

# Review of Workforce Planning Arrangements – Betsi Cadwaladr 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, which is complementary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic 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 Betsi Cadwaladr University Health Board (the Health Board) developed its 2022-2025 People Strategy and Plan (the Strategy) during 2021. The Board approved the Strategy in May 2022 which it developed as part of the Health Board's 'Stronger Together'<sup>1</sup> programme.
- 5 In February 2023, the Minister for Health and Social Services returned the Health Board to 'special measures', the highest category of escalation on the Welsh Government's Escalation and Intervention framework. A small team of external HR experts completed a review (Assessment of key areas of workforce agenda) as

<sup>1</sup> This is a three-year system and organisational development route map to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours, and structures.

part of the initial special measures 90-day cycle. That review focussed on Leadership, Culture and staff engagement, employee wellbeing, workforce planning, workforce policies, and employee relations. The Health Board is incorporating the recommendations from the review into its special measures approach.

- 6 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 challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning, and operational deployment of agency staffing, fall outside the scope of this review.
- 7 The methods we used to deliver our work are summarised in **Appendix 1**.

## Key findings

- 8 Overall, we found that **whilst the Health Board has set out a reasonably clear and ambitious workforce strategy, it needs to significantly strengthen its implementation plans along with the organisation's workforce planning capacity and capability. Arrangements to oversee the delivery of strategic and operational workforce aims also need to be strengthened.**

### Key workforce planning challenges

- 9 The Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing members of staff. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board increasing its workforce numbers over the past decade, it still faces serious recruitment and retention challenges, which threaten the stability of services. The Health Board's staff turnover (10%) and sickness rates (6%) present ongoing challenges. This caused a sharp rise in the use of agency staff in 2022-23 which cost the Health Board £72 million, further exacerbating an already pressured financial situation.

### Strategic approach to workforce planning

- 10 **The Health Board has set a reasonably clear strategic workforce vision, however, there is a need for a clear plan to deliver the People Strategy and the Health Board's workforce planning approach needs to be strengthened substantially.**
- 11 The Health Board's People Strategy is ambitious, but there needs to be a realistic and deliverable medium-term implementation plan with clear priorities to effectively support its delivery. The Health Board has an improving understanding of current workforce capacity and is improving the availability of operational workforce

information. However, the Health Board clearly needs to strengthen how it models and plans its workforce to ensure its services are sustainable in the medium and long term. The Health Board is collaborating proactively with external stakeholders to find shared solutions to workforce challenges. And to help it tackle some key workforce challenges, it is now starting a new Culture, Leadership and Employee Engagement programme and implementing a new people team model to build stronger internal relationships, strengthen culture and behaviours, and ensure effective staff engagement.

### **Operational action to manage workforce challenges**

- 12 **The Health Board does not have sufficient capacity and capability to allow it to effectively support workforce planning. While its teams understand and are responding to operational key workforce challenges, the scale of the problem has meant that the level of workforce risk that the organisation is facing has not notably reduced.**
- 13 The Health Board is strengthening its 'people team' with the introduction of people business partners. However, it does not yet have sufficient resources to support workforce planning at corporate or service levels. The Health Board currently has just under 18,000 whole time equivalent staff. Between 2017-18 and 2022-23, its total annual pay costs increased by 48% to £1.04 billion. If historical growth in staffing levels continue to grow, overall workforce costs are very unlikely to be sustainable into the long term. The Health Board must sufficiently invest in its corporate and devolved workforce planning capacity and capability to ensure efficient and affordable staffing and service models in the medium term.
- 14 The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, nevertheless, the scale of the workforce challenges means that mitigating actions are having minimal impact on reducing workforce risk. There are some good examples of teams proactively seeking to address workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain.

### **Monitoring and oversight of workforce plan/strategy delivery**

- 15 **The Health Board's workforce strategy or plan is not sufficiently supported by robust monitoring, oversight, and review.**
- 16 Operational workforce information has been appropriately scrutinised by the Health Board's Performance, Finance, and Information Governance Committee. Since February 2023, a shortage of Independent Members had resulted in the Board standing down its Partnerships, People and Population Health Committee. This reduced the formal oversight and assurance on delivery of the People Strategy and related work. When the Health Board last reported in January 2023, there clearly was a need to strengthen the focus on the overall pace of progress of People

Strategy delivery and focus more on the impact of the actions it is taking to deliver it. The Health Board has now introduced a new People and Culture Committee that assumes responsibility for workforce strategy oversight.

## Recommendations

17 **Exhibit 1** details the recommendations arising from this audit. These include our assessment of priority. The Health Board recently received an external HR experts report called 'Assessment of key areas of workforce agenda'. This included 30 recommendations covering leadership, employee wellbeing, workforce planning and employment policies. However, we have indicated in **Recommendation 1** below that the actions to deliver those 30 recommendations should be incorporated into a prioritised People Strategy implementation plan. The Health Board's response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: recommendations

Recommendations	
<b>Delivery of the People Strategy</b>	
R1	The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that: <ul style="list-style-type: none"><li>a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. <b>(High priority)</b></li><li>b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. <b>(High priority)</b></li></ul>
<b>Service level workforce planning</b>	
R2	In order to better understand its current and future workforce requirements the Health Board should: <ul style="list-style-type: none"><li>a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:<ul style="list-style-type: none"><li>– forecasting of service demand;</li><li>– service modelling; and</li><li>– analysis of capacity requirements, by specialism and profession. <b>(High priority)</b></li></ul></li><li>b) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying</li></ul>

## Recommendations

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where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. **(High priority)**

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### Support and training

- R3 The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving its intended aims. **(Medium priority)**
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### Exit and pulse surveys

- R4 To better understand issues affecting staff turnover the Health Board should:
- a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. **(Medium priority)**
  - b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. **(Medium priority)**
- 

### Monitoring and oversight

- R5 the health board should strengthen its approach to monitoring delivery of the people strategy and associated implementation plans and workforce programmes. the monitoring approach should have a focus on whether the strategy is achieving its desired aims and outcome, include engagement with the new people and culture committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review'. **(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: The Health Board's approach to strategic workforce planning

This section focusses on the Health Board's approach to strategic planning. Overall, we found that **the Health Board has set a reasonably clear strategic workforce vision, however, there is a need for a clear plan to deliver the People Strategy and the Health Board's workforce planning approach needs to strengthen substantially.**

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"><li>• identifies current and future workforce challenges;</li><li>• has a clear vision and objectives;</li></ul>	<p>We found that <b>while the Health Board's People Strategy sets a reasonably clear ambition, there is a need for a clear and resourced plan (or plans) to effectively support delivery of it.</b></p> <p>The Health Board clearly articulates its workforce challenges in its People Strategy including a need to support flexible working, the aging workforce, supporting career progression supporting new service models and resolving recruitment and retention issues. The People Strategy appropriately supports the ambitions set out in the National Workforce Strategy for Health and Social Care<sup>2</sup>. It also</p>

<sup>2</sup> 'The Workforce Strategy for Health and Social Care' is a ten-year strategy launched in October 2020 by HEIW and Social Care Wales.

