


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of the Lincolnshire People Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	13 July 2022
Subject:	The Lincolnshire People Board Strategy for Recruiting and Retaining Talent

Summary:

Challenges in securing and retaining good people to live and work in the NHS in Lincolnshire are well known and documented, such as:

- Vacancies within medical and nursing roles across the NHS Trusts and Primary Care alike. Although the vacancies are gradually decreasing, there is still work to do in attracting people to live and work in the County.
- Staff turnover has seen a rise – particularly within the last 12-18 months as some colleagues have retired following the pandemic or left their roles / even leaving the NHS.
- A decline in the number of GP partners in primary care – with a rise in salaried GPs and GP Nursing staff
- The age profile of the health workforce in Lincolnshire being higher than many of our counterparts i.e., 22% of our workforce are over 55 years.
- The rurality of the County and geographical challenges therein.

The Lincolnshire People Board is seeking to address these challenges and is continuing to build a team of senior people leaders within Lincolnshire to deliver the *Lincolnshire People Plan* (see Appendix A) and are committed to working across organisational boundaries to achieve a sustainable pipeline of health and care practitioners to serve our population in Lincolnshire. Examples of programmes underway include:

- the *Be Lincolnshire* Campaign
- international recruitment (including refugee doctor programme)
- primary care workforce strategy

- rural and coastal transformation programme
- retention exemplar programme
- workforce planning Lincolnshire solution

This paper and the People Plan 2022/23 attached, will describe in further detail, the nature of the current challenges and the opportunities to deliver the people priorities in Lincolnshire.

Actions Requested:

The Committee is being asked to note the report.

1. Background

National Context

The NHS is the largest employer in England, with 1.2 million whole-time equivalent (WTE) staff working in hospital and community services. However, workforce shortages across all staffing groups in the health and care system are putting NHS hospitals, mental health services, community providers and general practice under significant strain. These vacancies do not affect only clinical staff but also the roles required to keep the NHS running, including leaders and managers.

Unfilled vacancies increase the pressure on staff, leading to high levels of stress and absenteeism, and high staff turnover. The Covid-19 pandemic has also exacerbated long-term issues such as chronic excessive workload, burnout and inequalities experienced by staff from ethnic minority backgrounds. While there are signs that shortages have started to improve, levels of nursing and allied health professional vacancies remain high, recruiting and retaining GPs continues to be difficult and there are significant shortages in some specialties, such as radiology.

There are some encouraging signs of increased numbers in training, with record numbers of medical (University and College Admissions Service (UCAS) figures show that 28,690 students applied to medicine in 2021, a rise of 21% on last year) and [nursing students](#) in 2021, and evidence of progress towards the manifesto commitment to 50,000 more nurses working in the NHS by 2024/25. However, the size and complexity of the workforce challenge means it will require concerted and sustained action across the system on workforce planning, pay, training, retention and job roles.

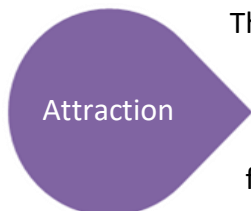
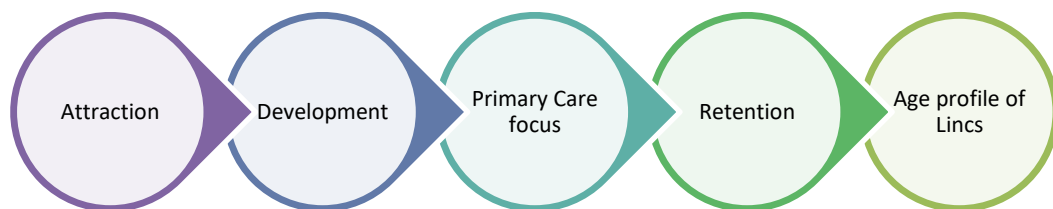
Lincolnshire Context

*There are no quick solutions to some of our more long-standing workforce issues here in Lincolnshire, however we are committed to working together to find long-term sustainable solutions and to make Lincolnshire the best place to work, so that all our colleagues can feel they belong and thrive. - Maz Fosh, previous chair of Lincolnshire People Board
(taken from the previous Lincolnshire People Plan 2020-21)*

Challenges in securing and retaining good people to live and work in Lincolnshire is well known. Within the Health and Social Care Sector this presents an ongoing challenge to providers, with some particularly challenging services and geographies within the County. Covid-19 presented opportunities to really develop relationships across health and care, particularly as we responded collectively to the pandemic in Lincolnshire. Partnership working, collaboration and shared endeavours certainly moved forward.

