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# Deep Dive Medical and Nursing Workforce Initial Review

25 June 2024, Sustainable Resources Committee

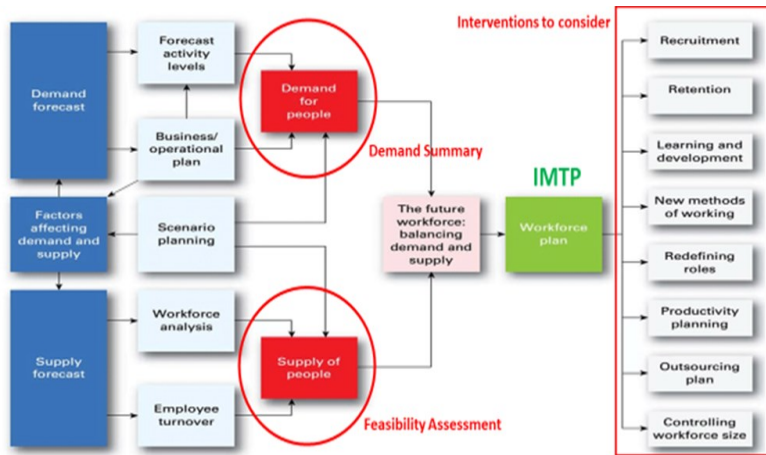
## Sustainable Resources Committee (SRC) ask:

- A Deep Dive into workforce issues, specifically into medical and nursing staff as the two areas of greatest financial challenge.
- To include a comparison of pre-COVID staffing levels and the discipline of nurse staffing rostering/staffing levels.

*(taken from SRC unapproved minutes 30 April 2024)*

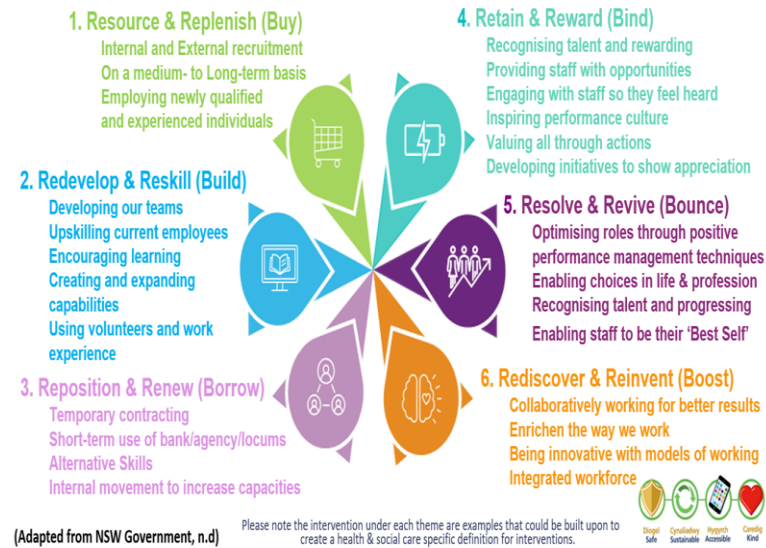
- It would be helpful to have clarity on the output the committee is seeking, for example,
  - Does this paper start to answer the questions being asked?
  - Is the focus needed on variable pay and if so what elements?
  - Or is the committee looking for an historical interpretation of decisions around advanced practice in nursing to medical workforce gaps?
- The elements of discipline and staffing levels will be explored in further work aligned to the breakdown of headroom and its application.

# Workforce Assessment and Strategic Alignment

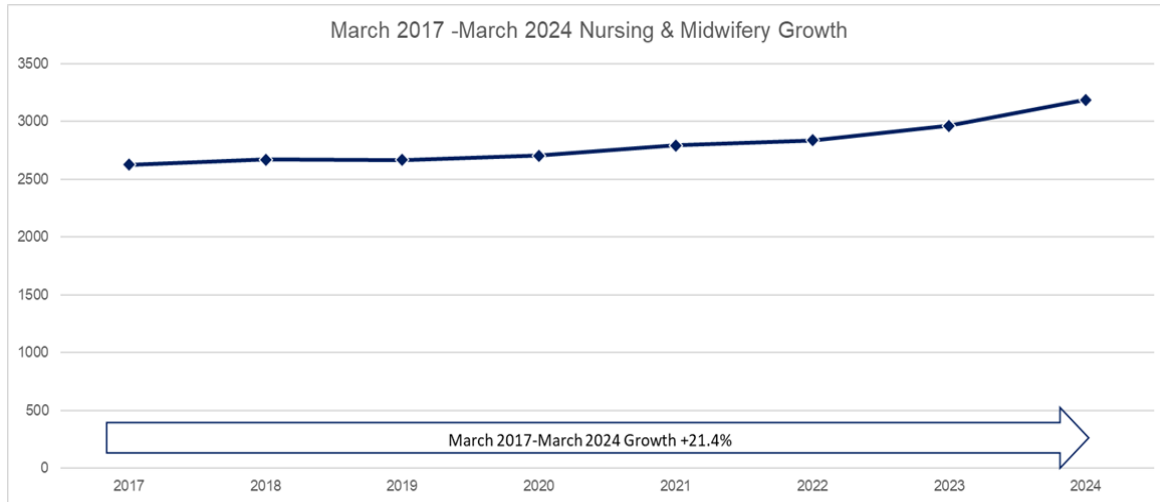


Since February 2024, workforce assessment service level engagement has led to the development of 60+ workforce assessments, now evolving into workforce plans aligned to a risk-based approach; currently going through a quality assurance process. These are continuing to build on or strategic framework to align and/or grow our capacity and capability aligned to strategic need (as noted opposite). For assurance and to support and strengthen the overall approach to strategic workforce alignment and planning the following is in place:

- A working group has been established to undertake the initial assessment for the Deep Dive work for the SRC ask to link with the Annual Workforce Plan
- A Strategic Workforce Planning Forum has been convened which will oversee the development of the Workforce Plan 2024/25 through a multidisciplinary lens and set out the principles for 2025/26 aligned to Health Board-wide priorities and how we align to the Clinical Services Plan
- A Variable Pay Group has been in place to monitor all staffing groups against the Welsh Health Circular on Variable Pay
- A working group for the Administration and Clerical Review has been established; identifying parameters based on the initial assessment undertaken to explore the shape and growth of this workforce: assessment of role, banding, specialisms, risk and opportunity in relation to clinical and technological implications.



