHS Wales agency staffing use by role and reason

Exhibit 21 shows that the greatest areas of agency spending is on Nursing and Midwifery followed by Medical and Dental staff groups.

Our additional trend analysis indicates that nursing agency spend has more than tripled over the last 6 years from £51 million in 2017-18 to £156 million in 2022-23.

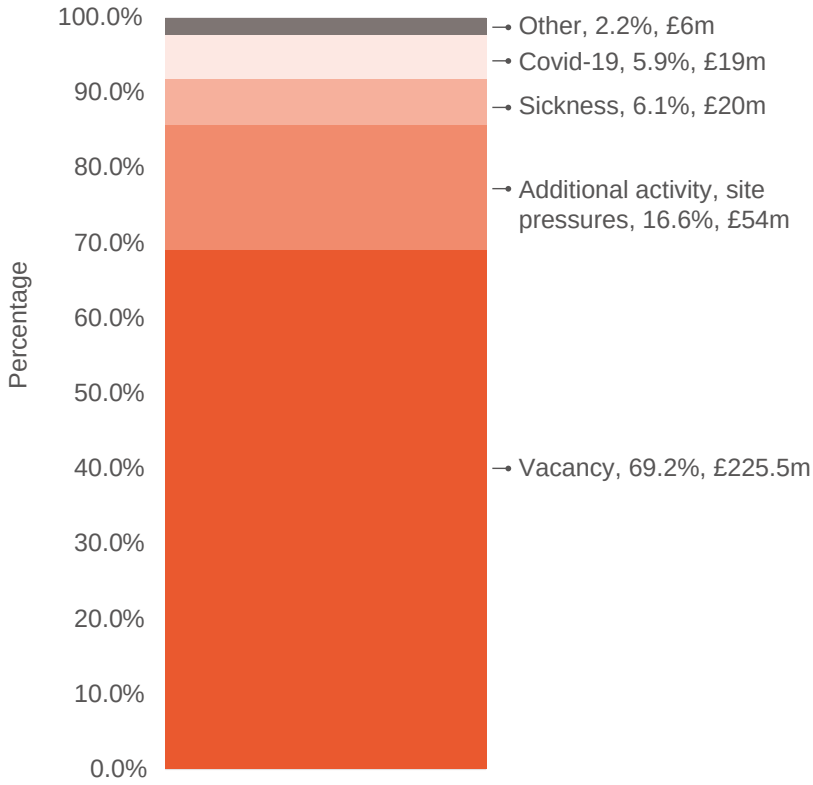
Exhibit 21: All NHS Wales agency spending, 2022-23 £ Million



Source: Monthly Monitoring Returns reported to Welsh Government

Exhibit 22 shows that vacancies are the main factor driving the use of agency staff.

Exhibit 22: NHS agency spend by reason, 2022-23



Source: Monthly Monitoring Returns reported to Welsh Government

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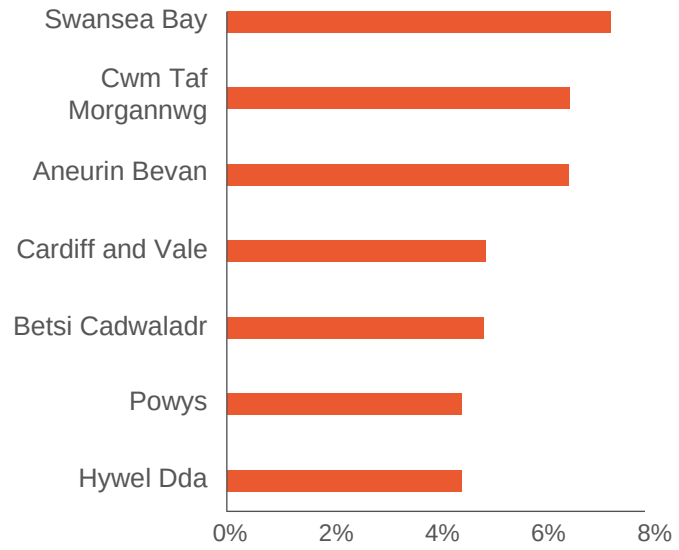
GP locums as a percentage of fully qualified GPs

Exhibit 23 shows the proportion of GP locums in use across Wales employed under the Primary Care General Medical Services contract.

There is clear variation across Wales albeit the overall use of GP locums is proportionately low for all bodies.