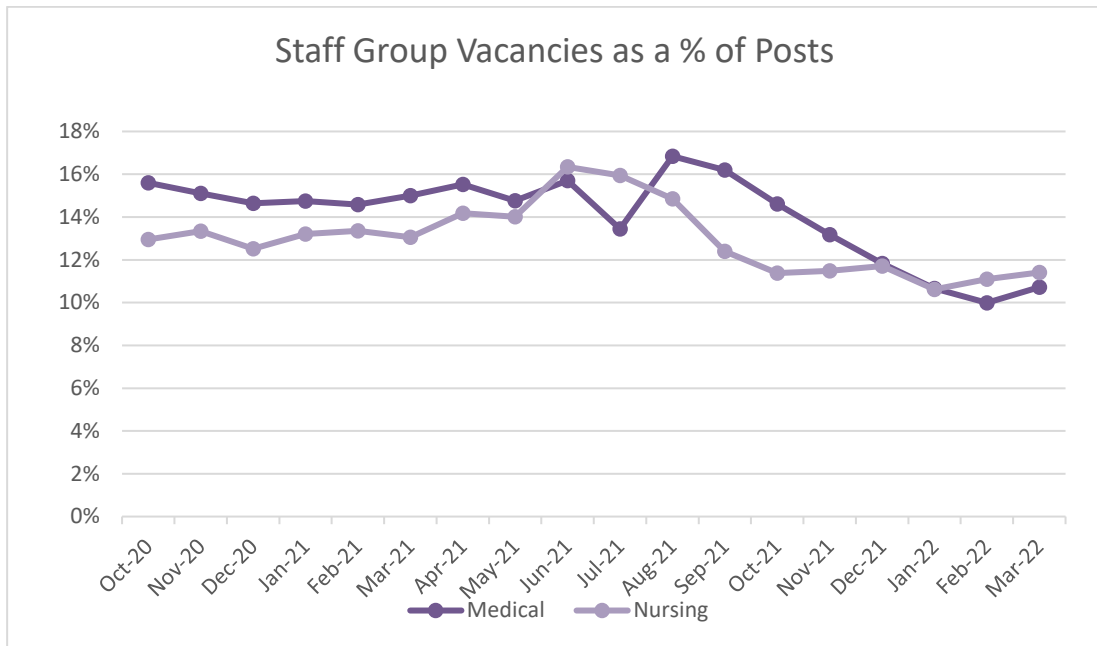
The Lincolnshire People Board and the associated working groups (the People Team, People Hub, Primary Care People Group and Adult Social Care External Workforce Strategy Group) are becoming much more aligned in seeking to address this challenge and seize opportunities to work better together. We are building a team of senior people leaders within Lincolnshire to deliver the Lincolnshire People Plan (see Appendix A) and are committed to working across organisational boundaries to achieve a sustainable pipeline of health and care practitioners to serve our population in Lincolnshire.

2. Workforce Challenges



There is no quick fix to the attraction and recruitment challenge faced by us in Lincolnshire. Sustainable, long-term solutions need to be put in place to ensure local health and care partners are effectively staffed. This means ensuring careers in the Lincolnshire health and care system are attractive and fulfilling, and that staff are adequately supported, funded, paid and valued.

The chart below demonstrates that Lincolnshire NHS Trusts are continuing to show a downward trend in medical and nursing vacancies. This is against a regional backdrop of rising or static vacancies. For nursing vacancies, we are faring better than some of our regional counterparts who are seeing a rise in vacancies for this staff group. Lincolnshire are, however, still experiencing challenges in attracting and retaining talent into Lincolnshire. Some signs of an improving picture but a long way to go.



