

WF 34

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Response from: Betsi Cadwaladr University Health Board

1. Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

Workforce planning returns from health boards should provide a reasonable picture of the workforce and education/training needs. However, as a small to medium sized scientific discipline there is benefit from central verification of nationally collated figures by advisory bodies (eg the Welsh Scientific Advisory Committee etc). This is important to ensure that local plans fully reflect and are coordinated with an up to date view of strategic developments (inc WG policy) and opportunities that may be apparent to the advisory bodies. Sometimes the view of health science staff re the workforce may be 'lost in translation' at health board level, where the bigger picture and opportunities may not be recognised – in this respect the process of developing workforce plans by healthboards is perceived to be variable. A second check at a national level is important.

2. Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

In current practice, pursuit of policy is often ahead of workforce planning and not necessarily coordinated in time. Eg a key action of the National ENT Planned Care Programme is to see a transfer of activity from medical ENT clinicians to healthcare science staff in audiology at health boards, yet this has not been coordinated with national workforce planning to commission the necessary numbers of Audiology staff to ensure that outcomes of the new policy can be realised.

3. How well-equipped is the workforce to meet future health and care needs?

Additional numbers of Audiology clinical staff are required to accommodate delivery of healthcare closer to patients homes through primary care roles.

One particular concern is the lack of responsiveness (time lag) in output from traditional education/training schemes (3 year duration at undergraduate and post-graduate level) to keep pace with evolving workforce demands (driven by policy).

There should be facility within commissioning of education/training funding to support innovative fasttrack schemes to more rapidly meet demand. Within Audiology proposals have been presented to this achieve this. Aside from new entrants, the development of the existing workforce (eg through support for Master level education/training) should also feature prominently in strategic workforce planning.

4. What are the factors that influence recruitment and retention of staff across Wales?

Opportunities for young people to find out about/experience the range of NHS and social care careers; Education and training (commissioning and/or delivery); Pay and terms of employment/contract;

There may be value in consulting recent graduates in the NHS workforce and other young people to help determine what they would regard as persuasive reasons to train and stay in Wales.

The cost effectiveness of education and training in Wales would be improved through targeted efforts to retain more trained staff. Suggested options/measures to achieve this are:

1. Provide education and training bursaries to individuals conditional on a period of commitment to employment in Wales (eg for a minimum 3 years post graduation from training).
2. Limit bursaries to those already resident in Wales.
3. Favour Welsh applicants to education and training posts
4. Use monies currently allocated to bursaries to fund temporary first posts on employment with designated health boards across Wales (eg for 3-6 month period post graduation)
5. Use monies currently allocated to bursaries to fund on-going education and training allowances for individuals for their first few years in NHS Wales posts (to allow for further career progression).

Particular issues in some geographic areas, rural or urban areas, or areas of deprivation.

There are difficulties recruiting Audiologists in geographically remote areas eg N.Wales – in particular where remote from the national training centre (Swansea University). These could be mitigated by more effective local promotion of careers and education/training opportunities. Participation of local services in the recruitment process (eg at university entrance) may also be beneficial.

I hope this information is of use and I would be happy to expand on these points.