Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

Workforce Development Strategy

2024-2026

Approved by the GMNISDN Board on 12th March 2024

Contact: sarah.rickard@nca.nhs.uk
Website: www.gmnisdn.org.uk

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1. Executive Summary

- Greater Manchester stroke and neurorehabilitation services are facing significant workforce challenges that are reflected more widely in the NHS
- The specialist nature of the care provided can exacerbate the difficulties in recruiting and retaining qualified and experienced staff
- The region has already implemented inpatient and community service models set out in the NHS England (NHSE) National Stroke Model
- Work is underway via the Greater Manchester Integrated Care Partnership to fully implement an end-to-end pathway for neurorehabilitation with good progress already made in community that will likely reflect NHSE requirements for neurology service transformation
- Detailed workforce scoping has been undertaken of our inpatient and community stroke services, and also for community neurorehabilitation, with separate information gathered for clinical psychology
- The key workforce issues this scoping revealed include:
    - Many teams are not funded/commissioned to meet the network's specifications/models recommended staffing levels/mix – especially in community
    - Challenges recruiting and retaining specialist staff in both settings, especially Speech and Language Therapy (SLT) and Clinical Psychologists
    - Gaps in medical staffing and training/junior posts in most stroke units and an over reliance on locums
    - Limited use of new roles or exploration of new ways of working
    - Growing use of unqualified/support worker roles but challenges in providing career progression to retain
    - Burn out of staff due to increasingly workloads and following on from the significant pressures of the pandemic
- A workforce development strategy is needed to ensure our services are sustainable and can continue to deliver high quality care in the future
- The strategy has been developed based on work produced by sister stroke networks whilst reflecting Greater Manchester and NHSE workforce strategies and models, as well as national clinical guidelines
- The strategy reflects the Health Education England STAR framework[1] which outlines five key enablers of workforce: supply, upskilling, new roles, new ways of working and leadership
- A delivery plan will be overseen by the network over the next three years based on the direction set out in the strategy

2. Acknowledgements

We would like to thank the South Yorkshire and Lancashire and South Cumbria Integrated Stroke Delivery Networks for generously sharing their strategies developed collaboratively with their stakeholders in 2022-23. This document draws on their work due to the similarities with Greater Manchester in terms of workforce challenges faced and resulting service improvement projects.

3. Introduction

This strategy has been created to support development of the stroke and neurorehabilitation workforce in Greater Manchester over the next three years and describes the broad programme of work required for this to be achieved.

A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. The damage this causes can lead to physical and cognitive disability, often coupled with significant emotional wellbeing and psychological impacts. Stroke is a preventable

[1] https://www.hee.nhs.uk/our-work/hee-star

disease and is the 4th leading cause of death in the UK and the single largest cause of complex disability.

In Greater Manchester, the region centralised its inpatient pathway in 2015 which now delivers some of the highest rated care in the country according to Sentinel Stroke National Audit Programme (SSNAP) data[2]. We have also transformed our community services, with each locality now providing an integrated model (appendix 1) that meets the requirements of the NHS England Integrated Community Stroke Service model[3]. Each area now offers all stroke survivors discharged from hospital needs based care delivered by a multi-disciplinary specialist team.

There are an estimated 16.5 million cases of neurological disorder in the UK, with one in six people living with a neurological condition. Conditions may be a result of an acquired brain injury or part of a progressive illness e.g. Multiple Sclerosis or Motor Neurone Disease. As for stroke, neurological conditions can have a significant impact on a person's life, and also their family. The region is undergoing transformation of its neurorehabilitation care pathway, with inpatient services due to move to a single provider model although work was paused due to the pandemic. Community services continue to be improved, with all Greater Manchester localities now providing care via a specialist team according to the network's agreed model which was updated in 2023 and now better aligns with stroke (appendix 1).

The region has developed and implemented highly effective models of care for both inpatient and community stroke and neurorehabilitation services. It is only through having sufficient well trained and motivated staff – both clinical and non-clinical – that we can ensure these services can continue to provide the greatest benefit for our patients and also their families and carers. Our plans must be informed by clinical best practice, networked models of care and forward planning.

Like most of the country, the region's stroke and neurorehabilitation services are facing significant workforce challenges. This strategy is published in the context of an extremely challenging financial environment within the NHS, with the newly created Integrated Care Systems facing significant deficits that are likely to continue in the coming years.

