

**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 27

**Ymateb gan: | Response from: Ymddiriedolaeth GIG Gwasanaethau
Ambiwlans Cymru | Welsh Ambulance Services NHS Trust**





Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair:

Prif Weithredwr
Chief Executive:

Cyfarwyddiaeth Gweithlu a Datblygiad Sefydliadol Workforce & Organisation Development Directorate

Our Ref: CV-HSCC-08102021

08 October 2021

Health and Social Care Committee

Welsh Parliament
Cardiff Bay,
Cardiff, CF99 1SN

By email only

Dear Colleague

Health and social care workforce – call for evidence

I write on behalf of the Welsh Ambulance Services NHS Trust, the provider of unscheduled care, planned non-emergency patient transport and telephone & online advice to the population of Wales, and am pleased to be invited to provide comment and evidence on the strategy, 'A *healthier Wales: our workforce strategy for health and social care.*'

Our response is structured to address the questions as they are set out in your letter of the 25 August 2011. Where possible we have tried to offer a high level perspective of both the national strategy position, and also a local (WAST) view, particularly in terms of an update on progress against the key strategic themes.

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.

Given the strategy was published only one year ago, it is perhaps not surprising that progress at national and local level has been slower than might otherwise have been the case had it not been for the impact of the COVID19 pandemic. At the heart of this strategy sits the vision of an *inclusive, engaged, sustainable, flexible and responsive workforce* for health and social care. Plans for delivery, both nationally and locally, have been focused to address short term needs as a result of the pandemic response, this vision and the core strategic ambitions have remained foremost for all NHS Wales bodies, and certainly for the Welsh Ambulance Services NHS Trust. Actions to grow our frontline workforce capacity to better respond to the needs of the population, and to safeguard the mental and physical wellbeing of our workforce have been core to

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

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sustained service delivery and positive progress has been made locally against most, if not all the key strategic aims. A summary of highlights is set out below.

THEME DESCRIPTOR	By 2030 we will...	WAST highlights.
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.	The Trust has a Board approved, holistic Wellbeing Strategy and robust wellbeing offer for its people – externally commended and the Trust is recognised as an exemplar among UK ambulance services. There has been positive investment into our in house Occupational Health & Wellbeing Service which has expanded the range of support offered and improved access. The Board has also just approved (Sept 2021) its first Volunteer Strategy designed to value and recognise the tremendous contribution made to our services by our volunteer community.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.	The Trust continues to grow in reputation as a leading ambulance service and employer of choice, and consequently benefits from being frequently being over subscribed for advertised posts - example, 500+ applicants for 120 emergency medical technician roles, and 200 applicants for 100 Paramedic roles. Tactical workforce planning arrangements are robust and inform education commissioning numbers. The Trust has plans to strengthen and widen access into ambulance careers, by further developing school links and alternate pathways, for example, for the military, via developing apprenticeship offer etc.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.	Our Clinical Support Desks within our Clinical Contact Centres are expanding to include mental health practitioners. We are also piloting a number of local initiatives with Health Boards where our paramedics are working with other health professionals to provide care closer to home. We will continue to explore multi-professional and multi-agency workforce models as part of our Transformation programmes of work. Increasing numbers of HEIs are developing programmes enabling the healthcare workforce and future workforce to be educated together – building an understanding of roles and cross-over opportunities to improve patient experience. The Trust is exploring the development of a dual nurse / paramedic training pathway currently offered in Manchester to consider the benefits of developing similar opportunities in Wales. Additionally, retraining programmes that recognise prior experience support individuals to practice in more than a single role, leading to a richer work-life and varied career.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver	The Trust has an approved Digital Strategy, which has been developed and lead by a new Director of Digital Services post at Board level. Within this is a clear intent to develop digital workplace and technology enabled workforce. Rapid expansion of remote working capability for corporate and some clinical teams (particularly 111 / clinical desk) in response to the Pandemic. Induction programmes in WAST have been redesigned to prepare new colleagues to be confident in

