

Review of Workforce Planning Arrangements – Aneurin Bevan University Health Board

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector is also facing its own workforce issues. The pandemic exacerbated these challenges as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues;
 - shifts in attitudes towards full and part-time working;
 - developing home grown talent and the ability to attract talent from outside the country into Wales; and
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 At the time of writing this report, Aneurin Bevan University Health Board (the Health Board) continues to face significant workforce challenges. There are high staff vacancy rates that are creating greater workload pressures and over-reliance on bank and agency staff. In 2022-23, the Health Board workforce spend was £781.25 million which is a 36% increase over the previous five years.
- 5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future workforce challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering and consultant job planning, fall outside the scope of this review.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 7 Overall, we found that **the Health Board has set clear workforce priorities based on a good understanding of its significant risks. It is working hard to address its immediate workforce challenges and its key actions are appropriately aligned to its agreed People Plan. However, the approach is over-emphasising the short term and operational fixes. There is a clear need to revisit Clinical Futures implementation plans so that they enable the development of financially affordable, efficient, and sustainable service workforce models.**

Key workforce planning challenges

- 8 The Health Board is facing significant workforce challenges as outlined in paragraph 4. The workforce indicators presented in **Appendix 2** highlight that workforce numbers have increased steadily over the past 5 years but plateauing over the past 2 years (**Exhibit 6**). Despite the increases, the Health Board continues to face significant workforce challenges that impact on service stability. Its proportion of workforce vacancies at 5.4% are relatively low compared to other health boards but will still be challenging to manage in some key areas (**Exhibit 10**). Whilst overall joiners exceed leavers (**Exhibit 9**) the reverse is true in two critical categories of nursing and midwifery, and medical and dental professions. This helps to account for the sharp rise in the use of agency staff, which cost the Health Board just over £61 million in 2022-23, further exacerbating an already pressured financial situation (**Exhibit 8**). Comparatively, the Health Board's staff turnover is high but also in line with comparable health boards at 10.5%. A sickness rate of 6.9%, whilst in line with other health boards, still presents a significant workforce issue in terms of days lost (**Exhibit 11**).

Strategic approach to workforce planning

- 9 **The Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**
- 10 The Health Board has a good understanding of strategic workforce challenges and the organisation's workforce strategy, and high-level plan are focussed on addressing current, short to medium term workforce risks. The Health Board clearly articulates its strategic workforce ambition through annual plans, the Integrated Medium-Term Plan (IMTP) and the People Plan. However, the Health Board needs to ensure there is sufficient focus on long-term sustainable service workforce models, linked to refreshed Clinical Futures¹ plans.

¹ Clinical Futures is the Health Board's plan for sustainable health and care services including priority programme areas for the whole of Gwent; emphasizing prevention and care closer to home.

- 11 The Health Board has a good understanding of its current issues demonstrating some examples of good analysis to anticipate future workforce demand. However, as a minimum it needs to ensure it updates its funded establishment to help inform the development of workforce plans. The Health Board is also engaging and collaborating effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.

Operational action to manage workforce challenges

- 12 **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the Health Board clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**
- 13 The Health Board has a reasonable level of central resource to support workforce planning, which has enabled it to support areas such as nursing and some medical workforce planning. There is a need for wider service-based workforce planning to ensure financially sustainable service models that also enable improvement in performance. The Health Board plans to re-establish the Clinical Futures Workforce Group, which should help it to progress the work needed. However, there is also a need to ensure sufficient wider capacity and capability across the organisation.
- 14 The Health Board clearly understands its short and longer-term risks. It has a reasonable approach for managing its immediate workforce challenges, which include vacancies, recruitment and retention challenges and associated agency use. However, it needs to ensure improvement actions are having the desired impact.

Monitoring and oversight of workforce plan/strategy delivery

- 15 **There is appropriate Board, Committee and Executive level scrutiny of the Health Board's People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**
- 16 The Board and People and Culture Committee receive regular reports that provide assurance on the progress of key workforce actions. While the reports are well articulated, there is a need to ensure that they provide effective assurance on the impact that delivery of the People Plan is achieving, the effectiveness of actions taken to mitigate workforce risks and progress of Clinical Futures workforce plans. There is also scope to benchmark more broadly with individual organisations and regional approaches that are 'best in class', subject to ensuring similar system conditions, demographics and population characteristics make the comparisons valid.

Recommendations

- 17 **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations

Workforce plans

- R1 While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board's current service model is not sustainable given current demand, and this is affecting the performance and financial position. The Health Board should update its 5 and 10-year planning process, including clinical futures plans and workforce projections to ensure that they appropriately support the implementation of financially sustainable service models. **(High priority)**

Workforce funded establishment

- R2 The Health Board does not have an agreed funded establishment that covers all its services. The Health Board should determine its funded workforce establishment for 2024-25 and then introduce arrangements to update this annually. **(High priority)**

Workforce planning capacity

- R3 Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. The Health Board should review their central workforce planning capacity and capability to ensure it is sufficient to support their longer term strategic and operational workforce planning requirements. **(High priority)**

Workforce planning training

- R4 We found that the Health Board had workforce planning training and support, particularly in relation to the opening of GUH, however this was paused during the pandemic and it now needs to recommence. The Health Board should develop and implement a programme of workforce planning training and once in place create an evaluation framework to measure the success of its training programme. **(High priority)**

Recommendations

Programme infrastructure for strategic workforce priorities

- R5 The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. Once the Health Board has revised its sustainable Clinical Futures models, it needs to ensure there is a workforce programme to support the necessary redesign and service transformation. **(High priority)**
-

Reporting on the impact of the People Plan

- R6 The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to better describe the impact that delivery is having. **(High priority)**
-

Benchmarking

- R7 Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. The Health Board should look to use benchmarking to inform plans for workforce redesign and service transformation ensuring similar system conditions, demographics and population characteristics make their comparisons valid. **(Medium priority)**

