HSI21/086

NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

GOVERNING BODY

Title of paper	Workforce Report		
Agenda item	**7**	**Date of meeting**	8 December 2021
Executive lead	Helen Ives, Executive Director of Workforce		
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Purpose	For decision	☐
	To ratify	☐
	To discuss	☐
	To note	☒

Link to strategic objective	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System

Executive Summary

System workforce shortages in Hampshire & Isle of Wight are continuing to be a significant risk for the delivery of health and social care services. The combined effect of the rollout of the vaccination programme, restoration of services and responding to winter pressures, means that our workforce capacity is unable to keep pace with demand.

The particular risks to note are:

Occupational Health & Wellbeing

- Absence rate of 5% across Provider Trusts, which is rising as we go into winter
    - Absence rate of Nursing and Midwifery staff of 6.2% across Provider Trusts
    - 26% of absence attributed to stress, anxiety and depression
- Absence figures coupled with evaluation from the Enhanced Occupational Health & Wellbeing Programme indicate a significant risk from chronic excessive workload across the entire workforce

Vacancies

- Overall vacancy rate of 5.8% across Provider Trusts and 6.4% for Nursing and Midwifery
- Overall vacancy rate is lowest in Region. However, there are very significant shortages in some roles, which are impacting the performance of our services:
    - Mental Health
    - Diagnostics
    - Radiography
    - Midwifery
    - Paramedics and 999/111 services

- o Medical Consultants

- o Dentistry

- o Occupational Therapy

- o Operating Department Practitioners

- o Podiatry

- o General Practitioners

- The national and local education pipeline is not keeping up with the demand for workforce, which means that many of the workforce shortages are getting worse over time

- Social care has a significant shortage of Care Workers, impacting on hospital discharge and patient experience
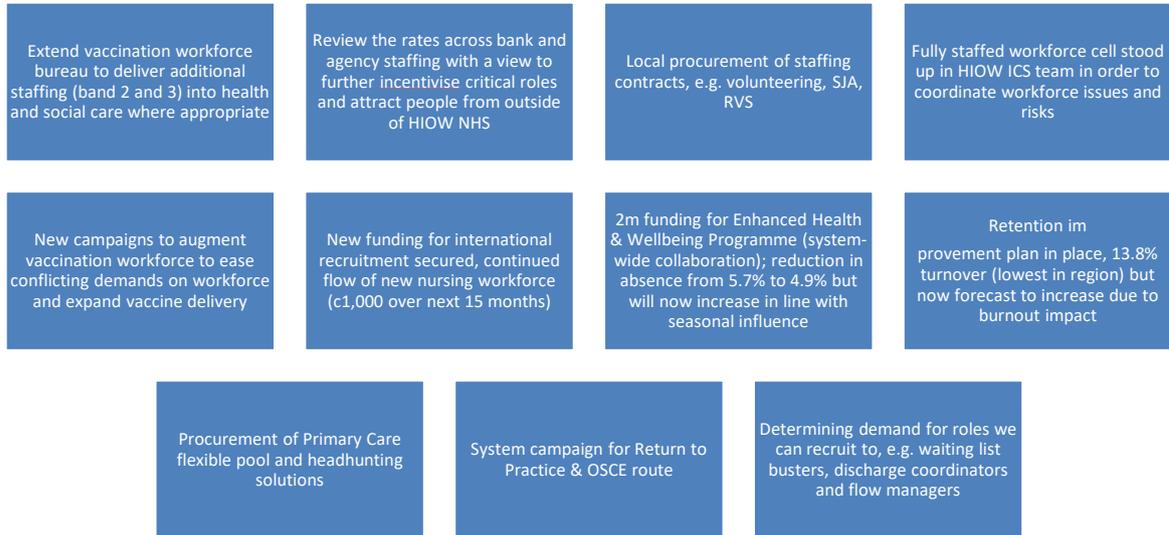
Employee Relations