	<p>the best possible care for people</p>	<p>the use of technologies from blended learning programmes to technology rich learning environments and equipment. We use NHS Wales M365 to improve communication and as such, patient care is directly impacted by application of knowledge and skills from a growing 'learning-on-demand' resource.</p> <p>111 and CCC colleagues are trained to use the latest systems to support their services and their leaders take decisions augmented by access to robust and meaningful data – an area that will continuously improve meaning that staff need to both understand how to optimise system performance as well as embrace an open mindset to accept constant change. The introduction of ePCR this year enables employment of tablet technology to realise data accuracy, increased productivity and ultimately, improved patient care bringing us a step closer to fully integrated patient records.</p>
<p>5. Excellent Education and Learning</p>	<p>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.</p>	<p>The Trust has a Transforming Education and Training Strategy which states clearly the value of education and learning in the delivery of high quality care and evidence-based practice, and provides direction to activities and priorities. We are committed to supporting our entire workforce to maximise the benefits of lifelong learning and offer regulated and accredited education for all.</p> <p>We provide Trust-wide education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence.</p> <p>We continue to develop our Technology Enabled Learning which plays key role in education design and delivery, incorporating immersive and virtual learning(which really came to fruition during the COVID pandemic with our EMT training program), gamification and simulation, continues to provide meaningful and relevant education and training opportunities. It is imperative that we prepare for the advantages and challenges that digital expansion, innovation and automation will bring, as well as integration with social care and whole-systems approach.</p> <p>We continue to develop local, equitable access to high quality learning for the entire workforce that is evidence-based, innovative, supportive, flexible and person-centred.</p> <p>We nurture our empowered workforce to be committed to self-ownership of continuous, lifelong learning that is skilled at creating, acquiring and transferring knowledge. We develop Nationally designed and quality assured, learner centred education that is facilitated locally, fully supported by networks of multi-disciplinary learning</p>

		<p>communities, maximising expertise, opportunities for collaboration and return on investment.</p> <p>We have worked with subject matter experts to improve the learner experience in key areas e.g. Safeguarding, mental health, older people, health and safety etc. Research endorses our contemporary, innovative, person-centred approach to learning, offering flexibility and a blend of experiential and academic education, we collaborate with Universities and FE's to expand our offer including the development of a quality apprenticeship programme.</p> <p>For the first time, four generations of colleagues will be working together. It is therefore imperative that we recognise that there are multi-generational concepts that require consideration to enable us to support colleagues throughout their careers. Given the evident shift in mindset from our younger generations and the fact that older generations are working longer, greater flexibility and agility regarding employment. Our education provision includes skills in relation to problem solving, critical thinking, creativity, people management and decision making – that are universal to all staff.</p>
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.	<p>As part of resetting the culture, leadership and behaviours to engage the workforce, the current refreshing of our Leadership Strategy clearly illustrates the importance of a collective and compassionate approach to leadership which will underpin whatever leadership styles is adopted to meet the situation. This refresh will also include resetting our leadership ambitions.</p> <p>Our focus at present in developing an approach to developing Aspiring Leadership all levels is an enabler to both Leadership Development and Succession Planning. A proposal is currently being developed for our aspiring leaders. There are plans in early Spring to deliver Development Centers to identify leadership potential in the organisation resulting in individual development plans for our inspiring leaders to allow their potential to be released. In support of this our Coaching and Mentoring Framework and Pure Coaching network will support and release potential in our Leaders and Managers.</p> <p>Adopting this Coaching & Mentoring approach will provide a safe space for self-reflection and learning in a safe environment. Our Leadership & Management Development offerings through this period have shifted in focus to embrace well-being and resilience as a leader and skills to support their teams.</p>
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient	Our focus has continued to be on our operational/tactical workforce plans, recruiting and training additional front-line staff to meet increases in demand during the

	<p>numbers to meet the health and social care needs of our population</p>	<p>COVID19 pandemic and up to 12 months in advance. Our ambitions to review and refresh our strategic workforce planning approach have been paused during this time, albeit work is ongoing to develop a narrative around the potential patient, organisational and system benefits of further growing the advanced practice role within the Trust and this will be a key part of wider strategic workforce planning discussions, where the support of HEIW will be key.</p>
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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).