Detailed report

Our findings

- 18 The following three tables set out the areas that we have reviewed and our findings. These focus on:
- the Health Board’s approach to strategic workforce planning (**Exhibit 2**);
 - operational action to manage workforce challenges (**Exhibit 3**); and
 - monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: strategic approach to workforce planning

- 19 This section focuses on the Health Board’s approach to strategic workforce planning. Overall, we found that **the Health Board has a good understanding of its strategic workforce challenges, it is improving data to support workforce planning and is engaging well with its key stakeholders. However, there is a clear need for it to develop workforce plans that support long-term financially sustainable service models.**

What we looked at	What we found
<p>We considered whether the Health Board’s workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">• identifies current and future workforce challenges.• has a clear vision and objectives.	<p>We found that the Health Board’s workforce strategy and high-level plan are focussed on addressing current, short to medium term workforce risks. Given the significant financial and service pressures, the Health Board needs to do more to ensure workforce plans effectively enable long-term sustainable service workforce models.</p> <p>The Health Board has aligned its Annual Plan and IMTP with its three-year People Plan which covers the period 2022 to 2025. The People Plan sets out a reasonable high-level vision. Its three core objectives focus on Staff Health & Wellbeing, an ‘Employer of Choice’ and creating opportunities for workforce sustainability and transformation. It is supported by 22 high-level</p>

What we looked at	What we found
<ul style="list-style-type: none"> • is aligned to the organisation’s strategic objectives and wider organisational plans. • is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care. • is supported by a clear implementation plan. 	<p>supporting actions. The Plan and outline delivery framework included plans for a refreshed Workforce and Organisational Development Dashboard. The Plan highlights some longer-term aspirations, although these generally have only a 3-year outlook. The Plan appropriately considers wider national plans and legislative requirements including the National Workforce Strategy for Health and Social Care, Well-being of Future Generations Act and Welsh Language standards. However overall, there appears to be a lack of long-term thinking in the People Plan.</p> <p>The current approach to strategic workforce planning is however not balanced and instead biased towards shorter-term and transactional workforce solutions. There is currently insufficient focus and detail on what innovation and workforce transformation will look like. Profession-based strategic workforce plans are in different states of development. Most Clinical Futures workforce implementation plans, while having a 5-year timeline, are out of date and need updating. The Health Board’s current service model is not sustainable given current demand, and this is affecting the performance and financial position. The Health Board clearly needs to strengthen how it models and plans its workforce to ensure its services are sustainable in the medium to long-term (Recommendation 1).</p>
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p> <ul style="list-style-type: none"> • use of reliable workforce information to determine workforce need and risk in the short and longer term; and • action to improve workforce data quality and address any information gaps. 	<p>We found that the Health Board has a good understanding of its current issues, demonstrating some examples of good analysis to anticipate future workforce demand. However, there needs to be a far clearer understanding of the Health Board’s workforce establishment to help inform the development of workforce plans.</p> <p>The Health Board has a good understanding of short-term demands and service trends. Workforce planning and demand-based forecasting is more mature in nursing, than in other areas, with workforce projections of up to 5 years in some cases. In general, the Health Board’s use of workforce information, and the expertise to analyse it, appears reasonable. The Health Board uses a range of workforce and organisational development (OD) metrics which it has incorporated into data dashboards and infographic summaries. These include recruitment, staff engagement and training</p>

What we looked at	What we found
	<p>metrics. We particularly noted robust operational nursing information that is helping the Health Board to understand the extent that it is complying with the Nurse Staffing Levels (Wales) Act 2016.</p> <p>The Health Board is using its analysis to inform its work on medical staffing, which is seeking to determine its medical workforce establishment², job planning³ and rostering. However, the Health Board needs to do much more to fully determine its required establishment levels across the wider workforce (Recommendation 2). Current high-level organisational data including key metrics is available through its workforce performance dashboard. However, we have noted inconsistencies in the way some professions or groups of staff are coded. The Health Board is taking appropriate steps to refine its data quality noting that many issues are common across NHS Wales. Our work also indicated that workforce planning tools do not appear to be the most up to date (excel dominated) which makes it difficult to inform development of workforce establishment and support operational decision making. Nevertheless, the Health Board is taking action to improve its processes.</p>
<p>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and 	<p>We found that the Health Board is working effectively with its internal and external partners to help resolve current and anticipated future workforce challenges.</p> <p>The Health Board has good approaches for ongoing and proportionate engagement with internal stakeholders including via business partners. The Health Board engages with the Local Partnership Forum, although some of the feedback we received suggested relationships with Trade Unions were consultative rather than proactively engaging in shared solutions. The Health Board has implemented its #PeopleFirst/#CynnalCynefin staff engagement initiative over the past 2 years. It appropriately acknowledges and addresses challenges experienced by Health Board staff.</p>

² Establishment is the term for the workforce levels, staff roles and the NHS staff bandings that are financially budgeted for.

³ A job plan is a prospective, agreement that sets out consultant duties, responsibilities, accountabilities, and objectives for the coming year.

What we looked at	What we found
<ul style="list-style-type: none"> shared solutions identified with key stakeholders to help address workforce challenges. 	<p>Engagement events across hospital and community sites have enabled hundreds of staff to share their challenges, leading to positive feedback from staff.</p> <p>Senior management are working appropriately with external partners especially within community and primary care including action on Accelerated Cluster Development. As a result, cluster plans are helping to shape wider community services, appropriately supported by intelligence on the overall sustainability of the community-based workforce. The Health Board is also engaging appropriately with external partners such as Health Education and Improvement Wales (HEIW) to develop workforce solutions. It is collaborating with HEIW on the development of the Health Board's Nursing Strategy and commissioning student education. Nevertheless, we understand that the Health Board could strengthen relationships with academia. The Health Board needs to continue to build closer university partnerships to ensure effective commissioning of student places, quality of placements and support joint academic and NHS research and innovation posts. This should support recruitment and retention of key staff across acute, primary and community services.</p> <p>However, there is opportunity to strengthen the approach with external partners to find shared solutions for recruitment and on wider systemic workforce transformation. There are examples where this is starting to progress with a renewed commitment to new regional care models and workforce plans. In August 2022, Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg University Health Boards, renewed their commitment to regional working. The resulting four work programmes, of which Aneurin Bevan University Health Board will lead on ophthalmology, will require careful consideration. The current approach for regional service planning is not sufficiently considering how it will maximise the benefits of truly integrated working. Our review of the ophthalmology proposals, for example are based on co-terminus regional services rather than developing an integrated, resilient, and efficient regional model. The work should explore fully integrated and efficient design of the workforce and services so as not to replicate existing inefficiencies within a new regional treatment setting.</p>