Exhibit 23: GP locum use (FTE) as a percentage of all fully qualified GPs, by Health Board, September 2022



Source: Stats Wales

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06 What is the position on sickness absence?

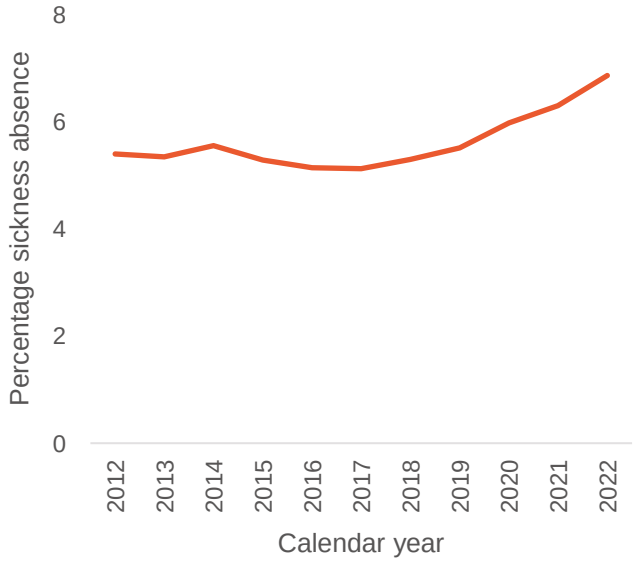
All Wales sickness absence trend

Levels of sickness absence present a substantial challenge for health bodies, particularly when service pressures are so great.

Since 2017, the level of sickness absence has increased, and understandably grew at a greater rate at the onset of the pandemic but has continued to increase since.

While a sickness absence rate of around 6.9% seems proportionately small, the impact is substantial. A loss of 6.9% staff equates to around 6,300 FTE staff lost to sickness absence in 2022-23, equivalent to around 1.4 million working days.

Exhibit 24: All NHS Wales sickness absence, 2012-2022



Source: Stats Wales

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Reasons for sickness absence

NHS Wales records the reasons for sickness absence on a common system across Wales, the Electronic Staff Record. From 2016-17 onwards, anxiety and stress has been the top reason for staff taking sickness absence, averaging over 27% of cases over the last 7 years.

As would be expected there was a substantial rise in the numbers of staff taking sickness absence because of infectious diseases and a growth of chest and respiratory problems during the pandemic.

Exhibit 25: Sickness absence by reason, top four highest reasons in 2022-23

28%
Anxiety/Stress

8%
Infectious diseases

12%
Other Musculoskeletal

8%
Unknown causes

Source: Health Education and Improvement Wales

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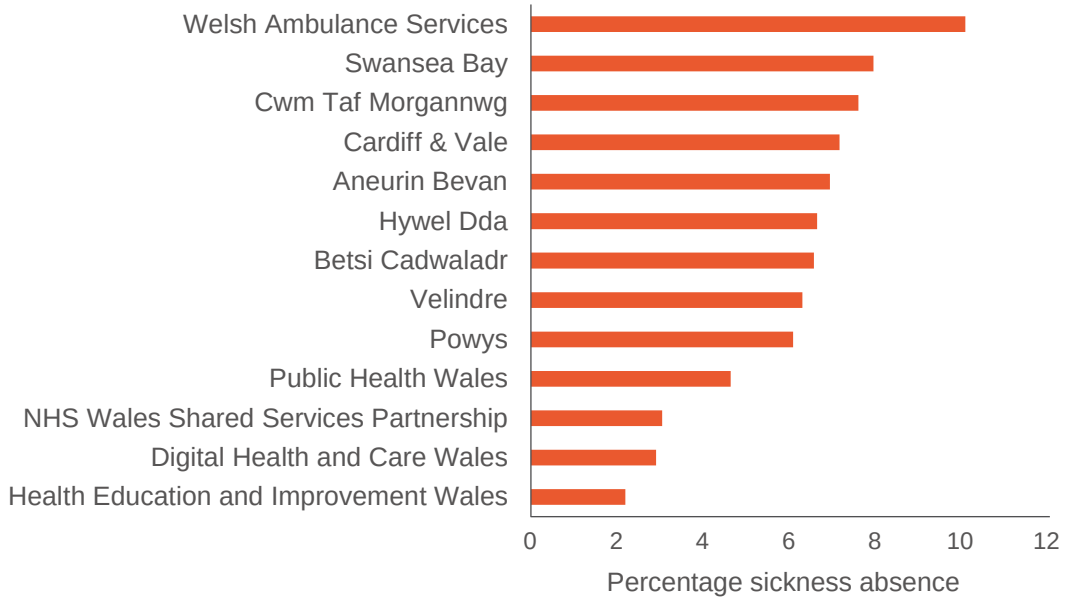
Sickness absence rates by body

Exhibit 26 shows significant sickness absence variation by health body. This may in part relate to differing working environments, service pressures, application of controls and effectiveness of preventative measures and support.

