

Review of Workforce Planning Arrangements – Powys Teaching Health Board

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,700 vacancies in their [2023 Nursing in Numbers](#) analysis. In addition, the social care sector, which is complementary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over 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; and
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 In January 2020, the Powys Regional Partnership Board, which Powys Teaching Health Board (the Health Board) is part of, agreed '[Workforce Futures](#)', the strategic framework (the Framework) for Powys health and social care workforce. The Framework underpins Powys's health and care strategy, [A Healthy, Caring Powys, 2017-27](#).
- 5 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements such as staff/nurse rostering, consultant job planning

and operational deployment of agency staffing, fall outside the scope of this review. The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 6 Overall, we found that **the Health Board is taking appropriate action to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions. However, there are opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks.**

Key workforce planning challenges

- 7 The Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing staff. It faces particular workforce planning challenges owing to its rurality, having a large geographic footprint, with a number of community hospitals which need to be staffed by the Health Board's relatively small workforce. This is further compounded by poor public transport, and a limited supply of qualified staff because the region is sparsely populated, has an ageing population, and does not have a university. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board steadily increasing its workforce over the last decade, staff retention is an issue. Compared to other health bodies in Wales, the Health Board has the highest rate of staff turnover (14% in 2021-22 and 15% in October 2023). Consequently, agency spending has increased to maintain safe staffing levels, from £5.1 million in 2017-18 to £10.7 million in 2022-23. The current forecast is that agency spending is expected to reduce to around £8.6 million in 2023-24, although agency costs would still represent around 11% of the total pay expenditure. Compared to other health bodies, at 11.7% in June 2023, the Health Board has one of the highest vacancy rates, which is due to recruitment challenges owing to issues such as its rurality. The Health Board also has an ageing workforce, which further risks reducing the workforce, increasing the need to use agency staff at a time of financial constraint.

Strategic approach to workforce planning

- 8 **The Health Board has a good and improving approach to workforce planning but there is a need to have a stronger focus on impact.**
- 9 The Health Board, with its regional partners, has a clear vision to address current and future workforce risks, with an implementation plan to support its delivery. However, there is scope for the implementation plan to clearly set out the outcomes it is intending to achieve and how these will be measured, which in turn will ensure a greater focus on impact. The Health Board has a good understanding of its current demand with forecasts based on its current service model, but it

needs a greater understanding of the future shape of services to support strategic workforce planning and build a sustainable workforce. The Health Board is working proactively with its regional partners to collaboratively address current and future workforce challenges.

Operational action to manage workforce challenges

- 10 **The Health Board is improving its workforce planning capacity and capability to focus on its significant challenges, however, considerable risks related to vacancies remain, resulting in high use of agency staff.**
- 11 The Health Board is addressing the fragility of its Workforce and Organisational Development (OD) Directorate by strengthening the directorate's operating model and enabling operational service leads to take greater ownership of their workforce planning. The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date. Despite the Health Board's proactivity, there remain significant recruitment, retention, and education commissioning challenges, which is driving an over-reliance on agency staff.

Monitoring and oversight of workforce plan/strategy delivery

- 12 **There is effective oversight of workforce performance and the Workforce Futures Programme, however, the Health Board needs to better understand whether its actions are making a difference.**
- 13 The Workforce and Culture Committee receives comprehensive workforce performance information and has good oversight of the Workforce Futures Programme, but there is a need to better understand the impact of its delivery, and opportunities to benchmark with similar rural healthcare organisations outside of Wales.

Recommendations

Exhibit 1: recommendations

- 14 **Exhibit 1** details the recommendations arising from this audit. Powys Teaching Health Board's response to our recommendations is summarised in **Appendix 3**.

Recommendations

- R1 To ensure service level workforce plans are consistent, for the next planning cycle, the Health Board should ensure all directorates and/or service areas develop a workforce plan using the HEIW workforce plan template (**see page 11**).
-
- R2 The Health Board should develop an evaluation framework to measure whether the roll out of workforce planning training is achieving its intended purpose and improving service level workforce planning (**see page 15**).
-
- R3 Once the post that has been created to improve staff retention has been recruited to, the Health Board should develop a consolidated programme of retention activities with a clear evaluation framework focusing on what impact its activities are having on improving staff retention (**see page 16**).
-
- R4 To ensure the Workforce and Culture Committee has good oversight of the overall progress and impact of delivering the Workforce Futures programme, the Health Board should develop the update reports on each of the Workforce Futures strategic priorities to clearly highlight progress against key actions and milestones as agreed in the Integrated Plan. The report should also include key metrics to illustrate progress, and the impact of delivery (**see page 19**).
-
- R5 The Health Board should identify organisations across the UK with similar workforce challenges to benchmark its workforce performance and share good practice (**see page 20**).

Detailed report

Our findings

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

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

Exhibit 2: strategic approach to workforce planning

This section focusses on the Health Board’s approach to strategic planning. Overall, we found that **the Health Board has a good and improving approach to workforce planning but there is a need to have a stronger focus on impact.**

What we looked at	What we found
<p>We considered whether the Health Board’s workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">• identifies current and future workforce challenges;• has a clear vision and objectives;• is aligned to the organisation’s strategic objectives and wider organisational plans;	<p>We found that the Health Board, with its regional partners, has a clear vision to address current and future workforce risks. Whilst there is an implementation plan to support delivery, there is scope to have a greater focus on impact.</p> <p>Recognising that a regional approach is needed to address current and future health and care workforce challenges, the Health Board and its partners developed the joint <u>2020 Workforce Futures</u> strategic framework (the Framework). The Framework, which was agreed through the Powys</p>

