



# HAMPSHIRE CLINICAL WORKFORCE PLAN

Annette Cairns - Clinical Director

## Strategic Overview



## Contents

<b>Strategic Overview</b> .....	1
<b>Introduction</b> .....	4
<b>Current Issues</b> .....	4
<b>Implemented changes</b> .....	5
Peripatetic OT role .....	5
National Clinical Team .....	5
ACE Rehabilitation .....	5
Recare .....	5
Locum support .....	6
Supplier support.....	6
Staffing improvements.....	6
Remote Triage Therapy Team.....	6
<b>Additional clinical staffing options we have or are considering:</b> .....	7
• Introduction of a new staffing model .....	7
• Therapy support from other contracts .....	7
• Supplier support.....	7
• Explored locum options .....	7
• Further individual locum support .....	7
• Tier 2 sponsorship .....	7
<b>Workforce planning</b> .....	7
Objective .....	7
Where do we want to be within the next 12 months?.....	7
Currently underway/review.....	7
Key measures .....	7
<b>Recruitment and retention</b> .....	7
Objective .....	7
Where do we want to be within the next 12 months?.....	8
Currently underway/ review .....	8
Key measures .....	8
<b>Pay and reward</b> .....	8
Objective .....	8
Where do we want to be within the next 12 months?.....	8
Currently underway/review.....	9
Key measures .....	9

<b>Learning and development</b> .....	9
Objective .....	9
Where do we want to be within the next 12 months?.....	9
Currently underway/review.....	9
Key measures .....	9
<b>Engagement</b> .....	10
Objective .....	10
Where do we want to be within the next 12 months?.....	10
Currently underway/review.....	10
Key Measures.....	10
<b>Health &amp; Wellbeing</b> .....	10
Objective .....	10
Where do we want to be within the next 12 months?.....	10
Currently underway/review.....	11
Key measures .....	11
<b>Potential and current workforce projects</b> .....	11

## Introduction

Nationally there is a shortage of GPs and other healthcare professionals working in primary care and community services which is putting the NHS ambitions to deliver more care out of hospitals at risk. It is recognised within the UK that we have a skill shortage of Occupational Therapists (OT) and Rehabilitation Engineers (RE). A report commissioned in 2017 by Health Education England (HEE) and The College of Occupational Therapists (COT) has highlighted vacancy rates in London for occupational therapists of up to 40% and the difficulties in filling these posts across the capital. The COT have repeatedly highlighted the need for more occupational therapists across England, where there are critical shortages of qualified specialists. In London, for example, there is a particularly acute crisis, with NHS trusts having a vacancy rate of 15.2 per cent, which rises to 17.5 per cent in social care (Kings Fund NHS workforce source). The Royal Academy of Engineering estimates that the UK will need more than a million new engineers and technicians by 2020 to meet industry demand. Engineering UK's The State of Engineering 2016 report claims that the need is far greater: the UK will need to find 182,000 people with engineering skills every year to 2022. Their data shows a current shortfall of roughly 69,000 engineers and technicians entering engineering or STEM-related employment per year.

In Millbrook we have firsthand experience of the OT and RE skill shortage, where qualified specialist OTs are the predominant skillset required to deliver the clinical aspect of the contract. We are facing a perpetual cycle in which unfilled OT and RE vacancies put pressure on staff, prompting some to leave and thereby creating even more pressure on the remaining staff. The size and complexity of this workforce challenge is such that addressing it has and will require consistent and concerted action by Millbrook Healthcare on workforce planning, pay, training, retention and job roles. Evidence and experience from high-performing health systems demonstrates that developing compassionate, inclusive leadership enables teams to deliver better care. Therefore, culture and leadership will also be examined and play an essential role in improving our retention and recruitment.

