

# Review of Workforce Planning Arrangements – Public Health Wales NHS Trust

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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 complimentary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long-term. But there are a range of complex factors which impact on planning assumptions, these include:
  - workforce age profile, retirement, and pension taxation issues.
  - shifts in attitudes towards full and part time working.
  - developing home grown talent and the ability to attract talent from outside the country into Wales.
  - service transformation which can change roles and result in increasing specialisation of roles.
- 4 The Trust developed its People Strategy in January 2020. The Strategy is aligned to the Trust's Integrated Medium-Term Plan (IMTP) which acts as an implementation plan for the current three years. The Trust is about to review its People Strategy its recently refreshed Long Term Strategy.
- 5 The key focus of our review has been on whether the Trust's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Trust'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. The methods we used to deliver our work are summarised in **Appendix 1**.

## Key findings

Overall, we found that **the Trust is in the early stages of improving its strategic approach to workforce planning and must now focus on improving its workforce intelligence and understanding the impact of its workforce initiatives.**

### Key workforce challenges

- 6 The key workforce challenge for the Trust is ensuring it has staff capacity to deliver its strategic priorities. The workforce indicators presented in **Appendix 2** show that annual turnover at the Trust in 2021-22 was one of the highest of all NHS Wales bodies (**Exhibit 8**). Almost a quarter of staff turnover was due to staff promotion. In 2022-23, the Trust's total pay costs were £129 million, which is a 65% increase in the five years since 2017-18 (**Exhibit 7**). The Trust's sickness absence figures are amongst the lowest in NHS Wales (**Exhibit 10**) although at 4%, it did not meet its target of 3.24% in 2021-22.
- 7 The Trust faces challenges recruiting consultant radiologists; consultants in microbiology and infectious disease; consultants in communicable disease control; public health practitioners, biomedical scientists, microbiologists, and some nursing roles. Our review of the Trust's Arrangements to Recover Screening Services also identified long-standing problems recruiting radiologists and breast clinicians. The Trust also described broader challenges to recruitment which are common across other parts of NHS Wales. For instance, the Trust cited competition from the private sector and other parts of the NHS; negative associations around NHS culture; lengthy recruitment processes within NHS Shared Services; funding pressures; and difficulties allocating long term funding. Like other parts of NHS Wales, the Trust lacks up to date workforce planning software and has to rely on Microsoft Excel which is inefficient and open to user-error.

### Strategic approach to workforce planning

**The Trust is at the early stages of improving its strategic approach to workforce planning. It is appropriately prioritising improvements in workforce intelligence but current weaknesses in workforce capacity data limit the effectiveness of the strategic approach.**

- 8 The Trust does not yet have an effective approach to workforce planning but is making good progress in improving its understanding of existing capacity to provide the foundations of its strategic approach. It has an agreed People Strategy focused on improving the workforce planning approach but lacks clear information on whether it has the capacity and capability to deliver it.
- 9 The Trust is making good progress developing workforce intelligence but must ensure the accuracy of its information and develop its forecasting of future service demand to determine the required workforce capacity. Going forward, the Trust needs to build on its workforce intelligence to develop a coherent approach to

identifying and managing current and future workforce risks. The development of the People Strategy and individual workforce initiatives were informed by good engagement with stakeholders but there are opportunities for the Trust to extend the reach of its engagement to better understand the needs of staff in frontline services.

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

**The Trust is taking steps to manage its workforce challenges but lacks a sophisticated understanding of the specific barriers to achieving its workforce ambitions and the resources required to deliver it.**

- 10 In broad terms, the Trust has identified workforce risks to delivering its strategic priorities in its corporate and strategic risk registers, but it does not have a clear picture of the specific barriers and risks associated with implementing its People Strategy, including the human and financial costs of delivery. Moving forward the workforce toolkit provides a good basis to develop a more sophisticated understanding of risk across the organisation.
- 11 We found positive examples of the Trust taking action to manage workforce challenges, including individual solutions to staffing pressures, using the workforce differently, working with partners, and through a package of larger initiatives to support well-being, learning and development, recruitment, and retention. The Trust could better target its activities with a clearer understanding of whether staff can access its initiatives in areas where retention and sickness absence are a problem.

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

**The Trust does not have a clear picture of the impact of its workforce initiatives or People Strategy on reducing workforce risks.**

- 12 There are weaknesses in the Trust's arrangements to oversee workforce performance and it must do more to understand the impact of its efforts to address its workforce risks. It reports progress delivering workforce milestones in the IMTP but does not yet have clear information on the outcomes of its work, or the impact of the actions and initiatives particularly in the areas of sickness absence and staff retention. The People and Organisational Development Committee (POD) needs to be better sighted on the impact the Trust is having on its effort to address workforce risks. The Trust uses benchmarking to drive improvement but could be more effective in its approach by identifying relevant external comparators to understand significant differences in performance and opportunities to gain experience from other organisations.

# Recommendations

## Exhibit 1: recommendations

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

### Recommendations

#### Delivering the People Strategy

- R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:
- 1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (**high priority**); and
  - 1.2. Identify the specific risks associated with implementing the People Strategy and plans to manage those risks (**high priority**).

#### Developing workforce intelligence

- R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:
- 2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (**high priority**); and
  - 2.2. In partnership with Data, Knowledge and Research and Finance Directorates, develop a consistent approach to model future service demand to understand the longer-term human and financial resource implications and potential risks to the organisation by the end of quarter 1 2024-25 (**medium priority**).

## Recommendations

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### Engagement with staff

- R3 There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should:
- 3.1. Review the strategic approach to engagement to ensure it is timely and fully embedded in service planning and change management (**high priority**); and
  - 3.2. Develop an approach to increase participation rates in workforce surveys and engagement activities, specifically targeting underrepresented parts of the business including the Health Protection and Screening Directorate by the end of quarter 2 2024-25 (**high priority**).

### Managing risk

- R4 The Trust's workforce toolkit has the potential to highlight new workforce risks. The Trust should review the information in its corporate and strategic risk registers using fresh insight from the workforce toolkit to identify potential additional sources of assurance and new risks by the end of quarter 4 2023-24 (**high priority**).

