# Therapies and Audiology Workforce Plan

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## 1. DEFINE YOUR PLAN

The Audiology workforce has been shaped and continues to be shaped by a number of factors, strategies and developments each of which contributes to the context of this workforce plan.

The Audiology service has been shaped over the past seven years by the **Framework of Action for Wales 2017-2020 (extended to 2023) – An Integrated framework of care and support for people who are D/deaf or living with hearing loss** and in particular the Welsh Health Circulars developed from the actions of the Framework regarding wax removal and the introduction of a model of first contact audiology assessment.


integrated-framework-of-care-and-suppor


whc2018-006 Audiology Framework


20200901 - Ear Wax management - WHC -

The changes to the service to meet the requirements of the Welsh Health Circulars have been significant, with a 50% growth in the substantive workforce as well as a 100% increase in training activity in order to ensure the available workforce in the context of a national shortage of audiologists.

The significant increase in the workforce and training activity has introduced challenges which impact on the service as a whole such as

- A more mobile workforce working across teams and sites with varied scopes of practice within each role type
- Increased turnover (largely within service promotion) resulting in a large number of relatively inexperienced staff in each role type
- Significant training demands on staff
- Increased quality and safety complexity

A new strategy document is in progress which will outline the ambition for Audiology services rather than the wider hearing services over the next 5 years. This will include the ambition for the workforce which is hoped to be supported by a workforce task and finish group led by Welsh Government. This workforce plan, will consider these challenges along with those presented by the other contexts and the likely content of the 'Futures document'.

**All Wales Dementia Pathway of Standards**

The Pathway of Standards requires that all individuals entering the memory pathway receive a hearing assessment (and appropriate intervention). Furthermore, NICE guidance recommends that individuals with a diagnosis of Dementia (and those with Learning Disabilities) receive hearing and hearing aid reviews on a two yearly basis. A national pathway is being developed by Improvement Cymru which will describe

the requirements of a hearing and dementia pathway using the recommendations of both the NICE guidance and All Wales Dementia Pathway of Standards.

Currently workforce capacity would not allow us to offer hearing assessments / screening to all individuals referred to the memory pathway or allow us to review patients with a diagnosis of Dementia every two years. In addition, workforce skills and knowledge would need to be developed within the team due to the expected increase in patients requiring adaptations to assessment and rehabilitation.

Currently the lack of data is restricting the ability of the service to map the workforce WTE and skills requirements for this development. An audit will be carried out by the end of 2024/25 which will hopefully help to determine the extent of the services currently being delivered to this population and the gap, however the results are likely to mirror a similar small scale audit completed by SaLT within the Memory Assessment team which revealed that only 35% of patients referred for assessment had received audiology input within the prior two years.

This workforce plan will propose a model and explore the workforce implications but further work will be required to make firm proposals against this important driver for change.

**Technological developments**

Currently technological developments which the service has not currently being able to progress are the provision of rechargeable hearing aids and remote hearing aid care.

There would be no workforce implication to the provision of rechargeable hearing aids by the service except for a small release of administration time for the posting out of batteries. There is a cost implication to the provision of rechargeable hearing aids, particularly in the first five years, which will be worked through following the 2024 Wales Audiology procurement framework review.

Remote hearing aid care is a development that the service would like to progress. It is though unlikely to have significant workforce implications as it is not expected that there would be a change to the amount of patient contacts or Audiological skills required to provide hearing aid care as the hearing aid management would remain the same but delivered remotely rather than requiring a patient to bring or post their hearing aids to the service. Remote care would only be appropriate for hearing aid follow-up care and adjustments currently as assessments, fitting measurements or significant hearing aid changes require the patient to attend the service currently

Future developments in Audiology may include an extension of remote care to hearing assessment and hearing aid fitting, via in-situ hearing assessment and real-ear measurement. Should this occur then there may be an opportunity to expand the associate audiologist workforce, depending on the nature and sophistication of this technology.

Given that the current and impending technological developments are unlikely to have a significant workforce implication, they are out of the scope of this plan but will continue to be kept under review. Any technical developments that do have significant workforce implications will be included as required in the future.

