



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	People Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling Deputy Chief Executive and Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley Assistant Director of People Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides a further update on the People Plan paper presented in December 2024. Workforce Stabilisation is a Health Board wide objective, and we continue to assess, align and address gaps through our interventions as People and OD Function, although it could be argued that is now embedded in our approach as “business as usual”.

We focus here on the progress of the development of the People Plan for 2025/26 and the targeted work to address our critical understanding of gaps and how we are addressing them in terms of approach and focused interventions. As service models and performance targets have yet to be agreed, we have aligned our work to the development of People Professional Plans as below linking in professional and service delivery leads through the Operational Workforce Plans.

It is the intention once clarity has been achieved through the Annual Planning cycle 25/26 (completion end of February 2025) we will then be able to align the people impacts to the professional people plans in development.

Cefndir / Background

The paper is supported by a number of detailed progress plans, trackers and tools for monitoring, analysing, supporting and critically evaluating the approach to workforce planning as detailed in the previous paper; (December 2024) to summarise workforce themed risk registers, operational action plan trackers and tools to profile and assess workforce gaps.

A “Strategic Workforce Planning Forum” (Formerly Professional Leaders Forum) has been convened to support the Education Commissioning process for 2025/26 with out turn into the workforce 2029/30. This Forum met in January and sessions are planned for February and March to continue to review and develop plans. This is also supported through the professional leads groups i.e. Allied Health Professional and Healthcare Science Forum, Medically Associated Professionals (MAPs) Task & Finish Group etc.

Asesiad / Assessment

Professional Staff Group analysis and plans are developing (as below):

- Nursing Midwifery and related Additional Clinical Services (ACS)
- Medical and Medically Associated Professionals
- Allied Health Professional (AHP) and related ACS
- Healthcare Science (HCS) and related ACS
- Additional Professional and Technical (Including Medicines Management)

We have included the term “Stabilisation” to our plans to indicate the need to balance and address the risk across the Health Board and this will be achieved by targeting attention on how we meet the gaps identified, generally and specifically as part of the Annual Plan. To this end we have included updates on efficiency for our medical and nursing workforce alongside AHP and HCS.

This is also the case for Estates and Ancillary and Administrative and Clerical as a Staff Group, however without designated professional leads we are required to work through how these two staff groups support each service and system.

Please note the summary deck enclosed provides an update of progress to date, challenges that are present, that may need further quantification and the future direction of travel. This is a moving picture, as we align to Annual Plan opportunities and risks.

From initial analysis and dialogue, it looks likely that challenges will play out in the following areas:

- Diagnostics
- Physiotherapy
- Ophthalmology
- Orthopaedics
- And related impacts on Theatres and Critical care.

The risks identified in the Risk Analysis of the Workforce Themed Register identify 98 Direct Workforce Risks, with an additional number c100 which are categorised as indirect workforce risks. This means that they have been having a potential workforce planning implication where a "watching brief" is needed or where a workforce planning or wider intervention needed i.e. a demand and capacity assessment, to understand if there is a workforce risk.

NB We are utilising the ESR designated Staff Groups. Public Health is currently classed within the Administrative and Clerical Staff Group.

Argymhelliad / Recommendation

For the Committee to take assurance that:

- a) The People Plan will be developed for 2025/26 with a future focus to align resources to agreed priorities via the Annual Planning Cycle. (Plans completion end of February 2025)
- b) People Stabilisation programmes are in place for Nursing and Medical professional groups and linked to associated professionals (ACS staff group and MAPS)
- c) People Plans are in development for other clinical professions Allied Health Professions, Healthcare Science Additional Professional and Technical (which includes Pharmacy)
- d) People Plans are in development for Estates and Ancillary and Administrative and Clerical

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
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	1 Workforce Stabilisation Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Workforce Technical documents 2021-2024 Census data 2021 Relevant research and intelligence related to HEIW and wider health & social care bodies.
Rhestr Termiau: Glossary of Terms:	ACS – Additional Clinical Staff i.e. Healthcare Assistants MAPS – Medically Associated Professionals i.e. Anaesthetic Associates (AA) Surgical Care Practitioners (SCP) and Physician Associates (PA) MDS Minimum Data Set
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>e.g. financial impact or capital requirements: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>Yes, to be worked through as part of the Minimum Data Set submission to Welsh Government with Finance & Planning colleagues</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>
Gweithlu: Workforce:	<p>e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates</p>
Risg: Risk:	<p>e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p> <p>The People Plan seeks to mitigate the risks identified in the Principal and Corporate Risks for People identified.</p>
Cyfreithiol: Legal:	<p>e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>

Enw Da: Reputational:	<p>e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>
Gyfrinachedd: Privacy:	<p>e.g. 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: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template</p> <p>No</p>
Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) <p>Equality Impact Assessments</p> <p>No, not directly, will be completed as part of the Annual Planning cycle and as per detailed changes within Directorates.</p>

Our People & Culture Plan

Technical Document 2025/26

Interim/Draft Plan – to be finalised March-June 2025

Integrated Medium Term Planning Process



Executive Summary

Our People & Culture Plan aligned to our People Strategy details our ongoing commitment over a one to ten year time frame to deliver a safe and sustainable model for our people, patient and public – creating the best possible opportunities to inspire, develop and retain people within our Health & Social Care System.

Our ambition, (which we have gone a long way to achieve), is to have a detailed analysis of our internal and external “care forces” to enable us to understand and respond to the challenges and opportunities experienced from an educational, pre-employment and employment lens which would cover the full life-cycle and complexity of people’s personal journeys into employment and beyond. It is our goal to enhance and evolve our offering to the communities we serve to be an employer of choice.

Our offer for the prospective and current “care force” is to continue to refine and implement an approach to strategic people planning, resourcing, development and engagement that will enable a comprehensive People and Organisational Development Plan that will continue to drive our strategy as a Health Board; the People Regeneration Framework which illustrates our approach to implementation of our people and culture plans will have the widest conception of our “careforce” and identify opportunities for the future including volunteers, carers, partners etc

As contained within we have refreshed our Workforce and OD Strategy to align to the four Strategic Themes aligned to our People Pillar Portfolios, having begun the process of reshaping our structure in 2024/25

1. Shaping our future for our people: People Planning Pillar
2. Finding & keeping great people: People Operations and Resourcing Pillar
3. Leading our people and teams: People OD & Culture
4. Releasing our people’s potential: People Education & Development

Based on our analysis, we can see that through international recruitment and local efforts we are able to attract people, yet we do not yet have true alignment of our “shape” and supply routes i.e. we have a strong contingent group of people (locum, agency, variable) that are essential to managing service demands. Our focus must be on accessing critical skills to meet these gaps through learning or recruitment and ensuring that we retain the people who have joined us generating a sense of belonging to Hywel Dda Health Board and our communities.

To this end we have embraced 3 Strategic themes for our objectives for 2025/26 to strengthen our strategic approach:

1. Healthy, happy workforce
2. Compassionate experiences for colleagues and patients
3. Embed a culture of diversity and inclusiveness

By focusing on these elements, we will enable positive change to the configuration of how people deliver services and contribute to the reduction of waste and generate improvements in efficiency.

1. To clarify what we mean by “Careforce” the concept is “aspirational” and based on the idea that it is possible to identify and share data relating to all those engaged in or available to facilitate care and support in a particular area, irrespective of the organisation that they work for. This supports the delivery of more effective and efficient working arrangements that are focused on the needs of local people, evolving from the research funded by the Health Foundation and led by Torbay Council, in partnership with Torbay and South Devon NHS Foundation Trust and Whole Systems Partnership.

2. To note: Pillars within the Workforce & Organisational Development are currently being reviewed to create greater alignment of purpose; strengthening relationship across teams to enable greater collaboration to drive workforce stabilisation as a priority and enabling the development of robust future workforce models for sustainability.

Introduction

“A Healthier Wales” set out the long-term plan for Health and Social Care (H&SC) and drives our commitment to deliver seamless integrated care as a nation, supported by appropriate models of care and workforce with partners. We are critically aware of the workforce challenges locally, nationally and globally for the delivery of healthcare. Our response, is aligned to the Health & Social Care Workforce Strategy and Workforce Implementation Plan; our 10-year People Strategy and within our “Technical documents” 2019/20 - 2024/25 which illustrates our commitment to driving the agenda forward, given the constraints that have been placed upon us by COVID, Climate Change Emergency, and the wider Socio-Economic context. The approach taken is a consistent one linked to our Culture, Planning and People.

The focus of the People & Culture Technical Document 2025/26 s to take the learning and insights we have gained in recent years and put them to work towards a sustainable people model for the future that will address health inequity; improve health outcomes and help to build a sustainable future for our communities in West Wales and Wales, per se. Being a significant strategic public sector body we can promote wider policy goals, helping to address inequalities, the socio-economic determinants of health, and the wellbeing of future generations, by acting as a catalyst for:

1. Local regeneration,
2. Economic growth,
3. Community resilience.

To do this, we must ask our “careforce” to:

1. Respond to the longer-term challenges that have presented within our population,
2. Deliver longer-term recovery and contribute to improving population health outcomes.

And will require our “careforce” to:

1. Support their own wellbeing as well as that of our communities,
2. Face economic challenges as the cost of living crisis continues,
3. Manage social and political instability in the health and social care system and wider society,
4. Adapt to change and advancements in health and care systems.

The focus of our plan in some respects has not changed - an ongoing commitment to “recovery”, “tackling health inequalities”; improving mental health provision and the development of the concept of a Social Model of Health hold true. It is the scope and scale of partnership and integration that will act as either a fundamental enabler or barrier to future progress across the public and wider sectors, as we have seen, a growing emphasis on regional working across NHS Wales and Social Care has been seen for Hywel Dda and Swansea Bay University Health Boards by the creation of a Joint Committee to act as an enabler to our strategic intentions.

Introduction (continued)

We will continue to embrace partnership and integration models to shape our “careforce” to:

- Create accessibility in service provision,
- Embrace technology and new ways of working,
- Develop caring and compassionate leaders,
- Focus on prudent, Value-Based Health Care (VBHC),
- Engage with the concepts of social value and the foundational economy.

We have been working to enable our “careforce” to have the capacity and capability to respond, and we will continue to, however, the language that we speak now is of creating the conditions for:

- Inclusion and Belonging
- Resilience & Compassion,
- Responsiveness and Action,
- Reducing Harm and Waste.

Fundamentally, being careful with our “careforce” and being alert that we are nurturing a finite resource. Therefore, we need to be aligning people to purpose and purpose to people. Doing today what will help our populations and supports the wellbeing of tomorrow’s generations.

With this in mind, we are adapting our approaches to create a positive distinction between operational workforce planning (1-3 years - stabilisation, resource utilisation and effectiveness being critical components) and strategic workforce planning (3-5 years – evolution, seeking impactful approaches to workforce planning i.e. scenario planning, population health and skills based). We have taken on board the feedback from the Wales Audit Office Report and have evolved and continue to do so.

We are working across the Health Board and wider system looking to facilitate:

- Increased engagement, coaching & training,
- Evolution of workforce planning in the planning cycles,
- Strengthening our governance and approach to workforce related risk management,
- Continue to undertake supply pipeline analysis and modelling of data to ascertain future projections,
- Identification of pathways, associated role identification and design; ensuring the associated education is commissioned.
- Strengthening our approach to leadership development and talent management

Global Overview

The scale of opportunities and challenges are significant as ever; and touches all aspects of design and delivery of services and people planning, management and development. We know that the Health & Social Care sector will face similar challenges, and that the global context will only exacerbate people planning in a constrained labour marketplace as uncertainty and volatility impacts. We continue to evolve our knowledge base on the global, national and local impact/implications on Health and Care Services for our local population, our people and our “careforce”, and will continue to assess and respond to:

- Planning to meet the needs of an ageing population with an ageing workforce (i.e. a declining population locally/globally and what has become known as “Peak Death”*),
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities,
- Managing changing public expectations about the care they receive,
- Achieve better integration between health, social care and support organisations,
- Shifting the focus towards prevention and wellbeing,
- Delivering the personalisation agenda and providing person centred care within financial constraints,
- Ensuring the system delivers high quality services with increasing, and possibly, competing financial priorities,
- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected),
- Activating changes resulting from innovation, and technology at greater pace along with digital developments,
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services,
- Uncertainty in how investment in life science, health care will support the economy, especially in the context of uncertainty on the Global, UK and the local Welsh economy,
- Uncertainty on how global events may impact economically and present locally in short and long term i.e., fuel poverty and associated costs for staff and citizens alike,
- Uncertainty on how technological advancements will impact health and social care in short and long term i.e. AI and ethics, technological advancements and skills development.

We will also reflect on the global work trends that are being identified, specifically, the potential for changes in leadership style, growth of a "workforce from anywhere" philosophy, importance of care giving policies as a differentiator for employers and people relationship to work and life i.e. "workism" and the "portfolio life". (Harvard Business Review 2024)

For 2025, Harvard Business Review identify nine trends that we have summarised below into 3 key themes:

- **Future-Ready Workforce:** a need to focus on preparing their employees for future demands by emphasizing skill development and adaptability. This involves continuous learning and upskilling to meet evolving industry needs.
- **Evolving Role of Managers:** managers will need to adapt to new responsibilities and leadership styles. This includes being more empathetic, fostering a collaborative environment, and effectively managing remote or hybrid teams.
- **Emerging Talent Risks:** a need to address risks related to talent acquisition and retention. This includes understanding the changing expectations of the workforce, such as the desire for flexible work arrangements and meaningful work.

1. *Peak Death “The most common year of birth for the baby-boomer generation is 1947. Since their most common lifespan is around 87 years, Peak Death could occur in 2034, when Britain will see around 15% more fatalities than in 2018.” (Economist 2019). [9 Trends That Will Shape Work in 2025 and Beyond](#) Harvard Business Review 2025

Strategic Outline - local people context

We also face very specific challenges that can have an even greater impact on our “careforce”/people:

- Rurality and poor local transportation links,
- Welsh culture & language,
- Ageing estate,
- Financial pressures,
- Declining population growth in critical areas i.e. Ceredigion.

And when we overlay the COVID 19 legacy, we are faced with increasing uncertainty on a number of factors for our population:

- Impact of lockdown and economic uncertainty on physical and mental health for the medium and long term for example:
 - Within younger generations, we are seeing an increase in CAMHS referrals,
 - The delay of treatment for patients with terminal or long-standing disabilities,
 - Implications of “long-COVID” and those recovering from the debilitating impact of the virus and what that means for service demand,
- Possibility of new, seasonal variants managed through an “endemic lens” and the operational implications for delivery,
- Implications on how COVID 19, Pension legislation and the “cost of living” crisis may impact choice in relation to participation in the labour market and retirement choices.

In addition, within our “careforce” there are additional considerations to reflect upon that need to be accounted for:

- Personal legacies for our workforce’s own mental health and wellbeing and how these impact at an individual, the team and organisational level,
- Resilience, recuperation and the need for restorative practices inside and outside the workplace,
- Digital capacity and capability to respond to technological change at pace on an individual, team and on organisational level,
- Complex public expectations in relation to the pandemic legacy and recovery work; our people will be directly involved in managing this complexity,
- Instability in the wider public sector and geo-politics impacting on health inequalities through negative impacts on food and energy pipelines/prices.

