

# Review of Workforce Planning Arrangements – Velindre University NHS Trust

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Once this report is finalised, this document will also be available in Welsh.

# 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	24

# 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 pensions 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 Velindre University NHS Trust (the Trust) provides specialist services across Wales. The operational delivery of services is managed through two divisions, Velindre Cancer Service and the Welsh Blood Service. The Trust's 10-year People Strategy, Employer of Choice – Helping Each Other Be Great (the People Strategy), was approved by the Board in May 2022. The People Strategy is one of a suite of enabling strategies underpinning the Trust's corporate strategy, Destination 2032.
- 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.

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

## Key findings

- 7 Overall, we found **that the Trust is strengthening its strategic workforce planning supported by improving workforce intelligence. However, it lacks sufficient oversight on the impact of its workforce initiatives and needs to ensure it has the capacity and capability to deliver longer term workforce priorities.**

### Key workforce planning challenges

- 8 At the time of writing this report, the key workforce issues at the Trust related to filling vacancies for professions in areas with longstanding national challenges. Vacancy levels, for the period that we collected data, were higher than average across Wales, with some notable gaps including consultant radiologists, acute oncology consultants and medical physicists<sup>1</sup> and some nursing roles. The Trust is still dealing with the effect of the pandemic with high sickness in some service areas. Spending on agency staff increased considerably in 2020-2021 to £2.7 million but has since fallen to £1.3 million in 2022-23 (**Exhibit 6**). The Trust is currently building a new Velindre Cancer Centre, this provides opportunities to develop new workforce models.

### Strategic approach to workforce planning

- 9 **The Trust has a reasonably good workforce strategy but, it needs to be underpinned by a robust delivery plan, supported by service modelling.**
- 10 The Trust has a clear strategic vision for its workforce however, to effectively deliver it, it needs to develop its strategic workforce planning approaches and develop an underpinning implementation plan. The Trust has a reasonable understanding of its current service demands, based on its current service models. It is working well with internal and external stakeholders to find shared solutions to workforce challenges. However, there is scope for the Trust to strengthen its analysis of anticipated future demands to shape future workforce requirements and inform workforce modelling. The Trust is currently working on this, and the position

<sup>1</sup> Medical Physics is the application of physics to medicine. It uses physics concepts and procedures in the prevention, diagnosis, and treatment of disease.

should improve once the Trust has finalised its Supply and Shape Framework<sup>2</sup>, which it expects to complete in September.

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

- 11 **The Trust is taking some positive action to manage current and future workforce challenges but recognises it is in the early stages of developing a more robust and effective approach to workforce planning.**
- 12 The Trust has clear intent to improve workforce planning capacity and capability. However, limited corporate capacity and operational pressures mean that service leads do not have sufficient time to develop workforce planning solutions to help address operational challenges. The Trust understands high-level workforce risks associated with delivering its People Strategy, but actions to mitigate these risks have had minimal effect to date. The development of the Supply and Shape Framework should also help to identify workforce gaps and inform future corporate risk assessment. The Trust is taking steps to help it respond to current workforce challenges through a range of recruitment and retention activities.

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

- 13 **Whilst Board and committee maintain reasonable oversight of workforce challenges, there needs to be stronger focus on the extent that actions are having an impact on reducing short and medium-term workforce risks.**
- 14 Whilst the Quality, Safety and Performance Committee receives timely workforce performance reports, the Trust needs to strengthen how it reports on the impact of the People Strategy's delivery i.e., what difference it is making. Where possible the Trust benchmarks its workforce performance with other health bodies in Wales and networks with comparing organisations across the UK.

<sup>2</sup> The framework will include workforce analysis and service modelling, including scenario and service change mapping. There are six principles to model the workforce, these are: 1. Resource and Replenish (Buy), 2. Redevelop and Reskill (Build), 3. Reposition and Renew (Borrow), 4. Retain and Reward (Bind), 5. Resolve and Revive (Bounce) and 6. Rediscover and Reinvent (Boost).

# Recommendations

## Exhibit 1: recommendations

- 15 **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**. [Appendix 3 will be completed once the report and organisational response have been considered by the relevant committee.]

### Recommendations

#### Developing an implementation plan

- R1 The Trust's People Strategy is not effectively supported by an implementation plan. This limits the Trust's ability to ensure it has sufficient resource to deliver the strategy, manage risks associated with its delivery, and provide effective oversight of its implementation at committee. The Trust should develop a plan to implement the People Strategy. The plan should include a section that identifies the costs, staff capacity, skills and other resources associated with implementing the People Strategy (**high priority**).

