

Review of Workforce Planning Arrangements – Cardiff and Vale 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 the 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 Cardiff and Vale University Health Board's (the Health Board) People and Culture Plan (the People Plan) was approved by the Board in January 2022. The People Plan is supported by an implementation plan which focuses on the first year of delivery.
- 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 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.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 7 Overall, we found that **the Health Board is taking appropriate action to address its significant workforce challenges. However, it needs to ensure that it has sufficient workforce planning resources so support delivery of the Health Board's people plan and better understand the impact of the actions it is taking.**

Key workforce planning challenges

- 8 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 steadily increasing its workforce numbers over the past decade, it still faces serious workforce challenges with recruitment and retention, which threaten the stability of services. This has caused a sharp rise in the use of agency staff, which cost the Health Board over £28 million in 2022-23, further exacerbating an already pressurised financial situation. The Health Board's staff turnover (11.5%) and sickness rates (7%) are amongst the highest in Wales and present significant challenges. In 2022-23, the Health Board's workforce spending was £879 million, which is a 30% increase in the four years since 2018-19. Financial pressures facing the Health Board could pose a risk to the sustainability of the workforce in the short and longer term, although effective workforce planning would support more efficient and effective use of the Health Board's existing resource.

Strategic approach to workforce planning

- 9 **The Health Board is clear about its workforce challenges and is taking steps to improve its strategic approach. However, there are opportunities to improve workforce planning analysis and ensure a greater focus on addressing future risks.**
- 10 The Health Board's People Plan is clearly focused on addressing workforce challenges in the short and medium term, but more attention is needed on addressing long-term risks. Although the Health Board is at the initial stages of understanding its current service capacity, it needs to strengthen how it predicts service demand to allow it to model and plan for the future. The Health Board is working effectively with internal and external stakeholders to find shared solutions to current and future workforce challenges.

Operational action to manage workforce challenges

- 11 **The Health Board is proactively managing its workforce challenges, although it needs to sustain its arrangements to address medium-term and future risks. Additional resources may also be required to effectively support the proposed work.**
- 12 The Health Board has clear intent to improve workforce planning capability but should ensure it has the resources to support delivery of its People Plan. It has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date. The Health Board is also appropriately focussing on its current workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain, and education commissioning is not yet supporting a sustainable workforce, leaving gaps in some key areas.

Monitoring and oversight of workforce plan/strategy delivery

- 13 **There is effective oversight of operational workforce performance. However, the Health Board needs to better understand whether its People Plan is making a difference.**
- 14 The newly established People and Culture Committee is starting to receive timely and comprehensive workforce performance reports, but the Health Board needs to strengthen the focus on the impact of People Plan actions.

Recommendations

- 15 **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

Reviewing the People Plan's priorities

- R1 We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board reviews its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (**medium priority**).
-

Shared learning

- R2 To help ensure consistency of workforce information, the Health Board should share the baseline document developed by the Children and Women Clinical Board with other clinical professions to ensure they adopt a consistent approach (**high priority**).
-

Evaluate the new structure

- R3 Whilst the People and Culture Team has been restructured to align with the People Strategy, we found insufficient resources for strategic workforce planning. Specifically, there is no dedicated workforce planning manager and workforce planning is only a proportion of the Heads of People and Culture's role. Once the new structure has been operational for a year, the Health Board should evaluate the new structure to assess if Clinical Boards have enough strategic workforce planning support. Findings of the evaluation and any improvement actions should be reported to the People and Culture Committee (**medium priority**).

Recommendations

Restarting workforce planning training

- R4 We found that the Health Board was strengthening workforce planning capability through delivery of training workshops, but due to limited capacity this training has now stopped. The Health Board should restart its workforce planning training in order to enable services to plan sustainable workforce models **(high priority)**.
-

Managing risk

- R5 The scale of the Health Board's workforce challenges means that the actions it is taking are having limited effect on reducing workforce risks. The Clinical Board's high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers, using fresh insight from the high-level clinical plans and workforce baseline plans, to identify potential additional sources of assurance and new risks **(high priority)**.
-

Performance monitoring

- R6 We found that currently it is difficult to gauge the progress and impact of the Health Board's People Plan delivery. The Health Board needs to strengthen its focus on the impact that delivery of the People Plan is achieving, and should update the People and Culture Committee twice a year on its progress and impact **(high priority)**.

Detailed report

Our findings

16 The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the health body'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 is clear about its workforce challenges and is taking steps to improve its strategic approach. However, there are opportunities to improve workforce planning analysis and ensure a greater focus on addressing future risks.**

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;• is aligned to the organisation's strategic objectives and wider organisational plans;• is aligned to relevant national plans, policies, and legislation, including the	<p>We found that the Health Board's People Plan is clearly focused on addressing workforce challenges in the short and medium term, but more attention is needed to identify and target specific areas requiring improvements.</p> <p>The Health Board's 2022-25 People Plan sets a clear and logical focus for improving the wellbeing, inclusion, capability, and engagement of its workforce. Its high-level objectives focus on:</p> <ul style="list-style-type: none">• building seamless workforce models;• having an engaged, motivated, and healthy workforce;• attracting, recruiting, and retaining its staff;• having a digitally ready workforce;• providing education and learning opportunities;• leadership and succession; and

