

Mid & South Essex Sustainability & Transformation Partnership

Your Care In the Best Place

Discussion Paper – Proposed benefits for acute hospital workforce

14 March 2018

Why is the acute hospital workforce a problem in Mid & South Essex?

All health and care organisations across mid and south Essex are working together with Health Education England, regulators and our professional unions to understand the workforce we need now and in the future to provide the best quality care for NHS patients. We all agree that workforce is perhaps our toughest challenge. There are well described concerns nationally about staff leaving the service and a shortage of key professions. Our local NHS is struggling to offer round-the clock, responsive services patients need. Right now, as we will for years to come, we need to recruit, retain and develop our colleagues for our plans to succeed.

There is no simple solution to the workforce supply gap – i.e. the shortage of trained staff - which is manifest across most of England, but working together across our three hospitals (Basildon & Thurrock University Hospital NHS Foundation Trusts, Mid Essex Hospital Services NHS Trust and Southend University Hospital NHS Foundation Trust) and wider community to think about the skills and roles we need, and adopting innovative approaches, will help address this – positive and proactive collaboration within a geographical area has been recommended as a strategy to address workforce planning in healthcare most successfully¹

How will the proposals outlined in *Your Care In the Best Place* address this problem?

We propose that service changes outlined now will have a positive impact on our local workforce challenges in a number of ways. We will expand on this in this discussion paper, but these can be summarised briefly as:

What are the drivers of our workforce shortages ²	What impact would current proposed changes have?	How would this help the workforce?
Low levels of staff morale and engagement with current hospitals and their strategies for change 2017 <i>NHS Staff Survey results showed for the STP overall engagement indicators that were collectively below the average for similar trusts</i>	Help motivation and morale by reducing uncertainty and give clarity for our staff about the future strategy for our services.	Current and prospective staff would know what would be happening to our clinical services, in terms of their location, role in the STP and any additional investment they will receive with a higher degree of certainty and commitment than during recent periods of discussion and review. Offering more predictable and better-managed workload for staff and teams by addressing emergency flow and demand and streamlining models of care and addressing unsustainable on-call rotas.

¹ The King’s Fund: Workforce planning in the NHS. The King’s Fund, London, April 2015.

² Information taken from local workforce data available online and similar to that described in the pre-consultation business case for current proposals, available at <http://www.nhsmidandsouthessex.co.uk/background/further-information/>

PAPER FOR DISCUSSION - DOES NOT CONSTITUTE FINAL PLAN

<p>Staff leaving our hospitals for work elsewhere – <i>Across the STP hospitals our clinical staff turnover rate in January 2018 was 15.06%</i></p>	<p>Better retain our existing staff</p>	<p>By being able to offer more flexible working options through a bigger pool of staff working together, and more clearly planned services and pathways.</p> <p>Offering more predictable and better-managed workload for staff and teams by addressing emergency flow and demand and streamlining models of care.</p> <p>More educational opportunities for those staff who choose to develop specialist skills.</p> <p>Being able to offer new roles such as rotational posts or multi-skilled practitioners through new models of care that are being created.</p>
<p>Not being able to recruit sufficient numbers of staff to meet the needs of the hospitals <i>Across the STP hospitals our clinical vacancy rate in January 2018 was 13.15%, representing 1828 unfilled posts.</i></p>	<p>Attract more new staff to our area</p>	<p>Having a clear ambition and well-articulated local plans will show staff what we can offer.</p> <p>By being able to offer more flexible working options through a bigger pool of staff working together, and more clearly planned services and pathways.</p> <p>Being able to offer new roles such as rotational posts or multi-skilled practitioners through new models of care that are being created</p>
<p>We don't always offer our staff the opportunity to develop, and we could expand the range of specialist skills available for patients.</p>	<p>Increase the skills of our workforce</p>	<p>More educational opportunities for those staff who choose to develop specialist skills.</p>

Retaining our workforce - how will the service changes proposed help to address problems in retaining our medical, nursing and allied health professional workforce?