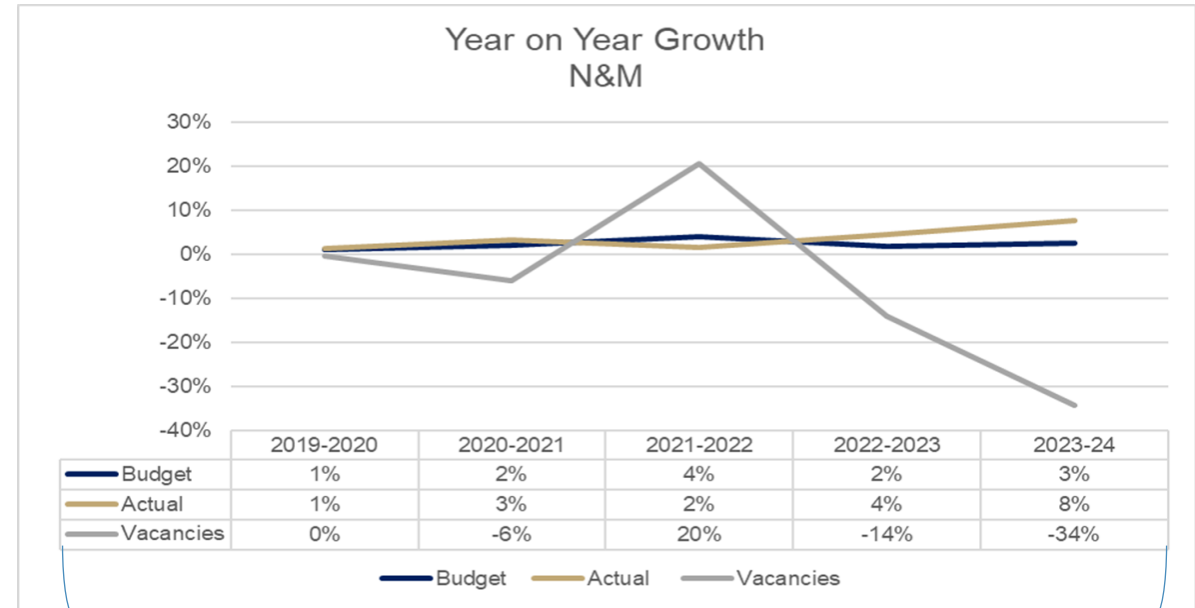
# Nursing and Midwifery Growth (Year-on-Year)



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

## Key points:

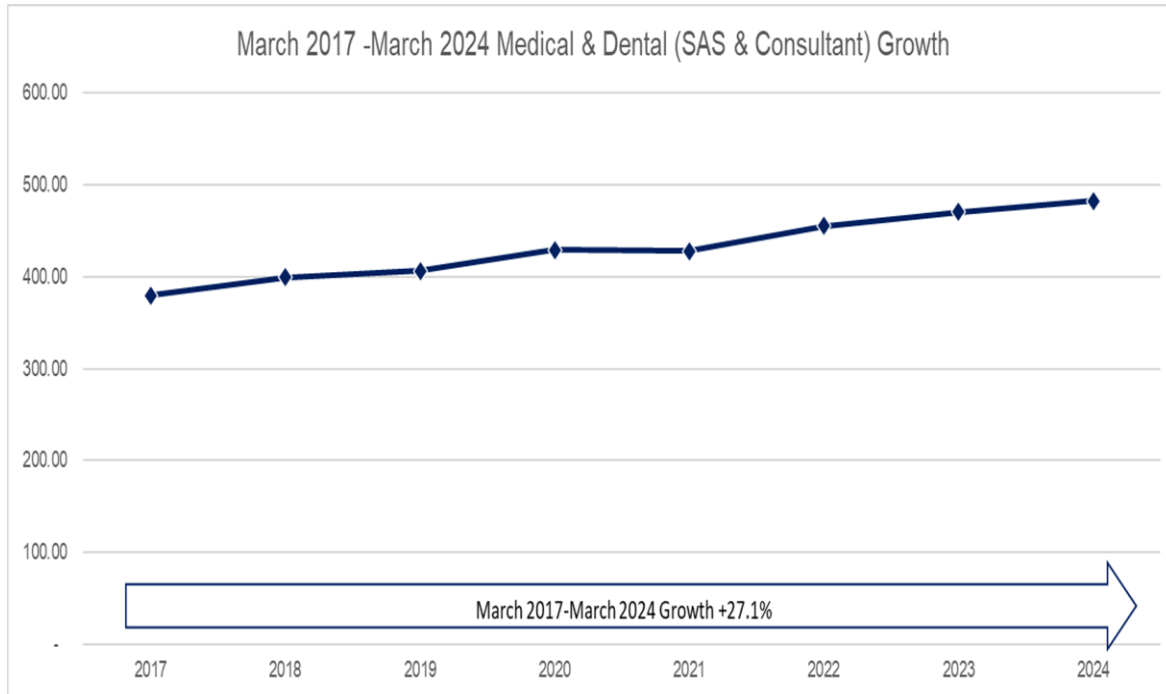
- Significant reduction in vacancies, even allowing for increases in funded establishment by 370 whole time equivalent (WTE)
- Targeted approach through Grow Our Own and IEN Recruitment post-2021 evidences success in reducing gap