#### Developing workforce intelligence

- R2 The Trust is developing a baseline of current workforce capacity to inform its Supply and Shape framework. The Trust should do more to understand the extent of workforce planning activity across its business and to understand future service demand and risk. The Trust should 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 (**medium priority**).

#### Managing risk

- R3 The Trust's Supply and Shape Framework 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 Supply and Shape document to identify potential additional sources of assurance and new risks (**high priority**).

## Recommendations

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### Exit surveys

- R4 Whilst the Trust uses exit surveys to understand the underlying reasons for staff turnover, we found that the Trust could do more to actively encourage survey completion. The Trust should develop an approach to increase exit survey response rates and ensure feedback feeds into retention activities (**medium priority**).
- 

### Education commissioning process

- R5 We found that the Trust is working on improving the basis of its education commissioning. The Trust should develop mechanisms to triangulate the number of staff it trains through the education commissioning process and how many it then employs which will provide the Trust with important intelligence to further strengthen its basis (**medium priority**).
- 

### Monitoring and oversight

- R6 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 and a lack of clear information limits thorough scrutiny by the Quality, Safety and Performance Committee. The Trust should develop an approach to better understand the impact of key workforce initiatives and the extent that they are delivering the intended improvements and outcomes. Going forward this should be reported in the annual report on the delivery of the People's Strategy (**medium priority**).

# Detailed report

## Our findings

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

- The Trust'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: The Trust's approach to strategic workforce planning

This section focusses on the Trust's approach to strategic planning. Overall, we found that **the Trust has a reasonably good workforce strategy, but it needs to be underpinned by a robust delivery plan, supported by service modelling.**

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. 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 <b>the Trust has a clear workforce vision and strategy. However, it does not yet have a sufficiently mature supporting implementation plan to address its current and future workforce challenges and opportunities.</b></p> <p>The Trust's 2022-32 People Strategy clearly sets out the Trust's ambition to be an 'employer of choice'. To help achieve its ambition, the People Strategy focuses on six key priorities, these being: workforce engagement, workforce modelling, workforce development, leadership and succession planning, a digital ready workforce, and recruitment and retention. While not explicitly identifying the Trust's workforce challenges, these priorities seem logical given the workforce challenges it faces. The Trust's division level strategies for Velindre Cancer Service and the Welsh Blood Service highlight some key workforce challenges and opportunities. The People Strategy appropriately</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>supports the ambitions set out in the national Workforce Strategy for Health and Social Care<sup>3</sup> and aligns to relevant legislation, such as the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014. It also supports the delivery of the Trust’s long-term ambitions as set out in its corporate strategy, Destination 2032 and its Integrated Medium-Term Plan (IMTP).</p> <p>The People Strategy does not have a standalone implementation plan to support its delivery, instead actions are included in the Trust’s 2023-2026 IMTP. However, the actions are at a high-level and provide little detail about how the Trust plans to implement the ambitions set out in the strategy or measure the impact of its delivery (<b>Recommendation 1</b>). The Trust recognises that it needs to strengthen its implementation plans.</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 risk 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 has a reasonable understanding of its current service demands, based on current service models, but there is scope to strengthen future demand modelling to inform future workforce requirements.</b></p> <p>The Trust is looking to improve its workforce intelligence by developing an ambitious Supply and Shape Framework<sup>4</sup>. This Framework will be presented to the Executive Management Board in September. Once finalised, this Framework should enable the Trust to appropriately identify its</p>

<sup>3</sup> ‘A Healthier Wales: Our Workforce Strategy for Health and Social Care’ is a 10-year strategy was launched in October 2020 by us (HEIW) and Social Care Wales

<sup>4</sup> The framework will include workforce analysis and service modelling, including scenario and service change mapping. There are six principles to model the workforce, these are: 1. Resource and Replenish (Buy), 2. Redevelop and Reskill (Build), 3. Reposition and Renew (Borrow), 4. Retain and Reward (Bind), 5. Resolve and Revive (Bounce) and 6. Rediscover and Reinvent (Boost).

