

Workforce Plan

Plan Iteration Year: 2025/26

Lead(s): Jane Deans, Head of Audiology

Service: Audiology

CCG: Planned and Specialist Care

Date of Initial submission: 23.12.24

Date of Review(s): 02.03.2025 (updated 13.06.25) (updated 15.12.25)

SWFP Project Manager Lead: [REDACTED]

SWFP Project Support Manager: [REDACTED]

Overview of Current Position

Please describe what progress has been made to stabilise your workforce/service. Include actions from action plans (where in place) that have been taken during the last 12-months also celebrating your successes.

Please detail what has been delivered / what remains to be progressed in 2025/26.

Clinical:

- [REDACTED]
- The Ceredigion post was re-banded to a Band 6 and interviews were held on 01.07.25.
- Following an advert for 15 hrs of a Band 7 work, [REDACTED] has now been fully upgraded to a Band 7 post. There is an expectation that this will contribute to succession planning.
- From 20.02.25 there would have been a 7.5hr vacancy at a Band 6 level but this was converted to 11hrs at a Band 5 level (interview date 14.01.25). [REDACTED] is in the process of being fully upgraded to a Band 5 post. There is an expectation that this will contribute to succession planning.

- Work needs to be actioned to look at the possibility of working with Swansea Bay Cwm Taf and Aneurh Bevan to joining their STP consortium.
- [REDACTED]
- The recent Band 4 vacancy has been advertised (interviews on 17.12.25). [REDACTED]
- The Senior Audiology decided not to have HECert student for the 2025 intake. However, consideration will be given to hosting a HECert student from Sept 2026.
- Some staff have asked to increase their hours, and work is ongoing to the Finance Business Partner to assess if this is feasible.
- Increase in demand in relation to population need is resulting in a need for an increase in workforce establishment. With additionality to expand the workforce to allow us to meet current demand the additional workforce supply would allow for cross-cover and service resilience during periods of longterm absence.

Admin:

- The Band 3 Clinic Co-ordinator roles across the health board are now embedded within the service.
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED] Recruiting to these posts has been supported by Planned Care and the service's Financial Business Partner as they are within the Audiology establishment and the budget was available. However, they were [REDACTED] rejected at the final stage of scrutiny. Approval was finally given to advertise these [REDACTED] posts as the service cannot fully function without a full team of Clinic Co-ordinators. These [REDACTED] vacancies have now been filled.

- The Senior Audiology Team met with the Communication Hub Team (03.07.25) to see how they could potentially support the Clinic Co-ordinators by taking some of the calls to the department. However, this is not a function that could be completely filled by the Communication Hub Team.

General:

- There remains a risk that staff will take up substantive roles within other health boards, independent sectors, retire earlier than expected or ask to 'retire & return'.
- On-going support for new and developing roles will be required due to the 'fragile' nature of service.
- The Welsh Health Circular to move of School Entry Hearing Screening away from School Nursing and to Audiology has no approved funding source. However, verbal approval has been given (via Paula Goode) to start to implement this service which will be funded from Planned Care & Cancer Services. Work around developing job descriptions, recruiting staff, training staff and transferring services will take place in 2026. See risk and mitigation section (1456).
- The Welsh Health Circular to introduce Advanced Audiology Practitioners will require the appointment of three WTE Band 7 clinicians. Verbal approval has been given (via Paula Goode) to start to implement this service which will be funded from Planned Care & Cancer Services. Work around developing job descriptions, recruiting staff, training staff and identifying suitable locations will take place in 2026. However, there is a risk to the service that existing band 6 clinicians will apply for band 7 posts. There is currently a national shortage of band 7 clinicians.
- Audiology presented an SBAR on 28.05.25 to the IQFPD group highlighting both the risks and fragility of Audiology.

Strategic Alignment

Are there any interdependent services you are reliant on to enable your plans to be brought to fruition? What services in other Clinical Care Groups is your service delivery also reliant on?

ENT services (at Glangwili, Prince Philip, Withybush hospitals and Aberearon Integrated care Centre) are interdependent on Audiology. However, there are clinics every day at Glangwili which Audiology is expected to support. When staff are on courses, annual leave or off due to sickness, this often means that more senior clinicians, who may have allocated administration tasks, must forgo these to support the clinic.

Where do you anticipate your top 5 future workforce challenges?

Where do you have significant changes planned for services or departments (for example, reorganisation, regional working, the introduction of a new service etc) and how will this impact on the workforce?

Consider how will you ensure that your workforce is ready to meet the planned changes? Will there be a requirement to increase training of certain staff groups or roles? Are you considering the introduction of new roles or skills?

The introduction of three Band 7 Advanced Audiology Practitioners to ensure compliance with the Welsh Health Circular will be challenging due to a national shortage of this banding of clinician and the possibility of existing HDUHB band 6 staff applying for the posts which would negatively impact on existing staffing levels.

Work is progressing to look at capacity and demand within the service. This has been required due to the new Welsh Government reportable waiting times requirements. Further access to integrated care centres across the health board could provide one or two additional locations for the service to work from there still needs to be an increase in the staffing establishment to support the demands on the service.

Have you taken account of the Clinical Services Plan in your planning and does this align to the strategic vision of the Health Board?

INSERT YOUR UPDATE HERE PLEASE

Audiology services were not included in the first round of CSP.