<p>national workforce strategy for health and social care; and</p> <ul style="list-style-type: none"> • is supported by a clear implementation plan. 	<ul style="list-style-type: none"> • having a sufficient and sustainable workforce. <p>The Health Board is starting to improve how it identifies its specific workforce challenges using its workforce baseline plans as a starting point, although the current evidence-based is limited. The challenges it describes in the People Plan are not a comprehensive assessment nor specific enough to help the organisation target its improvement activity.</p> <p>The People Plan appropriately supports the ambitions set out in the National Workforce Strategy for Health and Social Care¹, using the same seven national themes set in the context of Cardiff and Vale University Health Board. The People Plan also aligns to relevant national legislation, such as the Well-being of Future Generations (Wales) Act 2015, Nurse Staffing Levels (Wales) Act 2016, and the Welsh Language Standards². The People Plan supports the delivery of the Health Board’s long-term strategy, and Annual Plan³ through the Shaping our Future Workforce enabling programme. The Health Board recently refreshed its long-term strategy ‘Shaping Our Future Well-being’, gaining Board approval in July 2023. As part of the Health Board’s annual work of reviewing the People Plan priorities, the Health Board should take the opportunity to ensure it aligns to the refreshed long-term strategy ‘Shaping Our Future Well-being’ (Recommendation 1).</p> <p>The People Plan is supported by a separate annual implementation plan detailing how the Health Board plans to implement its workforce ambition. The implementation plan aligns to the Health Board’s wider 2023-24 Annual Plan and includes measures of success and quarterly Key Performance Indicators.</p>
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p>	<p>We found that the Health Board is at the initial stages of understanding its current service capacity. However, it needs to strengthen how it models and plans its workforce to ensure it is sustainable.</p>

¹ ‘A Healthier Wales: Our Workforce Strategy for Health and Social Care’ is a ten-year strategy launched in October 2020 by HEIW and Social Care Wales.

² Welsh Language (Wales) Measure 2011.

³ The Health Board does not currently have an approved Integrated Medium Term Plan (IMTP), instead the Health Board works to and Annual Plan set within a three-year context.

- 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.

The Health Board did not include workforce analysis and service modelling in its development of the People Plan. However, it is now starting to understand its workforce gaps and what this will look like in future if, for example, it takes no action. Each Clinical Board⁴ is developing high-level clinical plans accompanied by workforce baseline plans to feed into the IMTP planning cycle. At the time of our fieldwork, the Health Board had already produced a baseline for the nursing workforce of the Children and Women Clinical Board. This provides good analysis on current nursing workforce levels and demand, workforce availability, workforce growth, performance and areas of concern, and sets out improvement action. We understand that nursing workforce baselines have now also been developed by all other Clinical Boards. The Health Board should share this baseline as a template with other clinical professions with the aim of ensuring consistent collection, analysis and presentation of workforce information across the organisation (**Recommendation 2**). The Health Board also needs a clearer understanding of its future service models for acute and community services. 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.

The Health Board has reasonable operational data, such as sickness levels, vacancy, and appraisal rates which it sources from the Electronic Staff Record system (ESR). This supports workforce planning and analysis. The implementation of EsrGo⁵ will help to ensure that managers only need to update staff changes once. It will also help to ensure that budgeted workforce establishments⁶ and daily staffing levels are correct. The Health Board has agreed nurse establishments and these are updated in ESR to ensure that the workforce data is accurate.

The Health Board is taking steps to improve service-level access to workforce data using management dashboards. These will start initially with metrics on appraisal and statutory and mandatory training, sickness and maternity absence rates, and turnover and vacancy rates.

⁴ The Health Board is structured and designed into eight Clinical Boards: Children and Women; Clinical Diagnostics and Therapeutics; Dental; Medicine; Mental Health; Specialist Services; Surgery; Primary, Community and Intermediate Care – which cover the four main service areas [Our Health Board Structure – Cardiff and Vale University Health Board](#).

⁵ EsrGo is an automated interface between the Electronic Staff Records payroll system and Allocate Software's HealthRoster rostering system.

⁶ Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding, which is financially budgeted for.

We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:

- effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and
- shared solutions identified with key stakeholders to help address workforce challenges.

We found that **the Health Board is working proactively with internal and external stakeholders to find shared solutions to current and future workforce challenges.**

The Health Board is effectively engaging with internal and external stakeholders to develop its strategic workforce approach. The development of the People Plan was informed by good engagement with staff, the Board and external stakeholders using development days and workshops, and by circulating the draft Strategy for comment. Each of the People Plan's themes has a named People and Culture Team lead and Trade Union representative. Now that the Heads of People and Culture⁷ have been reintroduced into Clinical Boards, it will help strengthen relationships and help to better understand services' current and future needs.

The Health Board also recognises the importance of regional working to support the development of sustainable services. It actively engages its local authority partners⁸ to find shared workforce solutions, through the Regional Partnership Board⁹ (RPB). They are collectively working on an integrated workforce model for health and social care to set out their joint working approach over the next ten years, with regular workshops held between the RPB partners to progress the work.

There are also several regional transformation projects at various stages, which have workforce implications and will need regional workforce modelling and plans. These include Orthopaedics, Regional Cataracts expansion and improvements to the Community Diagnostic Centres and Endoscopy programmes. The Health Board routinely engages with Health Education Improvement Wales (HEIW) on local and regional workforce issues. For example, HEIW was involved in developing the South East Wales Vascular Network.

⁷ Based on a Human Resources Business Partnering model.

⁸ Two local authorities cover the Health Board area: these are Cardiff and the Vale of Glamorgan county councils.

⁹ The Cardiff and Vale 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 meet the needs of people who live in Cardiff and the Vale.