What we looked at	What we found
	<p>workforce gaps. The Corporate Planning Team has initially undertaken horizon scanning exercises<sup>5</sup> to inform the Supply and Shape Framework. This will help to provide a stronger basis to predict future service need and shape future workforce requirements.</p> <p>Currently, demand and capacity planning at the Trust is inconsistent, with different methods used by the divisions. The Welsh Blood Service has an agile approach based on data from its Business Intelligence Service, whilst Velindre Cancer Service uses a predictive model based on pre-pandemic baseline data and data from a recent exercise with commissioners<sup>6</sup>. There are merits to both models, with opportunities for the divisions to share learning and for the Trust to use these tools to build and maintain its supply and shape framework (<b>Recommendation 2</b>).</p> <p>The Trust has reasonable operational workforce data, such as sickness levels, vacancy and appraisals rates which are sourced from the Electronic Staff Record system (ESR). However, in some instances the quality and consistency of certain metrics could be improved. For example, whilst there is an agreed funded establishment<sup>7</sup>, we understand that financial data and workforce data do not always align. The Trust is taking steps to improve data quality, as some of these issues are common across NHS Wales. The Trust is involved in appropriate national working groups to find shared solutions such as the All-Wales Data Quality Group. The Trust is also taking steps to improve service-level access to workforce data using management dashboards.</p>
<p>We considered whether the Trust 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.</li> </ul>	<p>We found that <b>the Trust is engaging well with internal and external partners to find shared solutions to address current workforce challenges.</b></p> <p>Within the organisation, the Workforce Planning Manager and HR Business Partners engage well with the Trust’s service leads. They provide workforce planning training and support service level workforce plan development. However, there are some constraints. We understand that due to service pressures, service level engagement in workforce planning can be variable.</p> <p>The Trust has a good understanding of issues affecting its workforce and their wellbeing. There are with good arrangements to hear from staff-side representatives and good relationships with trade</p>

<sup>5</sup> Using NICE guidelines, Macmillan index, Population Health Assessments, and information from Commissioners

<sup>6</sup> Health boards in South-East Wales commission specialist cancer services from Velindre Cancer Service.

<sup>7</sup> Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding which is financially budgeted for.

What we looked at	What we found
<ul style="list-style-type: none"> <li>Shared solutions identified with key stakeholders to help address workforce challenges.</li> </ul>	<p>unions through the Local Partnership Forum. This helps to target its HR workforce initiatives with an aim of tackling workforce challenges, for example where staff sickness and staff turnover is high. Externally, the Trust recognises the importance of working with regional partners to support the development of sustainable services. We found positive examples of the Trust working in collaboration to address current workforce gaps. For example, a joint appointment with Cardiff and Vale University Health Board of a medical physicist for the regional programme on acute oncology service. In addition, there are several regional transformation projects at various stages, which have workforce implications and will need workforce modelling and plans. These include designing a paperless working environment at the new Velindre Cancer Centre, a new Radiotherapy Satellite Centre at Neville Hall Hospital and modernisation of Welsh Blood Service laboratory in Talbot Green. Velindre Cancer Service has also linked in with other cancer centres across the UK and undertook a peer review with Clatterbridge Cancer Centre. The Trust's also engages well with Health Education Improvement Wales (HEIW) and has co-opted a HEIW representative to the Trust's Education Steering Group<sup>8</sup>. We saw evidence of open and honest discussions between the Trust and key stakeholders on challenges such as the decision to stop the streamlining process for radiography<sup>9</sup> as it was not addressing immediate workforce shortages.</p>

<sup>8</sup> The Group's remit is to: identify areas of priority for educational intervention through the IMTP and strategic operational plans and monitor and agree work plans; agree KPI's for work plans and hold to account; support Divisions to provide detailed plans for educational support; and be accountable for equitable and allocation of educational spend.

<sup>9</sup> The Student Streamlining Scheme was developed by NHS Wales Shared Service Partnership, in agreement with NHS Wales Health Bodies and Universities across Wales and is a matching process meaning Student Nurses and Allied Health Professions & Healthcare Science graduates do not need to submit multiple applications via NHS Jobs to secure their first job in NHS Wales after graduating.

### 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 some positive action to manage current and future workforce challenges but recognises it is in the early stages of developing a more robust and effective approach to workforce planning.**

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 the delivery of its People Strategy</b></p> <p>Corporately, roles and responsibilities for workforce planning are clear within the People and Organisational Development team. The Trust appointed a permanent Workforce Development Manager earlier this year, although only part of the Workforce Development Manager’s role is dedicated to workforce planning. Similarly, the two corporate human resources business partners that support directorates’ workforce planning also deal with operational HR matters. This limited capacity may inhibit the extent that the corporate team can help services plan for their current needs and modernise services. At an operational level, our fieldwork identified that service leads generally understood their role in workforce planning. However, service managers indicated that service pressures did not allow them sufficient thinking time to develop solutions. This is resulting in a varying degree of service-level involvement in workforce planning.</p> <p>The Trust recognises the need to develop managers capability across the organisation and has started rolling out workforce planning training. Historically, workforce planning within the Trust was ad-hoc and informal. As a result, the Trust does not yet have a clear picture of its skills gap and how it affects the quality of workforce planning. The People and Organisational Development team have developed and is delivering training modules alongside a toolkit based on HEIW’s six step model<sup>10</sup> which is being well received.</p> <p>The Trust’s People Strategy is costed as part of its annual IMTP development process however, this does not allow it to identify the longer-term workforce costs, skills or other resources associated with delivering it over a longer period. Whilst the Trust is working in a challenging financial environment, at the time of writing this report, it does not currently require its Directorates to hold vacancies to</p>

