

**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 48**

**Ymateb gan: | Response from: Iechyd Cyhoeddus Cymru | Public Health  
Wales**

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**Public Health Wales NHS Trust**

**Submission to the Health and Social Care Committee Inquiry into Health and Social Care Workforce to support the evidence session with Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW)**

**1. Introduction**

Public Health Wales NHS Trust is pleased to respond to the Health and Social Care Committee request for evidence in relation to the Inquiry regarding the Health and Social Care Workforce and the progress made regarding the Workforce Strategy for Health and Social Care.

This paper provides a description of the organisation, and outlines the organisational progress against the seven themes the Workforce Strategy for Health and Social Care including any challenges or opportunities for future focus.

**2. Public Health Wales**

Public Health Wales NHS Trust is the national public health institute for Wales. We work to protect and improve health and well-being and reduce health inequalities for the people of Wales. We employ just over 2,200 people throughout Wales, in roles ranging from Consultant Radiologists to Biomedical Scientists, Public Health Practitioners, Epidemiologists and Consultants in Communicable Disease Control.

**3. Organisational Context**

Public Health Wales has mounted an unprecedented and sustained health protection response to the coronavirus pandemic since early 2020. The nature of our response has evolved significantly during this time and has been delivered in the context of the UK's exit from the EU and additional investment in public health.

The response to the pandemic involved the mobilisation of staff from across the organisation and has been our highest priority. Alongside this, we also commenced work around the longer-term direct and indirect public health implications on the people of Wales.

Our progress to date is a result of the efforts and commitment of our staff. We recognise the impact that this period has had, both personally and professionally, and our focus is on ensuring that we continue to prioritise and support our staff’s wellbeing, welfare and resilience.

At the core of Workforce Strategy for Health and Social Care is the vision of an inclusive, engaged, sustainable, flexible and responsive workforce for health and social care. During the last 18 months, our plans have necessarily addressed shorter-term needs but this vision for health and social care workforce has guided our thinking throughout. Actions to grow our workforce capacity to better respond to the needs of the population and to safeguard the wellbeing of our workforce have been core to sustained service delivery and progress has been made against the key strategic aims of the strategy, as set out below.

**4. Responses to the questions posed by the Health and Social Care Committee**

**4.1 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.**

Our organisational People Strategy was developed at same time as the Workforce Strategy for Health and Social Care, as part of this work we developed nine themes (which align with the Workforce Strategy) and are delivered through our organisation-wide Workforce Plan.



Theme	Progress
<p data-bbox="203 331 444 401">1 Engaged and Motivated</p> <p data-bbox="203 436 558 617">By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.</p>	<p data-bbox="584 331 1458 730">Given the current situation, our immediate focus on culture has sought to develop our understanding of the impact of COVID-19 on our workforce and working proactively with our staff. This means capturing people’s experience of the pandemic and how they feel the organisation has supported them, or otherwise, as this will have a long-term impact on their psychological contract, motivation, expectations, discretionary effort. In support of this, we have undertaken two organization-wide surveys (Tell Us How You Are Doing) which provided insight into people’s expectations and experiences of work during this period.</p> <p data-bbox="584 766 1458 909">These outputs, with other learning gathered over recent months, and a growing published evidence base has informed our work on recovery and shaping the future ways of working, a key action area in the People Strategy.</p> <p data-bbox="584 945 1458 1157">There is a considerable body of wellbeing support available to managers and staff including access to toolkits, self-help packages and support programmes. The Wellbeing and Engagement Partnership Group ensures a co-ordinated and integrated approach to the organisation’s achievement in this area.</p> <p data-bbox="584 1192 1458 1409">Through ‘Our Conversation’, we identified the factors our colleagues have told us are present when they are successful and working at their best, what is important to keep hold of as we head into a new phase, and what they think the future of work in Public Health Wales looks, sounds and feels like. Nine themes emerged from this work:</p> <ul data-bbox="634 1444 1219 1791" style="list-style-type: none"> <li>• Wellbeing and flexibility</li> <li>• Technology</li> <li>• How we’re designed and collaboration</li> <li>• Our people / future workforce</li> <li>• Management and Leadership</li> <li>• Estate and facilities</li> <li>• Skills and progression / growth</li> <li>• Communication</li> <li>• Culture and behaviours</li> </ul> <p data-bbox="584 1822 1458 1894">Many of these themes are addressed under digital/ agile working and the Executive and Leadership teams have started</p>