Exhibit 3: operational action to manage workforce challenges

20 This section focusses on the actions that the Health Board is taking to manage workforce challenges. **The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation. Whilst the organisation clearly understands its principal risks around recruitment, retention, and sustainability, it is not undertaking longer-term workforce planning and actions for measurable impact that need to underpin a resilient and sustainable workforce.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see:</p> <ul style="list-style-type: none"> • clear roles and responsibilities for workforce planning; • appropriately skilled staff to ensure robust workforce planning; • sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and • sufficient financial resources to deliver the workforce strategy or plan. 	<p>We found that while having reasonable central resources to support workforce planning, the Health Board does not have sufficient dedicated capacity and capability to support medium to long-term workforce planning. This will be increasingly difficult in the current financially challenging environment.</p> <p>The Health Board needs to review its overall workforce planning resource. It has a reasonable corporate workforce structure and capacity committed to delivering the high-level workforce plans. This work comes under the Director of Workforce and OD and is supported by an Assistant Director of Workforce, Head of Workforce Planning and a support role. However, this forms one element of their respective roles. Workforce planning sits within the remit of the business partners and again that is only part of their job. The lack of a dedicated resource is a barrier to more detailed workforce planning. With a total annual pay cost of around £800 million and over 12,500 WTE⁴ staff, there is a clear need to create sufficient workforce planning capacity and capability across the organisation. At present there is no overarching costed and resourced strategic workforce implementation plan and the Health Board need to assure themselves they have committed sufficient resources to deliver this. (Recommendation 3).</p>

⁴ Whole time equivalent equates to the number of staff in place if they were working a full week. Because some staff work part time, the actual headcount is higher.

What we looked at	What we found
	<p>The Health Board clearly demonstrated prior to the pandemic that it had the capability and capacity to deliver detailed workforce plans across key service areas. During and since the pandemic, resourcing appears to have prioritised nursing in line with the Nurse Staffing Levels (Wales) Act requirements. Aspects of medical and dental workforce planning is ongoing and in varying states of maturity. However, a number of the service workforce plans provided in evidence were out-of-date, suggesting that current workforce planning capacity beyond the short term is not sufficient. In addition, there was no evidence of current workforce planning training programmes for staff (Recommendation 4).</p>
<p>We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level. 	<p>We found that the Health Board clearly understands its short and longer-term risks. However, to date, actions to mitigate these risks appear to have had only a limited effect.</p> <p>The Health Board clearly and sufficiently identifies its workforce risks in its strategic and corporate risk registers including internal controls in place and regular updates on high-level actions undertaken. Its strategic risks include recruitment and retention, staff well-being, effective leadership, and risk of industrial action. Divisional management and workforce groups regularly review separate workforce and organisational development risk registers prior to reporting into the Health Board's People and Culture Committee. The Health Board could better define actions to mitigate workforce risks to focus more on the likely difference it expects to achieve. While the Health Board manages its workforce risks through its risk management arrangements, the trend over time demonstrates that despite action to mitigate risks, they remain largely static. This suggests that a more proactive approach is needed to ensure that workforce risk mitigation actions are impactful, and an agile response is in place to address under-performance. It also seems unlikely that the Health Board can sustainably address its risks without stronger consideration of long-term risks and solutions.</p>

What we looked at	What we found
	<p>The Corporate risk register also appropriately identified workforce risks in other key areas. For example, the Medical Training Risk Register Report provides joint assurance to HEIW and the General Medical Council (GMC) regarding the quality of medical training within the Health Board. Risk logs, containing relevant information from various sources including the GMC survey and trainees themselves, are issued by HEIW to health boards for monitoring and investigation. The Health Board’s Medical Education Faculty monitors and investigates concerns identified in the risk log to ensure medical training quality. The risk log provides a useful opportunity for open and transparent conversations between HEIW and the Health Board to review and improve the quality of medical education and training.</p>
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective reporting and management of staff vacancies; • action to improve staff retention; • efficient recruitment practices; • commissioning of health education and training which is based on true workforce need; and • evidence that the organisation is modernising its workforce to help meet current and future needs. 	<p>We found that the Health Board has a reasonable approach for managing its immediate workforce challenges, which include vacancies and associated recruitment and retention challenges, and associated agency use. However, it needs to ensure improvement actions are having the desired impact.</p> <p>The Health Board is also clearly facing financial risks and pressures. Vacancies continue to impact on current service delivery contributing to high use of agency staff and associated costs. The Health Board launched its variable pay reduction programme in September 2022 with an aim of reducing agency workforce use, and particularly more expensive off-contract agency. We understand that the Health Board has achieved a reduction of around 50 WTE agency nurses and over 210 agency healthcare support workers. The Health Board is planning to reduce agency costs to £38 million in 2023-24, but the current trend of agency spend (to August 2023) suggests that total agency expenditure could reach £50 million this year.</p> <p>Proportionately vacancy levels in the Health Board appear to be lower than most other health bodies in Wales with a vacancy rate of 5.4% (Exhibit 10). However, the absence of verified establishment figures impacts the reliability of reported vacancy levels. At the same time, there is also a risk that if</p>

