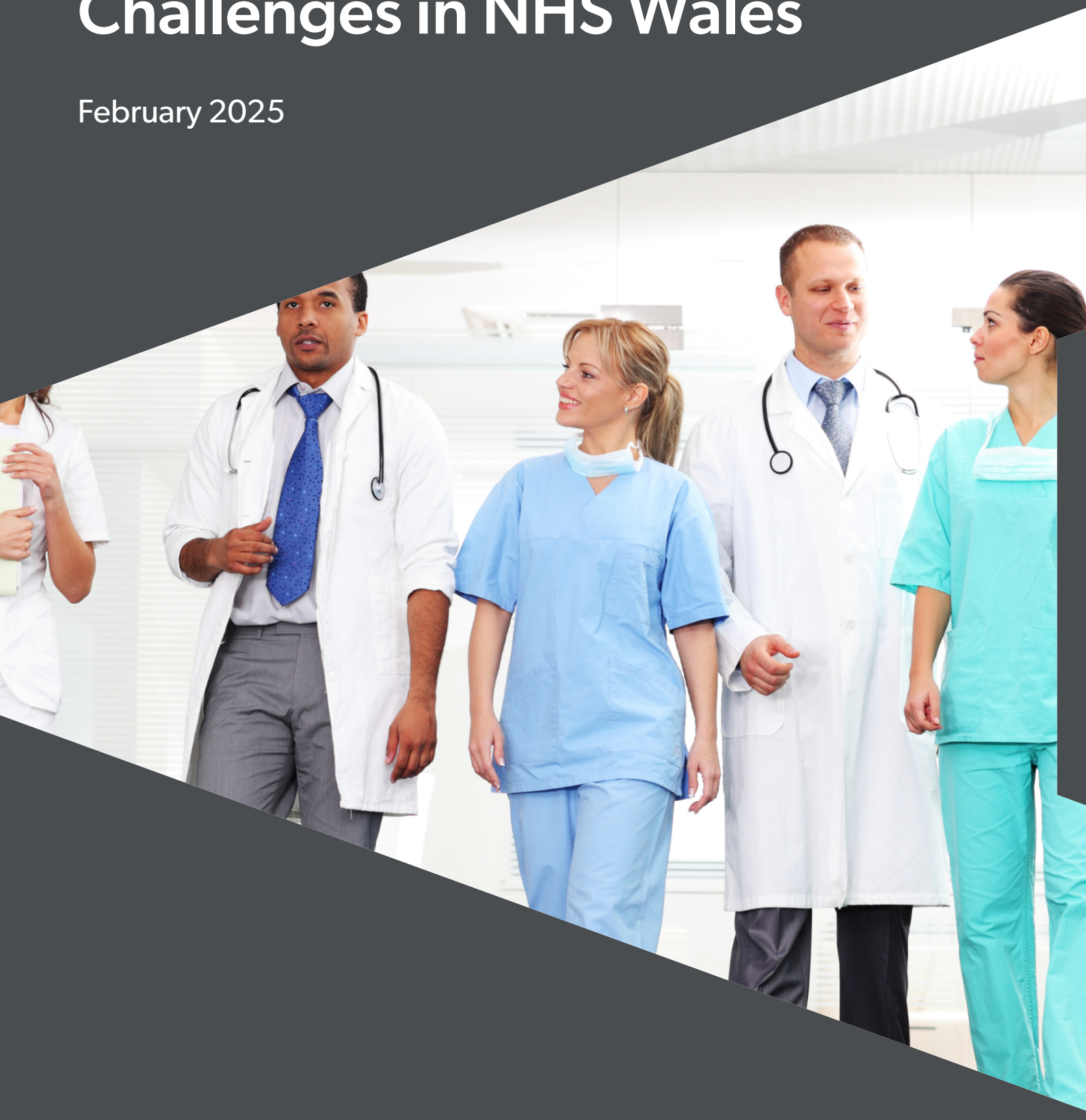


Addressing Workforce Challenges in NHS Wales

February 2025



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Contents

Foreword	4
Key facts	6
Key messages	7
Detailed findings	9
Recommendations	19
Appendices	
1 About our work	22
2 Links to published local workforce reviews	24



Foreword

It goes without saying that staff lie at the heart of the delivery of our health and care services. Those staff are used to responding to wide and varied pressures, and when the COVID-19 pandemic hit us, they invariably went above and beyond the call of duty in our battle against the virus. It was therefore pleasing that in my Taking Care of the Carers publication, I could describe the positive action taken by NHS bodies to maintain the well-being of staff during the pandemic.

