

**SUSTAINABILITY & TRANSFORMATION PARTNERSHIP –  
WORKFORCE UPDATE REPORT**

**To:** HEALTH COMMITTEE

**Meeting Date:** 8 November 2018

**From:** David Wherrett, Director of Workforce, Cambridge  
University Hospital's NHS Foundation Trust

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Development, Cambridgeshire & Peterborough NHS  
Foundation Trust

**Electoral division(s):** All

**Forward Plan ref:** Not applicable

**Purpose:** This report provides a one-year-on update to Health  
Committee members on system workforce issues

**Recommendation:** The Health Committee is asked to consider the content of  
this report

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## 1. BACKGROUND

- 1.1 As part of the Committee's health overview function, a workshop was held for committee members, in September 2017, to provide an overview of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) system workforce, and this was followed by a discussion at the 16 November 2017 formal Committee meeting.
- 1.2 This report provides the Health Committee with an update on the workforce context, areas of focus for the STP, as well as a progress over the last year.

## 2. MAIN ISSUES

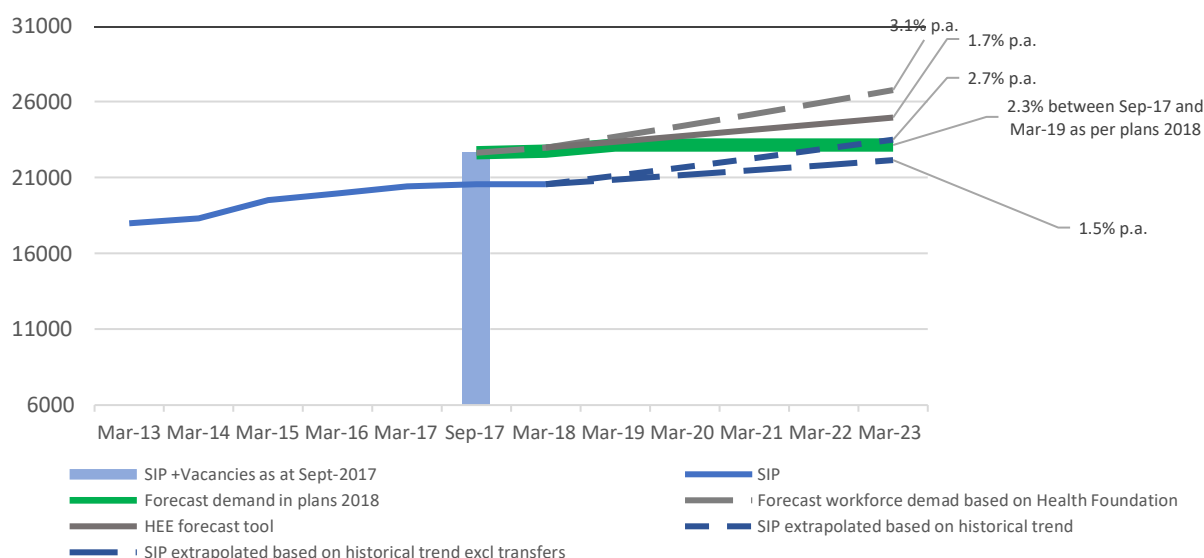
### 2.1 Current Workforce Context

2.1.1 Health and social care workforce supply and retention remains a significant challenge in Cambridgeshire and Peterborough. Committee members will be aware, from previous briefings, that some of this is driven by national factors (e.g. nursing bursaries, numbers of university medical placements, etc.) as well as factors specific to Cambridgeshire & Peterborough. Although we have the advantage of having centres of excellence in the county, the high cost of living and transport problems, particularly in the south of the county, adversely impact recruitment and retention.

