



Senedd Cymru Health and Social Care Committee consultation on the Workforce Strategy for Health and Social Care

Executive summary

Thank you for the opportunity to give written evidence ahead of the committee's evidence session with Health Education Improvement Wales (HEIW) and Social Care Wales (SCW) on the joint workforce strategy. In our response, we focus on two key questions raised within the terms of reference namely;

- The extent to which Health Education Improvement Wales (HEIW) and Social Care Wales (SCW) 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.
- Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

Key points

- We are very concerned about the current approach to Allied Health Professional (AHP) and specifically speech and language therapy workforce planning and commissioning and delivery of education and training. A more nuanced approach is required for smaller professions and other avenues need to be explored as a priority. We believe committee scrutiny of this area would be extremely valuable.
- We strongly agree with assertions in the strategy that we need to transform traditional roles and ways of working to support new models of care that are being developed. In order to achieve this step change, there needs to be a far greater focus on expanding existing roles, developing new roles, building skills and capability in areas we have not done so previously and embrace new technology in delivering our services. Initiatives such as advanced clinical practice for AHPs - the third largest workforce in the NHS, are therefore critical and need to be given greater priority. Routes for AHP progression from assistant through to consultant level also need to be clarified.

- We believe there would be much to be gained by stronger working relationships and meaningful collaboration between HEIW and professional bodies such as ourselves in relationship to workforce data, career promotion, sharing research on workforce wellbeing etc. There is learning from relationships with Health Education England in this regard.

About the Royal College of Speech and Language Therapists (RCSLT)

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.
2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs (SLCN) and/or swallowing difficulties.
3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

Question 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.

4. We very much welcome the content of the workforce strategy and narrative around what success will look like in this space. Our primary concerns relate to delivery of the strategy and the extent to which HEIW is leveraging relationships with professional bodies to support implementation.
5. We have structured our response to this question around the four key ambitions of the workforce strategy namely,
 - We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care, and support people's wellbeing as close to home as possible;
 - We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
 - We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity, and
 - We will have a workforce that feels valued and is valued.
6. We specifically focus on plans for developing the future workforce. We also comment on training for the current workforce, leadership and collaboration with professional bodies.

The current model for workforce planning/developing the future workforce

7. We have real concerns, from the perspective of our profession, about whether the current model for workforce planning/developing the future workforce will meet the overall ambition of the strategy to have a motivated, engaged and valued health and social care workforce with the capacity, competence and skills to meet the needs of the people of Wales with new ways of working.
8. The Student Streamlining Project was established to match student health professionals to numbers of graduates submitted by Welsh Health Boards three years previously. Speech and language therapy was included under the programme for the first time in 2021. Whilst we understand the original aims and implementation for larger professions, we have very significant concerns about the impact on our future profession and the degree to which these concerns have been heard in relation to future workforce plans. 'The Evaluation of 2021 Streamlining of Allied Health Professional and Health Care Science Graduates' report (written for 30/09/2021 HEIW Board meeting) described the process as being 'an efficient recruitment process into [these] high volume specialties' (nursing and ODPs¹). However, speech and language therapy would not be included in this definition and whilst the report acknowledges 'regional challenges experienced prior to streamlining remain and may require further consideration in a wider context', we feel strongly that the suggestions for 2022 are not satisfactory. We highlight our main concerns below in line with the key stated aims of the workforce strategy. Many of these concerns are shared by our AHP colleagues.

A workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care

9. Traditionally Health Board speech and language therapy services have recruited from undergraduate and postgraduate courses across the UK. There is currently only one undergraduate speech and language therapy course in Wales at Cardiff Metropolitan University although a second course will come onstream in September 2022 with the first cohort due to graduate in 2025. Speech and Language Therapist pre-registration courses across the UK vary in emphasis on different aspects of training, for example, some on bilingualism, some having a medical emphasis and others on linguistics. It is extremely valuable to the profession in Wales to have graduates with diverse training experiences in terms of developing quality services.
10. The recruitment process thus far under the streamlining programme has not allowed Health Board departments to assess the clinical knowledge and skills of students. Due to this recruitment approach, services have been unable to match students with areas of clinical interest – a situation which is unsatisfactory both for students and services. This brings into question whether the first of the ambition statements is being achieved. The

¹ HEIW Board Papers September 2021 item 3.3. Graduate Recruitment Process/AHP Streamlining available [here](#).

recent evaluation of the programme outlines that individual professions are to work with their local health board workforce departments to improve future arrangements but it is yet to be made clear how this can be implemented within the streamlining process.

