Dear Dido and Julian

Interim Workforce Implementation Plan: emerging priorities and actions

Thank you for the opportunity to comment on the emerging priorities for the NHS workforce implementation plan. This response is from the West Yorkshire & Harrogate ICS and has been prepared by the Local Workforce Action Board (LWAB) incorporating comments from individual organisations and members.

The points made and direction of travel are in line with work already in development in West Yorkshire & Harrogate and align with the recommendations in our local Workforce Strategy. We have outlined below our collective response and also highlighted initiatives within the LWAB and would welcome the opportunity to discuss these further and share best practice.

Theme 1: We can make a significant difference to our ability to recruit and retain staff by making the NHS a better place to work.

The plan as proposed should contribute to making the NHS a better place to work; in particular we agree that it is important to ensure that all staff feel valued and for this reason there needs to be a strong emphasis on inclusion and empowering diverse groups and tackling bullying and harassment.

We need to ensure that the NHS is seen as an exemplar employer and more work is required to attract people into the health and care sectors. Any focus should include examining work experience opportunities, volunteers and better co-ordination with the education and research sectors. We should be maximising the benefit from the apprenticeship levy and reinvigorating the ‘Get in, Go on and Go Further’ message. A national focus on NHS Brand would be seen as a potential solution, as well as a greater focus on support and involvement with schools.

The West Yorkshire and Harrogate LWAB (WYH LWAB) have developed a successful ODP career campaign and are now developing and implementing campaigns for mental health and learning disability nursing along similar lines. The LWAB is looking at commissioning a WY&H wide careers hub that will incorporate current and future campaign development and will work with local partnership organisations such as the Leeds City Region Enterprise Partnership and Ahead Partnership who already have links with local schools in the area.
As well as recruitment campaigns, there is a need to focus on retention and additional research into why people leave the NHS. One area of priority is to examine the impact of pension lifetime and annual allowance on senior managerial and clinical staff retention. Other retention policies that could be examined and further developed are return to practice, part-time and flexible working solutions and it is suggested that the current NHSI retention programme should be expanded to all staff not just nursing. Within the NHS there is a wealth of data, but the vast majority of analysis is retrospective. This programme should look at the lessons from Public Health Management and other prospective analytical approaches to see if there is a way to predict when people will have issues with sickness, turnover, disciplinaries, grievances or changes in hours and then be proactive to support the individual.

Systematic approaches are needed for appraisals and “stay interviews” to proactively gather information to support staff staying in the NHS as exit interview information is helpful but again is retrospective.

Health and wellbeing is imperative and the service should develop its health and wellbeing offer to staff; including better support for mental health issues and supporting people to work for longer (as the pension age increases). Implementing recommendations from the NHS staff and learners mental wellbeing commission is another area that could be further explored. There is a need to facilitate and potentially mandate the streamlining and pass-porting of staff to prevent duplication on regional, STP and organisational level and this should include community and primary care to facilitate the movement of people into these areas. This could include joint employment models and the breaking down of barriers between hospital and community care.

There needs to be an acknowledgement of the role of the wider system in our delivery of healthcare and a will to work together as a system. Ensuring integrated IT systems and enabling governance structures that facilitate innovation would be seen as a positive step.

Overall there needs to be a stronger alignment of the future workforce strategy with trends in service models and care to ensure we can train people in the right numbers, with the right skills to support the population’s health and care needs. This could include providing public health messages; to make every contact count.

The LWAB is working with the maternity workforce group to explore the coordination of recruitment and improve the cost effectiveness and consistency of training for the LMS workforce.

We have introduced a working carers passport to help ensure that carers within our workforce are supported appropriately.

The West Yorkshire Association of Acute Trusts has implemented a staff passport to allow people to work in different organisations, and this will be rolled out to our mental health providers shortly.
Theme 2: If our workforce plan is to succeed we must start by making real changes to improve the leadership culture in the NHS.

We agree that there is a need to improve leadership culture across the NHS and this needs to be at all levels and focus on existing as well as future leaders. Patient safety and care must be a priority for all leaders and there should be targeted leadership programmes (such as the Leadership academy uses for BAME staff) to ensure that all groups are appropriately and visibly represented at senior levels in the NHS. Managers and leaders should be trained to manage in and cope with uncertainty and it is essential that existing programmes don’t disappear e.g. NHS leadership academy programmes with the move to apprenticeship standards.

The ICS should be the default level for much of the system leadership action to be coordinated while recognising the need for some commonality across the NHS.

In WY&H there has been a local shadow board development programme which has been evaluated well and seen as a positive initiative for individual organisations and for system working.

The LWAB has funded some specific leadership work in our local places looking at creating capacity for place-based collaborative working.

Theme 3: Although there are workforce shortages in a number of professions, disciplines and regions, the biggest single challenge we currently face nationally is in the nursing and midwifery profession.