What we looked at	What we found
	<p>the Health Board implements wider recruitment control to help it achieve efficiencies, then it may have less capacity to respond to increased service demand, for example responding to winter pressures. This could ultimately result in greater short-term demand for agency staffing.</p> <p>The Health Board is in the process of developing and implementing approaches to improve staff retention, but clearly there is more to do. The Health Board has set up a Retention Working Group and is starting work to understand the causes of staff seeking to leave and put in place preventative approaches, analyse themes arising from exit interviews, and develop a dashboard to track organisation retention. Our analysis indicates a small improvement in turnover between 2021-22 and 2022-23. The Health Board has introduced Chat Cafés for staff to share their experiences, retention roadshows and is actively seeking feedback, particularly from those who have recently entered the organisation, and those that have or are in the process of leaving. The Health Board has identified the risks that might prevent it achieving meaningful improvement in retention and additional action to mitigate those.</p> <p>The Health Board has a range of recruitment approaches in place including an apprentice scheme, a Registered Nurse recruitment programme of events along with nationally led recruitment programmes Train, Work, Live and the Royal College of Nursing (RCN). The Health Board also continues to monitor safe staffing levels (periodically) as part of the Nurse Staffing Act which the Executive Director of Nursing reports on. As a result of concerns about the ability to domestically recruit sufficient staff to fill all vacancies, the Health Board is continuing overseas nurse recruitment. Despite its recruitment and retention initiatives, the Health Board continues to struggle to reduce vacancy levels with 148 medical vacancies and 285 nurse vacancies, and a total vacancy level of around 700 WTE as of July 2023.</p> <p>The Health Board has a reasonable approach for determining its healthcare education needs. Services consider their potential future workforce requirements, which informs the HEIW national education and training plan. As we have seen in some other bodies, the number of graduate appointments recruited into the Health Board falls short of the numbers required. External factors,</p>

What we looked at	What we found
	<p>such as the ability of universities to recruit into programmes, course attrition rates, are outside of the Health Board's control. The ability of the Health Board to attract new graduates and changes in service demand over the period that students are training will also have an impact.</p> <p>As identified earlier, there is a need for the Health Board to develop medium to long-term sustainable service models. This may have a significant impact on the future configuration of the Health Board's workforce. We have seen positive but incremental examples of advanced practitioners, extended scope professionals and support roles being introduced. The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. There is a need for a more ambitious approach to workforce modernisation through a coordinating structure to help address longer-term financial pressures and service demand (Recommendation 5).</p>

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

21 This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is appropriate Board, Committee and Executive level scrutiny of the Health Board’s People Plan, but the reports need to better describe the progress it is making and the impact it is achieving.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> • arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels; • effective action where progress on elements of the workforce strategy or plan are off-track; • performance reports showing the impact of delivering the workforce strategy or plan; and • the organisation benchmarking its workforce performance with similar organisations. 	<p>We found that there is appropriate scrutiny of key strategic workforce activity by the Board, the People and Culture Committee and management. The Board has good monitoring structures and processes, but there is a need to ensure that reports provide stronger assurance on the impact that delivery of plans is achieving.</p> <p>The People and Culture Committee has the lead role for strategic workforce planning including overseeing progress, assuring, and advising the Board. The committee has a well-rounded agenda that covers a good breadth of workforce matters. The committee routinely oversees the progress of the People Plan, however the People Plan update reports to committee need strengthening. The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there clearly is a need to provide greater assurance on the extent that the People Plan is making a difference and enabling financially sustainable workforce service models (Recommendation 6). The report on progress also needs to be more evaluative and describe the difference that delivery of the plan is making.</p> <p>The issue above is also evident at a management level. Monitoring structures and processes appear robust supported by regular reporting, good dashboard information and sufficient ‘RAG rated⁵’ tracking of the progress of key actions. However, due to the variability in updating of workforce plans</p>

⁵ RAG – Red, Amber, Green is an approach often used for assessing risk or progress.

What we looked at	What we found
	<p>in different service areas, it is hard to measure overall system impact and effectiveness. Opportunities also remain to increase the quality and detail of progress and corrective actions in areas of operational underperformance. For example, the impact of staff recruitment and retention actions in reports. This would then make it easier to demonstrate impact across all service areas and better illustrate progress in delivering the workforce strategy, thereby increasing Board assurance.</p> <p>The Health Board uses benchmarking with other Health Boards although this tends to be ad hoc and not used formally as part of service improvement. Consequently, there is an opportunity for a more systematic and evaluative approach to benchmarking against 'best in class' organisations and regional clinical models to drive transformation (Recommendation 7).</p>

Appendix 1

Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation/delivery plans for workforce strategy – high level and operational• Evidence of evaluation of workforce strategy and/or associated initiatives• Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning• Evidence of stakeholder engagement.• Structure charts for workforce planning functions.• Examples of workforce planning training offered to staff e.g., CIPD, other training formal or informal• Workforce finance and resource plans• Corporate and operational risk registers• Document showing recruitment process and recruitment and retention initiatives• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Executive Director of Workforce & OD• Executive Director of Planning and Performance• Head of Workforce and OD• Assistant Director of Workforce

