

Lancashire & South Cumbria Allied Health Professions Workforce Report

5 year view 2022-2027

Executive Summary



March 2023

Elizabeth McMullin
Patsy Probert
Lancashire & South Cumbria AHP
Workforce Programme Lead

Lancashire and South Cumbria AHP
Workforce Programme Team



Foreword

This workforce report is a first for Lancashire and South Cumbria Allied Health Professionals. A data-led overview of the challenges and opportunities ahead for our vital Allied Health Professionals.

Supporting and improving the health and care of our communities will only work with an inclusive workforce that thinks and acts differently. Our continuous improvement focus on population health, integration, co-production and belonging will need to be at the heart of all we do together as AHPs.

Thank you to our amazing AHPs workforce team and everyone who has contributed to this significant piece of work.

We encourage AHP leaders at all levels to use this resource actively in your places and services - don't let it sit on the shelf! Alongside #AHPsDeliver and our own system plans, this report will guide us as we work together to bring more opportunities to our workforce of the future.

Stephen

Stephen Sandford
Chief Allied Health Professions Officer
NHS Lancashire and South Cumbria Integrated Care Board



Preface

We are delighted to present the Lancashire and South Cumbria Integrated Care Board AHP Workforce report.

This provides an exciting opportunity to show in one document a clear state of play for our allied health professions in the system. It has been developed as the result of engagement and collaboration with our acute provider organisations to deliver firstly the HEE workforce projects and then subsequently the overarching document.

We have tried to future proof the document and are happy to talk through the process with any of our colleagues nationally. Please contact us via email.

This has been a journey of discovery for us as we have collaborated with our system colleagues to produce a report fit to meet the challenges of the future AHP workforce.

This work will function as a springboard to interlink our plans and priorities with that of our L&SC priorities as well as regional and national workforce priorities.

We do not underestimate what is still required but we now have a clear overview of the workforce we need to provide our service users with the services they require.

This is the first moment in time that a full set of data of all the AHPs currently employed in the system has been aggregated and analysed. This has enabled us to collate themes and develop our strategic intentions.

We want people to use this document depending on their own workforce priorities. The main body of the document can be accessed from the contents page directly to the section you are most interested in.

We believe that this report shows the value and impact of having a dedicated AHP workforce team within an integrated system.

Patsy and Liz

L&SC ICB AHP Workforce Programme Lead



Email: Elizabeth.mcmullin1@nhs.net

Email: Patsy.probert1@nhs.net

Twitter: @LSC_ICB_AHPs

Executive summary

As part of Health Education England’s (HEE) response to national Allied Health Professions’ (AHP) workforce challenges, investment was provided to NHS Trusts, accompanied by a specification for delivery, to focus on an AHP workforce review and produce an 18-month organisational AHP supply plan.

At the request of HEE, the Lancashire & South Cumbria (LSC) AHP Faculty has taken the initial project reports and carried out a system-wide aggregated approach and analysis.

“Our staff are our biggest asset and the allied health professions are crucial to the health of communities in Lancashire and South Cumbria, and across health and social care services in the area. It is therefore important that staff, employers, education providers work together to plan current and future workforce needs, prioritise improvement areas, and implement high impact actions and interventions. This AHP workforce report sets out some clear priorities for partners across the integrated care system based on deep dive AHP supply projects across the system. Our thanks to everyone who has been involved in this work.”

**Naomi McVey -Regional Head of Allied Health Professions (AHPs) NW
- NHSE Education and Workforce.**



Information provided in the Trust reports has informed the system themes, risks and challenges, priorities and subsequent strategic intentions for the Integrated Care System (ICS) ICS AHP community.

The summary findings, analysis and recommendations are aimed at system leaders and organisations to inform future workforce planning strategies. This summary report should be read alongside the detailed main report.

Background

National AHP growth figures from June 2020 suggest that increases of more than 27,000 AHPs are required to deliver the ambitions set out in the NHS Long Term Plan by 2024 in England. At present, there are recognised gaps in the supply of the AHP workforce to meet demand and nationally the ageing population will see an increased need for all AHPs.

The NHS People Plan specifically highlights the need for physiotherapists, diagnostic radiographers, occupational therapists and dietitians.

“AHPs are the 3rd largest workforce and vital in meeting the demands of the NHS, it is essential that there is focus on the current and future AHP workforce to ensure it is equipped with the skills and resources to meet the ever-increasing demands placed upon them. Retention and development of our existing workforce is equally a priority, it is important that we promote clinical and leadership development at every level and ensure our staff feel valued and supported.”

I am looking forward to not only working at provider level on these priorities but also as part of the system alongside my ICS peers and the ICB AHP workforce team.”

Claire Granato

Chief Allied Health Professional - Lancashire Teaching Hospitals

NHS Foundation Trust

Scope

The range of AHPs referenced in the main report are those employed within the LSC system at the time of reporting. All AHPs represented in LSC NHS Trust provider organisations are included in this document.

This report has pulled together common priorities across the ICS, but it is acknowledged that each organisation has its own internal priorities.

“In Lancashire and South Cumbria AHPs have developed really effective collaboration across NHS Trusts through the AHP Faculty and the AHP Council. When funding was allocated the natural thing to do was to collaborate, to agree a consistent approach and aspire to collate these to form a system level approach. The system level document you are reading today is testament to the relationships and collaborative ways of working that exist in Lancashire and South Cumbria. Yes, we have some wicked AHP workforce challenges but given the way we are working together to understand them and to make plans to solve them I am confident we will close our AHP workforce gaps in the quickest and most efficient ways.”

Alison Turner, Chair of the Lancashire and South Cumbria Workforce Programme Board

HEE identified a framework for action for AHP workforce improvement based on the workforce risks nationally. The overarching vision is the delivery of the right workforce with the right skills to deliver high-quality care by 2024, with a measurable outcome, and AHP vacancy rates not exceeding 5%.

Workforce profile



“Championing diversity and being a good role model as an Occupational Therapist and Race Equality Staff Network Co-Chair is important to me because it reflects positively on my Trusts values and staff morale. Therefore, it is good for positive patient care and experience. According to the Kings Fund, diversity brings into the system innovation and creativity which leads to better service provision and better user satisfaction, and these are part of my main goals within my leadership position”.

Margaret Michael - Consultant Occupational Therapist and Associate Director of AHPs for the Fylde Coast Network, Lancashire & South Cumbria NHS Foundation Trust

As outlined in the recently published AHP Strategy for England (2022), there is racial inequity in the under-representation of ethnic minorities in our AHP workforce, particularly in decision-making and leadership positions.

At the time of reporting, the LSC AHP workforce reflects the national picture in terms of its diversity across all AHP professions. The AHP workforce is predominantly female white British – there is limited diversity.

Orthoptics is the one profession that has a diversity representative of the local community. Some professions within the AHP support workforce have a higher degree of diversity than others, for example dietetics services in the eastern region of LSC, but this is not replicated in the registered staff workforce profile.

Only 10% of all AHPs across LSC identify as Black, Asian and Minority Ethnic (BAME). This percentage drops further for Band 6 and upwards, with just 2% of BAME staff at Band 8 leadership level. The percentage of younger workforce BAME representation is higher, at 20%, in the 25–29 age category, and is 27% in the under-25 category. This may indicate a changing graduate profile as it links directly to a higher proportion at Band 5 level.

The profile shows that 79% of the workforce identify as heterosexual. A breakdown by age shows a higher proportion of ‘not stated’ as age profile increases. The reasons for this are not clear. Band 4 staff show a higher proportion of diversity than Band 5 and above.



Workforce position

The aggregated position from all Trust provider report data provides an overarching system view of the workforce supply, demand and workforce gap for all AHP professions.

At the time of reporting, there were **242.3** AHP vacancies within system Trust providers, showing a gap of **8.84%** in the workforce.

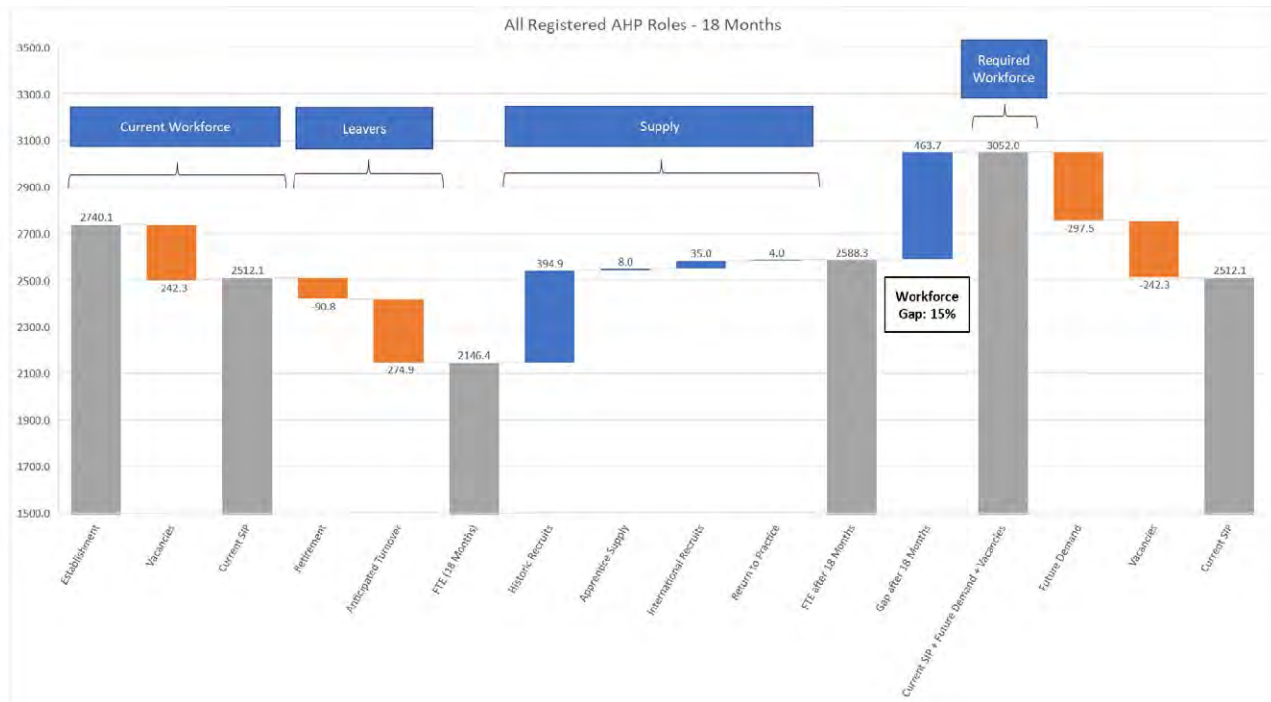
18-month expected position

The workforce gap at 18 months is predicted to be **463.7** registered clinicians from a required workforce of **3,052.0** AHPs across the system.

The percentage gap in the overall AHP workforce predicted in 18 months is **15%** against the required staffing at that point.

The waterfall chart in Figure 1 details the NHS Trust provider information on overall establishment in all AHP professions, current staff in post, vacancies, predicted retirement, anticipated turnover, and known or expected future demand based on service developments, at the time of reporting. Supply is then indicated through known information on historic recruitment, expected apprentice supply, international recruitment plans and expected return to practice staff, based on experience. These figures once aggregated, provide the AHP overall staffing gap figure predicted in 18 months.

Figure 1



A total of 90.8 whole-time equivalent (WTE) staff are expected to retire and 274.9 are predicted to leave, resulting in staff-in-post (SIP) dropping to 2,146.4 WTE in 18 months if no supply is provided.

There is a planned supply of 394.9 generic recruits (not international recruitment, return to practice or apprentice) based on historic recruitment, 8 apprentices, 35 international recruits and 4 return to practice staff. If this supply number was realised, this would bring the staff in post to 2,588.3 WTE.

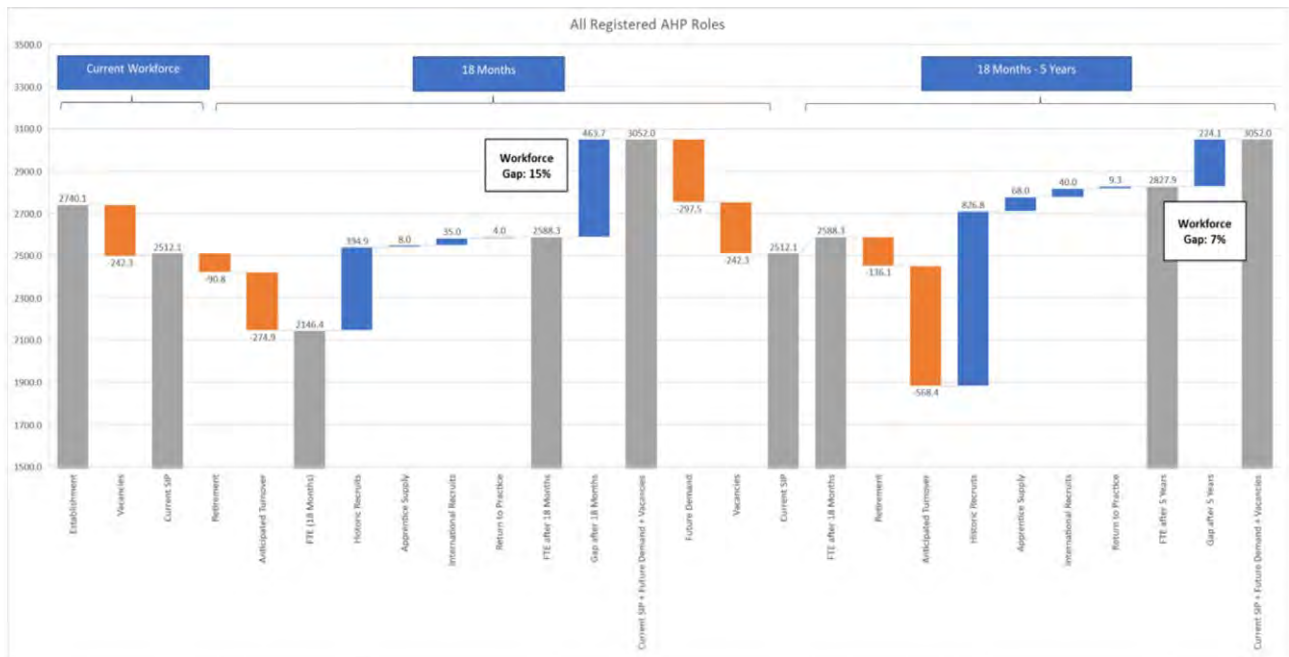
Within the Trust reports, there is an additional workforce requirement within the next 18 months of 297.5 WTE to cover future demand. The total required workforce after 18 months is the SIP plus future demand plus vacancies – equating to 3,052 WTE.

Therefore, the workforce gap between SIP (2,588.3) and Required Workforce (3,052) is 463.7 WTE, which equates to a **15%** gap.

18-month to 5-year predicted position

Figure 2 shows the predicted 18-month–5-year forecast. This is only an estimated position as just 3 out of 5 Trusts gave a 5-year position of supply or demand intentions. However, the data from these Trusts was used together with an estimated position (based on their 18-month data) from those that did not, to inform a forecast position for 5 years.

Figure 2



The 18-month to 5-year forecast does not have the future demand detailed as this is not known, or fully modelled, so potentially a much more significant gap could emerge. The 18-month predicted gap is **224.1** registered staff (**7%**), but this assumes provided forecasted recruitment to vacancies, apprenticeship and international recruitment supply is realised. Return to practice AHPs add to potential supply numbers, but this route has been unpredictable over the past 3 years.

Figure 3 shows the percentage workforce gap by profession and the WTE number of registered staff needed to meet the required workforce in 18 months. It therefore identifies the professions most at risk and indicates those areas that need to be addressed.



Figure 3



The report details by profession key risks, issues, and headlines. Detailed information and appendices are within the body of the main report.

“There is great value in having a system wide view of the AHP workforce challenges for each profession . Whilst each organisation will have its own strategies for managing this, a system wide view provides opportunity for collective, collaborative responses and approaches, avoiding duplication and reduces a competitive view of workforce planning.”

Tracey Dean - Director of Allied Health Professionals Lancashire & South Cumbria NHS Foundation Trust

AHP workforce supply

Identified supply response actions are showing some impact but are not predicted to close the gap sufficiently over the 18-month to 5-year period, indicating that further workforce mitigating actions are needed.

The supply figures for 18 months to 5 years show a more significant impact from apprentice posts if these continue to be developed and supported. Apprentice opportunities will enable Trusts to develop their AHP support workforce and implement a 'grow your own' model from entry level to Advanced Clinical Practice.

International recruitment is also predicted to increase supply and there are opportunities to work collaboratively across the region and the ICS to target high-risk areas.

All Trusts are signed up to supporting AHPs to return to practice and develop procedural guidance for supporting returners. Promotional activity is supported across the system by the LSC AHP Faculty, with links to any regional and national activity. While predicted numbers of workforce supply through return to practice are minimal based on historic numbers, it remains a route that should be promoted and encouraged. Further actions to improve staff retention are needed across the system.

The supply of students is crucial to addressing Band 5 vacancies across the system. It is apparent from student supply data that there are insufficient numbers of students qualifying to meet demand, with graduates having the choice of working for the private or independent sector. The lack of supply of registered staff is a concern for all professions. The regional AHP learning reform programme led by HEE has reviewed the programme numbers for some professions and is supporting a collaborative approach across the region to ensure that placement offer by providers can meet current, and any increased, programme demand. Equally, it must ensure that AHP programme increases are based on workforce need. The attraction and retention of students on programme is captured under the HEE Repair project. The attrition from training and progression into registered posts needs to be understood to enable action to be taken during training, while on clinical placement and on transition into post.



The AHP workforce team have led and championed Practice education awards for reimagining learning (PEARL Awards) , across the Lancashire and South Cumbria system. This is a highly successful initiative in recognising and developing quality placement approaches and fostering engagement across our educators, learners, wider staff and leaders. Our continued challenge and opportunity is in sharing these initiatives and encouraging adoption of innovative placement approaches in our services for future sustainability.



PEARL AWARDS



WINNER

(Practice Educators Awards for Reimagining Learning)



This Certificate is awarded to
Acute Speech and Language Therapy

East Lancashire Hospitals NHS Teaching Trust

For providing varied experience for learners, coordinating a split between acute and critical care providing a broad range of experience. Facilitating a creative placement which has been successful for the team as well as the students.

For the month of: February 2023

For your innovation towards reimagining learning across practice placements.



AHP workforce demand

At the time of reporting, there is a system **8.8%** vacancy rate against the established posts across Trusts. This is significantly higher than the target rate of **5%** to be achieved by 2024. Further data according to profession is given in the main report, as this figure varies across professions, with some being particularly at risk. Figures for dietetics stand at **13.2%**, occupational therapy at 10.9% and podiatry at **9.6%**.

Retirement predictions detailed in Trust reports were made using data relating to workforce age profile, but there are caveats to this. Retirement age is a predictor, but increasingly staff may retire and return, which may provide opportunities to retain specialist skills.

The turnover rate for LSC demonstrated a reduction from March 2020 through to a peak in September–December 2021. This is understood to be because staff did not move posts during the height of the coronavirus pandemic, but then sought new positions in between peaks in coronavirus surges. The leaver rates followed a similar pattern but showed an increase in June 2022 – they have now fallen to below the national average

Trust workforce reports have detailed a range of reasons for increased staffing demand and business case developments. The health and care service intentions of the Integrated Care Board (ICB) are also a key factor in considering future clinical staffing demands.

Support workers

Each organisation recognised the value and contribution of their AHP support workforce. In particular their value as a skilled workforce in their own right, as well as a supply for developing to registered practitioner level. There is no doubt support and development of these staff is a crucial factor to AHP workforce planning in the system.

Within the workforce project funding from HEE to provider NHS Trusts, £12,000 was ring-fenced to support the delivery of one specific domain – the AHP support workforce.

Trusts were asked to complete a support workforce profile and toolkit as part of their workforce projects. Out of 5 Trusts, 3 had completed, and 2 had commenced, the toolkit at the time of report submission to HEE. The toolkit is designed to help regions, systems and employers prepare for the implementation of HEE's AHP support worker competency, education and careers development framework and develop opportunities for the AHP support workforce (HEE, 2021).

In general, Trusts reported that a large number of managers had not used the support worker framework to date. Inconsistencies were identified across AHP professions in terms of gaining feedback from support workers, the use of competencies and the identification of their support worker training needs. However, there was a unanimous desire to further develop support workers through apprenticeships and other training opportunities as a key sector in the workforce. The

exploration of new roles to maximise the number of staff with existing aligned qualifications was also detailed in some Trust reports. A number of Trusts stated a key action would be to feed results into the LSC AHP Faculty to help create a system-level plan for support worker development.



Summary findings

Priorities for the system

The ultimate priority for the LSC system is to deliver an effective supply of suitably skilled AHPs, ensuring robust deployment and development of staff. At the same time, there must be a focus on the retention of the workforce, across professions and geography, to ensure the system has the right workforce with the right skills in the right place to deliver high-quality care. The analysis has shown that there are some immediate, and longer-term, priorities for the system.

Closing the gap

“The development of an AHP workforce plan for provider organisations has developed the understanding for the future workforce requirements and identified new ways of working. The collation of the individual workforce plans by the LSC AHP Workforce team allows for the delivery of strategic workforce plans across the system, ensuring collaboration and integration across the system.”

Tony Crick

Chief Allied Health Professional & Health Care Scientist - University Hospitals of Morecambe Bay NHS Foundation Trust

In terms of closing the workforce gap across the majority of AHP professions, the reports show that, while several initiatives have been adopted across the ICS, there is still a need for further transformational change to address the workforce shortfall and prepare for future supply.

Each organisation has identified its own priorities and development plan to address workforce issues. This report has collated the common actions/priorities that could be scaled up and implemented across the system, with potential support from the AHP Faculty.

A consistent approach to workforce planning across the system will be required, as well as addressing the sustainability of the AHP workforce programme team to support the delivery of the strategic intentions.

How will we know?

It will be apparent that the gap has been closed when there are sufficient AHP positions to meet the demand, combined with fewer AHP vacancies.

“For many years AHP leaders across the Lancashire and South Cumbria system have collaborated to share knowledge, ideas and expertise. However, through the collaborative work that underpins the system AHP Workforce report it has allowed all partners to further their understanding of place and system workforce challenges. This understanding is vital to support focused action at provider, place and system level to create a more sustainable future for the professions that make up our AHP family”

Nick Lane

Chief Allied Health Professional - Blackpool Teaching Hospitals NHS Foundation Trust

Strategic intentions

Aligning with the national AHP strategy commitments, the ICS AHP community will continue to implement the following strategic intentions over the next 5 years:

1. To introduce an agreed AHP performance framework and a consistent approach to workforce planning for Trusts – overview and monitoring function to be carried out by the ICS AHP Faculty. It is intended to introduce a standardised approach to AHP workforce reporting to allow greater clarity, with benchmarking across the ICS – this will enable system leaders to have clear visibility when workforce planning.
2. To define and embed a sustainable workforce development support function for AHPs at ICB level.
3. To produce clear AHP transformation plans to ensure maximum productivity for all the AHP professions across identified clinical pathways.
4. To become an Equality, Diversity, Inclusion and Belonging (EDIB) exemplar system, with the implementation of an EDIB plan to ensure we are representative of our community, providing leadership and development opportunities to our colleagues with diverse backgrounds.
5. To provide mutual aid across the system via collective leadership, and to support fragile, at-risk, professions, for example orthoptists and speech and language therapists.
6. To adopt the principle of collaboration and joint working to maximise efficiency and productivity across the system.
7. To maximise the use and development of the AHP support workforce and have a clear strategic plan to expand access to the professions.
8. To formalise and embed an early careers development strategy; to further develop career ambassadors, preceptorship and the use of skills passports.
9. To implement leadership strategy for AHPs to support career development and succession planning.
10. To drive the transformation of clinical placement delivery, adopting the recommendations from the capacity/demand project and supporting these recommendations on behalf of the system.
11. To provide clear monitoring and governance arrangements, following a whole system overview, to manage the risks identified through the reports.
12. To take a strategic approach to CPD opportunities and a system-wide approach to training needs analysis.
13. To maximise supply routes, through system-wide collaboration and targeted actions by professional group – apprenticeship expansion, international recruitment and attraction strategies for student supply.
14. To develop a clear strategic plan for the AHP primary and social care workforce.
15. To understand the attrition from both training and progression into registered posts to enable action to be taken.
16. To develop a clear strategic plan for the engagement of private, independent and voluntary organisations.

Concluding remarks

The dedicated funding for the workforce reports has been received very positively, with multiple outputs from the AHP providers. The AHP Faculty has also matured and continues to develop its workforce function and leadership across the system. There is an acknowledgement by the authors for the financial and leadership support from the HEE and the local North West regional team.

The AHP workforce team has now started to incorporate the system-wide priorities into the AHP system programme delivery plan, which will be addressed through the governance infrastructure.

It is crucial that the momentum gained to date is not lost. The workforce team is committed to working with HEE system workforce leads, aligning with the ICB priorities. To achieve this, we will need to embed a strategic leadership AHP workforce function, without which there would be little progress against the workplans required to close the workforce gap.

The AHP workforce team has now transitioned into the L&SC ICB, where we will continue to support the system AHP workforce priorities for all our AHPs. Our ethos is promotion of strong team collaboration, co-production and partnership working. Being an AHP workforce team integral to the ICB enables us to ensure AHPs are fully represented and considered in strategic workforce programmes, including those unique to AHPs and those that are multi-professional.



The report authors ask that the report findings are accepted in full and integrated as part of the wider ICB workforce plans.

Acknowledgements

The authors would like to express their thanks to all the contributors and the workforce project leads, including the chief AHPs for their support. Particular thanks go to the HEE workforce team data analysts for their patience and support.

Thank you to all our colleagues from across Lancashire & South Cumbria, we have enjoyed working alongside you. The images in the report have been from engagement and promotion opportunities across the past 18 months and photos offered by our staff.