

HSI21/005

GOVERNING BODY

Title of paper	Workforce Report		
Agenda item	7	Date of meeting	2 February 2022
Executive lead	Helen Ives, Executive Director of Workforce		
Author	Lisa Cully, Head of Workforce transformation		

Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note	<input checked="" type="checkbox"/>

Link to strategic objective	Operational service delivery Supporting people and teams Transforming services Strategic planning and engagement Developing our Integrated Care System
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Executive Summary
<ul style="list-style-type: none"> • Workforce shortages are continuing to impact delivery of services, with absence and vacancies intersecting with additional demands across vaccination, Omicron response, urgent and elective care pressures and elective recovery. The workforce situation is monitored through Gold/ incident response at provider and Integrated Care System (ICS) level. • A Workforce Cell has been stood up with terms of reference and sign off at the People and OD Collaborative and ICS Gold. The Cell has developed and shared a single point of contact for all addition workforce requests (outside of provider scope). • Vaccination as a Condition of Employment (VCOD) mandates that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022. This means that unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to meet the deadline. VCOD dismissals present a risk for service delivery across the system. Morale and wellbeing of employees is also impacted. An ICS task and finish group has been convened and daily reporting is in place. • Development of a simplified ICS workforce reporting dashboard is well underway enabling a greater line of sight and more robust data integrity. Significant progress has been made on obtaining data from our NHS trust partners but proving more difficult from Primary Care Networks and Social Care Providers. There is still no ability for the ICS to access the employee data warehouse, which significantly impacts performance reporting and workforce innovation plans. • There is no substantive workforce budget for the ICS workforce team; work continues to develop a budget to ensure we are able to meet system demands. Financial envelopes for 22/23 will be confirmed in due course. HEE Transformation funding cannot be used for this purpose

- On the 17th January, national guidance was published regarding the 22/23 Operational planning rounds. The Technical Workforce guidance will be discussed at our weekly 'Community of practice' (comprising all workforce analysts and planners from across our partner organisations). Weekly meetings with leads from activity, performance, and finance will continue throughout January in preparation for our 1st submission on the 28th February. It is vital that we ensure robust, comprehensive triangulation across all elements of the Operational Planning round to ensure we are able to deliver our priorities (Elective recovery, Discharge from Hospital, Vaccinations and UEC).
- A number of workforce investment plans are being worked up, which were due for presentation at the People Board. These will be brought forward into the planning round for consideration and then presented at the deferred Board.

Further information on key workforce risks and actions

Vaccination as a condition of deployment (VCOD)

- National VCOD part 2 National Guidance due 14 January 2022 was received: <https://www.england.nhs.uk/coronavirus/publication/vcod-for-healthcare-workers-phase-2/>
- Detailed analysis (by role) being undertaken for staff not currently vaccinated in trusts, CCG and general practice; a verbal update will be given on the day of Governing Body as the numbers of employees taking action to get vaccinated is changing on a daily basis at present
- All SCAS data now included in our reporting to region – this is still an area of concern for the ICS as we are not the workforce lead for SCAS, it remains the BOB system
- A risk analysis is being undertaken for all CQC registered health and care providers and temporary staff providers to determine the potential impacts on service delivery and flow across the system
- Toolkit in development to support employers across all health and care (without access to their own HR and Occupational Health departments)
- System-wide redeployment process is under development through a clearing house type model, which will enable people to be considered for roles before dismissal that they may otherwise not be aware of
- A support service for people who are dismissed is being procured to support job search
- System C – new technology platform being rolled out (HHFT in phase 1) which will collate all employee vaccination data from the various platforms to enable easier reporting through ESR