2.1.2 Committee members are asked to note that:

- Our workforce (not including primary care and social care) grew by 14% between 2013 and 2018 (see Figure 1);
- Our workforce plans for the period 2017-2019 indicate that the demand for workforce will increase by 2.3% over that period;
- Projected hospital-based activity growth linked to population change indicates that, in the longer-term, a workforce growth of 1.7% per annum will be required at current levels of productivity to meet health needs of a growing and ageing population;
- Staff numbers extrapolation using historical trends indicates a growth in the region of 1.5%-2.7%.

Figure 1: Actual staff in post (SIP) and future demand



2.1.3 Figure 2 sets out vacancy levels across the system and we are challenging the reliance that vacancy levels place on the use of agency staff. Nationally, changes to funding for pre-registered students has seen, on the whole, less students joining adult nursing programmes at universities than in 2016 (although in some areas children's' and mental health have increased).

*Figure 2: Annual vacancy rates as at December 2017*

		NWA NHS FT		Royal Papworth NHS FT		CCG		CPFT NHS FT	CCS NHS Trust		CUH NHS FT
As at 31 December 2017											
Vacancy rate Registered Nurses (excl vacant posts where there is a post holder awaiting PIN)	% n	10.19%	196.73	10.87%	71.86	12.90%	5.40	18.21%	10.00%	86.01	14.20%
Vacancy rate Medical (excl doctors in training)	% n	18.36%	88.18	2.08%	3.00			15.29%	7.00%	5.29	7.40%
Vacancy rate Allied Health Professionals	% n	6.05%	19.22	14.09%	11.93			23.20%	9.00%	13.15	12.17%
Vacancy rate Healthcare Assistants (bands 2, 3 and 4)	% n	6.53%	45.46	17.42%	27.17			27.03%	21.00%	17.34	23.90%
Whole Time Equivalent employed staff	wte	5,317		1,696		285		3,272	1,720		8,991

2.1.4 As can be seen above, we continue to experience shortages of qualified nurses across most specialties and settings and trends suggest that considerably fewer nurses from the European Economic Area (EEA) are seeking registration with the Nursing and Midwifery Council (NMC) (see Figure 3).

*Figure 3: Nursing and Midwifery Council Nursing Registrations*



2.1.4 We know that, as a system, we still face challenges in relation to the supply of skilled and experienced GPs and specialist clinicians, and that we have an aging workforce.

## 2.2 Organising ourselves to meet the workforce challenges

2.2.1 To support the workforce elements of the Cambridgeshire and Peterborough STP, organisations from across the system are working in partnership. Over the past 12 months, the Local Workforce Advisory Board (LWAB) has established a series of partnership forums bringing together provider and commissioning organisations across health and care with representatives of Health Education England (HEE). LWABs have two areas of responsibility: supporting STPs across a broad range of workforce and HR activity; and the

local delivery of the HEE Mandate from the Department of Health and other key workforce priorities in line with national policies.

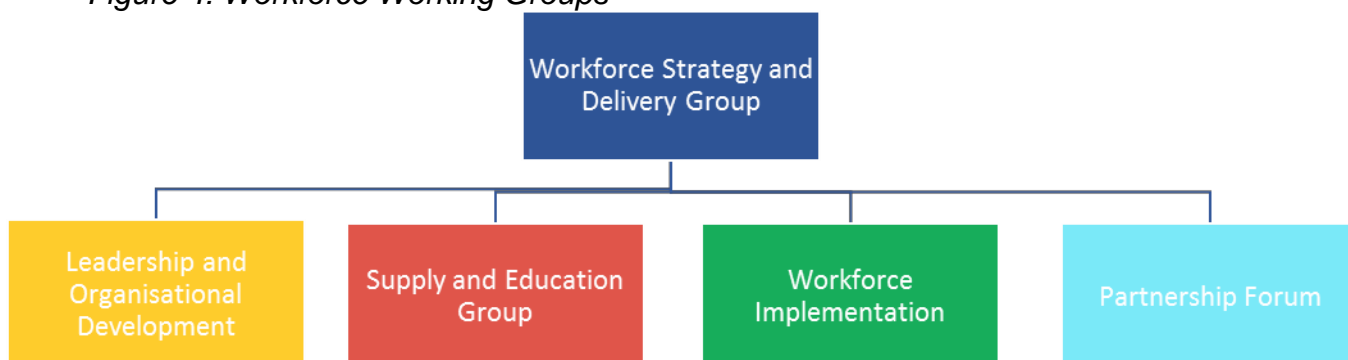
### 2.2.2 Vision and workforce ambitions