Actual figures aligned to % figures

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

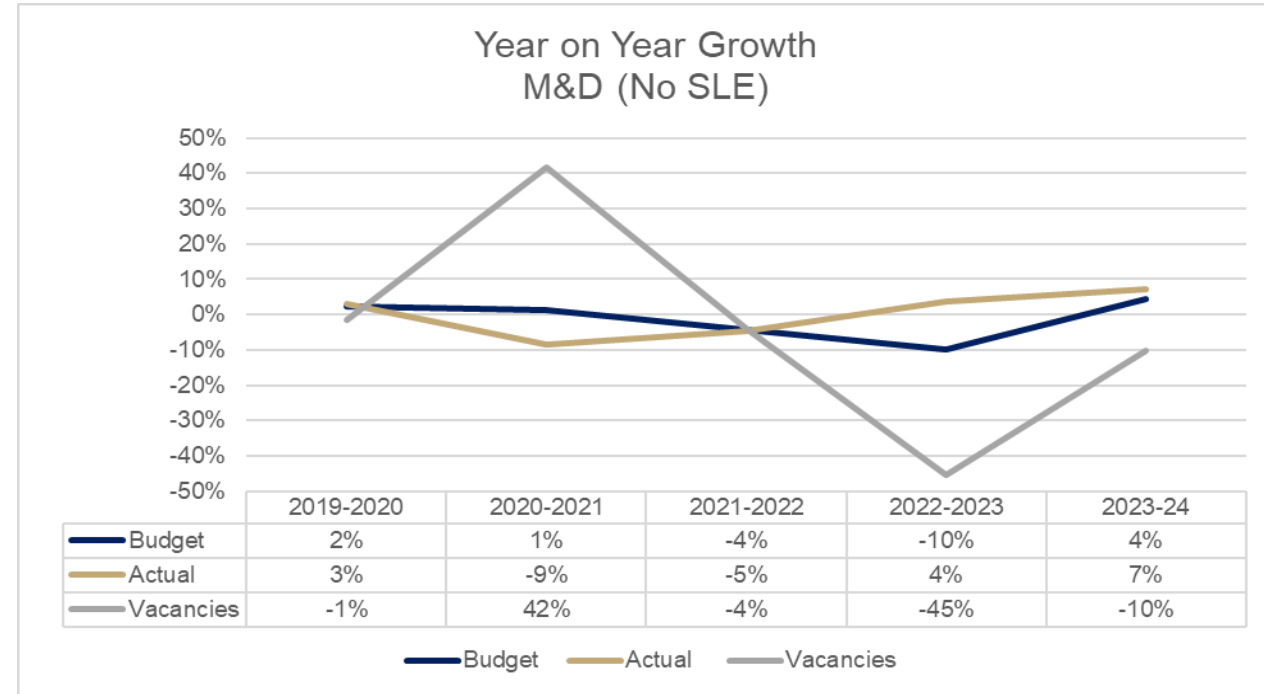
# Medical and Dental Growth (Year-on-Year)



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

## Key points:

- Reduction in vacancies
- Budget to Single Lead Employer (check)



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

# Banding Deep Dive - Initial findings



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- **Advance Practitioners** – there has been an increase in the number of WTE advance practitioners (Band 8a) working across all our services. These roles manage the complete clinical case load of the patients in their care and work to support the medical staffing model (increase of 31.84 WTE).
- **Specialist Nurse Practitioners** – the Health Board has seen an increase in the WTE of specialist nurse practitioners working in the Health Board at Band 6 (increase of 25.45 WTE), Band 7 (increase of 57 WTE) and Band 8a (additional 5 WTE). These roles have developed for a variety of reasons including growing nursing expertise linked to extended and expanded nursing roles; clinical developments leading to new opportunities; and changing service needs. The roles are in place to support and deliver care closer to home; develop and implement care plans; monitor, review and amend care plans for patients with long-term conditions to prevent unrequired hospital admissions.
- **Emergency Nurse Practitioner** – an increase in the Emergency Nurse Practitioners (ENP) workforce working in our Minor Injuries Units from 8.68 WTE (Band 6) in 2017 to 32 WTE in 2024 (4.4 WTE Band 6, 25.6 WTE Band 7 and 1 WTE Band 8a). It is noted that in 2021, the ENP role was re-banded from Band 6 to Band 7.
- **Practice Nurses** – there has been an increase in the Band 6 and Band 7 practice nurse workforce which is linked to the Health Board's managed practices.
- **Sisters and Charge Nurses** – there has been an increase in the Band 6 (an increase of 104.54 WTE) and Band 7 (an increase of 27.5 WTE) Sister and Charge Nurses workforce. The Band 6 workforce has increased across the Health Board. Some of the Band 7 workforce increases are linked to new services, for example, Same Day Emergency Care (SDEC).
- **Registered Nurses:** the Band 5 registered nurse workforce has seen an increase of 44.71 WTE between 2017 and 2024 across the Health Board. Some of the increases may be linked to when the Nurse Staffing Levels (Wales) Act came into effect when an additional 19.2 WTE Registered Nurse (RN) Band 5 was required to enable the Band 7 Sister or Charge Nurse to move from 0.4 WTE supernumerary to 1 WTE. The data suggests that the job title of some of the Band 5 workforce may have been changed over the period, for example, the number of District Nurses (DN) at Band 5 have seen a decrease but the number of Community Nurses at Band 5 have seen an increase.

