From Rhetoric to Reality - NHS Wales in 10 years’ time
A series of briefings on the partnerships required to deliver the NHS required now and in the future...

The NHS Wales Workforce

Key Points

• The current workforce is designed to deliver services to historic models and patterns of care. The way we deliver care has evolved, and so must the workforce.

• There is expected to be a workforce shortfall in the future, especially for some positions and in some regions of Wales.

• The service needs to focus on skills; “what people do, rather than who people are”. The skill set of the current workforce must be made best use of and build upon.

1. Introduction

In January 2014, the Welsh NHS Confederation launched its discussion paper ‘From Rhetoric to Reality – NHS Wales in 10 years’ time’. This sets out ten key challenges that face the NHS in Wales, including funding, technology and integration.

To keep this debate at the forefront of how a shared vision can be achieved for NHS Wales, the Welsh NHS Confederation is producing a number of briefings as part of the From Rhetoric to Reality series.

This briefing has been produced jointly by the Welsh NHS Confederation, NHS Wales Employers and Workforce Education Development Services (WEDS). It provides a summary of the key issues facing the NHS Wales workforce based on the elements of Integrated Medium Term Plans produced by Health Boards and Trusts, together with a high level review of other UK and Wales data and information sources. Much of the content is drawn from a larger report ‘NHS Wales Workforce: Key Themes and Trends’ produced by WEDS which is available on [www.weds.wales.nhs.uk/resources-workforce-planning](http://www.weds.wales.nhs.uk/resources-workforce-planning). A summary of this document is also available on our website.

This briefing illustrates that, as the demand for services increases significantly, the NHS workforce must be ready to change and respond to the challenges ahead.
2. Background

‘From Rhetoric to Reality – NHS Wales in 10 years’ time’ highlights how vital it is that the workforce is prepared for necessary changes within the NHS. It states: “Delivering more of the same through traditional roles and ways of delivering care will not be an option. NHS Wales and its staff will simply have to work differently to meet increasing demands, and to be responsive to the needs at the same time as ensuring high quality, compassionate, effective care”.

The population of Wales is projected to increase by 4% to 3.19m by 2022 and we have a rapidly ageing population, with the number of people over 65 in Wales set to rise to 26% of the total population by 2033. The NHS will also need to respond to significant future challenges in respect of high rates of chronic conditions, long-term limiting illness, obesity, poverty and health inequalities. Demand for services is set to increase significantly and the NHS workforce must be ready to change, respond and react to the challenges ahead.

In planning for the future health workforce for Wales it is recognised that 80% of the staff NHS Wales will have in the next 10 years, and beyond, are already working for the service. The redesign and development of the existing workforce, and the modelling of it to meet future service needs, is therefore critical to better meet the needs and expectations of patients today and tomorrow.

There is a need to think radically about the workforce of the future, the skills that NHS Wales will need and who will be the key decision makers in patient pathways, coupled with the need to design workforce models which are deliverable and the impact of ‘prudent healthcare’. The need to balance the development of generic skills required to provide care to an ageing population and recognition of the place of self-care in developing models will all impact on how we think about and plan the workforce.

“To provide the new types of healthcare required ‘there should be corresponding changes in the design, training, planning and deployment of the health and care workforce.”

3. Workforce and labour market trends

a) The changing face of healthcare in Wales

Today’s professional workforce was trained and developed for a model of care that is different from the one we have currently. In the past, care was modelled around single episodes of treatment in hospital but, as the King’s Fund has highlighted, “those placing the greatest demand on services, both now and in the future, are older people with multi–morbidities (both mental and physical), who often require long-term care from both health and social services. “To provide the new types of healthcare required ‘there should be corresponding changes in the design, training, planning and deployment of the health and care workforce”.

The healthcare system must be redesigned around the service user, supporting people to maintain their own well-being and staying as healthy as possible and utilising community and local services rather than going to hospital or to a GP surgery. This shift from an ‘illness service’ to a ‘health service’ can only take place with the participation of the entire NHS workforce.

The NHS Confederation, in its report ‘A Workforce Fit for the Future’, made recommendations which are particularly salient to the policy direction for services in NHS Wales: “A key element of transforming the way people access and receive unscheduled care includes providing more services outside of hospital, by a flexible workforce with appropriate training. We need multidisciplinary teams (MDTs) that can provide the right type of care – specialist services, general assessment, treatment, rehabilitation services or personal care – in locations where it is required, including where patients reside. This requires flexibility in the roles that staff can perform and with it a different approach to workforce recruitment, training and skills development”.

