

## BOARD MEETING

<b>Date of Meeting:</b> 15 November 2022	<b>Agenda item:</b> 16
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<b>Title of Paper:</b> System Workforce Update
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<b>Paper is for:</b> (Please ✓)	<b>Discussion</b>	✓	<b>Decision</b>		<b>Information</b>	✓
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**Executive Summary and Implications**  
 As winter approaches, the priority for our Workforce agenda is maintaining clinical and non-clinical staffing levels and responding to what is predicted to be a difficult period.

We are expecting staff absence to rise in response to COVID-19 and Flu, and the work pressures of busy departments to continue.

Our regional workforce focus will be on supporting the supply of temporary staff, including agency workers. Support for primary care and the challenges within our ambulance services are also key areas of work.

Our ICS focus is on boosting our capacity and resilience within the broader system and ensuring our staff are well supported and valued.

**Action Required**  
 The Board is asked to note the content for discussion and information. This paper is for information only and is not on the Agenda for the Board meeting as a decision or discussion is not required.

**Date and Name of Committee at which Paper Reviewed:** Executive team meeting  
31.10.2022

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**Executive Lead/Senior Responsible Officer:** Dr Sonya Wallbank, Chief People Officer

**Date of Paper:** 26 October 2022

<b>Conflicts of Interest</b>

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

## System Workforce Update

### Workforce for Winter

1. Winter COVID-19 rates are expected to be high, putting our services and workforce under pressure (ONS, 2022). NHS staff absence re expected to be higher this winter because of the dual risks of COVID-19 and Flu (NHSD, 2022). Our latest staff vacancy rates showed a range from 8.09% to 14.63% across our partner organisations. Half of vacancies are in nursing and midwifery, allied health professionals, and medical and dental. Nursing and midwifery alone account for a third of vacancies. We are seeing for the first time, professional staff leaving the NHS (Nuffield Trust, 2022). Relocation and retirement are the most given reasons. We are also limited as we do not pay a higher cost of living allowance, despite the cost pressures in some areas.
2. We are aware that over the last decade, work-life balance, health, and incompatible working relationships have all featured as reasons for leaving, alongside people wanting better reward packages. In primary care, burnout, a lack of job satisfaction and physical working conditions have all been cited as key factors for leaving. In hospitals, there are also pensions taxation issues which are pushing senior staff to retire earlier than they intended.
3. We have seen several services needing to change their weekend operating hours and/or reduce the patient flow expected because of staff absence.
4. As we establish an Integrated Care Board, the knowledge and experience that we have as a wider system and how we prepare for winter demands across health and care will enable us to understand our workforce gaps and solutions more broadly.

### Managing pressures

5. The impact of winter across the health and care system is likely to increase demand for accident, emergency and ambulance services. To support demand, Integrated Care Boards (ICBs) and the Southeast (SE) region have prioritised:
  - enabling accurate workforce data for ICBs
  - leadership behaviours during pressurised delivery
  - ambulance services staffing and effectiveness
  - approach to temporary staffing.
6. Over the coming weeks we will be working closely with our system and regional colleagues to ensure this work responds to our system challenges. We are also working on this year's ICB winter plan to prepare services for the expected additional pressures. This includes:
  - developing volunteers to reduce pressure on services and improve patient experience, such as community first responders
  - ensuring our temporary staffing teams are working together to identify solutions for staffing gaps and costs

- implementing health and wellbeing initiatives to ensure our workforce is supported, engaged and healthy
  - implementing recruitment and retention plans, including staff sharing and bank arrangements
  - staff health and wellbeing.
7. As well as supporting our systems to deliver during the peak of high demand, we are supporting our approach to scenario planning for industrial action. The recent level of the pay award, the ongoing demands of staff and the conditions in which they are working have led to members being balloted on strike action. While we are working to mitigate the impact with trade unions to ensure safe care is a priority, the risks are significant.