- There is an increasingly difficult employee relations climate and risk of industrial action due to factors such as chronic excessive workload, pay, and mandatory Covid-19 vaccination

- Incidences of violence and aggression towards people working in health care are rising

- Winter pressures together with service recovery and newly accelerated Covid-19 vaccination roll out are putting extraordinary pressures on the workforce, particularly registered staff who are required to ensure safe staffing

- The turnover rate is now beginning to increase and there is a 20% risk of retirement in our workforce, which is worsened by the McCloud[1] pensions ruling

The actions being taken to meet the issues are:

- 18 ICS workforce programmes are in operation, which are aligned to regional and national programmes as appropriate:

    - o Covid-19 Vaccination Workforce Bureau

    - o Landmark Pilot (conversion of NHS 'curious' to permanent workforce)

    - o 350+ Project (education liaison and career development into health careers)

    - o Primary Care Workforce Plan

    - o Nursing Supply Board

    - o Allied Health Professionals Supply & Development

    - o Mental Health Workforce Plan

    - o Digital Workforce Plan

    - o Keyworker Housing

    - o Enhanced Occupational Health & Wellbeing Programme

    - o ICS Roadmap for People Plan

    - o Systems & Organisational Development

    - o People Programme Office (coordination and integration of system, regional and national People Plan and People Promise)

    - o Workforce Cell (system workforce coordination)

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[1] McCloud remedy | NHS Employers

- o Strategic Workforce Planning
- o Turning the Tide Oversight Board (Minority Ethnic Workforce and Population)
- o Social Partnership Forum and Partnership Working
- o Winter Workforce Plan (see below)

Extend vaccination workforce bureau to deliver additional staffing (band 2 and 3) into health and social care where appropriate	Review the rates across bank and agency staffing with a view to further incentivise critical roles and attract people from outside of HIOW NHS	Local procurement of staffing contracts, e.g. volunteering, SJA, RVS	Fully staffed workforce cell stood up in HIOW ICS team in order to coordinate workforce issues and risks
New campaigns to augment vaccination workforce to ease conflicting demands on workforce and expand vaccine delivery	New funding for international recruitment secured, continued flow of new nursing workforce (c1,000 over next 15 months)	2m funding for Enhanced Health & Wellbeing Programme (system-wide collaboration); reduction in absence from 5.7% to 4.9% but will now increase in line with seasonal influence	Retention im provement plan in place, 13.8% turnover (lowest in region) but now forecast to increase due to burnout impact
Procurement of Primary Care flexible pool and headhunting solutions	System campaign for Return to Practice & OSCE route	Determining demand for roles we can recruit to, e.g. waiting list busters, discharge coordinators and flow managers	

System workforce governance of risks and actions is through the Hampshire & Isle of Wight People Board, which is underpinned by the People & OD Collaborative.

Recommendations	The Governing Body is asked to receive and note the risks and actions in place for System Workforce
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Quality impacts from workforce shortages noted.
Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG
Financial impact, legal implications and risk	Financial impact of workforce shortages and use of agency/ locum staff noted.
Data protection impact assessment	None to note

Workforce Summary –November 2021

Summary

- The transition from Workforce as a programme in the STP to Workforce as a core function is well underway with new interim resources having joined the team ahead of a substantive structure being implemented

- Workforce shortages are presenting a significant risk to quality, performance and sustainability of services. Key challenges include: Mental Health, Diagnostics, Radiography, Midwifery, Paramedics and 999/111 services, Medical Consultants (Specialties TBD), Dentistry, Occupational Therapy, Operating Department Practitioners, Podiatry, Primary Care, Domiciliary Care.

- Primary Care Workforce challenges: national shortage of GPs, growing PC teams (MDT members), improving access to GP locums (40% of GPs choosing to work as locum F/T or P/T); GP retention, GP resilience, practice workforce planning, reducing agency spend.

- Risk to occupational health from chronic excessive workload and an increasingly hostile political and media environment is also significant, which is reflected in the absence rate of 4.9% (excluding primary care).

