



Perinatal Workforce Plan

Consultation Feedback Form

Organisation: Royal College of Speech and Language Therapists

Actions		
<p>1. Identify and address any retention issues and trends for the perinatal team through the work of the All-Wales Retention Lead and Health Board Retention Leads.</p> <p>➤ Promote good practice through the adaptation of tools and guidance appropriate for perinatal teams.</p> <p>Impact</p> <ul style="list-style-type: none"> • Improved retention in the perinatal workforce • Expansion of flexible working options to enhance work-life balance opportunities • Development of effective retention strategies 		
Strong <input type="checkbox"/>	Missing <input checked="" type="checkbox"/>	Wrong <input type="checkbox"/>
<p>Comments:</p> <ul style="list-style-type: none"> • We are in agreement with the principles of this action for all professions including speech and language therapists (SLTs). • It is difficult in the present situation to comment on retention as we feel that the more pressing issue that needs to be addressed is our ongoing concerns about speech and language therapy provision within neonatal care as referenced by us in our response to the 2023 WHSSC Specialised Services consultation on Neonatal Services (Intensive Care, High Dependency and Special Care) Commissioning Policy¹ • In our response to the HSSC Specialised Services consultation on Neonatal Services, we noted our concerns that at the time of the review, the British Association of Perinatal Medicine (BAPM) standards were not being met. Please see our factsheet on this area for further details.² We also highlighted the publication of the RCSLT staffing recommendations for neonatal care in Summer 2023. 		

¹ <https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Services-stakeholder-proforma-2023-RCSLT-Wales-response-12.7.23.pdf>

² <https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Care-Factsheet-COMB-AW-May-2023.pdf>

- We have significant concerns about the speech and language therapy staffing recommendations within the recently published NHS Wales Joint Commissioning Committee (JCC) Specification for Neonatal Services. The BAPM standards 2022 are outdated and do not reflect current RCSLT recommendations³ as shared with the Committee in our consultation response. The RCSLT speech and language therapy recommendations are based on unit type rather than cot type and differ significantly from the BAPM standards. It is extremely disappointing to see that whilst the RCSLT staffing guidance is referenced within the appendix for the 2024 JCC specification, the recommendations in the main table and the main body of the specification continue to be based on the BAPM standards. This decision places the profession at a significant disadvantage and we understand from conversations with local health boards that this is causing significant issues, negatively impacting recruitment and retention as posts may not be substantial for people to consider.
- It is vital that staffing recommendations within the specification are appropriate for all professions to ensure effective MDT working with neonatal care.

2. Review the provision of educational and clinical supervision for all perinatal professionals, to include the scoping of educational requirements and evaluation of current models of supervision.

Impact

- Enhances staff well-being and retention contributing to a sustainable workforce
- Improved quality of care from continuous professional support, learning and reflection

Strong Missing Wrong

Comments:

- We are in agreement with a review of clinical supervision for all professions noting disappointingly that restorative clinical supervision has not been extended to AHP's at this time. If we want to achieve the same traction, this needs to be extended to all.
- There is a need for clinical networks/professional supervision to support members of the smaller professions working in maternity/neonatal care, including SLTs, who may often be working single-handed in a multiprofessional teams. These ensure consistency of practice across geographical areas and improve outcomes by ensuring SLTs work to the top of their licence and support workforce retention/development.

³ <https://www.rcslt.org/wp-content/uploads/2023/03/Neonatal-staffing-levels-2023.pdf>

- As the neonatal SLT specialist workforce is very small in number, currently, supervision can be ad hoc and can be provided from a Lead without the clinical specialist knowledge. In many instances this will necessitate obtaining clinical supervision regionally and often from outside of Wales. This can often incur costs which is also a limiting factor given the tight financial constraints on local health boards.

3. Develop resources to be used across NHS Wales that will facilitate a culture of safety, learning and support in perinatal teams.

- In partnership develop an All-Wales approach for the response to adverse incidents, focussing on a just culture, psychological safety, staff wellbeing, shared learning, and co-production that is aligned to the work of the Strategic Maternity and Neonatal Network. To include HEIWs 'Improving quality through simulation framework' and aligned to national guidance and legislation.
- In partnership develop compulsory All-Wales training for professionals undertaking perinatal incident investigations.
- Develop an all-Wales compassion-based approach for the emotional and psychological wellbeing of the perinatal workforce following a potentially upsetting or traumatic incident.