	<p>further conversations about the culture of the organisation and what this might mean for leadership development. This work will be used to develop principles to underpin an organisational approach of 'Work Where it Works Best'.</p>
<p><b>2 Attraction and Retention</b></p> <p>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.</p>	<p>Local activity to develop our employer brand and employee value proposition (EVP) is currently underway, and will align with the national health and social care brand and national campaigns such as Train, Work, Live.</p> <p>Recruitment activity has increased dramatically and we have begun to make use of social media for attraction of passive candidates. The market is challenging with ongoing skill shortages and several organisations in competition for the same skill sets, plus the additional barriers to overseas recruitment posed by the UK's exit from the EU. Work is ongoing to explore opportunities for attracting younger people and widening access from under-represented groups.</p> <p>We hope to be able to capitalise on the public interest in public health and we have a number of unique selling points such as our purpose, status as a National Public Health Institute and a WHO Collaborating Centre, along with vibrant research and evaluation culture we have opportunities to influence at local, national and international level. Therefore, want to leverage our international reputation and relationships to attract international talent.</p> <p>We need to be mindful of how our individual organisational recruitment and retention activities impact on each other. As such, we would welcome other public sector organisations to work together more closely in this area.</p>
<p><b>3 Seamless Workforce Models</b></p> <p>By 2030, multi-professional and multi-agency workforce models will be the norm.</p>	<p>We continue to explore multi-professional and multi-agency workforce models as part of our People Strategy and this this approach is one aspect of addressing local and national skills shortages, e.g. development of Consultant Radiographer roles working alongside Consultant Radiologists.</p> <p>Our response to the pandemic necessitated new relationships to be established quickly across the system with existing partners and new organisations. This has created opportunities for staff to forge new links and networks, which will be of value longer term. Relationships, partnerships and systems leadership are crucial to recovery, response and the long term strategy of the organisation.</p>

	<p>Wales has committed, as part of the Four Nations Health Protection Oversight Group, to lead on workforce development for Health Protection, which will establish a specific focus on developing and modernising the Health Protection workforce as a key aspect of the vision of strengthening the Health Protection system across the four UK Nations. This has been determined to be a high priority in light of immediate issues, for example, recruitment and retention (including the insufficient capacity of core Health Protection specialists) which require rectifying.</p> <p>The organisation will continue to work closely with HEIW to increase our workforce planning capacity and skills throughout our planning and leadership teams. There is an acceptance that we must identify opportunities for new ways of working. This will involve the exploration and development of new workforce solutions through increasing skill mix, blended roles and extended roles.</p>
<p><b>4 Digitally Ready Workforce</b></p> <p>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 best possible care for people.</p>	<p>Expansion of remote working capability happened at scale and rapid pace in response to the pandemic. This has created a shift in working practices and staff expectations and a more blended approach to office/ remote working is reliant on digital technology and skills. The organisation has developed a Digital Strategy, which has been developed and lead by a new Head of Information Management and Technology. Within this is a clear intent to develop digital workplace and a technology enabled workforce. A key focus has been the roll out of Office 365 and Microsoft Teams, a major enabler for both home working as well as collaboration within and across organisations.</p> <p>We are currently engaging with staff to trial an approach to agile working called Work Where it Works Best. The overall plan is to retain the innovative ways of working which worked well during the pandemic.</p> <p>There has been a significant communication effort to ensuring messaging to staff has been timely and provides key information to ensure uptake of the technology. A call for Digital Champions to support further rollout and training of staff has resulted in 60+ digital champions across the organisation and a suite of training that has been developed by the national programme for Digital Champions. The next milestone will be the release of the NHS Wales <i>user personas</i>, which will articulate the learning pathway for the end user and help</p>

	<p>support the integration and adoption of Office 365 across the organisation.</p>
<p><b>5 Excellent Education and Learning</b></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>Our People Strategy and supporting Workforce Plan identifies the required skills and numbers as well as potential supply routes. We plan to establish a strategic investment planning process for multi-year funding of skills and education, with detailed plans for addressing scarce and emerging skills in line with forecasted gaps between supply and demand (taking forward work and discussions from 2019). Furthermore, we are imminently surveying the workforce to establish the high level impact of the period since March 2020 on skills, knowledge and talent.</p> <p>There are likely to be areas emerging from the current integrated planning process that will require longer term funding. Planning to source and build new/develop existing academic partnerships and design such training takes time and may need require work to start imminently. The same is true for developing a refreshed management and leadership offering aligned to a revised internal Framework. We need to skill managers and leaders in dealing with the new context, ambiguity and specific challenges such as greater wellbeing responsibilities, managing teams that may be working in a more hybrid/agile way, ensuring benefits are maximised.</p> <p>Planned training and development activity was affected by the pandemic, primarily owing to health protection regulations/ measures such as social distancing, and the latterly the redeployment of staff to prioritised roles/ responsibilities. We are progressing the use of MS Teams for live events to deliver training and challenging how 'traditional' methods of delivery can be adapted and supported with the use of technology.</p> <p>During each integrated planning cycle the organisation undertakes a forecast skills assessment of undergraduate and postgraduate requirements through the Integrated Medium Term Plan process. This informs the educational commissioning numbers and funding for education and training which are refined in discussion with HEIW. As part of integrated planning, this process considers staff turnover, age profile, and external drivers that may impact on skills supply as well as support new service developments.</p> <p>The organisation is also engaged in the 'People in UK Public Health' partnership and is part of a wider approach to seek to develop the Public Health workforce, including appropriate</p>

