Jersey Future Hospital Project

Outline Business Case

Appendix 8 – Strategic Workforce Plan

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States of Jersey

HSSD Strategic Workforce Plan

(Output 6) HSSD Jersey Workforce Strategy and Planning Project

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Summary

In presenting this strategic workforce plan Skills for Health (SfH) have determined the following highlights that we would wish to draw attention to, specifically:

- Reflecting on the financial implications of the 'do nothing' scenario across the scope of workforce plans produced for HSSD compared to the Skills for Health's suggested workforce configuration-over at the end of the 10 year period in 2026 there is a potential to save circa £5.5 million by moving forward with Skills for Health's recommendations.
- Key to unlocking gains in workforce productivity require a shift in culture towards workforce configurations based on an outcomes based approach to care delivery as opposed to seeing tasks as the sole domain of particular grades/staff groups. (The starting point for workforce configuration should be on how best to meet individuals needs not on tradition and professional hierarchy)

Consideration of adopting a common currency of articulating the skills and competences required in the workforce based on recognised standards and guidance e.g. Skills for Health National Occupational Standards (SfH NOS) This would be of significant benefit for role definition, performance assessment and L&D investment.

- There should be a move to standardising statutory and mandatory training across the whole health and social care system using e-learning opportunities where available
- Developing leadership skills will be crucial to realise change, however this should not be undertaken in professional/organisational silos
- The changes planned in estates and the capital investment proposed will not, 'in itself' bring about changes in working practices and culture
- A Coherent Organisational Development Strategy will be required to drive change forward
- Learning and Development for staff needs to be tied to role requirements and service needs for the future
- The Jersey Health and Social care economy needs to make better use of its local population and to create new and exciting opportunities alongside enhanced career entry/progression pathways
- There is huge scope to use apprenticeships as a vehicle for improving workforce supply chains
- There is scope to reduce reliance on the professional staff groups and transfer more activity to the support workforce
- A change in governance will be required to liberate the workforce to work differently, specifically across professional and organisational boundaries
- Professional groups need be less precious about seeing certain tasks/activities as their sole domain and a shift in mind-sets is required that tasks and activities should be delivered by the person most appropriate to the individual-which maybe someone different
- Consider the value of developing a bespoke career framework for the Jersey health and care workforce. This will inform and guide L&D, use of apprenticeships, local CIAG and engagement with young people. This will also help deliver greater return on investment in training and development.
- Consider the development of a competence performance framework for the Jersey health and care workforce. This will also inform investment in L&D, appraisal, revalidation and CPD.

Chapter 1 – Defining the plan

1.1 Introduction

This strategic workforce plan has been prepared for Jersey Health and Social Services Department's (HSSD) Workforce Strategy and Planning Project Board as part of a HSSD wide workforce strategy and planning programme supported by Skills for Health. This plan is drawn from service level workforce plans produced by Skills for Health as part of the Workforce Strategy and Planning Project. It draws together and summarises the overarching challenges and opportunities articulated in those plans into key themes that Skills for Health recommend HSSD should focus on.
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1.2 Purpose of the plan

A strategic workforce plan is necessary to help HSSD ensure that the health and social care workforce comprises the right people with the right skills, competences, values and behaviours. This is to ensure it meets patient/client needs in the most appropriate settings and that this workforce will be able to meet the future health and social care needs of the Jersey population in a sustainable manner.

This workforce plan starts from the 'as is' position describing the current workforce, through a sequence of analysis and discussion of the required workforce strategic aims and the overall 'Jersey Context', to a description and quantification of the future workforce 'to be'.

1.3 Scope of the plan

The Strategic Workforce Plan specifically covers the health and social care workforce directly employed by HSSD that were included in the Workforce Strategy and Planning Project. This includes all acute services as well as community and social services (which includes children's adults and mental health services) but excludes corporate functions.

We describe the workforce within this strategic workforce plan using the following broad staff groups:

- **Medical and Dental**, includes all grades of doctors and dentists
- **Nursing and Midwifery**, includes all grades of registered Nurses and Midwives across all specialties
- **Allied Health Professionals (AHPs)**, registered clinical staff providing diagnostic, technical and therapeutic care including Dieticians, Radiographers and Physiotherapists
- **Ambulance staff**, all clinical ambulance staff such as paramedics
- **Additional Professional and Technical, Scientific staff**, including Pharmacists, Psychologists, Social Workers and other roles such as Technicians and Psychological Therapists
- **Healthcare Scientists**, Registered qualified and other staff working in a Healthcare Scientist role including Clinical Scientists and Biomedical Scientists and Technicians
- **Support Workers**, all health and social care staff that directly support those in registered roles/professional roles, this includes support to nursing, AHPs, Social Workers and roles such as Residential Child Care Officers.
- **Estates & Facilities Staff**, all non-clinical support and maintenance staff, including Porters, Gardeners, Plumbers and Housekeepers.
- **Admin and Clerical Staff**, non-clinical staff, including non-clinical managers and administrative officers

The plan also takes due cognisance of the health and social care workforce outside the remit of HSSD; specifically when focussing on the future workforce priorities in Chapter 4 to enable high quality care for the population of Jersey.

1.4 Data sources underpinning the plan

It is important for the reader to note that the production of the service level workforce plans by Skills for Health has been wholly dependent on the following sets of information; namely:

- HRIS workforce data, checked and amended at a service level throughout the planning process
- HSSD Policy documents and strategy
- Demand modelling carried out by HSSD for Hospital based services and Skills for Health population based activity modelling for C&SS
- Service Planning work carried out for HSSD by a third party consultancy in 2014-15

Within each service area, Skills for Health has produced workforce projections based on the information provided utilising a top-down approach to workforce planning. Service level workforce plans and projections have been based on the data cited above and the suggested/proposed clinical service models provided by HSSD. The only exception to this approach is the Ambulance workforce plan, which was developed in partnership with the service area and is, in Skills for Health's opinion, a good example of bottom-up workforce planning

Skills for Health has generated a considered opinion on what a future workforce configuration for services could look like and has proposed for HSSD points to consider and recommendations based where possible on practices elsewhere. It is important for the reader to note that the recommendations are just that; recommendations and it is for HSSD to consider and decided which elements of the workforce plans it chooses to take forward.

1.5 Ownership of the plan

The ownership of this strategic plan sits with HSSD, specifically through a mixture of the Workforce Strategy and Planning Project Board, Future Hospital Project Board and ultimately the Corporate Management Executive. A mixture of these forums will decide upon where responsibilities for the ongoing review, development and implementation of the workforce strategy lie across HSSD.

Chapter 2 – The current workforce

2.1 Key Summary Points

This chapter draws together a wide range of data sources, examining the external labour market and the current workforce demographics within HSSD. The key points from this chapter are summarised below.

Population Summary

There are some significant challenges that the population data raises for HSSD as an employer and provider of health and social care services, these include:

- Diseconomies of scale that lead to high per head of population expenditure on health and social care
- Population that is increasing, although inward migration is tightly controlled and therefore levels of population growth are lower than in other western economies
- Increased elderly population with a declining birth rate, this is likely to increase the demand for health and social care with less people to provide and pay for it
- Unhealthy life style choices by a significant proportion of Islanders placing greater demand on services – this highlights the importance of a prevention agenda with a multi-agency approach on the Island.

Labour Market Summary

- A healthy labour market with high levels of skills and employment
- International competition for professional health and social care skills is likely to increase in the short term, with a number of significant shortages in specific occupations being experienced across the UK likely to have some impact on the ability of HSSD to recruit and retain staff.
- Local competition at the non-registered and support worker level is likely to come from sectors including retail and tourism.
- Impact and limitations of being an island economy

Current Workforce Summary

Over 2,500 FTE of HSSD staff were within the remit of the Workforce Strategy and Planning Project. The overall breakdown of staff across HSSD indicates that:

- Clinical Staff make up over two-thirds of the total FTE
- Medical and dental staff account for 7 percent of the total FTE
- Qualified nurses account for a quarter of the total FTE
- The Support Nursing staff group accounts for 15 percent of the total FTE

Skill mix benchmarking at a service level highlighted large potential to make greater use of the support workforce across HSSD.

Grade mix benchmarking highlighted blockers in skills escalation in several service areas where low numbers of staff at certain grades would make it difficult to develop the existing workforce into higher-level roles such as Advanced Practitioners and Assistant Practitioners.

The age profile of the workforce represents a significant challenge for HSSD, indicating that a quarter of the workforce could retire in the next 10 years. This workforce is likely to be very highly skilled and very experienced. Current vacancy rates (16%) are likely to have a significant impact on service delivery. Given the controlled labour market and the time delays that may occur with recruiting skills from off-Island addressing vacancies and recruitment in a systematic way should be a priority for HSSD. Recent investment across the organisation and new post creation within the some service areas appear to have increased vacancies in 2016.

2.2 Jersey Island Context

Jersey covers an area of 45 square miles with a flight, or significant sea crossing, required to link with other UK based health and social care providers. Therefore, the Island context creates a number of unique issues for the delivery of services and its workforce. A comprehensive range of health and social care services are provided for the population, with the exception of some complex cases that are sent off island for specialist interventions. There are therefore some diseconomies of scale that lead to high per head of population expenditure on health and social care.

The Island also has its own unique health and social care-funding model, which, in its current format, it could be argued, stifles innovative workforce development and the introduction of new ways of working across organisations. A diverse range of voluntary, independent and charity sector organisations are also engaged in the provision of a wide range of health and social care services. The Island context, together with structural differences in the health and social care sector, has to be taken into account when making comparisons to the UK or other countries.

2.3 Population

At the end of 2015, the resident population of Jersey was estimated as 102,700. Over the ten years up to 2015 the population of the Island increased by approximately 13 percent (11,700 people). The population of Jersey is changing. Due to the tight controls on migration, the overall population of Jersey is not anticipated to grow at the same pace as seen in other western developed economies over the next 20-30 years.

Latest population projections based upon maintaining the size of the 'registered' population estimate growth of around 17% between 2015 and 2035. The greatest impact of population change over this period is from the number of people aged over 65, which is anticipated to increase by 68 percent and over 65s will change from making up 16 percent of the total population in 2015 to making up 24 percent in 2035.

For HSSD these changes will have a double impact on the health and social care sector. Demographic pressures of an ageing population will increase demand for health and social care services, whilst a potentially dwindling labour pool will mean that employers may struggle to supply the labour and skills needed to deliver the services the population needs, as it has to compete increasingly for skills.

2.4 Health of the population

Health Profile for Jersey 2016 outlines how Jersey compares well to English regions, Guernsey and Europe in a range of population health indicators. Pressures exist in relation to smoking, alcohol consumption, increasing obesity levels and an ageing population. Self-reporting of health status shows that the majority (80%) of the population consider their health to be good or better.

Life expectancy across Jersey is 85.3 years for women and 81.1 years for men. In 2016, the Public Health Statistics Unit calculated measures of healthy life expectancy (HLE) and disability-free life expectancy (DFLE) for Jersey for the first time. The measures are currently experimental and results were not available at the time of writing. In terms of understanding the implications of increasing life expectancy for health and social services, it is important to understand whether healthy life expectancy is increasing in line with overall life expectancy or whether people are experience fewer or more years of ill health as they age.

2.5 Labour market information

In December 2016, just under 58,600 people in Jersey were employed. In comparison to the UK Jersey has a lower proportion of workers in the public sector (13 percent in Jersey compared to 16 percent in UK). Some variation in the split between employments is to be expected given the likely differences between provision of services that dominate the public sector such as health and education.

The 2011 census outlined that across Jersey a fifth of the working age population were educated to degree level or above (Level 4) and a similar proportion had no formal qualifications. In comparison to the UK, the proportion of the population with Level 4 qualifications is similar; however, the proportion of the Jersey population with no formal qualifications is higher (12 percent in the UK).

The health and social care sectors are highly skilled, making use of roles and professions that require higher-level qualifications. The UK Labour Force Survey estimates that 65 percent of the health sector workforce and around 36 percent of the social care workforce are qualified to NQF Level 4 or above. As we are not aware of the overall health and social care workforce qualification levels in Jersey, Skills for Health are assuming this would be the similar to the UK.

The challenge for Jersey, and HSSD in particular, is likely to not be around general levels of qualification but the need for the professional workforce to hold specific qualifications at degree level and above in order to practice in many occupations across the health and social care sector. Competition for these skills is international and discussed in more detail in section 2.4.

Local competition at the non-registered and support worker level is likely to come from sectors including retail and tourism.

2.6 The wider professional health and social care labour market

It is important to understand the context of the labour market in the health and social care sectors across other countries that Jersey is likely to seek to draw skills from. The health sector within the UK operates within a controlled labour market where training numbers for professional roles at the pre-registration levels are planned and controlled based upon projected employer need. There are also significant parts of the UK's health and social care sectors that are dependent on migration. Within the UK, there are reported shortages of skilled healthcare occupations including nurses and some therapists.

The extract below is taken from the UK Migration Advisory Committee Skilled, Shortage and Sensible occupation list. This list outlines occupations across all sectors where skills can be sourced from outside the EU. Jersey, at least in the short term, is therefore likely to experience strong competition for skills in these occupations. The vignette below outlines the roles that are approved on the current Skilled Shortage Sensible.

Occupations currently included on the Skilled Shortage Sensible list:

- Medical Practitioners - Consultants within the following specialities: clinical radiology, emergency medicine, and old age psychiatry. Non-consultant, non-training, medical staff posts in the following specialities: emergency medicine, old age psychiatry, paediatrics.
- Nurses (all branches/specialties)
- Medical Radiographers - HPC registered diagnostic radiographer, HPC registered therapeutic radiographer, nuclear medicine practitioner, radiotherapy physics practitioner, radiotherapy physics scientist and sonographer.
- Paramedics - All paramedics qualified to NQF6+ level (degree level)
- Social Workers - Social workers working in children's and family services.
- Other Health Professionals - neurophysiology healthcare scientist, neurophysiology practitioner, nuclear medicine scientist, orthoptist and prosthetist

2.7 HSSD Current workforce and workforce challenges

This section highlights the key characteristics of HSSD's workforce covered by the workforce planning project. It looks at staff by service areas and breaks down occupations into key broad occupational groups. The primary sources of data are HRIS and the monthly HR Dashboards from September 2015. These data sources were analysed in depth at the start of the workforce planning project with more recent data and intelligence from service areas included in the analysis at a local level.

2.7.1 Service area breakdown

Across HSSD, there is a large range in the number of staff across the different service areas. The table shows that the workforce split by broad service areas together with the key workforce data for that service area.

The FTE presented below is based upon the baseline within the individual service level workforce plan; these baselines were drawn from September 2015 HRIS data which was adjusted by service leads to reflect the service at the time of writing the individual plans (2016 for hospital services and 2017 for C&SS). Vacancies, Sickness and Turnover rates are drawn from the December 2016 People Dashboard.

Key workforce statistics for C&SS are not presented within the new service structure as the December 2016 dashboard was based upon the existing C&SS structures of Adults Services, Children's Services, Older People's Services and Therapy.

Table 1: HSSD FTE breakdown and key workforce statistics by broad service area

HSSD Total FTE covered by the service level workforce plans 2,607 FTE	
% over 55	25%
Vacancies	16%
Turnover	12.50%
Sickness	4.60%

Hospital Services 1,653 FTE	
% over 55	25%
Vacancies	3%
Turnover	13.40%
Sickness	4.20%

	Ambulance	Clinical Support	ED & EAU	Estates & Facilities	Medicine	Non-clinical Support	Surgery	Theatres	Women's & Children's
2016 FTE	70	243	80	400	215	142	223	130	153
% over 55	41% (over 50)	20%	7%	37%	18%	28%	21%	26%	19%
Vacancies	11%	30%	41%	0%	41%	0%	33%	35%	33%
Turnover	7.6%	12.4%	16.4%	10.2%	16.4%	12.9%	14.8%	12.4%	20.8%
Sickness	5%	2.8%	3.3%	5.9%	3.3%	3.4%	4.0%	4.6%	4.4%

Community 954 FTE (includes 74FTE Unaccounted for in new structures)	
% over 55	25%
Vacancies	42%
Turnover	10.40%
Sickness	5.80%

	Specialist Inpatient & Residential	Children	Reception & Protection	Assessment & Care Management	Specialist Services Community
2016/17 FTE	286	227	49	119	199

Source: HRIS, September 2015 with manual adjustment from Service Leads and December 2016 Dashboards

2.7.2 Occupational breakdown

Roles across health and social care are very diverse, and employers utilise a range of skills that carry varying levels of responsibility and require varying levels of qualification. The following points are evident within the HSSD data:

- Clinical Staff make up over two-thirds of the total FTE
- Qualified nurses account for a quarter of the total FTE
- Estates and Facilities staff make up a large proportion of the total FTE (15 percent); this is indicative of the direct employment of individuals in roles such as Hotel Services, Catering and Sterile Services across HSSD and contrasts with other health and social care employers studied, where these services are generally contracted out to suppliers
- The Support Nursing staff group accounts for 15 percent of the total FTE employed across all occupations
- Medical and dental staff account for 7 percent of the total FTE

2.7.3 Skills and grade mix

The effective utilisation of workforce skills is key to delivering safe, affordable and sustainable service. The ratio of registered staff to support workers across HSSD provides an indication of how well the organisation as a whole is utilising the skills of its support workforce in relation to the registered workforce. Whilst overall skill mix ratios are a useful indicator at an organisational level, it is difficult to make specific recommendations without examining the delivery context.

Typical levels of nursing skills mix across health sector organisations in England that Skills for Health have studied are around 60:40. HSSDs nursing skill mix as taken from HRIS in September 2015 was 63:37.

HSSD AHP: AHP support workforce skill mix is broadly in line with health organisations in England at 77:23.

The skills mix of social workers and care workers/social worker assistants shows, as expected, a greater reliance on skills at the assistant level than we see across health, however it is difficult to make comparisons with averages in England due to the lack of available comparable data.

As part of the Workforce Strategy and Planning Project, benchmarking of the skill mix ratios and grade mix was undertaken at a service level. Skill mix is defined as the ratio of registered staff to support workers whilst grade mix examines the different pay levels within a single staff group. Skill mix indicators for HSSD suggest that there are numerous service areas where there is the potential to make more use of the support workforce. Grade mix benchmarking highlighted blockers in skills escalation in several service areas where low numbers of staff at certain grades would make it difficult to develop the existing workforce into higher-level roles such as Advanced Practitioners and Assistant Practitioners.

2.7.4 Age profiles

Internationally the age of the workforce across the health and social care sector is generally older than other sectors of the economy. The profile for the workforce across HSSD shows that a quarter of the total workforce could retire in the next 10 years. This equates to over 600 FTE and is a higher rate than Skills for Health have seen in health and social care employers elsewhere.

The age profile of the workforce represents a significant challenge for HSSD as the workforce that will retire are likely be very highly experienced. An examination of age profiles by gender shows that male workers are generally older than female workers across HSSD. This is indicative of the higher retirement profiles across Medical & Dental Staff, Estates & Facilities and Ambulance Staff where a greater proportion of the workforce is male.

Factors such as the time it takes to train staff and the ability to supply the skills in a sustainable way through the on-island and off-island labour markets must be taken into account when identifying the areas of most concern. Succession and recruitment planning is critical in service areas, particularly where there are low staff numbers and heavy reliance on single roles for service continuity and delivery.

2.7.5 Gender profile

71 percent of the HSSD workforce are female. This is slightly less feminised than averages across the health and social care sector in England which show around 80 percent of the workforce are female.

Gender profiles by occupational group show that Medical and Dental; Ambulance Staff & Estates and Facilities are the only groups where males outnumber females. With the exception of the Medical and Dental profile these are consistent with profiles that we have seen in other health and social care employers, The gender profile of Medical and Dental staff in NHS organisations in England is now 50:50 and females now outnumber males in medical school.

Female participation in the labour market across the UK at the end of 2014 was 74.5 percent; overall rates continue to increase at a slow but steady rate (participation increased by almost 2 percent between 2008 and 2014 whilst across the EU28 countries participation increased by almost 3 percent). Participation rates for Jersey are not published as part of their labour market statistics however there could be the potential to target recruitment and examine flexible working practices to make employment across the health and social care system attractive to women of working age on Jersey.

2.8 Workforce availability

A number of factors influences upon the availability of the workforce to deliver care to the population of Jersey. These include turnover, sickness absence, and vacancies.

2.8.1 Workforce turnover

December 2016 data provided by HSSD shows that overall turnover across the organisation averages 12.5 percent. Turnover was highest in Women and Children's services (20.8 percent) and Therapy services (18.1 percent). Ambulance services have the lowest turnover in a clinical area at 5.8 percent.

HSSD consider turnover between 7.5 percent and 10.0 percent per annum to be healthy, however when examining turnover at a service level within HSSD it is important to consider not just the number of leavers from a department but also where they are moving to. The health and social care sector experiences an element of 'churn' as the workforce move around the system to develop their skills and experience. HSSD should concern themselves with tackling wastage across health and social care, losing the skills of the workforce to other sectors in Jersey or to off-island health and social care employers.

2.8.2 Sickness absence

The sickness absence rate in HSSD to the year ending December 2016 was 4.6 percent, short-term sickness was 2.3 percent and long-term sickness was 2.3 percent. This represents 24,400 working days that were lost, and equates to over 90 FTE lost over the time period. This rate of sickness absence is broadly in line with the 4.1 percent sickness absence rate reported in the NHS in England between 2013 and 2014.

Sickness absence rates across Community and Social Services are higher than the HSSD average (5.8 percent) and within Hospital Services, there are higher rates within Facilities Management and Ambulance Emergency Services (5.9 percent and 4.9 percent respectively).

2.8.3 Vacancies

Given the controlled labour market and the time delays that may occur with recruiting skills from off-Island it is likely that the impact of vacancies requiring high levels of skills are greater within Jersey than might happen elsewhere. Over all, HSSD vacancy rate was 16 percent in December 2016, with Community and Social Services having a vacancy rate of 42 percent, although this is set against a backdrop of recent investment and new post creation within the service area.

Vacancies across Community and Social Services are of concern, P82 investment has clearly increased vacancies in this and it will continue to do so in other service areas as the workforce expands. The need to have attractive roles with attractive development and career paths will assist health and social care to appeal to new workers either from other sectors or from off-island.

2.8.4 Use of temporary, bank, agency and locum staff

Vacancies, turnover and sickness all play an important role in understanding the true availability of the workforce.

Intelligence from stakeholder engagement suggests that an average of 40-50 FTE Nursing Bank staff are used within the hospital every month. Over the 9 months from January 2015 to September 2015, £8.3million was spent on visiting medics, agency spend and zero hours payments/locums. Initial analysis shows that Community and Social Services spent a proportionately higher percentage than other areas given their overall size within HSSD (they make up around 30% of the HSSD workforce but account for over 40% of the year to date spend on bank and agency). Skills for Health estimate annual spend on temporary staffing represents somewhere in the region of 10% of the total pay bill.

Temporary staffing will always play an important role in providing flexible staffing solutions and whilst this level of agency spend across the organisation as a whole is in line with other organisations that Skills for Health have worked with, there is clearly scope at the individual service levels to work to reduce bank, agency and locum spend. Long-term reliance upon bank, agency and locum staff should be systematically tackled through workforce design, recruitment, and retention strategies.

2.9 Conclusions

There are a number of challenges ahead for the health and social care sector in Jersey:

- The ageing population and the changing composition of households will continue to be major drivers of demand across the health and social care sector.
- The use of public health and wellbeing interventions targeted at those who currently lead unhealthy lifestyles will also be key to ill-health prevention and reducing demand upon the health and social care sector in the long term.
- The age profile of HSSD is an area of concern; there are large proportions of the workforce eligible to take retirement in the medium term. HSSD therefore need to ensure that they are working to effectively identify risk areas and address these through suitable training, development and talent management or succession planning.
- Specific areas of high vacancy rates across health and social care with the highest in community services and children's services. High vacancy rates can be indicative of the need to redesign roles or change the workforce composition to attract new workers and retain existing workers.
- In the short and medium terms, there are a number of clinical specialisms where HSSD will have to seek skills from off-Island. Providing a suitable supply of skills in all areas of the health and social care sector is a difficult balance as it takes many years to train professional staff. These skills shortages, however, should be the focus of HSSD to ensure that the demand for skills is met in the longer term.
- Skills and grade mix analysis highlights opportunities to more effectively utilise the skills of the existing workforce both in relation to the use of support workers and adjustment of grade mix at an individual service level. Any changes to skill and grade mix that HSSD embark upon must ensure that the workforce are competent and performing to their peak of their grade in order to maximise the benefit and impact of the change.

However, the story of employment in Jersey generally is largely very positive; there are high levels of qualifications and skills within the population, skills that HSSD can draw upon particularly in respect of non-clinical requirements.

The occupation profile of HSSD does underline the focus on front-line patient care, with the highest proportion of the workforce being deployed in clinical roles.

Chapter 3 – The case for transformational change

3.1 The strategic context

Jersey, like many other health and social care economies in developed countries, is facing significant challenges in ensuring the availability of high quality health and social care services within an affordable financial envelope; there is an ageing population who are living longer with more complex health needs that places increasing demands and expectations on health and social care services. The population's expectations around health and social care are also growing; there are major advances in technologies, new medical interventions, developments in social care practice and new ways of working emerging across the world.

In 2012, the Jersey States Assembly endorsed a strategic plan for health and social services - P82/2012[1]. The vision described an integrated health and social care system and programme of change to meet the challenges facing the Island's health and social services. Care being provided by a range of organisations (including the Voluntary and Community Sector) through enhanced multidisciplinary teams.

The overarching premise for health and social care is built upon the principles of developing safe, sustainable and affordable health and social care services for the future that are integrated and delivered in partnership.

HSSD are also embarking upon a capital development that will see the hospital site in St Helier remodeled and refurbished. This development offers opportunities, together with P82 to look at services and the way that they are structured and delivered in order to meet the challenges of the future.

The Island context creates unique challenges for HSSD in terms of the ability to attract and retain sufficient numbers of skilled staff. Jersey has specific issues in respect of the cost of living, which can potentially act as a barrier to attracting people with the skills HSSD needs who are not part of the local population. This is compounded by the limited workforce supply at the registered/professional level that is indigenous on Jersey and results in a heavy reliance on off-island recruitment for registered/professional health and social care staff.

In addition to these challenges, at the support worker level HSSD experiences high levels of competition from other sectors, and other health and social care employers, on the Island in terms of attracting people into roles. Unlike the way in which skills escalation can operate in the UK, there are significant barriers to moving people from the support worker level to registered practitioner level in Jersey. There are also restrictions on recruiting staff at the support worker level that are not local to the Island i.e. from off-island.

To be able to respond to the contextual challenges faced by HSSD and its workforce, it is necessary to acknowledge that change in the shape and composition of the workforce is required.

HSSD's workforce strategy must also support and enable the realisation of the States of Jersey's core values and HSSDs overarching aim, key priorities and objectives:

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[1] States of Jersey. Health and Social. A new Way Forward. http://www.statesassembly.gov.je/AssemblyPropositions/2012/P.082-2012.pdf

3.2 HSSD Core values

The Department works within the core values of the States of Jersey:
• Customer focus
• Constantly improving
• Better together
• Always respectful
• We deliver

3.3 HSSD Aim and key priorities

HSSD's aim is to improve the health and wellbeing of the population of Jersey with particular emphasis on children and older people.

The Health and Social Services Department has four key priorities:
• Improving safety and quality
• Providing clinical capacity
• Providing sustainable health and social care
• Improving value for money

3.4 HSSD Key objectives

This aim and priorities are translated into key objectives:	
Objective 1:	Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services.
Objective 2:	Improved health outcomes by reducing the incidence of mortality, disease and injury in the population.
Objective 3:	Improved consumer experience of Health and Social Services.
Objective 4:	Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety.
Objective 5:	Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan.

3.5 Principles for building an effective health and social care workforce

In order for HSSD to deliver on its core values, priorities and objectives Skills for Health asserts that, the following workforce principles be adopted for building its future health and social care workforce, and which this strategic plan has utilised.

Principle 1:	An effective workforce providing Health and Social Care which is safe, sustainable and affordable through integrated services delivered in partnership
Principle 2:	Workforce development involves the whole system
Principle 3:	A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of an effective workforce
Principle 4:	To achieve genuine workforce transformation, resistance to change and transition needs to be acknowledged and overcome. Acknowledgement of how new service design will affect people's roles and professional identities is needed
Principle 5:	Champions, innovators and leaders are nurtured
Principle 6:	Process matters—it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued
Principle 7:	Successful workforce development creates new relationships, networks and ways of working, creating the circumstances in which all can thrive.

Chapter 4 – Strategic workforce vision and priorities

Delivery of sustainable health and social care services for the future are predicated on the workforce being designed, developed and deployed in the appropriate way across the whole health and social care system. A sustainable workforce is one that is both affordable and can be successfully recruited and retained to provide the quality of health and social care required. Additionally a future workforce state must be resilient to potential changes in care delivery and be flexible enough to respond to changes. This cannot be realised without changes to current and future workforce composition, knowledge and skills. Therefore, this chapter of the strategic plan sets out Skills for Health's assertions of what are the necessary priorities in terms of workforce transformation and how the Jersey health and social care economy may seek to realise them.

Based on the work Skills for Health has undertaken with Jersey we suggest that the following are a set of actions that are required in order to create and maintain a sustainable workforce. This will require activity to:

- recruit and retain the right workforce based on the needs of the service by:
    - addressing key future and occupational skill shortages
    - the development of a number of new roles
    - introduction of new ways of working
- embrace a cultural shift where shared vision and aspirations, team working, and shared learning are the norm
- promote career pathways and attractive job opportunities
- identify, develop and motivate talent
- develop and deploy the current workforce to its full potential
- focus workforce development on patient/service user needs and care pathways.

4.1 Workforce vision

Workforce vision:

HSSD will attract, recruit and retain a workforce that is engaged, highly skilled and competent to deliver safe, compassionate and excellent care in partnership with other providers.

Jersey's health and social care sector must strive to attract and retain quality staff, supporting them with continued development, identifying talent to succession plan for the future, whilst creating a flexible workforce that can adapt to the ever-changing environment, whilst maintaining financial stability.

Jersey is embarking upon an exciting and substantial period of transformation, including a shift to deliver care in different ways and environments as well as embarking upon a major capital investment in a new acute hospital. Shifts in how care is delivered both within one care setting as well as across care settings require a workforce that is responsive to change and is skilled and competent to work in a future state, which could be substantially different from current methods of delivery.

The shape and makeup of the health and social care workforce is changing; roles and responsibilities are evolving and opportunities to erode traditional professional demarcation lines and promote new ways of working are emerging. New roles will be required to fill gaps created by the reduction/limited supply of some elements of the workforce.

The talents of all staff must be developed, as well as ensuring robust succession planning processes are in place to enable a supply of emerging leaders and highly skilled professionals. We recommend that using the service-level

workforce plans developed that HSSD pursue the development of an integrated staff development programme that links recruitment to sustainability and is actively looking at succession planning

To achieve the strategic workforce vision Skills for Health recommends that Jersey's health and social care economy will need to focus on the following strategic priorities:

4.2 Strategic workforce priorities

The workforce strategy outlines four key workforce priorities:

- **Attract, recruit and retain appropriately skilled, qualified and experienced staff** through the development of appropriate recruitment and retention plans, competence and career frameworks and other programmes
- **Ensure quality and safety through consistent and assured training and** governance through approved training and skills frameworks
- **Develop the workforce of the future** - utilising an outcomes based approach to workforce development based on the needs of the service and recognising the skills gaps in the workforce though analysis
- **Deliver integrated care without professional boundaries** through increased multi and interprofessional working and staff being enabled to work across current service structures and systems

4.2.1 Attract, recruit and retain

Strategic aim one:

Attract, recruit and retain appropriately skilled, qualified and experienced staff

The importance of attracting and retaining a workforce with the right skills, abilities and experience underpins the successful delivery of health and social care services on Jersey. Recruitment and retention is a complex challenge that will require a multi-facetted approach to address:

- **Planning recruitment activities**, including the campaigns needed to attract different staff groups. Sustainable workforce supply routes need to be explored; looking at further development of partnerships with UK based hospitals, social care providers and universities; consideration of other global recruitment pools; creating formal succession planning opportunities to attract potential staff as well as in-house development pathways and local on-Island solutions where appropriate. Whenever vacancies arise an analysis on the roles, functions, skills and competences required should be completed in order to consider if the introduction of new roles and new ways of working are appropriate.

- The current workforce should be seen as a potential pool from which to develop and recruit. **Succession planning** should be part of normal practice and discussed within the annual appraisal process so that appropriate training and development opportunities can be made available in a timely fashion ensuring there is a pipeline of skills developed. By utilising competency frameworks bespoke to the needs of Jersey as a way of articulating workforce requirements provides the focus on what and how the workforce needs to be developed and retained. Apprenticeships could also provide a suitable vehicle for the recruitment of new staff as well as developing existing employees into new and exciting roles for them.

- The workforce plans for each service area identifies where significant **retirement issues** could impact on service delivery, it is important that the issue of specialist skills which may sit in one or two specific roles are explored. Coherent planning of skills acquisition and transfer around these roles would be considered best practice. It is recommended that HSSD consider implementing as an option for employees a phased retirement programme whereby staff can reduce their working hours over an agreed period; this should reduce pressure points in key areas and overall provides a better opportunity for skills transfer between existing and new staff. HSSD should also consider staff who have retired to come back on a voluntary basis to support new staff in a mentor/coaching capacity/programme.

- Improving and **enhancing the roles of the non-medical workforce** will support a more dynamic career structure within the health and social care system and across the different professional groups, which will be attractive in supporting recruitment and retention of staff. Examples of this include the development of advanced practitioners across a number of disciplines including nursing and physiotherapy. However, work will be required across the whole system to identify how new roles will interface with each other and with the medical workforce to ensure new levels of competence are fully utilised. This will also require new pathways of care and protocols to be developed as well as appropriate skills and competences. Roles that are developed should be based on service need and work to interface new roles within the existing workforce ell be required.

- The development of **flexible career pathways**, which demonstrate progression opportunities are required. It is essential there is a balance between a prudent workforce structures and a workforce structure that is attractive to future employees with appealing job roles and visible opportunities for progression, which will also encourage retention.

- The development of **continuous professional development (CPD) for staff** must be aligned to meet the needs across all service areas and agreed scope of roles. This will support retention where staff feel they are being invested in and valued. CPD must be formally agreed against service requirements and individual role objectives because CPD that is built into career pathways and frameworks is of high value and ensures a better return on investment for employers by minimising unnecessary training which doesn't add value to health system.

- Organisations across the health and social care system need to consider how to **optimise their workforce** and ensure their use of agency workers is most effective. The use of bank/agency staffing is recognised as an important element in maintaining flexible staffing, however, their use should be analysed and steps taken to limit the reliance on costly agency services where possible.

- With the growth of care services and employment opportunities on island, the health and social care sector may experience high levels of **competition from other employers**. There is a talent pool of people who live on the Island, who will not have had the opportunity to go to university due to the lack of access and cost. Creating opportunities for these people (and indeed other local people) significantly increases the supply line of people to work within Health and Social care who can be recruited at entry level and developed into higher-level roles through an appropriate progression route. To enable this HSSD is required to develop a coherent strategy regarding the support workforce and their needs to be clear and coherent routes on how staff can progress across the health and social are spectrum as well as be supported into higher level support posts and indeed eventually progress into Registered Professional roles. To support this development there are numerous examples of career frameworks accessible via Skills for Health which can provide thought and stimulation on how Jersey takes this forward as well as a dedicated 'bridging programme' which is specifically set-up to support employers make support workers to have their learning achievements recognised, as valid for meeting entry requirements to pre-registration nursing and all other health related vocational programmes in Higher Education,

- Making the most of existing people already living, working or studying on island is important, as there is a limited pool of current registered staff on Island. In Jersey, there are significant barriers to moving people from the support worker level to registered practitioner level. A current support worker wishing to progress as a

nurse often has to leave a substantive post to start training, fees would be paid but there is no bursary to offer financial assistance. A potential option could be a 'sponsorship' arrangement with island student nurses and offering them clinical placements and a job upon qualifying.

- Widening participation and **making best use of the local available workforce** should be a priority for health and social care employers. HSSD should seek to initiate Careers Information Advice and Guidance (CIAG) engagement programme that should link into the local labour market and cross-reference with the skills requirements of the Jersey health and social care economy as whole; as opposed to focusing on specific professional groups. This should also include an apprenticeship-based approach to recruitment as a priority.

- More **volunteering and work experience** opportunities should be created across the diverse range of health and social care services. Building on the relationship with local schools and Highlands College, young people can be encouraged to consider careers in the health and social care sector, as well as seeing HSSD as a potential employer.

4.2.2 Quality and safety

Strategic aim two:

To ensure quality and safety

To ensure ongoing quality and patient safety, the workforce must be competent, capable and adaptable to perform in new roles and changing environments of care. A confident workforce must be enabled to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

- HSSD should seek to plan and deliver education programmes for anyone across the health and social care system that enable it to improve the safety, experience and outcomes of those whom it provides services to and to meet the changing needs of the workforce using information collected from wards and departments during the appraisal process and annual business planning process.
- A consistent approach to statutory and mandatory training should be adopted across all health and social care providers; for example utilising the UK Core Knowledge and Skills Training Framework as developed by Skills for Health. This will have the effect of streamlining training, ensuring consistency, improving standards and patient safety and delivering efficiencies.
- Utilise a common language to articulate the skills and competences required of the workforce to enable all roles/functions across the health and social care economy to be clearly expressed in a standardised replicable way. National Occupational Standards (NOS) provide such a vehicle for Jersey's health and social care economy to use and Skills for Health would recommend exploring their further utilisation
- HSSD and other health and social care employers should continue to develop their educational links with centres of excellence in health and social care delivery across the UK
- Capacity and capability of community staff needs to be prioritised to facilitate the changing models of care required both in the acute and community workforce plans. The knowledge and skill requirement should be aligned to the new pathways of care being developed and are likely to result in new ways of working to enable sustainability.
- Develop staff to perform new roles that support changes in service delivery or address clinical areas with the under supply of staff.
- Ensure compliance with the organisation's mandatory and statutory training requirement. The mainstreaming of e-learning with blended learning approaches should be embedded where appropriate.

- Provide access to Masters level units for advanced practice across health and social care and to the V300 for prescribing. Non- Medical Prescribing (NMP) is key for many registered staff across health and social care in supporting the new models of care and should be prioritised.
- Mentoring, coaching and preceptorship is essential and should therefore be seen as normal practice across all professions and services.
- Effective Skill Mix to assure both productivity and quality. Analysis of skill mix across the workforce plans has demonstrated a number of opportunities for change which will ensure best use is made of the appropriate skill levels of staff. There are several areas where skill mix can be changed to utilise non-registered staff to undertake delegated tasks from the registered staff. These changes will release registered staff to undertake more specialist work and create more capacity. This clearly has implications for training and development of the support workforce.
- Clarification of the current competences, roles and responsibilities of the different level nurse roles across HSSD should be commenced in partnership with other health and social care providers. This would identify where there are gaps in knowledge, skills and competence, which should be filled with appropriate training and development and could be achieved with the development of a system wide Nursing Career Framework. The development of an organisation wide delegation framework should also be developed and implemented. These together will enable maximum nursing workforce productivity and effectiveness to be realised by different levels within the organisation. The principles of this approach could also be relevant to other professional groups but nursing should be a priority.

4.2.3 Workforce of the future

Strategic aim three:

Develop the workforce of the future

The scale of change facing the health and social care system, and in particular its workforce, is significant over the foreseeable future. High quality leadership and management will be key to facilitating the changes needed, to staff engagement and the ongoing provision of high quality care. Articulating the organisational structure for integrated health and social care and the way in which they will work together including the part played by those working in the system is also required. When the workforce shares the values of the organisation and system, and is part of developing the vision staff become self-motivated. However, change is likely to be challenging for many and the workforce will need support and assistance to change to a more enabling culture. There is also a need to maximise the benefits envisaged through the reconfiguration of capital facilities-namely the new acute hospital build. There is a temptation to believe that the required workforce changes will happen 'just because' of the new hospital build and/or increases in overall workforce numbers. This will only happen if the following three pillars are recognised as being vital.

- Organisational Development
- Learning and Development
- Recruitment and sustainable retention of the workforce

To deliver on these three pillars the following is recommended:

- An Organisational Development strategy should be developed and implemented to inform and guide the change management associated with the major changes in health and social care on the island. This strategy will need to explore the changes to organisational culture, performance, innovation and leadership, needed to support the organisation through its transition.

- The system requires effective strategic and transformational leadership which is role modelled; leaders having a shared vision that is aligned across the organisation.

- Clinical leadership and professional development should continue to be supported ensuring senior clinical and professional leaders are bought into the future vision and have confidence in how they will lead the clinical workforce through the changes required. HSSD has invested in leadership training but needs to continue to build on this and the approach needs to expand across the whole system to realise the benefits.

- A leadership talent pipeline should be developed to identify the leaders of the future from across all professions and prepare them for their next role through appropriate development. Opportunities for all professions; nursing, AHPs, psychology, medical and social care, across all parts of the health and social care system should be created to develop into leadership roles.

- States of Jersey core values should be promoted and embedded throughout the organisation. Having staff whose values fit with those of the organisation has been shown to create a more positive work environment, increase job satisfaction, boost staff morale, reduce sickness absence, reduce staff turnover, and ensure patients receive the best care possible. HSSD and other employers should move to a values based care approach (including values based recruitment) and work should be undertaken to develop these values and ensure they are lived and breathed. This could form a strong component in the Organisational Development of the health and social care economy.

- Workforce development as well as being based on service need should also be based on identified gaps in knowledge, skill and competence. It is recommended that Jersey take a more robust process to Learning needs analysis for all staff. By utilising NOS as a currency to express the totality of requirements of job/roles as well as the needs of service; HSSD and other employers could undertake a systematic review of the current workforce's skills gaps using a formal Learning Needs Analysis (LNA) tool. This would objectively and robustly help to prioritise where 'hot spots' and other critical gaps in competence lie and where Learning and Development monies should be invested/prioritised.

- Health and social care employers need to explore potential support staff recruitment options for the future including 'Growing your own'. Highlands College offers a range of Health and Social Care qualifications and a Nursery Nurse course, which would suit progression into a number of roles. Building strong links with Highlands College to promote health and social care careers and roles, offering work placements to the college and local high schools to make links with potential students who could make good HCAs with the right support, and mentoring. There are also supply issues in certain areas (e.g. estates, admin, peri-operative support workers, healthcare sciences etc.) where there is not a clearly defined training / development route. Widening participation and making best use of the local available workforce should be a priority. Jersey should consider developing an apprenticeship-based model as an approach to recruitment as a priority. It is should also consider developing as much as possible support worker programmes that provide a workforce to work across traditional boundaries, e.g. acute and community care. This provides as flexible workforce as possible for employers but provides employees with exposure to the full spectrum of health and social care as possible.

- Staff engagement is a key element needed to help the health and social care sector meet the range of challenges that it faces. By involving staff in decisions and communicating clearly with them, the sector can seek to maintain and improve staff morale, especially during periods of change.

4.2.4 Integrated care across professional boundaries

Strategic aim Four:

The delivery of integrated care across professional boundaries

P82's strategy requires seamless care organised around the individual with the workforce increasingly being expected to work across acute, community and primary care in an interrelated way. New and extended roles, workforce shifts, cross boundary-skills transfers and skills development need to be planned for to underpin the changing models of care. To deliver integrated care the workforce must focus on the outcomes for patients/clients as the main driver and engage the whole system. Ultimately, integrated care will only become a reality if there are enough staff working together with the right skills, values and behaviours.

- The health and social care sector needs to develop a workforce able to work across settings and traditional professional boundaries, with flexible skills. There are a number of opportunities to introduce new ways of working, to ensure skills and competences are aligned and complement each other, as well as the development of new roles outlined in the individual workforce plans. To facilitate this HSSD and others need to work to break down barriers between the different parts of the health and social care system. Activities to facilitate this could include:
    - Developing shared sets of competences for tasks and roles
    - Providing the governance that supports inter and intra organisational and professional working and one that is routed in modern practices
    - Estate boundaries should not be synonymous with workforce practices
    - Recognising that individual tasks are not owned by a single professional group or employer; rather that they should be delivered safely to an individual who is best placed to undertake it
- The development of effective teamwork skills require appropriate investment and development. Skills such as collaboration, communication and negotiation are all required to work effectively as part of a team. These skills need to be recognised and their development supported. These skills should be facilitated by inclusion in job descriptions and individuals measured against appropriate competences to understand where the development of skills is needed.
- The development of a whole island approach to the development of leadership and management is required. It is recommended that any such programmes should cut across organisational and professional boundaries. Moving forward Jersey needs to work in an integrated health and social care system requiring upon high quality communication and diplomacy/negotiation skills. These skills are as important to one professional group as another; and shared leadership development will be vital to grow the required leaders for the future.
- There is a need for more inter/multi-disciplinary working across teams and organisations, with an emphasis on integrated solutions. This will require staff to acknowledge and overcome resistance to change and transition to achieve successful integration of services and workforce. There also needs to be an acknowledgement of how integration will affect individual's roles and professional identities and plans drawn up to clarify ways of working. It is recommended that HSSD and other stakeholders undertake further pathway mapping across the system and take an outcomes based approach to the workforce-identifying the best person to deliver care based upon the patient experience. HSSD and others are required to have an honest and open dialogue with the workforce to outline changes ahead and the benefits of multi/inter disciplinary working for patients and staff

- The skills and competences of the workforce must be assessed, the gaps identified against the future state and plans put in place to fill the skills gaps with appropriate development.

- New and extended roles are needed not only to support new ways of working and the use of new technologies but can also support the development of innovative career pathways, which will in turn aid retention. The development of integrated roles which focus on patient need, as opposed to professional inputs, provide more streamlined, patient focused care, reducing duplication of activities and hand offs, as well as increasing continuity of care, increasing productivity and facilitating enhanced job satisfaction. Skills for Health has a well established roles directory which supports new and innovative roles/ways of working which could be of value to HSSD and other employers. It is recommended that HSSD review these and utilise wherever possible. Skills for Health also stands ready to support the development of bespoke roles as part of a further engagement with Jersey employers.

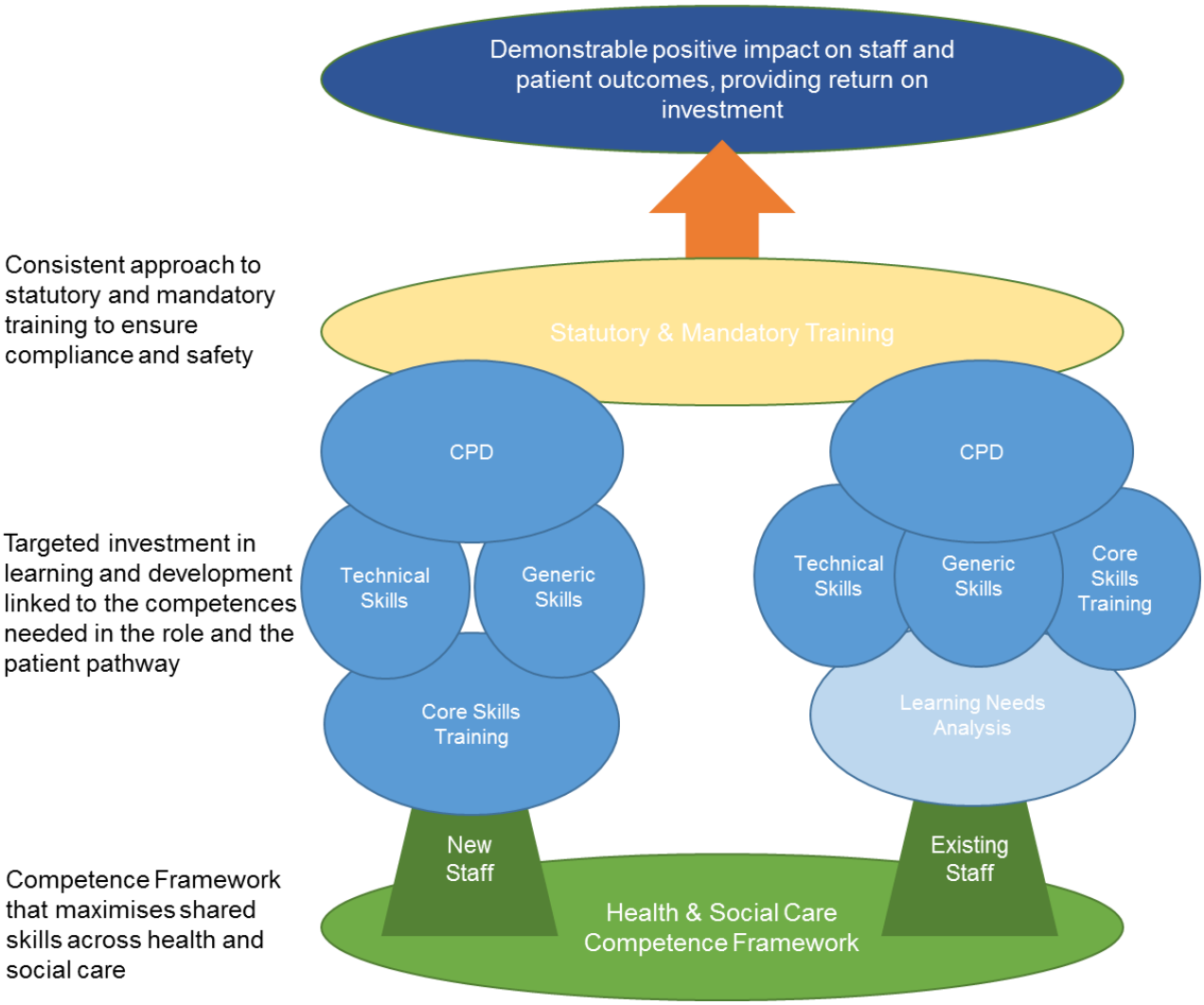
- Achieving parity of esteem should be a priority and can be achieved by recognising the value of every role across the health and social care system. The skills, knowledge and understanding of those in different parts of the health and social care system should be given equal status with one another. This is particularly salient in terms of the relationship between the different segments of the health and social care workforce, the latter of which is often regarded as the poorer relative. Other important features of achieving parity of esteem include equal regard being paid to mental health, physical health, primary care and voluntary and community provision, and the contribution of non-registered as well as registered members of staff. The health and social care sector has a history of being hierarchical, and the registered professions have traditionally resided at the pinnacle. Parity of esteem is likely to take some time but the future workforce reconfigurations within each individual service plans can be used to assist this development.

- The principles of integrated health and social care, particularly placing the person at the centre of their care and working in partnership with them places important emphasis on relationships and social interaction both with the person and with colleagues across the system. The new pathways that will develop will require new ways of working and a shift in the mind-sets of the workforce. Encouraging the workforce to adopt a 'growth mind-set', recognising that their skills, knowledge and understanding can be developed though dedication and working with others could have a positive impact on productivity and developing a workforce that is ready to meet the challenge of change.

The diagram below demonstrates how a well-designed competence framework across health and social care, together with targeted investment in workforce development can drive productivity and deliver positive impacts for both patients and the workforce.

The changes that HSSD are embarking upon will have implications for both new and existing staff, the skills gaps that are created by the new ways of working across health and social care need to be addressed in a proportionate, timely and targeted manner. Skills for Health asset that a competence based approach will deliver the best return on investment for the organisation

Figure 1: Competence based approach to learning and development



Chapter 5 – The future workforce requirements

5.1 Expanding the workforce to meet future demand

The future workforce configuration recommended by Skills for Health seeks to expand the workforce to meet the future demand for health and social care in Jersey. The Strategic Workforce Priorities above are all supported by the changes outlined in the service level workforce plans. In summary, the future workforce across HSSD should:

- Expand by 191 FTE between 2016 and 2026, broken down into an additional 100 FTE over the first five years and an additional 91 FTE over the 5 to 10-year period of the workforce plans. This equates to 3.8 percent growth over years 1 to 5 and 3.4 percent growth over years 5 to 10 (based upon the workforce FTE that were part of the Workforce Strategy and Planning project)
- Make a greater use of a mix of grades across professional groupings to reduce bottlenecks to development and provide opportunity for the existing and future workforce to develop into higher skill level roles
- Have a different skill mix; nursing skill mix will change from 63:37 to 60:40; therapy skill mix will change from 77:23 to 72:28
- Increasingly work across professional boundaries with multi-disciplinary teams built around the individual
- Be flexible in order to meet the needs of ongoing service change across health and social care
- Seek to integrate and develop skills across the whole system; implementing new roles and ensuring that all staff have the required knowledge, skills and competence to undertake their roles and work in a productive way.

The future workforce configuration proposed by skills for health requires investment both in terms of workforce numbers and in terms of workforce development. Expanding workforce numbers alone will not achieve the changes that HSSD need in order to deliver a safe and sustainable workforce.

It is estimated that the total 2026 workforce configuration recommended by Skills for Health will cost an additional £10.6million per annum more than the total workforce cost in 2016. This however is projected to be £5.5m less than the workforce costs that would occur if HSSD chose to do nothing and tried to meet future demand based upon existing workforce models and ways of working. Skills for Health's assessment is that for the "do nothing" scenario the total workforce cost would increase by £16.1m per in 2026 compared to the 2016 baseline. This a significant difference and an important driver for change. It should be noted that allowance for inflation or salary increase has not be factored into these projections.

Table 2: Changes to the HSSD workforce by service area

HSSD - Total FTE covered by the service level workforce plans
2,607 FTE (2016) to 2,799 FTE (2026) = 7.3% increase
£122,257,000 (2016) to £132,824,000 (2026) = 8.6% increase

Hospital Services
1,653 FTE (2016) to 1,836 FTE (2026) = 11% increase
£80,644,000 (2016) to £90,114,000 (2026) = 11.7% increase

FTE at the end of:	Ambulance	Clinical Support	ED & EAU	Estates & Facilities	Medicine	Non-clinical Support	Surgery	Theatres	Women's & Children's
2016	70	243	80	400	215	142	223	130	153
2019	82	261	86	407	233	132	233	143	162
2024	95	296	87	411	243	134	241	151	160
2026	96	301	88	413	244	143	244	153	160
2016 costs	£ 3,684,000	£ 13,158,000	£ 4,652,000	£ 12,881,000	£ 11,263,000	£ 5,285,000	£ 12,948,000	£ 7,633,000	£ 9,161,000
2019 costs	£ 4,337,000	£ 14,083,000	£ 5,068,000	£ 13,086,000	£ 12,286,000	£ 5,010,000	£ 13,427,000	£ 8,249,000	£ 9,811,000
2024 costs	£ 5,043,000	£ 15,936,000	£ 5,161,000	£ 13,210,000	£ 12,832,000	£ 5,074,000	£ 13,640,000	£ 8,663,000	£ 9,727,000
2026 costs	£ 5,076,000	£ 16,146,000	£ 5,224,000	£ 13,272,000	£ 12,867,000	£ 5,172,000	£ 13,889,000	£ 8,741,000	£ 9,727,000
2016 - 2026 Change FTE	37%	24%	10%	3%	13%	1%	9%	18%	5%
Change £	38%	23%	12%	3%	14%	-2%	7%	15%	6%

Community
954 FTE (2016) to 963 FTE (2026) = 0.9% increase
£41,594,000 (2016) to £42,710,000 (2026) = 2.7% increase
(includes 74FTE Unaccounted for in new structures)

FTE at the end of:	Specialist Inpatient & Residential	Children	Reception & Protection	Assessment & Care Management	Specialist Services Community
2016/17	286	227	49	119	199
2019	274	231	52	125	210
2024	231	239	56	138	223
2026	231	239	56	138	225
2016 costs	£ 10,469,000	£ 10,662,000	£ 2,822,000	£ 6,331,000	£ 11,309,000
2019 costs	£ 10,014,000	£ 10,811,000	£ 2,995,000	£ 6,577,000	£ 11,864,000
2024 costs	£ 8,381,000	£ 11,095,000	£ 3,223,000	£ 7,231,000	£ 12,537,000
2026 costs	£ 8,381,000	£ 11,095,000	£ 3,223,000	£ 7,231,000	£ 12,779,000
2016 - 2026 Change FTE	-19%	5%	14%	16%	13%
Change £	-20%	4%	14%	14%	13%

5.2 Reconfiguring the workforce with new roles and ways of working

When developing new roles and ways of working, it is important to ensure focus remains on why the role or change is required, the role relationship with others in the multi-disciplinary team and what the intended outcomes are. There should be clarity around duties and responsibilities of the role, impact on the wider team and consideration should be given to governance policies, procedures and guidelines. Each of the individual workforce plans discusses where there is scope to introduce news roles. For the purposes of this strategic plan, it is important to set out the aims and objectives of the main group of new/extended roles articulated in the workforce plans and consider their impact on the whole system (including the non-HSSD workforce):

5.2.1 Advanced/extended practitioners

Advanced/Extended Practitioners have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded practice. Advanced/extended practitioners and those with extended roles can provide a quality of care that is equivalent to more senior traditional roles and may help speed up access to care, thus increasing patient satisfaction. The exact characteristics of the role are shaped by the context in which practice occurs. Professionals such as, nurses, pharmacists and allied professionals are also increasingly taking on 'extended' roles, meaning that they are undertaking tasks outside the traditional remit of their professional practice. In the Jersey context, this includes introducing such roles as:

- **Advanced Nurse Practitioners** are now common practice in other jurisdictions. It is recognised they provide a well-trained, cost effective alternative to junior doctors. The role has positive impacts on the quality of care, patient satisfaction and waiting times. Expansion and growth from current levels will enable more effective non-medical clinical decision-making and would provide an attractive career pathway for nurses within the departments. The workforce plans outline a future scenario that increases the number of Advanced Practitioners by 12 FTE including in the areas of Sexual Health, General Surgery, Maternity, Paediatrics and Theatres.
- **Independent Prescribing Pharmacists** can prescribe autonomously for any condition within their clinical competence and will complement medical and nursing roles in order to provide increased capacity and support the development and maintenance of sustainable services. The workforce plans outline a future scenario that utilises 1.5FTE Independent Prescribing Pharmacists in the Emergency Department.
- **Extended Scope Physiotherapists** roles encompass tasks that may previously have been undertaken by the medical profession such as requesting investigations and listing for surgery. Their introduction can have a significant impact on capacity, reducing waiting times and improving care of patients. The workforce plans outline a future scenario that increases the number of Extended Scope Physiotherapists by 5.5 FTE.

5.2.2 Assistant practitioners

An Assistant Practitioner is a role that encompasses knowledge and skills beyond traditional support workers and are positioned just below that of registered professionals. Assistant practitioners are thus able to deliver elements of health and social care that have previously only been within the remit of registered professionals. They work under the day-to-day supervision of a registered member of staff, but this does not necessarily mean direct 'line of sight' supervision.

Development of Assistant Practitioners has the potential to increase the quality of care, and the development of a more flexible workforce enabling effective delegation of tasks. The development of Assistant Practitioners is one viable solution to the current high level of vacancies in the NM04 pay band. It could, in time, support a career path for registered professional development. Introduction of Assistant Practitioners within a framework that is explicit in defining the scope and delegated authority of the role, outlining the tasks and activities that can be performed under protocol delivered care, should be a priority. The use of Assistant Practitioners will create a more appropriate skill mix and grade mix across the island.

There is huge scope for the Assistant Practitioner role across a number of acute and community based services. Across HSSD the workforce plans outline a future scenario that increases the number of Assistant Practitioners by almost 70 FTE from a baseline of approximately 4 FTE deployed in 2016. The future workforce configuration introduces these roles for the first time in the following service areas:

- Emergency Department
- Gastroenterology
- General Medicine
- General Surgery
- Physiotherapy
- ARU & SCBU
- Paediatrics
- Gynaecology
- Neurology
- Audiology
- Theatres
- Trauma & orthopaedics
- Samares

5.2.3 Greater utilisation of support worker roles

Support workers and higher-level support workers provide direct support to service users in a variety of care settings. They undertake a range of delegated responsibilities under the supervision of a registered practitioner. Support workers such as healthcare assistants have been implemented in a wide variety of community and hospital contexts. When trained and supervised, support workers can provide good quality care as well as being placed to free up the time of other professionals. Greater use of support workers also has the propensity to increase the quality of care and the development of a more flexible workforce enabling more effective delegation of tasks from the registered workforce.

Whilst HSSD currently has a support workforce, it is Skills for Health's assertion that much better use and utilisation of these roles is necessary. The reasons for this assertion include:

- Creating a more dynamic skill mix
- Increasing productivity
- Less reliance on registered professionals who are hard to recruit
- Maximising the talent of the local population and encouraging said population to embrace meaningful careers

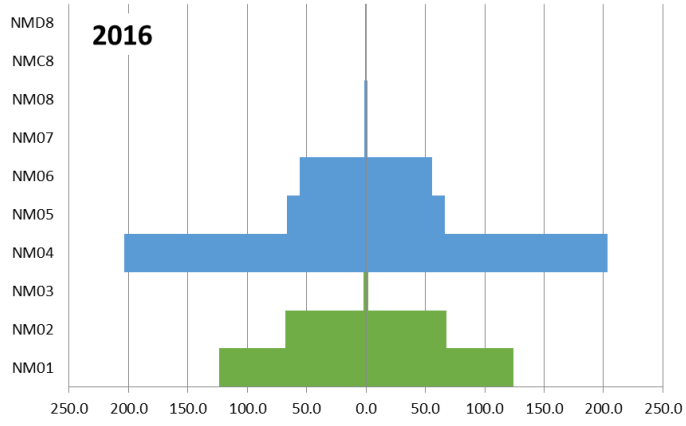
The workforce plans outline a change in the 'grade mix' of support workers that seek to make the best use of each skills level, the recommended workforce change increases the number of Senior Healthcare Assistants by 45 FTE over the 10-year period. These changes can be seen in the following service areas:

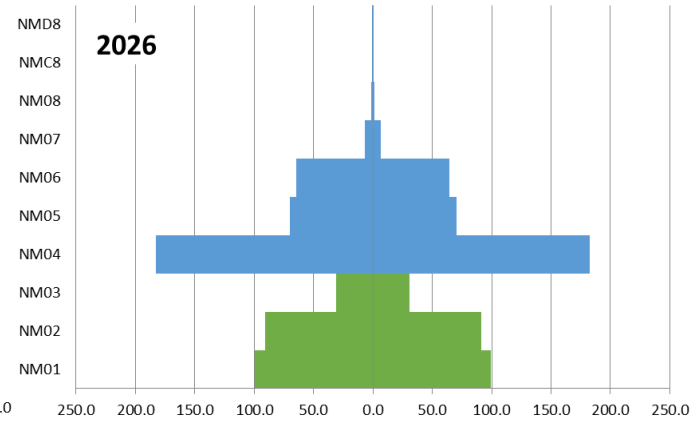
- Emergency Department
- Gastroenterology
- Maternity
- Community Multi-disciplinary Teams
- Non-Clinical Support
- Gynaecology
- General Surgery
- Theatres
- Trauma & orthopaedics
- Samares

Example: The Registered Nursing and Nursing Support Workforce

The workforce plans outline a transformational change across clinical and professional staff that seeks to create a more appropriate grade mix within service areas. The charts below show the overall make-up of the nursing workforce across HSSD (Hospital and Community and Social Services) in 2016 and the proposed workforce change in 2026. The charts show a significant growth in the utilisation of Advanced Practitioners and Senior Healthcare Support Workers and whilst the overall number of NM04 registered nurses' decreases in the future, there is growth in the NM05, NM06 and NM07 pay bands.

The changes outlined in the workforce plans change the overall skill mix across HSSD from 63:37 to 60:40; however, the greater use of higher-level support worker skills will better support the registered workforce, creating the efficiencies and productivity gains required to deliver future activity.





5.2.4 Consultant delivered care

As Jersey looks to move its hospital services to an ambulatory care model to improved clinical outcome for patients a reconfiguration of the medical workforce needs to be delivered. Reasons for this assertion include:

- Early consultant assessment and intervention ensures that the patient starts earlier on the right pathway of care with opportunity for improved outcomes. In emergency and acute medical care settings, for example this has the potential for immediate dramatic differences in outcome in terms of clinical decision-making and destination for patients.
- Consultant delivered clinical skills are better placed to manage uncertainty and to respond when there are unexpected complications or unusual circumstances. This can lead to improved outcomes, with reductions in unnecessary admissions, length of stay and readmissions.

The growth in the consultant workforce is focused on providing expertise in the medical care of the population, roles including a consultant geriatrician and a consultant ortho-geriatrician are recommended. These roles will also have an important role in the management of patients on the rehabilitation pathway.

5.2.5 Alternatives to the use of middle grade doctors

Moving to a consultant delivered care model has implications on the middle-grade medical workforce. An alternative model of medical staffing would be to develop Physicians' Associate roles. These roles could be considered alongside the development of Advanced Practitioner roles as a means to support and assist medical practice and increase capacity.

There are also opportunities to utilise medical skills across the whole system, making greater use of GP skills where appropriate including in the Emergency Department.

Example: Changes to the Medical Workforce

The workforce plans outline a number of changes to the medical workforce over the next 10 years that increase consultant delivered care. An overview of the changes at an organisational level is outlined below:

- Increase in the number of consultants by 25 FTE
- Decrease in the number of Associate Specialists and Staff Grades by 18 FTE

Support to the medical workforce is enhanced through:

- Development of 2 Physician's Associate Roles in General Medicine
- Development of an additional 15 FTE Advanced Practitioner roles
- Development of non-medical consultant roles including 1 FTE Biomedical Consultant and 1 FTE Nurse Consultant (in Dermatology)

5.2.6 New ways of working

The introduction of new roles in isolation will not deliver the transformational and productive change that HSSD and the whole health and social care system requires. Organisations and teams across the system will continue to explore the opportunities to make the best use of the skills of all staff and organising their work to the benefit of patients. Multi-disciplinary and inter-disciplinary team working will continue to develop and expand across the sector with an emphasis on integrated solutions.

The location of work will become more fluid across the whole sector with HSSD staff working in new settings such as Primary Care delivering shared care in an integrated way with the patient at the centre of their care working in partnership with health and social care professionals.

Trends across the health and social care sector that have been seen and are emerging in other jurisdictions are likely to develop in Jersey. This is likely to include a wider role for the voluntary and community sector in the delivery of health and social care. They have an important role in contributing to tackling social isolation, mental wellbeing, health promotion and the prevention agenda.

Chapter 6 – Delivering the required workforce

6.1 Delivering the strategic priorities

During 2016-17 Skills for Health in partnership with HSSD has developed detailed operational workforce plans. The process of examining each service in this way and exploring the opportunities for transformational workforce change has highlighted how the workforce of the future can be delivered in a more sustainable way. The process has also highlighted that HSSD cannot meet the future demand for health and social care in a safe and affordable way if it continues with its current workforce configuration and ways of working. Each plan describes the total workforce numbers and skill mix required to deliver services in the future. These plans will need to be reviewed at regular intervals to ensure they are:

a) Progressed and being realised
b) Reviewed, amended and updated regularly.

6.2 Enabling the strategy

HSSD will take responsibility for the delivery of this strategy to enable that an appropriate infrastructure is in place that includes:

Active engagement and support from the HSSD Board and senior leaders across the system

Alignment with the Quality, Clinical and Business strategies of HSSD

Appropriate financial resources to deliver training, education and leadership development

Effective workforce systems and processes that utilise technology to support and enable performance measurement

Accessible, relevant and up to date policies and procedures

Effective communication methods

Effective partnership with management and staff side and across the system

Productive partnerships with local universities and other education providers.

6.3 Measuring the effectiveness of the strategic plan

HSSD should ensure it measures a range of key HR Performance Indicators each month and that these are reported at relevant boards. It is important to recognise that simply collating, measuring and reporting against Key Performance Indicators will not assist HSSD in driving forward changes in the productivity and quality of their workforce. The KPIs that are used across the organisations should be linked to the overarching business and people strategy with clear HR processes that provide clarity of what managers should do if under or over performance occurs.

In order to also assist managers in drawing out insights from the relevant metrics and data it is usual for dashboards to group KPIs into key themes that are relevant to the workforce and organisational strategy. There is inevitably some cross over in relation to specific indicators that relate to each theme, however it is recommended that data is only presented once and that HSSD organise this in relation to what fits best with their organisational priorities.

Our work across other health and social care organisations has shown that these themes often include:

Workforce Capacity

- Staff in Post
- Substantive/contracted staff FTE
- Temporary Staffing (FTE)
- Vacancy Rates

Workforce Costs

- Overall Workforce Pay Costs
- Temporary Staffing Spend
- Sickness Absence

Workforce Availability

- Turnover
- Vacancy Trajectory

Workforce Compliance

- Mandatory Training Compliance
- Non-Medical Annual Appraisal

In addition to the above range of KPIs HSSD should also monitor progress against plan in relation to the Strategic Workforce Plan. HSSD are therefore likely to also monitor the following:

Monitoring Against the Service Level Workforce Plans

- Staff in Post (FTE), plan vs actual
- Education and training investment to support the workforce plans

The plan should be reviewed annually in line with overall business planning or sooner if deemed necessary

6.4 Risk to delivering the strategic plan

The following strategic risks have been identified which may impact on HSSD delivery of this plan, namely:

- Failure to recruit and retain appropriately qualified, skilled and experienced workforce will directly impact on HSSD ability to meet its objectives to provide quality care
- Failure to engage and motivate the workforce to respond to and work with changes to workforce configuration and delivery of services
- Lack of adequate financial investment in learning and development, leadership and organisational development programmes will impact upon the quality and achievement of HSSD's ambition for the workforce.
- The changes that are being implemented need to be planned and managed with dialogue and partnership working across the whole system. New posts within new teams will be seen as attractive by other staff from across the system so it is important to consider the supply pipeline. The challenge will be in filling new roles without creating different workforce and recruitment issues elsewhere. The overall effect on service provision across the health and social care system will need careful consideration.

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