



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 April 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Plan – Strategic Refresh, Workforce Gap Analysis and Implementation Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley, Head of Strategic Workforce Planning and Transformation

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 People, Organisational Development and Culture Committee (PODCC) are requested to note the content of this report for assurance on the approach being taken to create a comprehensive and coherent workforce plan.

Due to the timing of the PODCC the full Workforce Technical document will be in the final draft stages. A summary document will be provided to give an outline of direction of travel for the full document which will be completed in June 2024 as per the Annual Plan.

This builds on the previous report and highlights our ongoing investigations and interventions into workforce risks to create sustainable workforce models and plans.

Cefndir / Background

As a Health Board we are committed to the highest levels of People Management and Compassionate Leadership, to this end, and as noted within the Audit Wales (AW) response work has commenced on a Workforce Strategy Refresh to be complete by April 2024 with its implementation underway as part of the annual planning cycle 2024/25. Appendix 5 references the AW report next steps.

Alongside this, several pieces of work have continued to develop to make progress on this agenda:

1. A review of workforce risks to date with an approach to create a “tactical” workforce plan
2. The People Regeneration Framework for analysing and assessing the workforce supply pipeline and wider interventions.
3. Engagement across the Health Board and Health System for the development of the Education Commissioning for 2024-25 for the next 3 years including Primary Care and the Regional Programme Board.

4. Engagement across the Health Board for the development of Operational Workforce Plan – over 50 services and plans are in development and assurance processes.
5. A review of how our current workforce strategy meets the challenges of today and areas of exploration for the Committee to consider in our future approach against workforce supply and demand challenges.
6. A proposal of how we will continue to integrate Strategic Workforce Planning into the fabric of organisational planning processes addressing gaps in controls for instance, third party review through the development of the Maturity Matrix for Operational and Strategic Workforce Planning.

Asesiad / Assessment

Each appendix provides greater context and detail in how we have structured the work; however, in summary we will highlight elements of significance:

1. Workforce Risk and Tactical Planning (Appendix 1 – Workforce Risk Assessment)
As indicated, we are working towards a tactical (“In Year”) workforce plan with each of the Workforce & Organisational Development (WOD) Pillar Leads (including stabilisation) being asked to review the 190 workforce risks identified and address them through planned workforce interventions.

There is alignment across multiple pillars and a disproportionate number aligned to workforce planning, resource utilisation and stabilisation illustrating the challenges of demand and capacity planning and the potential need for service reconfiguration. These have been cross referenced within the Operational Workforce Planning Process (See point 4 and Appendix 4 for linkages).

2. The People Regeneration Framework for analysing and assessing the workforce supply pipeline and wider interventions. The detail is contained within Appendix 2. The modelling scenarios developed give us clear insights into how we might shift resource utilisation (for instance, agency, locum and variable pay (bank, additional hours overtime)) and reduce workforce gaps in our funded establishment. Modelling has focused on a 50% reduction in agency and locum usage and 10% in variable pay (for instance, additional hours, overtime etc).
3. Engagement across the Health Board and Health System for the development of the Education Commissioning for 2025-26 for the next 3 years including Primary Care and the Regional Programme Board. (Appendix 3 gives the ongoing analysis of our education commissioning; the detailed document will be submitted to Health Education and Improvement Wales (HEIW) on 28 March 2027 following Executive Review). To summarise, there are critical questions which require further discussion, broadly related to the following points:
 - The requirement for system wide planning, to continue developing an integrated approach to strengthen workforce design, focused on the development of multidisciplinary teams for *now* and for *future*.
 - Further consideration of opportunities to improve processes, to align posts/pathways and financial planning (for historical, current and future requests). Availability (and

funding) of posts to support workforce development requirements is imperative, to enable the organisation to continue building a sustainable workforce.

The Minimum Data Set for Workforce has been calculated on reasonable assumptions based on the Regeneration Framework to develop workforce projections i.e. c500 increase; and that there will be no workforce additionality above the funded establishment; agency reduction will decrease by 50% for Nursing and Midwifery and within all other professions will be eradicated. In addition, other variable workforce costs will reduce by 10%. Therefore, the workforce profile for 2024/25 is as indicated in Appendix 2 will increase by circa 400 in line with funded establishment with the final anticipated workforce position for end of 2024-25 as 11, 215 Whole Time Equivalent (WTE) against the funded establishment of 11, 432 WTE. This is in Appendix 2 alongside the Regeneration Framework.

4. Engagement across the Health Board for the development of Operational Workforce Plan – over 50 services and plans are in development and assurance processes. The full assured plan will be completed by June 2024 as part of the iterative cycle we are now engaged within. A further review will take place September 2024 as a follow up to risk and progress of implementation plans to mitigate or re-align workforce shape and supply routes. (Appendix 4 provides an example of a workforce plan.)

To summarise minimal true “additionality” has been included within the Operational Workforce Plans (additionality is defined as a request for an increase in workforce above the agreed funded establishment), however, in year agreements have taken place to “right size” budgets to minimise the potential consequences for agency, bank, locum usage. As part of the Welsh Health Circular and reporting to Welsh Government we are continuing to triangulate the interventions identified within operational workforce plans to influence changes in approach.

We have worked with colleagues across the Health Board to implement the recommendations of the AW Report which flagged our need for this alignment to demonstrate intention and impact of Strategy to Implementation Plans, alongside strengthening approaches to supporting services through engagement and training. The summary of our progress is included in Appendix 5.

Further detailed analysis is being undertaken with directorates to assess the work being progressed at a local and national level to identify any gaps or opportunities for greater alignment or necessary misalignment due to any unique circumstances. This will continue throughout 24/25 as new programmes and projects come online at a national level. To strengthen support to services through local, regional and national interventions.

5. A proposal of how we will integrate Strategic and Operational Workforce Planning into the fabric of organisational planning processes addressing gaps in controls for instance, third party review through the development of the Maturity Matrix for Operational and Strategic Workforce Planning. This will be presented and discussed at a Strategic People Planning & Education Group (SPPEG).

We hope that the ongoing work strengthens assurance and gives confidence to the PODCC that we are making progress in addressing our workforce risks and plans to develop sustainable and safe models of care. This will continue to be an iterative process and progress will be reporting as requested.

Argymhelliad / Recommendation

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

- **NOTE** that SPPEG will be asked to take part in the development of the Maturity Matrix that will enable Independent Third-Party Assurance and align to the development of Strategic Scenarios working in collaboration with other Health Boards and HEIW.
- **TAKE ASSURANCE** on the approach being taken to create a comprehensive and coherent workforce plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1-2.9 apply with specific references to 2.2
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1669 16
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply 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 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	HEIW WAO
Rhestr Termiau: Glossary of Terms:	Not applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Core Work of Pillar
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not directly applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not directly applicable
Gweithlu: Workforce:	Not directly applicable (process impacting)
Risg: Risk:	Not directly applicable (process impacting)
Cyfreithiol: Legal:	Not directly applicable (process impacting)
Enw Da: Reputational:	Not directly applicable (process impacting)
Gyfrinachedd: Privacy:	Not directly applicable (process impacting)
Cydraddoldeb: Equality:	Not directly applicable (process impacting)

Risk ID		Workforce Themes	Current Risk Score	People Education & Development (AG)	Strategic People Planning (TW)	Stabilisation (DO)
1528	Urgent Suspected Cancer (USC): Glangwili Hospital (GGH)	Demand & Capacity, vacancies, recruitment, agency	25	<p>Objective Structured Clinical Examination (OSCE) & Grow Your Own (GYO) both support this increasing numbers of Nursing staff. Longer-term pathway planning:</p> <p>Apprentice numbers contribute to supporting Health Care Support Worker (HCSW) vacancies and longer term, towards the nursing workforce. Thorough inductions and reviews take place to support standards of care.</p> <p>Longer-term pathway planning. Opportunities to promote and support work experience participants and volunteers into care / nursing pathways.</p>	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	25b and 25a reviews taking place to identify demand changes linked to service pressures and updated pathways, stabilisation work ongoing through agency reduction group.
1437	Carmarthenshire: Palliative Care	Vacancies, Long-term sickness/absences, work-load due to increase in service demand	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1692	Ceredigion	Agency usage. Long-term vacancies	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in	Ongoing work around Tregaron, difficulty recruiting due to rurality of area - DO

					year discussions also taken place.	
1290	Mental Health and Learning Disabilities (MHL): Neurodevelopment Services	Service Capacity & Demand	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1809	Scheduled Care: Breast Care	Demand & Capacity	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Challenges UK wide in hiring Radiologists, ongoing work through stabilisation and recruitment campaigns
1717	Therapies and Health Science: Dietetics and Nutrition	Workforce planning, service demand	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1806	Therapies and Health Science: Dietetics and Nutrition	Specialist team with appropriate training required	20	Response pending	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	

1309	USC: Pathology	Recruitment, Locums, Organisational Change, A Regional Collaboration for Health (ARCH)	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns - DO
1293	USC: PPH	Lack of substantive nursing staff, lack of medical cover (vacancies & sickness)	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Plans linked to the service delivery of Minor Injuries Unit (MIU) in Prince Philip Hospital (PPH), additional work related to identifying the Emergency Nurse Practitioner (ENP) workforce needed to support current patient demand, MIU part of agency reduction plan along with PPH - DO
1530	USC: PPH	Vacancies, demand & capacity, locums	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	25b and 25a reviews taking place to identify demand changes linked to service pressures and updated pathways, stabilisation work ongoing through agency reduction group
1399	USC: Radiology	Vacancies - staffing pressures, wellbeing of current staff, demand & capacity, Integrated Medium Term Plan (IMTP) mentioned in risk actions	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns

1571	USC: Radiology	Recruitment & retention, agency usage, workforce planning	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Risk covered in 1547 close??
1706	USC: Radiology	ARCH - South West Wales Cancer Centre (SWWCC), Demand & Capacity	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1557	Women and Children: Midwifery and Maternity (NB Interdependency with Radiography Risk ID 1658 & sonography)	Demand & Capacity, vacancies, sickness - prioritisation	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1750	Women and Children: Midwifery and Maternity	Recruitment & retention issues in midwifery and Radiology (sonographers), wellbeing, workforce planning	20		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Agency use minimal due to skill sets required in Maternity, most variable pay is internal bank, additional hours or overtime. - DO

1751	Women and Children: Midwifery and Maternity	Recruitment & retention, wellbeing, training & development, workforce planning	20	Health Education and Improvement Wales (HEIW) provides commissioned spaces however services refuse to use them as do not like the supplier. HEIW informed.	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Radiology Impact on Women's and Children - Detailed radiology plan linked to Midwifery needed - DO
1451	Primary Care (PC), Community & Long Term Care (CLTC), General Medical Services, PC (GMS)	Recruitment & retention, succession planning, locum requirements, service sustainability.	16		Deep dive required - contributed to the Issues paper for PC & CLTC Services	
1774	Pembrokeshire	Staffing shortages (senior roles Band6 & Band7s), sickness	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Ongoing Nurse Staffing Level review - Raised difficulty recruiting to recruitment campaigns
525	Scheduled Care Theatres	Recruitment, wellbeing	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	DO - Risk location highlighted as Bronglais this item is linked to risk 205 supporting stabilisation of Bronglais Hospital (BGH)
1324	Scheduled Care: Pain	Recruitment to specialist vacancy	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	

1325	Scheduled Care: Rheumatology	Vacancies, sickness, retirement	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1805	Scheduled Care: Rheumatology	Capacity within medical & nursing teams	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1256	Scheduled Care: Trauma	Shortage of medical staff.	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns - DO
205	USC: BGH	Vacancies, Sickness, morale, bank	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	DO - Stabilisation plans being drafted linked to current nursing vacancy level and planned solutions to support these include central recruitment. Apprentice and grow your own pipelines along with university streamlining and return to practice nurses.

1237	USC: Diabetes	Recruitment issues, locums, less attractiveness	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Tracy Walmsley (TW) - Align to Stabilisation work; triangulation with Workforce Plan (WFP). DO - Exit plan identified
1609	USC: Diabetes	Vacancies, unable to recruit, medical vacancies, appropriate training of locum workforce	16		Link to Diabetic fragility risk 1609/ Lack of Consultant Query duplication	
1683	USC: GGH	Agency/Bank usage, Registered Nurse (RN) shortage, rostering compliance	16	OSCE & GYO both support this increasing numbers of Nursing staff. Longer-term pathway planning: Apprentice numbers contribute to supporting HCSW vacancies and longer term, towards the nursing workforce. Thorough inductions and reviews take place to support standards of care. Longer-term pathway planning. Opportunities to promote and support work experience participants and volunteers into care / nursing pathways.	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Duplicate? Risk WD to check with DO this relate to HCSWs Dewi Ward - Is Agency use high in this area reported?