What we looked at	What we found
<ul style="list-style-type: none"> <li>• is aligned to the organisation’s strategic objectives and wider organisational plans;</li> <li>• is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care; and</li> <li>• is supported by a clear implementation plan.</li> </ul>	<p>appropriately aligns to some relevant national legislation, although there is insufficient consideration of the Well-being of Future Generations Act requirements<sup>3</sup>.</p> <p>The People Strategy includes a series of ambitious goals and priorities for delivery between April 2022 and March 2025. It sets out a high-level thematic approach to deliver its ambition. The themes include ‘our way of working’ which seeks to improve culture, strategic deployment (resource planning and performance management), how Health Board will improve the way it organises itself, making the ‘best of our abilities’ through workforce development and supporting improvement and transformation. However, its ‘one size fits all’ approach needs to also allow appropriate variation to help solve local challenges. For example, the West Integrated Health Community<sup>4</sup> struggles to recruit to some services because of its rural location, whereas East Integrated Health Community competes for staff with English health bodies. Although the resulting outcome (ie shortage of staff) is the same, there will be a need for tailored solutions because the causes of the problem are different.</p> <p>While the Health Board’s People Strategy is reasonably clear and setting out what it is seeking to achieve, its plan to deliver it is insufficient. In particular, it is missing a clear and resourced programme delivery approach, medium-term priorities, clear impact measures and we are concerned that it is becoming or is now out of date. The Health Board indicated that it intended to develop detailed plans, but due to a lack of resources, these have not been produced.</p> <p>The Health Board faces significant performance and financial challenges and returned to special measures in February 2023. There is a need to develop clear People Strategy implementation plans which are linked to special measures work, while also ensuring effective programme arrangements and resources are in place to support its delivery (<b>Recommendation 1</b>).</p>

<sup>3</sup> The People Strategy includes a clear focus on Nurse Staffing Levels (Wales) Act 2016 and the Welsh Language (Wales) Measure 2011, but the Health Board has not appropriately considered Well-being of Future Generations (Wales) Act requirements.

<sup>4</sup> The Health Board introduced East (Wrexham and Flintshire), centre (Denbighshire and Conwy), and west (Anglesey and Gwynedd) Integrated Health Communities, which are responsible for acute, community and primary care services, in August 2022 as part of a new operating model.

What we looked at	What we found
<p><b>We considered whether the Health Board has a good understanding of current and future service demands.</b> We expected to see:</p> <ul style="list-style-type: none"> <li>• use of reliable workforce information to determine workforce need and risk in the short and longer term; and</li> <li>• action to improve workforce data quality and address any information gaps.</li> </ul>	<p>We found that <b>the Health Board has an improving understanding of current workforce capacity but needs to strengthen how it models and plans its workforce.</b></p> <p>The Health Board has made a concentrated effort to improve its workforce data resulting in the development of a three-year workforce profile (2022-2025). Some services, such as Child and Adolescent Mental Health Services and critical care, are starting to develop workforce plans for their service. We also understand that the Health Board has completed some Nursing workforce planning for the three Integrated Healthcare Communities and as a result it has a better understanding of discrete workforce gaps. However, the Health Board is clear that it needs to do far more to fully understand its current and future workforce requirements and set out key improvement actions in workforce plans. In particular, the Health Board needs a clearer understanding of its future service models and corresponding clinical service plans for acute and community services (<b>Recommendation 2</b>). Without this, it will not be able to effectively develop its workforce and associated new roles or forecast capacity and demand to ensure workforce sustainability in the medium to long term.</p> <p>The Health Board has reasonable operational workforce data such as sickness levels, vacancy, and appraisal rates which it sources from the Electronic Staff Record system (ESR). This supports day-to-day workforce analysis and management. However, there are also areas that need attention. For example, whilst there is an agreed funded establishment<sup>5</sup> and establishment control process, we understand that financial data and workforce data do not always align, indicating that the approach for setting a funded establishment may need revisiting.</p> <p>The Health Board is taking steps to improve data quality, working with national working groups such as the All-Wales Data Quality Group to find shared solutions. The Health Board is also taking steps to improve service level access to workforce data by developing management dashboards. It is initially starting with the most common metrics including appraisal and statutory and mandatory training; sickness and maternity absence rates; turnover and vacancy rates. Of note, the Health Board is developing a workforce utilisation dashboard to identify the utilisation of substantive and</p>

<sup>5</sup> Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding for which is financially budgeted.

What we looked at	What we found
	<p>temporary staff within rosters, measured against funded establishments in ESR. This will include staff unavailability (ie annual leave, sickness, training, and parental absence) to help provide a spotlight where staff utilisation is low. It will also include analysis of patterns of high temporary workforce authorisation requests.</p>
<p><b>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</b></p> <ul style="list-style-type: none"> <li>• effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and</li> <li>• shared solutions identified with key stakeholders to help address workforce challenges.</li> </ul>	<p>We found that <b>whilst the Health Board is collaborating proactively with external stakeholders to find shared solutions to workforce challenges, more needs to be done to build effective internal relationships and ownership of workforce developments.</b></p> <p>Internally, the central workforce team has limited capacity to engage services across the organisation. The Health Board developed the People Strategy without effective internal engagement. As a result, there seems to be little wider organisational ownership for its delivery. In addition, during our fieldwork, operational managers were trying to progress workforce planning within their service often with little or no involvement from the corporate workforce team. The Health Board has recently introduced a new ‘people team’ model which if appropriately implemented may help to bridge the gap between services and the corporate workforce team to help support new workforce developments.</p> <p>The recent external ‘assessment of key areas of workforce agenda’ highlighted concerns around leadership, behaviours and values and lack of traction of the Health Board’s ‘Stronger Together<sup>6</sup>’ work. The Health Board reported that it is at the initial stages of a new Culture, Leadership and Employee Engagement programme which is focussing on culture, leadership, and engagement. Given the challenges facing the organisation, there will be a need for clear reporting on progress and the impact of this work.</p>

<sup>6</sup> Stronger Together is a 3+ year system and organisational development approach to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours, and structures. The key three phases of Stronger Together are: Discovery (Let’s Talk), Co-Design and Co-Delivery.

