

## **Workforce Planning in Healthcare**

### **1.0 Background**

NHS England/Improvement has recently published the Interim People Plan<sup>1</sup> for the NHS. This sets an agenda to tackle the range of workforce challenges in the NHS.

The plan is structured into 5 themes, with each theme having a number of immediate actions that need to be taken to enable the delivery of the NHS Long Term Plan.

### **2.0 Themes**

The 5 themes are outlined as follows:

#### **2.1 Make the NHS the best place to work**

Paying greater attention to why staff leave the NHS, taking action to retain existing staff and attract more people to join. There is an acknowledgement that actions to improve supply risk being undermined if the cultures of our workplaces are not consistently compassionate, supportive and inclusive.

#### **2.2 Improve our leadership culture**

Addressing how we need to develop and spread a positive, inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity. The linkages between this work stream and the best place to work stream are made clear.

#### **2.3 Prioritize urgent action on nursing shortages**

Supporting and retaining existing nurses while attracting nurses from abroad and ensuring we make the most of the nurses we already have within our NHS. To support this, there is an action to deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes, as well as a commitment to work directly with trust directors of nursing to ensure the widespread adoption of good practice which maximises clinical placements.

#### **2.4 Develop a workforce to deliver 21st century care**

Developing a multi-professional and integrated workforce to deliver primary and community healthcare services, while ensuring we have a flexible and adaptive workforce that has more time to provide care. In supporting this, the aim is to establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.

#### **2.5 Develop a new operating model for workforce**

Putting workforce planning at the centre of our planning processes, continuing to work collaboratively with more people planning activities devolved to local integrated care systems (ICSs). A key action will be to co-produce an ICS 'maturity' framework

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<sup>1</sup> <https://improvement.nhs.uk>

that benchmarks workforce activities in STPs/ICSs which also informs decisions on the pace and scale of devolution of workforce activities

The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number the number of nurse associates to 7,500 • increase the number of doctors and nurses recruited internationally. • work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

### **3.0 NHS Pension Scheme**

As part of the theme of making NHS the best place to work, there is alongside the plan an acknowledgement of the impact, and potential impact, of annual allowance and taper tax policy in relation to the pension earnings of senior medical staff (consultants and general practitioners). Accordingly, the government is currently consulting on a new pension flexibility for senior clinicians.

### **4.0 Final People Plan**

This interim plan will be followed by work, led by Prerena Issar (Chief People Officer) with a range of stakeholders, to help develop a fully-costed final plan. Investment in the plan is dependent on a number of factors.

The final plan will include:

- measures to embed culture change and develop leadership capability
- more detail on changes to professional education and on investment in CPD
- more detail on additional staff needed.

It will also aggregate information from local (ICS/STP) workforce plans and work on digital transformation.

### **5.0 Work at a National Level**

Nationally a team will be contributing to work in the following key areas:

#### **Making the NHS the best place to work:**

- Developing a new 'core offer' for all staff working in the NHS, based on widespread engagement with staff, staff representatives and employers across the country
- Developing a new approach to how we assess people issues in the NHS Oversight Framework and the CQC's well-led assessment
- Overseeing an independent review of HR and OD practice in the NHS
- Removing practical barriers to movement of staff between organisations, including streamlining of induction and on boarding processes
- Supporting trusts in developing tech-enabled banks and establishing collaborative banks
- Improving the leadership culture
- Developing a new leadership compact, based on widespread engagement with trusts, CCGs and local health systems
- Developing competency, values and behaviour frameworks for senior leadership roles
- Reviewing regulatory and oversight frameworks to ensure greater focus on leadership, culture, improvement and people management

- Rolling out talent boards to every part of the country
- Addressing outstanding themes from the Kark review

A summary of Croydon Health Service staff survey by theme is shown in the table below and highlights how national and local priorities are very similar



### Releasing time for care:

- Establishing a Releasing Time for Care programme to distil and spread best practice in how to plan and deploy clinical teams more effectively and efficiently
- Supporting consistent and effective implementation of e-rostering systems and e-job planning systems, including expanding to multidisciplinary teams in primary care

