

# Review of Workforce Planning Arrangements – Cwm Taf Morgannwg University Health Board

Audit year: 2023

Date issued: February 2024

Document reference: 4157A2024

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# Contents

Summary report	
Introduction	4
Key findings	5
Recommendations	7
Detailed report	
Our findings	9
Appendices	
Appendix 1 – audit methods	19
Appendix 2 – selected workforce indicators	21
Appendix 3 – organisational response to audit recommendations	27

# 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 2,700 vacancies in their [2023 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 At the time of writing this report, Cwm Taf Morgannwg University Health Board (the Health Board) continues to face significant workforce challenges. Staff vacancies coupled with high sickness absence create greater workload pressures and over-reliance on bank and agency staff. In 2022-23, the Health Board's workforce spending was £690 million, increasing from £628 million over a three-year period. The Health Board has recently invested in its strategic workforce planning with this commissioned work, indicating that the Health Board is starting from a relatively low baseline position. At the time of our review, the Health Board was in the process of developing its strategic 'People Plan'.
- 5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future

workforce challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering and consultant job planning, fall outside the scope of this review.

- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

## Key findings

- 7 Overall, we found that **the Health Board is sufficiently focused on its significant workforce challenges. Its recently commissioned work on strategic workforce planning has increased overall understanding of current data shortfalls. Whilst starting from a low baseline, this presents an opportunity to both address data needs and support longer-term workforce transformation. The Health Board needs to finalise its People Plan and consolidated workforce implementation plans, deliver them and measure overall impact across the short to medium term.**

## Key workforce planning challenges

- 8 The workforce indicators presented in **Appendix 2** highlight the significant workforce challenges facing the Health Board, as outlined in **paragraph 4**. The workforce indicators presented in **Appendix 2** also highlight that workforce staffing levels appear to be relatively stable over the past three years (**Exhibit 6**). However, the Health Board continues to face significant workforce challenges with high staff turnover, currently at 13.3%, potentially impacting on service continuity. Workforce vacancies at 3% are low compared to other health boards; however, the percentage of vacancies for Medical and Dental staff is currently high at 29.5%. There has been a sharp rise in the use of agency staff, which cost the Health Board just over £60 million in 2022-23 (an increase from £48 million in 2021-22), further exacerbating an already pressured financial situation (**Exhibit 8**). A sickness rate of 6.3%, whilst in line with other health boards, still presents a significant workforce issue in terms of days lost (**Exhibit 11**).

## Strategic approach to workforce planning

- 9 **The Health Board's strategic workforce planning approach is improving; however, further progress is dependent on a having a deployable, prioritised People Plan.**
- 10 The Health Board does not have a current overarching strategic workforce plan. However, it is starting to take action to develop a clearer People Plan to achieve its intent for the workforce in its long-term strategy – CTM2030. The Health Board has utilised external consultancy to support strategic workforce improvements. Once this work is complete, it will need to develop underpinning operational workforce plans which are based on financially sustainable service models.

- 11 The organisation has an improving understanding of current and future service demand and capacity trends. However, this is starting from a relatively low baseline position. Consequently, the Health Board needs to do more to ensure that it properly understands its funded workforce establishment which, in part, will require strengthening of the quality of data that underpins it. The Health Board has improving arrangements for engaging internal and external stakeholders to inform workforce strategy and plan development.

## Operational action to manage workforce challenges

- 12 **The Health Board is working hard to address its operational workforce challenges. However, to ensure maximum impact, it needs to target its resources better and accurately evaluate the actions it is taking.**
- 13 The levels of corporate resources committed to supporting strategic workforce improvement are reasonable. The Health Board has recently committed more time and resources towards scoping long-term workforce planning and service transformation. However, the Health Board needs to do more to determine whether its workforce planning capacity is sufficient to support its evolving operational clinical services workforce plan development.
- 14 The organisation has a good high-level understanding of the risks that might prevent the delivery of its workforce ambitions and its wider operational workforce risks. However, it is currently hard to determine the local impact of the actions it is taking to mitigate these, although we have noted a number of workforce risk ratings remaining fairly static over time and above their target risk rating.
- 15 The Health Board is attempting to tackle its current workforce challenges. It is proactively recruiting staff, but its approach to staff retention and its sickness absence challenges are too reactive. Nevertheless, we note more mature approaches established to help address nursing workforce recruitment and retention challenges. We also recognise some of the positive staff wellbeing work that the Health Board is delivering, including flexible working and a number of health and wellbeing measures.

## Monitoring and oversight of workforce plan/strategy delivery

- 16 **The Health Board demonstrates reasonable oversight of operational workforce issues, but this could be strengthened to focus more on the impact of strategic workforce improvements and long-term transformation.**
- 17 The Board and its People and Culture Committee appropriately oversees progress of ongoing workforce development initiatives and actions. However, given the importance of the strategic workforce challenges facing the Health Board, the committee needs to strengthen its focus on the 'system impact' resulting from delivery of the Health Board's workforce strategy.

- 18 The Health Board has benefited from its recent consultancy support to improve benchmarking. It benchmarks with other health bodies in Wales and has also reviewed some examples from 'best in class' organisations and clinical models from across the UK. However, it now needs to capitalise on this by using its workforce benchmarking as a basis for adopting best workforce practice and workforce models, to inform frontline workforce transformation.

## Recommendations

- 19 **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 arising from this audit

Recommendations	
R1	To address the absence of clear workforce plans, the Health Board should prepare sustainable and balanced short, medium, and long-term workforce plans, with measurable goals and clear timelines aligned to the CTM2030 Strategy ( <b>page 10</b> ). As part of this, the Health Board should ensure that its intent to reconfigure services focussing more on prevention, population health, and digitally enabled health services is appropriately built into long-term service workforce design and transformation plans ( <b>page 14</b> ).
R2	The Health Board should assess and agree its funded workforce establishment for 2024-25 and then introduce arrangements to update this annually ( <b>page 11</b> ).
R3	The Health Board should review its operational workforce planning capacity and capability and then ensure it is sufficient to support its operational workforce planning requirements within the new Care Group model ( <b>page 14</b> ).
R4	To help determine the extent that the action it is taking to mitigate workforce risks is having an impact, the Health Board should set trajectories and timescales to meet its target risk ratings and more clearly assess the impact of the actions that it is taking ( <b>page 15</b> ).

