NHS Wales Workforce

Key themes and trends

April 2014

JED14.04.14v2
# Table of Contents

**Executive summary** .................................................................................................................. 3

Type chapter title (level 2) ................................................................................................................... 3

Type chapter title (level 3) .................................................................................................................. 3

**Type chapter title (level 1)** ............................................................................................................ 4

Type chapter title (level 2) .................................................................................................................. 5

Type chapter title (level 3) .................................................................................................................. 6
EXECUTIVE SUMMARY

- Purpose
- Key points
- Recommendations
1. INTRODUCTION

This report has been commissioned by Workforce & OD Directors to focus on the strategic, system wide workforce planning issues facing NHS Wales including high level workforce risks to influence future plans and policy decisions. The report provides a summary of the key issues facing the workforce based on the workforce elements of the 2014 – 2017 integrated medium term plans produced by Health Boards and Trusts, together with a high level review of other UK and Wales data and information sources.

Whilst this report is not intended to provide a commentary on the current position of the workforce aspects of planning it is noted that the new NHS Wales Planning Framework 1-3 year integrated medium term service, financial, workforce plans (IMTP) must form part of a system wide workforce planning process which, to be fully effective, needs to explore multiple possible futures and action plan for the targeted future on the basis of longer timescales. The following model describes potential levels of maturity in NHS Wales Workforce planning.

<table>
<thead>
<tr>
<th>Level 1: Headcount Planning</th>
<th>Headcount data collection, headcount analysis, static data reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Workforce Analytics</td>
<td>Workforce skills gap analysis – what if scenarios</td>
</tr>
<tr>
<td>Level 3: Strategic Workforce Planning</td>
<td>Alignment with business strategy, workforce segmentation</td>
</tr>
<tr>
<td>Level 4: NHS Wales Strategic Workforce Planning</td>
<td>Strategic workforce planning on a system wide level</td>
</tr>
</tbody>
</table>

1 Adapted from Bersin & Associates Workforce Planning Maturity Model
System wide planning at level 4 of the model allows for planning at a variety of levels: all Wales (Imaging Board, National Pathology Board), regional (South Wales Plan), local and multi sector in addition to taking account of cross borderer planning issues (Powys, North Wales) and the need to link planning to policy direction with Welsh Government.

Education Commissioning outputs of the Integrated Medium Term Plans will be covered in a separate report.
2. CONTEXT

2.1 Key Drivers

²In a report produced by the Centre for Workforce Intelligence four drivers for NHS Workforce Planning were identified together with the resulting issues facing the NHS workforce. The following sections consider each of these drivers in the Wales context.

2.1.1 Demographic and Social

The population of Wales is projected to increase by 4 per cent to 3.19m by 2022 and by 8 per cent to 3.32 million by 2037. The number of children aged under 16 is projected to increase to around 582,000 by 2026 before decreasing. The number of people aged 16-24 is projected to decrease by around 3% by 2037, whilst the number of people aged 65 and over is projected to increase by 50% by 2037³.

Wales already has a higher proportion of people aged 85+ than the rest of the UK. In addition, 6 out of 10 people living longer will have at least one long term condition and most will have two. High levels of deprivation (Welsh index of Multiple Deprivation) is focussed in areas such as the SW Valleys, N Wales coast, parts of Cardiff and Swansea although it is recognised that pockets of deprivation also exist within less deprived areas.

Integrated Medium Term Plans identify increasing demand especially in services relating to frailty and dementia. The following table identifies some of the key implications of these demographic changes for the NHS Wales workforce.

---

² Centre for Workforce Intelligence Big Picture Challenges for Health and Social Care

Demographic & Social - Key workforce issues for NHS Wales

- **Planning to meet the needs of an ageing population with an ageing workforce.** Retention and management of the health and well being of older staff will be a key issue in developing workforce strategy. In particular there will be a need to consider those parts of the workforce which have an older profile than the Wales average and to understand the implications of working longer which will be referred to later in this report.

- **Managing changing demand.** The workforce has to deal with increased demand in the context of financial constraints and a need to change skills. This means an increased focus on maximising workforce utilisation including skill and grade mix. This will need to be addressed not only in those staff groups where supply is a problem and is likely to require whole system workforce modelling and a system that supports it.

- **Managing changing public expectations about care and the related workforce skills.** The Wales NHS Compact – “a new partnership with the public” and the ministerial emphasis on “co-production” means that the skills and knowledge to meet these expectations need to be built into training and in particular leadership development including cross sector training and development with social care.

### 2.1.2 Health & Social Care system design

“Delivering Local Health Care – Accelerating the Pace of Change” issued by WG in 2013 aims to drive “accelerated adoption of new approaches to the delivery of primary and community care” with a focus on the wider primary care team and requiring the development of detailed workforce plans. The Welsh Government framework for delivering integrated Health & Social Care for older
people with complex needs identified a range of measures of success which will have significant implications for workforce design and workforce deployment. The Williams Commission on Public Services, Governance and Delivery also focuses on the need for greater integration.

In understanding the issues facing the NHS Workforce in more detail it is necessary to review a range of Welsh Government current strategies and plans. Overall policy / strategy context is set out in the Programme for Government which, for example, identifies programmes such as Flying Start which has had a significant impact on the numbers of Health Visitors required in Wales. A more detailed summary of some of the key WG strategies and the identified workforce implications is attached as Appendix 1.

In the policy context of greater integration the key workforce issues include:

<table>
<thead>
<tr>
<th>Health &amp; Social Care Design - Key workforce issues for NHS Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Better integration between health, social care and support organisations</strong> will focus attention on where care is delivered, the design of jobs, the skills needed and how to manage employment practices and differing terms and conditions of employment. The need to plan across sectors including the development of pan public sector/multi agency workforce planning particularly with social care services will be essential. In Wales some initial work to look at mechanisms for workforce planning across the public sector has been undertaken.</td>
</tr>
<tr>
<td>• <strong>Shifting the focus of the system towards prevention and well-being.</strong> Together for Health focuses on “improving health as well at treating sickness” and Working Differently Working Together states that “every interaction with patients is an opportunity for health improvement”. This needs to be translated into training and development plans for the new and existing workforce.</td>
</tr>
</tbody>
</table>

---

*Appendix 1* is attached for further reading. More detailed summaries of key WG strategies and identified workforce implications can be found there.
• **Delivering the personalisation agenda** and providing person-centred care within financial constraints must be supported by how workforce redesign is approached. For example, the HPMA award winning Wyn Project approach.

