NHS South West Clinical Senate

Clinical Senate Council Meeting

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Thursday 1st February 2018
South West Clinical Senate Council: Workforce Recommendations

Question

To what extent is growing concern regarding the sustainability of the workforce in the South West valid, and what principles should STPs work to in order to successfully plan and deliver their workforce strategies?

Overview

This topic was generated within the South West Clinical Senate Council following ongoing concern that workforce sustainability was being repeatedly raised as a key challenge in all clinical advice provided by the council with a view that many of the large scale change models being proposed by STPs will stand or fall dependent on the robustness of their workforce modelling and plans.

The Clinical Senate therefore brought together STP workforce leaders, LWAB (Local Workforce Action Board) and CEPN (Community Education Provider Network) leaders along with key speakers to present evidence and consider workforce in its totality to identify where clinical advice can support constructive workforce strategy across the South West going forward. This council was planned and organised with both NHSE Directors of Commissioning Operations and HEE.

The Clinical Senate focus on workforce also coincided with the HEE consultation document 'Facing the Facts, Shaping the Future' with the intention that one of the outputs would be to make a submission from the Clinical Senate to the consultation which closes on 23rd March, and from which recommendations will be published in the summer.

Evidence

Alongside plans for more integrated care it is recognised that we increasingly need a workforce that can move more easily across organisational boundaries, including social care, with a focus on skills rather than the organisation. Workforce is well understood to be an area of concern across healthcare however work to plan for a sustainable workforce is arguably fragmented and it may be helpful to bring the profile of LWABs more comprehensively into the STPs.

Nationally across England the population has grown by 2.1m in the last 5 years. Whilst staffing numbers are increasing in all professions demand is still outstripping supply. Retention is increasingly becoming an issue; for example there would be 16 000 more nurses than there are today if retention remained at 2012 levels nationally. 190 000 new staff are needed by 2027 yet there are only 72 000 in the pipeline. Improving the retention of existing staff will therefore be crucial to top up supply.

It was also noted that the adult social care workforce is larger than the healthcare workforce; this workforce needs to be maximised to prevent a knock on effect on the healthcare workforce. Turnover is reported as increased (13.4%) while retention at 1yr is going down and currently at 86.3%. Sickness is at 4.1% (target 3.5%). Accurate vacancy data is not collected but there are an estimated 40 000 clinical vacancies in the NHS as a whole of which, 92% are covered by bank or agency. The EU workforce contribution is also declining with a drop of 64 WTEs recorded over 6months. The average retirement age is 61 with the possibility that 20% of the workforce could retire in the next 5yrs plus. Adult social care workforce data is available on 59% of the 3143 registered providers of care in the South West for which there is an extremely high turnover rate of 32% , with 17% of staff on zero hours contracts. It was noted that it is important to review data more fully by area or service to identify, for example, areas where retention might be low despite overall figures being high, or to understand, for example, that while there is a high number of GPs in Cornwall, there are not enough to support the elderly demographic.

Linking to retention, the Senate considered the importance of building and supporting staff resilience. Among junior doctors there is clear evidence of increased stress leading to poor well-being with a breakdown in the traditional clinical team as a result of the frequency of rotations, in turn impacting the continuity of patient care and the sense of being valued in an organisation where staff feel confident to discuss problems. The Senate recognised the importance of creating an open culture of resilience to limit burnout, support staff, and improve patient care for all new starters across health and social care. Some solutions that have seen success include Schwartz rounds where staff can attend a forum and discuss non-clinical aspects of care. There is evidence that this helps to reduce stress and isolation and leads to a greater understanding of the roles of colleagues.

There is a current national shortage of nurses that is considered to be linked to current workloads and low pay. There are multiple entry points into nursing including both the apprenticeship and registered nurse career pathways. The impact of the removal of the bursary scheme for nurses in training is hard to predict. Whilst in the first year applications to nursing went down, the number of acceptances was static. There is no data on attrition rates. The number of mature applicants is dropping. Mature student nurses are considered more likely to enter community nursing where there has been a 20% drop in the workforce, possibly due to the disparity in earnings compared to hospital based roles. This is in the context of widespread plans to develop community services with a reliance on the community workforce. Numbers of mental health nurses are also decreasing. An extra 21 000 mental health posts are required to deliver growth in the service across England. One example of the delicate balance amongst the workforce was given by the Devon Partnership Trust where the average age of workers was 58 with an average retirement age of 57.

The number of GPs continues to fall and was down by 1193 GP WTEs in the last year. Of 2248 GPs recently surveyed in the South West, 54% reported low morale and 70% intend to quit, take a break or reduce their hours in the next 5 years (with around a 75% conversion rate estimated). They reported high workload, job related stress, poor work life balance, concerns about sole responsibilities and concerns about their personal health as issues. Super or large practices and those employing more nurses were also identified as potentially more vulnerable. The evidence for the role of physician associates was also questioned. Assistive technology was also felt to have a limited role in terms of supporting the workforce.