Through these arrangements, we have articulated a vision and high-level ambitions for our system health and care workforce. This vision seeks to ensure that we deliver the workforce requirements, both for today and for the future. It also states that, individually and collectively, [we will] *develop confident and competent organisations who can lead their own workforce development agendas as well as working collaboratively where this adds value*. As a health and care system, we now have five key ambitions which will address our workforce challenges:

1. Using shared data and intelligence to understand workforce requirements, and identify innovative approaches, workforce models, and new ways of working to build a sustainable workforce;
2. Ensuring we take steps to maximise recruitment and retention activities across the system to develop a culture of growing our own, collectively maximising apprenticeship levy contributions and provide clear career pathways for people to learn as they earn across the system;
3. Supporting a more dynamic workforce across the system and to allow people to attain their personal goals and career aspirations in order to provide quality care for all;
4. Enabling our workforce to work flexibly, efficiently and effectively across the system, through increased collaboration and standardisation of employment practices (including pay) where possible; and
5. Providing our staff with quality educational experiences and ensure opportunities for people to gain employment within the system upon qualification are available.

2.2.3 HR Directors (the Workforce Strategy and Delivery Group) established working groups, with bespoke workplans, to deliver the above ambitions (see Figure 4). These working groups have representation from all system partners including both health and social care colleagues.

Figure 4: Workforce Working Groups



2.2.4 A GP Forward View Delivery Group has also been established to focus on the particular challenges facing general practice, including workforce.

## 2.3 Progress

2.3.1 A summary of the key priorities and deliverables, as well as achievements to date, for each of the four workforce working groups described at Figure 4 above, can be found at appendix 1.

2.3.2 Progress to date from the GP Forward View Delivery Group includes:

- *Development of Care Navigator Roles*  
230 GP practice receptionists have been trained to signpost patients where indicated to the appropriate provider. This work is being supported through the role out of the MyDocs system and 35 practices are live with this across the system;
- *Development of New Roles*  
Super Health Care Assistants are being trained; the first cohort of 12 are in the system now, using a delivery model designed at Thistle Moor Road Surgery in Peterborough. These staff are developing a range of skills that enable more efficient and appropriate patient support, and helping to reduce GP workload;
- *Practice Manager Development Programmes*  
A range of practice manager masterclasses have been delivered to support the development of this cohort of key staff, that focus on leadership, coaching and mentoring;
- *International GP Recruitment*  
NHS England had originally planned to attract 2000 GP's<sup>1</sup> through this nationally run scheme. However, results to date have been disappointing; and
- *Development of Cambridgeshire and Peterborough's GPFV STP Workforce Plan - 2017 – 2020*  
This workforce plan sets out a vision for a sustainable future which '*involves practices working together to engage a wide range of staff to deliver proactive, standardised and integrated care*'. (Cambridgeshire and Peterborough's General Practice Forward View Strategy 2017) Practices are increasingly delivering care at scale as part of integrated neighbourhood care hubs supported by community, acute, mental health, local authority and voluntary sector services. Specialised support, both from GPs with a special interest, and from secondary care, will link into these at-scale models to provide input directly to patient care as well as up-skilling GPs, nurses and other community professionals.

2.3.3 In addition, some of our partners are developing 'grow your own' or 'earn while you learn' schemes. These schemes seek to increase the take-up of nurse training (to BSc level) through effective utilisation of the apprenticeship levy. The purpose of the levy is to encourage employers to invest in apprenticeship programmes and to raise additional funds to improve the quality and quantity of apprenticeships.