However, there are opportunities to increase the number of people training to work in our services, ensure staff are appropriately qualified and skilled, develop new roles and ways of working whilst seeking to improve people's experience at working in these services. There is also benefit in the creation of holistic pathways of care that maximise assets and resources often based in the community such as those provided by local authorities and voluntary sector organisations - particularly relevant for community and longer-term support.

Our approach to addressing the workforce agenda to deliver high quality and sustainable services will include:

- Focus on workforce - supply, recruitment and retention of professionals
- Working differently **-** new roles and ways of working including strengthening leadership

It is vital that Greater Manchester stroke and neurorehabilitation services develop a specific workforce strategy and associated work plan, to drive forward the necessary improvements to make our services the best they can be for our patients and their careers. As a region we need to act with purpose to build our future. We need to create an environment for agile workforce planning to shape the experience of those people working in our clinical teams. We need to form teams that work well together for impactful, long-term results, improve networks, and enhance talent management capabilities.

4. Our workforce strategy

4.1. Development

The network conducted detailed workforce scoping of its inpatient and community stroke teams as well as community neurorehabilitation services in 2021 (appendix 2). Inpatient stroke staffing data

[2] www.strokeaudit.org/

[3] www.england.nhs.uk/publication/national-service-model-for-an-integrated-community-stroke-service/

was refreshed in 2023 following the publication of the National Stroke Clinical Guideline 2023[4], with ongoing six-monthly staffing data collection undertaken by the network for all community services. Separate scoping of clinical psychology was conducted in all community teams in late 2023, with inpatient teams repeating the exercise in March 2024. This information has helped inform a portfolio of network led workforce projects that are in development, underway or already completed, all overseen by the network's Workforce Develop Subgroup.

South Yorkshire and Lancashire and South Cumbria Integrated Stroke Delivery Networks both undertook intensive and collaborative exercises to develop their own workforce strategies during 2022/23 (appendix 3). Each of these initiatives was led by a dedicated member of the team and took over a year to complete. The documents produced are very comprehensive and overlap significantly in their approach and findings. They both identify similar workforce challenges and also solutions to be delivered through network led projects.

In late 2023, our network's Workforce Development Group and Board felt that there was neither the time nor resource available to repeat the large-scale collaborative approaches taken elsewhere as the outputs were likely to be very similar. It was agreed to utilize our existing workforce scoping information and draw on the other network strategies to create a Greater Manchester document. A draft document which was reviewed in detail by a task and finish group, with further consultation via the Workforce Development Subgroup and other network forums before Board approval due in 2024.

4.2. Key objectives

This strategy aims to:

- Establish a longer-term plan for developing a workforce in Greater Manchester to meet the demands of our specialist services in stroke and neurorehabilitation
- Support the development of resilient clinical teams that work well together and deliver high quality outcomes and experiences for patients
- Discover new ways of working, promote upskilling of staff, explore new roles and look at our supply chains
- Improve staff experience and wellbeing to encourage retention including pro-active talent management and providing leadership opportunities
- Attract new entrants to the workforce and where appropriate via international recruitment
- Identify workforce gaps and develop initiatives to address them

To deliver these objectives, our programmes of work will focus on:

- Strengthening the current workforce and supporting compliance with national staffing recommendations to ensure sufficient capacity to deliver services effectively and efficiently
- Proactive recruitment and responsive training, ensuring alignment with national, regional and local training and education strategies
- Creative workforce solutions

The projects to achieve this will be delivered both at system-level and locally to leverage the capacity and resources available, together with the creativity and commitment of system leaders and frontline teams.

4.3. Scope

The network is primarily responsible for service improvement across the whole stroke care pathway (prevention, pre-hospital, hyper acute, acute, inpatient rehabilitation, community rehabilitation and life after stroke) as well as community neurorehabilitation and longer-term support services.

[4] https://www.strokeguideline.org/

Inpatient neurorehabilitation services were due to transform to a single provider model led by the Northern Care Alliance NHS FT in 2020, with implementation paused due to the pandemic. Where possible, the network includes inpatient neurorehabilitation in its projects as there is significant overlap including in workforce development. Therefore, much of this strategy will be inclusive for staff in this area, and it not this will be highlighted.

