

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

## 10 MAY 2023

### WORKFORCE PRESSURES

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#### Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on workforce pressures across the Integrated Care System (ICS) for Worcestershire and Herefordshire.
2. The Director of People and Workforce, NHS Herefordshire and Worcestershire Integrated Care Board (ICB) and representatives from NHS Herefordshire and Worcestershire ICS have been invited to the meeting.

#### Background

3. Following the earlier workforce discussion at HOSC in June 2022, the Committee requested a further update to understand the position of the NHS workforce, including the challenges and pressures and the impact of those on services, staff and the residents of Worcester. This report outlines these pressures across the ICS for Worcestershire and Herefordshire but draws out data specifically for Worcestershire where this information is held.
4. This report also refers to the workforce in Social Care and the voluntary sector where appropriate. The workforce in each of these sectors is vital in the smooth running of the healthcare sector and following the establishment of the ICB's in July 2022, there is even greater joint working between the various parts of health and social care.
5. The challenges facing the NHS are well documented. It continues to strive to meet government targets around elective procedures and waiting times while dealing with the post-pandemic challenges around cost of living and workforce shortages.

#### Workforce Data

6. The NHS workforce across Worcestershire and Herefordshire totals circa 17,700 whole time equivalents (WTE) made up of clinical, medical, Allied Health Professionals and General Practice, community, pharmacy, dental and optometry staff in Primary and Secondary Care, as well as management and functional support staff. Of these just under 75% work within Worcestershire, noting that the Health and Care Trust provide services to both counties. Appendix 1 shows a high level table of workforce numbers across Herefordshire and Worcestershire ICS. This number has increased by 1200 WTE since the last HOSC discussion which is testament to the efforts across the sector to recruit and retain a skilled workforce.

7. The turnover rate of 15% last year has started to reduce and is now at 14% for secondary care. There were more staff retiring due to changes in the NHS Pension scheme in 2022, particularly in the nursing and medical professions. It is anticipated though that pension changes in the Spring budget may retain medics in particular for longer. Dominant areas of turnover have been in the non-clinical workforce due to the increased competition in the labour market. A recent review of exit interviews suggests that work life balance and flexibility are two of the key reasons for leaving.
8. Across the two secondary care trusts (Worcestershire Acute Hospitals NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust), the number of vacancies has reduced from 1200 to around 900, reflecting the work done in the Trusts to recruit. A combination of international and domestic recruitment, targeted recruitment drives and increased advertising have helped to achieve this.
9. That said, the NHS in Worcestershire continues to rely upon agency staff to support the delivery of services. While this is true of the NHS nationwide, usage in the county is high, with £50m spent on agency staff within Worcestershire in 2022/23. Each Trust is focussed on reducing these costs, recognising that they only offer a short-term solution and preferring to invest in longer term workforce sustainability. Plans submitted for this financial year indicate an expected agency spend of £37.5m across the two Trusts. Spend on agency staff is a multi-faceted issue and each Trust has a programme in place to reduce this expenditure which is clinically and operationally led. This involves a combination of greater scrutiny and control at ward level, alongside more strategic programmes to recruit and retain substantive and bank staff.
10. Primary Care practices also make use of agency staff and anecdotally report similar reasons and costs around usage as Secondary Care. Data across the whole of Primary Care for this is, however, not available.

## **Workforce Engagement and Sickness**

11. Sickness rates continue to stand at around 5.7% across the two NHS Trusts. Overall, this is higher than pre-COVID rates, when sickness figures stood at around 4%. Higher post-COVID sickness rates are reflective of the national picture, across all sectors, not just in healthcare. Mental health tends to be the highest reason cited for sickness absence.
12. Staff engagement as measured in the most recent people survey (Autumn 2022) showed that those in the Herefordshire and Worcestershire ICS were at an average level in terms of their engagement with their employer. There has not been very much change since last year. Work continues on areas around improving access to Learning and Development, developing managers and inclusion.

## **Primary Care – General Practice**

13. While demand on primary care services remains high, and this has been highlighted as a concern in the 3 national reviews looking at general practice during 2022/23, Herefordshire and Worcestershire ICS continues to be ranked as

having one of the best patient to FTE GP ratios in England, currently with 1510 patients per FTE GP compared to 1708 nationally. Overall, since 2010 in Herefordshire and Worcestershire (H&W) although there has been a 5% increase in GP headcount, there has been a 13% decrease in WTE, indicating that more people are choosing to work part time.