### Workforce redesign; optimising skills:

- Reviewing current models of multidisciplinary working across primary and secondary care
- Developing accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services
- Targeting investment in development of advanced clinical roles to areas of greatest service/workforce growth
- Helping STPs/ICSs establish collaborative approaches to apprenticeships
- Developing a new approach to multidisciplinary training hubs

### Securing current and future supply:

- Developing plans for expansion of undergraduate medical places
- Addressing geographic and specialty medical shortages
- Developing incentives to attract students to shortage professions

## **Analysis:**

- Working with STPs/ICSs to develop better estimates of the number and mix of staff needed over the next five years

## **A new operating model for workforce:**

- Working with STPs/ICSs and partner organisations to agree respective roles and responsibilities and ways of working at national, regional, system and employer level
- Agreeing development plans to improve STP/ICS capacity and capability in relation to people issues.

## **Workforce Planning next steps**

The joint NHS/E Accountability Framework 2019/20 sets out the need for the NHS to develop detailed, costed plans for key commitments and reforms to deliver the Long-Term Plan ambitions within the agreed financial settlement. Health Education England's Mandate 2019/20 describes how they will work more closely with national, regional and system partners to develop a new operating model, with a more coherent approach to workforce policy and planning, which can respond to changing capacity, capability and needs.

The Workforce Planning Programme is central to all our planning processes and will include primary care, social care, community, acute and mental health services. Our approach will include a top down and bottom up approach to map current and future needs, provide gap analyses and trajectories against specialisms or staff groups from multiple datasets. This will help determine collaborative and strategic actions to meet these gaps and ensure evidence-based decisions drive recruitment and retention strategies, service transformation and promoting new ways of working.

## **The Croydon context**

The Trust recognises that its workforce is not only its greatest asset in terms of delivering sustainable change but also is the primary driver of future costs. Our workforce plans have therefore been designed to consider specific local pressures but also to meet sector wide considerations and finally to support national strategy.

The overriding outcome of all planning is to ensure that our approach to workforce ensures that we are recruiting the right numbers of staff with the right skills and behaviours to meet the needs of our patients, recognizing that the way we deliver services will change through the lifetime of the plan.

In common with other NHS Trusts, the lack of a skilled workforce /staff shortages are the biggest risk to our ability to deliver services safely and achieve our objectives for quality.

This also presents a risk to our clinical, operational and financial performance. The three most affected staff groups are doctors, registered nursing staff and allied health professionals, with significant vacancies and spend on agency staff being fuelled by difficulties in both attracting and retaining staff. A summary of key workforce metrics are set out below:

Trust WPR M6 2019\_20.pdf - Adobe Reader

NHS Croydon Health Services

### Workforce Performance Report 2019 / 20

#### Croydon Health Services NHS Trust - Month 6

Directorate	Vacancy Rate	Turnover (in-head)	Turnover (FTE)	Stability Rate	Sickness (in-head)	Sickness (FTE)	Core Skills	Appraisal
199 Adult Integrated Care	20.99%	2.46%	8.69%	84.5%	3.57%	3.88%	88%	74%
199 Corporate Services	11.59%	2.71%	7.59%	86.5%	4.17%	3.35%	94%	76%
199 Integrated Women Children & Sexual Health	15.82%	1.55%	7.9%	84.4%	3.51%	3.57%	85%	72%
199 Surgery Cancer & Clinical Support	14.94%	1.23%	7.59%	87.2%	4.17%	3.47%	83%	84%
199 Croydon Health Services NHS Trust	16.88%	1.89%	8.17%	85.5%	3.81%	3.74%	87%	80%

Staff Group	Vacancy Rate	Turnover (in-head)	Turnover (FTE)	Stability Rate	Sickness (in-head)	Sickness (FTE)	Core Skills	Appraisal
199 Prof Scientific and Technic	1%	0.4%	3.3%	8%	3.8%	3.8%	98%	7%
Additional Clinical Services	2.49%	0.4%	18.17%	87.7%	3.27%	4.99%	87%	83%
Administrative and Clerical	11.27%	2.07%	9.82%	89.2%	5.81%	5.26%	82%	72%
Allied Health Professionals	11.06%	1.46%	9.0%	84.4%	3.86%	4.05%	93%	76%
Finance and Ancillary	15.82%	1.68%	8.02%	80.7%	2.29%	2.30%	91%	81%
Healthcare Scientists	0.8%	1.31%	9.9%	92.5%	7.88%	6.12%	95%	87%
Medical and Dental	17.38%	1.56%	9.72%	85.0%	1.21%	0.78%	72%	84%
Nursing and Midwifery Registered	25.13%	2.07%	8.39%	84.7%	3.86%	3.96%	87%	85%

The summary tables above show each of the key performance metrics in the Workforce Performance Report (WPR) split by directorate, staff group and the overall Trust. Each figure is % unless stated against the Key Performance Indicator (KPI) shown above the data.