Resource Efficiency and Budget Management

Within your current financial limits, what are your service's key operational objectives/priorities for both the next 12 months and for the future annual planning cycles ?

How do you plan to achieve the agreed reduction in your services budget while ensuring operational effectiveness and delivery of quality standards?

- A review of how Audiology supports the ENT department continues to be required as the current model is not efficient as:
 - Audiology supports all clinics (OPD and Emergency) but there are often sessions when Audiology support is not actually required.
 - Clinics are cancelled at short notice due to short notice study leave/annual leave being taken by the medical workforce thus preventing Audiology from booking Audiology patients.
 - [REDACTED]
 - [REDACTED]
 - Suggestions have been made around centralising ENT services at GGH rather than both GGH and PPH.

- The timely diagnosis of hearing and balance conditions in line with the health board's strategic plan of 'A Healthier Mid and West Wales' and Welsh Health Circular (WHC) WHC/2018/006 is required. The provision of Advanced Audiology Practitioners to assess patients hearing needs in community settings (ICC, GP surgery etc) would provide a shift to a more social model of health and well-being for the community. This would enable the timely seeing of patients, closer to home, reduce demand for Secondary Care services and ensure that any referrals to secondary care are appropriate. Work is now starting to implement this following verbal approval from the health board. See risk and mitigation section (risk 1457).
- There is an expectation that the service will be required to make financial savings (approx. 5 - 10%) in 2025/6.
- All hearing aids come with a guarantee, when aids are broken, they are returned to the manufacturer and replaced free of charge. In 2024 the service has saved over £116,000 by returning 2,196 aids via the guarantee repair agreement that otherwise would have had to have been purchased. This process continues to be in place.
- Historically, the service charges patients £65 to replace lost or significantly damaged hearing aids (this is an all-Wales agreed level). Work has been completed on an all-Wales level to increase this charge in line with inflation. The existing £65 rate will be increased to £75 from 01.01.2026. Even with the increased cost this will not generate any financial saving for the department.
- Although it would initially incur a 'spend to save', hearing aid technology is now moving towards rechargeable hearing aids (it is estimated that 80% of all hearing aids purchase privately are now rechargeable). It would take approximately 5 years to change all new and existing patients to rechargeable aids which have a longer life expectancy (due to no battery terminal damage). In addition, due to the developments in digital sound processing hearing aid manufacturers estimate that in the near future battery life will be reduced resulting in patients requiring more batteries – thus potentially doubling financial expenditure on batteries to meet the demands of the enhanced technology. Following the presentation of an SBAR to IQFPD on 28.05.25 a further exploration of the introduction of this type of technology will be required.

Have you been able to formulate plans that enable you to reach your Financial Savings Targets if they have been set for your area of service?

Please see information above.

Admin & Clerical Workforce

What does your current Admin & Clerical provision look like? Would you regard your current Admin & Clerical capacity as being sufficient?

Do you have designated Admin & Clerical Support to support your service?

- Audiology's establishment is for a team of █ Clinic Co-ordinators who ensure the smooth running of clinics with respect to booking clinic lists, answering phone calls, emails and walk-in enquiries.
- In 2025 █ and although 25hrs of cover was approved this was not sufficient and clinical staff had to be used to provide administrative support to the service.
- In April and May 2025, the █ Recruiting to these posts has been supported by Planned Care and the service's Financial Business Partner as they are within the Audiology establishment and the budget is available. Following initial rejection at the final stage of scrutiny these posts have now been filled.
- Post covid and following the recent staffing challenges, there has been a significant increase in the number of emails that the department receives. Volume analysis has shown that the Audiology generic email now receives 136 emails every week from patients. This will continue to be monitored in 2026 as it is felt that this is not a sustainable addition to the clinic co-ordinator role and a 1.0wte staff member is required.
- All medical secretary roles are filled.

No, I would not regard the current Admin & Clerical capacity as being sufficient. Ideally the service needs the following to provide an adequate level of provision:

- 15 hrs of Band 5 Office Manager activity - █ (the money from the dropped hours was used to fund the band 2 to band 3 job re-evaluation). █
- An additional band 3 Clinic Co-ordinator or band 2 Audiology Administrator (based at GGH) to help manage the increased number emails and administrative activity that comes into the department.

Have you adopted a blended approach to delivering the Admin & Clerical function – e.g. clerical duties being undertaken by clinical staff? If so to what proportion of time?

█ The activity that was due to be performed had to be covered by Band 4 clinicians on some sessions. Extrapolated data indicated that this was approximately 3 sessions a week at its peak.

The service continues to use a blended approach to administration tasks but utilising clinical staff which is neither time nor cost effective.

Are you maintaining essential Admin & Clerical duties through overtime or paid additional hours within your existing complement of staff?

No – overtime is currently not permitted. The service has had, at times, use clinical staff to cover the Co-ordinator activity which has a detrimental impact on patient waiting times and care.

Are you currently holding any Admin & Clerical vacancies as part of a financial savings plan?

Yes – 15 hr at a band 3 grade. However, work is ongoing with our Finance Business partner to look at staffing as a whole across the service and to address any shortfalls.

Risk Assessment and Mitigation

What are your workforce risks in achieving your operational goals within the existing resource framework?

Please summarise all current identified risks which have a workforce theme / link, describing your mitigation strategies to address these risks. Please also outline risks which will be carried forward for the next 12 months.

