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<b>Meeting Date</b>	<b>08 June 2021</b>	<b>Agenda Item</b>	<b>5.2</b>	
<b>Report Title</b>	<b>Therapies &amp; Health Sciences Workforce &amp; OD Key Issues Report</b>			
<b>Report Author</b>	Christine Morrell – Interim Director of Therapies & Health Science Alison Clarke – Assistant Director of Therapies & Health Science			
<b>Report Sponsor</b>	Christine Morrell – Interim Director of Therapies & Health Science			
<b>Presented by</b>	Christine Morrell – Interim Director of Therapies & Health Science			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The report informs the W&OD Committee on current, relevant key workforce issues relating to the Therapy and Health Science professions.			
<b>Key Issues</b>	<p><b>Education and Workforce Development</b></p> <ul style="list-style-type: none"> <li>• Student Streamlining</li> <li>• Strengthening Our Structures</li> <li>• Advanced Practice and Non-Medical Prescribing</li> </ul> <p><b>Cross Cutting Service and Legislative Developments</b></p> <ul style="list-style-type: none"> <li>• Additional Learning Needs and Educational Tribunal (Wales) Act 2018 (ALNET)</li> </ul> <p><b>Profession Specific</b></p> <ul style="list-style-type: none"> <li>• Audiology: Provision in Primary Care</li> <li>• Occupational Therapy Service: Absence due to shielding</li> <li>• Laboratory Medicine: Immunology</li> <li>• Laboratory Medicine Workforce Issues and Risks</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Receive</b> the information in the report.</li> <li>• <b>Note</b> the strategic context for education and training for AHP &amp; HCS 2021/22</li> </ul>			

	<ul style="list-style-type: none"><li>• <b>Note</b> the impact the implementation of the SSP has had for the organisation, Heads of Service, clinical staff, students and graduates.</li><li>• <b>Assure</b> the committee of the active engagement with its partners HEIW, NWSSP, HEIs and DoTHs peer group to improve the SSP to secure a sustainable workforce.</li><li>• <b>Consider</b> the W&amp;OD support requirements to inform the commissioning of education and future workforce planning analysis for the AHP &amp; HCS professions going forward.</li><li>• <b>Note</b> the key themes and actions for the AHP and HCS workforce evidencing the cross cutting and multifactorial nature of these professions.</li></ul>
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# Therapies and Health Sciences Workforce & OD Key Issues Report

## 1. INTRODUCTION

The purpose of this report is to draw to the attention of the committee, key workforce issues and risks relating to the Therapies and Health Science professions and any mitigation being undertaken.

## 2. BACKGROUND

### 2.1 Education and Workforce Development

#### 2.1.1 Student Streamlining

NHS Wales Shared Service Partnership (NWSSP) has worked with Health Education and Improvement Wales (HEIW), NHS HBs, Trusts and Universities to implement a streamlined recruitment process aiming to support AHP and HCS graduates into suitable employment in NHS Wales in 2021. The Student Streamlining Process (SSP) is a programme specifically tailored to match student health professionals trained in Wales to positions in Welsh Health Boards.

Student streamlining has been implemented for other healthcare professions in Wales since 2018, supporting 2,320 healthcare graduates into their professions. The perceived benefits of SSP are associated with the train, work, live in Wales campaign, releasing clinical managers time by reducing multiple interviews and recruitment processes, and alignment with the conditions of the Welsh Governments Bursary Scheme; two year 'tie in' to employment (which came into force for the 2020 graduating cohort for the first time). The evaluation of the 2020 AHP and HCS graduate recruitment led to the decision to introduce student streamlining recruitment processes for AHPs and HCSs in 2021. This newly introduced SSP was completed on 12<sup>th</sup> April 2021 with interview process incorporated. A number of issues have been identified through implementation of the scheme, with HEIW and NWSSP having to undertake a rapid evaluation of the SSP. Evaluation has required extensive engagement across sectors, professional groups, Heads of Service, Council of Deans, students, DoTHs and CEO's of HBs and Trusts in Wales.

The evaluation feedback provided by SBU HB DoTH and professional Heads of Service is available in Appendix 1. The document comprises an overarching executive response emphasising key observations and includes an appendix with profession specific responses to the five questions set by HEIW.

It was agreed that given the experience of the SSP as executed this year we would not want to repeat this experience and there needed to be significant review and preparation ahead of next year. The SSP did not achieve its intended function, e.g. leaving the organisation with 9 unfilled commissioned places in Occupational Therapy, whilst Physiotherapy filled all 18 commissioned places but had no vacancies. Whilst we appreciate that streamlining and education commissioning needs to be congruent with WG policy and political manifestos the financial impact has to be clearly articulated to CEOs and DoFs at national and local health board level.

There is apprehension that HBs may reduce commissioned numbers over the next few years as a response to managing the financial impact and we would advise against this. It is essential that we avoid a 'boom or bust' situation for the AHP and HCS workforce.

Recognition needs to be given to 2020/21 being an atypical year with the covid-19 pandemic impacting on student, graduate and staff decisions regarding employment. Workforce mobility, turnover rates and vacancies have been impacted and do not resemble previous years.

Prior to the implementation and throughout the process communications with NWSSP have been unsatisfactory. Assumptions were made regarding communication networks leaving the DoTHS as the 'middleman' often engulfed in emails from NWSSP requiring immediate action and professional leads not able to get the answers to their queries. Tight timescales and short notice was a predominant feature. The immense pressure placed on Heads of Service to deliver on the SSP in such unprecedented times did not appear to be understood by NWSSP.

Agreed processes were altered and students were not matched to the JD particulars the impact being that graduates have been recruited to posts whilst not meeting essential criteria i.e. car driver, welsh speaker. This has had an adverse impact for the Occupational Therapy service in particular, where 'car driver' is an essential requirement of the role, particularly in Primary and Community care settings.

For professions with smaller numbers of graduates a bespoke approach was recommended however the communication and information relating to this was piecemeal and the approach has not yet been worked through.

The reputation of the HB may have been impacted adversely with students holding clinical staff and Heads of Service to account for a process that was outside of their control. Inconsistent messaging by HEIW and NWSSP has impacted on the perceived perceptions of the HB by students. The SSP prevented the HB promoting itself as the employer of choice for the graduates.

The SSP attempted to mirror the recruitment process for nursing failing to appreciate that the AHP and HCS professions are not an homogenous group.

Concern has been raised that the SSP has compromised diversity and equity of access to employment, particularly for domicile graduates returning to Wales who have trained in England. The professions within SBU HB have worked tirelessly to develop relationships with local schools, FEIs and careers fairs to attract local students who wish to gain employment on graduation in their local NHS. Across the AHP and HCS professions, given the limited number of AHP and HCS programmes delivered in Wales it is customary for students to study in England and return to wales to take up their employment.

We acknowledge that there are positives of a SSP and would support retaining what has worked well; professional groups are more engaged, AHP and HCS commissioning and recruitment has increased visibility at Chief Executive level and with Directors of Finance and Operational Directors with budgetary responsibility. We appreciate that the streamlining

approach may release capacity going forward reducing the 'churn' associated with recruitment processes nevertheless we need to join the dots around the commissioning of education, workforce intelligence, relationships with HEIs, student output and employment opportunities for graduates.

This year for AHP and HCS the "tie in" has highlighted a disconnect between workforce planning (IMTP projections) and the commissioned model with HEIW recognising the need for a more collective approach to graduate recruitment to support the "tie in" going forward. HEIW has recommended a review of the WG Bursary policy to ensure it can maintain its effectiveness and comparability across the UK, however no alternative option is likely to be implemented until the 2023 new student intake.

### **2.1.2 Strengthening Our Structures**

The Therapies Strengthening Our Structures (SOS) project was implemented on 1<sup>st</sup> April 2021 to realign therapy structures into a single management group.

The therapies workforce was spread across the organisation and it was acknowledged that historically there has been a lack of consistency in accountability arrangements, strategic decision making, disjointed workforce planning with some Heads of Service holding management and budgetary responsibility for <50% of their specialist workforce.

The aim of the project therefore was to ensure the SBU HB organisational structure supported a therapies workforce that was optimised in terms of quality, governance, efficiency, sustainability, and integrated working. This was achieved by ensuring that all physiotherapy, occupational therapy, speech and language therapy, nutrition and dietetics, podiatry, orthotics and prosthetists were managed within the same service group and the Heads of professions had both professional and managerial accountability. The services are now all aligned into Primary Care, Community and Therapy Service group which will also better reflect the direction of travel for services as outlined in "A Healthier Wales".

Benefits include workforce planning, risk reduction and improvement in patient experience, improvement in vacancy management, increased professional accountability and more flexibility of resource allocation.

There was no intention to fragment or dismantle multi-disciplinary teams and the realignment is intended to complement existing management structures. The lead post for Therapies within the PC&T Service group to support the Service group director and to form part of the senior leadership team is being worked through.

### **2.1.3 Advanced Practice and Non-Medical Prescribing (NMP)**

Welsh Government continues to invest in health professional education for the funding of advanced practice and extended practice education for academic year 2021/22. As with previous years there has been policy direction that a significant amount of this funding is prioritised to clinicians working within a primary care and community health environment in line with policy direction as set out in 'A Healthier Wales'.

Health Education and Improvement Wales (HEIW) allocate funding to supplement local Health Board investment in terms of advanced requirements as identified in the Annual Plan. Therapies and Health Sciences comprises a number of professions and applications for funding are received from:

- Therapies – Occupational Therapy, Speech & Language Therapy, Nutrition & Dietetics, Podiatry & Orthotics, Physiotherapy, Orthoptists, Prosthetists and hosted services such as Lymphoedema.
- Health Scientists – Audiology, Cardiac and Respiratory Physiologists, Neurophysiology, Medical Illustration, Pathology and Radiology, Medical Physics and Clinical Engineering
- Paramedics for Emergency Medicine and Retrieval Service (EMRTS)

**Table 1 below shows the Therapy & Health Science applications for funding received for 2021/22**

Area of Education	Number of Applications
New Masters	9
Ongoing Masters	18
Modules	39
Non-Medical Prescribing	3

The advanced practice requests for funding amount to £104,694.33, the majority of the applicants will receive full or part funding which supports workforce plans to transform the workforce. There has been an increase in therapists undertaking the Non-Medical Prescribing qualification in recent years enabling professions to extend scope of practice and implement new service delivery models.

EMRTS is a regional service hosted by SBU HB and as HCPC registrants, paramedics fall under the Therapies and Health Science portfolio for advanced practice funding.

**Table 2 below shows EMRTS applications for funding requests for 2021/22 (note these are in addition to the applications shown in Table 1)**

Area of Education	Number of staff
New Masters	1
Ongoing Masters	9
Modules	4
Non-Medical Prescribing	3

EMERTS advanced practice requests for funding for 2021 amount to £49,600.00 however the funding allocation is £25,000, the shortfall results from expansion of the EMERTS workforce, the costs associated with ongoing Masters and the requirement to secure advanced practice across a variety of clinical areas. Discussion will take place with HEIW and EMERTS to agree a plan. Staff turnover and attrition rates are often the solution in this staff group.

The total spend requested for advanced practice development across all professions under the DoTHS portfolio is £154,294.33. The allocation received from HEIW for post graduate education for 2021/22 is £177,722.48 however this allocation is also shared across Nursing, with an additional pressure surfacing from an increasing number of applications from Healthcare Scientist, see Table 3 (HEIW opened up funding route to HCS 2019)

<b>Table 3: Healthcare Scientist applications for advanced practise funding</b>	
<b>Year</b>	<b>Number of applications</b>
<b>2019/20</b>	<b>14</b>
<b>2020/21</b>	<b>12</b>
<b>2021/22</b>	<b>27</b>

For the first time this academic year the funding allocation excludes Pharmacy as HEIW has provided separate funding for this workforce.

HEIW encourages applications for advanced practice programmes at Welsh HEIs, unfortunately for the AHP professions this limits access to profession specific qualifications as not all qualifications are available in Wales. The SBU HB DoTHs is engaged with Welsh HEI's, in particular, Cardiff University, Cardiff Metropolitan University and Swansea University to develop programmes that support transformation of the AHP and HCS workforce, to deliver on the Annual Plan priorities and national policy.

## **2.2. Cross Cutting Service and Legislative Developments**

### **2.2.1. Additional Learning Needs and Educational Tribunal (Wales) Act 2018**

#### **Health requirements under the ALN Act**

The Additional Learning Needs and Educational Tribunal (Wales) Act (2018) (hereafter the ALN Act) becomes law in September 2021. There is a phased implementation timetable that is set out in commencement orders. The legislation covers ages 0-25, but for implementation year 1 (from September 2021) the requirements relate to children of compulsory school age only, and even for schoolchildren the current special educational needs (SEN) will run alongside the ALN Act for some cohorts.

Collaboration is a central principle of the Act and Health is a critical collaborative partner. Statutory requirements upon Health Boards (HBs) set out in the Act include the following duties:

- To appoint a DECLO to co-ordinate HBs' response to the Act
- To respond promptly, and in any case within 6 weeks, to requests for information, advice and help (ALN Act, Section 65)
- To respond promptly, and in any case within 6 weeks, to referrals where a healthcare treatment or service is deemed to be likely to be of benefit in addressing a child or young person's ALN and to secure (i.e. deliver) this additional learning provision (ALN Act, Section 20)
- To participate in the independent development plan (IDP) planning and review process

The strong emphasis on Health's provision of information, advice and help aligns with a strategic focus on ensuring inclusive Education provision that meets the widest range of needs possible at a universal or inclusive level. The definition of 'additional learning needs' (ALN) set out in the Code specifically links this to a need for 'additional learning provision'. By implication, the numbers of children defined as having ALN will be directly impacted by the number of children and young people whose needs can be met by the provision generally available in an education setting.

### **Activity to ensure Health Board readiness**

Over the past year there has been significant activity to ensure SBUHBs' readiness for implementation. All work has been progressed in a partnership context, with Health implementation plans aligned with the multi-agency Regional Implementation Plan for South West and Mid Wales and progressed through a number of multi-agency task and finish groups. Key workforce and organisational development (W&OD) aspects of this preparedness activity includes:

- **Provision of training to Health Board staff, with priority on those who will be impacted from year 1.** A comprehensive suite of training modules has been developed / commissioned to support readiness; the focus of training aligns with strategic and operational priorities under the ALN Act. Health Board staff from across the South West and Mid Wales region have accessed person-centred practice training (71 staff including 5 PCP 'champions'); legal training including expert witness training (68 staff); and Care Aims training (100 staff). Further training is scheduled and planning is in progress to ensure that this training has a sustainable impact on culture and practice, in line with the requirements and spirit of the ALN Act. A further, nationally-developed training module, Elysia, is in process of being set up on ESR to enable easy access to all Health Board staff who will be impacted by the ALN Act.
- **Development of a suite of training modules that can be accessed by school and Local Authority staff,** supporting them to meet learner's needs through enhanced inclusive provision. A range of modules have been developed, with topic areas developed through co-production with Education colleagues, and will be made available on *Storfa*, a regional depository of training resources for Education staff. Significant, proactive investment of staff time in developing these resources will be vital to the Health Board's capacity to respond positively to requests for information, advice and help.

### **Uncertainties, Interdependencies and Risks**

The implementation of new legislation inevitably brings uncertainties, including uncertainty about the precise level of demand on Health services to meet their requirements under the Act. These 'predictable' uncertainties have been augmented by recent legal training that has challenged existing interpretations of the Act and Code across the South West and Mid Wales region (and indeed nationally). The training contended, based on definitions of key

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terms in the Act that are enshrined in case law, that the numbers of children who would be classified as having ALN will be significantly wider than had been anticipated. This may place significant additional demands on HBs (and, to a greater extent, Education) and further guidance is currently being sought.

The ALN Act's statutory requirements on Health Boards are generally caveated in the Code with the statement '.... unless it considers that doing so would be incompatible with its own duties or would otherwise have an adverse effect on the exercise of its functions'. This reduces risks of non-compliance with the Act for the Health Board. However, if the Health Board is unable to meet Act-related demands (which, as noted above, are unpredictable) and is forced to over-rely on these caveats, this is highly likely to result in increasing numbers of concerns / complaints being raised (parents' rights to raise concerns are emphasised strongly in the Act) and increasing numbers of concerns escalating to Education Tribunal level. While the Tribunal's powers over Health Boards are limited, preparation for Tribunals will be costly and time-consuming and could result in reputational damage for HBs. The impact on Education could more be significant (including requiring them to secure provision that is unavailable through the HB), which would have the potential to further impact on the HB given the organisational inter-dependencies between Health and Education – including a number of service-level agreements between SBUHB and Swansea and Neath Port Talbot Councils.

In this context of uncertainty, organisational interdependency and risk, it is not possible to make confident predictions regarding the W&OD impacts of the ALN Act at this point in time. The phased implementation timetable mitigates against these risks in the short-term, with the 'year one' operational impact relating to paediatric rather than adult services and at a reduced level (in comparison to future years) because of the SEN system continuing to run for some school children. This offers a temporary 'buffer' against the full impact of the ALN Act on the Health Board, and means that preparation for the next phase of the implementation timetable (from September 2022) can be informed by learning from post-September 2021 period. However, an increased demand on services as a result of the Act is predicted with confidence - it's *how much* that is impossible to predict with assurance. In a context where services are under pressure to recover post-Covid and, in some areas, to deliver cost improvement plans, it is important to highlight this as an area of risk for SBUHB.

If services impacted by the Act from September 2021 are required to deliver four things; (1) to deliver statutory requirements under the ALN Act; (2) to do so in a way that will not realise the reputational, partnership and financial risks as set out above; (3) to achieve performance priorities at pace; and (4) to deliver cost improvement plans – this will not be achievable and it is all-but inevitable that something will 'give'.

## **2.3. Profession Specific Considerations**

### **2.3.1. Audiology: Provision in Primary Care**

The Primary Care Audiology service has required significant developments in the skills and experience of the audiology workforce. The advance practice first contact clinician role, developed over the past five years is new in the field of audiology and the inclusion of wax management is a new skill for both registered and non-registered staff.

Despite the Scientific Training Programme and its equivalency routes, there is no formal training programme which covers the whole of the advance practice audiologist role and so internal training has been developed including for referral for MRI and complex ear care provided by medical colleagues within the Health Board.

The associate audiologist role has been developed for Wales over a number of years with the support of HEIW and Swansea University with wax management now considered a core component of the role. The associate audiologist is a non-registered healthcare professional but the role works well in the parallel model used in the Swansea Bay Primary Care Audiology service. While currently delivered via a higher certificate qualification, this role will also be supported by the new level 4 Healthcare Scientist apprenticeship in the future.

Development of these roles has provided a sustainable workforce with in-service qualification and progression available whichever entry route is taken by individual.

In October 2021, the Welsh Health Circular 2020/014 regarding wax management was released. This places a demand on the Health Board to deliver wax management services in Primary and Community care settings led by Advanced Audiology Practitioners and delivered by trained healthcare professionals by October 2021. Swansea Bay' Audiology service's workforce development for the Primary Care Audiology service meets the requirements of the WHC, whilst also embedding the first contact role of the Advanced Practice Audiologist as recommended in Welsh Health Circular 2018/006. Development of the advanced practice role also allows for further transfer of more complex wax management, covered by the integrated pathway, from ENT to Audiology in the future.

Swansea Bay's Audiology service is in a more advanced position with regards to delivering the demands of the WHC than any other Health Board in Wales due to its workforce development and roll out of the service to five clusters over the past few years.

Development of this service also allows a mechanism by which the increased demands on Audiology by the new All Wales Dementia Standards can be delivered by a Primary and Community based workforce.

However, there are a number of risks and challenges.

1. The Primary Care Audiology service requires a significant increase in capacity compared to the traditional secondary care based workforce. Due to the low turn-over of Audiology staff nationally and additional training requirements, Audiology will not be in the position to be able to recruit to a 100% capacity wax removal service by October 2021. This is mitigated by the focus on the wax management element and a clear plan which includes at least 50% capacity in all clusters by October 2021 with gradual increase thereafter to ensure 100% capacity for un-complex wax removal in the Community within 2 years.
2. The service currently established in four clusters (five from end May 2021) is funded by Transformation. Funding has not yet been secured to optimise the continued roll out to all clusters by October 2021 or to continue the service in all cluster areas beyond March 2022. A business case has been developed which sets out the case for recurrent funding of the Primary Care Audiology service.
  - a) Delay in securing recurrent funding means that required recruitment may not be possible in order to meet the October deadline.
  - b) If no recurrent funding is secured, the Health Board will be unable to meet the demands of WHC 2020/014 to deliver a wax management service.
  - c) The investment made in to the training and recruitment of Audiology staff at all levels has been based on the roll out of the Primary Care Audiology service over a number of years. Should the service not obtain recurrent funding then that investment will be lost to the Health Board.

There is currently no mitigation to these risks.

### **2.3.2. Occupational Therapy Service: Absence due to shielding**

The Occupational Therapy (OT) service has 10% of its workforce in Singleton and Morriston still unable to return to patient facing clinical roles following the pandemic. Due to previous budget reductions the OT budget is resourced to fund the OT substantive staffing establishment and therefore does not allow for any variable pay. This results in back fill and services working constantly under extreme pressure affecting patient care and flow. Only essential services are now able to be provided.

Risks are mitigated by prioritising those patients for discharge planning. However, this then results in delays in rehabilitation to enable patients to become functionally fit enough to be supported by the rehabilitation teams in the community. Due to budgetary risks above, permission has been given to secure additional hours from existing staff and locums in areas of high need. Regrettably the service has been unable to secure locums (OT is a UK registered shortage profession), substantive staff are undertaking limited additional hours to mitigate risks in highest areas of need which requires balancing against staff fatigue and wellbeing.

### **2.3.3 Laboratory Medicine: Immunology**

Immunology laboratories are responsible for laboratory testing and clinical consultation in several broad areas including the evaluation of autoimmune disease, immunodeficiencies, immunoproliferative disorders, and allergy, as well as having responsibility for some aspects of infectious disease serology. Immunology services are subject to UKAS accreditation. Biomedical scientists (BMS) with a biochemistry background and a specialty in immunology (specialty diploma for Band 6) provide the laboratory service, processing samples and overseeing reporting and quality monitoring. A medical consultant provides clinical input and assures that the quality controls are in place.

Due to the collapse of CTMU HB immunology service in April 2021 predicated by ongoing healthcare science staffing shortage and subsequent withdrawal of medical input a crisis solution has been provided by SBUHB and C&V UHB laboratories which have Biomedical Scientist led laboratory service and medical input which is vital for accreditation.

The healthcare science career framework has a requirement for BMS staff at Band 6 to have achieved a Specialist diploma, however due to staff shortages some have been appointed in CTM UHB without this level of qualification. Consequently, a band 8a and a band 7 role has been pivotal in overseeing the service there. C&V and SBUHB have been developing staff as set out in the career framework though vacancies have been hard to fill, and applications few. All band 6 staff have the diploma. There may be a requirement for TUPE of band 6 staff, however this is problematic for both SBUHB and C&VUHB due to the inequity in banding.

CTM UHB does not now have the BMS staffing to provide the requirements of a functioning laboratory service for immunology, due to the resignation of the senior staff and thus a regional approach is required to provide quality assured services, and resilience going forwards. A collaboration between the 3 UHBs is required to give a quality assured timely service to all LHBs. A project plan is now being developed to set out milestones for delivery of two regional services.

In the interim SBUHB and C&V UHB will provide the service for CTM UHB, though they do not have the capacity to provide this for long without additional resources. Support such as locum cover will be required to give additional capacity for Swansea and Cardiff in the short

term and this is being arranged through the collaborative agreements.