RAG (Red Amber Green) Key:  
 Green - Meets the stated KPI  
 Amber - The KPI has been breached but remains within 10% of the stated KPI  
 Red - The KPI has been breached by more than 10%

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NHS Croydon Health Services

### Croydon Health Services NHS Trust - Establishment

#### Croydon Health Services - Vacancy Rate 2019/20

The Vacancy Rate graph to the left shows the Trust's vacancy rate for the current financial year by month plotted against the average (mean) of the previous 4 financial years as well as upper/lower control lines and the Trust KPI.

The upper and lower control lines represent 3 standard deviations from the average vacancy rate based on the previous 4 financial years.

If the vacancy rate increases (or decreases) for six months in a row the change can be considered significant.

The Trust's vacancy rate for September 2019 (14.38%) has increased by a small amount from the previous month and is 1.2% higher than the average for the previous 4 financial years.

Directorate	Budget WTE	Actual WTE	Vacant WTE	Incoming	% of Total Vacancies
199 Adult Integrated Care	1,695.35	1,771.51	137.24	74.62	50%
199 Corporate Services	556.87	492.34	64.53	22.28	9%
199 Integrated Women Children & Sexual Health	778.46	661.53	116.93	49.95	17%
199 Surgery Cancer & Clinical Support	1,097.58	934.05	163.53	87.13	24%
199 Croydon Health Services NHS Trust	4,042.26	3,900.02	492.24	233.98	

Staff Group	Budget WTE	Actual WTE	Vacant WTE	Incoming	% of Total Vacancies
199 Prof Scientific and Technic	119.55	116.63	3.92	5.32	0%
Additional Clinical Services	621.15	548.02	73.13	11.73	11%
Administrative and Clerical	880.49	783.10	97.39	33.76	14%
Allied Health Professionals	276.16	232.47	43.69	15.98	6%
Finance and Ancillary	141.57	131.75	9.82	3.69	1%
Healthcare Scientists	32.06	28.26	3.80	4.80	1%
Medical and Dental	555.84	467.49	88.35	63.05	14%
Nursing and Midwifery Registered	1,405.44	1,052.31	353.13	76.86	52%

The Budget WTE & Actual WTE tables show the Trust's budgeted WTE against the actual staff in post WTE as at the end of the reported month.

The % of Total Vacancies column highlights which business unit / staff group within the directorate has the highest share of the vacant WTE.

For the reported month, the Trust had 682.24 WTE vacancies of which Adult Integrated Care vacancies made up 50%.

The staff group with the highest percentage share of vacancies is Nursing & Midwifery Registered with 52% which is a small decrease on last month, followed by Medical & Dental (14%), Admin & Clerical (also at 14%) and Additional Clinical Services (11%) as the next three.

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A SWOT analysis of Croydon Health Services NHS Trust achieving the status of the 'best place' to work is set out below.

<b>Strengths</b>	<b>Weaknesses</b>
Executive teams' leadership and commitment Growing numbers of staff keen to get involved and improve things Growing numbers of staff who are passionate about patient care and key patient interventions Depth and diversity of experience Continue to recruit high calibre staff set against the historical reputation of the Trust	Clinical leadership needs development Resource constraints Held back by history/experience Not all staff positively promoting the Trust Lack of reliable/available Information Technology Communications Stability index Lack of management accountability and responsibility
<b>Opportunities</b>	<b>Threats</b>
Patient choice and treating patients as our customers Develop business skill/acumen Increase further staff engagement and job satisfaction Contribute to reducing cost through service improvement Recruit the right people based on attitudes/values as well as qualification and experience Retain high performers Improved cost utilization of roles/bands Learning culture/learning organisation	Other organisations being employer of choice Inflexibility of terms and conditions of employment Increasing raft and complexity of employment legislation Negative media publicity Reduction in doctor in training posts Financial challenges of the NHS Decommissioning of services

Whilst we face significant and growing staff shortages, we will develop and maximise the contribution and impact that the Voluntary, Community and Social Enterprise (VCSE) sector and volunteering can have on services, communities and individuals. We want to maximise the impact and benefits the voluntary sector and volunteering can bring, not only to patients and staff, but also reducing health inequalities and increasing inclusivity through effective partnership working and shared challenges and opportunities.

