



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Efficiency Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development/Deputy Chief Executive
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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Work continues on the development of the two programmes of work formally constituted under “people stabilisation programmes”:

- Nursing Stabilisation (includes Additional Clinical Services)
- Medical Stabilisation.

The focus of these programmes has been the reduction of agency spend and associated variable pay cost linked with various strategies to support stabilisation in each professional group.

In addition, through the new Clinical Care Group structure, services are looking at how all staff groups are operating to identify efficiencies. This is supported through the development of service led people plans and alignment to work through Strategic People Planning Education Group (SPPEG) and the People Professions Workforce Planning Forum work. The People Planning Team and wider Workforce & Organisational Development (OD) Directorate are working across different themes (Recruitment, Retention, Development) and undertaking work to analyse these themes for the following groups:

- Allied Health Professions & Healthcare Scientists
- Estates and Facilities
- Administrative and Clerical.

Appendix 1 provides a summary position for each of the professional staff groups giving the status of each scheme, highlighting the opportunities and challenges faced.

Cefndir / Background

The baseline position for the two main programmes is as follows:

Nursing Stabilisation - Agency

In March 2023, agency use stood at 332.54 WTE (Temporary Workforce Utilisation Tool, 28/04/2025). By March 2025, this had reduced to 91.2 WTE, with no off-framework nursing agency staff used since June 2023. Using March 2023 as a baseline, the nursing agency spend at that time was £3.1m per month.

Medical Stabilisation - Agency

Medical agency spend averaged £389k per month in 2024/2025 (Variable Pay Report), totalling £4.67m for the financial year. This represents a reduction of £1.18m compared to the 2023/2024 total of £5.85m.

Asesiad / Assessment

Nursing Stabilisation

As of March 2025, Nursing agency has reduced to £464k per month, representing a monthly saving of £2.636m. Further plans are in place to continue this reduction into the 2025/26 financial year, in line with the [Agency Reduction Welsh Health Circular \(WHC/2024/031\)](#), which mandates a further 30% reduction in agency use from the 2024/25 outturn. Some of the savings required will be achieved through the reduction in new agency rates of pay which have been agreed as part of the all Wales Nursing Agency framework, our financial team are currently costing this to determine the level of savings which can be expected. To meet the required savings the Health Board would need to see a reduction in expenditure of circa £139k per month taking total spend to £235k per month during 2025/26. In April 2025 Nursing agency reduced to 65.7wte with a spend total of £464k. Usage remains linked to the following reasons:

- Vacancies held for Newly Qualified Nurses in September 2025 and overseas recruitment.
- Surge/Enhanced Patient Support
- Sickness and Annual Leave Cover

Work continues on refining and developing approaches to roster management and critical workforce gaps.

Medical Stabilisation

The Medical Stabilisation Programme consists of several workstreams which include implementation of a medical E-rostering system, International recruitment and targeted workforce pipeline initiatives to stabilise the medical workforce i.e. Portfolio Pathway development.

It is recognised that medical agency usage is largely linked to services where workforce stability remains a significant challenge. Exit plans are currently in place for longstanding agency workers with exit dates scheduled between May 2025 and March 2026 for 8 posts, pending successful international recruitment. Further opportunities have also been identified Unscheduled Care and Mental Health & Learning Disabilities and work has begun on this. The chart below provides a breakdown of the reasons for agency cover during the period from April 2024 to March 2025, illustrating the ongoing difficulties in managing vacancies within the medical workforce.

