



	The Welsh NHS Confederation response to the Welsh Conservatives Health Roundtable
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### **About us**

1. The Welsh NHS Confederation (WNHSC) welcomes the opportunity to attend the Welsh Conservatives Health Roundtable and submit information ahead of the first meeting.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.
3. Our response highlights the key messages and priorities of our members within each of the themes and reiterates the key calls that we highlighted in our briefing, [The NHS at 75: How do we meet the needs of future generations?](#)

### **Key areas for NHS leaders in Wales**

4. NHS leaders across Wales have identified the following priority areas for political and public action.
  - The need to promote staff wellbeing, develop cross-sector skills and review the overlapping layers of regulation.
  - Develop a long-term workforce plan for NHS Wales to determine the actions we need to take today to create a more sustainable workforce.
  - Need for long-term financial certainty and investing in Welsh communities.
  - Need for one public service.
  - Need for a national conversation.
  - Need for a National Health and Care Service.
  - Reshaping the public's relationship with the NHS and embedding population health.
  - Quality-based outcomes focusing on public experience across health and care.
  - Need for a cross-government approach to reducing poverty and inequalities.
  - Building a digitally ready workforce.
  - Getting value for money from the NHS.

## Workforce retention, training and career progression

**Our call: The need to promote staff wellbeing and developing cross-sector skills and review the overlapping layers of regulation.**

### Retention

5. To future proof our existing workforce, we must focus on retention as it is just as important as recruitment. There are increasing demands on our services and to meet these demands, sustaining and growing our NHS workforce is vital.
6. The health and care workforce is at the heart of how we deliver care and services to patients and their families. The NHS is Wales' biggest employer, currently directly employing over [100,000 people](#), and [Social Care Wales](#) estimate that over 29,000 people work in adult residential care in Wales in 2022. Together with volunteers and unpaid carers, the health and social care workforce impacts on the social, cultural and economic prosperity of Wales.
7. As well as meeting the future needs of the population, the workforce must develop new ways of working to manage an expected shortfall in future NHS and social care staff levels. We must acknowledge that maintaining and developing the current workforce is just as important as growing and training a new one. The impact of the pandemic and post-pandemic pressures on staff morale needs to be considered as staff struggle with moral injury due to feeling they are unable to provide adequate care.
8. In recent years our staff have been leaving the NHS at an increased rate. As a system we need to focus attention and resources on the retention of our existing workforce as well as the development and expansion of the future pipeline. Retention has been recognised as a key theme and set of actions in the National Workforce Implementation Plan (NWIP).
9. Research highlights that the retention of staff is affected by both external (pay, terms and conditions, pensions) and internal (mental health and wellbeing) factors which affect how staff experience work. The focus of the Health Education and Improvement Wales (HEIW) Retention Programme is on recognising and improving these factors, for example to enhance staff experience at work. HEIW acknowledges the factors that affect this, such as staff engagement; flexible working; wellbeing; leadership and culture; continuous professional development; and career pathways. Developing staff roles and skills is key to providing complex, multi-disciplinary, co-ordinated care in partnership with individuals, cross-sector partners and communities.
10. Currently, NHS bodies are addressing retention in various ways, so the approach will build on and strengthen existing work. A local self-assessment will inform local priorities whilst also ensuring that there is visibility and attention to a consistent set of retention metrics at NHS Board level and national level. Therefore, the HEIW Retention Programme will be locally driven, supported through a national framework with key areas including:
  - a) Targeted support and resources for employers.
  - b) Funded local retention improvement lead for each delivery organisation.
  - c) Increasing awareness and understanding of good retention practice amongst all staff, including line managers, management teams and Boards.

- d) Developing, sharing, and embedding best practice in retention supported by a Quality Improvement/community of practice approach.
- e) Balancing generic and profession specific support on retention and targeting hot spots.
- f) Supporting employers to develop effective retention improvement plans that suit local circumstances.
- g) Increasing visibility of retention metrics, supported by Board level reporting.