### Monitoring and oversight

- R5 We found weaknesses in the Trust's approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should:
- 5.1. Develop mechanisms to report progress against the workforce outcome indicators in the People Strategy and IMTP (**high priority**);
  - 5.2. Develop mechanisms to measure the impact of workforce initiatives and activities on sickness absence and turnover to understand their contribution to reducing workforce risk in areas identified as higher risk such as health protection and screening (**high priority**);
  - 5.3. Refine the annual work programme for the POD Committee to link it more clearly to the Trust's management of key workforce risks and the delivery of the People Strategy (**high priority**); and
  - 5.4. Work with the POD Committee to develop simpler, clearer mechanisms to share information and provide more meaningful insight into the Trust's management of workforce risks. For instance, the Trust could report information resulting from the implementation of recommendations 1.1, 1.2, 5.1, and 5.2 (**high priority**).



## Recommendations

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### Improving POD Committee oversight

R6 The Trust does not benchmark its workforce performance against any external organisations because there is no direct comparator in Wales. Nonetheless, benchmarking against other NHS Wales organisations can provide useful insight, particularly on common issues such as sickness / absence or management processes. There may also be comparator organisations beyond Wales. By the end of quarter 4 2023-24, the Trust should explore opportunities to benchmark workforce performance information against relevant organisations either in Wales or internationally and report progress to the POD Committee (**medium priority**).

# Detailed report

## Our findings

- 14 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**).
  - Monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

### Exhibit 2: Strategic approach to workforce planning

This section focusses on the Trust’s approach to strategic planning. Overall, we found that **the Trust is at the early stages of improving its strategic approach to workforce planning. It is appropriately prioritising improvements in workforce intelligence but current weaknesses in workforce capacity data limit the effectiveness of the strategic approach.**

What we looked at	What we found
<p>We considered whether the Trust’s workforce strategy and plans are likely to address the current and future workforce risks.</p> <p>We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none"><li>• Identifies current and future workforce challenges.</li><li>• Has a clear vision and objectives.</li></ul>	<p>We found that <b>the Trust’s People Strategy and IMTP set out a clear approach to improving workforce planning. However, there is not a sufficiently comprehensive plan to address specific workforce gaps, challenges, and opportunities.</b></p> <p>The People Strategy appropriately focuses on improving the Trust’s strategic approach to workforce planning and has a clear vision and objectives for improvement. However, the Trust has much work to do to develop an approach that will address current and future workforce risks. Positively, the Trust is about to review the People Strategy to reflect its refreshed long-term corporate strategy. The People Strategy is clearly aligned to the Trust’s IMTP and to the Welsh Government’s National Health and Social Care Strategy ‘A Healthier Wales’ and the national Workforce Strategy for Health</p>

What we looked at	What we found
<ul style="list-style-type: none"> <li>• Is aligned to the organisation’s strategic objectives and wider organisational plans.</li> <li>• Is aligned to relevant national plans, policies, and legislation, including the national workforce strategy for health and social care.</li> <li>• Is supported by a clear implementation plan.</li> </ul>	<p>and Social Care. The Trust’s People Strategy and IMTP are also clearly informed by the legislative context in Wales including the NHS Wales Health and Care Standards and Well-being of Future Generations (Wales) Act 2015.</p> <p>The Trust is improving its approach to identifying current and future workforce challenges using its workforce toolkit as a starting point. Currently, the Trust does not demonstrate a sophisticated, evidence-based understanding of current and future workforce challenges. The challenges it describes in the People Strategy and IMTP are largely high-level, broad themes rather than a comprehensive assessment of specific challenges affecting different parts of the business.</p> <p>The immediate workforce actions in the People Strategy are integrated within the Trust’s IMTP but the Trust has not set out how it will ensure effective delivery of the longer-term priorities in the Strategy (<b>Recommendation 1.1 and 1.2</b>). The People and Organisational Development Directorate also developed a vision based on what it sees as the ‘Big Five’ priorities to deliver the People Strategy and IMTP during 2022-23. However, the ‘Big Five’ vision misses some crucial IMTP actions for 2022-23 such as developing workforce planning capacity and ensuring the Trust has the capability to deliver its aims.</p>
<p>We considered whether the Trust 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 risks in the short and longer term.</li> <li>• Action to improve workforce data quality and address any information gaps.</li> </ul>	<p>We found that <b>the Trust is improving its understanding of current workforce capacity but needs to strengthen how it assesses future service demand to allow it to effectively model future workforce requirements.</b></p> <p>The Trust does not have reliable information on current and future workforce capacity. As part of our national workforce briefing preparation, we asked the Trust for information on staff vacancies (the number of staff in place against the current establishment) in 2021-22. However, the Trust’s assessment of vacancies by staff group appears to contain errors and needs further review. (<b>Recommendation 2.1</b>).</p> <p>The Trust recognises it needs to improve workforce intelligence and has made good progress both improving its workforce evidence and analytical capacity and making workforce data more accessible via Directorate and Divisional Dashboards. In particular, the Trust has developed a</p>

What we looked at	What we found
	<p>workforce toolkit to create a clear central picture of current workforce capacity and its current establishment. The toolkit collects information on current staffing levels and vacant posts as well as potential medium-term gaps resulting from planned retirement. As with other internal workforce datasets, there is a risk that the toolkit data may not be accurate. The Trust must ensure the toolkit is completed accurately, and consistently, to provide a solid foundation for a more strategic approach to workforce planning (<b>Recommendation 2.1</b>). The intelligence collected via the workforce toolkit will help the Trust better identify its workforce challenges which could inform its planned refresh of the People Strategy.</p> <p>The Trust uses clear, accessible workforce data and rates the reliability of that data in its Performance Assurance Dashboard alongside plans to improve data quality where it is below the desired standard. As of May 2023, the Trust rated most of its workforce data quality as 'gold'. The dashboard does not rate the reliability of data on diversity; time to hire staff; compliance with mandatory training; or compliance with appraisals. The Trust is implementing an action plan to increase consistency and compliance in recording sickness absence information on ESR to address weaknesses identified in a 2022 Internal Audit report<sup>1</sup>.</p> <p>The Trust has a wealth of information about future health trends but is not consistently using this information to understand future demand for its own services and the impact on staffing. As part of its wider transformation programme, Diabetic Eye Screening Wales has started some capacity modelling but there needs to be better analysis and understanding of future service demand as a key part of the Trust's approach to workforce planning (<b>Recommendation 2.2</b>). This could be addressed for instance by sharing data analytical skills across the Trust's internal functions to address workforce challenges and model future demand.</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>	<p>We found <b>positive examples of the Trust working with internal and external partners to resolve workforce challenges but there are opportunities to better target partnership working with better workforce intelligence.</b></p>

<sup>1</sup> Internal Audit, Workforce – Sickness Absence Monitoring, October 2022.