What we looked at	What we found
	<p>The Health Board recognises the importance of regional working to support the development of sustainable services. It actively engages its local authority partners to find shared workforce solutions through the North Wales Regional Partnership Board<sup>7</sup>. They are collectively seeking to strengthen integrated health and social care workforce arrangements and currently revising the North Wales Social Care and Community Health Workforce Strategy.</p> <p>The Health Board is working in partnership with Bangor University on the North Wales Medical School. It will take time before the new school helps to provide the medical capacity needed by the Health Board, but it is promising that North Wales now has improved chances for attracting medical trainees from local communities. This should give the Health Board greater potential to recruit and retain a sustainable medical workforce. It will also be important to ensure the Health Board effectively supports its students, providing good quality placements, to improve the likelihood of attracting them into permanent positions, once they graduate.</p> <p>The Health Board routinely and effectively engages with Health Education Improvement Wales (HEIW) on local workforce issues including the Talent Management programme, routine education commissioning arrangements, supporting preparation of the new North Wales medical school.</p>

<sup>7</sup> The North Wales Regional Partnership Board was established by the Social Services and Well-being (Wales) Act 2014 to ensure local health boards, local authorities and the third sector work together to deliver services, care and support that meets the needs of people who live in North Wales.

**Exhibit 3: operational action to manage workforce challenges.**

This section focusses on the actions the Health Board is taking to manage workforce challenges. We found that **the Health Board does not have sufficient capacity and capability to allow it to effectively support workforce planning. While its teams understand and are responding to operational key workforce challenges, the scale of the problem has meant that the level of workforce risk that the organisation is facing has not notably reduced.**

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"> <li>• clear roles and responsibilities for workforce planning;</li> <li>• appropriately skilled staff to ensure robust workforce planning;</li> <li>• sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and</li> <li>• sufficient financial resources to deliver the workforce strategy or plan.</li> </ul>	<p>We found that <b>whilst the Health Board is strengthening its People team with the introduction of People Business partners, it does not yet have sufficient resources to effectively support workforce planning or effective delivery of the People Strategy.</b></p> <p>The Health Board is taking some action to integrate workforce support into its new operating model structure. It has recently introduced a new People Team business partnering model which aligns an Associate Director of Workforce and a People Business Partner to each Integrated Health Community. There is also a corporate pan-organisation workforce team that support Cancer Services, Mental Health Services, and the corporate functions. Whilst these are positive developments, it will be important to ensure that within this business partnering model there is sufficient capacity and capability in respect of workforce planning. Our fieldwork indicates that currently this is not the case.</p> <p>Currently, there are vacancies in the workforce directorate, resulting in some staff working up in 'acting' positions. The gaps in senior management in the workforce directorate, alongside a significant operational caseload, are impeding the People Strategy's delivery including essential work needed on organisational development and workforce planning. There are also workforce planning capacity issues at an operational service manager level. Our focus groups identified that some service leads had started workforce planning, but, due to the corporate team's limited resources, felt they were attempting this without the necessary workforce planning expertise. Other service leads felt that operational pressures did not allow them sufficient time to 'think strategically' to develop workforce solutions.</p>

What we looked at	What we found
	<p>As in other NHS bodies, staff costs drive much of the organisation’s expenditure. Between 2017-18 and 2022-23, the Health Board’s total annual pay costs increased by 48% to £1.04 billion. Effective workforce planning is an essential component in ensuring current and future service models are both fit for purpose and affordable. The Health Board must sufficiently invest in its corporate and devolved workforce planning capacity and capability to achieve this. This is a clear recommendation in the recent external ‘assessment of key areas of workforce agenda’ review.</p> <p>Currently, there is no workforce planning training available within the Health Board. The Health Board indicated that once all the People Business Partners are in post, they would receive an intensive training programme including workforce planning. Following this, we understand that the Health Board will roll out workforce planning training more widely, however, no timeframe has been set for this. We understand that this training will be based on HEIW’s six-step model<sup>8</sup>. This process will take time and needs to be effectively planned and prioritised (<b>Recommendation 3</b>).</p> <p>Whilst the human resources and workforce organisational development functions have a set budgetary allocation, the Health Board’s People Strategy is not costed and the Health Board has not identified the longer-term costs, skills or other resources associated with delivering it.</p> <p>The Health Board is also starting to consider the overall efficiency of its workforce as part of its annual plan development. This includes identifying possible new ways of working, elements of service redesign and reduction in variable ‘agency’ costs. This is a positive development, although the work is at too early a stage to be able to demonstrate any tangible improvements.</p>

<sup>8</sup> Health Education and Improvement Wales has developed a workforce planning toolkit based on the following six steps: 1, Define your plan, 2. Map the service change, 3. Define the workforce, 4. Workforce supply, 5. Define actions required, 6 Implement and monitor.

What we looked at	What we found
<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"> <li>• a good understanding of the barriers that might prevent delivery of the workforce strategy or plan;</li> <li>• plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and</li> <li>• clearly documented workforce risks that are managed at the appropriate level.</li> </ul>	<p>We found that <b>the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions. However, the scale of its workforce challenges means that its mitigating actions are having minimal impact on reducing these risks.</b></p> <p>The Health Board has a good understanding of the range of risks which may prevent its People Strategy delivery. These relate to workforce shortages, financial pressures, and a lack of clarity about future clinical service models. Additionally, workforce shortages are limiting the Health Board's ability to meet the requirements of the Nurse Staffing Levels Act (Wales)<sup>9</sup>. Despite taking mitigating actions at corporate and operational levels during 2022-23, the Health Board struggled in many areas to ensure it appropriately complied with the Act<sup>10</sup>.</p> <p>Corporately, the Health Board appropriately reflects high-level short and longer-term workforce risks, which it manages through the Board Assurance Framework (BAF) and corporate risk framework. Operationally, the Risk Management Group meets regularly to review corporate risk registers and actions. The Health Board is currently seeking to consolidate a range of workforce risks to better describe the risk in the context of the risk to patient care. Nevertheless, the scale of the workforce challenges in the Health Board means that mitigating actions are having minimal effect on reducing workforce risks. Some of the arrangements to manage these risks are relatively new and will need to become further embedded to help reduce some workforce challenges. These include the review of vacancy control, a clinical workforce service review programme and monthly 'pipeline' reports for managers.</p>

<sup>9</sup> The Nurse Staffing Levels (Wales) Act 2016 was passed in March 2016. The Act places a duty on health bodies to have regard to providing appropriate nurse staffing levels. This is to ensure their nurses have the time to provide the best possible care for patients. Currently the Act only applies to adult acute medical and surgical, and paediatric inpatient wards.