## **Training**

### **Pre-registration education**

11. Following the successful conclusion of the Strategic Review of Healthcare Professional Pre-registration Education, contracts have been awarded to Education Providers to deliver pre-registration education in Nursing, Midwifery, Allied Health Professions and Healthcare Science. HEIW worked with higher education institutions (HEIs) to implement the programmes and ensure that they were accredited and approved by Professional Statutory Regulatory Bodies on time for programmes to commence. Learners commenced programmes in September 2022. New providers in West and North Wales now deliver training across professional groups and new part time programmes have been introduced for more professions.
12. There are various contractual requirements that must be met by Education Providers, including meeting recruitment and attrition targets and incorporating required curriculum themes. A performance management framework has been put in place to support in managing the contracts.
13. Curriculum themes include requirements around interprofessional education with students across professional groups ensuring students learn with and from each other. All Education Providers are required to evidence that 20% of academic learning is Interprofessional in nature in addition to facilitating 4 weeks of Interprofessional placement activity for each student to complete by the end of the programme. This has been a large change and Wales is leading the way with delivering on meaningful pre-registration Interprofessional Education.
14. Compassionate Leadership is also now a contractual requirement and Education Providers will be ensuring that leadership teaching and learning, reflection opportunities and leadership academies are in place.
15. While a significant amount of work has been done in pre-registration education, healthcare facilities are subject to regulation from health and education sectors. Better join-up between regulators would avoid competing demands on educators, streamlining reporting and enhance safety.

### **Work Based Learning**

16. Alongside HEIWs work on commissioning pre-registration and post-registration healthcare professional programmes, and supporting medical, dental and pharmacy trainees, HEIW are key in supporting the development of the healthcare support worker workforce and expanding work-based learning at all levels. This is supported by a network of qualified assessors and quality assurance staff to support the range of accredited learning pathway opportunities available to NHS Wales staff.

17. As new developments are made available, the work-based learning (WBL) team supports implementation and all-Wales standardisation in line with the published quality assurance governance framework and toolkit. This has been successfully implemented within the new Level 7 Clinical Photography qualification, with the first cohort of learners enrolled September 2023.
18. The range of level 2 – level 4 qualifications continue to be expanded through sector collaborative work and can be viewed: [Progression Pathways and Online Learning - HEIW \(nhs.wales\)](#) . New qualification development areas include Level 4 cancer care assistant practitioner; Level 4 endoscopy assistant practitioner; Level 2 & 3 estates; Level 2, 3 and 4 mental health, CAMHS and Learning Difficulties; Level 2 Allied Health Professional; Level 4 Ophthalmology and accredited units for orthopaedics, art therapy, booking systems, genomics and veterans' support.
19. HEIWs work with Social Care Wales is ongoing with the Joint Induction for support workers mapped across health and care to enable transferability of skills across sectors. This cross sector working continues with the newly finalised All Wales Medication Management Training Support Framework for care: [Educational development for healthcare staff - HEIW \(nhs.wales\)](#)

### **Graduate Pipeline**

20. The provision of NHS Wales Graduate Programmes remains a HEIW strategic objective that underpins the Leadership and Succession strategy for NHS Wales. The NHS Wales Graduate Management Programme was re-established by HEIW in September 2021 and has been fully supported to date by all NHS Wales organisations.
21. HEIWs 2021-23 national Graduate Management Programme resulted in the successful retention of 19 out of the 21 graduate trainees within NHS Wales. All graduates successfully gained their Master's degree qualification as well as attaining the relevant management competences throughout their operational placements. A robust audit of the Graduate Programme in 2022 provided substantial assurance with regards to the recruitment processes and governance established. A Lessons Learned, and Mid-Point Programme Review has been undertaken with organisational graduate leads to inform future operating models.
22. HEIWs 2023-25 Graduate Programme commenced in September 2023, and recruitment to the 2024-26 Graduate Management Programme will commence early 2024, providing a continuous supply of new talent into NHS Wales.