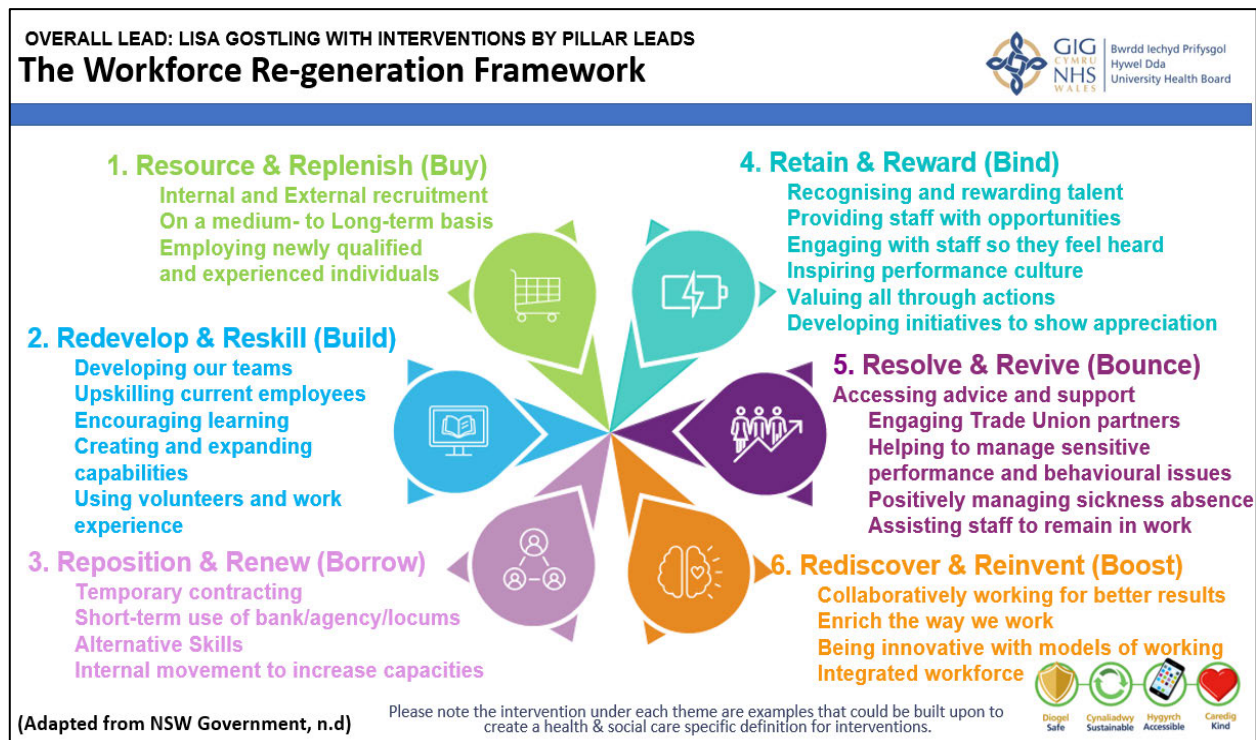
If there are new risks that have been identified awaiting scoring, please still complete in the title section and update as they progress through the Risk & Assurance Team.

Risk ID	Current Risk Score	Title	Response/Action/Mitigation
1456	8	<p>There is a risk of of sub-standard School Entry Hearing Screening (SEHS) in HDdUHB and inconsistencies in screening practices compared to other health boards</p> <p>This is caused by a lack of agreement to provide recurrent funding for staff, training and equipment that would enable Audiology to take over ownership of SEHS from the school nursing teams across the health board and thus ensure compliance with WHC (2021) 009, which recommends SEHS should be carried out within health board Audiology services (planned implementation date of April 2022). Currently, Audiology does not have sufficient capacity to take on this additional work so would need to recruit and train Screeners, who would report professionally to the Audiology service</p> <p>This will lead to an impact/affect on the quality, accuracy and consistency of screening services provided to school children in the area. This could in turn lead to reputational damage for Hywel Dda University Health Board, as other health board Audiology services in Wales provide this service already.</p> <p>Risk location, Health Board wide.</p>	<p>The service is currently managed and provided by the school nursing team in conjunction with the Vison Screening and Child Measurement Programme.</p> <p>Audiology provides training updates to the school nurses on an annual basis.</p>
1457	12	<p>There is a risk of that patients experiencing difficulties with hearing, tinnitus or vertigo do not have access to an Advanced Practitioner Audiologist as a 1st point of contact in Primary and community environments and instead have to be seen by their GP, as stated in the Welsh Health Circular (WHC 2018-006) as a key priority for Audiology services and also includes the provision of wax management services.</p> <p>This is caused by a lack of funding to recruit suitably trained Advanced Practitioner Audiologists (Band 7). This role has a requirement of a high level of experience and autonomy as the Audiologist is in effect seeing patients who would have previously been seen by a GP. There is a UK shortage of suitably qualified staff at this level.</p>	<p>Audiology provides wax management services for all existing NHS hearing aid users.</p> <p>Audiology now supports the ambulatory nurse-led wax management teams across the Health Board who provide a self-referral service. Ambulatory nurses are now able to refer to Audiology should patients continue to report hearing/tinnitus difficulties.</p> <p>Following the receipt of a GP or Advanced Nurse Practitioner referral, all new patients on a hearing</p>