## Current Issues

- Available population from which we recruit is changing, high volume of retirements nationally expected for OT's over the next few years (coupled with a shortage of people registering / completing the relevant training courses)
- National labour shortage of both Occupational Therapists (OT) and Rehabilitation Engineers(RE)
- Abundance of OT jobs currently being advertised and some are perceived as being more desirable, as there is less stress, less pressure, less accountability and responsibility within those roles and less performance management
- It has always been difficult to recruit into wheelchair services as they are not regarded as 'trendy' services to work within and they are often misunderstood even by other clinicians
- Introduction of Personal Wheelchair Budgets (PWB) has also added an extra layer of complications into the Wheelchair Service. Allowing equipment and items to be provided outside of the eligibility criteria, the service provides the assessment and

provides maintenance support, but were never funded or expected to have the capacity to do so

- The introduction of PWB adds time to every appointment as well as extra admin time and complications that need to be addressed following appointments and equipment provision
- As similar to other wheelchair services the requests for Independent Funding Requests (IFR) are continuing to rise year on year and this creates the same issues as detailed in the sentence above about PWB
- As per other wheelchair services across the UK, the complexities of the referral received by Hampshire Wheelchair Service continues to increase, which means more clinical contacts are required to complete the Referral to Treatment pathway.

## Implemented changes

In direct relation to the issues we are experiencing we have implemented the following changes:

### Peripatetic OT role

Within our business we have introduced a full time peripatetic OT role, whose role is to provide clinical support to the wheelchair services when required. This is primarily to cover long term absences, maternity cover and vacancies. We have employed a highly experienced band 7 specialist wheelchair OT. This role is full time in Hampshire and provides 15 contacts per week along with triage support.

### National Clinical Team

We have employed a team of highly experienced OT's/Clinical Scientists to form a National Clinical Team (NCT). The remit of this team is to provide support with complex clinical cases and supervisions and to also focus on quality and clinical governance. Within Hampshire all four members of the NCT are carrying caseloads as well as training/supporting the clinical team and the commissioners as required. This provides approximately 20 – 30 contacts per month.

### ACE Rehabilitation

We have employed the services of ACE rehabilitation to provide rehabilitation engineering support to the contract. ACE have a skill base of trained rehabilitation engineers that can provide the necessary technical support to the clinical team and our service users. This support provides 3 contacts per week for complex service users, these appointments often take longer.

### Recare

Recare are an external rehabilitation and mobility specialist assessment provider who are currently providing support to the contract with the handover of low level equipment to our service users. Recare are a long standing partner of Millbrook Healthcare and the Hampshire Wheelchair Service. Their support provides between 10 – 20 contacts per week.

### Locum support

We have two locum specialist wheelchair OT currently working within the Hampshire contract, covering 21 contacts per week between them.

Two additional locums have also been secured:

- A wheelchair experienced band 7 Physiotherapist, who will start in January until the end of March. This role will support the contract 5 days per week, 3 days in clinic and 2 days working from home to complete notes and support triage/ duty tasks. This will provide between 12 – 15 contacts per week
- A wheelchair experienced band 7 Occupational Therapist who is available for one day per week. Providing between 3 -4 contact per week

### Supplier support

We have approached our suppliers and Sunrise Medical have agreed to offer support via two of their therapists, who will be supported by our own clinical staff. This will equate to 6 clinical days per month in the contract and 36 contacts per month.

### Staffing improvements

We have introduced changes to the existing clinical staffing responsibility with the focus on maximising clinical facing time by bringing in clinical non-qualified lower bands (OT Assistants & OT Technical Instructor) to support the higher band OTs. This has created approximately 10% extra time.

We have also employed a medical secretary which enables the OTs to dictate their clinical notes, this reduces the time required to complete their notes by approximately 30%.

The introduction of the new clinical rota has been redesigned to maximise the capacity within the clinical team. This approach provides approximately 15% extra time per therapist per week.