### 2.1.3 Quality & productivity

Assuring patient safety and maintaining service quality is of paramount importance in planning the future delivery of healthcare services and it is integral to Achieving Excellence, The Quality Delivery Plan for the NHS in Wales. The Welsh Government response to Francis, Delivering Safe and Compassionate Care, has reinforced a strong focus on the importance of the NHS workforce and its critical role in ensuring high-quality patient-centred care. In Wales there has already been additional investment in increasing nursing numbers on acute wards.

**Quality & Productivity - Key issues for NHS Wales:**

- **Ensuring the system delivers high-quality services within financial constraints.** There will be a need to focus on those parts of the workforce which are priorities for attention in terms of cost and quality, for example, the largest cause of death in Wales is disease of the circulatory system – services for circulatory disease including coronary heart disease, peripheral vascular disease including stroke account for 8.8% of all NHS Expenditure and diabetes accounts for 10%. The challenge of segmenting the workforce in a way that enables NHS Wales to understand the workforce contribution to pathways and conditions needs to be a priority for the future development of the Electronic Staff Record (ESR).

- **Developing effective measures for quality of care and productivity and ensuring high-quality data is collected.** The impact of developing workforce measures in NHS Wales as part of an integrated performance/outcomes framework needs to be addressed, for example, 7 day working, nursing numbers, and contribution of consultants. There is a strong Welsh Government focus on safe staffing levels and nursing acuity tools in Wales.
Preparing for changes resulting from innovation and technology such as genomic medicine, genome sequencing, bioinformatics, cancer therapies, stem cell technology, point of care testing and telemedicine. Implications for skills, knowledge, ways of working, skill mix, role substitution (e.g. medicine / healthcare science workforce). Developments are taking place in a number of organisations, for example, the pilot of encrypted video conference technology in North Wales.

2.1.4 Financial and Economic

The February 2013 Public Accounts Committee audit report quoted the NHS Confederation as saying that workforce reduction plans were “overambitious” (a reduction of 1572 FTE projected) in the absence of service change and went on to say:

“The Welsh NHS Confederations comments illustrate a major short term problem for health services: despite workforce reductions being the single largest area for planned savings, they cannot necessarily be delivered without service change, and service change seems to be some way off for many Health Boards. The evidence we received on this issue did not provide clarity that there is therefore a clear path for NHS Services to make the required financial savings in the short-term.”

Wales high level pay modelling shows that the required level of pay savings required is circa £350m. If this was achieved entirely through reduced wtes, then the reduction based on the average salary is 9328 FTEs - this is 11.8% of the workforce - there could be scope for skill mix changes to contribute to the pay reduction (and so reduce the FTE reduction). Further work is currently

---

Financial and Economic Key workforce issues for NHS Wales

- **Planning service delivery given the uncertainty about level of funding in the future and how this will affect future demand for and supply of care service.** For NHS Wales the issue of the affordability/sustainability of the current workforce is critical. The extent to which the gap can be closed by pay bargaining needs to be understood in addition to the potential contribution of redesign. Importance of ongoing work on pay including consultant contract and changes to Agenda for Change.

- **Uncertainty about how investment in life science, health and care will support the UK economy.** Life Science is estimated to be worth around £1.3b to the Welsh Economy and in March 2012 Welsh Government announced a Welsh Life Science Fund worth up to £100m. Around £40m is invested in R&D in NHS Wales. Schemes such as the WCAT training scheme support this in the long term but are subject to more immediate financial constraints.

3. WORKFORCE & LABOUR MARKET TRENDS

3.1 Wales Labour Market

The health sector in Wales currently employs an estimated 129,000 workers, which accounts for approximately 8% of the country’s employment (sub-regionally this proportion ranges from 3% to 16%). Approximately 20% of workers are employed in the independent sector, with 80% employed in the NHS and voluntary sector. Future trends identified in respect of the Wales labour market highlight potential future shortages in “personal service occupations” and “skilled trades”. Some of the key considerations are:

---

6 Wales Skills Assessment and Labour Market Intelligence. Skills for Health Research and LMI Team

7 National Strategic Skills Audit for Wales NSSAW 2012.
• **Wales has a net outflow of workers.** Around 47,000 people commute into Wales to work but 87,000 Welsh residents work outside Wales. Fluctuations in these levels have the potential to open up skills mismatches in Welsh workplaces. Work is being undertaken by NHS England to better understand migration of health workers and NHS Wales will be linked in to this work.

• **The employed workforce in Wales is ageing,** in keeping with the wider UK trend. More than 40 per cent are now aged 45 or over, and the numbers of those over 64 in employment has grown by almost 60 per cent in four years, though the age composition of different sectors does differ. The proportion of employment accounted for by those born outside the UK has increased from around four per cent to six per cent since 2004.

• **Continued demand for workers in skilled trades occupations** is an area of persistent historic skill shortages. Skilled trades are central to a range of industries, some of them identified as priorities, and important to the wider economy through supply chains and as a progression route to technician roles. The age profile of the Estates workforce in NHS Wales is older than the average and is flagged as a significant risk in at least one Health Board plan.

• **Growing demand for caring personal service occupations including care assistants in the social care sector** - a large occupational area with significant projected expansion and replacement demands. The lead-time for addressing this need is recognised as being potentially short but is a high priority in terms of contribution to employment and supporting societal well-being. It is noted that in the 2014 – 17 plans, for example, one HB has reported problems in identifying applicants for therapies support worker posts with who have an adequate skill level.

---

8 UK Commission for Employment & Skills: The National Strategic Skills Audit for Wales 2011 – Key Findings
3.2 NHS Wales Workforce

NHS Wales employs circa 72000 FTE staff – the broad profile of this has shown a gradual increase up to 2009 and then a levelling off. Whilst there have been some changes in numbers in staff groups these have been marginal. The most recent data shows that:

Size of the workforce
- As at December 2013 NHS Wales employs 72,788 FTE; Headcount 84,896.
- The ratio between clinical and non clinical staff is 70:30.
- Between 1999 – 2008 NHS Wales’ workforce increased 28%, from 55,000 to 71,000 FTE\(^9\)
- Between 2008 – 2014 NHS Wales’ workforce increased 1.4% from 71,817 to 72,788
- Medical & Dental (9%), Allied Health Professionals (6%) and Additional Clinical Services (5%) have seen the highest percentage growth between 2008 – 2014.
- Administrative & Clerical, and Estates & Ancillary, have seen the largest reduction in workforce numbers, -5% and -26% respectively over the same period.
- The Registered Nursing & Midwifery workforce has grown 2%.

