

BRIEFING NOTE

**Workforce and recruitment**

Each clinical workstream in the Success Regime is using sophisticated workforce analysis and planning techniques in order to identify the future workforce in terms of numbers and skills. As we go through the process of consultation and developing the full business case, we will continue to refine these models. The information below highlights some points about workforce in general across the health economy as a whole.

*QUESTION? What challenges face health and social care nationally?*

Across the country, there is an estimated 9% vacancy rate for nurses and 7% for doctors, compared to an average UK economy vacancy rate of 2.7% (source: BBC FOI). These figures highlight the national difficulties with medical and clinical recruitment and retention, which compound the local challenges.

There are national workforce issues, especially in relation to the availability of paediatrics, psychiatry, neurology, obstetrics and gynaecology and emergency department specialties.

Whilst some specialities are predicted to have adequate national training numbers coming through over the next five years (obstetrics and gynaecology, for example) to meet anticipated staffing needs, it still does not guarantee recruitment to Cumbria at all, or in a timely manner; nor is it reflected in all specialties.

The General Practice Forward View acknowledges that many practices face recruitment issues and are increasingly reliant on temporary staff, and a higher proportion of older GPs signalling that they are considering leaving the workforce early. The GP Forward View sets out ambitions for 5000 net more GPs by 2020/21, as well as minimum of 5000 other staff working in general practice in the same timeframe.

*QUESTION? What is the impact on west, north and east Cumbria?*

This is the market within which Cumbria is trying to recruit, exacerbated by the geography of the region and the perception of potential staff of the organisations in WNE Cumbria; for example, issues relating to clinical quality and financial challenge along with uncertainty about future organisational form and service configuration.

Locally, this has manifested itself in workforce instability and reputational damage including repetitive negative media coverage. There is difficulty attracting junior doctors to the acute Trust as the lack of substantively filled consultant posts inhibits a first class teaching/learning experience, especially in the west of the region. Geographical location is a hindrance, especially in the west. All of this has resulted in high demand rotas and professional isolation – which has made recruitment, and retention, more difficult. This has impacted on the continuity of clinical services, acknowledged increased risks around quality and safety of care, and high levels of additional costs incurred for locum and agency staff to cover vacancies.

Of last year’s 13 available places on the local GP training scheme, only one was filled. In Copeland the GP vacancy rate is 21%, while 47% of current GP partners across west, north and east Cumbria are planning to retire over the next 10 years (as at March 2016).

There is a shortage of practicenurseswith many working part-time in multiple practices and specialising in particular illnesses such as chronic obstructive pulmonary disease (COPD), heart failure and diabetes. Recruitment of pharmacists is also difficult in west, north and east Cumbria.

The challenges around recruitment at North Cumbria University Hospitals NHS Trust (NCUHT) have been well documented. The complexities of the health economy in west, north and east Cumbria along with geographical challenges mean the Trust finds it difficult to recruit and retain staff at two district general hospitals that are both trying to provide very similar services. This has led to vacancies in specialist areas (20.6% vacancy rate of consultant posts, as at end of July 2016, including job offers pending) and a heavy reliance on locum and agency staff which also impacts on the Trust’s financial position. The most challenging areas to recruit medical staff to are currently services such as general medicine, gastroenterology, stroke services, elderly care and paediatrics.

Cumbria Partnership Foundation NHS Trust (CPFT) has faced challenges in recruiting medical staff in a number of specialties and, although the position has improved, it remains fragile; the current consultant vacancy rate is 2.7% (as at end of July 2016, including job offers pending). There are around 5% of vacancies in the nursing workforce in general but with severe problems in Community Hospitals who have around 40% of posts vacant.

The North West Ambulance Service (NWAS) faces challenges particularly in relation to paramedics, with 33% vacancies in Flimby locality and 22% in Carlisle. This is compared to a vacancy rate of 14.6% for the Trust as a whole (at end beginning of August 2016).

Cumbria County Council notes that it is difficult to recruit qualified health and social care workers, such as occupational therapists and social workers.

All organisations within west, north and east Cumbria have tried to improve recruitment in particular over the years, and invested in new roles, with varying degrees of success. The solutions need to be across the health and social care economy in order to deliver the scale of change needed.

Under the banner of “Our People”, we have made a series of commitments to our staff that together we will build a system of health and social care within which we will:

* Encourage exceptional talent and their families to come and live and work in Cumbria
* Support our workforce to stay with us, grow and develop in their roles and careers
* Enable excellence in leadership, team-working and collaboration to deliver our services
* Embed engagement to deliver innovation and improvement, driven by our workforce

*QUESTION: What are the organisations doing about tackling the recruitment challenges?*

The primary care workforce, and in particular GPs, is a cause for concern for the areas. Focused efforts have made a difference in some areas; for example, there are now 12 GP trainees in North Cumbria, four in the west. A number of innovative joint posts have been identified across CPFT, NCUHT, Cumbria Health On-Call (CHOC) and NHS Cumbria Clinical Commissioning Group (CCCG)/GP practices.