# Banding Deep Dive – Other Areas to Explore:



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## Further work identified during the initial assessment

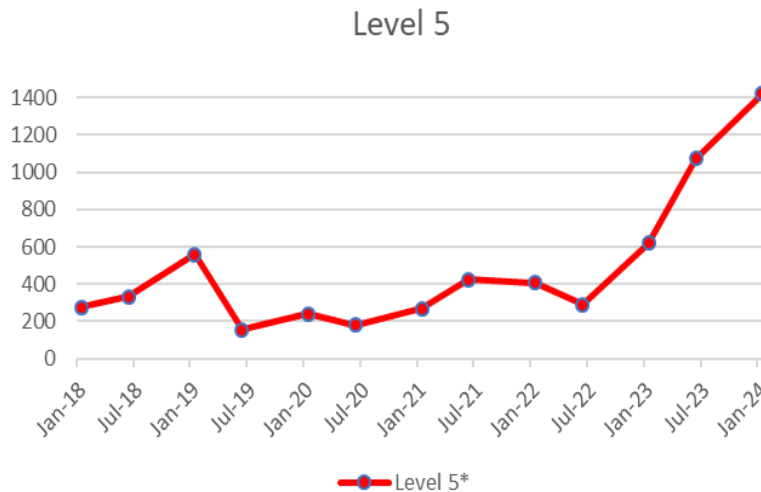
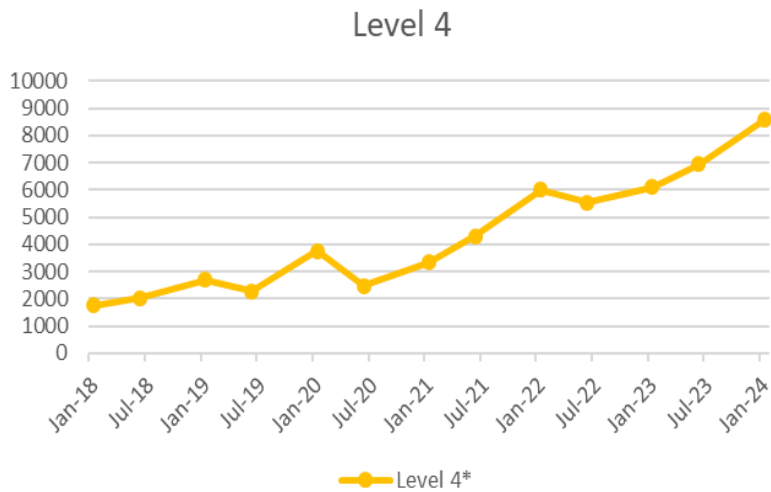
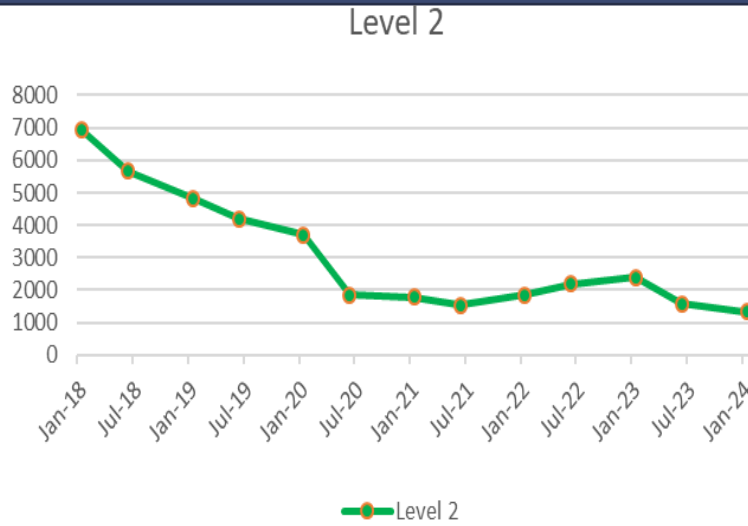
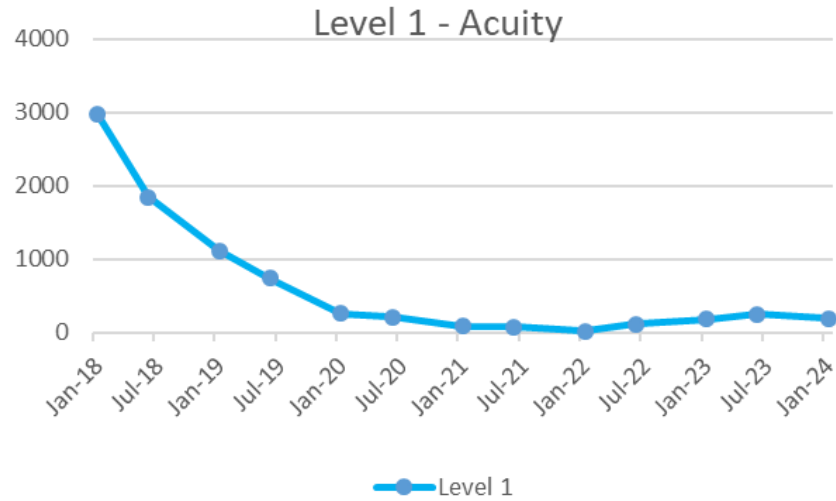
- To understand the growth in the people in post across all Bands compared to the growth in funded establishment
- To explore the alignment of patient acuity, workforce models to the growth in variable pay and temporary workforce utilisation (as noted slide 8)
- To understand the impact of externally-funded posts on the growth of the nursing and midwifery workforce for example digital posts
- To understand the growth in Band 5 in relation to the growth of the Band 4 Assistant Practitioner Role and the continued development of our Grow Your Own Pipelines
- To explore the relationship to sickness absence (short and long term) to role and variable pay and temporary workforce utilisation

# Patient acuity - changes in acuity on S25B wards



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- Level 5** **One to One Care** - the patient requires at least one to one continuous nursing supervision and observation for 24 hours a day
- Level 4** **Urgent Care** - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
- Level 3** **Complex Care** - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment
- Level 2** **Care Pathways** - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
- Level 1** **Routine Care** - The patient has a clearly identified problem, with minimal other complicating factors.