What we looked at	What we found
<ul style="list-style-type: none"> • is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care; and • is supported by a clear implementation plan. 	<p>Regional Partnership Board¹(RPB) in January 2020, supports the workforce ambitions set out in the region’s ten-year strategy for health and social care (A Healthy, Caring Powys, 2017-27).</p> <p>The Workforce Futures Framework clearly sets out the challenges facing the region, its population and the health and social care workforce. Workforce challenges highlighted include shortages of doctors, nurses, and care workers, leading to heavy reliance on agency staff. There is also an ageing health and care workforce with many predicted to retire over the next five years. At the same time there are no universities in the region, meaning many young people and those of working age move away, reducing opportunities to recruit locally and recruit Welsh speakers. With a large proportion of Welsh speakers (18%) in the region, health and care services need to be accessible in English and Welsh. These issues are set in the context of health and care services serving an increasingly ageing population in a sparsely populated, rural location.</p> <p>The Framework sets out a clear ambition aligned to the Health Board’s ten-year strategy for health and social care. To help deliver this, the Framework focuses on six key workforce themes with several actions under each. These seem logical to address the challenges facing the region. The themes are:</p> <ul style="list-style-type: none"> • Designing, Planning and Attracting the Workforce; • Leading the Workforce; • Engagement and Wellbeing; • Education, Training and Development; • Partnership and Citizenship; and • Technology and Digital Infrastructure (this is a cross cutting theme).

¹ The Health Board, Powys County Council and Powys Association of Voluntary Organisations are members of the Powys Regional Partnership Board (RPB).

What we looked at	What we found
	<p>The Joint Workforce Futures Programme Board² has recently reviewed the programme, with the aim of confirming programme priorities and ensuring actions are clear and focus on impact. As a result of the review, the 48 actions detailed in the Framework have been reduced to 14 and programme governance arrangements have been strengthened. These changes appropriately reduce duplication and clarify key action, which will make monitoring and evaluation clearer.</p> <p>As well as supporting the region's ten-year strategy for health and social care, the Framework is well aligned to relevant wider national plans, policies, and legislation. For example, the Well-being of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014. Whilst the Framework was developed before the launch of the national Health and Social Care Workforce Strategy³, it supports the ambitions of A Healthier Wales⁴.</p> <p>Workforce Futures is well embedded within the Health Board's Integrated Plan. There is no separate implementation plan, instead high-level actions are included within the Integrated Medium Term Plan (Integrated Plan)⁵, with the Board receiving updates on key milestones for 2023-24 through its Integrated Plan monitoring report. However, the milestones are task focused and there is little information about how the Health Board will measure the impact of delivery (see Recommendation 4).</p>

² This joint programme board reports to Powys's Regional Partnership Board and is responsible for overseeing the Workforce Futures programme on a regional basis.

³ In October 2020, HEIW and Social Care Wales launched the ten-year Workforce Strategy for Health and Social Care. This was developed in response to A Healthier Wales.

⁴ A Healthier Wales: Our Plan for Health and Social Care (2018) is the response to the Parliamentary Review of Health and Social Care in Wales (2018), which sets out the case for change in health and social care provision.

⁵ Under the following themes: Transformation and Sustainability of Our Workforce, A Great Place to Work, Employee Health and Wellbeing, and Joint Workforce Futures Programme.

What we looked at	What we found
<p>We considered whether the Health Board has a good understanding of current and future service demands. We expected to see:</p> <ul style="list-style-type: none"> • use of reliable workforce information to determine workforce need and risk in the short and longer term; and • action to improve workforce data quality and address any information gaps. 	<p>We found that the Health Board has a good understanding of its current demand with forecasts based on its current service model, but it needs a greater understanding of the future shape of services.</p> <p>The Health Board has a good understanding of its current and future service demands and trends. In early 2022, all health boards conducted a nursing workforce modelling exercise⁶, with nationally agreed planning assumptions. The Health Board recognised the value of this exercise in informing strategic workforce planning, so replicated the exercise for all clinical and non-clinical services and professions⁷. The Health Board now repeats this exercise twice a year to ensure, for each profession, it has up to date information on budgeted establishment, staff currently in post, workforce trends, and average annual recruitment, turnover and retirement projections. The information can be broken down at service and ward level to help inform service level workforce planning. However, modelling assumptions are based on current service models, unless there is service transformation modelling in place such as for paediatric services. Consequently, the Health Board needs a better understanding of its future service models to support strategic workforce planning.</p> <p>The Health Board has good workforce information, but is starting to improve its consistency, quality and have more of a future focus. The Health Board is using the workforce plan template developed by HEIW to ensure directorate workforce plans are presented in a consistent format to feed into the annual planning cycle. The Health Board had intended for all directorates to conduct this exercise, but recognising service pressures, only areas with variable pay are now required to develop a workforce plan. This is the first time directorates have been asked to take a consistent approach to workforce planning; as such, this year’s exercise acts as a baseline to improve on in subsequent years. However, from next year, the Health Board should ensure all directorates and/or service</p>

⁶ To feed into the all-Wales strategic workforce plan for nursing, in early 2022, all health boards in Wales were asked to conduct a workforce modelling exercise for nursing and midwifery, based on a set of nationally agreed planning assumptions.

⁷ The Health Board workforce projection modelling exercise covers clinical professions such as doctors, GPs, pharmacists, nursing and allied health professionals, and enabler services such as estates, finance and workforce and organisational development.

What we looked at	What we found
	<p>areas adopt a consistent approach to developing workforce plans as this will better inform short, medium and longer-term workforce planning (Recommendation 1). The Health Board is also working on a five-year workforce plan to inform medium to longer-term planning. This is based on the workforce minimum data set submitted annually to the Welsh Government. To support oversight of workforce data and systems, the Health Board is making changes to a vacant senior role within the resourcing team. Whilst this change may enhance data capabilities within the team, the capacity remains the same, as this will be just one part of a wider resourcing role. The Health Board is hoping to fill this vacancy in spring 2024.</p>
<p>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and • shared solutions identified with key stakeholders to help address workforce challenges. 	<p>We found that the Health Board is working proactively with its regional partners to collaboratively address current and future workforce challenges.</p> <p>The Health Board has a strong approach to partnership working, demonstrated through its development of the Workforce Futures Framework and overarching health and care strategy for Powys with its RPB partners. Both the strategy and framework were informed by extensive stakeholder engagement. The Framework, which is overseen by a Joint Programme Board, facilitates multi-agency workstreams and initiatives. For example, the provision of apprenticeships, volunteering, and work experience programmes to help encourage people to work in the health and care sector. The Health Board also works with its partners on joint recruitment drives, roadshow events and its school programme. The Health Board and Powys County Council also offer a joint induction programme for health and social care workers.</p> <p>The Health Board is also part of the Mid Wales Workforce Collaborative, alongside Hywel Dda and Betsi Cadwaladr University Health Boards. The collaborative provides a potentially useful platform for the health boards to collectively address workforce challenges, for example, by sharing intelligence, exploring joint projects, appointments, and opportunities to rotate staff. The latter would be especially useful for Powys as it would give staff exposure to wider work experience, making working for the Health Board more attractive. However, the Health Board reported that the work of the collaborative had slowed down during 2023. The collaborative met in December 2023 to reset its</p>