We will continue to develop new apprenticeship roles and standards and promote and maximise the multi-professional Advanced Clinical Practitioners e.g. physiotherapists working as MSK Advanced Clinical Practitioners and paramedics working as First Contact or Urgent and Emergency Care Advanced Clinical Practitioners. Continued collaborative working also provides opportunities for clinical placement rotations, joint offers, joint retention schemes and shared resources. The Trust is undertaking significant work to address shortfalls and to recruit and retain the staff we need.

### **Primary Care**

Primary care has a number of workforce challenges across South West London. GP numbers are not increasing which is a consistent picture across London. As of March 2019, there were 802 permanently employed GPs in our practices, and although South West London has the most GPs per patient when compared to other STPs in London, 25.5% are over the age of 55.

The clinical workforce population in South West London within General Practice, shows that GPs account for 65% of the workforce, with nurses making up 25% and other qualified clinicians the remainder. Within our primary care nursing population 44.6% are over the age of 55.

South West London has a better nurse to patient ratio in primary care compared to the rest of London, however, this remains low compared to other regions and the number of nurses in primary care is reducing.

The NHS Long-Term Plan introduced new Primary Care Networks (PCNs) to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. In South West London, 39 PCNs have been created with new workforce responsibilities including the introduction of new clinical and non-clinical roles and ensuring these reflect the population we serve. PCNs will need to be supported as they begin to take on their responsibilities.

### **Care Homes**

There are approximately 380 care homes in South West London, with an average turnover of 25%. We know that there are high levels of illiteracy within care homes. To support development and retention of staff, we have increased the level of training across care homes to include:

- apprenticeships and trainee nurse associates to increase the number of apprenticeships in care homes.
- Enhance digital communications with care home staff so they feel more connected
- student placements in care homes to increase staff numbers.
- 'Significant 7' training including end of life care, volunteering, leadership and skills development.
- Pioneer programme for care home managers and clinical leads.

### **Current, medium and longer term actions to improve attraction and retention of staff at Croydon Health Services and beyond.**

Plan and run Open Days; attend Recruitment Fairs  
and develop supporting promotional materials and administrative back-up.

Optimise the number of student nurses and AHP's recruited and appointed to vacancies. All students who train at CHS are offered a permanent appointment on completion of their training

Reduce turnover in new starters by improving their 'onboarding' experience and building early engagement and loyalty