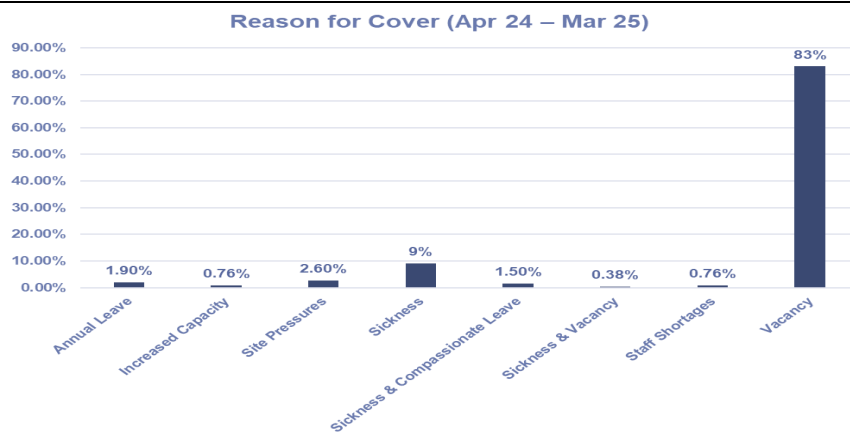


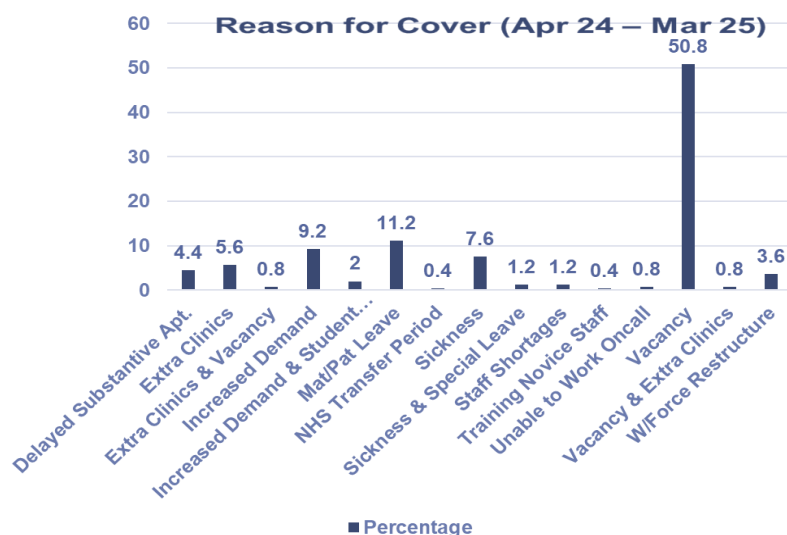
Figure 1 - Reason for Cover, Medacs Reporting

For context and scale, there are currently 184 actions identified within the Health Board's 2024/2025 Workforce Plan, specifically aligned to the Medical and Dental profession. Central themes include developing clarity on establishments and job plans, reviewing variable pay, articulating risk and reducing vacancies. Previously, this has been difficult to capture due to the nature of the way in which information is recorded and the differing systems used for medical staff, when compared to other health professionals. The Medical Stabilisation Programme is triangulating workforce, finance and service information. By ascertaining staffing needs and operational pressures, assessing against vacancies, agency and risk, the team can support services to explore pipelines through alternative routes and succession plan for their future workforce.

It is known that pockets of inefficiency exist in some services, through variable pay, vacancies and a lack of substantive workforce, however the drivers behind this need to be clearly mapped. The work of the Medical Stabilisation Programme aims to address this and build a professional plan with the workforce baseline being the starting point.

Allied Health Professions and Healthcare Science Stabilisation

The workforce effectiveness team have assessed the Allied Health Professionals (AHP)/ Health Care Sciences (HCS) Professional Staff Groups agency usage is directly linked to services where workforce stability remains a challenge, and fragility exists. Overall, 50% of agency worker requirements are related to vacancy cover.



This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance. However, due to ongoing performance pressures, agency usage at the start of 2025 has been higher than at the end of 2024. This trend is expected to continue while performance improvements are pursued without fully aligned workforce plans and pipelines to support substantive staffing or to utilise variable pay through bank work as an alternative to agency usage.

Agency spend within Allied Health Professionals has decreased by £430k compared to the 2023/2024 financial year, with total expenditure for 2024/2025 standing at £977k, further reduced from £1.4m in 2023/2024. Workforce efficiency, service leads, and recruitment teams have been working continuously to phase out agency workers.

Administrative and Clerical Stabilisation

On 1st November 2024, the Health Board revised its approach to variable pay for administrative and clerical (A&C) positions, including additional hours (ad hoc hours worked by part-time staff), overtime, and bank shifts; services were informed that all additional hours, overtime, and bank requests for administrative and clinical staff were to cease from this date. To manage this process, a formal approval system was introduced, requiring A&C variable pay requests to be submitted to the Financial Control Sub Group (FCSG) for consideration. Between 1 November 2024 and 30 April 2025, a total of 37 variable pay requests were received. Particular attention is being paid through the Clinical Care Group structure to the areas with the highest usage.