Audit Wales has previously reported on staff wellbeing support in the NHS, in our report on Taking Care of the Carers? The report focusses on wellbeing during the pandemic, but many findings are equally relevant now.

Exhibit 26: Sickness absence percentage by organisation, 2022 (calendar year)



Source: Stats Wales

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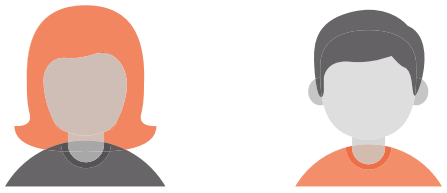
07 Is the NHS a more flexible and equal employer?

Part-time working in NHS Wales – Participation rate

The 'participation rate' is a measure of part-time working across an organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week.

100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week.

Exhibit 27: NHS Wales Participation Rate, by gender, March 2023

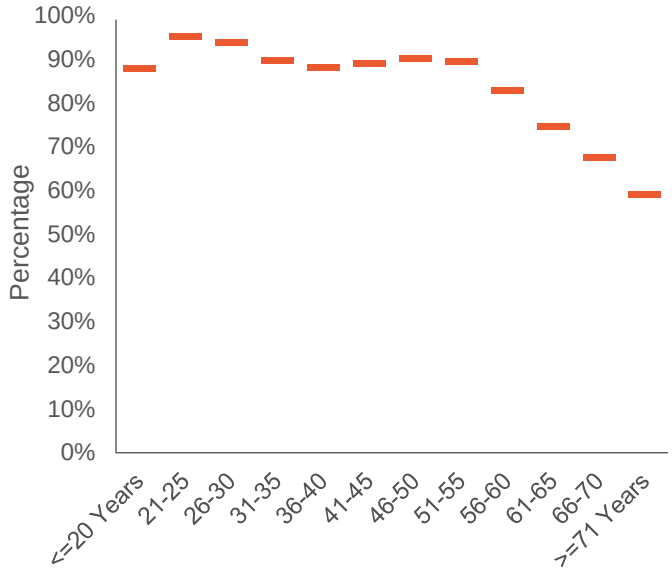


86% female **94% male**

Source: Health Education and Improvement Wales

Exhibit 28: Participation rate (a measure of the extent of part time working), March 2023, by age

The chart shows generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is increasing and beyond the age of 56, there is a clear movement to more staff working part time.



Source: Health Education and Improvement Wales

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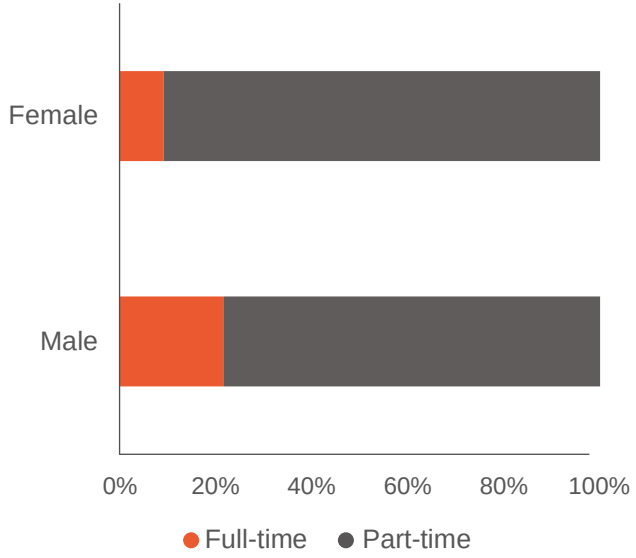
GP flexible working and GP gender

A large proportion of fully qualified GPs in primary care are working part-time. In terms of training, we estimate that for every 10 full-time GPs needed in Wales, around 15 people would need to be trained to accommodate current working styles.