### **Continuing Professional Development**

23. Continuous Professional Development (CPD) is an established method for delivering topic specific training to existing healthcare professionals to ensure practices are safe and effective. In response to the strategic direction as set out by Welsh Partnership Forum Business Committee, a Healthier Wales and the National Workforce Implementation Plan, HEIW is developing a new CPD strategy that is an education and development enabler for the whole of the NHS Wales workforce throughout their careers. The strategy will incorporate different methodologies to adapt to the modern-day context

of the high paced environment and services within NHS Wales; where bite sized learning and using digital learning platforms are key to enabling a time and place for CPD.

24. The CPD strategy has been produced by a working group that represents all workforce groups and has been supported by a university academic. The benefits to investing in staff undertaking CPD is that a more flexible and dynamic workforce are established that work effectively as a multi-disciplinary team to provide person centred care. Staff have been shown to value the opportunity of having protected time to learn and are therefore motivated to develop their knowledge and skills. Improvements in quality and safety of care are also evident as a benefit to CPD, where central to any quality and safety management system is continuous learning. The draft CPD strategy is currently going through an engagement and consultation phase with key stakeholder groups where the final version is due to be published in early 2024.

### **Leadership**

25. One of HEIW's strategic aims is to 'shape culture and leadership in NHS Wales'. Guiding this approach is the Long-Term Plan for Health and Care - 'A Healthier Wales' and the Health and Social Care Workforce Strategy outlining our ambition that 'by 2030, leaders in the health and social care system will display collective leadership'. The NHS Wales Culture, Leadership and Succession Programme Board, chaired by Judith Paget, Director General HSSG/ NHS Wales CEO, has been established to maintain oversight and provide strategic direction for the Culture, Leadership and Succession portfolio of products and services.

26. HEIW has established and deployed several new products and programmes of benefit to NHS colleagues wishing to enhance and develop leadership skills. The range of new products and programmes have been launched, and technology enhancements embedded within the HEIW Gwella Leadership Portal creating a dynamic learning and talent management infrastructure. Supporting all these programmes is a wide range of evidence-based resources aimed at developing and enhancing compassionate leadership skills at all levels. These resources have been collated within HEIW's Compassionate Leadership Hub creating an easy to navigate zone bringing together compassionate leadership interactive tools and resources, into one easily accessible compendium of compassionate leadership resources. In addition to the provision of the Gwella Leadership Portal, products now include the following:

- Aspiring Chief Executive Programme.
- Aspiring Executive Director Talent Pool.
- Advanced Clinical Leadership Programme.
- Senior Leadership Experience.
- Clinical Leadership Training Fellowship.

### **Recruitment**

**Our call: Develop a long-term workforce plan for NHS Wales to determine the actions we need to take today to create a more sustainable workforce.**

27. Recruitment remains a significant challenge in NHS Wales. In June 2023, Welsh Government reported a vacancy rate of 6.2% overall (an increase on previous 2 years), with medical and dental staff group showing the highest rate of 10.7% and registered nursing/midwifery at 9.7%. The NHS Wales workforce has increased by 17.8% between

March 2017 to March 2022. The number of staff aged 55 and above, however, increased from 18% to 21% over the same period.