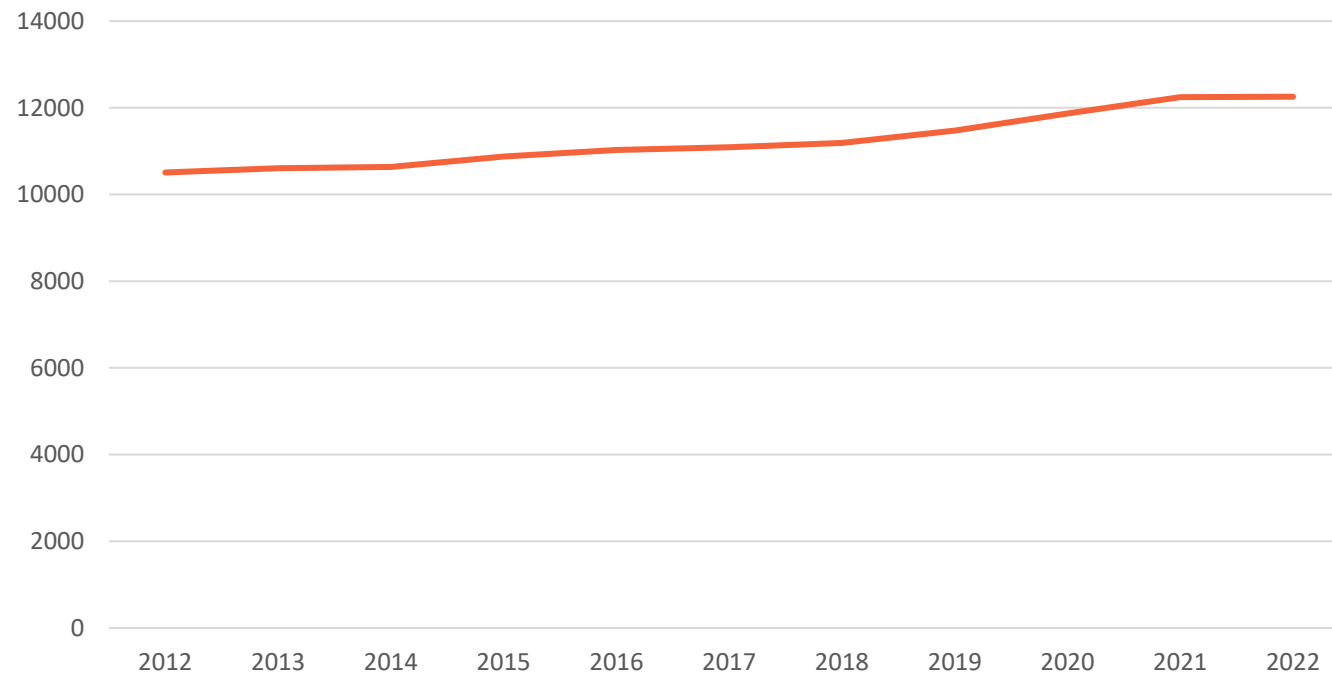
Element of audit approach	Description
	<ul style="list-style-type: none"> • Interim Assistant Director of Planning and responsible for ABCi⁶ • Chair of People and Culture Committee • Deputy Director of Nursing (workforce, education, training, and development) • Deputy Medical Director for Secondary Care • Staff Side and Job Evaluation Lead • Head of Key Systems and Workforce Data
Focus groups	<p>We ran a focus group with:</p> <ul style="list-style-type: none"> • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

⁶ ABCi is a small team of continuous improvement specialists who lead and support improvement across the Health Board.

Appendix 2

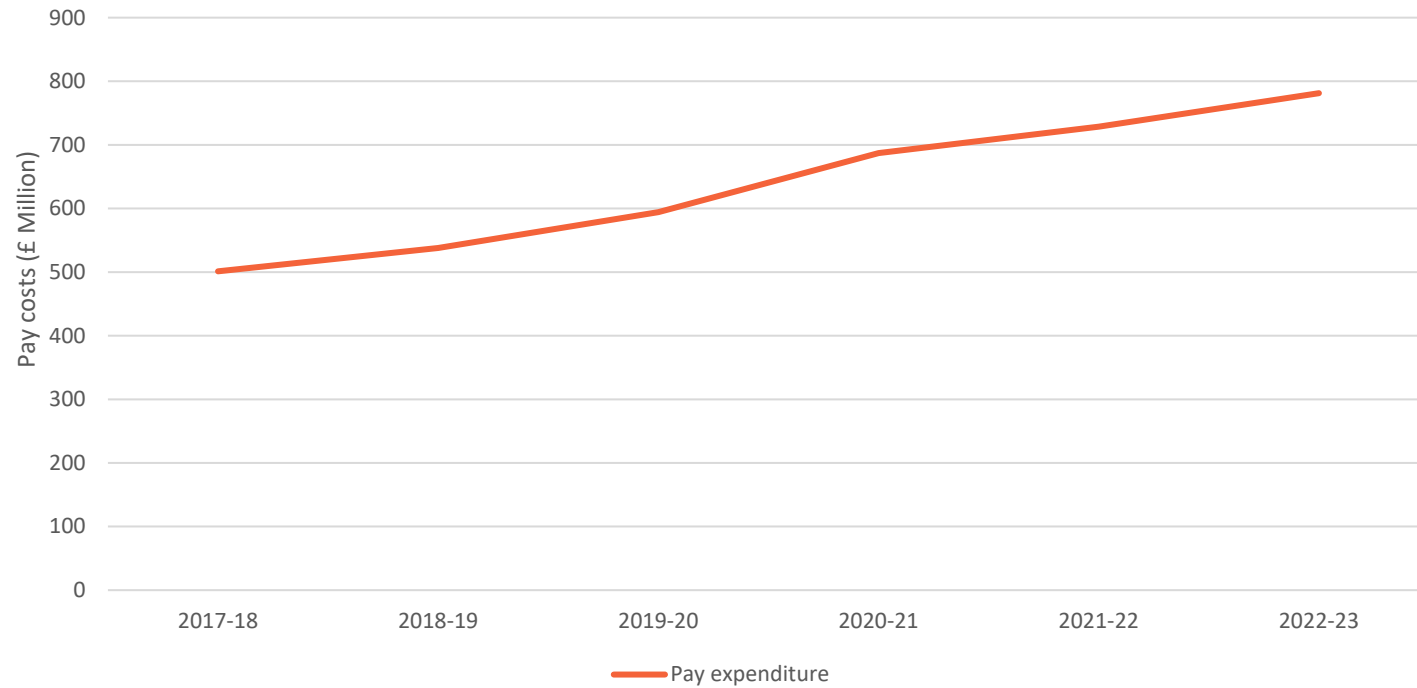
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full time equivalent), Aneurin Bevan University Health Board