Exhibit 3: operational action to manage workforce challenges

This section focusses on the actions the Health Board is taking to manage workforce challenges. Overall, we found that **the Health Board is proactively managing its workforce challenges, although it needs to sustain its arrangements to address medium-term and future risks. Additional resources may also be required to effectively support the proposed work.**

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 the Health Board has clear intent to improve workforce planning capability but should ensure it has the resources to support delivery of its People Plan.</p> <p>In the last year, the Health Board has restructured its People and Culture Team to align with the People Strategy. The new team structure has been fully operational since April 2023 and has continued to embed over the last six months. The People and Culture directorate, led by the Executive Director of People and Culture, includes a Deputy Director, two Assistant Directors with ten teams sitting within the directorate¹⁰. The Health Board's four Heads of People and Culture are each assigned to two Clinical Boards as business partners. The recent reorganisation resulted in the establishment of two additional teams to deal with day-to-day HR matters¹¹. Despite these changes, the Health Board has not sufficiently invested in strategic workforce planning resources and does not have a dedicated workforce planning manager. Workforce planning is only a proportion of the Heads of People and Culture's role. Although the new structure seems logical, it is too early to judge whether it is appropriately supporting effective workforce planning. The Health Board should review its model to assess if Clinical Boards have enough strategic workforce planning support (Recommendation 3).</p>

¹⁰ The Directorate teams include: Education, Culture and Organisational Development; E-Rostering Project Team; Medical Resourcing Team; People Assurance and Experience; People Resourcing; Equity and Inclusion; Health and Safety; People Analytics; People Health and Wellbeing Services; and People Services.

¹¹ The two new teams include a specialist team responsible for employee relations and a generalist team responsible for change management, managing attendance, job descriptions, recruitment queries, redeployment, and fixed-term contracts guidance.

What we looked at	What we found
	<p>We met with Service Leads as part of this audit. They indicated they understood their role in workforce planning. However, we found capacity constraints are affecting operational workforce plan development. The Health Board is strengthening workforce planning capability by providing training for managers based on HEIW's six-step model¹². We met service leads who have attended the training. While they thought it was helpful, they felt they did not have sufficient time to 'think strategically', put their learning into action and develop workforce plans and solutions. We understand from the Health Board that training has been postponed due to limited capacity to deliver. The Health Board should restart its workforce planning training in order enable services to plan sustainable workforce models. (Recommendation 4).</p> <p>The Health Board's workforce plan is costed as part of its annual IMTP, but beyond this, the Health Board has not identified the longer-term costs, skills or other resources associated with delivering its People Plan. Exhibits 6 and 7 show historical growth in staffing levels and costs, which may not be sustainable in the long term. The Health Board is working in a very challenging financial environment. This means services will need to think differently to tackle workforce challenges and exercise tighter control on workforce spending. In 2023-24, the Health Board is aiming to create efficiencies by reducing agency staff use by around £6 million compared to 2022-23.</p>

¹² 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"> • 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 has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date.</p> <p>The Health Board has clearly articulated its workforce ambitions, but there are a range of risks which may prevent its delivery. These relate to workforce shortages, financial pressures, and a lack of clarity about future clinical models, primary care, care closer to home, and more services delivered in the community. The Health Board identifies risks to the delivery of the People Plan in its monthly flash progress reports using a RAG rating¹³. These flash reports also include major workforce programme risks and mitigating actions, which prompt any necessary decision or intervention from relevant Executives. Workforce shortages are limiting the Health Board’s ability to meet the requirements of the Nurse Staffing Levels Act (Wales)¹⁴. 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 Act¹⁵.</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. The newly established People and Culture Committee¹⁶ is responsible for overseeing these risks, routinely scrutinising mitigating actions. As of September 2023, there were seven high-scoring corporate risks related to workforce, specifically staffing levels and vacancies. Operationally, Clinical Boards routinely review risk registers at bi-monthly Clinical Board meetings. Workforce risks are discussed at executive level clinical board performance reviews to understand workforce issues, priorities and identify contingency plans. The Health Board has also reintroduced its Nursing Productivity Group. However, the scale of the workforce challenges mean that mitigating actions are having a minimal effect on reducing workforce risks, as shown by the Health Board’s inability to meet the targets risk scores set on their corporate risk register. As Clinical Boards, high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers using fresh insight from the high-level clinical plans and workforce baseline plans to identify potential additional sources of assurance and new risks (Recommendation 5).</p>

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"> • 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 overall, the Health Board is taking appropriate steps to address current workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain, and education commissioning is not yet supporting a sustainable workforce.</p> <p>The Health Board is actively managing vacancy rates and agency spending using bank staff. Between 2018 and 2023, it has undertaken a rolling programme of international recruitment for nurses. In total, it has supported 445 international nurses through professional registration resulting in their employment in the Health Board. However, due the cost involved, the Health Board paused this programme at the beginning of 2023. Instead, it has progressed other approaches, such as increasing the number of registered nurses and healthcare support workers registered with its bank and increasing the focus on domestic recruitment.</p> <p>The Health Board is also experiencing challenges with staff retention (Exhibit 9). To determine the causes, it is taking steps to improve exit survey response rates. The Health Board is seeking to address its staff retention issues through its wellbeing support, and it is considering other practical solutions to further help address the loss of staff. These include flexible working, reviews of rostering, supporting staff rotation and the establishment of the Nursing Hub¹⁷. These actions are</p>

¹³ Red, Amber, and Green.

¹⁴ 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.

¹⁵ In May 2023, the Board received the [2022-23 Nurse Staffing Levels Annual Assurance Report](#), covering the period between April 2022 and April 2023.

¹⁶ The People and Culture Committee met for the first time in May 2023, prior to its establishment workforce matters were scrutinised by the Strategy and Delivery Committee.

¹⁷ The Hub is responsible for Nurse Resourcing, Nurse Retention, Nurse workforce planning and the Band 4 Assistant Practitioners programme.