Currently there are 170 000 adult social care jobs in the South West and 90 000 more are required by 2030. Care worker pay is set at £7.81 per hour with a limited number of new starters joining and a cost to retraining with very high turnover (30%+). At the same time however there is considered to be huge untapped potential among the social care workforce which could have a pivotal role in reducing demands on

hospital based care. Potential opportunities considered included maximising the impact of the huge number of face to face hours delivered to clients by social care staff each year, and common accreditation processes to enable staff to work across organisations with 'passports' to develop valued and appropriately rewarded social care careers. There is a compelling business case for investing in a valued and motivated social care workforce funded from the savings on hospital based care and recruitment costs.

The importance of both staff (and union) engagement in workforce planning as well as that of marketing health and social care roles across the region to support both the recruitment and retention of a compassionate and valued workforce was also explored and promoted.

Recommendations

The South West Clinical Senate Council agreed that there is clear evidence to support the workforce concerns across the region, which are not dissimilar to those being experienced nationally. There remains serious concern that the solutions are currently uncoordinated with insufficient focus on retention initiatives alongside the necessary initiatives to improve the supply chain.

The workforce topic is a huge area to tackle with extensive material to review. Each issue deserves more consideration in its own right that may merit further Clinical Senate exploration. However some compelling issues emerged at this Senate Council session, particularly the huge opportunities being missed in social care and through improved retention rates as well as valuing staff by demonstrating commitment to the resilience and wellbeing of the workforce.

The following recommendations largely have relevance in influencing the national agenda however they must also be taken into account by STPs.
Having invested in training a much stronger focus on retention will provide a better return on investment and help to keep experienced staff in place and prevent those staff moving to agency work. Furthermore the social care workforce needs to be invested in for maximum opportunity if the large-scale move to integrated care is to be successful.

Many issues need to be addressed at a national level with coordination across a broader geographical area than STPs to achieve true leverage. The majority of STPs promote models that shift care into the community but there is little evidence that this is supported by robust and deliverable plans to secure, train or support the necessary workforce. Caution is advised regarding reliance on the community workforce and unintended consequences. If care is being pushed out to the community then this must be resourced in the context of a diminishing community workforce.

1. Co-ordinated National Strategy

A proper co-ordinated long-term health and social care workforce retention strategy (beyond a collection of plans) is required at a South West, South and National level with clear overall responsibility for co-ordinating workforce solutions.

A strategy needs to be built on a clear understanding of the current position and although there is now a wealth of data on the workforce, there are still some significant gaps to address:

- Understanding of the workforce in the independent, third sector and informal care sectors.
- Annual vacancy data.
- Review data against population growth in the South West and proportion of older people.

- Continue to develop social care data.
- There is little research on the potential impact of new roles such as the Physician Associate and more evidence should be generated.
- Develop national training programmes, core competencies and assessment schemes for standardised new roles.
- Develop national models of support to enhance staff resilience.

There is some evidence that STP plans are being driven by the workforce changes. The workforce strategy needs to be driven by the models of service required to meet the health and social care needs of the population. This will lead to potentially more innovative models for the workforce.

2. Focus on Retention

A clear focus on retention in all local plans and wider workforce strategies is essential to complement increases in supply and guarantee a workforce that can deliver quality patient care. Key suggestions to improve retention are;

- Recognise the importance of resilience in developing a sustainable workforce and positively value employers who embed in their offer support mechanisms and employee assistance programmes that support the delivery of compassionate care. There should be clear support arrangements for all new health and social care staff that take into account employee aspirations and health and wellbeing to include initiatives such as Schwartz rounds or another forum for staff to debrief, stay interviews, preceptorships and simpler processes for retirees to return.

- Investment in rebranding and promoting the unique privilege of working in the health and social care sector, to create a workforce that feel valued and supported in a long term career. A marketing strategy for health and social care careers should consider local labour markets and compete for talented and compassionate staff including the engagement of young people to understand their aspirations and expectations of roles in caring.

3. Investment in the Social Care Workforce

The Social Care Workforce has clearly been identified as a bedrock of our health and social care system with a huge opportunity to address the non-availability of packages of care if retention and turnover can be improved through better pay, clearer career pathways and progression. Motivating and mobilising the domiciliary care workforce, would deliver a high return on the investment, making best use of the millions of face to face contacts each year.

There are a number of areas that would support an engaged and motivated workforce that would be better led nationally to avoid unnecessary repetition or lack of alignment across geographical areas:

- Passporting systems for transferable skills with accreditation and training under one body.
- Rotational roles to join up career pathways.
- Reward mechanisms for carers.
- Creation of performance measures that capture the proportion of face to face time for caring roles.