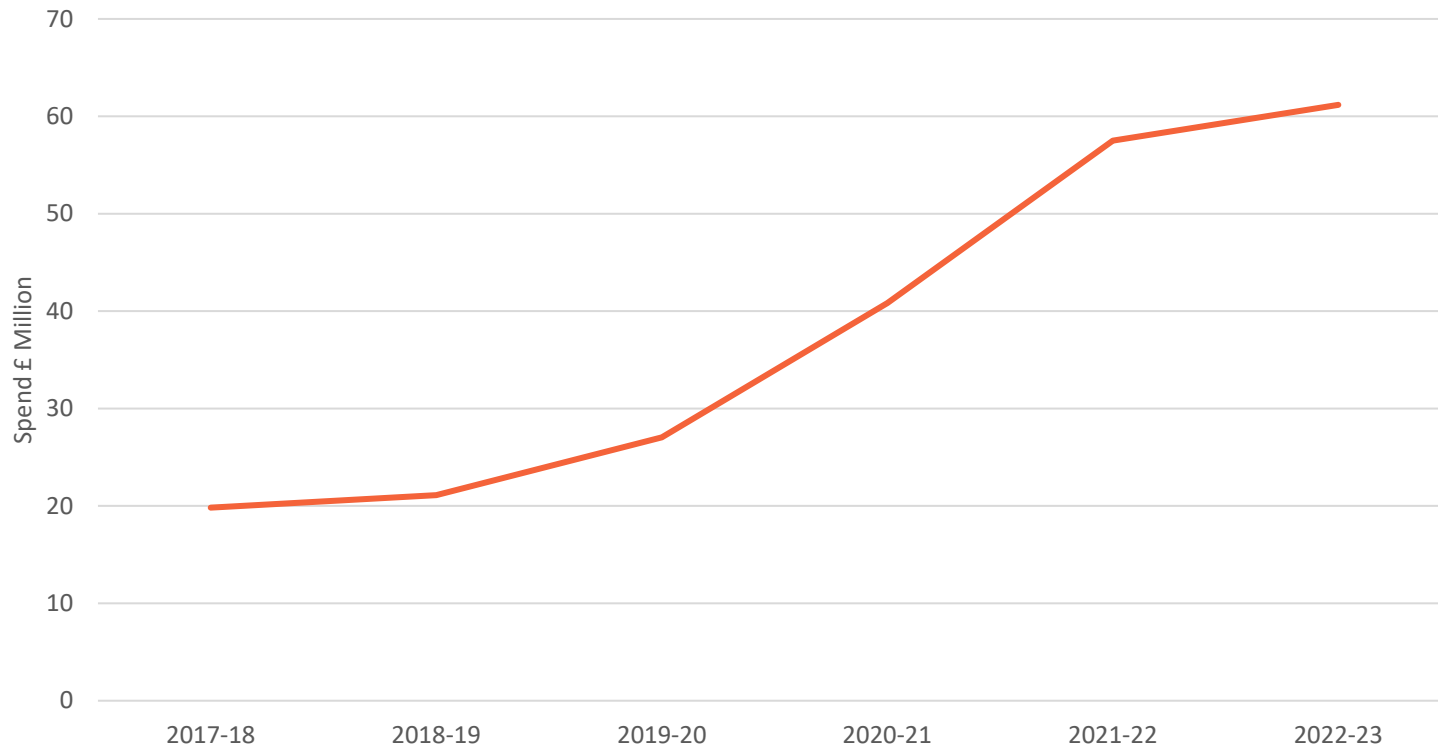
Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual total workforce costs, Aneurin Bevan University Health Board



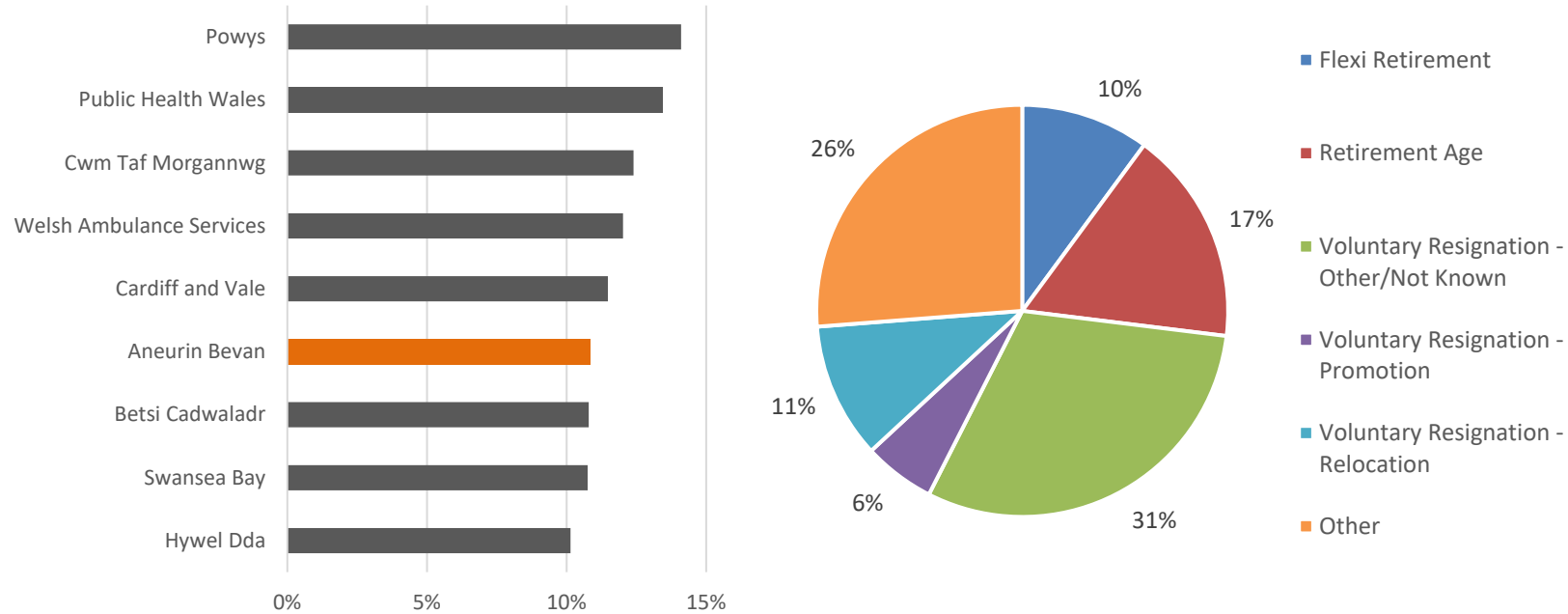
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Aneurin Bevan University Health Board