Multidisciplinary working offers the opportunity to reduce significantly the strain on services in the future, alongside building and learning new skills. We must collaborate and support partners in other sectors, including social services, housing, education, transport and the third sector. This collaboration “between specialists and generalists, hospital and community, and mental and physical health workers” will play a big part in making sure our services are sustainable for the future.

Staff must also be prepared to alter their usual patterns of working. There is a variation in the quality of care at different stages of the working week and this must be addressed. There are lower staff levels at weekends and at night and this is associated with increased hospital...
mortality. Not all services need to be provided 24/7, however, it is acknowledged that in “urgent and emergency care, providing services seven days a week will have a positive impact on patients’ outcomes”.

b) Wales’ Labour Market

The health sector in Wales currently employs an estimated 129,000 workers, which accounts for approximately 8% of the country’s employment (sub-regionally this proportion ranges from 3% to 16%). Approximately 20% of workers are employed in the independent sector, with 80% employed in the NHS and voluntary sector. Future trends identified in respect of Wales’ labour market highlight potential future shortages in “personal service occupations” and “skilled trades”. Some of the key considerations are:

- **Wales has a net outflow of workers**. Around 47,000 people commute into Wales but 87,000 Welsh residents work outside Wales. Fluctuations in these levels have the potential to open up skills mismatches in Welsh workplaces. Work is being undertaken by NHS England to better understand migration of health workers and NHS Wales will link in to this work.

- **The employed workforce in Wales is ageing**. More than 40% are now aged 45 or over, and the numbers of those over 64 in employment has grown by almost 60% in four years, though the age composition of different sectors does differ.

- **Continued demand for workers in skilled trade occupations** is an area of persistent historic shortages. The age profile of the estates workforce in NHS Wales is older than the average and is flagged as a significant risk in at least one Health Board plan.

- **Growing demand for caring personal service occupations including care assistants in the social care sector**. The lead time for addressing this need is recognised as being potentially short but is a high priority in terms of contribution to employment and supporting societal well-being.

NHS Wales – Percentage of the workforce age profile by staff group

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<thead>
<tr>
<th>Age Group</th>
<th>2009</th>
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<tr>
<td>Under 25</td>
<td>5%</td>
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<td>25-29</td>
<td>8%</td>
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C) NHS Wales workforce

NHS Wales currently directly employs around 73,000 Full-Time Equivalent (FTE) staff. While there has been a levelling off in terms of the size of the workforce the overall changes in proportions of staff groups have been marginal. The most recent data shows that:

- As at October 2014 NHS Wales employed 72,923 FTE (Headcount 85,488);
- The percentage split between clinical and non-clinical staff is 70:30
- Between 1999 – 2008, NHS Wales’ workforce increased 28%, from 55,000 to 71,000 FTE;
- Between 2008 and 2014 NHS Wales’ workforce increased 1.5% from 71,817 to 72,923;

Cost of the NHS workforce

- The pay bill is around £3 billion (50% of total NHS spend);
- Variable pay accounts for 14% of the total pay bill;
- The registered Nursing and Midwifery workforce accounts for 30% of the workforce and 31% of total spend;
- Medical and Dental workforce accounts for 9% of the workforce and 21% of total spend; and
- The Nuffield Trust states that annual earnings for staff were 0.1% lower in real terms in 2013 than they were in 2010.

“The health sector in Wales currently employs an estimated 129,000 workers, which accounts for approximately 8% of the country’s employment.”
Composition of the NHS Wales workforce/skill mix

The following graph shows the staff in post in Wales from 2007 – 2013 focusing on a number of key staff groups. This shows that, despite the current difficulties in recruiting doctors in certain specialties, there has been ongoing growth year on year in overall numbers. At the same time as the increase in consultant numbers (+25%) there has been a much smaller increase in the numbers of GPs (+4%). If this trend continues it could mean that the focus on care out of hospital and the aims of ‘prudent healthcare’ are likely to be skewed.

