

Workforce Programme

Shaping actions to U&EC workforce priorities



Different perspectives on workforce priorities

The Workforce Programme has investigated a number of different perspectives to inform the priority workforce areas of focus across London.

Workforce Perspectives

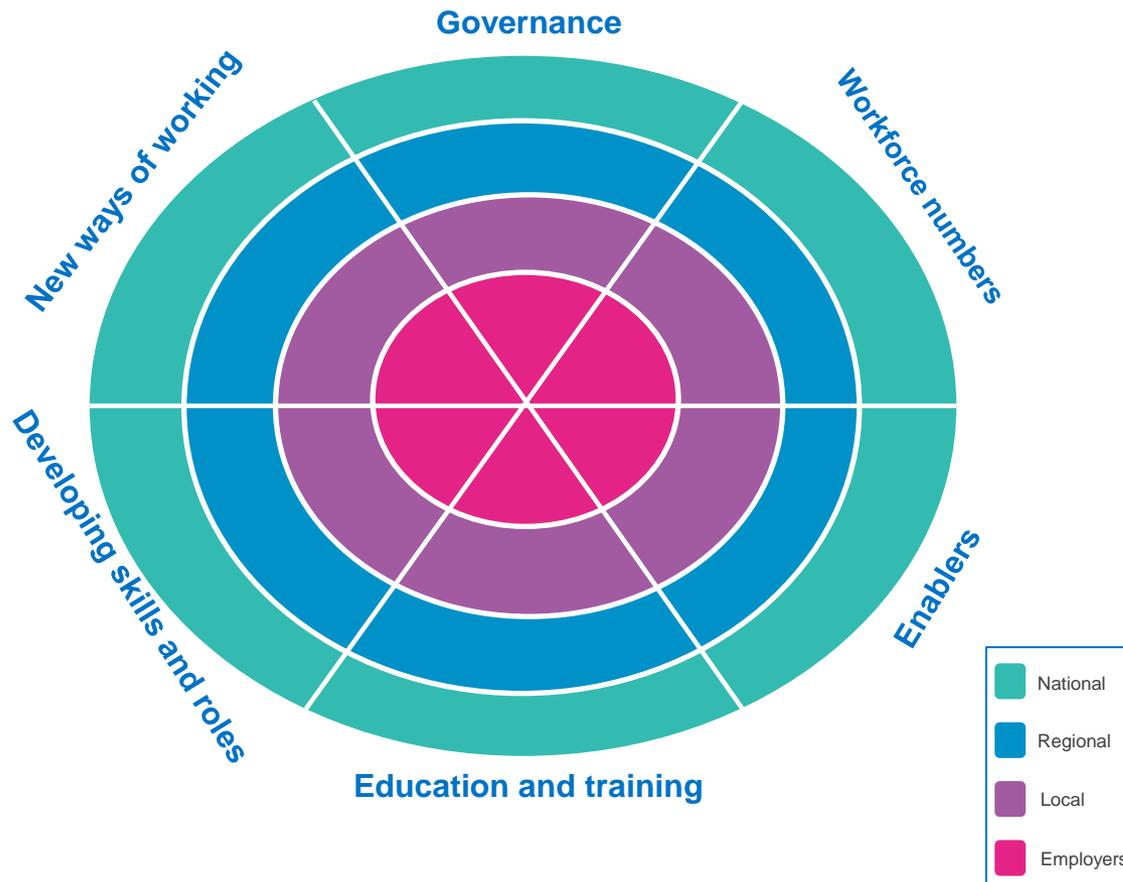


As part of this work we will also be focusing on particular workforce groups, such as nursing.

Workforce spheres of influence approach

- The following model provides a framework to determine the workforce implications of future models of care, and identify where actions to support implementation can be most effectively taken
- This will be used to identify and prioritise groupings of workforce activities across the programmes to inform the strategic framework, on a 1 to 2 year timeframe and on a 3 to 5+ year timeframe

Workforce spheres of influence structure



Workforce segments

The assessment wheel has six segments to structure and group the workforce implications of a new model of care, for example, governance includes contract management and recruitment.