### Remote Triage Therapy Team

We have introduced a remote triage therapy team across our business to support wheelchair services, this will include the Hampshire contract. The triage team are made up of qualified band 7 wheelchair specialist OT's, who work from home and complete the triaging for specific contracts. These roles have been relatively easier to recruit into as we offer a flexible working approach to fit around family or other commitments. The triage team live all over the UK, primarily in the north of England. Each clinician spends regular scheduled time within the service centres they are assigned to, in order to complete clinical practice, training and attend team meetings. They triage on average 15 referrals per day and based on the Hampshire referral intake rate the required number of triage therapists is 1.15 FTE.

## Additional clinical staffing options we have or are considering:

- Introduction of a new staffing model
- Therapy support from other contracts
- Supplier support
- Explored locum options
- Further individual locum support
- Tier 2 sponsorship

## Workforce planning

### Objective

A clinical workforce of sufficient numbers, with the right skills able to meet required quality standards and the flexible challenges of the contracts and the organisation.

### Where do we want to be within the next 12 months?

- Better analysis of workforce data, metrics and benchmarking across all clinical workforce activities
- A properly designed and highly developed workforce plan that reflects demand, commissioning, workforce design and supply factors
- Maximise new job roles and design to service user and service needs and demands
- Overhaul of the clinical model to future proof against further staff skill shortages

### Currently underway/review

- Workforce planning function enhanced by training and networking
- Better metrics for translating themes and trends into clear workforce data (top down)
- Granular work with services on detailed needs (bottom up)
- Established benchmarking group
- Established workforce committee
- Demand and capacity modelling with future projection
- Apprenticeship scheme

### Key measures

Vacancy, turnover and temporary staffing/ locum's metrics

### **IMPROVEMENT EXAMPLE**

A new workforce strategy currently being aligned with the introduction of new company values, following purchase by Cairngorms.

## Recruitment and retention

### Objective

Recruit and retain staff with the right skills at the right time to fulfil the Organisation's workforce plan.



### Where do we want to be within the next 12 months?

- An employer of choice driven by service user needs and service requirements
- 'Best in class' for Hampshire wheelchair service
- International recruitment to fill voids
- Greatly reduced usage of locums
- Ability to recruit and retain staff

### Currently underway/ review

- Strategic recruitment using social media/demographics
- Employer branding – adverts, website and positive Hampshire WCS campaign
- Lead times reduced from 60.8 days to recruit to 45 days
- Tier 2 recruitment strategy
- Flexible working options
- Scoping the introduction of other skillsets to fill the vacancies e.g. Registered Nurse
- Recruit into apprenticeship schemes
- Internal development via our 'Grow Your Own' programme
- Improved terms and conditions
- Introduction of Access Recruitment system
  - Internal head hunting facility; CV search tool, strategic recruitment using media / demographics
  - Improving the 'candidates journey' – introducing a new careers website, focusing on employer branding, adverts and positive Hampshire WCS campaign
  - Review of KPI's in respect of filling roles and reduction in lead time in filling vacancies

### Key measures

Vacancy, turnover and temporary staffing metrics

#### **IMPROVEMENT EXAMPLE**

New recruitment system introduced across the business which improves the candidate experience through, better quality website, slicker on boarding process and the use of talent pool function.

## Pay and reward

### Objective

Pay and reward strategies that enable Millbrook to become an employer of choice in times of skill shortage and financial restraint, reflecting service needs.

### Where do we want to be within the next 12 months?

- To become an employer of choice – affordable and flexible pay utilising AFC freedoms that matches recruitment and service needs
- Robust use of scheduling to maximise clinical resource and offer recognition and reward scheme

- Flexible use of imaginative benefits – such as
- Access to NHS pension for clinical staff

#### Currently underway/review

- Enhanced clinical staffing function ensuring robust scheduling
- Opt in to the NHS Pension scheme
- Develop a new approach to pay with local flexibility
- Recruitment and retention premia (RPP)
- Loan contributions & 'Golden Hellos' to attract staff
- Flexible benefits toolkit for clinical staff

#### Key measures

Vacancy, turnover and locum staffing/ staff survey metrics

#### **IMPROVEMENT EXAMPLE**

Retention strategy for the clinical team has been agreed by the board and has been offered.