<sup>10</sup> Health Education and Improvement Wales has developed a workforce planning toolkit based on the following six steps: 1, Define your plan, 2. Map the service change, 3. Define the workforce, 4. Workforce supply, 5. Define actions required, 6 Implement and monitor.

What we looked at	What we found
	<p>meet savings targets. However, we understand that the Trust appointed staff in both directorates at risk in response to the pandemic<sup>11</sup>. It also recruited to support some service developments without agreed permanent ongoing funding. Given the financial pressures across Wales, there may be a need to reassess this position as part of its wider financial planning.</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>whilst the Trust understands high-level workforce risks associated with delivering its People Strategy, actions to mitigate these risks have had minimal effect to date.</b></p> <p>The Trust’s workforce ambitions are articulated in its People Strategy, but there are a range of risks which may prevent its delivery. These mainly relate to service pressures such as increased demand, workforce shortages and financial pressures. High-level workforce risks are appropriately reflected and managed through the Trust’s Assurance Framework and corporate risk register. However, the scale of the workforce challenges mean that mitigating actions are having minimal effect on reducing workforce risks. Some of the arrangements to manage these risks are relatively new and once embedded and if successful, may help reduce some workforce challenges. These include the work of the Attraction, Retention and Recruitment Programme Group, Healthy and Engaged Steering Group and the hybrid working project. In addition, the development of the Supply and Shape Framework will provide the Trust with a clearer picture of current workforce capacity and challenges and may identify new workforce risks, such as risks associated with meeting future service demand (<b>Recommendation 3</b>).</p>

<sup>11</sup> At the time of appointment, these posts were funded by supplementary funding from the Welsh Government to cover the additional pressures arising from the pandemic, but it was not clear how they would be funded once the supplementary funding ceased.

What we looked at	What we found
<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 address current workforce challenges at an operational level through a range of recruitment, retention, and development activities.</b></p> <p>As a percentage of its total establishment, the Trust has one of the highest vacancy rates compared to other health bodies in Wales (<b>Exhibit 7</b>), as such, the Trust is addressing this workforce gap through overtime arrangements and increasing its use of agency staff. The corporate workforce team provide targeted support to services where the data highlights particular hot spots such as high vacancy rates.</p> <p>Spend on agency staff increased considerably in 2020-21 to £2.7 million but has since reduced to £1.3 million in 2022-23 (<b>Exhibit 6</b>). The Trust is starting to take positive action to improve staff retention and build workforce resilience. For example, by offering some bank staff, specifically administrative and facilities staff and flexible working options. The Trust has also reduced nursing and health care support worker vacancy rates in Systemic Anti-Cancer Therapy (SACT)<sup>12</sup> through targeted recruitment interventions. However, as with other parts of the NHS, there are longstanding gaps in parts of the workforce which the Trust will need to manage. We noted specific staffing pressures for consultant radiologists, acute oncology consultants and medical physicists<sup>13</sup> and some nursing roles. The Trust is still dealing with the effect of the pandemic with high sickness in some service areas.</p> <p>The Trust does not include details on staff turnover in its performance report making it difficult for the organisation to get a clear view if this is improving or deteriorating. The Trust uses exit surveys to understand the underlying reasons behind staff turnover but could do more to actively encourage staff to complete surveys and analyse their responses (<b>Recommendation 4</b>).</p> <p>At 6.3% in 2021-22, the Trust's sickness absence figures are just under the NHS Wales average of 6.9%. Like most other NHS bodies in Wales, it does not meet the Welsh Government's target of 3.54% (<b>Exhibit 8</b>). To help address this, the Trust has established its Healthy and Engaged Steering Group that is focussing on improving how staff are supported and valued. The Trust places a great emphasis on staff wellbeing. This is demonstrated in Board and Committee discussions. Staff also</p>

<sup>12</sup> Systemic Anti-Cancer Therapy is any drug treatment used to control or treat cancer. The drug treatment types may include chemotherapy, immunotherapy, targeted therapy, hormonal therapy or a combination of these.

<sup>13</sup> Medical Physics is the application of physics to medicine. It uses physics concepts and procedures in the prevention, diagnosis, and treatment of disease.