It is also critical that we factor in the implications of “Peak Death” and the Population Health, for example:

- 50% of people born after 1960 will have cancer diagnosis,
- 50% of women over the age of 50 will break a bone due to poor bone health,
- 1 in 6 will suffer a stroke,
- 1 in 10 men over 50 have a heart 10 years older than they are,
- 1 in 10 adults in UK could have diabetes by 2030,
- 1 in 4 people have mental health problems each year & 1 in 6 people experience common mental health problems (anxiety/depression) every week,
- 21% of adults aged 25 – 34 have asthma.

Strategic Outline – local people planning context

We can see year on year, our workforce changing as a response to the initiatives we have put in place aligned to our strategy i.e., “pre-pandemic” (pre-2020); “within pandemic” (2020-22)” and the “endemic” phase (2022-25) – our workforce is different. We are learning to live with the longer-term implications and consequences of “COVID” decisions; as we seek to navigate a challenging funding environment and live up to the aspirations of longer-term initiatives to address, underlying workforce deficits - our focus from a people planning perspective has been in the predominantly, operational and tactical space, however our cultural response has been intentionally strategic, as underpinning all of the planning work we must look to how we lead with compassion and accountability.

We have been moving consistently towards an appreciation of how we can strategically address our people challenges, in some ways we might argue that these initiatives are not at the pace or depth needed to address our most deeply entrenched people deficits which are linked to our demographic profile and the wider global context. Given our rurality and health inequalities we might acknowledge that we are doing all that we can do without global or national interventions linked to employment, education and health inequalities to support a greater pace of change.

We continue to look forward, with the People Technical Document for 2025/26 to the future to see how this may look in relation to our current and prospective people, first to raise awareness of the risks and then to appreciate the opportunities and explore solutions as a health board and then wider, as a health and social care system. Fundamentally, we have reflected on our approach to people planning (since 2021/22) and set out our growing awareness of the work needed to enable the shape and supply of people, and within that the support for people design we need linked to the national workforce strategy and implementation plan.

We reflect on these elements in later chapters and appendices, most predominantly in our section on Education Commissioning.

We look firstly at our strategic approach and position our annual plan within this. We are clear on our strategic intentions however our emphasis and energy for 2025/26 is to primarily continue our journey of stabilisation underpinned by the foundations to create long term change. Based on our programme of work to date we are working to build a workforce that can move towards new models of care and people deployment– we will “*deploy the existing and future workforce to best effect and evolve enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and advanced practice models, enabling people to develop their careers and work at the top of their license*” (Planning Framework 2023-26).

This complements our organisation wide approach “Improving Together” which will act as a support mechanism to address the challenges services face. Links will be made to the Ministerial Priorities identified in Welsh Governments NHS National Planning Framework.

Strategic Outline - national people context

The consistent question being asked of NHS Wales and within every Health Board in 2024-25 is how we will meet Ministerial Priorities within our resources in a difficult financial climate with increasing demands on health and social care and wider public sector agencies.

As we look at the shape of our workforce now, the pandemic triggered change at pace and our people shifted as a response and continues to do so, however, as noted previously, we are conscious of the implications for our workforce, which is estimated that between 60-80% of our workforce today will be our workforce tomorrow (i.e. next 10-15 years potentially).

From a people planning perspective we must be alert to:

- Wellbeing of our people, (especially linked to Population Health trends),
- Shape and supply routes of our people,
- Educational routes and subsequent commissioning options,
- New risks that may present in new models of care,
- Generate new solutions to entrenched issues.

This will assist us in managing the challenges we face as an organisation and as a wider health and social care system; in the context of the economic landscape and ongoing global uncertainty; we must embrace, as a significant employer in the region, the responsibility of our engagement with the “community we serve”: our “careforce”.

For example, how we respond now to engage, support, and develop our people can have a significant impact on addressing the underlying determinants of health inequalities and supporting the wellbeing of future generations to come. Our 10 year People Strategy and the 7 themes of the national workforce strategy (2018) and national implementation Plan (2023) are aligned; additionally, we have developed our approach to people planning to regenerate our workforce; working closely with HEIW and continue to support and inform their work.

We will illustrate as we work through our People Plan how we will align and complement HEIW’s work programme, in the short and long term.

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.



Strategic alignment – national people context (continued)

To quote the Welsh Government’s National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges (January 2023):

“Challenges which are not unique to Wales, with the World Health Organisation declaring a global healthcare workforce crisis in education, recruitment deployment and performance leading to their estimation of a projected shortfall of 10 million health workers by 2030”.

Whilst acknowledging the global healthcare workforce crisis there is a requirement to respond appropriately to our own unique challenges which affect our Health Board.

The Plan outlines two key principles that will underpin our own:

1. Agility,
2. Priority.

Tying back to our local, regional and national priorities alongside ministerial priorities i.e. Planned Care, Primary Care, Mental Health, Urgent and Emergency Care, Cancer; as well as influences such as National Clinical Framework and All-Wales programmes and networks for major conditions such as diabetes, women’s health and cardiac/heart disease. We need to reflect on the changes nationally.

Alongside this we are alert that we will need to engage on a local and regional basis with Further and Higher Education Institutions and regionally for the implementation of the Welsh Government Employability Plan. Our University Partnerships and Regional Learning and Skills Partnerships will play a critical role in supporting a wider research, learning and employability agenda.

Key documents:

Strategic Workforce Plan for Primary Care

Dental Strategic Workforce Plan

Strategic Pharmacy Workforce Plan

Strategic Workforce Plan for Genomics

Diagnostics Workforce Plan

Strategy for Developing a Radiology Workforce for Wales

Strategic Nursing Workforce Plan

Strategic Perinatal Workforce Plan

Strategic Mental Health Workforce Plan

Overview of engagement on national workstreams and local alignment:

- Appointed a Workforce Planner for Primary Care fixed term contract to March 2026
- Membership of national workforce groups/workforce planning groups: UEC, Imaging Academy, ADWFP, Workforce Planning network, strategic people modelling groups for nursing workforce plan
- Working with HEIW on roll out of training for Strategic Mental Health Plan nationally and locally
- Working with services locally on alignment of operational workforce plans to strategic priorities to inform longer term thinking, signposting workshops, seminar and tools as appropriate to programme

Strategic Outline - national people context to our Workforce Strategy

Our Workforce Strategy

Workforce Transitions

1. Stabilisation (1-3 years)
2. Evolutionary (2-5 years)
3. Metamorphosis (3-6 years)
4. Transformative (4-7 years)
5. Re-creation (5-8 years)
6. Regenerative (6-9 years)

A 3 year iterative cycle is assumed, this could be 3-5 years in practice.

1. Delivering Compassionate and Collective Leadership **6**
2. Recruiting and Retaining Great People **2 & 1**
3. Engaging Our Staff **1**
4. Delivering a Workforce Fit for Our Future **3, 4 & 7**
5. Enabling Our People to Release Their Potential **5**
6. Developing High Performing Teams **1 & 3**
7. Delivering Innovation, System Learning and Change Agility
8. Delivering workforce efficiency and effectiveness

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

During 2023-24 the Workforce & Organisational Development Team undertook a review of the Workforce Strategy 2020 – 2030; this involved mapping the activity within the strategy against work delivered to date under the 8 themes and assessing how this aligned to the National Workforce Strategy's & themes; alongside this the WOD Leadership Team explored how this sits alongside our approach to workforce planning. A summary of the analysis is presented here.

From this evolved our new Strategic Themes to take us into 2024-25:

1. Shaping our future for our people,
2. Finding & keeping great people,
3. Leading our people and teams,
4. Releasing our people's potential.

A detailed implementation plan during 2024-25 will be developed to draw together the analysis of our workforce (through quantitative and qualitative means).

People Plan & Strategic Roadmap - alignment to WOD Strategy

Workforce Transitions

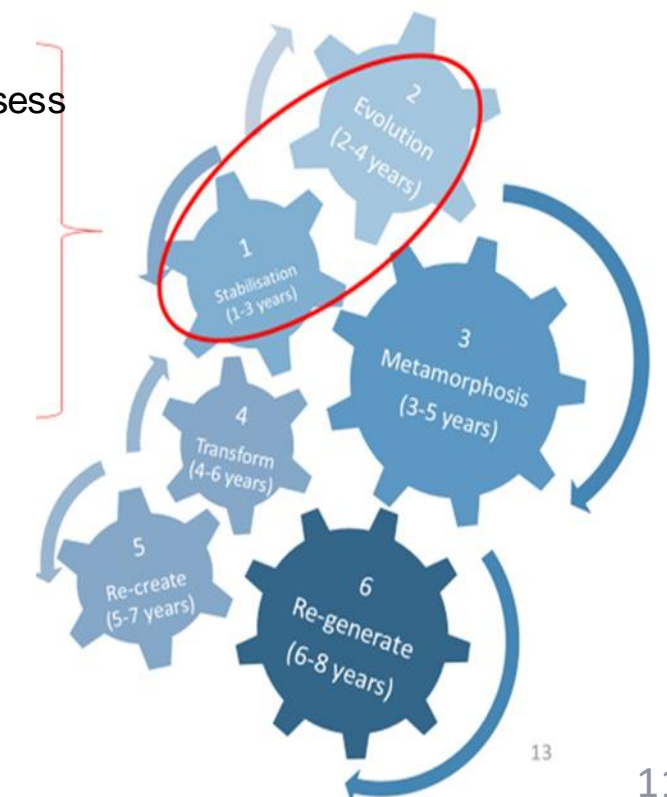
1. Stabilisation (1-3 Years)
2. Evolution (2-4 Years)
3. Metamorphosis (3-5 years)
4. Transformation (4-6 years)
5. Re-Creation (5-7 years)
6. Re-Generation (6-8 years)

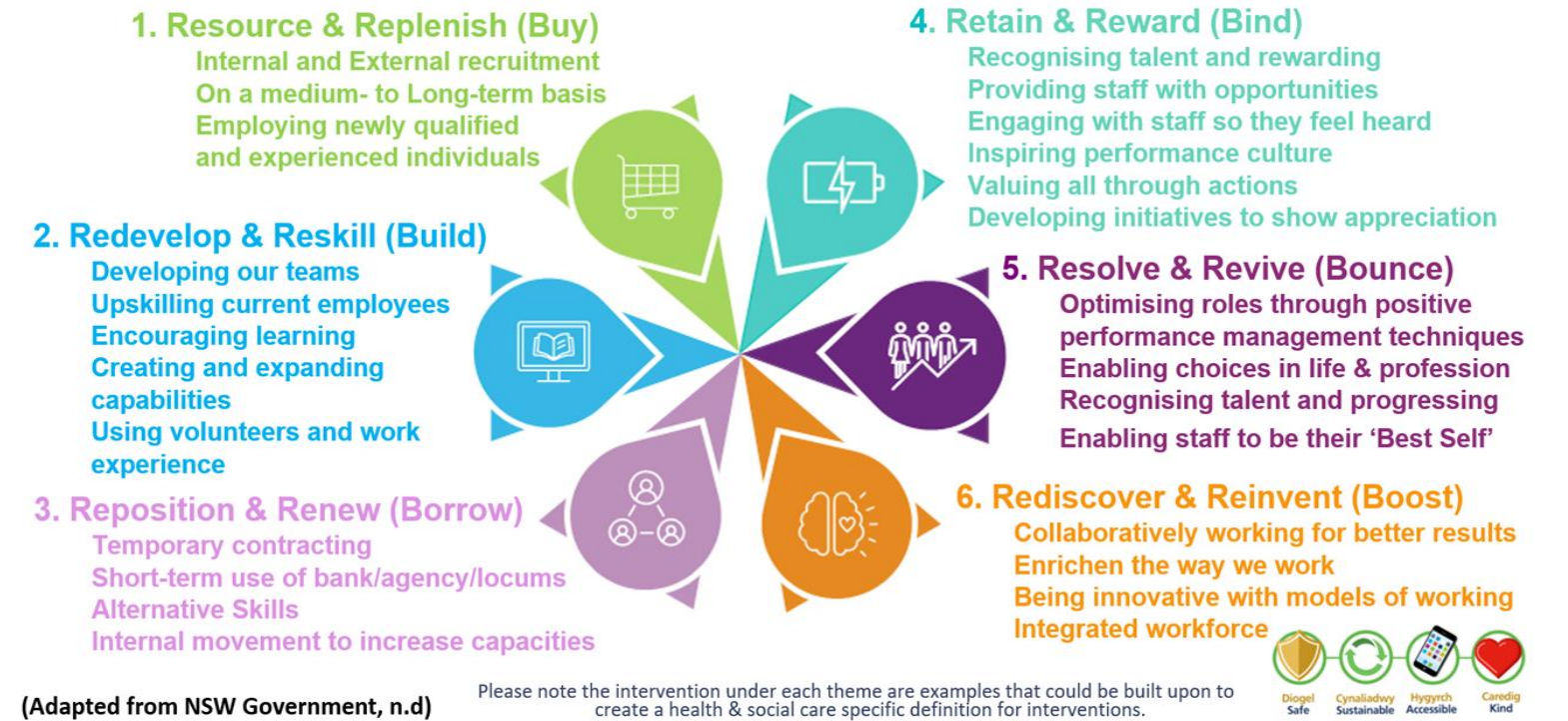
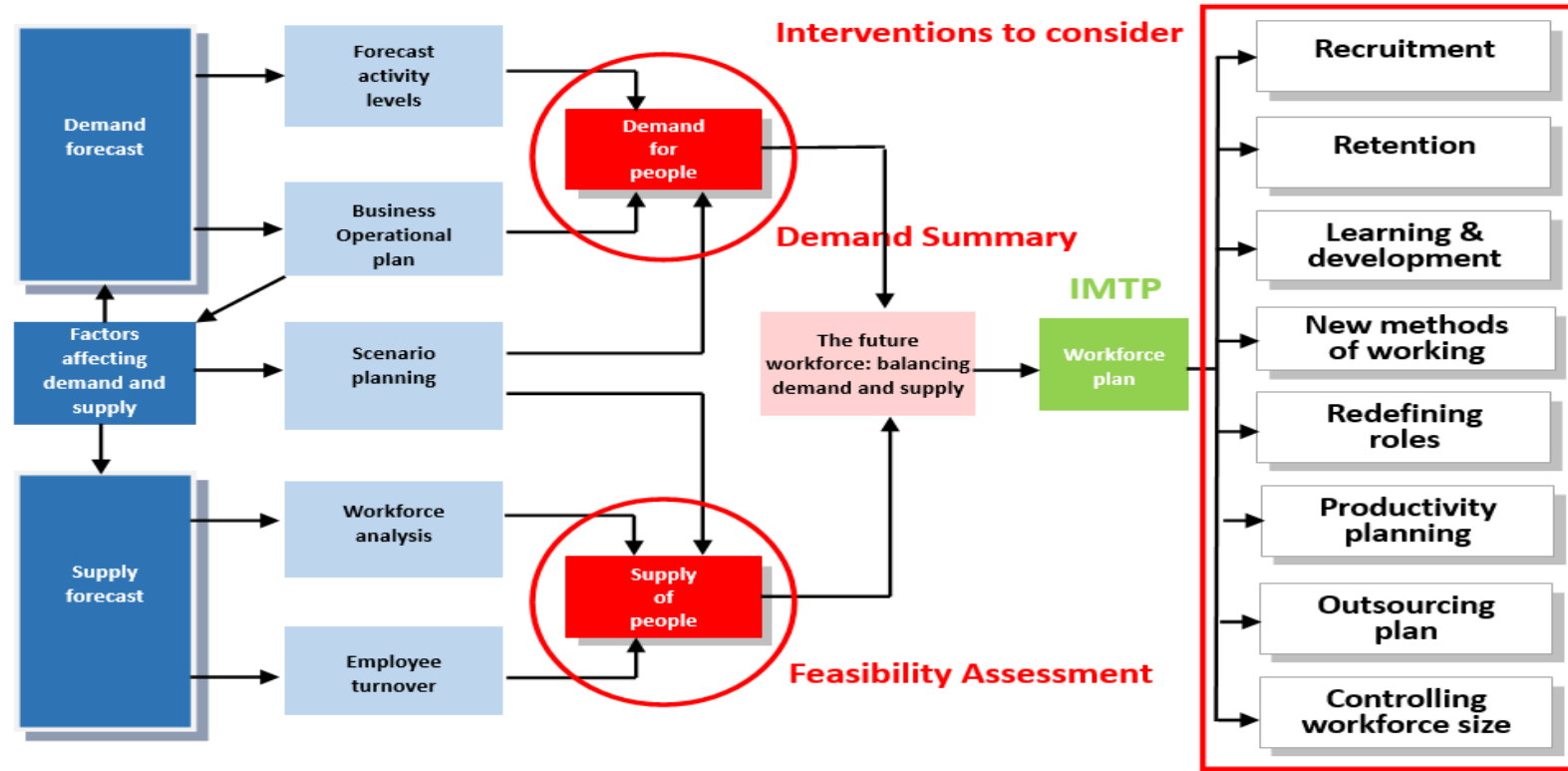
Quantify and qualify the value of programmes of interventions or interventions to assess our people plans (people, practice, performance & purpose)