Cost of the Workforce
- The pay bill is circa £3 billion (75% of total NHS spend)
- Variable pay accounts for 14% of the total pay bill.
- The Registered Nursing & Midwifery workforce accounts 30% of the workforce and 31% of total spend.
- Medical & Dental workforce accounts for 9% of the workforce and 21% of total spend.

\(^9\) Data Source StatsWales
Composition of the workforce/skill mix

- Bands 1-7 account for 86% of the workforce and have increased by 3% since 2008.
- Bands 4-7 have all seen 5-6% growth. Band 3 has had the greatest increase (10%).
- Only Bands 1 and 2 have seen a reduction (-26% & -4% respectively) and the majority of the reduction are within Estates & Ancillary and Administrative & Clerical.
- Bands 8 and 9 represent 5% of the workforce and have increased by 20% over the last seven years. The largest percentage increases in staffing numbers have been in Bands 8c, Bands 8d and Bands 9 (36%, 79% & 75% respectively). However, these increases are offset by the reduction in very senior non AfC staff which have reduced by 85% (-1949).
- There is no doubt that NHS Wales’ workforce has changed over the past seven years, in terms of staff groups: Administrative & Clerical and Estates & Ancillary have seen their overall workforce percentage reduce while the clinical staff groups have increased.
- It is difficult to say with any accuracy if skill mix has changed because of the large numbers of non AfC moving into relevant bands.
4. SUPPLY & DEMAND

This section outlines the main risk issues facing the NHS Wales workforce and includes information derived from the 2014-17 Integrated Medium Term Plans. Supply of health care professional staff is affected by the number of undergraduate training numbers which will be covered in detail in a separate report.

4.1 Medical & Dental staff

Medical and Dental staff comprise 8% of workforce and 21% of the cost with 60 different specialties plus sub specialties. Medical training is undergoing a significant review across the UK and there are substantial areas of shortage and risk which are a feature of the majority of NHS Wales plans. It is noted that the supply and risk issues facing the medical workforce provide opportunities to and drive development of other professions and staff groups.

Posts which are on the UK Shortage Occupation List include consultants in Emergency Medicine, Haematology and Old Age Psychiatry together with non consultant grades in Anaesthetics, Intensive Care, General Medicine, Rehabilitation and Psychiatry.

There are also concerns about age profiles of some parts of the workforce, for example, SAS doctors which form a higher proportion of the medical workforce in some HBs e.g. 15% of the medical workforce but 17% of Betsi Cadwaladr UHB and 27% of Hywel Dda.

Within Wales detailed modelling has been undertaken to date in the following specialties:

**Emergency Medicine** The demand for consultant workforce in this specialty has increased at a faster rate in recent years and therefore the forecasted supply would not be likely to be sufficient to maintain this rate of growth in consultant numbers. Information from the South Wales Programme suggests that Wales is likely to need significantly more Emergency Medicine consultants during the next few years. Wales' existing supply of new consultants would not be sufficient to meet an increased level of demand.
General Practitioners  Modelling carried out last year suggests that Wales’ future supply of GPs is unlikely to meet the anticipated demand\textsuperscript{10}. The size of the forecasted gap varies depending on the “demand” scenario used but factors such as population growth, increased prevalence of chronic conditions and the desired shift of more services into primary care means that the future demand for GPs is likely to be greater. \textsuperscript{11}The Centre for Workforce Intelligence in England noted that “the existing GP workforce has insufficient capacity to meet current and expected patient needs.” The Health Education England (HEE) workforce plan for 2014/15\textsuperscript{12} shows a 3.6% increase in GP training numbers and states that “within our mandate there is an implicit expectation that demand will increase with a requirement for us to ensure that 50% of medical students become GPs”. The increases in GP posts in England have been at least partly funded by reductions in training posts in other specialties (e.g. Surgery which have been reduced by 5.6%).

Health Board Integrated Medium Term Plans highlight risks attached to a significant cohort of GPs at or approaching retirement age and one HB has stated a need for 1.5 new GPs to replace each of its retiring GP due to issues such as different working patterns amongst younger GPs.

Modelling suggests that the number of entry-level GP specialty training (GPST1) posts in Wales would need to be increased by at least 30% to meet a conservative level of future demand. However, it is noted that other demand estimates show that an increase of 50% would be required (e.g. to give Wales a future supply of GPs comparable to England’s.) There is also a need to consider the interplay between setting GP numbers and education commissioning decisions for other parts of the healthcare workforce.

\textsuperscript{10} Future Supply and Demand for General Practitioners in Wales (2012, NLIAH/Wales Deanery)

\textsuperscript{11} GP In Depth Review. Centre for Workforce Intelligence

**Paediatrics**  Modelling suggests that the current supply of newly-trained consultant paediatricians is likely to improve from circa 2017 onwards. While this may help fill consultant posts that are currently difficult to recruit to there is a risk that an oversupply of new consultant paediatricians (CCT-holders) could be produced (as has been forecasted at a UK-level by the Royal College of Paediatrics and Child Health). The Wales Deanery is proposing to reduce specialty training post numbers in Wales, partly to address this risk although this would be likely to create gaps in middle grade rotas. If there was a need to fill these gaps with consultant level doctor, conversely, that would in turn increase Wales’ demand for trainees.

**Radiology** faces existing consultant recruitment issues in a number of Health Boards, combined with increasing demand for imaging services and a significant number of consultant radiologists at or approaching retirement age. Modelling suggests that Wales is likely to face a significant shortfall in its supply of consultant radiologists in future. An increase of four new specialty training posts in Radiology has taken place, however, whilst this increase is likely to boost Wales’ supply of consultant radiologists from 2020/21 onwards to a point where it broadly matches the anticipated demand, other solutions will be needed to cope with the current anticipated medium-term shortfall of consultant radiologists.

**Psychiatry** There are currently difficulties recruiting to some consultant psychiatrist posts in Wales and modelling suggests that Wales’ future supply of consultants in this specialty is unlikely to meet the anticipated demand. WEDS has recommended that this plan includes increasing Wales’ intake into higher specialty training from 17 to 21 posts - the plan is currently still under development. WEDS also recommended that this intake is reviewed in 2-3 years’ time, or before this if the long-term direction of services/the workforce in psychiatry is altered in the meantime.