What we looked at	What we found
<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.</li> <li>• Shared solutions identified with key stakeholders to help address workforce challenges.</li> </ul>	<p>The Trust is clearly committed to engaging with internal and external stakeholders to develop its strategic workforce approach. The development of the People Strategy was informed by engagement with staff, the Board and external stakeholders using focus groups, workshops, surveys and by circulating drafts of the Strategy itself for comment. More recently, the Trust has engaged with external stakeholders to revise its Long-Term Strategy which will then inform future versions of the People Strategy. The Trust also uses regular engagement to inform other aspects of workforce planning such as the 'Working where it works best' pilot<sup>2</sup>, and the transformation of Diabetic Eye Screening Wales. However, we heard examples where more meaningful, timely engagement with staff and their representatives could have prevented anticipated future workforce challenges such as issues associated with the out of hours change programme. The Trust should ensure timely staff engagement is effectively part of its service workforce planning and associated change management arrangements (<b>Recommendation 3.1 and 3.2</b>).</p> <p>More broadly, the Trust is exploring ways to improve engagement with staff who are not members of trade unions or local networks and to improve response rates to its people surveys from underrepresented parts of the business such as screening and microbiology. With a clearer understanding of frontline staff views, the Trust can better target its workforce initiatives to tackle workforce challenges including staff sickness and retention.</p> <p>Similarly, there are opportunities to better target external partnership working. We identified some good operational examples, for instance, Breast Test Wales has worked with some health boards to share resources and develop shared roles. Information from the Trusts workforce toolkit presents an opportunity to improve and better target external engagement to identify shared challenges and potential workforce collaboration opportunities.</p>

<sup>2</sup> A 12-month trial to explore how, where and when teams work best to identify effective future working arrangements.

### Exhibit 3: Operational action to manage workforce challenges

This section focusses on the actions the Trust is taking to manage workforce challenges. Overall, we found that **the Trust is taking steps to manage its workforce challenges but lacks a sophisticated understanding of the specific barriers to achieving its workforce ambitions and the resources required to deliver it.**

What we looked at	What we found
<p>We considered whether the Trust 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.</li> <li>• Sufficient financial resources to deliver the workforce strategy or plan.</li> </ul>	<p>We found that <b>the Trust has clear intent to improve workforce planning capability but should ensure it has the resources to support delivery of its People Strategy.</b></p> <p>There are clear roles and responsibilities for workforce planning at corporate and operational levels. The Trust currently provides workforce planning training for managers across the organisation but has not completed a skills gap analysis to understand workforce planning capability across its business or how much other factors like operational pressures affect the quality of workforce planning. The Trust has a small central resource to support corporate workforce planning, with workforce planning forming part of four staff members roles<sup>3</sup>. The Trust has not determined what skills it needs to implement the People Strategy to understand whether its People and Organisational Development staff have those skills. The Trust plans to recruit a dedicated workforce planning lead, create job family leads to improve workforce planning structures across the organisation, and upskill key staff members in workforce planning.</p> <p>Whilst the Trust has good financial planning arrangements to understand staff costs associated with delivering its IMTP, we have concerns about the accuracy of the underpinning data on which those assumptions are based (see section above). The Trust is developing an investment planning process to ensure its investment in the skills and education of its workforce is sustainable over the medium term. It also intends to develop plans for addressing scarce and emerging skills.</p> <p>Beyond the IMTP, the Trust has not identified the longer-term costs, skills or other resources associated with delivering its People Strategy. <b>Exhibits 6 and 7</b> show historical growth in staffing levels and costs which may not be sustainable in the long term. The Strategy's initial focus on improving workforce intelligence understandably means that the Trust started to deliver its Strategy</p>

<sup>3</sup> Workforce planning makes up about 25% of one role, and 10% of the remaining three.

What we looked at	What we found
	<p>before understanding the resource implications. When it has a clearer understanding of specific workforce challenges, the Trust should calculate the costs associated to determine affordability (<b>Recommendation 1.1</b>).</p>
<p>We considered whether the Trust 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.</li> <li>• Clearly documented workforce risks that are managed at the appropriate level.</li> </ul>	<p>We found that <b>the Trust understands its high-level workforce risks associated with delivering its IMTP but must enhance its understanding of potential risks associated with delivering its People Strategy.</b></p> <p>The Trust does not have a clear understanding of the potential barriers to delivering its People Strategy. For instance, the Trust told us that using Excel spreadsheets for workforce planning carries risks of inaccuracy and loss of data. Similarly, the Trust has limited central resources (see above) to support workforce planning which may limit its ability to implement the Strategy effectively. Positively, the Trust has a reasonable understanding of barriers to delivering its IMTP which includes ‘workforce capability, talent attraction, ways of working and change management’ as key themes which are reflected in its strategic risks.</p> <p>High level workforce risks are captured in the Trust’s corporate and strategic risk registers which include actions to mitigate those risks. The Business Executive Team reviews the management of workforce risks monthly and at mid and end of year reviews. Oversight includes some risks to implementation of the Strategy, but the Trust has not completed a thorough risk assessment of those risks (see paragraph above). Strategic workforce risks are allocated across committees to enable more detailed oversight. The Quality, Safety, and Improvement Committee (QSIC) is responsible for overseeing strategic risks where workforce capacity may contribute to weaknesses in the quality and safety of services whilst the POD Committee has oversight of broader risks relating to culture and capability<sup>4</sup>.</p>

<sup>4</sup> QSIC has oversight of Risk 6 ‘There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection caused by weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and / or capital investment’. The POD Committee has oversight of Risk 4: ‘There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance’.