Vacancies by professional group (NHS Trusts) - Oct 20 to Mar22

Development

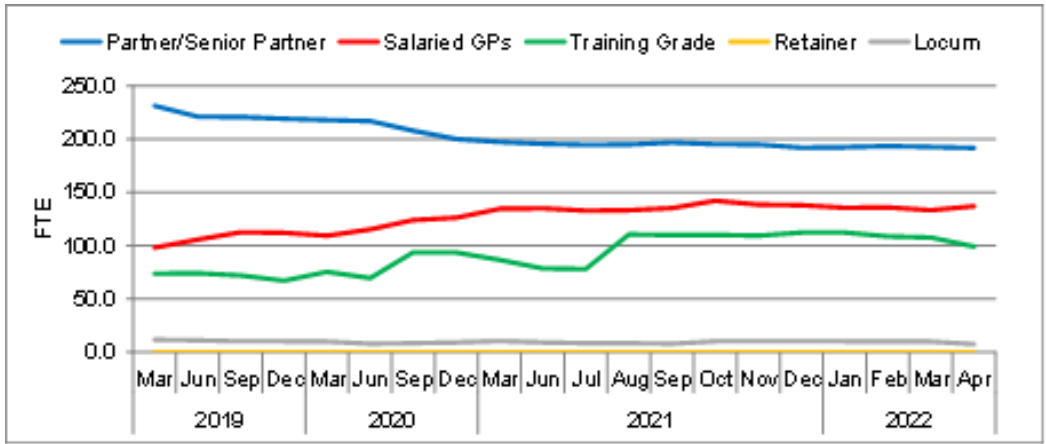
Access to relevant training and continuing professional development (CPD) opportunities has never been more vital – as is the necessary funding and time to undertake training.

A report published by the British Medical Association (BMA) in 2021 (Medical staffing in England: a defining moment for doctors and patients), highlights that today’s clinical practice is multi-disciplinary, with patient care demands being more varied and complex than ever. As such, more and varied skills are needed across the board, from nurses and doctors to healthcare assistants. Some of the measures in Lincolnshire to help fill the supply gap include the Lincoln medical school, rural and coastal transformation programme, an expansion of teaching programmes targeted at nursing roles with Lincoln University, partnership with Boston College and increased student clinical placement options through the Talent Academy.



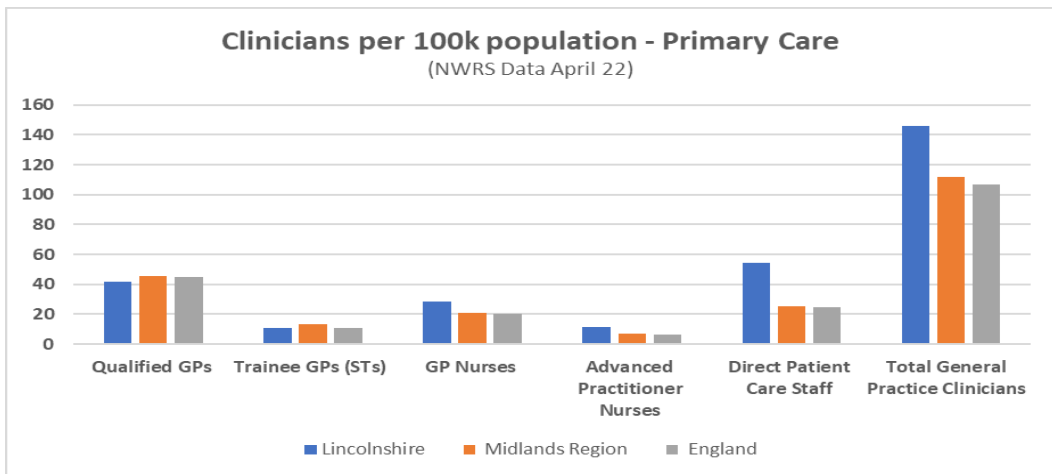
Primary Care Focus

Whilst the last 3 years have shown a steady decline in Partner/Senior partners in Primary Care in Lincolnshire, Salaried GPs and Training Grade GPs are seeing a healthy increase. This is representative of the trend regionally and nationally. There are 48% more 'doctors in training' in Lincolnshire as of March 2022 than in March 2019.

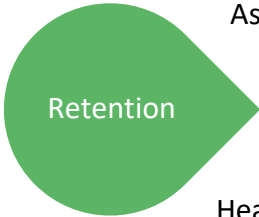


Primary Care Medical Workforce: Mar 19 – Apr 22

Interesting to note also is the emphasis in Lincolnshire practices of the growing nursing workforce to mitigate the gaps and complement the medical workforce. The overall workforce ratio per 100k population is a favourable picture as at April 2022.