1802	USC: GGH	Staffing establishment/skill mix, wellbeing, recruitment & retention	16	<p>OSCE & GYO both support this increasing numbers of Nursing staff. Longer-term pathway planning:</p> <p>Apprentice numbers contribute to supporting HCSW vacancies and longer term, towards the nursing workforce. Thorough inductions and reviews take place to support standards of care.</p> <p>Longer-term pathway planning. Opportunities to promote and support work experience participants and volunteers into care / nursing pathways.</p>	<p>Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.</p>	<p>Cleddau staffing levels being reviewed, once up to date recruitment can take place - DO</p>
1447	USC: Health Board Wide	Shortage of Specialist nurses	16		<p>Initial conversations have taken place with Individual Services through Operational Workforce Plans.</p>	
834	USC: Pathology	Vacancies, hard to fill vacancies, agency locums, wellbeing,	16		<p>Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.</p>	<p>TW - Align to Stabilisation work; triangulation WFP - DO this work aligns with the agency reduction group supporting services to exit high cost locums and stabilise recruitment processes</p>

1807	USC: Pathology	Vacancies, demand, training and compliance to ISO standards, workforce structure/model, national shortages of qualified Biomedical Scientist (BMS) staff, new ways of working	16	Responses awaited	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Update needed in relation to substantive staff and training - Risk to be downgraded? - DO
1431	USC: PPH	Staff shortages, bank & agency , wellbeing	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Increased WTE agreed 5wte to support demand increase, this increase should reduce risk and exit nursing agency - DO Agreed Feb 24 - Implementation in place
1658	USC: Radiology	Shortage of sonographers - increased health risks and long-term sickness	16	Learning & Development (L&D) Higher Award process review will see HEIW funded reporting radiography and medical ultrasound positions fully utilised.	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1238	USC: Respiratory	Recruitment, locums, wellbeing, models, Human Resources (HR)	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns - DO

1386	USC: Stroke	Clinical Psychology staff shortages	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns - DO
750	USC: Withybush Hospital (WGH)	Vacancies, use of locums - Medacs,	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	TW - Align to Stabilisation work; triangulation WFP - DO this risk is aligned with the agency reduction group.
1424	USC: WGH	Vacancies - recruitment ongoing, use of locums	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Gap identified through recruitment campaigns/ work ongoing to stabilise substantive medical workforce through agency reduction group - DO
1616	USC: WGH	Accommodation shortages	16		Links into wider USC:WGH risk - Additional understanding required around this risk to quantify	Ongoing work with Estates to identify accommodation provisions related to medical staff. - DO
1414	Women and Children: Community Children Services	Staff shortages, regional work	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in	

					year discussions also taken place.	
996	Women and Children: Paediatrics and Neonates	Vacancies, sickness, maternity, lack of agency usage to support nurse staffing levels, wellbeing	16		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	TW link to stabilise - DO ongoing work to identify nurses through streamlining to support reduction of vacancy. International Educated Nurse (IEN) programme not suitable yet, further work needs to be done across Wales in relation to training and development.
1710	Carmarthenshire: Community Hospitals	Staff shortages in relation to Service demand, agency/bank usage, mandatory training	15	Mandatory training available to staff. (Mandatory Training compliance to be checked to ratify RAG rating)	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
737	Finance: Digital: Information and Communication Technology	Staffing levels, workforce models, employment rights	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1083	Scheduled Care	Capacity	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in	Waiting List Initiative (WLI) are driving additional demands, Temporary Staffing is the only way at the moment to mitigate this demand through the use of bank and agency to support.

					year discussions also taken place.	
818	Scheduled Care: Neurology	Sickness, retirement, ARCH, Locum usage	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1754	Scheduled Care: Plaster Services	Staff morale & wellbeing, accommodation, health & Safety issues with storage. Training facilities	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1428	Scheduled Care: Rheumatology	Vacancies, staffing establishment levels, accommodation	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Increased WTE agreed 5wte to support demand increase, this increase should reduce risk and exit nursing agency - DO Agreed Feb 24 - Implementation in place
1587	USC: BGH	vacancies, deployment of senior nurse managers	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	

111	USC: Radiology	Hard to fill Consultant vacancies. Locum usage	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	TW - WFP in space with Radiology on Demand & Capacity (D&C) and Operational Workforce Plans - to link with stabilisation / DO - included in the current workstream linked to agency reduction.
114	USC: Radiology	Demand & Capacity, wellbeing, vacancies, hard to fill vacancies	15		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
1547	USC: Radiology	Vacancies for radiographers and radiologists, wellbeing of current staff due to demand & capacity, GYO approach, locums & agency used	15	Prioritise Radiology Career Pathways to develop continuous and accessible pathways for Hywel Dda staff?	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	Reduction of AHP agency linked to increased substantive recruitment, Radiologists are still a difficult staffing group to fill - details passed to the recruitment team
138	MHLD	Recruitment, L&D	12	People Development supported the conversations with Uni on the development or ring fence GYO places	Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	

118	USC: Cardiology	Capacity, sickness	12		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	
119	USC: Cardiology	Demand & Capacity, Locums, Recruitment	12		Engagement with Service has taken place. Operational workforce Plan V1 Draft received. Education & Commissioning Conversations for in year discussions also taken place.	WD to ask DO for update to assess involvement interaction as potential variable spend to stabilise service required 11/3/24.

	ACTUAL WTE							
	ACTUAL as @ 31/3/2023	FORECAST as @ 31/03/24	Q1 FORECAST as @ 30/06/24	Q2 FORECAST as @ 30/09/24	Q3 FORECAST as @ 31/12/24	Plan End 2024/25	Plan End 2025/26	Plan End 2026/27

SECTION 1) WORKFORCE PLANS - ESTABLISHMENT WTE

WORKFORCE ESTABLISHMENT								
Administrative, Clerical & Board Members	2,084.7	2,242.4	2,242.4	2,242.4	2,242.4	2,242.4		
Medical & Dental	957.7	983.6	983.6	983.6	983.6	983.6		
Nursing & Midwifery Registered	3,366.8	3,445.0	3,445.0	3,445.0	3,445.0	3,445.0		
Prof Scientific & Technical	328.8	343.6	343.6	343.6	343.6	343.6		
Additional Clinical Services	2,286.7	2,485.3	2,485.3	2,485.3	2,485.3	2,485.3		
Allied Health Professionals	694.8	764.4	764.4	764.4	764.4	764.4		
Healthcare Scientists	204.7	212.6	212.6	212.6	212.6	212.6		
Estates & Ancillary	871.9	955.8	955.8	955.8	955.8	955.8		
Students								
TOTAL	10,796.2	11,432.6	11,432.6	11,432.6	11,432.6	11,432.6	-	-

SECTION 2) DEPLOYMENT PLANS - IN POST

SUBSTANTIVE WORKFORCE (WTE IN POST)								
Administrative, Clerical & Board Members	2,195	2,225	2,225	2,225	2,225	2,090	2,090	2,090
Medical & Dental	635	675	675	675	675	763	763	763
Nursing & Midwifery Registered	2,955	3,163	3,163	3,163	3,163	3,267	3,267	3,267
Prof Scientific & Technical	323	341	341	341	341	343	343	343
Additional Clinical Services	2,286	2,270	2,270	2,270	2,270	2,462	2,462	2,462
Allied Health Professionals	689	719	719	719	719	764	764	764
Healthcare Scientists	199	212	212	212	212	212	212	212
Estates & Ancillary	827	847	847	847	847	955	955	955
Students	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Medical & Dental (Central Shared Service Contract)		358	358	358	358	358	358	358
TOTAL	10,110	10,812	10,812	10,812	10,812	11,215	11,215	11,215

VARIABLE WORKFORCE (BANK AND OVERTIME)								
Administrative, Clerical & Board Members	67.0	60.8	45.6	30.4	15.2	-		
Medical & Dental	227.4	101.2	101.2	97.0	94.0	91.1		
Nursing & Midwifery Registered	288.2	337.6	337.6	326.4	315.0	303.8		
Prof Scientific & Technical		0.3	0.3	0.3	0.2	0.2		
Additional Clinical Services	618.2	631.5	631.5	610.5	589.4	568.3		
Allied Health Professionals	8.1	3.2	3.2	3.1	3.0	2.9		
Healthcare Scientists								
Estates & Ancillary	226.5	126.3	94.7	63.2	31.6	-		
TOTAL	1,435.4	1,260.9	1,214.1	1,130.9	1,048.4	966.3	-	-

AGENCY/LOCUM								
Administrative, Clerical & Board Members								
Medical & Dental	25.6	21.7	19.0	16.4	13.6	10.9		
Nursing & Midwifery Registered	389.8	236.6	206.0	177.0	148.0	118.3		
Prof Scientific & Technical								
Additional Clinical Services	6.9	10.3	7.2	5.1	2.6	-		
Allied Health Professionals	1.5	8.2	7.2	6.2	5.1	4.1		
Healthcare Scientists								
Estates & Ancillary								
TOTAL	423.8	276.8	239.4	204.7	169.3	133.3	-	-

SUMMARY	ACTUAL as @ 31/3/2023	FORECAST as @ 31/03/24	Q1 FORECAST as @ 30/06/24	Q2 FORECAST as @ 30/09/24	Q3 FORECAST as @ 31/12/24	Plan End 2024/25	Plan End 2025/26	Plan End 2026/27
Administrative, Clerical & Board Members	2,262.1	2,285.9	2,270.7	2,255.5	2,240.3	2,090.0	2,090.0	2,090.0
Medical & Dental	887.8	798.0	795.3	788.5	782.7	864.9	763.0	763.0
Nursing & Midwifery Registered	3,633.4	3,737.1	3,706.5	3,666.3	3,625.9	3,689.1	3,267.0	3,267.0
Prof Scientific & Technical	322.8	341.6	341.6	341.6	341.5	343.2	343.0	343.0
Additional Clinical Services	2,911.5	2,912.2	2,909.1	2,886.0	2,862.4	3,030.3	2,462.0	2,462.0
Allied Health Professionals	698.2	730.6	729.6	728.5	727.3	771.0	764.0	764.0
Healthcare Scientists	198.9	212.0	212.0	212.0	212.0	212.0	212.0	212.0
Estates & Ancillary	1,053.2	973.1	941.5	910.0	878.4	955.0	955.0	955.0
Students	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Medical & Dental (Central Shared Service Contract)	-	358.3	358.3	358.3	358.3	358.3	358.3	358.3
Total	11,968.9	12,349.9	12,265.7	12,147.7	12,029.9	12,314.8	11,215.3	11,215.3



Minimum Data Sets (MDS) Submission March 2024

Section 1

Budget as of February 2024 – awaiting Finance feedback on any increase

Section 2

Actual as of March 2023 data

Forecast 31/3/24 - February 2024 data used for quarter 1-3.

End of 2024/25 increases in line with Joiners data in Section 4 but keeping within budgets. Same figures used for Plan end 25/26 and 26/27

- Admin & Clerical (A&C) – Decrease of 135 Whole Time Equivalent (WTE) in line with potential limit on future recruitment
- Medical & Dental – Increase of 88WTE – in line with 2023 joiners and future conversion from Locum/agency to substantive
- Nursing & Midwifery – increase of 104WTE to alleviate temporary workforce decrease (includes streamlining)
- Prof Scientific & Technical (APST) – Increase of 2WTE to fill current vacancies
- Additional Clinical Services (ACS) – Increase of 192WTE to replace temporary workforce (includes IENs and apprentices)
- Allied Health Professionals (AHP) – Increase of 45WTE to recruit to current vacancies
- Healthcare Scientists – No change, currently only 0.6WTE vacancies
- Estates & Ancillary – Increase of 108WTE to replace temporary workforce with substantive and to recruit to current vacancies

Section 3

Welsh Health Circular submission figures used for March 2023 and February 2024

Variable Workforce – Includes eradication of A&C and Estates & Ancillary by end of 2024/25. All other staff groups have a 10% reduction by end of year.

Agency/Locum – Eradication of ACS agency by year end. All other agency reduced by 50% by year end.

MDS Submission March 2024 continued

SECTION 3) SICKNESS & STAFF TURNOVER

% SICKNESS ABSENCE	2023/24	2024/25	Staff absent per day
All Sickness absence data			
Anticipated sickness rate Medical and Dental (%)	1.9%	1.4%	9
Anticipated sickness rate Nursing and Midwifery (%)	6.4%	6.0%	190
Anticipated sickness rate (All Other staff groups) (%)	6.5%	6.0%	418

% CORE WORKFORCE TURNOVER	2023/24	2024/25	WTE leaving Organisation
CORE WORKFORCE			
Administrative, Clerical & Board Members	8.6%	8.3%	185
Medical & Dental	10.6%	9.6%	65
Nursing & Midwifery Registered	5.2%	4.7%	150
Prof Scientific & Technical	9.1%	8.8%	30
Additional Clinical Services	7.7%	7.4%	168
Allied Health Professionals	9.0%	8.5%	61
Healthcare Scientists	6.7%	6.4%	14
Estates & Ancillary	7.8%	7.6%	64
Students	0.0%	0.0%	0
Medical & Dental (Central Shared Service Contract)			0
TOTAL CORE WORKFORCE	7.2%	6.8%	737.3

SECTION 4) MOVEMENTS IN SUBSTANTIVE WTE	2024/25		Medical and Dental	Nursing and Midwifery Registered	Additional Clinical Services	Administrative and Clerical	Other
Starting WTE	10,812		675	3,163	2,270	2,225	2,479
Planned Inflow							
New joiners from outside the organisation	1140		153	254	360	50	323
Transfers in or other non-standard increase in staff in post	0		0	0	0	0	0
Planned Outflow							
Staff leaving organisation due to standard turnover or retirement	-737		-65	-150	-168	-185	-169
Transfers out, restructures or other reduction in staff in post			0	0	0	0	0
TOTAL SUBSTANTIVE WORKFORCE AT THE END OF THE PERIOD	11,215		763	3,267	2,462	2,090	2,633
<i>Check Variance</i>		(0)	0	0	(0)	(0)	359

Section 3

Sickness Absence – 12 month rolling data used for 2023/24 percentages.

For 2024/25 - 0.5% reduction for Medical and Dental in line with Annual Plan. Nursing and other staff groups reduced in line with targeted reduction. Current figures have not gone below 6%.

Workforce Turnover - 12 month rolling data used for 2023/24 percentages.

For 2024/25 – Targeted 1% decrease for Medical, 0.5% for Nursing & 0.5% for AHP and a 0.25% decrease projected for all other staff groups.

Section 4

New joiners include 60 International Educated Nurses (IENs) and 40 Apprentices initially adding to the ACS figures.

Total of 1140 also includes streamlining figures and business as usual (BAU) recruitment

Transfers out – there are potentially 16.09 Transfer of Undertakings (Protection of Employment) (TUPE) in progress which have not been added in.

Variance of 359 on Other staff groups is due to the formula sum not adding in the SLE and student numbers on the year-end figures (which equal 359WTE).

Appendix 7 Supply (Exploration of Assumptions - What are we planning for?)

	Current	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Nursing & Midwifery	Budgeted Establishment	Actual SIP	Actual Gap	Projected Gap p	Projected Gap p	Projected Gap p	Projected Gap p	Projected Gap p	Projected Gap p	Projected Gap p		
	Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31		
Funded establishment /SIP / Projected Gap	3,445.00	3,162.90	-282.1	-282.1	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6
Additionality linked to RN posts e.g. NSLA increase												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (includes IENs and streamline)		240		254	254	254	254	254	254	254	254	
Overseas RN Resourcing		97	-	60								
Commissioning ask to HEIW		313		262	277	272	267	233	250	250	250	
Streamlining Registrants (Actual Received)				131	138.5	136	133.5	118	125	125	125	
Bank to substantive				10	10	10	10	10	10	10	10	
Registrant Agency to substantive				5	5	5	5	5	5	5	5	
Registrant Direct Hire				10	10	10	10	10	10	10	10	
Return to Practice				5	5	5	5	5	5	5	5	
Centralised RN Recruitment				10	10	10	10	10	10	10	10	
Conversion to substantive from FTC				5	5	5	5	5	5	5	5	
Returned from Retirement				24	24.4	24.4	24.4	31.7	31.7	31.7	31.7	
Assumption WTE Resourcing TOTAL				278	278.4	278.4	278.4	278.4	285.7	285.7	285.7	
Retention (BND)												
Assumption WTE General Turnover (-Retention)				120	120	120	120	120	120	120	120	
Retirement				72	74	74	74	74	96	96	96	
TOTAL "BND" WTE				192	194	194	194	194	216	216	216	
Workforce Development (BUILD)												
Apprentice Development Pipeline (Potential)						6	12	29	50	30	25	
RN Outturn Potential (PT Degree - apprentice numbers included)			7	39	30	30	18	94	50			
Total WTE Increase from Development			7	39	30	30	18	94	50	30	25	
Total Impact on Workforce			-272.6	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6	

If predicted figures become a reality, we would see a potential increase in our nursing workforce of c115 from current predicted vacancies at the end of 23/24 of -282.1 to -157.1 at end of 24/25. Our People Planning objectives underpin this modelling and is consistent with our future ambition.

Risks, decisions and assumptions to achieving this position include:

- Confirmation of whether funding will continue for overseas nursing recruitment beyond 2024/25 and the ability to appoint and secure further individuals.**
- Based on previous years commissioning we receive approximately 50% of our ask to Health Education and Improvement Wales (HEIW) therefore this has been calculated for our future known commissioning figures.** Previous years we have received c.100 graduates therefore we may not receive the predicted 131.
- Retirement figures are based on an increase in those due to retire in the coming year** and previous pension changes. However recent proposed changes to the NHS Pension Scheme from the Department of Health and Social Care* (DHSC) in October 2023 may affect future retire and return figures. Any increase or decrease to be monitored to aid in future projections.

Appendix 7: Regeneration Framework by Professional Group - Workforce Analysis & Modelling – Nursing & Midwifery

	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Nursing & Midwifery	Budgeted Establishment	Actual SIP	Actual Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	
	Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33
Funded establishment /SIP / Projected Gap	3,445.00	3,162.90	-282.1	-282.1	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6
Additionality linked to RN posts e.g. NSLA increase												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (includes IENs and streamlining)	240			254	254	254	254	254	254	254	254	254
Overseas RN Resourcing	97	-		60								
Commissioning ask to HEIW	313			262	277	272	267	235	250	250	250	250
Streamlining Registrants (Actual Received)				131	138.5	136	133.5	118	125	125	125	125
Bank to substantive				10	10	10	10	10	10	10	10	10
Registrant Agency to substantive				5	5	5	5	5	5	5	5	5
Registrant Direct Hire				10	10	10	10	10	10	10	10	10
Return to Practice				5	5	5	5	5	5	5	5	5
Centralised RN Recruitment				10	10	10	10	10	10	10	10	10
Conversion to substantive from FTC				5	5	5	5	5	5	5	5	5
Returned from Retirement				24	24.4	24.4	24.4	24.4	31.7	31.7	31.7	31.7
Assumption WTE Resourcing TOTAL				278	278.4	278.4	278.4	278.4	285.7	285.7	285.7	285.7
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				120	120	120	120	120	120	120	120	120
Retirement				72	74	74	74	74	96	96	96	96
TOTAL 'BIND' WTE				192	194	194	194	194	216	216	216	216
Workforce Development (BUILD)												
Apprentice Development Pipeline (Potential)						8	12	29	50	30	25	25
RN Outturn Potential (PT Degree - apprentice numbers included)			7	39	30	30	18	94	50			
Total WTE Increase from Development			7	39	30	30	18	94	50	30	25	25
BORROW												
Additional hours			23.5	21.2	19	17.1	15.4	13.8	12.5			
Overtime			113.3	101.9	91.8	82.6	74.3	66.9	60.2			
Bank			184.4	165.9	149.4	134.4	120.9	108.9	97.9			
Agency On Framework			236.6	118.3	59.2	29.6	14.8	7.4	3.7			
Agency Off Framework			0.0	0	0	0	0	0	0			
Planned Additional Activity			16.3	14.7	13.2	11.9	10.7	9.6	8.6			
Commissioning (X%) External workforce. Figures to be added in due course												
Total WTE Increase from Temporary Workforce			574.1	422	332.6	275.6	236.1	206.6	182.9	0	0	0
Total Impact on Workforce			-272.6	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6	761.3
Total Impact on Workforce with Temporary workforce			-282.1	264.9	289.9	347.3	410.2	559.1	655.1	571.9	666.6	761.3

Appendix 7: Professional Group - Workforce Analysis & Modelling – Additional Clinical Services

Additional Clinical Services	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
	Budgeted Establishment											
	Actual SIP											
	Actual Gap											
Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	
Funded establishment /SIP / Projected Gap	2485.26	2270.39	-214.9	-214.9	-1.9	215.35	424.6	629.85	818.1	995.3	1192.5	1389.7
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (Apprentice, B2,3 &4)				360	360	360	360	360	360	360	360	360
Bank to substantive												
Agency to substantive												
HCSW initiatives												
Assumption WTE Resourcing TOTAL				360	360	360	360	360	360	360	360	360
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				135	135	135	135	135	135	135	135	135
Retirement				38	42.25	42.25	42.25	42.25	52.2	52.2	52.2	52.2
Retention Initiatives												
TOTAL 'BIND' WTE				187	182.75	182.75	182.75	182.75	172.8	172.8	172.8	172.8
Workforce Development (BUILD)												
Development Pipeline - CURRENT Apprentices				132	132	124	112	89	30	0	0	0
Apprentice - (NEW Apprentices)				40	40	40	40	40	40	40	40	40
Impact on Residual Deficit of Pipeline				0	0	-8	-12	-29	-50	-30	-30	-30
Total 'BUILD' WTE Increase from Development				40	40	32	28	11	-10	10	10	10
Total Impact on Workforce			-214.90	-1.9	215.35	424.6	629.85	818.1	995.3	1192.5	1389.7	1586.9

Appendix 7: Professional Group - Workforce Analysis & Modelling – Additional Professional & Technical (inc. PA)

Additional Professional Scientific & Technical				Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
	Budgeted Establishment	Actual SIP	Actual Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap
	Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33
Funded establishment /SIP / Projected Gap	343.6	341.3	-2.3	-2.3	-0.3	1.7	2.1	2.5	-1.1	-4.7	-8.9	-13.1
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing				32	32	32	32	28	28			
Pharmacy - Starters				13	13	13	13	13	13			
Psychology				11.6	11.6	11.6	11.6	11.6	11.6			
Psychotherapists				1.4	1.4	1.4	1.4	1.4	1.4			
Physician Associates				6	6	6	6	2	2			
Initiatives												
Assumption WTE Resourcing TOTAL				32	32	32	32	28	28	0	0	0
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				30	30	30	30	30	30			
Pharmacy - Leavers				10.4	10.4	10.4	10.4	10.4	10.4			
Psychology				7.3	7.3	7.3	7.3	7.3	7.3			
Psychotherapists				0.5	0.5	0.5	0.5	0.5	0.5			
Physician Associates				1	1	1	1	1	1			
Retirement				0	0	1.6	1.6	1.6	1.6	4.2	4.2	4.2
Retention Initiatives												
TOTAL 'BIND' WTE (resourcing minus turnover)				30	30	31.6	31.6	31.6	31.6	4.2	4.2	4.2
Workforce Development (BUILD)												
ODP												
Pharmacy												
Psychology												
Physician Associates												
Total WTE Increase from Development				0	0	0	0	0	0	0	0	0
Total Impact on Workforce			-2.30	-0.3	1.7	2.1	2.5	-1.1	-4.7	-8.9	-13.1	-17.3

Appendix 7: Professional Group - Workforce Analysis & Modelling – Administrative & Clerical

Administrative & Clerical	Current			Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
	Budgeted Establishment Feb-24	Actual SIP Feb-24	Actual Gap Feb-24	Projected Gap 24/25	Projected Gap 25/26	Projected Gap 26/27	Projected Gap 27/28	Projected Gap 28/29	Projected Gap 29/30	Projected Gap 30/31	Projected Gap 31/32	Projected Gap 32/33
Funded establishment /SIP / Projected Gap Additionality / Changes to Staff Group	2,242.4	2,225.1	-17.3	-17.3	-112.1	-263.5	-413.3	-561.6	-687.0	-763.2	-903.6	-1038.3
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing - ALL				90	50	50	50	50	50	50	50	50
Conversion of Agency to Substantive												
Pure Administrative Roles												
Hybrid Roles (FLO/Ward Clerk)												
Clinical Managerial Roles (Band 7 & above)									70			
Managerial Roles (Band 7 & above)												
Initiatives												
Assumption WTE Resourcing TOTAL				90	50	50	50	50	120	50	50	50
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				150	150	150	150	150	150	150	150	150
Retirement				36	54	54	54	54	78	78	78	78
Retention Initiatives												
TOTAL 'BIND' WTE				186	204	204	204	204	228	228	228	228
Workforce Development (BUILD)												
Development Pipeline - Apprentices?												
Managerial Roles (Band 7 & above)												
Total WTE Increase from Development			0	0	0	0	0	0	0	0	0	0
BOOST												
Digital Productivity (minus 1% Year 1-4, 4% years 5-9, 10% Year 10)												
e.g. wearable devices, robotics, AI				-1.1	-2.7	-4.2	-5.7	-28.6	-31.8	-37.6	-43.3	-121.6
Total Impact on Workforce			-17.3	-112.1	-263.5	-413.3	-561.6	-687.0	-763.2	-903.6	-1038.3	-1094.7

Appendix 7: Professional Group - Workforce Analysis & Modelling – Allied Health Professionals

Allied Health Professionals	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
	Budgeted Establishment	Actual SIP	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap
	Feb-24	Feb-24									
Funded establishment /SIP / Projected Gap	764.4	719.2	-45.2	-45.2	-1.8	32.2	63.0	93.8	124.6	155.4	174.2
Resourcing Based Activity (BUY)											
TRAC (BAU) Resourcing - ALL			103	103	103	103	103	103	103		
Commissioning ask to HEIW			106	79	96	62					
Art Therapists - Starters			1	1	1	1	1	1	1		
Dietitians			6	6	6	6	6	6	6		
Occupational Therapists			18.6	18.6	18.6	18.6	18.6	18.6	18.6		
Orthoptists			1	1	1	1	1	1	1		
Physiotherapy			29	29	29	29	29	29	29		
Podiatry			4.4	4.4	4.4	4.4	4.4	4.4	4.4		
Radiography			16.1	16.1	16.1	16.1	16.1	16.1	16.1		
Speech Therapy			5.1	5.1	5.1	5.1	5.1	5.1	5.1		
ODP			1	1	1	1	1	1	1		
Assumption WTE Resourcing TOTAL			103	103	103	103	103	103	103	0	0
Retention (BIND)											
Art Therapists - Leavers			1	1	1	1	1	1	1		
Dietitians			5	5	5	5	5	5	5		
Occupational Therapists			12.5	12.5	12.5	12.5	12.5	12.5	12.5		
Orthoptists			1	1	1	1	1	1	1		
Physiotherapy			16.9	16.9	16.9	16.9	16.9	16.9	16.9		
Podiatry			4.5	4.5	4.5	4.5	4.5	4.5	4.5		
Radiography			9	9	9	9	9	9	9		
Speech Therapy			8.4	8.4	8.4	8.4	8.4	8.4	8.4		
ODP			1.3	1.3	1.3	1.3	1.3	1.3	1.3		
AHP Other											
Retirement				9.4	12.6	12.6	12.6	12.6	12.3	12.3	12.3
TOTAL 'BIND' WTE			59.6	69	72.2	72.2	72.2	72.2	71.9	12.3	12.3
Workforce Development (BUILD)											
Development Pipeline - AP Band 4											
Total WTE Increase from Development		0	0	0	0	0	0	0	0	0	0
BORROW											
Bank			3.2	2.9	2.6	2.4	2.2	2			
Agency			8.2	4.1	2.1	1.1	0.6	0.3			
Commissioning (Everlight)			9.2	5.2	4	2	2	2	2	2	2
Total BORROW WTE			11.4	7	4.7	3.5	2.8	2.3	0	0	0
Total Impact on Workforce			-45.15	-1.75	32.25	63.05	93.85	124.65	155.45	174.25	161.95
Total Impact on Workforce with Temporary Workforce			-45.15	9.65	39.25	67.75	97.35	127.45	157.75	186.55	161.95

Appendix 7: Professional Group - Workforce Analysis & Modelling – Estates & Ancillary

	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Estates & Ancillary	Budgeted Establishment											
	Actual SIP											
	Actual Gap											
Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	
Funded establishment /SIP / Projected Gap	955.8	846.0	-109.8	-109.8	-2.8	9.4	13.6	11.1	10.0	9.0	8.0	7.1
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing				168	84	84	84	84	84	84	84	84
Bank to substantive												
Initiatives - Enhanced Cleaning												
TOTAL BUY WTE				168	84	84	84	84	84	84	84	84
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				50	50	50	50	50	50	50	50	50
Retirement				19	29	29	29	28	28	28	28	28
Retention Initiatives												
TOTAL BIND WTE				69	79	79	79	78	78	78	78	78
Workforce Development (BUILD)												
Apprentices				8	8							
Total WTE Increase from Development				8	8	0	0	0	0	0	0	0
BORROW												
Bank				126.3	0	0	0	0	0	0	0	0
Total WTE Increase from Temporary Workforce				126.3	0	0	0	0	0	0	0	0
BOOST												
Digital Productivity (minus 1% Year 1-4, 8% years 5-9, 15% Year 10)					0.8	0.9	7.4	7.1	7.0	7.0	6.9	12.8
e.g. wearable devices, robotics, AI												
Total Impact on Workforce			-109.8	-2.8	9.4	13.6	11.1	10.0	9.0	8.0	7.1	0.4
Total Impact on Workforce with Temporary workforce			-109.8	123.5	9.4	13.6	11.1	10.0	9.0	8.0	7.1	0.4

Appendix 7: Professional Group - Workforce Analysis & Modelling – Healthcare Scientists

	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Healthcare Scientists	Budgeted Establishment											
	Actual SIP	Actual Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	
	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	
Funded establishment /SIP / Projected Gap	212.6	212.0	-0.6	-0.6	0.3	2.2	1.3	0.4	-0.5	-1.4	-3.9	-6.4
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing			10	10	10	10	10	10	10	10	10	10
Audiology - Starters			2.5	2.5	2.5	2.5	2.5	2.5				
Biomedical Science - Blood												
Cardiacphysiology			1	1	1	1	1	1				
Medical Engineering			0	0	0	0	0	0				
Respiratory & Sleep			3	3	3	3	3	3				
Initiatives												
Assumption WTE Resourcing TOTAL			16.5	16.5	16.5	16.5	16.5	16.5	10	10	10	
Retention (BIND)												
Assumption WTE General Turnover (-Retention)			11	8	8	8	8	8	8	8	8	8
Audiology - Leavers			2.6	2.6	2.6	2.6	2.6	2.6				
Biomedical Science - Blood												
Cardiacphysiology			1	1	1	1	1	1				
Medical Engineering			0	0	0	0	0	0				
Respiratory & Sleep			1	1	1	1	1	1				
Retirement				2	4.8	4.8	4.8	4.8	4.5	4.5	4.5	4.5
Retention Initiatives												
TOTAL 'BIND' WTE			15.6	14.6	17.4	17.4	17.4	17.4	12.5	12.5	12.5	
Workforce Development (BUILD)												
Apprentices/Level 4												
Total WTE Increase from Development			0	0	0	0	0	0	0	0	0	0
Total Impact on Workforce			-0.6	0.3	2.2	1.3	0.4	-0.5	-1.4	-3.9	-6.4	-8.9

Appendix 7: Professional Group - Workforce Analysis & Modelling – Medical & Dental

Medical & Dental	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
	Budgeted Establishment	Actual SIP	Actual Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	Projected Gap	
	Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33
Funded establishment /SIP / Projected Gap	983.6	675.1	-308.5	-308.5	-222.5	-142.2	-61.9	18.4	98.7	175	251.3	327.6
Additionality / Changes to Staff Group												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing				138	138	138	138	138	138	138	138	138
Conversion of Bank to Substantive				8	8	8	8	8	8	8	8	8
Conversion of Agency to Substantive				8	8	8	8	8	8	8	8	8
Foundation				301	300	300	300	300	300	300	300	300
Assumption WTE Resourcing TOTAL				154	154	154	154	154	154	154	154	154
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				65	65	65	65	65	65	65	65	65
Retirement				3	8.7	8.7	8.7	8.7	12.7	12.7	12.7	12.7
TOTAL 'BIND' WTE				68	73.7	73.7	73.7	73.7	77.7	77.7	77.7	77.7
Workforce Development (BUILD)												
PA E&C (Streamlining)			7	7	11	10	0	2				
WAST APP Pipeline (streamlining)					1	14						
TOTAL 'BUILD' WTE			7	7	12	24	0	2	0	0	0	0
BORROW												
Temporary Workforce			101.2	91.1	82.1	73.9	66.5	59.9				
Agency (reduction of 50% YoY)			21.7	10.9	5.5	2.8	1.4	0.7				
Total BORROW WTE			122.9	102	87.6	76.7	67.9	60.6	0	0	0	0
Total Impact on Workforce		675.10	-308.5	-222.5	-142.2	-61.9	18.4	98.7	175	251.3	327.6	403.9
Total Impact on Workforce with Temporary workforce			-185.60	-120.50	-54.60	14.80	86.30	159.30	175.00	251.30	327.60	403.90

Medical & Dental Workforce data is to be developed further.

Currently we do not have the full picture of the Medical Workforce as Single Lead Employer numbers aren't included within the data.

Additional work is needed to look at the supply profile for different roles and potential development opportunities for this workforce.

Work is underway to develop a full Medical Workforce plan.

Appendix 7: Regenerative Framework Risks

When utilising the Regeneration Framework for future planning the following risks must be considered.

Nursing & Midwifery	Current		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
	Budgeted Establishment	Actual SIP										
	Feb-24	Feb-24	Feb-24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33
Funded establishment /SIP / Projected Gap	3,445.00	3,162.90	-282.1	-282.1	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6
Additionality linked to RN posts e.g. NSLA increase												
Resourcing Based Activity (BUY)												
TRAC (BAU) Resourcing (includes IBNs and streamlining)	240			254	254	254	254	254	254	254	254	254
Overseas RN Resourcing	97											
Commissioning ask to HEIW	313			263	277	272	267	235	250	230	250	250
Streamlining Registrants (Actual Received)				131	138.5	136	133.5	118	123	125	125	125
Bank to substantive				10	10	10	10	10	10	10	10	10
Registrant Agency to substantive				5	5	5	5	5	5	5	5	5
Registrant Direct Hire				10	10	10	10	10	10	10	10	10
Return to Practice				5	5	5	5	5	5	5	5	5
Centralised RN Recruitment				10	10	10	10	10	10	10	10	10
Conversion to substantive from FTC				5	5	5	5	5	5	5	5	5
Returned from Retirement				24	24.4	24.4	24.4	24.4	31.7	31.7	31.7	31.7
Assumption WTE Resourcing TOTAL				278	278.4	278.4	278.4	278.4	285.7	285.7	285.7	285.7
Retention (BIND)												
Assumption WTE General Turnover (-Retention)				120	120	120	120	120	120	120	120	120
Retirement				72	74	74	74	74	96	96	96	96
TOTAL BIND WTE				192	194	194	194	194	216	216	216	216
Workforce Development (BUILD)												
Apprentice Development Pipeline (Potential)						8	12	29		30	25	25
RN Outturn Potential (PT Degree - apprentice numbers included)			7	39	30	30	18	94	50			
Total WTE Increase from Development			7	39	30	30	18	94	50	30	25	25
BORROW												
Additional hours			23.5	21.2	19	17.1	15.4	13.8	12.5			
Overtime			113.3	101.9	91.8	82.6	74.3	66.9	60.2			
Bank			184.4	165.9	149.4	134.4	120.9	108.9	97.9			
Agency On Framework			236.6	118.3	59.2	29.6	14.8	7.4	3.7			
Agency Off Framework			0.0	0	0	0	0	0	0			
Planned Additional Activity			16.3	14.7	13.2	11.9	10.7	9.6	8.6			
Commissioning (X%) External workforce. Figures to be added in due course												
Total WTE Increase from Temporary Workforce			574.1	422	332.6	275.6	236.1	206.6	182.9	0	0	0
Total Impact on Workforce			-272.6	-157.1	-42.7	71.7	174.1	352.5	472.2	571.9	666.6	761.3
Total Impact on Workforce with Temporary workforce												
			-282.1	264.9	289.9	347.3	410.2	559.1	655.1	571.9	666.6	761.3

Resourcing – General risks on potential double counting of figures from BAU resourcing and the other interventions. Detailed information needed from recruitment data on what sits within the BAU resourcing and whether the additional interventions are included or additional potential resourcing additionality.

Overseas RN Resourcing – Continued communication on future recruitment of overseas nursing with regards to attrition rates, will 2nd attempts at the Objective Structured Clinical Examination (OSCE) be continued on future recruits? This may change attrition figures for the cohorts.

Streamlining Registrants – Based on previous years commissioning asks and actual numbers received we receive approximately 50% of our ask therefore this has been calculated for our future known commissioning figures. Future percentage may change once increase in placement numbers is confirmed and any additionality from new routes e.g., Aberystwyth University for Nursing.

Retention

Further work to be undertaken to look at more detailed analysis of retirement figures and general turnover based on current economic conditions and retention initiatives. Particularly for the Grow Your Own (GYO) and International Educated Nurse (IEN) pathways.

Workforce development

Detailed regular information needed on current and projected GYO data - attrition rates, future destination employment, progress or deviation from programme etc to enable more accurate planning assumptions.

Borrow – Temporary workforce

Future trajectory beyond 24/25 unknown therefore should projections be included. Further alignment with finance colleagues to understand plans for temporary workforce utilisation within budgets for beyond 2024/25.

Appendix

2025/26 Education Commissioning Summary

(N.B – Position as at 21/3/24. Further amendments and ratification expected up until 28/3/24).

Overview: Current Position (March 2024)

- Engagement with services and professional groups across all directorates, with a focused view of services aligned to ministerial priorities.
- Opportunities to improve workforce planning for Local Authority and Primary Care has developed. This will be the first time Primary Care has submitted their education commissioning requirements for managed practices.
- Continued improvements to align service, workforce, and finance with education commissioning (and annual planning process).
- Process to align education commissioning “ask” from services to internal learning and development processes (i.e., higher awards) has progressed - to be tested 2024/25 following approval by the Strategic People Planning and Education Group (SPPEG).
- Internal assurance/ratification process established – Professional Leaders Forum. Education Commissioning (EC) summary for each professional group (except for Estates and Facilities) has been reviewed on 15/3 and conditionally agreed subject to outstanding actions (see slide 2).

Overview: Analysis of returns received (March 24)

C.50+ Returns received as of March 24.

Outstanding returns/ongoing discussion required:

- Further clarity required to inform EC requirements - x40 Apprentices + x30 Additional Clinical Roles (as per Annual Plan)
- Transformation of Urgent and Emergency Care (TUEC) (inc. Advanced Practice Training Needs Analysis (TNA))
- Local Authority
- Physician Associates (PA) requirements
- Welsh Ambulance Service Trust (WAST) requirements (for Advanced Paramedic Practitioner (APP) Pipeline) – Currently employ 6.6 Whole Time Equivalent (WTE) (7HC) – Age Profile 42% over >51 years.
- Facilities (Hotel Services)
- Estates (Maintenance Teams)

Final adjustments/ratification required to enable final submission to Health Education and Improvement Wales (HEIW) by 31 March 2024 – see timeline on slide 3.

Education Commissioning document – as at 26/3/24

Timeline/Outstanding Actions

Phase:	Date:	Description:	By whom:	Comments:	Status:
DISCUSSION, ANALYSIS AND QUALITY ASSURANCE	19/3/24	Meeting to review historical L&D data.	Amanda Glanville (AG)	To inform N&M Health Care Support Worker (HCSW) development requirements.	Complete
	20/3/24	Quality assurance and review of late returns. Cleanse of 'new additional' sheet and internal development requirements – to be shared with L&D.	AG	Late returns/final amendments to be added to submission.	In Progress
FINAL REVIEW	22/3/24	Clarification of Apprentice requirements and Additional Clinical Roles. Template to be shared for review by Amanda Glanville and L&D SLT.	Tracey Walmsley (TW)/AG	Review required based on developments/recent discussion with AG's Senior Leadership Team (SLT).	In Progress – awaiting feedback on template from Learning & Development (L&D)
	25/3/24	Meeting with JCW for final review of B.N Adult Nursing requirements.	AG	Modelling and scenario of EC potential output to be reviewed.	Complete – further discussion ongoing
	26/3/24	Review of template. Amendments to be made based on final review/late returns. To be shared for Executive Review 27/3/24.	AG/Senior Workforce Planning (SWFP) Team	Pharmacy amendments expected by 26/3/24 + potential APP/TUEC/Local Authority (LA)/Estates and Facilities requirements.	Pharmacy submission received.
	27/3/24-28/3/24	Collation of workforce planning responses.	AG	As required by HEIW. To align with operational workforce plans and baseline data.	
SUBMIT	28/3/24	Submit 2025/26 EC template and workforce planning responses to HEIW.	AG		

Summary of Requirements/Pipeline Data by Professional Group/Programme

Pipeline Data/Requirements: Nursing & Midwifery – Full Time Programme

Nursing & Midwifery (Full Time Programme Only)						
Year of Output	2023	2024	2025	2026	2027	2028- based on current EC cycle (FT)
Bachelor of Nursing (B.N.) Adult	212	194	163	160	166	163
Bachelor of Nursing (B.N.) Child	21	8	23	11	15	16
Bachelor of Nursing (B.N.) Mental Health	25	25	46	18	25	25
Bachelor of Nursing (B.N.) Learning Disability	15	15	9	11	12	9
Bachelor of Science Midwifery	20	20	15	15	15	15
Return to Practice	20	0	0	0	5	7

Full-Time B.N Adult requirements for 2028 output based on review of the following, including average number of requests over the last three years:

- N&M Baseline (Age Profile, Turnover and Vacancies)
- Potential Retirement Projections
- Current Retire and Return Rate
- Pipeline Data – International Educated Nurse (IEN) recruitment Grow Your Own (GYO) Data (Apprentice and HCSW)
- Streamlining and Resourcing Data
- Uptake on the programme (reduction in numbers on FT programme etc).

A steady number of requests for the Mental Health programmes can be seen in this year's education commissioning submission. The requirements reflects potential pipeline of graduates (previously commissioned), which include an increase in places requested for 2025 output (x46). There is also ambition to develop the Grow Your Own pipeline, with x13 places requested for 2028 and 2029 output.

This year's requests are based on current turnover data, retirement projections, vacancy position and challenges faced to recruit.

*2028 Data - Based on 2025/26 EC requests received to date.

Pipeline Data: Part – Time Nursing Programmes – HCSW Pathway

Part-Time Nursing Pipeline (HCSW Pathway)						
Part-Time Programme	Year of Output					
	2024	2025	2026	2027	2028	2029
Bachelor of Nursing (B.N.) Adult	32	24	27	11	70	79
Bachelor of Nursing (B.N.) Child	2	0	1	0	3	2
Bachelor of Nursing (B.N.) Mental Health	5	6	2	7	12	13
Bachelor of Nursing (B.N.) Learning Disability (Dispersed Learning)	0	0	0	0	8	6
Total GYO to RN Pipeline	39	30	30	18	93	100

- This data summarises our current position in relation to the x118 HCSWs within the organisation who are actively undertaking a part-time degree in one of the four Nursing fields. Depending on start date, these individuals are expected to complete their degree between 2024-2027 (not inc. x1 due to complete in MH in 2028).
- Pipeline data for 2024-2027 is based on current numbers who are actively studying on these programmes. However, this workforce pipeline is subject to change (attrition etc). Those who have been suspended/withdrew from the programmes have been removed from these figures (x 4 – 1x 2024, 1 x 2026, 2 x 2027).
- The pipeline for GYO Part-Time Nursing programmes from 2028-2030 is dependent on uptake and availability of places on future programmes (inc. 2024 cohorts) and relates to figures submitted as per previous education commissioning requests, including the current cycle.
- B.N Mental Health pipeline data for 2028 (x12) reflects requests from previous and current education commissioning, inclusive of x1 individual who commenced study on the part-time programme in Feb 24.
- It is imperative that alignment of future posts for these individuals is prioritised in our planning, to ensure a seamless process is in place for these individuals to transition into RN posts.

Pipeline Data by County– Part-Time Nursing Programmes (HCSW Pathway)

Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2024	Pembs x6 Carms x21 Cered x5	Bachelor of Nursing (B.N.) Adult	2025	Pembs x7 Carms x14 Cered x3	Bachelor of Nursing (B.N.) Adult	2026	Pembs x13 Carms x11 Cered x3	Bachelor of Nursing (B.N.) Adult	2027	Pembs x9 Carms x2	Bachelor of Nursing (B.N.) Adult	2028	TBC
Bachelor of Nursing (B.N.) Child	2024	Carms x2	Bachelor of Nursing (B.N.) Child	2025	0	Bachelor of Nursing (B.N.) Child	2026	Carms x1	Bachelor of Nursing (B.N.) Child	2027	0	Bachelor of Nursing (B.N.) Child	2028	TBC
Bachelor of Nursing (B.N.) Mental Health	2024	Pembs x1 Carms x4	Bachelor of Nursing (B.N.) Mental Health	2025	Pembs x3 Carms x2 Cered x1	Bachelor of Nursing (B.N.) Mental Health	2026	Pembs x1 Cered x1	Bachelor of Nursing (B.N.) Mental Health	2027	Pembs x5 Carms x1 Cered x1	Bachelor of Nursing (B.N.) Mental Health	2028	Pembs x1
Bachelor of Nursing (B.N.) Learning Disability	2024	0	Bachelor of Nursing (B.N.) Learning Disability	2025	0	Bachelor of Nursing (B.N.) Learning Disability	2026	0	Bachelor of Nursing (B.N.) Learning Disability	2027	0	Bachelor of Nursing (B.N.) Learning Disability	2028	TBC
Total GYO to RN Pipeline	2024	39	Total GYO to RN Pipeline	2025	30	Total GYO to RN Pipeline	2026	30	Total GYO to RN Pipeline	2027	18	Total GYO to RN Pipeline	2028	TBC

*Based on current L&D data (Feb 24).

Pipeline Data: Part – Time Nursing Programmes – Apprentice Pathway

Part-Time Nursing Pipeline (Apprentice Pathway)					
Part-Time Programme	Year of Output				
	2026	2027	2028	2029	2030
Bachelor of Nursing (B.N.) Adult	8	12	17	62	30
Total GYO to RN Pipeline	8	12	17	62	30

- We currently have a total of 129 Apprentices within the organisation, who are in varying stages of their development.
- Based on current figures, Apprentices are expected to complete the Part-Time Nursing degree from 2026 onwards.
- It is imperative that alignment of future posts for these individuals is prioritised in our planning, to ensure a seamless process is in place for these individuals to transition into RN posts.

Pipeline Data by County – Part-Time Nursing (Apprentice Pathway)

Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County	Programme	Year of Output	Pipeline by County
Bachelor of Nursing (B.N.) Adult	2026	Pembs x3 Carms x4 Cered x1	Bachelor of Nursing (B.N.) Adult	2027	Pembs x3 Carms x8 Cered x1	Bachelor of Nursing (B.N.) Adult	2028	Pembs x1 Carms x9 Cered x7	Bachelor of Nursing (B.N.) Adult	2029	Pembs x24 Carms x36 Cered x2	Bachelor of Nursing (B.N.) Adult	2030	Pembs x7 Carms x16 Cered x7
Total GYO to RN Pipeline	2026	8	Total GYO to RN Pipeline	2027	12	Total GYO to RN Pipeline	2028	17	Total GYO to RN Pipeline	2029	62	Total GYO to RN Pipeline	2030	30

*Based on current L&D data (Feb 24).

N.B - Data excludes Apprentice requirements as per 2025/26 Education Commissioning

Current Level 4 Data – Cert Higher Education and Trainee Assistant Practitioners (TAPs) Programme

Programme	Year of Entry	Year of Completion	Current Numbers	No. suspended/withdrew	Attrition
L4 Certificate in Healthcare	2022	2024	20	2	c.9%
	2023	2025	67	3	c.4%
	2024/25	2026/7	140 (Current EC Request)	N/A	N/A

Programme	Year of Entry	Year of Completion	Current Numbers	No. suspended/withdrew	Attrition
Therapies Assistant Practitioner (TAPs)	2022	2024	12 (completed)	9 (of the 21 who commenced)	c.43%
	2023	2025	8	1 (of the 9 who commenced)	c.11%
	2024/25	2026/27	15		

- 2022 and 2023 cohort Cert Higher Education (HE) numbers reflect those actively studying on current programmes.
- Further analysis of historical development data is underway, (L&D), to assess number of employees who have completed a L4 qualification but may not be in a B4 post.
- L4 Cert HE requirements to include apprentice requirements, service requests, commitment to Swansea and Aberystwyth University programmes and additional workforce development requirements. Ongoing discussion with HEIW to assure availability of places.
- Attrition on the first TAPS programme was c.43%, noted with a reduction in places requested in 2023.
- Infrastructure challenges (i.e., lack of Practice Education roles) remains an ongoing concern across Therapies.
- Service Leads remain committed to develop Therapies support staff via the TAPS programme, which is reflected in x15 requests for the next cohort.

*Based on current L&D data (Feb 24) – current numbers only. Attrition on L4 Cert HE may be higher based on original number who enrolled.

Pipeline Data/Requirements: Allied Health Care Professionals and Healthcare Scientists

Allied Health Professionals							
Year of Output	2023	2024	2025	2026	2027	2028	2029
B.Sc. Diagnostic Radiography	20	20	20	15	20	20	
B.Sc. Human Nutrition and Dietetics	7	9	10	7	7	10	
B.Sc. Occupational Therapy	16	20	14	11	10	10	
B.Sc. Occupational Therapy (Part-time)		2	0	4	3	4	5
B. Sc. Operating Department Practice	16	0	5	5	10	9	
B. Sc. Physiotherapy	30	20	27	20	20	17	0
Physiotherapy PG Diploma/M.Sc.					3		
B.Sc. Podiatry	4	0	1	4	4	4	
Speech and Language Therapy (inc. Welsh Language)	9	9	9	5	5	8	

- The submission across Therapies is consistent with previous years and figures have been requested following review of workforce baselines (as per all staff groups).
- Challenges remain in terms of availability of future posts to grow the Therapies workforce, therefore current education commissioning requests reflects planning within funded establishment *only*.
- Further demand and capacity planning to better understand workforce requirements across Therapies will be progressed in 2024/25.

Healthcare Scientists							
Year of Output (F/TB.Sc.)	2023	2024	2025	2026	2027	2028	
Cardiac Physiology	5	5	5	3	4	2	
Audiology	5	2	3	1	2	1	(P/T employed route)
Respiratory and Sleep	5	3	3	3	3	2	
Neurophysiology	0	0	0	0	0	1	
Clinical Engineering	0	1	0	2	1	1	
Biomedical Science - Blood	6	2	2	2	8	2	
Biomedical Science - Cellular	0	0	0	0	0	2	

- Submissions across HCS remains consistent overall. However, a reduction can be seen on some programmes, due to ongoing ambitions to support the Grow Your Own approach. This has been successful for a number of years, resulting in substantive employment (to mitigate challenges in retaining new graduates).
- Uncertainty around A Regional Collaboration for Health (ARCH) programmes (i.e., Regional Pathology) is an ongoing concern and presents as a challenges in terms of planning future education commissioning for a regional service model. These risks will be managed as the ARCH programmes develop, the Operational Delivery Network (ODN) and regional roles are established, and as further workforce planning engagement/planning is progressed.

Pipeline Data/Requirements: Pharmacy and Other Healthcare Professionals

Pharmacy					
Year of Output	2023	2024	2025	2026	2027
Pre-registration Pharmacy Technician, Clinical Facing	5	6	12	9	10
Pre-registration Pharmacy Technician, Technical Services	5	8	1	N/A	
Pharmacy Clinical Services Professional BTEC Level 4		5	7	4	5
Post-registration Foundation pharmacists	5	7		4	7
GP Pharmacist Transition Programme	3	7	2	3	
Trainee Pharmacist (Foundation Training Programme)			18	20	18
MSc Pharmaceutical Technology and Quality Assurance				1	0
Chartered Institute of Procurement and Supply Level 4 – Foundation Diploma			1	1	N/A

- Requests across Pharmacy/Medicines Management remain consistent overall. However, the additional increase in requests in relation to Post-Registration Pharmacists can be seen by an increase in 3 requests (to x7) compared to last year's education commissioning submission.

Other Healthcare Professionals						
Year of Output	2023	2024	2025	2026	2027	2028
PhD Clinical Psychology Doctorate			6	15	6	6
MSc Clinical Applied Associate Psychologist				2		
MSc Physician Associate	7	7	11	10	2	
B.Sc. Paramedicine (WAST - for future APP pipeline)			1	14		1

- The submission for Psychology this year demonstrates ambitions to introduce and develop the Clinical Applied Associate Psychologist (CAPS) role, with this being the first time that the organisation has put any requests forward for the M.Sc. programme.
- Further system wide planning is required to inform future Physician Associate and Advanced Paramedic Requirements, which will include review of pipeline figures and management of risk to align posts for potential new graduates, based on previous commissioning requests (PAs x21, APPs x15).

Summary of Advanced Practice, Extended Skills & Non-medical Prescribing Requests

Final requirements TBC by 28/3/24.

Professional Group	No. of requests (2022/23 E&C)	No. of requests (2023/24 E&C)	No. of requests (2024/25 E&C)	No. of requests (2025/26 E&C)
Nursing & Midwifery	300	239	301	c.327
Allied Health Professionals	21	83	51	c.36
Healthcare Scientists	0	6	12	c.14
Pharmacy	41	37	80	c.40
Other	0	0	3	c.6
Total	362	365	447	c.423

***Requests for internal programmes to be removed from HEIW submission and will be shared with L&D**

Requests for 2025/26 by Directorate/Service (Advanced Practice, Extended Skills, Non-Medical Prescribing & New Additional Requests (includes requests for internal development programmes)

Directorate/Service	No. of Requests	Summary/examples of requests by Directorate (inc. in-house/ad-hoc programmes)
Therapies	66	Occupational Therapy x9, Physio x 12, SALT x20, Podiatry x13, Psychology x7, Dietetics x5.
Oncology & Cancer Services	52	Cancer Services x 25, Oncology x 27.
Women & Children	166	Maternity Services x11, Obstetrics & Gynaecology (O&G) x8, Sexual Health x22, Paeds (Acute & Community) x76, School Nursing (inc. YHT) x3, Health Visiting x37, Immunisations and Vaccinations x17.
MH&LD – flag internal training e.g., Teams, Excel etc.	228	Older Adult x31, Learning Disabilities x2, Inpatient x2, Child & Adolescent Mental Health Services (CAHMS) x0, Community Services x15, Drug and Alcohol Misuse/Commissioning x 0, Admin and Clerical x 177.
Unscheduled Care – flag M&K external providers	363	Pembs Community x 32 and Acute x 57, Carms Community x152 and Acute x47, Ceredigion Community x42 and Acute x10. Out of Hours x 21.
Scheduled Care – Rheumatology to be updated	145	Theatres x 37, Day Surgery and Pre-Assessment x27, Endoscopy and Gastroenterology x1, Critical Care x24, Trauma and Ortho x7, Pain x3, Plaster x3, Rheumatology x2, Audiology x13, Dermatology x8, Waiting List x1, Bowel Screening x0, Neurology x1, Urology x5, Surgical Specialities x15.
Diagnostics - Pathology	37	Histopathology BMS Reporting, Leadership Quality and Innovation, Specialist Transfusion Practice, BMS Clinical Data Interpretation, Anatomical Pathology Technology, Institute of Biomedical Science (IBMS) qualifications, Point-of-Care Testing (POCT) and Project Management.
Diagnostics – Cardiology/Cardiorespiratory	0	Further discussion required.
Diagnostics - Radiology	14	Clinical Mammography, Leadership Development, Diagnostic Imaging, Independent Prescribing, Chest and Abdomen and DEXA Reporting, Reporting Hysterosalpingogram and PG Certificate.
Diagnostics – Clinical Engineering	7	Leadership Development, HNC and ONC/D Electrical and Electronic Engineering.
Pharmacy	43	Genomics Modules, Management of Parkinson's and Related Conditions, Paediatrics and Neonates, Research, Child Public Health, Infection Control.
Dental	5	Community Dental Services
Digital	6	Health Data Science, IT Apprenticeships, Information Security Apprenticeships, B.Sc. Computing, Data Protection, Records Managements Training.
Estates & Facilities	2	Estates & Risk Compliance x 2 places. Facilities and Estates Maintenance no return
Corporate	26	Safeguarding

Risks, Challenges and Further Considerations

- Financial Alignment – alignment of posts for new graduates and those undertaking qualifications e.g. Advanced Practice and level 4 roles. Ask Vs Reality – Education Commissioning based on workforce need (as per workforce baseline/future forecasting); however, there can be reluctance to commission based on actual need (growth, demand, strategic direction etc) due to current financial position.
- Workforce Development – feasibility of releasing staff for study leave given current pressures and impact of financial savings.
- Infrastructure – Challenges to deliver work-based learning, student placements etc.
- TUEC – system wide discussion ongoing to inform education commissioning needs across Primary, Intermediate and Acute Care. Organisational response in terms of structure and configuration required.
- PA role – x2 submitted to date (Out Of Hours and Paediatrics, however x 21 in pipeline for 2025 and 2026 output)– risk around required numbers for the programme to run and development of the role in Hywel Dda University Health Board. Service leads do not have budgets assigned to them to develop this role – integrated approach required to develop MDT team and understand future requirements for PAs.
- APPs/ACPs – Clear strategy needed to understand the advanced practice model and training needs.
- Local Authority– further opportunities to improve these processes to ensure education commissioning reflects the needs of LA and partner organisations – this is currently in development.
- Regional Workforce Planning – Ongoing uncertainty around ARCH projects and future service delivery presents a challenge as further clarity is needed to ascertain future workforce commissioning, education, and training requirements and how we can progress facilitation of Regional Workforce Models as capacity is a challenge.

Critical Questions

1. What steps can be taken to improve processes to align posts based on our education commissioning “ask” and workforce development (GYO) pipelines? How can we also manage risks around previous EC requests (e.g., x21 PAs)? and current workforce development/investment (e.g., HCSW/Apprentices and availability of B4 roles)?
2. How will we consider the impact of future registration changes (e.g., PAs, Nursing Associate and Advanced Practice)? How will these changes influence future commissioning and workforce development?
3. How can feasibility and impact of development requests be assessed i.e. high number of requests for internal development opportunities – how will this impact service delivery (study leave etc)?
4. How can the infrastructure be developed to enable greater volumes of work-based learning (i.e. Therapies)?
5. How will we develop system wide planning to further adopt an integrated approach to develop and strengthen workforce design and planning (i.e. multidisciplinary teams) for *now* and for *future*?
 - a. To enable new role design, development and implementation i.e. medically associated professionals?
 - b. To inform our approach to enhanced and advanced practice models?
 - c. To create greater collaboration with partners? (Regional Learning Skills Partnership (RLSP), Regional Partnership Board (RPB), Primary Care, Local Authorities, Universities)
6. How will we continue to address ongoing uncertainty of ARCH projects and future regional service models, to ascertain education commissioning and training requirements? Critically, how we manage the tension between current and future workforce models *and* explore potential opportunities for regional collaboration to mitigate known risks?

Operational 12-Month (Short Term) Workforce Plan

Version control, please tick as appropriate: Initial Draft ☒ 2nd Draft ☐ Final Version ☐

Leads: Kathy Greaves, Head of Midwifery
Lesley Owen, Deputy Head of Midwifery
Alison Jones, Clinical and Operational Lead Midwife

Service: Maternity Services

Directorate: Women and Children

Date of completion: 17th January 2024

Overview of Current Position

Please describe what progress has been made to stabilise your workforce/service (inc. actions taken to mitigate current workforce risks) during the last 12-months, detailing what has been delivered/what remains to be progressed in 2024/25?

- The Maternity Services workforce spans three counties, including acute sites and community, and is made up of c.232.5 WTE.
- The age profile across the service indicates a potentially challenging picture with the current workforce >51 years at 32.2% (Risk 1741 added) as at November 2023, which includes midwifery staff, support and senior roles. Within the Nursing and Midwifery staff group, the percentage of those age 51 and over is 30.8%. This further emphasises the requirement to address the short to medium term priorities within the service, to plan for possible retirements and loss of experience staff within the Maternity Services team. As part of the Education and Commissioning process, retirement projections have been utilised to plan for potential retirements and inform the number of places requested, in order to contribute to the development of a robust supply pipeline.
- Challenge around sonography (Risk 1557), development of midwifery scanning workforce required – funding? NB Interdependency identified but as an independent service to Radiology.
- All Wales Flexible Working Policy – flexible working supporting where possible.
- Increase observed in partial/flexible retirements – often Band 7 senior/specialist roles, positive as service gets to retain experience within the workforce, although remaining hours can sometimes be a challenge to cover.
- To support with developing the strategic direction and longer term workforce plan, the workforce baseline will continually be reviewed.
- Building future leadership capacity and capability is vital, and staff with ambition to progress are identified and developed where possible.
- Future intentions - Attractively position the Midwifery Profession as a career choice, build future leadership capacity and capability to lead the profession, create an ambition for the workforce to reflect the population it serves, engage a safe and sustainable workforce now and evolve a workforce model for the future.

Birthrate+

Birthrate+

Retaining the current funded midwifery clinical establishments in Ceredigion and Pembrokeshire indicates appropriate staffing of midwives and HCSWs. Carmarthen has a clinical midwifery deficit of 5.23 WTE which can be suitably qualified Band 3s HCSWs. There is a shortfall in the non-clinical Specialist Midwives establishment of 6.00 WTE.

Glangwili

	Current Budgeted Midwives	Birthrate Plus WTE	Variance +/-WTE
Clinical Total WTE	106.83	112.06	-5.23

Bronglais

	Current Budgeted Midwives	Birthrate Plus WTE	Variance +/-WTE
Clinical Total WTE	24.25	23.66	0.59

Specialist Midwives

Current Budgeted Midwives	Birthrate Plus WTE	Variance +/- WTE
11.17	17.7	-6.00

Withybush

	Current Budgeted Posts	Birthrate Plus WTE	Variance +/-WTE
Clinical Total WTE	25.50	20.35	5.15



- Service working closely with the All-Wales Head of Midwifery Group. The Birthrate Plus project team have used a mixed methodology to explore and investigate the aspects of the Vision strategy that have workforce implications. Meeting took place with Helen Humphreys in November 2023 to set out the review of current budgeted establishment for Maternity services against the Birthrate Plus report to analysis the current establishments against the gap identified for the specialist workforce in Maternity. Progress in being made, work is being completed in conjunction with Helen Humphreys and will be presented at CDG.

Resource Efficiency and Budget Management

Within your current financial limits, what are your service key operational objectives/priorities (for both the next 12 months and for the future – aligned to the strategic vision of the Health Board)? How do you plan to achieve the agreed reduction in your services budget while ensuring operational effectiveness and delivery of quality standards?

- Implementation of Birthrate+
- Temporary budget pressure around Sep/Oct when new intake of graduate midwives commence
- SLA – Potential repatriation of Swansea Bay funding – **Risk assessment from Lesley**

Risk Assessment and Mitigation

What are the principal risks to achieving your operational goals within the existing resource framework?

Please summarise all current identified risks which have a workforce theme / link, describing your mitigation strategies to address these risks. Please also outline risks which will be carried forward for the next 12 months.

Risk ID	Current Risk Score	Title	Response / Action / Mitigation
1557	20	There is a risk adverse perinatal outcomes for unborn babies. <i>This is caused by an inability to fully uphold the scanning schedule as recommended by national guidance GAP grow (growth assessment protocol) due to the unavailability of ultrasound slots during the antenatal period.</i>	High Risk Pathway identified and scans for fetal growth are undertaken at 28/40 and 36/40. <i>Ensured that only women at increased risk of growth restriction are referred for growth scans to maximise the availability of slots, radiology are screening referral requests to ensure that only appropriate scans are performed.</i>
1721	10	There is a risk of not reducing preventable harm to mothers and babies in childbirth. The Royal College of Obstetricians (RCOG) endorse multi-professional training for all staff within maternity units in the UK. <i>This is caused by non-compliance with mandatory attendance at PROMPT training which is associated with a reduction on hypoxic brain injury, and importantly from an anaesthetic perspective decreased time frame intervals from decision for a LSCS to actual delivery.</i>	All reportable incidents are reported on DATIX. Clinical Governance team review clinical incidents and embed immediate make safe guidance. MDT working and open channels of communication with Lead Obstetric Anaesthetist at GGH. Lead Midwife for BGH monitoring clinical incidents.
1750	20	There is a risk of fetal wellbeing with potential harm and consequential adverse outcomes. <i>This is caused by non- adherence to GAP GROW guidance as advocated by the Perinatal Institute, which advocated scan intervals for high-risk pregnancies or where there are maternal, fetal concerns.</i>	Fetal growth scans at 28/40 and 36/40 weeks implemented for pregnancy's with an increased risk of Small for gestational age (SGA). Ultrasound scans conducted at 3-week intervals from 28 weeks gestation for women deemed high risk for SGA babies in line with GAP/GROW. Additional ad-hoc out of normal working hours agreed with midwifery and sonographers when demand exceeds capacity. Ultrasound Group established to monitor Ultrasound risks. Ultrasound training for midwives in 1,2 and 3 trimester scanning commenced as of January 2024. Funding secured via HEIW.

Risk Assessment and Mitigation continued

Risk ID	Current Risk Score	Title	Response / Action / Mitigation
1751	20	<p>There is a risk of adverse outcomes for mothers and unborn babies attributed to an inability to implement national guidelines into clinical practice.</p> <p><i>This is caused by a proposed 38% reduction in commissioned sonography slots from Radiology services for maternity antenatal care. Attributed to sonography workforce deficits, historical lack of sonography training, Repetitive Strain Injury(RSI) along with an increase in time slots from 20 min to 30 min for scan which has further reduced volume of availability over a period of weeks and months. Sonography have also advised that there is a shortfall in trained maternity sonographers nationally.</i></p>	<p>Multidisciplinary Ultrasound Control Group established with representation from across maternity, radiology, general managers to discuss contingency planning inclusive of short-term, medium-term, and long-term strategy.</p> <p>Contingency plan formatted in conjunction with Antenatal Screening Wales (ASW) to mitigate against non-compliance with ASW standards.</p> <p>Lead Obstetrician communicated with colleagues regarding prioritisation of scan requests.</p> <p>All Stillbirths and Neonatal deaths are subject to local and national review and are reported nationally on the MBRRACE reporting system to monitor for any themes and trends of non-adherence to guidelines.</p> <p>Ongoing communication between Sonography Superintendent and Maternity managers regarding inability to support ultrasound scans.</p> <p>Directorate Maternity and Ultrasound Group established to enhance MDT working and take services forward.</p> <p>Midwives established with clinical experience opportunity for ultrasound scanning training and commenced in Jan 2024 (1 year of training ahead).</p>
1794	5	<p>There is a risk of inability to sustain safe, effective, efficient, timely patient centred care to women and babies accessing maternity services attributed to projected 32.2% reduction in maternity workforce in 2025/26.</p>	<p>Staffing of maternity services in alignment with Birth Rate Plus with ongoing review and analysis of current staffing.</p> <p>Ongoing review of retention and recruitment of midwifery staff with prompt advertisement of all midwifery vacancies.</p> <p>All midwives retiring offered to retire and return to maintain wealth of skills and knowledge.</p> <p>Flexible working agreements in place for staff who require support to maintain midwifery role.</p>
1799		<p>Newly added - Narrative to be added from latest Risk Register once we have access</p> <p>Risk linked to bariatric pathway for pregnant women – malabsorption, gastric surgery implications on contraception and pregnancy</p>	
1785		<p>Newly added - Narrative to be added from latest Risk Register once we have access</p> <p>Risk linked to human error</p>	
1749		<p>Newly added - Narrative to be added from latest Risk Register once we have access</p> <p>Risk linked to inability to capture Public Health Data</p>	
		<p>Risk to add linked to NIPEC (will be added by Lesley) - Mandate from Welsh Government, midwives will be undertaking rather than medical staff – training implications?</p>	

Additional risk on bathrooms – failing infection control/risks

Plans to Reduce Temporary Workforce Utilisation/Variable Pay Reduction



Reposition & Renew (Borrow) e.g., Temporary Contracting, Use of bank/agency/locums, Alternative Skills & Internal Movement to Increase Capacities

Please outline your plans to reduce use of temporary workforce, including details of projected financial savings (aligned to CDG) and performance (aligned to DITS).

- Agency not used. Additional hours worked by existing core staff, and bank utilised for HCSWs when required, and additional hours worked to cover gaps when they arise.
- Temporary backfill can be a challenge e.g. maternity cover, implication of high levels of maternity leave, predominantly female workforce and link to age profile of workforce as increasing number of younger individuals join.
- Birthrate+ recommendations to be implemented – figures indicate a midwifery deficit at Glangwili of 5.23 WTE (can be suitably qualified Band 3s). The spend on variable pay equates to the shortfall that Birthrate+ is indicating in Midwives at Glangwili.
- Flexible Working guidelines impacts flexibility and ability to cover sickness etc – have to utilise Bank to cover.
- DITS - increase in long term sickness amongst maternity staff which is being managed in line with All Wales Sickness and Absence policy, two employees progressing through ill health retirement.
- Obstetric Anaesthetist gap.
- Paediatric Consultant short impacts 'hot week' rota cover for labour ward activity Bronglais. Out to advert at the moment for a Consultant covering Withybush rota.

Workforce Supply and Developments



Resource & Replenish (Buy) e.g., Internal & External Recruitment medium to long term, Employing newly Qualified & Experienced Individuals.

Workforce Pipeline

Is any new recruitment activity planned (within budget) over the next 6-12 months to stabilise the Service e.g., planned recruitment, apprenticeships, GYO, and new graduate intake (based on Education & Commissioning requests)?

- Engagement with Education & Commissioning process, continue to develop and strengthen workforce supply pipeline, utilising age profile of workforce and retirement projection data to inform requested numbers.
- Birthrate+ recommendations to be implemented.
- Potential for Midwifery apprenticeship route in discussion at HEIW – this has been very successful with NHS England and is a way forward in developing, training, and retaining a workforce.

Age Profile: Cumulative 61+ = 7.6 WTE, 56+ = 27.2 WTE, 51+ 52.6 WTE.

Pipeline 2024-2027 = 65 WTE. Typically recruit no more than 50% (32.5) - leaving a gap of 20.01

Streamlining:

Sept 21: 11 Midwives – 6.60 WTE

Sept 22: 9 Midwives – 5.40 WTE

Sept 23: 12 Midwives – 7.20 WTE

- **Risk to add** – Duty of Candour – unfunded specialist posts
- **Risk to add** – other health boards paying more for Maternity bank nurses – could lose bank staff to other health boards

Workforce Developments/Interventions



Redevelop & Reskill (Build) e.g., Developing our Teams, upskilling current staff, Encouraging Learning, Creating Capability.

Are there opportunities to redesign the workforce, which may include developing individuals/teams and new ways of working, skill development, alternative roles etc? Please provide details.

- Explore B3 and B4 (Nursery Nurse) transitional care model, keeping mum and baby together when SCBU admission required.
- B4 Scrub Practitioners required to build in flexibility and prevent delays (**HEIW discussion / pipeline**).
- NIPE Welsh Government mandate, in which midwives will be undertaking newborn examination rather than medical staff – training workforce and finance implications.
- Development of midwifery scanning workforce required – link to Risk 1557, 1750 and 1751. The service has committed to 4 Ultrasound sonography training places for September 2025 to September 2026 which is supported by the Radiology management team as part of Education Commissioning process.
- Succession planning for senior roles (e.g. *leadership, public health programmes etc - Masters, LEAP, Equip*).
- Engagement with Education & Commissioning process, suitable development opportunities explored.
- Development of Specialist Midwifery roles – link to demographic trends e.g. increase in gestational diabetes (*also link to bariatric pathway risk 1799*):

Royal College of Midwives (RCM) report (June 2023) outlined the rapidly evolving demographics of women using Welsh maternity services and increasing complexities:

- *In 2021, nearly 30% of women reported having a mental health condition during pregnancy (up from 23.2% in 2017) – link to Perinatal MH services*
- *The proportion of births to women aged 30 or older has increased from 42% (2011) to 53% (2021) – on average, births to women in older age groups will typically require more support from healthcare staff, which has an implication on workforce needs.*
- *Nearly 6 in 10 pregnant women in Wales in 2021 were reported as obese or overweight – significant risk factor in pregnancy, for example increased risk of gestational diabetes.*

Workforce Planning implication - increased need for specialist midwifery roles that focus on improving care for women.

Developing Retention Strategies



Retain & Reward (Bind) e.g., Recognising and rewarding talent and providing staff with opportunities.

How can staff be engaged with to recognise talent and create a positive culture in the workplace e.g., rewarding staff, ensuring staff feel heard etc?

- Explore progression opportunities.
- Flexible working opportunities where possible.
- Regular Team / Leadership meetings.
- Royal College 'Caring for You', Wellbeing Committee.
- Explore creation of 'legacy midwives' - training and leadership role to support newly qualified workforce.
- Nursing Bank will now support maintaining registration / midwifery skills for staff who have left, in order to remain on bank register - financing skills updates through Bank.
- Recognition through Awards -
 - HSJ Award - UK Winners of the Patient Safety Congress Developing a Positive Learning Culture Awards – Changing Workplace Culture around Adverse Events in Maternity and Neonatal Care.
 - Mums Award - Regional winners for Wales, Patient nominated award for care and treatment of baby at BGH.

Assisting Staff to Stay in Work



Resolve & Revive (Bounce) e.g., Accessing advice and support, engaging Trade Union partners, helping to manage sensitive performance and behavioural issues, positively managing sickness absence, assisting staff to remain in work.

How can operational challenges (behaviour, culture, sickness, staff well-being etc) be managed/improved, including optimisation of roles? How can Workforce and OD support with this?

- Engagement with Organisation Development Relationship Manager (ODRM) to look at culture.
- Agile / flexible working where possible.
- New All Wales Flexible Working Policy – implications of this - anticipated that requests may increase, this needs to be taken into account when workforce planning and ensuring needs of the Service are still met.
- Work with WOD leads to access advice and support where required.
- Monitoring of mandatory training and sickness levels. DITS - increase in long term sickness amongst maternity staff which is being managed in line with All Wales Sickness and Absence policy, two employees progressing through ill health retirement.
- Links with workforce, recruitment and recruitment campaigns.
- Increase observed in partial/flexible retirements – often Band 7 senior/specialist roles, positive as service gets to retain experience within the workforce, although remaining hours can sometimes be a challenge to cover.
- Workforce Planning Team support to develop workforce plan, review of baselines and age profile, and facilitate further discussion on the ambitions/strategy.

Developing Innovative Ways of Working



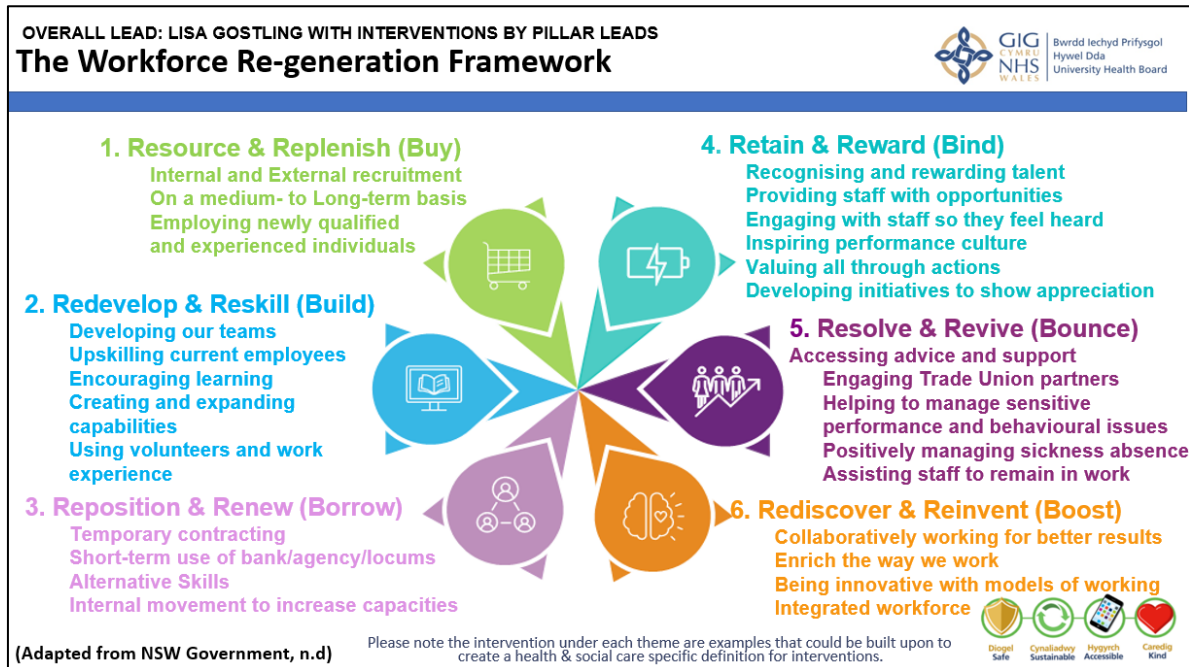
Rediscover & Reinvent (Boost) e.g., Collaboratively working for better results, enrich the way we work, Being innovative with models of working, Integrated workforce.

Are there opportunities to enrich the way we work and be innovative in our models of working e.g., digital innovation, AI etc?

- MatNeo Safety Support Programme.
- Digital Maternity Cymru - 5 year programme to digitise records – what will the impact be for the workforce (skills analysis?).
- Equip.
- Induction of Labour booking app in development.
- Cultural competency through Diverse Cymru – awaiting sign off.
- Padlet resource library created by Hywel Dda Midwifery team – access to information and resources.
- Encourage networking across multidisciplinary teams.

For more information on each section in further detail of the above framework, please click on the following link:

[Workforce Re-generation Framework](#)



This section for discussion with the **Workforce Planning Team**

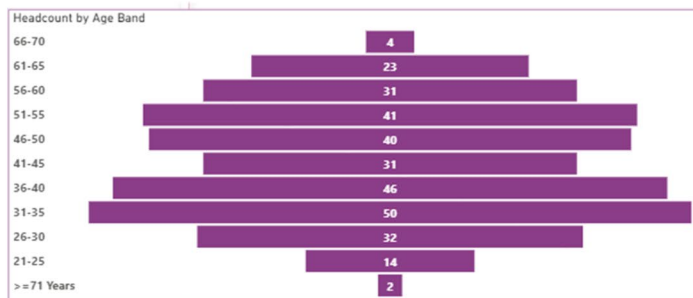
Service Current Baseline Data & Temporary Workforce Utilisation

Service level data to be discussed during Workforce Planning engagement.

Current Headcount (November 2023 SIP)	No. Cost Centres	Current Budget WTE (December 2023 ECT)	Current Actual WTE (December 2023 ECT)	Current Overall Vacancy WTE (December 2023 ECT)	Current temporary workforce utilisation (WTE) (December 2023)	Current Age Profile* (% age 51+) (November 2023 SIP)	Turnover (December 2023)
314	8	219.8	234.6	+14.8	10.55	32.2%	3.58%

*the age profile figure indicates the percentage of the workforce currently at age 51 or above, and who could therefore potentially retire within a 5–10-year space.

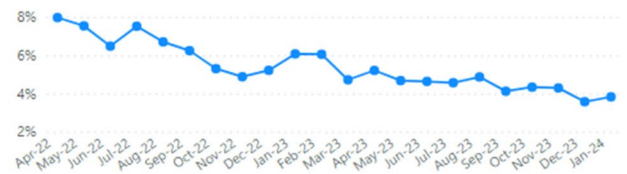
Age Profile (November 2023)



Turnover

Note: Staff turnover only includes staff who have left Hywel Dda. It does not include staff moving to other posts within the health board

Staff turnover – 12 month rolling



Role Analysis (November 2023)

Retirement Age Bracket

Role	>=71 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	Total
Midwife		8.6	16.8	25.6	21.5	18.8	25.8	24.4	18.6	7.2	0.4	167.7
Health Care Support Worker		1.9	7.2	6.4	4.8	2.6	5.6	3.3	2.6	6.9	1.6	42.9
Healthcare Assistant	0.8	0.6	1.9	4.6	0.6		1.0	1.2	1.2			11.9
Midwife - Manager				1.0	2.0			1.0	1.0			5.0
Clerical Worker							1.0	0.8				1.8
Assistant Practitioner Nursing								1.0				1.0
Midwife - Specialist Practitioner						1.0						1.0
Personal Assistant					1.0							1.0
Secretary											0.2	0.2
Total	0.8	11.1	25.9	36.7	28.8	24.3	33.4	31.7	23.4	14.1	2.3	232.5

Temporary Workforce Utilisation (2023)

Row Labels	2022	2023												2024	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Additional	17.74	2.67	1.76	2.65	2.28	2.23	1.91	1.91	1.58	3.44	3.63	3.32	3.01	0.89	
Bank	24.18	1.58	1.62	1.79	1.49	0.99	1.37	1.40	1.09	1.43	1.05	1.36	2.59	1.84	0.67
Overtime	16.61	3.45	3.04	3.91	2.20	1.87	2.05	1.24	2.77	3.78	3.27	3.47	2.37	0.88	
Unfilled	15.56	0.75	0.40	2.09	1.01	0.82	0.38	0.43	0.45	2.57	0.32	0.42	2.57	0.05	
Grand Total	74.07	8.44	6.82	10.44	6.98	5.91	5.71	4.97	5.89	11.22	8.27	8.58	10.55	3.65	0.67

This section to be agreed by **Service, Workforce and Finance Leads**

Action Plan (linked to DITS actions)

What will success look like? How will actions be measured? Use SMART outcomes e.g. % reduction in vacancies, reduction in temporary workforce utilisation.



Action No.	Description	Lead	Success Criteria	Review Date	Completion Date

Supporting Documents

Insert links here to relevant strategy / policy documents e.g. DITS pack.

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Appendix 5 Audit Wales Response

TITLE OF REPORT:	Audit Wales – Workforce Planning Audit - Update
REPORTING OFFICER:	Tracy Walmsley
PURPOSE OF THE REPORT:	To update on the actions that are required to close the Audit Wales (AW) Workforce Planning Audit.

The Audit Wales Report identified 6 areas of improvement that could be developed further, these are included in the table below; it may be helpful to refer to the detail of the organisational response as the notes below build on and summarise the initial detailed review:

Ref	Action	Progress	Completion
R1	<p>Implementation plan</p> <p>We found that there is no clear, overall implementation plan to support the Health Board's 10-year workforce strategy. The Health Board should ensure its refreshed workforce strategy is supported by a resourced implementation plan, which is clear about delivery priorities. There should be a clear programme approach to delivery with outcomes set out so that progress and the impact of the plan's delivery can be effectively monitored (high priority).</p>	<p>The Workforce Strategy has been reviewed, and assessments made against the Workforce Plans that have been in place. This is included in the workforce technical document as is the process for evolving the workforce plan and subsequent resourced and costed implementation plan over 24-25.</p> <p>Outline below:</p> <p>Part 1 March-April: Detailed Assessment of Operational Workforce Plans against Health Board Trajectories and Workforce Themed Risk</p> <p>Part 2 April – June: Address any discrepancies, concerns, risks through the Improving Together or Value & Sustainability escalation routes.</p> <p>Part 3 June to September: Assess new models of workforce re TUEC, Frailty proposed and linked to Clinical Services Plan</p> <p>Part 4 September to December: Confirm service models going forward and develop operational workforce plans to align to new models.</p> <p>Part 5 January: Collate and assess Operational Workforce Plans against Health Board Trajectories and Workforce Themed Risk.</p> <p>Part 6 February to March: Design implementation plan linked to Annual and Clinical Services Plan.</p>	<p>Strategy Refresh March 2024: Complete</p> <p>Implementation Plan will evolve in 2024/25.</p>
R2	<p>Regional workforce planning</p> <p>We found that there are several regional transformation projects at various stages,</p>	<p>Regional Workforce Planning has been flagged as an issue within which we are</p>	<p>Implementation Plan will evolve in 2024/25.</p>

	<p>which have workforce implications and will need regional workforce modelling and plans. The Health Board should ensure these are adequately reflected in workforce plans to ensure it has the resources needed to support their development (medium priority).</p>	<p>managing our capacity to support across the WOD Directorate.</p> <p>It is hoped that greater alignment will take place as part of the Joint Committee Structure, as noted a joint solution for workforce planning is preferable.</p> <p>To note in assessment of 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.</p> <p>These are active challenges that will need to be managed as part of the Clinical Services Plan Planning, Regional Planning and Local Plans. It is the intention to look at this in the Implementation Plan.</p>	
R3	<p>Supporting services</p> <p>We found that service leads generally understood their role in workforce planning, but operational pressures did not allow them sufficient time to 'think strategically' to develop solutions. The Workforce Planning Team should develop a process to ensure services routinely receive support with workforce planning, for example through adopting a workforce planning business partnering model (medium priority).</p>	<p>Different levels of support interventions are in place governed by capacity; an "Ambassador" model has been put in place for the Women & Children Directorate; to ensure an appropriate amount of time to deliver support and assess impact from the start of engagement (November) for a 6-month period to end of May; and allow for evaluation. Wider support mechanisms are in place aligned to the Operational Workforce Planning process which commenced in January 2024.</p> <p>A priority planning matrix may need to be introduced to manage capacity. A Business Partner Model suggested by AW is not within our resourcing capacity, however, this will be further evaluated as part of the next stage to assess if investment may add value.</p>	<p>Action Complete</p> <p>Evaluation June 2024</p>
R4	<p>Evaluating workforce planning training</p> <p>We found that the Health Board is strengthening workforce planning capability through a range of training initiatives, some of which are still in development. Training is central to ensuring staff have the capability to support good workforce planning, as such the Health Board should develop an evaluation framework to measure the success of its training programme (medium priority).</p>	<p>A number of training programmes have had first level evaluation (Kirkpatrick Model) as part of structured leadership programmes such as LEAP alongside standalone programmes and resources. Evaluation of these programmes will take place in the next 12 weeks alongside action R3 to make a holistic assessment of resources and how to better align capacity (connected to R3).</p>	<p>Training complete</p> <p>Evaluation June 2024</p>

R5	<p>Performance monitoring</p> <p>We found that in the absence of a clear implementation plan supporting the 10-year workforce strategy, it is difficult to gauge the progress and impact of its delivery. We recognise that the Health Board is refreshing its workforce strategy. But in the interim it should update the People Organisational Development and Culture Committee twice a year on (high priority):</p> <ul style="list-style-type: none"> a) progress against the key outcomes for success outlined in the workforce strategy b) how actions are having an impact on reducing workforce risks, specifically by developing a set of measurable impact measures for the Workforce Strategy. 	<p>The PODCC is updated as a minimum twice per year on Workforce Planning Activity and wider Education, Recruitment and Retention initiatives based on Assessment of the People Regeneration (Supply) Pipeline.</p> <p>Key metrics of success have been designed based on the:</p> <ul style="list-style-type: none"> - reduction in workforce gaps - projections of workforce supply i.e. Nursing & Midwifery Pipeline - reduction in agency and locum usage - reduction in variable pay. <p>As well as qualitative measures on employee engagement and contribution.</p> <p>Alongside the above the PODCC Performance Dashboard for Workforce presented will be aligned to the Implementation Plan.</p> <p>Alignment to the HB's Benefit's Realisation Tool will be sought to ensure an integrated approach to strategic & operational workforce planning and measurement of impact.</p>	<p>Action re Performance and Reporting to PODCC in place.</p> <p>Actions impacting on success outcomes and reducing risk (included in papers Appendix 1)</p> <p>Ongoing will link to Part 2</p> <p>Ongoing will link to Part 2</p>
R6	<p>Benchmarking</p>	<p>Resource scanning has taken place to:</p> <ul style="list-style-type: none"> a) identify resource to undertake research that will enable specific benchmarking and inform the development of new models b) design of the workforce planning maturity matrix to use as a tool to benchmark across other HB's in terms of approach/performance/assurance of workforce planning as an organisational improvement method across Health Boards and similar organisations. It is hoped HEIW will support/facilitate in this space through the Strategic Workforce Planning Forum. 	<p>Benchmarking Action Complete</p> <p>Wider actions form part of Risk Assessment a) resource b) maturity matrix</p>

Implications

The consistent theme within workforce planning is operating on two levels:

- a) regional/organisational understanding of demand and capacity to inform workforce choices to manage risk
- b) capacity of the workforce planning and wider workforce & organisational development teams to manage the needs/demands of services for support in these areas.

As noted within the table timelines have been moved forward for the evaluation phase of the “supporting services”, “evaluating training” and “performance monitoring” to June 2024 to enable this to be progressed with care.

As capacity is constrained, we must find ways to improve delivery of the workforce planning service. To this end, and alongside the work contained within we will a) develop a priority matrix based on those already implemented in the Health Board and b) look for additional resources and partners to bolster capacity.