Workforce Transition Principles as a route map for journey:

1. Stabilisation (1-3 Years): We will focus on:
 - Understanding our challenges from a cultural perspective and working to address them through our People * Culture Plans
 - Our workforce gaps and seeking alternative methods to fulfil our most pressing urgent needs in a structured way assessing in an iterative cycles to assess impact, shifting course as necessary
 - Building skills and capability; developing approaches to understand skills gaps and how to bridge them
 - The development of management & leadership skills through a compassionate lens
2. Evolution (2-4 Years) :We will focus on:
 - Development of an educational plan that looks to Interprofessional education
 - A framework to embed and evolve workforce planning across professional groups and embed new approaches
 - Research, collaboration and understanding the strategic developments that we need to embrace – consequences of action and inaction
 - Actively listening and discovering voices to increase belonging and retention
3. Metamorphosis (3-5 years): We will focus on:
 - Design and development of evidence based new models of care and people
 - Active research and innovation in the development of these new models, practice and application
 - Planning and cultural development begin alignment and transition to an aligned methodology
 - Shift in leadership thinking to achieve “compassionate accountability”





1. We started 2022/23 with an approach to Strategic People Planning to support the development of our Integrated Medium Term Plan to inform our strategic workforce plan. This is continuing to evolve, and the recommendations set out in the Wales Audit Office Review of Workforce Planning have been incorporated and will add critical strengths to our approach.

2. The Workforce Regeneration Framework has been evolved to allow us to quantify and qualify our workforce gaps and interventions to meet these gaps over the short and long term to replenish, resolve, re-skill and retain our people. Focus has been on "Reposition and Renew" and will continue. Energy will now move to "Rediscover and Reinvent" as we move forward whilst maintaining the positive gains made.

3. Alignment of service plans, financial and workforce plans have been assessed to provide a holistic workforce picture and define the interventions needed to build organisational capacity and capability – this needs to be part of an agreed trajectory to balance supply and demand challenges for services and workforce in the short and long term.

4. Where possible, digital improvements have been considered (Administrative & Clerical and Estates & Ancillary Staffing Groups); further work is required within professions to assess how digital improvements might manifest, given the costs of supporting development whilst delivering clinical care.

5. Engagement with services has been a critical element, especially around the assumptions made to deliver services and meet performance trajectories. Operational Workforce Plans have been developed in partnership with services and will be a critical element for the next 6-12 months as we strive to build sustainable workforce models and services.

6 It is important to note that detailed level of analysis to align "in year" plans to available "resource" is very much reliant on decisions made 3 years prior under education commissioning. The "skills needs" trajectory has already been pre-determined to a large extent.

7. What can be reviewed "in year" is how we wish to utilise the workforce supply based on skills and how we wish to maintain our education commissioning pipelines, evolve our Grow Your Own (GYO) and reflect on the decisions needed for overseas recruitment programmes.

8. As an iterative cycle we have continued to explore critical questions: What is our workforce demand? What are reasonable expectations of workforce supply? Is there a deficit or an over-supply? What constraint do we need to work within? **And what are the choices we have to maintain, expand or reduce our workforce size and shape?**

SCOPE	AIM	DELIVERABLES /ACTIONS	Q1	Q2	Q3	Q4	
<p>The Planning Objective is focused on workforce sustainability and aims to achieve this through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <ul style="list-style-type: none"> An annual plan which covers our current funded establishment and the management of our contingent workforce (bank, agency, and additional hours). The plan will actively cover community and secondary care and inform actions led by the Primary Care Academy. Delivery of the Planning Objective will be supported by all pillars within the Workforce and Organisational Development directorate. It will note the People Regeneration Framework with specific focus on the five elements and levers directly attributable to the Workforce & OD (Organisational Development) Directorate to enable the achievement of workforce stabilisation: <ol style="list-style-type: none"> Resource and Replenish (Recruitment Plan) Redevelop and Reskill (Education and Development Plan) Retain and Reward (Retention Plan) Resolve and Revive (Workforce Plan) Reposition and Renew (Workforce Plan) For the sixth element, Rediscover and Reinvent we will feed into strategic developments that will require wider collaborative work and potentially timelines that will extend beyond the annual plan. Specific foundational work where it can be, will be included in the Workforce Plan 	<p>Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p>	<p>Workforce Plan presented to PODCC</p>	x				
			<p>Changes in shape of workforce: gaps in funded establishment reduced through resourcing, changes in workforce models and skill mix and a reduction in contingent (variable) workforce (leading to an overall pay bill reduction)</p>				x
		<p>Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p>	<p>Recruitment of 40 new clinical apprentices</p>				x
			<p>Recruitment of 60 overseas nurses</p>	x			
			<p>Targeted reduction in locum and agency usage from 1st April 2024, for Nursing (50% reduction in areas where stabilisation has taken place); Medical (50% reduction in areas where stabilisation has taken place); Admin & Clerical; Additional Clinical Services & Estates (100% reduction). Plans for each group will be developed (Qtr 1) and monitored with outcomes identified for each quarters 2 –4</p>	x	x	x	x
		<p>Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.</p>	<p>A reduction in staff turnover of Medical (1%), Nursing (0.5%) and AHP (0.5%)</p>				x
			<p>Increase staff numbers returning to work within 12weeks of commencing a long-term sickness absence</p>		x		
			<p>Increase the utilisation of the Flexible Rostering functionality within the Allocate system.</p>				x
			<p>Increase in the number of staff requesting flexible working arrangements.</p>		x		
			<p>Achieve a minimum of 75% retention rates for each apprenticeship programme.</p>				x
		<p>Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression.</p>	<p>Number of leadership programmes delivered and the % of our management/leaders who have participated</p>				x
			<p>Reduction in grievances linked to communication in areas linked to participation in management development programmes</p>		x		
			<p>Increase the number of inter-professional training opportunities across medical, clinical and wider workforce</p>				x
		<p>Increase the number of staff participating in development opportunities from previously underrepresented groups</p>				x	
		<p>Recruitment of 30 internal clinical opportunities (grow your own)</p>				x	
		<p>Embed simulation within clinical education programmes, positively impacting patient safety and experience</p>			13	x	

Our People Plan – Outcomes

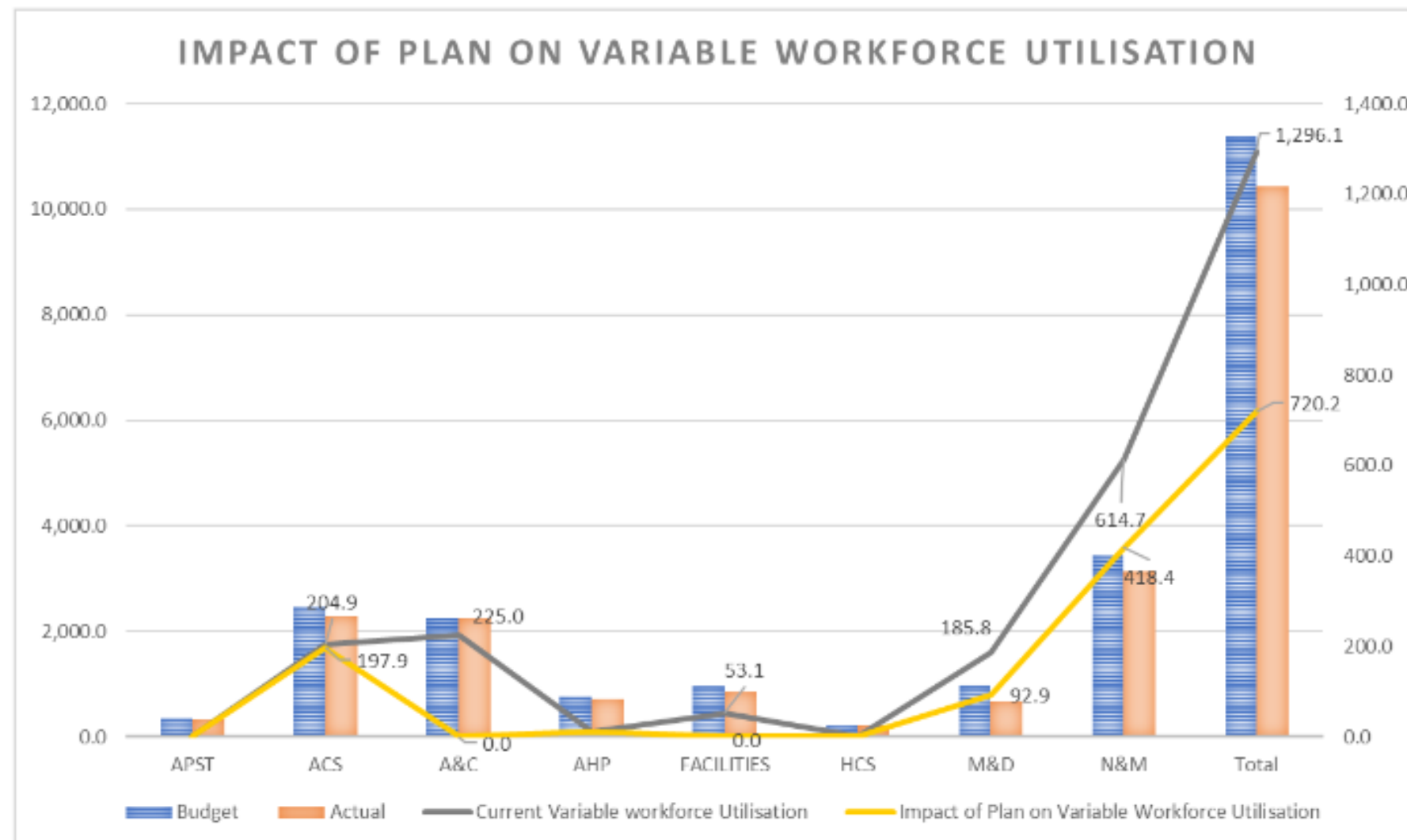
Our People Plan – Objectives – Outcomes

Workforce Plan, Recruitment Plan, Retention Plan and Education & Development Plan now form part of Business as Usual Activity.

Outputs have been

Measurement Method	What did we do? (Output)	What difference have we made? (Outcome)
<ul style="list-style-type: none"> Use of a variety of development pathways e.g. Annex 21, apprenticeships, “grow your own” Analysis of workforce intelligence data - establishment, pay etc Operational workforce plan returns & assessment against assessment/maturity framework 	<p><i>Workforce Assessment & Plan to support the Changing Shape of the Workforce (February 2025)</i></p> <p><i>Engaged with 76 services and developed 55 Plans (and working to address gaps) and aligned Risk approach</i></p> <p><i>740 workforce action identified to support workforce stability & transformation</i></p>	<p>Increased capability in workforce planning</p> <p>Informed strategic discussions on Annual Planning Cycle</p> <p>Managers and leaders are better informed about their workforce challenges and how to address them</p>
<ul style="list-style-type: none"> Establishment Control Tool Welsh Health Circular Submissions Medical agency reduction plan Nursing agency reduction plan Allied Health Professional reduction plan Review of Admin and Clerical presented to Core Delivery Group TRAC reporting Establishment Control Tool and Variable Pay tool 		
<ul style="list-style-type: none"> Staff turnover figures for each staff group % of staff on long and short term sickness absence Waiting times for access to occupational health and staff psychological wellbeing services Thinking of Leaving survey, Exit surveys and Stay interviews Improved apprentice retention rates 		

Based on the projections overleaf, the approach is to focus on 50% reduction in agency this year, with a future intention to maintain or accelerate. For other professional groups where it is less than 50% a full reduction in agency usage is anticipated. This plan would reduce our overall variable workforce utilisation from 1296.1 whole time equivalents (WTE) to 720 WTE by the end of 24/25. The detail for key areas is provided under planning objective 1 – workforce stabilisation (Page 53).



As illustrated, our variable workforce by whole time equivalent plus our actual workforce is greater than our funded establishment. This is clearly manifested in our Nursing and Midwifery Workforce figures: substantive and variable workforce figures. In assessment of our supply pipeline, it suggests we would not be able to fill our substantive vacancies in totality, even though we effectively have access to, and pay for a workforce greater than our funded establishment. This draws attention to how we manage, develop and deploy our workforce. Further research on demand and capacity management and effective utilisation of resources will be built into the workforce planning activities for 2024/25.

We can assess minor risks of over-establishment within our workforce groups of Admin and Clerical, Additional Clinical Services, Professional & Technical and Healthcare Scientists. Medical Workforce remains our greatest risk in terms of vacancy gap. We are confident in the reduction of variable workforce by 50%, however eradication of variable workforce remains a risk, specifically within the Administrative & Clerical and Nursing & Midwifery staff groups. These areas will be prioritised to further mitigate these risks to promote sustainable workforce models.