What we looked at	What we found
	<p>demonstrating some positive impact on the workforce metrics¹⁸. The Health Board has also introduced a starter survey for students to capture intelligence about their experiences and to try to rectify issues early on. To help address low survey response rates, the Health Board is giving students earlier notice and following the text up with an e-mail.</p> <p>The Health Board also has a relatively high sickness rate (Exhibit 11) and like many other health bodies, it is not meeting the national target. A task and finish group was established in September 2022 to take forward an agreed action plan to support staff with their financial wellbeing. Working with both internal and external colleagues, the Health Board has delivered a series of staff support interventions such as financial wellbeing roadshows, dedicated webpages to provide information to colleagues, the provision of online training for Wellbeing Champions and line managers, and the development of a staff 'Financial Wellbeing' framework.</p> <p>The Health Board is introducing new staff career progression opportunities including enhancing existing 'grow your own' and apprenticeship schemes through the Apprenticeship Academy. The academy has a dual role in upskilling existing staff and creating new employment opportunities. These include administrative, building service engineer, IT and Healthcare Science professions. The Health Board is also assisting healthcare support workers' re-registration as part of their nursing programme training. The first cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and moved into Band 4 Assistant Practitioner roles.</p> <p>Given the Health Board's substantial vacancies, it also needs to have effective recruitment practices. The Health Board is taking steps to streamline and centralise recruitment to address inefficiencies in its internal recruitment process. This includes managing nursing vacancies centrally through the Nursing Hub and fast-tracking appointment to urgent posts.</p> <p>There are weaknesses in the education commissioning process that mean that the pipeline of newly qualified staff does not meet demand. For 2022-23, the Health Board completed the education and training commissioning process alongside a review of its nursing workforce baseline to ensure</p>

¹⁸ Turnover - May 2023 12.51%, fallen from 13.66% in November 2022 – net decrease of 0.72% equating to 99 (whole time equivalent) fewer leavers.

What we looked at	What we found
	<p>commissioning numbers accurately reflect service needs. However, the Health Board reported it appoints significantly less staff than it trains through the commissioning process. 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 Assistant Practitioner role. The Health Board has ambitions to develop academic fellows, physician associates, anaesthetic associates, dietetic assistants, and acute care physicians.</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 **there is effective oversight of operational workforce performance. However, the Health Board needs to better understand whether its People Plan is making a difference.**

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"> • 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 the Health Board has reasonable mechanisms to monitor workforce strategy delivery, but it needs to strengthen its focus on the impact of the actions it takes. The Health Board is taking steps to strengthen its approach to benchmarking.</p> <p>The newly established People and Culture Committee, which met for the first time in May 2023, is responsible for scrutinising workforce performance and delivery against the People Plan. This responsibility previously fell to the Strategy and Delivery Committee, which was stood down in March 2023. The dedicated People and Culture Committee is providing greater focus on workforce performance and challenges, which is one of the Health Board’s biggest risks. While the People and Culture Committee oversees delivery of its people plan and operational key performance indicator trends, there needs to be a stronger and more integrated approach to reporting on the impact of the Health Board’s actions and the difference the People Plan is making, bringing together key actions, relevant performance measures and an evaluation of impact (Recommendation 6).</p> <p>The Health Board has a range of sensible approaches to monitor workforce performance. These approaches include the Health Board’s Senior Management Team receiving monthly in-depth progress updates for each of the People Plan’s seven themes. Alongside the reports, the Health Board shares dashboards allowing them to scrutinise performance such as sickness, vacancies, and data on recruitment. The Strategic Programme Portfolio Steering Group receives high-level progress reports through flash reports.</p> <p>Positively, the Health Board has recently started benchmarking its workforce performance with other health bodies in Wales and beyond. The Health Board has collected key workforce metrics (where available) from published Board papers from a selection of Trusts in England. It intends to continue to build relationships with these Trusts with an aim of sharing and obtaining up-to-date data.</p>

Appendix 1

Audit methods

Exhibit 5: audit methods

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

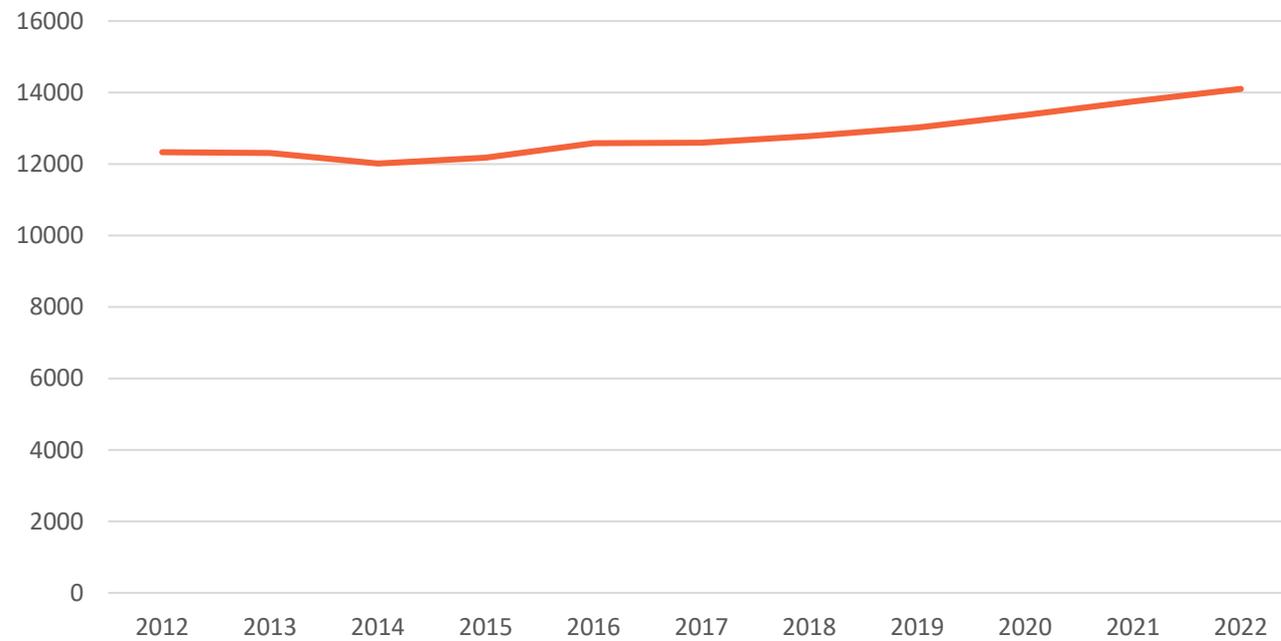
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation/delivery plans for workforce strategy• Integrated Medium Term Plan• Evidence of evaluation of workforce strategy and/or associated initiatives• Structure charts for workforce planning functions• Examples of workforce planning training offered to staff, eg 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">• Interim Director of Primary, Community and Urgent Care• Executive Nurse Director• Director of Nursing Strategic Nursing and Midwifery Workforce• Nurse Resourcing Programme Manager• Senior Nurse for Nurse Education

