



Llywodraeth Cymru
Welsh Government

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Agency workforce reduction programme and control framework 2024 to 2025 (WHC/2024/031)

Circular to NHS Wales organisations about taking a phased approach to reducing agency spend in NHS Wales.

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Details

Status:

Action.

Category:

Workforce / finance / delivery.

Title:

Agency workforce reduction programme and control framework 2024 to 2025.

Date of expiry / review:

Not applicable.

Action by:

- Chief executives, NHS Wales health boards / trusts / special health authorities.
- Chief operating officers, health boards / trusts / special health authorities.
- Directors of finance, health boards / trusts / special health authorities.
- Directors of workforce, health boards / trusts / special health authorities.
- Nurse executive directors, health boards / trusts / special health authorities.
- Medical directors, health boards / trusts / special health authorities.

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Enclosures:

None.

Agency reduction programme: 2024 to 2025 financial year

Coordinating action to reduce agency workforce expenditure in Wales

We have committed, in social partnership, to take joint action across Wales to reduce agency spend in NHS Wales as a key part of the agenda for change pay deal. It is also identified as a priority in the national workforce implementation plan and by the Value and Sustainability Board.

Agency Spend for the full year in 2022 to 2023 was £325m and Integrated

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Medium Term Plans (IMTPs) and NHS organisations cost reduction plans identify agency expenditure as an opportunity for savings by individual health boards, and, at the start of 2023 to 2024, NHS Wales forecast an agency spend of £280m. There has been a significant focus on agency spend across all NHS organisations and so by M11 2023 to 2024, NHS Wales has forecast agency spend of £262m, a £63m reduction on 2022 to 2023 spend and a £18m reduction on the M01 forecast 2023 to 2024.

Our ambition, building on our baselining [Welsh Health Circular WHC/2023/046 – All-Wales Control Framework for Flexible Workforce Capacity](#), and the approach set out in this circular is to sustain these reductions in 2024 to 2025 and make further significant reduction in expenditure in the 2024 to 2025 financial year. National alignment and coordination will maximise the impact of this work and offer assurance across the system that the benefits are being delivered.

Objectives for this work:

- Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes.
- Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual or agreed national rate.
- Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank.
- Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups).

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- Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs.
- Identify measures to address long standing hard to fill roles which are reliant on agency cover.

Overall programme for delivery of agency savings

The agency reduction programme will require two main areas of focus:

- enhanced NHS workforce supply – to incentivise our workforce to deliver the additional flexible hours that we need to deliver a safe and efficient service in more safe, transparent and cost effective ways
- improved control framework for agency deployment to reduce agency deployment to the very minimum levels possible

Agency reduction programme:

Aim:

To reduce agency use and deploy additional workforce capacity from bank or substantive employment.

Improved control framework:

In NHS organisations:

Agency reduction plans describe how to hit reduction priorities and forecasts.

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Coherent value for money decision making frameworks implemented with analysis and reporting of bookings made.

Nationally:

National reporting of progress against plans and scrutiny at Integrated Quality, Planning and Delivery (IQPD) and the Joint Executive Team (JET).

All-Wales Peer Group to coordinate implementation scrutinise delivery, address barriers and identify opportunities.

Progress reported via value and sustainability board.

Enhance NHS workforce supply

Action under agency programme:

- Fair, transparent pay for substantive hours.
- National framework for additional hours pay.
- Consistent establishment control and active vacancy management.
- Enhanced rota management and rostering.
- Effective job planning and nurse staffing ratios.

Underway under other programmes:

- Flexible working policy and practice.
- Optimised workforce roles / models / teams.
- Absence management and wellbeing policies.
- Education and training pipeline.
- Retention plans.

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- Overseas and substantive recruitment.

This circular reflects requirements under the following elements:

Part 1: enhancing substantive NHS workforce supply:

Provides updates on the actions taken in social partnership to incentivise substantive work for the NHS in Wales and makes the links to requirements and interdependent programmes of work that support the agency reduction programme.