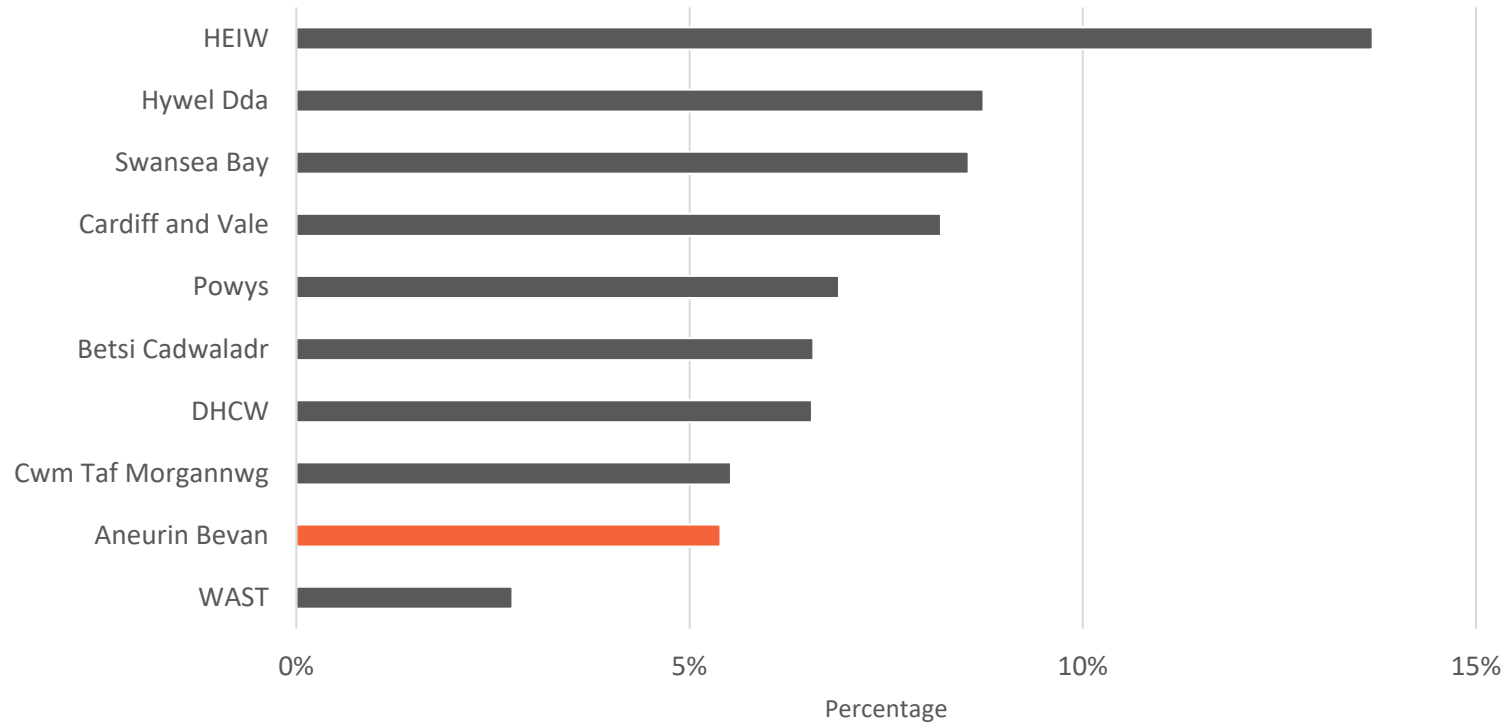
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, and Reasons for Leaving 2021-22



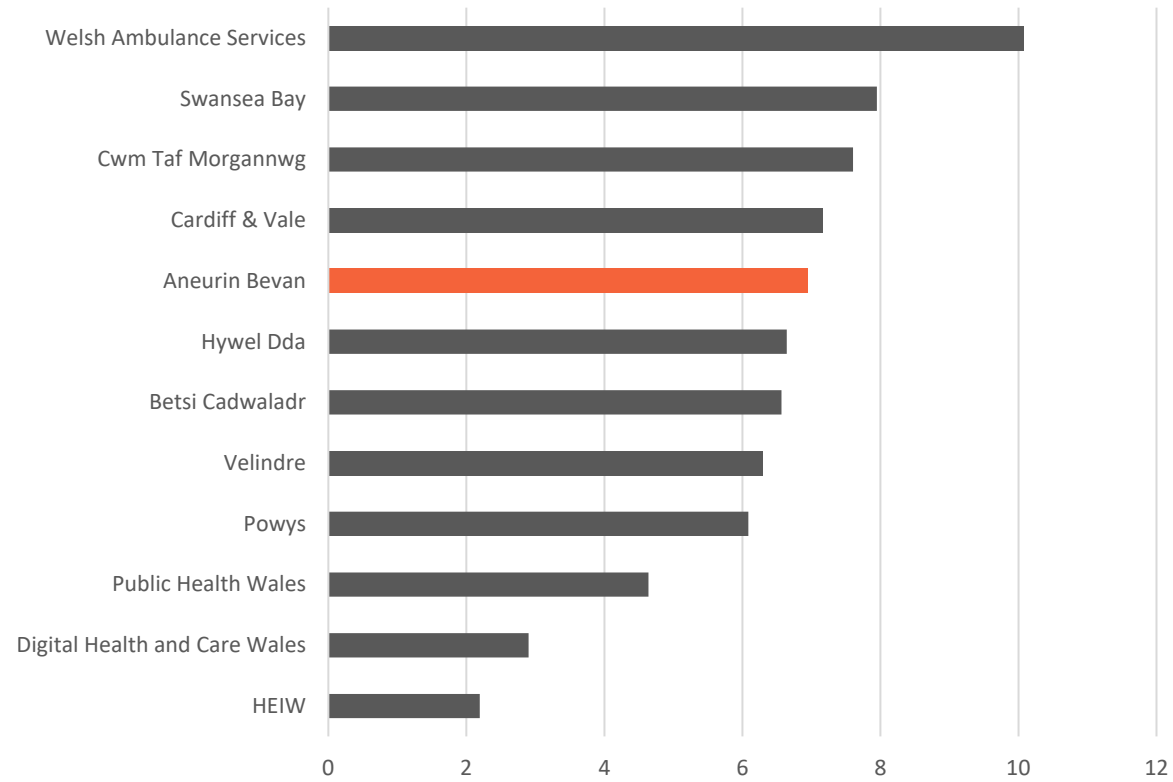
Source: Staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

