

Workforce Advisory Group – Notes from “Ensuring we have the staff we need” – 15 July 2020

	What has worked	What has not worked	What else we need
Employers and workforce	<p>Recognition from central government and general population (but a risk that this may be short-lived), but locally recognition (in terms of financial reward) was more of a mixed picture.</p> <p>Employers have been able to up-skill staff, but now need to be able to formalise those though (eg. training, recognition, etc).</p> <p>The ability to recruit staff from other business sectors, including simplification of recruitment requirements (DBS and references) has worked well for employers.</p> <p>‘Rapid training’ has helped and should be built upon but must be backed up with more in-depth induction, learning and development and competency assessment. In addition, there is still the need for the wider L&D needs in the sector has (ie. Clinical skills, leadership and management, delegation).</p>	<p>Infection control fund has been cumbersome, difficult to access and excluded large parts of the sector.</p> <p>Statutory Sick Pay vs. the need to provide full pay when workers are sick / isolating (to reduce cross-infection), which needs to be combined with managing sickness/absence well.</p> <p>Access to testing (including repeat testing), including reluctance to testing.</p> <p>We cannot assume that workers have the means to travel to testing centres (access to vehicles, travel costs).</p> <p>Mandatory testing in other areas (eg. Homecare) would need to be organised in a way which recognises the needs of a mobile workforce.</p> <p>Apprenticeships need to be more flexible than they currently are.</p> <p>Volunteers may have been left out of development opportunities.</p>	<p>Central support for vaccination.</p> <p>Dire need for occupational health system accessible for all.</p>
Local and regional	<p>Collaborative efforts on recruitment and retention in local areas, where they have taken place, were generally regarded positively, but...</p> <p>Collaborative relationships have been variable and there are different views on how effective it has been (eg. extra funding).</p> <p>Where regional initiatives have worked well (eg. NW region), it has been characterised by triaging prospective recruits directly to providers and saving advertising costs.</p>	<p>Getting money from the Infection Control Fund was difficult to get money out quickly (and it was not necessarily equitably distributed).</p> <p>Nurse returners – The programme produced high numbers of returners for the NHS, but did not highlight roles in social care well. The NHS may not have been prepared for the numbers centrally or locally. Returners need support.</p> <p>Student nurses joining register early didn’t extend to social care, because of a lack of structured placements and</p>	

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	<p>There may be a role for mandatory requirements in some areas (eg. funding) but note tension with “localism”.</p>	<p>supervision. Care settings need to be good learning environments.</p> <p>ICS have limited voices from adult social care; which (1) undermines their role in developing an integrated workforce; and (2) limits the focus needed on wider issues affecting adult social care.</p>	
<p>National and arms-length bodies</p>	<p>National and regional bodies working well together during the crisis. But need to be clearer about what can only be done nationally and what should be done regionally / locally.</p> <p>Role of resources and support for delegated duties which may work across health and social care (or could be developed to ensure that they do).</p> <p>Potential for role of passporting prior training between jobs (eg. manual handling) where there is an agreed syllabus? Could the Care App hold the digital passport?</p> <p>DHSC recruitment campaign; On-line platform for recruitment (eg. operated by Cera) – Awareness raising, and initial enquiry is positive. It needs to dovetail with local groups and employers.</p>	<p>How to join-up recruitment campaigns for the NHS and Social Care, where they have quite different brands and employment structure. Need to join up the National Recruitment Campaign (care) which is likely to produce it’s outcomes over the longer term, with local campaigns where the immediate impact is more tangible.</p> <p>Call for volunteers was aimed and branded by the NHS, and missed opportunities to direct volunteers to social care.</p> <p>National testing programmes have been confusing and messaging inconsistent. The ask should be for clear communications and support for implementation.</p>	<p>National workforce strategy (probably takes longer than this action requires), which includes the ambition for a workforce which can develop flexible skills.</p> <p>National campaigns need a clear narrative, and clear allocation of responsibility for delivery.</p> <p>Ability for nurses and other registered staff working in social care to get professional indemnity insurance.</p> <p>Does H&SC Act Code of Practice Infection Control Act need to be reviewed, including whether it recognises the roles and experience needed within social care.</p>