Part 2: agency deployment control framework:

Provides updates on this programme of work to reduce agency expenditure.

Part 3: next steps and ongoing requirements:

Sets out the next steps and requirements for NHS organisations and arrangements for national monitoring and learning for the remainder of the 2024 to 2025 financial year.

Part 1: incentivising substantive NHS workforce deployment

A key focus of our health and care workforce strategy, the workforce implementation plan and in the non-pay elements of the 2023 to 2024 pay agreement is a series of actions to increase the NHS workforce to a sustainable level. These actions also aim to incentivise individuals to take on additional hours within the substantive NHS workforce by addressing the underpinning reasons for individuals opting for agency work. Taken together these actions will

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both improve working conditions and equity for our substantive workforce and enable NHS organisations to reduce reliance on the agency workforce. These actions are highlighted under the heading 'agency reduction programme' above and are being implemented by a range of groups and organisations across NHS Wales as part of their core business.

WHC/2024/017 implementation of the non-pay parts of the 2022 to 2024 collective agreement sets out the progress in implementing these non-pay measures and the roles, responsibilities and timelines for NHS organisations to deliver. Given the interdependencies, this circular should be read in conjunction with that document to ensure NHS organisations are making the most of all-Wales flexibilities and requirements of the non-pay deal to support the delivery of their own organisations' agency reduction plans.

Annex 1 provides a checklist to support organisations as they make decisions about the deployment of Agency workforce in line with this circular.

Flexible working

We know that lack of flexibility about working hours drives some people to work for agencies rather than in the substantive workforce, which is more disruptive for patients, frustrating for our workforce and not cost effective for the NHS. Creating more opportunity for those who wish to work flexibly is therefore a priority for both the agency reduction programme and a key commitment in the 'non pay' element of the 2023 to 2024 pay deal.

It is **NHS Wales policy as noted on the NHS Confederation website** that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline, and **the NHS Wales policy has been agreed in social partnership and can be accessed here on the NHS Confederation website.**

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Optimised models of care, role and team design

In the longer term we need to ensure that we continue to develop the roles and team structures within our workforce to ensure that we enable people to work at the top of their license in properly designed multi professional teams which integrate excellent role and team design with digital capacity to deliver patient care more effectively.

Welsh Government has initiated a task and finish group on multi-professional workforce planning to develop policy views on deployment of new roles, roles redesign and use of technology to optimise workforce deployment. This will include considering ways we can adopt and embed proven optimised workforce models, and how a range of support staff can release clinical staff to focus on their core professional roles.

Band 4 roles: our policy intent is for introduction of a regulated band 4 nursing role for the NHS in Wales subject to the necessary UK legislative amendments, as set out in the minister's statement on 19 January 2024. A programme board has been established with 4 workstreams progressing work towards an implementation plan and Wales preparedness. The project was established to scope options because despite having a number of career and education frameworks for healthcare support workers to support progression the majority were at band 2 to 3 with about 5.6% at band 4.

Embedding health and wellbeing

Deployment of agency staff to cover for workforce sickness absence contributed to some £21 million of our agency expenditure in 2023 to 2024, and we acknowledge that periods of sickness absence is very significant to the individual and their employer. Sickness absence figures across all NHS Wales health boards and trusts show a downwards trend, which we want to maintain.

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Core workforce needs to support health and wellbeing must remain a focus of organisational planning with an improved evidence base underpinning decisions to enable our workforce to remain well and in work. Data from the 2023 to 2024 NHS staff survey and workforce race equality standard will provide additional information previously unavailable to support continuous improvement processes. Use of absence management policies and continued investment in support mechanisms will support staff to return to work as quickly as possible following a period of absence and so should form a key part of all NHS organisations agency reduction plans.