What we looked at	What we found
	<p>have access to a range of physical and mental wellbeing offers, financial support and flexible working, where business needs allow.</p> <p>The Trust is strengthening its recruitment approaches. The Trust's recruitment process is managed by NHS Shared Services Partnership. However, recognising there are inefficiencies in its internal process, the Trust has made some improvements. These include, agreeing a standardised Trust recruitment policy. This strengthens arrangements for recruiting timeliness and joined-up service and corporate recruitment processes. In collaboration with NHS Share Services Partnership, the Trust has already improved candidate on-boarding time reducing this from 113.5 days in June 2022 to 70.4 days in March 2023. The Trust has also developed recruitment videos for the Welsh Blood Service, attends recruitment fairs to promote the Trust with school, colleges and universities and is developing targeted recruitment campaigns through social media.</p> <p>The Trust is working on improving the basis of its education commissioning and has recently strengthened the process, which is now overseen by the Education Steering Group. Education commissioning numbers are now aligned to the IMTP. However, it needs to triangulate the number of staff it trains through the education commissioning process and how many it then employs (<b>Recommendation 5</b>). In recent years the Trust has been seeking alternative solutions to ensure a sustainable workforce. For example, focusing on grow your own schemes and ensuring staff operating at the top of their licence<sup>14</sup>. The Trust is also exploring ways to change the skills mix for various fragile services by exploring the use of new roles such as physicians' associates, advances practitioner nurses and various assistant and technologist roles, but progress is, as yet, limited.</p>

<sup>14</sup> Operating at the top of license means each employee practices to the full extent of their education and training, instead of spending time doing tasks that could be performed by someone else.

#### 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 **whilst Board and Committee maintain reasonable oversight of workforce challenges, there needs to be stronger focus on the extent that actions are having an impact on reducing short and medium-term 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 <b>that whilst there is a reasonable monitoring and oversight of the delivery of key People Strategy actions, the Quality, Safety and Performance Committee and Senior Management need better information on impact that strategy delivery is achieving.</b></p> <p>The Quality, Safety and Performance Committee is responsible for scrutinising workforce matters which includes delivery against the People Strategy. At its recent meeting in July 2023, it received an update on the first year of the People Strategy's delivery. While the report is clearly showing progress on key actions, there is currently insufficient analysis on whether the actions are having the desired impact. It could have, for example, made the link to highlight where key workforce metrics changed as a result of strategy action delivery. As highlighted earlier in this report, the IMTP acts as a high-level implementation plan supporting the Trust's People Strategy, but we found the quarterly IMTP performance report has not included any updates against the workforce and organisational development priorities since quarter 1 and 2 reports of the 2022-2025 IMPT. Therefore, this again makes it difficult for the wider Board to understand whether the Trust is successfully delivering its strategic workforce ambitions. As the update on the first year of the People Strategy's delivery focused mainly on delivery against milestones this impedes the Quality, Safety and Performance Committee's ability to effectively scrutinise the impact that strategy delivery is achieving. <b>(Recommendation 6).</b></p> <p>Directorate's Senior Leadership Team receive monthly workforce dashboards allowing them to scrutinise performance such as sickness, vacancy and data on recruitment. Management then take action for the month ahead where performance is off track. The Trust's workforce steering groups, as mentioned above, submit quarterly highlight reports to the Executive Management Team but our fieldwork found that these concentrate on short-term actions and do not adequately consider the impact of the work undertaken.</p>

What we looked at	What we found
	<p>Where possible, the Trust benchmarks its workforce performance with other health bodies in Wales, comparing metrics such as turnover, sickness rates and time to hire. The Welsh Blood Service is an active part of UK wide, Europe and further afield comparator networks.</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.