NHS Wales: Directly Employed Workforce

4. The Drivers for NHS workforce Planning

In a report produced by the Centre for Workforce Intelligence four drivers for NHS workforce planning were identified. The following sections consider each of these drivers in the Wales context.

a) Demographic and Social

Wales has a higher proportion of people aged 85+ than the rest of the UK and six out of ten people living longer will have at least one long-term condition, and most will have two. In relation to the future demographics, the population of Wales is projected to increase, with the number of children aged under 16 projected to increase to around 582,000 by 2026 before decreasing. The number of people aged 16-24 is projected to decrease by around 3% by 2037, while the number of people aged 65 and over is projected to increase by 50% by 2037. Integrated Medium Term Plans produced by Health Boards and Trusts identify increasing demand, especially in services relating to frailty and dementia.

The following bullet points identify some of the key implications of these demographic changes for the NHS Wales workforce.
• Planning to meet the needs of an ageing population with an ageing workforce. In terms of the demographic of the workforce, it is noted that older people in good health with up to date skill sets perform as well as their younger counterparts. Retention and management of the health and well-being of older staff will be a key issue in developing workforce strategy. In particular there will be a need to consider those parts of the workforce which have an older profile than the Wales average and to understand the implications of working longer, including what factors are likely to influence employee decisions to extend working life and what support older workers need to stay in work. Older workers are noted to have an increased level of sickness absence and approaches to sickness absence management and the implications for physical, psychological and emotional health and well-being will need to be considered. In addition, there will be a need to attract and understand the needs of younger workers and their career choices and aspirations throughout their health and social care careers which may extend to working into their late 60s.

• Managing changing demand. The workforce is dealing with increased demand in an environment of significant financial constraint. This means there will need to be an increased focus on maximising workforce utilisation including skill and grade mix. This is likely to require whole system workforce modelling and a system that supports it.

• Managing changing public expectations about care and the related workforce skills. The Wales NHS Compact, “a new partnership with the public” and the ministerial emphasis on “co-production”, means that the skills and knowledge to meet these expectations need to be built into education and training.

b) Health and Social Care system design

Delivering Local Health Care – Accelerating the Pace of Change, issued by the Welsh Government in 2013, aims to drive “accelerated adoption of new approaches to the delivery of primary and community care” with a focus on the wider primary care team and requiring the development of detailed workforce plans. The framework for delivering integrated health and social care for older people with complex needs identified a range of measures of success which will have significant implications for workforce design and workforce deployment. Recently the Welsh Government published ‘Our plan for a primary care service for Wales up to March 2018’, a national plan for a primary care service for Wales where healthcare is planned and delivered locally. The changing nature of work means that in some situations current skills do not match what is needed now or in the future.

• Better integration between health, social care and support organisations will focus attention on where care is delivered, the design of jobs, the skills needed and how to manage employment practices and differing terms and conditions of employment. The need to plan across sectors will be essential. In Wales some initial work to look at mechanisms for workforce planning across the public sector has been undertaken.

• Shifting the focus of the system towards prevention and well-being. Together for Health focuses on “improving health as well as treating sickness” while Working Differently Working Together states that “every interaction with patients is an opportunity for health improvement”. This needs to be translated into training and development plans for both the new and existing workforce.

• Delivering the personalisation agenda. Providing person-centred care within financial constraints must be supported within the approach to workforce redesign.

c) Quality and productivity

Assuring patient safety and maintaining service quality is of paramount importance in planning the future delivery of healthcare services. The Welsh Government responses to both the Francis and the Andrews reports have reinforced a strong focus on the importance of the NHS workforce and its critical role in ensuring high-quality patient-centred care. In Wales there has already been additional investment in increasing nursing numbers on acute wards. The Office for National Statistics estimates that across the UK, NHS productivity rose by 0.5% per year from 1997-2010. More recent estimates in England show an increase of just over 2% from 2010-2012.88

• Ensuring the system delivers high-quality services within financial constraints. There will be a need to focus on those parts of the workforce which are priorities for attention in terms of cost and quality. For example, the largest cause of death in Wales is disease of the circulatory system. Services for circulatory disease including coronary heart disease, peripheral vascular disease including stoke account for 8.8% of all NHS expenditure and diabetes accounts for 10%. The challenge of analysing the workforce in a way that enables NHS Wales to understand the workforce contribution to pathways and conditions needs to be a priority.