	<p>registration and professional standards for both practitioners and specialists.</p>
<p><b>6 Leadership and Succession</b></p> <p>By 2030, leaders in the health and social care system will display collective and compassionate leadership.</p>	<p>We have been able to utilise the Gwella portal for some senior leadership development (Talentbury), and plan to work closely with HEIW partners to realise its broader benefits (alongside developing our own platforms). We will soon be commissioning a review of our 2016 Management and Leadership Framework, and revising the core expectations and role of both; this will be further informed by work recently started with our Joint Leadership Team on culture. We anticipate, not least owing to the last 18 months, that compassionate leadership will be at its core. We have developed behaviour-based questions around our current values that are included in assessment processes for both management and leadership positions.</p> <p>Developing our managers and leaders to lead both through response and recovery and into the next phase for the organisation will be crucial to both our internal capability and broader system credibility. The burden placed on managers throughout the pandemic cannot be underestimated and we also need to strengthen professional leadership for clinical staff. Structured development opportunities have been more limited than normal due to participant availability but that we have recently re-started our new managers' development programme and succession planning activity for key leadership positions. This area will need to be given greater priority and investment over the next 12 months.</p>
<p><b>7 Workforce Supply and Shape</b></p> <p>By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.</p>	<p>We are delivering the organisation's People Strategy through an organisation-wide Workforce Plan that identifies the required skills and numbers as well as potential supply routes. The strategy looks not just at recruiting but also at increasing secondments and partnership working building on relationships which have come out of the pandemic response.</p> <p>While growing a pool of talented young people and marketing our brand to under-represented groups, we are cognisant of the fact that we have teams throughout the organisation where four different generations are working together. It is therefore imperative that we recognise that there are multi-generational concepts that require consideration to enable us to attract, retain and support colleagues throughout their careers.</p> <p>We will undertake workforce planning in line with the draft principles developed by HEIW in collaboration with the</p>



	<p>national Workforce Planning Network and will continue to work closely with HEIW to increase our workforce planning capacity and skills throughout our planning and leadership teams.</p> <p>Some roles remain challenging to recruit and some specific skills are very scarce, such as Consultant Radiologists, Consultants in Microbiology and Infectious Disease, Consultants in Communicable Disease Control, some Nursing roles and Biomedical Scientists. We will continue to explore opportunities for new ways of working, and new workforce solutions through increasing skill mix, blended roles and extended practice.</p>
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#### **4.2 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).**

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 A Healthier Wales. Implementation requires further collaborative work and system-wide effort to develop and set the strategic direction, with local plans aligned to ensure implementation.

We recognise that there are challenges to delivering such an ambitious national agenda of transformation, particularly given past 18 months, and current service pressures and the impact on the capacity of teams to contribute to national pieces of work. Further effort is required to engage effectively across the entirety of health and social care at a national workforce and OD level with the development of networks through which this can happen more easily.

Given the pandemic and the wider context of the UK leaving the EU, we have already seen an impact on workforce availability, public expectation and demand for services. With this in mind, it might be necessary to review and refresh the Workforce Strategy for Health and Social Care. A post-pandemic review of Strategy the may be useful to draw out any fast-moving threats or opportunities arising from the pandemic. As part of this, it may be useful to consider a recent report from Public Health Wales colleagues, [Rising to the Triple Challenge of Brexit, COVID-19 and Climate Change for health, well-being and equity in Wales](#). Any such review or refresh of the strategy might also consider emerging research into the wider and longer-term implications of hybrid working, the impact on staff wellbeing and mental health, resilience and recovery.

Following approval in 2020, our organisational People Strategy was revisited in 2021 and agreed as fit for purpose. The specific measures and timescales within it will be refreshed

as required in line with the review of our long-term organisational strategy (and any future updates to the Workforce Strategy for Health and Social Care).

**4.3 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.**

HEIW/SCW's broader work on workforce planning and education commissioning has been helpful in ensuring a consistent and well-informed approach to planning in line with the needs of the population, supporting new ways of working and the development of Welsh language services. The new workforce planning training, toolkit and related resources due to be launched later this month will assist further in this regard. The new offer distils the content of the Postgraduate Certificate in Strategic Workforce Planning into a number of user-friendly resources to upskill managers, planners and HR/ OD professionals and encourages a thorough approach to workforce planning with principles that clearly align to the Workforce Strategy for Health and Social Care.