Whilst the pandemic is now hopefully behind us, the pressure on the health and care workforce remains. My NHS workforce data briefing showed that despite high levels of investment and continued growth, the workforce is struggling to keep pace with increases in service demand. It pointed to a system that had recruitment and retention challenges, an over-reliance on temporary agency staff, sickness absence issues and a need for continued action on training to help the system grow its own capacity.

These workforce pressures are intertwined with the well documented financial challenges facing the NHS and public services more widely. This means that those planning services need to safeguard the quality and safety of existing services whilst also considering how healthcare services are provided in the future in order for them to become both clinically and financially sustainable. It requires action at both a national and local level in the form of a consistent and well-informed approach to workforce planning, alongside issues relating to pay, training and staff well-being.

Following the publication of my NHS workforce data briefing, my staff have examined the workforce planning arrangements in each of the NHS bodies in Wales. I have produced local audit reports setting out our findings together with recommendations to support further improvements. This report highlights the key messages from those local audits, together with an update on some workforce statistics and a consideration of action needed at a national level to help put the health and care workforce on a stronger footing.

The report points to some positive developments but also for a need for important action in a number of areas, not least in the development of a stronger and more coherent national approach to workforce planning. I see this as crucial in developing a health and care workforce that is motivated, resilient and appropriately skilled to ensure it is delivering sustainable care of the highest possible quality.



Adrian Crompton

Auditor General for Wales

Key facts



NHS staff costs increased by **62%** from **£3.23 billion** in 2017-18 to **£5.23 billion** in 2023-24



Agency staff costs reduced by **20%** from **£325 million** in 2022-23 to **£262 million** in 2023-24



NHS Wales Full Time Equivalent¹ staff numbers increased from **77,971** in 2017-18 to **95,466** in 2023-24



10.4% of medical and dental posts are currently vacant. As of June 2024, there are **5,684** reported vacancies in NHS Wales across all staff groups



1.3 million days lost to sickness absence in 2023. This is a reduction, and an improvement of around **100,000** days lost to sickness compared to 2022



Of the **8,180** doctors currently on the General Medical Council register who originally trained in Wales, only **42.8%** (3,505) have remained in Wales

¹ Full Time Equivalent staffing accounts for part time working. If two members of staff worked 2.5 days a week, they collectively would count as 1 full time equivalent member of staff.

Key messages

Context

- 1 In September 2023 we published an [NHS Workforce Data Briefing](#) which helped illustrate that despite notable growth in the NHS workforce in recent years, NHS staff resources continued to be stretched with high numbers of vacancies, high sickness absence and staff turnover, and a high reliance on agency staff to plug workforce gaps. We highlighted the need for the Welsh Government's National Workforce Implementation Plan² to drive the improvements that were needed in the short term as well as helping to achieve the longer-term ambitions that are set out in the 10-year Strategy for the Health and Social Care Workforce.
- 2 Since publishing our Data Briefing, we have completed reviews of workforce planning in each of the 12 health bodies in Wales and reported our findings back to each organisation. We have also examined the national leadership arrangements that relate to the NHS workforce. This report summarises the findings from that work and sets out a number of recommendations for Welsh Government to help strengthen national approaches to NHS workforce development and planning.

2 The Welsh Governments National Workforce Implementation plan was developed to deliver short-term practical actions that will act as enablers to accelerate the ten-year vision in the Workforce Strategy for Health and Social Care.