		<p><i>There is a lack of agreement for funding to purchase the equipment that would be required to provide this service and its recurrent cost for calibration and consumables.</i></p> <p><i>This will lead to an impact/affect on the health board's compliance with the Welsh Health Circular (WHC) 2018/006 for Ear Wax Management Primary and Community Care Pathway, and patients not being able to access and receive more specialist care sooner and closer to home whilst releasing GP capacity. Potential poorer outcomes and patient experience.</i></p> <p><i>Risk location, Health Board wide.</i></p>	<p><i>assessment pathway are seen in line with referral to treatment timeframes.</i></p>
1911	16	<p><i>There is a risk of of Audiology being non-compliant with new additional national performance reporting data sets that will be introduced in April 2025. Currently Audiology is only required to report on 'new adult hearing referral to treatment (RTT) timescales.</i></p> <p><i>The comprehensive lists will now include:</i></p> <ol style="list-style-type: none"> <i>1) New adult hearing RTT (14w)</i> <i>2) Existing adult hearing RTT (14w)</i> <i>3) Tinnitus new RTT (14w)</i> <i>4) Tinnitus existing RTT (14w)</i> <i>5) Balance new (14w)</i> <i>6) Balance existing (14w)</i> <i>7) Paediatric new assessment (6w)</i> <i>8) Paediatric Audiology interventions (6w)</i> <i>9) Diagnostic (8w)</i> <i>10) Follow-up not booked (target date)</i> <p><i>This is caused by the introduction of new reportable waiting times across Wales. The longstanding underinvestment in Audiology services across the Health Board has not enabled waiting list targets to be met and the additional reportable lists will increase the risk of non-compliance.</i></p> <p><i>The combination of the pandemic backlog, staff resignations, long-term sickness absence and increased referral rate post pandemic have resulted in Audiology not having sufficient capacity to manage existing demand.</i></p> <p><i>Even though recent focus has been on addressing the existing RTT waiting list, this list is already non-compliant. The cessation of overtime clinics will exacerbate this situation and put additional pressure on an already fragile service</i></p> <p><i>This will lead to an impact/affect on 1)Patients, as they will be waiting longer than agreed pan-Wales targets. Long waiting times may result in hearing losses and associated conditions not being diagnosed in a timely way.</i></p>	<p><i>Audiology has agreed standard operating procedures in place for all appointment types.</i></p> <p><i>Audiology has agreed clinical pathways in place.</i></p> <p><i>Audiology has a documented process in place to expedite referrals when required (adults and paediatrics)</i></p> <p><i>Acknowledgement letters are sent to patients on receipt of their referral.</i></p> <p><i>Audiology already reports the RTT waits of all new adult hearing pathway patients.</i></p> <p><i>War veterans are given priority as per Health Board policy.</i></p> <p><i>The Audiology webpages provide patients with general information about hearing, tinnitus and balance.</i></p>

		<p><i>2)Staff, as they will incur additional work-related stress knowing that we are not meeting the required targets.</i></p> <p><i>3)The wider reputation of the Health Board as service users will be able to compare Hywel Dda to other Audiology departments in Wales when data is reported to Welsh Government.</i></p> <p><i>Risk location, Health Board wide.</i></p>	
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Alignment to the Health Board Workforce Regeneration Framework



Using the above Regeneration Framework as a guide please complete each of the following sections.

For further detail on each section of the above framework and to provide you some guidance and examples what could be added into each section to help you complete your plan, please click on the following link:

[Workforce Re-generation Framework](#)

Workforce Supply and Developments



Resource & Replenish (Buy) e.g., Internal & External Recruitment medium to long term, Employing newly Qualified and Experienced Individuals.

Workforce Pipeline: *Is any new recruitment activity planned (within budget) over the next 6-12 months to stabilise the Service?*

Consider any planned recruitment, apprenticeships, GYO, and new graduate intake (based on Education Commissioning requests).

- There are no plans to recruit additional staff as the current budget will not allow for this.
- There has not been any staff budget uplift for a significant amount of time - this has resulted in significant capacity and demand issues as we do not have enough staff, or the facilities, to match the increase in demand for our services (both adults and paediatrics). Capacity and demand mapping is in progress following the submission of a 'position statement' to the Executive Director of Allied Health Professions and Health Science with a view to scrutinise workforce activity and staffing establishment.
- Our [REDACTED] will need recurrent funding for a substantive post once [REDACTED] has finished [REDACTED] training in September 2026 if [REDACTED] is not successful in interviews held in December 2025.
- [REDACTED]

- The service needs to continue to have access to funding to offer staff the facility to complete MSc degrees. There is a significant risk that clinicians will apply for STP posts with other health boards (3 yr course) as a way of obtaining an MSc which is now a requirement of band 7 posts to enable them to progress their career pathway.
- Following a review of Audiology services in Scotland and the mandated all-Wales Audiology Quality Standards audits there will be a need for more staff to complete M-level modules in specific areas (i.e. Balance, Tinnitus and paediatric assessment and rehabilitation).
- To enable compliance with WHC /2018/006 (see risk 1457) there will be a need to recruit three band 7 Advanced Audiology Practitioners.
- Should School Entry Hearing Screening be moved from School Nursing there will be a need to recruit additional band 2 and band 3 staff to provide this service
- [REDACTED]. The salary drop from 1 wte to 0.6wte was used to fund the re-banding of the Reception team. Upon notification of impending full retirement, the Office Manager job description will require re-writing to ensure that it is appropriately banded.
- Following the 'retire and return' of a number of staff, posts have been successfully advertised and appointed to to address succession planning.
- There are [REDACTED] staff who will be eligible to retire in 2-5 years, and [REDACTED] staff who will be eligible to retire in the next 5-10 years and succession planning will need to be in place for this (i.e. access to M-level modules, MSc and Leadership courses to enable staff to be eligible for these higher banded roles).
- In addition to the above, there is fragility due to the retired and returned workforce possibly deciding to cease employment within this time period.

