

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 JUNE 2022

WORKFORCE PRESSURES

Summary

1. The Health Overview and Scrutiny Committee has requested an update on workforce pressures across health services to understand what actions system partners are taking to address the challenges. This report outlines these pressures across the Integrated Care System (ICS) for Herefordshire and Worcestershire but draws out facts and figures specifically for Worcestershire where this information is held.

Background

2. The challenges facing the NHS are well documented. There has been an increasing demand for services and additional staff required for the Covid-19 vaccination programme, Covid-19 pathways and to support service recovery. Colleagues report being mentally and physically tired after over two years of responding to the Covid-19 pandemic. In addition, the NHS is experiencing skills shortages in some key roles, at a time when it also needs to recover from the pandemic.

Workforce Data

3. The NHS workforce across Worcestershire and Herefordshire totals circa 16,500, made up of clinical, medical and support staff in Primary and Secondary Care. Of these, just under 75% work within Worcestershire, noting that the Health and Care Trust provide services to both counties. A breakdown is shown at Appendix 1.

4. Staff turnover has been increasing over the last few years and over the last year was 15% of which around 8% left the NHS altogether. Dominant areas of turnover have been in medical and ambulance staff. Sustained pressure is cited as the main reason for leaving.

5. Across the two counties, there is a 7.5% vacancy rate, meaning that the system relies upon bank and agency staff to fill circa 1,300 posts, costing in the region of £39m across Worcestershire. While this approach shores up the system in the short term, it contributes to decreasing retention of healthcare professionals across the system in the longer term as individuals move to agency and locum work because of the greater pay, flexibility and control that it offers.

Workforce Engagement and Sickness

6. The workload due to the pandemic over the last two years has impacted heavily on the NHS workforce and most staff groups have seen an increase in sickness

over this period. The average rate of care provider sickness last year was 5.1%. This is slightly below the region which stands at 5.5%. This is down from January's figure of 6.6% across the Integrated Care System and suggests a stabilisation post the height of sickness figures during Covid-19, which is when the use of bank and agency staff increased.

7. Staff engagement as measured in the most recent people survey (December 2021) showed that those in the Herefordshire and Worcestershire ICS were as engaged as neighbouring ICSs across the region (Coventry and Warwickshire at 7.1; Herefordshire and Worcestershire at 7.0; Shropshire and Telford and Wrekin at 6.8; and the Black Country and West Birmingham at 7.0). Anecdotally due to fatigue and burnout, people are more prone to bring forward life decisions around early retirement, changing roles etc. This is reflected across all staff engagement survey results within the NHS.

Primary Care – General Practice

8. While demand on primary care services (services providing the first point of contact in the healthcare system, acting as the 'front door' of the NHS) is higher than ever, with 55 fully qualified GPs per 100k population, the Herefordshire and Worcestershire ICS is ranked as having one of the best ratios in England (the lowest is 40 per 100k). Patient list size is at 61.3k in Worcestershire and 40.4k in Herefordshire. There are 332 whole time equivalent (WTE) GPs and 200 WTE nurses in primary care in Worcestershire.

9. Over the last few years, there has been a reduction in whole time equivalents, but headcount has increased, indicating more people are choosing to work part time. There has also been a decrease in the % 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. 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.

10. The system has also invested a large amount into developing new roles for primary care settings, making use of the Additional Roles Reimbursement Scheme (ARRS). These roles range from pharmacists to therapists and social prescribing link workers.

Secondary Care

11. Within Secondary Care Providers (services you may be referred to by your GP for more specialist knowledge) vacancy rates sit at between 8-10% and are most notable in nursing and specialist medical roles including haematology, orthodontics, cancer, neurology and stroke services. These services are becoming increasingly 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.

12. Recruitment to fill these vacancies remains a challenge. 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.

13. Providers are working hard to meet national targets around elective surgery, cancer diagnosis and treatment, reducing ambulance handover delays and mainstreaming the COVID pathways that have developed over the last two years. These targets, coupled with the increased demand and recruitment difficulties outlined above create a challenging landscape which ultimately impacts upon the patients.

14. Mental Health has a registered nursing shortage (10,000 nationally and across Herefordshire and Worcestershire shortage is circa 100+ nurses). International recruitment does not provide the same options for mental health nursing as it does for general nurses. New investments in mental health services, while positive, have resulted in many staff moving to roles in new services which increases the pressure on remaining core registered nursing roles. With regards to attraction, Worcestershire is not always viewed as an “attractive destination”. Retirement is the single largest cause of staff movement and the biggest challenges are across inpatient and core community services.

