

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 17 October 2022

Staffordshire and Stoke on Trent ICS Workforce Update

Recommendation(s)

I recommend that:

a. The Committee to note the Workforce overview for the Staffordshire and Stoke-on-Trent Integrated Care System (SSOT ICS).

Alex Brett, ICS Chief People Officer

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

1. Note the ongoing work across our programme that support addressing Workforce challenges within Staffordshire and Stoke-on-Trent.
2. Note the attached SSOT ICS People Plan and Annual Report for 20/21 which show the achievements of the ICS Workforce Function.

1. Background

- 1.2 Staffordshire and Stoke on Trent health and care partners have evolved considerably since 2018 in collaborating to identify, action and deliver solutions to the significant workforce challenges that we face. We are an exemplar System in terms of how we work in partnership with NHS and Social Care Providers to develop mutually beneficial solutions by carrying out meaningful engagement via our People, Culture and Inclusion Board committee structure.
- 1.3 Staffordshire and Stoke on Trent ICS is in the process of building our approach to delivering the National guidance for ICB People Functions to support a sustainable “One Workforce” within Health and Care. Building on our 20/21 People Promises; we have developed a reviewed People Plan which will describe where we intend to prioritise our workforce activities this year to move towards a more integrated, inclusive, supportive and accessible System approach for our People. Our priority areas will be decided based on where our activities can support the workforce supply risks in our System and also our areas of highest need from a Population Health/ reducing Health Inequalities perspective.
- 1.4 The People Plan is unapologetically an interim “living plan” and it will be revised and updated following the establishment of the formal SSOT ICB and following feedback from our workforce. During this process we will contribute to the development of our ICS Strategic direction ensuring that Workforce outcomes are aligned to Population needs of our County as defined by Population Health and Inequalities Data, Clinical Leaders and our Citizens. Assurance of our plans will be carried out in the “One

Workforce, People, Culture and Inclusion Committee,” with the input of our colleagues within NHSEI and Health Education England (HEE), which is a key committee of the ICB Board. We will monitor the progress of our programmes bi-monthly at the Programme Groups. We will track our progress via our own “collective measures of success” (which include specific locally developed metrics, outcomes and products) and also adherence to national/regional metrics devolved from our partners in NHSEI and HEE. We will work in close partnership with our regulators (NHSEI) and Staffside partners to ensure we achieve our goals.

- 1.5 The full People Plan is included as Appendix 1. However the key strategic priorities are outlined below in Figure 1.4.1



- 1.6 The aim of our People Plan is to support the creation of a “One Workforce” which will deliver the SSOT vision of making Staffordshire and Stoke on Trent the healthiest place to live and work.” To enable this, the ICS will act as an “Anchor Employer” to set the pillars within which we will approach the employment of our health and care workforce; as well as our commitment to supporting the wider community in their health and wellbeing.
- 1.7 Our ICS Partners consists of the workforce within NHS Trusts, Local Authority, Social Care, Primary Care, Voluntary and independent sector staff in a wide variety of roles. We plan to develop workforce schemes which align to the individual organisational priorities of these partners, as well as delivering our overall ICS Strategic Goals. The way we will do this will develop over the coming years as the ICS matures, our specific shared objectives are clarified and our partnership relationships solidify.
- 1.8 Our aim is to work with these Partners to have more staff, **working together better** in a compassionate and inclusive culture - and help make our local area a better place to live and work. We will strive to affect positive change across the whole workforce; allowing collaboration, opportunities and increasing our overall staffing numbers. To

do this we will prioritise widening participation in groups which suffer from health inequalities by creating employment (in line with our ICS Partner's staffing gaps), volunteering and apprenticeship opportunities. This will help to develop a broader **talent pipeline**, and have a **positive direct impact on communities', families' and individuals' lives**. By doing this, we will ensure that our workforce reflects our population and has the technology and digital means to connect across sectors to improve population health and outcomes.

- 1.9 The work that we have carried out in 20/21 is outlined within our Annual Report which is included as Appendix 2.

2. The Challenge:

2.1 Staffordshire and Stoke on Trent Operational Plan 2022/23 Workforce Plan:

- 2.1.2 Staffordshire and Stoke-on-Trent partners have worked together to support the development of a truly System operational plan from a workforce perspective. The overall projections required for 2022/23 are outlined in Figure 2.1.2.
- 2.1.3 The System ICS workforce team have supported the Provider organisations in developing their plans but also in the assurance of their workforce growth from a triangulation and probability of successful recruitment perspectives.
- 2.1.4 There will be ongoing dialogue to ensure that the ambitious recruitment targets are met despite ongoing turnover. If there are any concerns with recruitment to particular business cases in specialise areas (e.g. A+E, anaesthetics or critical care), the System will develop solutions collectively and communicate with Regional colleagues about potential support required.
- 2.1.5 ICS partners continue to work collaboratively to address workforce risks and shortages. This is enabled via a robust reporting and governance structure via the ICS Deployment & Resourcing Group and System Workforce Strategic Workforce Planning Group.
- 2.1.6 The operational plan for 2022/23 has identified workforce growth in a number of key areas, such as the mental health workforce, primary care staff, Targeted Lung Health Check staff, Emergency Department staff, and recruitment to support 2 hour urgent community response.
- 2.1.7 **Primary Care:** Work will continue with practices and Primary Care Networks (PCNs) to understand the changes and growth and ensure the CCG Clinical Leads and Chairs are involved in workforce planning.
The system has recruited to 2 clinical champions for workforce (recruitment and retention) who are working to develop GP retention plans.
Supporting expansion of ARRS roles via Facilitators working with PCNs and Practices
- 2.1.8 **Mental Health:** Through the delivery of the ICS Mental Health Workforce Plan, partners are seeking to maximise opportunities to introduce new roles and new ways

of working including Nursing Associates, Physician Associates, Mental Health Wellbeing Practitioners, etc., and are undertaking ongoing deployment and expansion of a Nurse Degree Apprenticeship programme.