<sup>10</sup> In May 2023, the Board received the [2022-23 Nurse Staffing Levels Annual Assurance Report](#), covering the period between April 2022 and April 2023.

What we looked at	What we found
<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"> <li>• effective reporting and management of staff vacancies;</li> <li>• action to improve staff retention;</li> <li>• efficient recruitment practices;</li> <li>• commissioning of health education and training which is based on true workforce need; and</li> <li>• evidence that the organisation is modernising its workforce to help meet current and future needs.</li> </ul>	<p>We found that <b>the Health Board is working to address its operational workforce challenges through a range of recruitment, retention, and development activities. However, significant challenges remain and education commissioning is not yet supporting a sustainable workforce.</b></p> <p>The Health Board has the biggest workforce in NHS Wales. With a vacancy rate at 7% (<b>Exhibit 10</b>), it has increased its use of agency staff to help address short-term workforce gaps (<b>Exhibit 8</b>). The Health Board is also actively addressing operational workforce shortages by using bank staff, redeployment of existing staff and international recruitment. In addition to its routine domestic recruitment, it has supported over 100 international nurses through professional registration, resulting in their employment in the Health Board<sup>11</sup>. Since October 2022, the Health Board has continued its overseas nurse recruitment programme with a plan to recruit a further 380 registered nurses over the next two years, with 58 successfully appointed to date. The Health Board is taking steps to streamline and centralise recruitment to address inefficiencies in its recruitment process. This includes managing recruitment through the resourcing managers within each IHC, which supplements the recruitment services provided by Shared Services.</p> <p>The Health Board is also experiencing challenges with staff retention (<b>Exhibit 9</b>). The Health Board is seeking to address this through its Joining Well/Leaving Well initiative and the work of the Strategic Recruitment and Retention Group<sup>12</sup>. This group is responsible for developing career pathways for matrons, ward managers and head of nursing. The Health Board is also taking steps to improve its exit survey responses. However, it should also conduct regular pulse surveys/stay interviews<sup>13</sup> to gauge how staff are feeling and identify any improvements it can make to help support staff retention (<b>Recommendation 4</b>).</p>

<sup>11</sup> [Betsi Cadwaladr University Health Board People Strategy p.15](#)

<sup>12</sup> The Strategic Recruitment and Retention Group monitors and develops a forward look on recruitment and retention initiatives to mitigate nursing shortfall over the next five years.

<sup>13</sup> The Health Board conducts 'Stay interviews' to help managers understand why employees stay and what might cause them to leave.

What we looked at	What we found
	<p>The Health Board's sickness rate (<b>Exhibit 11</b>) is not meeting the national target although it has started to reduce during 2023. The Welsh Government 'Assessment of key areas of workforce agenda' review recommended the need to establish a long-term organisational health and wellbeing approach with clear roles and better visibility for the Health and Well-being Leadership Group.</p> <p>The Health Board is introducing staff career progression opportunities including enhancing existing 'grow your own' and apprenticeships schemes. The Health Board's Nursing Career Framework is supporting nursing workforce development to help address workforce gaps and support succession planning needs. The Health Board is also assisting healthcare support workers' pre-registration as part of their nursing programme training.</p> <p>There are, however, weaknesses in the education commissioning process that mean that the pipeline of newly qualified staff does not meet demand. The Health Board is strengthening its educational commissioning process by aligning it with the timeline for development of its Integrated Medium Term Plan and improving how it engages services on projected needs. However, the Health Board appoints less staff than it trains through the commissioning process.</p> <p>The Health Board recognises the need to use the workforce differently and is starting to seek alternative solutions to ensure a sustainable workforce. For example, it has established its physician associates' role and physician and advanced practice roles, but the progress and scale of rollout are limited. The Health Board is also looking at opportunities to develop General Practitioners' specialties to fill secondary care gaps.</p>

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

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **the Health Board’s People strategy or plan is not sufficiently supported by robust monitoring, oversight, and review.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board’s workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> <li>• arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels;</li> <li>• effective action where progress on elements of the workforce strategy or plan are off-track;</li> <li>• performance reports showing the impact of delivering the workforce strategy or plan; and</li> <li>• the organisation benchmarking its workforce performance with similar organisations.</li> </ul>	<p>We found that <b>the Health Board’s approach to monitoring the impact of the People Strategy has not been strong enough and has been further compromised by the need to stand down the Partnerships, People and Population Health Committee. A revitalised approach to monitoring delivery of the Strategy is needed which should include better use of benchmarking information.</b></p> <p>Committee oversight on key workforce issues is not currently sufficient given the extent of the workforce challenges the organisation faces. The Health Board’s current workforce oversight is in theory split between two committees. The Performance, Finance and Information Governance Committee routinely consider operational workforce performance analysis and trends. The Partnerships, People and Population Health Committee should oversee the progress and impact of the People Strategy. However, in late February 2023, this committee was stood down following the significant changes to the Independent Member cadre on the board. As part of the re-establishment of the board and an associated review of committee arrangements, the Health Board has introduced a new People and Culture Committee, with its inaugural meeting held in January 2024.</p> <p>The last report to the Partnerships, People and Population Health Committee in January 2023 described some actions to deliver some elements of the People Strategy, but gave no sense of the overall pace of progress of strategy delivery and very little focus on the difference (the impact) it is achieving (<b>Recommendation 5</b>). The People and Culture Executive Delivery Group was set up to monitor the development and delivery of the People Strategy. However, the Health Board reported that changes, including the introduction of the Operating Model, have affected the continuity and effectiveness of the group’s meetings.</p> <p>Where possible, the Health Board benchmarks its workforce performance with other health bodies in Wales, comparing metrics such as turnover, sickness rates, time to hire, and recruitment checks through its workforce dashboard. As such there is an opportunity for the Health Board to benchmark</p>

its workforce performance and identify good practice and innovation with similar organisations across the UK and internationally.