5. Greater Manchester stroke and neurorehabilitation services

5.1. Inpatient

The region's hyper acute inpatient stroke pathway incorporates three Hyper Acute Stroke Units (HASU), with the neuroscience centre at Salford Royal Hospital providing additional specialist services such as thrombectomy. Five local stroke units provide inpatient rehabilitation as part of this centralised model of care.

Level 1 inpatient neurorehabilitation for the most complex and urgent cases is provided by the region's neuroscience centre, with level 2 rehabilitation delivered at three Intermediate Neurorehabilitation Units (INRUs) across the conurbation.

Comprehensive Stroke Centre	***Primary Stroke Centres***	***District Stroke Centres***
Salford Royal Hospital	Fairfield General Hospital	Manchester Royal Infirmary
	Stepping Hill Hospital	Royal Albert Edward Infirmary
		Royal Bolton Hospital
		Tameside General
		Trafford General Hospital
Inpatient Neurorehabilitation (Level 1)	***Inpatient Neurorehabilitation (Level 2)***	
Salford Royal Hospital	Fairfield General Hospital (Floyd Unit)	
	Stepping Hill Hospital (Devonshire Unit)	
	Trafford General Hospital (Trafford Unit)	

5.2. Community

Services are operational delivered via two models, either a single team with staff who treat both stroke and neurorehabilitation cohorts, or two teams (i.e. stroke and neurorehabilitation) within the same service who treat patients separately. The region has fully implemented the NHS England Integrated Community Stroke Service model in all localities, with 13 community teams providing services for stroke patients. Greater Manchester is working towards implementing the network's neurorehabilitation community model, with 12 teams funded and only Eastern Cheshire now lacking a dedicated specialist service.

Stroke only	**Stroke and neurorehabilitation**
Bolton Community Stroke Team	Bury Community Stroke & Neurorehabilitation Team
East Cheshire Integrated Community Stroke Team	Central Manchester Community Stroke & Neurorehabilitation Team
Heywood Middleton & Rochdale Community Stroke Team	North Manchester Community Stroke & Neurorehabilitation Team
Oldham Community Stroke Team	Salford Community Stroke & Neurorehabilitation Team
	South Manchester Community Stroke & Neurorehabilitation Team
Neurorehabilitation only	Stockport Integrated Community Neurorehabilitation & Stroke Team
Bolton Long Term Conditions Team	Tameside & Glossop Community Neurorehabilitation Team

Heywood, Middleton & Rochdale Community Neurorehabilitation Team		Trafford Community Stroke & Neurorehabilitation Team
Oldham Community Neurorehabilitation Team		Wigan, Wrightington & Leigh Integrated Community Neurorehabilitation & Stroke Team

6. Workforce development of health and care staff

6.1. Wider national context

The NHS Long Term Plan (2019)[5] outlines the action needed to tackle major health conditions in the UK, with stroke specifically highlighted. The document also recognises the need for the NHS to modernise and develop its workforce to meet these challenges. The NHS Long Term Workforce Plan (2023)[6] is described as *"a once-in-a-generation opportunity to put staffing on a sustainable footing and improve patient care".* It aims to:

- *Train:* significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- *Retain:* ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
- *Reform:* improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

The plan highlights national workforce issues also faced by our local services:

- The number of NHS staff has grown materially in the past decade…However, healthcare need has also been growing significantly, driven by ageing and increasing morbidity, and outstripping the growth in workforce FTEs
- Rising demographic pressures and a changing burden of disease are increasing demand for NHS services
- Historically, while the education and training pipeline has increased and the workforce has grown by 25% since 2010, the number of staff trained has not kept pace with demand for NHS services
- The need for our workforce to grow and evolve is evidenced by the fact that there were over 112,000 vacancies across the NHS workforce in March 2023
- The current NHS workforce largely concentrates on responding to care and health needs, rather than doing more to fulfil the role it can play in preventing ill health
- NHS staff, learners and volunteers do not always have an equally good experience of work in the NHS

Recent reports and surveys on national NHS-wide workforce matters reflect a healthcare system that is struggling to recruit and retain enough appropriately trained staff for different services across a range of professions, or to manage increased levels of demand. The impact of those staff working in a service with "chronic staff shortages" is a significant adverse effect on workforce morale and retention, which exacerbates the challenges. The recent pandemic has also led to significant staff burn out, which is increasingly impacting the retention of staff.