What we looked at	What we found
	<p>The Trust plans to include changes to its strategic risk scores in its Performance and Assurance Dashboard to Board but without the data, it is currently difficult to gauge the effectiveness of the Trust’s activities on its workforce risks. The most recent performance report to Board (May 2023) showed that current risk scores exceeded target risk scores for all workforce risks. Once the Trust has a clearer picture of current workforce capacity and challenges, it may identify new workforce risks, such as risks associated with meeting future service demand (<b>Recommendation 4</b>).</p> <p>Our review of screening recovery found that individual screening programmes have good arrangements to identify, monitor and escalate workforce risks within the screening division with oversight at Directorate level. Other Directorates have similar structures to identify, manage and oversee risk but we have not assessed the effectiveness of those arrangements.</p>
<p>We considered whether the Trust 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.</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 Trust is taking appropriate steps to manage current workforce challenges at an operational level.</b></p> <p>Recruitment and retention are clearly priorities for the Trust. Its annual turnover was one of the highest of all NHS Wales bodies at 13% in 2021-22, noting that 22% of staff resigned because of a promotion (<b>Exhibit 8</b>). At 4% in 2021-22, the Trust’s sickness absence figures are amongst the lowest in NHS Wales (<b>Exhibit 10</b>) but do not meet its target of 3.24%. The Trust has a varied package of initiatives to support staff well-being, learning and development, promote positive working environments and support flexible working to improve staff retention and sickness absence levels. But it does not have information on uptake in different parts of its business which is a critical step to understanding impact and targeting activity on problem areas. The Trust uses exit and people surveys to understand the underlying reasons behind staff turnover but recognises it could do more to understand the ‘other’ reasons people are leaving the organisation.</p> <p>Positively, the Trust is working with Arden University to learn about people who apply for, are shortlisted, and are offered roles in the organisation. Its aim is to better understand where the organisation’s appeal lies and potential factors putting people off working at the Trust.</p>



What we looked at	What we found
	<p>The Trust is improving its understanding of vacancies via its workforce toolkit. The Business Executive Team regularly review vacancy rates including actions to address problems. The Board receives regular data on the timeliness of the Trust's recruitment processes which has outperformed the NHS Wales Shared Services Partnership target so far throughout 2023. An internal audit report on the recruitment of staff associated with the Trust's Health Protection Business Case in October 2021 gave the Trust substantial assurance. Our work on screening recovery identified positive examples where vacancies have been well managed, and the Trust has tried varied approaches to manage gaps in its workforce. However, as with other parts of the NHS, there are longstanding gaps in some parts of the workforce which continue to present challenges. The Trust is taking action to address these gaps, including using its workforce differently, both via individual solutions to specific staffing issues, and through larger initiatives like 'Working Where it Works Best.' Our review of screening recovery found examples where staff grade mix, clinic location, outsourcing of administrative tasks, and collaboration with other organisations were all key workforce aspects that the Trust considered and changed as part of service modernisation.</p> <p>Spending on agency staff increased considerably in 2021-22 to £5 million but has since fallen to £4 million in 2022-23 (<b>Exhibit 7</b>). Some agency costs relate to COVID-19 staffing arrangements and from 2021 onwards also to recovering the Trust's screening programmes. In some cases, the Trust has chosen to use agency or bank staff to provide additional temporary capacity and avoid pressure on existing staff by asking them to work additional hours.</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. Overall, we found that **the Trust does not have a clear picture of the impact of its workforce initiatives or People Strategy on reducing workforce risks.**

What we looked at	What we found
<p>We considered whether delivery of the Trust’s workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> <li>• arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels.</li> <li>• effective action where progress on elements of the workforce strategy or plan are off-track.</li> <li>• performance reports showing the impact of delivering the workforce strategy or plan.</li> <li>• the organisation benchmarking its workforce performance with similar organisations.</li> </ul>	<p>We found that <b>the Trust does not have a clear picture of the impact of its workforce initiatives or People Strategy on reducing workforce risks. Oversight at committee level could be improved with clearer and more meaningful information on progress implementing the People Strategy and benchmarking with relevant external organisations.</b></p> <p>The Trust has a clear and consistent focus on workforce performance indicators both operationally and at board and committee level but does not currently monitor performance against the workforce outcome indicators set out in its IMTP and People Strategy (<b>Recommendation 5.1</b>). Current monitoring information is insufficient to enable effective oversight on delivery of the People Strategy at all levels. Management oversight focuses on delivery against milestones rather than the impact of the Trust’s activities. As a result, it cannot reliably demonstrate that is achieving the outcomes set out in the People Strategy. The Trust also does not have a mechanism for understanding the impact of individual workforce initiatives such as wellbeing support packages on workforce risks or retention or sickness / absence figures (<b>Recommendation 5.2</b>).</p> <p>The IMTP acts as the implementation plan for the current three years of the People Strategy. As such, the Board monitors delivery as part of its wider oversight of the IMTP via the Performance Assurance Dashboard. The Dashboard and supporting reports to Board clearly identify progress delivering milestones, reasons for delays and corrective action but they do not describe the impact of the Trust’s actions. Time constraints limit the Board to shorter discussions on workforce. The POD Committee oversees the Trust’s overall management of its workforce but there are opportunities to better focus that oversight by clearly linking its agenda to the management of workforce risks and delivery of the People Strategy (<b>Recommendation 5.3</b>). The Committee receives regular updates on individual initiatives and delivery of the People and Organisational Development Directorate’s ‘Big Five’ but lacks a clear picture of how those activities contribute to delivery of the Strategy. The committee also receives an annual report on delivery of the People Strategy and the risks and challenges to implementation. There is opportunity to improve the committee’s understanding of the</p>

What we looked at	What we found
	<p>barriers and risks associated with implementing the Strategy by providing more current and ongoing commentary rather than a review at year end. There are broader opportunities to make reporting into the POD committee simpler, more meaningful, and focused on the management of workforce risks (<b>recommendation 5.4</b>).</p> <p>The Trust uses internal benchmarking to understand performance and has incorporated information into its interactive Directorate and Divisional Dashboards. The Dashboards are used in senior management team meetings to monitor and address performance issues and understand differences between teams and regions. The Trust recognises it could do more to benchmark its performance against external comparators but finds it difficult to identify relevant organisations (<b>Recommendation 6</b>).</p>