There is also considerable work underway social partnership in support of the ‘non pay’ element of the 2023 to 2024 pay deal to deliver key improvements in NHS policies and practice to support health and wellbeing and ensure people are able to remain in work or return to work as soon as they are ready, which include:

- minimum service levels or key performance indicators for access to occupational health services with all-Wales process for monitoring
- [the Health Education and Improvement Wales NHS Health and Wellbeing Best Practice Guide](#)
- the staff welfare project recommendations on hydration, nutrition and rest

Retention strategy, plans and tools

Retaining our existing workforce is a critical part of our agency reduction programme and organisations plans should consider the best ways to recruit and retain substantive workforce in key roles. Some of the other elements of this programme and the 2023 to 2024 ‘non pay’ deal such as more flexible working hours and fair pay for additional hours will play an important part of an ‘all-Wales’ approach to retention of our substantive workforce.

Health Education and Improvement Wales (HEIW) have led the work on the

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retention of staff by launching a national retention programme, which included prioritising circa £0.75m investment in retention leads in each health board and trust. The programme outlines key principles and best practice including guidelines on the use of tools to better understand workforce experience. [A nurse retention plan has also been published on HEIW's website](#) to reflect the research and specific actions required to address leavers from this profession.

Retire and return:

The NHS in Wales employs some very experienced individuals who may for a range of personal reasons been keen to continue to contribute to the NHS on a more flexible 'retire and return' basis.

A clear position on retire and return and partial retirement will be included in all-Wales Pension Flexibilities policy. In the meantime, a statement was re-issued in July 2023 which makes the retire and return minimum standards mandatory. The details of [these retire and return requirements may be found here on the NHS Confederation website](#).

The flexibilities provided the 'retire and return' policies may form part of agency reduction plans to avoid developing vacancies in the workforce that will be hard to fill.

Recruitment and Retention Premia (RRP):

There are provision in existing NHS Wales policies for these premia for the most hard to fill posts in the NHS in Wales. During the implementation of agency reduction plans and consideration of ways to boost recruitment and retention in the most hard to fill posts, NHS organisations could consider ways to use targeted RRP to incentivise these roles within the terms of the national guidance. The Agency Tripartite Group will set up a review to develop national

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guidance on the appropriate and proportionate use of RRPs against shortages in certain specialist areas linked to the priority areas identified through organisations' agency reduction plans. This will continue to recognise that all applications to pay RRP will need to first be endorsed by the Welsh Partnership Forum (WPF) Business Committee as part of the existing governance mechanism around the use of RRP.

Recruitment

Education and training pipeline

We have announced a continued investment in education and training to ensure that we maintain our pipeline of trainees who will form the workforce of the future. In 2024 to 2025, Welsh Government will continue to invest in training of healthcare professionals in Wales with £283,126 million invested to increase the number in training compared to the places filled last year.

International and substantive recruitment

As part of agency reduction plans, we will be considering ways that Welsh Government can work with NHS organisations to support targeted recruitment to some of our most difficult to fill roles and most persistent vacancies.

Recognising the significant challenges facing our services and workforce now, the Cabinet Secretary for Health and Social Care, alongside maintaining the significant level of funding for healthcare professional education and training into 2024 to 2025, has retained £5 million within the health budget for nationally run programmes to support ethical international recruitment.

The £5million investment in overseas recruitment will be expected to be used for the most costly or persistent vacancies which are currently filled by agency

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workers. Organisations are expected to have clear plans for substantive recruitment through the allocation of graduates through streamlining or by utilising the international recruitment programme.

Welsh Government and NHS Wales Shared Services Partnership are working with the Workforce and Finance Directors Networks to coordinate the targeting of this funding and recruitment activity. They have already asked for NHS organisations plans for this funding which has been analysed and a recruitment plan has been discussed by the Value and Sustainability Board before agreement by the cabinet secretary to enable recruitment to start.

Fair, transparent pay for substantive hours

The existing agenda for change and medical and dental terms and conditions of service already have provisions which if applied effectively and consistently would improve retention, incentivise people to take roles within the substantive NHS workforce and address some of the issues that cause people to leave the workforce or opt to work for agencies.