## Recommendations

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- R5 The Health Board needs to reinforce arrangements to both oversee progress and then assess the impact of the recommendations set out in the recent strategic workforce planning review via its People and Culture Committee (**page 17**).
- 
- R6 To inform the development of its medium-term plans for workforce redesign and service transformation, the Health Board should use its workforce benchmarking to adopt best workforce practice and workforce models, ensuring similar system conditions, demographics, and population characteristics (**pages 17 and 18**).



# Detailed report

## Our findings

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

- the Health Board’s approach to strategic workforce planning (**Exhibit 2**);
- operational action to manage workforce challenges (**Exhibit 3**); and
- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

### Exhibit 2: strategic approach to workforce planning

21 This section focusses on the Health Board’s approach to strategic planning. Overall, we found **that the Health Board’s strategic workforce planning approach is improving; however, further progress is dependent on a having a deployable, prioritised People Plan.**

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><li>• is aligned to the organisation’s strategic objectives and wider organisational plans.</li></ul>	<p>We found that <b>the Health Board does not have a current overarching strategic workforce plan. However, it is starting to take positive action to develop a clearer People Plan to achieve its intent for workforce as set out in CTM2030 and to align it to the new clinical service model being developed by the Health Board. This includes external consultancy support to re-energise its strategic workforce agenda and update strategic workforce plans.</b></p> <p>The Health Board has a good approach for identifying its key workforce challenges, although these are overly focussed on the short term at present. We found a general consensus around the potential benefits of the new Care Group model and underpinning directorate structures. However, at the time of our work, the second phase of the Health Board’s Organisational Change Policy process was taking some time to complete, with a number of Band 8c and 8b still in the process of</p>

What we looked at	What we found
<ul style="list-style-type: none"> <li>• is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care.</li> <li>• is supported by a clear implementation plan.</li> </ul>	<p>being filled. The Health Board is also utilising external consultants who have helped it to address its strategic workforce requirements at a greater pace. It is promising that the Health Board has committed to improving workforce planning, supported by this external consultancy, and is demonstrating a willingness to openly discuss the learning from their joint findings. The Health Board now needs to bring the workstreams together and produce a plan that tackles the key themes and fully addresses the 65 recommendations contained within the external commissioned workforce review.</p> <p>The Health Board has set clear workforce objectives which align to its three-year plan and wider Health Board strategy, CTM2030. The strategic workforce objectives, identified and agreed by the People and Culture Committee in August 2023, should help the Health Board to address its key workforce challenges. These include recruitment and retention notably for medical and dental staff but also for nursing and some health sciences professions.</p> <p>The Health Board’s overarching strategy, CTM2030, encompasses its Clinical Strategy and its vision to build healthier communities, creating health, improving care, inspiring people, sustaining their future, and living the organisation’s values. In addition, we understand that the Health Board’s ten people priorities will form part of the People Plan that the Health Board is currently developing. Once the strategic People Plan is complete, the Health Board will need to translate that strategic intent into operation plans across the Care Groups and Directorates as they become more established and begin to mature (<b>Recommendation 1</b>).</p> <p>Whilst the Health Board’s People Plan is in development, it appears to be sufficiently taking account of wider national plans and legislative requirements including the National Workforce Strategy for Health and Social Care<sup>1</sup>, Well-being of Future Generations Act, and Welsh language standards.</p>

<sup>1</sup> In October 2020, HEIW and Social Care Wales launched the 10-year Workforce Strategy for Health and Social Care. This was developed in response to [A Healthier Wales](#).

What we looked at	What we found
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p> <ul style="list-style-type: none"> <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 and future service demands and trends. However, this is starting from a relatively low baseline position.</b></p> <p>The Health Board’s workforce planning capacity and demand analysis is relatively more mature in nursing and medical staffing compared to other staffing areas, with these having a focus on value, efficiency, and productivity. In early 2022, all health boards conducted a nursing workforce modelling exercise<sup>2</sup>, with nationally agreed planning assumptions aligned to the Nurse Staffing Levels (Wales) Act 2016<sup>3</sup>. However, baseline establishment data (other than for nursing) needs strengthening for most staff groups. This is inevitably making workforce resource planning more challenging. The recent work supported by external consultants has underlined weaknesses in current workforce data availability and quality. It has also positively raised awareness around workforce data requirements and the need to understand its establishment levels and ensure it is based on good quality data (<b>Recommendation 2</b>). In addition, the Health Board needs to reconcile data inaccuracies between the Electronic Staff Record System<sup>4</sup> and the financial ledger<sup>5</sup> to verify baseline establishment figures for all staff across the organisation. The consequence is that it is currently difficult to establish the overall workforce position in relation to vacancies against establishment.</p> <p>The Health Board has started to improve its use of workforce data to inform forward planning and a longer-term perspective on both workforce need and workforce , but there remains some way to go.</p>

<sup>2</sup> To feed into the all-Wales strategic workforce plan for nursing, in early 2022, all health boards in Wales were asked to conduct a workforce modelling exercise for nursing and midwifery, based on a set of nationally agreed planning assumptions.

<sup>3</sup> The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and requires health service bodies to have regard for the provision of appropriate nurse staffing levels.

<sup>4</sup> The Electronic Staff Record (ESR) is a payroll database system commissioned by the Department of Health and Social Care (England) that all health bodies in Wales use.

<sup>5</sup> The financial ledger is the record-keeping system for the Health Board’s financial data and transactions.

