

Our greatest asset: The NHS Wales Workforce

This briefing for Assembly Members sets out the five key workforce challenges facing the NHS in Wales and how the NHS is responding.

The Welsh NHS Confederation is the only membership body which represents all the organisations making up the NHS in Wales: the seven Local Health Boards and three NHS Trusts.

Our role is to support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Key points

The NHS is Wales' biggest employer, currently employing around 89,000 staff and providing a significant contribution to both the national and local economy. The next five years represent a critical period of transformation in health and care services in Wales. A sea-change in the way services are designed and delivered is vital. A key aspect to driving this, and successfully putting NHS Wales on a sustainable footing, is the workforce.

With an ageing population and a rising number of people with complex and chronic conditions, the workforce must be ready to evolve and respond to the challenges ahead. As well as meeting the future needs of the population, the workforce must also develop new ways of working to address concerns about an expected shortfall in the future NHS staff, especially for certain types of jobs and in different areas of Wales.

There is a need to think radically about the workforce of the future; the skills that NHS Wales will need and who will be the key decision makers in patient pathways. It is important that Welsh Government policies support the ability of local NHS organisations to deploy staff in the best way to support high-quality and efficient patient care. Future demand for health and social care will not be met unless we plan, develop and use the health and social care workforce differently. The Welsh Government, through cross-party support, must help facilitate sustainable long-term workforce planning according to the needs of local communities.

The NHS Workforce

In developing a workforce for the future, consideration needs to be given to the inflow and outflow of workers in Wales. Over the last sixteen years the landscape of the NHS Wales workforce has changed significantly, with nearly every staff group seeing an increase in their numbers.

As of September 2016, **89,079** people were working in the NHS (76,381 full time equivalent) in the following areas:

- Medical and dental staff: **6,327**
- Nursing, midwifery and health visiting staff: **30,345**
- Administration and estates staff: **16,570**
- Scientific, therapeutic and technical staff: **12,429**
- Healthcare assistants and support workers: **8,578**
- Ambulance staff: **2,045**
- Other non-medical staff: **85**

Challenges

1. The cost of the workforce

For the past six years, the total NHS pay bill has increased year on year, with an increase of 13% from 2010 -11 to 2015-16. The cost of the workforce for 2015 - 16 was circa £3.3 billion, a 4.5% increase from the previous year and the biggest jump in annual spending in the last six years.

The increase is attributed to a number of factors such as the increasing size of the workforce, national pay awards, introduction of the Living Wage, increase in agency and locum spend and incremental drift.

For NHS Wales the issue of the affordability and sustainability of the current workforce is critical and the extent to which the gap can be closed by pay bargaining and the potential contribution of redesign needs to be realistic. Accordingly, it is essential that developments around the medical workforce and associated terms and conditions are considered alongside developments with general NHS Terms and Conditions of Service (Agenda for Change).

2. Staff Shortages

a. Recruitment and retention

Across the UK, there have been increasing challenges in recruiting healthcare professionals. Each area and region in the UK has its own unique factors and challenges but there are common issues contributing to the current position. Meeting the requirements of a growing population that is older with more complex health needs, as well as increasing demand pressures on the health service right across the UK, has led to an increasing need for clinical staff over and beyond that predicted by workforce planning and education commissioning requirements.

In response to the recruitment challenges the NHS in Wales is continuing to address recruitment issues and is actively trying to recruit doctors and nurses from overseas. NHS organisations recruited 377 nurses from overseas in 2015-16 with a further 580 planned for 2016-17. However the impact of Brexit places significant uncertainty regarding further recruitment and retention of overseas nurses.

Organisations are also undertaking significant engagement with their local communities by supporting work experience, attending careers fairs, encouraging and facilitating volunteering and offering specific insight into working in health through targeted taster days. Health Boards and Trusts are working jointly on nursing recruitment and promoting medical jobs in Wales and a targeted GP recruitment campaign, 'Train, Work, Live', was launched by the Welsh Government last year.

As well as recruitment challenges we also have challenges retaining the workforce that we presently have. An ageing workforce, with increased sickness levels as well as changing lifestyle habits, has led to an increasing number of clinical and medical staff choosing to not take up permanent full time roles but choosing to take advantage of a more flexible approach to their career as they move closer to retirement. Working through agencies and to a lesser degree bank, on shorter, less frequent shifts, proves more and more attractive, particularly as they are able to attract significantly higher pay rates. The NHS faces an ongoing challenge to retain existing and encourage former clinical staff to return to NHS careers as well as attracting new staff.