Workforce Developments/Interventions



Redevelop & Reskill (Build) e.g., Developing our Teams, upskilling current staff, Encouraging Learning, Creating Capability.

Are there opportunities to redesign the workforce, which may include developing individuals/teams and new ways of working, skill development, alternative roles etc?

*Please provide details as this will help inform your requirements for the **Education Commissioning and Higher Awards** process.*

- Within Wales there is a requirement that all band 5+ Audiology Practitioners are registered with a professional body (Academy of Health Care Science / Health and Care Professions Council). Associate Audiology Practitioners (band 4) are not eligible to register and are not permitted to undertake certain roles (i.e. where an initial diagnosis is being made). There is a need to support these staff through the equivalency process so that they can apply for professional registration and then apply for band 5 posts.
- Audiologists are routinely working to the top of their skill set / licence. But staff need time allocated to allow for the development and expansion of their skills and knowledge. Although this can be achieved through

mandatory training and continual professional development funding needs to be available to attend specific courses and training. No backfill is required for this presently.

- Access to M-level modules and MSc enables staff to apply for higher banded roles within the department as they become available. Backfill is currently non-funded as training is delivered through Aston University in Manchester. This does cause a service pressure when placements are required as part of the course delivery.
- There may be an opportunity for the service to develop Scientific Training Programme and Higher Specialist Scientist Training opportunities by becoming a recognised training site. However, this may be as part of a consortium with neighbouring health boards.
- It will be important to continue to have access to HEIW commissioned training posts to grow the staff of the future.

What training may be required to upskill or re-skill the existing workforce, and how might it be accessed? How might advances in treatment, technology and digital impact on how work is done and by whom?

- Training can be accessed through M-level modules should specific areas of additional or higher training be required. This is usually funded through the department's budget. There are a number of staff who will require this type of additional training due to the requirements of the all-Wales Quality Standards.
- [REDACTED] staff have already been funded to complete MSc's in Audiology
- Funding for training can sometimes be funded through HEIW.
- When hearing aids become rechargeable training will be provided by our hearing aid providers.
- There will be a need for 'new' staff to complete microsuction training for wax removal should their posts become substantive when they finish their HEcert courses.

How do you plan to utilise new roles in the workforce to support service delivery (for example MAPs roles ie Physician Associate, Clinical Associates in Applied Psychology, Anaesthetic Associates, Surgical Care Practitioners etc) and RN Associates?

Consider how these new roles can contribute to and complement the multi-disciplinary team. How might these roles directly improve patient care and clinical outcomes?

NA – due to qualifications required to be eligible to apply for posts within Audiology

What are your priority learning areas for developing your healthcare support worker workforce (clinical and non-clinical) for enhancing service delivery?

Consider what impact the learning could have in improving patient care and clinical outcomes. How might the learning improve your existing skills mix and enable work to be done differently? What impact could this learning have on retention?

- Band 4 HECert training – we have [REDACTED] Fast Track student for whom we will need recurrent funding for a substantive post once they have finished their training in September 2026.
- **At higher bandings - MSc -** [REDACTED]
[REDACTED]
- The service needs to continue to have access to funding to offer staff the facility to complete MSc degrees and / or M-level modules. Following a review of Audiology services in Scotland, and the mandated all-Wales

Audiology Quality Standards audits, there will be a need for more staff to complete M-level modules in specific areas (i.e. Balance, Tinnitus and paediatric assessment and rehabilitation).

- There is a significant risk that clinicians will apply for STP posts with other health boards (3 yr course) as a way of obtaining an MSc which is now a requirement of Band 7 posts to enable them to progress their career pathway.

If applicable, please outline where you have fragile services that are at risk of collapse. How is this linked to workforce supply, roles, skills and competencies of the workforce?

Consider what workforce actions are required to secure and sustain these services? Include areas where you require training and development to upskill staff or develop new staff to support fragile services.

- Service delivery in Ceredigion is fragile due to the small size of the team and longstanding issues with long-term staff sickness. When needed, this is being managed by staff from the other counties travelling to provide the service.
- Due to the population demographic, there is a risk the services in Pembrokeshire could become fragile as the elderly population increases. [REDACTED]
[REDACTED]
[REDACTED]. Staff are in the process of being trained to fill these roles should staff retire but assurance will be needed that the service will be permitted to advertise these posts.

Plans to Reduce Temporary Workforce Utilisation/Variable Pay Reduction



Reposition & Renew (Borrow) e.g., Temporary Contracting, Use of bank/agency/locums, Alternative Skills & Internal Movement to Increase Capacities

Please outline your plans to reduce use of temporary workforce if applicable, including details of projected financial savings (aligned to CDG) and performance (aligned to EITS).