Spheres of influence

There are four spheres across which the components are assessed, from national commissioning groups, for example, regulators and HEE, to regional and local groups, and finally employers.

Approach to identifying U&EC workforce priorities

In collaboration with the U&EC Programme team, the HLP Workforce programme has gathered evidence of existing U&EC workforce challenges, and workforce implications of current U&EC delivery plans and specifications. This engagement has captured opinions and feedback from U&EC Clinical and Network Leads, National U&EC representatives and U&EC programme team members, which has concluded with a list of U&EC workforce priorities to take forward.

Views and feedback have been received through the following engagement activities:

- 1 An U&EC Programme Workforce workshop was held in August to determine the workforce implications of U&EC delivery plans. This session was supported by a number of U&EC Clinical leads, and a specific focus was on the delivery of an Integrate Urgent Care Service.
- 2 In September, initial findings were shared with the U&EC Clinical Leadership Group and Programme Board with further feedback given by members on workforce areas of focus to consider.
- 3 An U&EC workforce challenges survey was circulated to U&EC Clinical Leaders, with the feedback reviewed by a sub-group of the U&EC Clinical Leadership Group in October.
- 4 Through one-to-one meetings with U&EC Network leads, further evidence has been gathered around their priority U&EC workforce challenges to resolve within their network.
- 5 Input and review from SPG workforce leads on existing London wide workforce priorities, as part of the Workforce Delivery Group.

6 U&EC programme workforce priorities to take forward

Through evidence and feedback to date from our engagement activities, 6 emerging areas to focus have been identified. These are:

1

To ensure there are sufficient numbers of U&EC staff, at the right grade to meet existing patient demand for services, and maintain expected service quality standards, a priority focus should be to address factors that hinder the retention of the U&EC workforce, and impact significantly on their Health & Wellbeing. This will lead to reduction in agency usage.

2

A significant cultural shift is required for **all members of U&EC Networks**, including the clinical workforce, to participate and **deliver change collaboratively rather than as individual organisations**. A potential enabler could be the alignment of staff within each U&EC Network to collectively defined Network objectives. This alignment could also be applied within individual organisations.

3

To achieve the desired quality of service of new U&EC models, it would be **important to make sufficient investment in the frontline workforce**, particularly non-clinical staff. Low pay, anti-social working hours and limited personal development are identified as reasons for a high attrition rate of this workforce. Possible mitigations proposed include the provision of personal development rotations across the service to raise individuals awareness of referral pathways, and more clearly defined and communicated career pathways.

4

New U&EC models of care will require **greater multidisciplinary and cross organisational boundary working** across health and social care settings (e.g. the deliver of a proposed multidisciplinary clinical advice service (MCAS) as part of NHS111).

5

It will also be necessary to find ways to **make the new U&EC models both in-hospital and in out-of-hospital settings more attractive to the clinical workforce**. For example, by encouraging further placements in NHS111 and in the community for training clinicians. Alternatively, overcoming the challenge of not being able to provider training placements in private providers.

6

In parallel with building an effective and efficient U&EC system, there will be a need for the workforce to **focus on promoting appropriate self-care for patients**. This will ensure that strains on capacity do not impact the quality of service delivery. Furthermore, the workforce will **need to have the skills to recognise a patient that presents in mental health crisis**.

Shaping actions to U&EC workforce priorities

The purpose of this session is to shape those actions that will look to mitigate each of these U&EC workforce priorities. In particular, we will consider who should own each action across the system in London. The outputs of this session will inform delivery plans for each U&EC workforce priority.

The approach to the session is:

- 1 Delegates will be divided into three groups, with each group focused on two of the six U&EC workforce priorities at a time.
- 2 Each group will consider and capture proposed actions against each U&EC workforce priority, with particular consideration of who across the system in London should lead on each action – e.g. Network, Pan-London, SRG, Provider.
- 3 Each group facilitator will play back a summary at the end, with a further opportunity for delegates to raise any key points.