Much planning will be required to meet the needs of an ageing population with a workforce that is also ageing. NHS Wales is focusing work in this area through an emphasis on the issues and challenges which impact on staff working longer and is addressing this through job design, employee health and well-being and approaches to flexible working and flexible retirement. More than 40% of the NHS workforce is now aged 45 or over, and the numbers of those over 64 in employment has grown by almost 60% in four years, though the age composition of different sectors does differ. Maintaining the health and well-being of older staff in particular will be a key issue in developing a future workforce strategy.

b. Agency and locum workforce

As a consequence of recruitment and retention issues agency and locum usage has increased both in terms of the hours of cover required but also in terms of the escalating cost of this cover at premium rates.

In 2015 - 16 the agency and locum cost was £135 million, a 54% increase on the previous year. Locum and agency spend in 2015 - 16 accounted for 4.1% of the total pay, compared to the previous year, when this figure stood at 2.8%. In 2015 - 16, 80% of agency and locum spend was attributed to two staff groups; Nursing & Midwifery (34%) and Medical & Dental (46%).

Health Boards and Trusts are continually looking at ways in which it can address the ever increasing agency costs. A great deal of work is underway to eradicate the use of expensive off-contract nursing agencies with most organisations now only sourcing locum nurses from approved agencies. As well as the Welsh Government's 'Train, Work, Live' initiative a number of organisations are seeking to recruit doctors and nurses from overseas. Consideration is also being given to introducing standard agency rates and exploring the potential for rate caps such as those introduced in England in the last 18 months.

c. Workforce sickness absence

The 12 month sickness absence rate for 2015 - 16 has shown a large overall reduction compared to the previous 12 month, down from 5.6% to 5.2%. In 2015 - 16 the seasonal sickness peaks and troughs shown in previous years reduced. This 'flattening' out of sickness absence has coincided with the implementation of a revised sickness absence policy, with a more appropriate set of triggers as well as the amendments to terms and conditions of service agreed in January 2015, including the agreement to non-payment of enhancements during sickness for the majority of staff. Organisations have also introduced a number of local initiatives to address the issue of sickness absence, e.g. joint training on the implementation of the revised policy.

The key reasons for sickness absence in 2015 - 16 (with sickness rate being at 5.2%) included; Back & Other Musculoskeletal accounting for 1.4%, Anxiety/Stress accounting for 1.3%, Unknown/ Known causes accounting for 0.6% and Cold, Cough, Flu accounting for 0.3%. Overall these four reasons accounted for 3.6% of the 5.2% overall sickness rate (or 69% of all the reasons for sickness).

d. Recruiting from the EU

Depending on the settlement, the UK's exit from the EU could have a profound impact on the NHS workforce. For the NHS in Wales, our priority must be to ensure a continuing 'pipeline' of staff for the sector, which brings with it the requirement that we recognise health and social care as a priority sector for overseas recruitment.

Across the UK, the NHS is heavily reliant on EU workers. In September 2016 there were 1,313 EU Nationals directly employed by the NHS in Wales. The current percentage of doctors who are recorded on the Electronic staff record as being from the EU is 7% (compared to 10% in England).

The priority after Brexit should be to ensure that the UK can continue to recruit and retain much needed health and social care staff from the EU and beyond, while increasing the domestic supply, through robust workforce planning.

3. Education and training

When it comes to commissioning education, planning has tended to focus on the numbers of regulated professions, rather than on the needs of patients and the skills and competencies required to support independence.

The NHS Wales Shared Services Partnership (NWSSP), on behalf of the Welsh Government, will invest over £85 million in 2016 - 17 in the education and training of the next generation of healthcare professionals. This includes initial education for nurses, midwives, health visitors, allied health professionals, scientists and pharmacists. The funding also supports:

- Some post graduate education for advanced practice;
- Community nursing roles;
- Non-medical prescribing; and
- Education to support health care support workers meet the requirements of the healthcare support worker career framework.

In 2017 - 18 it is anticipated that NWSSP will commission over 3,000 (whole time equivalent) student nurse placements. This is a 13% increase in nursing training places, on top of the 10% increase in 2016/17, and 22% increase in 2015 - 16. Midwifery training places will increase by 40%.

The removal of the bursary system in England will have implications on Wales as the current bursary system is aligned to the university rather than the area of origin of the student. There is a risk that now the bursary has been removed in England, applications to train in Wales will increase but that the students, on graduating, will not necessarily stay in Wales. It is essential that the commissioned educational places at Welsh universities maintains a strong workforce pipeline for the future. A response will therefore need to be developed to the bursary changes in England which actively supports the translation of education commissioning numbers into employees in the Welsh health and social care system.

4. Shape of the future workforce

Workforce redesign is essential to securing future services which will meet patient needs and support the changing face of healthcare. At present, NHS Wales workforce is designed to deliver services to historic models and patterns of care. In the past care has been modelled around treatment of single conditions but, with our ageing population, people may now have a number of serious and complex conditions which often require long-term care from both health and social services.