- Audiology has previously used clinical locums to cover maternity leave. Full establishment resumed in 02/2025.
- [REDACTED]
[REDACTED]
[REDACTED]
- Currently, any gaps in workforce are covered internally and are not backfilled.
- There is always a risk that due to our limited workforce there would be no alternative but to access locum if funding were approved.
- Increase in demand in relation to population need is resulting in a need for an increase in workforce establishment. With additionality to expand the workforce to allow us to meet current demand the additional workforce supply would allow for cross-cover and service resilience during periods of longterm absence.

Developing Retention Strategies



Retain & Reward (Bind) e.g., Recognising and rewarding talent and providing staff with opportunities.

How can staff be engaged with to recognise talent and create a positive culture in the workplace e.g., rewarding staff, ensuring staff feel heard etc?

- Regular staff meetings to support staff. These alternate between Senior Team and Full Team meetings on a monthly basis.
- High level of communication, in line with health board values, showing a caring approach when staff need it, praise, recognition, appropriate pay, respect in work, flexibility in times of need, listening to their concerns and supporting them.
- Staff are offered, through the study leave process, study time and funding for necessary training when identified. However, sufficient funding is required to enable staff to access M-levels/ MSc training helps to retain staff. If this is not available staff often see resigning from their substantive post to take up STP posts as the only option to enable them to complete an MSc (over a 3-year period) and become eligible for Band 6 / 7 roles.
- Staff express concerns that there are not sufficient soundproof facilities or qualified staff to ensure that patients are seen in a timely way and this has led to some staff moving away from NHS work in Wales. Staff know that we have over 2,000 patients breaching their initial referral to treatment timescales each month and that we have over 3,325 existing patients waiting for a reassessment of their hearing aid provision. Staff often report that that feel they are not listened to at a higher level which leads to staff easily becoming demoralised. Although 2 stand-alone booths have been purchased to help address this it has not resolve the challenges that exist.

What interventions are you implementing to maximise retention of new registrants and new starters?

Consider opportunities for learning and development, routine check-ins and managerial support, access to CPD, smart rostering, supporting flexible working - all underpinned by the principles of compassionate leadership.

- When required staff are supported to apply for M-level modules to help underpin their knowledge skill set.
- If staff express an interest in applying for an MSc this is supported although financially this may become challenging.
- On average two staff a year are offered 'sponsored' places at our annual professional conference.
- There is a need to look at leadership/ management development courses for Band 7 staff which will be captured as part of the PADR process

Assisting Staff to Stay in Work



Resolve & Revive (Bounce) e.g., Accessing advice and support, engaging Trade Union partners, helping to manage sensitive performance and behavioural issues, positively managing sickness absence, assisting staff to remain in work.

How can operational challenges (behaviour, culture, sickness, staff well-being etc) be managed/improved, including optimisation of roles? How can Workforce and OD support with this?

- Both short-term and long-term staff sickness is perceived to continue to be a potential threat in 2025/6. The service accesses Occupational Health, Wellbeing services and the Workforce team when needed. Both long and short term sickness in 2024/5 highlighted the fragility of service delivery. Clinical activity was covered by existing substantive staff. (Band 4-8 staff covering).
- Self-referrals and Manager Referrals to Occupational Health are utilised when required.
- The management of long-term staff absence is challenging and more support / guidance needs to be provided to the Senior Team who are required to manage / support staff on long-term absence. This employee /manager interaction can be difficult as it is both time consuming and emotionally draining to manage these staff at times.
- The service encourages and supports interaction with unions to support staff on long-term sickness in line with the Managing Attendance at Work policy.
- It is sometimes difficult when policy states that 'manager discretion' should be applied to managing staff absence whilst still maintain equitable support for all staff.
- Staff have previously complained about the challenging parking at GGH but this has eased slightly due to the additional parking facilities provided via Glangwili Railway carpark.
- The demands on more senior staff are ever growing and have shorter deadlines. When roles have both clinical and management aspects it does not sit comfortably when management/operational demands are expected to take precedence over patient care.
- There is sometimes a feeling of 'entitlement' from some staff that can make service delivery challenging. This is has become more apparent since the pandemic and with those staff who were not employed prior to the pandemic.

Sickness Data (as at Oct 25)

12 month rolling sickness



Sickness Summary by department, ward or team

Department, Ward or Team	Staff Headcount	Latest in-month sickness	Latest long term sickness	Latest short term sickness	12 month rolling sickness
HDUHB Audiology	33	9.2%	6.1%	3.2%	5.9%

Developing Innovative Ways of Working



Rediscover & Reinvent (Boost) e.g., Collaboratively working for better results, enrich the way we work, Being innovative with models of working, Integrated workforce.

Are there opportunities to enrich the way we work and be innovative in our models of working?

Consider digital solutions to improve efficiencies, VBHC, digital innovation and AI etc.

The promise of recurrent funding to introduce 1st Point of Care (via Advanced Audiology Practitioners) across the health board would be an innovative way of working that has been proven in practice in other University Health Boards in Wales (Betsi Cadwaladr, Swansea Bay and Cardiff). Other health boards have either secured funding or are in the process of securing funding to implement this service.