Payment for additional hours worked

We also know that people find shift overruns and working through breaks is tiring and frustrating and this is compounded by the unfairness that some of these additional hours are not remunerated. Welsh Government has issued **Welsh Health Circular WHC (2024) 017** which in Part 1 ensures that our people are paid properly in line with agreed terms and conditions for the hours they work including their breaks and shift over runs. A robust monitoring and control system is in place under that WHC in this regard.

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Overtime payments for covering rota gaps or additional activity

Provision of care by substantive employees generally provides a safer service for our patients as they are familiar with the setting and policy and procedures of the organisation. It is also often more efficient as there will be less support required from other members of staff to familiarise the individual with the setting or cover for gaps in duties not covered by the agency worker. We expect that deployment of the NHS organisations existing employees will form part of agency reduction plans. NHS policy is clear that where an individual chooses to take on additional hours above their contracted hours, we need to ensure that the additional hours are not excessive to safeguard the individual's health and wellbeing and that these hours must be remunerated in line with their NHS terms and conditions.

National framework for additional hours pay

We would like to introduce fair and transparent rates of additional hours pay across the NHS in Wales for those employed on permanent contracts or those who work more flexibly through the NHS bank. This rate would need to be fair and incentivise our workforce to provide additional hours and affordable for the NHS providing better value for money than the deployment of agency workforce. Phase 1 of the agency reduction rate has collected a significant amount of data which will need further analysis to ensure that we are able to set rates that balances the additional hours rates in a sustainable way and does not deliver unintended consequences. In the next phase of the agency work we will work with NHS organisations to refine the data submitted and to analyse the impact of setting all-Wales rates for additional pay at a range of levels. This will support national decisions by ministers on the right rates for additional hours across Wales.

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Facilities for weekly pay

Many of our employees tell us that they opt to work their additional hours for agencies as they are able to access their pay for those hours very quickly. We know that many NHS organisations have existing arrangements for their employees to access their pay more rapidly and we will work in partnership with the agency reduction group to see how these options work in practice and whether we need to introduce an 'all-Wales' approach to enable this facility.

Annualised hours

Introduction of annualised hours supports employees by making their pay more predictable but also enables NHS organisations to plan their service delivery because they will know in advance the additional hours that they already have available to them. NHS organisations could explore this option as part of their retention plans and we will work in partnership with the Agency Reduction Group to see whether we need to introduce an 'all-Wales' approach to enable this facility.

Enhanced roster management and rostering

Last minute changes to shifts make it difficult for our workforce to plan their personal responsibilities and work life balance and people often feel pressured to take shifts at the last minute to provide cover. This also leads to last minute filling of shifts through agency or additional hours at premium rates which is not cost effective for the NHS.

Our commitment is that NHS organisations in Wales should aim to develop compassionate rostering practice and issue rosters 12 weeks in advance. This requirement is reflected in the decision making framework specified in this circular.

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Consistent establishment control and active vacancy management

The strategic work on optimising the workforce through team design, new roles and technology will help us to ensure our workforce is fit for the future. But it is also critical for the agency reduction programme to ensure we do not pay agency rates to simply replace 'like for like' where there are gaps in the workforce but consider whether role, team or work redesign would be a more effective option than paying premium agency rates.

Job evaluation:

As part of the 'non pay' element of the 2023 to 2024 pay deal we will ensure role descriptions are fit for purpose and are a proper reflection of the role that individuals are asked to fulfil 'on the ground' and that pay for the role properly reflects the duties carried out by the post holder in line with [the NHS Job Evaluation Handbook | NHS Employers](#). For further information please contact nhswejob.evaluation@wales.nhs.uk

Establishment control and active vacancy management:

There is work underway across Wales led by the Establishment Control Steering Group to develop a clear and consistent approach to creating establishment control across our organisations and to refine the definitions of vacancies and develop consistent ways to identify and record. This work will enable benchmarking across organisations, teams and clinical pathways and underpin more effective workforce planning and enable more targeted all-Wales work to attract people to work in Wales.