Workforce Growth expected in 2022/23 (Figure 2.1.2):

Workforce (WTE)	Change	MPFT *	NSCHT	UHNM
Total Substantive Workforce (WTE)	699.35	289.8	75.90	333.65

2.1.9 As at August 2022; it is acknowledged that the workforce numbers have not achieved planned growth, although recruitment activities have had successes there has been a significant number of people leaving the public sector nationally.

2.1.10 In addition, a mandate has been issued on reducing agency spending: Staffordshire and Stoke-on-Trent target to reduce from £34m to £25m. Each Provider Trust has robust internal plans in place to review and redirect agency usage where possible and their progress is being monitored in partnership with the System.

2.1 Staffordshire and Stoke on Trent Winter Planning

2.2.1 The System Winter Workforce Plan document will set out the workforce plan to support delivery of the 2022/23 Winter schemes across SSOT. The plan will outline the approach taken by the system; additional workforce numbers required to support each scheme; actions being taken to supply the additional workforce including provider and system level activities and escalated bank rates proposal; workforce risks. The plan is in the process of being finalised and will go through ratification via the clinical senate in October 2022.

2.2.2 Workforce supply is the biggest challenge in Staffordshire & Stoke on Trent; with Nursing vacancies at 13%, sickness approx. 6% (Covid-19 rates currently rising), and turnover has increased in the previous 3 months (particularly in UHNM).

2.2.3 A collaborative, innovative approach to workforce supply has therefore been adopted to reach untapped pools and provide attractive offers to incentivise staff.

2.2.4 The ICS People Function team has taken responsibility as ICS lead in workforce planning and assurance of additional workforce to support Winter Schemes. ICS Workforce Leads work in collaboration with NHS, Local Authority, Social Care, Independent providers and ICB to leads to understand the workforce required to deliver the schemes, explore alternative workforce models and skill mix required, and availability of current workforce to determine any gaps. Regular communication and involvement of partners through Delivery Groups ensures that plans for workforce scheme activity are monitored and reviewed regularly.

2.2.5 Providers continue assess and review their workforce models and additional capacity required for anticipated scenarios and surge. Providers are modelling their workforce internally, utilising a range of roles and skills across the schemes, adopting flexible

workforce models which respond to demand accordingly. Providers have plans in place to deliver the additional capacity utilising their internal available workforce through skill mix, redeployment and additional hours.

2.2.6 The main risks associated with the supply of workforce for winter escalation currently include:

- a. Sickness, turnover, vacancies, pensions changes, agreement on bank rates, availability of registered workforce
- b. In order to mitigate against the risks, provider and leads implementing a number of actions including targeted recruitment campaigns, retention activities, introduction of complete escalation rates, flexible working offers, Improvement work implementing new ways of working and developing internal efficiencies
- c. Workforce activities and schemes are outlined in the following slides:

Winter 2022/23 Workforce Schemes in Development:
Risks: System staff turnover/sickness/vacancies, Agency Cap (30% reduction in year), staff burn out, cost of living for community workers and increased operational pressures due to COVID/Flu/Elective Recovery

ICS Reserves	Winter Taskforce Proposal – Escalated Bank Rates	Recruitment to Providers	Retention
<ul style="list-style-type: none"> • Workforce Cell stood up • Builds on existing plans / campaigns • ICB staff onboard by October 2022 • Further recruitment: • NHS & LA Corporate Staff • Students & Seasonal workers • Care Reserves • General Reserves – live advert • Imperative that recruitment commences in September to achieve staff in post. • Pastoral & training activities will be offered to ensure that staff are ready, trained and services support them. 	<ul style="list-style-type: none"> • System CPO led programme being developed • System consistent rate proposed for high risk/priority areas • Nursing AND HSCWs • Offered to Internal Trust and System bank • Proposal to CPOs, CFOs & CEOs early September • Recruitment campaign in Sep • Will also address agency reduction target – e.g. block book bank not agency • Imperative that recruitment commences in September to achieve staff in post. 	<ul style="list-style-type: none"> • Workforce planning being carried out to understand WF impacts of internal Provider schemes • Imperative to plan for • - Internal NHS Provider recruitment via mutually beneficial methodology for all staff groups • Nursing, HCAs, Therapies and SC will be required • - Plan for System recruitment events/engagement • Workforce plan and plan recruitment for LA schemes/ ICS Team support • Imperative that recruitment commences in September to achieve training/ staff in post. 	<ul style="list-style-type: none"> • System CPO led programme • HEE investment directed to support high risk/priority areas to support Flexible Working • Retire and Return Hub at System level; create • System wide products delivered following initial research shows that staff would like to work flexibly • System Health and Wellbeing Offer • STAFF REDEPLOYMENT: • Imperative that advance notice is given to staff being asked to move to new services/Providers to support Winter both from HWB and operational planning perspectives

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Winter 2022/23 Schemes – Current Workforce Actions (detailed workforce plan in development via Provider Engagement)