### **2.3.4 Laboratory Medicine Workforce Issues and Risks**

Laboratory Medicine has consolidated its laboratories, created an efficient hub and spoke network with a single management structure and is in the final stages of modernising its workforce to cross train staff with multidisciplinary skills to work in both Haematology and Biochemistry in order to optimise skill mix and service resilience. This is in line with the Welsh Government paper “The Future Delivery of Pathology Services in Wales 2008” and is built upon Lord Carter’s recommendations to drive out inefficiencies within Pathology services.

Since 2013 and the removal of on-call payments and the implementation of A4C shift working, Laboratory Medicine has experienced significant recruitment difficulties in the face of a national shortage of qualified Biomedical Scientists especially those with Haematology and Blood Transfusion skills. Delivering a 24/7 service has proved increasingly challenging over recent years, forcing Laboratory Medicine to rely on unfunded agency staff to ensure service delivery. The inability to recruit trained staff has forced the appointment of graduate trainees which has increased the unsupported training burden on the department. There has been significant attrition of newly qualified trained staff to neighbouring HBs and the training cycle begins again.

### **Summary of Laboratory Medicine risks**

- Without staff investment there are risks to:-
  - The ability to succession plan and develop staff
  - Delivery of training requirements for junior workforce – this will exacerbate attrition rates and require additional locums
  - An increase in turnaround times for reporting blood test results
  - Lab Med will be impeded in trying to maintain annual ISO15189 accreditation
  - Health Board requirements will slip (e.g. PADRs)
  - Unable to meet departmental H&S requirements
  - Unable to implement service improvements and additional tests such as FIT testing and Faecal Calprotectin
  - Laboratory Medicine will need to stop providing specific specialist services to focus staffing on core essential services. Specialist testing would need to be sent away at significant additional cost and impact to the clinical services relying on these results due to the associated delays.

## **3. GOVERNANCE AND RISK ISSUES**

Governance and risks have been highlighted in the individual sections identifying the current key issues for the AHP and HCS workforce.

## **4. FINANCIAL IMPLICATIONS**

The financial risk associated with the Student Streamlining Process has been identified and drawn to the attention of the Director of Finance. The Service director and Heads of Service are managing the risk across the financial year. Financial implications relating to the ALNET Act have yet to be identified. Service group finance partners are informed of financial risks mentioned in the report.

## RECOMMENDATION

Members are asked to:

- **Receive** the information in the report.
- **Note** the strategic context for education and training for AHP & HCS 2021/22
- **Note** the impact the implementation of the SSP has had for the organisation, Heads of Service, clinical staff, students and graduates.
- **Assure** the committee of the active engagement with its partners HEIW, NWSSP, HEIs and DoTHs peer group to improve the SSP to secure a sustainable workforce.
- **Consider** the W&OD support requirements to inform the commissioning of education and future workforce planning analysis for the AHP & HCS professions going forward.
- **Note** the key themes and actions for the AHP and HCS workforce evidencing the cross cutting and multifactorial nature of these professions.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>A sustainable AHP and HCS workforce is essential to provide effective, patient centred care. The Additional Learning Needs and Educational Tribunal (Wales) Act aims to provide an improved integrated, collaborative process of assessment, planning and monitoring which facilitates early, timely and effective interventions for children and young people with additional learning needs.</p> <p>The Act also aims to provide a fair and transparent system for providing information and advice, and for resolving concerns and appeals for children and young people, their parents and carers.</p>		

<b>Financial Implications</b>	
There are financial risks associated with the key themes described but not specified in the paper.	
<b>Legal Implications (including equality and diversity assessment)</b>	
As set out in the section on the ALNET Act Wales 2018	
<b>Staffing Implications</b>	
As described in the paper.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
<ul style="list-style-type: none"> <li>• Collaboration –Includes duties on health boards and local authorities to collaborate with each other through a statutory Individual Development Plan (IDP) for each learner with Additional Learning Needs.</li>   <li>• Integration – the duties on the Health Board impact on other public bodies, specifically the Local Authority, Education department and Schools.</li> </ul>	
<b>Report History</b>	First report
<b>Appendices</b>	None.