# Appendix 1

## Audit methods

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

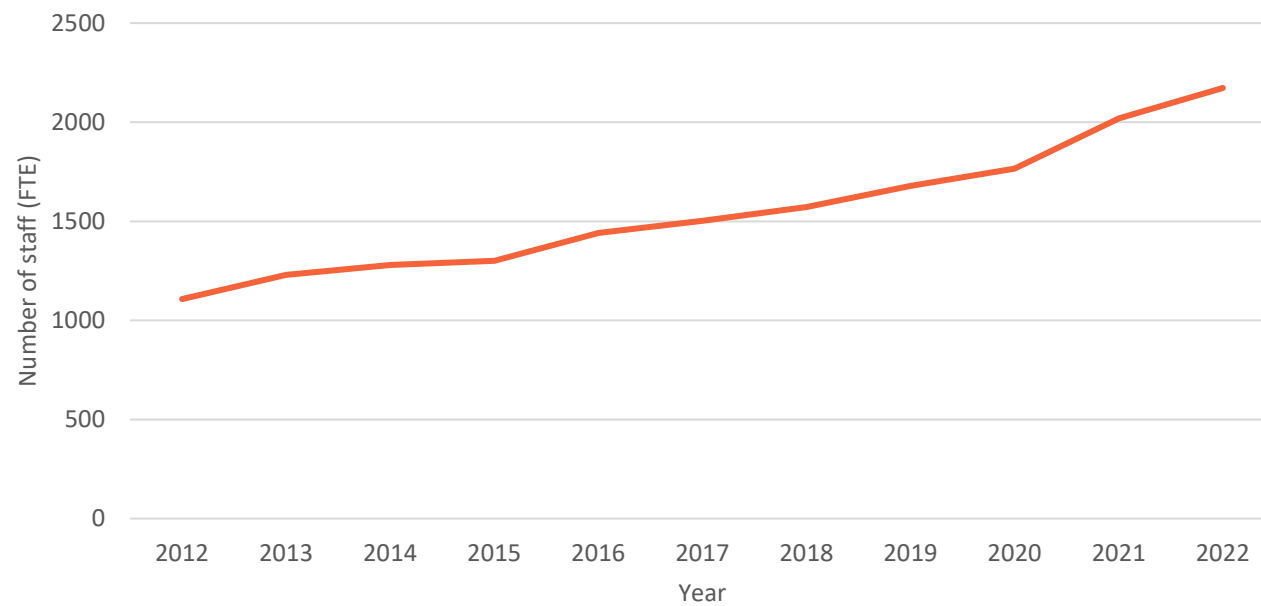
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Workforce strategy and associated workforce plan(s)</li><li>• Information feeding into workforce strategy development e.g., needs assessment, workforce data, benchmarking 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 e.g., CIPD, other training formal or informal</li><li>• Workforce finance and resource plans</li><li>• Corporate and operational risk registers</li></ul>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Executive Director - People and Organisational Development</li><li>• Assistant Director of People Strategy, Insights and Service</li><li>• Strategic Resourcing and Workforce Planning Manager</li><li>• Workforce Systems and Analytics Lead</li><li>• Chair of the POD Committee</li><li>• Interviews with several Trade Union Representatives</li></ul>

Element of audit approach	Description
	<p>We integrated our approach with our Review of the Trusts' Arrangements to Recover its Screening Services which included interviews with the following:</p> <ul style="list-style-type: none"> <li>• National Director of Health Protection and Screening Services and Executive Medical Director;</li> <li>• Director of Screening Services;</li> <li>• Heads of Programme for AAA, breast, and diabetic eye screening programmes;</li> <li>• Optimisation Manager - Diabetic Eye Screening Wales;</li> <li>• Transformation Manager - Diabetic Eye Screening Wales;</li> <li>• Business Manager, Screening Division;</li> </ul> <p>Our work was also informed by our 2022 Structured Assessment.</p>
Observations	<p>We observed the following meeting(s):</p> <ul style="list-style-type: none"> <li>• Recordings of all board meetings during 2021 and 2022.</li> <li>• Attendance at the People and Organisational Development Committee meeting <b>18<sup>th</sup></b> April 2023</li> </ul>