# 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.

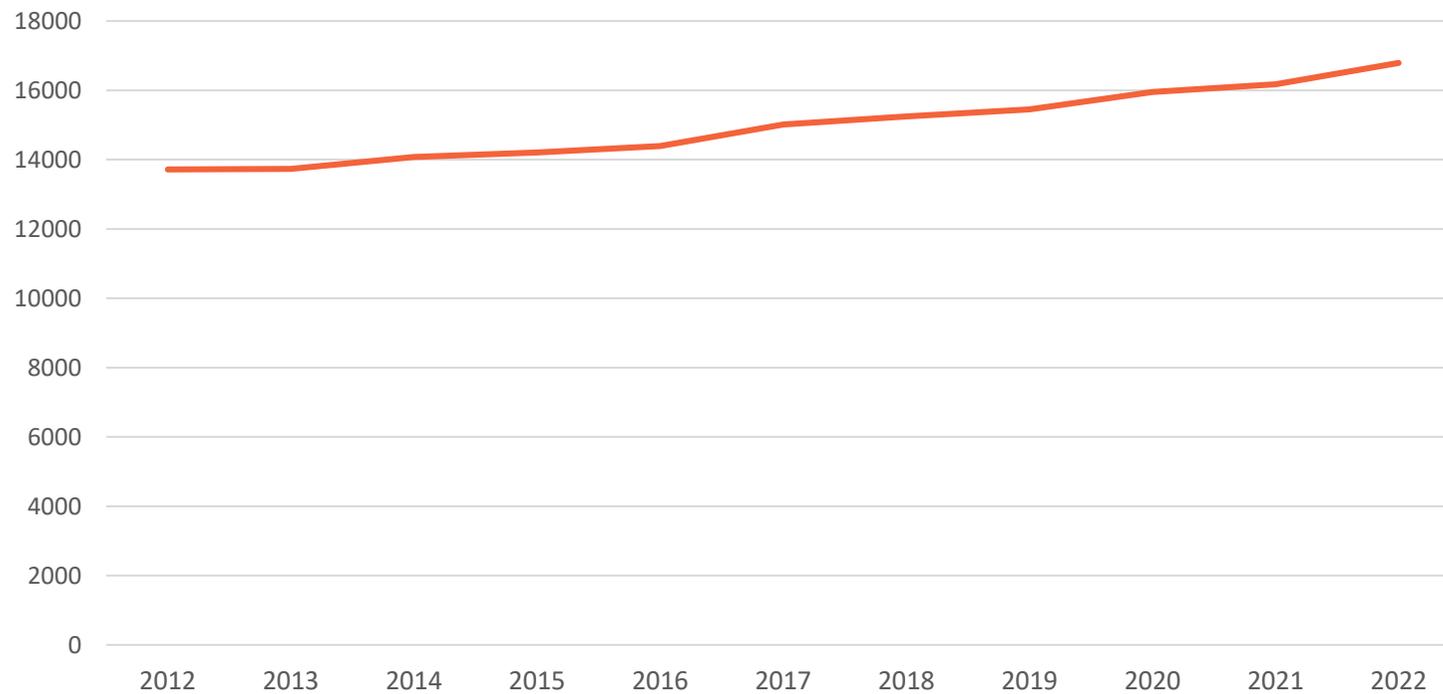
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Workforce strategy and associated workforce plan(s)</li><li>• Implementation/delivery plans for workforce strategy – high level</li><li>• Evidence of evaluation of workforce strategy and/or associated initiatives</li><li>• Information feeding into workforce strategy development eg needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning</li><li>• Evidence of stakeholder engagement</li><li>• Workforce finance and resource plans</li><li>• Corporate and operational risk registers</li><li>• Document showing recruitment process, recruitment, and retention initiatives</li><li>• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery</li></ul>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Deputy Executive Director of People</li><li>• IHC Medical Director x 3</li><li>• IHC Director x2</li><li>• Head of Financial Reporting</li></ul>

Element of audit approach	Description
	<ul style="list-style-type: none"> <li>• Head of Financial Planning</li> <li>• Information Officer</li> <li>• Assistant Director of Nursing</li> <li>• Assistant Director for Strategy</li> <li>• Associate Director of People</li> <li>• Associate Director Workforce</li> <li>• Workforce Information Leads</li> <li>• Deputy Executive Medical Director</li> </ul>
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> <li>• a selection of service leads involved in clinical workforce planning; and</li> <li>• a selection of service leads involved in the workforce planning of enabler services.</li> </ul>