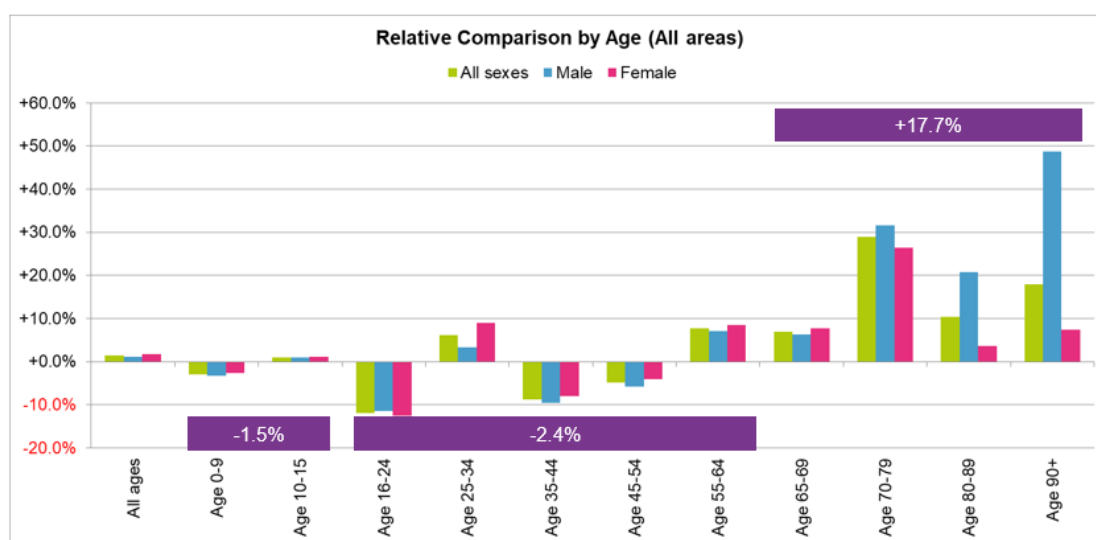
28. As HEIW has increased the number of student training places over recent years, they have encountered some challenges with increasing student recruitment to fill the increased places, especially with some nursing courses. HEIW has worked with the Higher Education institutes to develop new routes into training and widening access for Welsh students. This includes new part-time courses, distance learning, level 4 learning and bridging modules for students who have narrowly missed out on places. This Autumn has seen the highest number nursing students ever recruited with more students to be recruited to Spring 24 cohort.
29. HEIW has increased and widened the availability of student placement capacity and has been building training placements in primary and social care settings to enable students to gain experience of working in different settings and across sectors. Student recruitment for Allied Health Professionals and Healthcare Science programmes are buoyant and work has also taken place with education providers to boost student recruitment for the next academic year. Medical, Dental and Pharmacy training recruitment is also good, and all recruitment rates are above 90%.
30. Health professional graduate recruitment into NHS Wales employment remains good with 73% of healthcare science and 71% of allied health professional graduates entering employment in Wales. Also, 82% of nursing graduates and 90% of midwives have been matched to jobs. Overall, 78% of all graduates who received a bursary have found work within their profession in Wales.
31. To support recruitment, HEIW's [TrainWorkLive](#) (TWL) campaign brand is increasingly well-known, underpinning all of HEIW and wider NHS campaigns to support recruitment into NHS Wales. Although, TWL was initially established to focus on recruitment into Wales from the wider UK and internationally, TWL is a national attraction campaign, which is key in supporting local organisation recruitment challenges. HEIW have created a suite of physical resources including banners and merchandise which have been offered to organisations. In 2023, TWL also supported the All-Wales International Recruitment programme to Kerala.
32. HEIW's campaigns for pharmacy, dental, medicine and nursing are currently live, with mental health soft launched, allowing for further development. Each campaign is regularly reviewed and refreshed and digital targeted adverts are running across the campaigns. TWL was refreshed and enhanced in readiness for HEIW's Dental campaign, which launched in March 2023. A new campaign 'Your NHS, Your Career, Your Future' to attract to under-graduate programmes including nursing pre-registration programmes ran over the summer.
33. Over 200 expressions of interest to work in Wales have been received this year. Fill rates for current campaigns are not yet available but HEIW anticipate more information will be published later in 2024. Improved fill-rates impact directly on locum agency spend, and importantly on quality of patient care.