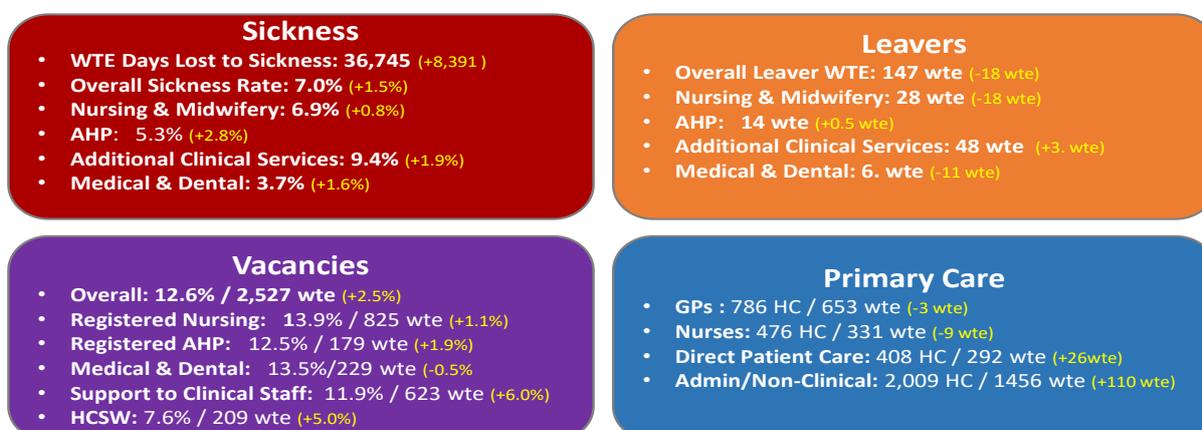
Vaccination programme	Virtual Wards	Escalation Beds	Care Homes	Home Care
<ul style="list-style-type: none"> Supply staff from People Hub to VC, TVT, CYP and PCN/CPs Training and compliance via ICS People Team Lead employer workforce assurance 	<ul style="list-style-type: none"> ICS Led recruitment Campaign MLCSU campaign design by 11th Sept ICS People Team to advertise by 12th Sept 	<ul style="list-style-type: none"> Build on 2021/22 campaign ICS led Recruitment Campaign Conversion of existing Hub staff Largescale training delivery & induction 	<ul style="list-style-type: none"> Incentives for existing staff TBC Step up Care Reserves recruitment Conversion of existing Hub staff Largescale training delivery and induction 	<ul style="list-style-type: none"> Incentives for existing staff TBC Step up Care Reserves recruitment Conversion of existing Hub staff Largescale training delivery and induction

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3. Metrics, Performance against Plan and Forecasting/ Measurement Approach:

- 3.1 Our approach to gathering, analysing and taking actions as a System via Workforce Data has continued to improve. We currently have monthly dashboards which outline NHS and Primary Care staff metrics, for example, vacancies, sickness, turnover, appraisal rates, EDI information and we also overlay staff wellbeing data (e.g. staff survey results) with this. We also scrutinise the Skills for Care data regarding Social Care Providers and are in the process of adding more data to this baseline. It is vital that we include all partner data in our dashboards so that we can understand the whole System workforce challenge.
- 3.2 The data that we measure allows us to track progress, carry out forecasting to understand how the workforce may shift in the coming months and importantly identify areas where “deep dives” are required which have contributed to the decisions we make as a System regarding priority People Programmes.
- 3.3 The System NHS Trust and Primary Care Workforce Metrics as per August 2022:



- 3.4 The System closely measure performance against the recruitment required to fulfil the workforce numbers to deliver the Operating plan. As of August 2022 the System have not

attained the August 2022 planned position for Workforce. Therefore there are significant pressures on NHS Trusts to retain current staff and recruit the remaining staff by April 2023.

4. Workforce Risks

4.1 ICS partners continue to work collaboratively to address workforce risks and shortages. This is enabled via a robust reporting and governance structure via the ICS Deployment & Resourcing Group. The following areas are currently seeing an increased demand in services and workforce challenges:

NSCHT	Access /CMHT Duty/ Crisis Care Centre Adult Home Treatment Team Place of Safety Wards (1-7) PICU Assessment & Treatment Intensive support Team Darwin Centre and Intensive SH	MPFT	Staffing to all wards Community district nursing Out of Hours Teams Vaccination Delivery AHPs - Physiotherapy/ OT support to discharge, Dietetics Home First inc POLR
Local Authority	Home Care / POLR Care Homes	UHNM	Staffing to all wards Maternity Critical Care Urgent Care Portals Surgery/diagnosis Paediatric urgent care
Primary Care	Vaccination Programme Delivery Restoration of services		

4.2 Overall Workforce risks

- a. Overall staff sickness and isolation due to Covid-19 - recent rise in cases
- b. Surge in Influenza cases across West Midlands
- c. Overall staff attrition due to “burn-out.”
- d. Number of vacancies across all groups and growth required to deliver the operational plan and winter schemes
- e. Delivery of winter schemes due to additional workforce required and ability to attract/recruit/retain staff
- f. Maternity Workforce sickness and supply
- g. Ability to achieve the national agency reduction target
- h. Changes to NHS Pension de-incentivising staff from working post retirement on trust / system banks.
- i. Care / Nursing Home and Domiciliary care staff attrition and ability to attract staff to the market.
- j. Possible Nursing Strike Action - awaiting ballot outcome
- k. Energy price rises and subsequent impact on workforce and the population