What we looked at	What we found
	<p>priorities. In addition, there are transformation programmes in the region which will have workforce implications for the Health Board and will need workforce modelling and plans. For example, the North Powys Wellbeing Programme⁸ and the Breathe Well Model of Care⁹.</p>

Exhibit 3: operational action to manage workforce challenges

This section focusses on the actions the Health Board is taking to manage workforce challenges. Overall, we found that **the Health Board is improving its workforce planning capacity and capability to focus on its significant challenges, however, considerable risks related to vacancies remain, resulting in high use of agency staff.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see:</p>	<p>We found that the Health Board is addressing the fragility of its Workforce and Organisational Development Directorate by strengthening the directorate’s operating model and enabling operational service leads to take ownership of their workforce planning.</p> <p>Corporately, roles and responsibilities for workforce planning are clear within the Workforce and OD Directorate. Led by the Interim Executive Director of Workforce and OD, the directorate has six teams covering: business partnering, operations, clinical education, organisational development,</p>

⁸ The North Powys Wellbeing Programme was initiated prior to the COVID-19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, ‘A Healthy Caring Powys’.

⁹ The Breathe Well Model of Care seeks to enable the completion of clinically appropriate, safe repatriation of respiratory patients from neighbouring health boards and English NHS Trusts.

What we looked at	What we found
<ul style="list-style-type: none"> • clear roles and responsibilities for workforce planning; • appropriately skilled staff to ensure robust workforce planning; • sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and • sufficient financial resources to deliver the workforce strategy or plan. 	<p>partnership, and occupational health. The Health Board does not have a team of dedicated workforce planners, but the Head of Workforce Transformation, Planning and Resourcing’s role involves strategic workforce planning. In addition, the business partners support operational directorates and divisions to develop workforce plans, but this is on top of dealing with operational HR matters. This model limits the amount of time the business partners can dedicate to supporting workforce planning. Additionally, the Workforce and OD Directorate has a high turnover rate¹⁰ and a high proportion of staff on fixed-term contracts. These capacity issues jeopardise the Health Board’s ability to support workforce planning, potentially risking its ability to achieving the workforce ambitions set out in the Joint Framework and Integrated Plan. To address these challenges, the Workforce and OD Directorate is currently implementing a new operating model. The new model aims to retain staff by ensuring they are working at the top of their profession and skills, which in turn will make them feel more valued. It also aims to free up business partner capacity to allow them to concentrate on supporting directorates on strategic workforce planning. Whilst this is a positive development, the new operating model will take time to embed and will need to be evaluated (see below). Its success is also dependent on service managers supporting the new model by being clear about, and prioritising, the professional workforce planning support they request from the team and by taking greater ownership for workforce planning within their services.</p> <p>We met with a selection of service leads as part of this audit. Most participants understood their role in workforce planning but highlighted that operational service pressures left little time to lead on workforce planning in their service. Some participants felt workforce planning was the responsibility of the Workforce and OD Directorate, whilst others raised the need for more trained, dedicated workforce planners across the organisation. The new operating model should go some way to ensuring the Workforce and OD Directorate is appropriately supporting strategic workforce planning, but it does not have the capacity, nor is it the role of the team, to develop workforce plans for operational directorates. As such, the Health Board is strengthening its workforce planning capability by offering online and in-person training to operational staff, which is aligned with HEIW’s six-step</p>

¹⁰ In October 2023, the rolling turnover rate for the Workforce and OD Directorate was 23%.

What we looked at	What we found
	<p>model¹¹. The training is targeted at senior leaders and those responsible for workforce planning for their service areas and the Health Board has made good progress at rolling out the training. As at November 2023, 47 members of staff had received the training with a further 20 booked to attend the training during the remainder of 2023-24. As well as strengthening workforce planning capability, the Workforce and OD Directorate is also using the training to clarify corporate and operational workforce planning roles and responsibilities. The Health Board should evaluate whether the roll out of workforce planning training is achieving its intended purpose and strengthening service level workforce planning (Recommendation 2).</p> <p>The Health Board's Workforce Futures actions are costed as part of its annual Integrated Plan. Some cross cutting, regional workforce initiatives, such as delivering leadership training, are funded through the Regional Integrated Fund. The Health Board has a budgeted establishment and reported that it can afford to recruit to all its vacancies. It does not hold vacancies to make cost savings, which is appropriate given the reliance on high-cost agency staffing. Like other bodies, the Health Board is working in a challenging financial environment. However, the Health Board has prioritised investing in workforce initiatives, such as its Aspiring Nurse Programme and recruitment of international nurses and doctors, to help create a more sustainable workforce.</p>
<p>We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p>	<p>We found that the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, but actions to mitigate these risks have had minimal effect to date.</p> <p>The Health Board's workforce ambitions are clearly articulated, but there are a range of risks which may prevent its delivery. These relate to workforce shortages across clinical and non-clinical professions, an ageing workforce, recruitment, and retention challenges, coupled with financial</p>