**Quality Assurance**

In 2009 The first set of Quality Standards for Audiology were endorsed and used to assess the quality of Adult Audiology services in Wales. The Standards, developed in collaboration with Scotland, were developed along using an Improvement Scotland methodology which remains relevant currently. The first set of Standards were followed in 2010 by the Paediatric Audiology Quality Standards, also developed in collaboration with Newborn Hearing Screening Wales. Version 2 of these standards (Paediatric Standards renamed to Children's Hearing Services Standards) were endorsed in 2016 and Tinnitus and Balance standards have been added to the set in 2023. The set of Standards sits on the Welsh Government Mandatory Annual Clinical Audit list. Currently the standards have been endorsed individually by the Health Minister but in 2024 the overarching framework will be endorsed allowing for more responsive development of the standards themselves. The Audiology service performs well against the standards however there is a significant gap in the ability of the service with regards to maintaining assurance against the standards as workforce capacity related to them has never been identified. Therefore it has fallen to the Head of Audiology and the Head of Paediatric Audiology to manage assurance against the standards on top of their clinical, operational and strategic roles. Linked to this is the lack of capacity dedicated to non-clinical activities that are usual in other professions and are recommended in the draft

The audiology profession is keen to ensure robust quality management across all aspects of patient experience and safety including national reporting and benchmarking. To this end, there are now additional reporting requirements including

- School Entry (age) hearing Screening key performance indicators
- Patient Experience Measures
- Paediatric Audiology access, diagnosis and intervention key performance indicators

the latter, a recommendation of the Paediatric Audiology quality assurance group as a response to the deficits highlighted in reviews of paediatric audiology services in Scotland and England.

**A robust quality management system is required within the Audiology service with workforce capacity dedicated to the quality assurance work plan.** This dedicated capacity would ensure that responsibilities for all elements of quality assurance are delegated, reported regularly and action plans are developed and monitored.

**Performance reporting (access)**

As part of the drive to improve performance monitoring of Audiology services, an extended range of Audiology pathways will now be monitored via the National Performance Framework. Whilst the service currently meets the Standard for adult hearing aid activity there are significant deficits in Paediatric assessment and review and balance assessment. The workforce plan will address access for paediatrics and balance.

**Training and development**

Another important aspect of quality assurance is the training and development undertaken by and provided to substantive, super-nummary and external trainees within the service. There are recommendations relating to minimum training which have been made by the Paediatric Quality Assurance Group specifically as a result of the issues revealed in Scotland and in England but in addition the service relies on internal training in order to ensure good recruitment and retention rates in the context of a national shortage of Audiologists. The service is required to provide good quality training as part of its accreditation for the provision of the STP and HTS programmes. The plan will therefore consider training and development requirements broadly and specifically for paediatric audiology and dementia.

**Professional Considerations**

A further context for the workforce plan is recent and expected guidance produced by Health Improvement and Education Wales regarding the profession. The first relates to Consultant Audiologists and the second to a broader Framework for Healthcare Science Job Planning (currently in draft form and so no attached).


Consultant Clinical Scientist Implementat

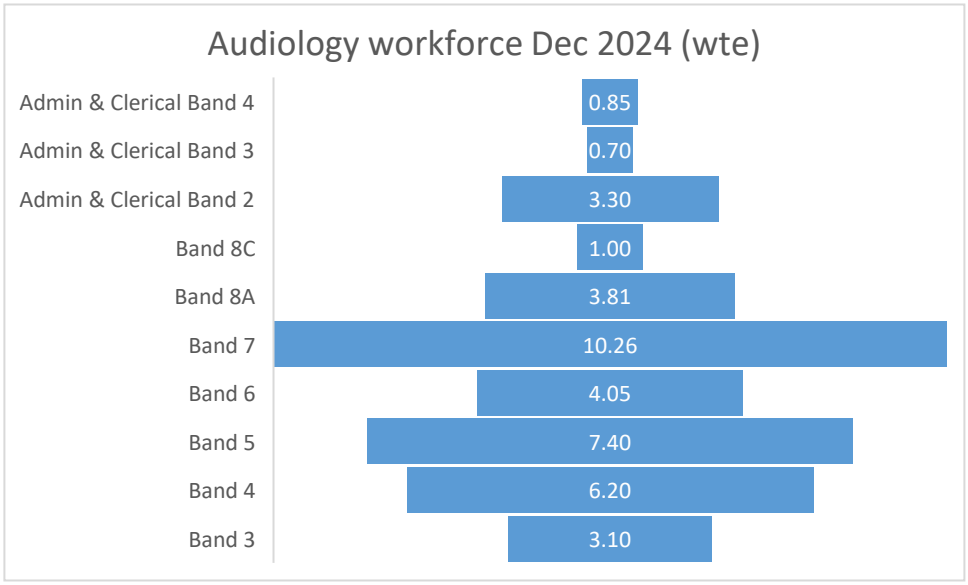
Include scope of practice if published prior to completion