Further alignment to savings in relation to the most significant configuration matters (noted on page 20), which have been raised through the annual planning process, will be targeted to realise savings and further assess workforce implications in relation to each of the proposals.

We have detailed the potential supply based on historical information of attrition and growth of the workforce, below is an assessment of the approach needed to improve quality, performance and manage risk and will form part of our continuous workforce planning cycle:

It is important to note that the critical focus is on no additionality and “reshaping the workforce”, recruiting to eradicate agency in our aspirations to build a sustainable workforce within our funded establishment. Critical to this is that services that are fragile will need to attain a level of stabilisation to address quality, safety, performance challenges alongside addressing the significant waste drivers contributing to additional costs i.e. agency and locum utilisation.

We can see that our available workforce is greater than the need identified in our establishment, however, the workforce available is not within the professional groups identified as a significant gap. In addition, we know there are opportunities within our service and workforce models to adapt to manage our critical skills deficits through advanced clinical practice and medically associated professional roles whilst exploring integrated workforce models with local authority partners and regional and national agencies across NHS Wales.

The Medical Workforce is of our highest concern in terms of the gaps in critical skills to enable service provision. Specific work is being undertaken against recruitment, retention and development. Further to this a critical assessment is being made of our Medically Associated Professionals and how they support the wider workforce. We currently have 35 posts for MAP roles across services and a critical analysis is needed to judge whether expansion of these roles needs to be promoted further, and to what scale.

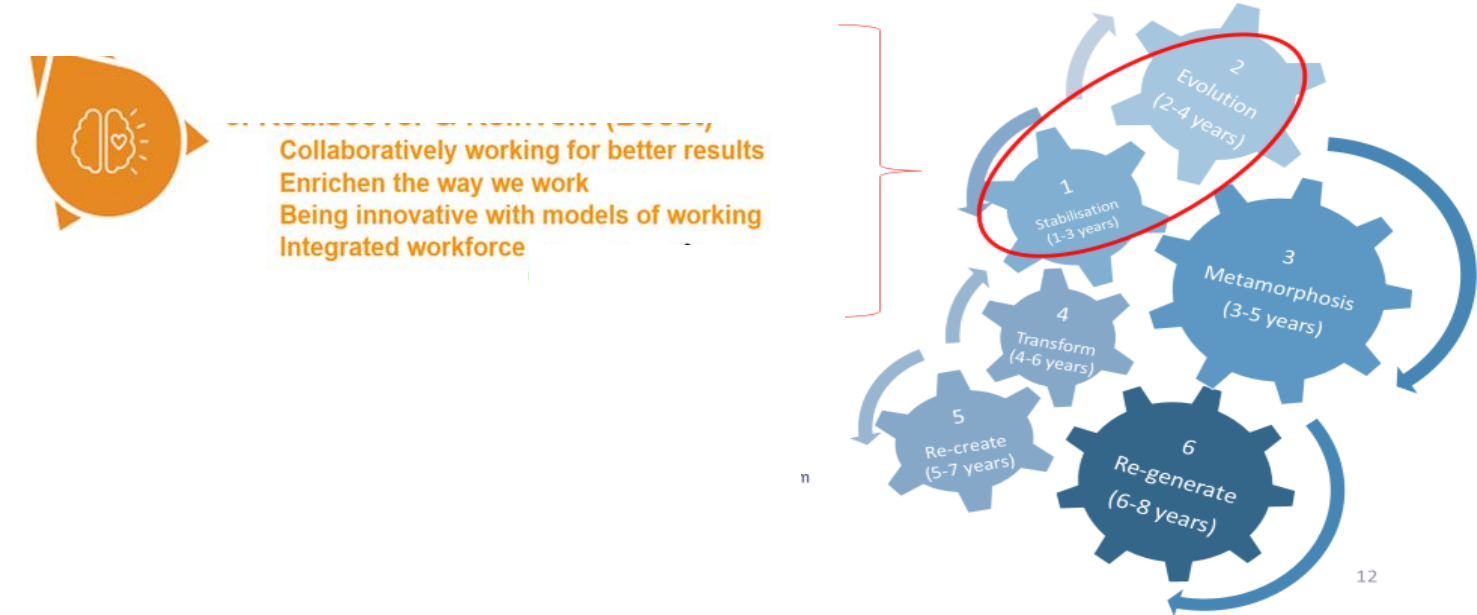
Further to this, the Allied Health Professional Group are undertaking a detailed review which will assess the demand and capacity requirement against the workforce needs. This will be tested against the current workforce provision. Research suggests in terms of Patient Flow and Discharge the Allied Health Professional Group have a critical role to play. Further assessment and reshaping may be needed.

In addition, the A&C Review which is ongoing will need to be taken account of as this will specifically look to “Rediscover and Reinvent” within this professional group to maximise on new ways of working: technology, integration and hybrid working and multi professional roles. An element of this will be the assessment of unfunded administrative activity undertaken in support of clinical practice which will contribute to our aspiration to eradicate temporary workforce utilisation.

A group focused on Variable Pay Expenditure Reduction and Efficiency has been established to accelerate the reduction of variable pay. In the Nursing department, a comprehensive review is underway at the ward levels to identify strategies to reduce the reliance on nursing agencies. For Medical staff, an ongoing analysis of the top 10 earners is being conducted to identify obstacles to eliminating the use of locum agencies. In the Allied Health Professional category, data on the highest earners and fill rates are being examined to pinpoint high agency usage, which will then be addressed through specific action plans. Finally, the use of variable pay in Admin & Clerical areas is also under review. The aim across all these initiatives is to minimise the use of variable pay and improve efficiency.

Whilst maintaining all of the elements of the Regeneration Framework, our energy will shift to Rediscover and Reinvent; as we move into future phases as transition through the Clinical Services Plan to the wider social model of health as set out in our strategic workforce planning aspirations. We are now beginning to model forward beyond stabilisation to the evolutionary phase of our longer-term workforce strategy and implementation plan.

Workforce	What are the choices to maintain, expand or reduce?
<i>Professional Groups</i>	<i>Potential actions based on an assessment of current known risks</i>
Nursing & Midwifery	Support expansion within Funded establishment
Additional Clinical Services	Assess reduction within Funded Establishment based on RN expansion
Additional Professional and Technical (including PA's)	Support expansion within Funded Establishment
Administrative and Clerical	Assess reduction within Funded Establishment
Allied Health Practitioners	Assess expansion within Funded Establishment
Healthcare Scientists	Support expansion within Funded Establishment
Medical & Dental	Assess expansion within Funded Establishment



Below is an assessment of current funded and unfunded establishment and projections based on the workforce regeneration framework and variable workforce as a proxy for latent workforce demand, without any changes in workforce models or service design. This is underpinned by a wider assessment of performance analysis and risk assessments to inform the choices and consequences for the Annual Workforce Plan, which will be further developed within the next financial year.

December 2023 Establishment Control	Budget	Actual	Vacancy	Total Variable workforce	Potential Workforce Increase (REGEN)	Potential Actual workforce	Potential decrease in Variable workforce	Remaining Variable workforce need
ADD PROF SCIENTIFIC AND TECHNICAL	341.7	334.4	7.3	0.1	19.0	353.4	0.1	0.0
ADDITIONAL CLINICAL SERVICES	2470.7	2291.0	179.7	204.9	213.0	2,504.0	204.9	0.0
ADMINISTRATIVE & CLERICAL	2239.4	2245.3	-5.8	225.0	51.0	2,296.3	51.0	174.0
ALLIED HEALTH PROFESSIONALS	762.5	714.2	48.2	12.5	22.6	736.8	12.5	0.0
ESTATES AND ANCILLIARY	955.8	844.5	111.3	53.1	4.8	849.3	4.8	48.3
HEALTHCARE SCIENTISTS	212.6	210.7	1.9	0.0	3.9	214.6		
MEDICAL AND DENTAL	978.3	675.5	302.8	185.8	40.0	715.5	40.0	145.8
NURSING AND MIDWIFERY REGISTERED	3430.7	3128.0	302.7	614.7	165.0	3,293.0	165.0	449.7
Grand Total	11391.61	10443.6	948.0	1296.1	519.3	10962.9	478.3	817.8

Our overall substantive workforce position will increase by 519.3WTE, therefore potentially reducing our vacancy gap by c.55%.

Any increase in our workforce (within the REGEN column above) will be as a result of usual resourcing activity (within funded establishment), which includes new graduate recruitment, International Nurse resourcing and the addition of our existing grow your own workforce who are expected to become registrants during the next financial year.

As a working example, we have a projection of a 165 WTE increase within the Nursing and Midwifery staff group. This increase in our substantive workforce will further strengthen our position to mitigate and reduce our temporary workforce position. Overall, as a result of planned substantive recruitment, our actual Nursing and Midwifery workforce will increase from 3128 to 3293WTE at the end of 2024/2025. However, based on our workforce utilisation (substantive and variable) we have a "latent demand" (i.e. unfunded in establishment) of an additional 449.7 WTE, which is a reduction of 165WTE and will be further explored during the next financial year as we seek to reduce our variable workforce position by 50%.

Staff Group	Sum of FTE
Add Prof Scientific and Technic	376.73
Additional Clinical Services	2245.95
Administrative and Clerical	2135.32
Allied Health Professionals	738.25
Estates and Ancillary	806.73
Healthcare Scientists	195.79
Medical and Dental	675.39
Nursing and Midwifery Registered	3320.76
Students	0.60
Grand Total	10495.52

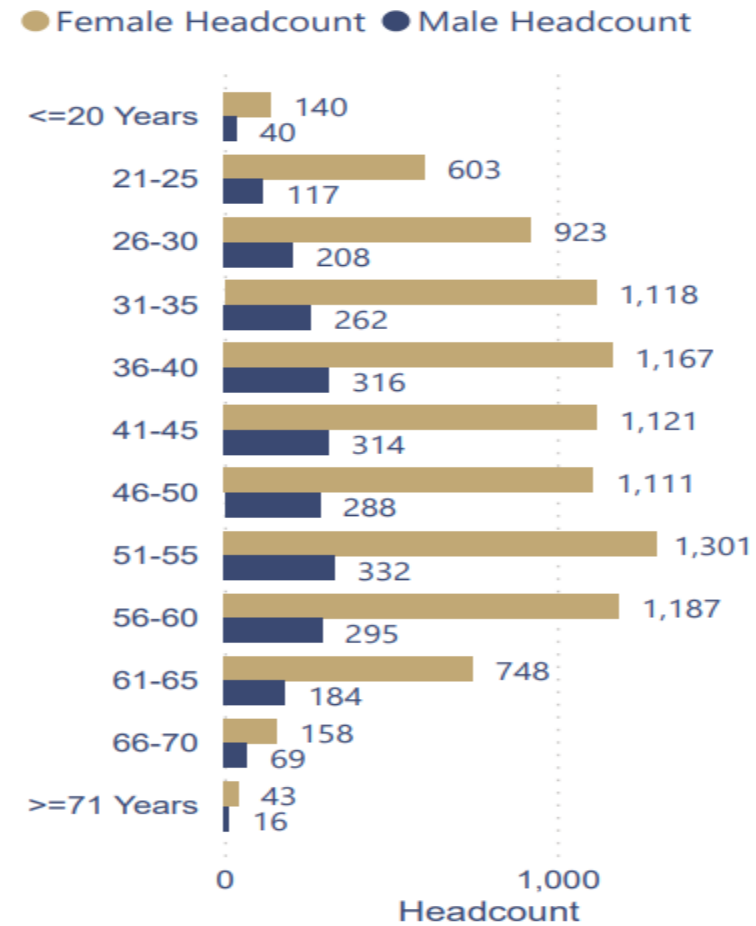
- 10443
- 10495
- 52 net growth in workforce
- 31 Jan 2025

Workforce Profile as at December 2024

Headcount - Excludes Locum & Bank



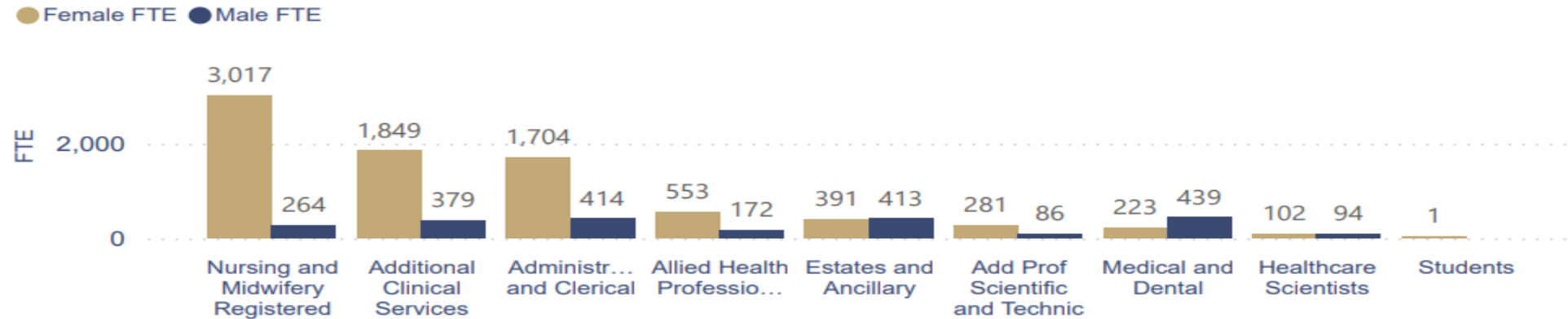
Age & Gender Profile by Headcount



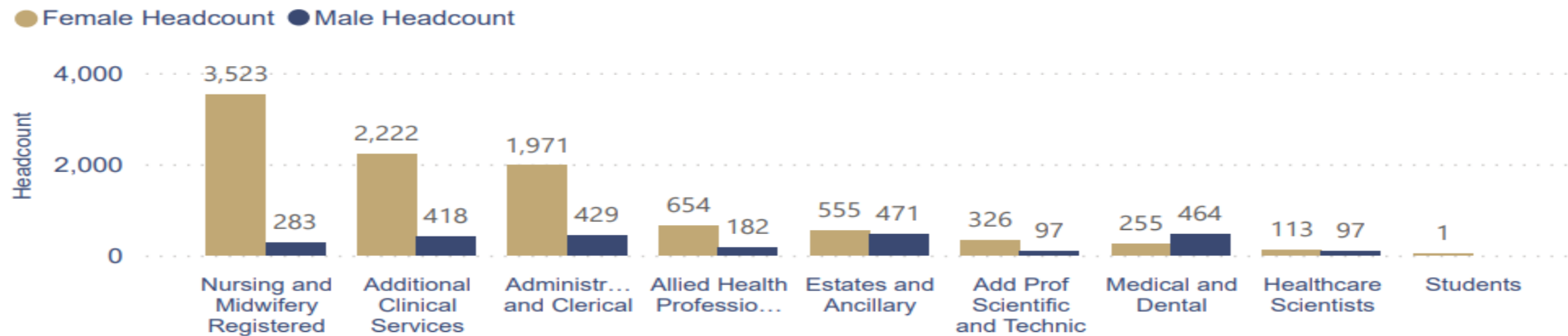
Workforce Profile comparing Full time and Part time working as a percentage.
Left shows % by headcount and Right shows % by FTE Excluding Locum & Bank



