

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Efficiency Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Dan Owen – Senior Workforce Manager, People Effectiveness

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Welsh Government has updated the Welsh Health Circular (**WHC 2024 031**), now requiring all Health Boards to monitor and report on variable pay. This report provides an update on the revised control measures and support mechanisms that have been introduced for our operational teams.

The report highlights the changes between the initial submission to Welsh Government (WG) in January 2024 (based on data from December 2023) and the submission in February 2024 (based on data from January 2024). Actions have been undertaken by the Variable Pay Reduction and Efficiency Group (VREG) in response to these findings. The findings also inform the Value and Sustainability Group (V&S), which has replaced the Core Delivery Group (CDG).

The updated Welsh Health Circular requires a reduction in variable pay for all staff groups, which will be managed by the VREG.

This report will continue the comparison to Month (M) 11 (February 2024) and M3 (June 2024) highlighting the movements between these months.

Cefndir / Background

In the previous report provided to People, Organisational Development and Culture Committee (PODCC) (M11), the financial data was considered, and the importance of efficient workforce management was emphasised. Since then, additional controls have been implemented to monitor agency escalations. The VREG, authorises these on a weekly basis.

This process ensures that decisions about agency usage are undertaken in a clear, transparent, and fair way. It also identifies those services that are at risk and provides a support mechanism to them with developed action plans to assist those services to return to regular staffing procedures as quickly as possible. This strategy guarantees efficient workforce management and cost control.

Furthermore, the work undertaken by the VREG has provided valuable insights for operational and clinical groups. It supports system resilience and the transformation of emergency and urgent care, along with the Health Board's de-escalation plans linked to targeted intervention.

Summary of M11 Data

Hywel Dda University Health Board's (HDdUHB) variable pay expenditure is significant and can be categorised into three groups: Agency, Bank, and Locum (Medical Bank). The largest staff groups for variable pay expenditure for M11 (February 2024) are highlighted below:

Agency	Bank	Locum Bank £2.5m
Nursing £1.8m	Health Care Support Worker £655k	Locum Consultant £1.4m
Medical £407k	Nursing £396k	Locum Speciality Doctor £591k
Health Care Support Worker (HCSW) £48k	Estates and Ancillary £183k	Locum Speciality Registrar £371k

Summary of M2 Data

HDdUHB's most significant staff group variable pay expenditure for M 3 (June 2024) is highlighted below:

Agency	Bank	Locum Bank £2.4m
Nursing £1.1m	Health Care Support Worker £739k	Locum Consultant £1.4m
Medical £321k	Nursing £408k	Locum Speciality Doctor £581k
Health Care Support Worker £4k	Estates and Ancillary £189k	Locum Speciality Registrar £205k

Comparison

Agency usage has started to decrease, with nursing seeing a reduction of £0.7m from February 2024 to May 2024. The medical agency has also seen a decrease by £86k, along with a significant reduction in Health Care Support Worker (HCSW) agency by £44k.

Bank usage, however, has indicated an increase of £84k. This includes an increase in nursing bank by £12k and a slight increase in estates and ancillary bank usage by £6k.

At consultant level, locum bank usage has remained unchanged. However, locum usage at the specialty doctor level has decreased by £10k, and locum specialty registrar usage has reduced by £166k.

Despite these reductions, there are still significant challenges in identifying the recruitment demands of Medical and HCSW, as well as estates and ancillary. Additional strategies and initiatives may be required to address these challenges.

Asesiad / Assessment

Medical

Service challenges persist with the use of the new agency request form, (AG1). These challenges include service delays, incorrect information, partially completed and workforce plans linked to the exit strategy of agency workers, all of which require further scrutiny. It is crucial that services are not merely filling vacant positions temporarily but have substantial plans in place to transition from medical agency workers to a substantive workforce.

Additional controls by the Workforce Teams have been implemented to ensure an advert and relevant documentation has been submitted prior AG1 requests being considered. This process has highlighted areas where job descriptions are outdated or not fit for purpose. Efforts are underway to address these issues and ensure all agency requests have a substantive role to fill. A Task and Finish (T&F) group has been established, led by the Medical Directorate, to oversee this. The inaugural meeting was arranged for the 25 July 2024.