4.3 Overall System Actions within Stoke on Trent in response to Workforce Gaps:

- a. Collaborative System Wide Workforce Planning in relation to delivery of Winter Plan, Operating Plan workforce growth and agency reduction
- b. Individual NHS Providers and Care organisations continue to accelerate recruitment campaigns to increase staffing numbers and deploying agency and bank workers where necessary.
- c. ICS Recruitment campaigns continue to the System Bank – the People Hub - with a steady stream of applicants, in partnership with NHS and Care partners. A combination of social media, radio adverts and events is hoped to bring new people into the sectors to increase supply from untapped pools.
- d. International recruitment is being carried out by UNHM and MPFT/NSCHT to increase numbers of registered nursing in the short term.
- e. The System Bank – SSOT People Hub – deploying staff into wards, vaccination programmes and care. Ongoing recruitment and retention activities to increase the pool available
- f. The ICS People Function is delivering System wide Apprenticeship schemes which leads school leavers into careers in Health and Care (Nursing and Social Care) and is also about to deliver a Pharmacy Tech apprenticeship.
- g. Recently developed ‘Journey into Work’ concept will provide a clear route into health and Care careers for school leavers, seldom heard communities and the wider population
- h. The ICS Retention Coordinators continue to work with Trusts and Primary Care to support and address hotspot areas and develop schemes to support the system in retaining staff.
- i. Our ICS outreach worker continues to work directly with Afghan, Syrian and Ukrainians refugees in the City to support them into educational, work experience and job opportunities in Health and Care.

Further detail on these schemes is provided below.

4.4 System Deployment Activity

- 4.4.1 Staffordshire and Stoke on Trent have a workforce cell in place which commenced as part of the response to COVID-19. All partners (Health and Social Care) are part of this group and it has evolved over time to carry out deployment of staff to areas of need in response to escalation but also to diagnose and develop collective solutions to workforce challenges as a whole.
- 4.4.2 Staffordshire and Stoke-on-Trent **People Hub** are deploying staff into wards, vaccination programmes and care. 775 people are registered as at 22/09/2022, with 1832 hours and 268 shifts worked across the system w/c 24/09/ 2022.
- 4.4.3 **System-wide Redeployment service:** 227 people redeployed, >£4.3m saved to date.

4.5 System Recruitment and Reservist Activity:

- a. Developing and implementing **Winter workforce supply and recruitment plans** with system partners, including system wide recruitment campaigns, events and targeted media to increase workforce supply and capacity
- b. **ICS Health and Care Reservist** programme: recruitment ongoing to Flexible and Ad Hoc Reserves and regular bank workers aligned to the ICS. The programme has been shortlisted for a HPMA award.

- c. **Reserve Registered Professionals** - targeting registered professional (Nurses, AHPs, Doctors – either already working or considering returning to practice) who can provide additional hours outside of their usual day job / commitments this Winter. Paid shadowing experiences within hospital settings and refresher training provided to suit individual needs.
- d. **Corporate Reserves** – programme currently being implemented with ICB corporate registered and non-registered staff who can be released from their day jobs during times of urgent need. Training and shadowing in areas of particular interest being arranged during periods of non-surge. Roll out planned across NHS and Non-NHS providers.
- e. **New 2 Care Recruitment Campaign:** Successful appointments and training commenced with first cohort. Second cohort recruitment commenced to support Winter. A combination of social media, radio adverts and events is hoped to bring new people into the sectors from untapped pools. Care Certificate level 'Rapid Induction Training' provided to all those who sign up.
- f. **Student focussed attraction and recruitment to Reserve positions** – engaging with **students** studying health or social care. Non drivers can be accommodated to work in supported living environments.
- g. **'Come Back to Care' campaign** in development between NHS and Local Authority partners to support the in-house Home care provision. The campaign and offer is aimed to attract those who previously left care to pursue other work or careers back into the sector. Offers in development but exploring childcare and driving lesson incentives
- h. A new **'Companion' volunteer role** has been developed this year to support Royal Stoke Hospital this Winter. 'Companions' will sit and chat / provide companionship to patients, support with contacting family members, help with making drinks and answer phones on busy wards. An invaluable role, making a difference to the experience of inpatients, particularly the elderly. Supported with a full training package and shadowing.
- i. **International recruitment** is being carried out by UNHM, MPFT and NSCHT to increase numbers of registered nursing in the short term.

4.6 Staff Retention

- 4.6.1 We are cognisant of the fact that staff turnover is rising (mainly due to the ageing workforce and burnout from working through the pandemic). It is imperative that we tackle the challenges of supporting staff to achieve work life balance within our Sector and we improve our value proposition to them.
- 4.6.2 We have carried out initial scoping of the hotspot areas for turnover within the sector and have employed a team of people to work directly with these to understand the challenges and develop solutions. Some solutions will be specific to the provider e.g. leadership however some will be applicable to the System as a whole e.g. improving rota management to enable colleagues to work flexibly.
- 4.6.3 The **ICS Retention Coordinators** continue to support and address hotspot areas and develop schemes to support staff retention: focus on embedding the culture change required for true flexible working – the main reason for leavers. Funding awarded for additional resource to support the programme, currently working with leads to implement the next phase.
- 4.6.4 **Retention Project Aim: 'to provide initiatives and interventions to aid the retention of our greatest asset – our employees, considering the varying needs**

throughout the employment lifecycle to retain happy, healthy employees and deliver exceptional patient care.'