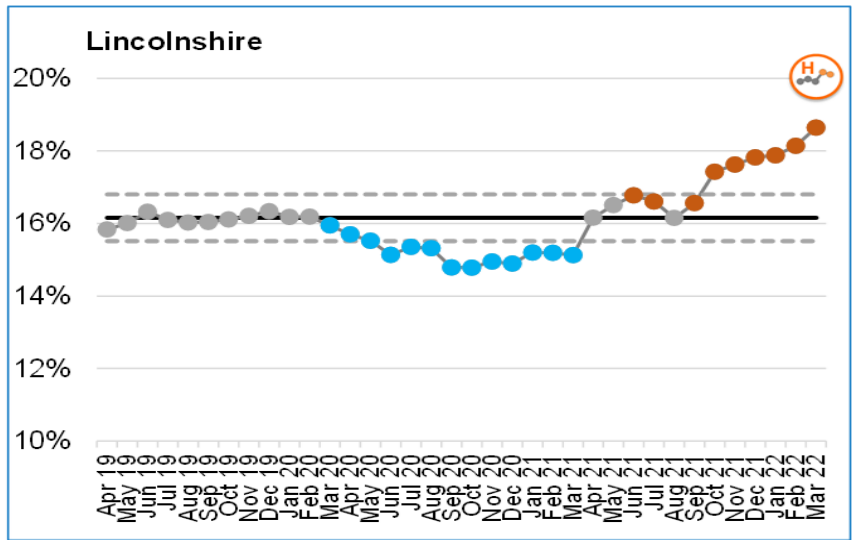


Skill-mix of the Primary Care workforce in Lincolnshire compared to regional and national average

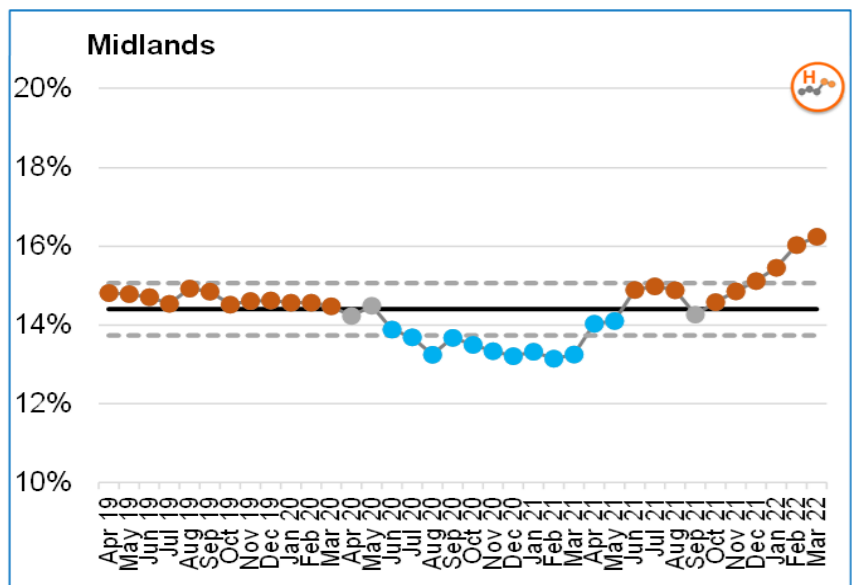


As the response to the pandemic started to ease, the staff turnover rates in the NHS Trusts in Lincolnshire started to increase following a stable and even declining picture over the previous two years. A proportion of the leavers have retired from NHS service although some of these ‘retire and return’.

United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS) are part of the National NHS People Promise Exemplar programme which has seen resource brought into the County to focus entirely on retaining our workforce.