[5] www.longtermplan.nhs.uk/

[6] www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

Health Education England's (now merged with NHS England) leads efforts in the NHS to respond to these challenges. Its STAR framework[7] outlines five key enablers of workforce: supply, upskilling, new roles, new ways of working and leadership.

6.1.1. Supply

This includes identifying current and future workforce availability in terms of skills, capabilities, and numbers, to identify appropriate workforce interventions. Areas for further exploration include:

- Workforce planning, workforce information, and data: what do the current and future workforce profiles look like?
- Supply and demand and variations around that
- Education and placements
- Recruitment and retention
- Health and wellbeing of the workforce

6.1.2. Upskilling

This is about the existing workforce and their training and development requirement, to ensure we have a competent and agile workforce which can be flexibly deployed, with future facing knowledge and skills. Areas for discussion within this domain focus on competencies and skills, training, and development, across the entire career framework, include:

- How can models of Advanced Practice be optimised, allowing clinicians to work to the top of their licence?
- Widening participation and Bands 1-4 – how can these roles help to optimise the skill mix within a team?
- Making best use of Apprentices and maximising the levy
- What contribution might other disciplines be able to make with some different training

6.1.3. New roles

New roles are explained as health care roles designed to meet a defined workforce requirement, warranting a new job title. The likely ingredients of a "new role" include:

- What they bring additionality to the workforce
- A formal education and training requirement - whether that be vocational or academic
- An agreed scope within the established career framework, and national recognition (although not necessarily regulatory) by clinical governing bodies

Areas for discussion include:

- What new roles are being considered – what gap has been identified?
- Team culture and embedding the role into an existing skill mix dynamic.
- The supervision and mentorship requirement
- Monitoring, evaluation, and evidencing the impact

[7] https://www.hee.nhs.uk/our-work/hee-star

6.1.4. New ways of working

This domain focuses on developing an integrated workforce culture to break through system barriers and deliver a practical response, resonating with ICP needs and person-centred care.

Areas for exploration include:

- Integration, and multidisciplinary teams
- The impact of digital technology
- Flexible working, and across boundaries
- Innovative practice

6.1.5. Leadership

This is the support of individuals, organisations, and systems in their leadership development, ranging from individual behaviours and skills to organisational development of systems through partnerships. Areas for discussions include:

- System leadership
- Organisational culture, and culture change
- Talent management
- Reward and recognition
- Communications and engagement
- Evaluation

Work is underway to deliver the NHS workforce plan with a number of national initiatives that are being deployed at a regional and NHS Trust level including:

- Grow Your Own including apprenticeships at all levels
- Developing new roles such as Advanced Clinical Practitioner (ACP) in nursing and therapies, consultant nurse and therapist posts
- International recruitment
- Return to Practice
- Retire and Return

6.2. Greater Manchester's workforce strategy and plans

The Greater Manchester Integrated Care Partnership's Culture and People Strategy 2022-25[8] sets out its strategy for developing a sustainable health and care workforce in the coming years.

The strategy identifies the current local workforce challenges in health and social care as:

[8] https://gmintegratedcare.org.uk/wp-content/uploads/2023/03/gm-icp-people-and-culture-strategy-2022-2025-final-1-1.pdf

- Recruitment and retention
- Health and wellbeing
- Lack of diversity amongst our workforce
- Lack of parity across the system
- Cost of living crisis
- Culture change
- Financial challenges

In order to deliver the change required to address these issues, the system aims:

- To attract the best people to work in health and care from within our communities and further afield to grow a sustainable workforce
- To develop career pathways across health and care by providing access to the best education and training, supporting progression and promotion from entry level to board level
- To improve employment practices within health and care to help drive economic and social recovery and growth in our communities
- To support better wellbeing cultures and provide everyone with access to good wellbeing support regardless of their employer to reduce sickness levels and improve overall wellbeing
- To enable more people to work flexibly to support a good work / life balance
- To improve the experience of all of our diverse people so they are represented, heard, treated with respect and have equal opportunity to develop
- To ensure our people in social care feel recognised and valued for their important contribution to our system as part of our commitment to greater integration
- To develop effective, compassionate and inclusive leaders that are representative of our diverse communities and support our people to be their best
- To develop an effective system culture that promotes collaboration and empowers our people to work across organisational and geographical boundaries and move more easily between services
- To improve how we plan for the future together in a truly integrated way

These actions will be delivered via the Integrated Care Partnership (ICP) as well as Greater Manchester primary, secondary and social care workforce plans and collaborative working with system partners. Much of the work impacting stroke and neurorehabilitation services will be delivered via Greater Manchester NHS providers and also through the 10 localities.