This will be considered within the plan.

# Map the Service Change

**Benchmarking, evaluating required workforce capacity for existing service**

Last year an attempt to benchmark against a Scottish workforce model was made which did show a deficit in predicted work time equivalent. This has been removed as it is accepted that implementation of the Primary Care Audiology service as well as other differences in service delivery meant that it was not possible to draw conclusions from the exercise.




The workforce distribution is does not conform to the accepted 'ideal model' of a pyramid with large numbers at the bottom followed by progressively smaller proportion for higher grades. The service has increased the number of associate level staff from 1 wte in 2016 to 5.44 wte, largely through the implementation of primary care audiology but also through . The model proposes a pyramid structure with large numbers of workforce at lower grades and small numbers at band 8. Traditionally, Audiology would have had larger numbers at Band 5 providing support to ENT clinics and managing routine adult hearing aids. Since 2017 though the workforce at band 7 has expanded significantly with the introduction of the vestibular pathway and adult hearing pathway (diverting activity from ENT Consultants) and the implementation of first contact audiology in Primary Care. Equally, an associate workforce has been created with the implementation of wax management and routine hearing assessment in primary care as well as supporting non-complex adult hearing aid management in the hospital based service.

**What do waiting lists tell us about SBU Audiology workforce capacity and ideal WTE?**

A demand and capacity analysis was completed using 12 months activity and waiting list data.

Numbers of patients on waiting lists rose remain 6% higher than December 2022 but this is an improvement on the 16% growth observed last year. % in the twelve months to December 2023. They continue to be 17% higher than pre-covid. It should be noted that there are a number of positive and negative factors acting on waiting lists including

- + Continued reduced support to ENT clinics as demand in these clinics for hearing tests has remained persistently low, possibly due to the impact of Primary Care Audiology
- - Increased sickness rate remained high post pandemic with the consequent impact on activity and waiting lists. It has now declined to 4.66% cumulatively 12 months to end November 2023.
- - Referrals across secondary care Audiology are 6% higher post pandemic than in the 11 months to end February 2020. This is despite the cessation of the SLA with Powys and associated loss of 0.577 WTE and is growth on 2023.
- + Efficiencies introduced by the Primary Care Audiology service has enabled the service to absorb this increased demand for hearing aids.

Numbers of patients on the Audiology waiting lists is a good barometer of trends however waiting times for new and follow-ups are a better representation of both the short and long term workforce capacity deficits in specific areas.

*New Adult Patients*

Wait time for new Adult Hearing Aid patients remains within the Welsh Government standard and so will not be considered here. Work to report all Audiology waiting lists though may result in a rebalancing of priorities to a certain extent but would not impact on the overall capacity. Equally, Adults re-accessing the service are also seen close to the standard specified in the Quality Standards and so are not considered here.

*Paediatric Audiology*

Paediatric Audiology wait times are significantly out of line with the standard specified of six weeks for new routine assessments and within 4 weeks of target for both assessment follow-ups and hearing aid follow-ups. (Urgent assessments, newborn hearing diagnostic assessments and new hearing aid fittings largely meet the standard).

Pre-covid wait times sat consistently at 14 weeks for new assessments but are now up to 20 weeks for children requiring a two tester clinic. There has been a significant improvement on December 2023 waits of up to 28 weeks. The workforce for this element of the service is small though and wait times will quickly be affected by vacancy from end of December which reduce capacity until appointed candidates are able to take up the posts.