¹¹ 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
<ul style="list-style-type: none"> • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level. 	<p>pressures. The workforce challenges ultimately increase the Health Board's risks particularly in relation to its ability to deliver safe, high-quality services. Whilst the Health Board has a robust understanding of its workforce risks, which are appropriately managed, the scale of the workforce challenges means that actions to date are having minimal effect on reducing workforce risks.</p> <p>Corporately, workforce risks are appropriately reflected through the corporate risk register. The Health Board has one overarching corporate risk related to workforce¹², which the Workforce and Culture Committee is responsible for overseeing. The committee routinely reviews this high scoring risk, scrutinising mitigating actions. These include strengthening workforce planning through training, increasing the number of Bank staff, international nurse recruitment, and training new nurses through the Aspiring Nurse Programme. Executive leads also review this risk through directorate performance review meetings and Executive Committee meetings. The Health Board had established a Workforce Steering Group to focus on workforce issues and risks. However, the group, which is a sub-committee of the Executive Committee, has been temporarily stood down to accommodate planning related to the financial challenges. The Workforce and OD Directorate has a separate risk register which is routinely discussed by its senior management team and at executive level performance reviews.</p>
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective reporting and management of staff vacancies; • action to improve staff retention; 	<p>We found that despite the Health Board's proactivity, there remain significant recruitment, retention, and education commissioning challenges, which is resulting in high reliance on agency staff.</p> <p>The Health Board is experiencing significant challenges with staff retention. It has the highest staff turnover (Exhibit 9), compared with other health bodies in Wales, with most staff leaving because their fixed-term contract has ended (25%) or resignation due to relocation (25%). However, a</p>

¹² The corporate workforce risk is: 'failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services'.

What we looked at	What we found
<ul style="list-style-type: none"> • efficient recruitment practices; • commissioning of health education and training which is based on true workforce need; and • evidence that the organisation is modernising its workforce to help meet current and future needs. 	<p>considerable proportion leave without giving a specific reason (27% 'other'). This means the Health Board does not fully understand why staff are leaving, and as such managers are being encouraged to conduct exit interviews. In addition, HEIW is developing a stay interview. Once developed, the Health Board plans to use this to complement exit interviews. The Health Board recognises its retention challenges and is recruiting a Band 8a post in early 2024 to focus solely on staff retention. This is a positive development and a good opportunity for the Health Board to bring together retention initiatives into a consolidated programme with a greater focus on impact (Recommendation 3). Current retention activities include a range of staff wellbeing activities, such as road shows and workshops on positive psychology and resilience. The Workforce and OD Directorate is developing good practice guides for managers to improve retention, it offers a leadership and management programme and conducts 'Team Climate' surveys to identify actions to support retention. The Health Board also has a Staff Experience and Wellbeing Manager.</p> <p>In June 2023, the Health Board's vacancy rate was 11.7% (Exhibit 10), with nursing and midwifery holding the greatest vacancies. Its sickness absence rate was 5.2% (Exhibit 11). Unsurprisingly, to manage short-term workforce shortages, the Health Board has increased its agency use, especially since 2020-21 (Exhibit 8). Whilst the current forecast is that agency spending is expected to reduce to around £8.6 million in 2023-24, agency costs would still represent approximately 11% of the Health Board's total pay expenditure. This approach is not sustainable, and as a result the Health Board has developed a variable pay reduction action plan to help tackle the issue. The plan includes actions such as encouraging the use of, and increasing the number of, bank staff, introducing a system, which facilitates more frequent payment for bank staff, improving the flexibility of rotas and holding and attending recruitment events.</p> <p>The Health Board also runs an international nurse recruitment programme, which successfully recruits small cohorts of nurses about three times a year. The Health Board is unable to facilitate a large group of international nurses, because its community hospitals are geographically spread with limited resources to support training and mentorship. There are also challenges in finding suitable accommodation. To improve the situation, for the February 2024 cohort, the Health Board is planning a shorter training period and a slight increase in recruits (from four to six). To alleviate the</p>

What we looked at	What we found
	<p>accommodation issues, the Health Board is developing its own accommodation, within the Health Board estate. Given the Health Board's recruitment challenges, it needs to have effective recruitment practices. The Health Board is monitoring all roles on its TRAC recruitment system with a view to improving the time to hire, and monitoring bank staff applications weekly to ensure a quick recruitment process. The Health Board is also mapping its recruitment process from application stage to appointment with a view to identifying where the process needs improvement.</p> <p>There are weaknesses in the education commissioning process, which means that the pipeline of newly qualified staff does not meet the Health Board's demand. This is especially true for nursing. The Health Board appoints significantly less staff than it trains through the commissioning process. For example, in 2022, of the 159 nursing training places commissioned, only nine (5.6%) ended up working for the Health Board. Additionally, recruitment drives are not successful: between October 2021 and October 2022, only 10% of nursing and midwifery (band 6-8) vacancies were filled, this equates to just 22 of the 216 vacancies. The Health Board's ten-year projection data shows that this trend is set to continue. This, and the lack of universities in the region, has prompted the Health Board to seek alternative solutions to build a sustainable workforce. Branded under Powys's Health and Care Academy¹³, the Health Board is heavily focused on growing its own workforce which includes programmes such as its aspiring nurse, physiotherapist, and occupational therapist training programmes, as well as its apprenticeship, volunteering, and schools' programmes. This work is starting to have a positive impact, especially the aspiring nurses programme, which is currently supporting 70 members of staff through various levels of education, with a further 17 studying for the equivalent of a first-year nursing degree programme. Additionally, in September 2023, the Health Board recruited 22 external candidates to its Adult and Mental Health wards who will be supported through the programme. HEIW recognises that the traditional commissioning route is not working for the Health Board. As a result, they have started to fund its Aspiring Nurse Programme and are</p>

¹³ The Powys Health and Care Academy is the region's programme of health and care training, development, and research. The academy is organised about four conceptual schools, these being the schools of 'Professional and Clinical Education and Training', 'Research, Development and Innovation', 'Leadership', and 'Volunteers and Carers'.

What we looked at	What we found
	working with the Health Board to develop more flexible routes into nursing and healthcare support work, for example, through dispersed and distance learning. It is also exploring the use of newer roles such as physicians' associates and advanced practitioners, but progress is yet limited.