The future healthcare system needs to be redesigned around the individual – treating their needs but also helping them to self-manage their conditions and focusing on what matters to them. To be a success, planning for the workforce of the future must address the need to deliver care closer to patients' homes and support them to maintain their independence and to stay as healthy as possible. Skills must be developed to support this in primary and community care and to make use of technologies that will aid this process.

This significant shift in care and treatment will only be successful with the participation of the entire health and social care workforce. As we move ahead, the skill-set of the current workforce must be made best use of and built upon. There must be a greater focus on developing skills and competencies to allow a broader range of different services to be provided by the healthcare professional. This will require radical thinking about what skills are needed.

Multidisciplinary working has the opportunity to significantly reduce the strain on our services in the future. Alongside building and learning new skills, we must collaborate and support our partners in other sectors, including social services, housing, education, transport and the third sector.

Recent research highlights that many of tomorrow's workforce resources are here today. In other words the staff we will have are the staff we already have. To help address the challenges within the current system, which is under significant pressure, greater priority needs to be given to using the workforce resources already available more effectively to better meet the needs of patients today and in the future.

From a workforce perspective NHS Wales is reacting to a number of workforce shortages which organisations need to capitalise on and view not as a problem but as an opportunity to support other transformational approaches to influence service and workforce change and efficiency. Integrated health and social care teams of the future will require a range of staff providing a different service, in different working environments and with different skills and roles.

If the workforce is to meet the challenges ahead, it must become more flexible in its skills and competencies that allows care to be delivered in a variety of settings. We know that the health service needs to be re-designed to provide the best quality care in the future, but to achieve this we must also make changes to the existing workforce, e.g. the NHS in Wales is exploring the possibility of the development of a new integrated role working between health and social care.

Future planning

Workforce redesign needs to address short – medium term risks and priorities within the context of longer term direction of travel. This can be achieved by:

- Developing workforce planning and workforce redesign skills within organisations and supporting clinical leaders and managers to deliver this agenda;
- Developing clear strategies for training and development of the core workforce in addition to education commissioning of new staff;
- Organisation development strategies to support redesign;
- Addressing the needs of the support workforce across both health and social care;
- Prioritising planning which addresses the need to deliver care closer to patients homes and maximising opportunities to develop skills to support this in primary care and community service and spreading the use of supporting technologies; and
- Developing roles around clinical teams with clear roles and accountabilities, identified career progression and reduced fragmentation.

5. Leadership and culture

Across NHS Wales, Health Boards and NHS Trusts are working on approaches to staff engagement. The extensive NHS Staff survey was repeated in 2016 and also an assessment against medical engagement scale (which measures the level of engagement between managers and medics) was undertaken across Health Boards to test levels of satisfaction amongst hospital doctors. A further event around medical engagement is being organised with the BMA for the Spring. Revised Core Principles for NHS Wales were developed and launched in early 2016 and these support and complement the work being undertaken locally within NHS organisations on staff engagement and organisational values.

Ultimately, fully engaged staff will have higher job satisfaction and are more positive about where they work and what they do. They will become more committed to their workplace and employer and act as ambassadors and advocates for their organisation. It is important for staff working across NHS Wales to have the best workplace experience possible to allow them to influence and shape services and deliver high quality, effective health care interventions for their communities.

Evidence from literature suggests a close association between high levels of workforce engagement and:

- Improved staff satisfaction;
- Improved staff well-being;
- Improved service outcomes including quality and productivity;
- Improved financial and performance efficiency; and
- Staff acting as advocates for the organisation.

In particular, healthcare providers with high levels of staff engagement have been shown to have lower levels of patient mortality, make better use of resources and deliver stronger financial performance. There are many initiatives at local organisational level including: the introduction of staff recognition awards within a number of organisations linked to local organisational values; the setting up of staff focus groups within NHS Wales Shared Services Partnership; and the development of Well-being Champions at Abertawe Bro Morgannwg University Health Board who help signpost staff to local health and well-being initiatives.

Conclusion

People working within the NHS are our biggest asset. Without their hard work and dedication the health and care service would collapse. We need to think about the workforce we have today for our current service delivery requirements but also focus on creating a pipeline for the future, which will include many of today's health and social care employees. This will require innovation and perhaps new regulation mechanisms for new roles.

We now have an opportunity in the fifth Assembly to put forward a long term vision for the health and social care workforce, acknowledging that the workforce should change to deliver integrated, personalised care closer to home.

How can the Welsh NHS Confederation help you?

Please get in touch if you want further details on any of the issues raised in this briefing or would like to discuss the challenges facing the NHS. We can also provide information and briefings ahead of Assembly debates on the key issues affecting the NHS.

For more information, please contact Nesta Lloyd-Jones, Policy and Public Affairs Manager: Nesta.LLloyd-Jones@welshconfed.org

You can visit our website at www.welshconfed.org or follow us on Twitter [@WelshConfed](https://twitter.com/WelshConfed) 

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