The benefits of direct access to Advanced Practice Audiologists include:

- GP and ANP time released
- Improved access with integrated pathways
- Patients managed closer to home within PC settings
- Improved triage - reducing the number of inappropriate referrals into secondary care
- Extended role for Audiologists – exploiting and developing their skills and providing career opportunities
- Improved communication with GPs through having Audiologists working in PC locations.
- Reduction in carbon footprint

Digital platforms - Audiology used digital platforms during the pandemic but due to the communication challenges that our patients experience this is not always the best way for us to support them with their hearing needs.

Booking appointments - Patients often complain that they struggle to contact the department as our phone lines are often engaged. The facility to have an on-line booking system for hearing aid repairs or access to a 'booking office' would be an innovation and save administration time and improve the patient experience.

Hearing aid technology - The service aspires to provide its patients with the best hearing aid technology that is available and this should include rechargeable hearing aids.

Upskilling - The B4 upskilling nursing model would not work within Audiology as clinicians are required to have professional registration that is only available once they are a B5. However, [REDACTED] has been awarded equivalency to a Band 5 but there are currently no permitted vacancy opportunities to action this. Other Band 4 staff are also investigating this option of career progression.

Service Current Baseline Data & Temporary Workforce Utilisation

Final version will be agreed by - **Service, Workforce and Finance Leads** –

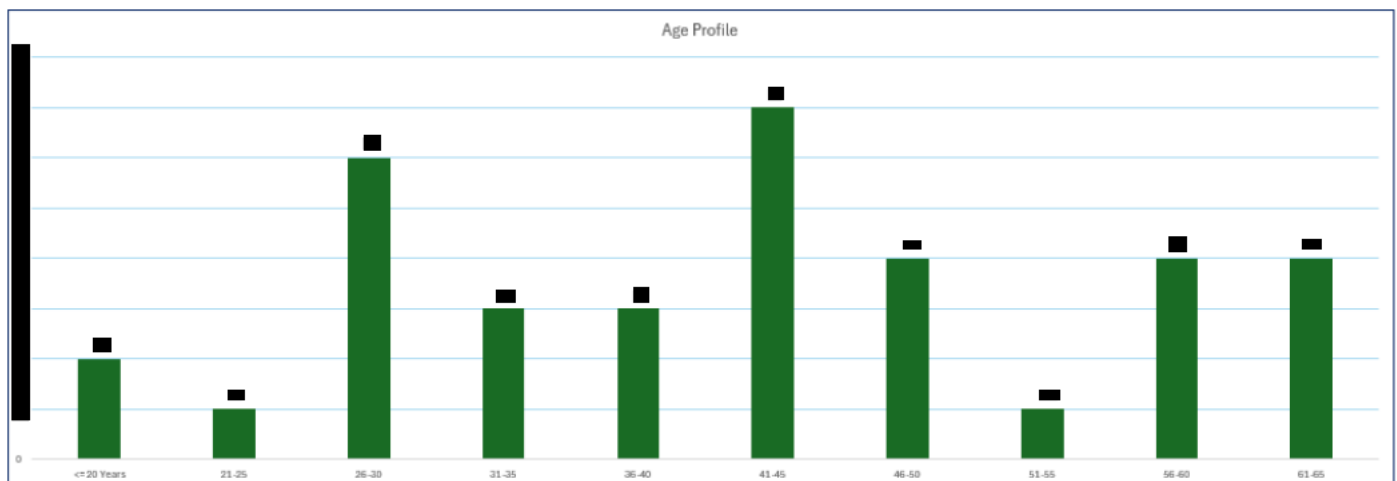
Service level data will be discussed during Workforce Planning engagement sessions.

Current Headcount	No. Cost Centres	Current Budget WTE	Current Actual WTE	Current Overall Vacancy WTE	Current temporary workforce utilisation (WTE)	Current Age Profile* (% age 51+)	Turnover (Oct 24 to Oct 25)
35	1	29.6	28.3	1.3	0	25.71%	11.5%

*The age profile figure indicates the percentage of the workforce currently at age 51 or above, and who could therefore potentially retire within a 5–10-year space.

These data visuals will be provided by the Workforce Planning team for your consideration

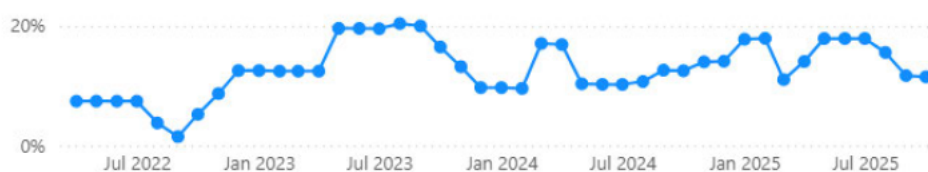
Age Profile (Oct 25)



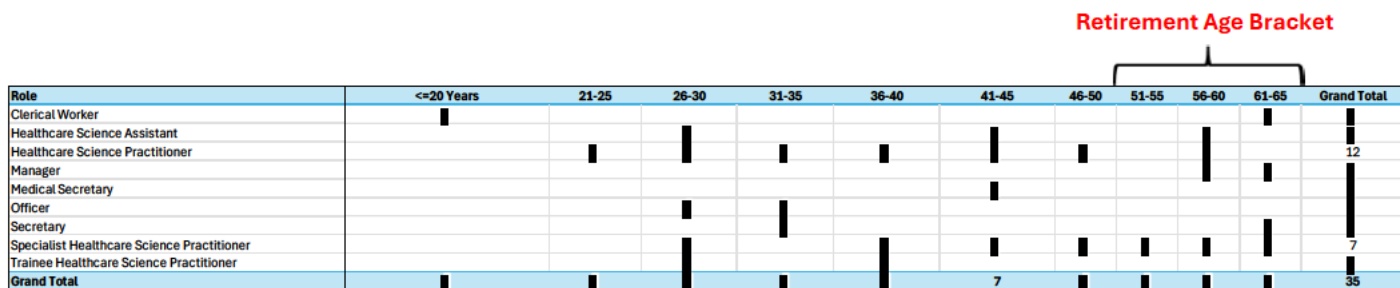
Turnover (Oct 25) [Performance Dashboard](#)