Social Care

15. The independent care sector data from Skills for Care shows that Worcestershire employs approximately 15,000 people. In the financial year 2020/21, a vacancy rate of 6.7% was reported, a figure in line with the preceding year (6.6%). Turnover in 2020/21 was 31.3%. However, for the financial year 2021/22, the vacancy rate for the West Midlands region increased from 6% to 10.4% across all care roles, and to 12.7% for care workers. More than 50% of care workers in the sector are part-time, and one-quarter are employed on zero-hours contracts.

16. The availability of workforce, the impact of Covid-19, in particular the requirement for mandatory vaccinations, and rising travel costs have had a significant impact on workforce availability. The issues faced by care providers have also been exacerbated in recent times due to low pay and a national lack of recognition of contribution to the health and care of the most vulnerable in society. Insufficient workforce has resulted through 2021/22 in care providers returning high numbers of care packages to the Council to be re-sourced with another provider. The NHS remains under pressure as it recovers post-pandemic. The need for safe and timely discharge of patients to community settings via the appropriate pathways, and in line with national guidance can add to the demand pressures within the independent sector, which itself has been severely impacted by Covid-19 and other long term workforce and funding issues as described above.

17. Through a range of measures the Council has supported the care provider workforce through the dissemination of more than £31m of Covid grants, additional payments, support to recruit and train workers and other initiatives that have been regularly scrutinised by Council member panels.

Issues for the Committee to Consider

18. 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.

Solutions

19. 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 within each of those organisations against their own people strategies to address the shortages in the immediate and longer term.

20. The Integrated Care Board addresses the risks at a system level, to share resource, shape new interventions and build economies of scale. Some of the actions at system level to address staffing shortfalls in supply, workforce fatigue and filling skills gaps include:

Workforce Supply and Retention

- a) Overseas recruitment for registered nurses across all sectors – this has brought over 200 nurses into the system.
- b) Establishing a Healthcare Support Worker Programme which will create more meaningful career pathways for staff who are new to care to retain them within the NHS.
- c) Programme to improve recruitment and retention of the unregistered workforce across all sectors. This includes an apprenticeship programme, step on step off career framework, Kickstart programme and taster days.
- d) Reservist programme which will encourage people to join the NHS as reservists who can be called upon in the event of crisis or to fill gaps in the system, in much the same way as the military operates.
- e) Covid-19 vaccination retention programme – providing inhouse training pathways to upskill the temporary workforce acquired during the pandemic in other roles such as phlebotomy (upskilling over 250 staff and deploying across primary and secondary care).
- f) General Practice skilled worker visa support – enabling practices to have sponsorship status to grant visas to international healthcare workers.
- g) Exploring the option of a system bank for registered nurses and support workers.
- h) Wider roll out of the staff passport to enable mandatory training records to be ported across sectors.

Workforce Fatigue

- a) System wellbeing hub.
- b) Staff support networks.
- c) Primary Care Health and Wellbeing networks (part of 14 national pilots).
- d) Collaboration on Occupational Health, Covid 19 boosters and flu vaccines.

Workforce Skills

- a) Continued development of the ICS academy as a one-stop shop for all education, learning and development needs across all sectors.
- b) Development of the Three Counties Medical School.
- c) Risk review meetings for those services most at risk, with providers across the system sharing resources to mitigate service failures.

21. Within the Integrated Care System, 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 three thematic workstreams focussed on creating a great place to work, organisational development, culture and leadership and strategic workforce planning. A new People Strategic Forum will look at system wide workforce issues and how to solve workforce issues for those services most at risk.

Purpose of the Meeting

22. 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 Worcestershire 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) there are no specific background papers to this report.

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

Appendix 1 - High Level Table of Workforce Numbers across Herefordshire and Worcestershire Integrated Care System (Whole Time Equivalentents as at 31 March 2022)

		H&W ICS	Worcester Acute	H&W Care Trust	Worcestershire General Practice
Primary Care	General Practice	2345			1748
Secondary Care	Nursing, midwifery and health visiting staff	4007	1921	1157	
	Scientific, therapeutic and technical staff	1804	761	622	
	Support to clinical staff	4180	1802	1334	
	NHS infrastructure support	1672	706	521	
	Medical and Dental	1160	689	132	
	Ambulance service staff	9	1	6	
	Bank	808	416	214	
Agency	543	256	113		
Total		16528	6552	4099	1748