A number of plans have been developed to help stabilise growth in waiting times and numbers but it stands that children are waiting significantly longer than best practice at a critical time in their speech and language development. In addition, delays to planned reviews of hearing aid provision may mean that children are either not optimally aided or at risk of over amplification should there be changes in their hearing over that time. Any additional workforce which is provided to target these waits will by the nature of a common cause of childhood hearing loss, Glue Ear, increase demand for reviews and intervention.

Skill mixing

The Audiology service has utilised skill mixing where possible to manage waiting lists and meeting CIP requirements in the past.

Clinical skill mixing: The Primary Care Audiology service has provided some efficiencies and opportunities due the reduced requirement for Band 6 skills and experience as large numbers of patients are referred to Audiology having already been assessed by an advanced practitioner. This opportunity was exploited in the Swansea side of the service following a retirement in summer of 2023. A detailed analysis would be required in order to scope the potential remaining change but initial data has shown that there were 200 sessions of activity that could potentially be undertaken by band 5 rather than band 6 during 2023, largely in Neath Port Talbot based staff, suggesting a potential 0.5 wte skill mix from band 6 to band 5. Given that there is likely to be little turn over in band 6 adult audiology staffing over the next couple of years opportunities to skill mix directly are unlikely, however opportunities to utilise these skills by transferring them to the paediatric service is more likely and will be considered as and when possible.

Operational Skill mixing

Over a number of years and with an expanding service in terms of complexity and size without increases in administrative support have led to a number of administrative and tasks being undertaken by operational managers. Examples include patient administration of the BAHA service, elements of patient triage, ordering and clinic scheduling. Whilst some of these areas do require more senior oversight than others should the bulk of these tasks be undertaken by administrative staff the time and skills of the senior team would be freed up to manage some of the quality assurance and training assurance gaps identified and described below.

**Quality Assurance, training and development**

The Audiology service uses the national Audiology Quality Standards as a basis for service delivery and management. The Standards, developed in collaboration with Scotland, were developed along using an Improvement Scotland methodology which remains relevant currently. The first set of Standards were followed in 2010 by the Paediatric Audiology Quality Standards, also developed in collaboration with Newborn Hearing Screening Wales. Version 2 of these standards (Paediatric Standards renamed to Children's Hearing Services Standards) were endorsed in 2016 and Tinnitus and Balance standards have been added to the set in 2023. The set of Standards sits on the Welsh Government Mandatory Annual Clinical Audit list. Currently the standards have been endorsed individually by the Health Minister but in 2024 the overarching framework will be endorsed allowing for more responsive development of the standards themselves. The Audiology service performs well against the standards however there is a significant gap in the ability of the service with regards to maintaining assurance against the standards as workforce capacity related to them has never been identified. Therefore it has fallen to the Head of Audiology and the Head of Paediatric Audiology to manage assurance against the standards on top of their clinical, operational and strategic roles.

In addition, the audiology profession is keen to ensure robust quality management across all aspects of patient experience and safety including national reporting and benchmarking. To this end, there are now additional reporting requirements including

- School Entry (age) hearing Screening key performance indicators
- Patient Experience Measures
- Paediatric Audiology access, diagnosis and intervention key performance indicators

the latter, a recommendation of the Paediatric Audiology quality assurance group as a response to the deficits highlighted in reviews of paediatric audiology services in Scotland and England.

**A robust quality management system is required within the Audiology service with workforce capacity dedicated to the quality assurance work plan.** This dedicated capacity would ensure that responsibilities for all elements of quality assurance are delegated, reported regularly and action plans are developed and monitored.

In the absence of a quality manager, the service is developing a roles and responsibilities framework across the service. Currently in development, this document aims to delegate areas responsibilities to individual staff at an appropriate career level with defined senior team oversight or support. The framework covers all aspects including Health and Safety, Quality and Safety, training, patient experience and clinical specialties. The lack of a quality manager to oversee this though means that it is difficult to develop, maintain and monitor.

