

**This letter has been signed by:**

Asthma + Lung UK Cymru	Royal College of General Practitioners
British Association of Social Workers	Royal College of Nursing
British Dental Association Cymru Wales	Royal College of Physicians
British Liver Trust	Royal College of Physicians of Edinburgh
British Society for Heart Failure	Royal College of Occupational Therapists
Cancer Research UK	Royal College of Podiatry
College of Paramedics	Royal College of Radiologists
Faculty of Intensive Care Medicine	Royal College of Speech and Language Therapists
Fair Treatment for the Women of Wales	Royal College of Surgeons of Edinburgh
Hospice UK	Royal College of Surgeons of England
Kidney Wales	Royal Pharmaceutical Society
Marie Curie Cymru	RNIB Cymru
MS Society Cymru	Society and College of Radiographers
Parkinson's UK Cymru	Stroke Association
Prostate Cancer UK	Tenovus Cancer Care
Royal College of Anaesthetists	Wales Neurological Alliance
Royal College of Emergency Medicine	

17 November 2022

**An open letter to the Welsh government calling for an update, including a timeline, on the publication of the workforce implementation plan to accompany the programme for transforming and modernising planned care**

Dear first minister,

As a group of 33 organisations working across health and care in Wales, we are asking you for an update, including a timeline, on the publication of the health and care workforce implementation plan referenced in the Welsh government's [planned care recovery plan](#) in April 2022.

Serious challenges face us as we head into a difficult winter. It is vital that health and care staff feel supported and valued to provide high quality patient care – but we know they are tired and working under intense pressure. A long-term national workforce implementation plan for increasing staffing numbers across all professions and specialties is desperately needed to bring down waiting lists: the impact of workforce shortages on patient care cannot be underestimated as [waiting times reach record levels in Wales](#). Cancer lists and ambulance performance times are currently the worst on record, and overall, waiting list numbers passed 750,000 for the first time in October 2022.

**To provide sustainable patient care in the long-term, we need to address the growing challenge of staff shortages in health and care – and a funded, detailed workforce implementation plan is the first step towards achieving this.**

The workforce implementation plan promised by Welsh government earlier this year is a vital opportunity to set out a range of solutions across recruitment, retention and retirement to ensure we have a workforce that can meet the needs of patients. For that plan to be effective, it must be underpinned by the necessary funding settlement and include projections of staff numbers needed to meet demand now and in future. The NHS in Wales cannot provide value for money or successfully innovate and implement reform without a well-resourced workforce.

Together, our organisations are now calling for a national workforce implementation plan for health and social care, which is based on up-to-date vacancy data. Ultimately, we need to know how many staff are needed to keep pace with patient demand – yet, as it stands, we simply do not know the scale of the problem. The Welsh government should work with the NHS in Wales to publish workforce data in an open, transparent and accessible format, based on what we know about current actual and future likely patient demand and supply across all professions and setting out a range of short-, medium- and long-term solutions to grow, train, and retain the workforce, accompanied by the necessary funding.

While Health Education and Improvement Wales (HEIW) publishes education and training plans, this does not address the recruitment and retention of locally and directly employed staff, and healthcare staff employed by the third sector, or in other settings such as justice and education. For example, [a third of GPs in Wales don't expect to be in the role in 5 years](#). This type of data needs to factor into longer-term workforce planning.

On 26 April 2022, the Welsh government's [programme for transforming and modernising planned care and reducing waiting lists in Wales](#) was published, with a commitment to *'developing a coordinated and focussed workforce plan to underpin this planned care recovery plan.'*

When you were asked in May 2022 whether you would commit to making sure that regular data on vacancies within the acute sector were published, you [told the chamber](#) that *'we publish a great deal of data on the Welsh workforce. If there are gaps in it that can sensibly be filled, then of course I'm happy to look at the point the member has raised.'* In the same month, the [minister for health and social services said](#) that *'NHS Wales vacancy data for the directly employed workforce will be routinely collected and published in the coming months.'*

On 7 June 2022 [in a recorded interview](#), the director general for health and social care, Judith Paget told the Royal College of Physicians (RCP) vice president for Wales, Dr Olwen Williams, *'making sure we've got the right people, in the right numbers, with the right skills, doing the right thing, at the right time is so important. In the next couple of months, we'll be publishing a more detailed NHS workforce plan. It's definitely on its way.'*

On 4 October 2022, [in a written answer](#), the health minister said, *'we are also developing a workforce implementation plan that will underpin the workforce strategy for health and social care with a series of short and medium-term actions to address immediate priorities in our workforce'* and during [health questions](#) on 12 October 2022, the health minister told the chamber, *'demand is increasing constantly, and that's the problem. We have an ageing population and so the pressures are greater. So, it is important that we do that strategic planning for the future workforce.'*

### **Yet despite these repeated promises, there is still no national workforce plan for Wales.**

More than 6 months after the launch of the planned care recovery plan, and as we head into what is likely to be the most difficult winter in the history of the NHS, we are flying blind, with little to no reliable up-to-date workforce data, no national implementation plan for recruitment and retention, no standardised approach to the collection of accurate vacancy data collected across health boards and trusts, no transparency on staffing shortages and rota gaps, no way of comparing the lessons learned on recruitment and retention, and no way of knowing when we'll see some answers.

### **We simply don't know the scale of the workforce crisis facing us.**

Anecdotally, we know that health and care staff are overwhelmed and at risk of burnout, and as professional bodies and third sector organisations, our own data shows us that doctors, social workers, nurses, pharmacists, therapists and many others are facing a miserable winter.