Absence, vacancies and turnover

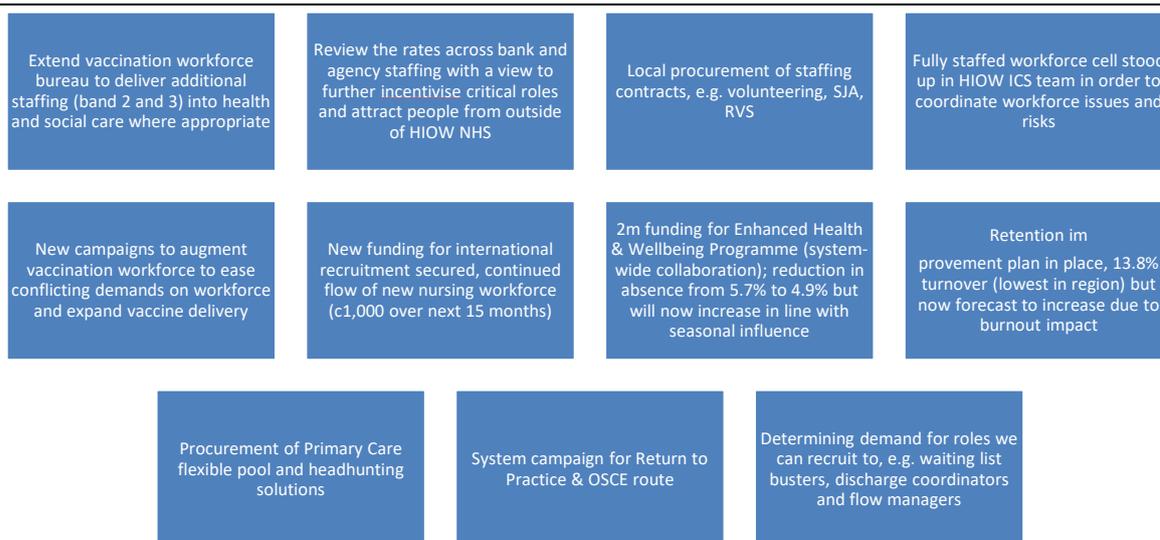
- Absence due to Omicron infections/ isolation appears to be stabilising. An overall absence rate of c6% is being reported at present. However, the higher absence level in Hampshire & Isle of Wight (Pre-Covid) remains a concern and the absence improvement programme will recommence once we are confident that the Omicron surge has been cleared. There are indicators in the reporting that absence rates due to non-Covid illness have dropped
- We are in a stronger position for vacancies, compared to other systems, but this hides significant issues with specialties and professions and an overall increase of 0.6% in our total vacancies (largely due to agreed workforce growth in H2 planning).

- Vacancies are presenting a significant risk to quality, performance and sustainability of services in providers. Key challenges include: Mental Health, Diagnostics, Radiography, Midwifery, 999/111 services, Medical Consultants (Specialties TBD), Dentistry, Occupational Therapy, Operating Department Practitioners, Podiatry, Primary Care, Domiciliary Care, Critical Care Nursing, General Nursing
- Primary Care Workforce challenges: national shortage of GPs, growing primary care teams (multi-disciplinary team members), improving access to GP locums (40% of GPs choosing to work as locums full or part-time), GP retention, practice workforce planning, reducing locum spend

People Programmes being delivered by the ICS Workforce function/ system partners

There are 19 programmes being delivered under the workforce function, which are aligned to regional and national programmes as appropriate:

- Covid-19 Vaccination Workforce Bureau
- Landmark Pilot (conversion of NHS 'curious' to permanent workforce)
- 350+ Project (education liaison and career development into health careers)
- Primary Care Workforce
- Nursing Supply Board
- Allied Health Professionals Supply & Development Plan
- Mental Health Workforce
- Digital Workforce
- Keyworker Housing
- Enhanced Occupational Health & Wellbeing
- ICS People Plan (aligned to national People Plan)
- Systems & Organisational Development
- People Programme Office (coordination and integration of system, regional and national People Plan and People Promise)
- Workforce Cell (system workforce coordination)
- Strategic Workforce Planning
- Turning the Tide Oversight Board (Minority Ethnic Workforce and Population)
- Social Partnership Forum and Partnership Working
- Retention Improvement
- Winter Workforce (see below)



Further information has been provided on three of our key workforce supply programmes below:

1. Our expanding Allied Health Professional (AHP) workforce programme includes initiatives such as the establishment of an AHP faculty (measured against the faculty maturity matrix), the establishment of an AHP supply board, a clinical education improvement project, and the introduction and implementation of a newly qualified development programme and a pre-preceptorship programme. Vacancy rates for AHPs are 4.2% against a national average 8.3% as at October 2021). During the period April – July 2021, the AHP substantive workforce grew by 2.9%.
2. The Nursing Supply Programme board is now in its 3rd year and continues to undertake projects including Growing Student placement capacity (inc private, voluntary and independent sector), the implementation of a placement management system for all student allocations and increased opportunities for nursing and midwifery education. In collaboration with our HEE colleagues, we continue to explore new higher education institutions, alternative apprentice recruitment and different models of education delivery increasing the student numbers and opportunities for first post in area across all fields. International recruitment, Return to Practice, the Health Care Support Worker programme, Primary care nursing and Mental Health nursing programmes continue at pace. Our nursing vacancy rate has dropped from 9.3% (June 2020) to 7.4% (June 2021), however our Mental Health Nursing continues to see vacancy rates of circa. 19%. The target is to grow the Nursing Workforce by 6.8% on the 2019/20 actuals by 31 March 2022.
3. Under the Primary Care Network Directed Enhanced Service (DES), PCNs are able to recruit new roles to expand their multi-disciplinary care teams working in general practice, funded by the Additional Roles Reimbursement Scheme (ARRS). Our plan is to grow the number of multi-disciplinary roles from 233 (Q1, 20/21) to 602 (21/22), 691 (22/23), 855 (23/24); a planned overall increase of 625 FTEs. We are investing in local education environment leads (EELs) to support each PCN clinical director to plan the primary care workforce including the ARRS and apprenticeships using an appropriate skills matrix. The ICS currently has 20 EELs to date against target of 42 (one for each PCN).

System workforce governance of programme reports, risks and actions is through the Hampshire & Isle of Wight People Board, which is underpinned by the People & OD Collaborative and other reporting groups (e.g. mental health workforce group, nursing and AHP supply boards, and primary care workforce group). These groups also report into their constituent programme boards.

Hampshire Southampton and Isle of Wight CCG Annual Report for Public Sector Equality Duty

Integrated care systems (ICS) are partnerships of the NHS, local government, and the Voluntary, Community and Social Enterprise (VCSE) sector. They exist to improve population health, tackle health inequalities and social justice, and help the NHS support broader social and economic development. Key areas of focus include:

- Championing inclusion & belonging so that there is a culture in which behaviours intrinsically drive equality and diversity
- Developing the service changes needed to improve population health, health inequalities and social justice
- Community- building and development, community involvement so that public, patient and carer voices are central to all plans and activities,

The ICS Boards in operation are: Turning the Tide Oversight Board (TTOB) and Health Prevention & Inequalities Board. It is in this wider system context, that the CCG organisation also has an organisational responsibility to meet legal duties set out in the Equality Act 2010.

The Annual Equality & Diversity Report, which is saved in the Reading Room, sets out how the CCG has met the General Equality Duty of the Equality Act 2010. In accordance with the requirement of the specific duties under the Equality Act 2010, we will publish this information on the website.

The information provided in the report includes equality and diversity information relating to our people and the population we serve and updates against organisational equality objectives. Reference is made to equality and diversity information contained within other published papers and reports in order to provide some of the wider system context. Background information is provided from published papers relating to system-wide plans to improve the health and well-being of local populations through partnership working and joint decision-making. It also refers to information relation to the re-structuring of the NHS in England during 2022.

An action plan sets out how we will ensure equality, diversity and inclusion in our practices and processes during the transition from CCGs to the creation of a Hampshire and Isle of Wight Integrated Care Board during 2022. We note that this report comes at a time when the organisation is in transition and would like to signal that plans and reporting will transition with the intensive development planned for this critical agenda.

Recommendations	<p>The Governing Body is asked to receive and note:</p> <ul style="list-style-type: none"> • The risks and actions in place for System Workforce • The Annual Equality and Diversity Reports for 2021
Publication	<p>Include on public website <input type="checkbox"/></p>

Please provide details on the impact of following aspects

Equality and quality impact assessment	<p>Quality impacts from workforce shortages noted.</p> <p>Equality impact assessments for workforce across the integrated care system are generally through the established workforce reporting equality standards, however additional impact analysis at programme is planned.</p> <p>The CCG internal annual report for Equality has been provided.</p>
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Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG.
Financial impact, legal implications and risk	<p>Performance impact to services from delivery pressure on existing workforce and potential dismissals from refusal to vaccination as a condition of deployment.</p> <p>Financial impact of workforce shortages and use of agency/ locum staff.</p> <p>Health and Wellbeing and burnout of staff.</p>
Data protection impact assessment	None to note