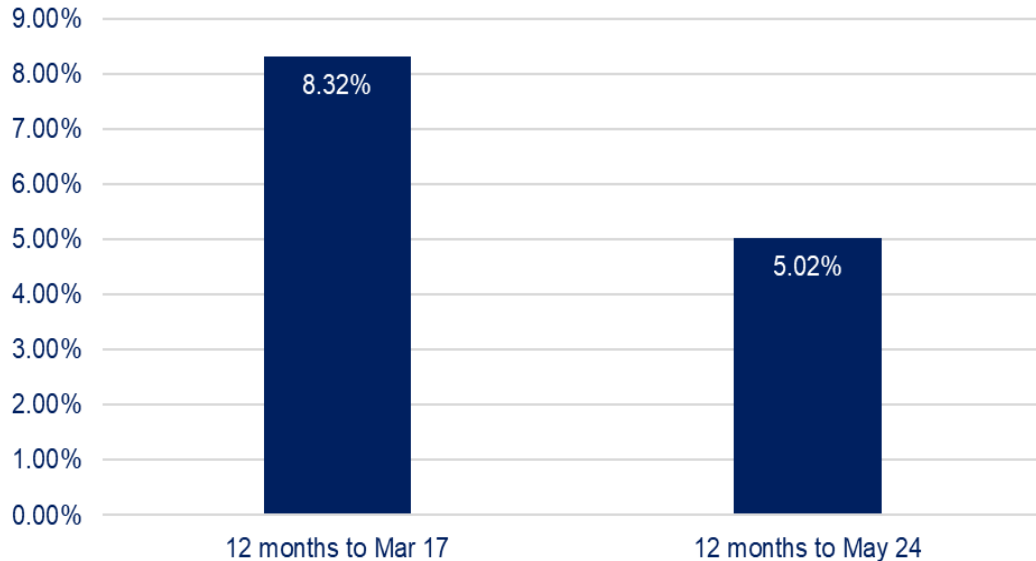
# Retention: Turnover & Leavers



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FTE Turnover Rates (12m) Nursing and Midwifery  
Change: -3.30 percentage points



Turnover for nursing and midwifery has seen a significant reduction from 2017 to date; holding at c5%, lowest in NHS Wales.

Retirement now being the top reason for leaving 2023/24; the risk here is that we are losing experience and valuable expertise from our workforce.

## Top 5 Reason for Leaving (N&M) 2023/24

|   |
|---|
| Retirement Age                            |
| Voluntary Resignation - Other/Not Known   |
| Voluntary Resignation - Relocation        |
| Voluntary Resignation - Work Life Balance |
| Voluntary Resignation - Promotion         |

| Reason for Leaving   | <1 Year |
|--|---------|
| Voluntary Resignation - Other/Not Known                    | 7.62    |
| Voluntary Resignation - Relocation                         | 2.00    |
| Retirement Age   | 1.83    |
| Voluntary Resignation - Work Life Balance                  | 1.80    |
| End of Fixed Term Contract                                 | 1.40    |
| Voluntary Resignation - Child Dependants                   | 1.00    |
| Voluntary Resignation - Better Reward Package              | 1.00    |
| Has Not Worked   | 0.80    |
| Voluntary Resignation - Health                             | 0.60    |
| Voluntary Resignation - Incompatible Working Relationships | 0.60    |

## Leavers Summary 1.4.23-31.324

| Pay Grade                             | <1 Year      | 1 to 2 Years | 2 to 5 Years | 5 to 10 Years | 10 to 15 Years | 15 to 20 Years | 20 to 25 Years | 25 to 30 Years | >=30 Years   |
|---------------------------------------|--------------|--------------|--------------|---------------|----------------|----------------|----------------|----------------|--------------|
| 100 NQ00 Personal Salary              |              |              | 0.85         |               |                |                |                |                |              |
| 100 WQ00 Personal Salary              |              |              |              | 1.00          |                |                |                |                |              |
| CYM XR05 Review Body Band 5           | 4.91         | 6.89         | 11.45        | 15.05         | 2.33           | 2.28           | 3.85           | 2.56           | 2.53         |
| CYM XR06 Review Body Band 6           | 10.33        | 4.40         | 13.48        | 9.60          | 1.10           | 5.00           | 3.30           | 3.00           | 10.57        |
| CYM XR07 Review Body Band 7           | 1.40         |              | 3.50         | 3.59          | 1.00           | 6.60           | 11.61          | 2.93           | 7.03         |
| CYM XR08 Review Body Band 8 - Range A | 2.00         | 1.00         | 0.60         |               |                |                | 1.85           | 2.00           | 3.51         |
| CYM XR09 Review Body Band 8 - Range B |              | 1.00         |              |               | 0.96           |                |                | 1.00           | 1.00         |
| CYM XR10 Review Body Band 8 - Range C |              |              |              |               |                |                |                | 1.00           |              |
| CYM XR11 Review Body Band 8 - Range D |              |              |              | 1.00          |                |                |                | 1.00           |              |
| <b>Grand Total</b>                    | <b>18.65</b> | <b>13.29</b> | <b>29.89</b> | <b>30.23</b>  | <b>5.39</b>    | <b>13.88</b>   | <b>20.61</b>   | <b>13.49</b>   | <b>24.64</b> |