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is effective oversight of workforce performance and the Workforce Futures Programme, however, the Health Board needs to better understand whether its actions are making a difference.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board's workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"> • arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels; • effective action where progress on elements of the workforce strategy or plan is off-track; 	<p>We found that the Workforce and Culture Committee receives comprehensive workforce performance information and has good oversight of the Workforce Futures Programme, but there is a need to better understand the impact of its delivery, and opportunities to benchmark with similar organisations.</p> <p>The Workforce and Culture Committee is responsible for scrutinising workforce matters, which includes delivery of the Health Board's part of the Joint Framework. As stated on page 10, there is no standalone implementation plan, instead the Health Board's actions are included within its Integrated Plan. The committee receives a progress report against two of the four Workforce Futures strategic priorities, at each quarterly meeting. The updates are narrative based, and while comprehensive, they are not sufficiently clear on progress against key actions and milestones (Recommendation 4). Although, the quarterly Board Integrated Plan progress report clearly sets</p>

What we looked at	What we found
<ul style="list-style-type: none"> • performance reports showing the impact of delivering the workforce strategy or plan; and • the organisation benchmarking its workforce performance with similar organisations. 	<p>out the key actions as detailed in the Integrated Plan, progress against each milestone¹⁴ and an assessment against year-end delivery. The report clearly highlights where and why delivery is off-track and what action will be taken to ensure progress. The 2023-24 quarter two report reported that 2% of the Workforce Futures actions were complete, 25% on track, 9% at risk or behind schedule and the rest not yet due. The quarter two report indicates that the Health Board has a high-level of confidence that it will deliver most Workforce Futures milestones by year-end. However, following an Integrated Plan partial reset exercise, some actions will be reprioritised to help the Health Board to meet its financial savings targets.</p> <p>At each meeting, the Workforce and Culture Committee also receives an overview report from the Director of Workforce and OD and a Workforce Performance Report. The Workforce Performance Report gives a good overview of key workforce metrics such as staff in post, appraisal and mandatory training compliance, staff absence, turnover, variable pay and employee relations. Encouragingly, for each area of performance, the report highlights areas of concern and mitigating actions. However, while these reports clearly show progress on key actions and highlight key issues, there is currently insufficient analysis on whether the actions are having the desired impact. For example, whether key workforce metrics have changed, or risks have reduced because of delivering Workforce Futures actions (Recommendation 4).</p> <p>The Health Board reported that where possible, it benchmarks its workforce performance with other health bodies in Wales. However, given the differing population and geography, like for like comparison within Wales is difficult. However, there is an opportunity for the Health Board to identify similar organisations across the UK to benchmark its workforce performance and identify good practice and innovation (Recommendation 5).</p>

¹⁴ The Health Board uses a Blue, Red, Amber, Green (BRAG) system to track progress, respectively meaning complete, behind schedule, at risk and on track.

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.

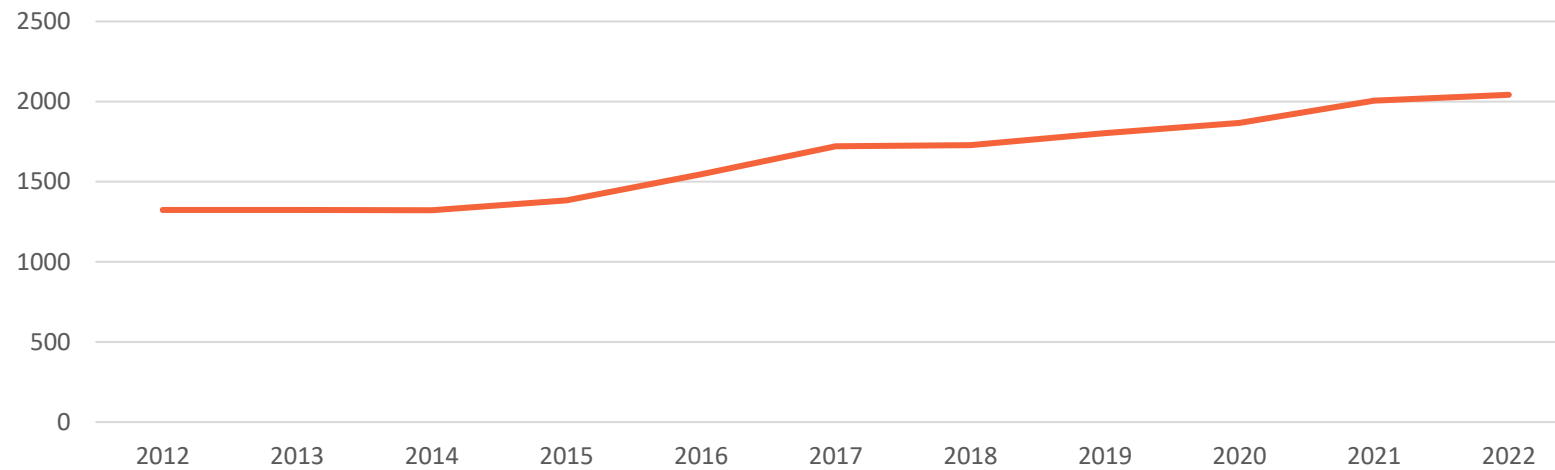
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Workforce strategy and associated workforce plan(s)• Implementation/delivery plans for workforce strategy – high level and operational• Evidence of evaluation of workforce strategy and/or associated initiatives• Information feeding into workforce strategy development eg needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning• Evidence of stakeholder engagement• Structure charts for workforce planning functions• Examples of workforce planning training offered to staff eg CIPD, other training formal or informal• Workforce finance and resource plans• Corporate and operational risk registers• Document showing recruitment process and recruitment and retention initiatives• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery

Element of audit approach	Description
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"> • Executive Director for Workforce and Organisational Development • Deputy Director for Workforce and Organisational Development • Assistant Director of People Development • Assistant Director of Finance • Head of Organisational Design and Workforce Transformation • Business Partners
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