2.3.4 Addenbrookes Hospital, for example, has 78 nurses on their programme, with a further 44 to recruit, internally and externally, to achieve their target of 122 by January 2019. In sciences, there are 10 starting in 2019 5-degree level apprenticeships. Other schemes are in development for implementation in 2018/19 and beyond including for the following services:

- Radiography
- Physiotherapy
- Occupational Therapy

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<sup>1</sup> <https://www.england.nhs.uk/gp/gp/fv/workforce/building-the-general-practice-workforce/international-gp-recruitment/about/>

- Midwifery

## 2.4 LGA Peer Review

- 2.4.1 Although progress has been made to develop a common vision for workforce development across the System, feedback from the recent Cambridgeshire and Peterborough health and social care peer challenge (24th-27th September 2018) helpfully reinforced a number of known issues.
- 2.4.2 Firstly, it recommended that we ensure **there is a cross-system organisational development programme**, that reflects the whole system vision and supports staff in new ways of working. This programme should support enhanced clinical leadership of new care processes and ways of working across. Much of this is reflected in the System's organisational development strategy.
- 2.4.3 Secondly, it recommended that the System develop a **holistic workforce strategy for health and social care**, something we have not yet done. We received feedback that, while there was evidence of all partners wanting to collaborate, that there was more to do to ensure health and social care partners fully engaged in with each other on system workforce development.
- 2.4.4 Finally, the peer challenge also acknowledged that risks remain regarding our ability to recruit and retain sufficient numbers of appropriately qualified health and care staff, currently, and in the future as demand continues to increase. Risks are currently mitigated by ensuring Delivery/Enabling group chairs actively monitor the delivery of STP objectives, resolving issues and escalating any unresolved issues to the Health and Care Executive. A key mitigation for many risks will be the deployment of effective organisational development interventions which provide the building blocks to develop the necessary system capability and capacity. Whilst individual organisations have their own workforce agendas and actions, the STP work is intended to add value where collaboration is beneficial.

## 2.5 Looking to the future

- 2.5.1 We recognise that the challenges facing workforce are multi-factoral and that, as a system, we are operating in an environment where demand outstrips workforce supply, where geographical, social and economic pressures mean that this region has strong competition from neighbouring areas and where, within our system, models of care are evolving to meet the changing needs of the population. Our aim is to promote the system as a model, modern employer, creating a clear brand and unique selling points (USP):
1. Enable employees (and applicants) to move across our partner organisations, supporting our talent to develop and remain within the system;
  2. Clear and attractive career pathways that demonstrate routes to progress in work, providing opportunities that attract individuals, enabling them to boost their earning power, and to imagine their future within the NHS long-term;
  3. Improving collaboration on bank, temporary workforce and other key staffing challenges;
  4. Improve workforce information sharing;
  5. Collaborate on a system-wide approach to the Apprenticeship Levy and develop approaches to "growing our own" and "earn while you learn";
  6. Maximise the benefits of workforce IT systems;
  7. Exploring a job-hub or similar offering with a dedicated careers service to the region, engaging with schools, colleges, universities as part of a system-wide attraction strategy;

8. Support and facilitate discussions with key stakeholders to identify infrastructure improvements such as affordable housing; and
9. Build sustainable leadership capacity and capability.

### **3. CONCLUSION**

- 3.1 The STP faces significant workforce challenges in relation to supply, high cost of living, infrastructure, travel and transport etc. and progress across health and care organisations can be complex and slow. However, with clear focus, structure and governance in place, as has been established over the past 12 months, progress can and is being made.
- 3.2 To address these challenges, we will continue to work together, building closer relationships across health and social care. Only together can we deliver the workforce of today and tomorrow, ensuring we have the right amount of staff with the right skills, values and behaviours, at the right time and in the right place, feeling supported to do work of high quality and to improve the health and wellbeing of our population.