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# Diagnostic Overview of Workforce Planning – **Aneurin Bevan University Health Board**

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The team who delivered the work comprised Dave Wilson, Andrew Doughton and Gareth W Lewis.

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# Summary report

## Background

- 1 In our 2016 Structured Assessment work, we reported that the Aneurin Bevan University Health Board's (the Health Board) 2016-19 Integrated Medium Term Plan (IMTP) had received Ministerial approval on the condition that the Health Board actively manages the £12.8 million financial risk outlined in the plan.
- 2 To manage this financial risk, the Health Board indicated that further work was required to determine how service and workforce plans would deliver within the resources available.
- 3 In 2015-16, the Health Board spent over £467 million on staffing, an increase of over £23 million (5%) from 2014-15. In 2016-17, the Health Board spent £487 million against a budget of £469 million.
- 4 Shortfalls in staff numbers have presented risks to the delivery of services, and the Health Board has sought to address this through the use of agency staff. But this is costly and needs to be considered as part of a well-developed workforce plan. In 2016-17, the Health Board had spent over £16 million on agency and locum staff, against a budget of £4.4 million. A further £17 million was spent on bank staff.
- 5 Given the challenges set out above, a high level overview of the Health Board's approach to workforce planning was included within the Auditor General's annual plan of audit work at the Health Board.
- 6 This high level review focused on the Health Board's arrangements for workforce planning and sought to answer the overall question '**Does the Health Board have a sound approach to workforce planning which supports the delivery of its strategic objectives and financial goals?**'
- 7 We undertook the fieldwork at the Health Board between April and June 2017. This included meeting senior managers and a cross section of managers from across different teams within the Health Board.

## Our main findings

- 8 We concluded that there are gaps in the Health Board's approach to workforce planning. The Health Board has recognised that it needs to improve its workforce planning, and has started to do so, but this work needs to move with pace to ensure that the organisation is well placed to meet current and future workforce challenges.

## Exhibit 1: our main findings

The following table describes our main findings in reaching our overall conclusion. Further detail is shown in the detailed findings section below.

Our main findings
<p><b>Current workforce plans are not aligned with the IMTP and planning remains mostly short-term:</b></p> <ul style="list-style-type: none"><li>• workforce planning is not consistently embedded across the organisation;</li><li>• the Health Board experiences difficulties with recruitment and retention;</li><li>• the Health Board's 'establishment control record' and budget are not well-aligned;</li><li>• workforce planning with partners is not well-developed; and</li><li>• long-term workforce planning is not yet in place.</li></ul>
<p><b>The Health Board is clearly committed to more robust workforce planning and has started to introduce better workforce planning arrangements:</b></p> <ul style="list-style-type: none"><li>• workforce planning is now referenced within the IMTP 2016-17 – 2018-19;</li><li>• the Grange University Hospital is a catalyst for change and will require a different skill mix; and</li><li>• managers recognise the need for better workforce planning and are committed to supporting new approaches.</li></ul>

## Recommendations

As a result of review we have made one overall recommendation as follows. The recommendation is set out in [Exhibit 1](#).

### Exhibit 2: recommendation

Recommendation
<p>R1 Ensure that the Health Board's evolving approach to workforce planning tackles the concerns identified in this high level report, namely:</p> <ol style="list-style-type: none"><li>a. plan the workforce based on the long-term needs of the Health Board;</li><li>b. integrate workforce planning into service and financial planning arrangements;</li><li>c. address perceived weaknesses in training, recruitment and retention; and</li><li>d. provide guidance for divisions to improve understanding of the overall workforce planning process.</li></ol>

# Detailed findings

## Workforce plans are not aligned with the Integrated Medium Term Plan and planning remains mostly short-term

### Workforce planning is not consistently embedded across the organisation

- 9 Workforce planning is linked into the service planning processes but managers described financial, service and workforce planning as being carried out in parallel rather than by one, integrated process.
- 10 Managers reported good support with workforce planning such as advice from corporate services and through training received on workforce planning. However, they reported different approaches to workforce planning across the Health Board.

### The Health Board experiences difficulties with recruitment and retention

- 11 Managers described difficulties with the recruitment process. Staff report that the recruitment IT system is difficult to use and takes up valuable clinician time. They also miss the level of support they previously received from the Human Resources Team which they perceived as having reduced. These two issues combined to cause delays in the recruitment of new staff.
- 12 Managers raised concerns over the ABUHB's 'employer brand' compared to other Health Boards. They referred to difficulties in attracting new staff through the recruitment process and retaining them in the short, medium and long-term. This suggests wider concerns over the 'employer branding' of ABUHB.