Estates and Facilities Stabilisation

Progress has been made with regard to reviewing rosters and a task and finish group set up to take work forward. The programme has undergone a change in executive leadership and is currently under review in line with this transition. There is currently no agency usage within Estates and Facilities, however, bank usage remains the primary driver of variable pay, exceeding trends seen in other staff groups. In 2024/2025, bank usage increased to £2.17m compared to £2.11m in 2023/2024. This increase is attributed to inefficient rostering practices, misalignment between rosters, mismatches in demand & supply (associated with gaps due to recruitment, absence etc) and gaps in support mechanisms.

It is important to highlight that as services are stabilised and recruitment opportunities realise reductions in agency and variable pay; challenges will present in how we address entrenched workforce gaps (which will be mostly associated with fragile services with critical role or skills gaps). We will need to reflect on how we address these gaps either through a “contingent” workforce, consider reconfiguration of services and/or redesign workforce models.

Critically, organisational risks will need to be managed across performance, quality, safety and costs. Through the work identified above we will continue to refine the approach, mechanisms and metrics to develop a clear workplan with measurable outcomes and the team will continue to ensure impact and implications of the programmes of work are understood and managed.

Argymhelliad / Recommendation

- The People, Organisational Development and Culture Committee is asked to DISCUSS the Workforce Efficiency Update.

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)	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
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.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not directly related undertaken at local & operational levels

Ansawdd / Gofal Claf: Quality / Patient Care:	Not directly related undertaken at local & operational levels
Gweithlu: Workforce:	Strategic programme of work, does not directly impact one service area
Risg: Risk:	Links to Principal and Corporate Risks for People Planning for 25/26 as contained in Datix
Cyfreithiol: Legal:	Not directly related undertaken at local & operational levels
Enw Da: Reputational:	Strategic programme of work, assessed locally.
Gyfrinachedd: Privacy:	Strategic programme of work
Cydraddoldeb: Equality:	<u>No strategic programme of work</u>



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

APPENDIX 1

Workforce Efficiency Update Report

May 2025

People & Organisation Development & Culture Committee

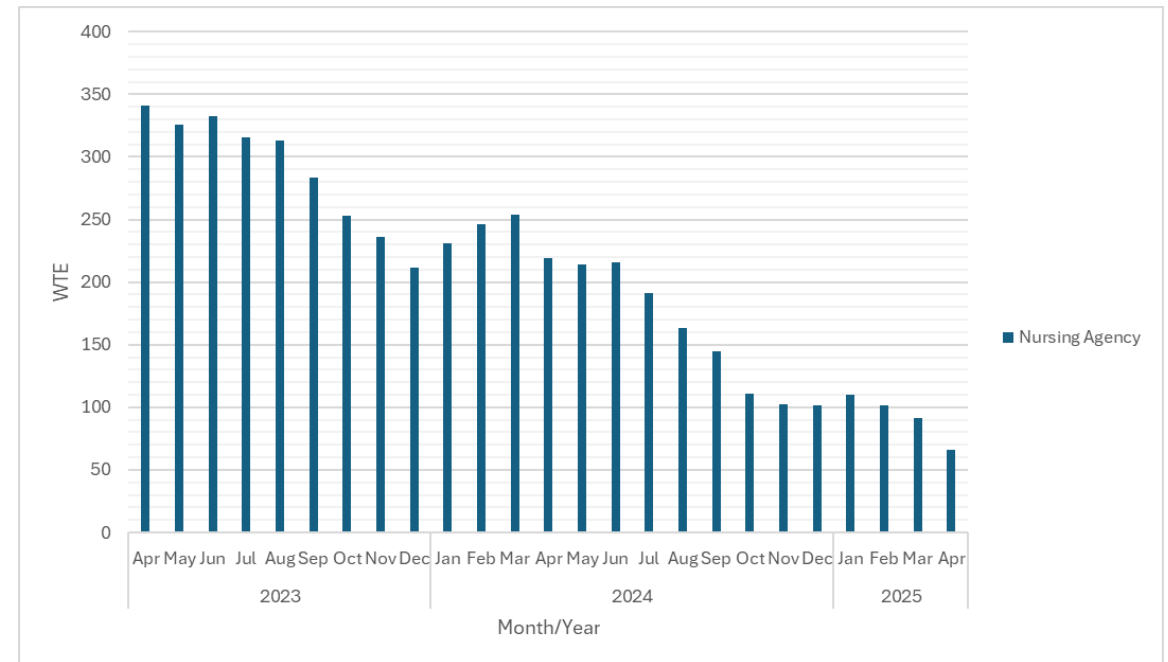
Agency Reduction Plans

May 2025

- Plans to mitigate holding vacancies for NQNs
- Assessments to mitigate unplanned elements: Surge, EPS, sickness, etc.
- Sickness management drivers linked to variable pay are to be assessed by care group.
- Roster management refresh: Strengthen training for specific areas.
- International recruitment to reduce planned care agency usage and ensure stabilisation across theatres.