Overall, we are reassured that the strategy has been collaboratively designed to deliver a set of broad, strategic ambitions aligned to a range of key strategic / national plans and drivers, including those above (A Healthier Wales etc). Implementation requires further collaborative work and system wide effort to develop and set the strategic frameworks and direction, with local delivery / implementation plans to follow.

There are however challenges to delivering such an ambitious, strategic, national agenda of change and transformation, particularly given the recent and current service pressures and also the limitations to the capacity of local Health Boards and Trusts’ teams, including HEIW, to contribute to / lead on national pieces of work.

The existing RPB structure enables local Health Boards to engage with their partner organisations on development of their local plans; however, as a national ambulance service, we do not have a seat at RPBs as of right, and our presence and engagement at these fora is therefore not universal across Wales, although that is gradually improving with a place at five of seven RPBs, or their substructures. Further effort is required to engage effectively across social care at a national workforce & OD level with a lack of formal/visible networks / spaces through which this can happen easily.

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.

System wide understanding has matured to enable appreciation of supply chain commissioning and this has led to decreased competition for registrant graduands; we need to build on this and extend our planning cycles beyond the current regime to encompass longer timeframes and move toward strategic workforce planning on a 10-20 year horizon. To give an example, our nursing workforce is drawn from experienced registrants with circa 5 years’ post qualification experience; we do not therefore commission undergraduate nursing places. By understanding and building in the draw that the ambulance service has on this profession, demand for nursing staff will be factored in to the wider system and our recruitment will not exacerbate staffing challenges already experienced by our HB colleagues. There is also room for improvement of collaborative workforce planning – including social care implications. This needs to be systematised, as at present it happens at a local level depending on individual relationships.

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

The health and care sector is data rich but its ability to join up and share data is a challenge. Analytical capacity continues to be a gap. Development of meaningful Key Performance Indicators that are contextually relevant and consistently applied – metrics with reason and application that will lead to performance improvement beyond compliance checking need to be devised. Organisational and system wide comfort with qualitative data seen as equally valued with quantitative data as it often provides a more accurate gauge of ‘how things are’ than hard metrics. ESR continues to be the main source of workforce data for measuring the progress of workforce plans and strategies within the organisation. Analytical skills within the organisation are lacking and require training investment and/or new roles within the workforce information team. HEIW workforce tools to be advertised more widely (and updated where possible e.g. migration tool) to enable easier access to benchmarking data and to enable tracking of workforce movements across health and social care (and national) boundaries.

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

As described above, there are constraints and limitations to organisational and HEIW capacity to lead on an extensive programme of national work, and so we continue to rely upon individuals within organisations taking a lead, usually on top of their existing day job and responsibilities.

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 and its implementation have a framework that promotes inclusion. There is emphasis on listening and empowering staff groups and individuals, recognising the importance of building relationships in order to provide the psychological safety necessary for true inclusion. This is balanced by the goal of sharing information across relevant networks so that innovation can be discussed, developed and adapted as needed.

It provides a positive blueprint against which we align our own local strategy and prioritise our actions.

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

Reflecting on the above comments, it would perhaps be useful (as an enabler to delivery) to better understand or map existing formal and informal engagement spaces and networks between health and social care, and where appropriate, to create / expand opportunities for this to happen at a national level, including structural barriers to sharing data, intelligence and workforce planning activities. In terms of specific elements of the strategy itself, we would suggest that the Committee may wish to explore and support how we further develop collaborative strategic workforce planning capacity and systems, and the development of our vision for a digital workplace and ambitions / capability in using workforce data, analytics and predictive analytics and the ambition for a consistent set of terms and conditions across health and social care.

As requested, our responses are fairly brief and high level, but we would be pleased to provide further information or to expand on these comments, where helpful, at your request.

Yours sincerely,

Executive Director of Workforce and OD