Key findings

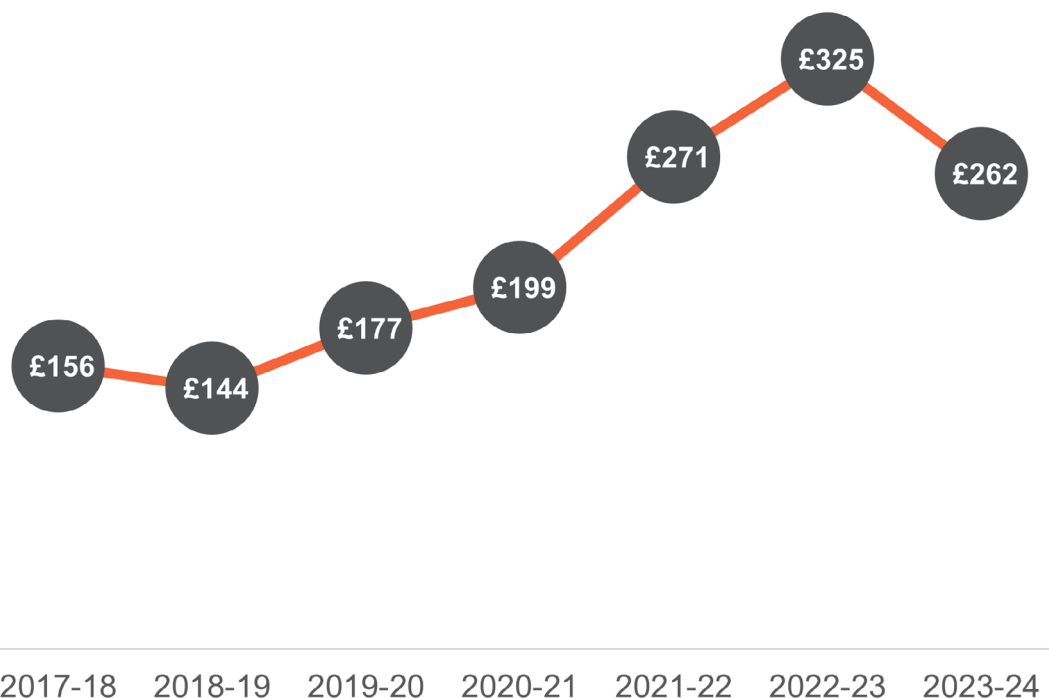
- 3 There are three key findings emerging from our work:
 - while there are positive developments in some key areas such as sickness absence and agency staff use, the NHS continues to face significant workforce challenges;
 - the national approach to tackling the workforce challenges has become overly complex and is hampered by the lack of a national workforce plan and some uncertainty over system leadership arrangements; and
 - NHS Workforce planning is made more difficult by a lack of clarity on future service models, gaps in data and workforce planning expertise and limitations on the number of training places that can be commissioned.
- 4 These findings are set out in more detail below. **Appendix 1** provides more information about our work. **Appendix 2** provides links to each local workforce review.

Detailed findings

While there are positive developments in some key areas such as sickness absence and agency staff use, the NHS continues to face significant workforce challenges

From a difficult position last year, we have seen improvements in key areas such as use of agency and levels of sickness absence

- 5 Our workforce planning reviews and our national data briefing last year highlighted some significant challenges. We saw an increasing reliance on agency use, reaching a record spend of £325 million in 2022-23. Sickness absence also reached a peak of 6.87% in 2022, representing some 1.4 million days lost to sickness. At the same time, staff already under pressure from the pandemic, faced increasing demand and complexity of care needs as normal service pressures resumed.
- 6 Our work over the last year indicated that health bodies are clearly aware of their operational workforce risks and are taking pragmatic action to support improvement. They have worked to better understand staff wellbeing and introduce better support and sickness absence controls. These alongside other factors appear to be having a positive impact. 2023 sickness absence rates reduced to 6.12%, equating to over 100,000 fewer days lost to sickness than in the previous year.
- 7 We have also seen an important reversal in the long-term growth and over-reliance on agency staffing. Improved guidance and controls, lower sickness absence and progress in filling vacancies have contributed to a reduction in agency spend from £325 million in 2022-23 to £262 million in 2023-24 (**Exhibit 1**). Health bodies, nevertheless, continue to rely on agency staffing to cover vacancies, particularly in nursing.

Exhibit 1: all Wales NHS agency staff use, 2017 - 2024 (£ million)

Source: Monthly Monitoring Returns to Welsh Government

- 8 Our local workforce planning reviews also indicate that organisations have strengthened their focus on retention activities. This includes additional investment and increasing use of staff feedback to improve both staff wellbeing and the working environment. This work is a likely contributing factor in the reduction of staff turnover levels between 2022-23 and 2023-24. Nevertheless, staff turnover at an all-Wales level in 2023-24 was around 1% higher than pre-pandemic levels, with significant variation across NHS bodies in Wales. At the time of preparing this report, Health Education and Improvement Wales (HEIW) was leading an all-Wales Retention Programme, funding retention leads in all organisations across Wales and supporting a range of improvement projects.