Element of audit approach	Description
	<ul style="list-style-type: none"> • Deputy Director of Finance • Executive Director of People and Culture • Deputy Director of People and Culture • Assistant Director of Wellbeing, Culture and Organisational Development • Independent Member • Assistant Director of People Resourcing • Head of People Analytics • Head of People and Culture x3
Focus groups	We ran a focus group with a selection of service leads involved in clinical workforce planning and a selection of service leads involved in the workforce planning of enabler services.

Appendix 2

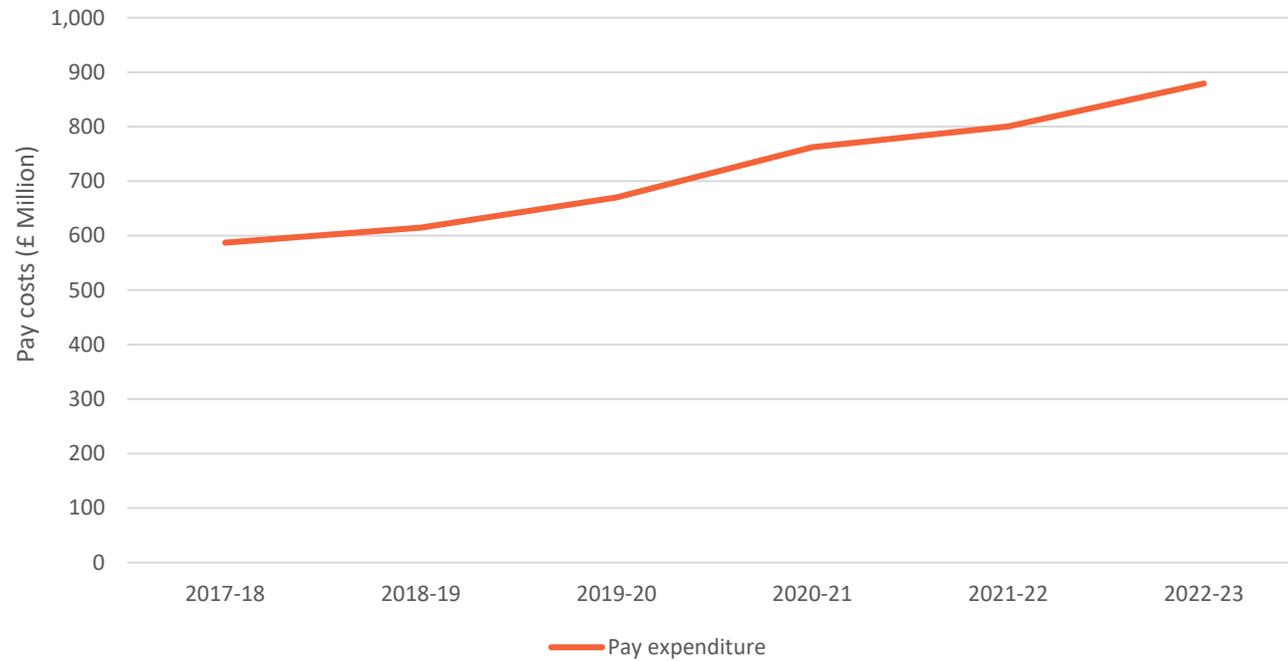
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full-time equivalent), Cardiff and Vale University Health Board