This work is important for the agency reduction plans as it will support and be supported by decision making role and team redesign to avoid a simple 'like for like' replacement of roles where there are vacancies but a proper consideration

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of the skill mix required to deliver our services.

Effective job planning

There is work underway to ensure that we have used our job planning system effectively to ensure we make the most of the available skills and capacity of our medical and nursing workforce. This work will contribute to organisations' agency plans by reducing the additional hours required to be covered.

Part 2: the all-Wales control framework for flexible workforce capacity

This part of the circular focuses on implementation of the steps taken so far towards a clear control framework for deployment of flexible workforce capacity which must be implemented within NHS organisations. We will coordinate national action on an all-Wales basis to drive best practice, provide transparency and fairness for our workforce, avoid inter organisation competition which unnecessarily inflates cost pressures across Wales and avoid unintended consequences for individual organisations.

Whilst our headline focus is on reducing avoidable agency expenditure, the control framework will be applied to both agency and variable pay expenditure to ensure that we realise the potential efficiencies rather than simply transfer costs from agency to variable pay categories and ensure that we maintain the principles of fair, equitable and transparent pay for providing flexible capacity across Wales.

In [Welsh Health Circular 2023/46, All-Wales Control Framework for Flexible Workforce Capacity](#) we were clear that the key elements of the agency control framework are:

- clear ministerial commitment to agency expenditure reduction across Wales

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- development and implementation of transparent agency reduction plans within in each NHS organisation during financial year 2024 to 2025
- national reporting mechanism to track organisations' delivery against plans
- organisational accountability through board scrutiny and focussed national accountability via the established mechanism of NHS Joint Executive Team (JET) and Integrated Planning Quality and Delivery (IPQD) meetings
- progressive targets to eradicate agency deployment of certain staff groups, starting with administration or clerical roles, health care support workers, and estates and ancillary roles
- a 'decision-making framework' implemented in each organisation to ensure national pay and conditions of employment for substantively employed workforce are met for contractual and any additional hours worked, and this will ensure that there is a consistent, rational and transparent approach to make decisions about the most cost-effective mechanism to cover workforce gaps
- standardised national rates for additional hours where not prescribed by existing national terms and conditions
- an 'Operational Agency Reduction Peer Group' to coordinate all-Wales actions, support operational engagement on implementation, share learning and experience and identify barriers and opportunities for future phases of this work
- national governance – reporting progress into the Value and Sustainability Board structure, via the Workforce Recovery Steering Group, and social partnership structures, via the Wales Partnership Forum Business Committee and the Medical and Dental Business Group, to highlight collective progress and plan subsequent phases of the work.
- Phased Programme - in [WHC/2023/046 – All-Wales Control Framework for Flexible Workforce Capacity](#) we agreed to develop and implement this work in three phases so that each phase could provide the information to inform the next steps:
 - Phase 1 - baselining – to be completed by 19 January 2024
 - Phase 2 - action planning – ongoing to end March 24

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- Phase 3 - implementation – April 24 onwards

Progress on phase 1, baselining, completed

Phase 1 asked for a range of baseline data and narrative information from NHS organisations so that we could understand the current situation regarding agency usage and the range of expenditure for the additional hours. We also asked for information on agency reduction plans so that we could identify any common actions and themes, identify areas where plans could be strengthened through cross organisation learning and understand the nature and scale of agency deployment across Wales and identify the range of rates being paid.

We have received phase 1 returns from all NHS organisations and, for a range of reasons, not all the baseline data requested was available or complete at this stage. However, the returns have given us enough information to undertake some high-level analysis of the baseline data to enable us to identify some of the ranges of rates for additional hours and the areas where our agency expenditure is most significant. This gives us enough information to plan further national action to deliver our agency expenditure ambitions.