Despite overall growth in staffing levels, the NHS is struggling to meet service demand and continues to carry a significant number of vacancies

- 9 Despite the NHS having the highest historical level of staffing, health bodies are also struggling to meet demand. NHS Wales is not achieving most of its current 'access' to service targets and pressures in unscheduled care, planned care and cancer services remain substantial. NHS Wales is currently reporting over 5,000 Full Time Equivalent (FTE) vacancies. Over 10% of posts in medical and dental services are currently vacant. Of the near 5,700 vacancies in Wales, nursing accounts for around a third of all vacancies.
- 10 A notable proportion of doctors (17% of those responding to the GMC survey in Wales) have taken 'hard steps' to leave the profession³, with the physical working environment and digital infrastructure being key causes. NHS Wales is also more reliant on doctors trained outside of its borders than the three other home nations and comparatively Wales retains less of the doctors that it trains⁴. As of December 2024, 43% of doctors who undertook their primary medical qualification in Wales currently remain in Wales. In England, Scotland and Northern Ireland, the corresponding figures for doctors remaining in the country of training are 94%, 61% and 76% respectively⁵. Given the medical staffing pressures within the NHS in Wales, there is a need to consider how medical undergraduate education programmes, placements and support arrangements can be developed with the aim of retaining more of the doctors trained in Wales, following course completion (**Recommendation 1**). More positively, however, it should be noted that the retention of postgraduate specialty trainees and GP trainees within Wales is higher.
- 11 There are also some changes and challenges in primary care. The number of GP partners is reducing and at the same time, Wales is seeing an increasing reliance on salaried and temporary GP locum staffing⁶. In addition, the overall numbers of Full Time Equivalent GP practitioners have reduced slightly over the last three years. GPs are also reducing their weekly working hours with the latest data indicating increasing proportions of part time working. The challenges for GP practices aren't solely limited to GPs given that 50% of practice nurses will be at or over normal retirement age in the next decade⁷.

3 General Medical Council report: [The state of medical education and practice in the UK](#).

4 Our [NHS Workforce data briefing](#) reported on the location of doctors training and current location of registration.

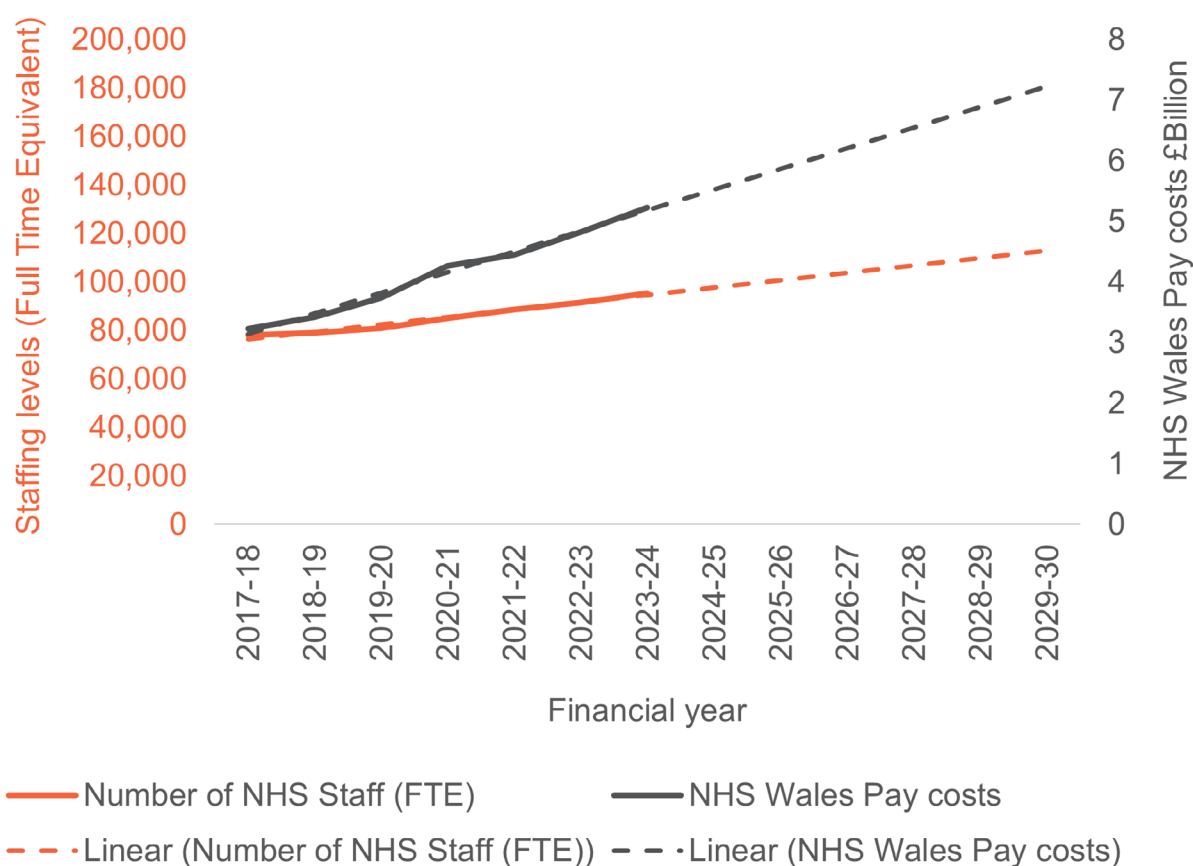
5 Audit Wales analysis of [GMC data explorer](#), accessed December 2024.