### People plan

8. Our current people projects were developed to support existing recruitment and retention work, so we have a portfolio of projects built around:
- education and training
  - international recruitment
  - workforce modelling and redesign
  - diversity and inclusion
  - reservists and volunteers
  - elements of cultural change.
9. This work aligns with NHS England and Health Education England's (HEE) commitments, actions, and priorities. Of note to date:
- We have undertaken research to escalate the need to review the pay for our band 1-4 staff and in particular clinical support roles, such as health care assistants, emergency care assistants, emergency call handlers and admin/clerical support. Our next step is to consider solutions to support their financial wellbeing.
  - Our allied health professional (AHP) workforce programme director and faculty lead have co-designed a system leadership course with the King's Fund for aspiring AHP leaders. Twenty-five AHPs have attended this course over three months. We will develop this further with an emphasis on AHPs from a BAME background.
  - The AHP faculty is running 'Step to Work: Supporting AHPs transition to the workplace', a to support the transition from student to registered AHP. The programme includes personal wellbeing, systems working, and working in an inclusive environment.
  - We have commissioned research with the universities of Huddersfield and Sheffield Hallam on the cost of living in the Thames Valley and are working towards a white paper for longer-term solutions, but also using the data and research findings to develop short-term ICB plans to address the issues.
  - We will be receiving £5k (regional funding) to support a wellbeing champion event in November to support staff. We also have historic funding in place

until April 23 to enhance training to support our NHS Trusts to identify risks for staff who might suffer poor mental health following a traumatic event.

- We have completed a detailed assessment of our NHS Trust international recruitment costs and identified potential areas where we can make savings. We have also received funding to recruit 73 occupational therapists, 34 diagnostic radiographers, and 15 podiatrists.
- We are developing a range of new reservist roles and working with NHS Professionals to create a bank of temporary healthcare support workers. We are also working to recruit volunteer drivers for community staff, allowing international nurses to work in the community where we have critical gaps.
- Our clinical placement expansion team is implementing a 12-month plan, so we are strategic about clinical placements for nursing, midwifery and AHP students. The plan will: (I) increase placement activity in line with workforce growth projections; (II) provide better placement utilisation data; and (III) improve digital resources for placement education supervision.
- We have implemented an Equality, Diversity, and Inclusion strategy for 2021-25 with six areas of work.
- We have approved a £1.3m HEE workforce funded investment plan until March 2023 with a range of initiatives to support education and training for key staff groups, investment in our ambulance service and primary care, and a six-month system wide civility and respect programme.

### **Our learning in the system to date**

10. Our approach to formal reporting for the projects commissioned through the HEE funding needs review, which will also give us the opportunity to align them with the priorities of the ICB, maximising the impact and reach of the work.
11. Procurement, information governance and data sharing processes are cumbersome and often create project delays but are vital for collaboration. A review of how we work across our organisations and remain agile is underway.
12. There are opportunities as we build on our ways of working to strengthen collaboration between NHS Trusts and our partners in social care, primary care and the voluntary sector. The People Committee will be our vehicle for deploying the funding available across our system, monitoring, updating, and sharing more broadly its impact.
13. The involvement of our key partners across our Trusts will continue to be critical in view of the winter we are expecting. We must establish how we work with our Local Authority, Voluntary, Community and Social Enterprise (VCSE) sector colleagues.
14. Our future funding models are not yet clear on whether we will receive workforce development money. We will need to take account of our wider system responsibilities and ensure that we have a plan for delivery that takes account of the changes occurring in the design of the healthcare system beyond the ICB.

### **Future plans**

15. We are keen to ensure that we are a data-led workforce function and need to build our analytics function to:
  - increase clinical engagement in workforce planning and design
  - improve workforce planning
  - strengthen our ability to provide current data which is easy to access and report.

### **Asks of the Board or of members present**

16. The Board is asked to note the content for discussion and information.

### **References**

1. [Coronavirus \(COVID-19\) latest insights - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
2. [NHS Sickness Absence Rates - NHS Digital](#)
3. [The long goodbye? Exploring rates of staff leaving the NHS and social care | The Nuffield Trust](#)
4. [Votes on coordinated strike action herald mass NHS walkouts this winter | The Independent](#)