• Developing effective measures for quality of care and productivity and ensuring high-quality data is collected. The impact of developing workforce measures in NHS Wales as part of an integrated performance/outcomes framework needs to be considered further so as to capture qualitative information which aligns with the direction of service change and priorities for example, seven day working, nursing numbers and contribution of consultants as well as a continued focus on safe staffing levels and nursing acuity tools.
Preparing for changes resulting from innovation and technology such as genomic medicine, genome sequencing, bioinformatics, cancer therapies, stem cell technology, robotic surgery, tissue regeneration, point of care testing and telemedicine. In addition, there are smart phone healthcare applications and other digital devices supporting self-care. As a consequence, the implications for skills, knowledge, ways of working, skill mix and role substitution are significant.

d) Financial and Economic

The February 2013 Public Accounts Committee Health Finances report quoted the Welsh NHS Confederation as saying that workforce reduction plans were “overambitious” (a reduction of 1572 FTE projected) in the absence of service change and went on to say: “The Welsh NHS Confederations comments illustrate a major short term problem for health services: despite workforce reductions being the single largest area for planned savings, they cannot necessarily be delivered without service change, and service change seems to be some way off for many Health Boards. The evidence we received on this issue did not provide clarity that there is therefore a clear path for NHS services to make the required financial savings in the short-term.”

Planning service delivery given the uncertainty about level of funding in the future and how this will affect future demand for and supply of care services. For NHS Wales the issue of the affordability/sustainability of the current workforce is critical. The extent to which the gap can be closed by pay restraint needs to be realistic in addition to the potential contribution of redesign. The ongoing work on pay and terms and conditions, including the consultant contract and changes to Agenda for Change, is important but needs to be viewed in the context of the constraints on the ability to reduce and change workforce size and configuration without major service change. As the report from the Nuffield Trust, A Decade of Austerity in Wales noted, the scale of the challenge “will depend not only on decisions about the level of NHS funding in Wales, but also crucially on the rate of efficiency improvement”.

Uncertainty about how investment in life science, health and care will support the UK economy. Life Science is estimated to be worth around £1.3bn to the Welsh economy and in March 2012 Welsh Government announced a Welsh Life Science Fund worth up to £100m. Around £40m is invested in research and development in NHS Wales. Schemes such as the Welsh Clinical Academic Training scheme (WCAT) support this in the long term but are subject to more immediate financial constraints.

5. The key areas for the NHS Wales workforce

In the context of the current financial challenge, all NHS organisations’ Integrated Medium Term Plans reflect an ongoing need to ensure that workforce productivity is maximised, with a focus on:

- Efficiencies in bank, agency, locum use;
- Skill mix changes;
- Reductions in staff numbers and costs from staff leaving;
- Retention and career planning;
- Reducing sickness; and
- Focus on consultant productivity.

The development of workforce plans around pathways at an organisational and national level remains a challenge. Much greater priority needs to be given to developing the skills and competencies of the current workforce to better meet the needs of patients today and tomorrow. Currently less than 5% of the training and education budget is allocated to continuing professional development, while the rest is spent on securing professional qualifications. This division should be reconsidered.

Previous investments in the workforce have been heavily weighted to individual professional groups, in particular medical and nursing staff. Developing team working for the future may be more important than developing the roles of one professional group.

It is also important not to be bound by our thinking regarding current ways of delivering health care. New technologies will force changes in delivery models that are not yet thought of. Without building capacities and capabilities in our workforce for a world of continuous change we risk continually rebuilding our workforce to do yesterday’s, not tomorrow’s work.

A review of Integrated Medium Term Plans, and other available information, has identified the following themes which have been grouped against three broad areas of focus:

1. What services are delivered and where?
2. When are services delivered and to what quality standard?
3. Who delivers services?
1. What services are delivered and where?

- **Maximising care in the community** and the skills required to reflect this;
- **Development of localities** – new models of delivery and employment models required;
- **Centralisation of fragile services** driven by the need to align specialist expertise more closely to patient need through the development of hub and spoke models, regional plans and managing the workforce risk attached to the viability of junior medical staff rotas in a number of specialties;
- The extent to which the **redesign of patient pathways** is leading to a move of services out of acute into community settings and supports alternative models of delivery;
- **Integration of health and social care** in the development of skills, common training and language;
- Development of a **‘prudent healthcare’** approach to workforce planning and development.