Two GPs have been appointed recently in Allerdale, while the St Paul’s practice in Carlisle is taking part in a pilot scheme that targets investment to recruit returning doctors. A Primary Care Development Plan has been scoped that will support existing GPs and newly qualified GPs through a Career Start Scheme, attracting them to Cumbria, as well as seek new ways of working. Many practices have extended the clinical workforce with a range of nursing and support roles and also roles for pharmacists within the clinical team.

In order to make job applications as easy as possible for potential GPs, a collaborative GP recruitment hub is being established. The hub will give more visibility of GP posts via NHS jobs as well as scoping out a shared service to improve the efficiency of the GP practice recruitment process and employment checks. We have held the first Cumbria GP Recruitment Fair (CCG and CHOC) supported by a range of stakeholders including NCUHT and CPFT, and a second day incorporating study and job opportunities, is being organised. There is also joint attendance planned at the BMJ Jobs Fair and a GP Careers Fair in October 2016.

The two NHS trusts have been working to improve the recruitment and retention of the consultant workforce, with a number of successes. Using a flexible reward offer, NCUHT has been able to attract nine senior medical staff that they might not otherwise have been able to recruit. A further five posts have been appointed to in CPFT, also using flexible rewards.

With some successes already, the trusts will be working together on international recruitment in quarters three and four of 2016/17, for both medics and nursing staff, also seeking to encompass GPs. It is noted that NWAS will be looking at overseas recruitment too, so together the NHS trust will try to maximise joint approaches.

Recognising the ongoing challenges facing consultant recruitment, a composite workforce strategy has been developed for West Cumberland Hospital in the first instance. This looks at new and extended roles for other healthcare professionals, including physician associates and an increased number of advanced nurse practitioners. The model could be applied elsewhere but does require investment in education and development of staff.

Nurse recruitment remains challenging across the partners. In order to improve the position in NCUHT, 34 newly qualified nurses have been recruited to start in September 2016.

Early in September it was announced by Health Education England that, as part of a national initiative to attract lapsed registrants back into nursing, the Nursing and Midwifery Council will be contacting 803 people across Cumbria. We will be working on a system wide approach to maximising this opportunity.

NWAS is over-recruiting support staff but recognise that this is not a long term solution. It is in discussion with University of Cumbria over a Cumbria-based direct entry programme beginning in 2017 which should aid both recruitment and retention. It is working with the University of Central Lancashire (UCLAN) to try to attract existing students to North Cumbria and are considering recruitment and retention payments for staff. Cumbria County Council is exploring a number of options for recruiting the necessary workforce and new ways of working.

We have enhanced our approach to “grow your own” and, as a result, a collaborative approach to working with schools and colleges across west, north and east Cumbria, including a work experience programme for potential doctors, has been developed across the two hospital trusts. They are developing a joint apprenticeship strategy too.

The establishment of the UCLAN School of Medicine at Whitehaven has been significant and it has links with a number of Success Regime members; there are also joint academic and clinical posts in place.

*QUESTION: Have you had any recruitment success so far?*

Yes, we have. NCUHT has appointed a total of 15.05 working time equivalent posts in surgery and medicine, while a further 35 nurses and eight advanced clinical practitioners have been recruited. The trust has also made two joint appointments with UCLan who will spend 50% of their role as lecturers and 50% as physician associates

CPFT has also had success in filling a number of posts that have previously been difficult to recruit to, including clinical director and associate medical director posts for community north, a general manager for community south and an associate medical director for children and families, among others. It has also recruited thirty-one nurses over the past three months.

In October 2016, NWAS welcomed 11 new Polish paramedics who are based in the west of Cumbria in Egremont, Distington and Flimby Stations, while a further 16 conditional offers have been made for a second cohort to begin work in January 2017.

*QUESTION: If you’ve had success then why do you still need to make changes, whatever form and scale they end up being after consultation?*

Despite these successes, the scale of the staffing problem locally is still enormous. Changes also need to be made for other reasons, not just staffing, such as quality concerns which have been raised by the Care Quality Commission.

*QUESTION: What about retaining and developing existing staff?*

Whilst there is rightly a concentration on recruitment, there are also significant efforts to improve the retention of our existing staff through development, engagement and culture change initiatives. As the proposals for Cumbria become reality, staff will be supported to develop and adapt to any required new ways of working.

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