4.6.4 Project Scope and activities:

- a. 12 month project initially, focussing on Hotspot areas.
- b. Targeted support to service areas included: Mental Health Inpatient and Community teams, Home First, Dietetics, Pathology and Critical Care
- c. Interventions and scheme design included: Exit Interviews, Stay Discussions, Workplace Experience discussions, New Starter Journey, Preceptorship experience, Case Studies, Rewards and Benefits, System review groups, GP retention Project support, ICS webpage and material development

4.6.5 Progress to date:

- a. Set project aims, objectives and scope
- b. Baseline data and information review
- c. Identification of hotspot areas
- d. Targeted support to hardest hit areas and interventions carried out including focus groups, exit interviews and surveys
- e. Website design work commenced
- f. Materials in development – flexible working
- g. Initiated policy review group
- h. Outlined long term plans for the programme and expansion across NHs and non-NHS providers

4.6.6 The actions for the next phase of the System wide programme are outlined below.

Retention Programme – Phase 2 actions

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|---|--|---|---|
| 1 | Flexible Working priority: identified as a key focus; confirmation of main deliverables / products required | 5 | Additional resource decisions required: 3 x Retention partners – assigned to priority and hotspot areas with Retention priority area |
| 2 | Internal discussions required for options: workload priority and HEE budget spend | 6 | Connect with other work streams: local task and finish groups (flex and retention); OD, Leadership, HWB, Inclusion |
| 3 | Timescales agreed: for recruitment of additional resource and project delivery | 7 | Step-by-step approach: evidence based |
| 4 | Appointment of an Executive sponsor for the project: to gain high-level support and engagement, supported by PCI Chair | 8 | Steering group re-established: identify key leads to help drive project forward / gain buy-in from within organisations and support implementation of workstreams |

4.7 Wellbeing

4.7.1 The System have developed a **financial resilience toolkit** for colleagues to support and direct to resources, tips and tools for managing personal finances.

4.7.2 Continue to **collate and share system wide resources** to promote to colleagues.

4.7.3 The **staff psychological wellbeing hub** has now received more than 550 referrals. A wellbeing workshop programme has been released for July including focus on Financial Wellbeing, Self-Care and Supporting Carers. Twitter activity to promote engagement, workshops and campaigns has increased. Commissioning of dedicated resource from IAPT to ensure timely access to support and in the process of being commissioned. Extended opening hours to be piloted and evaluated.

4.8 Equality, Diversity and Inclusion

4.8.2 **Spring Inclusion School** held May 2021 with an audience of approx. 160 participants from across the system and beyond. The session, led by John Amaechi OBE, received high acclaim and a score of 9.7 out of 10 in our feedback. Further Inclusion School sessions in development.

4.8.3 **Being Uncomfortable with Race and Difference** sessions continue to be rolled out / available on request. Approximately 300 system attendances to date.

4.8.4 **New Futures / Stepping Up:** The core programme for New Futures concluded on 13 May. The final day included attendance by senior leaders from across the system. Participant groups presented their journey to this senior audience. Candidates are now progressing their additional development opportunities, including utilisation of the Strengths Deployment Inventory (SDI) work personality profile and access to a series of coaching meetings. A briefing on the Scope 4 Growth (S4G) career conversations tool is being arranged. Access to this tool and places will also be made available to the Stepping Up Alumni. A full Stepping Up (Stepping up and New Futures cohorts combined) alumni event is in planning for the Autumn.

4.8.5 **Equality Delivery System** is progressing. We are in the process of finalising report contents and stakeholder consultation for the 2021 EDS (period 2020-21) ready for publication, and work has commenced on the 2021-22 version (for publication by end March 2023). The 2020-21 process is part of a Test phase in support of NHS England and NHS Improvement (NHSEI) and the 2021-22 process is part of the national pilot of the proposed new format. The new (test and pilot) process focusses on a joined-up system approach, reviewing related services across the ICS, with an emphasis on shared learning and growth. Services being reviewed are Learning Disabilities services and Interpretation and Translation services. In future years, 3 services will be reviewed.

4.8.6 **Pilot of Differently Abled Buddy Scheme** a great success. The scheme, initially funded through the WDES Innovation Fund, seeks to offer buddying support to new colleagues with a disability, neurodifference or long term health condition (or existing colleagues with a recently diagnosed disability, neurodifference or long term condition) from someone with a similar condition. The scheme has been highly praised by initial participants (buddies and buddied) and has been extended for a further 3 month period. All participants said they were more likely to declare their disability and that they found the scheme helpful; all but one said that the scheme helped them feel welcome within the organisation (the other response remaining neutral). The majority also said that the scheme had positively

influenced their decision to stay with the organisation (two responses neutral). Wider application of the scheme across the system is now being considered.

- 4.8.7 **System celebrates Stoke Pride:** the ICS took part in Stoke Pride on Saturday 18th June. The event was a colourful celebration of inclusion and representatives from across the system enjoyed engaging with the local community to share details of our organisations and our approach to inclusion. We also took part in the Pride March for the first time. Pronoun badges were given out and were a huge hit with all visiting our stall. The system Psychological Wellbeing Hub additionally represented the system for the first time.

4.9 Leadership/Coaching

- 4.9.2 **Coaching collaborative** current focus is on development and growth of internal talent pool. Currently developing 1-3 year vision for coaching & mentoring partnership, will share once in draft. SSOT Partnership Case Study, to articulate shared learning and benefits, delivered at 16th June WMEmployers.

- 4.9.3 **NHS Leadership Academy and SSOT High Potential Scheme** graduation event for Cohort 1 took place on 7th July with excellent attendance from system partners including as part of the buddy model for Cohort 2 working with Shropshire, Telford and Wrekin. Applications open for Cohort 2, with roadshows taking place across both systems (so far 59 attended). Continue to recruit to supportive roles: assessors, coaches, mentors. Continue to work closely with the National Leadership Academy to shape assessment process and training.