In April, the nursing agency had 65.37 WTE, the lowest level of nursing agency usage. Of this, 22 WTE are vacancies, either due to delays in IEN competency or being held for NQNs.

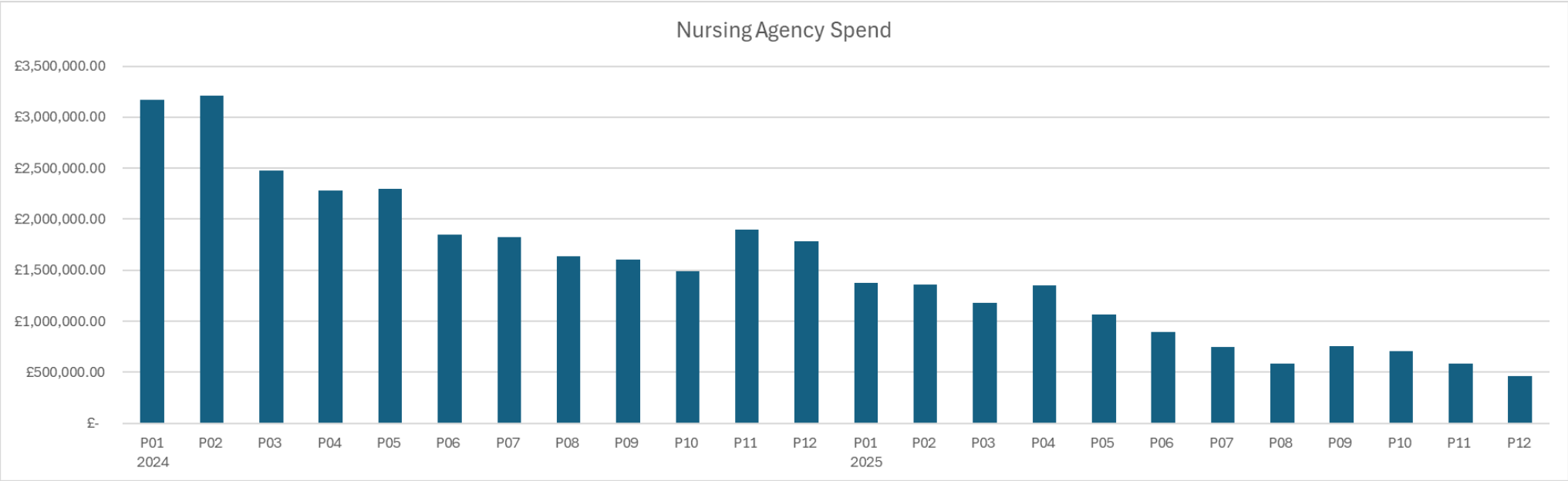
The remaining WTE agency usage is attributed to unplanned elements such as surge, enhanced patient support, and sickness above the headroom percentage.



Agency Reduction

The Nursing Rostering Group is now live with standard operating procedures for variable pay, including unavailability management and rostering best practices. Continued support from organisational development teams will empower leaders and managers, with sharing through leadership groups starting with LEAP.

An additional savings delivery plan has been identified in Planned Care, utilising international recruitment to stabilise and reduce agency spend across theatres. The delivery of savings will continue with a further 30% target from the outflow of 2024/25. The current nursing stabilisation plan is forecasted to achieve this.



Medical Agency Highlights

Agency Reduction

Medical Exit Plans

- Medical exit plans exist for all agency workers (28 workers as of 25 March). Between May 2025 and March 2026 8 will have exited.
- These plans are linked to current workforce pipelines but are complex in nature.