Phase 2, planning for 2024 to 2025, progress

In phase 1 we also asked for a 'plan on a page' for agency reduction and signalled the requirements for planning NHS organisations agency reduction programmes in phase 2 where we would be seeking plans that:

- the predicted additional flexible workforce capacity that the organisation will require in 2024 to 2025 which aligns to the delivery of the priorities set out in the organisation's integrated medium term plan or annual plan
- stretching targets for reduction in the agency pay bill with a focus on the organisation's biggest areas of expenditure on nurse and medical pay

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- reduction to zero for agency deployment of administration and clerical roles, health care support workers, and estates and ancillary roles in 2023 to 2024
- plans to deliver flexible capacity
- a transparent decision-making framework fully implemented in each organisation in quarter 1 of the 2024 to 2025 financial year including board level scrutiny.
- standardised board reporting with a requirement for board reporting and scrutiny and board approval of variable pay reduction plans for 2024 to 2025
- national reporting and feedback on progress and scrutiny at JET and IPQD meetings

The 'plans on a page' submitted by NHS organisations in phase 1 have generally been well integrated with their wider workforce plans and have demonstrated their approach to these key issues for the agency reduction work that we signalled would be covered in phase 2. As a result, this information when taken together with organisations integrated medium term plans is enough to inform the next steps of the agency reduction programme and continue to develop a 'once for Wales' approach on some common issues where this will be most effective.

Given the individual nature of the plans and gaps in information, it will be more productive to work with individual organisations through the named contacts to understand the gaps in the data, information and plans information and support individual organisations where their approach could benefit from learning from other organisations.

We do not think that we need a separate 'planning stage' and so intend to move directly to stage 3 and implementation.

Once for Wales actions to be progressed

From analysis of the information so far, we do think that it would be helpful and

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effective to develop an all-Wales approach to standardise the format and content of the following elements of the plans in the coming months.

- transparent decision-making framework: organisations submitted some detail about their current approaches to decision making about where the agency workforce is to be deployed but there was some variability about the approaches and the robustness of the arrangements; we are keen to ensure that decision making frameworks drive the right behaviours to support retention of our workforce and deliver transparent decisions in the context of current contractual pay, terms and conditions; next step – Annex 1 is a short checklist of the issues we recommend that NHS Organisations include in their local decision making when considering using an agency worker
- standardised board reporting and national reporting at JET and IPQD meetings: standardised ‘once for Wales’ formats for these elements of the programme will ensure that boards have access to the information they need to hold their own organisations to account, streamline the process for submitting reports to government on progress and ensure that there are no surprises about the data or scrutiny at JET and IQPD meetings; this will also enable us to benchmark across organisations in Wales to ensure our approach is fully effective and maximise cross organisational learning and is not undermined by inconsistency in organisational approaches; next step - we will develop a process for collecting and presenting the key variable pay data and information in a standardised format by July 2024; this will flow through the accountability mechanisms at board and national level to streamline the process and enable benchmarking between organisations
- standardised national rates for additional hours where not prescribed by existing national terms and conditions; the returns from organisations have not enabled us to undertake the detailed financial modelling to develop a fair and transparent approach in social partnership to standardised national rates for additional hours; next steps - the next phase of data collection from organisations and further analysis work will enable to us develop this approach further by September 2024

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Phase 3, next steps, April 2024 onwards

Next step - requirements for NHS organisations to:

- continue to implement their agency reduction plans aligned to their IMTPs and report regularly to their board on progress
- submit quarterly data in national agreed format from the end of the first quarter to track organisations delivery against plans which will report into the Agency Tripartite Group and the Value and Sustainability Board
- focussed accountability through discussion of progress at NHS JET and IPQD meetings using the reporting format agreed nationally

Next steps, national action

Agreed action

Clear ministerial commitment.

Progress

Completed.

Next steps

NA.