4.10 Widening Participation / Education Training and Development

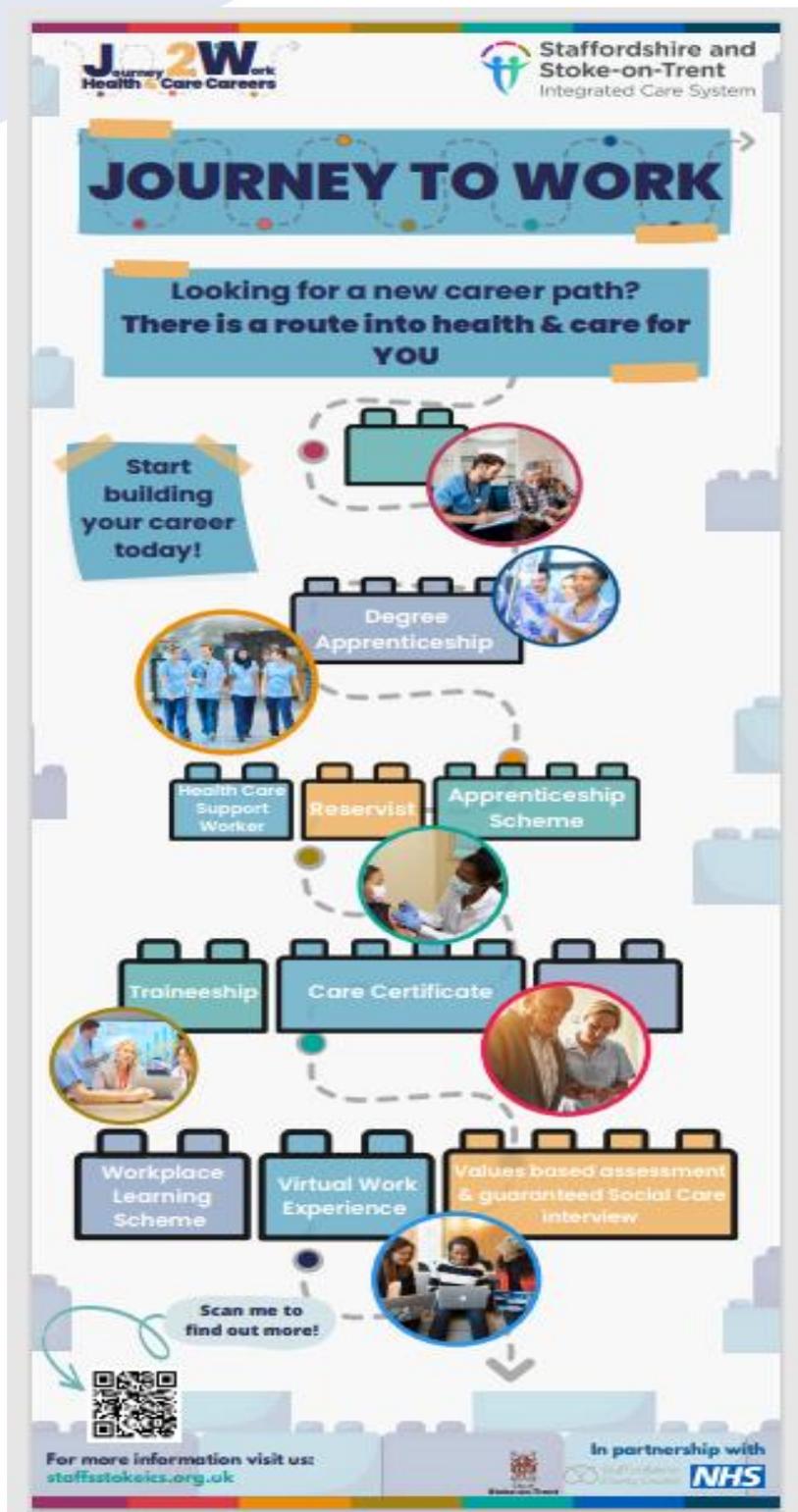
- 4.10.1 **Reboot of the Education, Training and Development Group**, inaugural meeting focussing on Social Care. Workshops planned for Nursing, AHP and Pharmacy. Projects already identified to progress and link with other activities e.g. Clinical Placements, Schools and Colleges engagement
- 4.10.2 **Clinical Placement project kick off** meeting took place with Nursing leads to commence scoping of the project and support required. Advertised project lead role
- 4.10.3 **System wide rotational HCSW apprenticeship** programme ongoing with 3 cohorts in place, all progressing well
- 4.10.4 System wide bid to **HEE for level 3 rotational Pharmacy Apprenticeship**, approved. Next step: recruitment
- 4.10.5 **ICS Virtual Work Experience** successfully ongoing, Primary Care went live in May 2022, Acute in October. Maternity will be the next programme
- 4.10.6 **ICS Outreach Adviser** currently supporting 12 individuals on a 121 basis into employment. This programme has achieved:
- Direct case managing **16** individuals from seldom heard communities, most of which are refugees.

- b. Project has so far engaged with **57** individuals across a range of interventions supporting refugees into Healthcare roles via interventions such as Careers advice and guidance, work experience/volunteering brokerage, group work/information sessions and Job application support/in-work mentoring.
- c. Working alongside DWP, Landau, Staffordshire Chambers, Refugee Action, Local Authorities, Employers, VAST and NHS departments across systems.