**Priorities for action:**

- Understanding of the impact of ‘prudent healthcare’ on the workforce as part of collaborative work programmes and workforce redesign priorities;
- Identification and sharing of best practice in developing different and non-traditional workforce models across NHS Wales;
- Work to develop the workforce information base via a focus on priority areas;
- Influencing ongoing development of the Electronic Staff Record in the understanding of the proportion of the workforce delivering services in community settings;
- Joint skills development and education between health and social care;
- Driving the delivery of the workforce elements of pan organisational planning.

2. When are services delivered and to what quality standard?

Challenges include managing increasing acuity and complexity of patient needs with difficulties in recruiting medical staff and maintaining current junior medical staff rotas. Numbers of nursing staff have also been highlighted from a quality and safety perspective.

The NHS Services’ Seven Days a Week report⁴⁶ stated: “Patients admitted at the weekend have a significantly greater risk of dying within 30 days of admission than those admitted on a weekday; the increased mortality could be as high as 16%.”

Reasons for this are likely to include staffing levels, absence of senior decision makers, availability of diagnostic services and availability of specialist community and primary care (end of life pathway) services. The Future Hospital Commission⁴⁷ outlined a new model of clinical care where services for acutely ill patients in hospitals would be available on a seven day basis together with services in the community: “health and social care services in the community will be organised and integrated to enable patients to move out of hospital on the day they no longer require an acute hospital bed”. The majority of Health Board and Trust plans focus on the need for extended and seven day working, especially in unscheduled care. It is also recognised that the impact of extended and seven day working will be an issue for diagnostic services.

Another area of focus is the vision of the Wales Unscheduled Care Programme that people should be supported to remain as independent as possible and “that it should be easy to get the right help when it is needed and that no-one should wait unnecessarily for the care they need.” One of the key elements of achieving “rapid reliable advice when it is needed” is the development of a single urgent care 111 phone service for Wales which will align existing out of hours GP services and NHS Direct Wales with call handlers supported by the right number and mix of clinicians.

**Priorities for action:**

- Development of robust information base on staff deployment maximising intelligence from e-rostering systems;
- System wide planning & modelling e.g. in Emergency medicine, for example Advance Practitioners; and
- Workforce and OD support for Unscheduled Care Board in assessing workforce implications and skills requirements and in particular for the development of the urgent care phone service for Wales and the Welsh Ambulance Services NHS Trust Clinical model.

3. Who delivers services?

While care is focused currently on a see, treat and, to a lesser degree, rehabilitate model it is envisaged that in future the balance could shift towards ongoing care and maintenance of individuals. The need to look at workforce models in a different and more challenging way is therefore needed.

The facilitation of pathway approaches to redesign thinking about the skills and competences required needs to underpin how NHS Wales plans for the future workforce. The planning of the workforce will need to move towards consideration of workforce models by patient pathway in terms of the skills, knowledge and experience required.
In particular, specific emphasis will need to be placed on planning and addressing:

- Integration of health and social care and other agencies;
- Medical workforce risk;
- Development of Advanced Practitioners;
- Paramedics (extended roles – helping people to stay at home);
- Primary Care team;
- Diagnostics; and
- Opportunities for “rebalancing” the workforce and further development of Health Care Support Worker roles.

6. Workforce skills

The workforce planning focus of the NHS has tended to be on the numbers of regulated professions to inform education commissioning, rather than on the needs of patients and the skills and competencies required to support independence.

The NHS in Wales invests around £350m to support 15,000 plus students and trainees undertaking health related education programmes. It is estimated that 60% of the total training budget (including continuing professional education) is spent on doctors (12% of the workforce), 35% on nurses and Allied Health Professionals (40% of the workforce), whereas the amount spent on the social care workforce is unknown.

The recent Skills for Health Report states that there is a need for employers to identify and address literacy and numeracy skills gaps if employers want to progress individuals within the sector. In Wales, 10.6% of the population have no qualifications compared to 9% across the UK and 32.6% are qualified at NVQ level 4+ compared to 36.6% across the UK. The Skills for Health report stated: “if employers aspire to enhance skills utilisation across the whole workforce, they may need to examine and analyse these issues further in order to break down any barriers that currently exist”.