# Example of work to date to reduce variable pay



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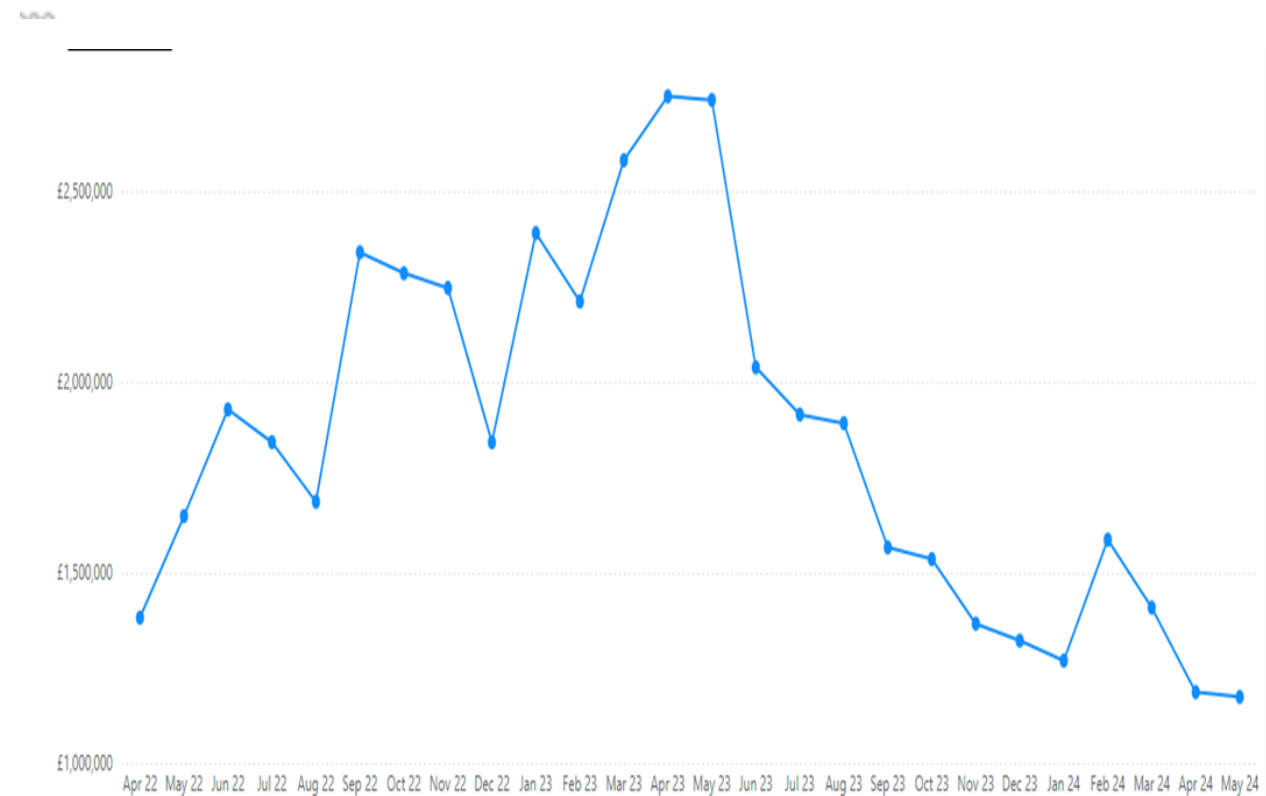
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- Whilst it is recognised that there is still work to do to continue to reduce variable pay expenditure, below are some of the work that has been taken to date by for example by the Unscheduled Care teams:
- Off contract agency usage (via Thornbury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

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

## Total cost by month

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



# Further actions to reduce nursing variable pay



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- Enhanced agency escalation process: being piloted in GGH and PPH in June with plans to roll it out to all Directorates in July 2024,
- Head of Nursing Professional Standards and Regulation and Senior Workforce Manager to coordinate monthly meetings with each operational Head of Nursing (and key workforce colleagues) to monitor progress with variable pay expenditure, reduction, and efficiency
- Roster scrutiny processes to continue with each Head of Nursing (SNM and Ward sister/Charge Nurse) to include rostering efficiency reviews, supporting targeted work in areas of concern.
- Rostering group set up
- Work with the operational and recruitment teams to identify areas requiring targeted recruitment for hard to fill posts
- Work with operational workforce colleagues to confirm assurance processes around sickness management across each ward/department.
- Explore opportunities to make the relevant workforce data available via IRIS
- Undertake work around the 26.9% uplift included in each establishment to be assured on calculations and practice.