4.10.7 **Highlights of the programme include:**

- a. Cardiology Observership arranged to commence 14th September. Supported individual from Amity onto a Health and Social Care course starting September with an additional WEX placement at UHNM (due to start August or October half term). Supporting 2 individuals with ENIC applications.
- b. Developed and delivered a Dentistry session for young people supported by Amity Hub looking at both health promotion and careers. Also co-ordinating mentoring for a young person.
- c. Working with Stoke College on a Traineeship programme focussed on seldom heard communities
- d. Developing a healthcare information day for Amity to include Pharmacy and Midwifery related careers and developing the community aspect of Journey to work.
- e. Currently discussing a recruitment toolkit to support employers with recruitment of people from seldom heard communities in partnership with Skills for Care and Staffordshire LEA

4.10.8 **Journey to Work:** This concept was created to encourage people to take the relevant development for them to lead to a career in Health and Care. There are 3 main routes: those in education, those either in other careers or unemployed and those from seldom heard communities who need additional support to become ready for work. Individuals will be able to get advice to point them to the right opportunity depending on their background and current skills/competencies. Our Journey to Work is outlined in the Figure below.

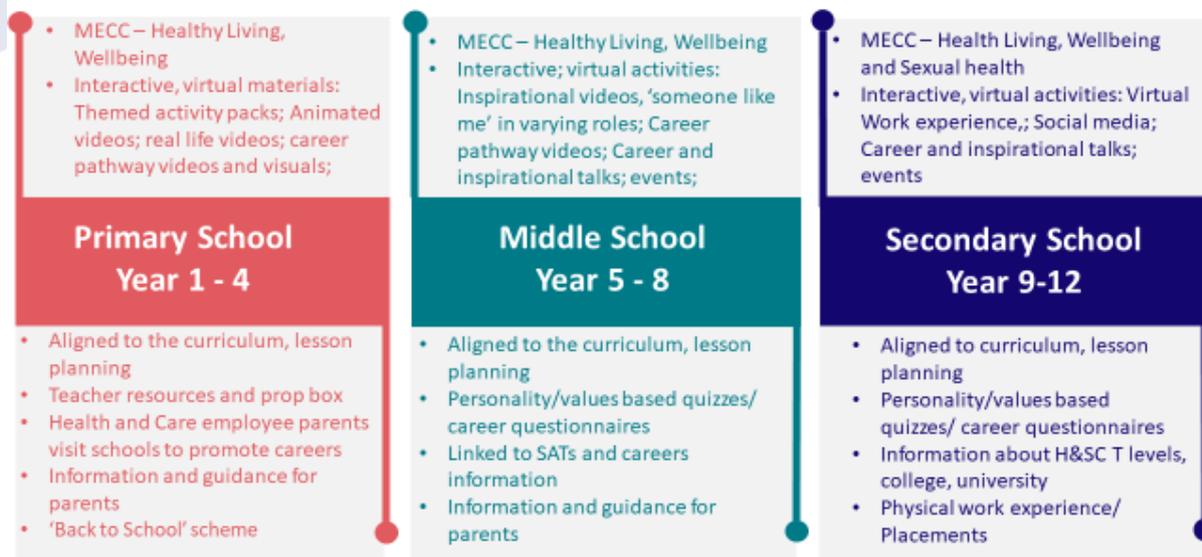


- 4.10.9 **Schools Engagement:** We are working with the pilot schools to develop resources for children from the ages of 5-16 which are aligned to their curriculum and offer the experiential learning that young people benefit so much from.
- 4.10.10 Health and Social Care staff from across the County are being encouraged to support this programme by offering to carry out activities like “talk to a Physio”

online, visiting schools in person and supporting the development of our Virtual Work Experience content. The programmes are outlined in Figure 4.10.11 below.

Schools Career Engagement

Staffordshire & Stoke-on-Trent Integrated Care System People Programme



Health & Care Careers Schools Engagement

Staffordshire & Stoke-on-Trent Integrated Care System People Programme

Engagement and promotion of Health and Care Careers from an early age to increase awareness and knowledge – improving our future supply pipeline

- 1 5 pilot schools – Primary, Middle and Secondary
- 2 12 month pilots - Formal launch Sept 23 for all schools
- 3 Whole System Partnership working
- 4 Consolidate the work of individual providers
- 5 Physical and virtual interactions; materials and resources
- 6 Register of Health and Care ambassadors
- 7 Trialling resources with wider schools, drip feed from Year 1 to 12
- 8 Toolkit accessible for all schools – linked to curriculum
- 9 Links to other programmes – virtual work experience, apprenticeships
- 10 Bringing Health and Care careers to life



Stoke Minster CoE Academy



Staffordshire and Stoke-on-Trent Integrated Care System

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4.11 Support to Maternity Workforce

4.11.1 UHNM

- Remain significantly challenged staffing wise – had to close last week for a couple of days other than to booked inductions
- Birthrate+ assessment completed; increase in staffing required – business case going through UHNM approval process
- Recruitment and Retention Midwife in post
- Lead midwife for IR (job share) in post
- Band 6 clinical Educator (job share) commenced in post in September 2022
- Neonatal matron – permanent appointment commenced in post in October 2022
- Recruiting to 12m Band 6 neonatal post to lead on improvement plan (HEE funding)

4.11.2 UHDB

- Director of Midwifery will be leaving in coming months (relocation abroad)
- Staffing challenges remain – heightened due to significantly higher than average maternity leave rate within the department
- Birthrate+ assessment completed; increase in staffing required – business case going through UHDB approval process

4.11.3 General Workforce Updates

a. Review of Career Pathways/Apprenticeships

Through the recent HEE Workforce Development Funding process, a commitment was made through the ICB People Board to fund the development of five individuals to undertake a Midwifery Apprenticeship at UHNM; this will support a much needed increase to the Midwifery supply pipeline and the development of an apprenticeship pathway and potentially in the longer-term a system wide career pathway, across multiple providers.