14. In 2022, the number of GP partner retirements increased to 23 compared to 14 each year in 2020 and 2021. Due to difficulties in recruiting into Additional Roles Reimbursement Scheme (ARRS) roles, GPs are now also picking up the additional pressures associated with gaps in the primary care workforce. Patient list sizes as of January 2023 are at 618,361 in Worcestershire and 203,211 in Herefordshire. There are 334 WTE GPs and 222 WTE nurses in primary care in Worcestershire, which is a slight increase of 2 and 23 respectively on last March.
15. There has also been a decrease in the percentage of GPs over 55, from 26% to 17%, showing that the pipeline is less vulnerable to retirement now, as long as flexibility can be offered to new GPs coming in. Nurse numbers have remained fairly stable with around 66% of nurses are over 45 years old, however suggesting a potential retirement cliff edge. The Primary Care Training Hub is mitigating this through an increase in nurse training places and placements are being found throughout the system.
16. The system has also invested a large amount into developing new roles for primary care settings, making use of the (ARRS) roles. These roles range from pharmacists to therapists and social prescribing link workers.
17. In terms of pharmacy roles, Worcestershire has had an increasing practice-based pharmacy workforce since 2014 because of local enhanced services predating the Primary Care Networks Directed Enhanced Service (DES). The pharmacy workforce then expanded more rapidly across both counties from 2018 with the introduction of the additional roles and at the end of 2022 across both counties there were just over 60 WTE pharmacists and almost 30 WTE technicians. Pharmacy workforce supply is a concern and work is underway to find new roles and ensure future supply.

## **Secondary Care**

18. Within Secondary Care Providers, vacancy rates sit at between 8-10% and are most notable in nursing and specialist medical roles including haematology, oncology, orthodontics, cancer, neurology and stroke services. These services are at risk of becoming fragile as professionals with these sought-after skills and specialisms leave or reduce hours either through personal choice to retire/relocate or because locum or agency work is more attractive and suits their lifestyle better.
19. Recruitment to fill these vacancies remains a challenge. For medical vacancies, highly specialised individuals do not always choose to come to Worcestershire, often preferring bigger hospital trusts, perhaps with a university faculty where state of the art systems and skill enhancement is available.

20. Nursing vacancies remain a challenge with the national supply of nurses lower than it has been in the past. The presence of University of Worcester enables conversations between the system, providers and the Nursing and Midwifery school to encourage more nurses to remain within the county after graduation, particularly if they have undertaken training in the area as part of their course, but this does not cover the gap. International recruitment has been a positive means of providing more Registered General Nurses. Worcester Acute Hospital Trust is planning to recruit a further 150 international nurses during 2023/24 including theatre nurses and midwives.
21. Mental Health also has a registered nursing shortage nationally and across H&W the shortage remains at circa 100+ nurses, which was also true of last year. International recruitment does not provide the same options for mental health nursing as it does for general nurses and so domestic recruitment and limited national supply remain the main options. Added to this the increased acuity of patient need that has been seen post COVID and this creates a real pressure within the system.

## **Social Care**

22. The independent care sector data from Skills for Care shows that Worcestershire employs approximately 16,000 people. A vacancy rate of 11% for all care workers is reported, compared with 10.4% in 2020/21, which had risen sharply from 6.7% the previous year. For direct care workers, the vacancy rate is 12%. This is in line with the regional average but is higher than desirable. Turnover for carers is 29%. Around 45% of carers work full time and 29% of carers are on zero hours contracts.
23. Thorough exit interview data is hard to collate across multiple independent organisations, but evidence gathered to date suggests that high turnover is due to pay and lack of development opportunities in the sector. Recognition of the important work that carers do is not always as prevalent as in other parts of the health and social care sector.
24. The Council continues to support the care provider workforce through the dissemination of grants where available and support to recruit and train workers and other initiatives that are regularly scrutinised by the Adult Care and Wellbeing Overview and Scrutiny Panel.

## **Voluntary, Community and Social Enterprise Sector**

25. There are over 2500 charities and social enterprises in Worcestershire with many thousands of paid staff and volunteers. The research that the VCSE Alliance is undertaking will enable more accurate data to be provided later this year.
26. Anecdotally, feedback from VCSE organisations is that engagement of both paid staff and volunteers has become more challenging post pandemic. Engagement of volunteers has reduced due to individual financial pressures and the pension age change. This can impact on level of support provided to people with health and social care challenges.