Impact

- To understand the determinants of success (Safety II)
- Multi-professional learning from critical incidents
- Improved workforce engagement in decision making and quality improvement
- Provides equitable access for all staff to have the opportunity for emotional support following any potentially upsetting or traumatising incident
- Enhances staff well-being and retention contributing to a sustainable workforce
- Supports development of a just culture, psychological safety, and compassionate leadership

Strong

Missing

Wrong

Comments:

- We are supportive of a multi-professional approach but there will be a need to ensure this is embedded across all professions and to ensure that AHP's are fully integrated into perinatal teams.
- There is also a need to ensure that AHP leads have access to Compassionate leadership training to embed a compassionate culture.

4. Actively promote careers in perinatal services to attract our future workforce.

- a) Expand perinatal work experience opportunities across the whole of NHS Wales in line with the Strategic Framework for NHS Wales Careers.
- b) Through the HEIW Widening Access Programme target and increase under-represented and socially disadvantaged groups in accessing perinatal careers.
- c) Expand and promote opportunities within current training programmes to access perinatal experience/ placements for pre-registration nurses, medical students, physician associates, allied health professionals, and foundation doctors e.g. LIFT programme.
- d) Lead on the development of an All-Wales approach to facilitating student midwife elective placements, for those studying outside Wales.
- e) Develop an All-Wales approach to the recruitment of newly qualified midwives into Wales after the streamlining process has been completed.
- f) Develop targeted actions to increase the fill rate for ST1 Obstetrics and Gynaecology (O&G) training programmes, including a review of foundation placement experience and a strong and consistent offer of taster days/weeks to foundation doctors. Maintain the option to recruit into O&G training programmes at ST3 in Wales, health boards should provide educational supervision and portfolio support to locally employed doctors to facilitate competitive ST3 O&G application.
- g) Pilot national post-graduate medical trainee recruitment to less than full time (LTFT) training places for paediatrics and anaesthetics to meet the increasing demand for LTFT training and to minimise rota gaps.

Impact

- Attracting a diverse workforce with varied backgrounds and skills
- Reducing attrition during training and enhancing recruitment
- Ensuring consistency and equity in work experience opportunities across Wales
- Contributing to the growth and sustainability of the healthcare system
- Improved recruitment into Obstetrics and Gynaecology training

Strong Missing Wrong

Comments:

- We are in agreement with the action to promote careers across this pathway. There is evident interest in Wales amongst junior SLTs to work in this specialist area however, there is currently a lack of training/rotational roles.
- As mentioned under question 1, we have ongoing concerns about speech and language therapy provision within neonatal care, in relation to the recently

published RCSLT neonatal staffing recommendations.⁴ Please see question 1 for further details.

5. Work in partnership to develop an All-Wales approach and set of principles to implement regional working.

- Provide multi-professional opportunities for development and rotational posts/regional working across health board boundaries.

Impact

- Opportunities to improve quality through learning from each other and sharing best practice beyond health board boundaries
- Ability to deliver sub-specialist services locally
- Maintenance of clinical expertise
- Experience of different models of care
- Avoidance of working in isolation

Strong

Missing

Wrong

Comments:

- Multi-professional opportunities are always welcome. We would advocate for regional SLT roles would be extremely welcome which would enhance skill development, succession planning and peer supervision arrangements.
- We feel strongly that there is a need to establish Perinatal Lead AHP posts which would facilitate regional working. These roles should be carefully managed to ensure all AHPs are represented.

6. Scope and develop the workforce model and training requirements for a maternal medicine network, to include the role of an Obstetric Physician in Wales.

Impact

- Develop a sustainable workforce aligned to services
- Ensure women and birthing people with medical conditions have timely access to the best specialist advice and care at all stages of their pregnancy
- Embed multi-professional workforce models

⁴ <https://www.rcslt.org/wp-content/uploads/2023/03/Neonatal-staffing-levels-2023.pdf>

- Improve quality and outcomes for patients

Strong Missing Wrong

Comments:

- Any model should consider women’s and birthing people’s speech, language and communication needs and timely access to speech and language therapy support for mothers with communication needs, learning difficulties or who may be neurodivergent. SLTs give specialist advice and care before, during and after pregnancy.
- Furthermore, SLTs are key members of the MDT. When embedded in neonatal care, a specialist SLT’s unique knowledge and skills can help with early identification of infants at risk of feeding/swallowing/communication difficulties. The SLT can support provision of safe and positive oral feeding, to reduce the likelihood of long-term feeding difficulties, and support the family to develop responsive communication strategies to minimise long term speech, language and communication needs.
- Workforce models should be based on robust demand and capacity modelling to improve quality of service provision and positively impact on retention. Please see question 1 and question 7.