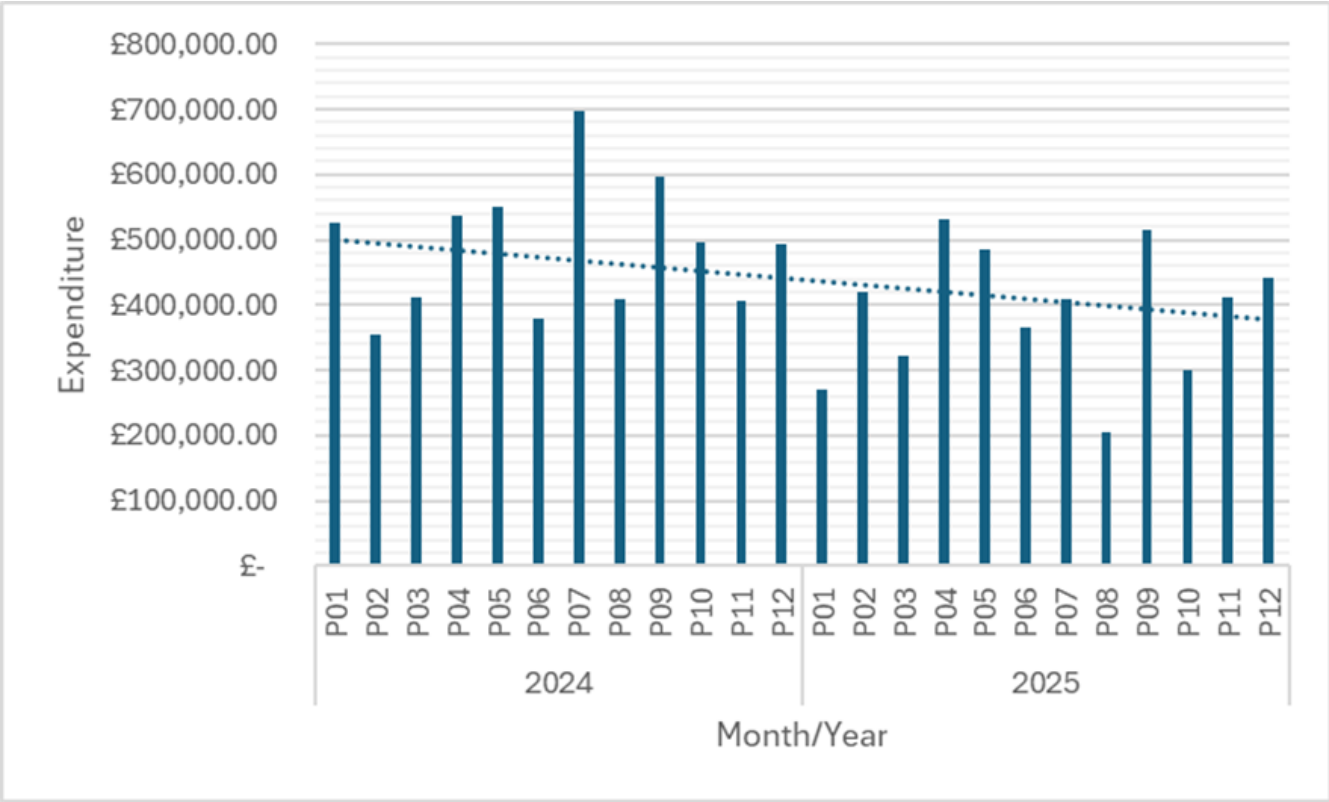
Savings Plans

- The medical stabilisation group has generated savings plans for each worker. Linked to the medical exit plans.
- This process is complicated by potential job plans linked to workers covering agency positions.
- Risks exist in relation to possible need for "double running"

International Recruitment

- Medical international recruitment continues to provide solutions for medical stabilisation.
- A possible 15 Consultant and SAS grade workers are being requested by services to stabilise the workforce (June 2025 Cohort); further cohorts possible for November 2025 if able to secure further funding from Welsh Government.

The chart below highlights the current and historic medical agency pay from April 2024 to March 2025.



P12-25 Variable Pay Report

Medical Bank Locum Highlights

Medical Bank Locum Reduction

Transition of Bank Locum Workers

- 12 out of 24 identified bank locum workers have now transitioned to substantive positions.
- This marks a positive shift in bank locum usage, driven by the medical workforce team.