Gender Profile by Staff Group & FTE



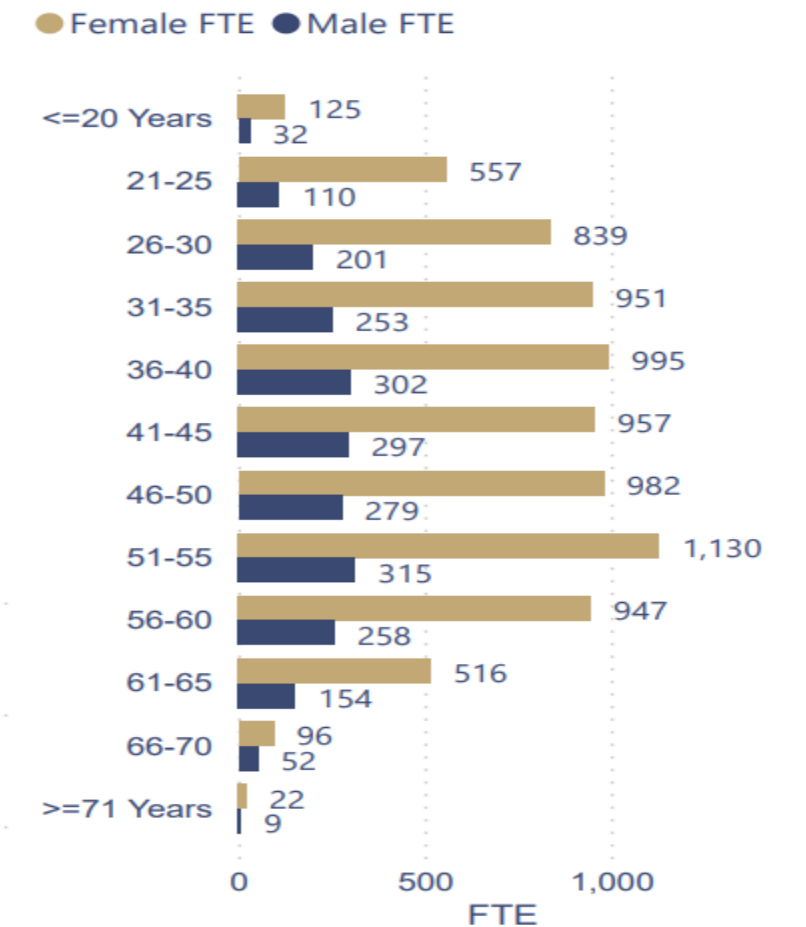
Gender Profile by Staff Group & Headcount



FTE - Excludes Locum & Bank



Age & Gender Profile by FTE

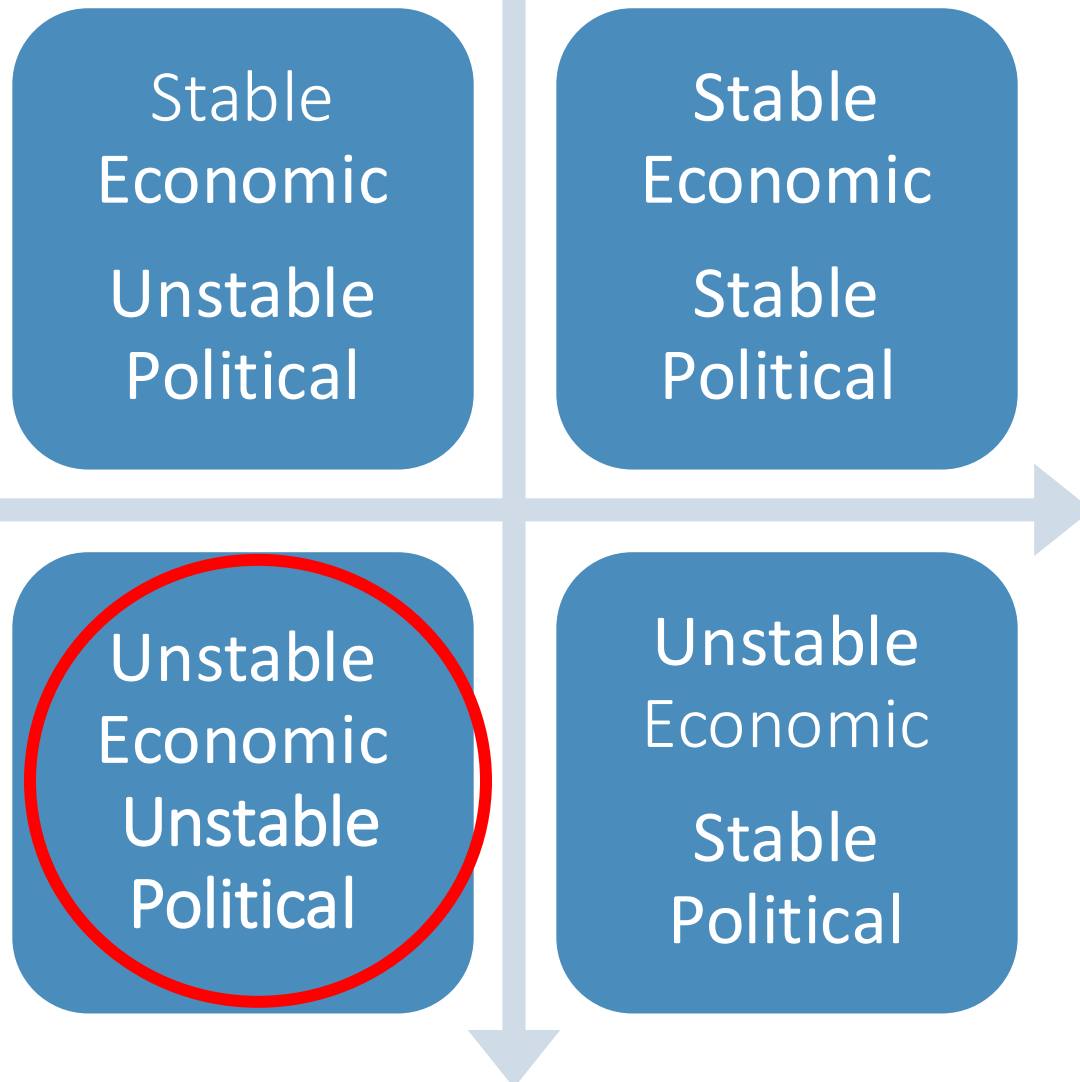


People Supply Planning Scenarios

Context Choice: Political & Economic Extremes

Rationale: To assess risk and opportunity, we chose to look at the scenarios from a people perspective with the extremes of our current reality – economic and political as to opposing forces. By looking through these lenses (of which there could be many others – technology, environmental, social etc) we felt we would most likely be influenced as a public body via an economic and political lens. Given our context – it was felt our economic and political stability may be at risk – the quadrants circled below were identified as the most appropriate variables:

Economic Axis



Characteristics of an Unstable Economic and Unstable Political Context:

- **Financial uncertainty**
- Funding choices may be impacted
 - Priorities might change
 - Technological advances may be compromised
 - National, regional or local programmes may be compromised
 - Socially – changes in cost of living
 - Behaviour of people and employment choices may change – pay/pension relation
- **Political uncertainty**
 - Change in policy
 - Change in direction on key programmes
 - Increasing pressure for delivery of outcomes
 - Global politics impact locally
 - Behaviour of people engagement in wider society could impact positively and negatively

Political Axis

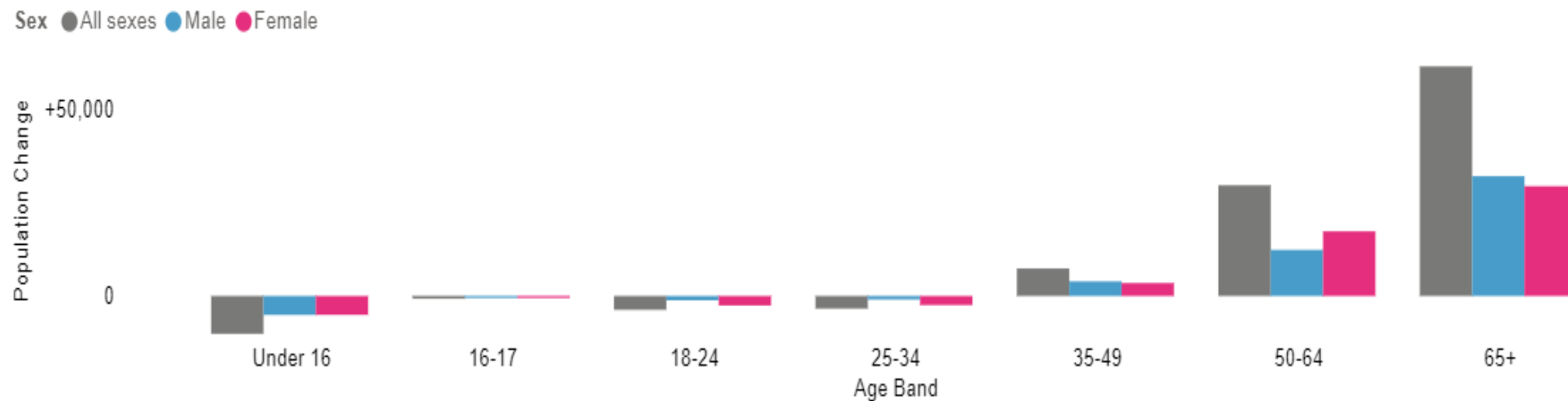
What other scenario would we wish to look at to be incorporated in our people planning? Based on this what modelling assumptions would we wish to employ? Under the People Regeneration Framework we explore scenarios related to a reduction in population profile and relative attractiveness of a career in the health & social care sector.



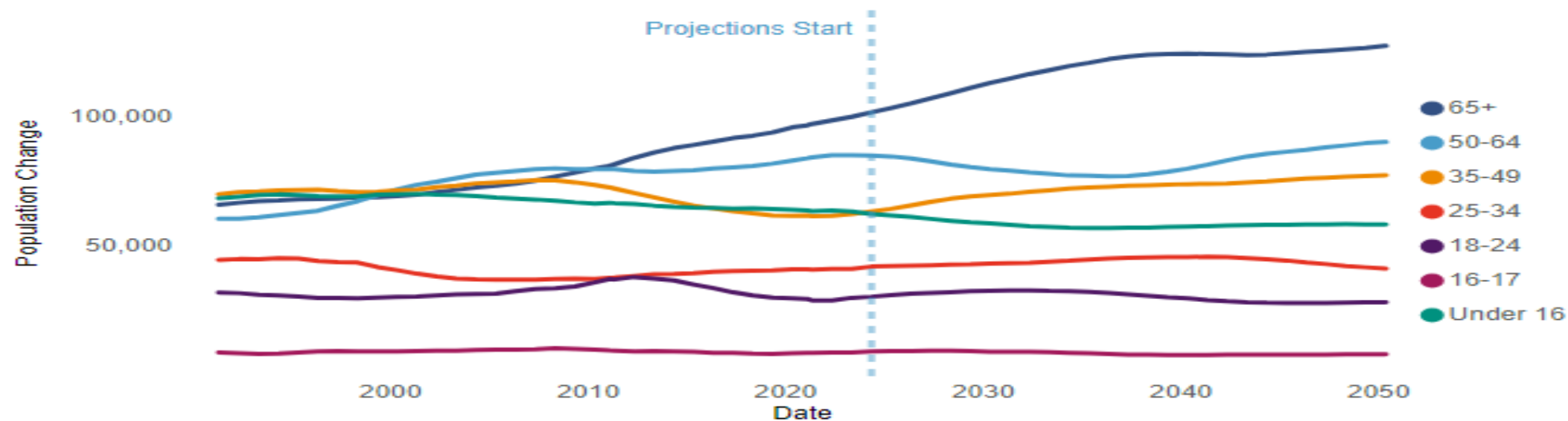
Population & Labour Market

Hywel Dda University Health Board Population

Population Change From Jun 1991 to Jun 2050 (Projection)



Population Over Time



Of greatest concern, is the projection for the numbers of 18 year olds who will be available to work over the next 15 years.

The 2021 Census shows that there has been a decrease in 16-17 year olds of 9.8% since 2011, and a decrease of 12.5% in the number of 18-24 year olds across Wales.

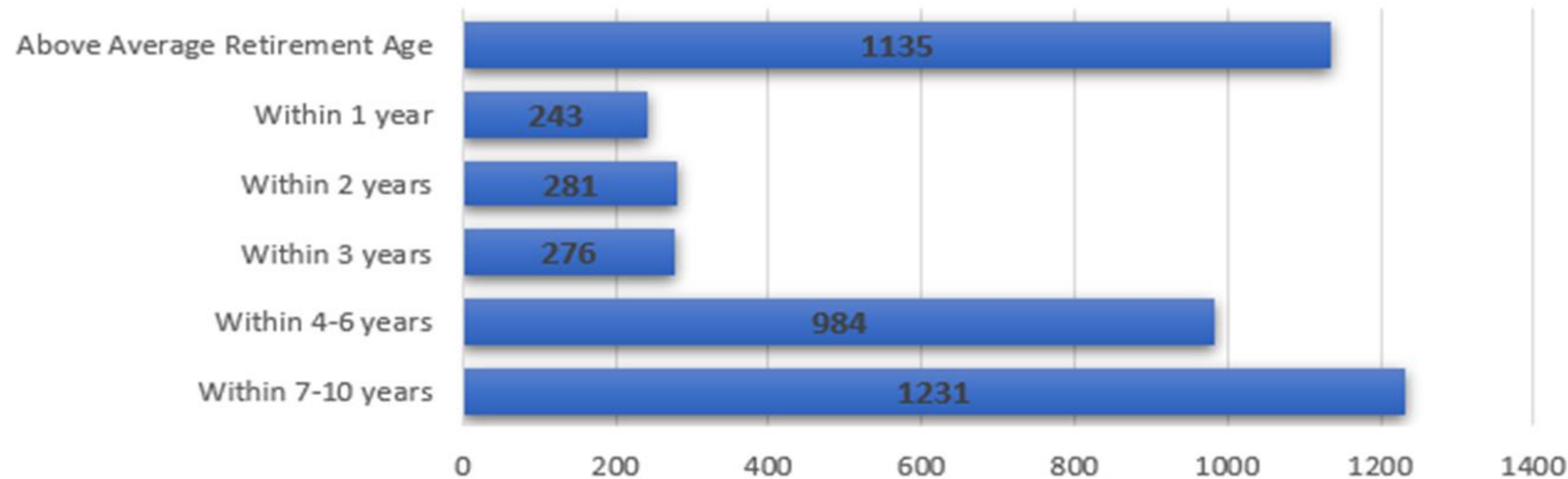
Over time it is projected that there will be a significant reduction in available school leavers.

The graphs opposite illustrate this.