27. The NHS, Social Care and the VCSE are increasingly working together to find ways to shore up workforce supply to support the whole of the health and care sector across Worcestershire.

## **Solutions**

28. The Committee is asked to note the solutions already planned or in place below and to consider whether further cross-system approaches will help to deal with some of the issues faced.
29. There are a range of different solutions in place to address the challenges above. Staffing hotspots in the NHS provider organisations (health), Primary Care and County Councils (social care) are reviewed regularly and each organisation has its 'people plan' in place to improve recruitment, retention, development and deployment of scarce skills.
30. The ICB addresses the risks at a system level, to share resource, shape new interventions and build economies of scale. The key objectives of the ICB are in attraction of new people into the area, retention of those skills and expertise, a greater focus on collective workforce planning and creating a learning and inclusive environment for all.

## Workforce Attraction

- a) Overseas recruitment for registered nurses across all sectors – this has brought over 200 nurses into the system, with a further 150 planned for 2023/24.
- b) Explaining the role of a Healthcare Support Worker/Health Care Assistant or Care Worker more clearly, to encourage more people who are new to care to join one of the organisations.
- c) Joint recruitment events to showcase the range of roles available to people joining the sectors. This will include more virtual events over the coming year.
- d) Working with the University of Worcester to determine how to bring more university leavers into the workforce and shape new curricula to develop new roles, e.g. in Allied Health Professional roles and nursing.
- e) Programme to improve recruitment and retention of the unregistered workforce across all sectors.
- f) General Practice skilled worker visa support – enabling practices to have sponsorship status to grant visas to international healthcare workers.
- g) Wider roll out of staff passport to enable mandatory training records to be ported across sectors.

## Workforce Retention

- a) Development of the system-wide health and wellbeing hub.
- b) Review of the occupational health offer available across the NHS Trusts to improve the experience for staff.
- c) Dedicated retention lead in place with community of best practice set up across the system.
- d) Primary Care Health and Wellbeing networks (part of 14 national pilots).

## Workforce Planning

- a) Dedicated NHS Workforce Planners in each of the Trusts who support in identifying short and long-term workforce supply for fragile services e.g. haematology, oncology etc.
- b) A training programme for teams to learn how to workforce plan more confidently and strategically, with a particular focus on stroke, mental health, cancer and diagnostics and children and young people services.
- c) Clinical and operational workforce groups which meet to discuss the needs of their functions

### Learning and Inclusion

- a) Continued development of the ICS academy as a one stop shop for all education, learning and development needs across the health, social care and voluntary sector.
  - b) Development of the Three Counties Medical School.
  - c) Development of a system-wide Equality Diversity and Inclusion strategy.
  - d) Greater promotion of diversity networks and cultural ambassadors across the system.
31. Within the ICS, there is a range of governance in place to oversee these actions to mitigate workforce risk. This includes a People Board made up of members from across the system with thematic workstreams each focussed on the delivery of the objectives above.
32. The People and Workforce Strategic Forum looks at system wide workforce issues and engages with partners across the health and social care sector to gain commitment to finding collective solutions.

### **Purpose of the Meeting**

33. The HOSC is asked to consider and comment on the information provided and agree:
- whether any further information or scrutiny is required at this time
  - whether there are any comments to highlight to the relevant Health Partners or the Council's relevant Cabinet Member with Responsibility.

### **Supporting Information**

Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcester Integrated Care System.

### **Contact Points**

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### **Background Papers**

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 10 June 2022

[All agendas and minutes are available on the Council's website here.](#)

**Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcester Integrated Care System**

Whole Time Equivalents as at end Feb 23		Worcestershire			
		Integrated Care System	Worcester Acute	H&W Care Trust	Worcestershire General Practice
Primary Care	General Practice	2322			1714
Secondary Care	Nursing, midwifery and health visiting staff	4140	1994	1193	
	Scientific, therapeutic and technical staff	1861	770	656	
	Support to clinical staff	4538	1818	1384	
	NHS infrastructure support	1797	756	507	
	Medical and Dental	1428	745	127	
	Ambulance service staff	9	2	5	
	Bank	894	430	280	
	Agency	740	345	198	
<b>Total</b>		<b>17729</b>	<b>6859</b>	<b>4351</b>	<b>1714</b>