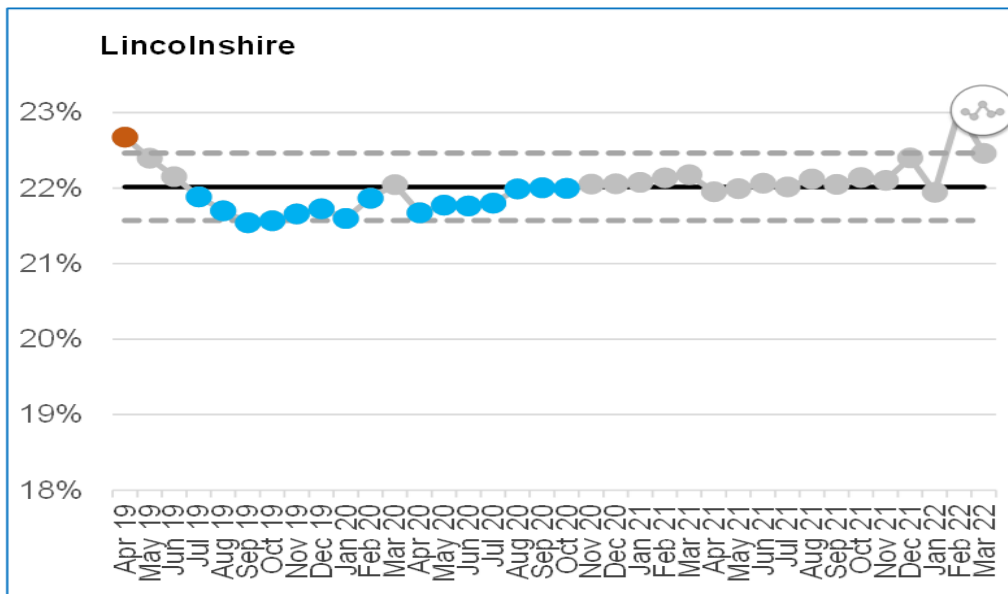
Staff Turnover rates (NHS Trusts) in Lincolnshire - Apr 19 to Mar22



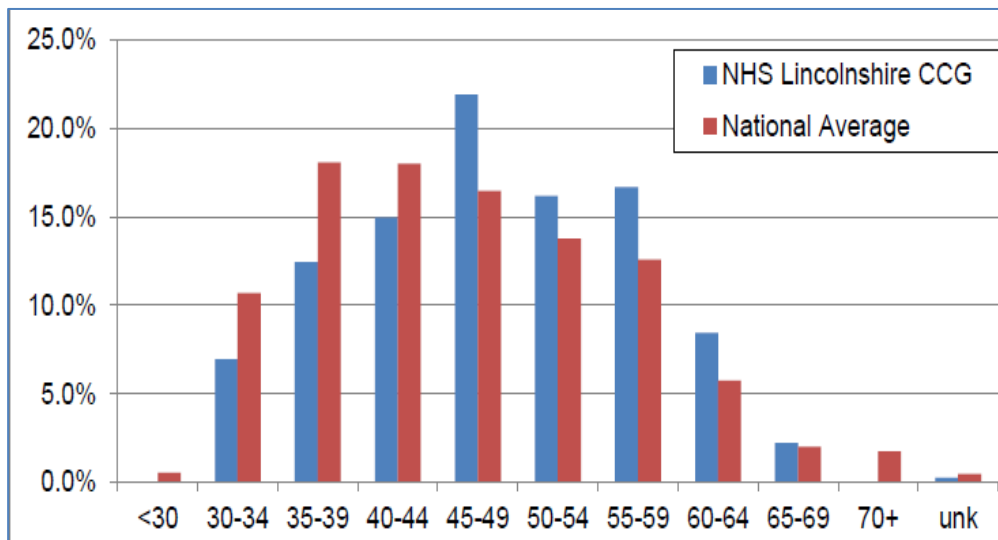
Staff Turnover rates (NHS Trusts) in the Midlands - Apr 19 to Mar22

Age profile

The age demographic of NHS staff in Lincolnshire suggests the age profile is continuing to rise with over 22% of the workforce more than 55 years old. For NHS provider trusts this has been a relatively static percentage over the past two years. Individual providers have several initiatives in place to address the specific challenges that arise out of an aging workforce. An emphasis on 'retire and return', menopause friendly work practices, flexible working etc.



The percentage of NHS Trust staff over 55 years in Lincolnshire (Apr19 – Mar22)



The age profile of NHS staff in Lincolnshire (Primary Care)

3. Programmes Underway

The People Board in Lincolnshire meets quarterly and has a very engaged membership across all parts of the sector. The annual Lincolnshire People Plan priorities guide activity for the year and provides oversight of delivery and effectiveness.