It is critical that our own workforce strategy and workplan aligns with national and especially regional workforce priorities and initiatives. Our teams must be aware of the workforce programmes of their employing Trusts as well as other regional and national plans so they can access the benefits of these projects which may be funded (e.g. Apprenticeships). We must also be mindful of locality level plans that focus on improving the workforce of staff delivering services in primary and especially social care as well as the voluntary sector who undertake an important role in our care pathways.

7. Strengthening Greater Manchester's stroke and neurorehabilitation workforces

7.1. National context for stroke

A whole system workforce approach is needed to address the skills and capability for stroke prevention and detection; hyper-acute stroke services; specialist assessment and rehabilitation; and life after stroke. Nationally, short comings have been identified for the stroke workforce that we see replicated in our local services including:

- A 40% vacancy rate in Consultant Stroke Physicians in England was reported in 2019, with a third more stroke doctors needed to deliver services[9]
- Nursing workforce - 25% increase in the number of NHS nurses leaving their role in 2021, with an additional 7,000 leaving compared to the previous year[10]. In 2022/23 there was a record high of 46,000 vacant nursing posts across the NHS
- Allied Health Professionals (AHP) workforce - long-standing shortages of SLTs[11] with neurological specialism and more recently a growing national shortage of Occupational Therapists (OTs)[12] with high staff turnover and vacancy rates also seen in physiotherapy[13]

Some staff are experts in stroke and only treat these patients whilst others will deal with a wider range of conditions. National clinical guidelines clearly outline that a sufficiently staffed and skilled multi-disciplinary workforce is essential to provide the best possible care for stroke survivors. Having the right number of appropriately trained staff is critical to good quality health care and for achieving good patient outcomes and recoveries[14].

The National Stroke Service Model[15] provides detail on models of care across the whole care pathway. It also identifies key objectives for regional stroke networks around workforce transformation and change:

- Cross reference the local workforce mapping, making use of the HEE STAR tool
- Move to a capability-based model of stroke delivered care
- Apply the Getting it Right First Time and British Association of Stroke Physicians consultant workforce model[16] in conjunction with Stroke Specific Education Framework (SSEF)[17] workforce modelling to optimise provision
- Look to develop nursing and therapy advanced practitioner and consultant posts in conjunction with SSEF workforce modelling to optimise provision. Look to develop nursing and therapy advanced practitioner and consultant posts.
- Use the NHS Leadership Academy development offer to embed leadership from bottom up across the network footprint to support service transformation.
- Ensure inpatient and community MDTs include access to psychological, wellbeing and vocational rehabilitation/re-enablement support
- Consider opportunities for shared or co-located staffing across teams and specialisms to support network development
- Ensure the local workforce plan equips the health and social care workforce with specific stroke skills, both for registered and non-registered staff in specialist teams and to upskill the non-specialist workforce.
- Ensure all commissioned services submit data via SSNAP, including organisational audit data, to capture workforce snapshots

The National Clinical Guideline for Stroke (2023)[18] provides recommendations on the organisation of inpatient stroke services including staffing levels and mix for hyper acute and acute/rehabilitation stroke wards (appendix 4). The NICE guideline for hyper acute/acute care (NG128) only recommends that patients be treated by specialist multi-disciplinary teams[19]. However, the more

[9] www.bmj.com/content/366/bmj.l4740
[10] www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce
[11] www.rcslt.org/news/vacancy-rates-reach-23-in-speech-and-language-therapy/
[12] www.rcot.co.uk/practice-resources/workforce-survey-report-2023
[13] www.csp.org.uk/news/2023-03-14-thousands-more-physiotherapists-needed-governments-workforce-plan
[14] www.stroke.org.uk/sites/default/files/new_pdfs_2019/our_policy_position/psp_stroke_workforce.pd
[15] www.england.nhs.uk/publication/national-stroke-service-model-integrated-stroke-delivery-networks/
[16] https://biasp.org/wp-content/uploads/2022/03/BASP-Stroke-Medicine-Workforce-Requirements-Report-FINAL.pdf
[17] https://stroke-education.org.uk/
[18] www.strokeguideline.org/
[19] www.nice.org.uk/guidance/ng128/chapter/Recommendations#specialist-care-for-people-with-acute-stroke

recent guideline for rehabilitation (NG236) sets out the different professionals who should be available to deliver specialist care on an inpatient stroke ward[20].