International nurse recruitment

Develop the case for a wide range of staff benefits to attract and retain staff

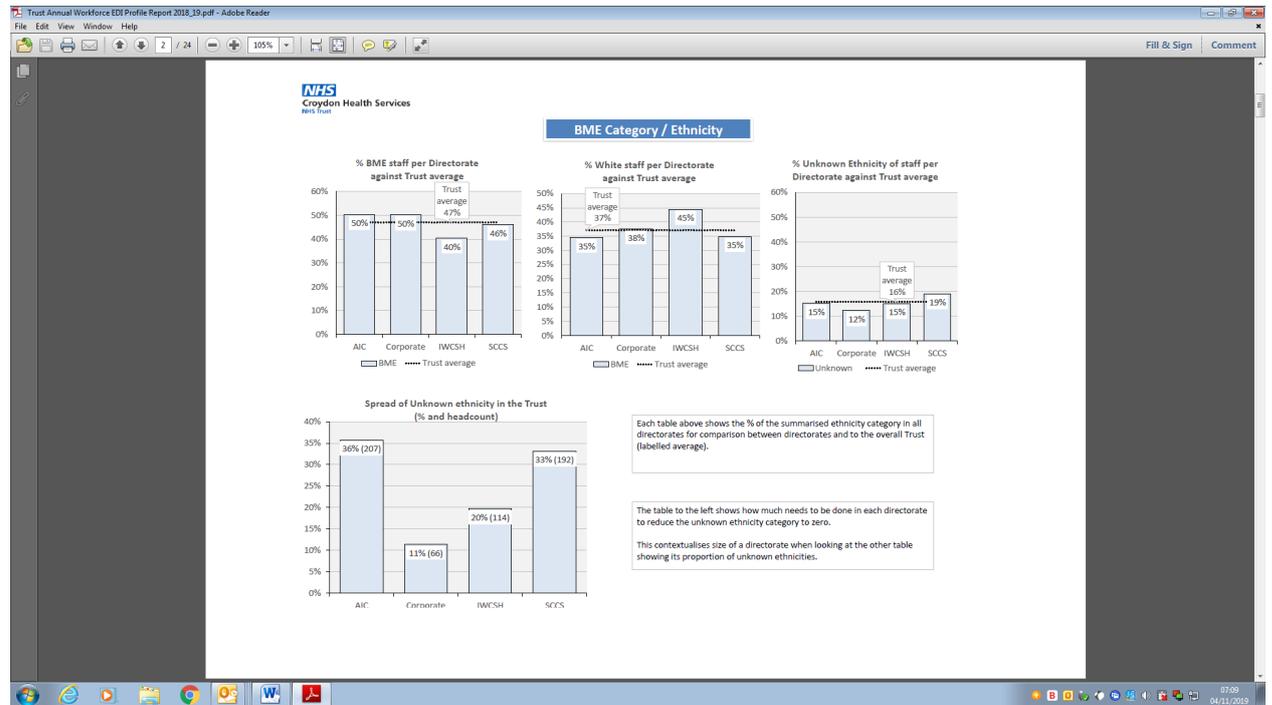
Review and define career pathways, roles, job rotation; continuous professional development routes with appropriate pay progression

Review and refine the staff engagement strategy and action plan (Research has shown that Trusts which effectively engage their workforce and create the right

working environment have more satisfied staff, better clinical outcomes and are more efficient).

## Equality, Diversity and Inclusion

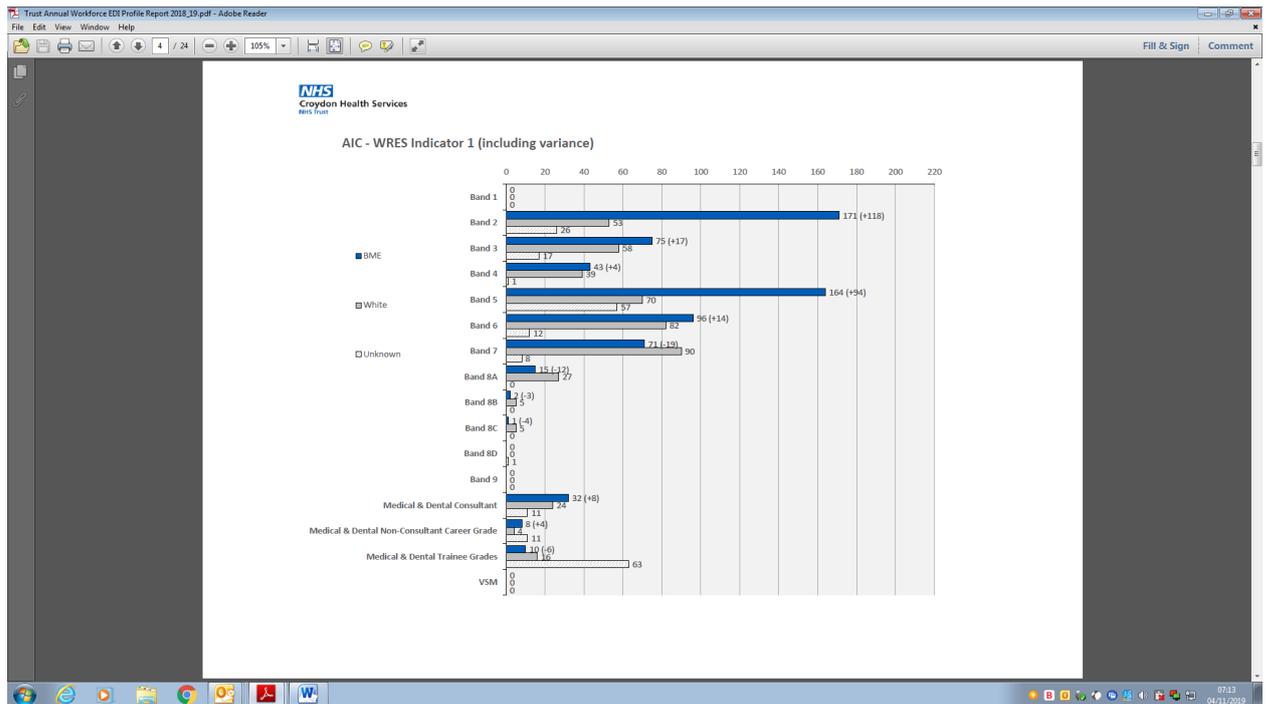
On the 1st April 2019 3679 staff were employed in the Trust of which 47% are BAME, 37% are White and 16% unknown/not disclosed.