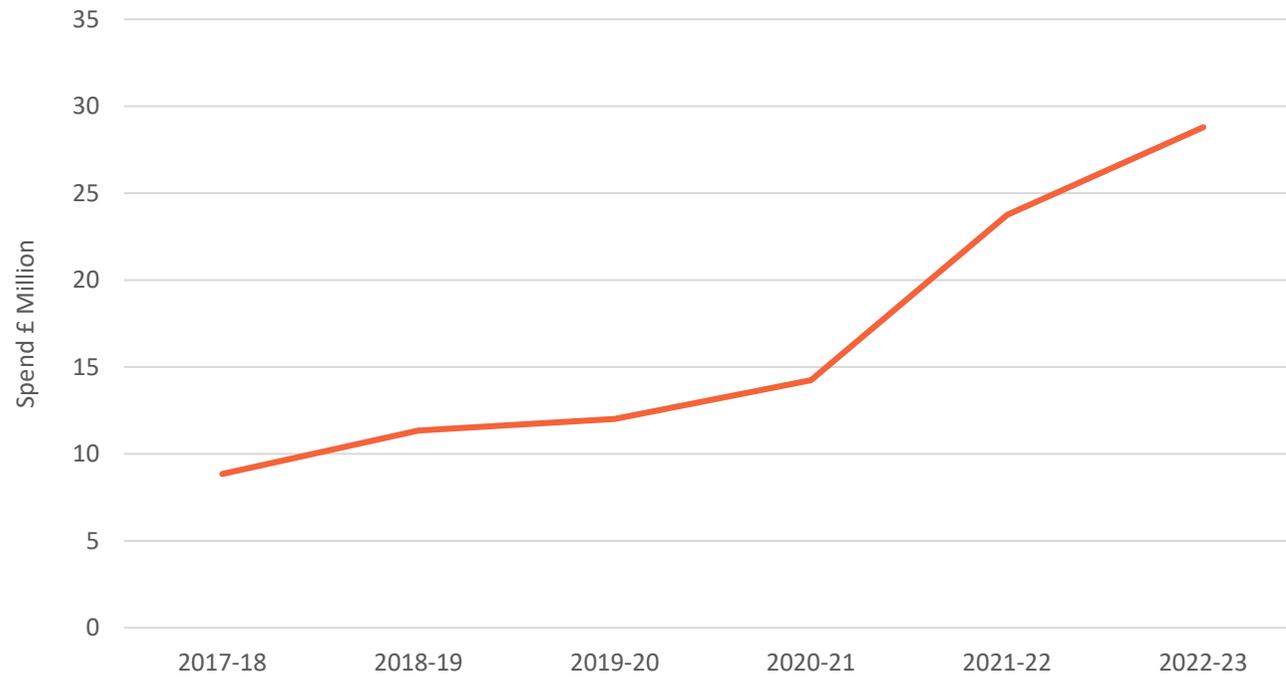
Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual workforce costs, Cardiff and Vale University Health Board



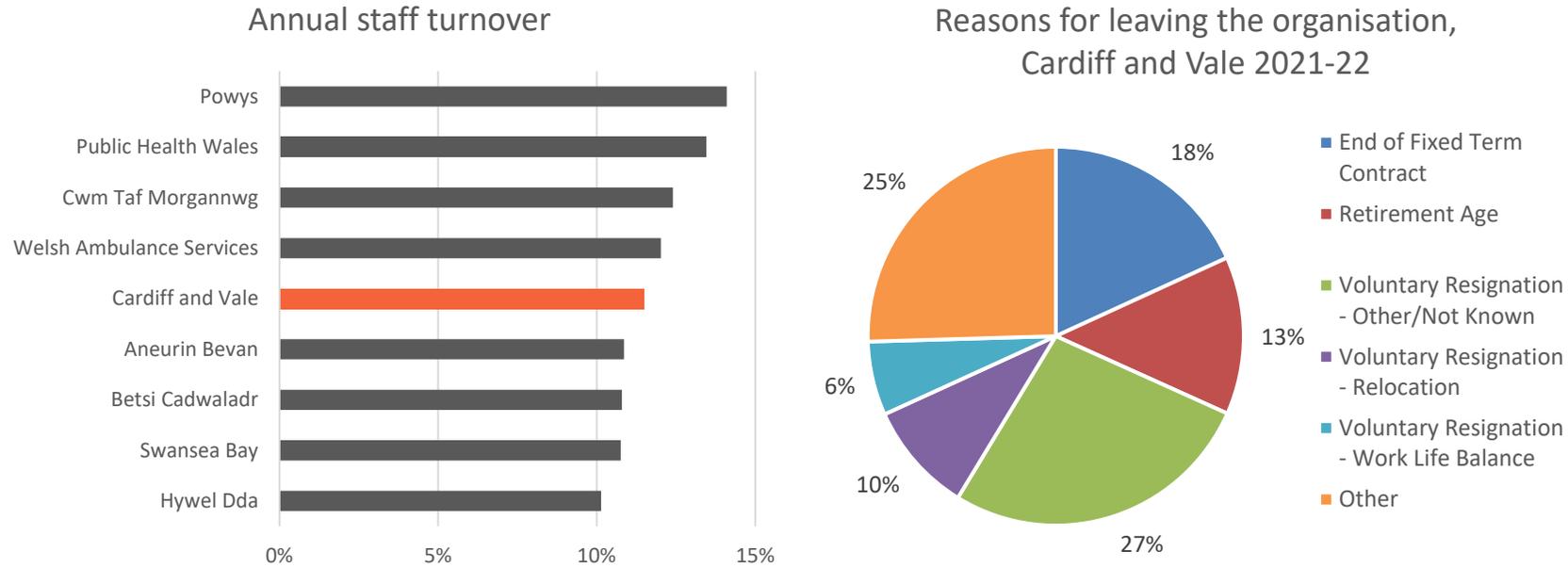
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Cardiff and Vale University Health Board



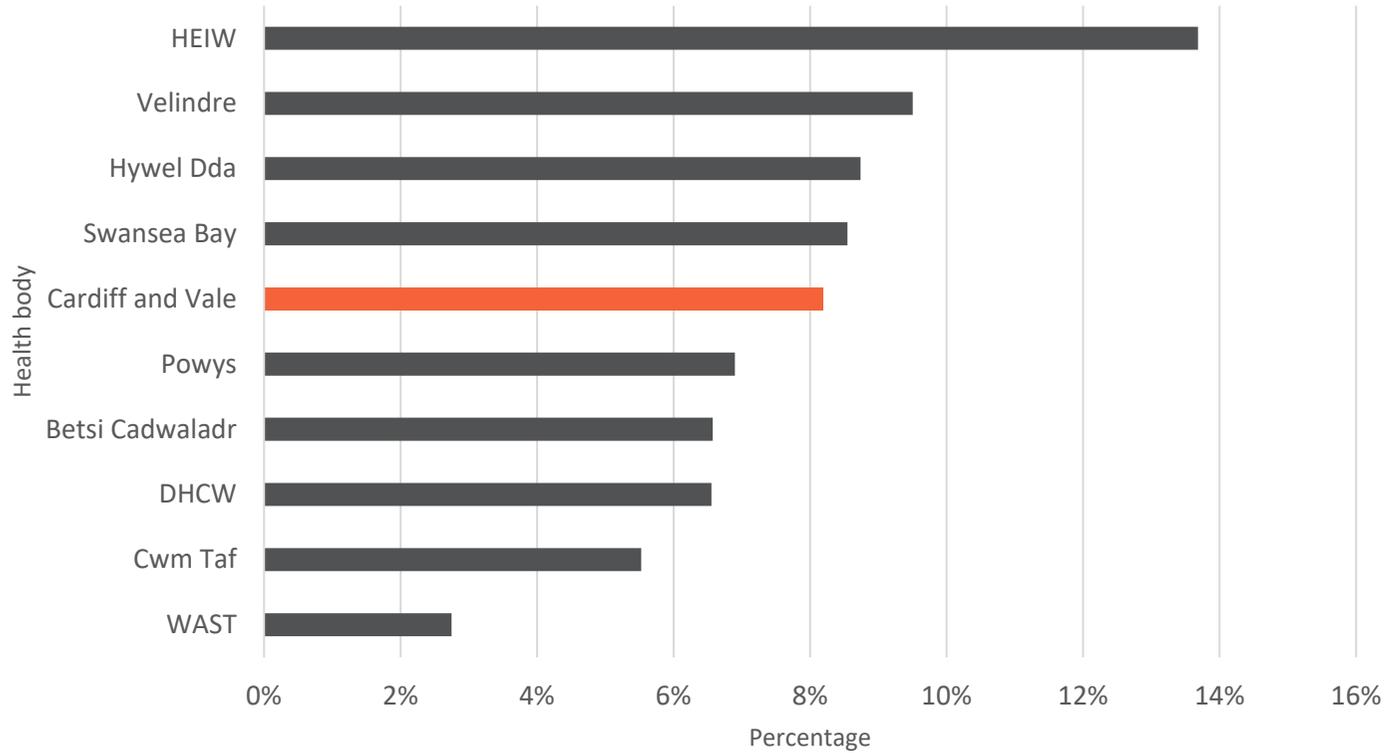
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Cardiff and Vale University Health Board



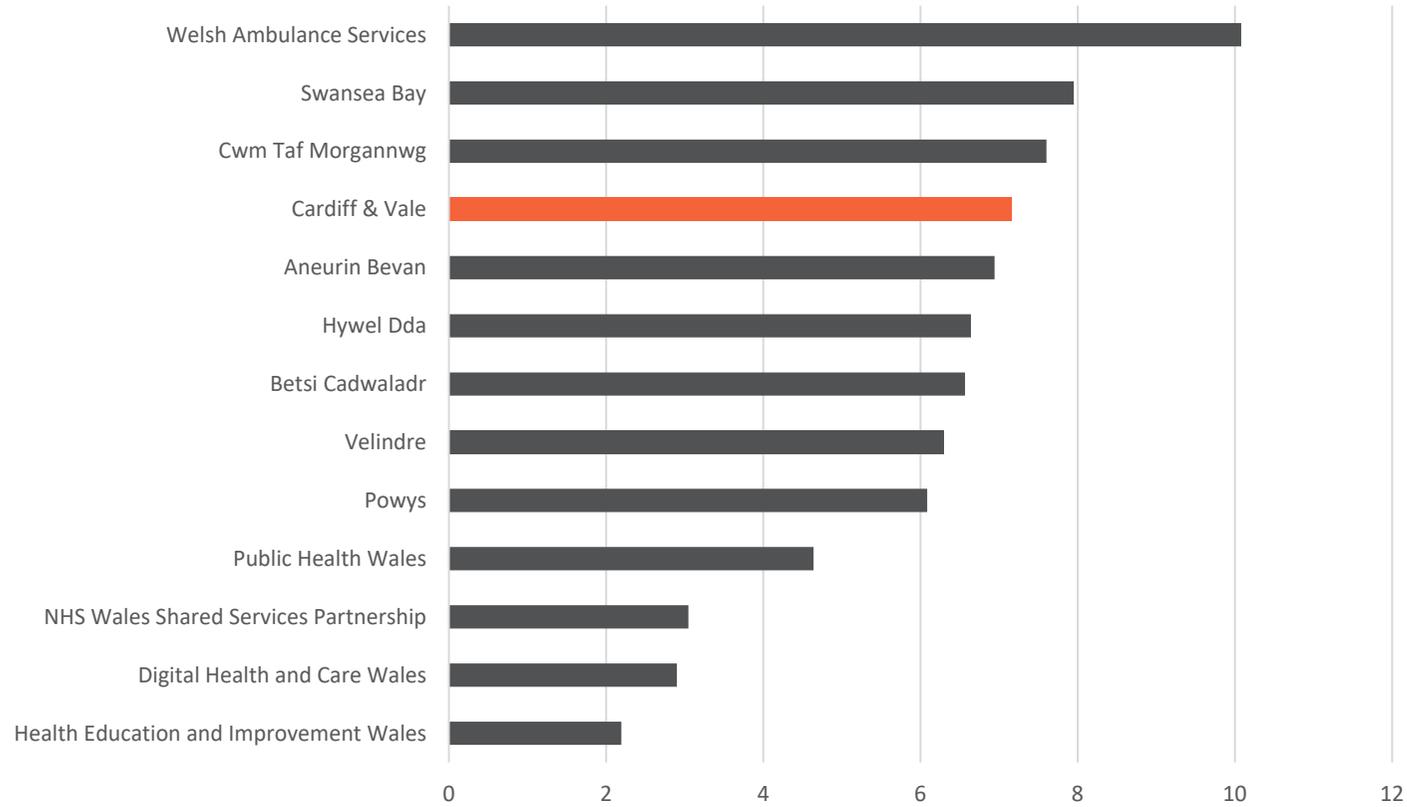
Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request

Exhibit 10: vacancies as a percentage of total establishment, 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: Cardiff and Vale University Health Board's response to our audit recommendations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>Reviewing the People Plan's priorities We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board reviews its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (medium priority).</p>	<p>The UHB are in the process of reviewing the People and Culture Plan priorities as part of the 2024-25 Annual Plan/IMTP. Priorities and deliverables will be linked to the SOFW objective: Putting People First and the following objectives:</p> <ul style="list-style-type: none"> • People will feel valued, developed, supported and engaged • We will have an inclusive culture, where the diversity of the Health Board's people will be representative of the Health Board's local populations 	31 January 2024	Deputy Director of People and Culture

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>Reviewing the People Plan's priorities</p> <p>We found the Health Board recently refreshed its long-term strategy 'Shaping Our Future Well-being'. When the Health Board review its People Plan's priorities, it should ensure it supports the delivery of the Health Board's refreshed long-term strategy 'Shaping Our Future Well-being' (medium priority).</p>	<p>The seven themes within the plan have been merged into three for 2024-25 with priority objectives and deliverables aligned.</p> <p>The refresh of the People and Culture Plan will commence in the Autumn of 2024 and will be aligned to SOFW and the Workforce Strategy for Health and Social Care.</p>	January 2025	Executive Director of People and Culture
R2	<p>Shared learning</p> <p>To help ensure consistency of workforce information, the Health Board should share the baseline document developed by the Children and Women Clinical Board with other clinical professions to ensure they adopt a consistent approach (high priority).</p>	<p>The HoPC are currently working with CBs to obtain an accurate baseline for all staff groups and to translate operational delivery plans into an operational/tactical workforce plan for the next 24 months. This work is being undertaken as part of the Annual Plan/IMTP 2024-25 submission.</p>	31 January 2024	Heads of People and Culture

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3	<p>Evaluate the new structure</p> <p>Whilst the People and Culture Team has been restructured to align with the People Strategy, we found insufficient resources for strategic workforce planning. Specifically, there is no dedicated workforce planning manager, and workforce planning is only a proportion of the Heads of People and Culture’s role. Once the new structure has been operational for a year, the Health Board should evaluate the new structure to assess if Clinical Boards have enough strategic workforce planning support. Findings of the evaluation and any improvement actions should be reported to the People and Culture Committee (medium priority).</p>	<p>The structure would have been fully operational for 1 year in April 2024 and will be evaluated at that point. Even without the evaluation, it is evident that we do not have enough dedicated expertise to support the UHB with longer-term/strategic workforce planning. Unfortunately, we were unable to recruit to a newly created role of Head of Strategic Workforce Planning, due to current financial constraints.</p> <p>The outcome of the audit will form part of a wider paper for P&C Committee, highlighting the challenges and the risks.</p>	<p>June 2024</p> <p>July 2024</p>	<p>Deputy Director of Resourcing</p> <p>Heads of People and Culture</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R4	<p>Restarting workforce planning training</p> <p>We found that the Health Board was strengthening workforce planning capability through delivery of training workshops, but due to limited capacity this training has now stopped. The Health Board should restart its workforce planning training to enable services to plan sustainable workforce models (high priority).</p>	<p>Unfortunately, we do not have the capability or capacity to restart the training, but instead will be utilising the pre-recorded workforce planning training that HEIW will be launching in February 2024. The HEIW training will be supplemented by ongoing advice and support via the HoPC.</p>	<p>March 2024</p>	<p>Deputy Director of People and Culture</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R5	<p>Managing risk</p> <p>The scale of the Health Board's workforce challenges means that the actions it is taking are having limited effect on reducing workforce risks. The Clinical Board's high-level clinical plans and workforce baseline plans have the potential to highlight new workforce risks. The Health Board should review the information in its corporate and strategic risk registers, using fresh insight from the high-level clinical plans and workforce baseline plans, to identify potential additional sources of assurance and new risks (high priority).</p>	<p>Clinical Board plans will be reviewed as part of the Annual Planning cycle and any new workforce risks will be escalated to Board via the BAF and Risk Registers. Appropriate plans will then be developed to mitigate the risks.</p>	<p>April 2024</p>	<p>Deputy Director of People and Culture</p>

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R6	<p>Performance monitoring</p> <p>We found that currently it is difficult to gauge the progress and impact of the Health Board's People Plan delivery. The Health Board needs to strengthen its focus on the impact that delivery of the People Plan is achieving and should update the People and Culture Committee twice a year on its progress and impact (high priority).</p>	<p>An end of year report is currently being compiled for the January People and Culture Committee which will include highlights, achievements and key deliverables, with an emphasis on the difference they have made.</p> <p>As part of the IMTP/Annual Plan for 2024-25, the proposed priorities, objectives and quarterly deliverables will be discussed and approved by People and Culture Committee and Board.</p> <p>Performance against the plan will be reported to P&C Committee and WG on a quarterly basis.</p> <p>An interim report showing progress for the first six months of 2024-25 will be shared with P&C Committee.</p>	<p>31 December 2023</p> <p>31 March 2024</p> <p>August 2024</p>	<p>Head of People Assurance and Experience</p> <p>Head of People Assurance and Experience</p> <p>Head of People Assurance and Experience</p>



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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.