To ensure governance and assurance, an agency form for off-framework agency requests (AG2) has been created. This form standardises the process for managing requests for off-framework agencies (Non-Direct Engagement). The aim is to exhaust all options before resorting to off-framework bookings. Risks associated with using off-framework agencies/workers includes IR35 compliance, pre-employment checks, and incomplete training requirements.

All AG1 requests are scrutinised and considered by the Financial Control Subgroup, chaired by the Director of Finance, prior to agency workers being booked.

Medical rate cards are currently under review by a T&F group within the Variable Rate Expenditure Group. This group is leading discussions on the current process and potential improvements. The goal is to collaborate with Swansea Bay University Health Board (SBUHB) to work collaboratively and to provide a joint rate card supported across South and West Wales.

While these discussions are in initial stages, the plan is to develop a more cohesive rate card for our medical workforce.

The elevated level of the locum bank underscores the workforce challenges across the Health Board. The implementation of a medical rostering system is currently in its 100-day process. The implementation group aims to establish the correct leads across Operational, Medical, Workforce, and Finance departments to enhance efficiency through electronic rostering and control mechanisms. It is anticipated that this will improve the management of variable pay, including bank locum usage and agency. The system will also provide fill rate data and roster audit data, enabling the analysis and resolution of inefficient rostering practices.

Nursing

To continually reduce the use of nursing agency, an on-framework agency escalation process has been introduced. This process went live on 10 June 2024 at Glangwili Hospital (GGH) and Prince Phillip Hospital (PPH); and on 1 July 2024 at Withybush Hospital (WGH). There are ongoing plans to implement this process across all nursing areas, with draft plans in place for Planned Care, Bronglais Hospital (BGH), Mental Health and Learning Disabilities (MH&LD), Community Wards, and Women and Children.

The first stage of this process is to identify areas where vacancy levels have improved, ensuring governance around the requirements for nursing agency booking. The following guidelines have been introduced, additional risks highlighted through a surged position, and patient demand or unfunded pathways will also be managed through this process.

Escalation Level

RAG Status	WTE Vacancy	Notification Time for Agency
Green – Head of Nursing	0-1.5wte	48hrs
Amber – Deputy or Senior Nurse	1.6wte-5wte	48hrs
Red – Automatic Escalation	5wte+	7 days

This process, developed in partnership with nursing leaders across the Health Board, is designed to ensure patient safety and maintain appropriate staffing levels. It upholds the principle that all coverage options should be exhausted before resorting to agency use.

The process undergoes continuous monthly review with Heads of Nursing. Areas marked as red are required to provide weekly roster scrutiny by the Head of Nursing to ensure effective rostering practices and maximise roster efficiency. Once this process is in place, the red escalation time to agency will also be reviewed.

Upon implementation across all nursing areas, the process will be expanded to include Bank HCSW usage.

Phase 3 of the International Nursing programme is nearing completion, with the final cohort expected to arrive in August 2024. A total of 42 nurses have been placed across GGH, PPH, and WGH to help stabilise the current nursing vacancies.

Newly registered nurses are supporting this phase of the Internationally Educated Nurses (IEN) programme as part of the expanding nursing pipelines, contributing to stabilisation efforts. To enhance onboarding, existing staff have volunteered to transfer to other departments to mitigate skill mix issues due to a large influx of newly registered nurses (NRN). This plan aims to transition all nursing areas in Unscheduled Care (USC) to green status by November 2024, with Nursing Preceptorship running through October 2024.

However, there is a risk to future placements of NRN's due to the current low vacancy levels at Band 5. Further work is ongoing at national level to identify solutions to this issue, led by the Chief Nursing Officer and Directors of Nursing.

Projected RAG status after Phase 3 and placements of NRN's in November 2024:

Glangwili General Hospital:

Plan on a page	Nov-24
0001: GGH - Preseli Ward - General Surgery	Green
0002: GGH - Cleddau Ward - General Surgery	Green
0003: GGH - Derwen Ward - Urology	Green
0019: GGH - Teifi Ward - Orthopaedic & Rheumatology	Green
0022: GGH - Merlin Ward	Green
0056: GGH - A&E Dept.	Yellow
0064: GGH - Towy Ward Cardiology Rehab	Green
0065: GGH - Padarn Ward Respiratory	Yellow
0066: GGH - Cardiac Care Unit	Yellow
0068: GGH - Steffan Ward Gastro/Oncology/Haem	Green

0069: GGH - Clinical Decisions Unit	
0071: GGH Dewi Ward	
0109: GGH - Priory Day Hospital	
0129: GGH - Gwenllian Ward Acute Stroke Rehab	
1514: GGH Cadog Ward	
1769: SDEC GGH	

Accident and Emergency (A&E) will remain at an amber status due to a surge in the number of medically unwell patients presenting. Further work will review the current agency usage and explore options to reduce agency bookings, including possibilities for run rate reductions.

The Clinical Decision Unit (CDU) is experiencing the same impact of additional patient demands as seen in A&E.

Cleddau Ward, with a funded bed base of 17 plus two triage spaces, is currently surged to 21 beds with two triage spaces. A reduction in the surge or an increase in establishment will provide a provision to reduce this area to zero agency usage.

Padarn Ward, the respiratory ward in GGH, follows the non-invasive ventilation (NIV) pathway. The funding of this pathway falls outside the 25b element of the nurse staffing levels and would require a review to minimise agency usage.

Prince Phillip General Hospital:

Plan on a page	Oct-24
0039: PPH - Ward 7 - General Surgery	
0043: PPH - Ward 6 - Orthopedic	
0062: PPH - Minor Injuries Unit (MIU)	
0086: PPH - CCU Cardio	
0088: PPH - Ward 3 Older Adults	
0089: PPH - Acute Medical Assessment Unit	
0090: PPH - Ward 1 Respiratory	
0091: PPH - Ward 4 Cardio / Gastro	
0093: PPH - Ward 5 Diabetes / Endocrinology	
0152: PPH - Gerontology Day Hospital	
0154: PPH - Mynydd Mawr Ward Elderly Care / Rehab	
0155: PPH - Ward 9 Stroke / Rehab	
1375: PPH - Discharge Lounge	

The Minor Injuries Unit (MIU) is currently in a surged position due to the influx of medical patients presenting to PPH. This situation continues to increase the risk of requiring nursing agency services beyond November 2024.

The Acute Medical Assessment Unit (AMAU) requires a demand and capacity review to ensure the workforce aligns with the demand driven from MIU. As a result, there is a risk of continued nursing agency usage in AMAU.

Ward 5 currently has eight surged beds. Due to this increased demand, additional Band 5 agency staff will be required. Efforts are ongoing on site to return the bed base to its original count of 26, rather than 34.

Withybush General Hospital

Plan on a page	Oct-24
0662: WGH Ward 1 Orthopedic Unit	
0663: WGH - A&E Dept.	
0673: WGH - Ward 4 - General Surgery	
0674: WGH - Ward 9 - General Surgery	
0679: WGH - Ward 7 Medicine	
0680: WGH - Ward 8 & CCU	
0681: WGH - Adult Clinical Decisions Unit	
0682: WGH Ward 11 Stroke & Rehabilitation	
0683: WGH - Ward 12 Medicine	
0694: WGH - Ward 10 Oncology	
1148: WGH - Discharge Lounge	
1723: WGH Puffin Ward	
1725: WGH - Ward 3 - Frailty Unit	
1815: SDEC WGH	
0858: Sunderland Ward	

A&E will continue to be in an Amber status due to an increase in medically unwell patients presenting, which has led to a surge position. Further work will be undertaken to review the current agency usage and explore options to reduce agency bookings, including possibilities for run rate reductions.

The Adult Clinical Decision Unit (ACDU) has been re-established as a full ACDU rather than a medical area. However, due to the change in configuration, the current establishment is not fit for purpose and will not allow the area to function effectively as an ACDU.

Bronglais General Hospital:

Plan on a page	Mar-25
0520: BGH – Dyfi Ward	
0521: BGH - Meurig Ward Oncology	
0523: BGH - Ystwyth Stroke	
0558: BGH - Ceredig - General Surgery	
1431: BGH - EUCC Emergency & Urgent Care Centre	
1432: BGH - Rhiannon Short Stay	
1505: BGH - Y Banwy	

An additional plan will be required to incorporate the NRN cohort from September 2025, which consists of between 22 and 25 newly qualified nurses. This plan is necessary to continue the stabilisation of the areas in BGH. It will be incorporated as part of the Phase 4 IEN programme.

