Lancashire and South Cumbria Health and Care Partnership

NHS Lancashire and South Cumbria Integrated Care Board

Lancashire & South Cumbria

Allied Health Professions Workforce Report

5 year view 2022-2027

March 2023

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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

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Introduction

As part of Health Education England's (HEE) response to 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.

Each NHS Trust within Lancashire & South Cumbria (LSC) Integrated Care System (ICS) was allocated £62,000 to support production of the supply plan – the **AHP Strategic Workforce Plan** (2021–2023) – that builds workforce supply across all the AHP professions. Within this, £12,000 was ring-fenced to support the delivery of one specific domain: the AHP support workforce.

The workforce-funded project's delivery specification included a reporting schedule and pre-set Key Performance Indicators (KPIs). Figure 1 details the strategic aims behind the pre-set indicators.

Figure 1

Finance	Demonstrate financial accountability and value for money. Ensure success and sustainability of the ICS AHP faculty. Identify AHP tariff income to organisations and track to learner benefit for all professions
Workforce, data and intelligence	Support effective short- and long-term AHP workforce planning through timely access to accurate AHP workforce supply and demand data and intelligence
Retention and support for students, the newly qualified workforce and early careers	Support the continued growth of Band 5 posts. Reduce AHP student attrition and improve retention of students and new graduates across the region
Supporting AHP to return to practice (RTP) (including out-of-practice and internationally qualified AHP registrants in England)	Deliver HEE RTP mandate of 250 completers returned to the Health and Care Professions Council (HCPC) register
AHP international recruitment	Deliver HEE RTP mandate of 250 completers returned to the Health and Care Professions Council (HCPC) register
Apprenticeships	Support workforce growth and widening participation by maximising access routes into pre-registration Level 6 AHP apprenticeship training
AHP support workforce	Support the national AHP support workforce programme to achieve deliverables

All LSC NHS Trusts provided monthly reports on the progress of their workforce project, and gave assurance against delivery objectives. The LSC AHP Faculty facilitated an LSC workforce leads project group, which promoted consistent approaches and sharing of project resources, supporting Trust delivery of their project outcomes.

This report has taken the initial project reports and carried out a system-wide cumulative approach and system-level analysis.

Information provided in the Trust reports has informed the system themes, risks and challenges, priorities and subsequent strategic intentions for the ICS AHP community. The summary findings, analysis and recommendations are aimed at system leaders and organisations to inform future workforce planning strategies.

A system review enables an aggregated picture to be drawn of the scale of the workforce challenge for AHPs. It allows the challenges to be understood, and the actions (current and planned) to be prioritised and addressed through different initiatives. It also informs the system AHP workforce leads (Faculty) in setting system-wide workforce plans. Most importantly, it allows decisions about actions/initiatives at scale to have the most significant impact and the associated resources needed to ensure these are progressed.

Manchester Metropolitan University was commissioned by HEE to provide a rapid review of Trust-level reports in the North West. This report contains an analysis of Trust compliance against the KPIs set, including LSC and is currently awaiting HEE publication.

Background

The 14 AHPs work across health and social care settings, and represent the third-largest clinical workforce in the NHS.

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. HEE identified a framework – AHPs Deliver Implementation framework – for action for AHP workforce improvement based on the workforce risks nationally. The delivery of the NHS Long Term Plan requires workforce growth across primary and secondary care, as demonstrated by national workforce modelling and workforce planning data across the North West region The overarching vision is delivery of the right workforce with the right skills to deliver high-quality care by 2024, with a measurable outcome of AHP vacancy rate not exceeding 5%.

The NHS People Plan specifically highlights the need for physiotherapists, diagnostic radiographers, occupational therapists and dietitians. In addition, two relevant key workforce reports have been published, namely the Richards Report (2020) and the Saks Report (2021). The Richards Report, focusing on diagnostic recovery, indicates a need for an additional 4,000 radiographers and 2,500 assistant practitioners by 2025 in England. The Saks Report into the podiatry profession emphasises that there should be a focus on the diminishing supply of podiatrists, especially in an ageing profession, due to an increasing demand for their services as a result of the forecasted growth of diabetic patients in the UK.

"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

Aims and objectives

The strategic aims of the report are to:

- provide a system-wide cumulative approach to workforce planning for AHP professions within the LSC system
- provide a qualitative and quantitative overview of the AHP workforce across the system
- provide an assessment and predictions of workforce risks and the impact of current workforce strategies
- identify actions and priority interventions to meet the current and future workforce requirements
- highlight current system initiatives and collaborative working
- provide clear guidance for system leaders and organisations on AHP workforce planning
- inform future workforce strategies

The objectives of the report are to:

- provide an analysis of the status of the AHP workforce
- share key actions and best practice
- provide clear data to support the setting of priorities for system work plans
- make recommendations for further support, activity and interventions
- provide baseline Equality, Diversity, Inclusion and Belonging (EDIB) data for AHPs across the system to understand and identify the specific areas of focus required

Scope of report

The range of AHPs referenced in the report are those currently employed within the LSC system from the 14 recognised AHP professions. The healthcare science, pharmacist and psychological professions are not within the scope of this report. All AHPs represented in LSC NHS Trust provider organisations are included in this document. Reference is made to regional and national AHP workforce programmes of work and strategies, and any professional guidance that has informed, or will inform, LSC AHP workforce development.

"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

The Trusts represented are:

- Lancashire and South Cumbria NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Teaching Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

The AHPs currently represented within LSC provider NHS Trusts comprise:

- Art therapy
- Dietetics
- Diagnostic radiography
- Occupational therapy
- Operating department practitioners
- Orthoptics
- Physiotherapy
- Podiatry
- Speech and language therapy
- Orthotics
- Therapeutic radiography

Paramedics, drama therapists, music therapists and osteopaths are not currently employed by any of the provider NHS Trusts, and as such not included in the aggregated system report. One Trust currently employs an art psychotherapist, and further work is needed to understand where the employment of an art, music or drama therapist would be beneficial. Data for this professional group will not be detailed in the report body as it would be staff identifiable.

The report authors are aware of the sub-specialisms of each individual AHP. Every profession has a core set of skills and knowledge required to achieve qualification and registration. Further specialist skills and training are required at post-registration level to meet the needs of identified sub-specialisms, for example stroke services. This report details the overall staff required, but sub-specialisms are not within its scope – they will require targeted scoping for each pathway-specific development.

Each acute provider organisation across the system was supported by their Chief AHP to complete the initial workforce projects. The Chief AHPs have also been involved in the co-production of the final report.

For additional context, information from the Southport & Formby NHS Foundation Trust workforce report will be referenced, given its close working with the West Lancashire area.

Primary and social care were not part of the HEE-funded workforce projects, and as such are out of scope of this analysis. However, AHP workforce risks and initiatives will be referenced where they are known. There has been developing work with the LSC AHP Faculty and primary and social care on meeting the workforce challenge for these services and this should be reflected.

For support workers, it is recognised that some blended roles work across AHPs and nursing, and therefore the report has focused on all support workers working directly in AHP services and/or recognised within AHP establishments. Interdependencies with other areas of the multi-professional support workforce will be recognised as appropriate.

Whilst the NHS Trusts were commissioned to provide an 18-month report, several reported a 5-year projected position. This LSC system report provides the 18-month aggregated position and a 5-year projection where possible.

Variation

The HEE project guidance did not mandate an agreed template for reporting therefore subsequent data collection has been required to ensure consistency where possible across all the participating organisations.

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

The data extracted for the report was taken from electronic staff record (ESR) information. While several organisations removed AHP staff coding on ESR data ahead of the extraction to ensure the most accurate data, not every organisation did this.

National, regional and system context

National context

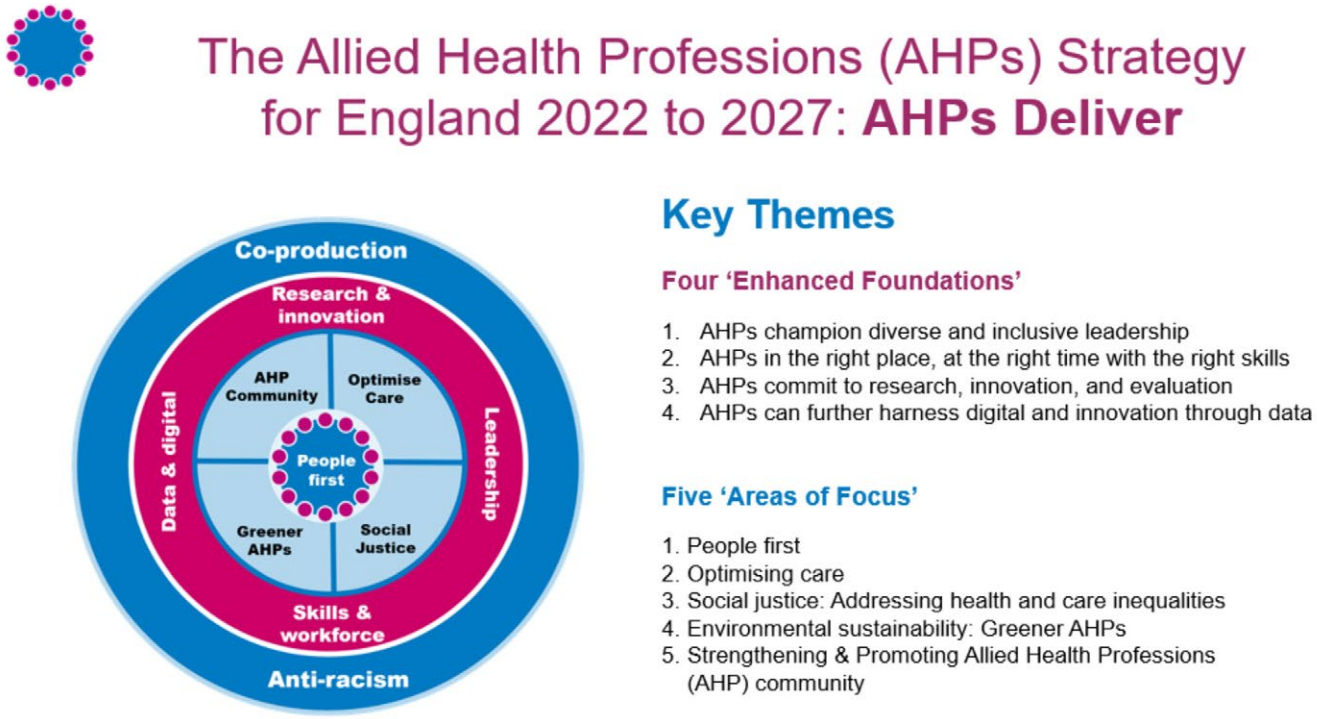
The national pre-pandemic NHS People Plan illustrated that a minimum of 27,000 additional AHPs will be needed by 2024 to meet future AHP workforce demand. The key national and regional drivers and interdependent programmes of AHP workforce planning are:

- Long Term Plan and People Plan
- AHPs into action
- Regional People Programme and ICS People Boards
- Regional AHP network and workforce programmes
- AHP Workforce Profile Report for the North of England (2019)
- Healthier Lancashire & South Cumbria – Integrated Care System Strategy (Draft)
- North West AHP Supply and Transformation Board
- Regional Advancing Practice Faculty
- AHP National Strategy 2022 – AHPs Deliver

The publication of the latest AHP Strategy for England: AHPs Deliver 2022 to 2027 has reinforced the 4 foundations and areas of focus for developing the AHP workforce. The AHP strategy was developed to provide strategic direction to the AHP community across England, helping them, and those they work with, to maximise their contribution to the improvement of health outcomes for all, to provide better quality care, and to improve the sustainability of health and care services.

Figure 2 shows the key themes of the strategy, which will drive national priorities for AHPs over the next 5 years.

Figure 2



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%.

Regional context

"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) - North west - NHSE Education & Workforce.

The HEE North West AHP regional lead and workforce team work collaboratively with AHP Councils, Chief AHPs and the AHP Faculty in promoting and delivering programmes of work relating to the development and sustainability of the AHP workforce. This includes the supply routes, student undergraduate and postgraduate programmes, apprenticeships, return to practice and leadership development.

The LSC AHP Faculty is currently funded through North West HEE, with a specification for the delivery of workforce programmes with, and on behalf of, HEE.

There are increasing opportunities for shared solutions across different regions. The three AHP Faculties (LSC, Greater Manchester, and Cheshire and Merseyside) collaborate to further promote this.

System context

The workforce challenges for AHP professions across the LSC system are variable. The geography of the ICS is diverse, meaning that some organisations – particularly those on the west coast or in rural settings – face recruitment and retention challenges, lacking the circular geographical footprint that other larger city Trusts enjoy.

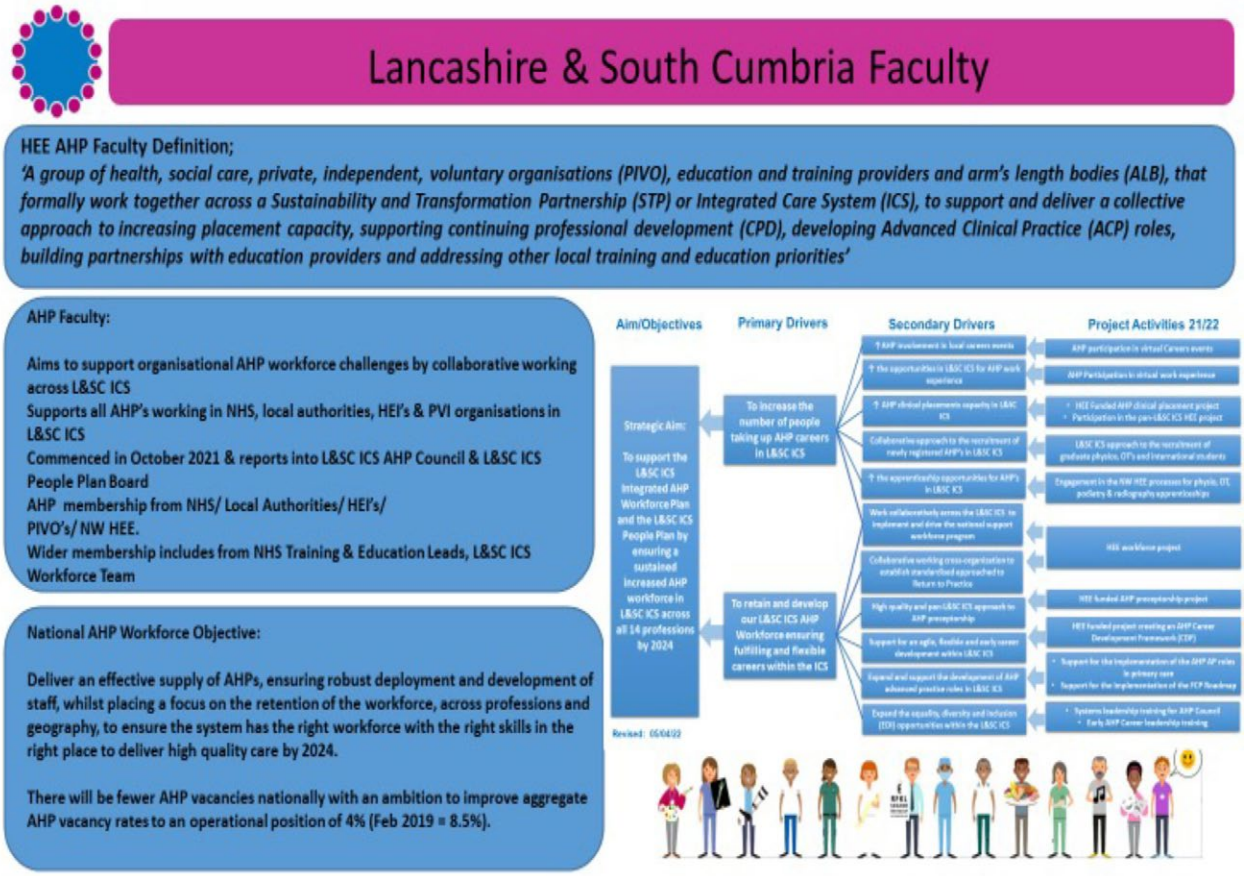
Proximity to health education institutes delivering AHP graduate programmes is also a factor in terms of student placement take-up and subsequent recruitment. This is currently a changing picture, with the development of more Lancashire-based programmes at the University of Central Lancashire, and the University of Cumbria for occupational therapy, physiotherapy, dietetics and speech and language therapy. Salford University is still however the main podiatry course provider in the North West, and similarly the University of Liverpool is the predominant course provider for radiography.

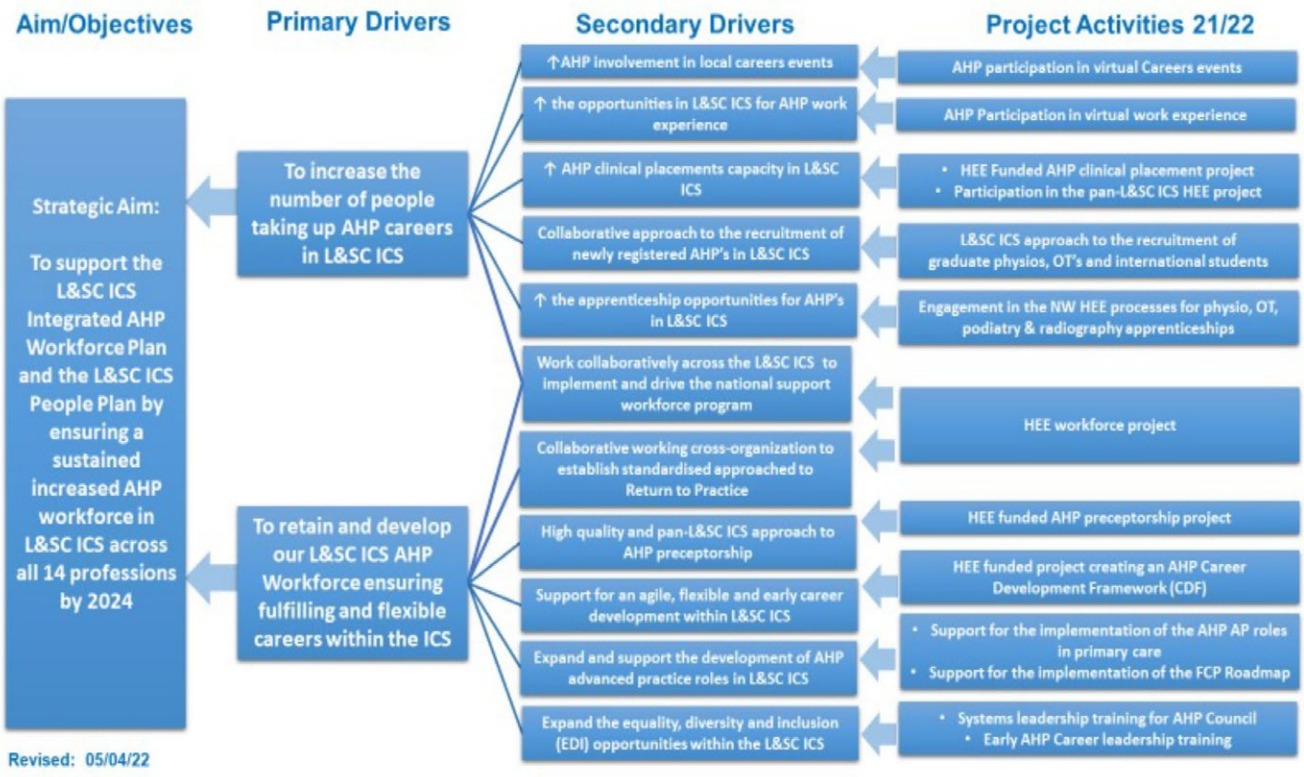
The national AHP Faculty concept was created in response to the People Plan. This identified the need for collaborative working across systems to promote, support and engage with AHPs to develop a comprehensive workforce fit for the future. The aim is to ensure that the right workforce, with the right skills, is in the right place to deliver high-quality care.

The LSC system AHP Faculty has received short-term funding from HEE since May 2021 in order to support and drive AHP workforce priorities.

The LSC Faculty drivers are detailed in Figure 3, informed by national and regional priorities. Additional drivers/project activities will be added through 2023/24, with further workforce priority identification at ICB system level following the statutory ICB formation.

Figure 3


Lancashire & South Cumbria Faculty
HEE AHP Faculty Definition;
'A group of health, social care, private, independent, voluntary organisations (PIVO), education and training providers and arm's length bodies (ALB), that formally work together across a Sustainability and Transformation Partnership (STP) or Integrated Care System (ICS), to support and deliver a collective approach to increasing placement capacity, supporting continuing professional development (CPD), developing Advanced Clinical Practice (ACP) roles, building partnerships with education providers and addressing other local training and education priorities'
AHP Faculty:
Aims to support organisational AHP workforce challenges by collaborative working across L&SC ICS
Supports all AHP's working in NHS, local authorities, HEI's & PVI organisations in L&SC ICS
Commenced in October 2021 & reports into L&SC ICS AHP Council & L&SC ICS People Plan Board
AHP membership from NHS/ Local Authorities/ HEI's/ PIVO's/ NW HEE.
Wider membership includes from NHS Training & Education Leads, L&SC ICS Workforce Team
National AHP Workforce Objective:
Deliver an effective supply of AHPs, ensuring robust deployment and development of staff, whilst placing 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 by 2024.
There will be fewer AHP vacancies nationally with an ambition to improve aggregate AHP vacancy rates to an operational position of 4% (Feb 2019 = 8.5%).
Aim/Objectives
Primary Drivers
Secondary Drivers
Project Activities 21/22
Strategic Aim:
To support the L&SC ICS Integrated AHP Workforce Plan and the L&SC ICS People Plan by ensuring a sustained increased AHP workforce in L&SC ICS across all 14 professions by 2024
To increase the number of people taking up AHP careers in L&SC ICS
To retain and develop our L&SC ICS AHP Workforce ensuring fulfilling and flexible careers within the ICS
Revised: 05/04/22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To increase the number of people taking up AHP careers in L&SC ICS
To retain and develop our L&SC ICS AHP Workforce ensuring fulfilling and flexible careers within the ICS
↑AHP involvement in local careers events
↑ the opportunities in L&SC ICS for AHP work experience
↑ AHP clinical placements capacity in L&SC ICS
Collaborative approach to the recruitment of newly registered AHP's in L&SC ICS
↑ the apprenticeship opportunities for AHP's in L&SC ICS
Work collaboratively across the L&SC ICS to implement and drive the national support workforce program
Collaborative working cross-organization to establish standardised approached to Return to Practice
High quality and pan-L&SC ICS approach to AHP preceptorship
Support for an agile, flexible and early career development within L&SC ICS
Expand and support the development of AHP advanced practice roles in L&SC ICS
Expand the equality, diversity and inclusion (EDI) opportunities within the L&SC ICS
AHP participation in virtual Careers events
AHP Participation in virtual work experience
• HEE Funded AHP clinical placement project
• Participation in the pan-L&SC ICS HEE project
L&SC ICS approach to the recruitment of graduate physios, OT's and international students
Engagement in the NW HEE processes for physio, OT, podiatry & radiography apprenticeships
HEE workforce project
HEE funded AHP preceptorship project
HEE funded project creating an AHP Career Development Framework (CDF)
• Support for the implementation of the AHP AP roles in primary care
• Support for the implementation of the FCP Roadmap
• Systems leadership training for AHP Council
• Early AHP Career leadership training
Revised: 05/04/22

In May 2022, the Health and Care Bill became part of UK law and established the ICS on a statutory basis from 1 July 2022. Any AHP workforce plan will need to take account of current and emerging priorities of the ICS Board, provider collaboratives, place-based partnerships and provider priorities, all of which form the system-wide strategy and ambitions. The AHP workforce is integral to the achievement of these ambitions. The overarching requirements of these are detailed in Figure 4.

Figure 4

ICB	Provider collaborative board	Place-based partnerships	Provider NHS Trusts
• Improve outcomes in population health and healthcare • Tackle inequalities in outcomes, experience and access • Enhance productivity and value for money • Help the NHS support broader social and economic development	• Develop a joint clinical vision for all providers to improve quality within financial resources • Develop a clear financial strategy to underpin the clinical vision • Develop a joint vision for corporate, clinical support and estates services for all providers • Recovery and restoration of elective care and other operational services • Improvement in the emergency and urgent care performance of the system • Develop our leadership and ensure a great place to work, with a resilient workforce	• Improve the health and wellbeing of the population and reduce inequalities • Provide consistent, high-quality services that remove unwarranted variation in outcomes • Consistently achieve national standards/ targets across the sectors in the partnership • Maximise the use of financial allocation and resource	• Delivery safe, high-quality care • Secure coronavirus recovery and resilience • Compassionate and inclusive culture • Improve health and tackle inequalities in our community • Healthy, diverse and highly motivated people • Drive sustainability

In its constitution, the LSC ICB commits to using its resources and powers to achieve demonstrable progress in achieving the following system aims:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people receive care as quickly as possible

The aims of the LSC ICB will influence new system clinical service development and associated AHP workforce demand to ensure successful clinical delivery alongside multi-professional colleagues. Several service developments referenced in the Trust AHP workforce reports cite required increases in AHP professions.

"For many years AHP leaders across the Lancs and South Cumbria ICS 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

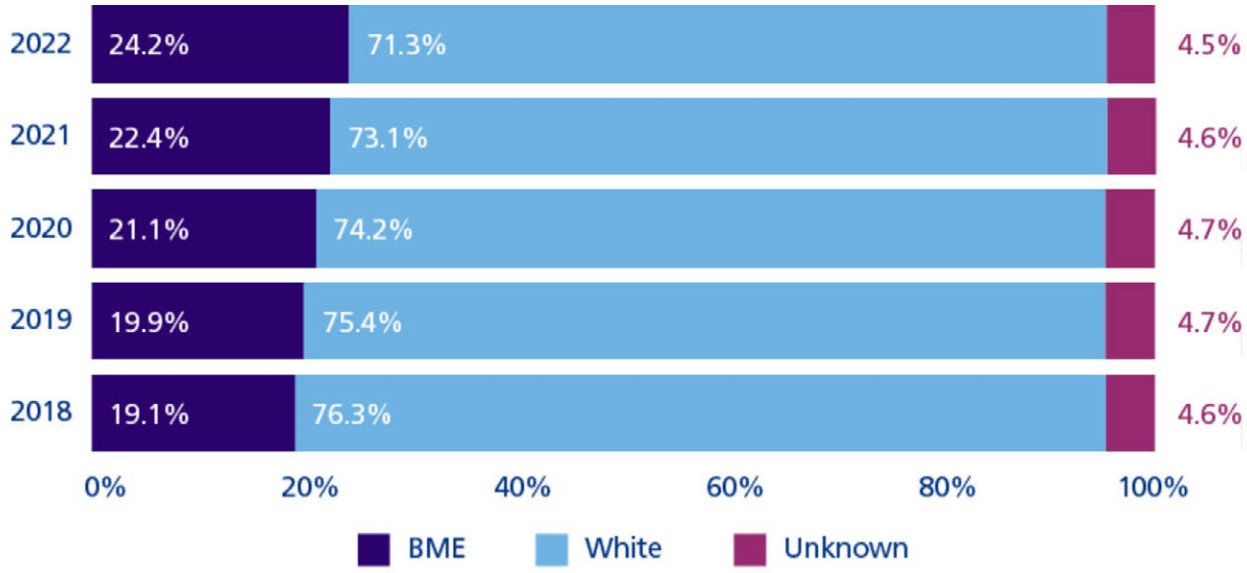
AHP workforce overview: system level

Workforce profile

As outlined in the recently published AHP Strategy for England (2022), there is racial inequity in the under-representation of minority ethnicities in our AHP workforce, particularly in decision-making and leadership positions – there are also educational attainment gaps for AHP students. At the time of reporting, the LSC AHP workforce reflected the national picture in terms of its diversity across all AHP professions. The authors have included e-product data to give a whole system view of all roles.

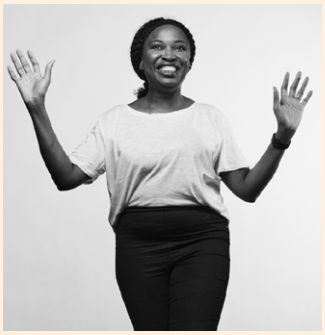
Workforce Race Equality Standards data has been utilised to obtain an overview of diversity. Figure 5 shows that, in 2022, nationally, the percentage of staff in NHS Trusts from a Black, Asian and Minority Ethnic (BAME) background was less than 25% of the workforce.

Figure 5



NHS England and Improvement has asked local NHS Trusts/organisations to develop their own annual Model Employer EDIB trajectories, formulating strategies and action plans. Each organisation will understand their own workforce and plans for service development. NHS E&I has stated It would be preferable to undertake this target setting at the ICS level and not just within individual organisations. This report would support this direction of travel.

The Model Employer target should reflect the representation of ethnic minority staff in equal proportions in all Agenda for Change pay scales by 2025. This means that, in organisations with an ethnic minority workforce of more than 19% overall, there should be at least 19% representation in Bands 6 and above. For organisations with an ethnic minority workforce of less than 19%, the target for their representation in Bands 6 and above should reflect the proportion in the workforce. In other words, if an organisation has an overall ethnic minority workforce of 8%, the target for Bands 6 and above should be at least 8%.



"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

LSC Diversity – AHP workforce

As outlined in the recently published AHP Strategy for England (2022), within our AHP community we see racial inequity in the underrepresentation of minority ethnicities in our AHP workforce, particularly in decision-making and leadership positions, as well as educational attainment gaps for AHP students. At the time of reporting, the LSC AHP workforce reflected the national picture in terms of its diversity across all AHP professions.

The AHP workforce is predominantly female white British – there is limited diversity. across the workforce in relation to ethnicity, disability, and diversity.

The Orthoptic profession is the single profession that is representative of the local community. The AHP support workforce for some professions has a higher degree of diversity i.e., Dietetics services in the east of the system, but this is not replicated in the registered staff workforce profile.

The ethnicity workforce profile shows only 10% of all AHPs across LSC identify as BAME, and 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 across the bands.

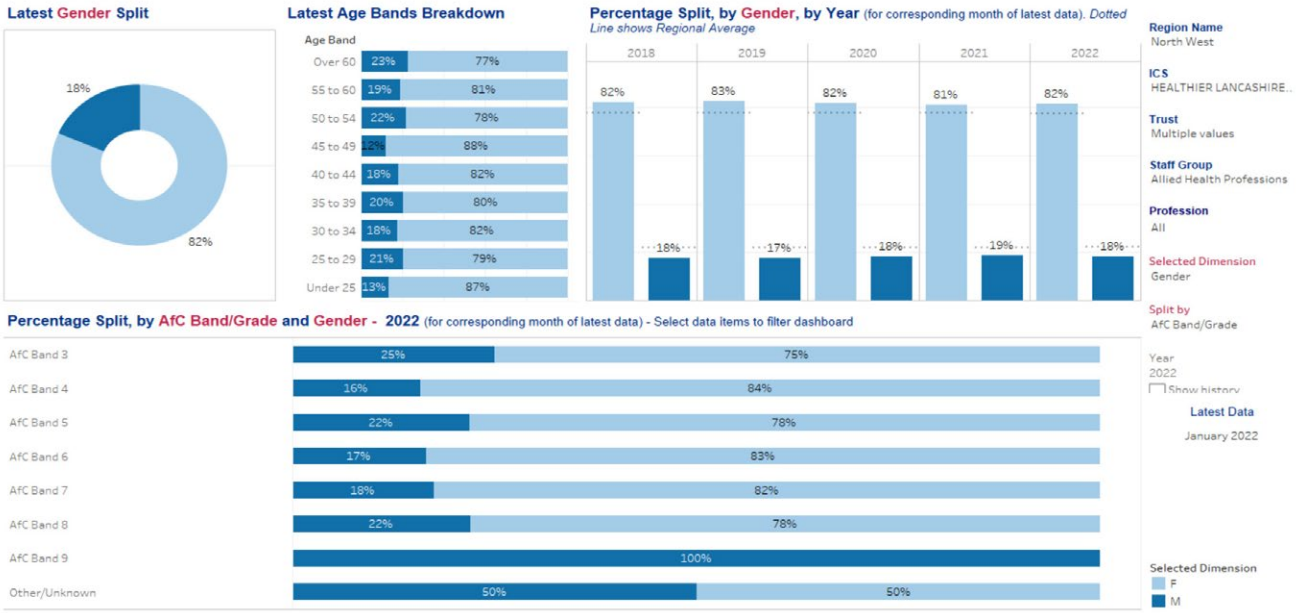
AHP student application diversity data was also considered as part of the report process, using UCAS end-of-year data, as at January 2022. This regional data for the North West comprises undergraduate application rates, as determined by the number of unique applicants, and demographics relating to those applicants. Data is grouped by professions, although osteopathy is not included as there is no North West education provider. Art, drama and music therapy are also not included as they are solely postgraduate (MSc) programmes. The data covers applicants from 2012–2021.

Notably, the ethnic diversity of applicants for speech and language therapy, dietetics, occupational therapy and operating department practitioners has not increased although there has been a slight increase for physiotherapy, podiatry and prosthetists. BAME applicants for orthoptics have significantly increased, with a reduction in the number of white applicants. Diagnostic and therapeutic radiography shows increasing ethnic diversity representation. This picture is largely reflected in the workforce data for the LSC AHP registered workforce.

Gender

Figure 6 shows the breakdown of the LSC system workforce by gender and age. The gender profile reveals that 82% of the workforce identify as female, with just 18% as male.

Figure 6



These figures are replicated through Agenda for Change bands with slightly more male representation at Bands 3, 5 and 8. Data for Band 9 reflects only one member of staff, so must be viewed in this context.

Understanding the female to male ratio of staff in the 30–39 age range will support any consideration required for maternity cover in the future.

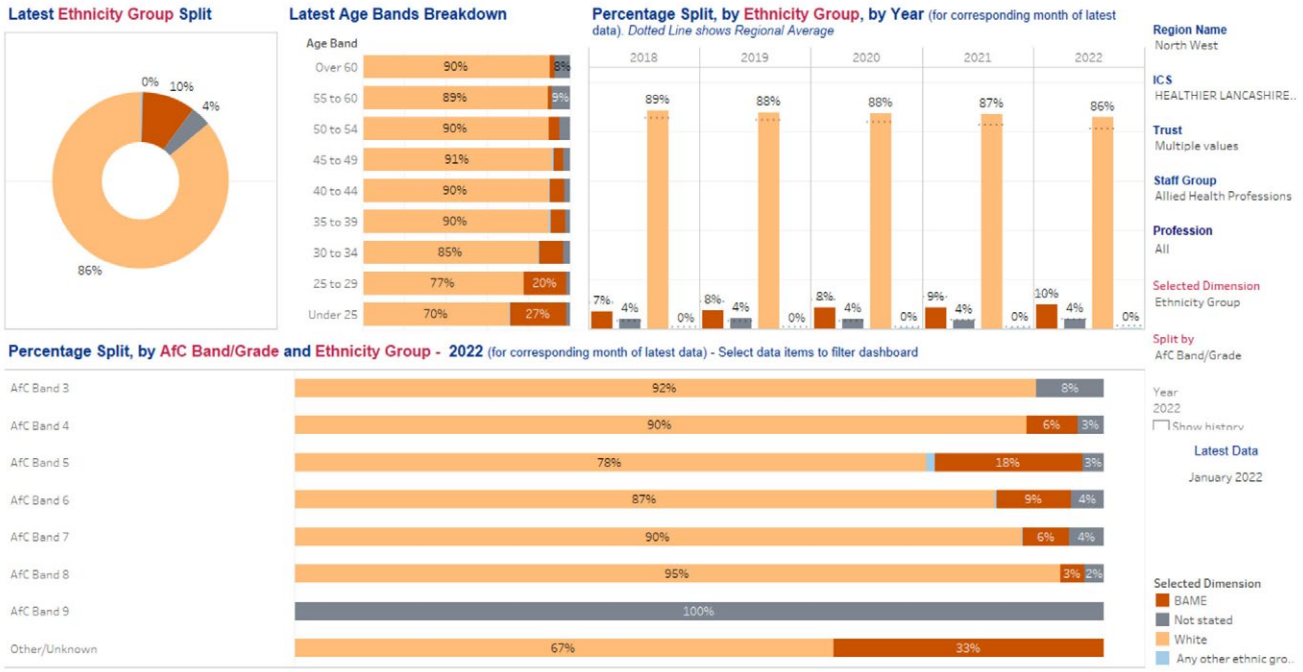
There are several organisations where a significant number of the workforce is aged 35 years or less. This could cause potential issues in succession planning into highly specialist clinical roles and/or senior leadership roles due to the limited experience of the workforce.

The impact on productivity and staff recruitment and retention of the high number of part-time to full-time posts needs to be further understood.

Ethnicity

Figure 7 shows the LSC AHP ethnicity workforce profile, revealing that only 10% of all AHPs across LSC identify as BAME. This percentage drops further for Band 6 and upwards, with only 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.

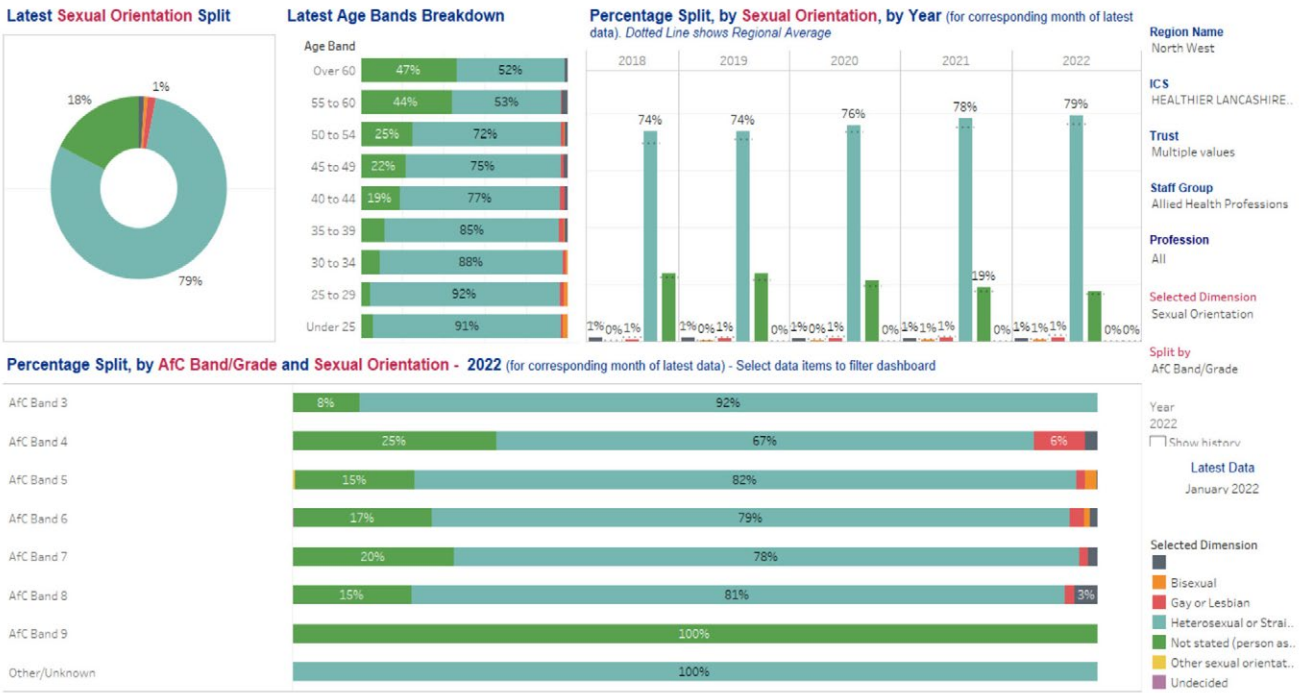
Figure 7



Sexual orientation

Figure 8 shows the breakdown of sexual orientation of staff across the LSC system. The profile shows that 79% of the workforce identify as heterosexual. Breakdown by age shows a higher proportion of 'not stated' as age profile increases, with the reasons for this being unclear. Among Band 4 staff, there is a higher proportion of diversity.

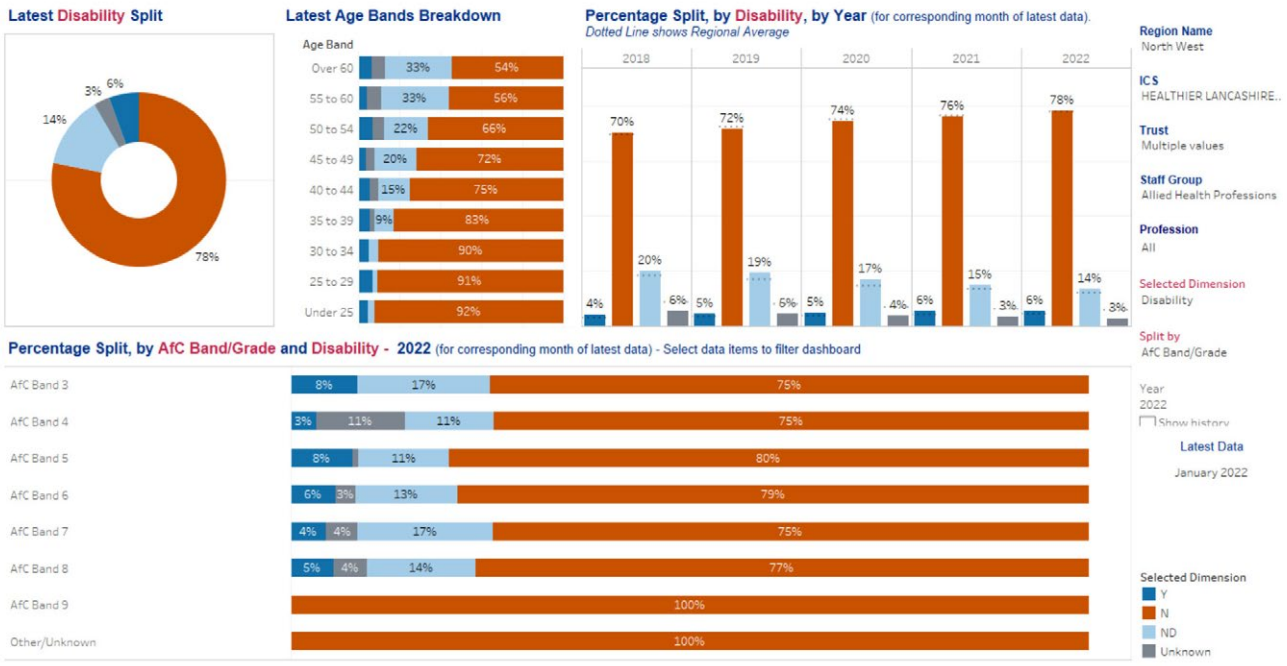
Figure 8



Disability

Figure 9 shows the breakdown of the LSC workforce by disability. The profile shows that only 6% of staff in the workforce disclosed having a disability, with non-disclosure increasing in line with the rise in age bands. In some professions, more than 25% of staff did not state a disability.

Figure 9



AHP workforce supply and demand position

Workforce overview

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 10 details the NHS Trust provider information on the 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. These figures, once aggregated, provide the AHP overall staffing gap figure predicted in 18 months.

Figure 10

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.

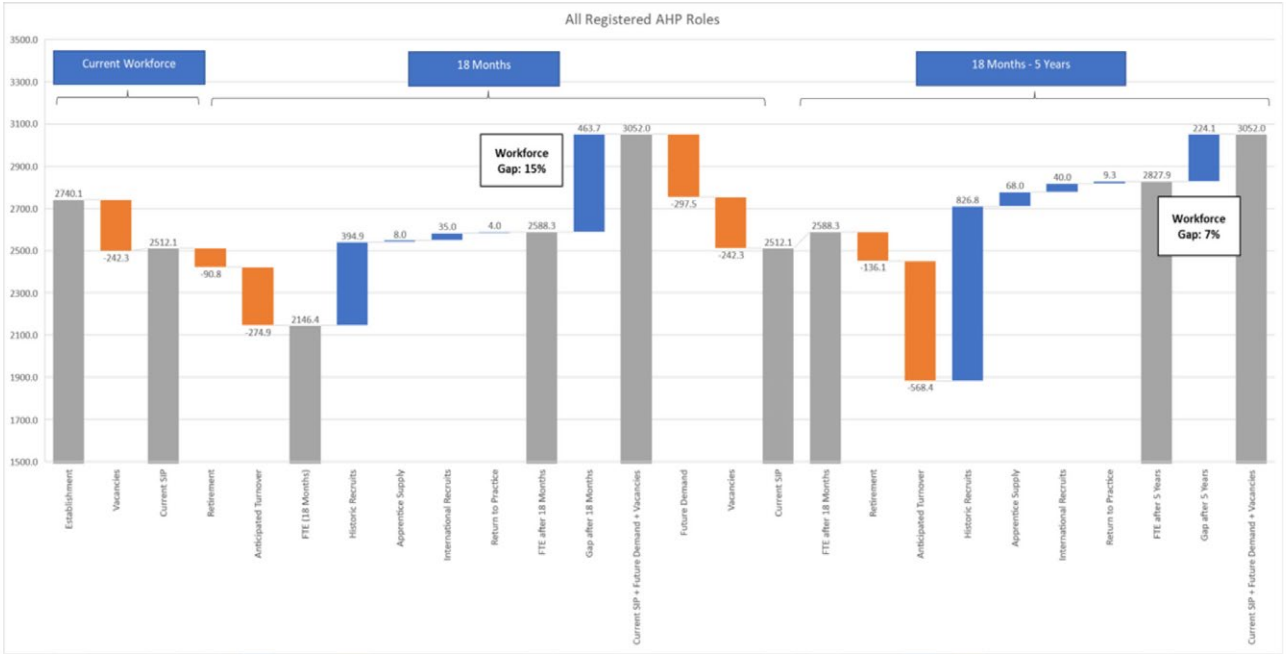
Within the Trust reports, there is an additional workforce requirement within the next 18 months of 297.5 WTE to cover future demand. The total required workforce after 18 months is the SIP plus future demand plus vacancies – equating to 3,052 WTE.

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 11 shows the predicted 18-month to 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 11



The 18-month to 5-year forecast does not have the future demand detailed as this is not known, 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.

Supply response actions detailed by providers are showing some impact but are not predicted to close the gap sufficiently over the period. Further workforce mitigating actions are needed.

Supply and demand by profession

Following the full review of AHP workforce supply data, it is apparent that current and future predicted supply will not meet the demand for the following AHPs within the LSC system.

Figure 12 details the percentage workforce gap and the WTE number of registered staff needed to meet the required workforce in 18 months.

Figure 12

"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

Occupational therapists

There is an 18-month predicted workforce gap of 23% within occupational therapy, equating to 149.3 registered WTE staff.

This profession is on the shortage occupation list for the UK, with an immediate supply concern at Bands 5 and 6. Local action has been taken to start to address this with access to apprenticeships, but more focus is required. The issue of succession planning over the next 5 years is highlighted across the system for this profession.

Occupational therapy services in LSC face significant challenges in Band 5 recruitment and some Band 6 specialty areas. There has been a strong commitment to apprenticeship supply, with 18 places secured in the March 2022 regionally procured course at Sheffield Hallam University and plans for continued cohorts in 2023/4. Reduced programme applications and offer take-up at some local higher education institutions has, however, generated some concern.

International recruitment of occupational therapists is also being considered.

Physiotherapists

There is an 18-month predicted workforce gap of 17% within physiotherapy, equating to 134.9 registered WTE staff.

There are concerns over the supply of Band 6s, particularly in highly specialist areas. There is an adequate supply of Band 5s at graduation peaks, but this is then an issue at other points in the year, indicating that there are not enough trainees annually. The issue of succession planning over the next 5 years is highlighted across the system for this profession. The increase in programme places potentially secures a good supply route, but will increase the demand for student placements.

Diagnostic radiographers

There is an 18-month predicted workforce gap of 9% within diagnostic radiography, equating to 67.6 registered WTE staff.

This report presents an aggregated view of the data and of each provider's action plans and key issues. It should be read in conjunction with the LSC Diagnostic Programme board paper 5-year plan to meet the growing demand.

There is pressure across all grades and modalities. It is a priority for this profession to explore all potential supply routes in future. The issue of succession planning over the next 5 years is highlighted across the system for this profession.

Speech and language therapists

There is an 18-month predicted workforce gap of 27% within speech and language therapy, equating to 65 registered WTE staff.

Speech and language therapy is an at-risk profession and is on the national Migration Advisory Committee's list of shortage occupations. This is considered an immediate risk across the ICS. There are key supply issues to be considered for this profession, both immediate and in the medium term. The issue of succession planning over the next 5 years is highlighted across the system for this profession.

Speech and language therapy services are facing mounting pressures from: an ageing population; the need to move to 7-day services in areas such as stroke and cancer care; rising levels of special educational needs in our school population; and increases in survival rates for conditions that cause eating, drinking, swallowing and communication difficulties.

Within the LSC system, this profession reflects the national position in terms of significant workforce gap.

Dietitians

There is an 18-month predicted workforce gap of 23% within the dietitian profession, equating to 35.8 registered WTE staff.

The supply of dietitians is considered a short- to medium-term issue over the next 2 years. It is a national problem, with training positions locally increasing year on year. The LSC supply chain is predicted to improve by 2024 when local trainees graduate.

Locally, there is a plan in place for increasing and/or maximising the dietitian workforce via apprenticeships and a new master's degree study route, which aims to increase supply over the next 2 years. The issue of succession planning over the next 5 years is highlighted across the system for this profession.

Podiatry

There is an 18-month predicted workforce gap of 13% within podiatry, equating to 18.0 registered WTE staff.

The age profile of the profession across system providers indicates the need to look at succession planning over the next 5 years. Provider reports are clear on the apprenticeship intentions for podiatry, but at the time of writing, there are no apprenticeship providers in the North West. Scoping is therefore needed to ascertain the appetite for a local course provider.

Therapeutic radiography

There is an 18-month predicted workforce gap of 3% within therapeutic radiography, equating to 3.2 registered WTE staff.

The incidence of cancer and the range and complexity of treatment are forecast to increase in future. A rise in early diagnosis will increase the use of radiotherapy as a first-line treatment. New roles and skills mixes at advanced and consultant level are key to improving access to innovative and advanced treatments (HEE Strategic Framework for Cancer Workforce, 2018).

Job satisfaction among therapeutic radiographers is relatively low. Attrition rates from pre-registration therapeutic radiographer programmes are too high and this needs to be addressed. Training places have reduced in the past 3 years, which is starting to affect recruitment supply this year.

To combat these issues, it is crucial to improve staff recognition, implement career progression pathways and promote the radiotherapy service within the NHS and among the general public.

Prosthetists and Orthotists

There is an 18-month predicted workforce gap of 12% within the prosthetist and orthotist professions, equating to 2.7 registered WTE staff.

There is an issue around succession planning, with a lack of consistency in recruiting Band 5 posts to facilitate future leadership. It is difficult to recruit for highly experienced professionals and so career supply and development should be prioritised.

Orthoptists

There is an 18-month predicted workforce gap of 5% within orthoptics, equating to 2.0 registered WTE staff.

Orthoptics is one of the smaller, more fragile, AHPs. While there are no reports of major issues with recruitment, the small teams mean that services may be vulnerable to the loss of even just one member of staff. It is important that the available staff have the skills set required to maintain service delivery.

Of all the AHPs, orthoptics is showing the least pressure in terms of supply and demand. However, as stated, the services are small, and also have a high percentage of staff aged 35 or below. There is a need to develop clinical, professional and managerial leadership capacity for the future. There are opportunities to develop Advanced Clinical Practice (ACP) roles, such as those in paediatric ophthalmology.

Operating department practitioners (ODPs)

There is an 18-month predicted workforce gap of -8%, therefore no gap.

ESR vacancies for ODPs is relatively low and this situation does not reflect the true position for ODPs. There is a need to ensure the correct coding for ESR to allow accurate monitoring of ODP staffing numbers.

Many scrub posts have been filled by international nurses. Furthermore, the true extent of supply and demand in theatres is masked by the higher than average use of registered nurses in theatre practitioner roles. The ratio of registered nurses versus ODPs is higher across theatre services. (5:1 at one provider).

Further work is required to understand the true staffing position for ODPs.

Trusts have noted several reasons for the overall supply position in the LSC system and those factors that are impacting negatively, which include:

- Higher Education Institution (HEI) geographical location: for example, until this year there were no dietetic/speech and language therapy providers in LSC
- HEI training numbers: at the time of writing, training numbers are not able to meet demand across all the professions
- private providers: newly qualified AHPs are being attracted to private providers, and fewer graduates are starting their careers in the NHS
- ODP identity: in the past, posts have been advertised within nursing, and ESR data has not been accurate
- a lack of understanding of the role of ODPs: there is a limited public profile around ODPs and theatre support workers
- limited training routes to become an AHP: until recently there has been a loss of part-time training within funded posts. However, apprenticeship development means that this is an improving picture
- international recruitment: there has been no international recruitment in the past 10 years
- return-to-practice: this has not been fully promoted

AHP workforce supply

The AHP workforce experiences a continual cycle of promotion and career progression alongside retirement. Post-coronavirus (COVID-19) pandemic restoration and recovery workstreams alongside service reviews and investment further add to this demand. Several supply initiatives are detailed in Trust reports, which together add to 'closing the gap' around workforce needs.

Figure 13 shows total supply predictions for 18 months–5 years for all registered AHP roles.

Figure 13

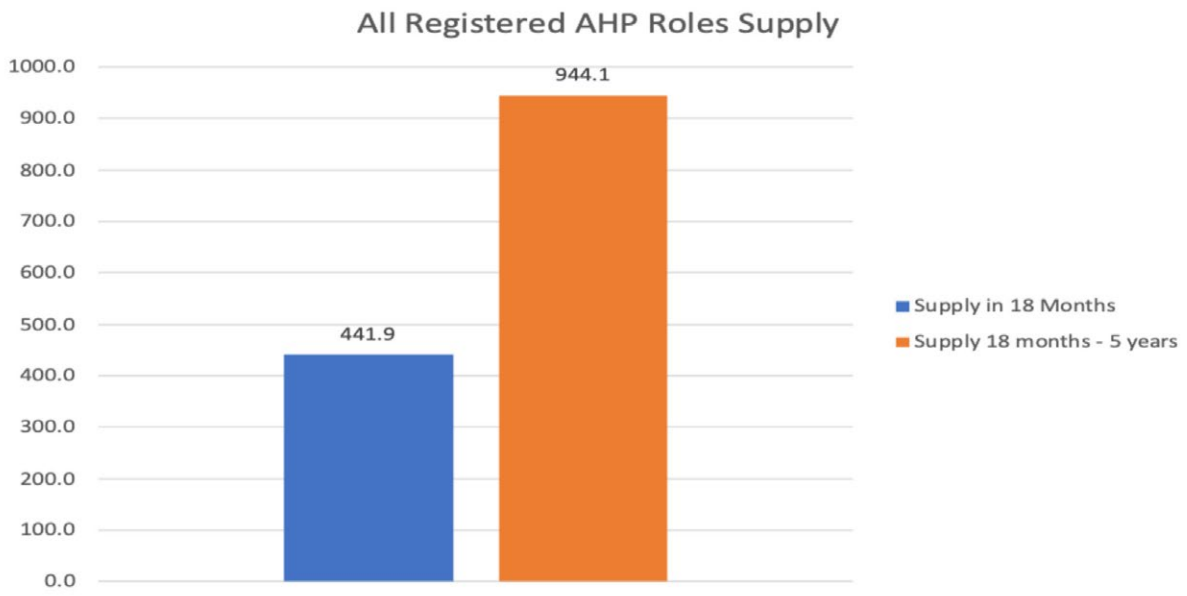
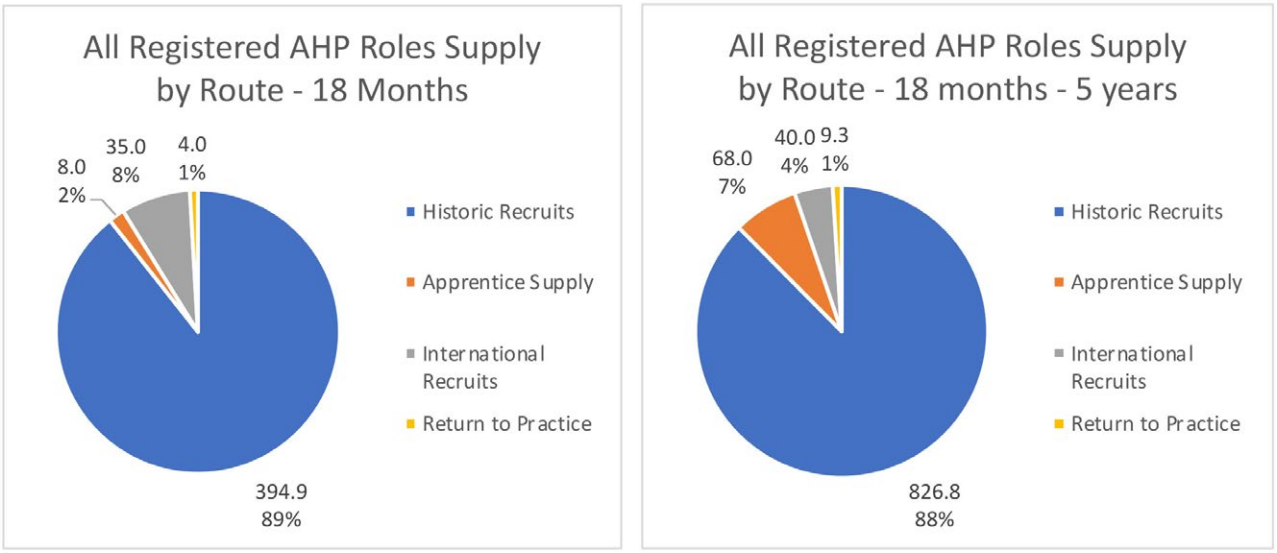


Figure 14 shows total supply predictions for 18 months, and 18 months–5 years for four categories.

Figure 14



As detailed in Figure 14, while there are increases in predicted supply through new supply routes, this is not expected to close the gap sufficiently. There is a need to consider widening the scope of these supply solutions and to continue work on improving staff retention across all professions.

The supply figures for 18 months–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 ACP.

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. These supply routes are shown further in Figure 15.

Figure 15

Historic recruitment data

This report has looked at every organisation's historic recruitment on an annual basis, including initiatives to over-recruit for those professions in short supply. It has found that:

- certain organisations have historically faced recruitment challenges across all staffing groups given their geographical location away from larger busy city centres. For some professions, such as therapeutic radiography, posts in specialist hospitals are also attractive, which is a challenge for the system
- the practice of student AHPs being encouraged to join the staff 'bank' while they are training in order to develop links with the organisation and broaden their experience has proven successful in recruiting physiotherapists in one organisation.
- understanding attraction strategies is a key priority and can inform future organisation and system recruitment approaches

Apprentice supply

There have been recent developments in AHP Level 6 Degree Apprenticeships, and a number have been regionally procured. Opportunities to 'grow your own' workforce through an apprenticeship route are detailed in each Trust report, and specific numbers by profession are set out later in the report. The apprenticeship route provides opportunities for AHP support staff to progress following upskilling, and Trusts can recruit through their support workforce pool or externally – this tends to vary by profession, dependent upon the investment in support worker posts. Further joint work is needed with HEI colleagues on accessible entry routes and recognition of attainment. Points to note are:

- an occupational therapy apprenticeship has been commissioned regionally, with Sheffield Hallam University as the provider. A total of 18 apprentices from LSC Trusts started the course in March 2022, and predicted numbers are similar for 2023 and 2024. The initial apprentices

were recruited predominantly from the AHP support workforce following robust recruitment and selection processes
- the dietetic apprenticeship has been procured nationally.). Regional scoping is planned to help understand the need and desire for local procurement
- the physiotherapy apprenticeship has been delivered at Salford University since 2017 as a 4-year full-time course. A total of 5 places were taken up from LSC Trusts on the 2021 cohort. The North West region has recently procured a physiotherapy apprenticeship course via HEE, and the scoping numbers from the system for this apprenticeship are currently being confirmed
- there are local providers for podiatry apprenticeships in Huddersfield and Salford. There is potential interest from North West HEIs, should sufficient interest be indicated by providers
- the speech and language therapy apprenticeship has been procured nationally at Sheffield University. Currently, the criteria for admission onto the course may mean this is not particularly accessible for even the most qualified and experienced support staff. There is at present little expression of interest from LSC organisations in using this apprenticeship
- the ODP apprenticeship is being completed on a needs basis, through individuals expressing interest. A system ODP group could potentially explore a more consistent approach
- radiography apprenticeships are available, and consideration should be given to using radiography support workers and the development of Band 3 and Band 4 roles
- to grow a skilled stroke workforce, the University of Central Lancashire (UCLAN) and LSC have developed a stroke and neuro-specific trainee assistant practitioner course. Following work with a range of HEI providers, staff can now progress via the degree apprenticeship route

International recruitment

AHPs are the third-largest workforce within the NHS, totalling approximately 100,600 WTE as of 2020. 10% of these are international AHPs, with international recruits making up 7.7% of the total UK HCPC register. In 2019, approximately 30% of new registrants were of international origin (HEE 2019). It should be noted that:

- LSC Trusts have, in conjunction with regional partners, completed the recruitment of podiatrists from Spain to support local vacancies
- international recruitment of other professions is being considered
- work is taking place with colleagues across the ICS to identify professions that would benefit from international recruitment. Relevant HEE-funded or ICS international recruitment programmes could then follow

Return to practice

AHPs who have left the profession but who wish to return to practice must apply to be re-admitted to the HCPC register before they can be employed as professional practitioners.

Although there have been collaborative working initiatives across the system to streamline the approach and processes for return to practice, the benefits in terms of numbers of returnees have not been realised. More targeted support from the ICB is needed in order to attract potential returnees.

Retention of newly qualified workforce, and early careers

The average national turnover rate for AHPs is 21.6%, with a leaver rate of 9.3%. LSC rates are lower, at an aggregated 8.7% turnover and 5.3 %leaver rate. Turnover should not always be viewed as a negative as this can relate to the progression of staff to new posts, different specialties and promotional posts. However, Trusts referenced a number of areas for action, all of which can support retention while helping staff to develop in their careers. These comprise:

- ensuring that teams have strong professional and clinical leadership structures in place and that they know how to access professional and clinical support should they need it
- making sure that new staff have access to supportive buddying systems, and that strong career structures are in place, with opportunities available from support worker to consultant. This increases the likelihood of staff retention
- ensuring that staff workloads are manageable and balanced, and that personal performance targets are achievable. To support staff health and wellbeing, sufficient time should be allowed to complete all required activities within working hours. Job plans, based on the national AHP job planning guidance should be used
- making sure sufficient time exists to supervise and train junior staff and students as part of job planning
- ensuring staff feel valued and invested in by supporting them to capitalise on opportunities for personal development. Continuing Professional Development (CPD) should be a mix of attendance at courses, protected 'reading time', access to robust supervision, professional forums/best practice groups, mentoring and coaching, for example, and should be built into job plans
- building 'stay' conversations into supervision and 1-2-1s so that staff and managers explore motivators for retention. There is a focus on exit interviews only, which give useful data on reasons for leaving, but are too late to retain that member of staff
- supporting staff to feel that they have some control over their work and can make improvements by building time into job plans for staff to engage in research and quality improvement projects
- enabling career clinics/coaching, helping staff to explore opportunities within their organisation
- facilitating leadership experience and development, thereby supporting early career staff to innovate and take an active role in their profession's development

Student supply

The supply of students is crucial to addressing Band 5 vacancies across the system. Several Trusts attempted to map their graduate supply by university programme, but this data was not readily available and needed new recruits to inform. System scoping would help to inform the cost benefit of promotional activity with HEIs in our 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, but particularly for the occupational therapy and speech and language therapy professions.

Figure 16

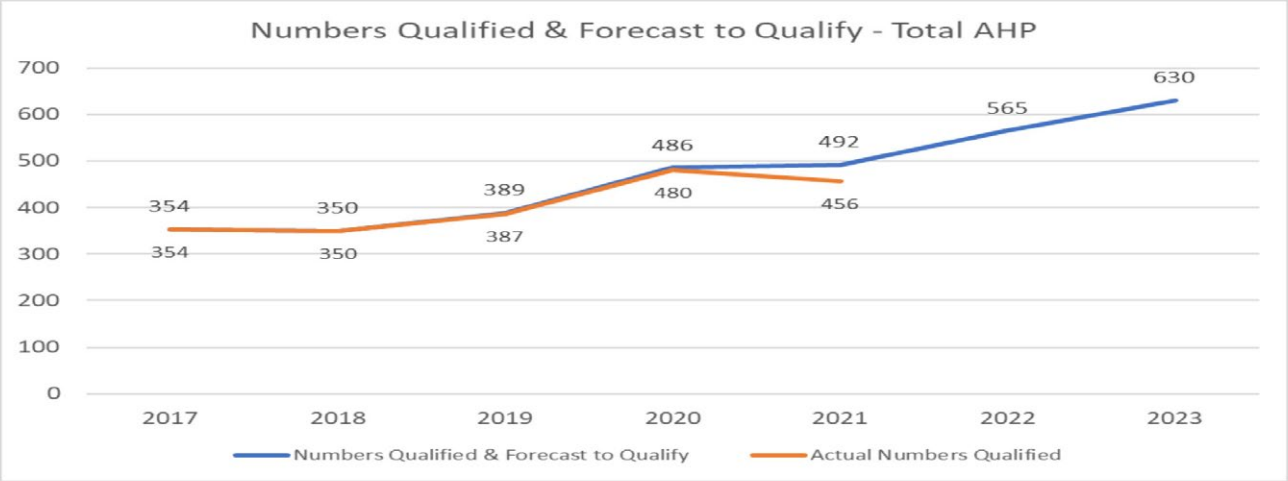


Figure 16 shows LSC student numbers for courses provided by HEIs and Greater Manchester and Cheshire & Mersey, detailing the number of students who have qualified (orange line), and the number who have qualified and are forecast to qualify (blue line). Due to data limitations, the forecast numbers do not take time into account. For example, the forecast number for 2022 is the number of students forecast to qualify at some point from the cohort that was expected to end in 2022 – it is not the number of students forecast to qualify in 2022.

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.

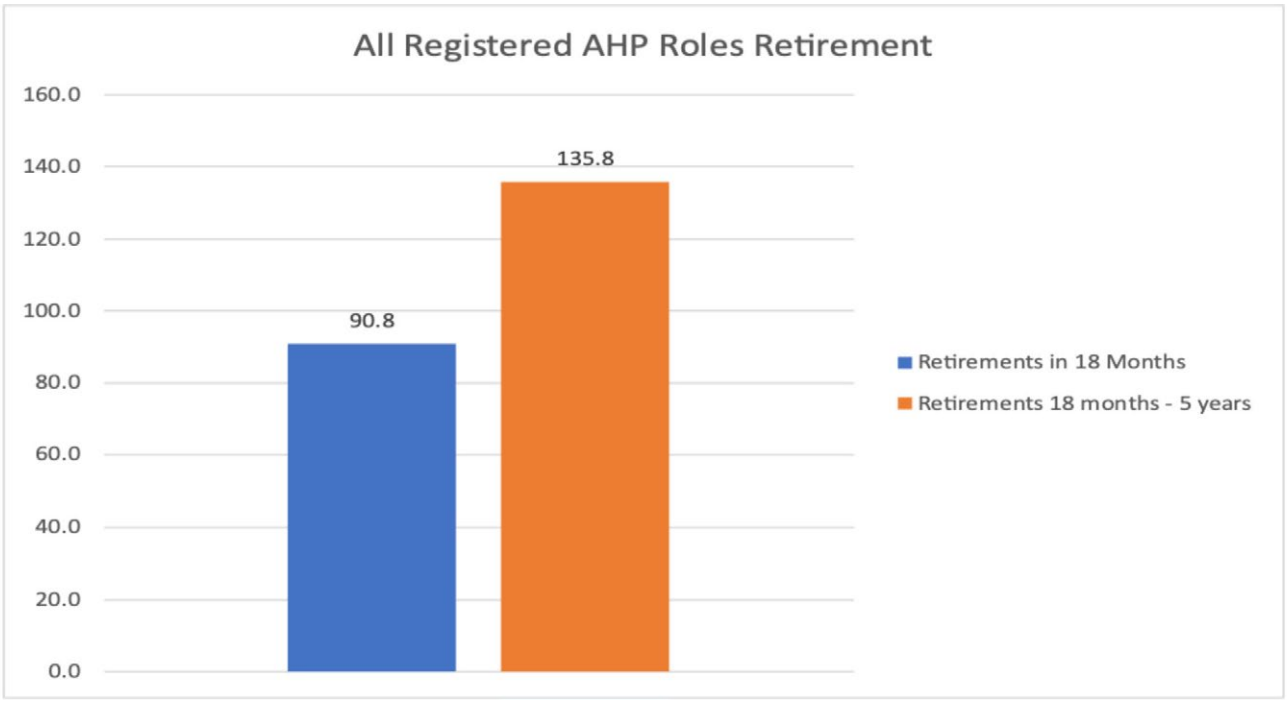
The AHP workforce team have led and championed Practice education awards for reimagining learning (PEARL Awards) , across the Lancashire and South Cumbria system. This is a highly successful initiative in recognising and developing quality placement approaches and fostering engagement across our educators, 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.

AHP workforce demand

Trust report data gives details of areas impacting on workforce demand, and the predicted position at 18 months and 5 years.

Retirement

Figure 17

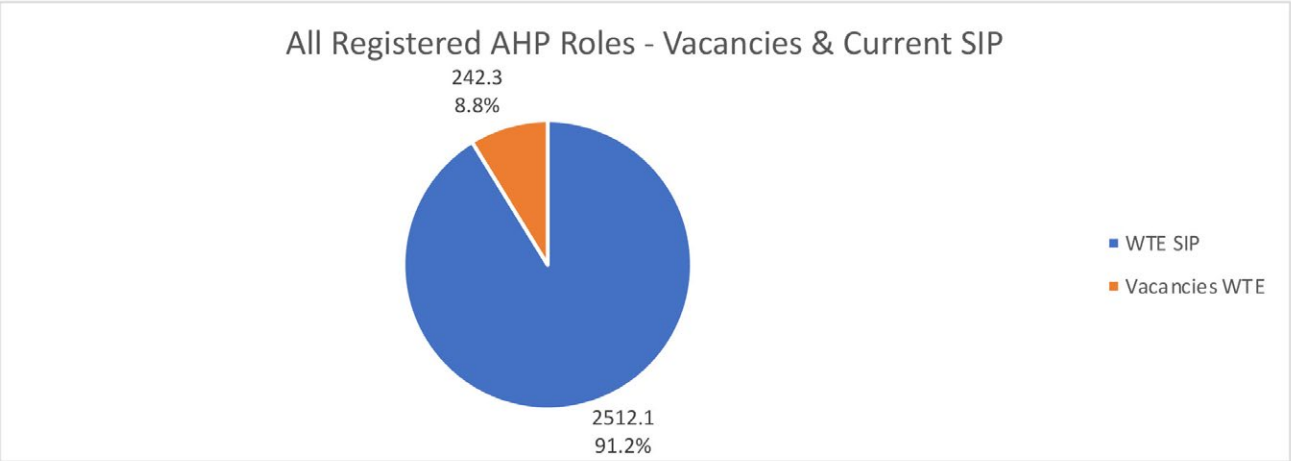


Retirement predictions detailed in Trust reports were captured from ESR data on workforce age profile, but there are caveats to this. Retirement age is a predictor, but increasingly staff may retire and return, which may provide opportunities to retain specialist skills. Consideration must be given to a proportion of staff covered by special class status, enabling them to retire with a full pension at age 55. Increasingly, clinical and leadership staff are choosing to retire early and, while they may return to a post, this will not usually be full time due to pension implications.

Age profiles for the prosthetics and orthotics professions in Trust reports suggest a large number of retirements within a relatively short timescale, as approximately 40% of the workforce are more than 55. Podiatry services have a high percentage of staff who are aged more than 50, with as many as 42% in some organisations. In one ODP organisation, 30% of the workforce is more than 50.

Vacancies

Figure 18



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 details according to profession are detailed later in the 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%**.

To understand staff retention within our services, it is helpful to distinguish between turnover and leavers:

Turnover: staff who have left the NHS; and staff who have moved to other NHS Trusts
Leavers: staff who are believed to have left the NHS completely

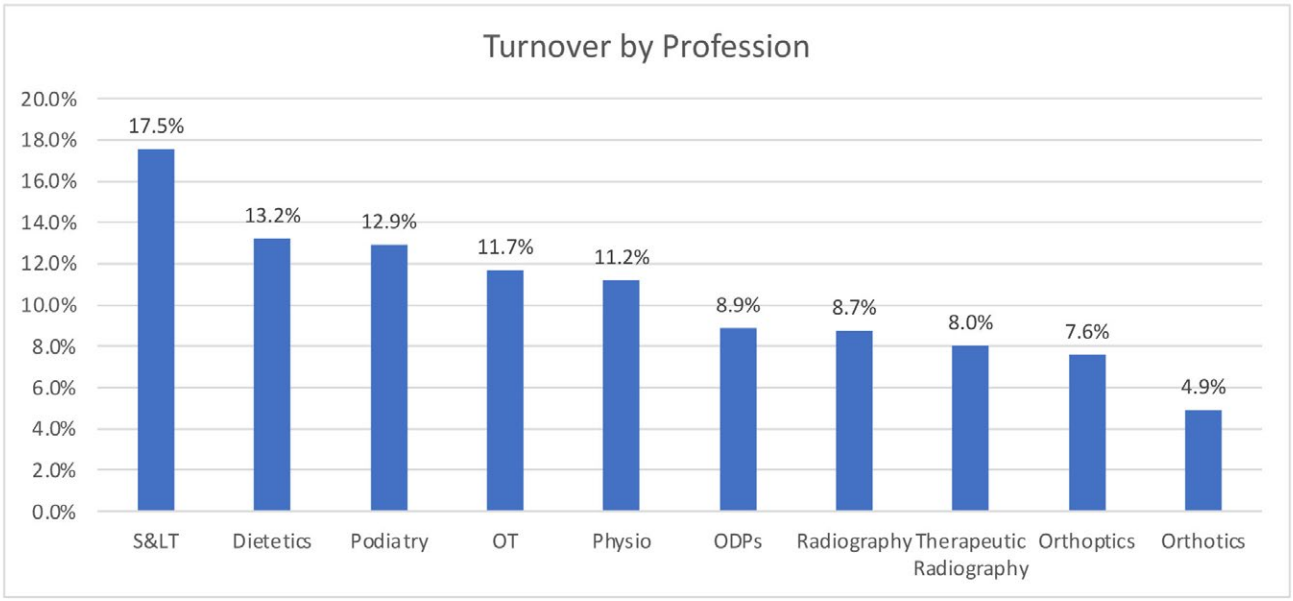
Staff in professions offering more opportunity for private work, such as podiatry and physiotherapy, are more likely to leave the NHS although, nationally, occupational therapy has a high leaver rate. Staff turnover can mean that staff are moving to another organisation for reasons of promotion or skill development.

Organisations can also measure internal movement and system movement:

Internal movement: staff who have left their roles for other roles in the same organisation – this data is not usually captured for workforce reporting to chief AHPs
System movement: staff who leave for primary and social care – this cannot be clearly measured

Figure 19 details the turnover of AHP staff by profession in LSC.

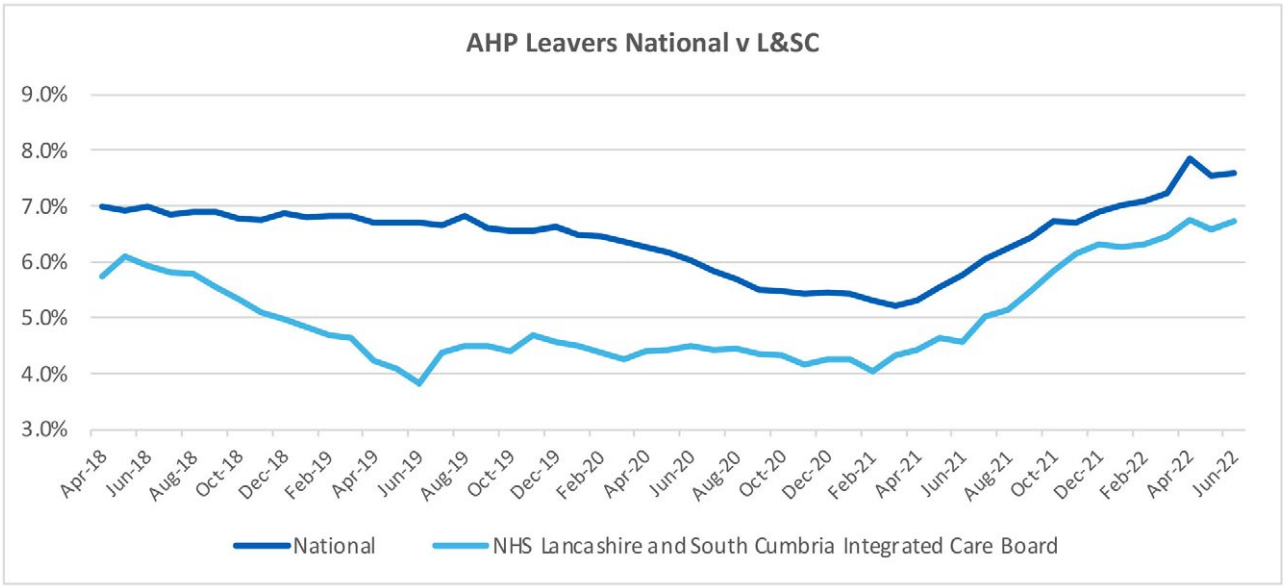
Figure 19



The data shows that speech and language therapy, dietetics and podiatry have the highest turnover rates compared with other professions, although all professions are experiencing significant turnover rates.

Figure 20 details AHP leavers nationally and in LSC.

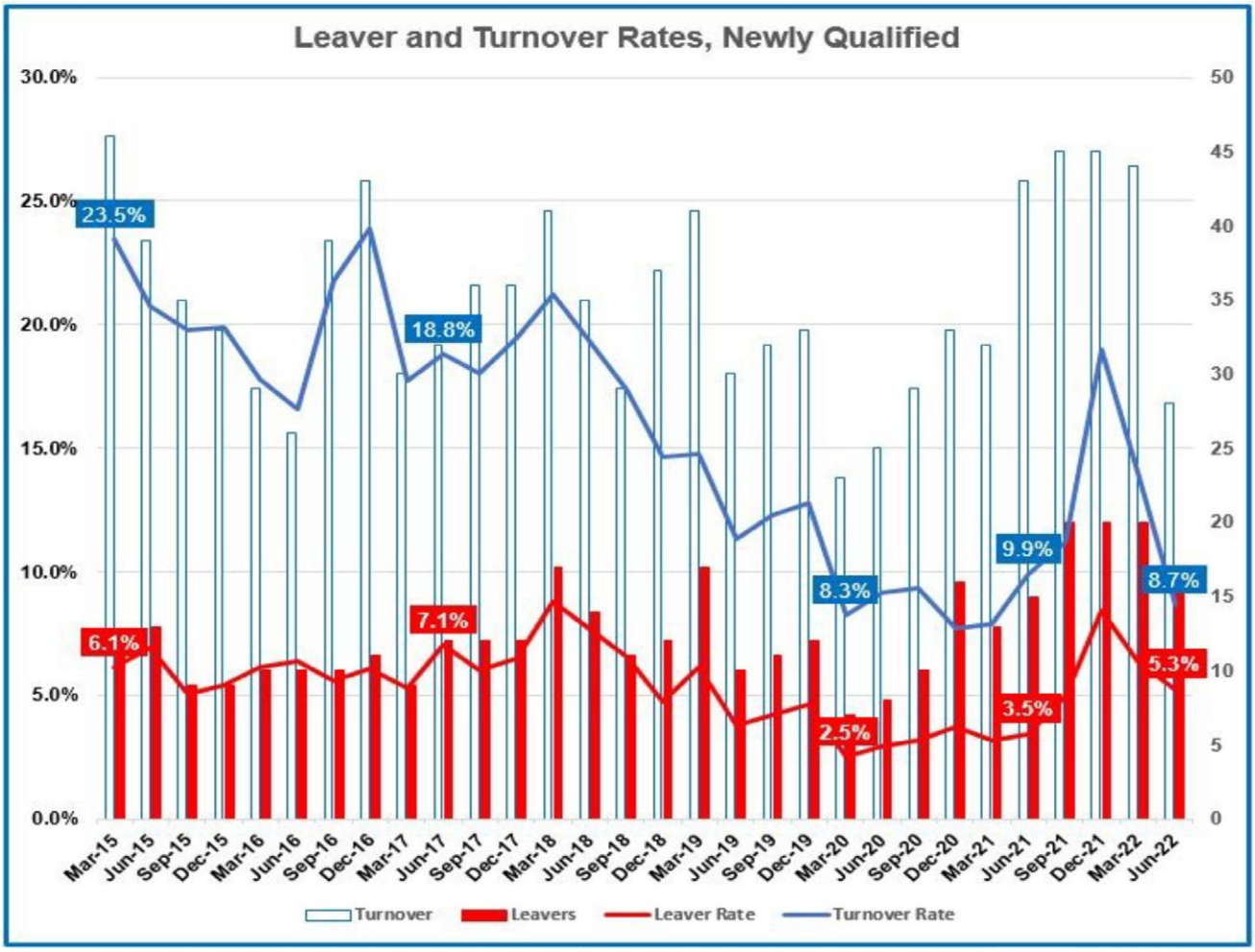
Figure 20



The rate of leavers in the system has increased sequentially since February 2021, but is still lower than the national leaver rate.

Figure 21 details leaver and turnover rates for newly qualified AHPs in LSC.

Figure 21



The average national AHP turnover rate for newly qualified staff is 21.6%. 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.

Clinical service demand

NHS delivery continues to evolve, with service initiatives stimulating new needs and workforce demands. 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 ICB are also a key factor in considering future clinical staffing demands. It should be noted that:

- the full impact of the coronavirus pandemic is not yet known. Nationally and locally, we are seeing increased demand for all AHPs employed by the organisation, to address a backlog

of conditions not managed, or which escalated, during the height of the pandemic; new conditions resulting from lockdown restrictions; and due to people having had the virus
- post-pandemic recovery and restoration activity is impacting on demand and supply of all AHPs
- the pandemic has had an impact on patients, many of whom are presenting with a higher state of acuity and complexity, requiring more AHP resources.
- increased cancer incidence and an ageing population will put demands on supply for all AHPs, particularly the imaging and radiotherapy workforce
- the introduction of community diagnostic hubs has increased the demand for diagnostic radiographers
- there is a drive to move more AHP services to 7-day provision
- there is potential for the current escalated Medicine bed bases to be funded permanently, impacting the majority of AHPs
- ICS investment cases have resulted in newly established AHP posts, for example stroke service development. Significant work has taken place to address stroke workforce challenges. To address the SLT workforce issues around new graduate dysphagia competencies, LSC has employed an SLT AHP Clinical Workforce Development lead for stroke to support the dysphagia competency development of Band 5 staff across the region. Each community stroke team now has funding for an AHP ACP post. This role was developed to recognise the need for specialist clinical leadership in community teams. It offers a career progression route that had previously been identified as a barrier for retaining staff in stroke services. LSC is working with UCLAN to develop stroke-specific modules for the ACP course
- the potential integration of acute and community AHP services in LSC may create efficiencies or more demand dependent on commissioning reviews
- workforce development is taking place in the areas of inpatient mental health and learning disabilities for occupational therapy, physiotherapy and SLT
- there is an eating disorder core service, and a first contact practitioner business case is progressing, with demand for occupational therapy posts
- workforce productivity needs to be evidenced

Summary of risks by profession

Figure 22 details risks and mitigating actions by AHP profession. The following overarching actions apply to all professions:

- each service is to self-assess against ethnicity data and develop internal action plans to increase supply from local communities
- each profession is to establish an internal 'grow your own strategy' for AHPs

Figure 22

AHP	Summary of risks	Summary of mitigating actions
Dietetics	Significant risk to service delivery across the system with high numbers of vacancies Current and future supply for newly qualified dietitians is at risk; no local change predicted until 2024 Some services have significant Band 5 vacancies (some at 14%), with difficulty in filling Band 5 posts Level 6 and MSc pathways are in the process of being finalised by HEE – currently, the length of the pathway is seen as a barrier. Further work required to widen access to profession and increase supply Potential risk for future leadership and succession planning needed across the system Need to maximise the volume of support workers to support service delivery	Investigate Level 6 degree apprenticeship or MSc option for 2024 start for 3 Band 4 nutrition graduates Further joint work with the Faculty and HEIs is required to widen access to training places for the profession Potential risk for future leadership and succession planning needed across the system Need to maximise the volume of support workers to support service delivery Services are modelling over-recruitment at Band 6 to manage supply and career progression Potential risk for future leadership and succession planning needed across the system An ICS-wide approach is needed for specialist service developments, for example head and neck cancer Seek investment in new role introduction at 8a level in specialist areas such as stroke, to further grow specialist skill sets Seek investment for ACP roles (head and neck cancer, neonatal intensive care unit, pancreatic cancer and gastroenterology) Improve engagement with HEIs, with targeted recruitment of Year 3 students on placement Develop positive and innovative recruitment strategies

AHP	Summary of risks	Summary of mitigating actions
Diagnostic radiography	Predicted future demands increase at a greater rate than expected and as a result waiting lists continue to grow; post-pandemic recovery may not be realised Development of community diagnostic hubs anticipated to increase staffing requirements significantly, with subsequent pressures on supply Significant gaps across the system in Band 6 and 7 posts It is anticipated the profession will not meet the workforce gap through usual recruitment Reduced utilisation of widening access to the profession compared with other professions Competition from private companies attracting Band 5 staff Potential risk for future leadership and succession planning	Collaborative approach to recruitment across the system Need to scope current approach to apprenticeship supply route for diagnostic radiographers to improve take-up and widening access to the profession Need to scope role of support workers for the profession As it is anticipated the profession will not meet the workforce gap through usual recruitment, there is a need to consider increasing and retaining international recruitment candidates Need to understand development needs of the current international recruits to support retention Complete succession planning exercise as a priority Develop positive recruitment strategies, both into the profession and post qualification

AHP	Summary of risks	Summary of mitigating actions
Occupational therapy	High volume of vacancies Significant future demand from potential service developments, for example local current and future supply of Band 5s, increasing challenge in supply chain for Band 6 roles, training numbers not meeting demand Vacancies are difficult to recruit for in community services, which has a significant impact on smaller specialist teams Potential risk for future leadership and succession planning needed across the system	It is anticipated the profession will not meet the workforce gap through usual recruitment so need to consider increasing and retaining international recruitment candidates Offer split rotational posts at Band 5 to gain community experience. Maintain at this band to support succession plans Need to continue to scope current approach to apprenticeship supply routes to improve take-up and widening access to the profession Work with the Faculty and local HEIs to influence training numbers for supply Develop positive and innovative recruitment strategies Complete succession planning exercise as a priority Continue to ensure robust preceptorship programmes are in place to support the retention of newly qualified staff. Continue investment and roll out of Level 6 degree apprenticeship New role introduction at 8a level in specialist areas such as stroke, to further grow specialist skill set

AHP	Summary of risks	Summary of mitigating actions
Operating department practitioners	Limited visibility of ODP as a profession Pressures in theatres in relation to Covid restoration may lead to increased recruitment of nurses. Gaps in service recovery may impact on ability of staff required to meet service needs Band 2 and Band 3 staff can opt to choose a nursing or ODP pathway Some Trusts have high percentage of staff more than 50 years old. This creates potential risk for future leadership; succession planning needed across the system	Need to continue to scope current approach to apprenticeship supply routes, with investment to improve take-up and widen access to the profession Promotion of ODP career opportunities among theatre support workers Work with the Faculty to support targeted approach to raise profile of ODPs Further investment in data monitoring to ensure clear understanding of ODP workforce Develop positive and innovative recruitment strategies Continue to ensure robust preceptorship programmes are in place to support retention of newly qualified staff
Orthoptics	Small profession across the system Lack of consistent approach to career structures across the system Potential risk for future leadership; succession planning needed across the system	Ensure adequate career development and upskilling is in place across the system Continue to ensure robust preceptorship programmes are in place to support the retention of newly qualified staff Explore implementation of competency frameworks across the system Complete succession planning exercise as a priority Suggested review of professional structures to include Band 5 posts Develop clear career progression pathways, for example ACP Sharing of best practice from digital pilots to support service delivery and improved working environment for staff

AHP	Summary of risks	Summary of mitigating actions
Physiotherapy	Physiotherapy has seen an increase in establishment over last 18 months, but staff in post have not kept pace, leading to pressure on vacancies There are risks of vacancies in all bands in both acute and community services Several Band 8 vacancies will be compounded by retirement in the next 5 years, posing a risk to leadership and management in certain specialist teams. Several senior clinical highly specialist staff are due to retire in next 1–2 years Potential risk for future leadership; succession planning needed across the system As a high percentage of the workforce is aged under 35, there is a risk that they may not get the support required as experienced staff retire	All services to complete succession planning exercise as a priority Increase support worker pathway for Trainee Assistant Practitioner (TAP) and Level 6 apprenticeship in physiotherapy Recruit students before graduation Explore further the collaboration of acute/ community rotations to develop early experience in both areas Offer Band 8a development posts to Band 7 staff Consider sharing and rolling out best practice from services to improve recruitment initiatives An ICS-wide approach is needed for specialist service developments, for example stroke and cancer services Seek investment in new role introduction at Band 8a level in specialist areas such as stroke, to further grow specialist skill sets. Identify clear career progression pathways, for example ACP Continue to ensure robust preceptorship programmes are in place to support retention of newly qualified staff. Develop positive and innovative recruitment strategies Continue engagement with regional learning reform programme to ensure sufficient learning environments for pipeline

AHP	Summary of risks	Summary of mitigating actions
Podiatry	Highest number of vacancies reported at Band 5 level Pressure on workforce due to the number of retirements in the next 18 months. Some Trusts have a high percentage of staff over 50 years old. Potential risk for future leadership; succession planning needed across the system Increasing demand of diabetic caseload may outstrip current capacity Low volume of support workers to support service delivery	It is anticipated that the profession will not meet the workforce gap through usual recruitment so there is a need to consider increasing and retaining international recruitment candidates Adjust skill mix in departments to increase volume of Band 5 and support worker roles as vacancies emerge A better understanding is needed of the impact of the ration of high number of part-time to full-time posts on productivity and staff recruitment and retention A recruitment strategy for newly qualified podiatrists in the 20–24 age range should be considered Continue to scope current approach to apprenticeship supply routes to improve take-up and widen access to the profession Complete succession planning exercise as a priority Continue to ensure robust preceptorship programmes are in place to support retention of newly qualified staff

AHP	Summary of risks	Summary of mitigating actions
Speech and language therapy	Significant risk to service delivery across the system, with high numbers of vacancies Major risk to new service development plans with current supply issues Over-recruitment at Band 5 to compensate for problems recruiting to Band 6 posts means this band is over-established in some areas Most of the workforce is female, leading to gaps in supply Senior clinical highly specialist staff due to retire in next 1–2 years As a high percentage of the workforce is aged under 35, there is a risk that they may not get the support required as experienced staff retire Potential risk for future leadership; succession planning needed across the system	Need to continue to scope current approach to apprenticeship supply routes to improve take-up and widen access to the profession Over-recruitment at Band 5 can support the development of staff into Band 6 posts where there are vacancies An ICS-wide international recruitment drive is recommended Develop positive and innovative recruitment strategies Need to explore creative approaches to flexible working An ICS-wide approach is needed for specialist service developments, for example stroke, head and neck cancer. Seek investment in new role introduction at Band 8a level in specialist areas such as stroke, to further grow specialist skill sets Complete succession planning exercise as a priority There is a need to maximise the volume of support workers to support service delivery

AHP	Summary of risks	Summary of mitigating actions
Prosthetics and Orthotics	Some Trusts have a high percentage of staff more than 50 years of age Potential risk for future leadership; succession planning needed across the system Large number of retirements likely to happen in a short space of time Difficulty in recruiting highly experienced replacements Percentage of support worker roles is lower than in other professions Need to maximise the volume of support workers to support service delivery	Urgent need for future leadership and succession planning across the system Services to seek investment in the creation of training posts to support hard- to-fill positions, requiring highly experienced replacements Career progression from Band 5 needed to fill Band 6 vacancies Need to continue to scope current approach to apprenticeship supply routes to improve take-up and widen access to the profession. Need to scope the role of support workers for the profession Complete succession planning exercise as a priority
Therapeutic radiography	A reduction in training places (from 400 in 2016/17 to 300 in 2021) with high attrition – this may impact on the ability to recruit newly qualified staff	Work with HEIs and the Faculty to reduce student attrition and improve student experience

AHP support workforce

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.

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.

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. 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.

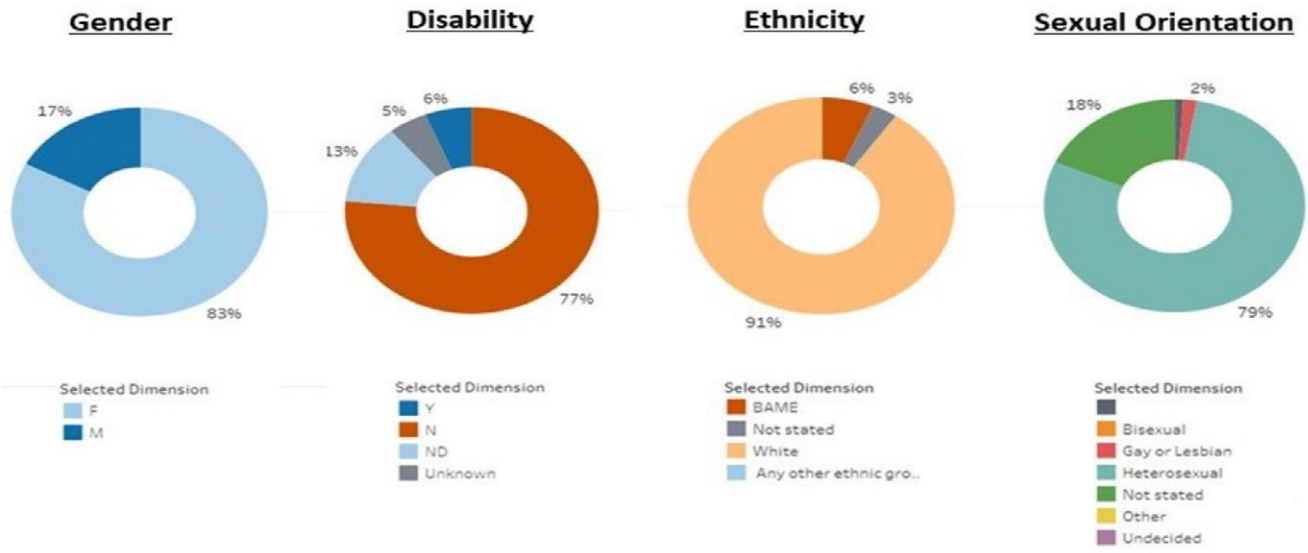
"The best thing about my role is being able to manage my own caseload/visits and seeing a variety of patients making each day a learning day. There is room to progress, and I have a very supportive team to help me achieve this . I was given the opportunity to attend University, fully funded by my workplace, to do an apprenticeship to progress onto being a Band 4 Assistant Practitioner. I am now in my final month of my two-year course and due to be awarded my Foundation Degree in February 2023. I hope to progress onto the Dietitian apprenticeship so that I can continue to thrive doing a role I love."

Rebecca Hirst
Dietetic Assistant, Department of Nutrition and Dietetics

Allied Health Professions: Support workers (across all services/areas)

Workforce profile

Figure 23



While there is broad diversity in relation to age demographics, in some organisations more than 40% of the support workforce is over 50 years of age, indicating the need for significant succession planning. The workforce is predominantly female White British. There is limited diversity across the support workforce in relation to ethnicity and diversity.

Supply

The attraction and recruitment of AHP support workers was not identified as a concern within Trust reports except within ODP services. ODP support roles are not widely understood and as a result have proven more difficult to recruit to.

Turnover rates for support workers are not formally reported, but anecdotally turnover is said to be minimal, with good retention across professions. At the time of reporting, many professions have few support workforce vacancies and, where these exist, active recruitment is taking place. There is a clear approach to 'grow your own', with level 3 and 5 apprenticeships under way and further roll-out planned in some organisations.

All current OT apprentices were recruited from our support workforce. It is anticipated that a proportion of the assistant practitioner workforce in all professions will then become the future registered AHPs. However, there is a lack of strategic development of workforce roles in most AHP professions.

Demand

In line with the expectations of increased demand for the registered workforce, the same is expected for the support workforce. More demand is anticipated in the professions with well-established support worker roles, and those currently without are hoping to develop the roles soon. Post-pandemic recovery and restoration activity has increased demand, and new specialty investment cases in development will potentially increase the need for support workforce roles. A strategic plan is required to address consistency across the system in both role and banding to support retention, productivity and efficiency

Education and development

Educational attainment and qualification among support workers were scoped as part of the Trust workforce projects to gain an understanding of the current position and future needs. The consistency was variable, with AHP support workers holding a wide range of qualifications ranging from GCSEs, A levels, BTECs and NVQs to profession-specific training such as foot care assistant.

Several AHP support workers hold an assistant practitioner qualification: in one organisation, 10 staff out of 104 were at assistant practitioner level. A few staff were in the process of completing an OT mental health assistant practitioner apprenticeship, and others were ndertaking an assistant practitioner apprenticeship within stroke and breast screening services.

It was noted that a significant number of support staff hold first-level degrees in a range of subjects: this applied to 19 staff from one Trust, who were keen to be able to pursue apprenticeship programmes. Several of these staff hold a related degree such as in sports/

psychology/nutrition and there is an opportunity to develop bespoke roles based on these to support the current workforce.

The availability of level 3 apprenticeships to enable the development of support workers is limited at present, and needs to be pursued in order to develop the workforce of the future. Such an initiative will support those staff who do not have traditional level 3 qualifications to progress.

Potential growth

While many staff felt they were working at the top of their scope of practice, around a third of support workers stated that they could take on additional tasks within their role.

Trust reports detailed a case for growth of support workforce posts in several professions, including podiatry, diagnostic radiography and dietetics.

Recruitment to ODP support roles is identified as problematic and a better understanding of ODP support roles would help with growth.

There is potential for the growth of new roles, for example in dietetics where support staff may hold nutrition degrees, thus developing an innovative role for those not wishing to complete a professional dietetic degree apprenticeship.

Offering apprenticeships and qualification support with career pathway development will have a positive impact on the supply route and make recruitment to posts more attractive.

Aggregated actions

Actions relating to the support workforce in Trust reports can be themed as follows:

Recognise and value

- Trusts should promote the voice of the support workforce, ensuring they are represented at team/directorate meetings
- AHP support workers should be encouraged to be involved in quality improvement and service development initiatives
- AHPs should be represented at Trust level 'grow your own' strategy meetings to positively influence and promote AHP support worker careers

Support and development

- Provide a structured forum where training can take place, as well as peer supervision/support that links feedback to any relevant AHP forums
- Provide clinical supervision for all support workers
- Provide training and development opportunities for support workers, ensuring they develop in line with support worker feedback and are communicated effectively
- Encourage leadership development within support workforce
- Ensure a clear career progression pathway is available for support workers, including those with existing relevant degree qualifications

Coding and banding consistencies

- Consistency in ESR classification and coding of support workers under AHP teams. The support workforce may be classified as either clinical or administrative. Clinical support worker and administrative roles range from Bands 2–4
- Consistency in use of support workforce Agenda for Change Bands/roles across AHP teams – which at the time of reporting is variable
- Maximise the benefits of the support workforce by reviewing core competencies and ensuring consistent job descriptions by Band

Career pathways and apprenticeships

- Provide any relevant and additional educational opportunities for support workers who want to progress to assistant practitioner or registered professional apprenticeship
- Provide any relevant and additional support worker training and development opportunities: specifically, towards and including levels 2, 3 and 5 apprenticeships where appropriate
- Explore in-house competency programmes for progression to Band 4 assistant practitioner for those with existing relevant degrees.
- Promote apprenticeship Level 6 route for support workers wishing to progress to a registered AHP profession

Profession-specific role development

- Targeted work to improve the utilisation of AHP support workers in the podiatry, diagnostic and therapeutic radiography and dietetic professions
- Targeted work with theatre support workers and healthcare assistants to promote potential routes into becoming a registered ODP
- Ongoing engagement with HEIs to ensure providers of trainee assistant practitioner and senior healthcare support worker apprenticeship courses are fit for purpose for AHP staff and the specialties they work in

Risks

The risks to plans for the AHP support workforce comprise:

- the lack of a clear system-wide strategic development plan for the AHP support workforce
- inequity in bandings by professional group across the ICS
- retirement across the support workforce, which will impact some small teams very significantly – succession planning should be considered

Mitigating actions

There are actions that can be taken to mitigate these risks, involving further work to:

- understand the contribution of multi-professional posts to the AHP workforce
- comprehend the variation in banding of support workers by profession
- understand those teams/specialities containing staff aged over 50 to ensure a succession plan is in place
- increase the diversity of the AHP support workforce
- develop more assistant practitioner posts

AHP profession-specific planning

The best thing about the Therapist role is the variety of job opportunities. There is great job satisfaction from improving a persons quality of life and ability to engage in their important daily activities. Lots of training opportunities for continuing professional development and job security.

Working in a team and doing the best you can for a patient and getting your role and its value recognised.

I love having a professional role and identity in the working world and being a role model to inspire future prospective students to become AHPS.

Priti Bhagat
Clinical Lead Occupational Therapist ,Intermediate Care Unit (Blackburn with Darwen)

1. Dietetics

Number of registered AHP staff: 127.1

Established

Profession overview

The supply of dietitians is a national problem, and at the time of reporting, the LSC position reflects this. However, training places have increased, with 2 additional North West programmes from 2020/21. It is predicted the LSC supply chain will improve by 2024 when local trainees graduate.

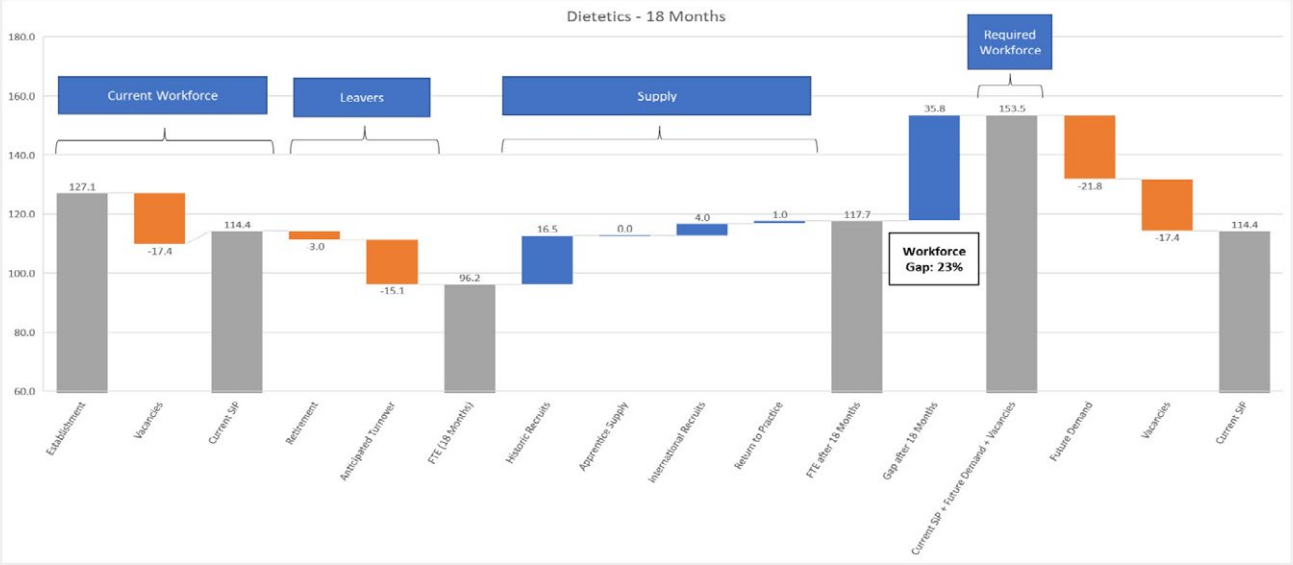
The British Dietetic Association states:

'In relation to the health and social care arena, there is marked variation in the ability to recruit. Anecdotal feedback suggests that graduate employment of newly qualified dietitians remains

strong with NHS managers reporting fewer applicants for some posts and difficulty appointing dietitians in some areas. BDA intelligence and further feedback received from HEIs indicates that, year on year, greater number of graduates are accessing careers outside the NHS.'

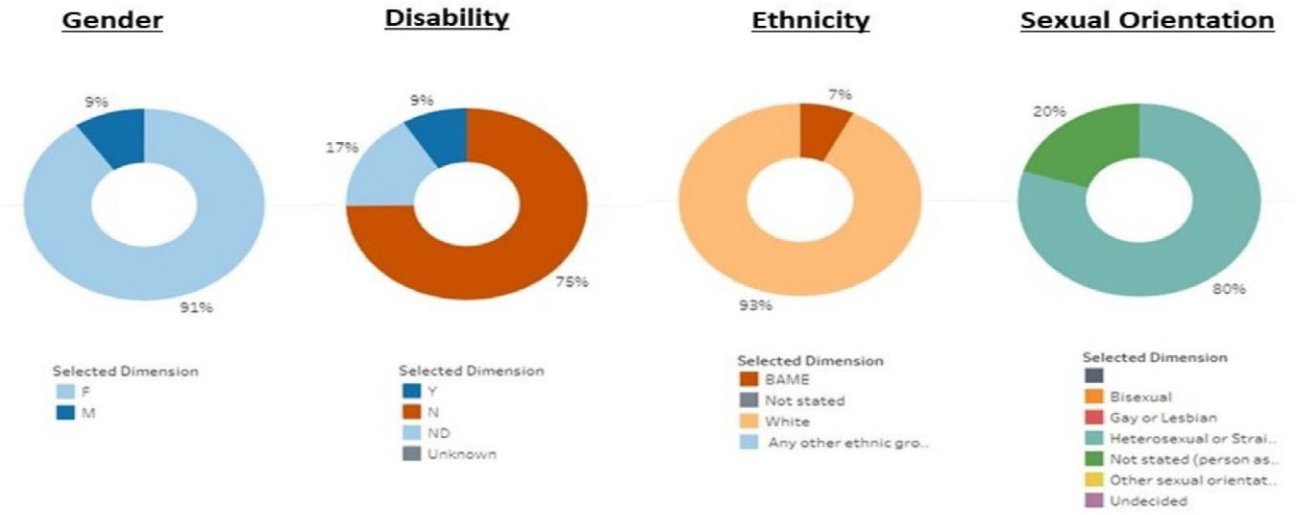
Across the LSC system, there is an 18-month predicted workforce gap of **23%** within dietetics, equating to **35.8** registered staff.

Figure 24



Workforce profile

Figure 25

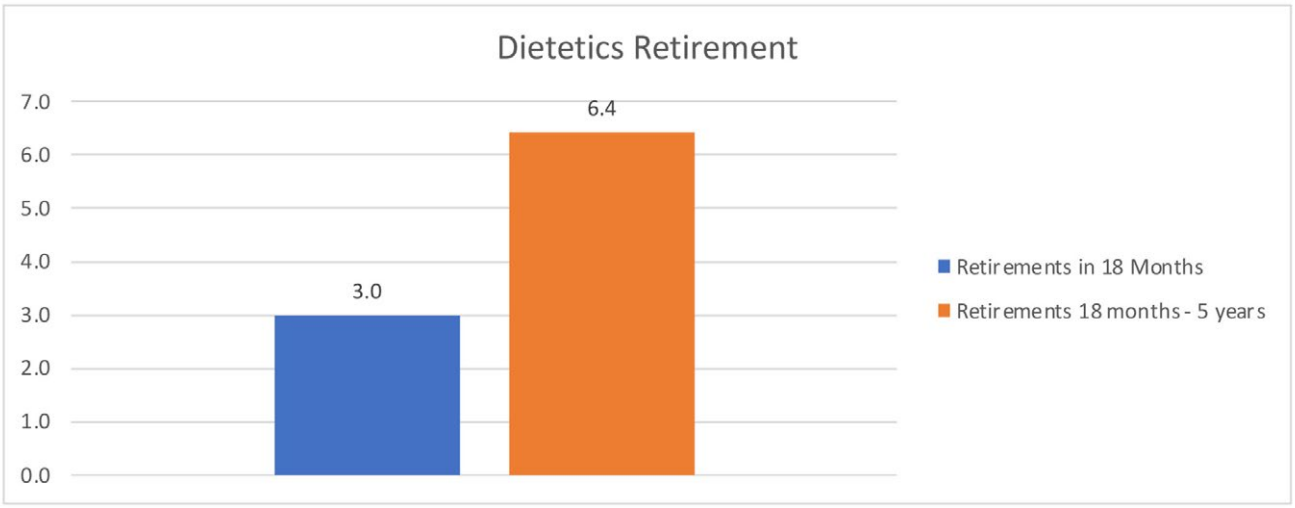


The dietetic workforce is predominantly White female – only 9% of the workforce is male. There is minimal diversity, with just 7% identifying as BAME.

Demand

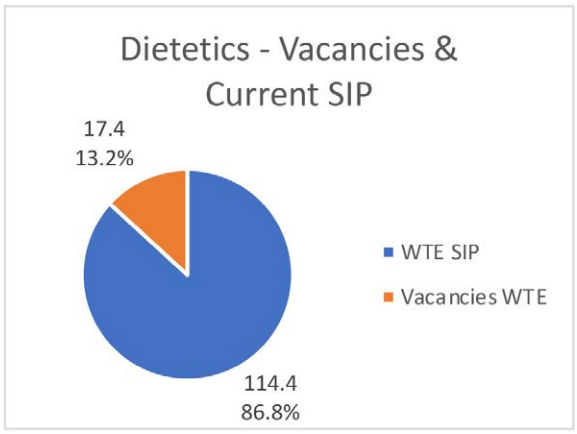
Retirement figures are based on staff retirement age profiles.

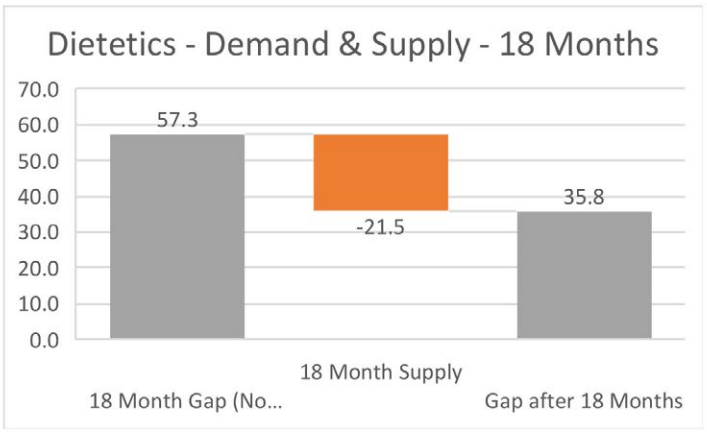
Figure 26



At the time of reporting, the vacancy rate for dietetics is high, with 17.4 vacancies across system.

Figure 27





Demand is predicted to rise steadily over the coming years and could be influenced by many factors, for example:

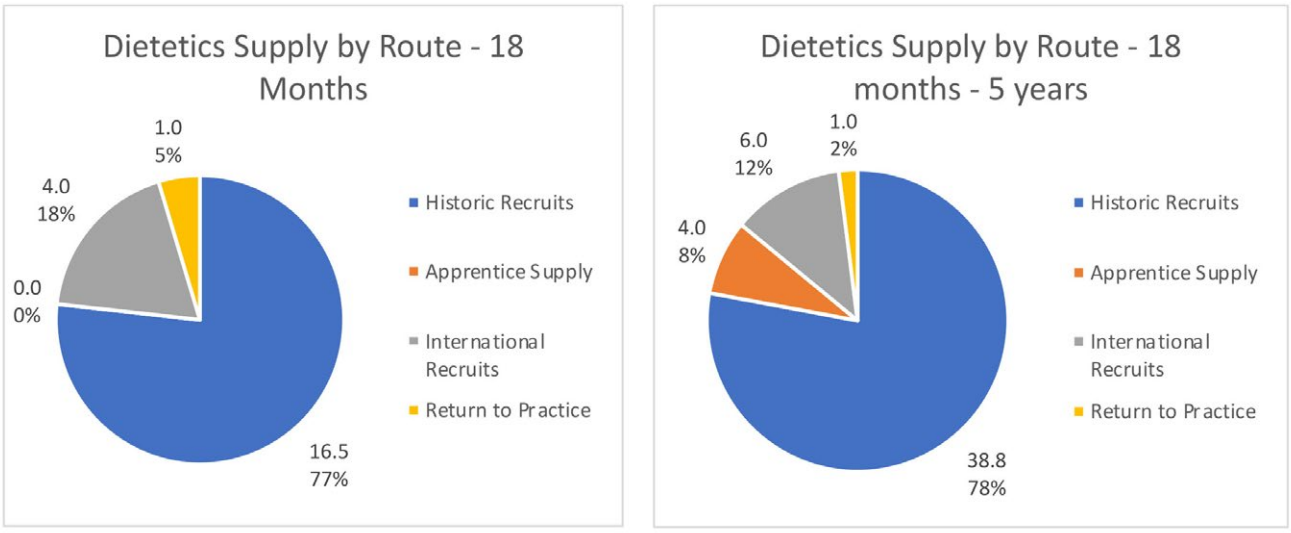
- the assistant practitioner role – this requires further development in some Trusts to create opportunities to 'grow our own' once the apprenticeship programme is procured and accessible
- current escalation areas within the Trust – these are being considered for permanent funding,

which would provide investment for dietitians. Previously, dietitians have not always been included in new bed-based developments, but it is vital that this is rectified going forwards
- potential for future integration between acute and community dietetics services in central Lancashire – this would be combined with a commissioning review, which may bring investment

Supply

International recruitment and return to practice have previously contributed to the dietetic supply and are expected to continue to do so across the 18-month period. There is an appetite for apprentice posts, which will contribute to the 5-year supply picture.

Figure 28

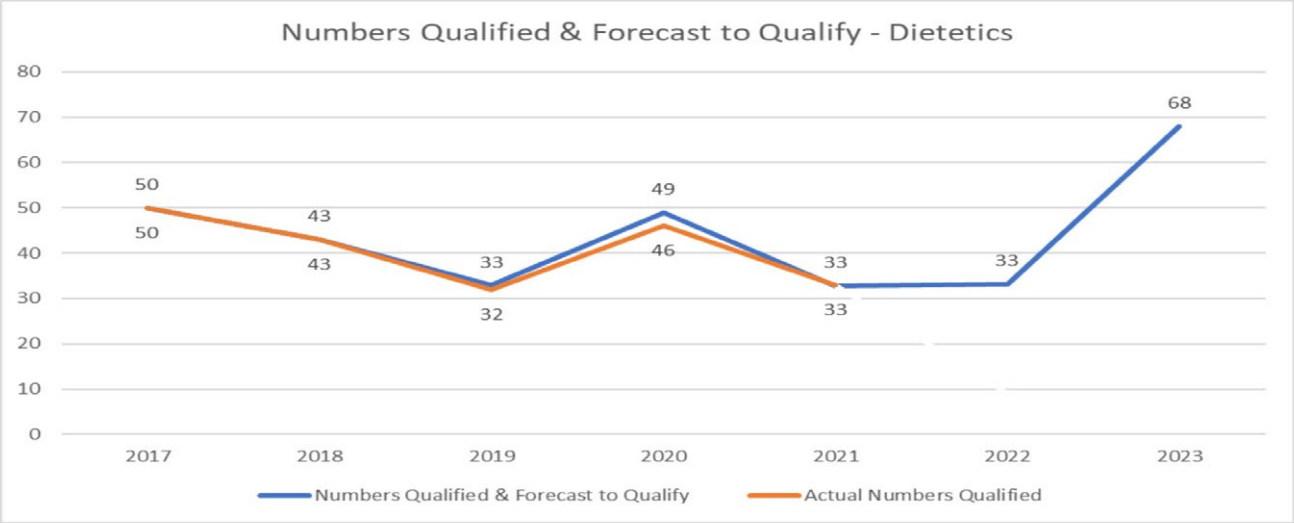


The support workforce, specifically patient-facing roles, is small in comparison to other AHP groups and is identified as an area for development.

Many current dietetic support workers have degrees in nutrition, meaning that, if they wanted to, they would meet the requirements for the assistant practitioner foundation degree programme and/or the degree apprenticeship. There is also the opportunity for developing new roles for these staff to maximise the number of Band 4 roles.

Graduate supply has historically only been from one university in the North West – Chester University. However, dietetic degree programmes commenced at Manchester Metropolitan University and UCLAN in 2022, increasing graduate numbers in the North West. There is value in providing increased student placements and in establishing close links with programme providers.

Figure 29



Aggregated actions

In terms of aggregated actions, it is important to:

- continue to recruit to the existing vacancies in all organisations
- develop more Band 5 posts – this will attract a graduate/early career dietetic workforce that supports succession planning
- establish apprenticeship posts within dietetics
- promote career pathways/new roles for support staff with nutrition qualifications
- establish closer links with the dietetic course providers within the current system to support placement and the potential local supply route

2. Occupational therapy

Number of registered AHP staff: 568.6

Established

Profession overview

Occupational therapists (OT) are on the UK shortage occupation list. The future supply of OT graduates through traditional AHP programmes is static and insufficient to meet future demand; therefore, new pathways need to be considered

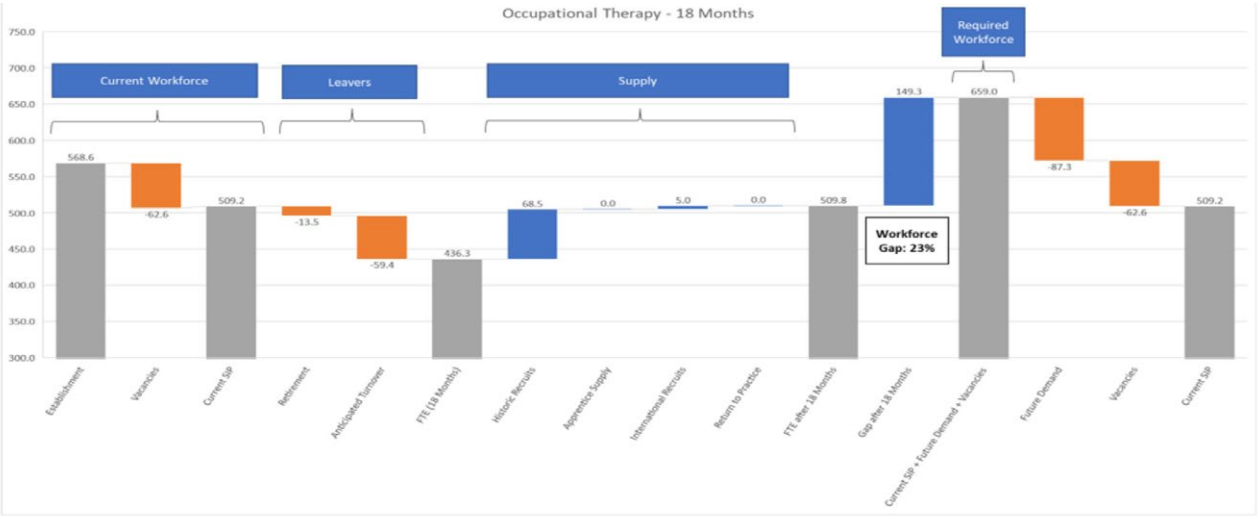
The Royal College of Occupational Therapists states:

'Recruitment and retention issues in occupational therapy have been the subject of significant concern for many years. There is a small evidence base which suggests that satisfaction, professional development opportunities, career development pathways, supervision and the positive aspects of an individual's role may impact positively on the occupational therapy workforce (Scanlan et al, 2010). It is suggested that factors leading to poor retention specific to the occupational therapy profession include lack of role definition, poorly perceived professional prestige, the negative influence of generic work, inadequate professional support or continuing education, stress, and burnout.'

OT services in LSC face significant challenges in Band 5 recruitment and some Band 6 specialty areas. There has been a strong commitment to apprenticeship supply, with 18 places secured in the March 2022 regionally procured course at Sheffield Hallam University and plans for continued cohorts in 20232/4. International recruitment is also being considered.

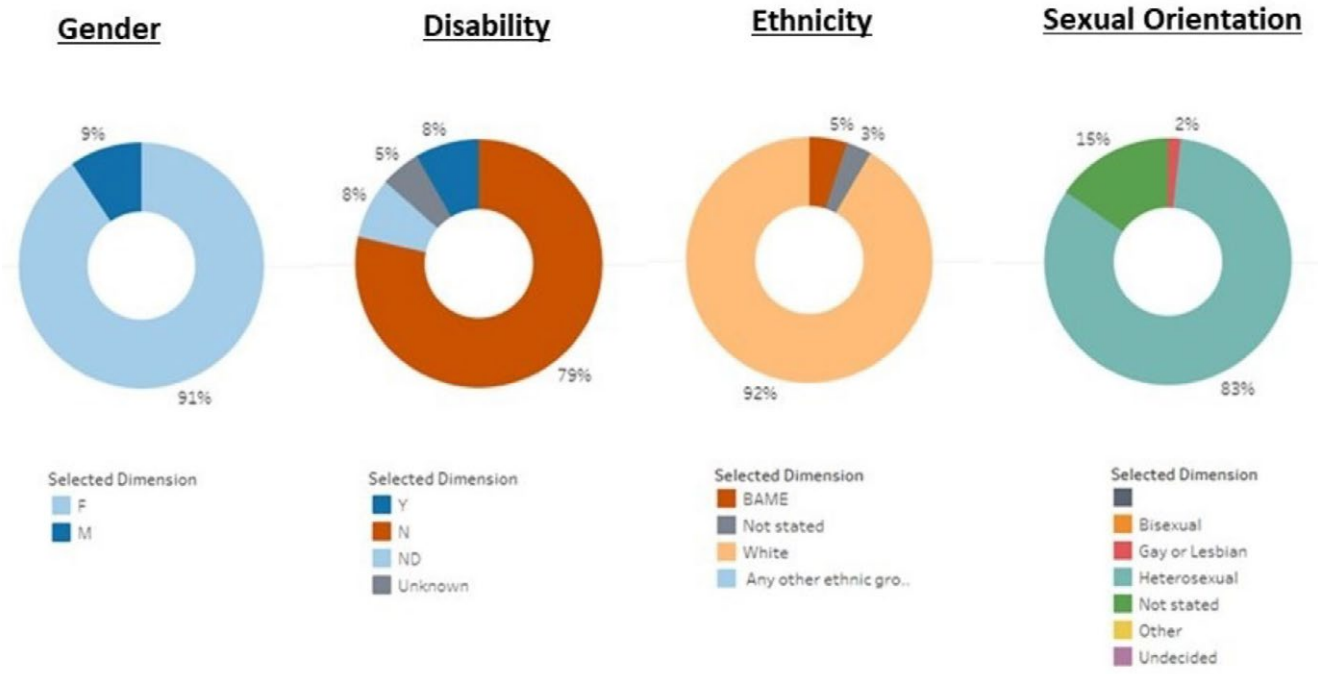
Across the LSC system, there is an 18-month predicted workforce gap of **23%** within OT, equating to **149.3** registered staff.

Figure 30



Workforce profile

Figure 31



The OT workforce predominantly identifies as female at 91% – just 9% of the workforce is male. 8% of the workforce state that they have a disability. There is minimal ethnic diversity, with only 5% identifying as BAME. In terms of sexual orientation, 83% identify as heterosexual.

OT staff extend across a range of age groups from 20–65 years, with the largest number falling within the 40–44 and 50–54 age groups.

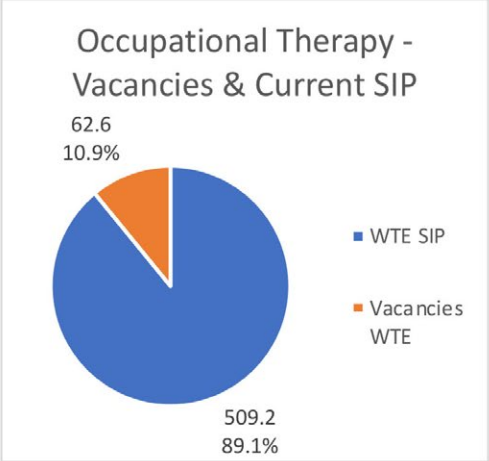
There is more diversity in the OT support workforce than in OT itself.

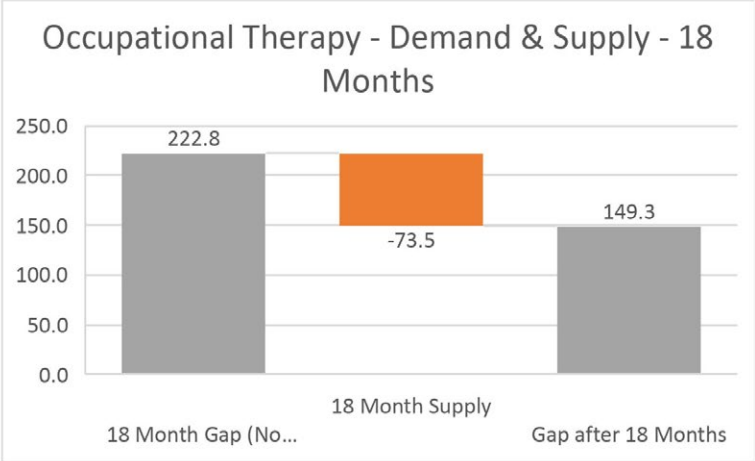
Demand

Significant numbers of staff are expected to retire in the 18-month to 5-year period – more than 31 WTE equivalent posts. At the time of reporting, the system vacancy level is 10.9% and the turnover rate is 11.2%. Demand is currently outstripping supply.

Figure 32

Figure 33





The demand for occupational therapists is expected to increase year on year as a result of:

- post-pandemic restoration and recovery – this is increasing demand, particularly in elective surgery, outpatient services and coronavirus recovery teams
- discharge development – to assess teams across the system
- developments in learning disability and mental health services
- the approval of an ICS stroke business case – funding has been secured, with additional OT posts
- significantly reduced staffing levels in one Trust compared to system partners (following a benchmarking exercise) – a pending business case could generate 10–15 posts
- potential plans to integrate acute and community services in central Lancashire – this will result in an increased requirement for occupational therapists

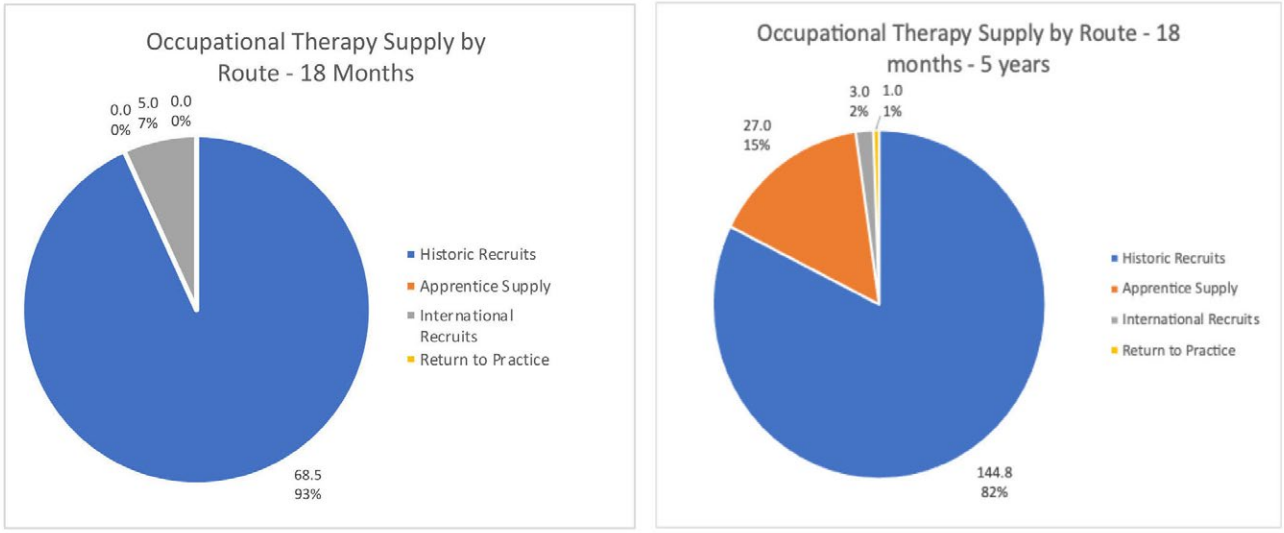
- consideration for permanent funding in current escalation areas within some Trusts – this would provide investment for OT, and demand for recruitment

Supply

Development of the OT apprenticeship within the North West region in 2021/22 provided an attractive supply route and all LSC Trusts committed to training places.

Internal recruitment to the first cohort of the apprenticeship demonstrated the demand for such opportunities within the support workforce. While this supply route will not be realised in the 18-month period, it will make a significant difference to the 18-month to 5-year supply position.

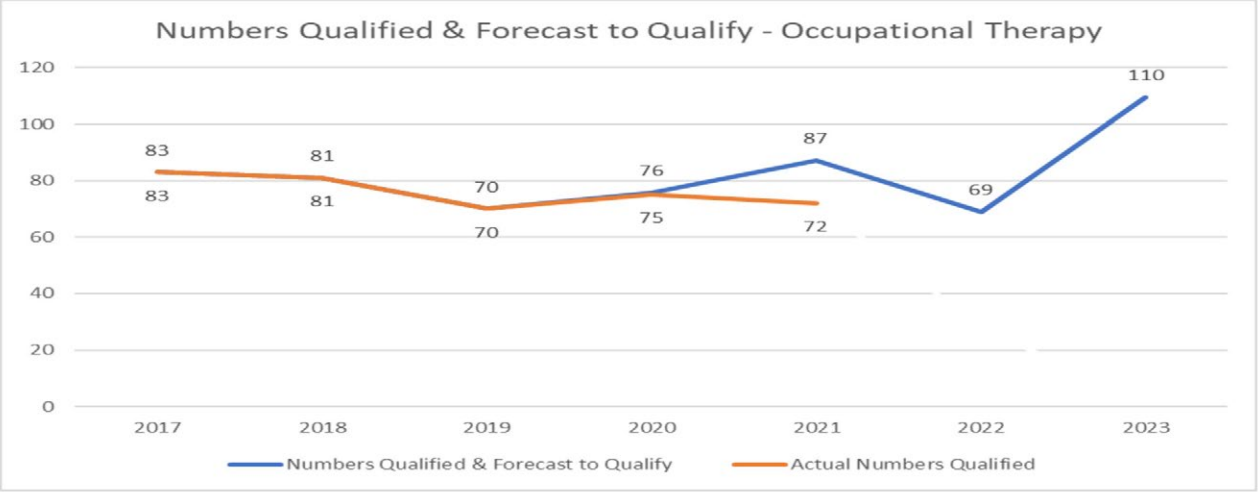
Figure 34



OT student supply in the North West has been static for several years. However, the development of an additional programme at UCLAN has generated an additional graduate supply route, and the number of graduates qualifying in 2023 will be a significant increase over 2020/21. The provision of adequate placements to support these students should enable cohort numbers to increase to meet the local workforce demand. Further work is needed to understand the attraction of graduates from local universities into LSC posts.

Take-up of offers and deferred places is low for some universities in the 2022 intake and collaborative work is under way, led by the AHP Faculty in partnership with HEIs and provider partners.

Figure 35



In terms of support staff, one Trust identified a large cohort of Band 2 OT support staff and have actioned a plan to address this as an outlier in the system. The development of assistant practitioner posts was also identified by Trusts, recognising the need to attract and retain the support workforce.

Aggregated actions

In terms of aggregated actions, it is important to:

- give immediate attention to recruiting for existing vacancies given the growing shortfall of occupational therapists available for annual recruitment
- ensure that vacancies are looked at a local/specialty level in order to understand the impact of the vacancy rate
- put in place a robust succession plan for staff aged 55–69 years
- understand the number and rationale for staff in mixed band posts
- understand where the Band 5s currently being recruited are training. If few are from UCLAN, there is a need to comprehend why that is, and what can be done to change this
- offer rotation at senior roles for specialist posts so that staff can shadow and gain experience
- embed OT roles into wider teams locally/regionally to support the development pathway for staff
- develop ACP roles in OT (HEE/Faculty)


Technical Instructor
COVID
NHS

3. Operating department practitioner

Number of registered AHP staff: 184.4

Established

Profession overview

Operating department practitioner (ODP) roles have great potential to support new ways of working outside the theatre environment: staff can be upskilled and new roles can be developed. Examples of advanced roles include:

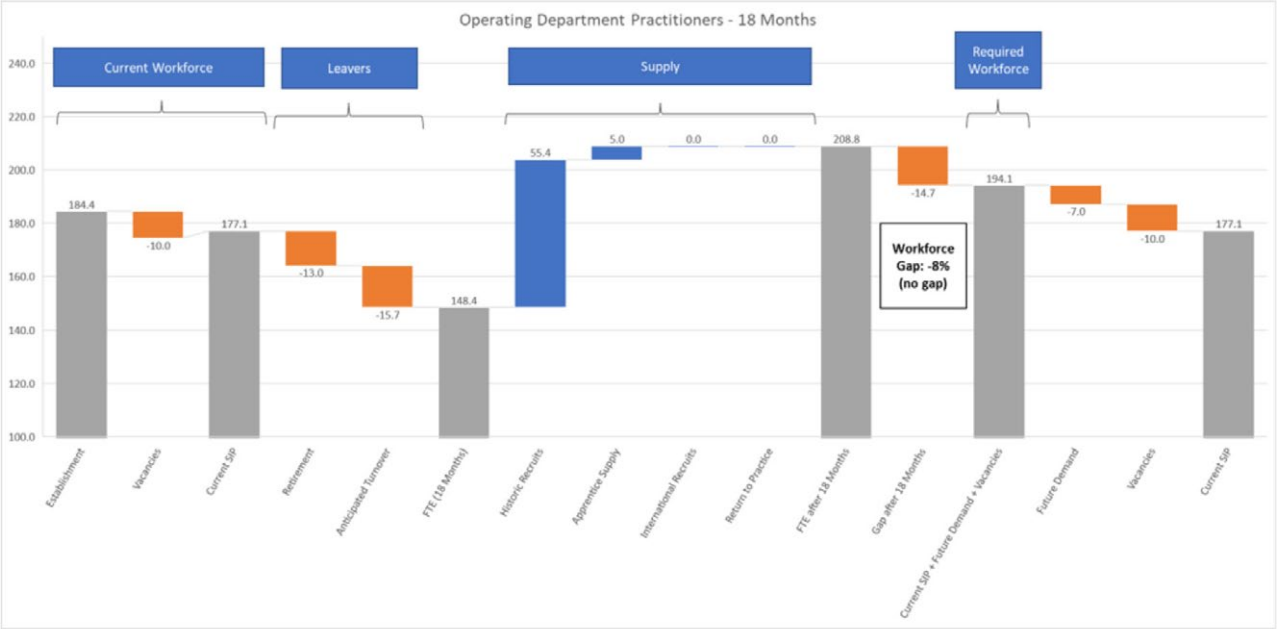
- working in the emergency department in assessment, triage, trauma and resus
- working in critical care and high dependency
- intra- and inter-hospital transfers of ventilated patients
- working in hospital resus teams as responders and trainers
- anaesthesia, for example pain practitioners
- endoscopy units as ODP endoscopists
- surgery and surgical specialities

ESR vacancies for ODPs are relatively low, but this does not reflect the true position because:

- many scrub posts have been filled by international nurses
- the ratio of registered nurses to ODPs is higher across the services (5:1 at one provider)
- there is a lack of correct coding for ESR, which affects the accuracy of the monitoring of ODS staffing numbers

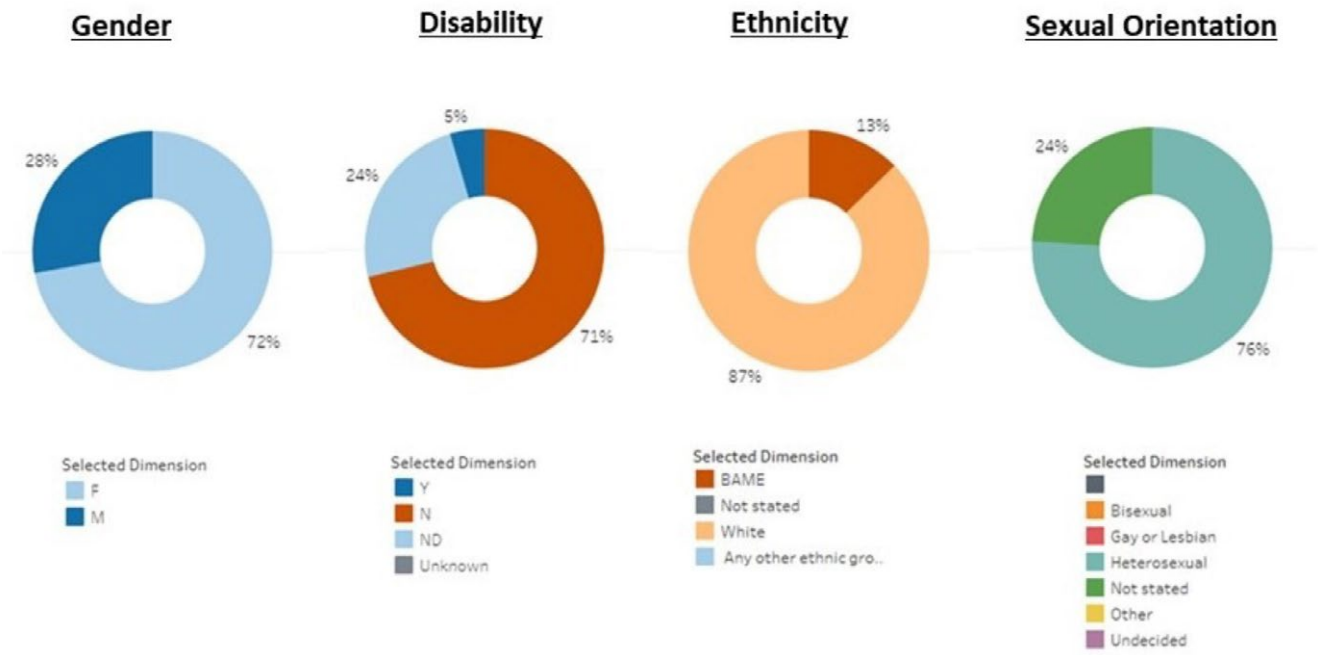
Across the LSC system, there is an 18-month predicted workforce gap of **-8%** (no gap) within ODP, equating to **-14.7** WTE registered staff.

Figure 36



Workforce profile

Figure 37



At the time of reporting, the workforce is 72% female, with only 13% identifying as BAME – it is therefore not representative of the diversity of our communities. 5% of the workforce declared a disability and 76% identified as heterosexual.

ODPs are due to face supply pressures due to the age profile of their workforce. One provider reported that 33% of its workers were more than 50 years old.

Demand

Following the coronavirus pandemic and the associated restoration programme of work, demand for ODPs is expected to continue increasing. This is to allow extra theatre lists to be scheduled and activity to be completed. It is important that the ODP unique role is fully understood and valued across the system, and that providers actively recruit ODPs over nursing staff into specific roles, as ODPs have specific skills and do not require further training on arrival.

It is a similar scenario for theatre support workers, where work is required on the culture within theatres to ensure a general understanding that the support worker skills set is different to that of a nurse. This will enable us to 'grow our own' ODPs in the future through the apprenticeship scheme.

Pressures to clear waiting lists in theatres may lead to an increase in nursing staff being brought in with qualifications in anaesthesia, rather than graduate ODPs.

Figure 38

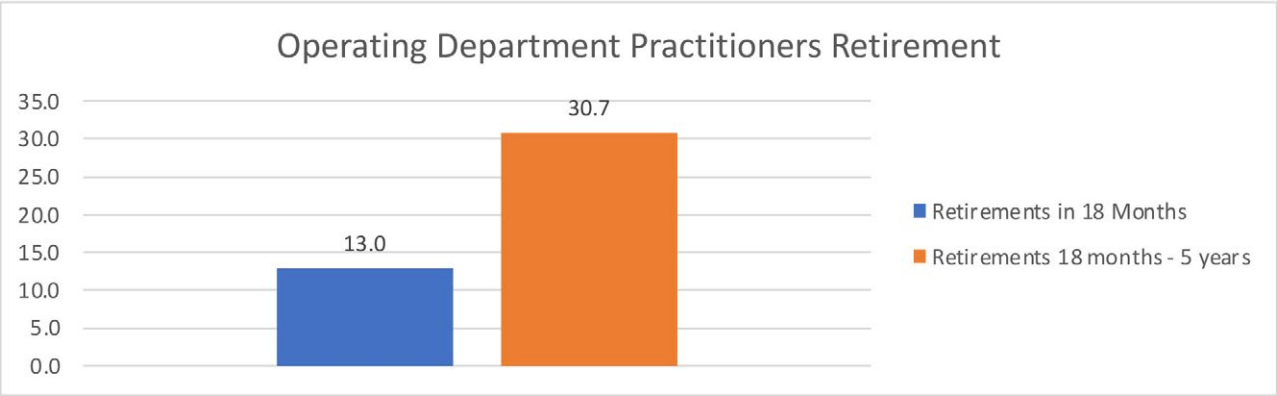
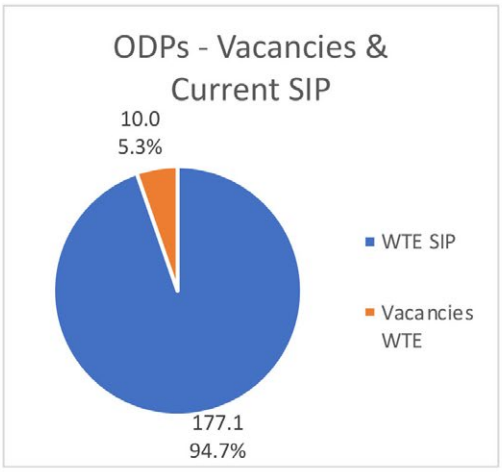
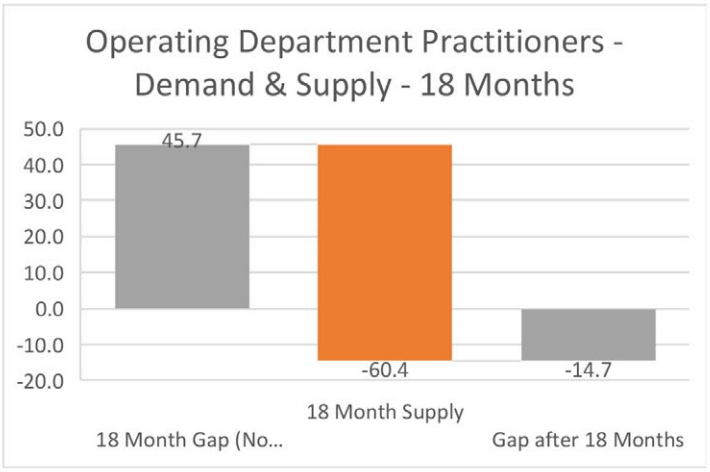


Figure 38 shows the expected retirement numbers, with a significant number at 18 months–5 years.

Figure 39





Supply

ODPs are an HCPC-registered profession. They work in perioperative care, including the anaesthetic, the surgical and the post-anaesthetic care phases.

The College of Operating Department Practitioners states:
'By funding BSc ODP apprentices, as an employer we will be able to secure a steady supply of home-grown ODPs to our workforce. Graduates will finish their training with experience in the role, no university fees to pay and with a lifelong career ahead of them as an ODP.'

Historically, some services have not attracted many ODPs to the role of theatre scrub practitioner. Some services report that recruitment tends to have been aimed only at the nursing market rather than at both the nursing and AHP markets. This issue has now been rectified.

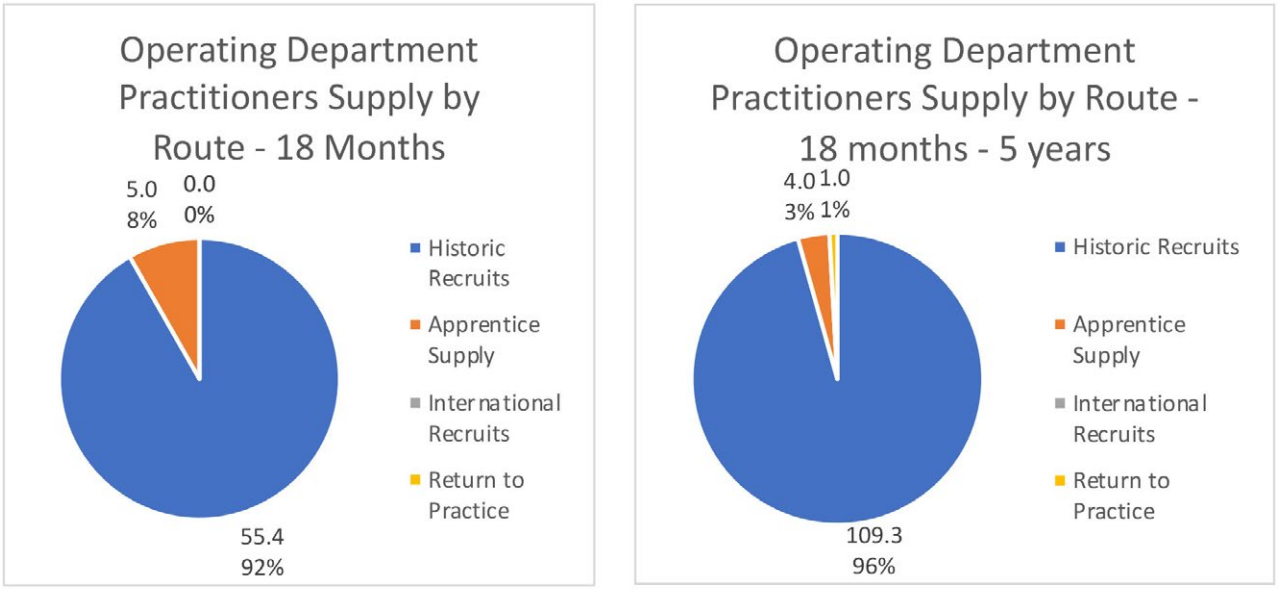
Due to workforce gaps in theatres, there has been a corporate drive to recruit international nurses with theatre backgrounds, although this presents difficulties as this role is unique to the UK.

Providers have identified that, in terms of the supply of ODPs in the system:

- there are recruitment challenges both locally and nationally, resulting in a heavy reliance on agency ODPs and nurses
- there is a benefit attached to having 2 pools of professions from which to recruit into these roles, but there is a risk that ODP roles could be eroded if nurses are recruited
- certain providers report there are a high level of vacancies, particularly at Band 5 level – this needs to be explored
- the lack of career progression is reported as an issue – training and development opportunities for staff are lacking, affecting the incentive to stay and progress internally
- ESR coding needs to be correct to enable a clear oversight of the ODP workforce, along with supply/demand data

Figure 40 shows the supply routes for staff at 18-month and 18-month to 5-year periods.

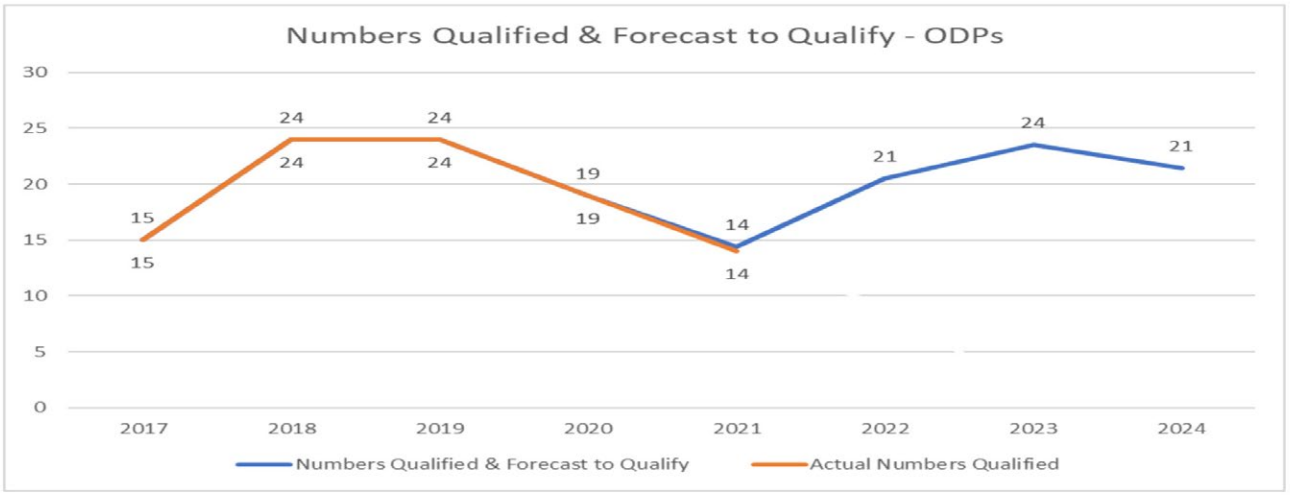
Figure 40



The 18-month prediction shows that apprenticeship will have an impact on supply, but Trust reports detailed that this would reduce in the 5-year picture.

In terms of student supply, following a downturn in numbers in 2020 and 2021, they have now returned to 2018 levels.

Figure 41



Aggregated actions

In terms of aggregated actions, it is important to:

- review preceptorship programme to be more specific to ODPs
- make recommendations on how establishments can accurately reflect the ODP profession and the role of theatre support worker – this will ensure greater visibility of vacancies and enable an understanding of gaps arising when nurses lack the full breadth of competencies compared to ODPs
- continue to separate ODPs from nurses on ESR coding to provide greater clarity over staffing position
- establish a national agreement on ratio of ODPs compared to registered nurses in theatres
- engage across the ICS to review how ODP departments are structured to support professional leadership
- review the skills mix among ODPs as currently there are mainly Band 5 roles, with minimal career progression
- undertake succession planning for senior roles
- integrate ODPs into the overall workforce and coronavirus recovery plan for theatres
- continue to engage proactively with established apprenticeship programmes
- explore and promote other apprenticeship options/potential routes for ODPs to become registered
- work with the Faculty as a system to raise profile and visibility of the ODP role
- campaign to promote ODP careers as a system-wide collaboration with the AHP Faculty, linking to the national campaign to change the culture of theatres to recognise that ODPs are specifically trained for the theatre role
- ensure all adverts for theatre practitioners are advertised to AHPs in search engines.
- advertise and support return to practice opportunities
- identify relevant ACP development routes to support the development of the wider workforce
- perform educational mapping for Band 3 nurses to identify those interested in progressing to TAP and ODP degrees versus nursing degrees

4. Orthoptics

Number of registered AHP staff: 35.3

Established

Profession overview

Orthoptists have the skills and experience to deliver on many of the core goals of the NHS Long Term Plan. For example, eye care must be recognised as central to the prevention agenda; orthoptists do vital work in areas such as rehabilitation and reducing falls in older people. They are integral to many different specialties.

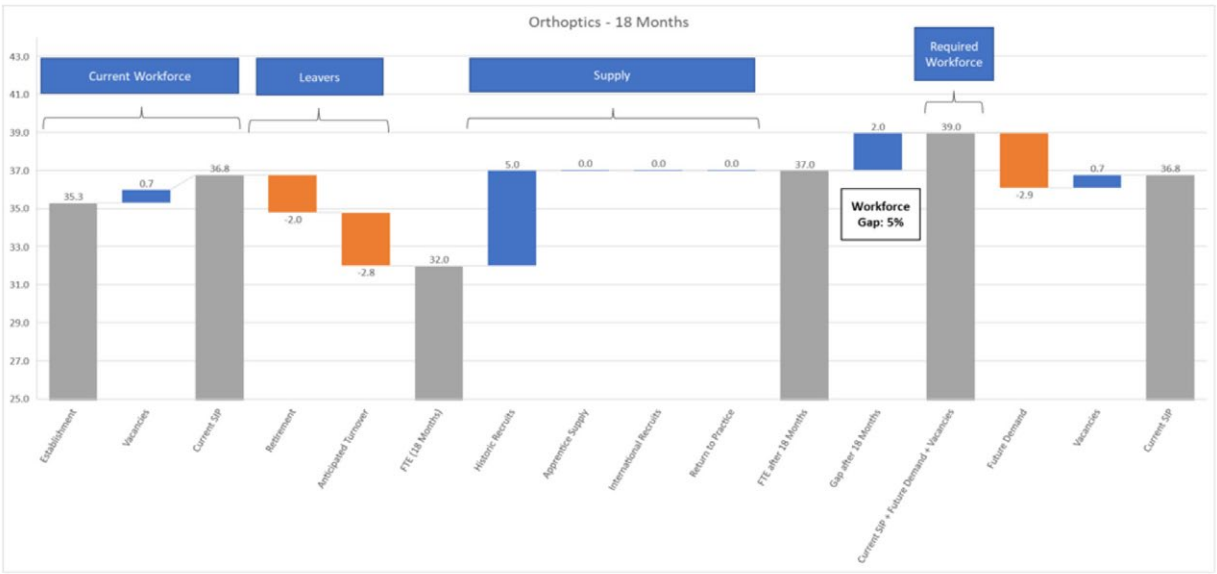
The British and Irish Orthoptic Society (BIOS) states:

'The orthoptics profession has seen a decline in student numbers following the removal of NHS bursaries. Some progress has been made through the Office for Students funded Strategic Interventions in Health Education Disciplines (SIHED) and the AHP faculties. In the orthoptics profession we have made significant progress in the development of advanced and extended roles already and would welcome the opportunity to further develop the skills and experience within the profession.'

Orthoptists are one of the smaller, more fragile, AHPs. While services do not report major issues with recruitment, the fact that teams are small means that services may be vulnerable to the loss of one member of staff. It is vital to have staff with the skills set required to maintain service delivery.

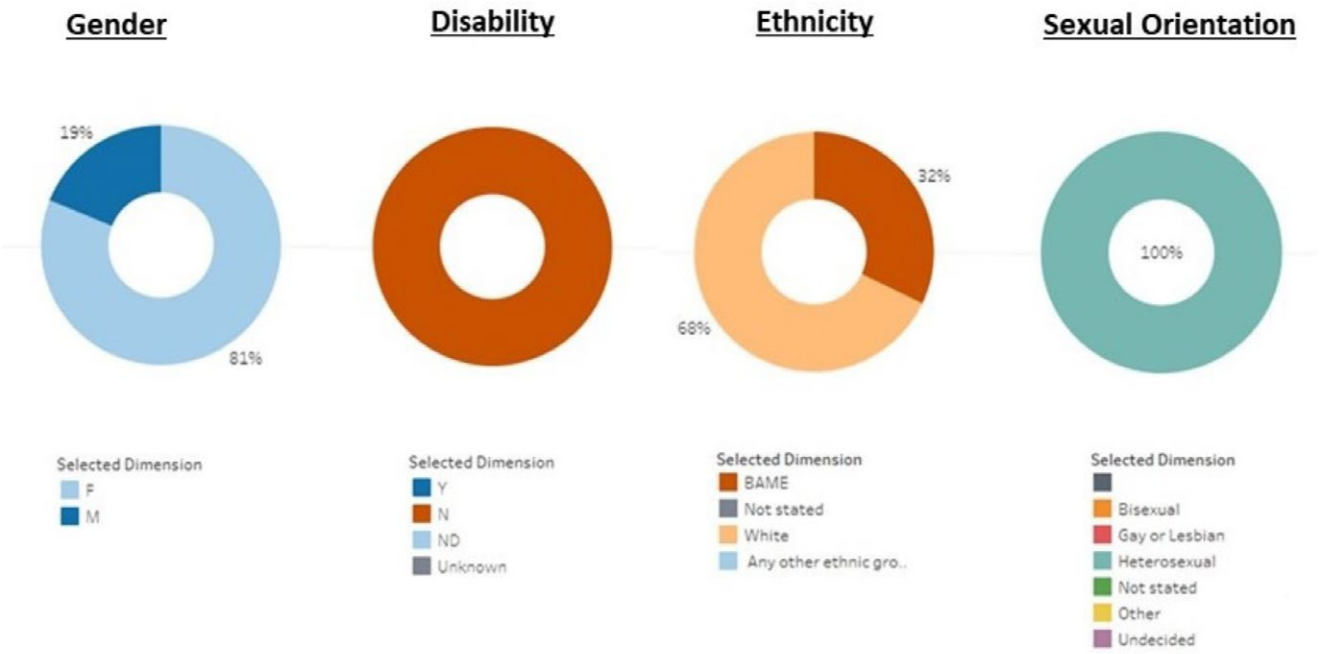
Across the LSC system, there is an 18-month predicted workforce gap of **5%** within orthoptics, equating to **2.0** WTE registered staff.

Figure 42



Workforce profile

Figure 43



The workforce across the system is 81% female.

In terms of age profile, there is a mixed picture. One service reports that 36% of registered staff are between 51 and 55 years old, which poses a risk to the skills mix in the next few years. Another service has a young age profile, with 82% of the staff being under the age of 30 years.

The ethnic diversity in orthoptics is in line with the national picture, and is the most representative of the LSC community with 32% identifying as BAME.

None of the orthoptics workforce declared a disability, and 100% identified as heterosexual.

Demand

Following the coronavirus pandemic, the associated restoration work programme and the raised profile of the orthoptics profession, demand for orthoptists is expected to continue to increase.

There has been a small increase in demand for orthoptists in the stroke specialty due to a change in the Royal College of Physicians standards and metrics. Investment will be required to meet this demand.

Newly qualified orthoptists can now prescribe specific drugs, such as eye drops for pupil dilation, under an exemption certificate. This is beneficial as it means that an orthoptist, rather than a doctor or nurse, can prepare a patient for clinical examination, which saves time and resources,

and improves the patient flow and experience. There is also the potential to further train existing registered staff.

One service reported the need to assess the requirement for additional staff training in biometry to support cataract surgery clinics. This is a potential area for staff training, with the benefit of improving the patient experience and the efficiency of the service.

Figure 44 shows the expected retirements in 18 months and 18 months–5 years, both of which are relatively low.

Figure 44

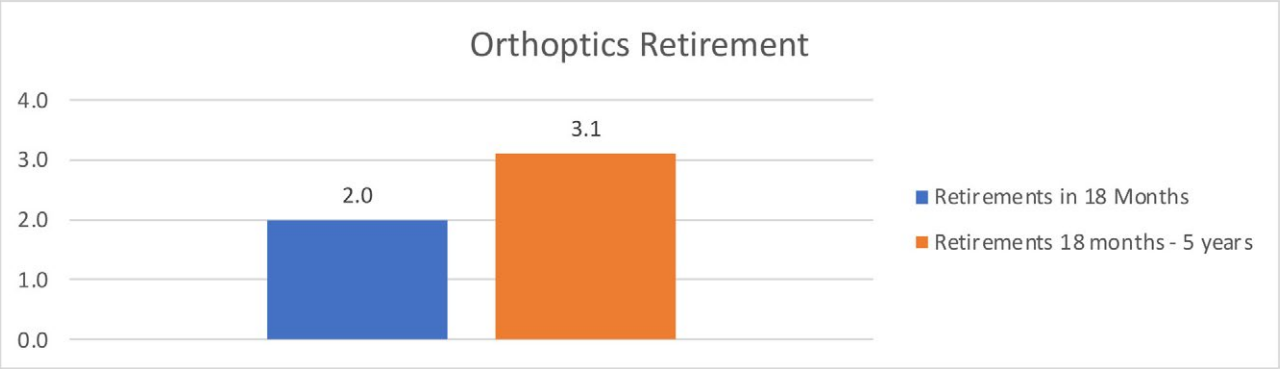
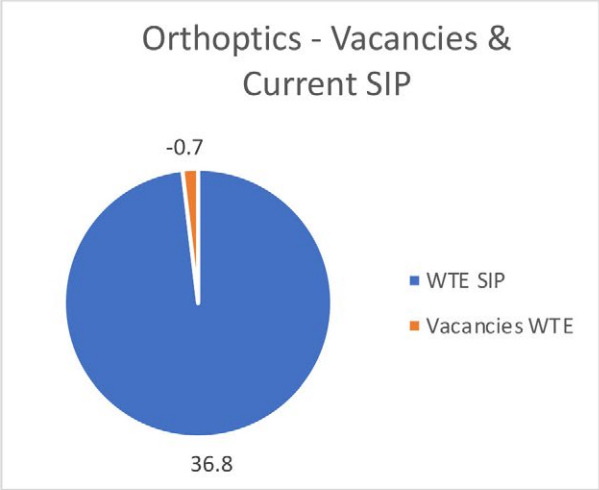
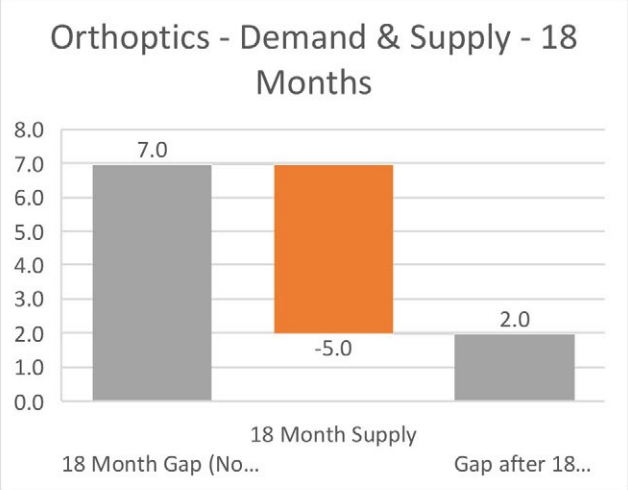


Figure 45





At the time of reporting, vacancies within orthoptics are low.

Supply

Figure 46 shows the supply by route for 18 months and 18 months–5 years. Return to practice is the only supply route noted in the 18-month–5-year data.

Figure 46

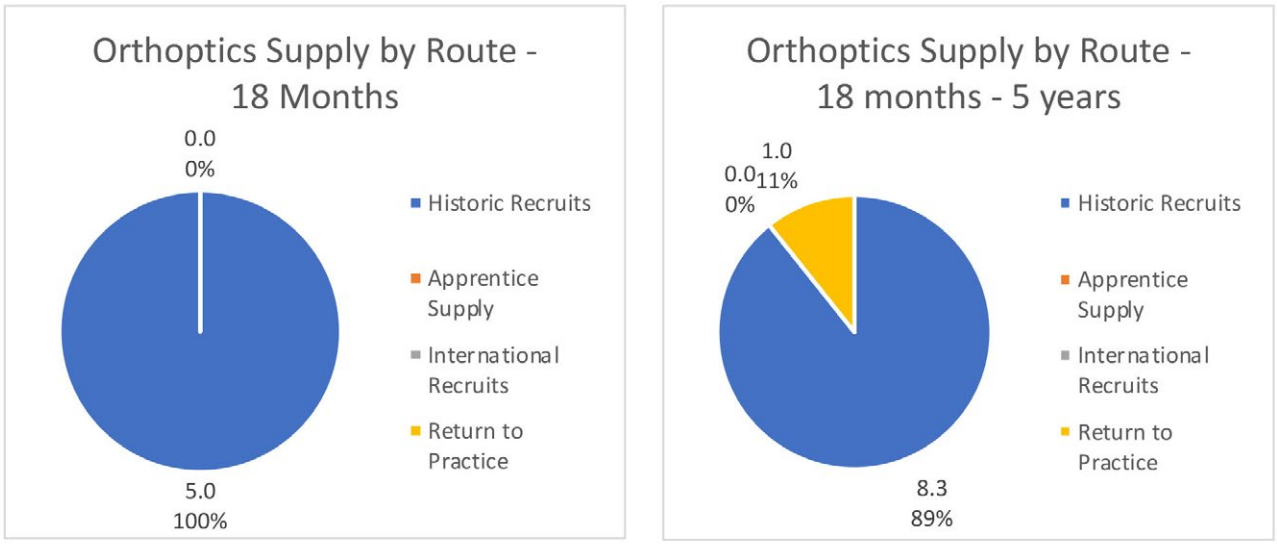
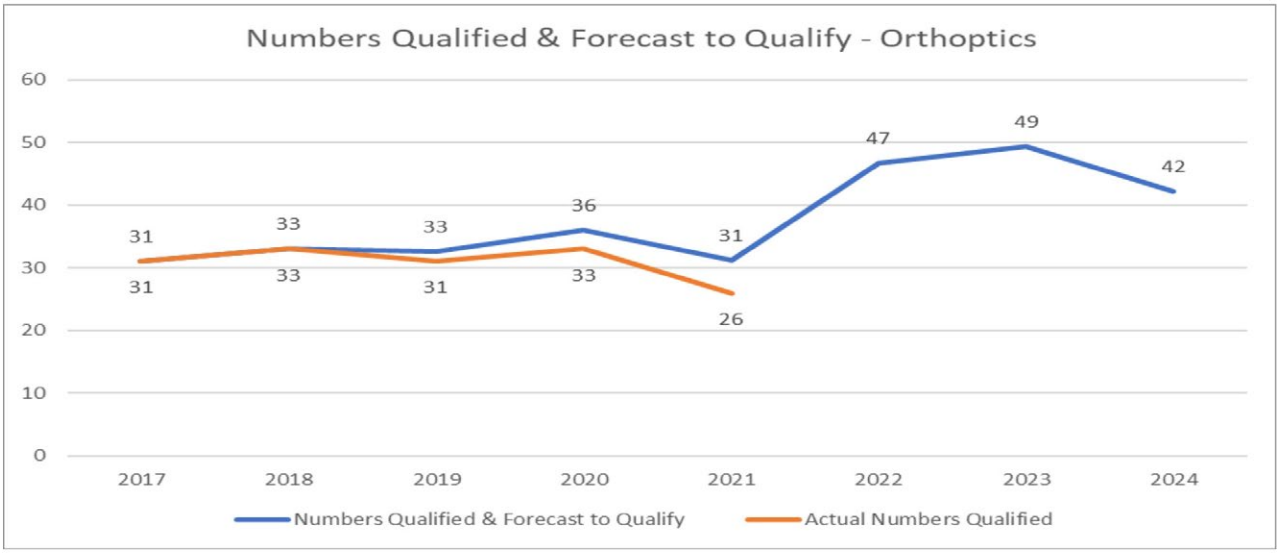


Figure 47



All providers report a healthy supply of orthoptists and do not struggle to attract, recruit, or retain their workforce. Although some teams support the education and training of students, learner placement numbers vary across the system. Despite being a small profession, there is always a healthy number of job applications for all bands.

To retain the current highly skilled workforce, a key priority will be the development of advanced practice roles in orthoptics, for example in stroke services, paediatrics and neuro-ophthalmology.

This will remove the ceiling in terms of progression for this professional group as some providers reported that they had no Band 5 posts in the baseline establishment, and others stated that they had limited scope for career progression.

There are different appetites for apprenticeship roles in this profession. The BIOS has recently started to develop non-registered roles, and some providers employ orthoptic assistants/ technicians. One service is looking to involve one or two ophthalmic technicians to work within the team in visual processing.

Some staff are being put through assistant practitioner apprenticeship programmes, and upon completion will move to a Band 4 role. This will involve conducting eye screening clinics independently in schools, which historically would have been carried out by Band 5/6 orthoptists.

Aggregated actions

In terms of aggregated actions, it is important to:

- take a system-wide approach to exploring opportunities to develop ACP roles in paediatric ophthalmology and neuro-ophthalmology
- ensure services adopt a system-wide approach to increase the profile of the profession, drive demand for orthoptics services and review how orthoptists can contribute to clinical pathways
- ensure services adopt a mutual aid approach to support smaller teams across the system, including in training and competency development
- ensure the collaboration of services, with the BIOS to develop support worker roles in the profession. This is an area for potential future development in terms of both technical and therapy roles
- complete a scoping career structures exercise across both the system and region to support the development of clear career profession structures to aid workforce retention
- explore the roll-out of apprenticeship training programmes across the system
- explore a potential area of development in terms of increasing student capacity and clinical education across the system
- perform a skills review of staff to identify future training needs in terms of succession planning for clinical, managerial, professional and leadership roles. Each service to undertake succession planning for senior/key roles

5. Orthotics/Prosthetics

Number of registered AHP staff: 19.4

Established

Profession overview

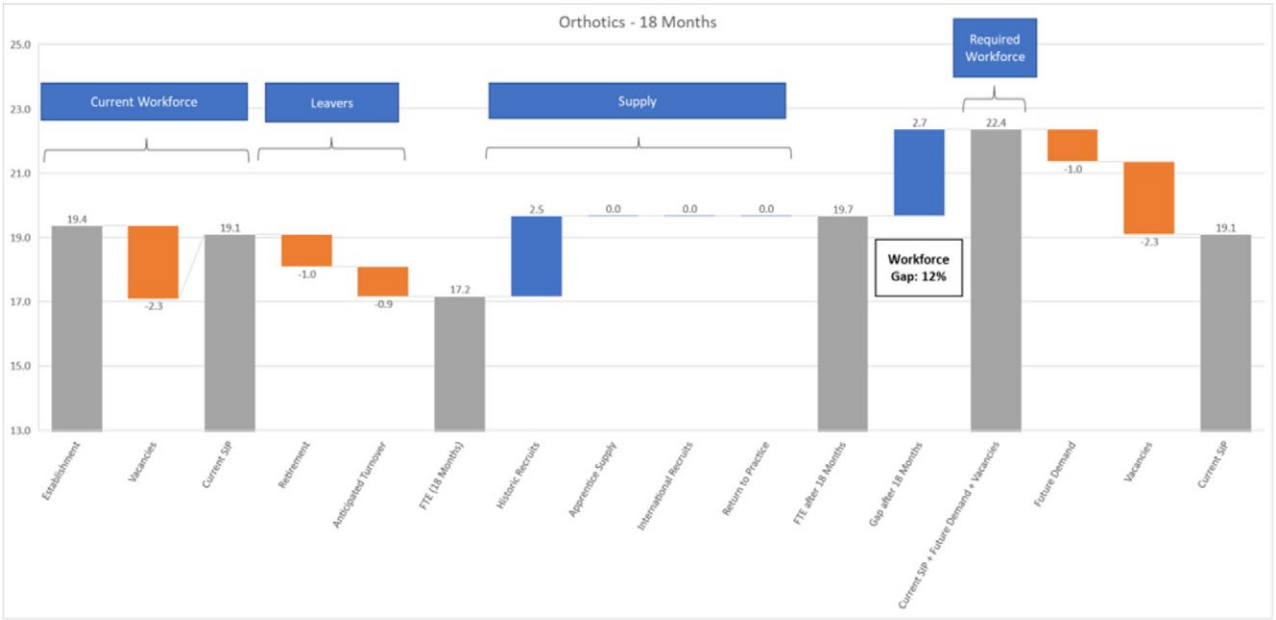
The British Association of Prosthetists and Orthotists (BAPO) states:

'Currently, only one HEI in England offers a prosthetics and orthotics programme, supplying 30 graduates each year. The Centre for Workforce Intelligence report also highlighted that 22% of the workforce was over 55, with only a small number working beyond 65. Other factors that could affect supply may also include a possible increase in career breaks and the increase in the part-time workforce due to changes in maternity and paternity entitlement and cultural shifts.'

The picture in LSC reflects what is happening nationally, with a small and fragile service and an ageing workforce. There is minimal graduate supply and no committed apprentice route currently.

Across the LSC system, there is an 18-month predicted workforce gap of **12%** within orthotics, equating to **2.7** registered staff.

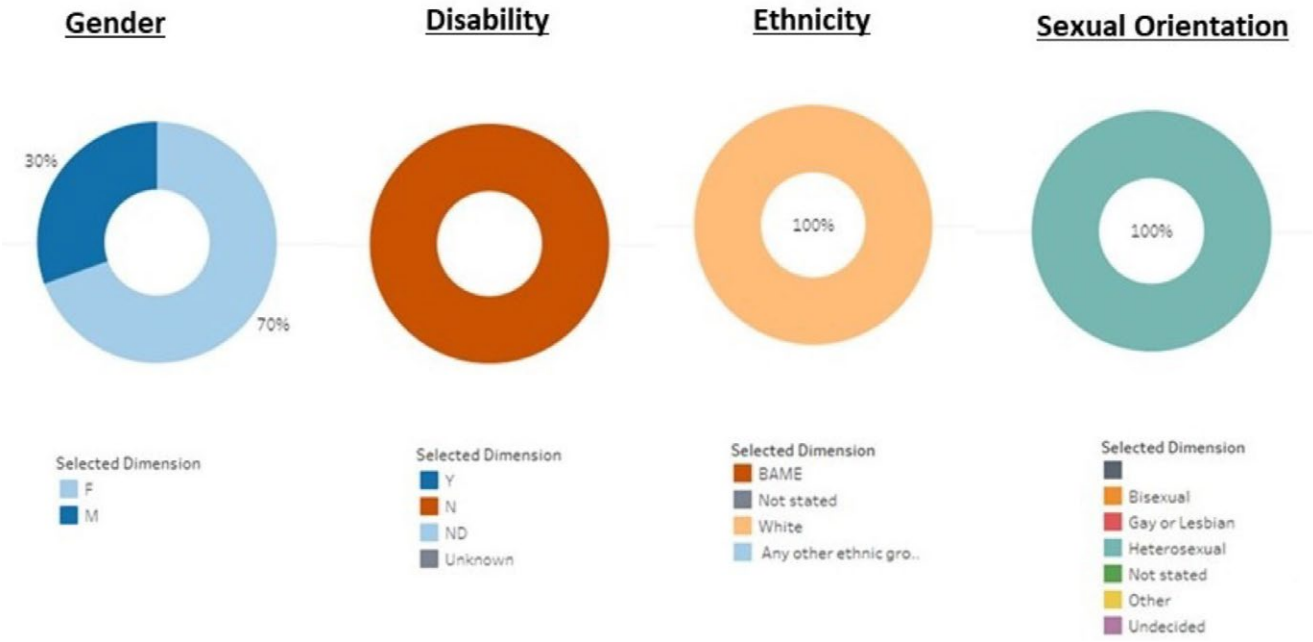
Figure 48



Workforce profile

The workforce review has highlighted a particular problem in relation to age profiles for the prosthetic and orthotic workforce as approximately 42% of the workforce are more than 50 years old.

Figure 49



The workforce is 70% female and 30% male, with all identifying as White. No member of staff declared a disability, and all identified as heterosexual. While the staffing group is small, its make-up is not reflective of the population it serves.

Demand

Demand has increased in recent years due to several factors, including:

- the backlog built up as a result of the coronavirus pandemic – this has meant that patients now present with more complex needs due to the increased waiting time, necessitating more lengthy and involved staff input
- increased intervention due to equipment being in a poor state of repair – general maintenance of prostheses was stepped down during the pandemic

Staff sickness increased during the pandemic and the fact that this is a smaller service meant that it was more affected than others, and for longer.

There is only one predicted retirement in the next 18 months across the system. There are 2.3 vacant posts, which is 10.6% of the overall workforce. Vacancies tend to exist at Band 6, and some Trusts have an over-establishment at Band 5 to develop staff into the Band 6 vacancies.

Figure 50

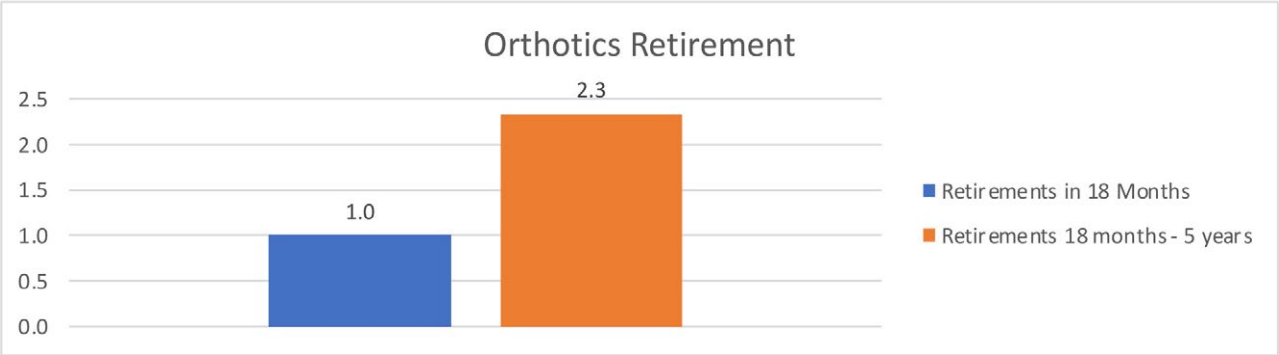
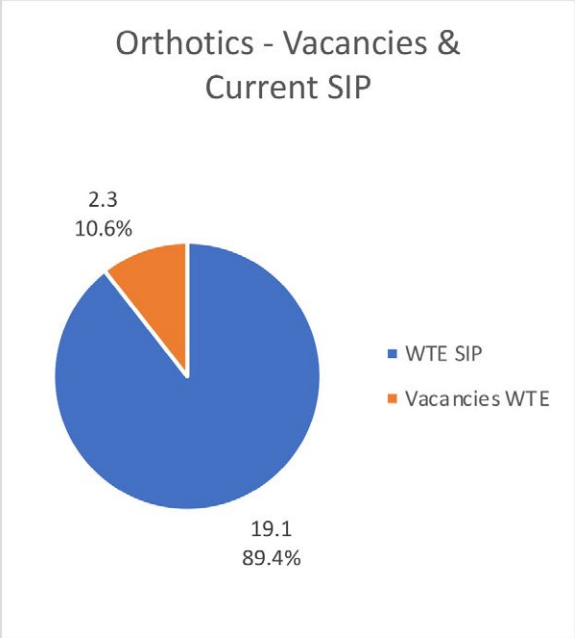
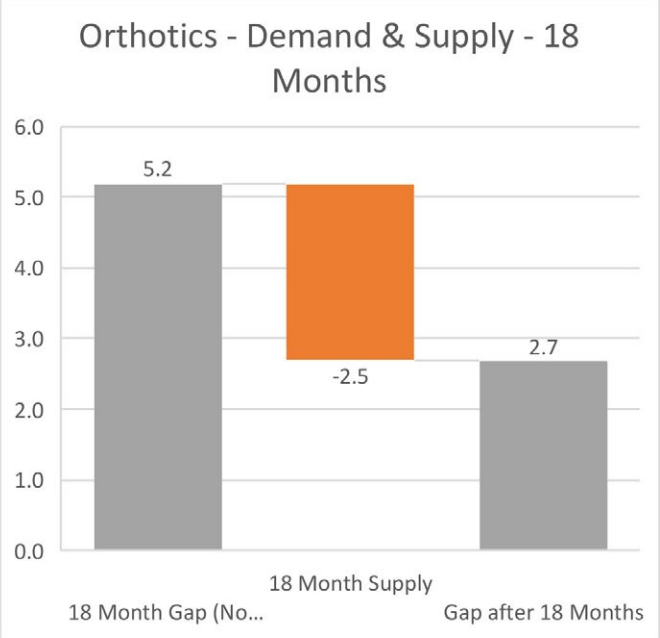


Figure 51





Supply

Trusts with orthotic/prosthetic services report good recruitment and retention of staff. While this is positive news, those who do not employ Band 5 staff have no opportunity to succession plan and/or grow their own specialists. Succession planning for the whole prosthetic and orthotic workforce will need to be addressed as a priority.

There is a procurement process for apprenticeship which commenced in May 2022, primarily led by the private sector. This is currently not something that NHS Trusts have been engaged with.

There has been an increase in students requiring placements at some Trusts over the last couple of years. This is believed to be due to the impact of the pandemic on the private sector, which took fewer student numbers during this time. This is positive in terms of the supply chain, and offers an opportunity to attract students who may have been offered recruitment to the private sector.

Keele University has started an MSc programme, with 4 students enrolled 2022. Local Trusts are supportng students from Strathclyde (Scotland). The projected number of students qualifying by 2024 will significantly increase from the 2020 position.

Figure 52

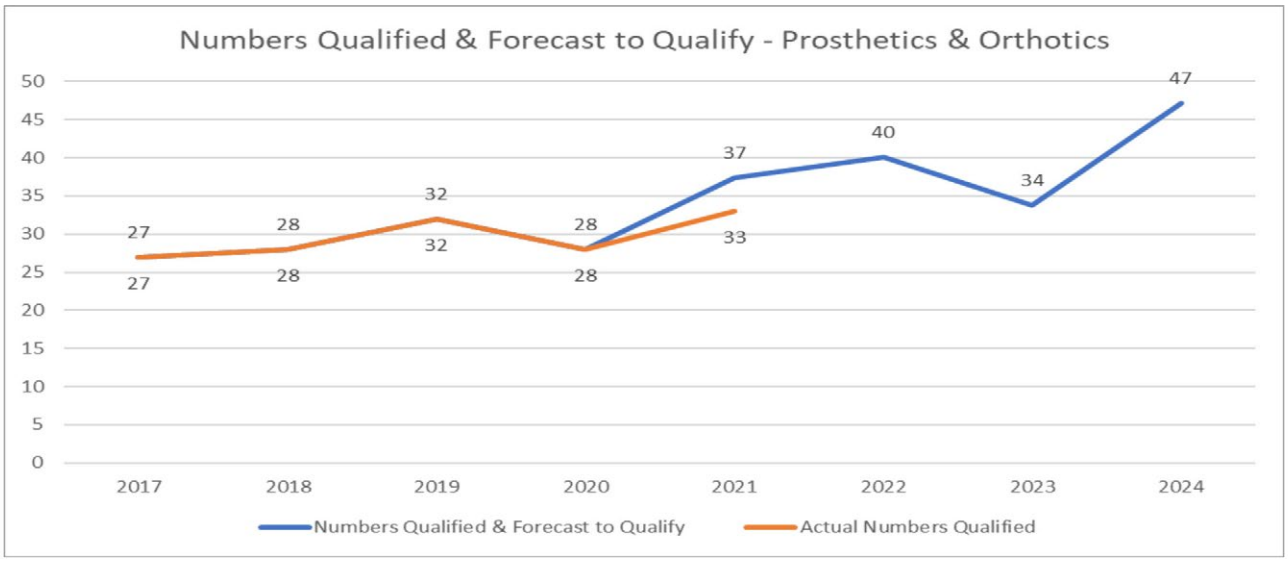
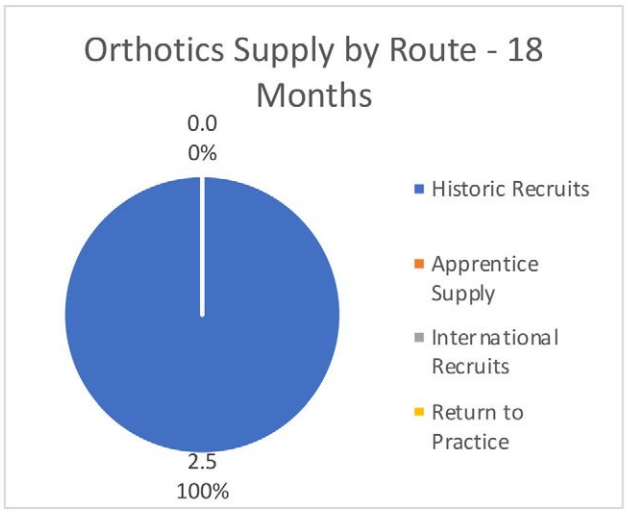
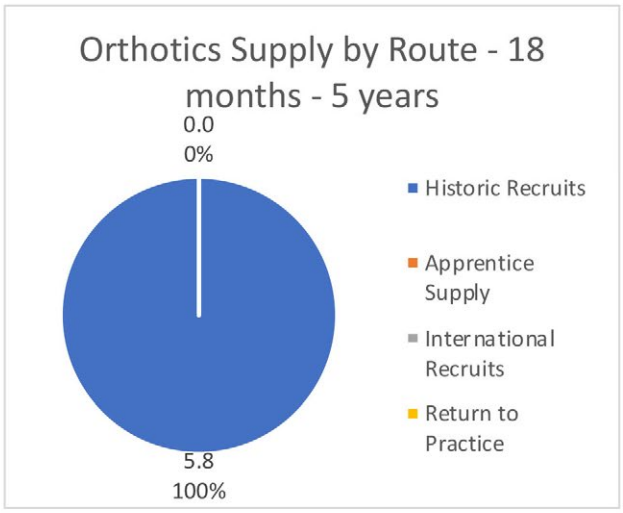


Figure 53





Trusts employing support staff report an experienced and established workforce, with no issues with recruitment or retention.

There is a reported lack of awareness of the available Level 6 apprenticeships in our area, which were launched for the professionin 2022. More work is required to see if they would be of interest or benefit.

Aggregated actions

In terms of aggregated actions, it is important to:

- maintain student placement offers to support the future supply chain
- carry out a skills review of staff to identify future training needs with regard to succession planning for clinical and leadership development – each service to undertake succession planning for senior/key roles
- explore the use of apprenticeship training programmes, and factor them into appropriate business cases

6. Physiotherapy

Number of registered AHP staff: 721.3

Established

Profession overview

Physiotherapists work across a wide range of services: acute therapies, mental health, learning disabilities, community rehabilitation including neuro-rehabilitation, stroke services, musculoskeletal, paediatric, obstetrics and gynaecology. There is a wide variation across the system in terms of management structures and professional leadership.

The Chartered Society of Physiotherapy (CSP) states:

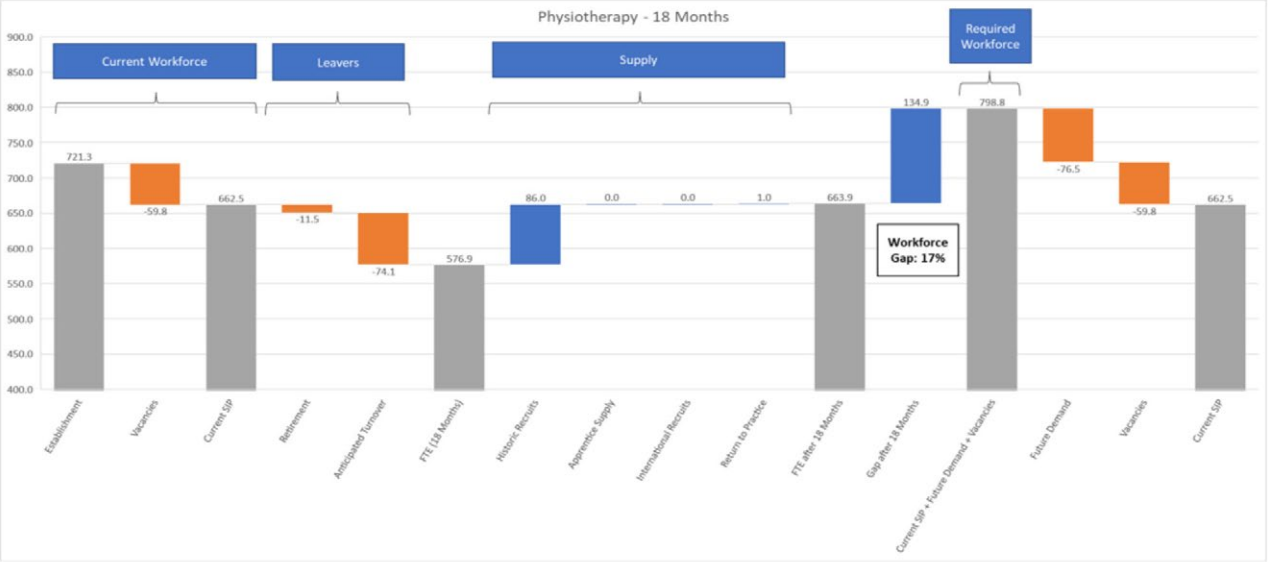
'Since the publication of the NHS Long Term Plan, the CSP has been lobbying for physio staffing targets to be increased – to make efficient use of the healthy growth in numbers of new physio graduates – and for support worker numbers to also be expanded, in order to deliver on the commitments in the plan.

As well as insufficient staffing, the shortage of Band 5 roles appears to be having the knock-on effect of creating problems recruiting to Band 6-8 roles – with a shortage of staff to be developed into these roles.'

Most physiotherapy providers are in the position described above by the CSP, in that there is an inadequate supply of Band 5 physiotherapists, with an impact being seen particularly at Band 6 level. There are mixed issues recruiting to Band 7/8a, which shows a potential gap due to predicted numbers of senior staff retirements in the next 2 years. In summary, the current and future supply chain is not matching demand.

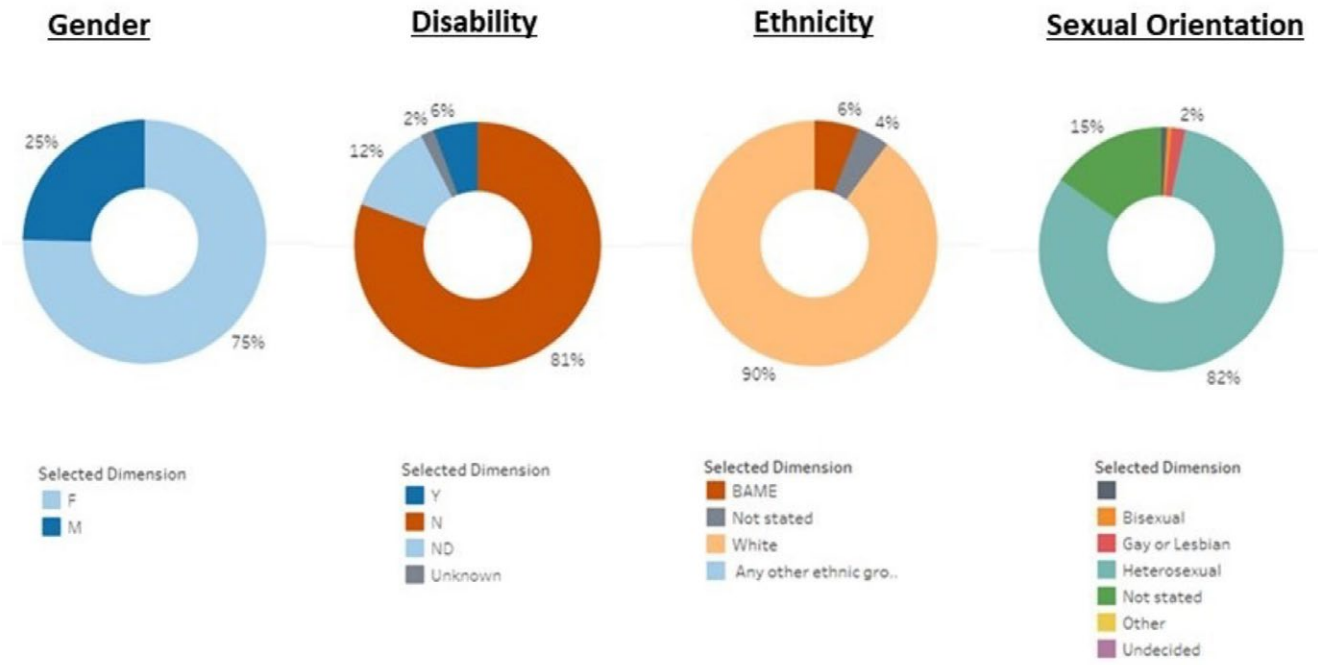
Across the LSC system, there is an 18-month predicted workforce gap of **17%** within physiotherapy, equating to **134.9** WTE registered staff.

Figure 54



Workforce profile

Figure 55



The workforce is 75% female and 25% male, with 90% identifying as White. Of the workforce, 81% did not declare a disability, and 82% identified as heterosexual. The profession therefore does not represent the diversity of the communities we serve.

Demand

Physiotherapy has seen an increase in establishment over the last 18 monthscross LSC, but the number of staff in post have not kept pace, leading to high vacancies in some areas. There is a predicted gap of 17% in workforce capacity in 18 months.

Local benchmarking of the physiotherapy workforce across the ICS has identified that some Trusts are operating with significantly lower numbers of physiotherapists compared to local ICS partners.

Aggregation across the system shows there will be an increasing demand for physiotherapy due to:

- post-pandemic recovery and restoration activity impacting on demand and supply of all AHPs
- the post-pandemic impact on patients, many of whom are presenting with a higher state of acuity and complexity, requiring more physiotherapy resources
- increased cancer incidence and an ageing population, which will increase demand for all AHPs
- the drive to move more AHP services to 7-day provision
- the potential for current escalated Medicine bed bases to be funded permanently, impacting the majority of AHPs
- ICS investment cases, which are leading to newly established AHP posts, for example stroke
- potential plans to integrate acute and community services in central Lancashire

Figure 56

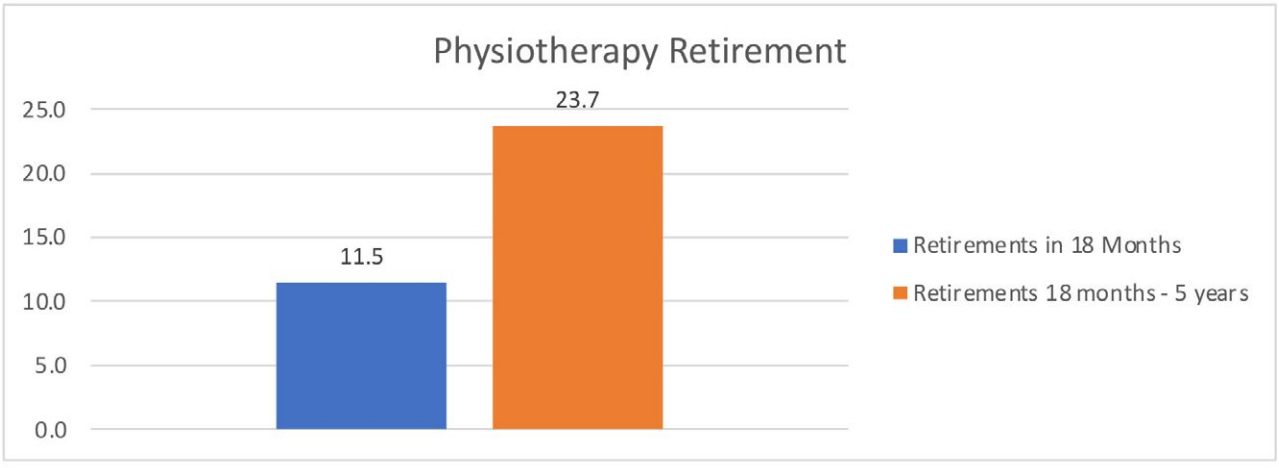
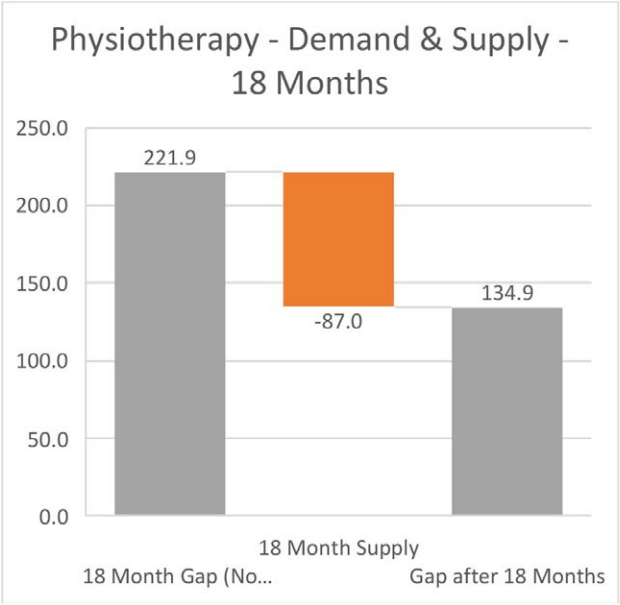
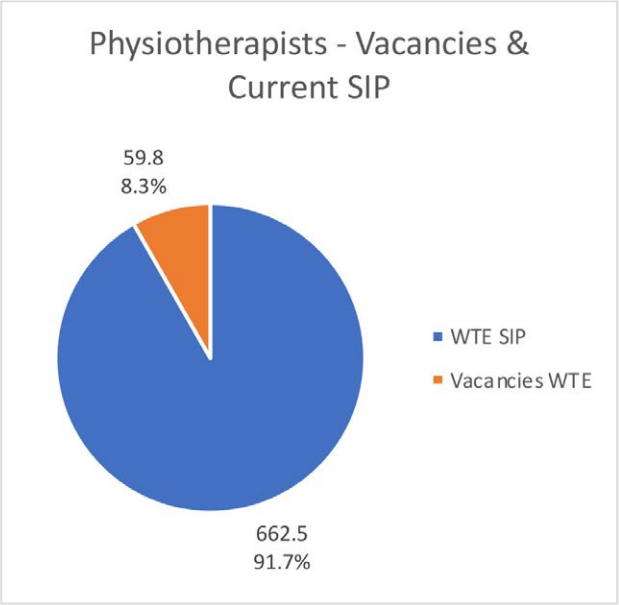


Figure 57



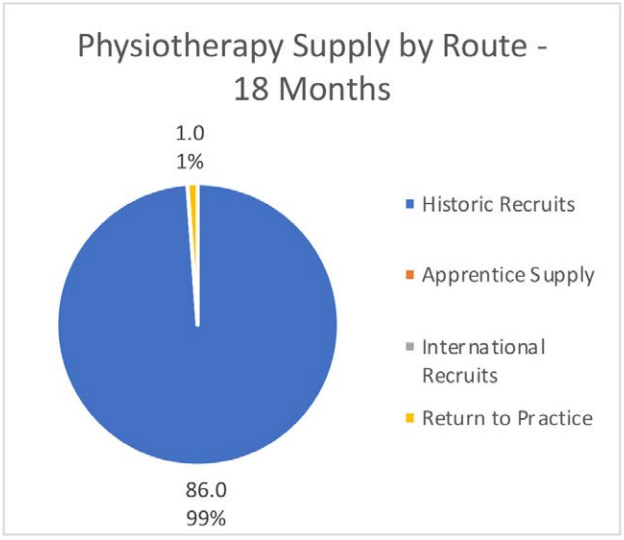


Supply

The data is mixed in terms of staff turnover. Some organisations reported high turnover, particularly at Bands 5 and 6, with some staff moving either for internal promotion, or to other NHS trusts closer to home.

Another Trust has shown that in 2022 there was a marked reduction (50%) in staff leaving posts, and a 10.71% reduction in turnover rates. Understanding the reason for a 50% reduction in turnover should be identified and shared as a positive statistic around staff retention. There are Trusts that report no issues in recruiting physiotherapists, and we need to understand if this is the case, or whether over-recruitment in some teams is masking issues in others.

Figure 58



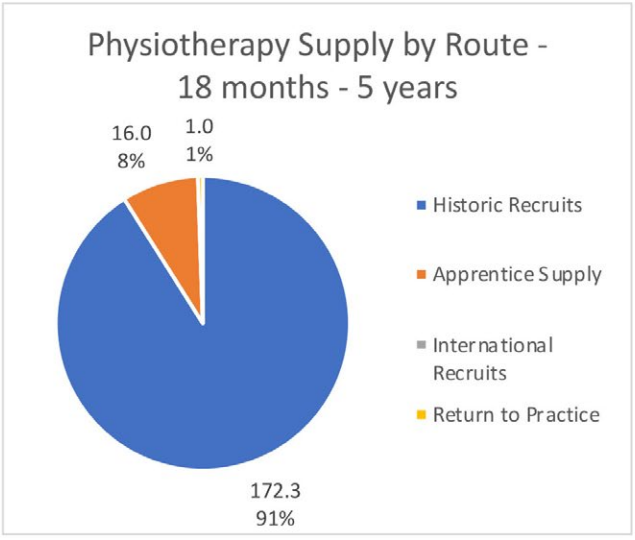
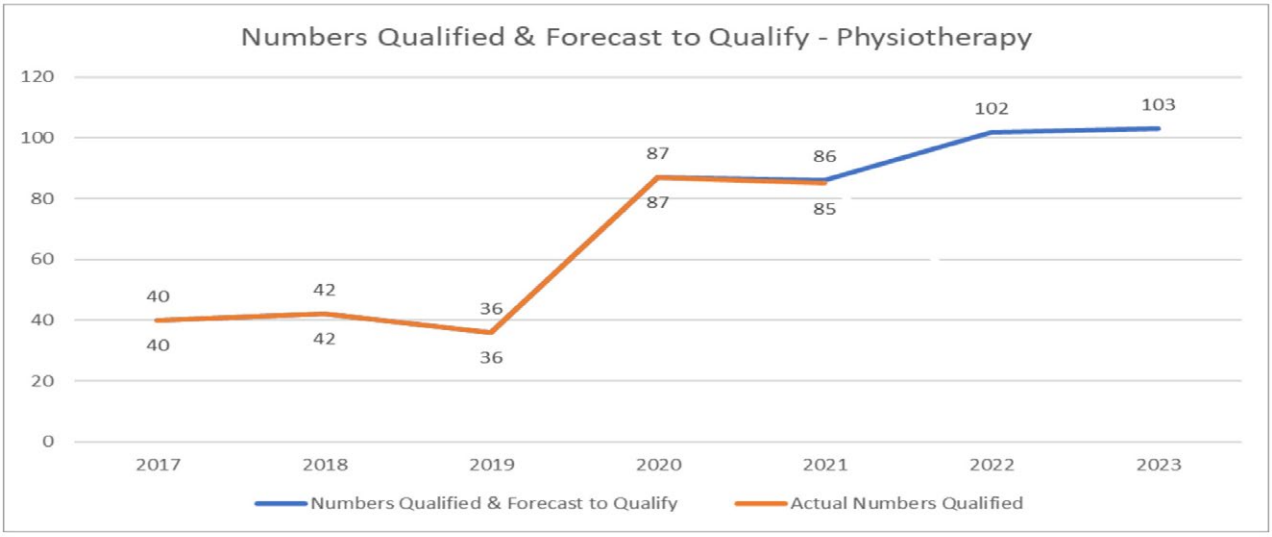


Figure 59



There has been a significant increase in physiotherapy programme numbers across North West HEIs. While this is encouraging from a potential supply perspective, providers face some challenges in terms of providing enough corresponding practice placements.

Aggregated actions

In terms of aggregated actions, it is important to:

- consider an agreement to over-recruit Band 5s in February/March, ahead of graduation
- encourage physiotherapy students to join a bank while training with a view to securing a permanent post
- actively seek graduates from other HEIs across the UK, not just locally
- explore further collaborative working across the system for rotational posts. A new integrated rotation wheel at Band 6 has been developed and implemented between an acute and community Trust. This aims to attract a different cohort of physiotherapists, who would like the opportunity to work in both settings
- review potential opportunities for Band 5/6 progression (link grading) to retain newly qualified staff
- continue to engage with degree apprenticeship programmes across the system, and explore opportunities for recruiting externally to Level 6 apprentices for the future supply pipeline
- investigate employing osteopaths and sports rehabilitation graduates to support the skills gap
- explore international recruitment for physiotherapy as a North West collaboration
- support initiatives to advertise and support return to practice opportunities for physiotherapy
- develop detailed recruitment supply plans to show an organisation's progress against trajectory, with a monitoring function provided by the AHP Faculty to ensure the system is supported to 'close the gap'
- ensure the AHP Faculty supports organisations to maintain consistent staffing levels across the system

- ensure the AHP Faculty supports organisations in developing business cases to seek appropriate consistency of funding for developments
- undertake succession planning exercises at an organisational level, focusing particularly on senior/specialist roles
- produce professional and leadership training at an organisational level to ensure access to CPD funding and promote development opportunities

7. Podiatry

Number of registered AHP staff: 138.4

Established

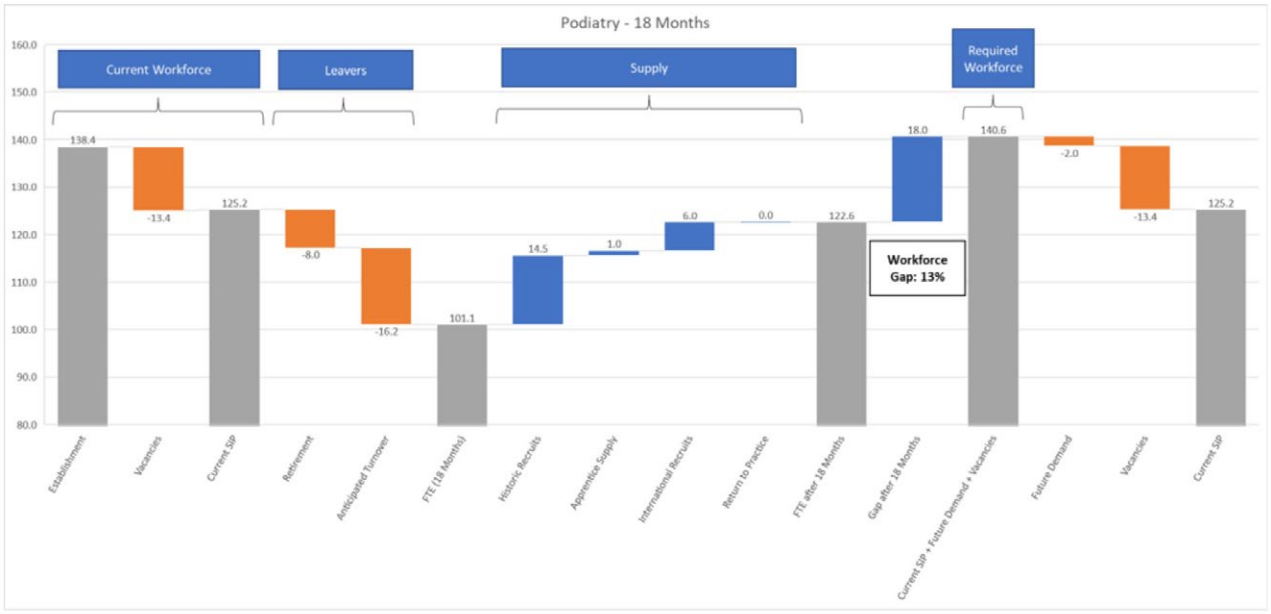
Profession overview

The Royal College of Podiatry states:

'We believe that a recruitment drive should concentrate specifically on professions where there is a shortage of supply, such as podiatry. If we are to see an increase in the number of podiatrists working across England's NHS, it is critical that we increase both the numbers of students studying podiatry at undergraduate level, and podiatrists returning to work in the NHS. NHS podiatry services have seen many former staff returning to the frontline during the COVID-19 pandemic and the College is working with HEE to support those wishing to return to practice.'

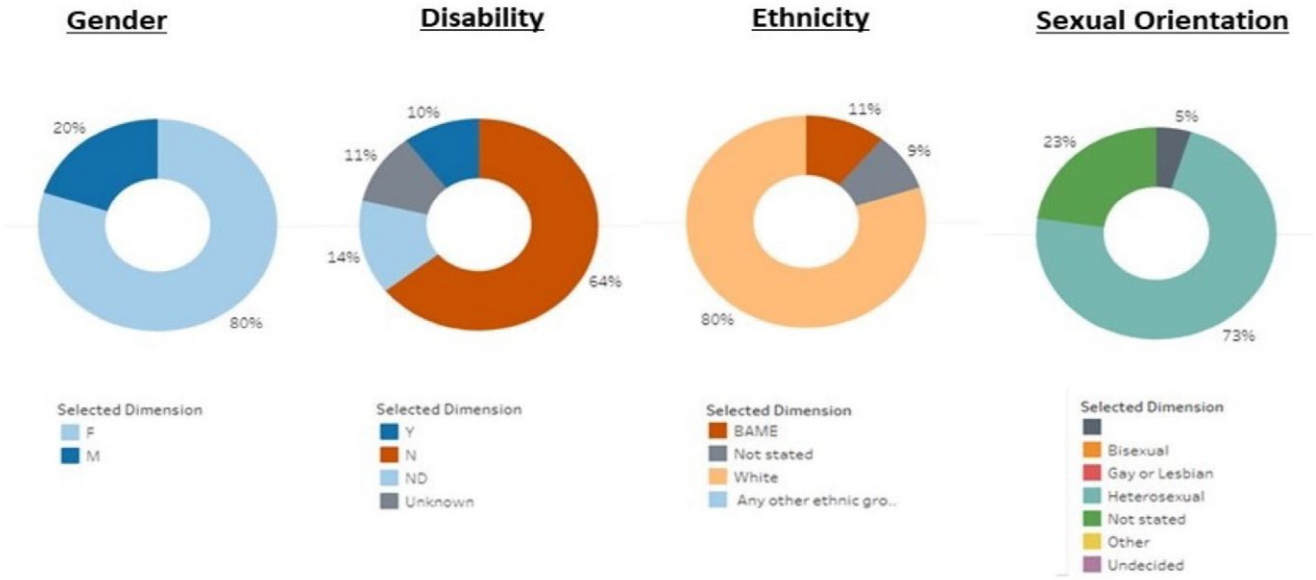
Across the LSC system, there is an 18-month predicted workforce gap of **13%** within podiatry, equating to **18.0** registered staff.

Figure 60



Workforce profile

Figure 61



The podiatry workforce is predominantly female, although the profession has one of the most significant male representation totals, at 20%. In terms of ethnicity, 11% of staff identified as BAME, and 80% as White. Minimal diversity is indicated in the workforce.

Demand

In one Trust, up to 23% of the workforce are due to retire in the next 5 years at Bands 6,7, and 8.

Figure 62

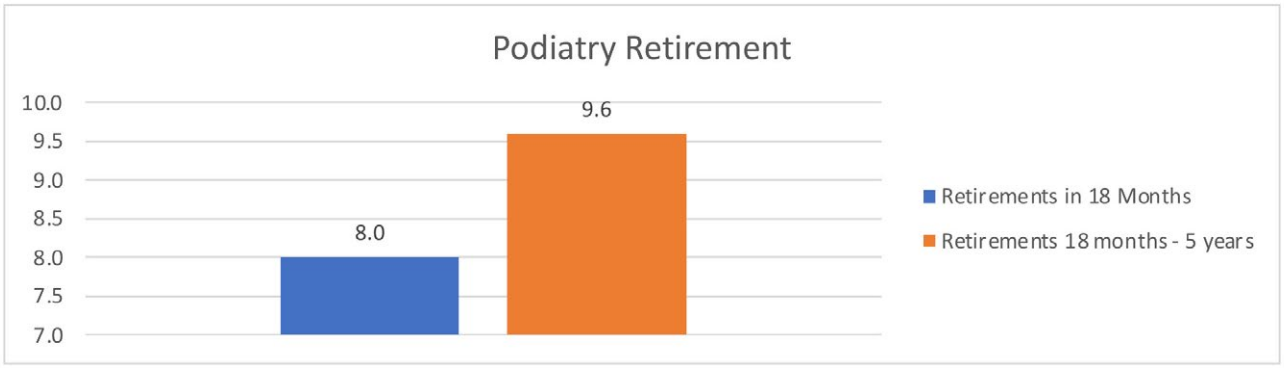
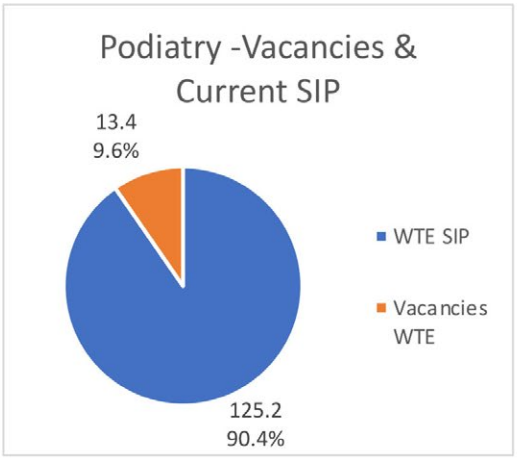
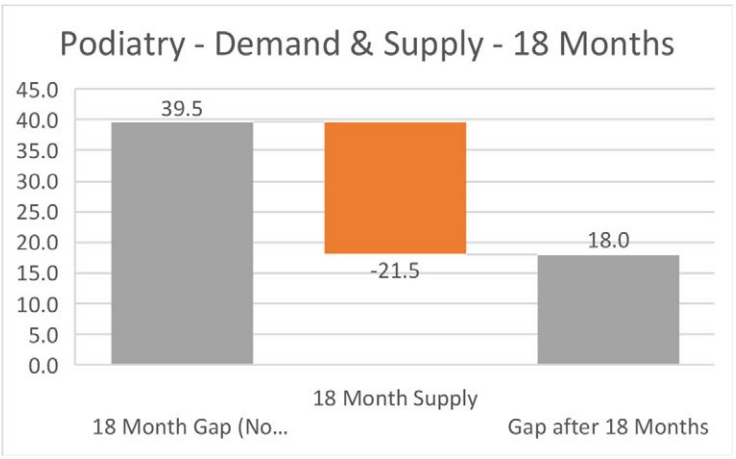


Figure 63



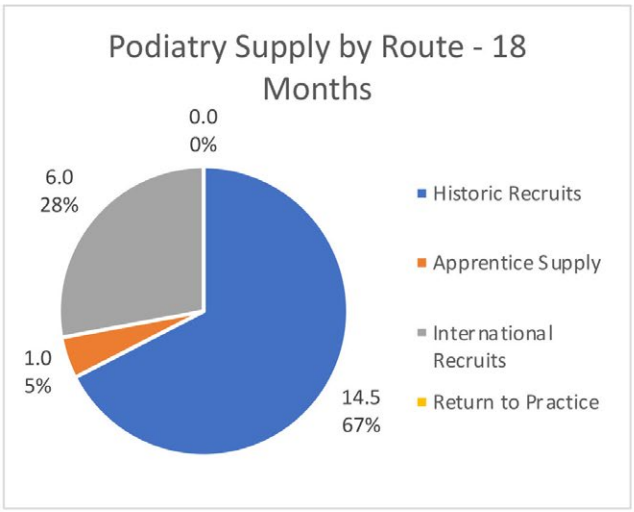


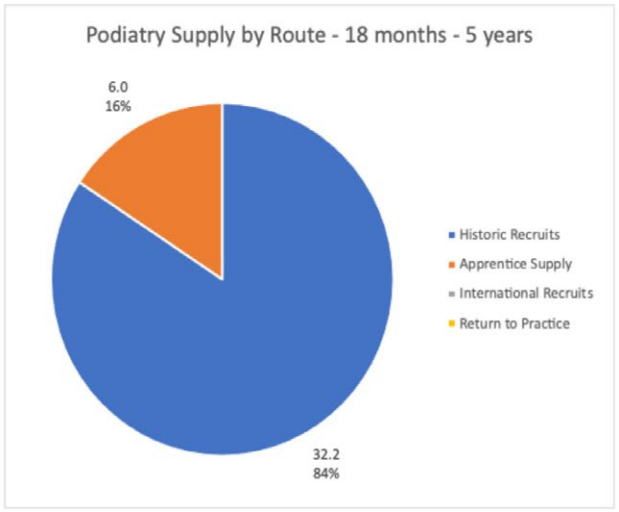
Supply

Podiatry workforce supply has historically been impacted by the attraction of private practice and private provider services. The pandemic did create some movement back to NHS provider services due to the effect on private practice. However, attraction strategies to recruit and retain the workforce are crucial.

Podiatry teams have utilised available apprenticeships on a minimal basis, but this has not been procured in the North West to date. It is anticipated from the Trust reports that the apprentice supply will increase from 5% in 18 months to 16% in 5 years.

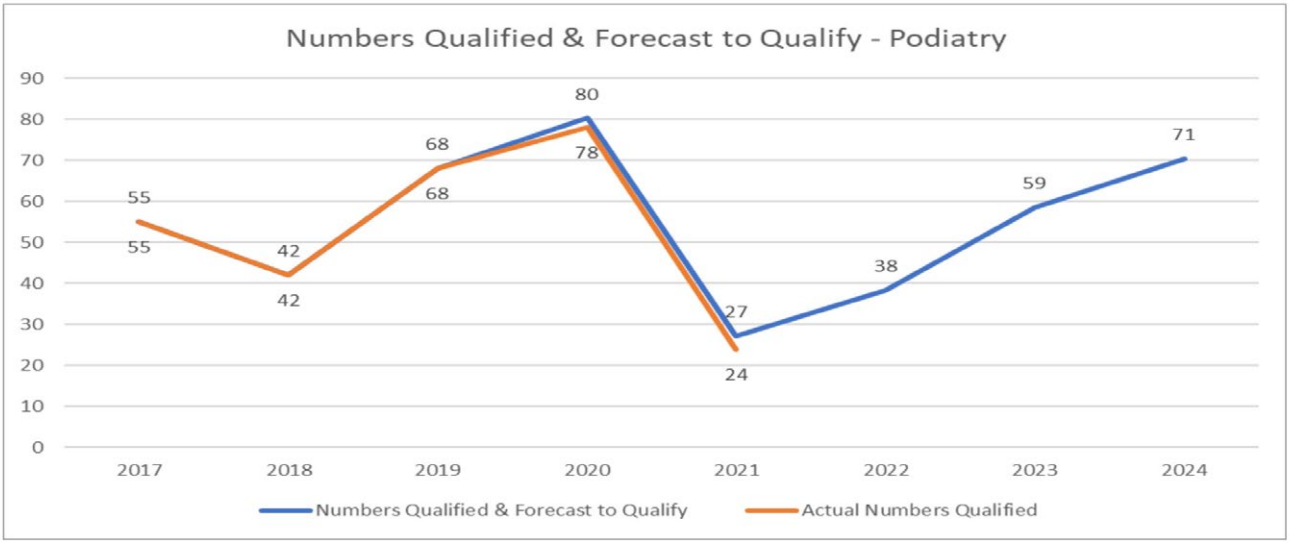
Figure 64





Student supply showed a steady increase up to 2021, but was significantly reduced during the coronavirus period. It is expected to increase from 2021-2024, boosted by an additional programme at Crewe Campus in 2022.

Figure 65



Aggregated actions

In terms of aggregated actions, it is important to:

- recruit for the vacant Band 5 posts
- understand the over-establishment in Bands 6 & 7 WTE
- consider a recruitment strategy for newly qualified podiatrists in the 20–24 age ranges, which includes the development of apprenticeship posts
- better understand the impact on productivity and staff recruitment and retention of the high number of part-time to full-time posts
- review the skills mix and leadership/management/clinical lead roles in the team to plan for succession

8. Radiography (Diagnostic)

Number of registered AHP staff: 669.7

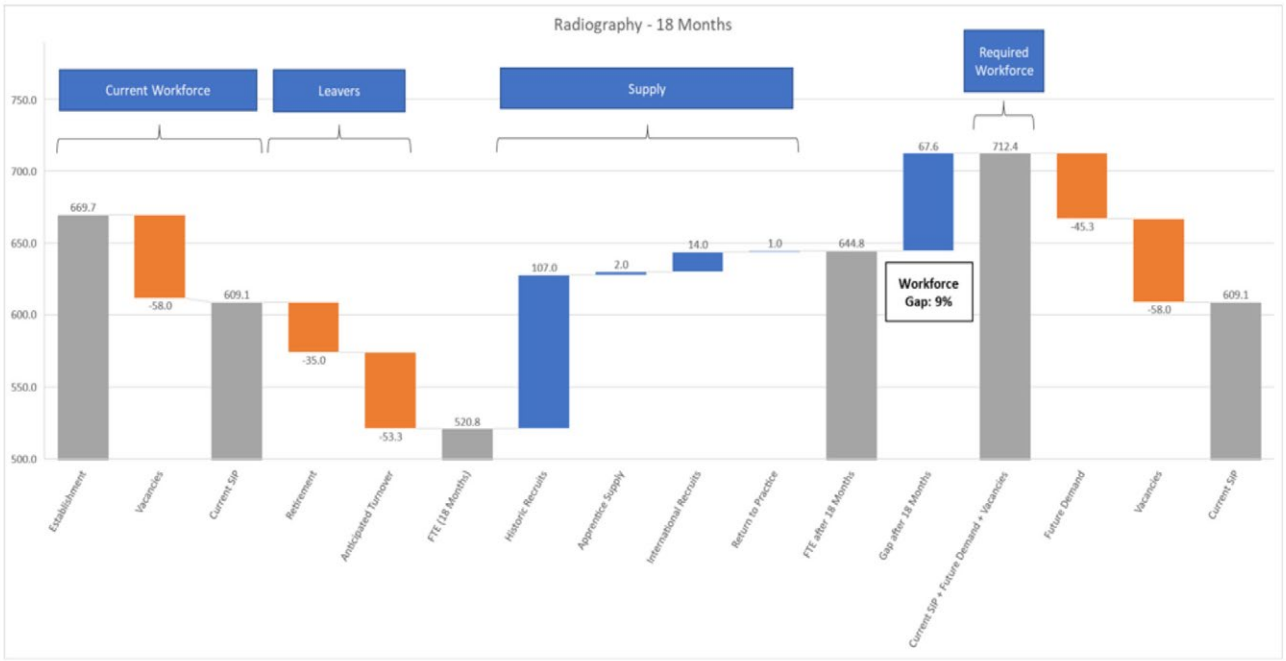
Established

Profession overview

The data shows that there is a large gap in workforce to meet the demand. This report presents an aggregated view of the data and of each provider's action plans and key issues, and should be read in conjunction with the LSC Diagnostic Programme Board Paper 5-year plan.

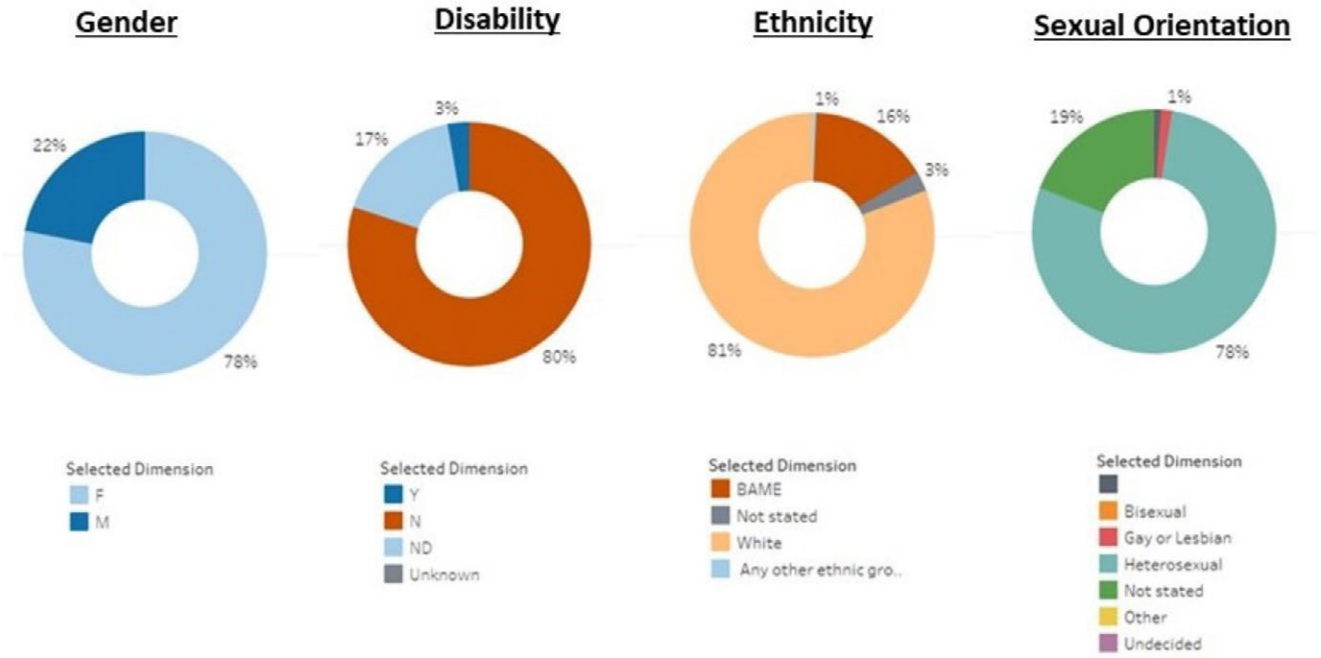
Across the LSC system, there is an 18-month predicted workforce gap of **9%** within radiography, equating to **67.6** WTE registered staff.

Figure 66



Workforce profile

Figure 67



At the time of reporting, the workforce is predominantly (78%) White female, with only 16% identifying as BAME – just one service is in line with the national average. The profession is therefore not fully representative of the communities we serve.

Only 3% of the workforce declared a disability, while 17% 'did not state'; and 78% of the workforce identified as heterosexual, while 19% 'did not state'.

Succession plans need to be in place for key specialist roles to meet the expected number of predicted retirements in the next 18 months–5 years to develop professional and clinical leadership.

Demand

Figure 68

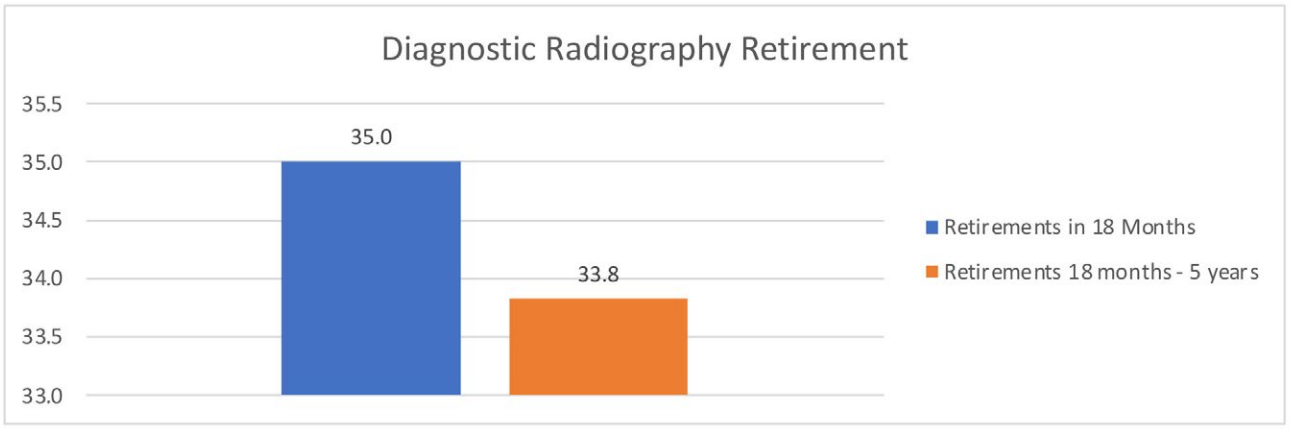
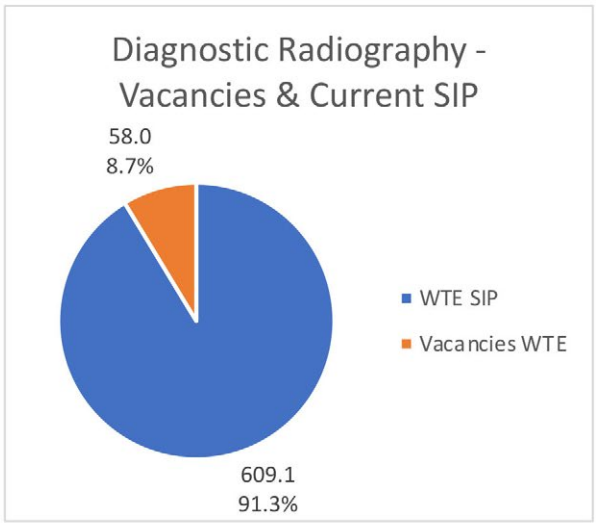
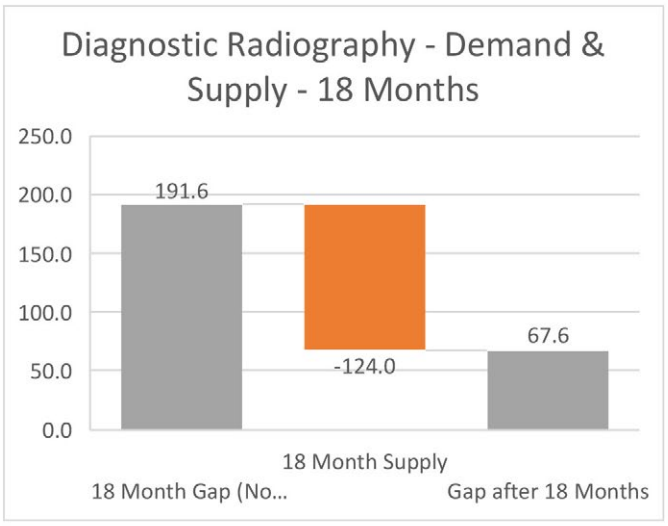


Figure 69





In the Richards Report of October 2020, the transformation of diagnostic services was proposed with the introduction of community diagnostic centres. The aim was to transform the way in which diagnostic services, including imaging services, are provided. By freeing up diagnostic capacity within the acute setting to ease flow, this would in turn increase capacity within the community setting, thus speeding up the time to diagnosis, contributing to the overall health of the nation.

The impact of this upon the radiography profession would be to increase the capacity to perform CT scans and MRI, in fact doubling it, so that it matches that of other developed countries. The Richards Report recommended that CT workload needs to increase by 100% over the next 5 years to meet demand. Contributing to this ever-increasing demand is the growing complexity of investigations, and an expansion of the reporting and interpretation elements. It is predicted, however, that this growth in demand will not be met by a similar growth in the workforce.

The growth in relation to radiographers can be explained by the increased implementation of additional scanning via CT and MRI and by the introduction of 24/7 shift systems within the services. The ever-increasing demand for imaging services along with the requirements more complex investigations an expansion of the reporting and interpretation elements of investigation.

Demand on services have been identified to The transformation of diagnostic services would:

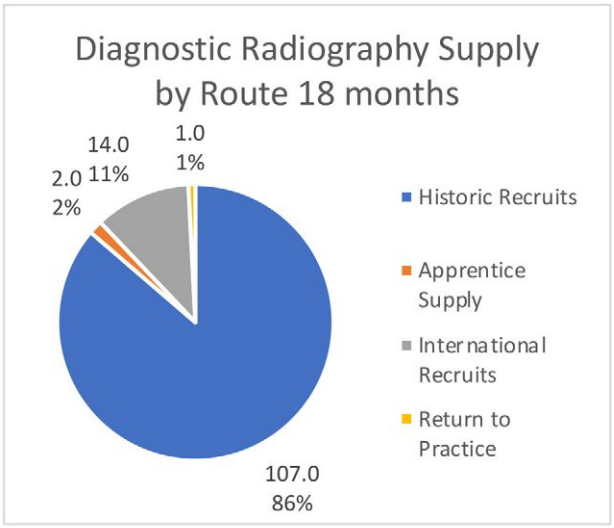
- support meeting cancer targets
- support hot reporting (a report available immediately after acquisition)
- support the reporting of turnaround times
- support elective recovery
- provide safe, patient-centred, pathways
- reduce litigation through delayed diagnostics

The aggregated actions from the trust reports are included below. They are to be read in conjunction with the system and national reports.

Supply

Figure 70 shows the supply by route in 18 months and 18 months–5 years. Minimal growth from apprenticeships, international recruitment and return to practice is detailed in the LSC Trust reports.

Figure 70



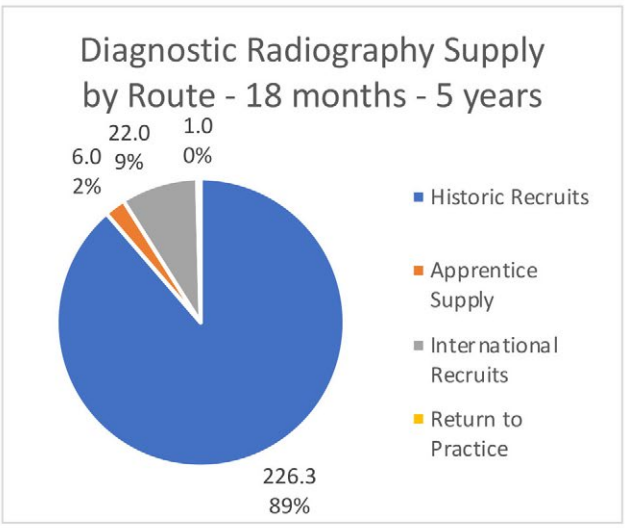
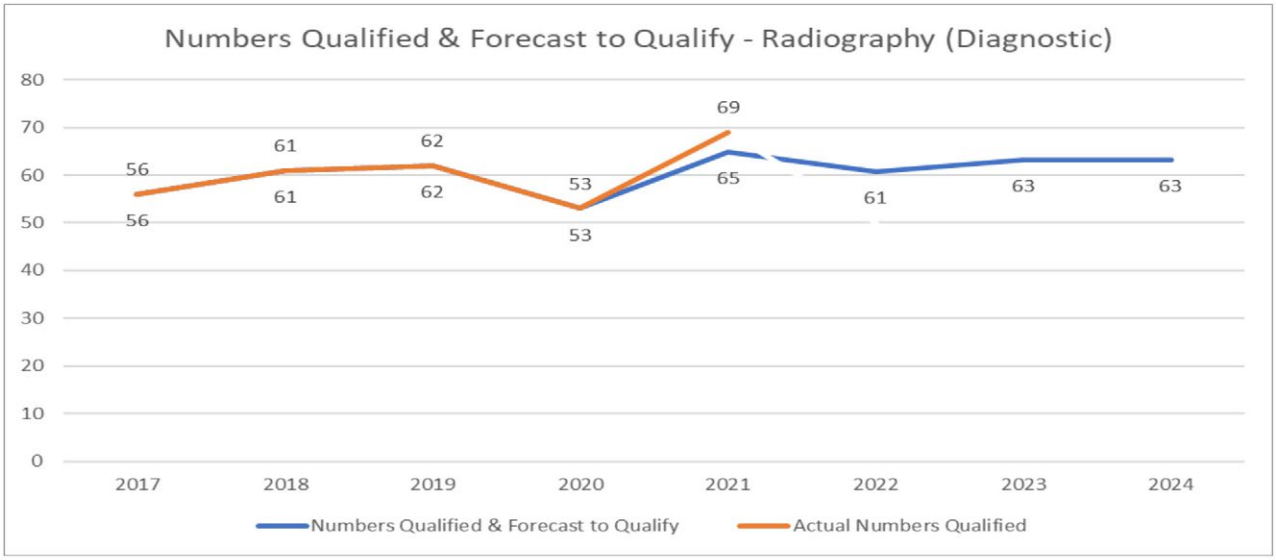


Figure 71



Student supply has remained steady since 2018, with no real increase in programme numbers or students expected to qualify.

Diagnostic radiography is an at-risk occupation, and there is predicted to be a huge shortfall over the next 5 years. Many vacancies exist, including maternity leave and secondments (some of which have no backfill due to failed recruitment). This constitutes a significant risk for all radiography services, both now and in the future, affecting the ability to deliver reforms in diagnostic imaging services, as well as having in place sufficient numbers of suitably qualified and skilled staff in both out-of-hospital and acute settings.

The Society of Radiographers states:
'Research indicates that 9 in 10 hospital patients will require radiography, yet the UK is facing a shortage of numbers in this vital profession, with more than half of radiology leaders saying they need more diagnostic radiographers to keep patients safe.'

The LSC Diagnostic Programme Board Paper references the Richards Report, which, as cited earlier, states that there needs to be a major expansion and transformation of the workforce, with an additional 4,000 radiographers as well as support staff. His recommendations state that there needs to be an increase in advanced practitioner roles, including reporting positions, and an expansion of assistant roles.

The LSC Diagnostic Programme Board used a variety of modelling techniques, which demonstrated that, once vacancies are filled, an overall increase in the workforce of 18–20% is required. If current vacancies are included, then there needs to be a workforce expansion of 20–21%. This equates to 24 Band 5 graduates per year across the LSC ICS for the next 5 years.

It would also require an expansion of radiology courses at HEIs, along with the sustained implementation of apprentice radiographer positions within providers.

While imaging services have had reporting radiographers for several years, meeting the increased workforce demand could be helped by expanding the number of these roles across the service, with advanced roles being delivered to include consultant-level positions. HEE funding is due to become available for radiographers to undertake a postgraduate reporting qualification, which will increase reporting capacity for the service.

High competition is reported for staff with highly specialist skill sets, which impacts on services' ability to operationalise the 7-day service.

Some services have reported that the retention of Band 5s is a problem, resulting in high turnover. In addition, on-call and overnight rostering requirements can be unattractive, with some services requiring a 24-hour response in some specialties.

Other services report that the recruitment and retention of Band 6 posts can be challenging for staff with CT and MRI experience. Several services reported competition from private companies, which offer incentives such as higher rates of pay and lower on-call expectation in comparison to the NHS.

Investment has recently been made in international recruitment as part of a regional HEE programme, with some concerns reported over quality and governance. Learning from the first phase will be shared with HEE prior to the next phase of recruitment.

Several services reported that there is a lack of progress in the development of, and recruitment to, apprenticeships.

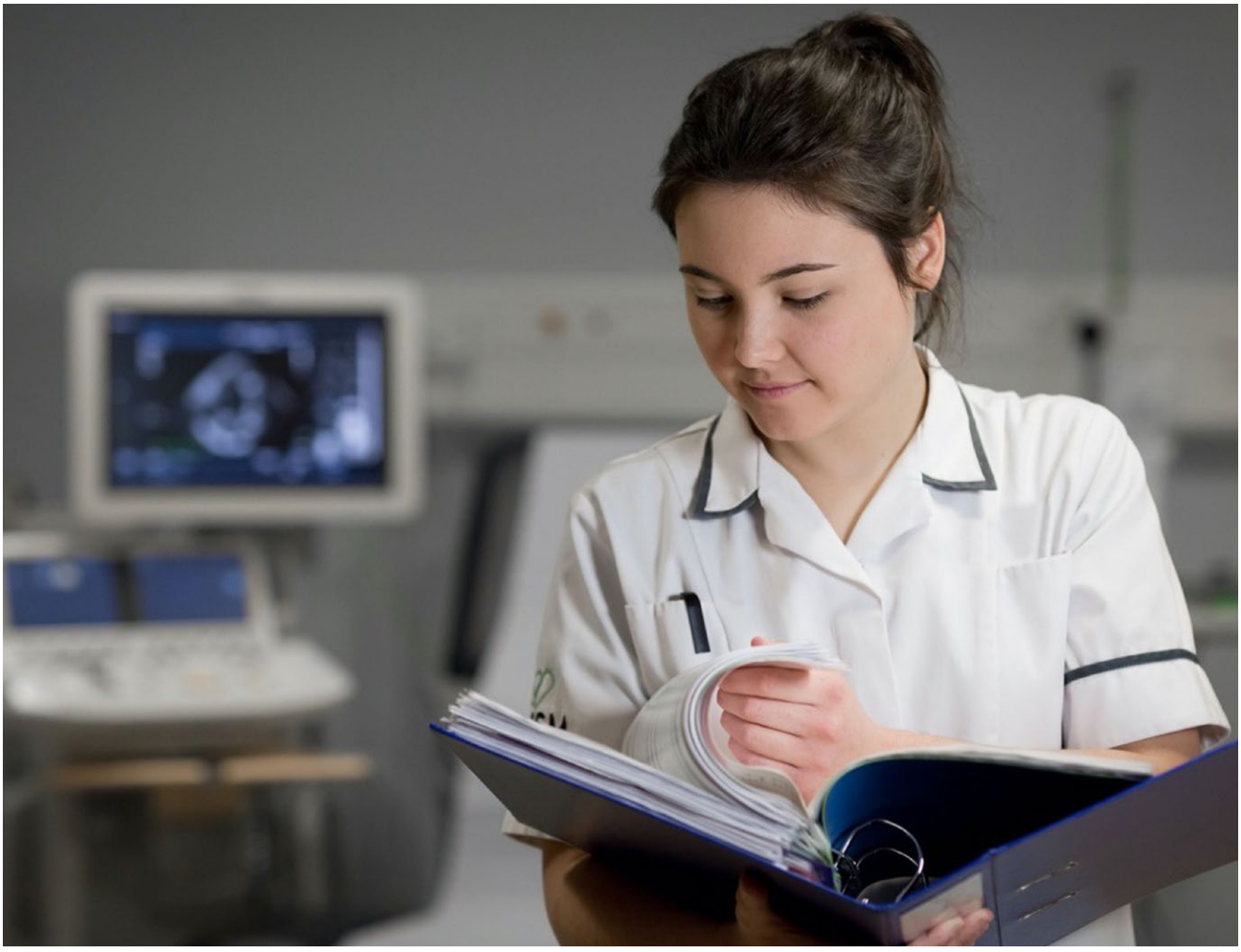
There are also concerns across the system about the lack of clear career development for support workers.

Aggregated actions:

In terms of aggregated actions, it is important to:

- continue collaborative working with the AHP Faculty and ICS diagnostic imaging workforce group across the system to work on priorities for the profession and implement recommendations from the system reports
- take a collaborative approach to recruitment across the ICS
- continue to support the international recruitment drive
- explore approaches to recruiting students who have been on placement at the Trust
- continue the use of Imaging system management safe staffing modelling to determine staffing requirements

- establish system focus group of newly qualified radiographers and students to obtain feedback on experience and explore opportunities to recruit and retain
- review potential opportunities for Band 5/6 progression to retain newly qualified staff
- review opportunities for rotations to community areas, which may help support retention and health and wellbeing
- explore the potential for shared on-call arrangements across the ICS in specialist areas (for example, interventional radiology).
- work with colleagues across the ICS to review current on-call and shift arrangements to see if staff work/life balance could be improved
- ensure succession plans are in place for key specialist roles to develop professional and clinical leadership
- explore opportunities to access HEE funding for postgraduate radiographer courses, to increase radiographer reporting capacity
- explore system-wide the availability of conversion courses from advanced practitioner to qualified radiographer, and develop the North West apprenticeship programme
- enable a better understanding of the apprenticeship programme, exploring all relevant supply routes



9. Speech and language therapy

Number of registered AHP staff: 189.3

Established

Profession overview

Speech and language therapy (SLT) is an at-risk profession and is on the national Migration Advisory Committee's list of shortage occupations. We are seeing increasing challenges recruiting to SLT posts across LSC.

The Royal College of Speech and Language Therapists (RCSLT) states:

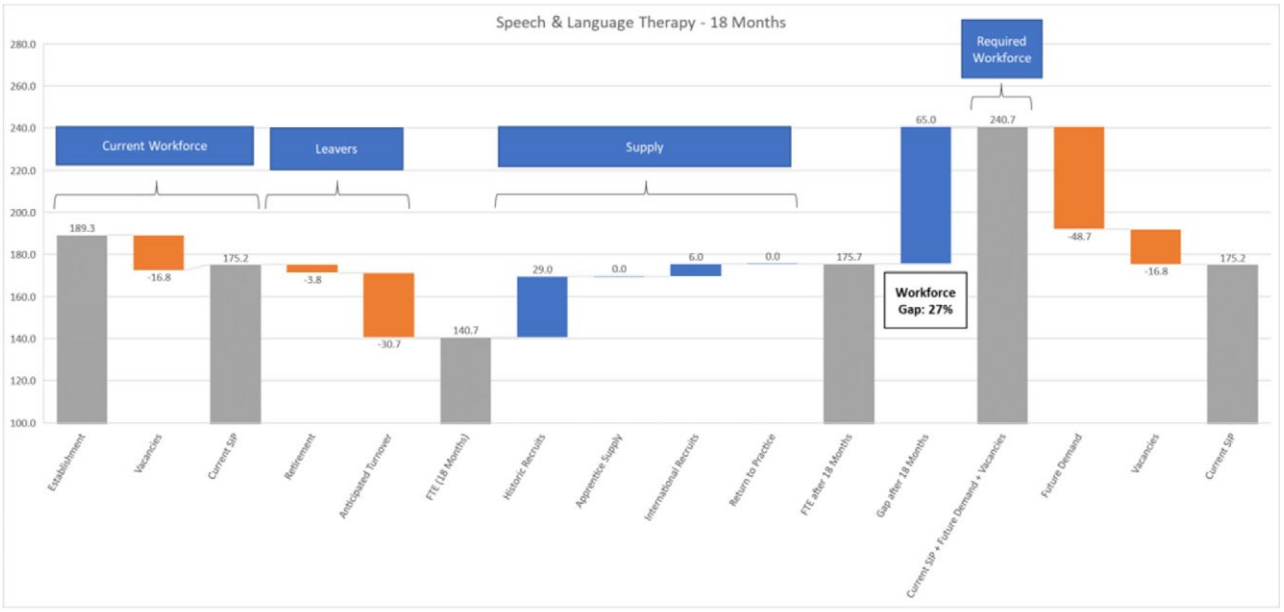
'Skills gaps due to a lack of post-graduate training funding, high demand for part-time working and maternity cover, as well as the limitations of an annual regional Band 5 recruitment process among other issues, all pose specific challenges for the SLT workforce going forward.

As with the entire AHP workforce, SLT services are facing mounting pressures from an ageing population; the need to move to seven-day services in areas such as stroke and cancer care; rising levels of Special Education Needs (SEN) among our school population; increases in survival rates for conditions which cause eating, drinking, swallowing and communication difficulties.'

Across the LSC system, there is an 18-month predicted workforce gap of **27%** within speech and language therapy, equating to **65** registered staff.

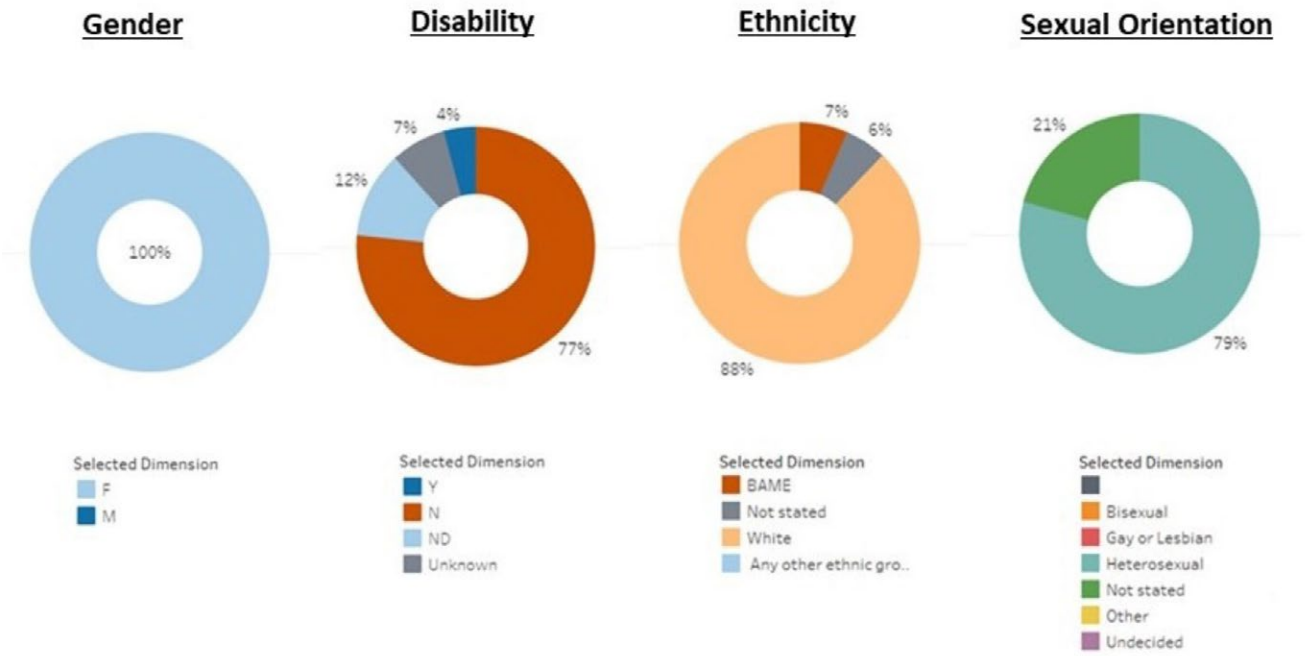
This profession therefore reflects the national position in terms of the significant workforce gap.

Figure 72



Workforce profile

Figure 73



At the time of reporting, the workforce is currently predominantly White female. Only 7% identify as BAME.

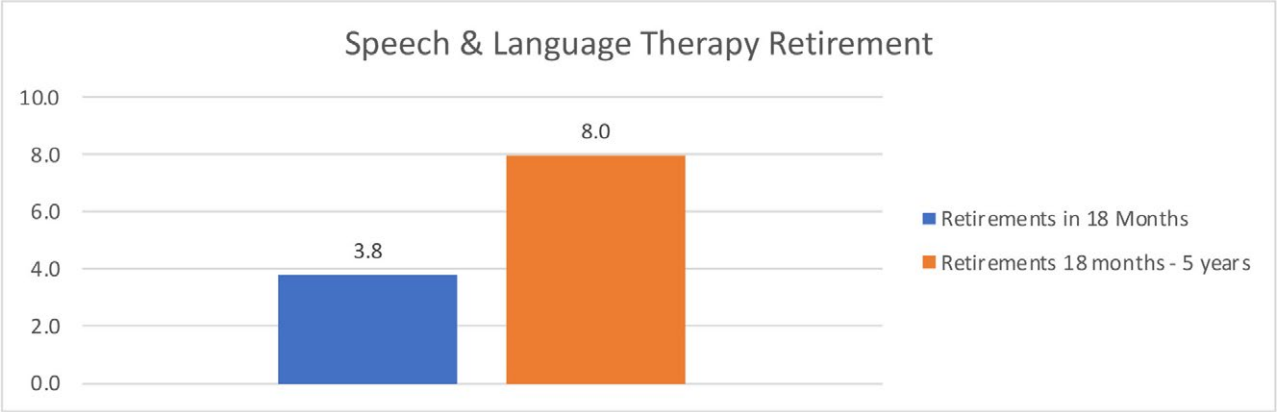
The age profile of senior SLT clinicians and leaders who will retire in the next few years presents a system risk, and 14% of the SLT workforce are over the age of 51. Retire and return has been utilised where possible. Succession planning to develop the management and leadership skills of future leaders is needed, although senior positions are very limited, which makes it difficult to develop staff into senior roles.

LSC is a culturally diverse area, but the SLT profession has historically attracted predominantly white female applicants. It therefore does not represent the diversity of the communities served.

Demand

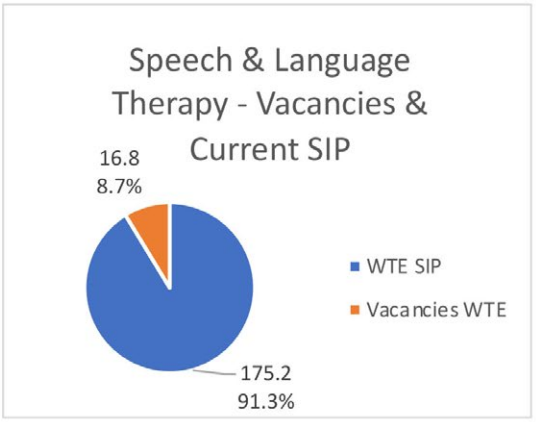
At the time of reporting, system SLT workforce retirement predictions are based on expected retirement age. The retirement risk is a continued risk year on year, based on current age profiles.

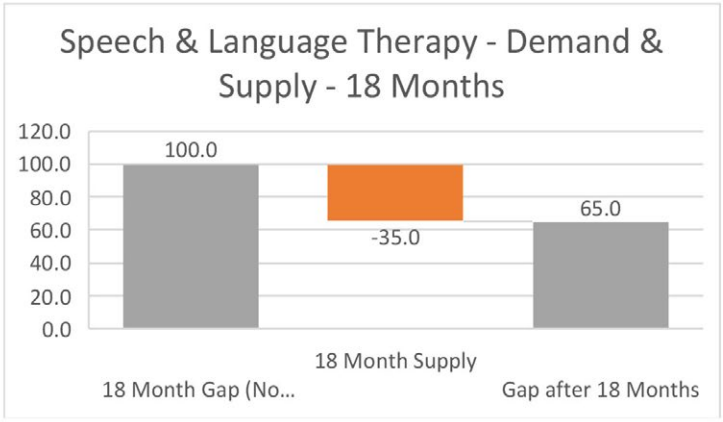
Figure 74



The vacancy rate is reported at 8.7% across the system, with 16.8 vacancies. However, this rate has fluctuated to as much as 15%. There are SLT vacancies in all areas, and challenges in recruiting to community posts in both adult and children's services – posts are often advertised multiple times, but remain unfilled. The vacancy rate is therefore rising.

Figure 75





Other factors impacting upon general demand for the SLT workforce include:

- post-pandemic restoration and recovery: this is increasing the demand on SLT services, particularly in elective surgery, critical care and oncology
- the need for an additional 16.94 WTE SLTs to deliver the new specification, as identified in the stroke business case: this creates extra SLT vacancies in the system, and a larger workforce gap to close

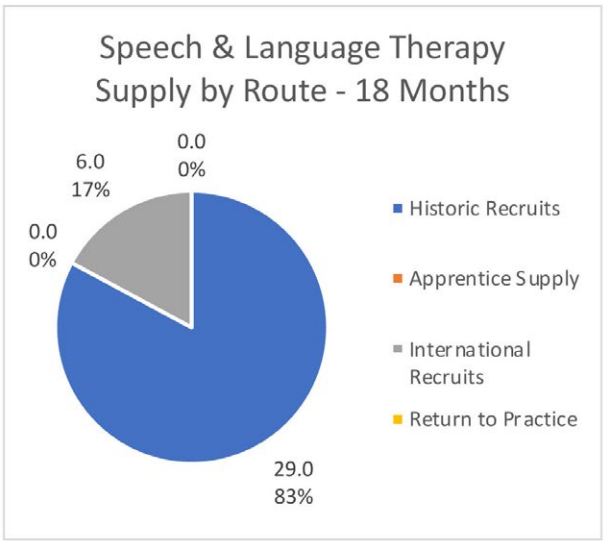
- potential plans to integrate acute and community services in central Lancashire, increasing the requirement for the SLT workforce
- a requirement for a consistent SLT workforce due to the consideration for permanent funding within some Trust escalation areas

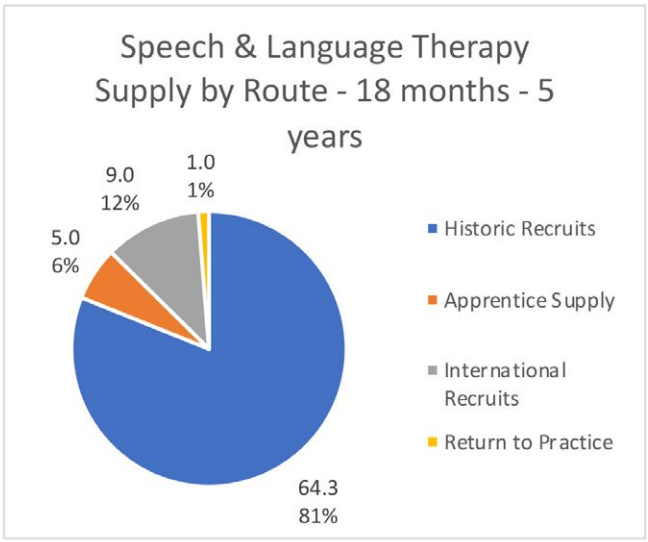
In addition to the above, demand is also increasing for the SLT workforce in several specialty areas, with associated recruitment challenges:

- pre-stroke: the SLT stroke workforce is particularly impacted by vacant posts, several of which have been readvertised due to a failure to recruit. There is a shortage of staff with the experience to progress to vacant posts, and significant opportunities for development in stroke services, which need supply and retention
- autism: a specific system-wide autism pathway is being developed. SLT is critical to this, and will require additional staffing. Challenges with workforce supply would impact delivery
- mental health: there are gaps within the adult mental health SLT workforce. New mental health posts have been commissioned and are proving challenging to recruit to
- smaller specialities: specialities such as hearing impairment services, head and neck cancer and voice services are also difficult to recruit to
- dysfluency (stammering): there is a gap in SLT service provision in dysfluency. LSC has a robust model for delivering children's dysfluency services but gaps remain in the adult service. An ICS-wide approach to dysfluency is required to support community services to meet the appropriate criteria for delivering provision in this area
- dysphagia: there is a gap in SLT service provision in the delivery of dysphagia diagnostic services

Supply

Figure 76





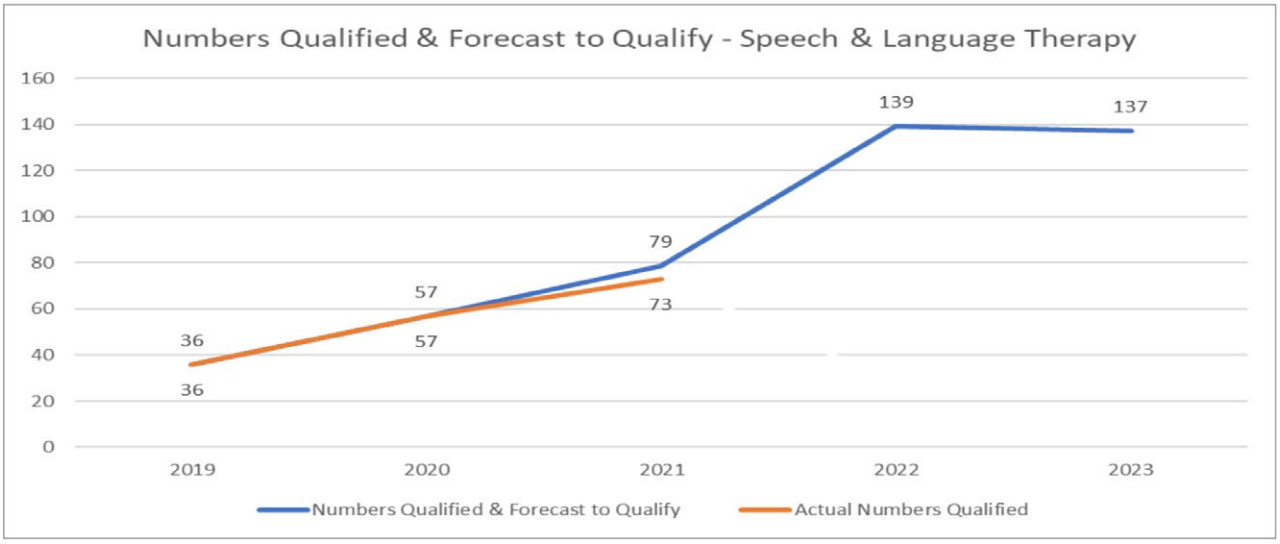
The main supply routes for the SLT workforce have been historic recruitment through graduate supply, and some international recruitment. Trust reports detail intentions to increase the apprenticeship supply route and maintain graduate recruitment.

There has been limited educational provision within the North West, limited to Manchester universities. UCLAN now offers an MSc route for SLT in addition to the two degree-level courses available in Manchester. This provides a potential opportunity to secure increased local supply from 2023/24. Some Trusts have been over-recruiting new graduates to address their supply issues.

It is noted that Band 6 staff are leaving posts as there are not always opportunities to progress to a Band 7 post. For example, staff may not be able to gain experience in the clinical area, may not have access to training, may work in a small team or it may be that a suitable Band 7 post does not exist locally.

Access to locum supply is currently problematic and there is poor availability in LSC.

Figure 77



Aggregated actions

In terms of aggregated actions, it is important to:

- recruit to current vacancies: Trusts are intending to recruit to all vacancies
- consider apprenticeship needs across organisations system-wide and take a collaborative approach; consider a nationally procured, or local, provider
- review attraction strategies for maximising student graduate supply route, such as links with HEIs, supporting graduate job application preparation, early recruitment of final year students

- use practice education facilitator posts more widely to support increased demand for education such as student placements on undergraduate courses
- promote ICS-wide and local SLT leadership development opportunities, supporting succession planning, including fast track and talent spotting routes
- promote a wider approach to SLT provision across the ICS for regional services such as mental health, learning disabilities and neuro-rehabilitation, and for smaller demand clinical specialities such as fluency and voice SLT provision
- consider professional leadership at ICS, as well as at Trust, level
- ensure the ICS-wide SLT development group collaborates on workforce solutions, with support from LSC AHP Faculty
- maintain links between AHP Faculty and HEIs to:
- actively promote SLT as a career within the LSC footprint population, especially to under-represented groups
- understand local SLT requirements for undergraduate students, student placements, teaching and student recruitment
- work with local HEIs to support development of SLT specialist roles: assistant practitioner/ advanced specialist practitioner/advanced practice speech and language therapist
- recruit jointly to shared rotational Band 5 and senior posts across small specialties
- support lone workers and provide professional oversight
- over-recruit Band 5 clinicians to manage vacancy factor and loss of Band 5 staff
- consider ICS-wide regional approach for some specialties such as head and neck cancer, mental health, autism, hearing impairment and dysfluency
- consider the benefits, which include:
    - supporting recruitment and retention of staff to specialities
    - offering a team, rather than a lone worker, model
    - offering career development pathways
    - supporting business continuity
    - offering economy of scale
    - reducing the fragility of services and reliance on single experts
    - supporting equity of services for patients
    - supporting clinical and professional development, and governance of services
- review regional recruitment, including attracting SLTs to the area by offering enticing employment package and career development opportunities

10. Therapeutic radiography

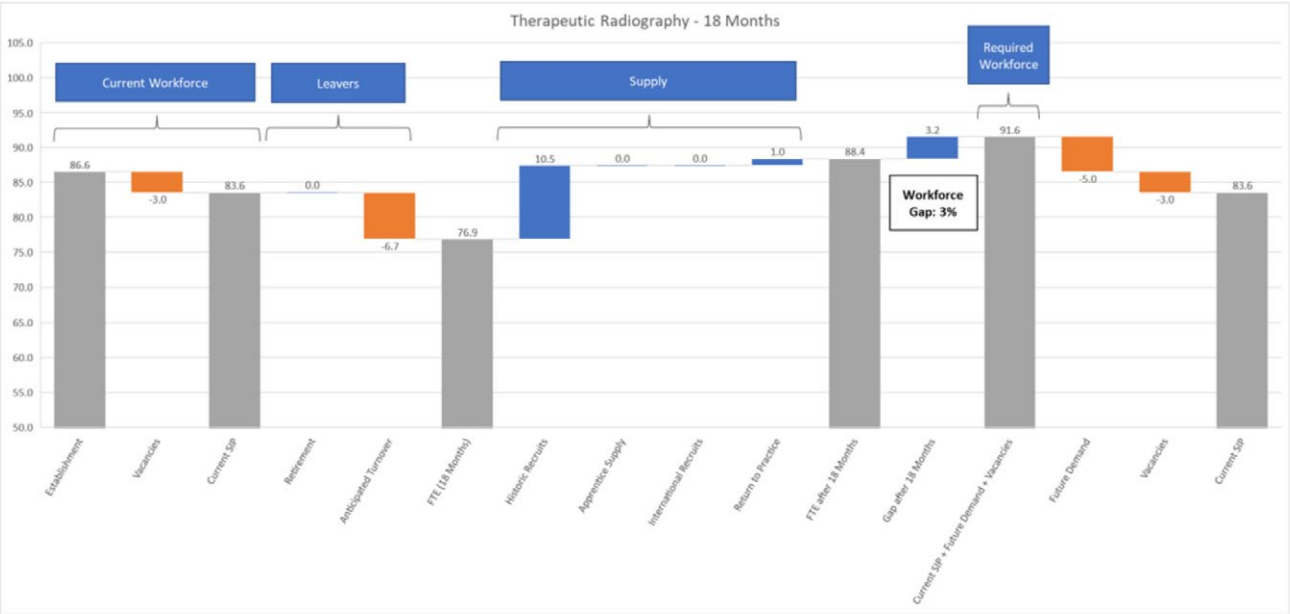
Number of registered AHP staff: 86.6

Established

Profession overview

There is one single provider of therapeutic radiography in LSC.

Figure 78

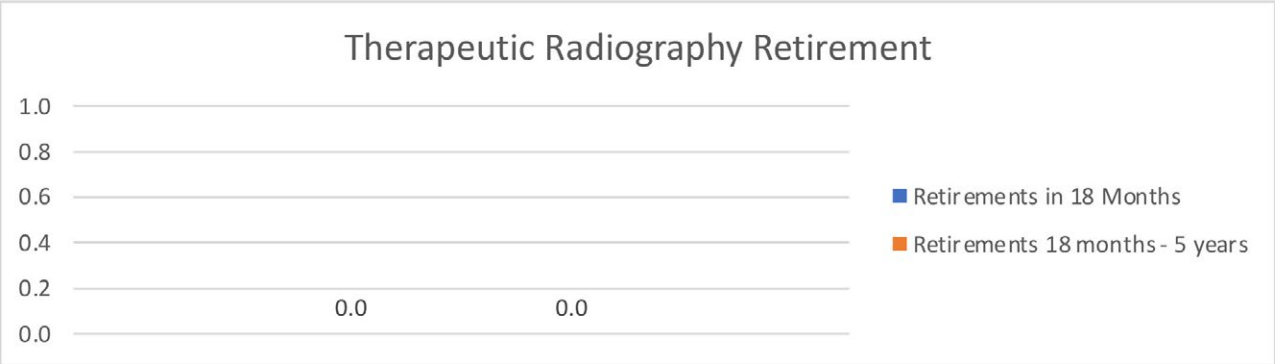


Workforce profile

Workforce profile detail can be found in the single provider report upon request.

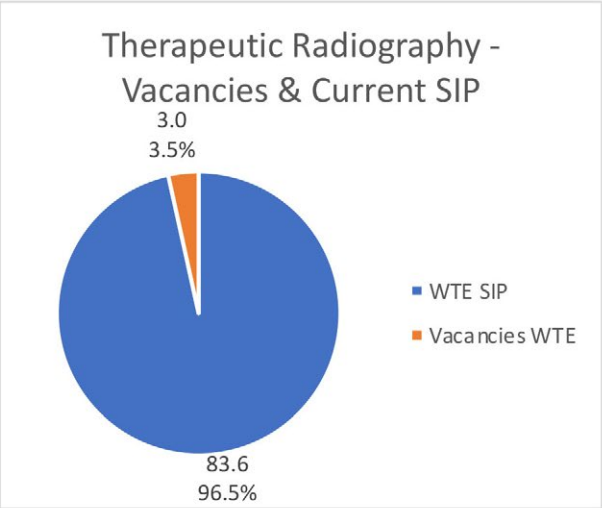
Demand

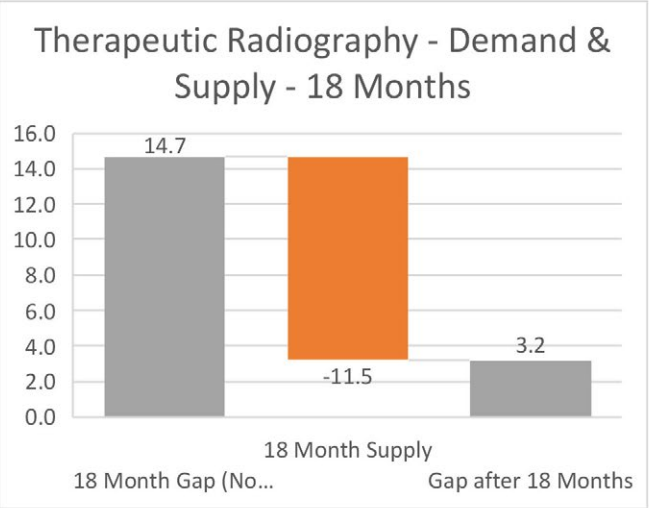
Figure 79



No predicted retirements are expected at the 18-month and 18-month to 5-year periods.

Figure 80



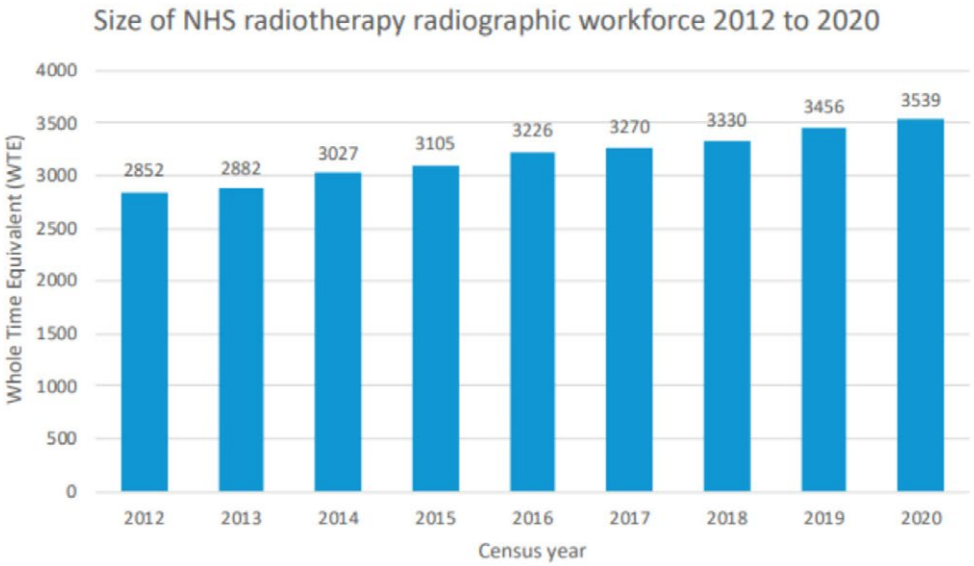


The Cancer Research UK (CRUK) document 'Full team ahead: understanding the UK non-surgical cancer treatments workforce' (2017) stated that:

'The workforce (in absolute terms) has been growing over recent years, although not to the same degree as demand for treatment, which has increased due to incidence and survival factors as well as the complexity of treatments needed. Trend data are available for medical and clinical oncologists and therapeutic radiographers. These data show that staff numbers in these three roles combined have grown by nearly 4% per year on average over the last 3 years, with the increase greatest among medical oncologists at 8% per year. Cancer incidence has been increasing by 2% per year in the last 3 years. However, cancer incidence (new cancer diagnoses) alone is increasing by 2% per year. The combination of cancer incidence with those already diagnosed and continuing to have cancer treatment would mean that this increase in staff would not meet the patient demand for cancer treatment.'

The College of Radiographers Radiography Workforce UK Census 2020 shows that the NHS therapeutic radiography workforce grew by 687 WTE (24%) between 2012 and 2020 (see Figure 81).

Figure 81



HEE, in its 'Strategic framework for cancer workforce (2018)', predicted the cumulative percentage growth of this profession would be 33% by 2027, representing moderate growth.

The single provider has consultant radiographers, ACPs and trainee ACPs, and is one of the first Trusts to have a therapeutic radiographer as its clinical director. With the workforce shortage of clinical oncologists, the trend for therapeutic radiographers taking on additional responsibilities will continue in future. More consultant therapeutic radiographers will lead the management of care pathways with support from the radiotherapy MDT; and therapeutic radiographers will also take on some planning work and treatment reviews.

Cancer incidence and the range and complexity of treatment is forecast to rise in future, increasing the use of radiotherapy as a first-line treatment. New roles and skills mixes at ACP and consultant level are key to improving access to innovative and advanced treatments, as stated by the HEE in the above report.

Supply

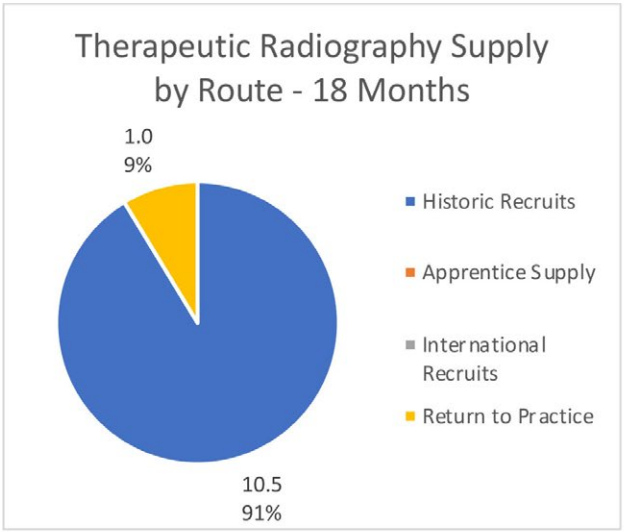
In its 'Vision for Radiotherapy 2014–2024' (2014), CRUK states:

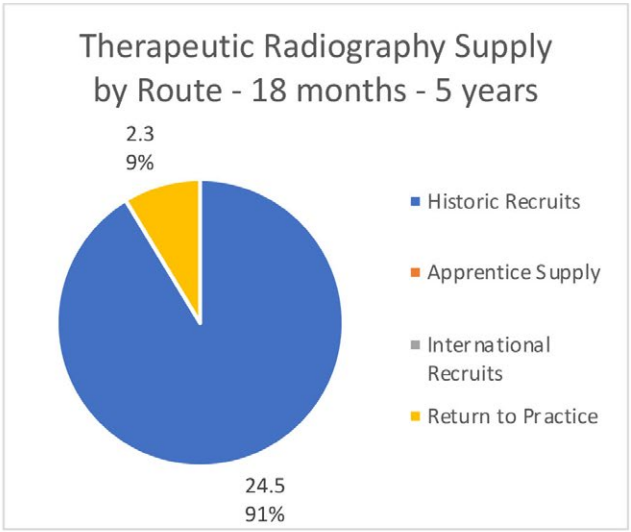
'Job satisfaction among therapeutic radiographers is considered to be relatively low. Attrition rates from pre-registration therapeutic radiographer programmes are too high and this needs to be addressed. To combat these issues, it is crucial to improve staff recognition, implement career progression pathways and promote the radiotherapy service within NHS and the public.'

In terms of supply, the following key points should be noted:

- there is a high turnover rate among Band 5s – this is generally due to internal promotion
- there are generally no issues with attraction and recruitment to all levels of the workforce, with a healthy number of internal and external applicants for each vacancy advertised
- the retention of Bands 6, 7 and 8a is usually not problematic
- business plans are in place to increase the number of trainee ACPs – this will also aid succession planning
- a degree-level apprenticeship is beginning in 2022/2023 – the provider was involved in the procurement process and is keen to utilise this supply route as previous 'grow your own' initiatives have been very successful
- the provider has successfully utilised 2 return to practice practitioners in the past 12 months
- the attraction of larger specialist hospitals in cities is a factor in recruitment

Figure 82





From 2016/17 to 2021, there was a reduction in training places (from 400 to 300) and the attrition rate is high. This may affect the ability to recruit newly qualified staff.

Aggregated actions

In terms of aggregated actions, it is important to:

- continue to work collaboratively within the region for mutual support

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 faculty 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, with a clear process for service development and robust workforce modelling to identify need. System-wide monitoring of workforce gaps and progression against trajectories will also be needed, 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 vacances.

Clear process for service development with robust workforce modelling to identify need.

Clear framework for system wide monitoring of AHP workforce gaps and progression against trajectories.

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 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, Diversion, 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 SLTs.
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 remedial action to be taken.
16. To develop 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 Northwest 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.

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.