**Other shortage areas** In addition to the above specialties, a number of Health Boards have reported difficulties recruiting to medical posts in: **Anaesthetics (middle grade); Geriatric Medicine (middle, SAS), Psychiatry (middle, SAS), Obstetrics & Gynaecology, Paediatrics.** Currently modelling work is being undertaken on Geriatric Medicine.
Priorities for action:

- Taking into account the above projections in addition to potential oversupply in surgery it is essential that urgent strategic decisions are made about the configuration of medical specialty training posts across NHS Wales and that there is an effective mechanism for this to take place.

3.2 Nursing

Nursing staff comprise 30% of the workforce and x% of the cost. The CfWI\textsuperscript{13} latest Nursing projections predict a reduction in supply by 2016 although it is noted that demand projections vary considerably (as widely as -7% to +23%) especially around patients with complex needs and community care.

Within Wales an additional £10m was provided in the 2013/14 financial year to “allow HBs to accelerate their plans to secure acute medical and surgical ward nurses” – this was expected to fund in the region of 290 additional posts. An initial modelling exercise undertaken by WEDS suggested that Wales may have a sufficient supply of adult nurse graduates to maintain its current workforce size. However, this supply is likely to be insufficient to meet the demand created by an additional 290 new posts. Forecasts were based on an average retirement age of 60 years old. If nurses typically choose to retire younger than this, then Wales’ medium-term supply of adult nurse graduates may not be sufficient to maintain its current workforce size. The forecast assumed that, for each Welsh-trained nurse graduate who does not take up their first post in Wales, a nurse trained elsewhere comes to work in Wales. The number of these posts that have been filled is unknown, however, the overall number of Nursing & Midwifery staff employed in Wales increased by 0.8% from April – December 2013 (+174FTE).

The only nurses currently on the UK Shortage Occupation List are specialist nurses working in Neonatal units. Some specific nursing recruitment

\textsuperscript{13} Future Nursing Workforce Projections – Starting the Discussion. Centre for Workforce Intelligence. 2013
difficulties were highlighted in the 2014 - 2017 plans in areas such as Critical Care, Mental Health and Advanced Practitioners e.g. Endoscopy. However the areas of recruitment difficulty did not feature across more than one organisation. It is noted, however, that one HB is currently recruiting from Ireland.

Priorities for action

- Further detailed modelling of the nursing workforce numbers to inform future education commissioning.

3.3 Allied Health Professionals and other groups

2014 plans reported some recruitment problems in therapies staff groups. It is noted that whilst these may be small numbers they may have a high impact on local services. A number of health boards reported recruitment difficulties in Therapy posts although they tended to be reflected in just one or two organisations with the exception of Sonographers which were reported as difficult to recruit in x organisations. It is noted that one HB reported recruitment difficulties across “all disciplines” in AHP groups.

In addition to the above three health boards report a requirement for additional AHP Advanced Practitioners across all disciplines (see section 4.3.1).

3.4 Other

Individual health boards report difficulty in recruiting to other posts however, the only posts appearing in more than one HB as a recruitment problem are Perfusionists (2 HBs). The plans for additional posts include increased numbers of Audiology staff.
Detailed supply and demand issues relating to the nursing, therapies and health care science workforce will be covered in the separate education commissioning report referred to above.

4. NHS WALES WORKFORCE - KEY THEMES

4.1 Overview

Based on what we know of the context and high level modelling of risk and the content of the Integrated Medium Term Plans, this section focuses on the key workforce themes that need to be addressed by NHS Wales.

The segmentation of workforce plans is an aspect of maturity of workforce planning although it is recognised that segmentation of the workforce around pathways at an organisation and Wales level in terms of workforce data remains a significant challenge. It is suggested that a focus on specific aspects and sections of the workforce would enable NHS Wales to fully explore workforce trends, risks, opportunities and potential actions.

In the context of the financial challenge referred to in Section 2, all organisations IMTPs have reflected an ongoing need to ensure that workforce productivity is maximised. The plans include a focus on:

- Efficiencies in bank, agency, locum use
- Skill mix changes
- Reductions in FTE via turnover, VER etc.
- Reducing sickness
- Focus on Consultant productivity

**FTE Reduction**

The plans identify an overall reduction in the NHS Wales Workforce of x% (xxFTE) over the 3 year period. The overall percentage includes an increase in
one organisation and predicted steady state in others. For a number of health boards the reduction equates to between 6 – 7.5% of the workforce.

In addition to the above a review of the IMTPs and other available information has identified the following themes which have been grouped against 3 broad areas of focus:

- **What and where service is delivered**
  - Move from acute to community
  - Development of localities
  - Centralisation of fragile services and pathway redesign
  - Efficiency – “Prudent Healthcare”

- **When service is delivered and to what quality standard**
  - Deployment of the workforce
  - Quality/ safety of services

- **Who delivers services**
  - Integration of health and social care
  - Medical workforce risk
  - Development of Advanced Practitioners
  - Paramedics
  - Primary Care team
  - Diagnostics – Imaging, Pathology
  - Administrative & Clerical – Digitisation

These themes are analysed in more detail in the sections below covering why the issue is important, the current position of NHS Wales and priorities for action.

**4.2 What services are delivered and where**

*Why it is important.*
One of the objectives of Working Differently Working Together is to deliver “**A workforce operating across a fully integrated network of care**” which reflects the overall strategic direction of Together for Health and other WG policy direction including more recent strategies such as Delivering Local Health Care – Accelerating the Pace of Change and the Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs. Reflecting this strategic direction, much of the focus for the workforce in integrated plans is on:

- **Moving services from acute to community** and the skills required to reflect this
- **Development of localities** – new models of delivery and employment models required
- **Centralisation of fragile services** driven by regional plans (South Wales Programme) and managing the significant workforce risk attached to the viability of junior medical staff rotas in a number of specialties.
- The extent to which the **redesign of patient pathways** is leading to a move of services out of acute into community settings and supports alternative models of delivery
- **Integration of health and social care** in the development of skills, common training and language

Although not a strong feature of workforce elements of plans the drive for efficiency means that the impact of the **prudent healthcare** approach is also a consideration. “In a system with limited resources, health professionals have a duty to establish not only that they are doing good, but that they are doing more good than anything else that could be done with the same resources”. The question of what the workforce impact would be of ceasing to deliver certain current services needs to be assessed.