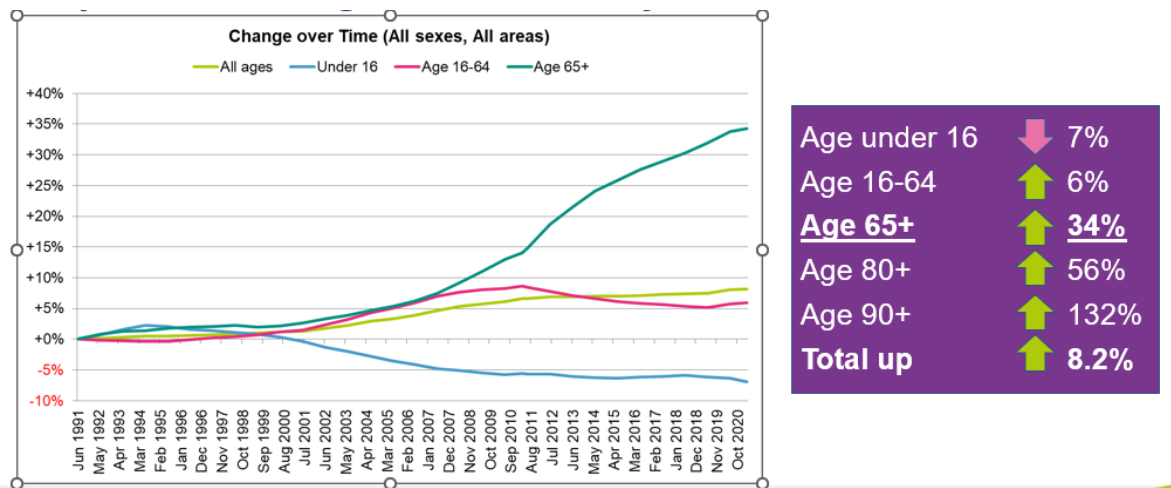
## Impact of population changes on health and care services

34. Though significant work is being done to recruit and retain staff, the current age profile and demographics in Wales, like other parts of the UK, mean that the workforce may not exist by 2035 to operate health and care in its current format. The 2021 census provides a wealth of information about the population which helps us to understand both demand and workforce, since the population creates the demand and workforce supply. Most of our workforce comes from the local population, so understanding the population is key to understanding our current workforce, and where the future workforce will come from.
35. The 2011 and 2021 census demonstrate the changes in population by age band, with the over 65 population up 17.7 per cent, and a general fall in younger age bands. Overall, the population aged under 65 has decreased, down 2.4% in the working-age population aged 16-64, and down 1.5% in the young population. It is estimated that by 2035 there will be 18.1 per cent fewer entering the workforce.

### Population changes – age bands 2011 to 2021 Census



36. Over the last 30 years, the population changes highlight that the population is up 8.2%, but this varies by age band. The under 16 population has fallen 7% in the last 30 years, and the main working-age population has grown by 6%. The biggest growth is in the older population, with those aged 65 and over up 34%, those aged 80 and above up 56%, and the over 90s up 132%. This further solidifies the evidence of Wales's ageing population.



37. Due to the current and future challenges we face, it is vital that a long-term workforce plan for NHS Wales is developed. While HEIW and other partners have been implementing the joint Workforce Strategy for Health and Social Care (published in 2020) and more recently the actions within the National Workforce Implementation Plan (NWIP), these are constrained by short term timeframes.

38. Although the Strategy has driven the development of several profession or service specific workforce plans, these have focused on a short to medium time frame. We currently have an annualised education and training planning process in Wales, so the future pipeline is predicated on what we have already done or are doing in the very short term e.g. within the next year. The workforce plans that HEIW are currently developing can only realistically look ahead 2 – 3 years. Though the plans place emphasis on improvement and innovation they cannot be truly transformative unless we look further into the future. HEIW support the need to take this longer-term approach alongside “bitesize” plans and modelling for the short and medium term. The development of a long-term workforce plan for NHS Wales is essential in determining the actions we need to take today to create a more sustainable workforce. A long-term workforce plan for Wales would help the future of the NHS in Wales by:

- Delivering a future of stability and consistent supply of workforce to better meet demand – reducing gaps and deficits.
- Prompting critical discussions about the future shape of care, work, and education – fuelling the case for transformation.
- Building in agility and flexibility to our short-term actions because the future starts now.
- Effectively planning a workforce that can support the shift to prevention agenda as well as respond to rapid advances in treatment and technology – a “more and different” approach.
- Preparing for the predicted reduction in working age population and the rapid change in the ways people wish to work.
- Promoting the value and importance of the NHS workforce across political cycles, enhancing attraction, recruitment, and retention.



## Measures to improve working conditions

39. HEIW are working with colleagues to introduce a Health and Wellbeing Framework across the health and social care workforce by setting clear and measurable standards to help drive improvement. This will be co-produced with employers, trade unions, staff, and students, including groups from protected characteristics based on exemplary practices from other sectors.
40. The NHS Wales Staff Health and Wellbeing Framework is aimed at the NHS Wales workforce, specifically developed as a best practice guidance resource to help drive improvement. It is a guidance document, with no enforcement or regulatory authority, it relies upon its credibility and motivation to use. The aim is to anchor the language and approach to staff wellbeing from the traditional wellbeing benefits to a cultural approach of how we develop, manage, plan, design our staff to maximise their experience at work. The Framework will align with other NHS Wales approaches including Healthy Working Relationships, Compassionate Leadership Principles, Managing Attendance at Work Policy, Retention Guide, and the Social Care Health and Wellbeing Framework. It is meant to sit above the NHS organisations health and wellbeing strategies that enable the right culture for employees to thrive.
41. The Framework is being built in three phases. Phase one will be to develop a set of “best practice statements”, phase two will be to develop resource bundles to support the implementation of the statements, and phase three will be to develop a repository of case studies. These will all be hosted on the Gwella platform and will evolve and grow.
42. The NHS Wales Staff Health and Wellbeing Network will continue to develop resources which will be guided by the data of the Staff Survey, other NHS wellbeing surveys and other emerging documents such as Speaking Up Safely.

## Funding

### **Our call: Need for long-term financial certainty and investing in Welsh communities.**

43. As highlighted in the Welsh NHS Confederation report, [‘Investing in the NHS: Priorities for future government budgets’](#) (2022), the rise in demand, coupled with constrained financial resources, has made delivering health and care in the current model increasingly difficult. It is therefore essential for the sustainability of the NHS that the population engage in maintaining their own health and wellbeing.
44. While there are vast financial challenges across public services, long-term financial certainty is needed from the UK and the Welsh Government. Short term funding fixes will not suffice if we are to address the serious financial challenges we face. Neither will small scale amendments to the edges of service delivery. Indeed, the House of Lords Select Committee [report](#) into the long-term sustainability of the NHS (published in June 2018) cites three key objectives if the NHS is to make real progress towards a sustainable health and care system. These are defined as: radical service transformation, long-term funding solutions, and immediate and sustained action on adult social care.
45. Spending money on the NHS is not just about plugging gaps. While there are vast financial challenges across public services, we need to increase awareness of the NHS’s

contribution to the economy. Health spending drives innovation and growth in communities across Wales. The Welsh NHS Confederation briefing [‘Health, wealth and wellbeing: The NHS’ role in economic and social recovery’](#) highlights the numerous ways the NHS helps support the economy, including as a large employer, a key purchaser of goods and services, and a capital estate holder and developer. Recent analysis by [Carnall Farrar](#) shows that for each £1 spent per head on the NHS, there is a corresponding return on investment of £4.