Workforce Overview

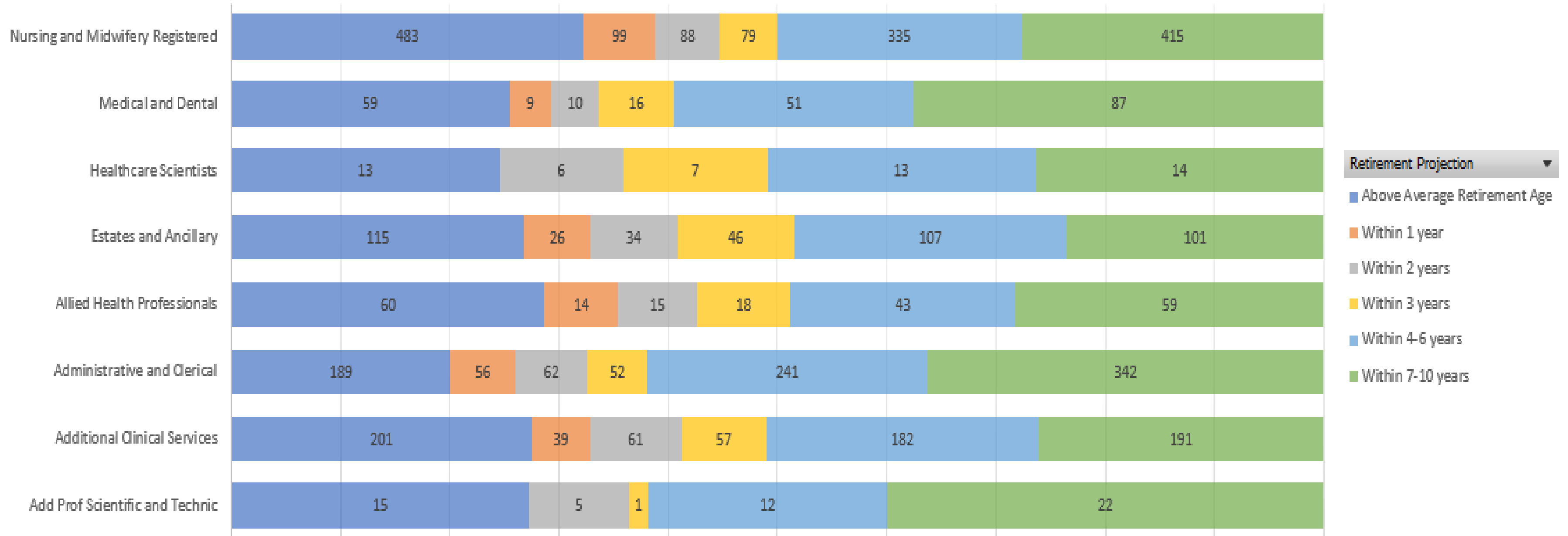
Please note our medical vacancies do not account for medical trainee posts which are associated with the “Single Lead Employer” NWSSP which equate to 247 WTE.

- 12278 individuals employed within Hywel Dda University Health Board (head count not WTE)
- 9.2% of our workforce are above the average retirement age for their staff group (1135 individuals)
 - 1935 individuals (15.7% of the workforce) will reach or be above the average retirement age by 2028



Staff Group	Average Retirement age (over last 7 years)
Add Prof Scientific and Technic	64.6
Additional Clinical Services	62.6
Administrative and Clerical	63.1
Allied Health Professionals	60.9
Estates and Ancillary	64.6
Healthcare Scientists	61.5
Medical and Dental	63.3
Nursing and Midwifery Registered	59.4

Retirement Projections by Professional Group



Our People Plans

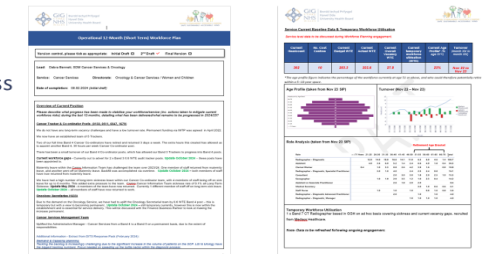
Professional Staff Group Analysis and Plans in development to align to Annual Plan underpinned by Operational Workforce Plans progressed from 24/25 and into 25/26 planning cycle (as noted opposite):

- Nursing Midwifery and related Additional Clinical Services (ACS)
- Medical and Medically Associated Professionals
- Allied Health Professional and related Additional Clinical Services (ACS)
- Healthcare Science and related Additional Clinical Services (ACS)
- Additional Professional and Technical (Including Medicines Management)

- During 2024/25 we have engaged with 76 Services
- Operational Workforce Plans in place for 55, with remainder in progress
- Resulted in the creation of 740 Workforce related actions

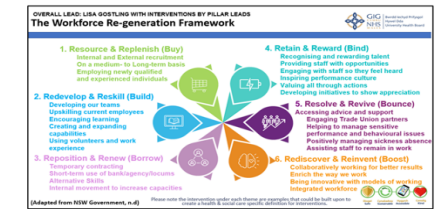
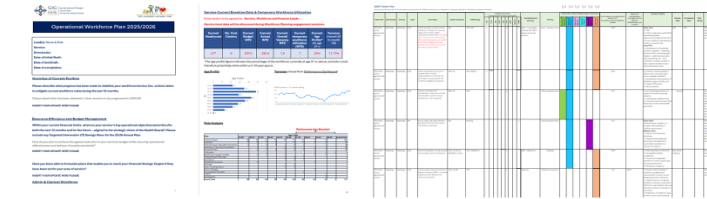
Currently in engagement for 2025/26 plans, aligning to

- Annual Plans
- Education Commissioning
- utilising updated template based on learning from 2024/25



Over 20 different workstreams to assess, design, align and develop our people are evolving building on the work we have undertaken in :
 To highlight:

1. We currently only have a small numbers of vacancies in Nursing which our Grow your Own model will enable us to fill our posts, fo including International Recruitment.
2. We are working on our Medical Stabilisation Programme which includes Portfolio Pathway Developments and International Recruit
3. We are working with HEIW to address rural challenges in provision of specialist education to ensure there are opportunities locally







Medical People Plan





Nursing & ACS People Plan





Allied Health & ACS People Plan



GIG
CYMRU
NHS
WALES | Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Healthcare Science & ACS People Plan





APST (Pharmacy) People Plan





Estates & Ancillary People Plan



GIG
CYMRU
NHS
WALES | Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Administrative & Clerical People Plan



Appendices

Risks and Opportunities

Local

Looking at the People Plan in its totality by priority will illustrate any risks we may have. This is an illustrative example and further “definition” will be needed to assess potential risk by either cost centres, directorate, ministerial priority and professional group.

Awareness of possible programmes that may have risk to stabilisation that may present in:

- TUEC (Therapy/Planned Care/Beds) System Wide; Primary Care, Intermediate, and Secondary Care as proposed models present significant workforce change programmes both in terms of delivering the service and in the capacity needed to support improvement and transformational change.
- Home Care (building community capacity, Home Care Project – Home Care First, shift left agenda),
- AHP as a professional group,
- NDN Community Apprentices (approximate funding available £115-150k over 3 years),
- ARCH/Stroke/Diagnostics.

Ability to foresee and test complex interdependencies or “unknowns” are a risk. This is indicated by the scenarios – multiple scenarios could be tested for the purposes of illustration 3 have been chosen linked to:

- Funding trajectories for people supply pipelines (internal & external),
- Apprentice Pay being one implication (may impact attraction),
- Apprentice Pipeline per se,
- Behavioural choices within the internal and external labour market,
- National guidelines e.g., Nurse Staffing Levels Act Wales and future registration changes.

National

- 1.Misalignment and/or negative implications for the Health Board from HEIW’s Intentions and Implementation Plans (System),
- 2.Education commissioning programmes (nature, extent and capacity to manage) require further exploration of effectiveness and impact (System).

Education Commissioning Risks

The organisation must continue to manage existing risks around retention of new graduates, as well as ability to manage placement capacity as HEIW seek to increase training places on a range of programmes across multiple professional groups to address known supply issues. Capacity around development of our internal staff is also an ongoing priority, with difficulties expressed around managing work-based development alongside increasing operational demand. Risks relating to Infrastructure, aligning educational opportunities to future service modelling, financial alignment - workforce baseline/future forecasting, management of service risk relating to previous Education Commissioning requests, backfill Regional workforce planning) *Please see wider detail on Education Commissioning slide content.*

Risks and Opportunities

Modelling of Supply & Demand Risks

Based on the above we must be cognisant of the quality of the data used and the assumptions we must make when modelling our supply and demand and any scenarios through the Regeneration Framework. Consistent accurate and where possible historical workforce and financial data is required to enable robust future projections. Where this is not available assumptions are made which may affect the quality of the outputs. Triangulation with Service and Finance to verify data sources is also required and we will continue to work with colleagues to mitigate risks where possible.

We have explored in detail the cost centres aligned to each of the directorates to assess risk through a workforce planning lens and through the “Improving Together” approach in year 2023/24 we will continue to develop and implement the interventions necessary to mitigate the risks identified.

All risks are incorporated within our risk registers (specifically linking 1406 with operational risks reporting to our People and OD Culture Committee).

Workforce Risk analysis

As an organisation we are strengthening our approach to workforce themed risk. Scrutiny of workforce themed risks on our Health Board risk register takes place on a regular basis and assurance reports are fed into relevant Health Board committees as required. Working closely with Risk and Assurance teams, as workforce themed risks are identified, and new workforce risks emerge and new workforce risks are created, a robust process is now in place to bring these to the attention of the Workforce and OD Directorate. This allows for best placed support to be given to services and directorates to help mitigate.

A thematic analysis of the 190 directorate operational risks has been undertaken by the SWFP Team to identify and assign the relevant workforce pillar lead within the workforce directorate who would be most appropriate and best placed to support the Health Board operational teams with mitigation measures where possible and feasible.

Engagement has already taken place in the following services to gather intelligence through Operational Workforce Plans and in an attempt to align service, workforce, risk, and finance.

To gather operational workforce intelligence regarding services pressures, pinch points and to gain a wider understanding of their direct workforce risk entries; **the SWFP Team has met directly with 61 Services across all Directorates during January, February and March 2024** to assist with the development of operational workforce plans and education commissioning requirements, to inform the Health Board’s submission to HEIW and to assist with future service planning, and in an attempt to address risk and to agree key actions,

Risks and Opportunities

Engagement has taken place within the following directorates and plans are actively being developed and implemented and workforce risks aligned.

- Women & Children
- Mental Health & LD
- Urgent Emergency Care/Integrated localities/Unscheduled Care
- Therapies
- Diagnostics
- Medicines Management
- Primary Care (Managed practices only)
- Dentistry
- Scheduled Care
- Cancer Services
- Digital

Regular dialogue between Planning, Finance, Performance, Risk & Assurance, and Workforce Directorate colleagues now takes place on a regular and on-going basis to allow for a better understanding of the workforce risk position and potential workforce trajectories, and also in an attempt to triangulate the information received from operational workforce plans to appropriately assess workforce risk and aid alignment. Strategic Workforce Planning Team continue to update Corporate Risk with all Workforce associated risks so that risks are listed appropriately and correctly as an ongoing control measure

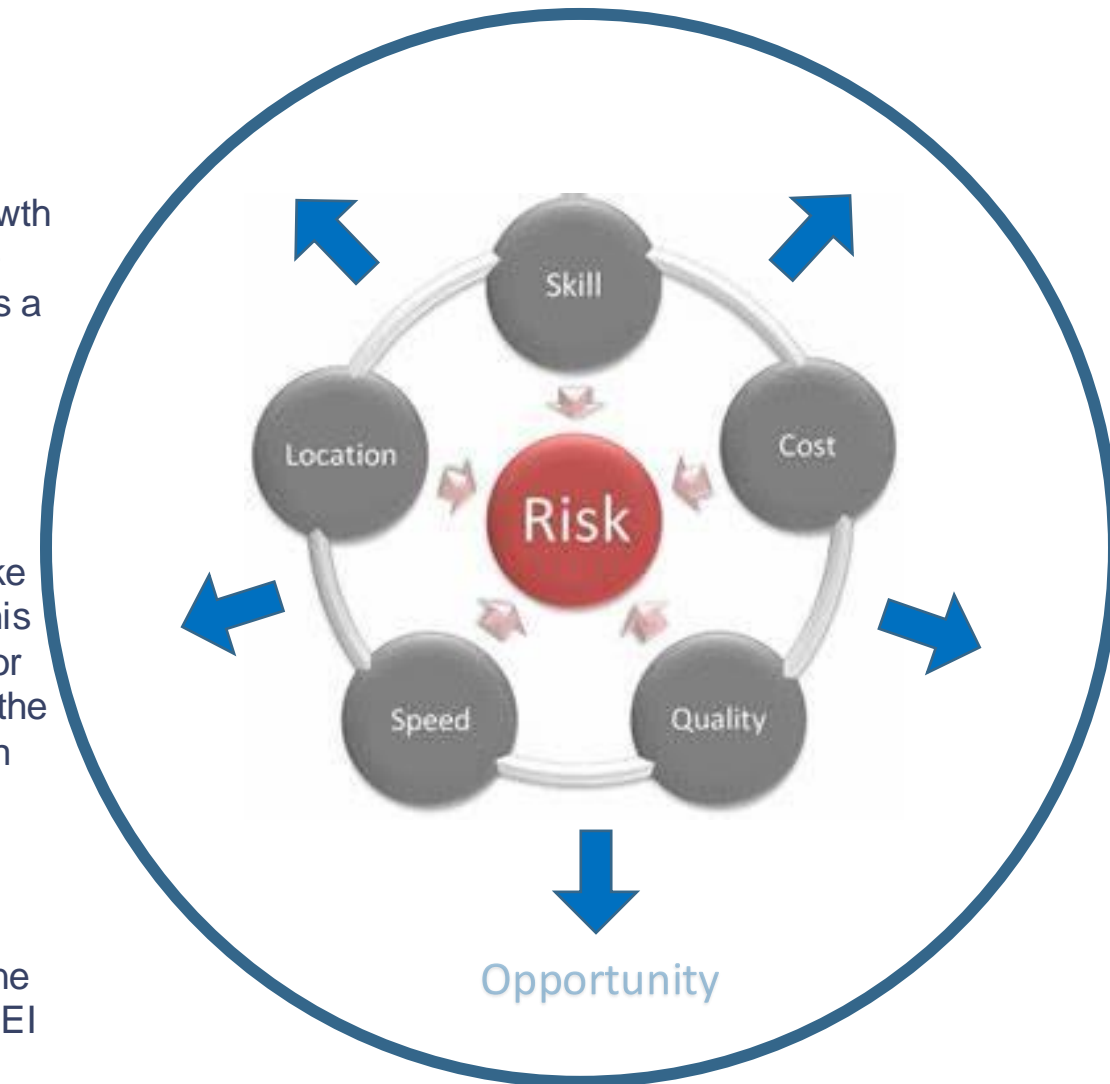
Workforce Risk - delivering the Ministerial Priorities.