7. Review and strengthen local workforce planning and transformation.

- Develop and implement a multi-professional skill mix model for the perinatal team, including new and emerging roles based on good practice and the evidence-base which meet the needs of the population and demands for service. Utilise the visual guide in appendix one to support workforce planning and development of a workforce model locally.
- Utilise HEIW’s workforce observatory to support local workforce planning [Workforce observatory - HEIW \(nhs.wales\)](https://www.nhs.uk/workforce-observatory/)
- Develop a method of calculating the hours required for additional roles e.g. Quality and Leadership roles for medical, nursing and midwifery within perinatal services with appropriate job planning support in direct clinical care and SPA time for the work to be completed.

Impact

- Embed multi-professional workforce models
- Strengthen local workforce planning
- Improve quality and outcomes for patients

Strong Missing Wrong

Comments:

- Work-force planning should include the most up to date recommendations. We have significant concerns about the speech and language therapy staffing recommendations within the recently published NHS Wales Joint Commissioning Committee (JCC) Specification for Neonatal Services. As referenced in our response to question 1 and shared with the Committee. .
- It is vital that staffing recommendations within the specification are appropriate for all professions to ensure effective MDT working with neonatal care.
- The visual guide as mentioned in this action to support workforce planning should be made transparent and an opportunity for feedback to be given.
- AHPs should be added to point C.

8. Progress the career development and training of the support worker workforce.

- a) Develop an All-Wales competency and career progression framework for perinatal support workers at levels 2, 3 and 4, including options for progression from non-registrant to registrant (nursing and maternity).
- b) Commission work-based learning for level 2, 3 and 4 staff working in perinatal teams to provide opportunities for learning and development specific to perinatal care.
- c) Provide training for health board colleagues to enable them to assess and sign off work-based learning competencies.

Impact

- Upskill the workforce to meet demand
- Improve quality and outcomes for patients
- Improve job satisfaction and retention through opportunities to learn and develop
- Develop our current workforce with relevant learning opportunities focused on perinatal care
- Enhance career progression opportunities/succession planning
- Facilitate the implementation of work-based learning locally
- Upskill the workforce to maximise the opportunities developments in genomics bring

Strong Missing Wrong

Comments:

9. Develop a career development framework, and an education and training strategy to support the provision of Pharmacy and Allied Health Professional workforces in perinatal services to meet professional body recommendations/standards.

Impact

- Upskill the workforce to meet demand
- Improve quality and outcomes for patients
- Improve job satisfaction and retention through opportunities to learn and develop
- Develop our current workforce with relevant learning opportunities focused on perinatal care
- Enhance career progression opportunities/succession planning

Strong

Missing

Wrong

Comments:

- This action is very welcomed and strengthens the voice of what AHPs can offer.
- We feel that there is a need for Network Lead AHP roles to enable the workforce development.
- Many of the post graduate courses for speech and language therapy paediatric dysphagia are for over 1 years of age. We have developed a Neonatal Dysphagia competencies framework, however it is difficult to find supervisors to complete this with SLTs relying on cross-health board mentors.
- There is a need to develop specialist skills and services in instrumental assessment such as Fiberoptic Endoscopic Evaluation of Swallowing and Video fluoroscopy swallow studies for the neonatal population.
- There is already a Career Development framework in place for Neonatal AHP's. It may be suggested that what is required is an appendix to this that can draw out specific detail for perinatal.

10. Develop a digitally ready workforce.

- a) Develop a Digital Education and Training Plan for the pre and post registration education and training needs of the perinatal workforce to work in a technological enabled service.
- b) Roll out the new HEIW digital capability framework in perinatal teams. Utilise the data to identify training needs and commission training/education informed by the evidence gathered.
- c) Develop a targeted digital leadership programme for perinatal teams in preparation for Digital Maternity Cymru that will support digital transformation and service improvement.

Impact

- Ensure training and education is available across the career pathway, including pre-registration education
- Building a digitally ready workforce
- Ability to embrace and maximise use of digital developments
- Maximise future digital workplace development
- Develop an understanding of the workforce's knowledge and any gaps
- Ability to provide/signpost to learning opportunities that exist

Strong

Missing

Wrong

Comments:

11. Develop training and resources to reduce inequalities in health and outcome for black and ethnic minority women and birthing people.