The 2022/23 Lincolnshire People Plan (Appendix A) has eight key priorities and the People Board have been successful in securing funding for the 'People Hub' – an innovative programme delivery arm of the People Team who are focused on delivering these key priorities.

Attraction, Retention and Workforce Planning have been identified as high priority and therefore much of this year will be focused on meeting the challenges captured earlier in the report and working in collaboration to meet the needs of the population in Lincolnshire in the delivery of quality patient care. Below are some of the programmes underway:

1

The *Be Lincolnshire* Attraction Campaign



Prior to the Covid-19 pandemic, Lincolnshire commissioned Visit Lincoln to deliver the 'Be Lincolnshire' digital attraction campaign. Due to the pandemic, the launch of www.beinlincolnshire.com campaign in December 2020 was hampered considerably. As the People Board, we are now recruiting a programme lead for the Attraction strategy to reenergise this campaign and promote

Lincolnshire as a great place to live and work. Within the Be Lincolnshire research, a small number of demographic groups were considered for the targeted campaign

- Those with young families – due to the excellent schooling in Lincolnshire
- Those 50yrs plus – to come to Lincolnshire for their last career move prior to retirement
- Those with an interest in delivering training – due to the Medical School and growing University opportunities

2

International Recruitment (Including the Refugee Doctor Programme)

In addition to domestic recruitment through various campaigns such as above, international recruitment has seen success in addressing both the medical and nursing vacancies, examples below:

Case Study 1: ULHT Nursing Recruitment

“Over the last two years we have grown our International Recruitment and Onboarding team and offer. To date, we have successfully recruited 404 International Nurses, 320 of whom have already started their journey within ULHT and our OSCE (Objective Structured Clinical Examination) success rate is currently at 100%. We have had only two leavers from this number which pays testament to the positive candidate experience that we pride ourselves on and one of our International Nurses has already been promoted.”



Impact of the programme:

- Over 400 roles recruited to
- 100% examination success rate
- 99% retention rate of those recruited over the 2-year period
- Community integration through:
 - job skilling/interview prep workshops for spouses and partners
 - integration into local churches with Sunday mass in Malayalam for the families of Indian nurses from Kerala (church in Boston)
 - direct link into the Lincs Indian Society in Lincoln and Boston through the Hospital BAME network

Case Study 2: Refugee Doctor Programme - Dr Mo's story

“I am Dr Mo. I came to the UK in 2019 looking for refugee status as I was in danger in my own country. I achieved my primary medical qualification at university, something that was ratified by the GMC when I received my registration in September 2021. I struggled to find a role within the UK within medicine in the UK despite lots of applications being completed. At one point I was doing 4 lowly paid roles whilst I was doing my studies. Around November 2021 I became aware of the Lincolnshire Refugee Doctor Project and that they were supporting doctors who were GMC registered looking for roles.

I contacted the project and was contacted quickly by Simon who interviewed me, asking me questions around my CV and the type of role I was looking for, he said he was impressed with my work ethic and that he felt I deserved support and he agreed to introduce me to ULHT for suitable opportunities. Within a short period of time, I was interviewed by the ULHT team, and I was delighted to receive the offer of a FY2 role at Pilgrim Hospital, Boston. The ULHT team and LRDP (Lincolnshire Refugee Doctor Programme) team (with BMA support), helped me find accommodation and were able to support the funding of the first six weeks of my accommodation, this was a massive help for me. I have been in my role for five months now and have been welcomed into and feel a part of the ULHT family.”

Impact of the Programme

- 14 doctors attached to the Lincolnshire arm of the programme have relocated to the area with their families and are now settled into the local community. Further three more to follow
- A further 20 doctors have applied for the programme. This is being currently evaluated and progressed.
- The programme scope is being revisited to include other medical/AHP professions

Case Study 3: Mental Health Nursing Recruitment

“Lincolnshire Partnership Foundation Trust (LPFT) have been at the vanguard of international recruitment for Mental Health nurses, with nine recruits currently in the country; three of whom have successfully passed their examinations and are now registered mental health nurses. The International Recruitment Education Team have worked extremely hard under very difficult circumstances to achieve 100% pass rate to date after having only written the first iteration of the training in November 2021. As leaders in the field of Mental Health OSCE (Objective Structured Clinical Examination) preparation training, we are currently scoping out the possibility of running a ‘train the trainer’ programme where Mental Health International Recruitment staff from other Trusts could attend and be taught how to deliver the programme and be supplied with the outline material to do so. The East Midlands Alliance are keen to support this work and so the first cohort would be to deliver for those organisations within the alliance, although we have also been approached by Trusts from other regions. A proposal is currently being developed with detail around the potential for a train the trainer model and/or the provision of a ‘ready-made training pack’ of resources.”