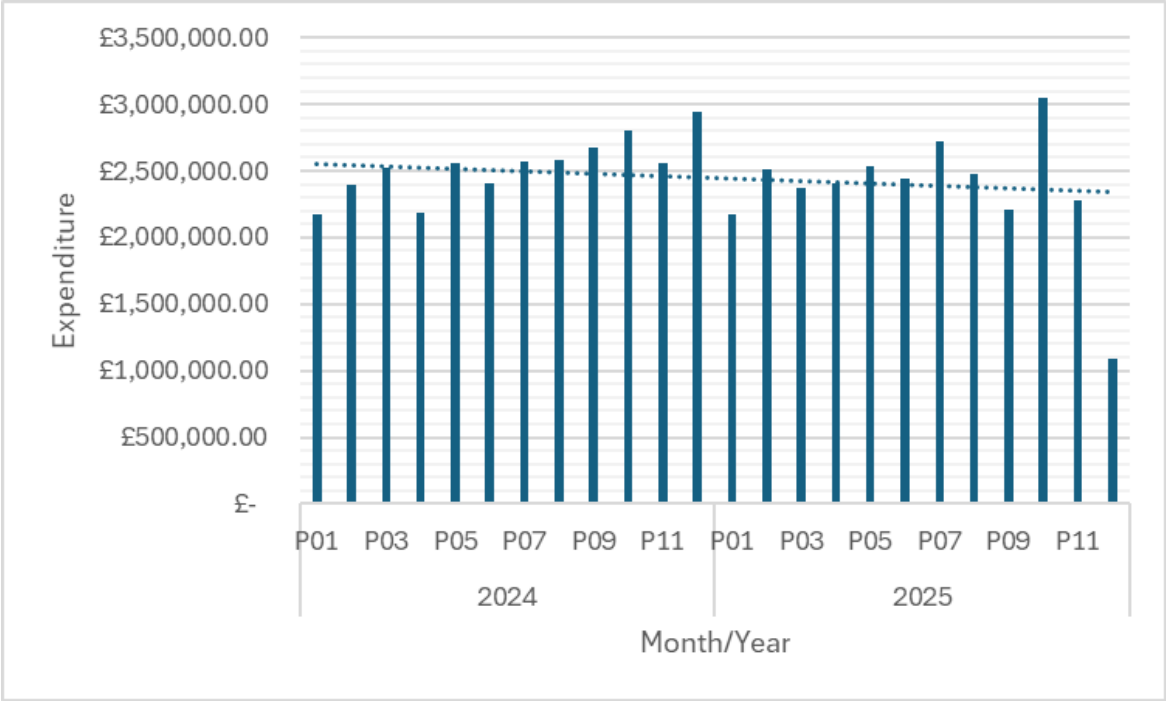
Financial Impact

- Spend is expected to show a reduction in Month 12.
- This reduction is likely due to a payment delay.
- An increase in spend is anticipated in Month 1 of 2025/2026.

Medical Spend Analysis

- Current medical spend is primarily driven by additional duties, accounting for over 15,000 hours.
- This report is new and requires further analysis before a detailed perspective can be provided.
- The Medical Workforce Team is currently working on this for Medical Variable Pay.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Allied Health Professionals Agency Highlights

AHP Agency Reduction

Current Workforce Composition:

- The agency comprises 10 workers, Exit plans are in place to minimise the use of AHP agency workers.
- Vacancies are filled by extra clinics and increased demand in physiotherapy due to performance lists and maternity cover.
- All workers are within the price caps set for each speciality.

Financial Impact and Future Projections:

- Due to waiting list pressures, reducing agency expenditure in the short term is unlikely.
- Plans exist to support services in exiting agency throughout the year, with assistance from professional leads and heads of service.
- This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance.
- However, due to ongoing performance pressures, agency usage at the start of 2025 has been higher than at the end of 2024.

Financial Data:

- Agency spend within allied health professionals has decreased by £435k compared to the 2023/2024 financial year. Spend in 2023/2024 was £1.213m, while spend in 2024/2025 was £778k.
- Workforce efficiency, services, and recruitment teams have been working continuously to phase out agency workers.
- However, increased recovery demand remains a challenge, requiring additional cover to support the health board’s recovery.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



HS Agency Reduction

Current Workforce Composition:

- The agency comprises 14 workers; exit plans are in place to minimise the use of HS agency workers.
- Vacancies are filled by extra clinics due to scanning backlogs and pressure across maternity/sickness driving the use of high-cost agency.
- There is a variance between price caps and hourly charges, this is driven due to a demand shortage for CT radiographers.