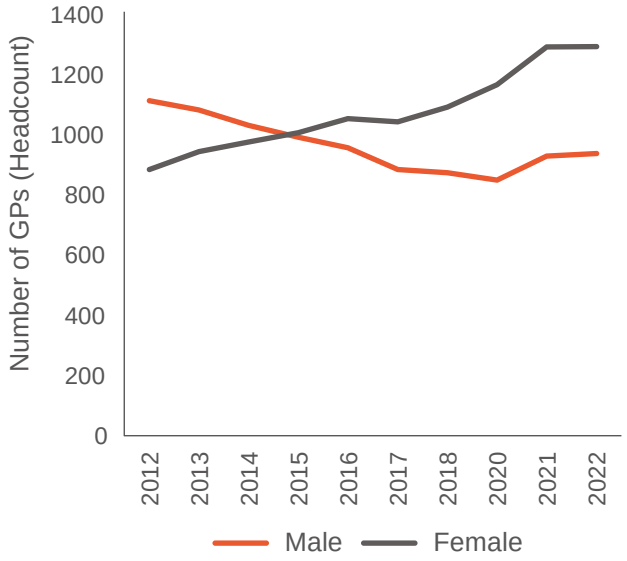
Exhibit 29: Percentage of GPs working full time versus part time by gender, September 2022



Source: Stats Wales

NHS Wales has seen a long-term shift in the gender of GPs working in primary care in Wales. It is difficult to explain the cause of these changes, but it may in part be attributed to the ability to adopt flexible working practices in primary care settings.

Exhibit 30: GPs working in primary care by gender, All Wales, 2012-2022



Source: Stats Wales

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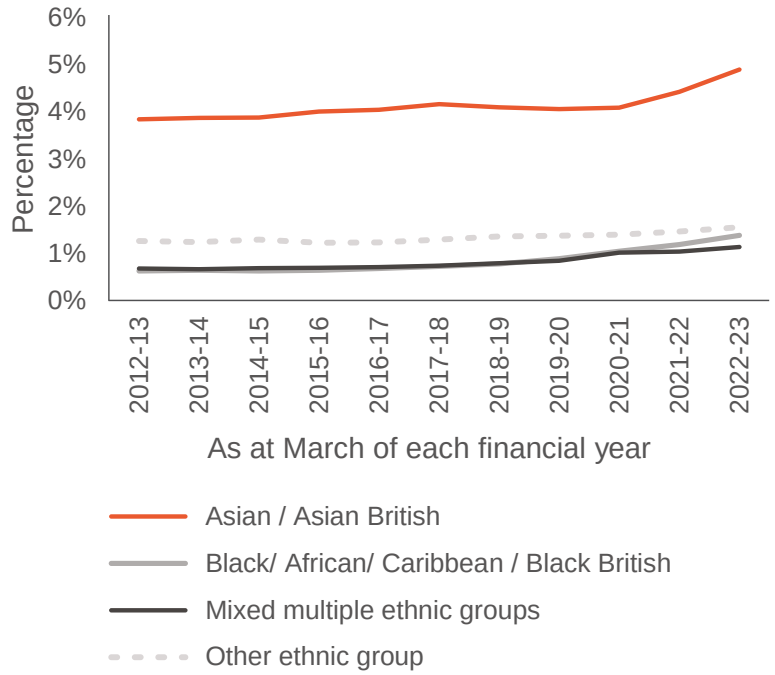
Ethnicity of NHS Wales workforce

NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups.

Note: Ethnicity data is collected by health bodies. More people are completing this data field which is improving reliability over time. In 2022-23, only 3.7% did not provide their ethnicity. Nevertheless, work undertaken by the NHS highlighted that in some cases the accuracy of the ethnicity data should be treated with caution.

Exhibit 31: Proportion of the workforce by ethnicity (excluding white ethnic group)



Source: Health Education and Improvement Wales

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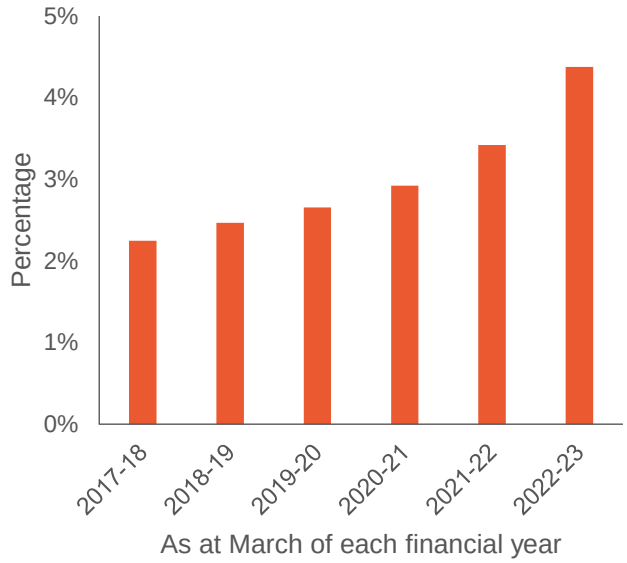
Disability in the NHS Wales workforce