# Appendix 2

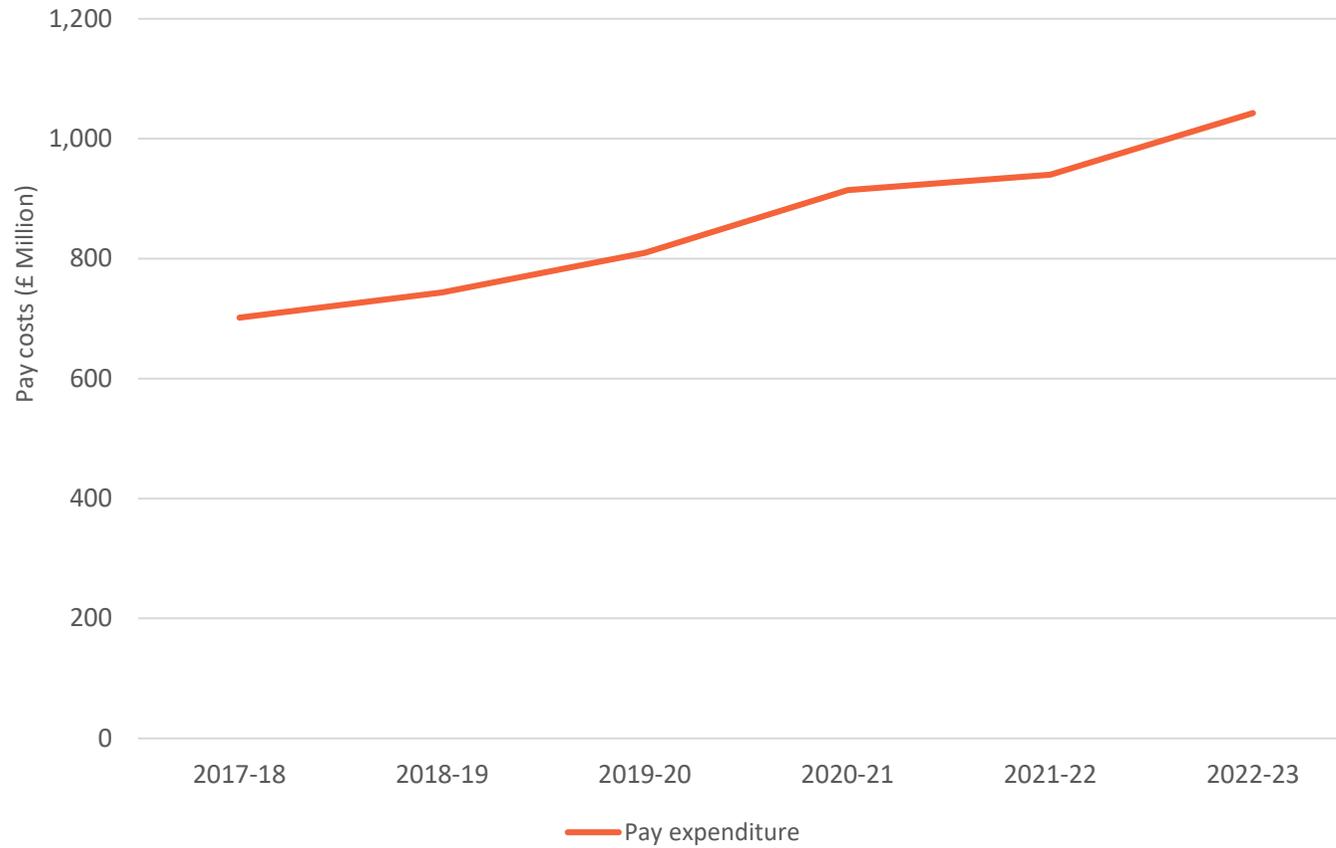
## Selected workforce indicators

**Exhibit 6: trend in workforce numbers (full-time equivalent), Betsi Cadwaladr University Health Board**



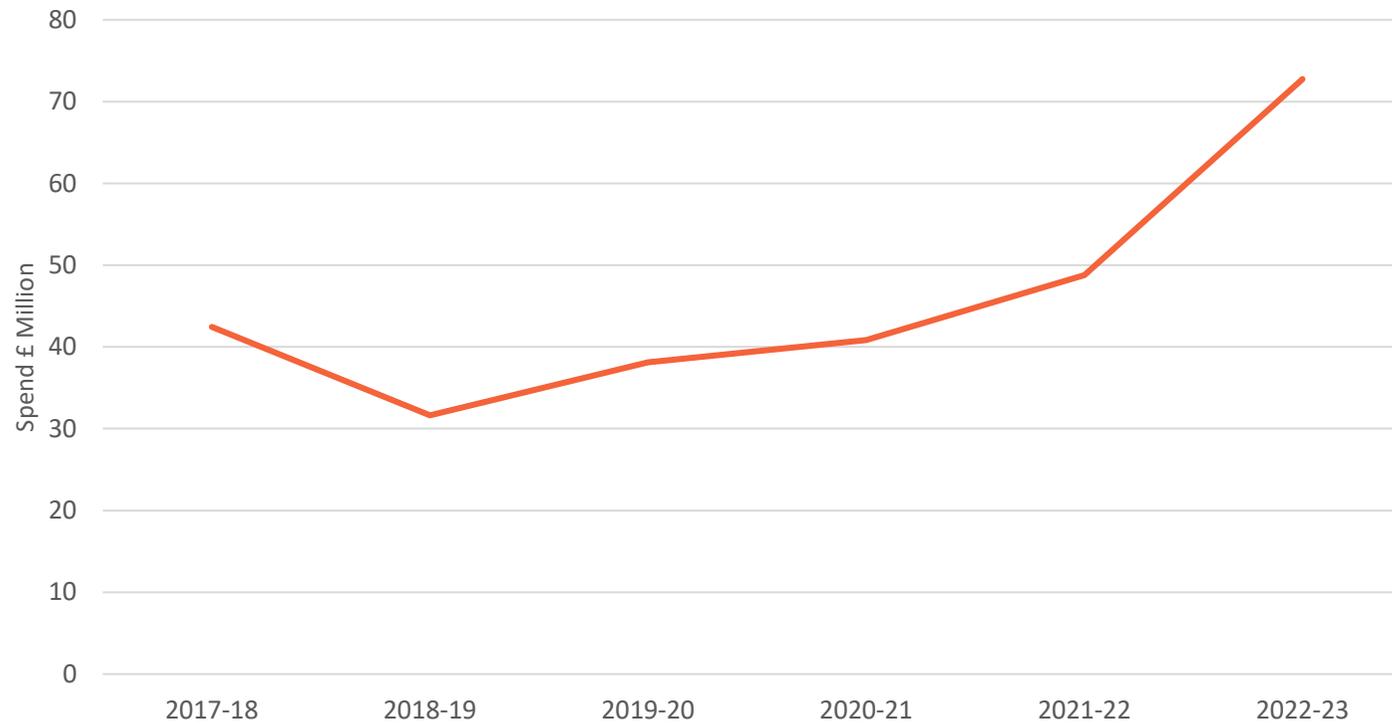
Source: Welsh Government, Stats Wales

**Exhibit 7: trend in actual workforce costs, Betsi Cadwaladr University