Note: Staff turnover only includes staff who have left Hywel Dda. It does not include staff moving to other posts within the health board

Staff turnover – 12 month rolling



Role Analysis (Oct 25)



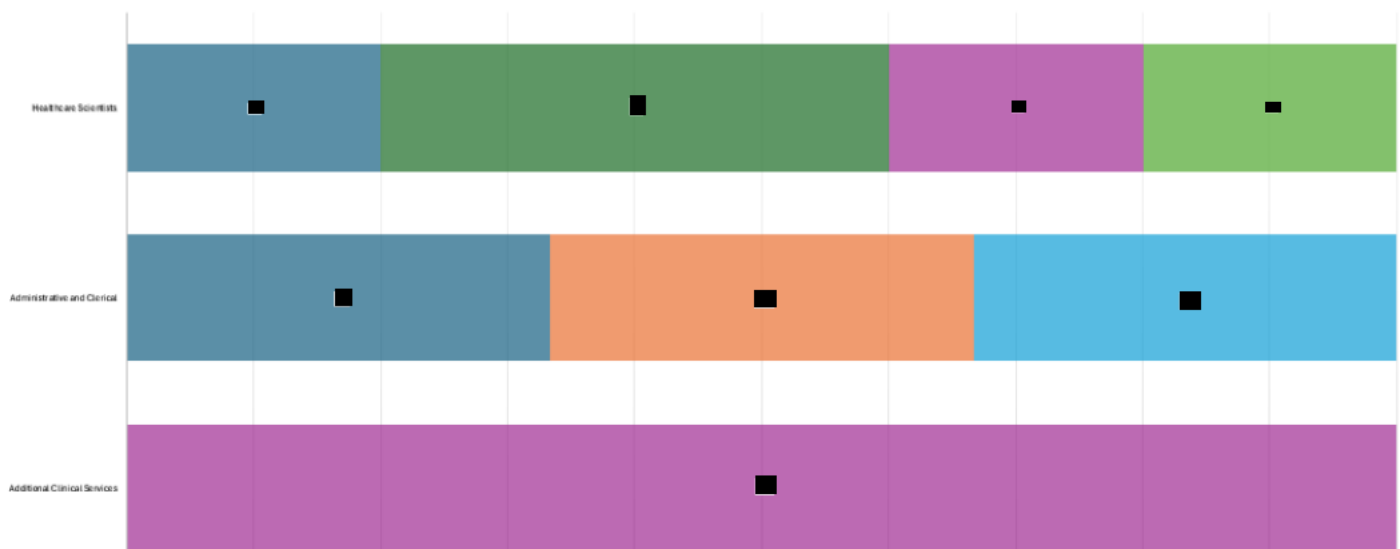
Retirement Projections (as at Oct 25)

Health Board Average

Staff Group	Average of Age
Add Prof Scientific and Technic	64.01
Additional Clinical Services	62.89
Administrative and Clerical	64.04
Allied Health Professionals	61.80
Estates and Ancillary	65.33
Healthcare Scientists	61.70
Medical and Dental	63.71
Nursing and Midwifery Registered	60.54
Grand Total	62.54

Service Specific Projections

Staff Group	Above Average Retirement Age	Within 1 year	Within 2 years	Within 3 years	Within 4-6 years	Within 7-10 years
Additional Clinical Services		1				
Administrative and Clerical	1			1		
Healthcare Scientists			1		1	1
Grand Total	1	1	1	1	1	1



- Above Average Retirement Age
- Within 1 year
- Within 2 years
- Within 3 years
- Within 4-6 years
- Within 7-10 years

Temporary Workforce Utilisation (as at Oct 25) [Performance Dashboard](#)



Actual Cost Centres used

0024 HDHB Audiology

Supporting Documents

Please provide links below to your annual planning submission, relevant strategy / policy documents / DITS / SBARS / papers/submissions that support the workforce ask in your Operational Workforce Plan.

- SBAR – 1st Point of Contact
- SBAR – School Entry Hearing Screening
- Audiology position statement
- SBAR – Audiology for IQFPD



SBAR - Audiology -
1st Point of Contact



SBAR - Audiology
-School Entry Screen



240827 - Audiology
- Position Statement



SBAR - Audiology
2025



Action Plan

What actions do you need to undertake to bring aspirations into practice?

Once your Workforce Plan has been completed an Action Plan will be developed to help a keep record of all your efforts undertaken to achieve your goals and to highlight your successes and movement in service delivery in year.

This will be provided to you separately as an Excel document template for your completion.

This will help inform the overall Health Board holistic action plan and feed into the Annual Planning and IMTP processes, and interdependency mapping.