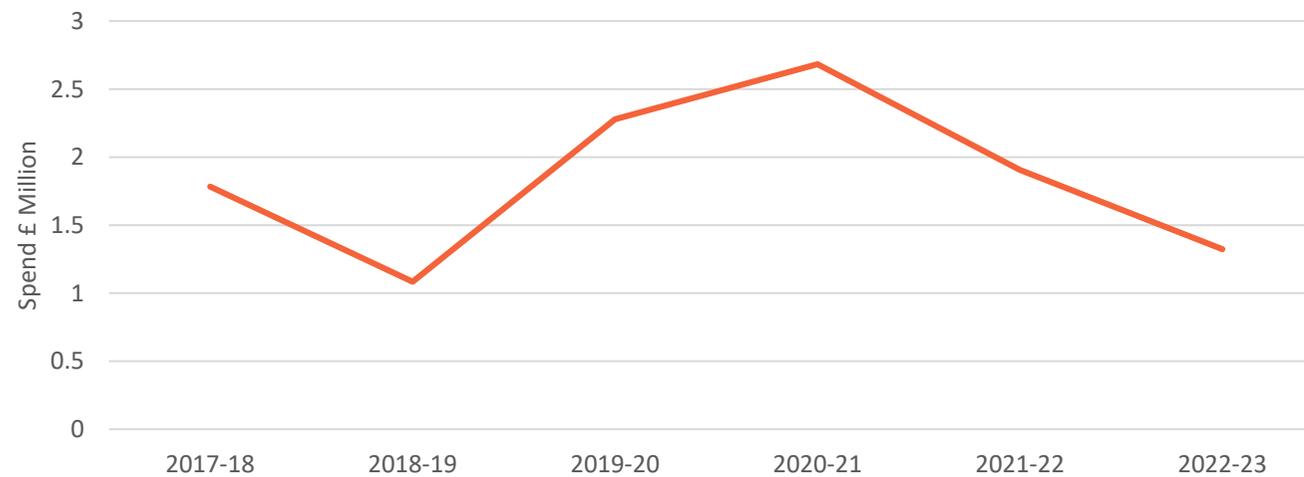
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Workforce strategy and associated workforce plan(s)</li><li>• Integrated Medium-Term Plan</li><li>• Evidence of evaluation of workforce strategy and / or associated initiatives</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><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>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Chair of Quality, Safety &amp; Performance Committee</li></ul>

Element of audit approach	Description
	<ul style="list-style-type: none"> <li>• Deputy Director for Workforce and OD</li> <li>• Director of Welsh Blood Service</li> <li>• Medical Business Manager</li> <li>• Executive Director for OD &amp; Workforce</li> <li>• Workforce Information Manager</li> <li>• Workforce Planning Manager</li> <li>• Head of Workforce</li> <li>• Deputy Director Finance</li> <li>• Divisional Senior OD Business Partners x 2</li> <li>• Executive Director of Nursing, Allied Health Professionals and Health Science</li> <li>• Director of Welsh Blood Service</li> <li>• Chief Operating Officer</li> </ul>