Health Board**



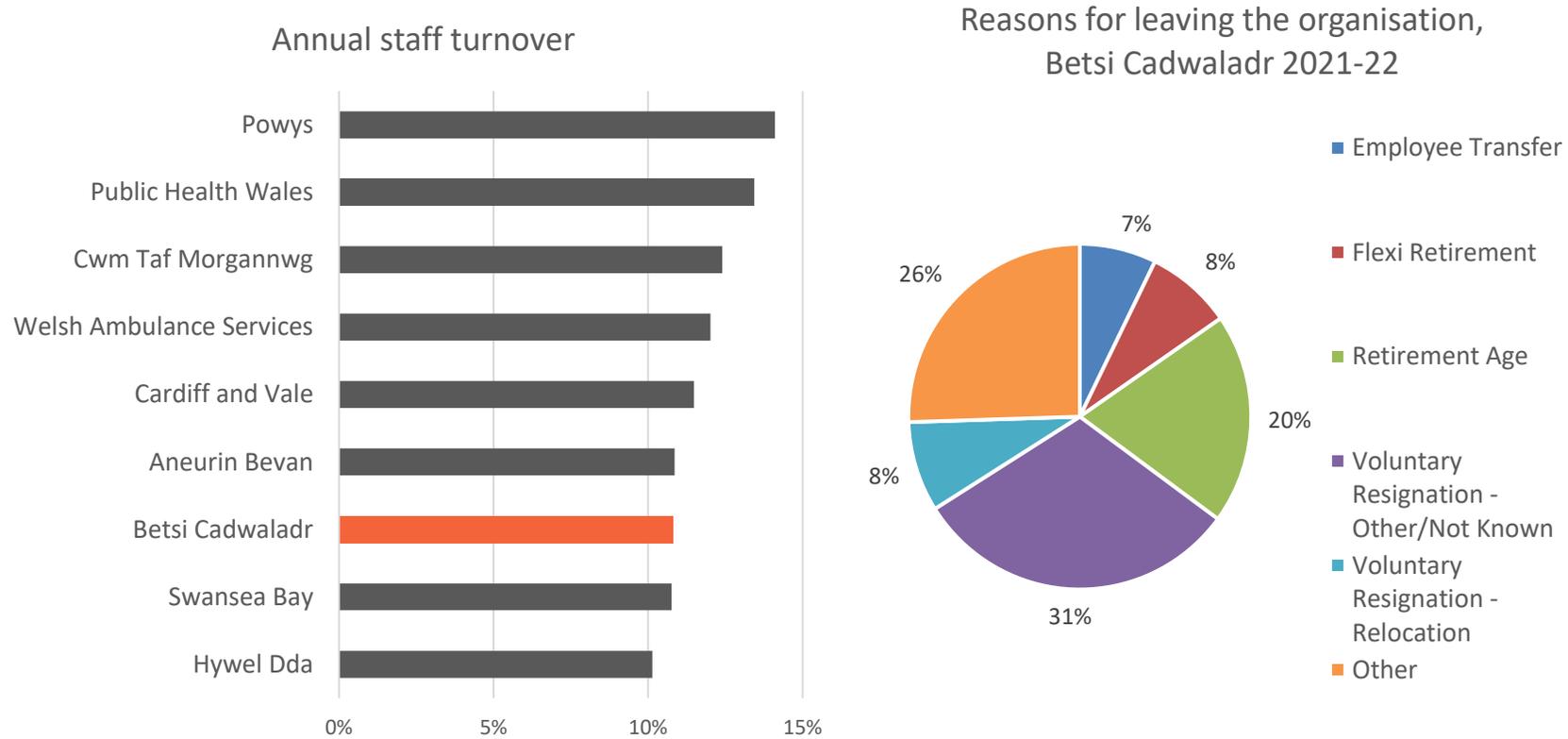
Source: Monthly Monitoring Returns reported to the Welsh Government

**Exhibit 8: trend of expenditure on workforce agency £ million, Betsi Cadwaladr University Health Board**



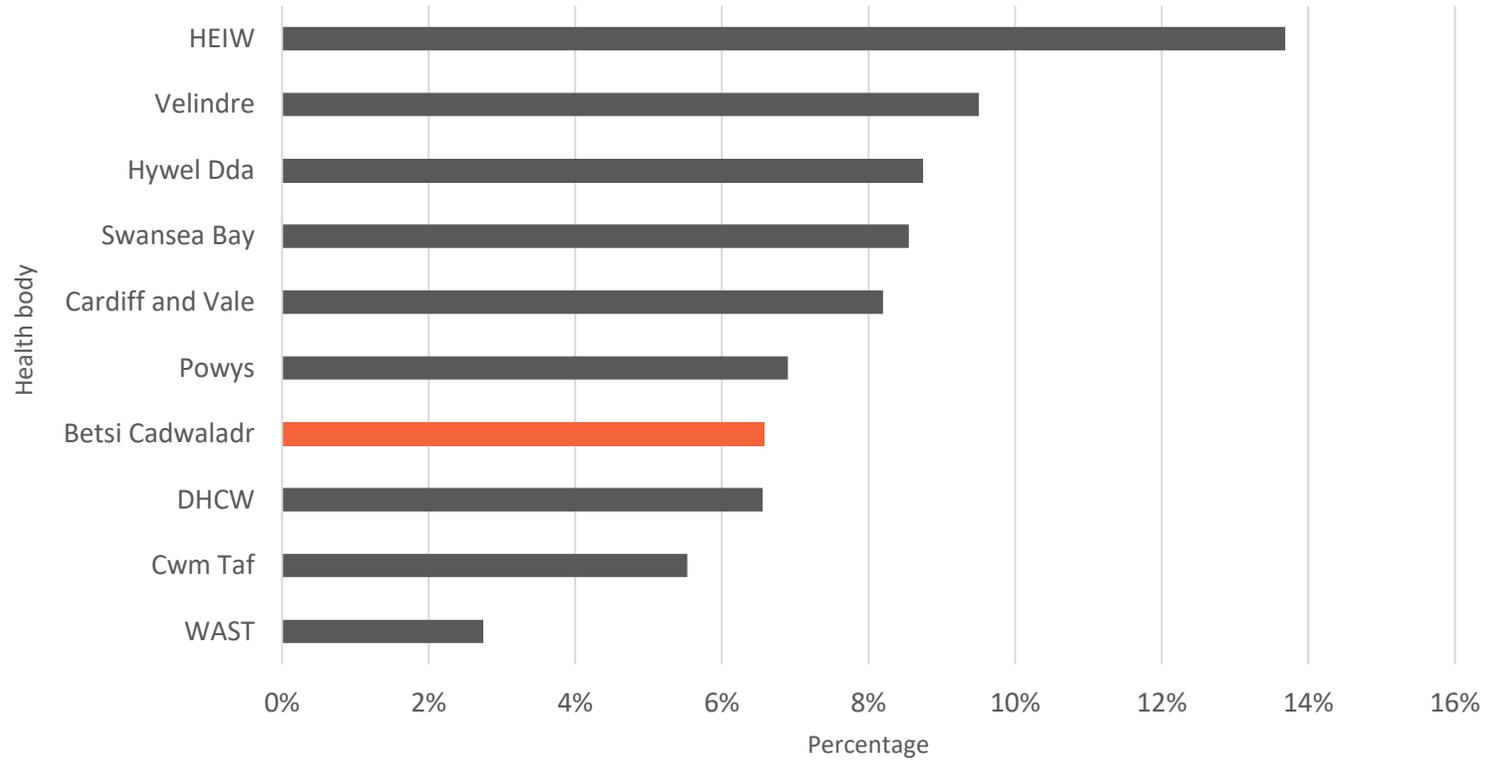
Source: Monthly Monitoring Returns reported to the Welsh Government

**Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Betsi Cadwaladr University Health Board**



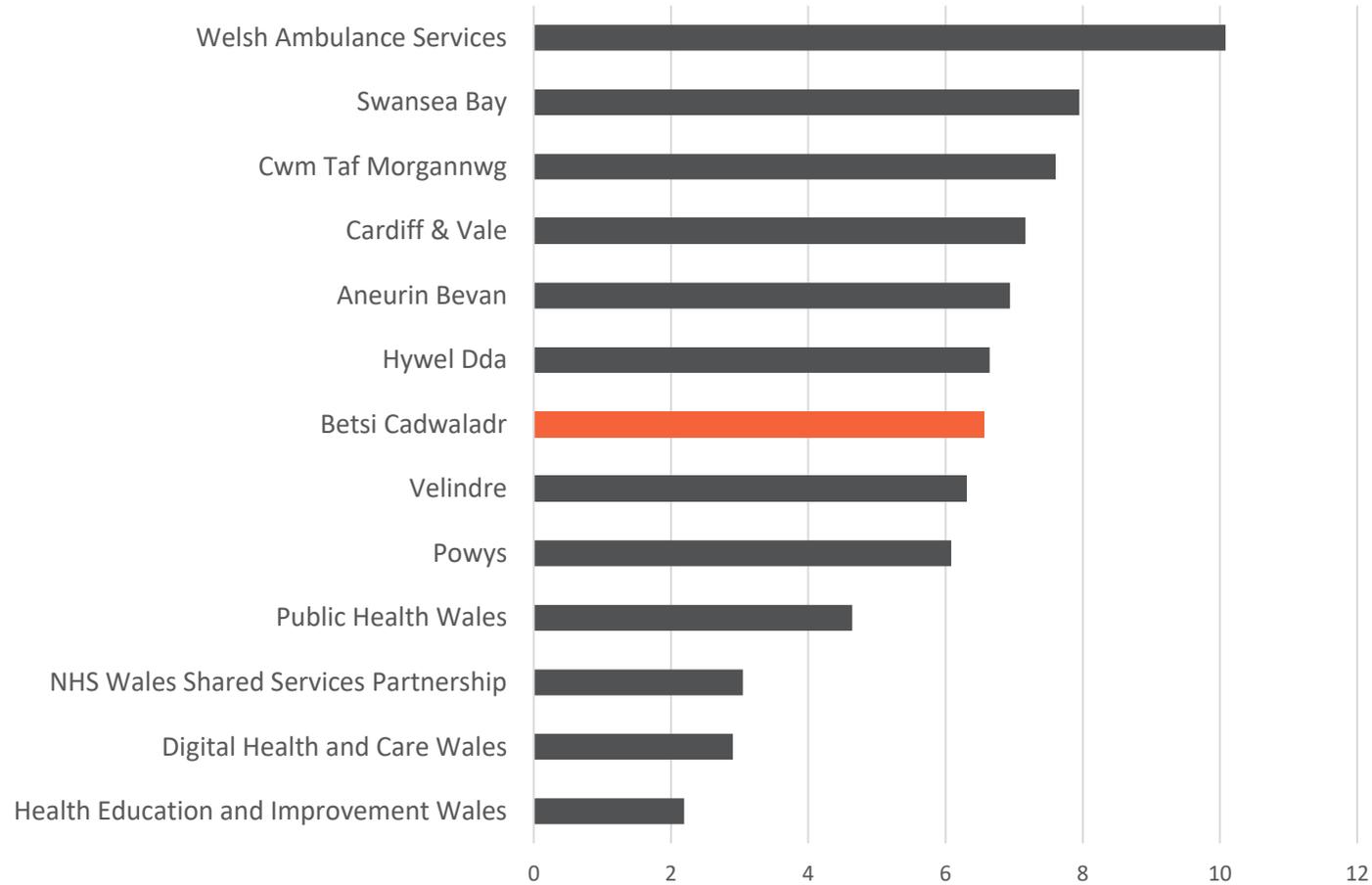
Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

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:** Betsi Cadwaladr University Health Board's response to audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	<p><b>Delivery of the People Strategy</b></p> <p>The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that:</p> <p>a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. (<b>High priority</b>)</p> <p>b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. (<b>High priority</b>)</p>	<p>a) The Health Board has set out clear goals, targets and prioritised activities as part of its special measures programme in 2023-24 and has built them into the annual plan for 2024-25. Clear delivery timelines and accountabilities will be set out as part of the delivery of the annual plan.</p> <p>b) The identified recommendations will be reviewed in light of the work already carried out under Special Measures and will be developed into actions as part of the ongoing work with the Annual Plan and as part of the delivery work overseen by the Organisation Development Steering Group chaired by the CEO and reporting into the newly established People and Culture Committee.</p>	<p>End of July 2024</p> <p>End of September 2024</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R2	<p><b>Service level workforce planning</b></p> <p>In order to better understand its current and future workforce requirements the Health Board should:</p> <p>a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:</p> <ul style="list-style-type: none"> <li>– forecasting of service demand</li> <li>– service modelling; and</li> <li>– analysis of capacity requirements, by specialism and profession. <b>(High priority)</b></li> </ul> <p>b) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. <b>(High priority)</b></p>	<p>a) There is a baseline position now in place as a result of the work done on the workforce dashboards and development of local plans as part of the annual plan development; further analysis will be carried out through 2024 to ascertain demand and capacity requirements across services by specialism and profession.</p> <p>b) This work will be picked up as part of the ongoing embedding of the new people services structure with dedicated resource identified to support specialised workforce planning and further development via a specified training programme of the People Service Business Partners and identified planning leads across the organisation. Job Descriptions across these key roles will be made clearer in the relevant job specifications associated with the identified roles.</p>	<p>End of December 2024</p> <p>End December 2024</p>	<p>Associate Director of Workforce Optimisation</p> <p>Associate Director of Workforce Optimisation</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R3	<p><b>Support and training</b></p> <p>The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving it's intended aims. <b>(Medium priority)</b></p>	This action will be built into the training programme outlined in R2b.	End of December 2024	Associate Director of Workforce Optimisation
R4	<p><b>Exit and pulse surveys</b></p> <p>To better understand issues affecting staff turnover the Health Board should:</p> <p>a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. <b>(Medium priority)</b></p> <p>b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. <b>(Medium priority)</b></p>	<p>a) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024-25.</p> <p>b) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024-25.</p>	<p>End of December 2024</p> <p>End of March 2025</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R5	<p><b>Monitoring and oversight</b></p> <p>The Health Board should strengthen its approach to monitoring delivery of the People Strategy and associated implementation plans and workforce programmes. The monitoring approach should have a focus on whether the Strategy is achieving its desired aims and outcome, include engagement with the new People and Culture Committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review.' <b>(Medium priority)</b></p>	<p>The monitoring of the delivery of the Health Board's workforce priorities will be overseen through the revised governance structures now in place. These will outlined as part of this management response and the new People Report being developed for the People and Culture Committee will incorporate this monitoring.</p>	<p>End of September 2024</p>	<p>Deputy Director of People</p>





Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

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