Since this initial commitment was made, additional funding has been secured from HEE, which will support the development of a further five individuals to undertake a Midwifery Apprenticeship at UHNM. A total of £50,000 is therefore available to support a total of ten midwifery apprenticeships.

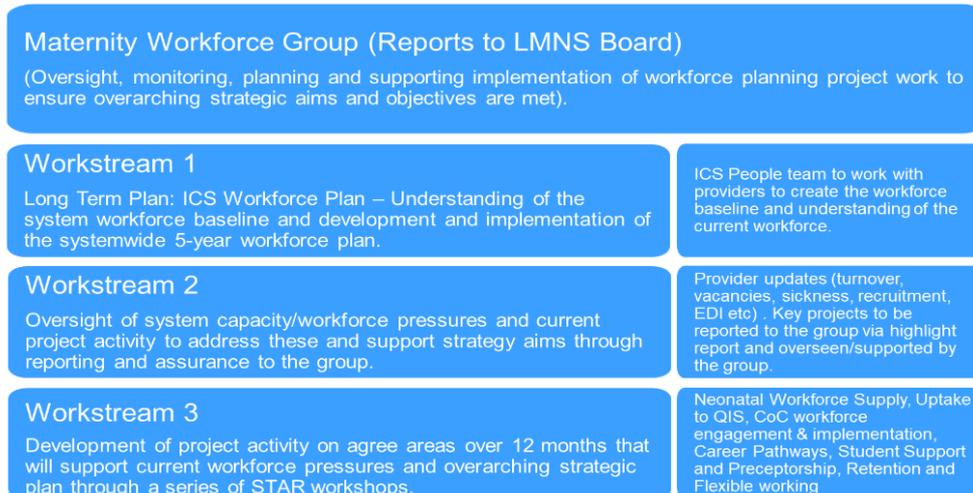
Following initial discussions between UHNM, HEE and the ICS People Function, it has been agreed that a business case will be required to be submitted as soon as possible in order to recruit to these ten posts. The work undertaken as part of the MSW skills, competency and career ambitions mapping exercise will support UHNM to identify potential candidates for these apprenticeships.

b. ICS Maternity and Neonatal Workforce Group

This working group was established to bring together partners working across the ICS/LMNS in relation to workforce challenges and subsequent workforce plans and initiatives. The group is aligned to the LMNS governance structure, and its aim is to bring partners together in order to agree upon areas for collaboration.

Previously we have had good engagement within the group, with a plan agreed for some key areas of focus for system working, aligned to local and national drivers (see figure 1). However, in recent months providers have lacked capacity to be able attend meetings with workforce colleagues due to increasing service demands.

The Maternity and Neonatal Workforce Group Plan



We need to agree with Board members the best way to re-initiate system working through an approach which is a better fit for partners and in an approach, they are able to commit too, considering ongoing service demands and capacity.

c. Multi Professional Education and Training Investment

During the summer, the HEE Quality and Commissioning Team undertook a scoping exercise with NHS Providers to understand the education and training needs of the future workforce for 2023-25. This took place in order to understand the demand for various educational programmes, some of which are currently commissioned; others may be considered for future investment, if there is sufficient demand and if they also align to the Long Term Plan.

Due to the development of the ICBs, the information gathered has been collated and reviewed at system level and will now feed into the Multi-professional Education and Training Investment planning process (METIP). Data was reviewed and queries have been made where any data did not align to system ambitions and any available workforce plans e.g. sonography training and Return to Practice.

This has been a new approach to the METIP planning process and feedback is being sought from providers/ICBs regarding how the process can be adapted in coming years to best meet the needs of the system and align to multi-year planning processes.

5 Conclusion and Next Steps

- 5.1** It is clear that the workforce challenge in Staffordshire and Stoke on Trent remains significant. Therefore it is imperative that we understand the areas that we can have the most impact working together as a System and also that Trusts lead on independently (sharing learning where appropriate). Therefore the System Workforce team will be analysing the workforce metrics to ascertain the areas of greatest need. Following this deep dives will be undertaken in areas identified as highest risk; both from an activity/performance perspective but also staff experience. These deep dives will allow us to continue to evolve our System programmes and evaluate the impact of the current projects to assure us of their efficacy.
- 5.2** The vision is for the Workforce Programmes to be developed and delivered in partnership via the concept of “mutuality” and that Provider Collaboration will create the traction we require to make the impact we need.
- 5.3** It is clear that, although great progress has been made, a significant cultural shift is required to develop the behaviours and beliefs to truly work as a System. Therefore significant work is being carried out from an OD perspective from ICB Board level into the wider partners.
- 5.4** The hope is that by making incremental gains, in the right areas, which have been developed and delivered for the mutual benefit of our Partners, we will begin to see the green shoots of progress towards a truly “One Workforce.”

List of Background Documents/Appendices:

1. Staffordshire and Stoke on Trent ICS People Plan
2. Staffordshire and Stoke on Trent Annual Plan 20-21
3. Staffordshire and Stoke on Trent People Metrics as at August 2022.

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