## **Other key areas**

### **Health and social care interaction**

#### **Our call: Need for one public service.**

46. There is a need for one public service across Wales. Health and care are becoming more integrated across all public bodies and the health and wellbeing of the population is not the sole responsibility of the NHS. Access to healthcare only accounts for around 10 per cent of a population’s health, with the rest being shaped by socio-economic factors ([The Health Foundation, 2017](#)). Improving population health and wellbeing requires an integrated approach across services and sectors. We must support and empower the whole public, private and third sector to work seamlessly across organisational boundaries, ensuring the right governance structure, leadership, outcome measures and financial support is provided to design and deliver effective, simple and person-centred services.

### **Future of health and care services**

#### **Our call: The need for a national conversation**

47. As highlighted in a recent [report](#), the NHS in Wales, and wider public sector and communities, will face several challenges over the next 10 to 25 years. Due to the current pressures on the health and care system, now is the time to galvanise the Welsh public to engage in a national conversation on how the health and care system can innovate and transform to meet the needs of future generations as set out in our recent briefing, [The NHS at 75: How do we meet the needs of future generations?](#)

48. The public must feel personally invested in their wellbeing and our health and care service to help ensure its long-term sustainability, which will only be possible through public involvement and co-production of services. This will allow people to feel supported, empowered and informed to take more responsibility for their health and wellbeing, manage their conditions and use services responsibly.

### **Sustainability of the social care sector**

#### **Our call: Need for a National Health and Care Service**

49. Social care services play a crucial role in care pathways – keeping people well for longer outside of hospital and enabling faster, safer discharges home. Therefore, the sector plays a critical part in protecting NHS capacity and its ability to deliver high-quality, safe care. However, social care services are facing significant challenges, including vulnerabilities in funding and market stability, increased demand, growing unmet need and high levels of staff vacancies. The impact of these challenges means people are missing out on vital care and support, leaving them less independent, more vulnerable and more likely to rely on healthcare services.

50. The NHS is reliant on a sustainable social care system, yet the sector is facing capacity and workforce issues which seriously effects the NHS' ability to discharge large numbers of clinically optimised patients from hospital. At the time of writing, there are around 1,500 patients in Wales who were [clinically optimised](#) and ready for discharge. This has the equivalent impact on bed capacity to shutting the University Hospital of Wales in Cardiff.
51. As highlighted in our briefing from last year, "[It's not just a crisis, it's a national emergency](#)": [Addressing the challenges in social care](#), the key areas to support the sustainability of the health and care system includes: Preventing hospital admissions; Discharge to Recover and Assess; Workforce supply; and broadening care and support approaches, including working with the voluntary sector and families.

### **Responding to the public health challenges**

#### **Our call: Reshaping the public's relationship with the NHS and embedding population health**

52. Wales faces a significant number of population health challenges which stall life expectancy and widens inequalities. As highlighted in our report '[Reshaping the relationship between the public and the NHS](#)', we need to reshape the public's relationship with the NHS and support people to look after their own health and wellbeing. This will require the government to redirect resources towards long-term investment in public engagement and communication and introduce a Deal for Health and Wellbeing. The Deal must clearly set out what the public and staff are entitled to from the NHS, the contributions that the public can make to their own health and wellbeing and how services can be co-produced with the public, delivering on 'what matters' to people.

### **Performance targets across the NHS and social care**

#### **Our call: Quality-based outcomes focusing on public experience across health and care**

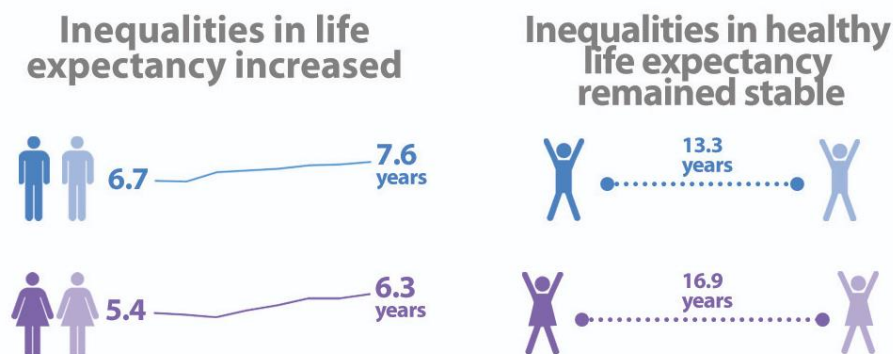
53. Waiting times are an important measure of whether patients can really access the comprehensive healthcare the NHS promises. However, saving lives and preserving the health of the population are the ultimate goals of a healthcare system. The current NHS places sharp focus on secondary care and do not always support the system to grow and redesign, such as by moving services into primary and community care settings. It is vital that meaningful, person-centred performance measures and frameworks are developed across health and social care, and the wider public sector. These should focus on patient experience, value-based healthcare, clinical outcomes, prevention and whole-system collaboration.