HCSW

Agency usage across the Mental Health and Learning Disability Directorate has significantly reduced from £48k in M11 (February 2024) to £4k in M3 (June 2024). This reduction has been supported by the onboarding of additional bank staff and the return of substantive staff from re-

deployment. Work is ongoing through operational workforce plans and roster reviews to better understand future staffing requirements.

An increase in bank usage has been identified across Unscheduled Care areas. As part of the stabilisation work, an analysis of Band 2 HCSW sickness has identified a trend that exceeds the 4.7% target, averaging closer to 10%. In response, a task and finish group has been established within the Workforce Directorate to assess the top five areas of sickness, based on significant in-month and 12-month rolling sickness data.

It was agreed in the July 2024 meeting that a deep dive would be conducted into the top five areas of HCSW sickness. These areas are GGH – Steffan Ward, GGH – Padarn Ward, BGH – Y Banwy, WGH – Ward 7, and PPH Ward 6. The Senior Workforce Manager for People Effectiveness, along with leads in Organisational Development and Operational HR (Human Resources), will meet to analyse and better understand the sickness trend prior to providing a report to the VREG.

Additional work is also ongoing to better identify reasons for unavailability, which include annual leave, sickness, parenting leave, study leave, special leave, etc. the aim of which is to better understand the drivers of variable pay usage beyond only vacancy level.

Allied Health Professionals and Health Scientists

Agency costs were at £54k as of M11, however, decreased to £48k by M3 (June 2024). A plan to further reduce these costs is currently being drafted and will be presented to the Value and Sustainability Group in August 2024.

In the short term, the Physiotherapy service will require additional agency staff as part of a recovery plan to address increased waiting times. It is anticipated that the service will require eight WTE agency workers over a three-month period while substantive recruitment is underway. This strategy aims to mitigate the risk of breaches in urgent and routine waiting times.

The Financial Control Subgroup, part of the Value and Sustainability Group, is managing this process. The goal is to ensure the service has a supportive exit plan and prioritises the transition to substantive recruitment.

Administration and Clerical (A&C) (Including Estates and Ancillary Services)

Bank usage in the out-of-hours team has been identified as a service that requires funding to cover bank holidays and headroom to function, both of which currently do not exist within operational budgets. Work is ongoing with the out-of-hours team to support the presentation of this data.

Usage of A&C bank also exists in A&E departments in both GGH and WGH, either through A&C bank or health care support workers being used to support the service. This risk has been escalated to Corporate Nursing colleagues and will form part of a service review to better understand their needs. As these services do not include headroom, any annual leave, sickness, etc will drive variable pay through bank usage.

Estates and Ancillary spend remains consistent, with a M11 spend of £183k compared to a M3 (June 2024) spend of £189k. This increase has been noted, and additional support has been provided to progress with workforce plans to identify blockers linked to variable pay usage. There is currently one laundry agency driver being funded through a stream with NHS Wales Shared Services Partnership (NWSSP) due to the laundry services transitioning to an all-Wales

central team. The costs will sit with HDdUHB from a payment perspective but will be offset by an income line from NWSSP.

Meetings are ongoing with the relevant teams to support the implementation of a workforce plan that aims to reduce variable pay.

Argymhelliad / Recommendation

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

- **NOTE** the content of the Agency Reduction Plan report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective 3. Data to knowledge 4. Learning, improvement and research Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
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:	Included within the main body of the report.
Rhestr Termiau: Glossary of Terms:	Included within the main body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Executive Team. Core Delivery Group Variable pay expenditure reduction and efficiency group.
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This impacts on the financial position of the Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	An efficient workforce is required to provide quality/patient care.
Gweithlu: Workforce:	This impacts on the current workforce as well as the future workforce.
Risg: Risk:	Risk and delivery of cost savings linked to IEN stabilisation.
Cyfreithiol: Legal:	All legal implications have been considered and safeguards in place.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.