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Agreed action

Transparent agency reduction plans within in each NHS organisation.

Progress

Completed.

Next steps:

- NHS organisations to implement their plans and report to their board on regular basis.
- Welsh Government to work with organisations and Agency Tripartite Group to develop plans and identify need for national action.

Agreed action

National reporting against organisations plans.

Progress

Format for reporting included will be produced for reporting in July 2024.

Next steps

NHS organisations due to report quarterly.

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Agreed action

Organisational accountability through board scrutiny and focussed national accountability.

Progress

NA.

Next steps

JET and IPQD meetings.

Agreed action

Eradicate agency deployment of:

- administration and clerical roles
- health care support workers
- estates and ancillary roles

Progress

NHS organisations' approaches set out in agency reduction plans

Next steps

Implementation monitored via data collection and discussed at JET and IQPD

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Agreed action

A 'decision-making framework' to deliver transparent decision making

Progress

A checklist of the key elements to be considered is at Annex 1.

Next steps

Implementation monitored via JET and IQPD.
Consider issuing an 'all-Wales' framework.

Agreed action

Standardised national rates.

Progress

Standard rates to be agreed by September.

Next steps

Further analysis of data collected by Tripartite Group to support decisions about the standardised rates.

Agreed action

Operational Agency Reduction Peer Group.

Progress

To support organisational learning.

Next steps

Established by August 24.

Agreed action

National governance.

Progress

This work will continue to report into the Value and Sustainability Board and the Business Committee.

Next steps

NA.

Annex 1, decision making framework, checklist for organisational decision making before deploying agency

Incentivising substantive NHS workforce deployment, rather than deploying agency workforce

Policy opportunity

Flexible working.

Have you considered?

Split roles or change shift patterns to enable hard to fill roles/shifts to be filled on a more flexible basis.

Policy opportunity

Optimised role and team design.

Have you considered?

Redesigned teams or roles to design out hard to fill roles, subject to evaluating new roles to ensure people are paid fairly for additional duties resulting from the redesign.

Policy opportunity

Embedding health and wellbeing.

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Have you considered?

Ensure people are able to remain in work or return to work as soon as they are ready by:

- prompt access to occupational health services where required
- applying [the Health Education and Improvement Wales NHS Health and Wellbeing Best Practice Guide](#)
- staff welfare project recommendations on hydration, nutrition and rest

Policy opportunity

Retention strategy, plans and tools.

Have you considered?

Focussing on retaining our existing workforce to avoid vacancies:

- Health Education and Improvement Wales national retention programme
- Health Education and Improvement Wales nurse retention programme
- retire and return and all-Wales pension flexibilities policies
- recruitment and retention premia for hard to fill roles; this will need to fit with the national approach and endorsed by the WPF Business Committee

Policy opportunity

Recruitment.

Have you considered?

Prioritising hard to fill roles in the streamlining process for our new graduates each year.

Filling critical roles through 'once for Wales' ethical overseas recruitment.

Policy opportunity

Fair, transparent pay for substantive hours.

Have you considered?:

- Using existing terms and conditions to encourage existing people to work additional hours at a fair rate of pay in line with existing terms and conditions.
- Overtime payments for planned cover of rota gaps or additional activity.
- Overtime payment for ad hoc additional hours worked, such as shift overruns.
- Facilities for weekly pay.
- Annualised hours.

Policy opportunity

National framework for additional hours pay.

Have you considered?

We aim to introduce a national framework for additional hours by September

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2024 based on analysis of the data collected as part of the agency reduction work.

Policy opportunity

Enhanced roster management and rostering.

Have you considered?

Issuing rosters 12 weeks in advance – so people can book their shifts well in advance and manage their work life balance.

Further work underway on a ‘once for Wales’ basis

National work is underway on these elements of effective management of the workforce to support agency reduction:

- consistent establishment control
- effective job planning
- nurse staffing ratios and headroom

This section will be updated as this work is finalised ready to support NHS organisations.

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