**Workforce training and development**

The audiology service undertakes training under the following schemes

| Scheme name | Academic element | Clinical element | Funding |
|---|---|---|---|
| Fast track Associate Audiologist Training | Higher Cert in Audiology- Swansea University | Clinical log book, delivered in service, final assessment by Swansea University | 2 years, HEIW, HB employee. Funding covers fees and salary |
| Practitioner Training Programme (PTP) | BSc in Audiology – Swansea University | Clinical log book, delivered in service, final assessment by Swansea University | 3 years, HEIW. Funding covers fees and bursary |
| Scientific Training Programme (STP) | MSc in Audiology- Manchester University | Clinical log book, delivered in service, final assessment by The National School for Health Care Science | 3 years, HEIW, HB employee. Funding covers fees and salary |
| Advanced Practice funding | MSc modules – various providers | None<br><br>Service provides 1 session per module study time | HEIW funding for advanced practice. |
| Higher Training Programme | Relevant MSc is a prerequisite | Clinical log book. Up to 50 session per module | HEIW funding for equivalence – fees. Backfill funded in 2023/24. |
| *Healthcare Science apprenticeship levels 4 – not used yet* | *Pearson* | *Learning outcomes, significant number of hours* | *HEIW fees. Time currently not funded and so at cost to service* |
| *Part-time PTP* | BSc in Audiology – Swansea University | Clinical log book, delivered in service, , final assessment by Swansea University | *HEIW fees. Staff need releasing from post 1 day per week –back filled at band 3?* |

| | | | |
|---|---|---|---|
| Level 4 wax removal (Agored) | Audiology delivered | Audiology delivered | No additional funding currently |
| Preceptorship- voluntary suggested Welsh Audiology scheme | | Audiology delivered | No funding |

As is shown by the table above the service is involved in training at every level. Currently there are 9 non-substantive employees enrolled on the Fast Track and STP schemes with on average 3 PTP students training in the department at any one time. There is also one individual undertaking a Higher Training Scheme module and a number undertaking MSc Modules. There are two members of staff undertaking the Band 5 preceptorship to support their first year in practice.

Learning from the issues in Scotland and England, a recommendation of the Paediatric Quality Assurance Group is that the minimum standard for individuals undertaking hearing assessment for children under the developmental age of 4 years should hold an MSc in Audiology and also have an externally assessed clinical qualification in Paediatric Assessment / Paediatric Newborn Hearing Assessment dependent on their role. (For STP graduates the assessment is inadequate and so a secondment of two weeks is recommended). There is one member of staff conducting complex hearing assessments who does not hole an externally assessed clinical qualification.

In order to ensure that staff are skilled and experienced in training all staff are trained as Mentors with Swansea University and staff in contact with STP students undergo the National School train the trainer training. **The service would benefit from capacity to oversee the schemes and support staff skills in training (including peer review of trainers).**

**Job planning**

Against the recommendations of the draft Framework for Healthcare Scientists, the workforce in general does not have dedicated non-clinical sessions. Apart from regular full team audit and governance meetings or specialty specific meetings, non-clinical sessions are very often filled with direct clinical administration leaving non-clinical activities related to their defined roles and responsibilities as described above, audit, research, quality improvement and CPD to non-attended patient slots. For this reason it is also difficult to release staff to be involved in projects outside of the service as they would directly impact on clinical capacity. The lack of non-clinical activity impacts on the quality assurance capacity of the service, reduced capacity for change and innovation and reduced opportunities for staff to increase their skills and experience and expand their scope of practice. This plan includes an estimation of the WTE required to provide the recommended non-clinical time.

**Dementia Pathway**

The draft dementia pathway describes the high level requirements for health boards against the All Wales Dementia Pathway of Standards and NICE guidance relating to Hearing Assessment. The specific features are:

- A hearing assessment or hearing screen for all individuals referred for memory assessment
- Relevant intervention (technological- hearing aids, or non-technological) for those with a hearing loss
- Two yearly hearing and management review for individuals with a diagnosis of dementia or mild cognitive impairment

There are specific training needs for staff both leading the service for individuals with dementia and for those undertaking assessments and interventions with individuals with dementia. It is currently not possible to scope or map out the service with regards to workforce due to lack of data. An audit which will be completed in Q4 of 2024/25, and the outcomes of Health Boards running pilot services will hopefully provide data against which the service will be modelled.

**Staff views**

Primary Care Audiology is a relatively new service and the workforce is keen to explore the benefits or stressors of this new role. We have approved two dissertation projects being carried out by members of staff completing Masters in Audiology exploring this.

a) What factors are associated with job satisfaction amongst clinicians who work in primary and secondary care audiology clinics within the Swansea Bay Health Board?

b) The opinion of audiologists in Wales on Primary Care Audiology

The outcomes and conclusions of these projects will be considered in due course.