Ethical Considerations for International Recruitment

- Familiarising ourselves with the World Health Organization Code of Practice on ethical international recruitment.
- There must be no active international recruitment with specific named countries, unless there is an explicit government-to-government agreement with the UK to support managed recruitment activities that are undertaken strictly in compliance with the terms of that agreement.
- There are countries (for example Kenya), or areas of countries, where you cannot undertake direct and targeted recruitment. This is because these countries are receiving government aid and the UK has made a commitment to support their developing health needs.
- Recruitment of international health and social care personnel is closely monitored and reported on to the Cross Whitehall International Recruitment Steering Group.
- Lincolnshire Partnership NHS Foundation Trust is currently in discussion with Caribbean government officials to see how we can give back to the country with the recruitment planned there.



International recruitment in the UK (King's Fund)

3

Primary Care Workforce Strategy

As seen earlier in the report, Lincolnshire is successful in developing pipelines of new doctors, but also keen to skill-mix the workforce, with a focus on GP Nurses practicing at the very top of their licence. Short- and medium-term plans within the Primary Care workforce strategy are as follows:

Short Term

- TERS (Targeted Enhanced Recruitment Scheme) for trainee GPs which offers them a financial incentive to come to Lincolnshire - this has meant that we have attracted between 35 and 45 trainees to Lincolnshire.
- Fellowship Programme to newly qualified GPs to encourage them to stay in Lincolnshire.
- International GP Recruitment Programme for GPs from the EU. Last year six GPs successfully completed the scheme.
- GPN Fellowships (General Practice Nurses) to encourage nurses to come into primary care.
- Funded ACP courses (Advanced Clinical Practitioner) Increased number to enable nursing professionals to work at the top of licence.

Medium Term

- University of Lincoln Medical School - working with them to provide exposure for medical students to primary care from year one with placements - thereby encouraging them to consider a career in general practice.
- ACP Fellowship Programmes – working in partnership with Health Education England to develop an ACP programme in order to address gaps in medical workforce.

4

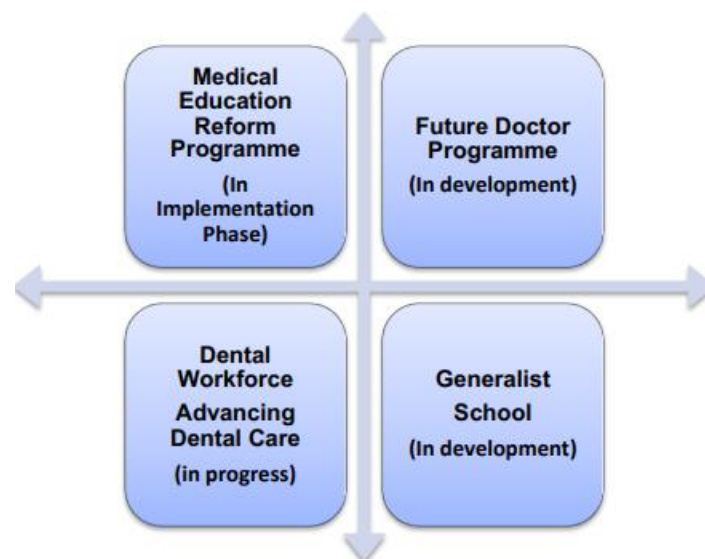
Rural and Coastal Transformation Programme

Lincolnshire is a pilot ICS [Integrated Care System] for the newly developed Rural and Coastal Transformation Programme, which sets out addressing health inequalities for public and patients within rural and coastal settings. This new programme sets out an ambition to target a suite of evidence-based programmes within four specific rural-coastal ICSs through a place-based approach. It will be delivered in partnership with Health Education England and the Lincolnshire People Board and will span organisational and service boundaries to address wider determinants of health.

Utilising global and national research, it was identified that patient-related health outcomes in rural communities can be improved through a stable and well-trained local workforce. However, to ensure a sustainable rural healthcare system demands workforce models that have been designed in, and for, these settings. With this in mind, the programme within Lincolnshire acknowledges that workforce planning must reflect unique, rural place-based solutions and successful rural workforce transformation requires:

- Commonality, as rural communities identify more with similar communities in other countries than their own urban centres.
- Delivering education and training within rural communities increases the quality and cultural relevance of services through a lived experience.
- Investing in targeted training of rural residents increases recruitment and stability of services in rural locations.
- Initiatives must be co-produced with the local population to be successful.
(see Appendix B)

The disproportionate rural workforce shortages, especially amongst professionally qualified clinical groups, is being addressed through the programmes below:



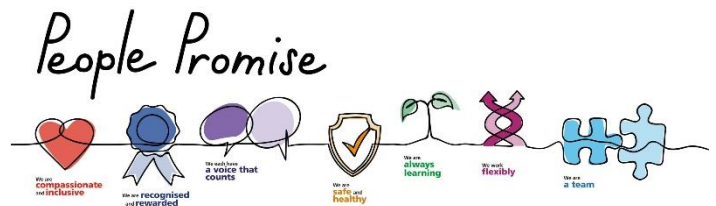
A programme lead has recently been appointed by Health Education England and will sit within the People Hub in Lincolnshire to drive this project over the coming few years.

5

Retaining Our People

The Lincolnshire system has signed up to the People Promise Exemplar Programme in order to address steadily increasing turnover across the region. There are 23 exemplars that have been chosen to be part of this programme and they are a mix of acute, community and mental health organisations. (ULHT and LCHS are exemplar sites participating in the pilot programme).

National teams will work with these sites over the next twelve months to deliver interventions together in one place, at the same time. The exemplars will test the assumption that by delivering the interventions together in one place, we will achieve improved outcomes for staff, organisations and patients, as well as optimum staff satisfaction and retention.



A small team have been funded by NHSEI (NHS England and Improvement) to coordinate and lead this work in Lincolnshire.

6

Workforce Planning

As the Lincolnshire system matures in working in an integrated way, it is important to measure the impact of interventions as stated above. Currently we are working towards a 'One Workforce' dashboard across all health and social care. We have been successful in securing funding for a strategic workforce modelling solution which will, in time, capture and model our workforce across the NHS (including Primary Care) and Adult Social Care.

4. Consultation

This is not a direct consultation item.

5. Key Strategy Documents

The work underway in the Lincolnshire People Board relate to the following national and local drivers: (Areas directly relating to this report are in bold print)

NHS Long Term Plan (in particular):

- *A new service model for the 21st Century*
 - *More action on prevention and health inequalities*
 - *Further progress on care quality and outcomes*
 - ***Staff will get the backing they need***
 - *Digitally enabled care to go mainstream*
 - *Taxpayers' investment used to maximum effect*
- <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

NHS People Plan

- *Looking after our people*
- 1. *Belonging*

- *New ways of working and delivering care*

(i) **Growing for the future**

<https://www.england.nhs.uk/ournhspeople>

The National ICS People Framework

- **Support the health and wellbeing of staff**
- **Grow the workforce**
- **Support inclusion and belonging**
- *Value and Support Leadership at all levels*
- *Lead workforce transformation in new ways of working*
- *Educate, train and develop people*
- *Drive and support social and economic development*
- *Transform people services and the people profession*
- *Lead coordinated workforce planning using analysis*
- *Support system design and development*

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf

Lincolnshire People Plan (See Appendix A)

6. Conclusion

The workforce challenges in the health sector in Lincolnshire are well documented and understood. The solutions are through collaboration, creativity and a passion to work closely with system partners to deliver on the People Plan for Lincolnshire.

7. Appendices - These are listed below and attached at the back of the report

Appendix A	Lincolnshire People Plan 2022/23 – A One Workforce Approach to Delivering the People Plan as an Integrated Care System (ICS) in Lincolnshire
Appendix B	Rural and Coastal Transformation: Developing Health and Communities Through Workforce, Education, and Training in Small Places

8. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the Lincolnshire People Board, who can be contacted as follows:

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