## Learning and development

#### Objective

To train and develop the clinical and non-clinical workforce to acquire the skills their roles require and to manage and lead their teams.

#### Where do we want to be within the next 12 months?

- Provider of first class training
- Maximising external funding sources
- Comprehensive and contemporary induction, management and leadership programmes
- Systematic and embedded appraisal scheme
- Development of talent management through succession planning, coaches and metrics

#### Currently underway/review

- Single management of L&D staff and resources
- E-Learning system revamp of corporate induction
- Comprehensive leadership framework and programmes
- L&D framework to provide profession specific support and guidance
- High quality training for qualified and non-qualified clinical staff groups
- New appraisal system linked to supervisions and personal development
- Established 'Grow Your Own' scheme

#### Key measures

Staff survey and retention metrics; appraisal / supervision feedback

#### **IMPROVEMENT EXAMPLE**

A training matrix has been developed with the input of the Clinical Leads and the National Clinical Team, this covers both clinically qualified and non-clinically qualified staff.

## Engagement

### Objective

A workforce that is fully engaged at all levels via majority staff survey return and an engaged staff.

### Where do we want to be within the next 12 months?

- An engaged and supported workforce who feel involved in the Organisation's development
- An engaged and supported work on a local, regional and national level
- A clear consultation and negotiation framework that reflects service needs
- Staff survey engagement scores to be at > 90%

### Currently underway/review

- Open engagement between staff groups and Board/management (coffee and conversations)
- Staff survey 2020 50% +
- New staff partnership engagement strategy
- Enhanced clinical engagement
- Enhanced intranet and extended use of social media
- Improved internal communication

### Key Measures

Staff survey engagement metrics; staff engagement

#### **IMPROVEMENT EXAMPLE**

A series of staff open forums are being delivered in order to improve communication across the business, along with an improved internal communication strategy led by our new communication manager.

## Health & Wellbeing

### Objective

A fit and healthy workforce to deliver the wheelchair services, who are supported through a comprehensive Health and Wellbeing strategy.

### Where do we want to be within the next 12 months?

- 4 pillar Health & Wellbeing strategy covering physical, mental, financial and family health & wellbeing
- Overall sickness absence <3% with the UK average being 2.6%
- Flu uptake increased to 55% and continuing to rise to 75% in line with the ambitions of the World Health Organisation
- Delivery of a range of Health and Wellbeing measures (e.g. CBT and alternative therapies) via multiple routes i.e. OH and HR Business Partners
- Proactive range of preventative measures and health education around smoking, alcohol, exercise etc.
- Strength and resilience built into the clinical workforce

### Currently underway/review

- Remodelled OH service focusing on health and wellbeing
- Trained mental health first aiders across the business
- Promotion of resilience and measures to tackle stress
- Better company utilisation of Perkbox to offer a new suite of services to staff

### Key measures

Sickness absence metrics and data; staff survey metrics

### **IMPROVEMENT EXAMPLE**

A new Perkbox package available since September 2019 to promote financial, physical and emotional wellbeing of all of our staff.

### Potential and current workforce projects

- Grow our own Rehabilitation Engineers and Occupational Therapists scheme
  - 2 RE Tech's currently on the scheme being sponsored through college and then if suitable on to university
  - 1 OT TA currently being sponsored through a part time degree course to qualify as an OT
- Scope the possibility of recruiting an additional OT peripatetic role into the business
- Explore the introduction of an RE peripatetic role into the business
- Work collaboratively with the commissioners to examine the feasibility of introducing a rotational post into the service
- Securing a Masters student to rotate into the contract
- Offering weekend work for wheelchair specialist OT
- Clinical staff retention scheme
- Review the Clinical Workforce Strategy to address specific issues and roles, responsibilities, skills and capabilities needed for more effective workforce planning
- Linking with the National Wheelchair Managers Forum, Institute of Physics and Engineering in Medicine and Postural and Mobility Group on the subject of staffing shortage for OT's and RE's?