6 Analysis of 2025-26 HEIW Education and training plan. The plan was approved by HEIW's Board in [August 2024](#).

7 Based on the normal pension age of 60 in the 1995 Section of the 1995/2008 scheme.

- 12 NHS Wales has experienced a long-term growth in staffing and pay costs (**Exhibit 2**)⁸. If this trend continues Full Time Equivalent staff numbers could reach over 110,000 and the associated staff pay cost could potentially exceed £7 billion by the end of the decade. Staff pay within the NHS must be sufficient to attract and retain the staff it needs, and staff numbers must be sufficient to meet service demand. However, in the current financial climate facing the NHS, the potential growth in pay costs shown in **Exhibit 2** does raise challenging questions about the affordability of existing models of care.

Exhibit 2: NHS staffing numbers and total pay costs (Actual and linear forecast from 2017 to 2030)



Source: Audit Wales analysis of Welsh Government data

⁸ Overall pay costs are increasing at a greater rate than staff levels. This is because overall pay cost growth is a compound of increased staffing levels and the effect of pay inflation.

The national approach to tackling the workforce challenges has become overly complex and is hampered by the lack of a national workforce plan and some uncertainty over system leadership arrangements

While there is a clear national workforce strategy, its implementation is made more challenging by a complex and not fully integrated range of underpinning plans and some uncertainty over system leadership arrangements

- 13 NHS Wales is four years into the implementation of the 10-year Workforce Strategy for Health and Social Care (the national strategy)⁹. The national strategy is clear, logical and bold, setting out seven challenging but deliverable ambitions alongside corresponding actions. The strategy has provided a focus to shape developments nationally, particularly in respect of the work of HEIW.
- 14 While the pandemic had some impact on the delivery of the national strategy, there is evidence that HEIW and its partners, are making progress in some important areas. A recent mid-strategy review¹⁰ indicated progress on a range of actions to develop 'talent' in Wales, strengthen compassionate leadership, leadership development, and building digital skills and capability.
- 15 The national strategy is intended to provide a guiding framework for developing underpinning plans at a national level. The overall strategic approach to workforce now includes the national strategy, the Welsh Government's NHS focussed National Workforce Implementation plan¹¹, and a new separate Social Care workforce delivery plan¹². NHS Wales, facilitated by HEIW have also developed or are developing a range of workforce plans that cover specific professions and services that include nursing, perinatal, genomics, mental health, primary care (excluding pharmacy and dental), pharmacy and dental services. These plans are helpful in bringing a more coherent approach to address specific workforce challenges within certain clinical areas. However, the growing range of plans represents an increasingly complex planning landscape. Moreover, some services/professions have workforce plans, but others do not, and there is a lack of clarity on whether all plans will be fully funded with associated uncertainty over their deliverability.

9 A Healthier Wales: our workforce strategy for health and social care.

10 The mid-strategy review was undertaken to inform a joint HEIW and Social Care Wales Board development meeting in May 2024

11 The Welsh Governments National Workforce Implementation plan was developed to deliver short-term practical actions that will act as enablers to accelerate the ten-year vision.

12 Social Care Wales published the Social care workforce delivery plan 2024-27 in June 2024

- 16 Additionally, the range of workforce plans has the potential to blur lines of responsibility related to workforce leadership. For strategic national workforce planning in the NHS, HEIW is the lead organisation, but there are other organisations which have complementary roles such as Welsh Government and NHS Shared Services. Whilst discrete remits and responsibilities are generally well understood, those we spoke to as part of this review felt that responsibilities can sometimes get blurred, and that the role of the NHS Executive also needs to be better defined (**Recommendation 2**).