## 2. DEFINE THE WORKFORCE REQUIRED

There are a number of areas within the service where additional skills or capacity is required in order to meet performance or quality requirements. These are outlined below.

**Paediatric Audiology access**

Paediatric Audiology access has been poor for a number of years and has been exacerbated by the pandemic both in relation to activity backlog in both Audiology and ENT (particularly in relation to grommet insertion), and a significant change in the developmental status of children referred to the service which is affecting services across the UK. This has led to increased referrals for children who require non-conventional assessment or who require audiological intervention in the form of hearing aids for temporary hearing losses.

Children waiting over the standard wait time as on September 2024

| | Assessment<br><br>(waiting over 6 weeks for new or waiting over target for review) | Hearing aid review |
|---|---|---|
| Total patient exceeding the standard | 443 | 186 |
| Clinical sessions required – patient contact + direct clinical admin | Band 3 52<br><br>Band 6 104<br><br>Band 7 67 | Band 5 10<br><br>Band 6 35<br><br>Band 7 35 |

NB. Assessments take in to account that each child waiting for an assessment is likely to require 1.4 appointments prior to discharge or referral to another pathway within the service.

In order to recover these lists to provide access within the standard wait time, a total of 241 Paediatric lead clinics of which 62 also require a band 3 – 5 assistant dependent on type of clinic. Given the lack of access to suitably sized and equipped sound proof accommodation, delivering the standard is unlikely to be possible over a short period and a longer term plan to deliver a gradual achievement of the standard over a period of at least eighteen months would be more realistic although still challenging.

This would translate in to 13-14 clinical sessions per month over 18 months

| Band | WTE requirement over 18 months |
|---|---|
| Band 7 | 0.32 WTE |
| Band 6 | 0.38 WTE |
| Band 4/5 | 0.032 WTE |
| Band 3 | 0.13 WTE |
| Band 8 management | 0.13 WTE |
| Band 2 | 0.25 WTE |

Longer term. Should the waiting times be achieved in line with the standard it is likely that a small amount of additional capacity is required to maintain waiting times within that standard. This is due to:

- Increased likelihood of temporary hearing losses (glue ear) requiring review or intervention due to shorter wait times
- Additional hearing aid reviews per year (which are currently delayed)
- Additional requirement for assistants as children will be younger when seen and so less able to condition to single person assessment (performance audiometry)
- Increased uptake of validation closer to the point of referral

The impact of these changes would not be able to be predicted or scoped until waiting list positions are improved.

**Paediatric Audiology skills and experience**

Meeting the recommended minimum training standard for paediatric audiology now and in the future is likely to require the an individual to undertake the HTS in Paediatric Audiology every five years and the HTS in Paediatric Newborn Assessment every 8-10 years. Backfill of 50 sessions per candidate will be required in order to maintain service related to these individuals.

**Quality Management**

**A robust quality management system is required within the Audiology service with workforce capacity dedicated to the quality assurance work plan.** This dedicated capacity would ensure that responsibilities for all elements of quality assurance are delegated, reported regularly and action plans are developed and monitored.

The service would benefit from capacity to oversee the schemes and support staff skills in training (including peer review of trainers).

These specific roles do not currently exist in any Audiology services in Wales and so the WTE required is not known, however it is likely that 0.25 WTE at band 7 for quality management and 0.13 wte at band 6 for training would have a significant impact on the ability of the service to provide assurance in these areas.

**Job planning**

Against the recommendations of the draft Framework for Healthcare Scientists, the workforce in general does not have dedicated non-clinical /operational management sessions apart from regular full team audit and governance meetings or specialty specific meetings.

Additional non-clinical WTE to meet the draft recommendations would be:

| | |
|---|---|
| Band 4 | 0.2 wte |
| Band 5 | 0.3 wte |
| Band 6 | 0.2 wte |
| Band 7 | 1 wte |

**Dementia**

It is currently not possible to define the workforce required for the provision of the hearing services that will be described in the All Wales Hearing and Dementia pathway. This will be a specific action once the pathway and data are available.