### **There are real people behind the statistics.**

Only 36% of advertised consultant physician posts in Wales were filled in 2021; in 71% of unsuccessful appointments, there were literally no applicants at all. Almost half (44%) of consultant physicians in Wales will reach retirement age in the next 10 years. 49% of consultant physicians in Wales have an excessive workload 'almost always' or 'most of the time'. 45% say there are substantive consultant vacancies in their department. Over two-thirds (68%) of specialty trainee physicians report daily or weekly rota gaps. 36% say they have an excessive workload 'almost always' or 'most of the time'. – [Royal College of Physicians](#)

NHS podiatry staff report higher levels of anxiety, increased workload, and growing stress due to staff absences (sickness, long COVID and shielding). A number of podiatry staff are on leave due to stress, and others are accessing formal support for their mental health. The scale of workforce burnout amongst podiatry staff is significant. – [Royal College of Podiatry](#)

89% of pharmacists felt at high risk of burnout, with a third considering leaving their roles and the profession. 70% of respondents reported 'inadequate staffing' and 64% highlighted 'long hours and a lack of work/life balance'. – [Royal Pharmaceutical Society](#)

A fifth of the emergency medicine consultant workforce in Wales plan to retire by 2027. To safely staff emergency departments there should be one consultant for every 4000 annual attendances, but the current and persistent lack of workforce means there is one consultant for every almost 8000 attendances. In other words, one EM consultant in Wales is undertaking the work that should be done by two consultants in order to keep the service afloat. We know anecdotally that our staff are experiencing burnout and high levels of moral injury because they are unable to provide the quality of care they would like to. – Royal College of Emergency Medicine

Both clinical radiology and clinical oncology are experiencing large shortfalls in Wales. In clinical radiology it is the highest shortfall in the UK. Without a long-term workforce plan and efforts to retain staff, these shortfalls will grow. Wales has the lowest ratio of clinical oncologists per 100,000 older population out of all four UK countries and west Wales has the lowest ratio of specialists anywhere in the UK. Both specialties are expecting more than a fifth of their consultants retire in the next five years. – [Royal College of Radiologists](#)

The shortage of interventional neuroradiologists is a major barrier to the further development of thrombectomy in Wales. The percentage of stroke patients receiving thrombectomy in Wales is just 0.7%, compared to an estimated 10% who could benefit from the treatment. In 2020, a cross-party group report found staff shortages across the stroke pathway, stating that 'there is no doubt that the lack of availability of skilled staff in Wales is having a direct impact on the ability to provide the best possible care'. – [Stroke Association](#)

Social work teams are experiencing high vacancies and staff turnover which leads to excessive caseloads and an increased risk of burnout affecting work-life balance and wellbeing. This, in turn, has led to a decline in the number of students enrolling on social work university programmes. Frontline social worker teams are carrying more than 700 vacancies, or 13% of social care vacancies, and 10% of the social work team workforce in Wales. – [British Association of Social Workers](#)

Anaesthetic departments in Wales are facing growing staff shortages. There is a shortfall of around 150 anaesthetists (including consultant and SAS doctors) in Wales. This, combined with an aging workforce, increasing retirements, and staff being burnt out, will see these shortfalls increase. – [Royal College of Anaesthetists](#)

The number of dentists working for the NHS has [dropped nearly 8% since 2020](#). Others are reducing or planning to reduce their commitment to NHS work. There are now [more than 4,500 patients per whole time equivalent dentist](#). – BDA Cymru Wales

**There is a significant risk of burnout among our health and care professionals.**

We now call on the Welsh government to work with external stakeholders, including royal colleges, professional bodies, patient groups and the third sector to produce a detailed workforce implementation plan for health and social care that sets out, in detail:

- A standard definition of vacancy to be used by all NHS Wales and social care organisations.
- The number of vacancies per organisation published by specialty, career grade and profession.
- The number of full-time equivalent staff, as well as the total number of employed staff.
- The number of vacancies filled by agency and locum staff.

We need coordinated national action to recruit and retain health and care staff. The Welsh government has repeatedly made a clear commitment to working in partnership with public bodies, the third sector, professional bodies and other stakeholders. The [Welsh government's programme for transforming and modernising planned care and reducing waiting lists in Wales](#) recognises that 'third sector organisations continue to play a vital role in this area [and the Welsh government] will involve the public more in service design and transform services through co-production and collaboration.' Yet as a collective of 33 stakeholder and membership organisations, we are not aware of wider external consultation by either the Welsh government or HEIW on the development of this workforce implementation plan and what will be in it.

On 1 November 2022, [in another written answer](#), the health minister said, '*I remain committed to publishing NHS vacancy data. Officials have been working to develop options for a robust mechanism for data collection and analysis ... A task and finish group has also been established, bringing together key representatives from NHS Wales health boards, NHS Wales Shared Services Partnership, Health Education and Improvement Wales and Knowledge and Analytical Services.*' Conspicuous by its absence is any reference of collaboration or joint working with organisations external to the NHS and Welsh government that could provide insight and expertise on workforce data and analysis.

Ultimately, [long waiting times in the NHS](#) will become normalised unless the Welsh government acts immediately to set out credible short-, medium- and long-term workforce solutions. We now call on you and your government to make health and social care workforce planning a priority and commit to publishing a workforce implementation plan as soon as possible, drawing on the expertise and data available to you from external stakeholders across the health and social care sector.

We look forward to hearing from you.

This letter has been signed by:



Royal College of Physicians

Coleg Brenhinol y Meddygon (Cymru)



THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

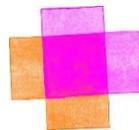
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