A single long-term national workforce plan for health and care in Wales is needed to secure sustainable solutions to current workforce challenges

- 17 Various analysis has shown that already high service demand may increase in future because more people are expected to live longer with multi-morbidities¹³. Given the extent and breadth of the workforce challenges facing healthcare services, there is a strong argument for a need for a detailed and holistic national workforce plan to underpin the national Workforce Strategy for Health and Social Care (**Recommendation 3**).
- 18 A national workforce plan, supported by robust analyses of supply and demand, would allow NHS Wales and its partners to identify:
- how it expects to transition its workforce and service model to one which becomes increasingly shaped around population health improvement, self-management, and community-based management of multi-morbidities¹⁴;
 - how it expects to match and plan for future demand and supply of specialist care, supported by a sustainable acute staffing model;
 - what a sustainable workforce model for social care looks like as part of a more integrated approach to workforce planning;
 - how it adapts to changing workforce preferences for part time working and training and portfolio careers¹⁵;
 - how it could ensure more of the staff who are trained in Wales remain in Wales; and
 - detailed medium to long-term educational needs and the funding necessary to support it.

13 Science Evidence Advice: NHS in 10+ Years, an examination of the projected impact of long-term conditions and risk factors in Wales.

14 Multi-morbidity relates to people living with more than one long-term health condition.

15 Portfolio careers is a term for people holding more than one part-time job or moving from job to job on a short term or flexible basis.

- 19 The Welsh Government committed to devise an approach to develop a long-term workforce plan for health and care, working with HEIW and Social Care Wales. However, recent updates suggest progress has been limited. Moreover, development of a workforce plan is not something that HEIW or wider senior workforce leadership can drive in isolation. There needs to be clear roles and responsibilities for development of it, and an integrated multi-partner approach to deliver it. This should include social care, secondary and higher education representation, and clinical profession representatives. Once developed, the national plan should become part of an iterative approach to workforce planning, which allows it to evolve to reflect changes in demand and new ways of delivering services.

The Strategic Workforce Implementation Board has delivered most of its actions, but the overall impact of these is unclear and there is uncertainty over the future role of the Board

- 20 In January 2023, following a commitment within the 'programme for transforming and modernising planned care and reducing waiting lists in Wales', the Welsh Government published a National Workforce Implementation Plan (the Plan). This was aimed at addressing some immediate and specific workforce challenges facing NHS Wales. In April 2023, Welsh Government established the Strategic Workforce Implementation Board to oversee delivery of the Plan. Four organisations were primarily responsible for delivering the implementation plan; Welsh Government, HEIW, NHS Wales Shared Services Partnership and NHS Employers. Stakeholders were largely complimentary about the way the Strategic Workforce Implementation Board was run, citing well chaired meetings and having the opportunity to contribute their views. Whilst accountability arrangements for the delivery of the actions in the Plan were clear, there has been no public reporting of the extent to which the Plan has been delivered, which has limited awareness amongst wider stakeholders of what has been achieved.
- 21 The National Workforce Implementation Plan originally included 78 actions¹⁶. As of September 2024, all actions were largely complete. The Welsh Government has submitted a year-end progress report to the Cabinet Secretary for Health and Social Care and, at the time of reporting, was awaiting a decision on the future of the Strategic Workforce Implementation Board¹⁷. In the meantime, the Strategic Workforce Implementation Board has paused, and the Welsh Government was working with partners on the small number of outstanding actions.

16 Over the course of the National Workforce Implementation Plan's delivery there were a few updates, which were agreed through the Strategic Workforce Implementation Board, such as additional of actions and updated wording.

17 The National Workforce Implementation Plan is a short-term plan with actions spanning 18 months up to 2024.

- 22 If measuring purely on the completeness of the National Workforce Implementation Plan, the Strategic Workforce Implementation Board has largely delivered on its intended commitments. Notably, members of the Strategic Workforce Implementation Board felt the plan and Board helped take forward actions which might not have been progressed otherwise. To date there has been limited evaluative reporting on the impact of the Plan's actions. This makes it difficult to understand whether the actions have made any real difference in reducing the level of workforce risks faced nationally and locally. However, at the time of reporting Welsh Government officials were collating case studies into a report to illustrate the impact that the actions have had.

NHS Workforce planning is made more difficult by a lack of clarity on future service models, gaps in data and workforce planning expertise and limitations on the number of training places that can be commissioned

NHS Workforce planning is made more difficult by a lack of clarity on future service models

- 23 It is not possible to develop a national workforce plan without a clear understanding of long-term future service models. At both national and local levels, we found that high-level ambitions around workforce planning were not grounded in a practical understanding of how health and care services would be shaped in the medium to long-term. This is a particular challenge within individual health bodies where our local audit work identified that an absence of clarity on future service models was a significant impediment to workforce planning.
- 24 Nationally, there needs to be a better understanding of how the aspirations for future services set out in 'A Healthier Wales' will translate into tangible service redesign. For example:
- the services required to help the public manage their own health;
 - how primary care and community-based services will need to develop to care for a growing proportion of the population with long term conditions and multi-morbidities;
 - how acute services will need to adapt to provide the specialist care that is needed in the context of advances in medicine and technology but also limitation in the availability of specialist staff; and
 - the workforce capability and capacity required to support these changes, including the development of digital and informatics skill sets within the workforce.

Workforce planning within individual health bodies is improving but is being inhibited by gaps in data and workforce planning expertise and by limitations on the number of training places that can be commissioned

- 25 Robust workforce planning is reliant on organisations having the skills, resources and information to plan for the future. The national strategy recognises the need to build workforce planning capacity and capability¹⁸. Our local workforce planning reviews show clear intent across NHS Wales to do this. We found good examples of workforce strategies within individual health bodies which recognised the short- and longer-term workforce challenges those health bodies face. However, workforce strategies within health bodies were typically high-level and often lacked underpinning costed implementation plans. The absence of underpinning plans alongside the immediate workforce pressures health bodies are facing is driving a short-term approach to tackling workforce challenges at the expense of more sustainable medium to long-term workforce planning. Worryingly, at the time of our audit several health bodies in Wales did not have agreed and funded workforce establishments¹⁹. From a poor position last year, health bodies are now working towards development of agreed funded establishments.
- 26 HEIW is helping to develop workforce planning skills through training, guidance and developing tools, which most health bodies are supporting and adopting. However, our local audit work found that capacity for workforce planning in health bodies is stretched, with limited ability to have staff whose roles were largely dedicated to workforce planning. Often human resources business partners provided capacity to support workforce planning, but this was also limited given the need to deal with everyday human resources matters. If NHS Wales is to deliver the ambitions set out in its workforce strategy, there needs to be a better appreciation of the workforce planning skills and capacity, both in the Workforce and Organisation Development community, and operational service management, needed to achieve this.

18 10-year Workforce Strategy for Health and Social Care. Action 29: Build capacity and capability in workforce planning and development across health and social care, underpinned by a standardised, methodology.

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

- 27 The national strategy highlights the need to improve workforce intelligence and there is evidence that NHS Wales is taking some positive steps to improve its workforce data. HEIW has established a Workforce Observatory which houses workforce data and analyses for health bodies to access. However, there is still work to do to fill gaps in workforce data in specific areas such as primary care and medical and nursing sub-specialties. Better forecasting data is also needed to bring a longer-term outlook to an NHS that is often drawn to tackling the immediate short-term challenges (**Recommendation 4**).
- 28 While noting the year-on-year growth in education commissioning over the last five years, health bodies raised concerns that the number of education and training places that HEIW commissions does not meet the need identified within their Integrated Medium-Term Plans (IMTPs). In 2024-25 only 60% of the nurse student numbers requested by health bodies in their IMTPs were commissioned. This was the result of the number of overall places that HEIW could afford to commission, the capacity within the NHS and universities to place students, and the number of applications to training programmes. The situation is expected to only improve marginally in 2025-26. This issue is most prominent for nursing education commissioning but is also a recognised challenge for wider clinical professions. HEIW expects training programmes in some specialist areas will not be sufficient to meet expected service demand. This includes Urology, Vascular, Ophthalmology, Haematology, Cardiology, Dermatology, Diabetes and endocrinology specialties. There is also a real risk that comparative GP training levels in Wales could fall far behind NHS England if the numbers promised in England's NHS Long Term Workforce Plan come to fruition²⁰. This could impact the ability to recruit into GP training places at the required levels in Wales (**Recommendation 1**).

20 NHS England's long term workforce plan aims to Increase the number of GP specialty training places to 5,000 by 2027-28 and to 6,000 by 2031-32.



Recommendations

Recommendations

- R1** Welsh Government should review and where necessary strengthen the national arrangements for education commissioning of medical undergraduates in Wales with the aim of:
- ensuring the number of doctors in training aligns with forecast medical staffing needs; and
 - identifying what additional steps can be taken to encourage those in training to remain in Wales following their qualification.

See **paragraphs 9, 10 and 27**.

- R2** The Welsh Government should clarify national NHS workforce leadership arrangements by clearly setting out the respective remits of the Welsh Government, Health Education and Improvement Wales and the NHS Executive. See **paragraph 15**.

- R3** The Welsh Government, working with HEIW and Social Care Wales should lead the development of a longer-term national workforce plan for health and care which seeks to place the workforce on a more sustainable footing. Building on the workforce planning already undertaken in specific disciplines and service areas, the national workforce plan should be informed by modelling of supply and demand and should be part of an iterative approach to workforce planning that allows the national plan to evolve to reflect changes in demand and new ways of delivering services and provide a mechanism to agree financial and other resources to support delivery of it. See **paragraph 16**.
- R4** HEIW should lead work within NHS Wales aimed at strengthening workforce data to ensure that it is sufficient to enable the development of national and local workforce plans. This should particularly focus on medical and nursing sub-specialty level data and primary care workforce data. See **paragraph 26**.



Appendices

- 1 About our work
- 2 Links to published local workforce reviews

1 About our work

Audit scope, objectives and criteria

Following on from the publication of our NHS Workforce Data Briefing in September 2023, the Auditor General has completed reviews of workforce planning arrangements in each of the 12 NHS bodies in Wales. Those reviews examined whether NHS bodies' approaches to workforce planning were helping address current and future NHS workforce challenges. Each of the 12 reviews covered:

- the NHS body's strategic approach to workforce planning;
- operational action to manage its current and future workforce challenges; and
- monitoring and oversight arrangements in respect of workforce planning.

The findings from our work at each NHS body have been published on the Audit Wales website. **Appendix 2** provides links to each of the reports which set out our audit findings against key questions and criteria aligned to the above three areas of focus. It should be noted that the reviews did not examine operational workforce management arrangements such as staff/nurse rostering and consultant job planning.

Alongside our reviews of workforce planning at each NHS body in Wales, the Auditor General has examined the effectiveness of the national leadership arrangements for addressing the workforce challenges the NHS is experiencing. That work sought to assess whether:

- there is a clear national strategic direction to tackle the key workforce challenges facing the NHS;
- there is an effective programme of work to deliver the national NHS workforce implementation plan; and
- there were clear and effective system leadership for workforce issues within NHS Wales.

Audit methods

The evidence base for the findings presented in this report is drawn from the methods shown below.

Audit method	Description
Document review	We reviewed a range of documents, including: • Workforce strategy for Health and Social Care • Progress reporting on National Workforce Strategy • National workforce implementation plan • Strategic Workforce Implementation Board agenda, papers and minutes • Profession and service area workforce strategies
Interviews	We interviewed the following: • Director General Department of Health, Social Care and Early Years / Chief Executive, NHS Wales • Deputy Director Workforce and Organisational Development, Welsh Government • Chief Executive, Health Education and Improvement Wales • Chair, Health Education and Improvement Wales • Executive Director for the Royal College of Nursing in Wales • Deputy Director, Communications and Policy Research, Royal College of Physicians • Chief Executive, Social Care Wales • Director, NHS Employers • 2 Health Board Executive Directors of Workforce and OD
Data analysis	We analysed key data on: • Operational workforce challenges such as staffing levels and vacancies, agency staffing use and sickness absence • Workforce trends in NHS Wales and in primary care • Trends in demand for services and population demographic analysis
Analysis of local audit findings	We completed a thematic analysis of the findings from our workforce planning reviews at each of the 12 NHS bodies in Wales

2 Links to published local workforce reviews

Our reviews of workforce planning arrangements at individual NHS bodies

Health body	Link to publication	
Aneurin Bevan University Health Board	English	Cymraeg
Betsi Cadwaladr University Health Board	English	Cymraeg
Cardiff and Vale University Health Board	English	Cymraeg
Cwm Taf Morgannwg University Health Board	English	Cymraeg
Digital Health and Care Wales	English	Cymraeg
Health Education and Improvement Wales	English	Cymraeg
Hywel Dda University Health Board	English	Cymraeg
Powys Teaching Health Board	English	Cymraeg
Public Health Wales NHS Trust	English	Cymraeg
Swansea Bay University Health Board	English	Cymraeg
Velindre NHS Trust	English	Cymraeg
Welsh Ambulance Services University NHS Trust	English	Cymraeg



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