Next steps

These recommendations will be signed off by the South West Clinical Senate Council and shared with CCGs, STPs, LWABs, CEPNs, NHSE, NHSI and Senates nationally as well as fed into the HEE Consultation as follows.

Feedback to HEE (Health Education England) Consultation

On 1 February 2018, the South West Clinical Senate hosted a meeting, attended by Council members and STP, LWAB and CEPN workforce leaders, to explore the workforce challenges impacting the delivery of health and social care in the South West. The HEE consultation document 'Facing the Facts, Shaping the Future' was discussed. The following outputs from the session are relevant to this consultation, although do not fit neatly into the consultation questions.

The scope of the document to include health and social care was welcomed, but given the policy direction of care in the community and the current and increasing reliance on the independent, third sector and informal carers, the scope could usefully be extended.

Securing and sharing data on the workforce in the independent and third sectors will be vital to inform any competent workforce plans.

Motivating and mobilising the domiciliary care workforce, would deliver a high return on the investment, making best use of the millions of face to face contacts each year.

The document provides key information on individual professional roles, but there is a danger that perpetuates some of the existing silo approaches that limit the integration of care. Approaches which consider the activities required to be delivered and look at innovative ways that these can be delivered through the people available may be more productive than the creation of new professional roles.

Opening up the supply chain for all staff groups will be a key aspect of the workforce strategy, but given the significant investment already made, the real prize is in tackling the retention of staff. Key suggestions to improve retention:

- Investment in rebranding and promoting the unique privilege of working in the health and social care sector, to create a workforce that feel valued and supported in a long term career.

- Recognise the importance of resilience in the workforce and positively value employers who embed in their offer support mechanisms and employee assistance programmes that support the delivery of compassionate care.

The strategy begins to set out a framework for workforce planning but needs to be a strategy rather than a collection of plans. There are a number of areas that would support an engaged and motivated workforce that are better done nationally to avoid unnecessary repetition or lack of alignment across geographical areas:

- Passporting system for transferable skills.
- Engagement of professional bodies to challenge policies that maintain helpful professional boundaries.
- Engagement of young people to understand their aspirations and expectations of roles in caring.

- Reward mechanisms for carers.
- Creation of performance measures that capture the proportion of face to face time for caring roles.

A number of the approaches in the draft strategy rely on the “shifting” of workload from one sector or role to another. It is important that adequate impact assessments are completed prior to any move to avoid unintended consequences of new roles creating unacceptable levels of turnover in existing roles, or workload transferring to sectors without the capacity to respond.

Pre-reading

1. Facing the Facts, Shaping the Future HEE Consultation 2017, https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf
2. Rising Pressure: The NHS Workforce Challenge – The Healthcare Foundation, Oct 2017 http://www.health.org.uk/sites/health/files/RisingPressureNHSWorkforceChallenge.pdf
3. The Future of Primary Care Workforce Report – HEE, July 2015 https://hee.nhs.uk/our-work/hospitals-primary-community-care/primary-community-care/primary-care-workforce-commission
4. Horizon Scanning Future Health and Care Demand for Workforce Skills in England, UK
WHO, 2017 http://www.euro.who.int/__data/assets/pdf_file/0005/356495/HSS-NCDs_Policy-brief_ENGLAND_Web.pdf?ua=1
5. Getting into shape: Delivering a workforce for integrated care – Reform, Sept 2017 http://www.reform.uk/wp-content/uploads/2017/09/Getting-into-shape.pdf
6. The State of Pre and Post Graduate Medical Recruitment in England – BMA, Sept 2017 https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/state-of-medical-recruitment
7. The future of the Mental Health Workforce – Centre for Mental Health, Sept 2017 http://www.nhsconfed.org/resources/2017/09/the-future-of-the-mental-health-workforce
8. 5YFV Mental Health Strategy – HEE and NHSE, Aug 17 https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf
9. General Practice Forward View – NHSE – 2016 https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
10. AHPs into Action: Using Allied Health Professionals to transform health, care and wellbeing.https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiO8LqWucjYAhWKZlAKHd77CkMQFggzMAA&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F01%2Fahp-action-transform-hlth.pdf&usg=AOvVaw2pyHzSO7p0D8-JXhbdFsAi 2016/17 - 2020/21
11. Retaining the experienced GP workforce in Direct Patient Care (ReGROUP): Professor John Campbell, Dr Raff Calitri & Dr Anna Sansom, Primary Care Research Group, Exeter Collaboration for Academic Primary Care (APEx) April 2015 (link TBC)

Prof John Campbell report.pdf

12. The state of medical education and practice in the UK

SoMEP-2017-final-full.pdf

The Council Agenda, Speaker slides and meeting notes are available at www.swsenate.nhs.uk