“The NHS in Wales invests around £350m to support 15,000 plus students and trainees undertaking health related education programmes.”

Moving towards 2020, employers in Wales will face a growing range of skills-related priorities, including:

- Enhancement of the quality of management and leadership, particularly through excellent employee engagement and followership;
- Continued development of workforce-planning capability in the sector to assist with changes to a highly complex set of services;
- Growth in the supply of those willing and able to undertake Assistant and Advanced Practitioner ‘type’ roles;
- Ongoing development of new skills sets in the light of new opportunities to exploit technology, including navigator/facilitator roles;
- Ongoing willingness of healthcare professionals to deliver care in areas that require multi-disciplinary working within diverse teams;
- Growth in the skills and volume of those working in a range of non-traditional healthcare providers and community settings;
- The development of health skills for non-health specialists to assist family carers and to facilitate self-care, supported by a combination of Information Technology and human contact;

From the Integrated Medium Term Plans, Welsh Government Delivery Plans and other strategies, the current skills requirements are as follows:

- Dementia skills;
- Working in community settings;
- Advanced Practice;
- Prescribing;
- New genetics and radiology techniques;
- General training for staff in “good, basic diabetes care”;
- End of life care training for primary and social care teams;
- Primary care development programmes e.g. public health skills, joint learning opportunities; nursing competencies matrix;
- Developments in the health sector in Wales will include applications of genetics, new diagnostic methods and robotics, all requiring enhanced IT and technology-related skills.

In addition to the skills of the workforce there are knowledge requirements of the people of Wales in supporting self-care. Use of the internet and access to education regarding conditions will be increasingly important, and staff skills in presenting reliable and accessible information will be critical.
7. Conclusion

This analysis of the current NHS Wales workforce highlights that a focus on workforce redesign is essential to secure the future of services which are appropriate to patient needs and the changing face of healthcare in Wales and the UK. Workforce redesign needs to address short–medium term risks and priorities within the context of longer term direction. As ‘From Rhetoric to Reality’ highlights: “flexible working, hitting the right mix of specialist and generalist staff and cross-boundary working all need to be addressed honestly.”

The above can be achieved by:

- Prioritising planning which addresses the need to deliver care closer to patients’ homes and maximising opportunities to develop skills to support this in primary care and community service and spreading the use of supporting technologies;
- Developing roles around clinical teams with clear roles and accountabilities, identified career progression and reduced fragmentation;
- Developing workforce planning and workforce redesign skills within organisations and supporting clinical leaders to deliver this agenda;
- Developing clear strategies for training and development of the core workforce in addition to education commissioning of new staff;
- Enabling the core workforce to become more flexible and adaptable in the skills and competences to deliver care in a variety of settings;
- Organisation development strategies to support redesign; and
- Addressing the needs of the support workforce across both health and social care.

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The Welsh NHS Confederation

The Welsh NHS Confederation is a membership body representing all the organisations making up the NHS in Wales: seven Health Boards and three NHS Trusts.

We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers’ money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

NHS Wales Employers

NHS Wales Employers supports the strategic workforce agenda of the NHS in Wales from an NHS employers’ perspective, recognising the central role of the workforce in facilitating service change and consequently ensuring that the NHS is a place where people want to work and an employer of choice. We support the employers with workforce policy development, practical advice and information, and enable the NHS Wales Workforce and Organisational Development community to network, share knowledge and best practice.

NHS Wales Employers is hosted by and operates as a part of the Welsh NHS Confederation.

Workforce, Education and Development Services (WEDS)

Working on behalf of NHS Wales, the Welsh Government and education providers, WEDS supports the service in the development of a workforce with the skills and competencies to meet the demands of modern day healthcare. The role of WEDS is critical to NHS Wales in the delivery of its key strategic objectives and in the planning of the future workforce requirements both in terms of numbers and skills. WEDS also undertakes a number of strategic pieces of work on behalf of WG and the service.

Join the conversation

Please let us know how you think we can turn our much talked-about NHS of the future into a much-needed reality for the people of Wales.

Join the debate by contacting our dedicated From Rhetoric to Reality email address: info@welshconfed.org or by writing to us at: Rhetoric to Reality, Welsh NHS Confederation, Ty Phoenix, 8 Cathedral Road, Cardiff, CF11 9LJ.

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