We agree that nursing and midwifery nursing and should be a high priority but would echo the sentiments from the Northern ICS leads that we need to ensure this is viewed consistently throughout the different branches of nursing such as mental health, community nursing, learning disabilities and care staff as well as those working in acute settings. General Practice is also an area of considerable shortage.

Absolute numbers should not be used as the sole metric for professional priorities as there are also several smaller, but critical professions that suffer staff shortages. Healthcare science and AHPs also encounters severe staff shortages, particularly in the physical sciences and engineering, with a number of roles listed on the UK government’s shortage occupation list. Whilst the absolute numbers are small, some of these professions that are critical to the delivery of many key services and have significant national vacancy rates.

There is no shortage in applicants to nursing and one of the factors limiting training places is clinical placements, so a review of placement design in respect of regulatory design, location as well as overall capacity should be undertaken. This needs to take a broad view recognising the potential to offer placements in areas not previously used, particularly where new service models are emerging. As a system we need to ensure quality placements are provided and
what impact there is on service productivity. We could make better use of the apprenticeship levy and examine and influence the issues around the inflexibility of the apprenticeship rules – issues such as the need to backfill salary costs and 20% off the job learning requirement. The reinstatement of the bursary for nursing is seen as a factor in recruitment.

As mentioned previously other retention strategies such as streamlining, return to practice, expanding our work with local schools to help secure a future pipeline and examining course attrition should all be examined. System wide approaches to international recruitment, expansion of MTI schemes and greater focus on diverse local communities to consider career in nursing should be explored. The potential routes into nursing should be promoted more widely, such as apprenticeships and Nurse Associate roles and we should be making it easier for career transitions across sectors - conversion courses could be valuable in this respect.

LWAB have identified the top 10 high risk supply staffing groups in health and care and will work with the West Yorkshire & Harrogate Excellence Centre to develop career promotion strategies for these areas and look at upskilling and new roles.

Theme 4: To deliver on the vision of 21st century care set out in the LTP will not simply require ‘more of the same’ but a different skill mix, new types of roles and different ways of working.

The NHS should continue to invest in upskilling its workforce and reducing waste so that staff are able to operate at the top of their capability. There needs to be a clear national ambition on the ways these roles will work and it is important that individuals are supported, and sufficiently trained in these multi-professional roles. There is a need to ensure the approach is comprehensive in assessing roles to include non-clinical roles so the system can maximise the time to care for clinical staff and ensure people are working at the top of their regulation and skill set.

Work needs to be done to show organisations how these new roles fit and the impact and continued investment in new roles is crucial but also continued promotion of these. There is a need to maximise the benefit of technological advances. This work needs to reflect the findings from the Topol review and ensure people are capable and confident of using technology to the maximum benefit. The confidence also needs to come from the technology being robustly tested and credible with staff feeling able to use it.

There should be greater integration of physical and mental health as too often mental health is not prioritised and there is a need to ensure people are skilled and able to work in primary care and community settings to support the shift of care out of hospitals. Staff and organisations need to be encouraged and incentivised to provide preventive and public health advice to patients and service users in line with the making every contact count approach and local communities need to be involved in the design of new ways or working.
A comprehensive and full review of the rules to enable organisations to fully maximise the apprenticeship levy is needed and more guidance around levy gifting plus more HEIs offering apprenticeships is needed.

The WYH LWAB is exploring the apprenticeship levy transfer and agreement in principle from all WYH ICS levy paying members to gift up to 25% levy funds within the ICS with underwriting of risk relating to co-investment agreed by LWAB (or member Trusts)

Theme 5: We must look again at respective roles and responsibilities for workforce across the national bodies and their regional teams, Integrated Care System, and local employers, to ensure we are doing the right things at the right level.

We agree that integrated care systems role in workforce development, transformation and planning should be strengthened. Devolved responsibility needs to be matched with devolved resources and capability building at this level. It is recognised that some plans still need to be at a very local place based level whilst some specialisms of small staff groups would benefit from a more regional approach.

There needs to be a common understanding of what is meant by workforce planning. It is a phrase which means different things depending on an individual’s focus. Workforce planning can range from filling a shift on tonight’s ward up to strategic planning for 2050. To support the above point there should be clarity on what skills, knowledge, tasks, outputs and outcomes are required in workforce planning and which organisations should be involved.

We believe the ICS should be given greater more direct responsibility for workforce development, transformation and planning. We believe our local workforce strategy, led by the LWAB as a component of the ICS, demonstrates that ICS’ have a significant potential role in the delivery of the future workforce. We want West Yorkshire and Harrogate to be a healthy place to live and a great place to work. We have developed the governance structures that allow flexibility for systems to work at a local level as required. We fully back your findings that show more must be delegated to this level of the system.

We hope you have found these comments helpful and would welcome the opportunity to discuss any of the issues raised in more detail. If you want to see examples of our work, these are set out here: https://www.wyhpartnership.co.uk/our-priorities/workforce

Yours sincerely

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