**How far have we got?**

- **Current workforce information systems are limited in being able to pinpoint exactly how many staff are community based for part / whole of roles.**

---

14 Simply Prudent Healthcare – achieving better care and value for money in Wales – discussion paper. Bevan Commission
Examples of good practice exist within organisations, but need to be highlighted and spread e.g. Health and Social care locality models of delivery

Development of pathway redesign approaches – e.g. Wyn model Cardiff need to spread

Development of South Wales Programme, some assessment done of medical staff implications but workforce elements and implications to be developed

Priorities for action:
- Assessment of impact of prudent healthcare.
- Identification and sharing of best practice
- Work to develop the information base via WIMs
- Skills development - HCSW joint development with H&SC
- Driving workforce elements of SWP

4.3 When service is delivered and to what quality standard

Why it is important:

Another of the WDWT objectives is to deliver “Clinically safe services that can be accessed when required”. The Wales Delivery plans for Cardiac Services and Stroke identify the need for 7 day working as a priority (See Appendix x – Workforce implications of delivery plans). The NHS Services, Seven Days a Week report\(^\text{15}\) stated that “patients admitted at the weekend have a significantly greater risk of dying within 30 days of admission than those admitted on a weekday; the increased mortality could be as high as 16%”. The Future Hospital Commission (Royal College of Physicians)\(^\text{16}\) outlined a new model of clinical care where services for acutely ill patients in hospitals would be available on a seven day basis together with services in the community.

\(^{15}\) NHS Services, Seven Days a Week Forum. Summary of Initial Findings. December 2013

“Health and social care services in the community will be organised and integrated to enable patients to move out of hospital on the day they no longer require an acute hospital bed”.

The majority of IMTPs focus on the need for extended and 7 day working especially in unscheduled care “increasingly more routine services will be delivered over 7 days”.... “Priority areas are establishing the best working patterns for Frailty, Enhanced Community Services and Emergency Service Flows” (ABMU IMTP). The impact of extended and 7 day working will be an issue for diagnostic services (see section x).

**Current position:**

Impact of additional resources to do this e.g. some scenarios suggests an increase in demand for Emergency Medical staff which would not be deliverable in current supply projections. Current challenges include managing increasing acuity and complexity of patient skill mix with difficulties in recruiting medical staff and maintaining current junior medical staff rotas. Numbers of nursing staff has also been highlighted from a quality/safety perspective with additional funding being made available (see section 3).

The NHS Seven Days a Week report referred to above identifies a key area of development for the workforce as the service development space which stands between the acute and home-based services:

“the ‘Place in the Middle’ which includes preventative services/self care and assessment/triage, through to residential care, re-ablement, rapid response and intermediate care, community based care and palliative /end of life care, acute admission and discharge and urgent & emergency care”.

**Priorities for action:**

- Development of robust information base on staff deployment
- System wide work & modelling e.g. in Emergency medicine
- Workforce support for Unscheduled Care Board
4.3 Who delivers services?

WDWT Objective: **Skill mix across all staff groups at all levels to support redesigned services.** This section describes the key issues. Noted that many of the supply issues relating to medical staff described in section 3 drive a focus on other groups of staff – for example the development of Advanced Practitioners.

4.3.1 Medical substitution - Advanced Practitioner & Associate Physician Roles

Why it is important:

Level of workforce risk attached to supply problems especially in relation to medical staff and the resulting need to redesign models of delivery. All IMT plans include plans to increase the numbers of Advance Practitioners. Some Advanced Practitioners in Wales with highly specialised skills work in areas where there is no co-ordinated succession planning resulting in risk that these alternative models of delivery may not be sustainable. Among the 9 challenges identified by the South Wales Programme Board was that “the persisting difficulty with recruiting doctors and other hard to recruit posts will require new employment models to be developed”.

<table>
<thead>
<tr>
<th>Health Board planned requirements for Advanced Practitioners 2014 – 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Emergency Units – AB, HD</td>
</tr>
<tr>
<td>● Cardiac ICU – C&amp;V</td>
</tr>
<tr>
<td>● Cardiology – C&amp;V</td>
</tr>
<tr>
<td>● Critical Care – AB, ABM, C&amp;V</td>
</tr>
<tr>
<td>● General / Hospital at Night – ABM, HD, AB</td>
</tr>
</tbody>
</table>
Cwm Taf Health Board: “By year 4 15 agency junior doctors could be replaced by trained ANPs (paediatrics, A&E, surgery, mental health)”.

**Current position:** It has been agreed to add Primary Care to the four areas from 2013 for WG investment in training to make the priorities areas for 2014.

- Emergency medicine
- Unscheduled care
- Paramedic AP roles
- Neonatology
- Primary Care

Confirmation is awaited from the Welsh Government on funding to be allocated this year to Advanced Practice, however, in the commissioning paper £500,000 has been identified, of which £102,500 is already allocated to year two of 2013’s full awards, leaving a total of £397,500 for allocation of places in 2014/15. One of the HB IMTPs states “In support of the All Wales Framework the UHB has undertaken a full baseline assessment of existing ANP INP and specialist nurse roles”.

Developments elsewhere in the UK e.g. unregulated **Physicians Associates** at band 7. Paper was prepared by WEDS at the request of the Wales Strategic Education Commissioning group. These staff are working in areas including Primary care with GPs, Emergency Units, in-patient medical and surgical units. They see patient referrals, undertake home visits and discharge and admit patients.
Typically they have a Life Science degree and undertake a Post Graduate Diploma. Consideration of Physicians Associates in Primary care (see also section 4.3.2) “The UK has recently been exploring the use of PAs in clinical practice and the University of Southampton is due to publish research commissioned by NIHR investigating the contribution of PAs to primary care in England”.17

Priorities for action:

- Further urgent work to undertake a full baseline assessment and detailed projection of numbers of APs required across NHS Wales. Workforce Education & Development Services to propose methodology including answers to the following questions:
  - Do we have sufficient supply of APs to meet demand?
  - How much is true substitution?
  - Are we optimising what we have invested in these roles?
  - Assessment of capacity of organisations to release staff for training,
  - Professional view of medical staff substitution roles as legitimate nursing roles.
- Introduction of an All Wales approach to Advanced Practitioner Education
- Further consideration of the potential impact and cost / benefit of investing in Physicians Associates in NHS Wales.

4.3.2 Primary Care

Why it is important:

---

17 How Could the Community Workforce Alleviate Some of the Pressure on General Practitioners and Improve Joint Working Across Primary and Community Care? Workforce Briefing, Horizon Scanning. www.cfwi.org.uk
The level of risk relating to difficulties in recruitment and the age profile of the GP workforce has been highlighted across the UK. Opportunities for change in the potential expansion of the multi disciplinary team, for example, Telephone triage by GPs; Employed pharmacists; Midwife / health visitors; use of extended roles for chronic conditions (nurses practitioners); district nurses in diabetes to provide reviews in community....based around developing service delivery models: Community Resource teams; Virtual wards etc

Opportunities: GP Practices working in “Clusters” - Locum, salaried GPs; Shared information, shared resources, shared budgets. Clusters to include - special interest - GP Champions – Sessions in Community Resource Teams and work within networks; Flexible career schemes – e.g. research – academic fellows, clinical fellows in secondary care; Geriatric champions linked to network area

Current position:

IMTPs – almost all HBs identify risks attached to the delivery of GP services in particular Out of Hours services. There has been limited workforce planning in Primary care. Little evidence of increase in resources in primary care (Nuffield Trust modelling). Almost all HBs in Wales are identifying risk in terms of the Primary Care workforce and difficulties in recruiting to GP posts.

Priorities for action:

- Need to work on engaging with Directors of Primary care and developing new approaches to planning.
- Developing our information base.
- Exploration of other models as part of Workforce & OD Directors work programme but considering the evidence base e.g. CFWI report that suggests use of nurse practitioners, pharmacists, social workers quotes a research into impact of pharmacist interventions for heart failure – no significant differences in hospital admissions.

4.3.3 Provision of Diagnostics - Pathology
Why it is important:

A recent HEE report\(^{18}\) on the Healthcare Science Workforce states that the “predominant view is that the future shape of the whole scientific workforce will resemble an hourglass with more scientists a higher and lower grades and fewer at middle grades” and that “there are more likely to be an increase in numbers of assistants and associates undertaking the simple operation of laboratory equipment in life sciences”. The report also points to changing skill requirements: increasingly technology focussed roles, the ability to work across specialties the increase in point of care testing in the community particularly for long term conditions; the use of mobile devises and telemedicine.

Current position:

The national Pathology Modernisation Programme established in 2009 following the publication of the pathology strategy is tasked with driving the modernisation of pathology services in Wales. More recent advances in analytic technology and the national roll out of the Laboratory Information Management System (LIMS) provides an opportunity to significantly change how pathology services are delivered. This has supported the reconfiguration of services in North Wales and has led to the establishment of the South Wales Pathology Collaborative covering South East and South West Wales. This approach has been endorsed by Chief Executives in the context of recognising Ministerial expectations for a national approach to pathology services. The South Wales Pathology Collaborative will cover the following services as phase 1:

- Cellular Pathology
- Microbiology
- Andrology
- Transport.

National work has been undertaken to recode the healthcare science workforce within ESR (scheduled for completion - March 2014) and will support better identification and analysis of this part of the workforce.

**Priorities for action:**

- Provision of focussed workforce support to the National Pathology Programme Board and South Wales Pathology Collaborative to identify workforce opportunities of pathology service reconfiguration including maximisation of the benefits of Modernising Scientific Careers

**4.3.4 Provision of Diagnostics - Imaging**

**Why it is important:**

Future Delivery of Diagnostic Imaging Services in Wales\(^\text{19}\) recommended the formation of the National Imaging Board and recognised the need for workforce plans to support the delivery of future service models. In addition a number of the Delivery Plans cite the need for an increase in diagnostic radiology (Cancer, Cardiac, Stroke) and a current undersupply. Both diagnostic and therapeutic radiographers and sonographers are on the UK shortage occupations list.

There are a number of opportunities for workforce and skill mix changes, for example: according to the Society of Radiographers 6% of the profession currently undertake reporting; the potential use of band 4s; maximising imaging which can be undertaken by other professions such as midwife ultrasoundographers (referenced in one HB plan).

**Current position:**

Recently the National Imaging Programme Board has taken forward a number of work streams to look at such areas as the Radiologist Workforce,

---

Paediatrics, 7 day working, Radiographer Reporting and Advanced Practice, Breast and Nuclear Medicine. A number of these areas are considering the option of regionalisation of services.

<table>
<thead>
<tr>
<th>Priorities for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need to provide focussed workforce support to the Imaging Board.</td>
</tr>
<tr>
<td>• And as part of SW Programme</td>
</tr>
</tbody>
</table>

### 4.3.5 Paramedic and Ambulance services

**Why it is important:**

The ambulance service and paramedic resource in NHS Wales is essential to support the reconfiguration of fragile services and delivery of emergency care. The urgent care system is under considerable pressure with a failure to meet key targets and current constraints include that with the current service configuration of WAST there is an estimated deficit of 119 FTE staff.

The CfWI has identified an increase of workload of 7% year on year since 2000 with a 5% increase in paramedics per annum from 2005 – 2010\(^\text{20}\) ([compare with Wales](http://wales.gov.uk/topics/health/publications/health/reports/review/?lang=en)). The CfIW report concluded that there was a “secure supply” of paramedics up to 2016. Key issues for change included an increased need for critical care skills.

The recent strategic ambulance review\(^\text{21}\) stated that “Robust workforce planning should be put in place to deliver and up skilled and modernised EMS workforce enabling greater levels of autonomy and clinical decision making. This should be developed in partnership with the NHS, Higher Education Institutions and Regulatory Organisations.”

---

\(^{20}\) Paramedics Workforce Risks and Opportunities Education Commissioning Risk Summary. Centre for Workforce Intelligence. 2012

Ref to HEE Emergency Medicine Report??

**Current position:**

*Implementation of the newly developed WAST competency framework linked to service reconfiguration provides opportunities to redesign the workforce. Examples of this include Neath Port Talbot model; retrieval services — Paramedics with specialist knowledge; Advanced Practice Technicians.*

**Priorities for action:**

It is likely that such plans will need to be developed on a Regional basis and opportunities to develop and drive these will be essential.

---

**4.3.6 Support workforce – Clinical**

**Why it is important:**

From the Wales labour market projections referred to in section 3 it is likely that there will be long term supply problems for Wales. Circa 70,000 people are employed in social services and social care in Wales and therefore future training of those working across health and social care settings is a priority including ensuring safety and quality of care. *Future needs – increasing care in the community.*

**Current position:**

**Health Care Support Workers:** There are a total of 11,305 HCSWs delivering direct clinical care in NHS Wales (excluding WAST); 10,035 are in nursing HCSWs; 590 working with Allied Health Professions; 680 in other professional technical and scientific support posts (data source – Iview). It is noted that this is an aging workforce (see graph – Appendix 1) and is one which has not received much attention in terms of planning, training and education.