There has also been recognition more recently, during the advanced practice and extended skills funding process, of registrant Public Health workforce and their particular training and education requirements which had not previously been eligible for inclusion due, in part, to the voluntary registration of the profession. We look forward to working with HEIW to ensure this cohort continues to be represented in education commissioning as we strengthen our and expand our Health Protection services. The organisation is also engaged in the 'People in UK Public Health' partnership and is part of a wider approach to seek to develop the Public Health workforce, including appropriate registration and professional standards for both practitioners and specialists.

The Welsh language requirements of our service users are considered throughout the integrated planning process (this is one of our key planning assumptions). All job vacancies are assessed to identify the level of Welsh language skills required by the post. This is to ensure we have sufficient capacity to provide a fully bilingual service and meet the requirements of the Welsh Language Standards. We support a number of learners and improvers to undertake Welsh language classes each academic year.

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

Locally, the organisation has developed a number of performance indicators, which are reported at Executive-level on a monthly basis. Further developments include Divisional-

level data on workforce and OD performance indicators, and dashboards to inform decision-making in relation to workforce planning, recruitment and equality and diversity. The development of a range of national people-focused KPIs which align with the workforce strategy would help to identify areas of focus and support performance improvement.

ESR provides the main source of workforce data and staff surveys and team effectiveness diagnostics or similar provide additional qualitative data which is helpful to measure progress in implementing the workforce strategy. Additional mechanisms for monitoring and evaluating any interventions could be useful, as would the ability to model the potential future impact of different scenarios and related actions.

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

This is difficult to judge and we appreciate that additional resource is rarely possible and investments usually need to be offset by savings in another area. However, it may be advantageous to consider the establishment of a specific investment stream for national or local workforce interventions that can be shown to directly support the implementation of the Workforce Strategy for Health and Social Care.

Having a specific facility to bid for additional financial resource to strengthen areas of key strategic importance, e.g. pump-priming a national initiative for 1-2 years, may allow a number of streams of work to proceed at scale and pace rather than wait for funds to become available little by little, e.g. through local cost improvement programmes or similar.

The organisation has received investment to strengthen and expand our health protection resource, which has been pivotal in ensuring the strategic resilience of the organisation and protecting the health of the Welsh population. We continue to recruit additional staff in order to ensure we have a resilient and sustainable workforce that is able to meet any future health protection requirements. This type of transformational change would not have been possible without additional resource.

#### **4.6 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.**

There is a possibility that some professional groups may not agree that their specific needs or contributions are adequately reflected in the Workforce Strategy for Health and Social Care. For example, Healthcare Scientists, Public Health professionals, other Allied Health Professionals and those in some enabling functions might still feel that their roles

are not acknowledged within the wider system. There is still some work to be done to market and promote the hundreds of roles (and opportunities) available.

Diversity and inclusion is factored into the organisation's People Strategy and workforce planning process, ensuring consideration of workforce demographics (ageing workforce, gender balance, flexible and part-time working) and our desire to ensure a diverse workforce that is representative of the population we serve. The pandemic has increased understanding of and focus on the impact of health inequalities. In response to this we are developing our approach to widening access aimed at ensuring that under-represented groups are aware of the diverse range of careers available within the NHS in Wales and consider the organisation as a potential employer.

Our five Staff Diversity Networks (LGBT+, Women, Carers, Disabled, and BAME staff) are involved in the development and implementation of the People Strategy, with regular consultation on the experience and needs of different groups to ensure fair access and treatment so that everyone can be their best at work.

Our current Strategic Equality Plan (SEP) was launched in July 2020 and was developed in collaboration with a wide range of internal and external stakeholders, covering all of the protected characteristics. The five objectives identified cover a number of areas to include: training, awareness raising, addressing pay gaps, career progression and development, mentoring and widening access. Achieving the commitments set out in our SEP, aligning them with other organisational strategies and working in partnership with our Staff Diversity Networks will ensure we continue to build an inclusive organisation where everyone can thrive.

#### **4.7 Any specific areas within the strategy that would benefit from focused follow up work by the Committee.**

Suggestions are made throughout and summarised below.

Investment in people analytics and workforce intelligence for health and social care. For example, standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning.

Increased awareness of multi-generational workforce. For example, needs and expectations of different generations at work. There is specific focus on younger candidates and employees, which is welcome, but what can we do to retain older workers, for example are our 'retire and return' schemes achieving retention of key skills and knowledge transfer or are they counter-productive?

Consider a post-pandemic review of the Workforce Strategy for Health and Social Care, to take account of wider/ long-term implications of hybrid working, the impact of the pandemic on staff wellbeing and mental health, resilience and recovery.

Additional engagement with different professional groups to ensure that their specific needs or contributions are adequately reflected in the Workforce Strategy for Health and Social Care. Development of appropriate workforce and OD networks/ channels to monitor and review progress of the implementation of the strategy.