# Appendix 2

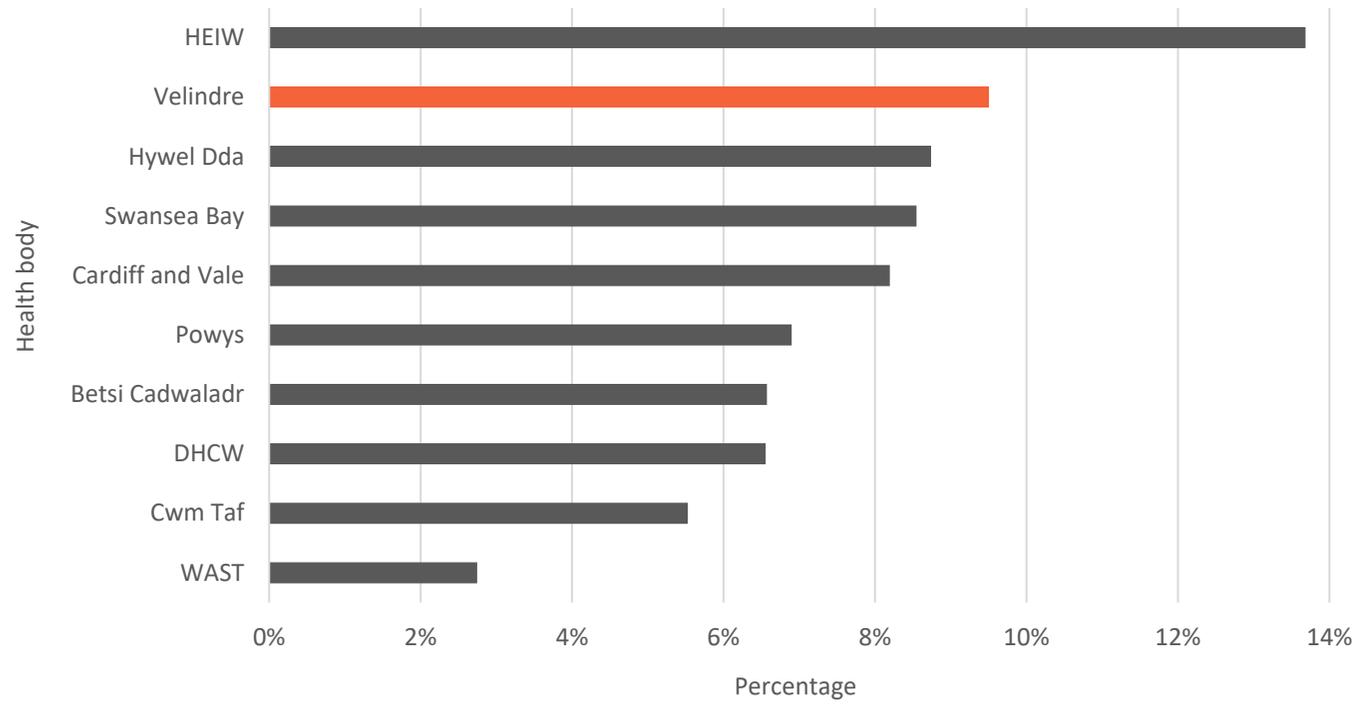
## Selected workforce indicators

**Exhibit 6: Trend of expenditure on workforce agency (Excluding NWSSP agency costs)**



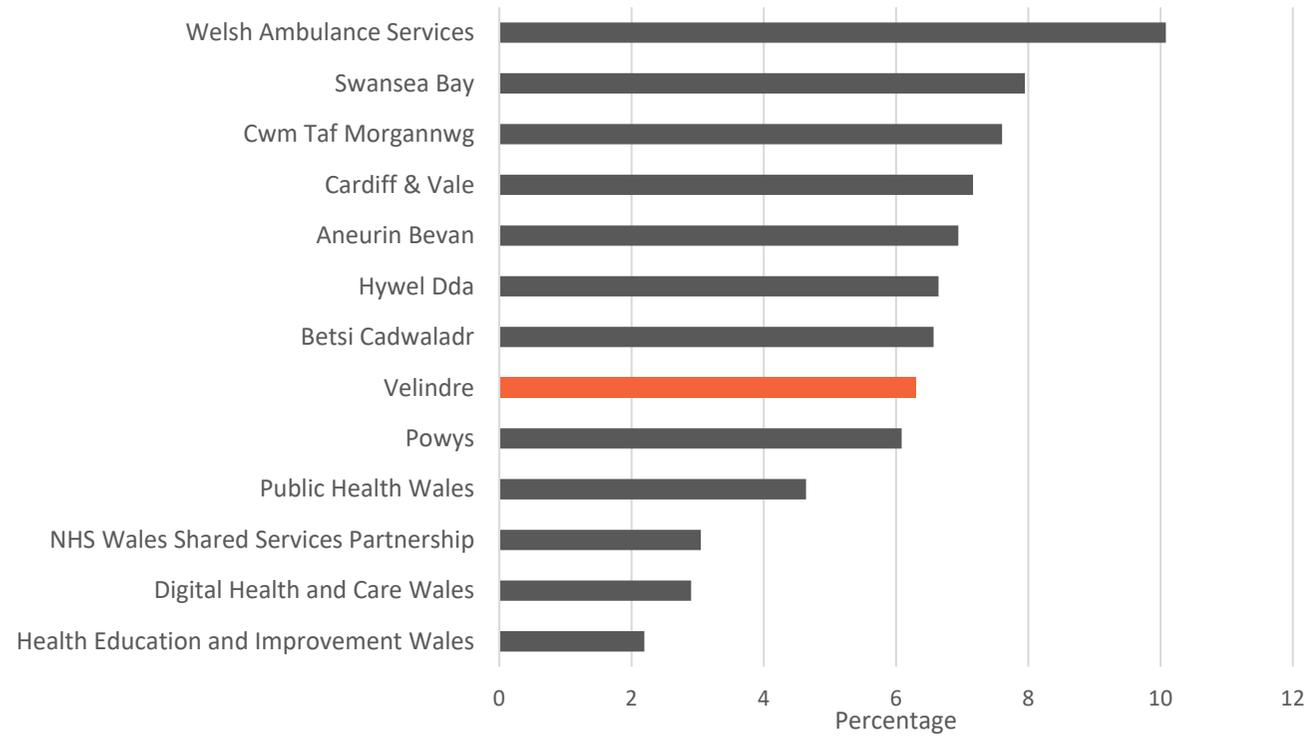
Source: Monthly Monitoring Returns reported to Welsh Government