---

22 Sustainable Social Services for Wales, A framework for Action
Opportunities for “rebalancing” there workforce and further development of HCSW roles may be found in Pathology - Haematology, Biochemistry; Imaging – shift systems – scope for further development of band 4s.

Since 2008 WG has supported the development of Healthcare Support Workers working in support of Registered Nurses. The funding has been made directly to Health Boards and Trusts. The funding has enabled HCSW to undertake education at Credit and Qualification for Wales (CQFW) level 4 or above. Current central funding stream for development = £

In 2012/13, it was agreed at Lifelong Learning and CPD Advisory Group that the modelling of the allocations would be based upon each organisations total numbers of Band 3 and Band 4 staff. The monies allocated to organisations could for the first time be used for all clinical Healthcare Support Workers in particular at A4C bands 3 and 4.

WEDS recently recommended to SEDG an increase in funding from £727,000 to £1,250,000 for 2014/15, WEDS are awaiting confirmation from Welsh Government.

**Priorities for action:**

- Development of a career framework for Health Care Support Workers (HCSW) can support the development of increased workforce efficiency by providing a common language resulting in a recognisable, transparent and transferable identity for the workforce; Make explicit the agreed skills and educational and training needs of HCSWs. Part of the WEDS work programme.

- Supporting consistent classification and reporting in ESR; Provide a platform for effective assessment of skill gaps and the subsequent development of appropriate qualifications

- Maximising opportunities for skill mix, for example, Modernising Scientific Careers will be introducing an Education & Training Framework for bands 1-4.
Assistant Practitioners (Band 4)

Core standards for Assistant Practitioners

Assistant Prac posts in Pathology, Haematology, Audiology, Ambulance services

Higher level apprenticeships – WG target to increase the number in Wales. A higher level apprenticeship at level 4&5 is currently available in Life Sciences and Chemical Science.

The Skills for Health Report into the deployment of Assistant Practitioners in Wales

4.3.7 Infrastructure support

Administrative & Clerical support – digitisation

Why it is important:

A report produced in 2010 stated that there were 1395 (WTE) Health records staff in NHS Wales and that one health board had projected that the digitisation of health records could result in workforce levels in health records reducing by over 50%. Health informatics staff are essential to delivering the digital agenda (WDWT, 2012).

---


24 Health Informatics (HI) Workforce Baseline Survey Report - Health Informatics Workforce Capacity in NHS Wales June 2010
Current position:

The IT professional workforce in Wales is forecast to grow at 1.37% per annum, over twice as fast as the average employment growth in Wales (e-skills UK, 2012). Historic growth trends within the Welsh IT & Telecoms employment are set to continue (Stats Wales, 2012), with the strongest growth predicted to arise in high skill areas/occupations, particularly Software Professionals, ICT Managers and IT Strategy & Planning staff (e-skills UK, 2012).

The NHS in Wales employs circa 627 FTE Health Informatics staff in total, of those staff 92 are employed in software development functions and 44 in IT strategy and management planning (source: Health Informatics (HI) Workforce Baseline Survey Report - Health Informatics Workforce Capacity in NHS Wales June 2010). To deliver the digital and IT change agenda in NHS Wales it has been estimated that this staff group would need to increase by 10-15%.

The Health Informatics workforce does not reflect what might be expected of an emerging profession based on new technology, that is, a younger workforce - 17% of the informatics workforce are aged 51-60 (Source: Health Informatics (HI) Workforce Baseline Survey Report - Health Informatics Workforce Capacity in NHS Wales June 2010). Consideration will need to be given to internal and external career pathways in informatics at all entry level both pre and post graduate.

Priorities for action:

- Update of the HI work
- Assessment of whether additional work is needed.

Estates  Aging workforce – loss of skills – some current problems in recruitment
5. WORKFORCE SKILLS

This section focussed on the skills requirements of the NHS Wales workforce arising from plans and known trends and development. Education commissioning is covered in a separate report.

10.6% of the Wales population have no qualifications compared to 9% across the UK. 32.6% are qualified at NVQ level 4+ compared to 36.7% across the UK. The most recent Skills for Health Report (2011) states that there is a need for employers to identify and address literacy and numeracy skills gaps if employers want to progress individuals within the sector in order to deliver flexibility in healthcare delivery.

“The analysis of access to training across the workforce highlights an apparent inequality, with those individuals who already hold high levels of qualification (typically medical consultants or senior managers) reporting they receive more ongoing training than individuals without a high level of qualification (those in routine or support roles)”. The Skills for Health Report indicated that of the Wales workforce who are qualified at NVQ Level 4 and above, 53% report having received training in the past 13 weeks compared to 18% of those qualified to ‘below NQF Level 2’. “If employers aspire to enhance skills utilisation across the whole workforce, they

---

may need to examine and analyse these issues further in order to break down any barriers that currently exist”.

Moving towards 2020, employers in Wales will face a growing range of skills-related priorities, including:

- Enhancement of the quality of management and leadership, particularly through excellent employee engagement and followership.
- Continued development of workforce-planning capability in the sector to assist with changes to a highly complex set of services.
- Growth in the supply of those willing and able to undertake Assistant and Advanced Practitioner ‘type’ roles.
- Ongoing development of new skills sets in the light of new opportunities to exploit technology, including navigator/facilitator roles.
- Ongoing willingness of healthcare professionals to deliver care in areas that require multi-disciplinary working within diverse teams.
- Growth in the skills and volume of those working in a range of non traditional healthcare providers and community settings.
- The development of health skills for non-health specialists to assist family carers and to facilitate self-care, supported by a combination of Information Technology and human contact.

From the IMTPs, Delivery Plans and other strategies the current skills requirements are as follows:

- Dementia skills
- Working in Community settings
- Advanced Practice
- Prescribing
- New genetics and radiology techniques
- General training for staff in “good, basic diabetes care”
- End of life care training for primary and social care teams
- Primary care development programmes e.g. public health skills, joint learning opportunities; nursing competencies matrix;
Developments in the health sector in Wales will include applications of genetics, new diagnostic methods and robotics all requiring enhanced IT and technology-related skills.

It is noted that older people in good health with up to date skill sets perform as well as their younger counterparts (Working longer review).

6. ORGANISATION DEVELOPMENT

Focus of the workforce plans is on:

- Management and Leadership development
- Multi disciplinary and multi agency team working
- Culture and values
- Employee Engagement
- Focus on PADR and health and wellbeing of staff
- Succession planning

Other considerations for OD include the impact of the development of alliances and whether OD programmes need to be developed to support future working on a pan-organisational basis.

7. CONCLUSION

Key issues:

- Workforce data issues and gaps across wider healthcare workforce
- Lack of a consensus or understanding about the future needs of patients and the appropriate service response
• In the absence of clear service strategy the appropriate workforce response is not always apparent

• Something about stakeholder engagement as this comes up in a number of next steps – to get more consensus of the future

• Building capacity and capability in workforce planning within the service

• Addressing gaps within workforce information, working with the service, WfIS and HEE/CfWI?? E.g. community working staff and ??? linking to the WIA project with HEE

• Developing better wfp networking across service to support the sharing of good practice and wider workforce knowledge (e.g. what’s happening in England)

• Building Horizon Scanning/Scenario Generation capability to retain the longer term view of wfp/development. Strategic workforce planning versus operational wfp

• Act as a reference resource for the service

• Targeted support of certain workforce changes eg SWP and Diagnostics

• Focussed W&OD support to target effort to key priority areas – all Wales, regional etc.
Appendix 1

NHS Wales – Staff Profile

NHS Wales – Staff Groups percentage of workforce and cost

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>22335</td>
<td>25785</td>
<td>28755</td>
<td>31555</td>
<td>34915</td>
<td>37875</td>
<td>40475</td>
<td>41755</td>
<td>42375</td>
<td>42675</td>
<td>43000</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>3988</td>
<td>4048</td>
<td>4090</td>
<td>4060</td>
<td>4100</td>
<td>4130</td>
<td>4160</td>
<td>4100</td>
<td>4110</td>
<td>4130</td>
<td>4150</td>
</tr>
<tr>
<td>Scientific, therapeutic &amp; technical staff</td>
<td>5703</td>
<td>6076</td>
<td>6376</td>
<td>6636</td>
<td>6876</td>
<td>7106</td>
<td>7306</td>
<td>7476</td>
<td>7536</td>
<td>7606</td>
<td>7706</td>
</tr>
<tr>
<td>Health Care Assistants &amp; Support staff</td>
<td>7877</td>
<td>8347</td>
<td>8747</td>
<td>9067</td>
<td>9337</td>
<td>9567</td>
<td>9707</td>
<td>9737</td>
<td>9767</td>
<td>9787</td>
<td>9797</td>
</tr>
<tr>
<td>Administration &amp; Estates staff</td>
<td>5125</td>
<td>5695</td>
<td>6195</td>
<td>6575</td>
<td>6955</td>
<td>7235</td>
<td>7435</td>
<td>7535</td>
<td>7585</td>
<td>7625</td>
<td>7655</td>
</tr>
<tr>
<td>Nursing, midwifery and HV staff</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
</tr>
</tbody>
</table>

% FTE:
- Nursing & Midwifery Registered: 30%
- Medical & Dental: 8%
- Healthcare Scientists: 2%
- Estates & Ancillary: 6%
- Allied Health Professionals: 7%
- Administrative & Clerical: 16%
- Add Professional, Scientific & Technical: 4%
- Additional Clinical Services: 12%

% Total Earnings:
- Nursing & Midwifery Registered: 31%
- Medical & Dental: 21%
- Healthcare Scientists: 3%
- Estates & Ancillary: 10%
- Allied Health Professionals: 7%
- Administrative & Clerical: 19%
- Add Professional, Scientific & Technical: 4%
- Additional Clinical Services: 12%
NHS Wales – Percentage of the workforce Age profile by Staff Group (Data Source: iView)

All Wales

Add Prof Scientific and Technic

Additional Clinical Services

Administrative and Clerical

Allied Health Professionals

Estates and Ancillary
## Welsh Government Strategies – Workforce Impact

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Workforce Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Together for Health</td>
<td>A overarching workforce redesign themes underpinned by Working Differently Working Together</td>
</tr>
<tr>
<td>Cancer Delivery Plan</td>
<td>Skills - new genetics and radiology techniques; Diagnostic testing – ultrasound and CT Named key worker to assess and record care plan clinical and non clinical needs</td>
</tr>
<tr>
<td>Cardiac Delivery Plan</td>
<td>New diagnostic procedures. 7 day working: Assessment by a cardiologist within 24hrs of admission; access to specialist palliative care nursing Multi disciplinary teams Imaging services</td>
</tr>
<tr>
<td>Diabetes Consultation</td>
<td>Faster diagnosis and care closer to home – focus on primary care / community and AHPs Access to intensive insulin treatment Multidisciplinary diabetic foot teams All Wales Diabetic Retinopathy service Establishment of Community diabetes teams with specialist nurses. Via GPs delivery of Structured Diabetes Education to patients <strong>Training needs:</strong> Diabetes education programme for ward staff caring for hospitalised children Education in Diabetic Nephropathy General training for staff in “good, basic diabetes care”</td>
</tr>
<tr>
<td>End of Life Care,</td>
<td>Lead Pharmacist for end of life care Training opportunities for primary and social care teams to have in place plans for end of life</td>
</tr>
<tr>
<td>Maternity</td>
<td>Maternity: Compliance with the RCOG guidance for hours of consultant labour ward presence per week</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mental Health</td>
<td>MH: Training in Psychological therapies</td>
</tr>
<tr>
<td>Stroke</td>
<td>7 day access to services – centralisation of hyper acute stroke care; thrombolysis Telemedicine Early rehabilitation with psychological support Development of specialist and advanced practitioners Interventional neuroradiology and neurosurgery Diagnostic imaging</td>
</tr>
<tr>
<td>Delivering Local Health Care – Accelerating the Pace of Change and Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs</td>
<td>“A consciously planned and managed system” - important in relation to how planning is undertaken going forward. How to use the workforce effectively – opportunities to develop and deliver skills requirements jointly with social care. Maturity matrix for H&amp;SCIPs – a number of workforce elements could be built into this e.g. • Purpose &amp; Vision – developing shared vision – team working etc. • Leadership – transformational leadership – linked to Acadami Wales work • Expertise &amp; skills- in planning</td>
</tr>
</tbody>
</table>