

# Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Health and Social Care Workforce](#)

## HSC 02

### Ymateb gan: | Response from: Coleg Brenhinol y Patholegwyr | Royal College of Pathologists

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Comments on “A Healthier Wales: our workforce strategy for health and social care”  
Published 20 October 2020  
From Royal College of Pathologists

1. [Plans for implementation of A healthier Wales: our workforce strategy for health and social care \(published in October 2020\), including progress made to date and whether delivery is on track for 2030.](#)

The Workforce Strategy document outlines 32 actions intended to implement the improvement of quality of care, engagement and wellbeing of staff and integration of technology, among other ideals. These are largely ill-defined actions and often amount to ideal outcomes, rather than detailing the definite action that will move the project forward. It is extremely difficult, therefore, to gauge progress made to date. Certainly, on the shop floor, there is little evidence that meaningful change is occurring at any level.

The Royal College of Pathologists has repeatedly pointed out to Welsh Government the pay discrepancy that exists between England and Wales for Cellular Pathology specialist trainees such that trainees in England will earn in excess of £50,000 more than their Welsh counterparts over the course of their training. Failure to address this stark inequality makes recruitment and retention, two of the Document’s main themes, very difficult for Cellular Pathology and suggests little progress has been made and calls the ability to deliver by 2030 into some doubt.

2. [The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government’s Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care \(2018\).](#)

A Healthier Wales (2018) mentions improved diagnostic times. This will require investment in diagnostic services, be they in hubs, or hospitals. Action 31 in the Strategy is to delineate workforce plans. The Royal College of Pathologists draws the Committee’s attention to previously published documents on the Pathology Workforce generally and the need to invest greatly in all diagnostic services and staff including medical and scientific consultants, improved training opportunities and addressing the pay discrepancies between England and Wales.

3. [The extent to which HEIW/SCW’s workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.](#)

Again, the actions delineated in the Strategy are vague and without substance as to how these objectives are to be delivered. The sentiment is excellent, but the detail is missing.

While the implementation, and maintenance, of excellent information technology and digital solutions is critical in 2021, let alone in another 9 years, we are starting from an extremely hampered position and a fundamental overhaul of how IT is provided and managed is required as a matter of urgency. Our workforce continues to struggle with bulky paper notes, which often go missing, which wastes time, causes injury to persons, and compromises patient care. The first action should be to implement an integrate electronic case record, buying one of the commercially available products. All English Trusts are electronic. None are in Wales.

The emphasis on the Welsh language is to be applauded and supported. However, care should be taken that this does not become an obstruction or distraction to training young people who are not necessarily skilled in languages when they could be learning other skills. A blanket requirement to learn and practise in the Welsh language in Health and Social Care in Wales may become an impediment to attracting excellent talent from England or other countries, to the detriment of Wales.

#### 4. The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

There is no clarity on the data being collected and how it is to be used so it is difficult to comment on its effectiveness.

#### 5. Whether the financial and other resources allocated to implementation of the strategy are adequate.

There are no financial details in the Strategy that convince the College that resources are adequate. Expanding the Health and Social Care workforce to the extent that is required today will be significant. The investment required for expansion in 2030 will be even more so. We require more data on how this funding is to be secured and used.

Education is fundamental to the Strategy and, again, will incur significant costs. These should be detailed where possible. Equally, continuing professional development must be explicitly supported with dedicated time off work and adequate funding. Many people today have neither time nor financial support from their employers to attend courses or other learning opportunities.

#### 6. The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.

The Strategy is inclusive and recognises the needs of the whole workforce. It could more explicitly detail the true cost to unpaid carers and volunteers and should recognise the fact that most NHS staff work longer hours than their contracts and that this “free economy” goes a very long way to supporting the current service.

7. Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

The 32 Actions given in the plan need more detail and they all need to have target dates of completion. An updated formal progress report would be useful.

The Committee would find it useful to examine particular areas of stressed workforces and the reasons for poor staffing in many areas. While the 2030 vision is excellent, the practicalities of daily work now make it almost impossible for staff to raise their sights and welcome these changes.

The Strategy makes some comments on the current demographic of the workforce. This is ageing in several areas and attention to more urgent action should be taken. The Royal College of Pathologists has published several documents on this: approximately one-third of consultant histopathology posts are vacant; and one-third of consultant histopathologists are within 5 years of retirement. This will create an immediate crisis across Wales in all laboratories.

At the same time, the number and complexity of diagnostic tests are increasing. FIT bowel screen will likely generate an estimated three-fold increase in histology samples from a baseline of 5700 per annum pre-pandemic to 16,800 samples in 2024-25 due to the decrease in screening age and the improvement in screening sensitivity to 80µg/g faeces. These extra screening samples need to be processed by biomedical scientists and biopsies scrutinised by trained scientists or consultants. Other screening initiatives will have similar effects and pathology, and other diagnostic services including radiology, should be specifically addressed as part of this Strategy. This is intrinsically linked with all four arms of the Quadruple Aim. The Royal College of Pathologists strongly supports increased training and career opportunity for Clinical Scientists and Biomedical Scientists and urgent action is required to ensure this becomes an attractive career option for young graduates.

Each new consultant appointment in general Medicine or Surgery generates increased activity in the diagnostic departments, particularly in Blood Sciences, Cellular Pathology and Radiology. Attention should be given to invest in Pathology and Radiology a proportion of all newly funded consultant positions in other disciplines to allow diagnostics to keep pace with activity.

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