What we looked at	What we found
	<p>The Health Board's Strategic Workforce Improvement Model (SWIM)<sup>6</sup> aids its understanding of wider service requirements. The Health Board now needs to increase data accuracy and ensure a more targeted approach in design, capture, and data usage. This would help to shape improvement and innovation in the ongoing roll-out of the Health Board's new Care Group model. This work is also being progressed through the Clinical elements of CTM2030 including the Inspiring People workstream<sup>7</sup>.</p>
<p>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> <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>the Health Board's arrangements for engaging internal and external stakeholders to inform aspects of workforce planning are improving.</b></p> <p>The way the Health Board is engaging key public sector partners to develop workforce opportunities is improving. The Health Board is increasingly involving relevant stakeholders and partners, including staff, trade unions, local authorities, and education commissioning partners in the ongoing development of its workforce strategy and workforce opportunities. But, to further strengthen opportunities for integrated working, the Health Board should continue to build on its communication and sharing of data and analysis with partners with the aim of agreeing strategic joint workforce transformation goals.</p> <p>The Health Board has indicated that it has some concerns about Health Education and Improvement Wales's (HEIW) lack of transparency around the decision-making process for commissioned health education places. We found increasing tensions relating to the number of student education placements requested by the Health Board and the numbers ultimately commissioned by HEIW,</p>

<sup>6</sup> The SWIM Model is an internationally recognised and utilised maturity assessment method that assesses organisational maturity against nine key themes, including seamless workforce models and attraction and recruitment.

<sup>7</sup> The Inspiring People work stream has been established with a focus on Leadership and Culture, embedding Values and Behaviours, and Strategic Workforce planning.

What we looked at	What we found
	<p>which are lower. This appears to be part of a wider national challenge that could impact on relations with HEIW. Levels of university recruitment into health training places and attrition rates during course delivery also present further ongoing challenges.</p> <p>Overall, further work is still needed to find shared solutions that will transform the current workforce to meet longer-term service need. The Health Board has identified recent best practice case studies which, while encouraging, will require further work to verify local applicability.</p>

### 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 working hard to address its operational workforce challenges. However, to ensure maximum impact, it needs to target its resources better and accurately evaluate the actions it is taking.**

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>the Health Board’s levels of corporate resources supporting strategic workforce improvement are reasonable, but it needs to identify and put in place appropriate skills and capacity to support operational clinical services workforce planning.</b></p> <p>The Health Board has clear workforce roles and responsibilities at the corporate level. It recently committed more time and resources towards scoping long-term workforce planning and service transformation. This has included creating a new Assistant Director of Workforce post and, as mentioned previously, commissioning external support to help the Health Board develop its strategic workforce planning approach. The Health Board has trained workforce planners and there appears to be sufficient corporate workforce planning capacity. It has recently started to make use of business partners. However, the Health Board recognises that it needs to verify whether or not it has sufficient workforce planning resources to support longer-term operational workforce plans across its new Care Group model and also support for professional groups (<b>Recommendation 3</b>).</p> <p>We also identified a lack of alignment between strategic workforce management and the developing operational Care Groups. This is needed to ensure that the Health Board’s intent to reconfigure services focussing more on prevention, population health, and digitally enabled health services is appropriately built into long-term service workforce design and transformation plans (<b>Recommendation 1</b>). As a result, operational-level workforce plans now need to be developed and deployed at pace. As part of this, the Health Board will need to determine whether its workforce models are affordable and that associated services are financially sustainable, with appropriate consideration of potential growth in service demand in coming years.</p>

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 high-level understanding of the risks that might prevent the delivery of its workforce ambitions. However, it is currently hard to determine the local impact of the mitigating actions, with a number of risk ratings remaining fairly static and above their target risk rating.</b></p> <p>The Health Board has identified several workforce resourcing risks including recruitment, retention, and service sustainability which could affect its ability to improve workforce planning and implement sustainable workforce models. The Health Board is capturing and managing these at the strategic and operational level through its Board Assurance Framework and Corporate Risk Framework.</p> <p>Whilst the Health Board has a good high-level understanding of the risks that might prevent the delivery of its workforce ambitions, it is hard to determine the impact of mitigating actions due to the lack of sufficient underpinning baseline data. In addition, a lack of local detail on workforce risks appears to be limiting the ability to assess the operational impact of changes over time. There is a lack of detailed narrative in the organisational risk register to describe the gap between current and target ratings, and it is concerning that despite historic action to address workforce risks, some risks appear relatively static (<b>Recommendation 4</b>).</p> <p>More positively, we have found examples where the Health Board makes a good connection between service continuity risks and workforce actions to address them. For example, under ‘risk 4491 – Failure to meet the demand for patient care at all points of the patient journey’, the Planned Care Group identified workforce insourcing to ensure continuity of operating-theatre services. The Planned Care Group Director of Nursing had also confirmed their ‘intention on launching a series of risk and compliance huddles’ to determine what sits behind existing risks, whilst also recognising that ‘there was still more to do to ensure mitigating actions are impactful’.</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"> <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 attempting to tackle its current workforce challenges. It applies a proactive approach to recruitment, but its approach to staff retention and sickness absence challenges is too reactive.</b></p> <p>The Health Board’s reported vacancy rates are low in relation to other health boards (<b>Exhibit 10</b>). However, as noted previously, the recent work undertaken by consultants has exposed shortcomings on establishment data that need to be addressed to ensure accurate vacancy management is in place. The Health Board is taking ongoing action to improve recruitment and retention, but this is often reactive. Although we note there is a clear attraction, recruitment, and retention approach in place for nursing. Sickness and staff turnover rates are amongst the highest in Wales suggesting the need for a much greater focus on staff wellbeing. The Health Board is exploring a range of flexible working and health and wellbeing measures, for example, the nurse hydration initiative and virtual reality<sup>8</sup> to help tackle stress via the Health Board’s Employee Wellbeing Service. Collectively, these actions may help to improve staff and students’ workplace experience. However, at the appropriate interval, the Health Board should consider the impact of these arrangements to determine whether to expand, continue as is, or disinvest.</p> <p>The Health Board continues to work with key partners across national and local government. Most notably, it has worked with HEIW on commissioning student numbers for key clinical professions. As noted previously, HEIW commissions education placements for around 80% of what the Health Board requests annually, which may present challenges for the Health Board if workforce demand continues to grow.</p> <p>The Health Board is looking to further modernise with workforce planning across traditional professional boundaries. This is intended to address skills shortages and build more sustainable workforce models. Whilst the Health Board expresses its strategic intent to further diversify the workforce to ensure full utilisation of different models and roles such as Physicians Associates and Advanced Practitioners across both acute and community pathways, there remains some way to go to introduce these approaches system wide. A focus on core strategic priorities including Critical Care, the Community Hospital Programme, Primary Care Cluster Development, transformation of Health Visiting Services, and the review of School Nursing Services are outlined in the Health Board’s three-year plans/IMTP.</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 demonstrates reasonable oversight of operational workforce issues, but this could be strengthened to focus more on the impact of strategic workforce improvements and long-term transformation.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> <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>given the importance of the strategic workforce challenges facing the Health Board, there needs to be a stronger focus on the progress and impact of workforce improvements and long-term transformation. The Health Board has benefited from its recent consultancy support to improve benchmarking but now needs to capitalise on this to inform frontline workforce transformation.</b></p> <p>The Board and its People and Culture Committee appropriately oversee progress of ongoing workforce development initiatives and actions. However, the committee needs to seek assurance on the ‘system impact’ resulting from delivery of the Health Board’s workforce strategy and ensure arrangements are in place to oversee progress against the recommendations set out in the recent strategic workforce planning review (<b>Recommendation 5</b>). We were also told of variable attendance at the committee from senior officers, suggesting the need for greater senior officer engagement with the People and Culture Committee.</p> <p>Whilst workforce management monitoring structures are in place, the quality of many operational workforce improvement plans and associated reports on progress is currently limited. Although we note it is most mature for nurse workforce planning. The Health Board places a strong emphasis on reporting nursing and medical staff value, efficiency, and productivity. Narrative progress reports are</p>