- a) Develop a compulsory training programme for perinatal teams in NHS Wales focussing on cultural competence and unconscious bias.
- b) Develop training and resources to support the assessment and diagnosis of conditions in women and babies from ethnic minorities to improve equity and reduce inequalities.
- c) Review data from the Workforce Race Equality Standard and the Staff Survey to inform future actions.

Impact

- This will facilitate targeted action to address systemic issues to improve the experiences of the ethnic minority workforce and the inequalities in outcome for the global majority

Strong

Missing

Wrong

Comments:

- Importantly, there should be an emphasis on cultural intelligence as without this one cannot be culturally competent. The focus should also be on how to be **confidently** culturally competent.
- We feel it is important that such training is not a one-off training session but should be refreshed at intervals i.e. annually.

12. Develop and implement targeted programmes and resources to embed compassionate leadership and management, succession planning and

mentoring, positive cultures, psychological safety, and effective team working at all levels within perinatal teams.

Impact

- Development of multi-professional compassionate leaders across the NHS
- Opportunities for career progression
- Development of compassionate, inclusive cultures in perinatal teams

Strong

Missing

Wrong

Comments:

- There is a need to scope what is already available for compassionate leadership programmes and build on these.
- There is a need for AHP's to be able to access leadership training programmes.
- Leaders should understand all roles within their teams so as to enable whole teams to understand each other and unique skill sets.

13. Build workforce intelligence and modelling to inform and predict future workforce requirements over the long term.

- a) Develop workforce modelling to inform future supply and demand, using a scenario-based approach, taking into consideration pipeline and population data and workforce trends. Utilise this information to inform HEIW's Education and Training Plan.
- b) Identify data gaps and ensure systems are in place to support data collection and analysis for the whole perinatal workforce. Develop a multi-professional perinatal workforce dashboard.
- c) Identify all current and projected Consultant workforce gaps for the next 10 years across the 3 perinatal specialities, including the more specialist Consultant roles in Wales. Develop targeted training opportunities to specifically address current Consultant vacancies, including the option to purchase specialist training posts e.g. fetal and maternal medicine from NHS England when sub-specialist training is not available in Wales.
- d) Develop updated HEIW Specialty School strategies to maximise specialist training placements in Obstetrics and Gynaecology, Neonatal 'GRID' sub-specialty training and Obstetric Anaesthetic as Specialist Interest Area training to match the projected population needs in Wales.
- e) Increase core and higher specialist training programme places to mirror the expansion in Foundation training places to avoid acute bottlenecks in training progression and retain postgraduate doctors in Wales.

- f) Include recommendations for increases in specific roles considering population health need, demand, and workforce trends as part of future Education and Training Plan (ETP) submissions.
- g) Continue to increase commissioning places for midwifery over the next two years to support the requirements of the Birth Rate Plus recommendations whilst considering the decreasing birth rate, increasing acuity and complexity, and placement capacity. Over the last 5 years 2019 – 2024 commissioning places for midwifery have increased by 67%.
- h) Increase child and adult nurse commissioning numbers in 25/26 by 6% and 4% respectively to address demand. Whilst continuing with strategies to improve the fill rate for adult nursing places.
- i) Define the methodology for the uplift required to cover workforce absences including sickness, training, maternity leave. Calculate the uplift required to cover staff absences based on previous 3 years data.

Impact

- Collation of accurate workforce intelligence
- Facilitation of workforce planning and decision making
- Avoid duplication and limit manual data collection
- Facilitation of workforce planning and strategic decision making
- Increase workforce supply
- Succession planning for medical consultant posts in Wales
- Maintenance of specialty services in Wales
- Improved outcomes for patients through provision of local and regional specialty services
- Avoid workforce shortages linked to maternity and sick leave
- Reduce high workload
- Avoid bank/agency usage
- Improve retention

Strong Missing Wrong

Comments:

- We would recommend a stronger focus on AHPs in this section.
- As alluded to in questions 1, 4 and 7, there is a vast deficit in current SLT neonatal staffing in Wales despite providing data and evidence to support future workforce planning.

14. Improve workforce supply and shape through an All-Wales approach to international recruitment.

- a) Collaborate with NHS Wales Shared Services Partnership (NWSSP) and health boards to identify medical workforce vacancies and consider

options for an All-Wales approach to the ethical international recruitment of perinatal medical staff.