Our most recent staff survey<sup>2</sup> informs us that we need to do more in relation to the equality, diversity and inclusion agenda. The systemic discrimination against Black Asian and Minority Ethnic (BAME) staff within the NHS is highlighted in numerous reports and studies<sup>3</sup>. These show that by every indicator BME staff have a less favourable treatment and a worse experience of working in the NHS than other members of staff. By way of an example our analysis of pay data shows over representation of BAME staff in the lower pay bands and under representation in the higher pay bands as demonstrated in the table below

<sup>2</sup> <https://www.nhsstaffsurveys.com>

<sup>3</sup> Snowy White Peaks <https://www.england.nhs.uk>



The NHS Equality and Diversity Council who originally proposed the introduction of a Workforce Race Equality Standard<sup>4</sup> did NOT suggest other forms of equality are less important but it is clear that race discrimination is an important issue within the NHS and there has been little if any improvement in recent years. 17% of NHS staff are from BME backgrounds, including 20% of nurses and 37% of doctors, and we now know that tackling their unfair treatment benefits patient care so it is clearly a priority

The Workforce Race Equality Standard (WRES) was developed to narrow the gap between the treatment of black and minority ethnic (BME) and white staff through collection, analyses and acting on specific workforce data. In addition, the WRES aims to improve diversity of leadership - people of colour in leadership positions and the BME workforce seeing themselves represented at a senior level. At a national level BME staff make up 19% of the workforce, in London this figure is significantly higher at 43.9%, and Croydon is even higher.

There are nine indicators, all of which draw a direct comparison between the white and BME experience. WRES data collected indicates that BME staff were relatively:

- less likely to be appointed from shortlisting and,
- more likely to enter the formal disciplinary process.

The Trusts performance against all the 9 standards are contained in the Trusts Annual Equality Report 2018 /19 which will be available on the Trust web site at the end of December 2019.

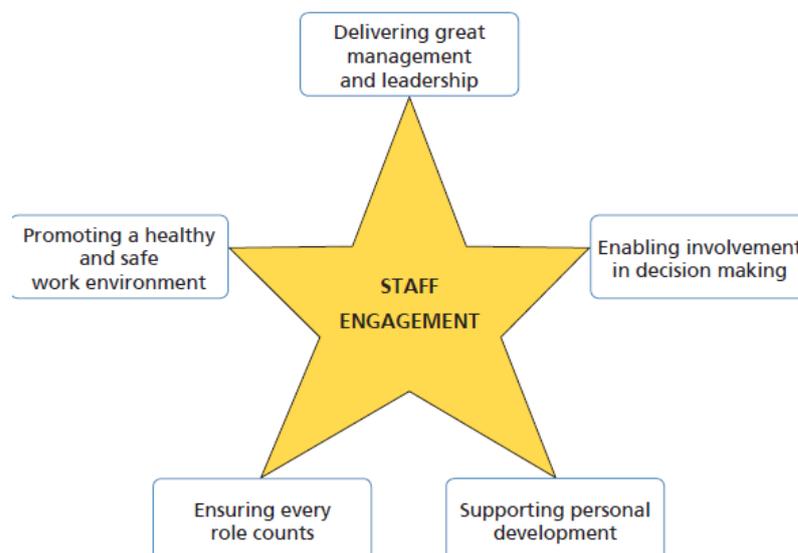
The Trust recognises the need for improvement and is on a journey to address areas of concern this includes ensuring BAME representation on all interview panel's and reverse mentorship where BAME staff mentor senior leaders.