Appendix 2

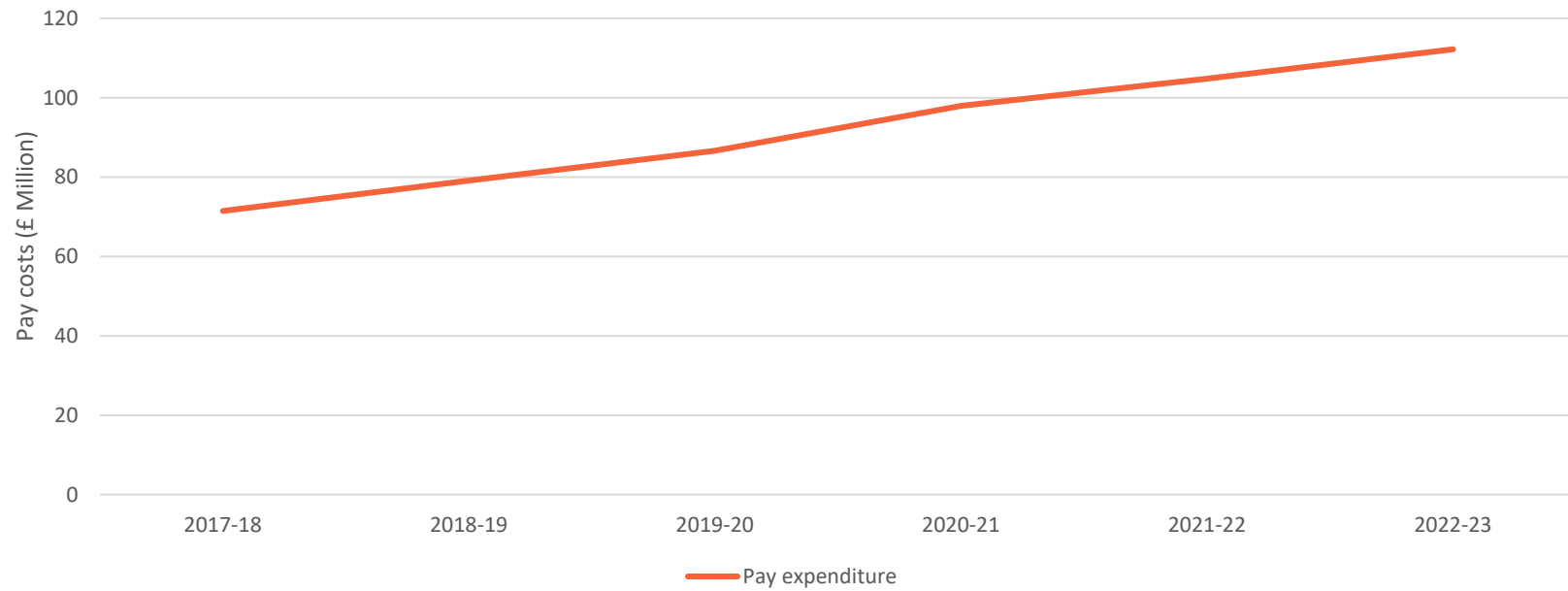
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full time equivalent), Powys Teaching Health Board



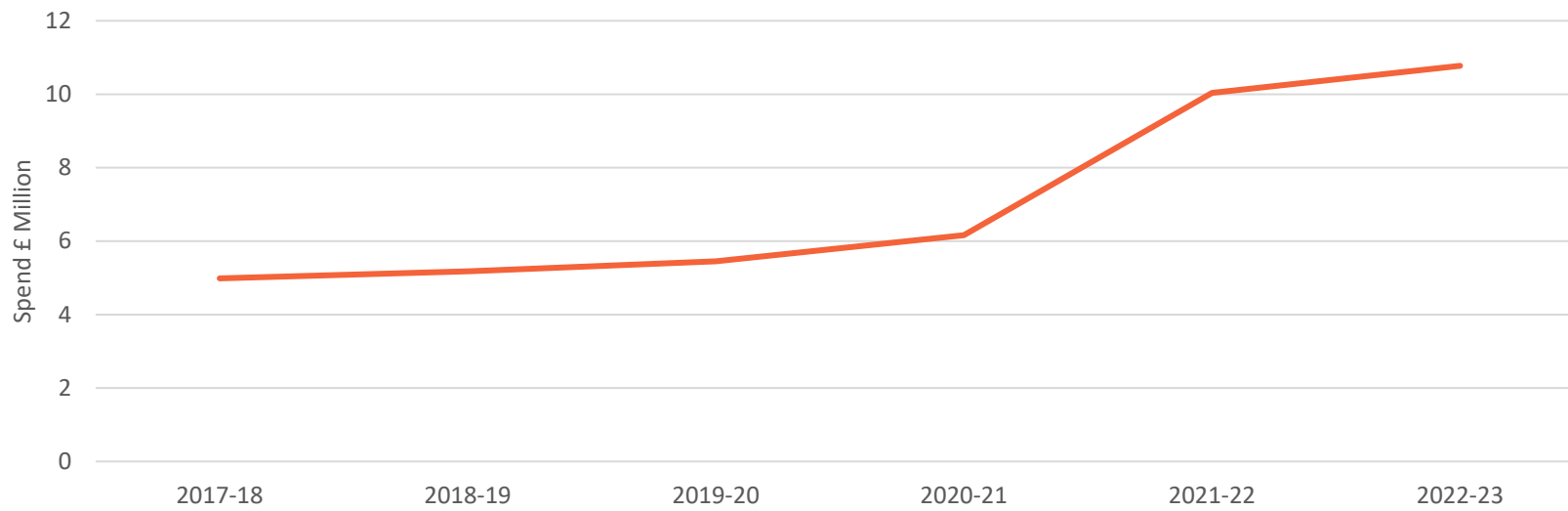
Source: Welsh Government, Stats Wales, Data as of September each year