We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity

11. We are keen to develop a more diverse speech and language workforce to better reflect the populations we serve. This aligns with the ambitions expressed within the recently published Welsh Government Race Equality Action plan. We are concerned about the impact of recruiting from one student cohort for the future of the profession. Commencement of a speech and language therapy undergraduate course in North Wales will result in graduates from 2025. However, there is no current or planned postgraduate or part time speech and language therapy courses in Wales. This limits our workforce to newly qualified practitioners who could commit to a full-time course in Cardiff Metropolitan University further restricting the richness and diversity of the future workforce. This stance particularly discriminates against mature students or those with caring responsibilities or disabilities who are less able to be mobile.

12. Under the programme, Welsh students graduating from courses outside of Wales have only been eligible to apply for band 5 posts outside of the streamlining process. Additionally, graduates who received the bursary in previous years and were working in Health Boards in Wales on fixed term contracts (due to funding arrangements) have been unable to apply for permanent band 5 roles through this process potentially leading to a loss of built-up knowledge and skills.

13. Over-subscription of the Cardiff Metropolitan University course, personal choices, personal limitations and responsibilities (possibly leading to discrimination) and a lack of information about the process at the time of course application are all reasons for studying outside of Wales. We were contacted by many students who wanted and always intended to work in Wales, some of whom would be able to work in the Welsh language, but were excluded from the process. Students have told us they would have made different decisions for study had they been fully appraised of the situation. Despite requests, to our knowledge HEIW has again not contacted universities outside of Wales before the commencement of this academic year and thus new students will not necessarily be aware of the impact of their decision to study outside of Wales on their ability to apply for jobs in Wales post-graduation. Acknowledgement within the evaluation of the streamlining programme that a 'suite of communication material' will become available through the Autumn for students and stakeholders to use' will not address this issue.

14. While it has been argued that students studying outside of Wales are eligible to apply for vacancies outside of the streamlining process, due to the small size of the profession,

Health Board departments in Wales have very few vacancies outside of the scheme. This may differ significantly from the position of other larger health professions such as nursing.

15. Speech and language therapy is highlighted as a key priority area within the Welsh Government [More than Just Words framework](#) regarding Welsh language provision. There are usually a small number of students at Cardiff Metropolitan University who are able to practice in English and Welsh. Previously services have recruited graduates who can work in Welsh from universities outside Wales. Data from the small-scale survey we undertook with universities beyond Wales suggests that a number of Welsh speakers are currently studying speech and language therapy at these universities. It is acknowledged that moving forward the courses at Cardiff Metropolitan University and Wrexham, when commenced, will have quotas for Welsh speaking students. However, we will not see the benefit of these initiatives for several years to come.
16. In the meantime, services are concerned that under the streamlining process that they may not be able to recruit sufficient Welsh speakers which will have an impact on their ability to deliver the active offer. As an example, there may be a particular impact on the ability of services to meet the bilingual requirements of the Additional Learning Needs Education Tribunal Wales Act.
17. We strongly question whether the current approach will allow us to fulfil the second ambition of the strategy.

We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales

18. Undoubtedly COVID has brought huge challenges for all health and care professions yet we have also seen significant investment via COVID recovery funding and monies associated with the Welsh Government Talk With Me Speech, Language and Communication Delivery Plan 2020-22. It can be argued that the streamlining process has hindered the ability of services to quickly respond to new opportunities. For example, some children and adults have had to wait longer to see SLTs as implementation of streamlining in speech and language therapy forced some Health Board departments to wait until September for graduates to start work when they were needed in the Spring.
19. Conversely, some Health Board departments are having to take graduates earlier (rather than throughout the year) and in greater number than needed at present which is placing a significant financial burden on departments or wider in the Health Boards. This is an additional financial burden on public sector monies.

20. A large intake of graduates places a very high demand for supervision on a department. Usually such recruitment would be spread over a longer period of time easing this demand. This will reduce the capacity for clinical work carried out by staff who are working as supervisors to new graduates. This cohort of students will have experienced significant disruption to their studies due to the pandemic thus supervision is a key issue which we are uncertain has been adequately considered as part of the process. We already know that, pre-Covid-19, there was an issue for other AHP groups with early attrition during the transition between student to qualified practitioner. The evaluation acknowledges the challenge of employing graduates all at one time, but the suggestion of 'Engagement with HBs/NHS Trusts continues to improve this alignment and the corresponding link to the student streamlining project', again, does not give any reassurance for the near future.
21. It is also important to note that not all SLTs work in the NHS. A growing number work in schools, in community settings, in justice and in the independent sector. We are seeing increased demand for SLTs across these areas too, for example, in prisons and Youth Justice Services, and as registered intermediaries for the Ministry of Justice. We are unclear whether current workforce planning sufficiently takes this situation into account. Commissioning figures are requested from the Professional Head of Speech and Language Therapy in the Health Boards but SLTs are employed and operationally managed in a variety of settings such as multidisciplinary therapy teams, within specialist services or within multiagency teams such as Flying Start. As such, commissioning figures may include numbers for specialist services not managed by the Head of Services and services commissioned by outside agencies and dependent upon non-substantive funding streams which cannot accurately be predicted years in advance. Whilst Health Boards have been asked for the future to link with Local Authorities about graduates being employed in that sector, the financial risk does not appear to be shared.
22. Services have indicated to us that continuation of streamlining unaltered is likely to have a significant, detrimental effect on future commissioning numbers and therefore the profession, with several services indicating that they might request far fewer commissioned places for graduates in the future. This could potentially jeopardise the profession. We believe the process may also impact on the supply of SLTs for band 6 and 7 posts as has been seen in other AHPs. There is significant concern about the potential that if over-recruitment occurs at band 5, services will either need to restrict band 6 posts to internal applicants or may struggle to gain approval for band 6/7 posts. There is a very a real danger of lack of professional progression leading to a log jam of band 5s with insufficient structure above them to provide services safely or develop future cohorts of Band 5 staff. This could become magnified over successive years and perpetuate unacceptable gaps in the workforce structure.

We will have a workforce that feels valued and is valued.

23. We understand that prior to the introduction of the process, all speech and language therapy students from Cardiff Metropolitan University who wished to commence

employment were able to gain posts and Health Boards were able to recruit to band 5 posts. Recruitment challenges within the profession have more commonly been around graduates having Welsh as an essential skill, recruitment to fixed term contract posts and in some clinical areas at bands 6 & 7 rather than at the band 5 entry point. The rationale for the introduction of streamlining for the profession in terms of matching student health professionals to positions in Welsh Health Boards thus appears less evident than for other professions.

24. We have raised our concerns on numerous occasions with HEIW and shared data from previous years' cohorts. We are of very much of the view that different avenues need to be explored as a priority such as money following students and investment for preceptorship of the band 5s to allow progression into band 6 roles. These ideas would align with the flexible education opportunities described in the strategy.
25. We are disheartened by the decision to continue the scheme next year despite such negative feedback from universities, professional bodies and professional groups regarding the unintended consequences which have occurred. Moreover, we are disappointed that key stakeholders such as ourselves and the universities did not receive the formal evaluation of the programme. Having now obtained a copy of the evaluation via the publication of the HEIW board papers, we are very disappointed that our very valid concerns as individual professions were not raised in detail.
26. We are very concerned about the pressures the introduction of this system on the wellbeing of the existing workforce at a time when they are already experiencing enormous challenges and the negative impact on students which has been considerable. By not acknowledging the challenges of the streamlining process and listening to and acting on possible solutions, the current and future workforce is not feeling valued.

Training for current workforce

27. As the strategy highlights, in addition to recruiting the future workforce, we need to focus on retention and the development of existing professionals. We wish to see far greater clarity on routes for AHP progression from support worker roles through to advanced practitioner and consultant roles.
28. The development of advanced practitioners in particular presents significant opportunities for role development and service innovation for AHPs. We recognise that the workforce strategy includes an action to 'develop a clear competence and capabilities framework for extended skills and advanced practice across professional groups'. We are keen to hear further detail of what this will mean for AHPs as we are now lagging behind other nations with regard to progress on initiatives to support current and future role development. This

situation is beginning to impact on the ability of professionals in Wales to take up new opportunities and work at the top of their licence. There may be particular opportunities for speech and language therapists to support reducing particular pinch points in waiting lists but training and pathways are required.

29. As an illustration, SLTs are working in Ear Nose and Throat (ENT)/voice work with ENT colleagues on collaboratively managing the increase in referrals and waiting times, which have been doubly impacted with long COVID patients. There are models with highly specialist SLTs triaging patients and treating them prior to ENT involvement. This model could equally be investigated for the expanding caseload of autistic people, who are awaiting diagnosis and intervention. SLT as a profession have the skills and knowledge to support assessment, diagnosis and management, which could support the vacancy rate in medical colleagues currently.
30. Speech and Language Therapists require the resources and investment to carry out initiatives to further develop the profession and support the aims of both the workforce strategy and a Healthier Wales. For example, there needs to be consideration of developing qualifications and the means to deliver the learning pathways for Health Care Support Workers in this clinical area, eg. teaching webinars, assessors for qualifications, etcetera. Also, discussions are required in terms of developing new routes into the profession to align with the ambitions of the workforce strategy, eg. apprenticeships for registration as a speech and language therapist. Without adequate resource and skills this will not be achieved successfully and the challenges of achieving the ambition of the workforce strategy will be on-going.
31. We would also welcome clarity on care aims training. This has been hugely helpful in supporting service change within speech and language therapy over recent years but a long-term plan is required to ensure ongoing training and engagement.

Leadership

32. Given the ageing profile of our workforce and some evidence of earlier retirement due to current pressures, we would also wish to see a greater focus on leadership for SLTs to support the pipeline of future managers/AHP leaders. We welcome the action within the strategy to 'establish an accessible range of leadership development resources and programmes for individuals and organisations'. It is extremely positive that HEIW has welcomed AHP fellows for the first time this year. We would welcome closer work with HEIW on such initiatives to enable us to add value to existing schemes for our members.

Collaboration with professional bodies

33. As a general point, professional bodies such as ourselves are increasingly becoming more sophisticated in gathering intelligence on workforce trends. We believe there would be much to be gained by stronger working relationships between HEIW and professional bodies such as ourselves in relationship to workforce data, career promotion, sharing research on workforce wellbeing etc. We are very interested in the Health Education England approach in this regard.
34. Using intelligence about the workforce (age of entering and leaving the profession, reasons for leaving the profession, whole time equivalent to headcount ratio, career progression, geographical area and clinical areas in which professionals work, etc.) can help in planning but these conversations are yet to be had by HEIW with us as a professional body. This is in marked contrast to the situation in England where there have been very regular conversations to share intelligence on workforce trends. We also feel we have a role to play in relating future workforce plans to areas of development that we are working on across Wales such as mental health.

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

35. We would strongly welcome follow up on three key areas within the strategy as linked to our previous comments:
- Chapter 1 of the strategy – an engaged, motivated and healthy workforce - By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
 - Chapter 5 of the strategy – excellent education and learning - By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales. We would recommend particularly scrutiny of the streamlining project and routes for progression for AHPs throughout their careers.
 - Chapter 7 of the strategy – Workforce supply and shape - By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Further information

36. We hope this paper will be helpful in supporting the committee discussions around workforce. We would be happy to provide further information if this would be of benefit

and have also contributed to a joint response alongside our health and social care policy officer colleagues. Please see below our contact details.

Head of Wales Office, Royal College of Speech and Language Therapists

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Confirmation

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.