Exhibit 10: vacancies as a percentage of total establishment, as of March 2022



Source: Health body data request

Exhibit 11: sickness absence by organisation, 2022.



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Aneurin Bevan University Health Board’s response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	While the Health Board has a three-year People Plan, the current approach to strategic workforce planning is not balanced and instead biased towards shorter term transactional workforce solutions. The Health Board’s current service model is not sustainable given current demand, and this is affecting the performance and financial position. The Health Board should update its 5 and 10-year planning process, including clinical futures plans and workforce projections to ensure that they appropriately support the implementation of financially sustainable service models. (High priority)	<p>The Health Board is currently engaging and will be consulting on a renewed long-term strategy up to 2035 throughout 2024. This will involve developing the strategic outlook to inform and develop workforce planning.</p> <p>The refresh of the People Plan for 2025 will include strategic outlook to 5 and 10-year forecasts based on the work currently undertaken on census, demographics and population needs analysis assumptions. This is addition to development and implementation of National Workforce plans supported by HEIW and Health Board workforce strategies e.g., Nursing, Midwifery, School and Public Health Nursing Workforce Strategy 2023-2026.</p>	<p>December 2024</p> <p>May 2025</p>	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R2	The Health Board does not have an agreed funded establishment that covers all its services. The Health Board should determine its funded workforce establishment for 2024-25 and then introduce arrangements to update this annually. (High priority)	An All-Wales group has been established to support the implementation of setting funded establishments. The Health Board has commenced work in relation to establishing agreed funded establishments supported by the assistant Finance Director and Workforce Information teams. A targeted approach is being undertaken to support completion e.g., by staff groups. The implementation of the medical E-Systems programme will also support this from a medical workforce perspective.	Project plan to be considered by Executive Committee February 2024	Assistant Finance Director and Assistant Director of Workforce
R3	Medium to long-term service workforce modelling is out of date and is needed to inform sustainable clinical service models. The Health Board should review their central workforce planning capacity and capability to ensure it is sufficient to support their longer term strategic and operational workforce planning requirements. (High priority)	We continue to provide longer term planning alongside National Workforce Strategies being developed by HEIW. We will undertake a review of capability and capacity following an assessment of workforce planning requirements via the 2024 IMTP.	July 2024	Executive Director Workforce and OD
R4	We found that the Health Board had workforce planning training and support, particularly in relation to the opening of Grange University Hospital, however this was paused during the pandemic, and it now needs to recommence.	Plans are in place to provide formal training and education in line with the newly revised HEIW workforce planning competency frameworks. The Health Board will also be introducing workforce	Training for Clinical Directors The first of February 2024.	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	The Health Board should develop and implement a programme of workforce planning training and once in place create an evaluation framework to measure the success of its training programme. (High priority)	planning awareness into existing training management and leadership programmes.	Overarching plan to be developed for rollout of training March 24.	
R5	The Health Board is intending to update its strategic priorities, linked to a review of its Clinical Futures approach. While it is re-establishing a Clinical Futures Workforce Group there is insufficient programme infrastructure to support service workforce redesign. Once the Health Board has revised its sustainable Clinical Futures models, it needs to ensure there is a workforce programme to support the necessary redesign and service transformation. (High priority)	We agree that formal governance and programme arrangements are required to support the delivery of the Health Board Strategic priorities. The Workforce group has now been formalised to take forward the development and delivery of the workforce plans.	December 2024	Director of Workforce & OD via Clinical Futures Programme Board
R6	The People Plan update reports provide a reasonable coverage of the actions and meetings that have taken place since the last update. However, there needs to be greater assurance provided on the impact of delivery of the People Plan (i.e., the extent that it is making a difference). The Health Board should clearly structure its People Plan updates to	The People Plan deliverables are subject to scrutiny through People and Culture Committee with updates provided to the Board. The People Plan deliverable benefits and outcomes are also supported by a monthly reported Workforce dashboard.	April 2024	Executive Director Workforce and OD

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	better describe the impact that delivery is having. (High priority)	We will look at different ways of time series measures over time to demonstrate outcomes and benefits where appropriate.		
R7	Whilst the Health Board benchmarks with other health bodies in Wales, there is potential to benchmark with 'best in class' organisations and clinical models from outside of Wales. The Health Board should look to use benchmarking to inform plans for workforce redesign and service transformation ensuring similar system conditions, demographics and population characteristics make their comparisons valid. (Medium priority)	<p>We accept the recommendation to extend benchmarking and work with HEIW in this respect. The Health Board has a compendium of new roles to support and share good practice.</p> <p>The Health Board also has a dedicated intranet site signposting to HEIW sites which also have compendium of roles. It draws on national workforce benchmarking and research when formulating its service workforce plans. This is in addition to workforce standards set by legislation and through respective Professional Bodies.</p>	December 2024	Executive Director Workforce and OD



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.