One of the biggest drivers of our current workforce shortages is also poor retention, with more clinical staff leaving the NHS than joining it nationally, and Mid & South Essex being no exception. If we could just get back to the retention level we had for 2015 in the NHS, we would have the equivalent of 4,000 more nurses working each day in our services. We know that geographical location and market forces such as the London commuter effect, as well as rising demand for agency staff in the health and care sector also have an impact. There is good evidence that empowering and developing the NHS workforce can significantly improve retention rates. This can be achieved by:³

1. Creating opportunities for staff to develop professionally and offering increased autonomy and participation in decision-making as we are doing through the creation of specialist centres and

³ Nuffield Trust: The long-term sustainability of the NHS: Creating a sustainable workforce. Nuffield Trust briefing, 2016.

investing in new ambulatory care and assessment facilities which help staff be more autonomous and empowered in decision-making.;

2. Offering flexible employment⁴; this will be more possible for the hospitals working together across the three organisations, and with better and less intensive working patterns. This will enable more staff to accommodate personalised shifts and working rotas which can help support their work-life balance at different times in their careers – e.g. options that have been successful elsewhere include stepping down before retirement, term-time working, annualised hours, more job sharing, etc.

3. Creating a career pathway for individuals and access to continuing professional development - . The opportunity for developing professionally in the workplace is also greater where we have centres of expertise developing and can better offer training programmes and other ways to develop such as rotational posts⁵ – this is a key principle of the clinical changes proposed. Buckinghamshire Healthcare NHS Trust has shown success offering an “itchy feet” programme which offers staff keen to rotate around roles and develop themselves professionally within their local healthcare system. This is something our organisations within the STP will plan to develop and support through these proposals.

Workload - Helping address overload and overwork

We know that workload is one of the main reasons cited by clinical staff for leaving the NHS⁶ with stress and burnout being found to significantly correlate with intention to leave. The Royal College of Physicians’ annual Reality Check in 2018 has shown this has got even worse for these doctors⁷. In a European nursing survey, 42% of UK nurses reported burnout (the highest of all 10 European countries surveyed), compared to the European average of 28%. Whilst we cannot say that these proposals will mean staff are not very busy – the NHS will always be in demand and work its hardest for patients; however we intend through these proposals to help provide a modernised “front door” to our hospitals to better manage demand for unplanned care, and have explained that we will work with local Clinical Commissioning Groups, primary care and local community providers to support plans to better help people in the community and at home. We are also investing in better technology to help staff and patients. These proposals provide us a better chance of meeting the future demand for NHS care which we know will rise due to demographic trends, population growth and the nature of human health and disease.

By better defining and streamlining planned and emergency complex care pathways in these proposals, we will help to coordinate our skilled staff better, providing greater predictability and visibility of how patients will flow through our services to access the right care. They will also have better support through working as specialist teams⁸. National guidance, including the Keogh⁹, Willets and *Getting It Right First Time* analyses by NHS Improvement have identified that for specialities with sufficient demand and staffing, the physical separation of elective and non-elective services can greatly enhance service reliability, seen across all aspects of hospital care including reduction in last-minute cancellations and greater standardisation and efficiency in the use of theatres which can be achieved through a more predictable workforce and better scheduling of senior clinician time.

⁴ Improving Staff Retention, a guide for employers, NHS Employers, September 2017

⁵ Recruiting and training senior nurses using a rotational model, Nursing Times, March 2005

⁶ Lafer G, Moss H, Kirtner R, et al. Solving the Nursing Shortage: A Report Prepared for the United Nurses of America, AFSCME, AFL-CIO.

⁷ NHS reality check: Update 2018, Royal College of Physicians, March 2018

⁸ Improving teams in healthcare Resource 1: Building effective teams, Royal College of Physicians 2017

⁹ Safer, Faster, Better: good practice in delivering urgent and emergency care. A Guide for local health and social care communities, NHS England, August 2015

Further to this we believe that the separation of emergency and elective, alongside the creation of centres of excellence will particularly ease overload pressures on more specialist staff by combining emergency on call rotas across the three hospitals which will reduce the frequency of what are currently onerous rotas.

Recruitment: how will the service changes proposed help to address problems in attracting enough colleagues into our medical, nursing and allied health professional workforce?

We know that for doctors, how their work is structured can make a huge difference to how attractive an employer is – in the previous decade, emergency medicine as a speciality was marked by high vacancy rates in training, considered unattractive to trainees due to high and increasing levels of demand. Professional bodies and NHS employers have tried to address this by reforming the training process and other interventions to improve the work–life balance, provide more support and promote greater career development. These efforts have helped the Royal College of Emergency Medicine and Health Education England reduce the proportion of unfilled training posts from around 40 per cent before 2014 to 2 per cent last year¹.

Locally we have seen the benefits of Emergency Departments working together across our three local trusts, with the vacancy factor for Consultants across our units having more than halved since 2016. We know from doctors leaving our employment that intensity of work, covering rotas and lack of flexibility are all a factor in making local work unattractive. Changes proposed here will help to maintain this and undertake similar reviews in other specialties to reduce the intensity of work such as on-call cover, and allow doctors to work better supported in larger teams. Also in Interventional Radiology, where staff having been working as a team across our area and are now coordinating rotas, consultants in post have increased from 5 to 9.

The reputational impact of these collaborative services which offer good professional opportunities is also significant, as medical and other staff often have a view of the “brand” or reputation of hospitals as places to work. By building on these proposals as a clear vision for the future, we expect that the desirability of Mid & South Essex as a place to work will improve in coming months and years. We will support this by developing a communication strategy with STP partners, and helping to champion the fantastic professional expertise and partnership working already taking place.

For nurses and allied health professionals, we have stated in our business case for these proposals that consolidating services will also increase supply through provision of a more attractive training offer, establishing supported rotational posts for newly qualified staff as well as development opportunities for the emerging talent within newly qualified health professionals. These are all steps that are consistent with guidance from NHS employers and Health Education England to help improve recruitment.

Training & Development – how will these proposals create more opportunities to train doctors, nurses and allied health professionals?

If we are able to work together as a group of hospitals and pool our collective resources along patient pathways as described in the current proposals, we will create larger teams – teams working across our system supported by better technology and equipment. This investment will help improve the educational environment we can offer clinical staff, and we know from discussions with Health Education England and our universities, that this will improve our training and development opportunities. Anglia Ruskin University is planning, subject to final approvals, to open a School of Medicine in 2018 at its Chelmsford Campus. Having such a facility locally will assist with our workforce challenges over coming years as many students who study at the school will take up local placements

and, once qualified, many may wish to stay in the area. Greater opportunities will be available for expansion of allied health professional roles such as Advanced Nurse Practitioners and Physicians Associates. There is also opportunity to benefit from a more local workforce through “grow your own” education programmes for local people, adding skills to roles, and through the opportunity for new apprenticeships.

Having a skilled nursing and AHP workforce is so vital today, because the complexity of patients being admitted to hospitals has increased over recent years as we have become much better at treating many conditions and illnesses at home, in the community or in an outpatient or ambulatory setting. This means that looking after people in hospital can be challenging, as they will have additional needs. This is why it is important to have professionals with the right skills¹⁰ available for our patients in our hospitals.

We know from studies including a large programme across 12 countries¹¹ that a higher percentage of trained nurses in post results in better care quality, better patient satisfaction and lower odds of mortality. Moreover, this showed a positive correlation between higher nurse education levels and lower chances of mortality, so supporting the skills and capabilities of these staff is essential to achieve the improved outcomes for patients these changes aim for.

New opportunities - More consolidated teams working together in larger numbers also increases our opportunity to develop new roles, both within acute and community-based services. One promising option is to expand the role of support workers (the unregistered workforce) to take on more caring responsibilities, and to extend the range of their technical skills. In particular the new Nursing Associate role is a good example, and is currently being piloted on a national basis in partnership with NHS England with some 2000 posts. Our plans will also see the chance to maximise the use of the apprenticeship levy with the launch of apprenticeship programmes across the system in hospital, community and primary care settings and the development of a nurse apprenticeship programme which began last year.

Engaging our workforce in change

In developing current service change proposals with our clinical teams, our three local NHS hospitals have also been hearing from their staff – about concerns, questions and hopes for the future. A number of briefings and engagement events, as well as listening exercises are in progress and these will continue. Staff are also being encouraged to respond as individuals and via their trusts to the current consultation.

Professional workforce, education and training elements of proposals will be being scrutinised by the independent East of England Clinical Senate in April 2018, and as commissioners make their decisions this summer, all implementation plans will be developed in partnerships with the NHS and wider workforce.

¹⁰ Time to Care: securing a future for the hospital workforce in Europe: Deloitte Centre for Health Solutions, November 2017

¹¹ RN4CAST Nurse forecasting in Europe, 2017: <http://www.rn4cast.eu/>