<sup>4</sup> <https://www.england.nhs.uk>

## Staff Engagement

At the simplest level staff engagement occurs when an employee is willing to put discretionary effort into their work in the form of time, thought and energy above and beyond the call of duty. It can mean providing information, individual supervision; asking staff their opinions through to actively involving them in the way in which their work is organised and the shape and structure of their day to day jobs Our Staff Engagement Strategy sets out how we will develop our commitment to our staff as one that we can all be proud of and staff want to be part of.

The strategy builds on the progress we have made through Listening into Action as it is important to understand staff engagement that is already in place both formally and informally. Currently there are areas of engagement happening throughout the Trust e.g. regular award ceremonies i.e. Croydon Stars, Star of the Month, plus drop in sessions, Trust Focus, listening events, departmental staff newsletters, focus groups to improve services and Directorate Senior Managers briefings.



Recurrent themes include lack of communication, not feeling supported by management, lack of recognition, senior management not being visible in clinical areas and staff not understanding how their roles relate to overall Trust priorities.

To support our strategy we have put in place an action plan to deliver on:

- Communication, Information and Feedback
- Reward and Recognition
- Career Development
- Leadership and Management Development
- Health and wellbeing
- Innovation

One of our immediate successes has been the introduction of a staff engagement app known as Ryalto. Launched in late summer over 2000 staff have downloaded it to their mobile device and the numbers continue to grow. Those using it can now have access to significant and relevant information about what is happening across

the Trust, access to professional journals and for nurses they can book their 'bank shifts'.

Improvements in functionality to be launched soon are push and receive notifications and bank shift booking for medical staff.

### **Brexit**

London's healthcare workforce is more diverse than the rest of England. In London, 70% of the total NHS workforce are UK Nationals compared to 84% across the rest of England. EU Nationals currently make up 11% of the total workforce within London NHS Trusts, this is significantly higher than in other parts of England where on average EU Nationals form 4% of the total workforce. Therefore, Brexit poses a greater risk to the London workforce.

### **System Wide Workforce Transformation Projects ahead of the NHS People Plan**

The delivery model aims to deliver preventative and proactive care for the whole population and to engage the community directly and will require:

Community services to be organised around localities – building on our current Integrated Community Network model, ICN+ will develop wider health and care models of care around 6 GP networks, with wider council services delivered around 3 gateway localities

Modern acute hospitals both secondary and mental health - health and care models will ensure only those that need acute services go to hospital. Local providers, by becoming the providers of choice will ensure acute provision responds at the point of need with a focus on good clinical outcomes enabling local integrated care.

Health and care professionals are already working together in virtual multidisciplinary teams to identify people who need support and to provide those services when and where they need them. Reducing non elective admissions by 15% which means 3,000 fewer people were admitted to hospital last year.

Croydon's 18 personalised independence coordinators aim to break the cycle of hospital admissions and this has resulted in fewer patients needing care packages for longer than six weeks after leaving hospital

Our Local Voluntary Partnership funds and supports local voluntary and community providers to work together to support residents to look after their own health, reduce social isolation and promote independence. Activities have included a cinema club for older people, a food growing club for newly-retired men and a tea party where people can also have a health check.

Social prescribing allows GPs and nurses to prescribe a range of on-clinical services – everything from Bollywood dancing to cooking lessons – to help improve people's emotional, mental and general wellbeing.

In six months, there were over 28,000 attendances across a range of activities and 37 of Croydon's 50 practices are now referring.

We launched our Living Independently for Everyone(LIFE) service. This supports people with long-term conditions mainly who are aged over 65 years old to stay at home and reduce their need to be admitted to hospital. In its first year, the LIFE team got 1000 patients home sooner and helped 847 people avoid having to stay in hospital at all

Michael Burden  
Director of HR & OD  
Croydon Health Services NHS Trust

1<sup>st</sup> November 2019