Workforce gaps in dependent specialties where there are national shortages and impact on service delivery, e.g. clinical oncology and dermatology (resulting in over-reliance on locum workforce). Our plan will help to identify our risks and gaps within workforce. Limited funding and challenges with recruitment and workforce capacity will require us to look at how we can maintain an efficient, safe service but, by using our existing resources differently to deliver on strategic plans.

Outline of People Supply Model Assessments

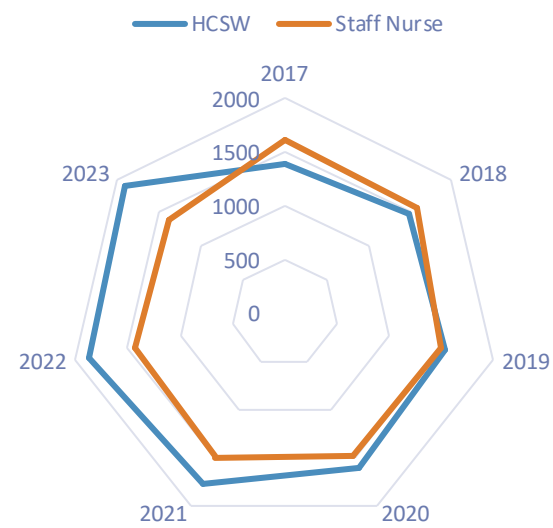
Based on an assessment of what our people supply might be based on our people planning interventions we are continuing to explore:

- Baseline and Trajectories:** how has our strategies to grow and develop our people taken shape historically? Are we able to draw a clear positive correlation? We looked at the profile of our people over the last 5 -10 years from which we can see a consistent growth profile. This is consistent with “choices” to increase the people profile when it was required, albeit in unprecedented times i.e. a pandemic; from a steady growth of between 200-300 to double that in the “pandemic” period. The only area of concern was estates and facilities – normally seen as a pipeline “feeder” for other professions i.e. Additional Clinical Service and Administrative & Clerical role; and likewise Additional Clinical Services acts as a pipeline feeder for our nursing professionals; the concern being if this was to continue in the long term this may have a more fundamental and detrimental impact to our professional groups overall. We have noticed the consistent growth in our Administrative & Clerical workforce which we are undertaking a deeper dive to assess what this is in reference to.
- Labour Market Analysis (by skills & qualifications):** Based on previous analysis of the 2021 census we know that our population base is relatively consistent (Land Appraisal 2021/22) and our alignment to our population age ranges reflects positively on our internal workforce make up i.e. we are attracting a younger workforce consistent with our population percentage and across other age profiles we remain on par. For this assessment we wanted to understand our education and skills profile of our workforce to a) assess if we could construct employment routes for those with limited options for employment (based on the assumptions these would be external to our employed workforce) and b) to assess if the qualification levels across our counties were on par with our employed workforce. It was also important to understand if we were an “outlier” in any aspect, and therefore important to understand how our local population benchmarked against a national/UK based qualification basis.
- Education Commissioning:** Through education commissioning we have an overview based on previous assessments of the people streamlining approach to be able to understand the choices that are being made and also assess the likelihood based on attrition and other factors what posts we will be likely to fill from a rolling 3 year commissioning programme across our registrant and non-registrants – the timeline therefore is not a “quick fix” but an ongoing considered/balanced assessment of quality placements, assessment and teaching capacity with HEI and Health Boards.
- Regenerative Framework:** Through the Regenerative People Framework we look at a composite picture of our supply and attrition that is consistent with what we know of our current workforce growth, consistency with the labour market and exploration of our education commissioning profile over the last 3-4 years.
- Operational Workforce Planning:** engagement with services is ongoing as is the critical assessment of how the relevant skills and workforce numbers can be grown to optimise performance and minimise risk.

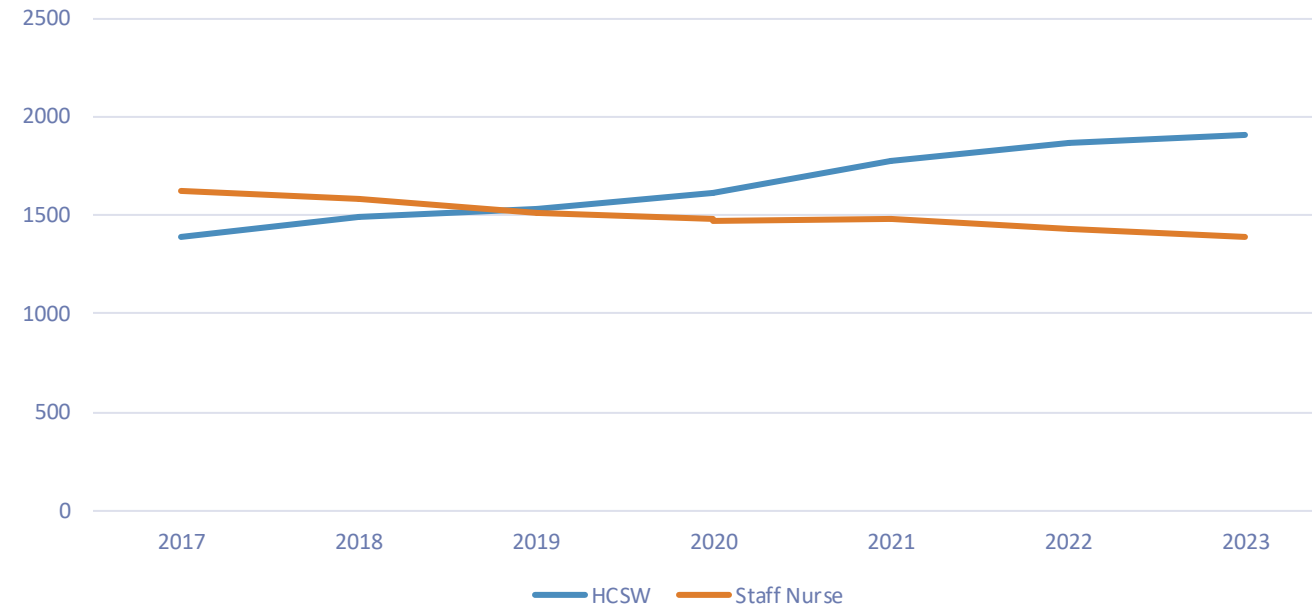


The Changing Shape of the Workforce – Role Specific

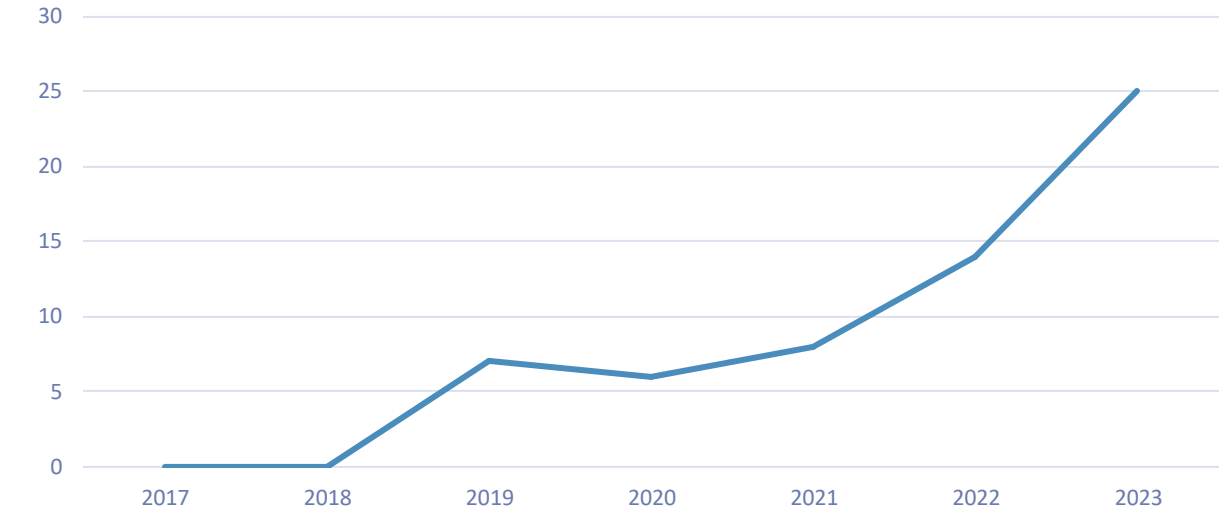
Workforce Changes: Staff Nurse vs HCSW



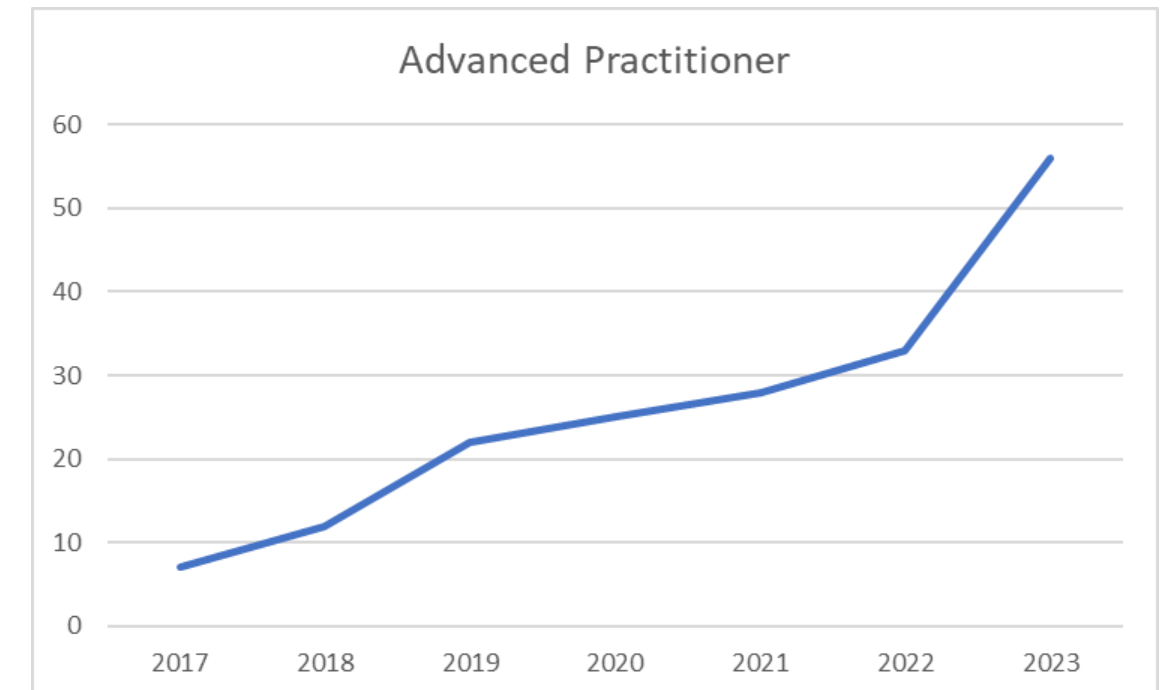
Workforce Changes: Staff Nurse vs HCSW



Physician Associate



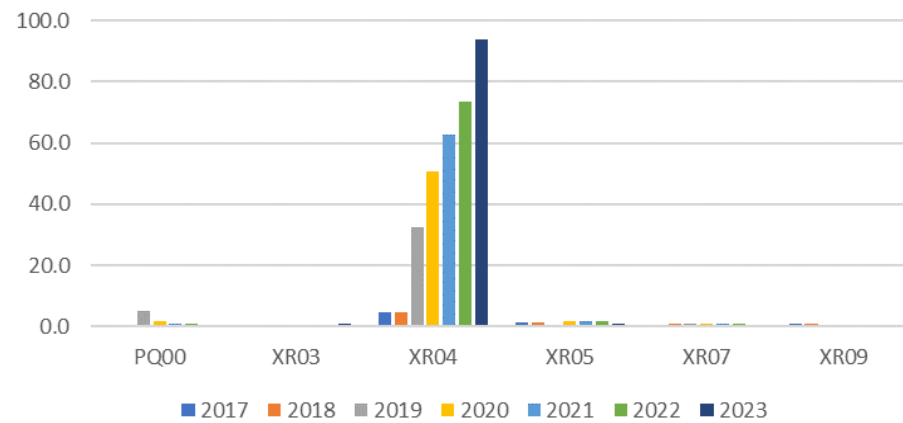
Advanced Practitioner



In 2019, we can see a distinctive “shift” in the workforce shape evidenced by the profiles above, for nursing and Health Care Support Worker roles. Further work and analysis is being undertaken on other mechanisms linked to role development and change i.e. use of Annex 21 and Team models.

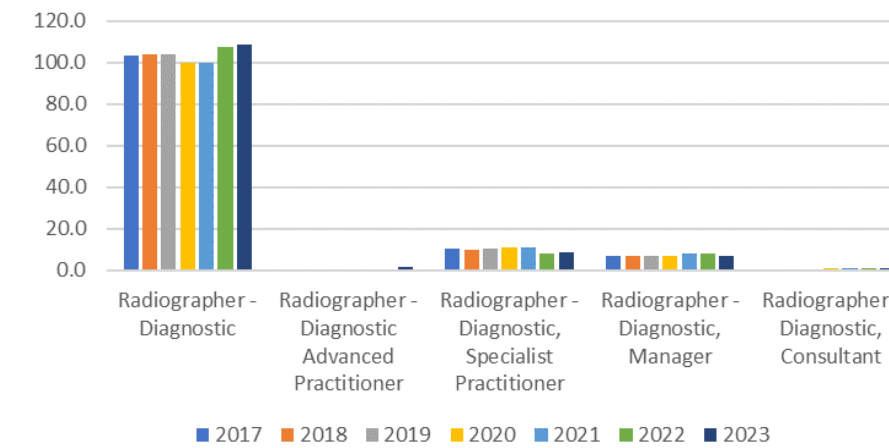
The Changing Shape of our Workforce – By Role and Career Progression

Assistant/Associate Practitioner Role By Year and Grade (Additional Clinical Services)



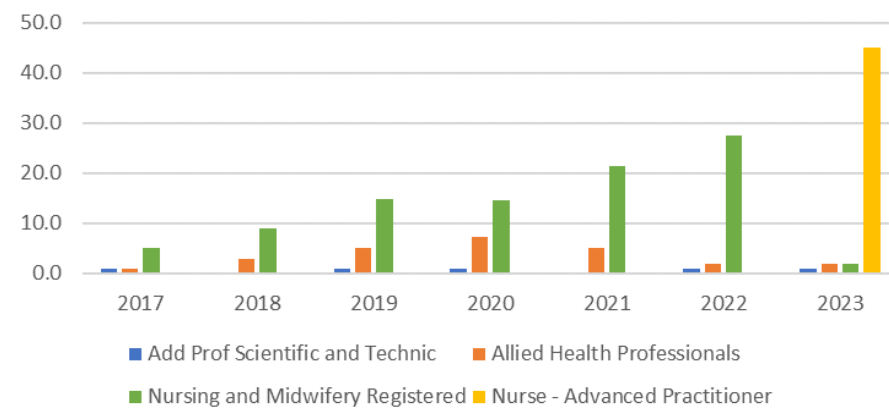
Assistant/Associate Practitioner Roles for Band 4 Roles have increased consistently over the last 4 years. However, there are a number of roles within other Bandings that are also using this title. Further work to be undertaken to explore reasons behind this.