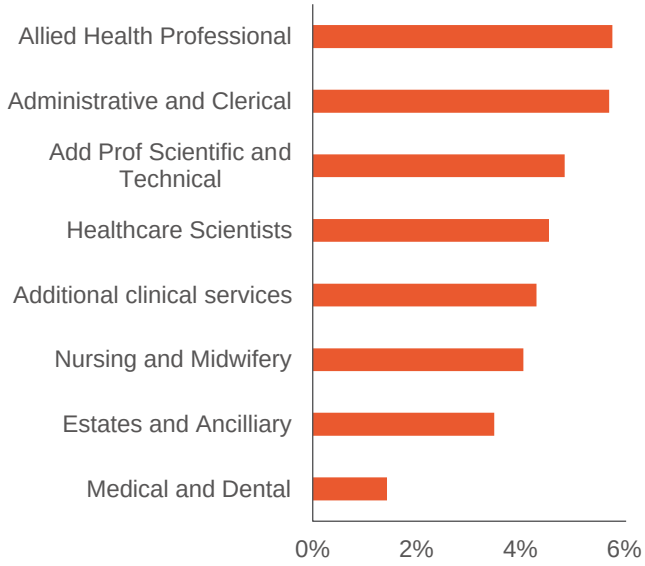
The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.

Exhibit 32: NHS Wales staff identifying themselves as disabled (2017-2023)



Source: Health Education and Improvement Wales

Exhibit 33: Percentage staff declaring as disabled, by staff group, 2022-23



Source: Health Education and Improvement Wales

Note: Disability data is collected by health bodies. The completion rates for this data field is increasing which is improving reliability over time. Nevertheless, the data should be treated with caution.

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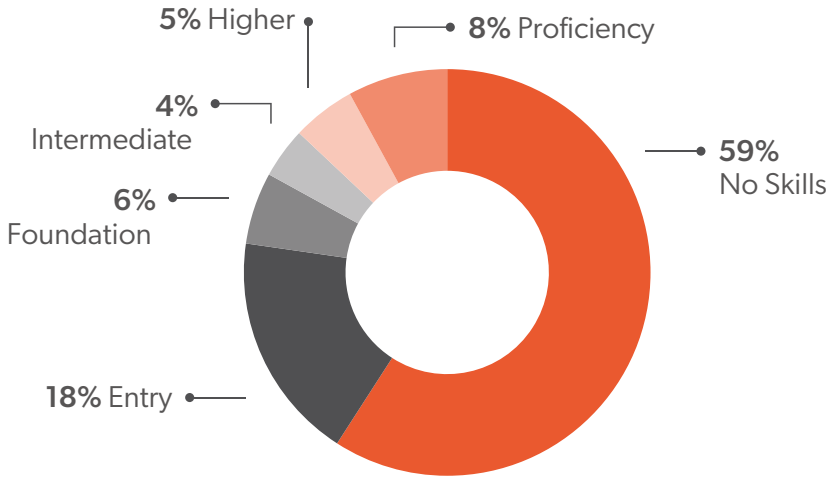
Welsh speaking ability

Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills.

For patients who are first language Welsh speakers, it may affect their experience. It may affect their ability to understand their diagnosis, what it might mean for their lifestyle and the treatment options if they cannot communicate in their first language.

There may be further opportunity to encourage those individuals with Welsh language skills to train within Wales to help build a sustainable and thriving Welsh NHS workforce and enhance Welsh language skills.

Exhibit 34: Welsh Speaking Ability, 2022-23*



Source: Health Education and Improvement Wales

Note: NHS Wales records 6 levels of Welsh speaking ability

- No skills
- Entry
- Foundation
- Intermediate
- Higher Level
- Proficient.