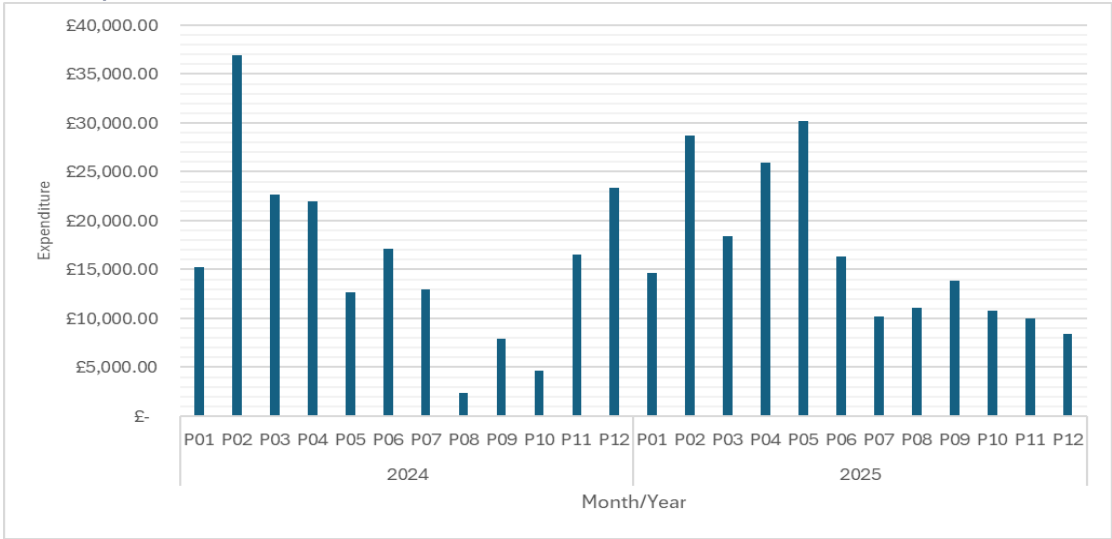
Financial Impact and Future Projections:

- Due to waiting lists, extra clinic requirement is needed to improve scanning backlogs, reducing agency expenditure in the short term is unlikely.
- Plans exist to support services in exiting agency throughout the year, with assistance from professional leads and heads of service.
- This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance.
- However, agency usage at the start of 2025 has been lower than 2024/2025.

Financial Data:

- Agency spend within health care scientist has remained constant with an increase of £4k compared to the 2023/2024 financial year. Spend in 2023/2024 was £194k, while spend in 2024/2025 was £198k.
- Workforce efficiency, services, and recruitment teams have been working continuously to phase out agency workers.
- However, increased recovery demand remains a challenge, requiring additional cover to support the health board’s recovery and extra clinics to reduce scanning backlogs.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Admin and Clerical Variable Pay Highlights

A&C Bank Reduction

Current Workforce Composition:

- During the previous 2 years there have been no agency worker requests.
- The majority of variable pay sits within staff bank due to lack of head room in patient-facing A&C roles like receptions. (Further work ongoing)
- There is a variance between services, with significant spend being seen in USC ED Receptions and Out of Hours.

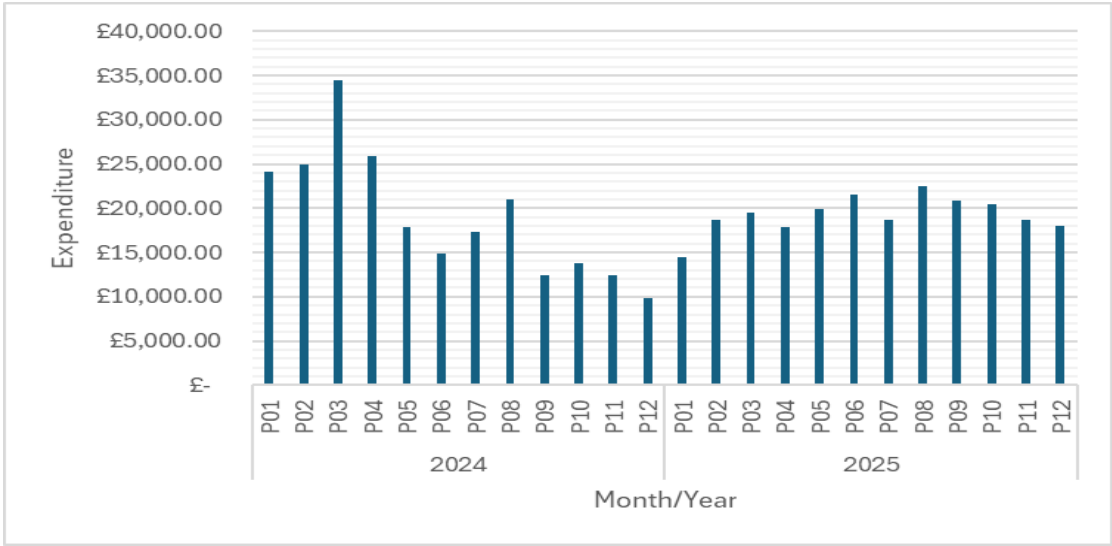
Financial Impact and Future Projections:

- Head room and correct demand and capacity are the main drivers for bank usage.
- Controls have been in place since November 2024 with any request for additional hours, overtime or bank required to come to FSCG for authorisation.
- 37 requests have come to FSCG covering increased demand, sickness/maternity.
- It's unlikely this spend will be reduced without a reduction of patient facing services or a plan to align additional head room/demand to A&C roles or reconfiguration of provision through alternative solutions.

Financial Data:

- Bank spend within A&C staff has remained constant compared to the 2023/2024 financial year. Spend in 2023/2024 was £229k while spend in 2024/2025 was £230k.
- Workforce efficiency and services have been drafting plans on how to reduce this variable pay need.
- However, a change to how head room is calculated for A&C areas would need to be agreed, along with budgeted and demand linked to GP OOH service. This requires further work to ascertain implications.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Estates and Facilities Variable Pay

Estates Bank Reduction Key Takeaways

Current Workforce Composition:

- Since October 2023 there have been no agency bookings in Estates.
- Bank usage is being driven by ineffective rosters that are not aligned to demand
- Bank usage remains static, plans are in place to review PPH and GGH rosters as part of phase 1 review.

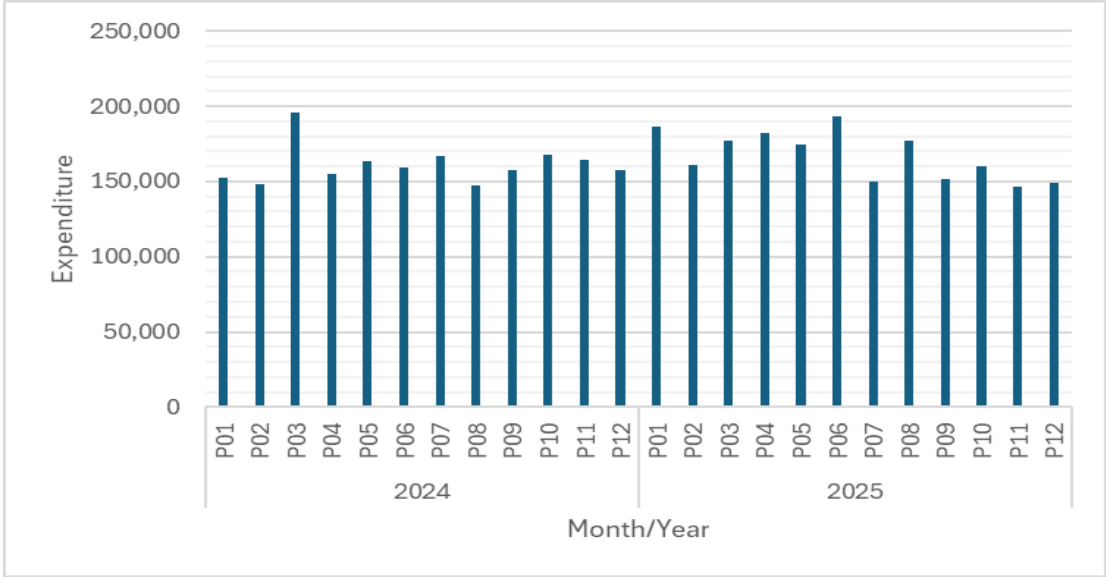
Financial Impact and Future Projections:

- Bank usage reduction plans exist for PPH and are being worked on for GGH with WGH and BGH to follow..
- OCP process for the change of rota in PPH is continuing with GGH planned from June 25.
- The plan aims to reduce the overall usage of bank and substantiate and stabilise the workforce.

Financial Data:

- Bank spend within Facilities staff has remained constant. Spend in 2023/2024 was £1.93M while spend in 2024/2025 was £2.08m.
- Workforce efficiency and services have been drafting plans on how to reduce this variable pay need.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.





DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
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