Exhibit 7: trend in actual workforce costs, Powys Teaching Health Board



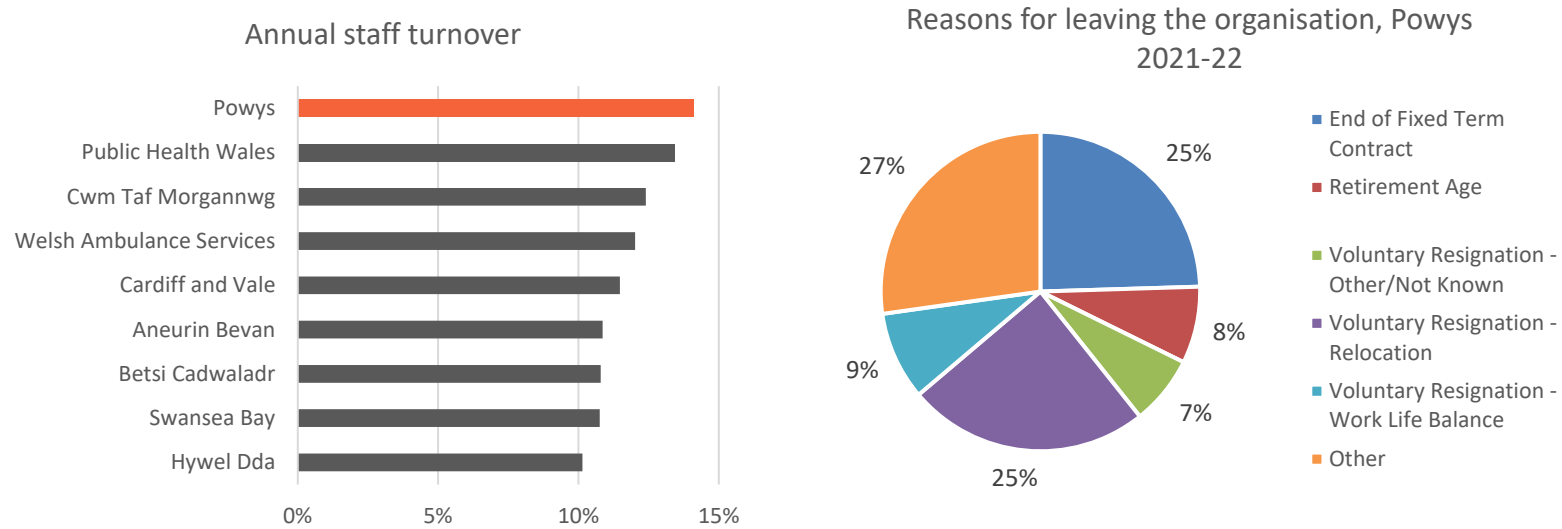
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Powys Teaching Health Board



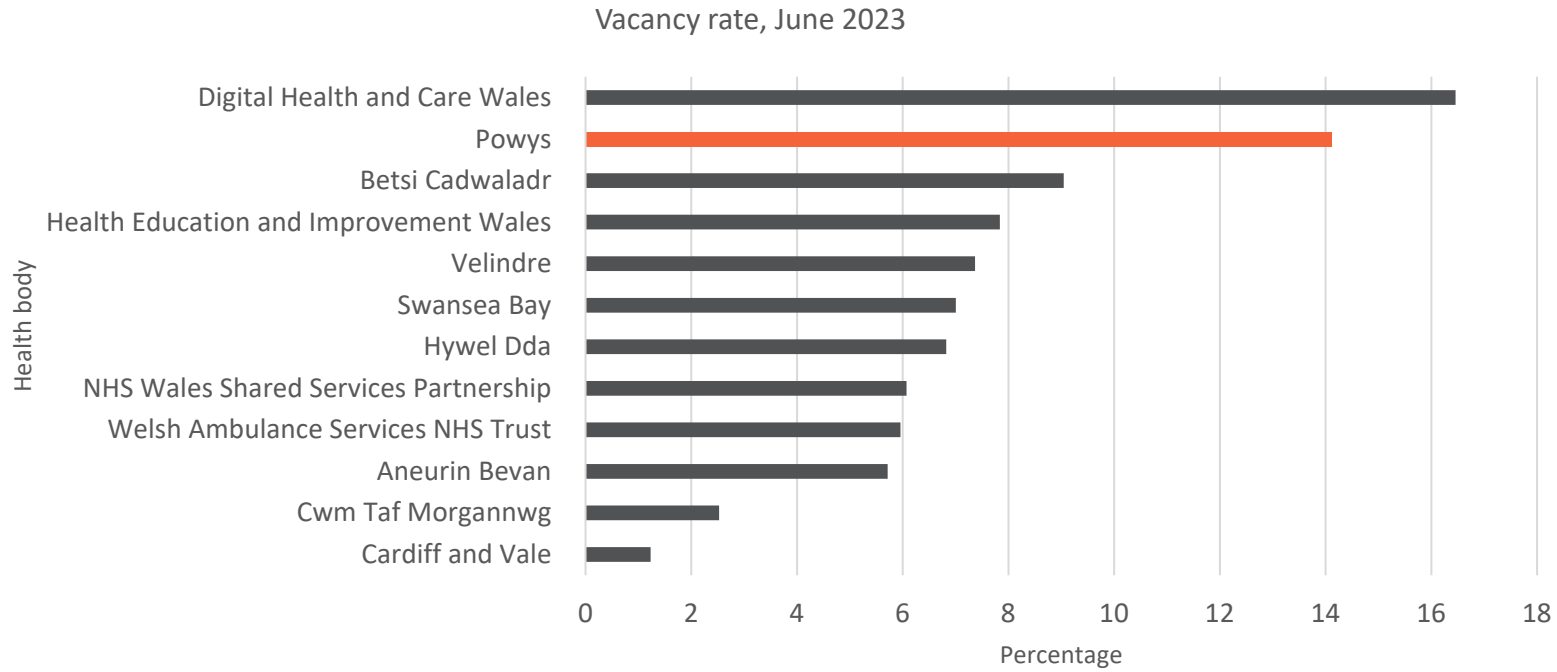
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Powys Teaching Health Board