- Covid-19 hospital admissions on the increase despite a steady percentage increase in the take up of both Covid-19 and flu vaccinations causing increased pressures on admissions to discharge capability and capacity.

- Development of simplified ICS workforce reporting dashboard is well underway enabling a greater line of sight and more robust data integrity
    - At present, ICS's are not permitted to access the workforce data warehouse and are dependent on manually collecting information from each provider
    - Manual collection is achievable from Provider Trusts, but challenging from Primary Care Networks and Social Care Providers
    - The ICS Workforce dashboard will therefore start with Provider Trust data and then build in other elements of system workforce
    - The Regional Team, who have access to the workforce data warehouse, have produced a high-level Workforce Metrics Dashboard (Provider Trusts only)
    - This report is based on that information, supplemented with additional data collected locally (where available)

- The governance and assurance framework for workforce is progressing with clear actions as follows:
    - HIOW People Board will be co-chaired by a CCG Non-Executive Director. It is planned that this will become a Committee of the Integrated Care Board in the future
    - Underpinning this Board are workforce groups and programmes targeting the critical workforce issues
    - Formal links will be established with the key delivery programmes, ensuring appropriate resourcing (a good example is mental health)
    - Development of a workforce assurance framework is underway (taking into account the System Oversight Framework measures)
    - Ensuring the Key Lines of Enquiry in the ICS Development guidance and for the People Operating Model are met
    - Refreshing the People Plan (based on the national People Plan and People Promise) and developing the ICS People Strategy

- A workforce cell is being stood up to coordinate risk and system issues for workforce, interfacing with local delivery systems and key programmes

- Shift underway from workforce as enabling function to People as critical

System Summary

- High volumes of hospital admissions impacted by inability to safely discharge patients due to workforce pressures across Health and Social care landscape underpinned by staff shortages: mental health (RMN IRO 478fte); radiography (IRO 80fte); Midwifery (IRO 140fte); paramedics & 999/111 services; medical consultants; dentistry, occupational therapy (IRO 75fte) & GPs (Portsmouth has the lowest % per head population.)
- Additional workforce pressures have been identified across the whole of HIOW witnessing the extraordinary increase in domiciliary care shortages
- Sickness absence at 4.9% equates to IRO 2,900fte absence together with risk of burnout/exit from NHS workforce
- Increasingly difficult employee relations climate and risk of industrial action
- Nursing education pipeline remains stagnant with no increase in education pipeline through HEIs

- A programme of recruiting nurses internationally is well underway to include specific focus on midwifery, mental health and secondary care
- The pilot Landmark programme continues to build on covid-19 vaccination response successes in securing 140fte registered and 300fte unregistered healthcare staff
- Early career retention programme for AHPs, increasing apprenticeship numbers, AHP Support worker scoping, and international recruitment
- 999/111 call handler recruitment on IOW and implementation of professional support infrastructure for paramedics
- Implementing a workforce planning system for primary care, 18 FTE participating in primary care fellowship, primary care flexible pool/ chambers model, exploring volunteer solution through SJA
- Collaborative approach to workforce across the system inc bi-lateral and multi-lateral MOUs
- Resourcing proposal to on-board up to 300 B2/B3 generic health and social care support workers
- Enhanced health and wellbeing programme attracted £2m in funding, reduced absence level from peak of 5.7% to 4.9%
- Dedicated workforce cell and winter workforce programme director

- Additional workforce to close shortages
- Redesign of roles and patient pathways to make full use of agile multi-disciplinary service delivery
- Increased retention of workforce (noting that turnover is artificially lower due to Covid response)
- Funding and enabling communities to influence their care optimising self-management, personalised care, and use of voluntary sector
- Integrated workforce planning across health and social care and agreed system wide approach to reporting and analysing data
- System wide recruitment, training, education and development of IT systems (employee record system)
- Create a healthy working environment/culture, ensuring public and political support for health and social care workforce
- Improved pay and terms of conditions for social care workforce