Agreement has been provided to increase administrative support at band 3 for operational managers at Band 8a. This post commenced in September 2024 and has started to free up capacity within the capacity within the senior team for service development and quality improvement at significantly reduced cost.

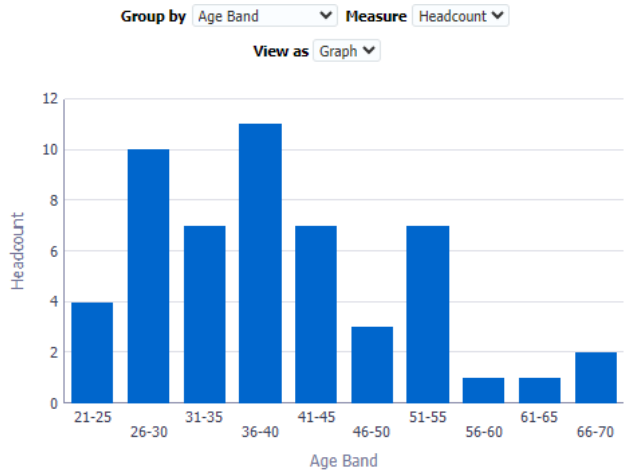
## 3. WORKFORCE SUPPLY

A detailed analysis of the existing workforce deployment has been undertaken in 2023. Given that the majority of staff work across specialties within the service and there are frequent changes, the conclusions are approximate but a broad examination shows

| | Paediatrics | Adult hearing | Tinnitus | Balance |
|---|---|---|---|---|
| Clinical | 3.6 wte lead<br>0.65 wte assist | 13.7 wte | 0.66 wte | 1 wte |
| Leadership | 0.5 wte (B8a) | 1.12 wte (B8a) | 0.1 wte (B7) | 0.1 wte (B7) |

Does not include sessions / hours dedicated to clinical, governance and training meetings.

The audiology service currently has relatively young workforce and although there are individuals who will be considering retirement in the next few years they are spread across the service and in no instances are they the sole individual with a particular set of specialist skills and knowledge.




17% of the workforce are male all of whom are in clinical roles. The specific records with regards to diversity are not available on ESR.

A continued commitment to training, and the co-location of the PTP in Swansea for the next 8 years means that the service is likely to continue to be able to obtain the workforce, skills and experience required to manage natural changes in the workforce and the additional demands of the Dementia service and Paediatric service improvements.

| **Graduation year** | **2025** | **2026** | **2027** |
|---|---|---|---|
| STP | 2 | 1 | 0 |
| Fast track | 1 | 1 (requested waiting for confirmation) | 0 |
| Equivalency in progress: HSST | 2 | | |
| Equivalency in progress: STP | 1 | | |
| Equivalency in progress: PTP | 2 equivalence ongoing | | |
| Part time PTP | | | 1 |
| ILM Level 5 | 1 | | |
| Masters Modules (likely end date for full Masters) | 1 | 2 | |

In addition the service requests the commissioning of 1 PTP graduate per year

**Level 3 and 4 training**

There is an identified gap for grow our own entry in to the profession for non-graduates. Implementation of the Agored Level 3 and Pearson Level 4 apprenticeships are key to this however the lack of ability to draw down apprenticeship funding and burden on services to develop and deliver

this training is prohibitive. The head of service is currently representing Audiology HoS in exploring FEI partnerships as is the model adopted by Pathology and OT.

**Current identified succession planning / skills gaps**

Due to the lack of non-clinical time afforded to individuals within the service as well as a rapid expansion over the past few years, gaps in succession planning and skills do exist as described below.

| Area | Current situation | Current action | Future actions |
|---|---|---|---|
| Requirement for succession planning for tinnitus assessment and management | Service has two individuals providing this service, one of whom is due for maternity leave and the other approaching retirement age in a few years | One individual undertaking the HTS in Tinnitus assessment and management | Will need to ensure that skills are maintained at 3 individuals (or 2 and one in training) |
| Leadership Head of service succession planning and deputy support for head of service | Currently no internal individual able to apply for Head of Service role due to HEIW Consultant Clinical Scientist recommendations, although annex 21 could be used.<br><br>Current funding and structure does no easily allow for the creation of a deputy role | Two individuals applying for HSST equivalence<br><br>One individual undertaking the ILM level 5<br><br>Roles and responsibilities being defined for the senior team across the service. | Continue to promote the HSST to staff<br><br>Ensure leadership planning features in PADRs staff at band 7 and 8a<br><br>Consider how current senior leadership team can support the head of service in particular areas (relates to the Band 8a- administrative tasks skill mixing plan) |
| Paediatric minimum training standards | Current staff meet the requirement however succession planning required | STP training | Requirement for 1 x HTS in Paediatric Assessment every 5 years and 1 x HTS in Paediatric Newbon Assessment every 10 years |

| | | | |
|---|---|---|---|
| | | | (unless recruitment of individuals with existing qualification) |
| Dementia | Will require<br>• Enhanced knowledge for dementia lead<br>• Knowledge, skills and attitudes training | Dementia awareness for all staff | 1 lead training<br>All staff conducting assessments/ interventions for people with dementia |
| Quality assurance and improvement | Lack of non-clinical time within the service has led to low levels of participation in quality assurance and improvement across the service. This is due to lack of time rather than lack of willing as all staff do pick up additional responsibilities in unplanned gaps in clinical sessions. Lack of time for support of their work though is also an issues | The roles and responsibilities plan is defining the responsibility of individuals across the service and the support that should be provided to that role. Delivery of the roles and responsibilities though is difficult without dedicated time. An audit plan is helping staff to structure their time and allocated some capacity to completion of audits. Recruitment of additional administrative support has started to release time for the senior team to re-focus on quality and improvement | Continue to release senior team capacity as admin band 3 develops her role.<br>Prioritise capacity released from clinical time on improvements that may effect efficiencies at the same time as quality improvement. |

## 4. ACTION PLAN

Actions include:

1) Request for funding to bring Paediatric waits in line with standards with the skills required to be drawn from existing workforce and the consequent gaps backfilled as required.

Planning: Short term (3 months), Implementation long term (24 month)

Internal planning, requires Service Group financial support

2) Continue to identify senior team activities that can be completed by new band 3 admin capacity in order to provide capacity for a quality assurance and training oversight and delivery.

Short term (3 months)

Internal planning

3) Represent PCT on the Dementia Programme Board and coordinate with representatives on the working groups in order to scope the workforce requirement. Will require a number of options for service delivery to be mapped and considered.

Planning: Medium term (12 months)

Internal planning with Health Board support to provide data and collaboration

4) Continue to support succession planning for tinnitus and paediatric audiology in line with standards and recommendations

Ongoing

Internal planning through senior leadership workforce meetings. Continue to request HEIW funding for fees and backfill with reference to the

All Wales Paediatric Quality Assurance plan.

5) Continue to support development of leadership skills and specialist clinical skills through PADRs, advanced practice and equivalency funding.

Ongoing

Internal planning through senior leadership workforce meetings. Continued access to HEIW funding

6) Plan Organisational structure to include a deputy role

Long term (5 years)

## 5. IMPLEMENTATION, MONITORING AND REVIEW

These actions will be entered on to the audiology service improvement plan and progress will be led and monitored via its monthly senior leadership team monthly workforce meetings.

Specific measures will be reportable within the service group or nationally via the following mechanisms.

| Area | Health Board | Welsh Government | Professional Groups |
|---|---|---|---|
| Paediatric waiting time performance | Service group performance reporting (currently not-normally reportable)<br><br>From end January 2025 formal reporting | Children's Hearing Service Quality Standards Audit<br><br>From end January 2025 formal monthly reporting | Paediatric Audiology Quality Assurance KPIs reported at ASSAG via HoS |
| Quality Assurance structure | Service group QS and governance structure ie COEG, Safety and Compliance, Patient Experience | Performance on the set of Quality Standards | Specific metrics reported via the new All Wales Audiology Quality Framework ie patient experience measures |
| Dementia | Dementia Programme Board | Unknown | Unknown |

The workforce plan is a live document and will require frequent updates. There should be a significant review of the document at least annually to ensure that it is current and that progress is being made.

**Version control**

Version 1.0 31/01/2024 ST

Version 1.1 18/12/2024 ST