# Appendix 2

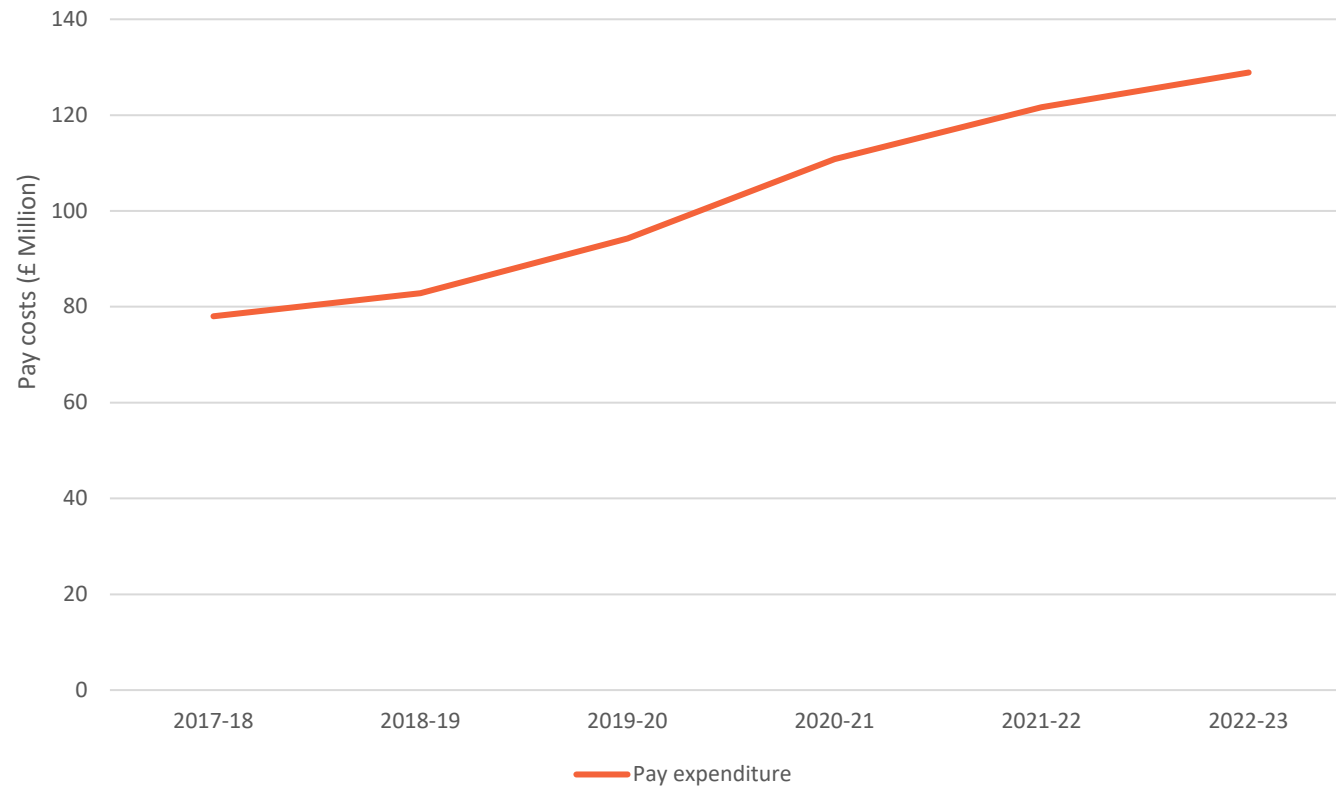
## Selected workforce indicators

**Exhibit 6: Trend in workforce numbers (full time equivalent), Public Health Wales NHS Trust**



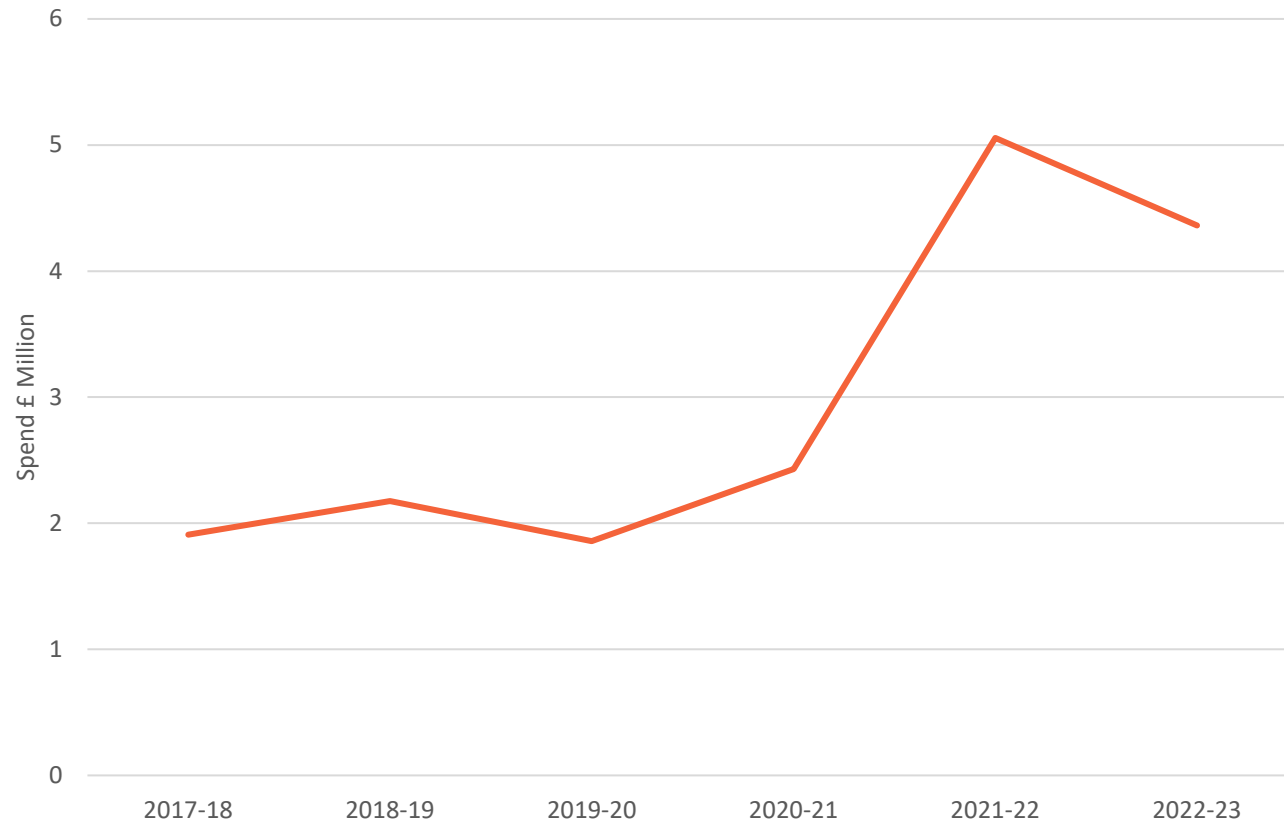
Source: Welsh Government, Stats Wales

### Exhibit 7: Trend in actual workforce costs, Public Health Wales NHS Trust



Source: Monthly Monitoring Returns reported to Welsh Government, HM Treasury inflation rates

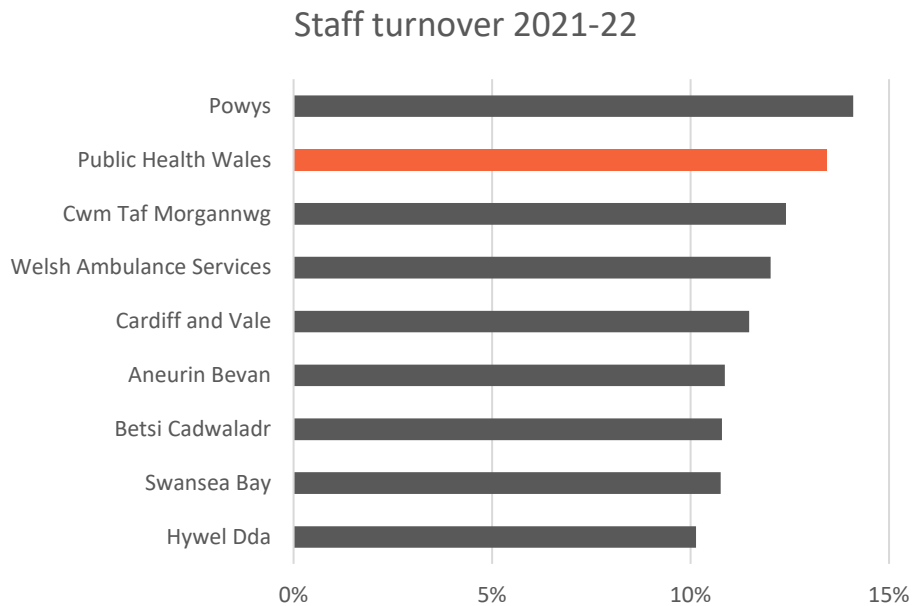
**Exhibit 8: Trend of expenditure on workforce agency £ Million, Public Health Wales NHS Trust**



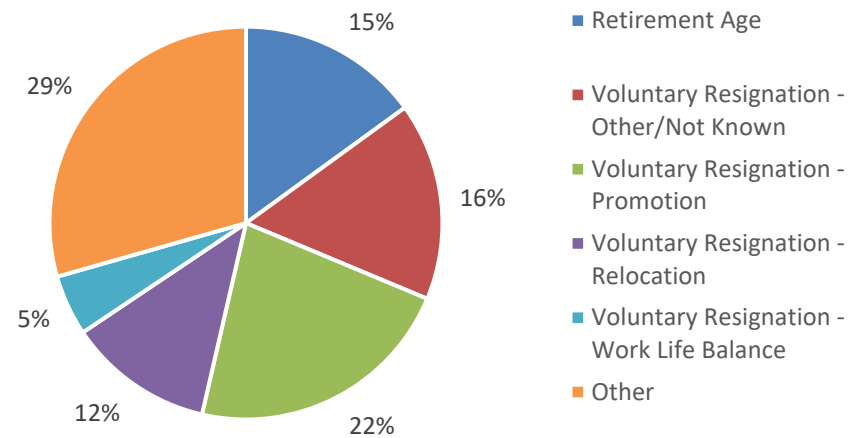
Source: Monthly Monitoring Returns reported to Welsh Government



**Exhibit 9: Annual staff turnover and reason for leaving, 2021-22, Public Health Wales NHS Trust**

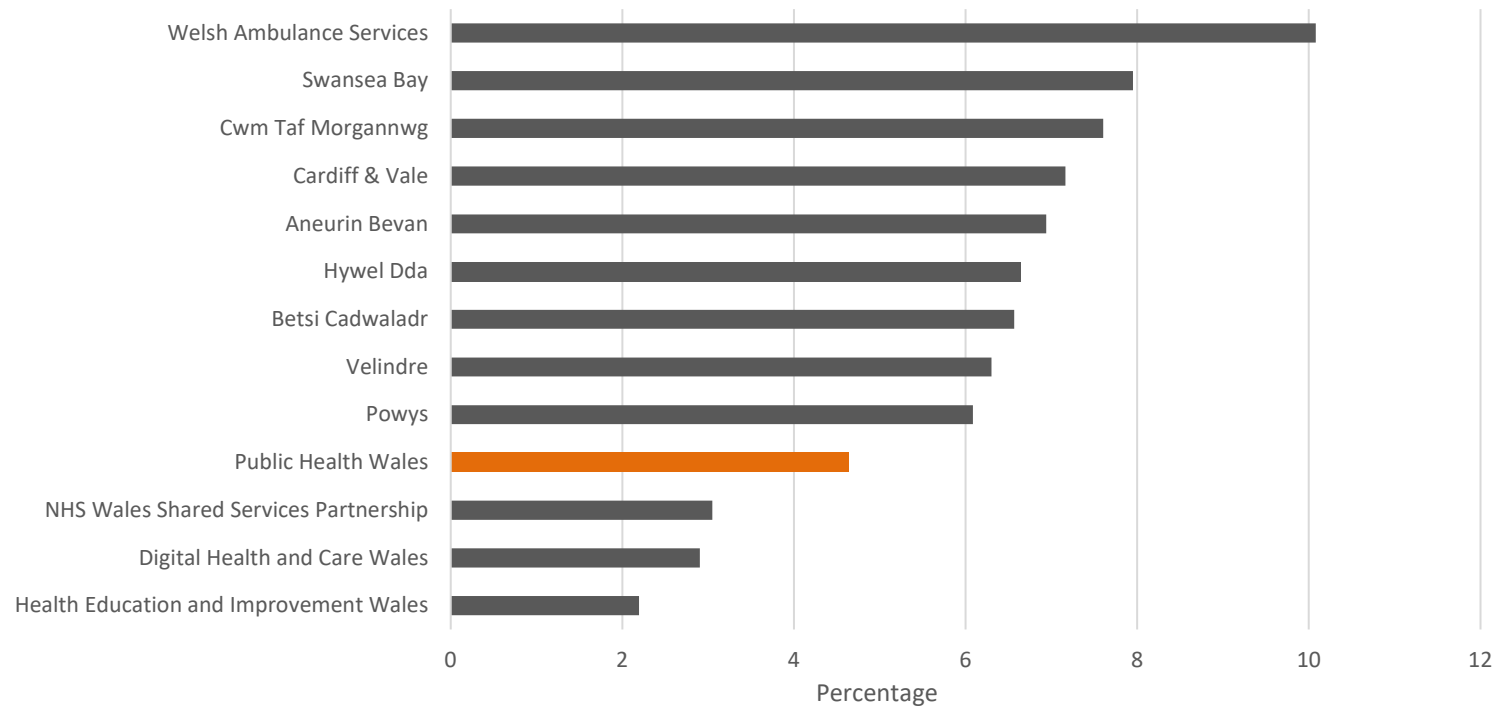


### Reasons for leaving the organisation, PHW 2021-22



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

**Exhibit 10: Sickness absence by organisation, 2022**



Source: Welsh Government, Stats Wales

# Appendix 3

## Organisational response to audit recommendations

**Exhibit 11:** Public Health Wales NHS Trust’s response to our audit recommendations.

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)
<p><b>Delivering the People Strategy</b></p> <p>R1 The Trust has not assessed its capacity and capability to deliver its People Strategy or assess specific risks associated with delivery beyond its three-year IMTP. By the end of quarter 1, 2024-25, the Trust should incorporate assessments of risk and resources into its 2024-27 IMTP as follows:</p> <p>1.1. Set out the costs, staff capacity, skills and other resources associated with implementation of the next three years of the People Strategy, within its People and Organisational Development Directorate and across the business (<b>high priority</b>); and</p>	<p>Accepted - Actions 1.1 and 1.2 will need to be completed in partnership with Finance / Planning Colleagues and would need to be integrated into the IMTP planning framework to achieve alignment and integration with the LTS.</p>	<p>31 March 2025</p>	<p>Director of People and OD</p> <p>Director of Finance</p>