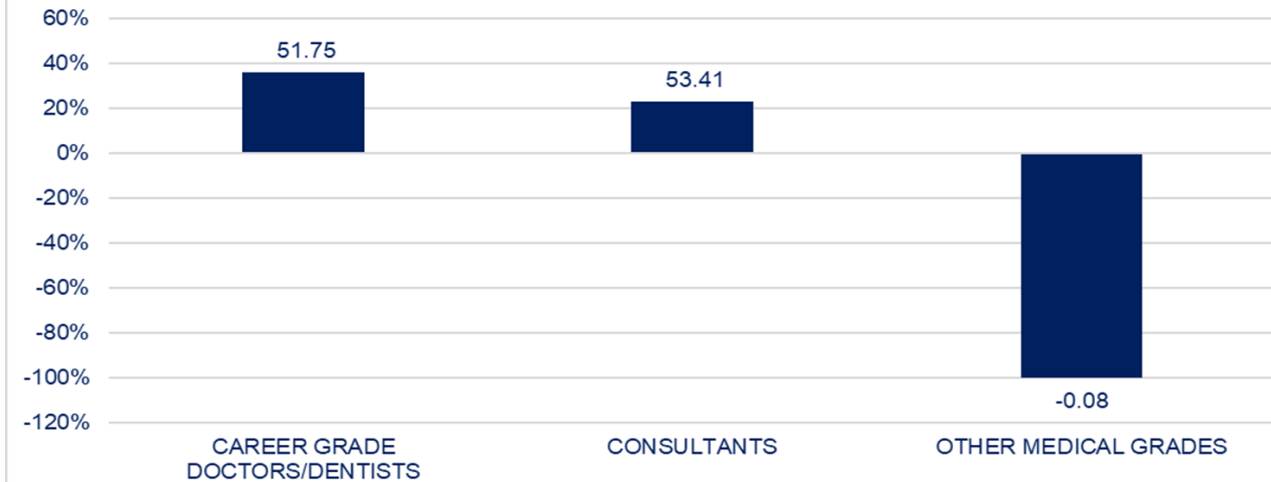
# Deep Dive Medical Roles & Grades



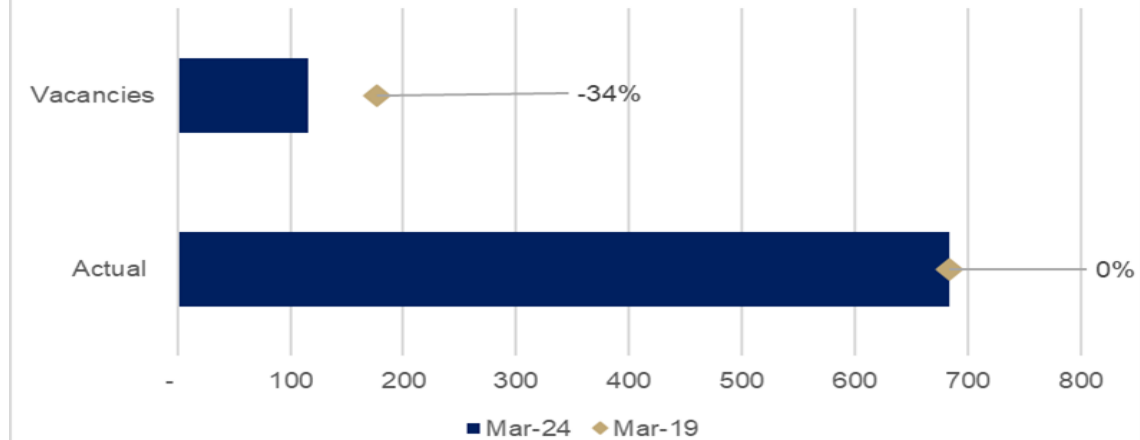
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Growth 2017 - 2024 by percentage and FTE



Actual Staff in Post and vacancy  
March 2019 compared to March 2024



| Row Labels                    | 03/2017       | 03/2024       | Growth        | Growth % |
|-------------------------------|---------------|---------------|---------------|----------|
| CAREER GRADE DOCTORS/DENTISTS | 145.15        | 196.90        | 51.75         | 36%      |
| CONSULTANTS                   | 232.60        | 286.01        | 53.41         | 23%      |
| OTHER MEDICAL GRADES          | 0.08          | -             | 0.08          | -100%    |
| <b>Grand Total</b>            | <b>377.83</b> | <b>482.91</b> | <b>105.08</b> |          |

| Type      | Mar-19 | Mar-24 | Change |
|-----------|--------|--------|--------|
| Actual    | 684    | 683    | 0%     |
| Vacancies | 176    | 116    | -34%   |

There has been consistent growth in the Consultant and Career Grade posts.

Please note removal of SLE skews actual and vacancy information. Other data is available, this picture gives the best representation of our current reality in reducing vacancies and growing our medical workforce.

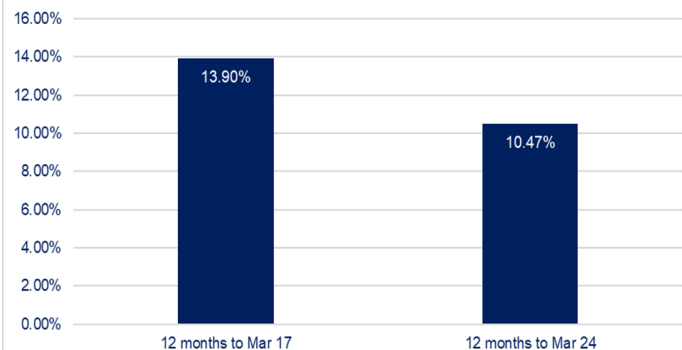
# Retention Turnover & Leavers



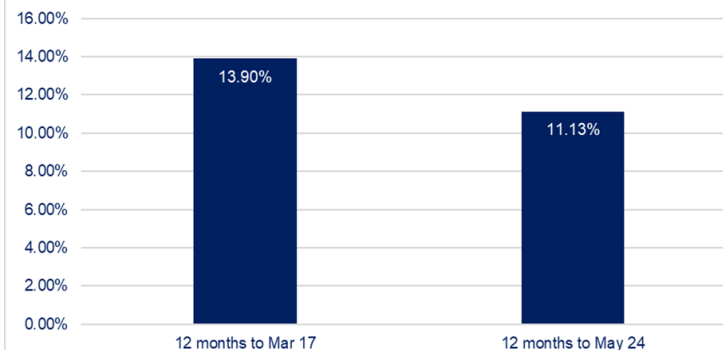
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FTE Turnover Rates (12m) Medical and Dental  
Change: -3.43 percentage points



FTE Turnover Rates (12m) Medical and Dental  
Change: -2.77 percentage points



| Leaving Reason   | FTE  |
|--|------|
| Voluntary Resignation - Other/Not Known                            | 62.8 |
| Retirement Age   | 13.5 |
| Voluntary Resignation - Relocation                                 | 12.8 |
| Voluntary Resignation - To undertake further education or training | 9    |
| End of Fixed Term Contract   | 5    |
| Voluntary Early Retirement - with Actuarial Reduction              | 1    |
| Voluntary Resignation - Child Dependants                           | 1    |

The highest reason for leaving within these areas is Retirement or Voluntary Resignation- Other /Not Known.