<sup>8</sup> The Health Board has introduced virtual reality headsets as means to help staff reduce stress see [Virtual reality headsets – Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/news/2019/07/virtual-reality-headsets-cwm-taf-morgannwg-university-health-board/).

What we looked at	What we found
	<p>RAG rated<sup>9</sup> but could be improved by including appropriate data and run charts<sup>10</sup> to illustrate progress over time.</p> <p>The Health Board benchmarks with other health bodies in Wales and has also reviewed some examples from ‘best in class’ organisations and clinical models from across the UK. The Health Board needs to incorporate the best examples, ensuring similar system conditions, demographics, and population characteristics to inform its developing medium-term plans for workforce redesign and service transformation (<b>Recommendation 6</b>).</p>

<sup>9</sup> A RAG (Red, Amber, Green) report is an approach for assessing and reporting progress using a traffic light colour coding approach.

<sup>10</sup> Run charts provide data in a time sequence that provides a visual illustration of changes in performance over time.

# Appendix 1

## Audit methods

### Exhibit 5: 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.

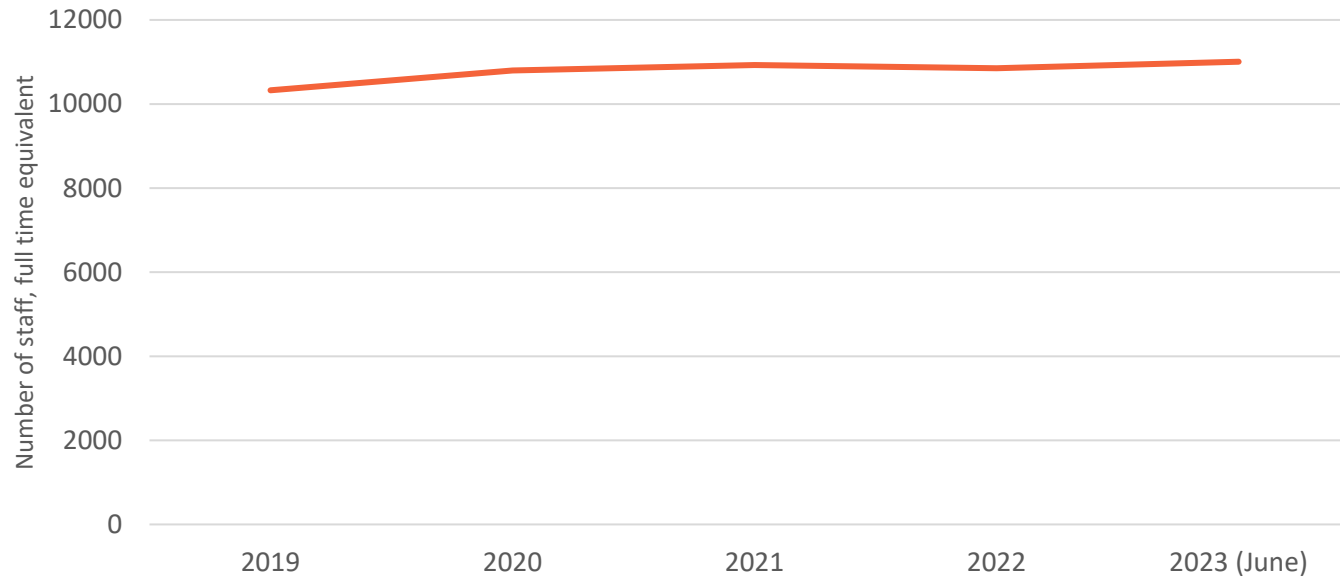
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Workforce strategy and associated workforce plan(s)</li><li>• Implementation/delivery plans for workforce strategy – high level and operational;</li><li>• Evidence 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>• Structure charts for workforce planning functions</li><li>• Examples of workforce planning training offered to staff eg CIPD, other training formal or informal</li><li>• Workforce finance and resource plans</li><li>• Corporate and operational risk registers</li><li>• Document showing recruitment process and recruitment and retention initiatives</li><li>• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery</li></ul>

Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> <li>• Executive Director of Nursing and Midwifery</li> <li>• Executive Director for People</li> <li>• Deputy Director for People</li> <li>• Executive Director of Therapies and Health Science</li> <li>• Independent Member – Trade Union</li> <li>• Head of Data and Business Intelligence. People Directorate Data, and Corporate/Operational Officers</li> <li>• People and Culture Committee, Committee Chair</li> <li>• Consultant in Acute Medicine/Assistant Medical Director for Medical Workforce</li> <li>• Head of Finance (Workforce)</li> <li>• Assistant Director for Strategic Workforce Planning</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

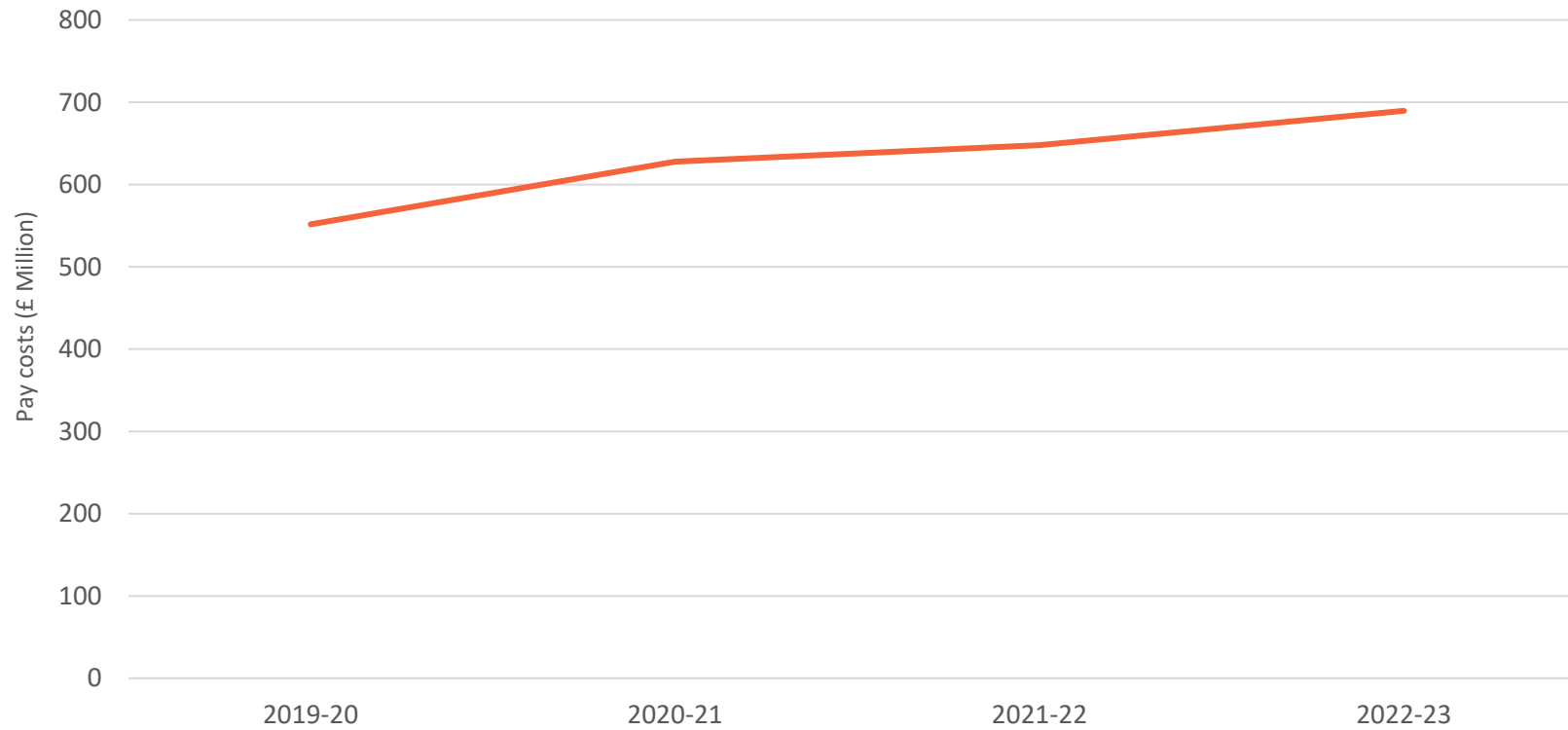
## Selected workforce indicators

**Exhibit 6: trend in workforce staffing levels (full-time equivalent), Cwm Taf Morgannwg University Health Board**



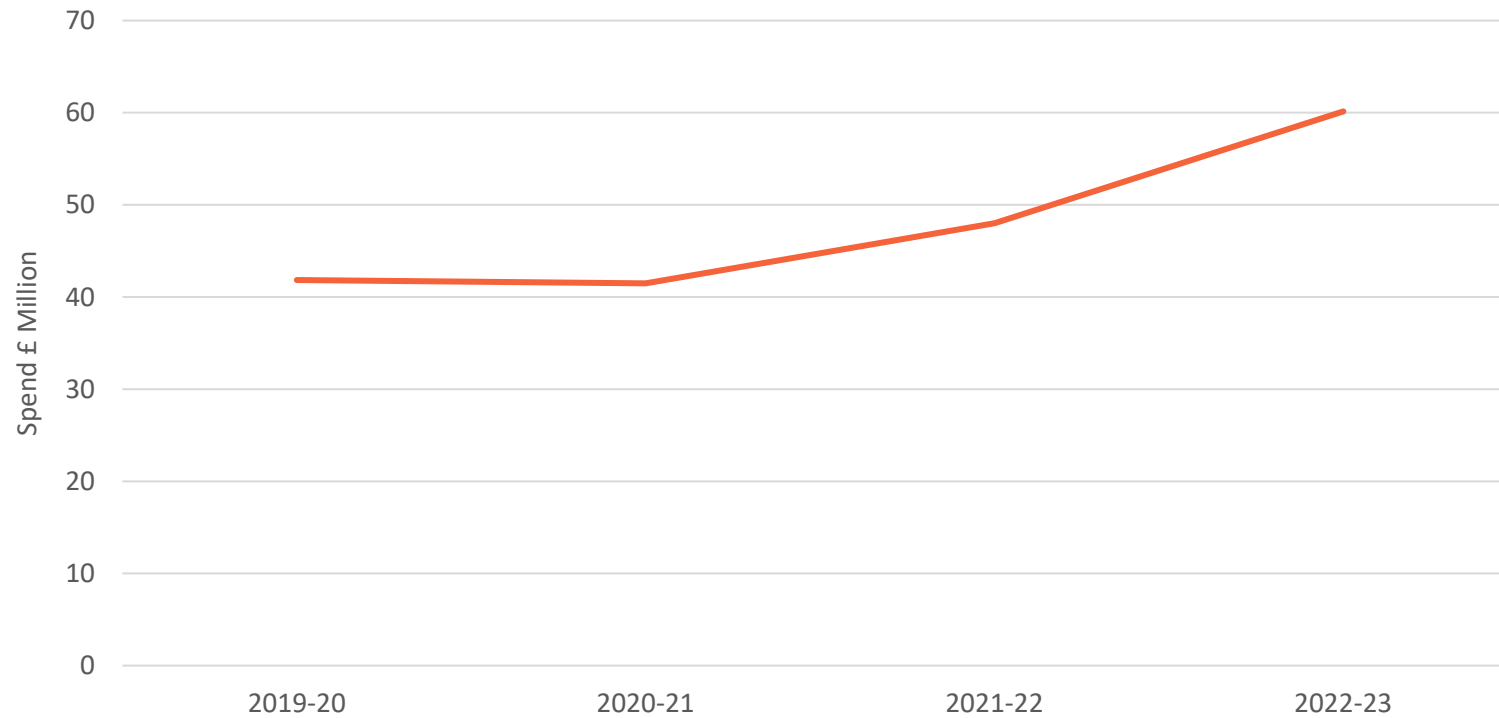
Source: Welsh Government, Stats Wales

**Exhibit 7: trend in actual workforce costs, Cwm Taf Morgannwg University Health Board**



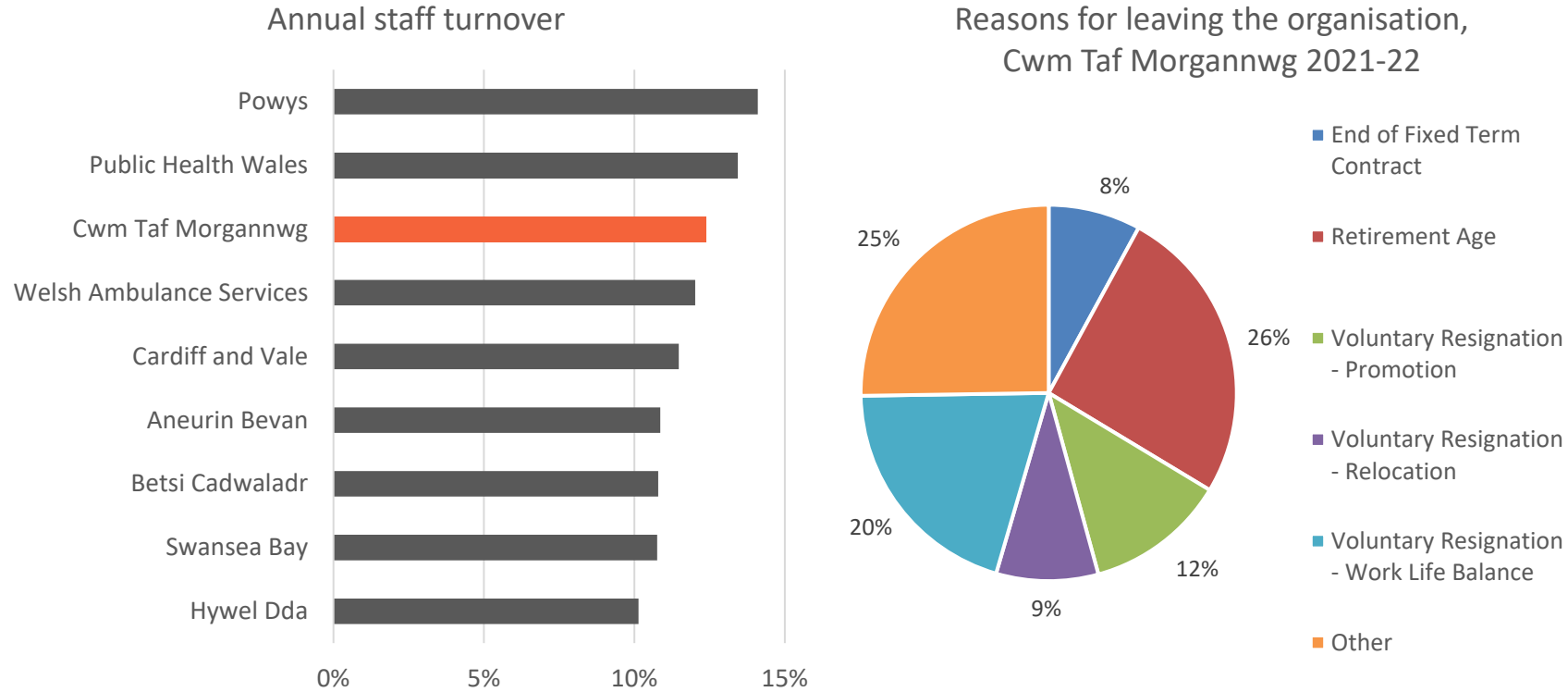
Source: Monthly Monitoring Returns reported to the Welsh Government