See: Learning levels | Learn Welsh for more information

Note: *Analysis of those who have stated their Welsh speaking ability. As identified above 30% of staff have not stated their Welsh language competency.

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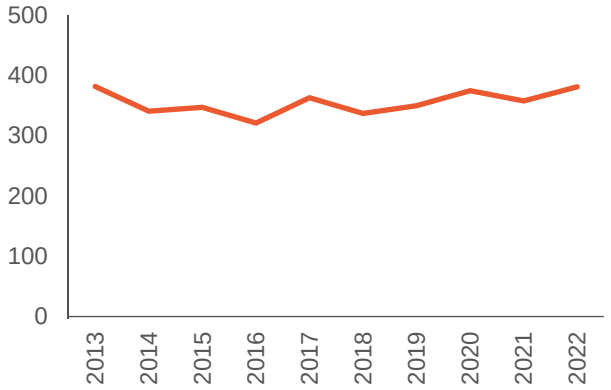
08 Is NHS Wales growing its own staffing?

Medical training in Wales

On average, since 2016, there has been a slight growth in the number of people completing their medical staff training in Wales each year. However, projected growth in demand for care arising from an increasingly elderly population, brings a significant risk that future supply will not meet demand.

Exhibit 35: Numbers of graduates completing their primary medical qualification 2013-2022



Source: Audit Wales analysis of GMC data explorer, Accessed February 2023

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Many of the doctors that undertook their primary medical qualification in Wales end up practising outside of Wales. Of the 9,153 doctors that undertook their primary medical qualification in Wales and currently registered by the General Medical Council, well over half of them are now practicing elsewhere in the UK.

Exhibit 36: Destination of registered doctors who completed their primary medical qualification in Wales, as of February 2023

9,153 doctors on the GMC register trained in Wales

3,975	doctors remained in Wales
169	doctors are registered in Scotland
4,959	doctors are registered in England
50	doctors are registered in Northern Ireland

Source: Audit Wales analysis of GMC data explorer, Accessed February 2023

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Medical training in Wales

Exhibit 37 shows the where doctors working in Wales undertook their primary medical training. As of February 2023, 29% of doctors working in Wales undertook their primary medical qualification in Wales. In England, Scotland and Northern Ireland, the corresponding figures were 55%, 63% and 63% respectively. This indicates that in Wales there is a greater reliance on medical staffing from those who originally trained outside of Wales.

Exhibit 37: Percentage of doctors registered to work in Wales by location of their primary medical qualification, as of February 2023

29%	2%	34%	0.4%	6%	29%
trained in Wales	trained in Scotland	trained in England	trained in Northern Ireland	trained in the European Economic Area	trained Internationally

Source: Audit Wales analysis of GMC data explorer, Accessed February 2023

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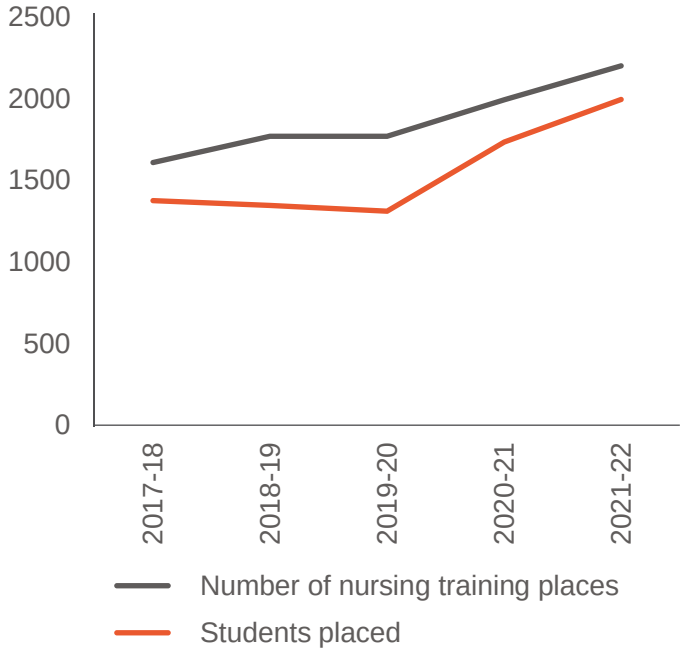
Nursing education in Wales

Exhibit 38 shows a steady growth both in the numbers of nursing education places made available and the numbers of students placed in training. While the growth is positive, not all available places are filled, not all those of those entering training will complete it and some who do will not stay in Wales.