<b>Recommendation</b>	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
1.2. Identify the specific risks associated with implementing the People Strategy and plans to manage those risks ( <b>high priority</b> ).			
<p><b>Developing workforce intelligence</b></p> <p>R2 The Trust is developing a comprehensive picture of current workforce capacity via its workforce toolkit but must ensure its workforce information is correct. In particular, the Trust needs accurate figures on its current establishment and vacancies. It also needs to understand future service demand and model the impact on future workforce requirements. The Trust should:</p> <p>2.1. Develop an approach to ensure the accuracy of data in the workforce toolkit and other internal workforce datasets by the end of quarter 1 2024-25. In particular, the Trust must have an accurate picture of its current establishment and vacancy levels (<b>high priority</b>); and</p>	<p>Accepted</p> <p>This is an essential element of work and having adequate resource to achieve this is critical. Work is underway at an all-Wales level to prepare organisations for the next generation ESR solution. This is a significant piece of work. Unfortunately, the revised solution does not include modules which improve WFP capability.</p>	<p>30 June 2024</p>	<p>Director of People and OD</p>

<b>Recommendation</b>	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
<p>2.2. In partnership with Data, Knowledge and Research and Finance Directorates, develop a consistent approach to model future service demand to understand the longer-term human and financial resource implications and potential risks to the organisation by the end of quarter 1 2024-25 (<b>medium priority</b>).</p>	<p>Having access the right skills and technology to deliver this is essential. We will work with the Data Knowledge and Research Team to agree the scope and plan to deliver this aim. This will include investing in technology to facilitate workforce planning and service/workforce modelling, subject to costings and procurement process.</p>	<p>30 June 2024</p>	<p>Director of Knowledge and Research</p>
<p><b>Engagement with staff</b></p> <p>R3 There are opportunities for the Trust to improve its approach to staff engagement. By the end of 2023, the Trust should:</p> <p>3.1. Review the strategic approach to engagement to ensure it is timely and fully embedded in service planning and change management (<b>high priority</b>); and</p> <p>3.2. Develop an approach to increase participation rates in workforce surveys and engagement activities, specifically targeting underrepresented parts of the business including the Health Protection and Screening Directorate by the end of quarter 2 2024-25 (<b>high priority</b>).</p>	<p>Accepted – This is work already underway</p>	<p>30 December 2024</p>	<p>Director of People and OD</p>

<b>Recommendation</b>	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
<b>Managing risk</b> R4 The Trust’s workforce toolkit has the potential to highlight new workforce risks. The Trust should review the information in its corporate and strategic risk registers using fresh insight from the workforce toolkit to identify potential additional sources of assurance and new risks by the end of quarter 4 2023-24 ( <b>high priority</b> ).	Accepted - We will work with our colleagues in information and governance to ensure any risks are highlighted as appropriate	31 March 2024	Director of People and OD
<b>Monitoring and oversight</b> R5 We found weaknesses in the Trust’s approach to monitoring and overseeing delivery of its People Strategy. It does not understand the impact of its efforts to implement that strategy and the POD Committee does not have a clear picture of progress implementing the People Strategy. By the end of quarter 2 2024-25, the Trust should: 5.1. Develop mechanisms to report progress against the workforce outcome indicators in the People Strategy and IMTP ( <b>high priority</b> );	Accepted  We will look to do this in partnership with our Strategy and Planning Colleagues, to ensure efficiency and integration.	30 September 2024	Director of People and OD, and Head of Board Business Unit

<b>Recommendation</b>	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
<p>5.2. Develop mechanisms to measure the impact of workforce initiatives and activities on sickness absence and turnover to understand their contribution to reducing workforce risk in areas identified as higher risk such as health protection and screening (<b>high priority</b>);</p> <p>5.3. Refine the annual work programme for the POD Committee to link it more clearly to the Trust’s management of key workforce risks and the delivery of the People Strategy (<b>high priority</b>); and</p> <p>5.4. Work with the POD Committee to develop simpler, clearer mechanisms to share information and provide more meaningful insight into the Trust’s management of workforce risks. For instance, the Trust could report information resulting from the implementation of recommendations 1.1, 1.2, 5.1, and 5.2 (<b>high priority</b>).</p>	<p>Our Dashboards will be the key mechanism for measuring impact of workforce initiatives. We will also seek to gather qualitative data to understand impact of initiatives from a user perspective.</p> <p>We will work in partnership with PODCOM and colleagues in our Board Governance Team to meet the requirements of actions 5.3 and 5.4.</p>		
<p><b>Improving POD Committee oversight</b></p> <p>R6 The Trust does not benchmark its workforce performance against any external organisations because there is no direct comparator in Wales. Nonetheless, benchmarking against other NHS Wales organisations can provide useful insight, particularly on common issues such as</p>	<p>Accepted - We will work with others across the system to enable this action to be met. There will be constraints in terms of what we benchmark against as there will be a need to determine common data and methods for calculating data.</p>	<p>31 March 2024</p>	<p>Director of People and OD</p>

<b>Recommendation</b>	<b>Organisational response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
sickness / absence or management processes. There may also be comparator organisations beyond Wales. By the end of quarter 4 2023-24, the Trust should explore opportunities to benchmark workforce performance information against relevant organisations either in Wales or internationally and report progress to the POD Committee ( <b>medium priority</b> ).			







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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.