**Exhibit 8: expenditure on workforce agency (£ million), Cwm Taf Morgannwg University Health Board**



Source: Monthly Monitoring Returns reported to the Welsh Government

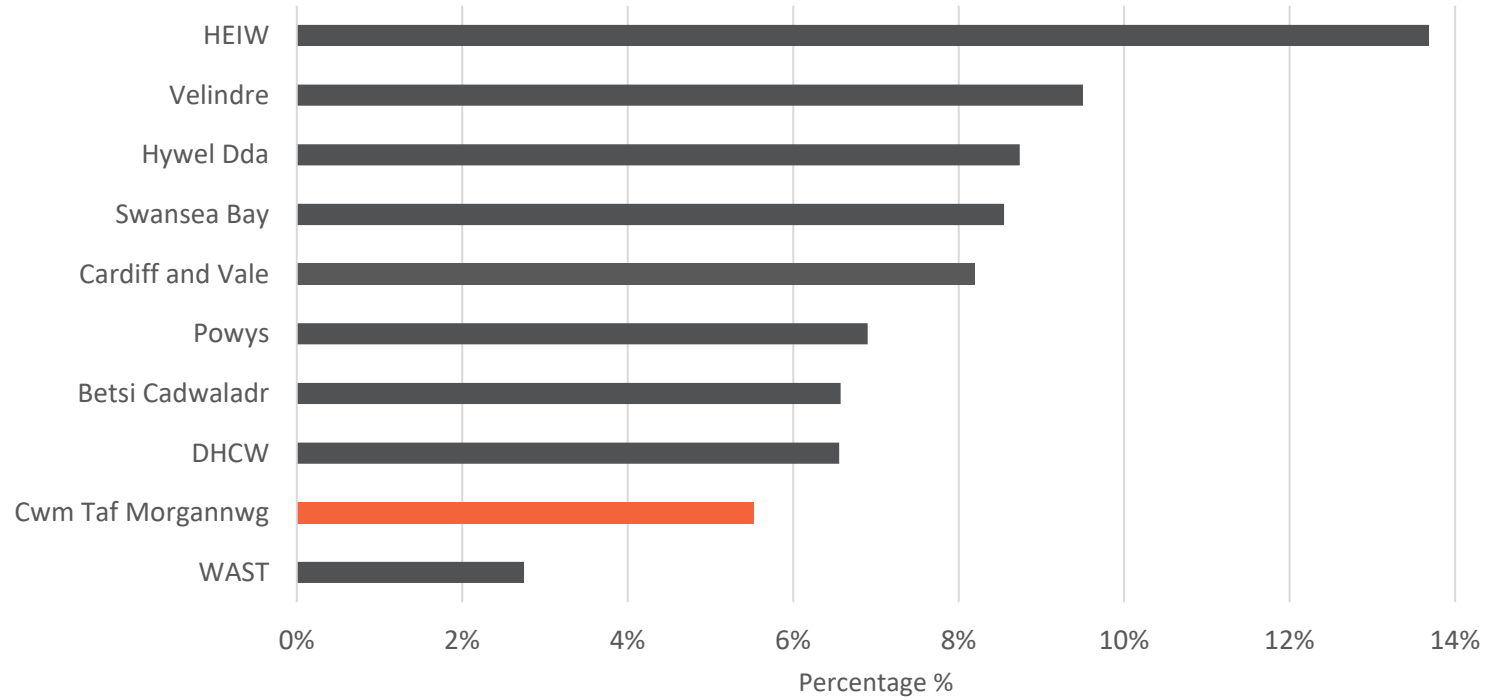
**Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Cwm Taf Morgannwg University Health Board**