The Blue highlighted rows indicate SAS or Consultant leavers.

Turnover for the medical workforce has reduced overall since 2017, however, it continues to fluctuate between 10-12%.

## Leavers Summary 1.4.23-31.3.24

| Pay Grade                                  | <1 Year      | 1 to 2 Years | 2 to 5 Years | 5 to 10 Years | 10 to 15 Years | 15 to 20 Years | 20 to 25 Years | 25 to 30 Years | >=30 Years  |
|--|--------------|--------------|--------------|---------------|----------------|----------------|----------------|----------------|-------------|
| CYM MC41 Associate Specialist New Contract |              |              |              |               |                |                | 1.00           | 0.60           |             |
| CYM MC46 Specialty Doctor                  |              |              | 4.00         | 0.80          |                | 0.30           | 0.90           |                |             |
| CYM MC75 Specialty Doctor 2021             | 6.00         | 9.00         | 8.00         | 1.00          |                |                |                |                |             |
| CYM MN13 Foundation House Officer 1        | 4.00         |              |              |               |                |                |                |                |             |
| CYM MN15 Foundation House Officer 2        | 2.00         | 2.00         |              |               |                |                |                |                |             |
| CYM MN35 Specialty Registrar FTSTA         | 13.00        | 7.00         | 1.00         |               |                |                |                |                |             |
| CYM MN37 Specialty Registrar               |              | 1.00         | 1.00         |               |                |                |                |                |             |
| CYM MN39 Specialty Registrar Core training | 4.00         | 14.00        | 6.00         |               |                |                |                |                |             |
| CYM ZM81 Consultant                        | 0.70         |              |              | 4.40          | 1.00           |                | 2.00           | 2.00           | 1.00        |
| CYM ZM82 Consultant Locum                  | 1.10         | 1.70         | 0.40         | 1.00          |                | 1.00           | 2.00           |                |             |
| CYM ZM83 Consultant Locum Max              |              |              |              | 0.20          |                |                |                |                |             |
| <b>Grand Total</b>                         | <b>30.80</b> | <b>34.70</b> | <b>20.40</b> | <b>7.40</b>   | <b>1.00</b>    | <b>1.30</b>    | <b>5.90</b>    | <b>2.60</b>    | <b>1.00</b> |

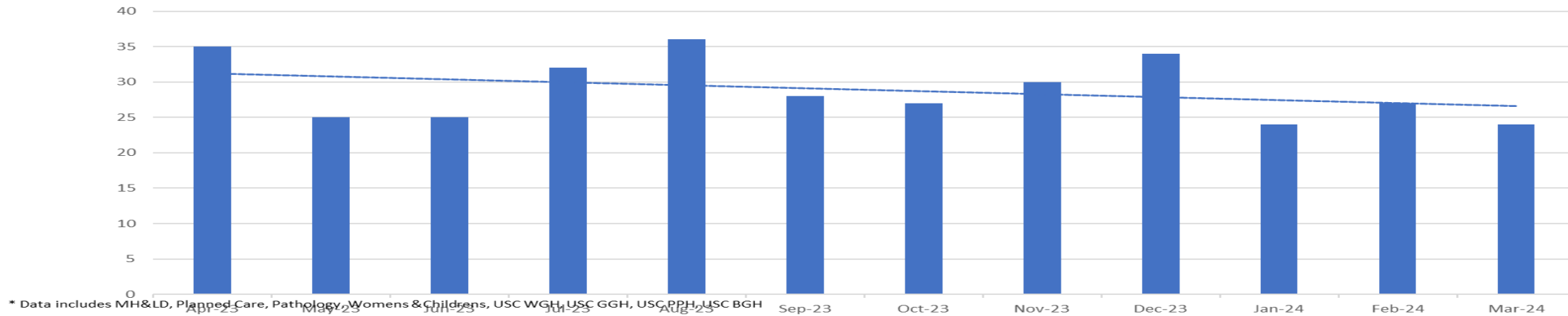
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Number of Medical Agency workers April 23 – March 24



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



- Development of an enhanced induction programme to support IMG's to integrate into the NHS.
- Proposed centralised Clinical Fellow recruitment pathway to streamline and avoid duplication for operational teams.
- Early discussion around developing a 'professional support unit' for medical staff.
- Improvements being made to on-site accommodation to support a positive experience and improved reputation of the organisation.
- Dedicated Medical Retention group reviewing intelligence to support improvements and changes for a positive workforce experience.
- Introduction of a medical rostering system to support stabilisation of medical workforce.
- Utilisation of an electronic system will help drive key efficiencies and costs savings through a controlled & transparent management of substantive and temporary staff.
- Plan to roll-out the following phases:
  - Bank Staff+
  - Unavailability planning
  - Medical rostering plan
  - On-call in and out of hours
  - Integration with ESR Go and Pay files



## Recommendations:

- 1. Assure: on the scope and scale of analysis being undertaken to inform workforce planning and the development of action plans to address areas of concern**
- 2. Alert: further assessments and actions required as noted.**
- 3. Advise: clarification needed to progress any further work that would assist with workforce design and planning**

# Further Assessments Required in Long Term



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## Nursing :

- Implications of Non-Pay Deal for 24 hour services has direct correlation to nursing impacts.
- Modelling of the Nurse Associate for the implications to the nursing and midwifery workforce

## Medical

- Implications of regulation for Physician and Anaesthetic Associates



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