### **Inequalities**

#### **Our call: Need for a cross-government approach to reducing poverty and inequalities**

54. [Audit Wales](#) has recently called poverty the single major challenge facing all tiers of Welsh Government. Wales has the [highest poverty rate](#) among the four UK nations, with over a third of children (34 per cent) classed as living in poverty. Inequality has a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health. It is estimated that health inequalities costs the Welsh NHS [£322 million every year](#).

55. A [report](#) by Public Health Wales in 2022 analysed life expectancy and healthy life expectancy since 2011 to 2020. It highlighted that the gap in life expectancy between the least and most deprived populations in Wales has been generally increasing in recent years for males and females, suggestive of growing inequality. The inequality gap was over a year greater for males than in females. The gap in healthy life expectancy has remained relatively stable between 2011-2013 and 2018-2020 for males and females. The gap in females was over three and a half years larger than for males.
56. The current 20-year gap in health life expectancy between our wealthiest and poorest communities is significant. It is the consequences of inequality that mean a greater number of citizens require our services.



57. The NHS alone does not have all the levers to reduce health inequalities, which is why we need to shift the focus from public health initiatives delivered through the NHS and local authorities to addressing factors such as poor housing, green spaces, transport and food quality. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance and Royal College of Physicians report, '[Mind the gap: what's stopping change?](#)', addressing the factors that cause ill health in the first place should be a central focus for the Welsh Government and we must continue to relentlessly focus on improving population health in order to reduce health inequalities. There needs to be a whole cross-government and public service approach to inequalities and the Welsh Government should produce a cross-government plan for reducing poverty and inequalities in adults and children.

## Embracing technology

### Our call: Building a digitally ready workforce

58. If the health and care system is to realise its ambitions, it must maximise the strategic and operational potential of digital technology as an enabler of change. Digital technologies can support the NHS and social care professionals to predict poor health; detect early deterioration and illness sooner; diagnose more precisely; and make better and more informed choices about which treatment and care is right for the individual.
59. The pandemic has given us an opportunity to make significant progress in the use of digital skills and technology, and we must not lose momentum. We must ensure that no part of the workforce is digitally excluded, and we must make the most of opportunities to invest in infrastructure and a skills development programme. Learning through digital

platforms needs to be accessible, and bitesize learning opportunities help with this approach. It creates greater equity of access, as does the use of mobile technology.

60. Digital technology should be considered one of the most significant strategic tools available to shift to a preventative model of health and social care – a model which will help to reduce demand on secondary care and social care services by keeping people healthier for longer.
61. We need to adopt a whole-system approach to digital transformation and to be explicit about what should be done both locally and nationally. By focusing on the service user, and with the explicit aim of increasing self-care and service outcomes, organisations can review their internal processes and redesign them. This would remove duplication and waste to create an operational model with digital technology embedded through and across whole organisations. We also need to recognise that current public finance constraints mean NHS organisations and local government in isolation do not have the scale of investment needed to transform and integrate the whole system.

### **Conclusion**

62. The Welsh NHS Confederation welcomes the establishment of the Welsh Conservatives Health Roundtable, and we look forward to engaging with the Group in the months ahead.