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

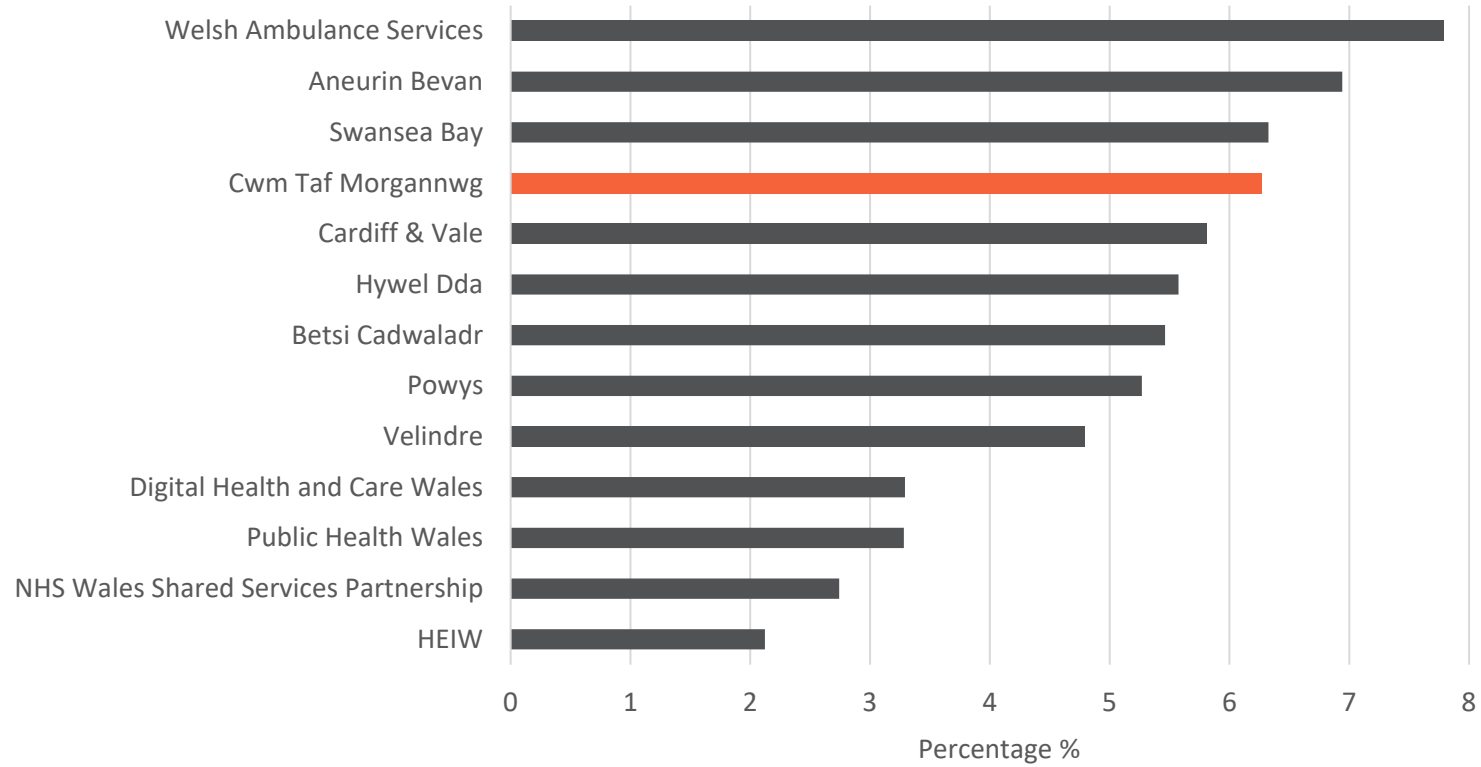


**Exhibit 10: vacancies as a percentage of total establishment, as of March 2022**



Source: health body data request

**Exhibit 11: Sickness absence by organisation, Quarter 2, 2023**



Source: Welsh Government, Stats Wales

# Appendix 3

## Organisational response to audit recommendations

Exhibit 12: Cwm Taf Morgannwg University Health Board 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	To address the absence of clear workforce plans, the Health Board should prepare sustainable and balanced short, medium, and long-term workforce plans with measurable goals and clear timelines aligned to the CTM2030 Strategy. As part of this, the Health Board should ensure that its intent to reconfigure services focussing more on prevention, population health, and digitally enabled health services is appropriately built into long-term service workforce design and transformation plans. (High priority)	<p>Work has begun on the development of the CTM SWP, approach underpinned by the KPMG action plan, next steps are:</p> <ul style="list-style-type: none"> <li>• using workforce data and wider information to develop high level workforce plans by staff group to enable the development of short, medium and long-term goals, with action plans, aligned to CTM 2030, in partnership with key stakeholders.</li> </ul> <p>Build into the plans:</p> <ul style="list-style-type: none"> <li>• agreed priorities aligned to the acute clinical services plan;</li> <li>• to agree SWP actions for Llantrisant Health Park; and</li> </ul>	<p><b>March 2025</b></p>	<p><b>Assistant Director of Strategic Workforce Planning</b></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)
		<ul style="list-style-type: none"> <li>identify opportunities from regional working and other programmes eg Accelerated Cluster Working, Six Goals, HEIW workforce Plans.</li> </ul>	<b>March 2025</b>	
<b>R2</b>	The Health Board should assess and agree its funded workforce establishment for 2024-25 and then introduce arrangements to update this annually. (High priority)	<ul style="list-style-type: none"> <li>Annual budget setting with Care Groups in place with alignment to Heads of People.</li> <li>Establishment Control options appraisal underway to consider and agree preferred option to progress.</li> </ul>	<b>May 2024</b> for decision on options appraisal, with revised assessment of timeline for implementation.	<b>Assistant Director of Strategic Workforce Planning</b>
<b>R3</b>	The Health Board should review its operational workforce planning capacity and capability and then ensure it is sufficient to support their operational workforce planning requirements within the new Care Group model. (High priority)	<ul style="list-style-type: none"> <li>Develop SWP skills within People Directorate to promote into the organisation.</li> <li>Working with Care Groups and Heads of People, assess current SWP capacity and capability.</li> <li>Explore opportunities to embed SWP methodology in CTM Leadership Development programmes.</li> <li>Develop workforce planning materials and toolkits to support workforce planning delivery.</li> </ul>	<b>September 2024</b>  <b>September 2024</b>  <b>September 2024</b>  <b>September 2024</b>	<b>Assistant Director of Strategic Workforce Planning</b>

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	To help determine the extent that the action it is taking to mitigate workforce risks is having an impact, the Health Board should set trajectories and timescales to meet their target risk ratings and more clearly assess the impact of the actions that it is taking. (High priority)	<ul style="list-style-type: none"> <li>• Develop a workforce baseline assessment based on risk linked to the UHB risk register to identify key workforce priority areas.</li> <li>• Agree actions, targets and trajectories for improvement with outcome measures.</li> <li>• Agree reporting arrangements and monitor progress (including escalations and improvements) through quarterly reviews of the risk register and at Inspiring People Board to assess any impact of the SWP actions on managing risks.</li> </ul>	<p><b>October 2024</b></p> <p><b>October 2024</b></p> <p><b>October 2024</b></p>	<b>Assistant Director of Strategic Workforce Planning</b>
R5	The Health Board needs to reinforce arrangements to both oversee progress and then assess the impact of the recommendations set out in the recent strategic workforce planning review via its People and Culture Committee. (High priority)	<ul style="list-style-type: none"> <li>• Assessment of progress and impact of recommendations to be on the agenda for PCC June 2024.</li> <li>• Regular progress updates to the relevant Board Committee.</li> </ul>	<b>June 2024</b> , with further updates to future PCCs	<b>Assistant Director of Strategic Workforce Planning</b>

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	To inform the development of its medium-term plans for workforce redesign and service transformation, the Health Board should use its workforce benchmarking to adopt best workforce practice and workforce models, ensuring similar system conditions, demographics, and population characteristics. (Medium priority)	<ul style="list-style-type: none"> <li>• Development of a horizon scan to support strategic workforce planning and to inform potential changes and/or impact to people/population/services which include:               <ul style="list-style-type: none"> <li>– Census analysis</li> <li>– Population Needs Assessments</li> <li>– Evidenced based practice</li> <li>– Use the benchmarking data and information eg HEIW People analytics tools and dashboards/NHS England and wider sources</li> <li>– Case studies and lessons learned</li> <li>– Changes to Policies/Standards, education and training</li> <li>– New roles, advanced and extended practice.</li> <li>– Labour market changes and generational changes</li> </ul> </li> </ul>	October 2024	Assistant Director of Strategic Workforce Planning





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We welcome correspondence and telephone calls in Welsh and English.  
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