- b) Collaborate with NWSSP and health boards to scope the requirements for and feasibility of the ethical recruitment of internationally educated midwives, to include consideration of the Nursing and Midwifery Council requirements, preparation for the observed, structured, clinical examination (OSCE), preceptorship and pastoral support.

Impact

- A prudent approach to international recruitment based on workforce data
- Ethical recruitment processes
- Improved supply of the workforce
- Appropriate support and induction for international recruits
- Utilise an existing streamlined process for sponsorship by NWSSP and General Medical Council registration
- Reduce appointment to 'in work' time

Strong

Missing

Wrong

Comments:

- International recruitment must take into consideration local commissioning numbers and recruiting students studying in Wales and wishing to undertake employment in Wales. I.e. it should be adjunct to this if necessary and should not impact local students securing employment.
- There is a need to work with Royal Colleges to ensure that AHP professions on the UK governments shortage occupations list are considered when planning overseas recruitment

15. Strengthen workforce planning in perinatal teams including consideration of emerging and new roles, or alternative routes into professions to develop a sustainable pipeline of workforce reflecting demand and population needs.

- a) Develop guidance for the successful deployment of the Physician Associate (PA) role in perinatal care settings aligned to their scope of practice.
- b) Develop good practice guidance to support portfolio pathway routes into specialist registration.
- c) Develop work-based learning to provide a career progression pathway that enables Maternity Support Workers to become registered midwives. This will support career progression pathways, the workforce pipeline in rural areas of Wales, increase diversity in the workforce and provide equitable access to training and education.

- d) Scope evidence-based tools, standards and guidance that are currently used to inform midwifery-staffing levels. Utilise the scoping exercise data to complete an options appraisal for an All-Wales approach.
- e) Develop a workforce planning toolkit to inform obstetric, obstetric anaesthetist and neonatology staffing levels in Wales.

Impact

- Inform post graduate training and education commissioning
- Inform education and training plan decisions
- Allows for planning and development of solutions for anticipated workforce shortages
- Development of a health board structure to facilitate the learning and educational needs of doctors choosing the portfolio pathway
- Provision of a career pathway to consultant practice
- Widen access to a career in midwifery
- Increased diversity and inclusion in the workforce
- Career pathway opportunity for maternity support workers
- Improved retention through career development and opportunities

Strong Missing Wrong

Comments:

- There is a need to establish an adequate AHP, including speech and language therapy workforce within this area. Please refer to questions 1 and 7.
- Emerging and new roles need to be considered and open to all professions.
- There is a lack of career pathway and ability to translate this into posts for AHP's e.g. consultant therapist.
- Advanced Practitioner Roles for AHPs do not exist and we strongly feel that they should. There are many Advanced Nursing Practitioner roles so we are significantly behind and focus needs to be on this area.

16. In partnership review the sonography workforce in Wales and develop workforce solutions to meet the demand for obstetric ultrasound scans.

Impact

- Allows for planning and development of solutions for anticipated workforce shortage

Strong Missing Wrong

Comments:

Additional Questions

Do you think there are any gaps in the suggested actions?

Comments:

- Please see comments in the sections of each action.
- Outreach and follow-up services are not included in this plan. There is a really important role here for AHPs in this area.

What advice do you have on how we should implement these actions?

Comments:

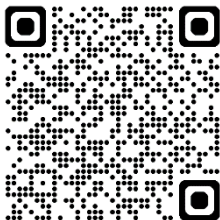
- Ensuring the development of Strategic Perinatal Lead posts to ensure implementation of all the action points and additional comments.

Do you have any examples of different ways of working, best practice or case studies that would help inform these actions and the costings?

(Please provide a brief overview which may include hyperlinks, and your contact details. Alternatively, you may wish to email us the information via the HEIW perinatal workforce plan email: HEIW.PerinatalWorkforcePlan@wales.nhs.uk)

Comments:

[Neonatal care – Clinical information for SLTs | RCSLT](#)



[SLT Neonatal Staffing recommendations](#)

SLT: [Neonatal Staffing Level Calculator | Review 360 \(articulate.com\)](#)

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Do you feel the proposals set out within this consultation provide equity and accessibility to all?

Comments: <ul style="list-style-type: none">• Although there is mention of AHPs in this plan, the focus seems to be more so on other professionals.

Do you have any further comments?

Comments:
