



# Integrated Medium Term Plan 2022/25

## Appendix 4 2022/23 Workforce Profiles



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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# People (Workforce) Plan – 2022-2023





## People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- ❖ an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- ❖ inform service development prioritisation and commissioning decision making
- ❖ drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- ❖ Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found [here](#).

This profile is set out into the following areas:

**Core Workforce – Permanent and Fixed Term** - This element covers all substantive staff who are on a permanent or fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

**Variable Workforce** - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Board's reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

**Agency/Locum** - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.



**Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability** - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

## **Workforce Plan 2022 - 2023**

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

### **Combined Workforce Plan – 2022/2023**

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.




### **Bridging the Gap – 2022/2023**

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.

Actual and projected output from national and local education commissioning

### **IMTP Priorities – Workforce Impact**

Additional recruitment required to support the delivery of the IMTP

-  Consolidated Schemes for 22/23
-  Schemes Commencing in 22/23
-  Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services*)

### **Primary Care Resilience**

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.








## Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:

- \* volume of recruitment and timescales
- \* identified staff groups against national and regional context and intelligence
- \* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
<b>Bridging the Gap</b>	89	398	124	353	<b>964</b>
<b>IMTP Consolidated Schemes</b>	59	185	188	204	<b>637</b>
<b>IMTP Commencing Schemes</b>	15	5	9	22	<b>50</b>
<b>IMTP Planned Care Recovery Initiatives</b>	6	10	43	39	<b>98</b>
<b>Totals</b>					
	<b>168</b>	<b>598</b>	<b>365</b>	<b>618</b>	<b>1749</b>
<b>Primary Care Resilience Plan</b>	15	13	15	34	<b>78</b>
<b>National &amp; Local Commissioning 22/23</b>					
	65	306	206	245	<b>822</b>
<b>Recruitment Net Commissioning Activity Position</b>	<b>103</b>	<b>292</b>	<b>159</b>	<b>373</b>	<b>927</b>
<b>Deliverability</b>					

## Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board.



Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.

### ***Bridging the Gap – Projections and Stretch Targets***

Staff Group	February 2022 FTE Budgeted	February 2022 FTE Actual	February 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic	703.4	672.7	30.7	22.1	8.6	23.2	7.5
Additional Clinical Services	3673.1	3534.5	138.7	124.8	13.8	131.1	7.6
Administrative and Clerical	3486.5	3342.7	143.8	129.4	14.4	135.9	7.9
Allied Health Professionals	1185.4	1109.4	76.0	68.4	7.6	71.8	4.2
Estates and Ancillary	1381.8	1265.3	116.5	-57.2	173.7	85.8	30.7
Healthcare Scientists	288.4	253.0	35.4	24.5	10.9	29.4	6.0
Medical and Dental	1626.1	1218.0	408.1	63.6	344.5	89.0	319.1
Nursing and Midwifery Registered	5860.6	5268.1	592.5	284.2	308.3	397.9	194.6
	<b>18205.3</b>	<b>16663.6</b>	<b>1541.7</b>	<b>659.9</b>	<b>881.9</b>	<b>964.1</b>	<b>577.6</b>

### ***Profile by month:***

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	



## National and Local Commissioning profile for 2022 -2023

Workforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	<b>822.0</b>

### Profile by month:

Workforce Areas	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110	
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15	
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306	
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12	
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37	
Medical	0	0	0	0	0	65	65	65	65	65	65	65	
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32	
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245	






## IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

### Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing team workplans.
RAG rating of AMBER 	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER 	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER 	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only be included in limited circumstances: <ul style="list-style-type: none"> <li>- The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful.</li> <li>- The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.</li> </ul>
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.



## Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support	●	0.0	3.0	0.0	0.0	3.0
a.2022.2	Colwyn Bay Integrated services facility	●	No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure	●	0.0	32.0	0.0	0.0	32.0
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	●	No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record	●	0.0	0.0	0.0	5.0	5.0
a.2022.6	Eye Care	●	1.3	0.0	3.0	5.4	9.7
a.2022.7	Further development of the Academy	●	3.0	10.2	8.6	5.0	26.8
a.2022.8	Health & Safety Statutory Compliance	●	0.0	0.0	0.0	24.0	24.0
a.2022.9	Home First Bureaus	●		25.6			25.6
a.2022.10	Implementation of Audiology pathway	●	0.0	0.0	14.8	0.0	14.8
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	●	1.6	1.2	0.0	1.8	4.6
a.2022.12	Long Covid	●	0.2	2.0	25.7	4.5	32.4
a.2022.13	Lymphoedema	●	No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	●	No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	●	0.0	3.0	0.0	0.0	3.0
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	●	0.0	0.0	0.0	5.0	5.0
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	●	1.0	0.0	2.0	9.0	12.0
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	●	0.0	1.0	7.2	1.0	9.2
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	●	0.0	0.0	19.0	14.0	33.0
a.2022.20	Mental Health Improvement scheme - Medicines Management support	●	0.0	0.0	9.0	0.0	9.0
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	●	No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	●	0.0	0.0	9.0	0.0	9.0
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	●	0.0	6.0	24.0	0.0	30.0
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	●	0.0	0.0	3.5	2.0	5.5
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	●	0.0	3.0	1.5	6.0	10.5
a.2022.27	North Wales Medical & Health Sciences School	●	No Workforce Implications				
a.2022.28	Operating Model	●	1.0	3.0	3.0	2.0	9.0
a.2022.29	People & OD Strategy – Stronger Together	●	0.0	0.0	0.0	8.0	8.0





Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	



To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

### Schemes being commenced during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy	●	No Workforce Implications				
b.2022.2	Accelerated Cluster Development	●	No Workforce Implications				
b.2022.3	Atlas of Variation	●	0.0	0.0	0.0	1.0	1.0
b.2022.4	BCUPathways	●	No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)	●	No Workforce Implications				
b.2022.6	Commissioning unit	●	0.0	0.0	0.0	1.0	1.0
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	No Workforce Implications				
b.2022.8	Diabetic Foot pathway	●	14.7	4.6	9.2	13.9	42.4
b.2022.9	Foundational Economy Strategy/Policy	●	No Workforce Implications				
b.2022.10	Golden Value Metrics	●	No Workforce Implications				
b.2022.11	Implementing the Quality Act	●	No Workforce Implications				
b.2022.12	Inverse Care Law work	●	0.0	0.0	0.0	1.0	1.0
b.2022.13	LEAN Healthcare system	●	No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring	●	No Workforce Implications				
b.2022.15	Results management	●	0.0	0.0	0.0	5.0	5.0
			14.7	4.6	9.2	21.9	50.4

Profile by month:



Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation				1	1	1	1	1	1	1	1	1	
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit				1	1	1	1	1	1	1	1	1	
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management				5	5	5	5	5	5	5	5	5	

## Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.



## Planned care recovery recruitment activity during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing	●	No Workforce Implications				
	Insourcing	●	No direct Workforce Implications				0.0
	Partnerships	●	2.4	4.0	12.0	16.0	34.4
Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	●	No Workforce Implications				0.0
	Oncology capacity	●	3.0	6.0	3.0	13.1	25.1
	Pathology	●			6.0	10.0	16.0
Lean, value-focused support infrastructure - administrative	Validation programme	●	No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	●	0.0	0.0	0.0	0.0	0.0
	GIRFT / National Programme in 5 specialities	●	No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	●	No direct Workforce Implications				
	Pre-habilitation	●	0.3		22.0	0.3	22.6
	'Attend Anywhere'	●	No Workforce Implications				0.0
Modernisation	Urology Robot	●	No Workforce Implications				0.0
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	●	0.0	0.0	0.0	0.0	0.0
Communication	Launch a Communication Strategy	●	No Workforce Implications				0.0
			<b>5.7</b>	<b>10.0</b>	<b>43.0</b>	<b>39.4</b>	<b>98.1</b>



*Explanation of RAG:*

<b>Initiative</b>	<b>Workforce Impact</b>
Outsourcing	<ul style="list-style-type: none"> <li>Outsourcing initiatives will have no impact on BCUHB workforce resources</li> </ul>
Insourcing	<ul style="list-style-type: none"> <li>Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK</li> <li>Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usage due to the historical/ongoing Covid 19 pressures on staff</li> </ul>
Partnership & Modular Wards	<ul style="list-style-type: none"> <li>Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initiative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.</li> </ul>
Radiology sustainability Oncology capacity Pathology	<ul style="list-style-type: none"> <li>Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challenge will require a sustainable staffing solution going forward</li> <li>Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post</li> <li>Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post</li> </ul>
Validation programme	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as they mainly process focused improvement</li> </ul>
BetsiPathways e.g. Audiology	<ul style="list-style-type: none"> <li>Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP</li> </ul>
GIRFT / National Programme in 5 specialities	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements</li> </ul>
Patient Initiated Follow-up & See on Symptoms	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements</li> </ul>
Pre-habilitation	<ul style="list-style-type: none"> <li>Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging</li> </ul>
'Attend Anywhere'	<ul style="list-style-type: none"> <li>This initiative will have a no impact on workforce resources as they are process focused improvements</li> </ul>
Urology Robot	<ul style="list-style-type: none"> <li>This initiative will have a no impact on workforce resources as they are process focused improvements</li> </ul>
RTC project	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurement process</li> </ul>
Communication Strategy	<ul style="list-style-type: none"> <li>This initiative will have no impact on BCUHB workforce resources</li> </ul>



Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology	8	10	13	16	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastructure - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	No direct Workforce Implications												
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	'Attend Anywhere'	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	No Workforce Implications												
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to be achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.

One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.



The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

**Primary care recruitment activity during 22/23**

Staff Group	20/21 Position (WTE)	21/22 Position (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Administration/Non-Clerical	837.2	876.4	34.0	34.0
	<b>1713.1</b>	<b>1785.8</b>	<b>62.0</b>	<b>77.6</b>

**Profile by month:**

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Administration/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	



## Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The model uses for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.

As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- ❖ The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
- ❖ Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- ❖ Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- ❖ The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services