Exhibit 39 shows the 'fill rate'. This is the proportion of education places that are filled, which stood at 91% in 2021-22

Exhibit 38: Numbers of people entering nursing education in Wales



Source: Health Education and Improvement Wales

Exhibit 39: Nursing education fill rate 2021-22

Source: Health Education and Improvement Wales

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Where do nurses go after receiving nursing education in Wales?

Exhibit 40 shows that most nurses receiving education in Wales, stay in Wales. But a large minority move outside of Wales after completing their education.

*Notes:

The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses in registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

Some nurses registered will not be actively working.

Exhibit 40: Destination of nurses educated in Wales, as of September 2022*

31,025 nurses on the NMC register trained in Wales

26,707	remained in Wales
110	nurses are registered in Scotland
4,048	nurses are registered in England
48	nurses are registered in Northern Ireland
112	nurses are registered outside of the UK

Source: Nursing and Midwifery Council register

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Nursing in Wales – where do nurses come from?

As of September 2022, there were 38,901 registered nurses in Wales of which 26,707 (69%) received their nursing education in Wales. Although to a lesser extent than medical staffing, Wales is reliant on a significant number of nurses (around 30 percent) from outside of the country.

Exhibit 41: Percentage of nurses located in Wales by their country/location of nursing education, as of September 2022*

69%	1%	21%	0.1%	1%	8%
trained in Wales	trained in Scotland	trained in England	trained in Northern Ireland	trained in the European Economic Area	trained Internationally

Source: Nursing and Midwifery Council register

Note: *The Nursing & Midwifery Council register records location of nurse residence rather than location of employment. Not all nurses in registered in Wales work in Wales. There will be some cross border commuting to work outside of the country of residence. The Nursing and Midwifery Council database does not provide cross-border working breakdown and therefore registration data used for this analysis should be considered an estimate.

Abbreviations and terminology

Terms used in this report

Term	Explanation
Advanced practitioners	Advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and therapists. They are healthcare professionals with skills and knowledge that enabled them to take on expanded roles and responsibilities when caring for patients.
Agenda for change (A4C)	Agenda for Change refers to a pay and conditions structure for the NHS introduced in 2004.
Agency staffing (NHS)/GP locums	Agency staff are temporary staff members that are not directly contracted by a health body. Health bodies often use commercial agencies to fill short term vacancies and cover sickness absence. Similar to NHS agency staffing, GP locums are staff practising in primary care that do not have a full contract of employment with a GP practice.
Establishment	The agreed number of funded staff positions in an organisation.

Term	Explanation
Full time equivalent or whole time equivalent	Full-Time Equivalent (FTE) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 FTE equates to full-time work of 37.5 hours per week, an FTE of 0.5 would equate to 18.75 hours per week.
General dental services	General dental services (GDS) contracts came into effect in 2006. General dental services are provided by general dental practitioners who are independent contractors i.e. high street dentists.
General Medical Council	The General Medical Council's remit is defined by the Medical Act 1983 and covers five areas including: Maintaining a medical register, setting standards for doctors, ensuring quality of training, revalidating doctors to ensure they meet standards and provide good care, and investigating concerns of about doctors.
General Medical Services	The General Medical Services (GMS) Contract Wales became effective from 1st April 2004. Is the standard contract between general practice (GPs) and NHS Wales for delivering primary care services to local communities.
Headcount	The actual number of people working in an organisation. Two people working 18.75 hours a week would count as 1 full time equivalent, but have a headcount of 2.

Term	Explanation
Participation rate	The ‘participation rate’ is a measure of part-time working across an organisation’s workforce. It is the average of Full Time Equivalent (FTE) across the workforce. 100% participation would mean that all staff are working full working weeks. An 80% participation rate for an organisation would mean that on average their workforce works 4 out of 5 days of a working week.
Primary medical qualification	Primary medical qualification is the undergraduate medical degree entitling provisional registration to the general medical council.
Registered and Licensed Doctors	Doctors practicing in Wales must be licensed and registered with the General Medical Council.
Staff skill mix/grade mix	The profile of the skill and agenda for change grades working within an organisation or part of it.
	A guide to the medical register - GMC (gmc-uk.org)
Staff turnover	This is the number or percentage of staff leaving the organisation in a given year.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Archwilio Cymru
Audit Wales

Audit Wales
1 Capital Quarter (ground & first)
Tyndall Street
Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in
Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales