



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	16 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	People Plan Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Deputy Chief Executive and Director of Workforce & OD
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tracy Walmsley, Assistant Director of People Planning

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

Throughout 2024, the People Planning and Effectiveness Teams have been working on Workforce Stabilisation as a Health Board wide objective.

Good progress has been made in a number of areas, roll out of training to support workforce planning capability, engagement sessions with over 60 individual services delivering direct patient care, and wider corporate functions to enable stabilisation and inform future work for the People & Organisational Development Team.

To outline this report, alongside detailed reports available on request, will note progress to date, the challenges that are present and opportunities in development to continue to evolve a comprehensive and robust people plan and the ongoing approach to strengthen People Planning across the Health & Social Care system in West Wales.

Cefndir / Background

The report is supported by a number of detailed progress plans, trackers and tools for monitoring, analysing, supporting and critically evaluating the approach to workforce planning, respectively:

1. Workforce theme Risk Register (developed in January 2023 and assessed on a regular basis)
2. Operational Workforce Plans (commenced August 2023 and under review as part of 2024/25 Annual Plan and Education and Commissioning Cycle)
3. Operational Workforce Planning Action Tracker (November 2024)
4. Gap Analysis Business Intelligence Report (developed November 2024) to analyse workforce change.
5. Mixed method approaches to Workforce Planning Training:
  - a. LEAP
  - b. New Consultants programme
  - c. 1 day programmes Health Board wide face to face programme
  - d. Bespoke workshops for targeted service areas
  - e. Tailored Programme roll out with Health Education and Improvement Wales

(HEIW) and Mental Health and Learning Disabilities (MHL) as part of the Strategic Workforce Programme

- f. Tailored workshop for Primary Care colleagues
6. Templates and Checklists for Workforce Planning have been developed through an Operational and Strategic Level which include a:
  - a. Capability Matrix (Individual/Team use)
  - b. Maturity Matrix (HB/System wide)
  - c. Self-Coaching Manual for Managers

These elements are supported through a SharePoint site which can be accessed here: [Hywel Dda Strategic Workforce Planning - Home](#)

The Team is now at full complement: 4 Managers and 4 Support Managers, following periods of absence and successful secondments to HEIW's Strategic Workforce Planning Team. Appointments have been made to the Workforce Planning Project Manager role and in addition funding secured by the Primary Care Academy for a Primary Care Workforce planner who will be appointed shortly.

### Asesiad / Assessment

In assessment, People Planning has moved significantly over the last 12 months in embedding a Health Board wide approach aligned to the Annual Planning Cycle and pleased to confirm that this is progressing well. Our remaining challenges are aligned to the following areas:

1. Demand and capacity planning.
2. Population Health based People Planning
3. Pace and scale of People Planning & capability building.
4. Regional working/regional intelligence.

It is the intention to address these concerns through a review of governance engagements through a professional group and service planning lens, aligning to the "Professional Leaders Forum" and the revised operational structure of "care groups". Utilising this approach, we will strengthen and integrate further the workforce themed risk management register and the Operational Workforce Planning approach to afford the following opportunities:

- Service/Care Group to enable service delivery / mitigate critical risk.
- Professional Group to strengthen critical gaps, opportunities for new roles and enable multi professional developments.
- People Pillar to ascertain the focus being given by services/professional to the importance/support required to facilitate their needs.
- Regional opportunities: aligning with Swansea Bay University Health Board (SBUHB) and wider system colleagues via the Regional People Intelligence Group.

In addition, we recently met with HEIW's Senior Team to frame the "strategic engagement" conversation (November 2024) for Education & Commissioning where we highlighted our ongoing challenges and presented the support we need, this followed a review of the last 12 months and how we would prefer to engage further, with another meeting scheduled for January 2025, as part of this we flagged the importance of the alignment to the Clinical Services Plan and the critical assessment needed internally and with support from HEIW to ensure we will be able to commission and develop the potential workforce needed for the future in the short to medium term.

Therefore, in summary, we can demonstrate wide engagement which will further enable and afford the opportunities identified above.

## Argymhelliad / Recommendation

The PODCC is asked to take assurance on:

- a) progress made in the development of people planning within the Health Board and the progress being maintained to deliver an integrated, critically assessed and embedded systemically across the Health & Care System.
- b) The People Planning Framework in place that is responsive to the needs of the Health Board based on the current maturity of People Planning across the Health & Care System.
- c) The People Plan which will be developed for 2024/25 with a future focus that enables 4 lenses to align resources to agreed priorities via the Annual Planning Cycle.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	N/A
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. All Strategic Objectives are applicable Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation Not Applicable Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct financial impact or capital requirements
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts on adverse quality and/or patient care outcomes/impacts
<b>Gweithlu: Workforce:</b>	No direct impacts on adverse existing or future staffing impacts:
<b>Risg: Risk:</b>	No direct impacts on risks identified and plans to mitigate risks:
<b>Cyfreithiol: Legal:</b>	No direct impacts on legal impacts or likelihood of legal challenge:
<b>Enw Da: Reputational:</b>	Unlikely to have any potential for political or media interest or public opposition:

<b>Gyfrinachedd: Privacy:</b>	No potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc:
<b>Cydraddoldeb: Equality:</b>	No potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation



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**Workforce Plan 2024-2025 & 2025-2026**

**16 December 2024**

# Workforce Plan



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The content contained within should be read in conjunction with the PODCC Summary Paper which includes:

1. Summary of high-level challenges for workforce planning approach:
2. Thoughts on future governance arrangements to strengthen approach (Annual Plan and Regeneration Framework)
3. Consolidation of Risk Management approach
4. Update on Operational Workforce Plans and an Overview of Workforce Themes by Service, Profession and WOD Pillar
5. HEIW Strategic Meeting and Education & Commissioning Approach
6. Alignments to the Clinical Services Plan

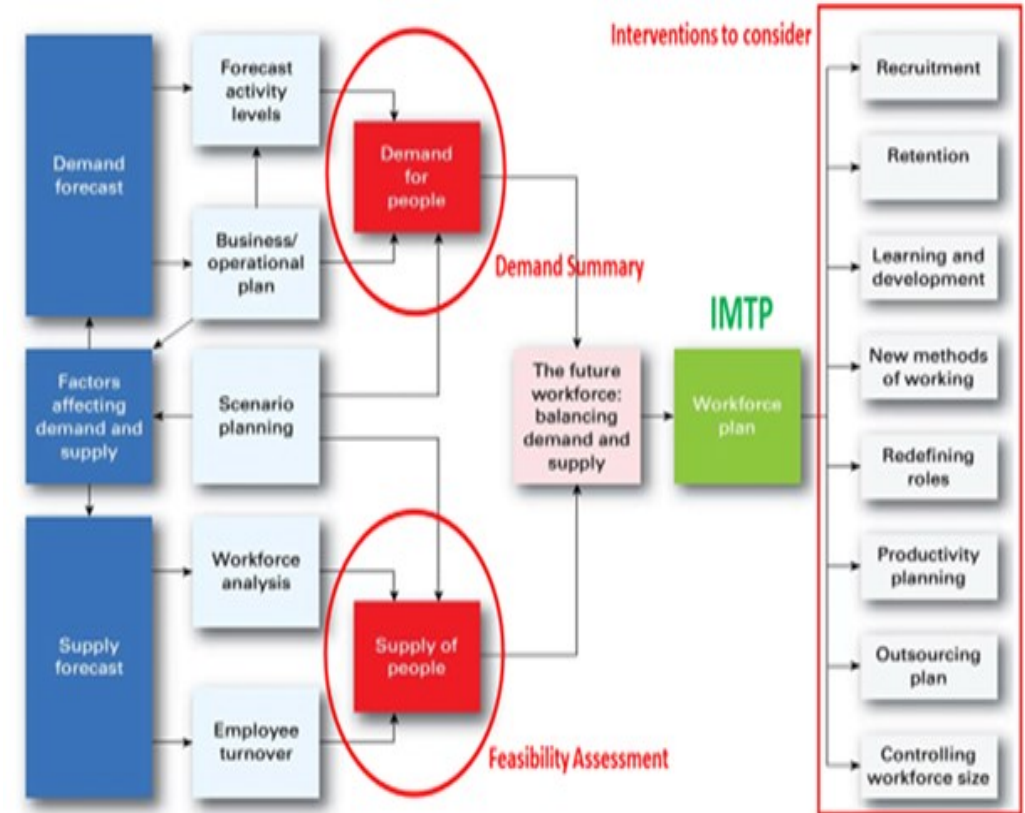
# Our approach – Demand



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1. Over the last few years as we have worked to strengthen our approach to workforce planning from an operational and strategic lens, we have become increasingly aware of the possible flaws/and or unintended consequences that the organisational approach may be having on workforce planning. It is important that we note them here to begin to address them:
2. Demand forecast where it is actively utilised by services it is focused on recent activity levels and not population health-based assessments of need. It can be argued for in year modelling that this may be adequate, however for longer term strategic planning would not be appropriate.
3. We focus on a single scenario which generally dictates that we maintain the “status quo” rather than critical strategic drivers. This potentially leads us to linear thinking and fails to account for a range of influences and options.
4. We have put in safeguards against our modelling of supply to take account of the historical patterns of supply that is achieved rather than what is commissioned on our behalf. This has given us a level of insight; more sophisticated modelling techniques will be required in the future to help address point 2 to assess the gap between supply and demand.
5. As suggested in 2 it helps to have a sense of what the future needs to look like to help shape it; the strategic imperative for our services is to understand the specificity of future models of service delivery whether linked to regional models, clinical service planned changes or the wider social model.



# Our approach – Supply



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The People Regeneration Framework has given us an insight into our supply routes focusing from a workforce perspective on:

- Resource & Replenish: *recruitment, local, national and international*
- Redevelop & reskill: skills & capability expansion through apprentice routes and development programmes: making a difference, LEAP etc
- Retain and Reward: retention groups and discover work to inform specifically designed interventions

We have made in roads in our analysis and interventions to support across the WOD Directorate with increases across all professions in these areas as evidence by the IPAR and Workforce Performance Dashboard.

More work is possible in the other areas to continue to assess new models and practices to optimise the time, skills and energy of our people.

Under the 3 headings we can identify the ongoing and developing work needed:

- Reposition & renew: *appropriate use of temporary workforce and deployments*
- Resolve and revive: *positive employee relations/cultural interventions/policy interventions: flexible working etc*
- Rediscover and reinvent: development of new models and digital solutions all form part of the opportunities for exploration



(Adapted from NSW Government, n.d)

Please note the intervention under each theme are examples that could be built upon to create a health & social care specific definition for interventions.



# Strategic Alignment & Workforce Governance



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Since November 2023, workforce planning engagement at service level has led to the development of 60+ workforce assessments, now evolving into workforce plans aligned to a risk based approach; currently going through a quality assurance process and now as at November 2024, forming the basis of intelligence to inform the Annual Planning Cycle 2025-26.

As at November 2024, we are continuing to build on our strategic framework to grow our capacity and capability aligned to the strategic need for workforce planning, for assurance and to strengthen the overall approach to strategic workforce alignment and planning, as such, we are recommending:

- A working group to be established to undertake the initial assessment to align all *programmes of work to the Annual Workforce Plan and inform the Strategic Workforce Plan going forward over the next 5 years.*
- A Strategic Workforce Planning Forum *to oversee the development of a strategic workforce plan through a multidisciplinary lens and set out the principles for 2025/26 aligned to HB wide priorities.*
- Alignment of the Strategic Workforce Planning Forum to *existing governance arrangements for service delivery/performance, professional & specialist leadership and resource management i.e. QI, VBHC, Professional Leaders Forum.*

Throughout 2024 groups have been established to lead areas of work (International Recruitment, Medical Effectiveness, Nursing Stabilisation or Retention, Allied Health Retention); it is important that we now consider how we draw these groups together based on the People Regeneration Framework to assess the overarching contribution and ensure coordination of all work streams.

Further to this, we need to ensure that we establish new workstreams to take account of areas that have not had dedicated attention, particularly on new models that may be achieved through new technologies i.e. artificial intelligence or genomics. This will be the focus of the Strategic Workforce Planning Forum.

We will overlay these arrangement to support the wider governance frameworks in place to avoid duplication and optimise delivery aligning to risk, fragility, improvement and escalation.

We will work within our existing resources and optimise current practices within the People Planning Pillar.

# Workforce Risk Management



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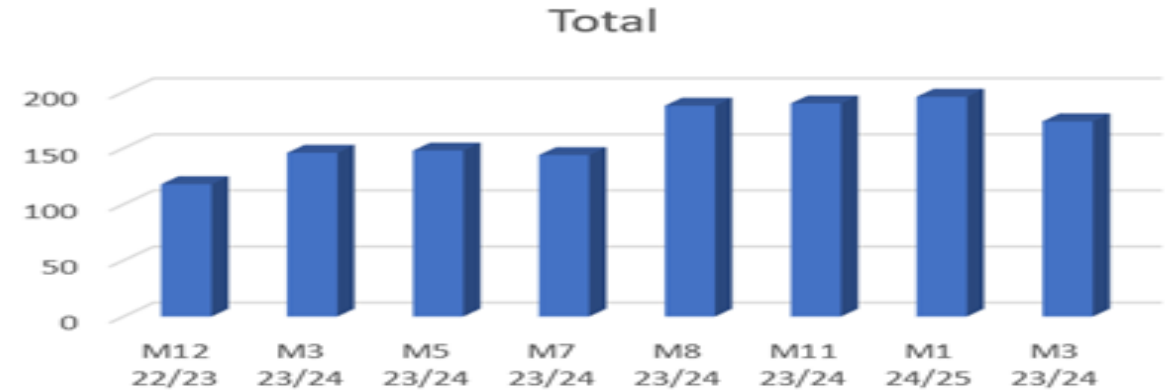
## Journey of Risk

Greater scrutiny of workforce themed risk began in March 2023 to allow us as a Workforce & OD Directorate to better understand the Health Board Workforce Risk position.

Analysis was undertaken of the whole Health Board Risk Register by the Strategic Workforce Planning Team. Following scrutiny, it identified risks that also existed across many of the other Health Board domains but had not been categorised or allocated a workforce theme. This work brought to light several other risks that had workforce implications that also aligned but at that time did not form part of the Health Board Workforce themed risk register.

Since March 2023 and as this work progressed, a month-on-month increase was seen to the workforce risk register as risks were identified and a true baseline picture to be understood. The peak in April 2024 saw an overall increase from 118 to 196 risks on the workforce themed risk register i.e. 78 workforce themed risks added that previously had gone undetected. As at November 2024 assessment based on 1 August 2024 data, there are 186 Workforce Themed Risks on the Risk Register.

The general trend is in a reduction in risk number and scores, a new report is due end of November which will refresh this data and test that assumption further.



Key - WF Themed Risks to W&OD Pillars (This reporting Period August 2024)		Key - WF Themed Risks to W&OD Pillars (This reporting Period May 2024)		Key - WF Themed Risks to W&OD Pillars (Last reporting Period Feb 2024)	
29	Newly Added Risks	15	Newly Added Risks	21	Newly Added Risks
12	Increase in Risk Score	3	Increase in Risk Score	7	Increase in Risk Score
34	Decrease in Risk Score	8	Decrease in Risk Score	13	Decrease in Risk Score
39	Risk Closed or Theme Changed.	9	Risk Closed or Theme Changed.	19	Risk Closed or Theme Changed.

# Workforce Risk Management



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## Role of risk in WFP

Risk in workforce planning is integral. Its assessment helps to better understand, anticipate, and mitigate potential workforce challenges. Managers working closely with Risk and Assurance Business Partners assess and escalate their workforce risks accordingly. Further thematic analysis undertaken by the SWFP Team helps to identify workforce pillar leads within the workforce directorate who would be best placed to support the Health Board operational teams with interventions with workforce support to either eliminate or bring risk scores within tolerance levels.

Risk conversations in workforce planning has assisted in the identification of demand and capacity issues, predicting impact on the delivery of current and future service delivery, resource allocation, designing, planning and attracting the right workforce, financial risks linked to workforce stabilisation, recruitment, and retention risks, assessing risks related to skills gaps and educational and commissioning implications, non-recurrent funding positions, and organisational pace versus staff wellbeing. *On the slide opposite we have been able to map the total scores of risk for those over 15 (severe) and assess the journey through to today. We are now able to analyse by service, pillar and profession.*

TOP WORKFORCE RISKS WITH SCORE 15 OR OVER										Ending Risk Score	Overall Reduction in Score	Directorate	Profession/Staff Groups
Risk Reference	Risk Score Start Position	December 22-23	June 23-24	August 23-24	October 23-24	February 24-25	April 24-25	August 24-25	Overall Reduction in Score	Directorate	Profession/Staff Groups		
1528	25	25	25	25	25	25	25	25	0	USC:SGH	NURSING		
1882	25	25	25	25	25	25	25	25	0	USC:SGH	MEDICAL		
118	20	20	20	20	20	20	20	20	0	USC: Cardiology	CARDIOLOGISTS		
818	15	15	15	10	10	10	10	10	5	Scheduled Care: Neurology	MEDICAL		
134	15	15	15	15	15	15	15	15	0	USC: Pathology	MEDICAL		
1290	20	20	20	20	20	20	20	20	0	NHLD: Neurodevelopment Services	PHI PRACTITIONERS		
1293	20	20	20	20	20	20	20	20	0	USC: PPH	NURSING		
1309	15	15	15	15	15	15	15	15	0	USC: Pathology	PATHOLOGISTS		
1530	20	20	20	20	20	20	20	20	0	USC: PPH	NURSING		
1706	20	20	20	20	20	20	20	20	0	USC: Radiology	DIAGNOSTICS		
1717	20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	ALL		
1505	15	15	15	15	15	15	15	15	0	Scheduled Care: Rheumatology	MEDICAL		
1806	20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	MIDWIFERY & DIETETICS		
1820	20	20	20	20	20	20	20	20	0	Therapies and Health Science: Dietetics and Nutrition	DIETICIANS&SUPPORT STAFF		
1844	20	20	20	20	20	20	20	20	0	Public Health	MEDICAL		
1878	20	20	20	20	20	20	20	20	0	USC:SGH	MEDICAL		
1882	20	20	20	20	20	20	20	20	0	Public Health: Health Improvement & Wellbeing	ALL		
1894	20	20	20	20	20	20	20	20	0	Therapies and Health Science: Speech and Language	SALT		
1897	20	20	20	20	20	20	20	20	0	CEREDIGION	NURSING		
205	15	15	15	15	15	15	15	15	0	USC:SGH	NURSING		
750	15	15	15	15	15	15	15	15	0	USC: WGH	MEDICAL		
996	15	15	15	15	15	15	15	15	0	Women and Children: Paediatrics and Neonates	NURSING		
1066	15	15	15	15	15	15	15	15	0	Scheduled Care: Ophthalmology	NURSING		
1231	15	15	15	15	15	15	15	15	0	CARMARTHENSHIRE	ALL		
1237	15	15	15	15	15	15	15	15	0	USC: Diabetes	MEDICAL		
1238	15	15	15	15	15	15	15	15	0	USC: Respiratory	MEDICAL		
1296	15	15	15	15	15	15	15	15	0	Scheduled Care: Trauma	MEDICAL		
1348	20	20	20	20	20	20	20	20	0	USC: Radiology	RADIOLOGISTS/REPORTING RADIOGRAPHERS		
1399	20	20	20	20	20	20	20	20	0	USC: RADIOLOGY	QUALITY LEAD		
1414	15	15	15	15	15	15	15	15	0	Women and Children: Community Children Services	ALL		
1431	20	20	20	20	20	20	20	20	0	USC: PPH	NURSING		
1451	15	15	15	15	15	15	15	15	0	PHYSIC:GMS	PHYSICIAN/INDEPENDENT CONTRACTORS		
1552	15	15	15	15	15	15	15	15	0	USC: Pathology	MORTUARY		
1554	15	15	15	15	15	15	15	15	0	USC: Pathology	MORTUARY		
1616	15	15	15	15	15	15	15	15	0	USC: WGH	MEDICAL		
1558	20	20	20	20	20	20	20	20	0	USC: Radiology	BONDGRAPHERS		
1872	15	15	15	15	15	15	15	15	0	USC: Pathology	MORTUARY		
1887	15	15	15	15	15	15	15	15	0	USC: Pathology	BIO MEDICAL SCIENTISTS		
1865	15	15	15	15	15	15	15	15	0	USC: Diabetes	MEDICAL - CONSULTANTS		
1877	15	15	15	15	15	15	15	15	0	PUBLIC HEALTH	ALL		
1887	15	15	15	15	15	15	15	15	0	Scheduled Care: Critical Care	A&P		
1892	15	15	15	15	15	15	15	15	0	USC: Radiology	RADIOLOGISTS		
1903	15	15	15	15	15	15	15	15	0	USC: PPH	NURSING		
1911	15	15	15	15	15	15	15	15	0	Scheduled Care: Audiology	ALL		
1428	15	15	15	15	15	15	15	15	0	Scheduled Care: Rheumatology	NURSING		
1812	15	15	15	15	15	15	15	15	0	Therapies and Health Science: Physiotherapy	PHYSICOTHERAPISTS		
1547	15	15	15	15	15	15	15	15	0	USC: Radiology	RADIOLOGISTS/REPORTING RADIOGRAPHERS		
1750	20	20	20	20	20	20	20	20	0	Women and Children: Midwifery and Maternity	BONDGRAPHERS		
1754	15	15	15	15	15	15	15	15	0	Scheduled Care: Plaster Services	PLASTER TECHNICIANS		
1758	15	15	15	15	15	15	15	15	0	Nursing, Quality and Patient Experience (NQPE)	ALL		
1858	15	15	15	15	15	15	15	15	0	PEMBROKESHIRE	ALL		

	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	75	111	186
EXTREME (RED) RISKS (based on 'Current Risk Score')	32	19	51
HIGH (AMBER) RISKS (based on 'Current Risk Score')	38	75	113
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	5	17	22
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	0	0



# Workforce Risk: Priority & Opportunity



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## Risk as an Opportunity

As an organisation where workforce risks are identified we also view this as an opportunity for change. With the Health Board being in targeted intervention it is still possible for innovation to take place. Opportunities to consider alternative models of workforce and the roles/responsibilities of the various staff groups that contribute along the patient pathway and where upskilling/skill mix opportunities are possible.

Through the development of in year operational workforce plans with services across the organisation these have identified workforce risks relating to resource allocation, elevated risk relating to staff shortages both national and local, workforce and service fragility and the risks in planning the workforce to meet all patient needs. However, through support from the wider workforce directorate and, corporate teams we continue to provide effective interventions and workforce plans are developed in conjunction with service leads for the; short-, medium- and long-term. Mitigation measures are also being worked through to allow service leads to own and bring their workforce plans to fruition.

## Prioritisation

We are moving towards a risk-based priority assessment in relation to how support is offered to services, to ensure we are focusing our efforts through a WOD, Corporate and HB lens, through a targeted approach assurances can be given that all endeavours wherever possible to mitigate risk or reduce the workforce risk score position are being considered, and action plans are in development.

Top Scoring Aug 24	(Above 15+ distribution)
Risks at 25	2
Risks at 20	17
Risks at 16	25
Risks at 15	7
<b>Total</b>	<b>51</b>

For example the two highest risks are located within Carmarthenshire, GGH and relate to nursing and medical capacity. A senior leader is supporting the teams with development of the 12 week plans to support an improvement trajectory. This approach is supported through Improving Together and Escalation meetings. This is in addition to the development of Operational Workforce Plans. **Every workforce themed risk area will have a plan attached to address/mitigate the risk.**



# Emergent Themes of OWFP



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The themes that exist in the Hywel Dda region are also prevalent across other NHS Wales Health Boards and indeed the wider UK; and internationally. In relation to the fragility of certain staff groups within the healthcare workforce e.g. Mental Health professionals, - Psychiatrists, Psychologists, Mental Health Nurses, General Practitioners, Specialist Doctors including Anaesthetists, Ophthalmologist, Paediatricians, Consultants – Oncology, Pathology, Haematology, Cardiologists, Diagnostics, Sonographer, Reporting Radiographers and Radiologist.

To flag, in the next 12 months it is important that we assess Allied Health Profession workforce to be able to facilitate and deliver care closer to home. Key policy drivers include ‘A Healthier Wales’, and the ‘Wellbeing & Future Generations (Wales) Act, creating greater emphasis to provide effective, high quality and sustainable healthcare as close to home as possible, and to deliver safe alternatives to admission into secondary care by providing the right care, in the right place, first time, as set out in the National Programme, Six Goals for Urgent Emergency Care agenda. Considering AHP professions especially those relating to stroke services, there will be the potential requirement for increased recruitment across the staff groups to meet the “demand” challenge when quantified i.e., Physiotherapists, Occupational Therapists and Speech & Language therapists, aligned to this is the need to understand the value of new models i.e. early discharge and the benefit of these interventions.

## **Workforce Planning Alignment to Escalation Framework**

Our workforce planning approach supports the organisations ambition to develop sustainable, cost-effective workforce solutions, aligned to prudent use of resource. We have supported directorates this year to develop their operational workforce plans, with a clear focus on short-term priorities, including savings plans, opportunities for innovation and new ways of working. During engagement, we have also analysed the current position and future ambitions for service and workforce transformation, aligning development needs to the education commissioning process. We are assessing the level of assurance that can be provided in relation to the development of the workforce plans, which will be linked to a quality assurance process that will be aligned to professional leads; this is work in progress. As we strengthen alignment to the six domains within the escalation framework which include:

1. Quality
2. Governance
3. Workforce
4. Finance, Strategy and Planning
5. Fragile Services
6. Performance and Outcomes.

We are working to create/strengthen triangulation of performance, finance, workforce and governance alongside wider alignment to how we can link in solutions.

# Outline of Discussion with HEIW for Future Commission - 2024/25



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- **Our workforce age profile is changing; we are seeing a year on year increase in average retirement age. Closer to 60 now. Undertaking analysis for trends in professional group.**
- **Will be a shift stabilisation work from nursing to medical workforce:**
  - Careful management of the workforce pipeline is needed, across all professions but especially nursing out turn aligned to the successful nurse workforce stabilisation programme there are very few Band 5 nursing vacancies. Currently profiling.
  - More significant gaps in medical and some critical aligned to pathology, ophthalmology, and wider workforce professions: psychology, radiology, cardiac physiology and theatres staff.
- **AHP workforce and identified need/demand for workforce.**
  - evidence base for programmes i.e. early supported discharge
- **Significant cultural challenges around the MAPs workforce**

## Hywel Dda UHB – 2024-25 cycle themes

### Regional and Strategic Planning

- **Regional Programmes:** Issues with capacity to manage and workforce planning across approximately 10 regional programmes. **"Reshaping"**
- **Resource Intensive:** Regional planning requires significant resources and is subject to changing national priorities.

### Future Workforce Planning

- **Education and Training:** New education programmes starting in 2025, with a need for practical steps in the interim. **More Rural focus?**
- **Apprenticeships:** Strong support needed for apprentices to retain them and create a pipeline. **Similar**
- **Demand Management:** Future profiling and demand management are critical, with efforts to articulate workforce demand clearly. **\*Data/Population Health...**

### Workforce Issues

- **Vacancies:** Significant gaps in nursing, paediatrics, mental health, and learning disabilities. **Challenges present – an improved position based on underpinning work**
- **International Recruitment:** Efforts to fill gaps through international recruitment, particularly in nursing. **Successful programme.**
- **Professional Registration:** Challenges with overseas practitioners and professional registration standards **CASE accreditation being a case in point.**
- **Workforce Strategy:** Refreshing the workforce strategy to align with HEIW's standards.

### Financial Position

**Targeted Intervention:** Remains in targeted intervention for planning and finance, with no expected change. **In Escalation**

**Annual Plan:** Focus on in-year elements and ministerial priorities, with an emphasis on savings and efficiency with no expected major changes or surprises. **Similar although CSP linkages**

### Financial Efficiency

**Locum Costs:** High costs from locums, with efforts to reduce these costs while understanding the associated risks. **Similar, will look to skills mix/redesign when efforts exhausted.**

**Efficiency Measures:** Focus on being more efficient and reducing agency spend, particularly in planned care, mental health, learning disabilities, and women's and children's services. **Ongoing**

### Operational Challenges

- **Complexity:** Operational challenges are complex and difficult to navigate. **Revised structure implementation**
- **Workforce Risks:** All areas have workforce-related risks, particularly linked to capacity planning and vacancies. **Risk based approach to Operational Workforce Planning**
- **Fragile Services:** Several services are fragile, with ongoing work in the Clinical Services Plan to address these issues. **Ongoing**



# Nuffield Review as part of SOC feedback



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The below excerpt from the Nuffield Review highlights the specific issues that were flagged and identified the HB and HEIW as critical partners in this space.

14	<b>Access to Senior Trainees.</b> Rural services need to be training their own staff. This is particularly true for doctors. It is very regrettable that Hywel Dda is not getting access to more senior trainees. This needs urgent attention. HEIW needs to ensure it is training doctors who can and want to work across the whole of Wales, not just urban centres.	UHB/HEIW	There is a need to find a GYO solution to the medical workforce and is one of our critical imperatives linking in with HEIW i.e. scholarships, Medical apprenticeships etc. This is also wider than the medical workforce and covers the commissioning of a number of professions that present a critical risk in rural areas i.e. radiology
15	<b>Doctors Training for Rurality.</b> we recommend that a review is carried out to consider whether specific action to train doctors for providing services in rural areas who will have a wide range of expertise across a number of medical specialties. A cadre of such professionals will be required to make models similar to that proposed by Hywel Dda HB operate effectively. HEIW should work with rural areas in Wales (and potentially other parts of the UK) to develop new models for training senior doctors to support rural services	HEIW/UHB	As above
15	<b>Wider training for Rurality.</b> A similar focus on the needs of rural areas for other staff groups is also needed.	HEIW/UHB	As above



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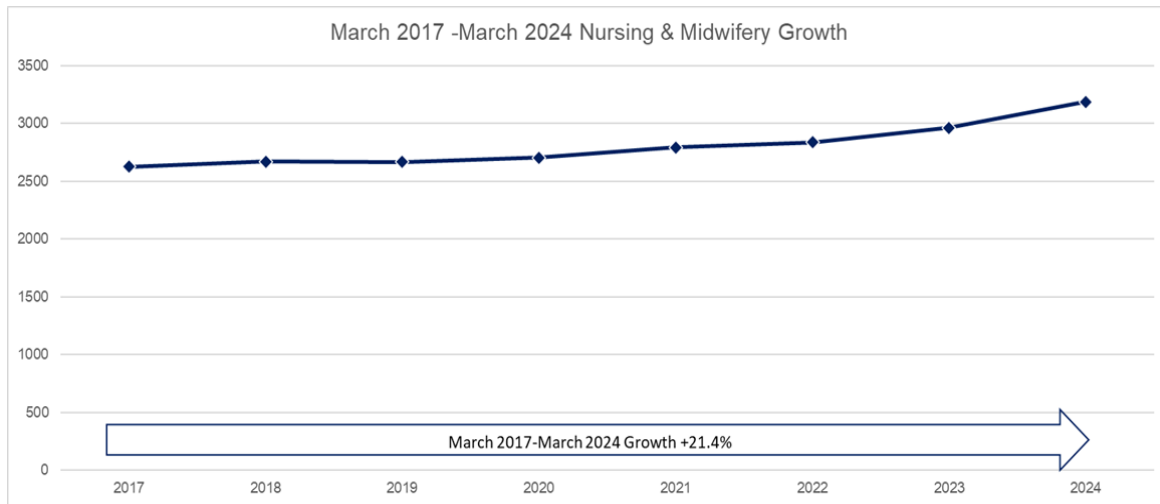
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## Workforce Plan 2024-2025: Preparing for Our Future

Professions Analysis Broad future risks Approach to strategic workforce planning and Culture v Plan  
CSP & AHMWW  
WFP for WOD & Corporate Functions

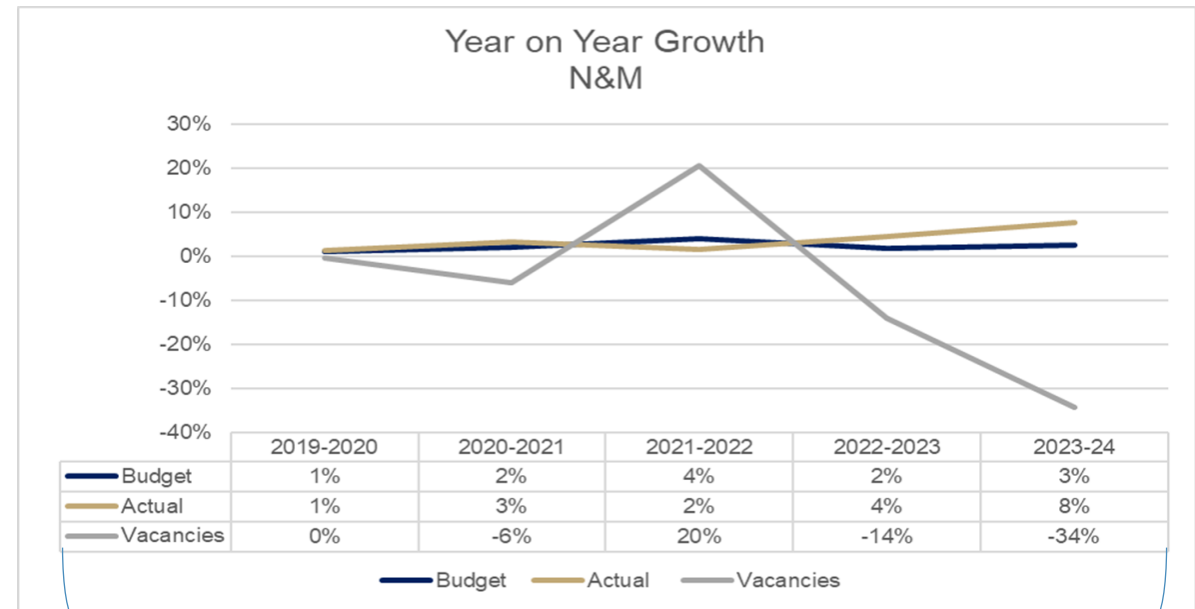
# An example Nursing & Midwifery



Year	2017	2018	2019	2020	2021	2022	2023	2024
Nursing & Midwifery	2,625	2,672	2,667	2,704	2,791	2,838	2,963	3,187

## Key points:

- Significant reduction in vacancies, even allowing for increases in funded establishment by 370 WTE
- Targeted approach through Grow Our Own and IEN Recruitment post 2021 evidences success in reducing gap
- We now have few projected workforce gaps, careful management of retirements profiles and pipelines is needed to stay within the agreed financial establishments based on critical assessments of need.



Actual figures aligned to % figures

Year	2019	2020	2021	2022	2023	2024
Budget	3082.89	3119.78	3181.31	3307.6	3366.75	3452.9
Actual	2,666.52	2,704.49	2,791.33	2,837.78	2,962.88	3,186.60
Vacancies	416.37	415.29	389.98	469.82	403.87	266.30

# Example of work to date to reduce variable pay



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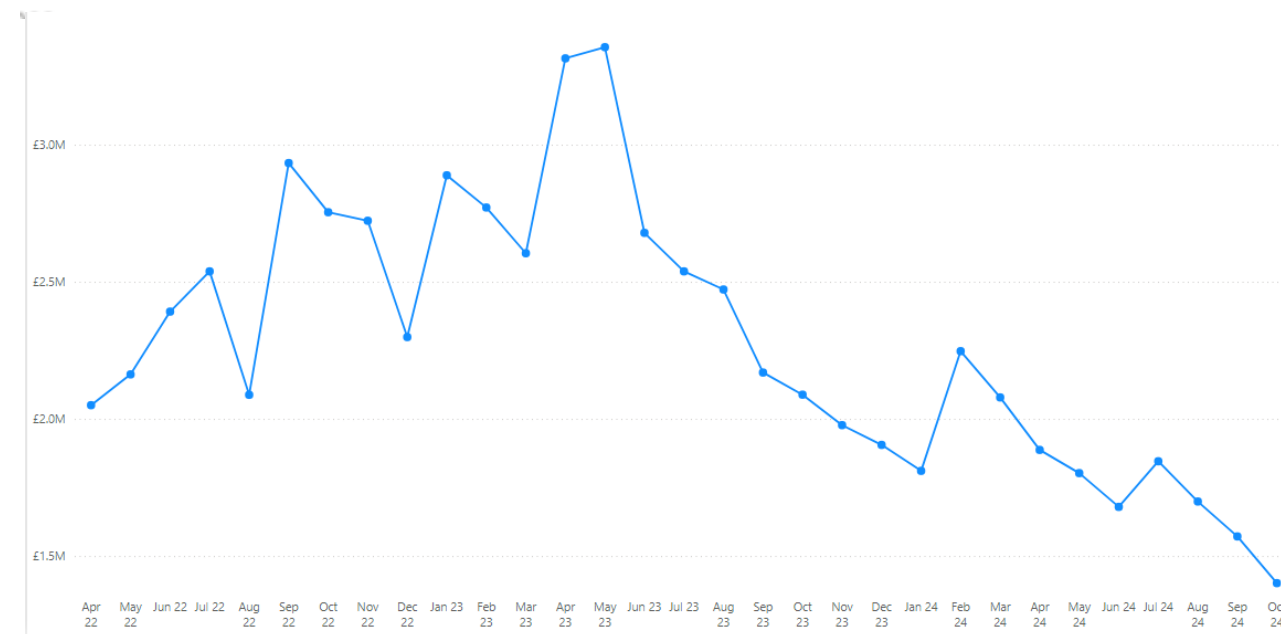
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- Whilst it is recognised that there is still work to do to continue to reduce variable pay expenditure, below are some of the work that has been taken to date by for example by the Unscheduled Care teams:
- Off contract agency usage (via Thornbury agency) ceased as of June 2023
- Travel and accommodation payments to agency workers ceased as of June 2023
- Stabilisation Work Programme started in GGH and PPH but now includes WGH and BGH
- 196 internationally educated nurses have been recruited to the HB and are working in our wards or undergoing OSCE training
- Between 1 May 2023 and 30 April 2024, 76 external Band 5 Nurses offered positions within Hywel Dda and a further 20 have been offered Band 6, Band 7, or Band 8a posts.

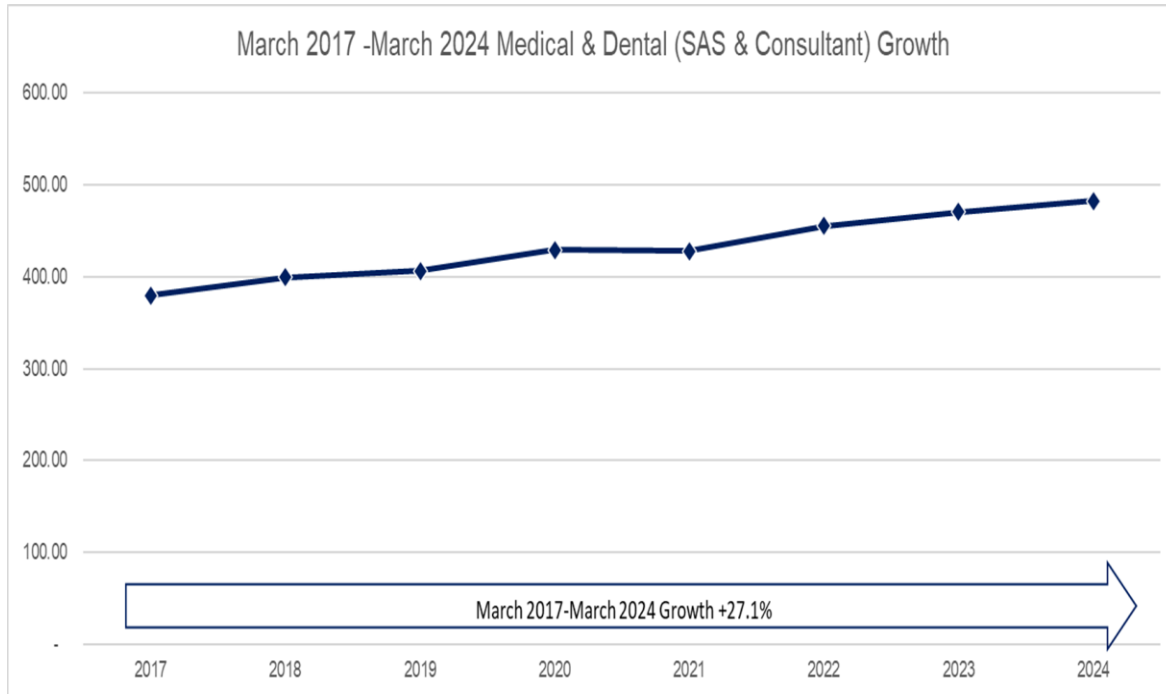
Total Cost by month for RN agency for Unscheduled Care BGH, PPH, GGH and WGH (Our Performance Dashboard).

## Total cost by month

- Cost is shown by month paid and therefore does not correlate to the activity data in this section.
- The staff group, request reason, shift type and contract type filters are not available for this chart.



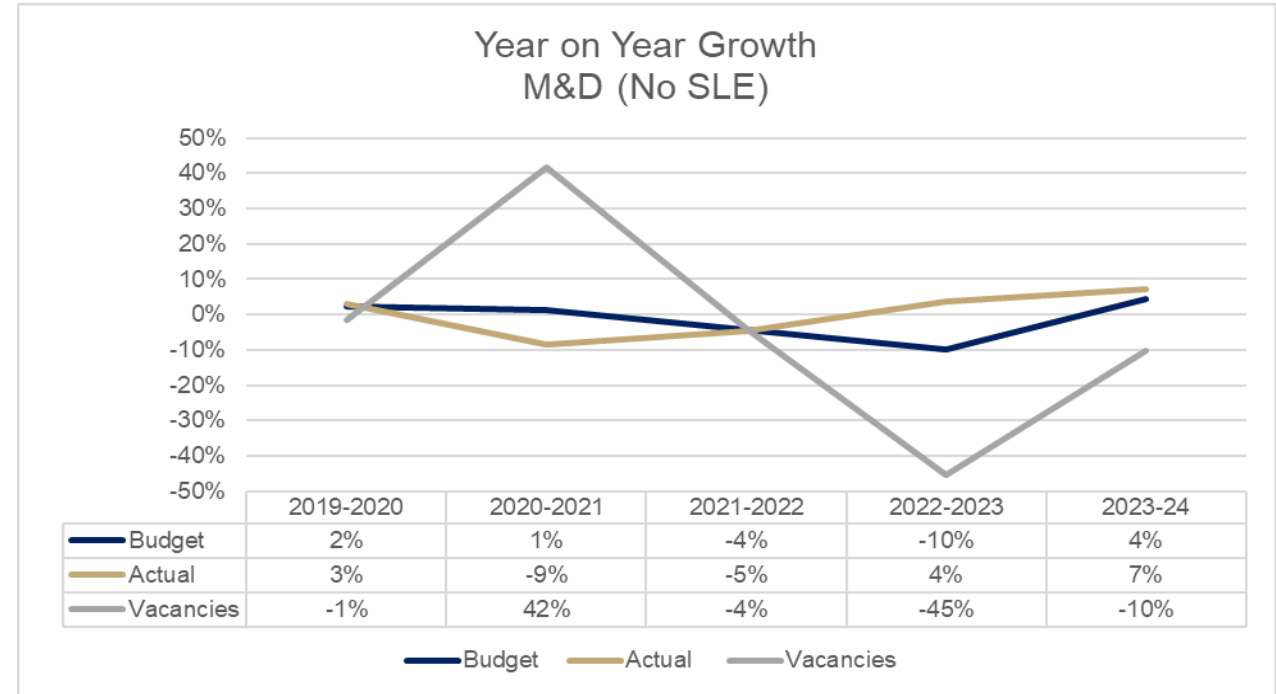
# An example Medical & Dental Growth (Year on Year)



Year	2019	2020	2021	2022	2023	2024
Medical (No SLE)	683.52	704.99	644.17	614.06	637.42	683.45

## Key points:

- Reduction in vacancies
- Reduction in locums where possible



Year	2019	2020	2021	2022	2023	2024
Budget	859.92	878.96	890.66	851.04	766.87	799.52
Actual	683.52	704.99	644.17	614.06	637.42	683.45
Vacancies	176.40	173.97	246.49	236.98	129.45	116.07

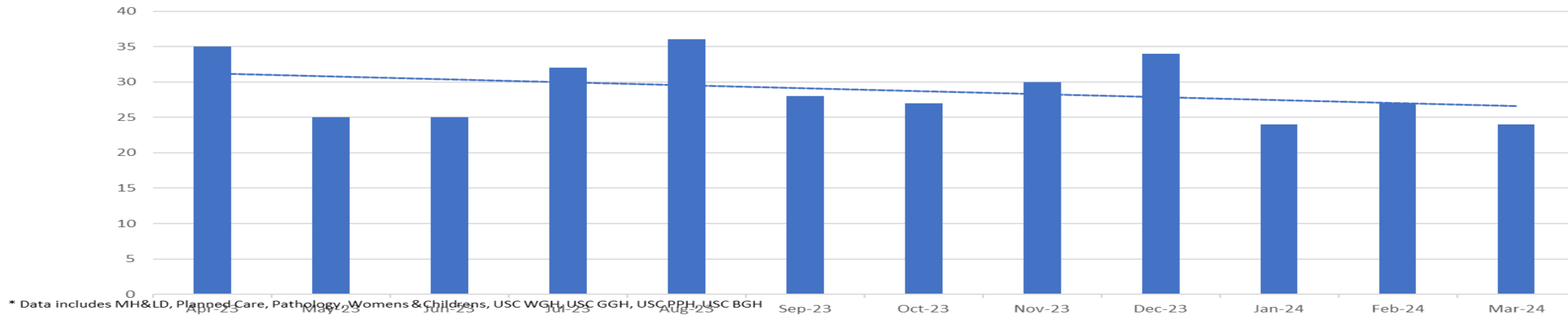
# Example of work to date to reduce variable pay



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Number of Medical Agency workers April 23 – March 24



- The Variable Pay Expenditure & Reduction Group has been developed to oversee the main factors contributing to variable pay including agency, additional duties and bank usage & develop action plans.
- Track the top 20 earners receiving variable pay.
- Co-ordinate and oversee plans to reduce variable pay expenditure in line with the organisations target of reducing variable pay by 50% for 2024/25.
- Support and work with operational teams on data collected to ensure clear understanding of variable pay levels and highest earners.
- Collaboration with operational teams to identify opportunities to reduce variable pay levels.

# 2025/26 Education Commissioning Summary

## Approach

This year's education commissioning process provided opportunity to implement strengthened approach, through engagement with services and professional groups across all directorates, with a focused view of services aligned to ministerial priorities.

The approach with Local Authority and Primary Care has continued to develop, with this year being the first Primary Care education commissioning submission for managed practices.

Due to the financial constraints the organisation is faced with, a consistent approach was applied across all services to ensure commissioning requests were based on need (aligned to workforce baseline) and within the financial establishment. Requests for additional education and training requirements remained consistent e.g., postgraduate, and were aligned to operational workforce plans, with clear benefits identified, with a newly formed process to align education commissioning “ask” from services to internal learning and development processes (i.e., higher awards).

All engagement at service level included review and alignment to the following data to apply the appropriate level of scrutiny to provide assurance that commissioning requests were from an informed position:

- Baseline (Age Profile, Turnover and Vacancies)
- Potential Retirement Projections
- Current Retire and Return Rate
- Pipeline Data
- Streamlining/Resourcing Data
- Attrition Data.

This year's process also included implementation of the Professional Leaders Forum, to provide greater assurance and governance, to gain oversight and agreement for all commissioning requests before submission to Health Education Improvement Wales (HEIW).

## Summary of 2025/2026 Commissioning Requests

Undergraduate commissioning requests has generally remained steady across all professional groups, with continued ambitions to adopt a “Grow Your Own” approach where possible, enabling development and retention of our people. This year's submission demonstrates a continued commitment to invest in the Apprenticeship model, through development of 30 individuals. Although this figure has reduced in comparison to previous years, the Nursing pipeline delivered through the apprenticeship model has enabled a pipeline of total 129 Apprentices in the organisation, who are in varying stages of their development. Similarly, requests for places on the Part-Time Nursing degree remain consistent, with 100 places requested this year (for 2030 output). However, the pipeline for Part-Time Nursing programmes from 2028-2030 is dependent on uptake and availability of places on future programmes (inc. 2024 cohorts) and 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.

The submission across Therapies is also in line with previous years and figures. However, 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 focus at a local and national level to include demand and capacity planning to better understand workforce requirements across Therapies is essential and in progress.

The submissions across Healthcare Science professions also remains consistent overall. However, a reduction can be seen on some programmes e.g., Cardiac Physiology and Blood Science, 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 ARCH programmes (i.e., Regional Pathology) is also 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.

Requests across Pharmacy/Medicines Management remain consistent overall. However, there has been an additional increase in requests in relation to Post-Registration Pharmacists. 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.

In relation to Physician Associate (PA) and Advanced Paramedic Requests, this year's process saw a marked reduction in requests for these two roles. Further system wide planning is required to inform future requirements, to include review of pipeline figures and management of risk to align posts for potential new graduates, based on previous commissioning requests. This is not a situation unique to Hywel Dda, and reduction in places e.g., PA role has been seen across Wales and is reflected in HEIWs Education and Training Plan, therefore a national steer on this is necessary.

## Risks, Challenges and Further Considerations

A number of risks/challenges were raised during engagement, through analysis of workforce data and through robust planning process. In summary, these include:

- Financial Alignment – Greater alignment of posts for new graduates and those undertaking qualifications e.g., Advanced Practice and level 4 roles is needed. Education Commissioning requests are based on workforce need (within financial envelope), however, due to current financial position, there can be reluctance to commission based on actual requirements, to facilitate workforce growth, demand, strategic direction etc.
- Infrastructure – Feasibility of releasing staff for study given current pressures and impact on financial savings, including challenges to deliver work-based learning, student placements etc. Inability to provide protected learning time for internal workforce undertaking essential development programmes e.g., Advanced Practice roles, lack of backfill e.g., Therapies.
- Transforming Urgent Emergency Care – system wide discussion is ongoing to inform/develop understanding of education commissioning needs across Primary, Intermediate and Acute Care.
- Physician Associate role – There is a risk around required numbers and feasibility to run the programme development of the role in Hywel Dda. Further planning in relation to development of the role within the organisation is needed, including alignment of financial of budgets to develop the role is through an integrated approach to promote multidisciplinary working.
- Advanced Practice/Extended Practice and Medical Associated Professions – A clear strategy is needed to understand approach to advanced/extended practice models (inc. training needs) for the organisation to:
  - a) Determine requirements and identify the opportunities to develop our workforce according to strategic intentions.
  - b) Provide additional governance around development of these roles. This is essential to ensure role requirements is aligned to strategic direction, benefits/impact of the role development is understood, and education/training provision is available (with funding in place to support as required and availability of posts aligned).
- Inequity of development opportunities across all professional groups i.e., availability of part-time degree/GYO opportunities.
- Impact of Nurse Staffing Levels Act (Wales) – potential inability to meet workforce deficit (workforce supply).
- All-Wales Career Framework Compliance – If compliance to the framework is mandated, greater volumes of learners will need to undertake qualifications in line with their role. This will place additional pressure on services to deliver work-based learning, provide education support and release staff for study requirements.
- Education arrangements for part-time programmes can be inflexible, difficulty in releasing staff for blocks of time e.g., New Radiology Assistant Practitioner Programme.

## Risks, Challenges and Further Considerations Continued

- Current backfill costs to support staff to undertake part-time study is more than c.£1.2m (L&D data, March 24). Further consideration with regards to how this is managed is required, as there is a risk that costs will continue to increase, as greater volumes of work-based learning and backfill is required.
- Impact of future registration changes (e.g., Nursing Associate role, PAs).
- Local Authority– further opportunities to improve 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 as a challenge. Further clarity is needed to ascertain future workforce commissioning, education, and training requirements, including how we can progress with facilitation of Regional Workforce Models. Critically, how we manage the tension between current and future workforce models *and* explore potential opportunities for regional collaboration to mitigate known risks must be clearly defined.