**Exhibit 7: Vacancies as a percentage of total establishment, as of March 2022**



Source: health body data request

**Exhibit 8: Percentage sickness absence by organisation, 2022**



Source: Welsh Government, Stats Wales

# Appendix 3

## Organisational response to audit recommendations

Exhibit 9: Velindre University NHS Trust response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R1	The Trust should develop a plan to implement the People Strategy. The plan should include a section that identifies the costs, staff capacity, skills and other resources associated with implementing the People Strategy ( <b>high priority</b> ).	An implementation plan for the Strategy has been developed which highlights risk and governance arrangements.	September 2023	Susan Thomas Deputy Director of WOD
R2	The Trust should develop a consistent approach to model future service demand to understand the longer-term human and financial resource implications and	A Supply and Shape governance group is being established to provide governance and accountability regarding the completion of workforce plans across the Trust:	First Workshop in November 2023 A full project plan to be developed	Susan Thomas

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
	potential risks to the organisation ( <b>medium priority</b> ).	<ul style="list-style-type: none"> <li>to understand the current workforce programmes;</li> <li>to understand the collective priorities in the programmes;</li> <li>to agree the alignment between collective priorities - joining up and aligning initiatives; and</li> <li>to agree the principles of how we work more effectively in an MDT manner.</li> </ul> <p>Phase 1 will be to complete a baseline assessment and ensure all departments have a workforce plan in place.</p> <p>Phase 2 will be to develop longer term plans that centre around each site-specific team and will take into account the projects and programmes of work that have workforce planning implications.</p>	following the November session	Deputy Director of WOD
R3	The Trust should review the information in its corporate and strategic risk registers using fresh insight from the Supply and Shape document to identify potential additional sources of assurance and new risks ( <b>high priority</b> ).	The Trust Assurance Framework (TAF) has been under review and is now in the final stages. There has been Strategic Risk refresh working collaboratively with Senior Leadership / Management Teams, Board and Committees and the Executive Management Board. The new template has been developed, taking into consideration Trust-wide frameworks.	The TAF is due to Trust Board on 28 <sup>th</sup> September 2023 for approval.	Sarah Morley Exec Director of WOD

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R4	The Trust should develop an approach to increase exit survey response rates and ensure feedback feeds into retention activities <b>(medium priority)</b> .	<p>A project group has been established to review the current exit interview process and create a revised, easy to follow process that utilises technology to its best advantage and avoids single points of failure, resulting in a better experience for the end user and providing informed data for the business to use. The deliverables to achieve this scope are:</p> <ul style="list-style-type: none"> <li>• clear and easy process – managers guide on importance of termination;</li> <li>• increased uptake of return of completed exit interview forms;</li> <li>• highlight service improvements;</li> <li>• highlight culture and inform culture change requirements;</li> <li>• removes single point of failure / reliance on one person;</li> <li>• provides consistent approach across the whole Trust;</li> <li>• provides valuable information for recruitment and retention;</li> </ul>	December 2023	Amanda Jenkins Head of Workforce

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
		<ul style="list-style-type: none"> <li>streamlined, digital process, rendered for easy access mobile use, utilising current technology; and</li> <li>paperless process reduces risk.</li> </ul>		
R5	We found that the Trust is working on improving the basis of its education commissioning. The Trust should develop mechanisms to triangulate the number of staff it trains through the education commissioning process and how many it then employs which will provide the Trust with important intelligence to further strengthen its basis ( <b>medium priority</b> ).	<p>Education commissioning places are agreed via the Education and Training Steering group. The students are commissioned by NHS Wales Shared Services Partnership and feedback on progress given to the Steering group.</p> <p>Attrition rates for commissioning are monitored via Health Education and Improvement Wales and fed into the steering group.</p> <p>Moving forward the Supply and Shape report will be developed to include updates on commissioning. Better triangulation with the performance report is also being worked on.</p>	March 2024	Susan Thomas Deputy Director of WOD
R6	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 and a lack of clear information limits thorough scrutiny by the Quality, Safety and	<p>Assurance is provided currently via the Workforce and Operational Design report on KPIs to:</p> <ul style="list-style-type: none"> <li>Executive Management Board;</li> <li>Quality Safety and Performance Committee;</li> </ul>	March 2024	Susan Thomas Deputy Director of WOD

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
	<p>Performance Committee. The Trust should develop an approach to better understand the impact of key workforce initiatives and the extent that they are delivering the intended improvements and outcomes. Going forward this should be reported in the annual report on the delivery of the People's Strategy (<b>medium priority</b>).</p>	<ul style="list-style-type: none"> <li>Quarterly supply and shape papers are approved by the Executive Management Board and Quality Safety and Performance Committee.</li> </ul> <p>The Trust provides an annual report that summarises KPIs and provides an update on the People Strategy</p> <p>Moving forward the Supply and Shape report will be developed to deliver better triangulation with the performance report to provide details of the benefits of Workforce and Operational Design interventions. This will also be summarised in the Annual report.</p>		





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