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

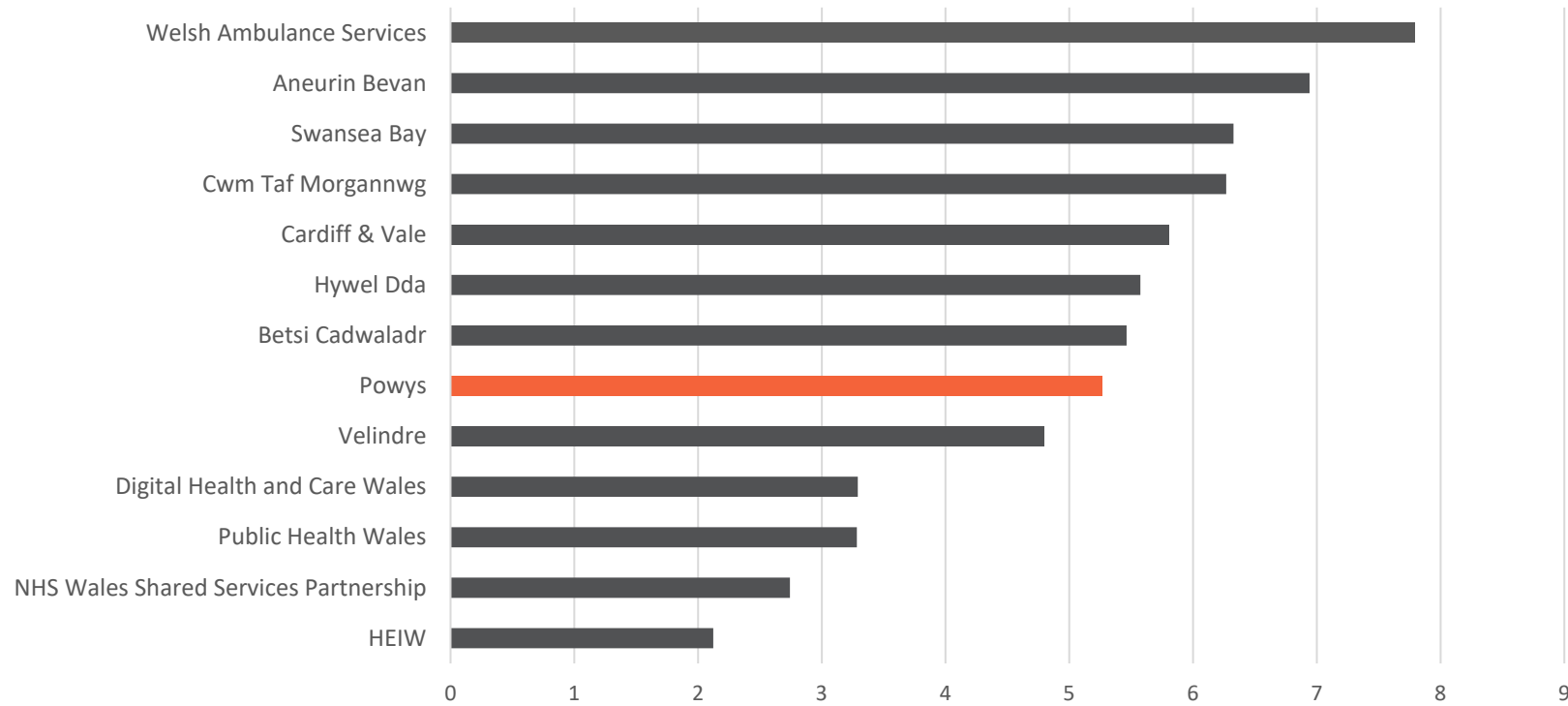
Exhibit 10: vacancy rate, June 2023



Source: Welsh Government, Stats Wales

Exhibit 11: sickness absence by organisation by percentage, 2023 Quarter 2

Sickness absence by organisation, 2023 Quarter 2



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Powys Teaching Health Board’s response to our audit recommendations.

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	To ensure service level workforce plans are consistent, for the next planning cycle, the Health Board should ensure all directorates and/or service areas develop a workforce plan using the HEIW workforce plan template (see page 11).	<p>We will:</p> <ul style="list-style-type: none"> • continue to roll out training that utilises the HEIW workforce plan template; • provide periodical updates to Executive committee of those managers who are required to undertake the training; have done so, to ensure that the competencies to complete workforce plans are embedded within the organisation; and • development of directorate workforce plans will be included as a key deliverable within the 2024-25 Integrated Plan. 	Q4 2024-25	Deputy Director WOD

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	The Health Board should develop an evaluation framework to measure whether the roll out of workforce planning training is achieving its intended purpose and improving service level workforce planning (see page 15).	<p>We will:</p> <ul style="list-style-type: none"> gain feedback from attendees both immediately after training and 3 months post training to understand effectiveness; and measure the number of workforce plans produced across the organisation. 	Q4 2024-25	Deputy Director WOD
R3	Once the post that has been created to improve staff retention has been recruited to, the Health Board should develop a consolidated programme of retention activities with a clear evaluation framework focusing on what impact its activities are having on improving staff retention (see page 16).	<ul style="list-style-type: none"> The retention lead will pull all of our retention activities together and undertake a self-assessment and subsequent gap analysis against the national retention plan, identifying where improvements can be made. Staff retention rates will be measured and reported through the Health Board's Workforce Performance Framework and will include analysis from staff exit questionnaires. 	Q4 2024-25	Deputy Director WOD

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R4	To ensure the Workforce and Culture Committee has good oversight of the overall progress and impact of delivering the Workforce Futures programme, the Health Board should develop the update reports on each of the Workforce Futures strategic priorities, to clearly highlight progress against key actions and milestones as agreed in the Integrated Plan. The report should also include key metrics to illustrate progress, and the impact of delivery (see page 19).	<p>We will:</p> <ul style="list-style-type: none"> provide Workforce and Culture Committee with ‘in-year’ updates which will identify and include progress against key metrics. These will demonstrate the impact and illustrate progress that the actions are having against each of the key workforce strategic priorities aligned to the workforce futures strategic framework and included in the integrated plan. 	Q1-4 2024-25	Deputy Director WOD
R5	The Health Board should identify organisations across the UK with similar workforce challenges to benchmark its workforce performance and share good practice (see page 20).	<p>We will:</p> <ul style="list-style-type: none"> work with the Health Board’s Corporate Performance Team to try to identify similar organisations whose workforce metrics can be accessed in order to benchmark. 	Q4 2024-25	Deputy Director WOD



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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.