### The Health Board's 'establishment control record' and budget are not well-aligned

- 13 Concerns exist about the robustness of controls over staffing. The establishment control record is pivotal in both budgetary control and the recruitment processes. It should provide clarity over safe staffing levels and give managers authority to recruit without needing to seek further approval.
- 14 Managers described business cases to recruit not being approved but then paying for agency staff at higher costs. They said that if posts remain vacant for six months or more the budget would be removed from their cost centres without any communication.
- 15 The establishment control record is not aligned with the budget and by implication it is not aligned with the IMTP.

## Workforce planning with partners is not well-developed

- 16 As with other Health Boards, ABUHB works in partnership with the Deanery and universities to train and recruit staff and it often competes with local councils and care home owners to attract and retain staff.
- 17 Managers described frustration at the lack of sufficient, suitably skilled staff available for work and the lack of coordination amongst partners to ensure fair access to the market and good value for money. The Health Board assesses its educational commissioning needs and these are agreed by clinical leads before they are submitted to the Workforce, Education and Development Services (WEDS). WEDS then recommends to the Welsh Government, the number of people it has assessed as needing to be trained. The Welsh Government then decides how many people will be funded for training. Managers raised concerns about the process and uncertainty around changes to the number of trainees initially requested by the Health Board and the number that Welsh Government funds.
- 18 Managers also raised similar concerns about the Deanery's assessment of the number of trainee doctors compared with the numbers that managers consider that the Health Board needs. The Health Board often uses agency or overseas staff to back-fill urgent vacancies. Managers said that they found such short-term measures as helpful in meeting the immediate need but inefficient within an overall workforce planning approach.

## Long-term workforce planning is not yet in place

- 19 Whilst the Grange University Hospital is a catalyst for strategic planning, managers we spoke to during our fieldwork were unaware of any workforce planning beyond Easter 2021, when the hospital is due to open.
- 20 There is a conflict between the requirements of the IMTP and workforce planning. The IMTP has an annual requirement to break even and covers a three-year period. Workforce planning requires longer-term planning to accommodate training for medical roles often up to ten years.
- 21 Managers welcome additional funding for new services, but highlighted the uncertainty that results from the current arrangements. Uncertainty over future funding means posts are often offered on a fixed-term basis which makes them less attractive, reducing the size of the applicant pool. Little advance notice is given when funding is provided which makes it difficult to commission training for the extra numbers of staff. They said that these factors can affect the way that services are developed resulting in service design within constraints rather than striving for an ideal service. A further practical difficulty is that staff from core services are often recruited to new projects which then leave vacancies in core services.

## The Health Board is clearly committed to more robust workforce planning and has started to introduce better workforce planning arrangements

### Workforce planning is now referenced within the IMTP

- 22 The IMTP clearly references workforce planning which demonstrates the Health Board's intention to plan changes to its workforce more effectively.

### The Grange University Hospital is a catalyst for change and will require a different skill mix

- 23 The Grange University Hospital development is an important focus for workforce planning: working practices will be affected across the Health Board and this will require a different skill mix. The Health Board developed a clinical model to support its business case for the Grange Hospital which the Welsh Government approved in 2016. Although the Health Board is recruiting and training staff for new roles, it recognises that it needs to update and finalise the clinical model to support effective workforce planning.
- 24 At the time of our fieldwork the clinical model for the new hospital was not fully developed, therefore it is not reflected accurately in finance, service or workforce plans.

### Managers recognise the need for better workforce planning and are committed to supporting new approaches

- 25 Managers described constructive discussion around workforce planning across the Health Board and spoke of a clear understanding amongst staff that they must plan workforce changes more effectively to meet patient needs.
- 26 Managers recognised that they are at the start of the workforce planning journey and that more work is needed to quantify and plan to meet future workforce needs and improve the effectiveness of recruitment and retention arrangements.
- 27 Managers reported increased volumes of workforce data to help them manage services. However, although the volume of data has improved they expressed concerns over accuracy, accessibility, timeliness and completeness of the data. The Health Board later clarified that these concerns would be most relevant to the medical workforce where there is currently no system to produce medical workforce information within the Health Board and this does cause issues with accessibility and timeliness. Whilst managers have access to e-tools provided by



WEDS, information is updated every two months resulting in it often being out of date.

- 28 Managers were positive about training for new workforce roles, describing good access to training such as leadership development training. They also spoke positively about the training that was available on workforce planning itself.
- 29 However, managers highlighted a lack of capacity to carry out workforce planning activities alongside the 'day job'. As such they did not feel they had sufficient time to plan effectively.

# Appendix 1

## Audit methodology

This has been a high level diagnostic overview of workforce planning within the Health Board. We:

- carried out a brief review of the IMTP and some service plans in relation to workforce planning;
- obtained an overview of the Health Board's strategic approach to workforce planning through interviews with key Executive directors; and
- held two focus groups with 18 staff at different levels within directorates to understand how they are engaged in workforce planning from an operational perspective. We invited participants of the focus groups to discuss the following three questions:
  - What's going well?
  - What could be better?
  - What needs to change?

This summary report therefore provides a reflection of our findings and provides information that the Health Board should use to improve its workforce planning approach. It does not provide an in-depth review of workforce planning arrangements nor detailed recommendations focused on specific aspects of workforce planning.

As the Health Board develops its Clinical Futures Model that will take account of the Grange University Hospital development, workforce planning is an integral part of the process. As external auditors we will maintain a watching brief over this development and may in the future carry out a more detailed review that could assess how the Health Board responds to the content of this diagnostic overview.

# Appendix 2

## Management response

Exhibit 3: diagnostic overview of workforce planning

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
<b>Diagnostic overview of workforce planning</b>							
R1	<p>Ensure that the Health Board's evolving approach to workforce planning tackles the concerns identified in this high level report, namely:</p> <p>a. <b>plan the workforce based on the long-term needs of the Health Board;</b></p>	Improved understanding and planning of the Health Board's workforce.	✓		<p><b>Response question a:</b> The Health Board developed workforce plans in 2014 to support the Full Business Case for the Grange University Hospital and its longer term Clinical Futures Strategy. These plans impacted on 60% of our workforce. Our Workforce and OD programme has been developed to ensure that</p>	December 2018 for service and workforce plans	DWL

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>future workforce plans are developed to support the HB's longer term needs i.e. The transition of services to the GUH and the transformation of services across secondary and Primary/community care. On a regional basis, the HB has representation on both the workforce planning network and regional service planning groups which support implementation of the South Wales Programme.</p> <p>To support some of the intentions under the Wellbeing and Future Generations Act and start to move us to sustainable service delivery and joint planning, we are already improving our collaborative planning and working with other</p>	2018-2019	DWL

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>health boards and partners including:</p> <ul style="list-style-type: none"> <li>continue to develop our collaborative working arrangements with partner public sector organisations e.g. with Local Authorities and Gwent Police. To date this has seen joint training, sharing skills, mentoring and shadowing opportunities and commissioned services</li> <li>continue to extend our collaborative working and to test the feasibility of developing joint or regional working on areas such as workforce planning, occupational health and employee</li> </ul>	Ongoing	DWL
						Ongoing	DWL

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
	<b>b. integrate workforce planning into service and financial planning arrangements;</b>				<p>wellbeing. We intend to build on this work and engage with a broader range of HR Directors e.g. Fire, WAST, 3rd sector, private sector etc. during the next 12 months.</p> <p><b>Response b:</b> The workforce guidance and templates are currently integrated. All workforce plans are aligned with the divisional priorities and are signed off through the integrated divisional management structures, comprising of clinical, financial and workforce representation.</p> <p>There is a secondary alignment of divisional plans at a corporate level</p>	<p>October 2017</p> <p>December – February 2018</p>	<p>DWL</p> <p>DWL</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
	c. <b>address perceived weaknesses in training, recruitment and retention;</b>				<p>to ensure workforce and financial alignment.</p> <p>In addition to this Workforce and OD have worked with service and financial colleagues in the development of business case guidance and prioritisation frameworks to support the development of service and workforce new investments.</p> <p><b>Response C</b></p> <p>The UHB is experiencing similar workforce shortages to other health boards in Wales and at a National level.</p> <p>Training and education is aligned with service and workforce plans through the IMTP process.</p> <p>Training plans are in place to support the GUH</p>	<p>Implemented 2017</p> <p>March 2017 in line with IMTP plans</p>	DWL

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>and Clinical Futures strategy, particularly around advanced practice roles and extended skills of non-medical workforce. Medical workforce changes are included within the IMTP appendices. The HB does not educational commission medical staff through this process. This is currently undertaken independently by the Deanery.</p> <p>We continue to progress training for a number of new roles and advance practice skills (evidenced by ongoing update of the compendium of new roles) These training plans are checked each year to ensure ongoing alignment through the IMTP process.</p>	<p>March 2018 and each year in line with IMTP</p> <p>As above</p>	<p>DWL</p> <p>DWL</p>



Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>Undergraduate commissioning figures continue to be provided through the yearly IMTP process and submitted to WEDs for assessment and recommendations to WG.</p> <p>The UHB maps its HCSW training needs yearly as part of the IMTP process to ensure the skills meet the health care support worker framework.</p> <p>From a recruitment and retention perspective, the Health Board has developed a recruitment and retention plan.</p> <p>A 14 point nurse retention action plan has been developed:</p> <ul style="list-style-type: none"> <li>to improve recruitment and retention of Nurses and reduce high cost variable pay</li> </ul>	<p>October 2017</p> <p>Actions to be implemented during 2017 and early 2018</p>	<p>SB</p> <p>JC</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>spend through new approaches including video, Facebook, potential to look at targeting overseas nurses living in neighbouring Health Boards (Bristol).</p> <ul style="list-style-type: none"> <li>• sustainability plans are in the process of being rolled out to maintain this position over the winter period.</li> <li>• a detailed supply and demand forecast is being developed forecasting vacancies and gaps up to 2021.</li> <li>• to support staff to remain in work in the recognition that many roles are both physically and mentally demanding. A small team has been established to review the Ageing Workforce Checklist</li> </ul>	<p>January 2018</p> <p>Ongoing</p>	<p>DWL in conjunction with Assistant Nurse Director</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>developed by the Working Longer Group.</p> <ul style="list-style-type: none"> <li>all nurses to undertake exit questionnaires; analysis of questionnaires is reported to Divisions on a monthly basis.</li> <li>establish an early reporting system so that we can respond to people who have handed in their notice. We would want to prioritise those who are leaving the Health Board and be clear what we could offer people to induce them to stay.</li> <li>build a reputation for being the employer of choice.</li> <li>review support structures for people considering accessing</li> </ul>	<p>2018</p> <p>2017-2018</p> <p>2017-2018</p>	<p>JC</p> <p>JC</p> <p>JC</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					retirement to expand opportunities to stay either in current post or other alternatives within the organisation.	2017-2018	JC
					From a Medical workforce perspective:		
					<ul style="list-style-type: none"> <li>the Health Board will have a robust marketing plan which is proactive and managed to maximise recruitment opportunities.</li> </ul>	2017-2019	JC
					<ul style="list-style-type: none"> <li>medical recruitment processes will better support managers and ensure the recruitment and on-boarding timeline is as efficient as possible</li> </ul>	Ongoing	DWL
					<ul style="list-style-type: none"> <li>a number of roles continue to be used to support medical sustainability and</li> </ul>	2017-2019	DWL
						From 2016	DWL

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
	d. <b>Provide guidance for divisions to improve understanding of</b>				<p>there are new roles also being developed:</p> <ul style="list-style-type: none"> <li>- advanced and extended Practitioners (eg neonates emergency care, acute medicine, anaesthetics, mental health, obstetrics);</li> <li>- extended cover from non-medical workforce Physicians Associates – posts to be advertised to support medicine; and</li> <li>- practice based Pharmacist to support GPs Practice based Social Workers</li> </ul> <p>The Health board also has actions to reduce its recruitment timeframes</p>	<p>From 2017</p> <p>From 2016</p> <p>Last quarter 2017/18</p> <p>October 2017 completed</p>	<p>DWL</p> <p>DWL</p> <p>DWL</p> <p>DWL</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
	<b>the overall workforce planning process.</b>				<p>through:</p> <ul style="list-style-type: none"> <li>national work programmes and development of KPIs</li> <li>uptake of Trac training to be increased.</li> <li>implementation/roll out of e-documentation</li> </ul> <p><b>Response d</b></p> <ul style="list-style-type: none"> <li>Workforce and OD are members of the Integrated Medium Term Planning group and a cross service Leadership review group. In doing so they develop guidance in partnership with service and financial colleagues</li> <li>Divisions receive updated and CF guidance and templates through the IMTP process. These</li> </ul>	<p>Ongoing</p> <p>Completed October 2017</p>	<p>DWL</p> <p>DWL</p> <p>DWL</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>documents are also available on the WOD workforce planning intranet site and through the Planning share point.</p> <ul style="list-style-type: none"> <li>The intranet site has been updated to include workforce guidance, planning tools, national documents and publications.</li> <li>The Health Board has also undertaken a further cohort of 2 day training for 20 senior managers who have a responsibility for strategic workforce planning during October. 2017. This programme is supported by funding by WEDS each year and facilitated by Skills for Health.</li> </ul>	<p>Completed 2017</p> <p>Ongoing</p> <p>Completed 2017</p> <p>During 2017 and ongoing</p>	<p>DWL</p> <p>DWL</p> <p>DWL</p> <p>DWL</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<ul style="list-style-type: none"> <li>• WEDS have open access to guidance and tools on their websites.</li> <li>• Signposting to the various sites is available in the Managers Handbook which was developed in 2017.</li> <li>• Workforce and OD also undertake lunch and learn workforce planning sessions across the organisation and these will continue through 2018.</li> <li>• A further programme of training is being developed for 2018-2019 either locally or through WEDS funding.</li> </ul>	To be agreed March 2018	





Wales Audit Office  
24 Cathedral Road  
Cardiff CF11 9LJ

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)

Swyddfa Archwilio Cymru  
24 Heol y Gadeirlan  
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: [post@archwilio.cymru](mailto:post@archwilio.cymru)

Gwefan: [www.archwilio.cymru](http://www.archwilio.cymru)