Radiographer Roles by Year



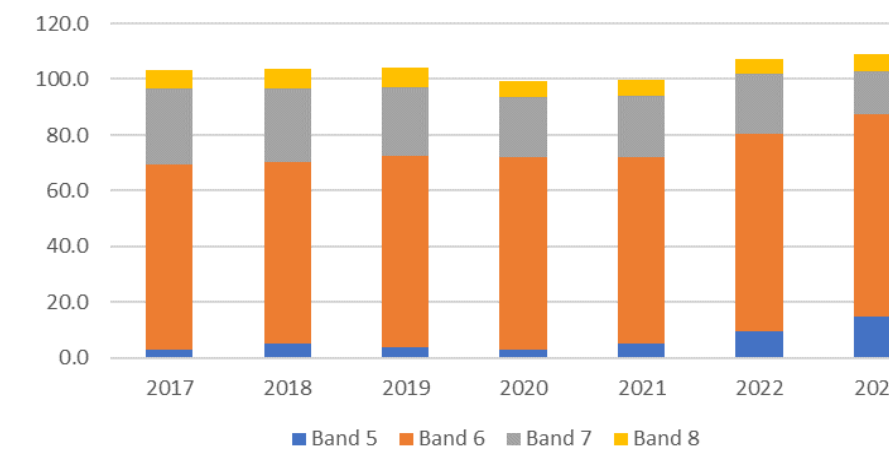
The majority of the workforce within Radiography sit within the Diagnostic role however, the graph (left) shows the additional roles available to allow for career progression with the new role of Advance Practitioner appearing in 2023.

Advanced Practitioner Role By Staff Group By Year



The Advanced Practitioner role has also increased steadily since 2017 particularly within Nursing & Midwifery. AHP numbers grew in 2019 and 2020 however, have declined since the pandemic. This may be due to new specialised roles within AHP disciplines emerging e.g. Radiographer Advanced Practitioner.

Diagnostic Radiographer Career Path By Year



The graph (left) shows the options for career progression within the diagnostic role from Band 5 to Band 8. The majority of the workforce sit within Band 6 and although there has been an increase in Band 5 posts there has also been a decline in Band 7 & 8 which may hamper career pathway options, however, the emergence of new roles may also increase choices for individuals.

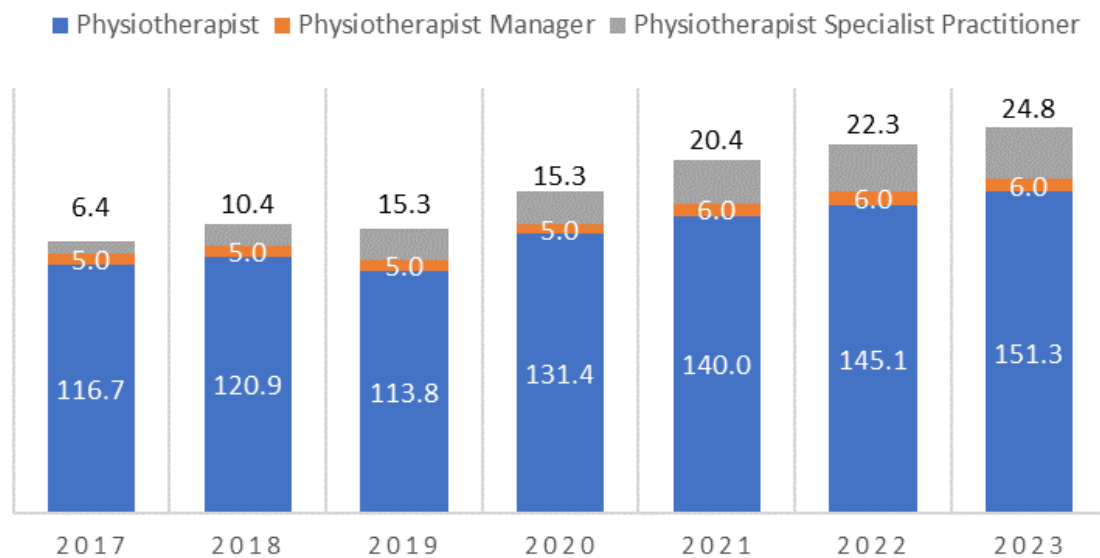
The Changing Shape of our People – By Role and Career Progression

As can be seen below the AHP people within Physiotherapy also shows opportunities for staff to move to higher graded roles or to specialise with an increase in Manager and Specialist Practitioner roles to allow for career progression since 2020. Specialist Practitioner posts have increased from 15.3WTE to 24.8WTE in 2023.

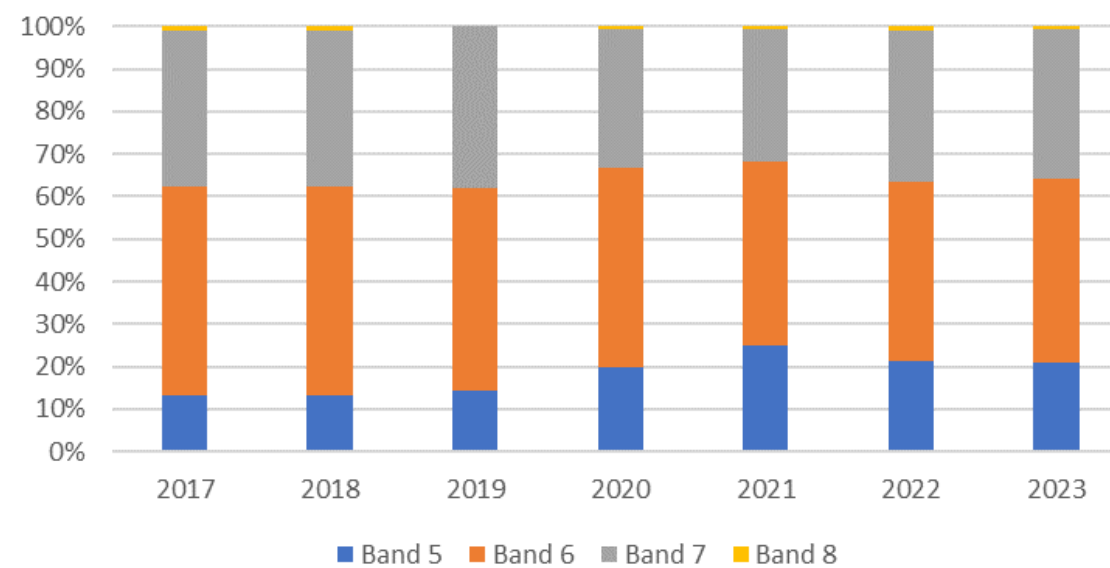
The graph below shows a breakdown of the Band 5 to 8 posts within the Physiotherapy role. The graph shows a steady increase of Band 5 posts since 2019 and a proportional increase in Band 7 posts to allow for career progression.

Healthcare Scientist roles show the options to develop within the specialism, through the Additional Clinical Services route via trainee roles, which includes Assistant and Associate roles, with opportunity to progress on to the Practitioner and Specialist roles within the profession, through completion of a part-time degree. We can also see a steady increase in the Associate and Specialist posts, demonstrating opportunities to develop individuals within this field. Further opportunity to develop these individuals as apprentice pathways for HCS staff are now available to access.

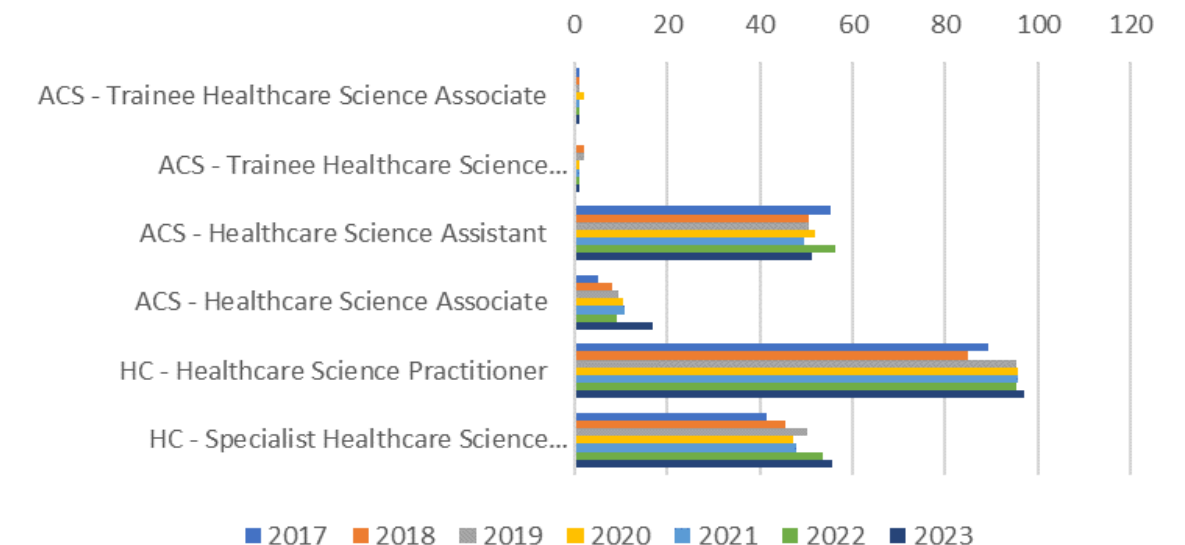
PHYSIOTHERAPIST ROLES BY YEAR



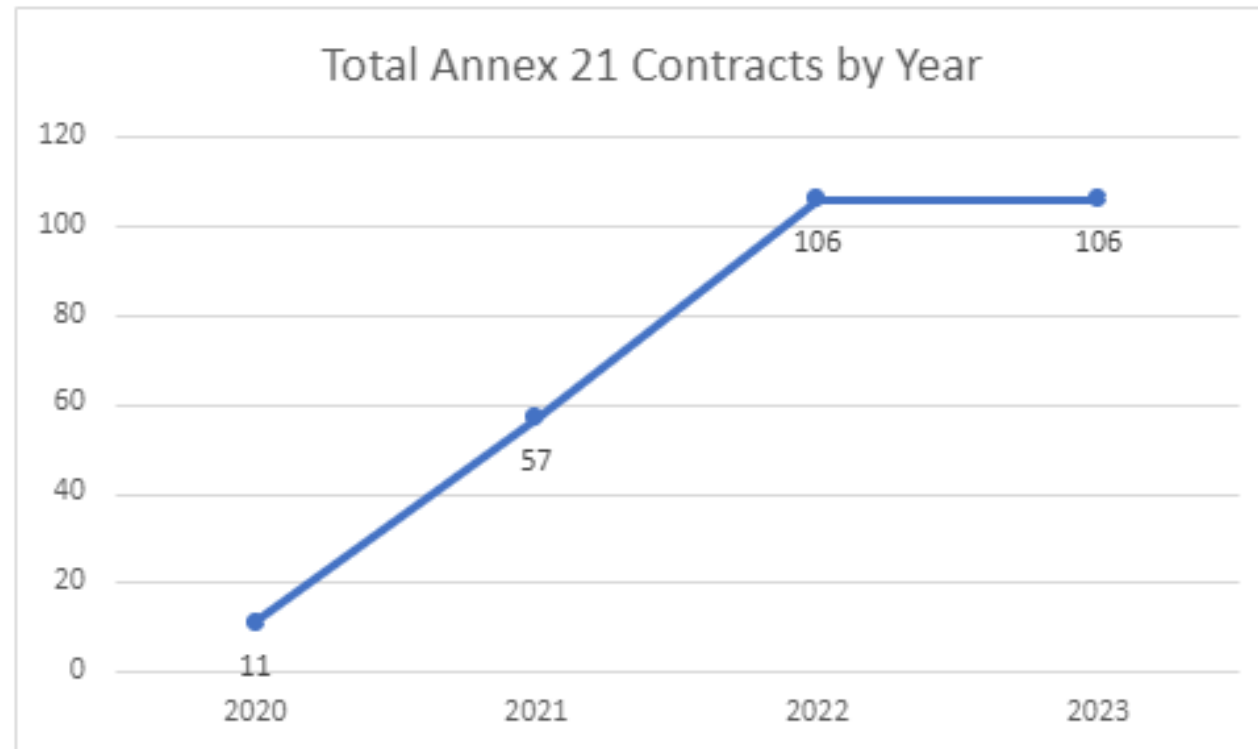
Physiotherapist Career Path By Year



Healthcare Science Roles By Year



Annex 21 Positions



106 Annex 21 posts, working in the following areas as at end of June 2023:

- Acute Response Team
- Frailty
- Assurance and Risk
- Biomedical Sciences
- Psychology
- Drug and Alcohol Misuse
- Occupational Therapy
- Physiotherapy
- Project Management
- Finance
- Haematology
- Apprentices (L3 and L4 – Healthcare, Corporate, Facilities, Workforce Development)
- Macmillan Cancer services
- Pharmacy

NHS Employers Terms and Conditions of Service Handbook - Annex 21: Arrangements for pay and banding of Trainees, has been applied across a range of services, to develop new roles and to appoint in to “hard to fill” vacancies, therefore helping to improve workforce sustainability, whilst creating development opportunities for 106 individuals over a three-year period.

For many services, application of Annex 21 terms and conditions has enabled them to widen their talent pool when advertising vacancies, allowing for recruitment of individuals who do not meet all essential requirements for the role they have applied for, but who have demonstrated ability to develop competence, to meet all the criteria expected of them to fulfil the role, during an agreed development period.

It is imperative that the ongoing training and education needs is prioritised, to accommodate and continue to support individuals in Annex 21 roles, through appropriate allocation of funding to support their continued training needs.



Variable Pay Analysis & Details

**Summary of Requirements/Pipeline Data
by Professional Group/Programme
Based on draft submission: 31 January 2025**

**Further amendments will be made up until Executive
Sign off in March**

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 SPPEG.
- Internal assurance/ratification process established – Professional Leaders Forum. Education Commissioning summary for each professional group (except for Estates and Facilities) has been reviewed on 15/3 and conditionally agreed subject to outstanding actions (see 'Timeline/Outstanding Actions' slide).

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, due to current financial position, there can be reluctance to commission based on actual requirements (growth, demand, strategic direction etc).
- Infrastructure – Feasibility of releasing staff for study given current pressures and impact on financial savings. 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. Organisational response in terms of structure and configuration is required.
- PA role – x2 submitted to date (OOO and Paeds, 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. 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/MAPs/Extended Practice – Clear strategy 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).

Risks, Challenges and Further Considerations Continued

- 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.
- 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 (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- TAPS)?
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? (RLSP, 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?



People Regeneration Framework: Projections and Scenarios To be developed

Minimum Data Set: Costed Workforce Plan & Other Financial Considerations To be developed