Work is in the final stages via the NHSE Clinical Policy Unit to develop new training routes for stroke medicine to encourage new entrants into the specialty. This will be a 3-year training programme which includes 2 years in General Internal Medicine and 1 year in stroke resulting in stroke specialist accreditation. Once approved, it will be for our local Trusts to ensure they maximise the opportunity provided by this programme to help to boost the numbers of local stroke doctors. The current plan is to convert trust funded posts or repurpose unfilled training posts for this programme.

7.2. National context for neurorehabilitation

The NHS England Neurology Transformation Programme[21] sets out the principles and provide the tools to local systems to ensure the delivery of integrated care for neurological conditions. Due to historical commissioning and delivery arrangements, neurology care pathways have been fragmented and funding has not been allocated equitably. From 2024/25, commissioning of most specialised neurology services be delegated to Integrated Care Boards. This provides an opportunity for regions to transform their inpatient and outpatient neurology and neurorehabilitation services, as well as community.

The programme builds on the NHS England Getting it Right First Time report for neurology (2021)[22], which highlighted the urgent need to modernise access to services through pathway redesign and improvement. These ambitions hinge on access to sufficient specialist clinicians such as nurses, therapists and doctors with the right skills and training. Regions will need to attract and retain a workforce capable of delivering specialist neurological care across a wide geography. This work has commenced in Greater Manchester via the inpatient and community neurorehabilitation transformation programme which was restarted in 2023 via the ICP but has not yet been fully implemented.

There are over 600 different neurological conditions with no disease specific clinical guidelines as there are for stroke although these can be a useful starting point when designing local pathways of care including staffing. The British Society for Physical and Rehabilitation Medicine provides recommendations for specialised services[23] including details on staff mix and levels.

7.3. Workforce challenges in our services

Our workforce scoping of inpatient stroke and all community services in 2021 identified many themes that remain relevant today:

- Gaps in medical staffing and training/junior posts in many stroke units. Difficult to recruit into specialty and retain doctors under current training pathways. Most District Stroke Centres have little resilience and a reliance on locums especially in HASUs
- No stroke units except Salford Royal use Physician Associates, with very few advanced roles (including ACPs/Trainee ACPs and Non-Medical Consultant posts) in either setting especially community. Some staff have undertaken advanced practice training such as non-medical prescribing
- Recruitment of nurses and especially qualified therapists with neurological experience is challenging for many teams
- Some SLTs and Dietitians are managed outside of core teams, which can cause problems with access
- All stroke units employ significant numbers of unqualified therapy and nursing staff (usually band 2 and 3), with Rehabilitation Assistant type roles (band 3 and 4) in all community teams. No Nursing Associate roles in community but utilised widely in stroke units.
- Most community teams did not use apprentices with no roles in any stroke unit

[20] www.nice.org.uk/guidance/ng236/chapter/Recommendations#organising-health-and-social-care-for-people-needing-rehabilitation-after-stroke
[21] www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf
[22] https://gettingitrightfirsttime.co.uk/medical_specialties/stroke/
[23] www.bsprm.org.uk/resources/guidelines/

- Management of community teams varied in terms of grade and proportion of time allocated as a dedicated Team Leader. All stroke units had access to senior Managers via Trust department structures although some management roles were split with other services impacting the time allocated to the service
- Some novel roles were reported such as Rehabilitation Driver and Activity Co-ordinators in stroke units
- Some stroke units used volunteers although the pandemic impacted this approach
- Many community teams could only provide a 5 day service due to staffing limitations
- Burn out of staff due to increasingly workloads
- Changes to ways of working included: flexible staffing during the day/days of week in community teams as well as rotation of staff through other services (mostly stroke units but some community)
- Talent spotting and developing effective clinical leadership was deemed important including providing staff with opportunities to train and progress professionally
- Recruitment and retention of staff initiatives included:
    - Promote stroke/neuro positively and showcase advances in care to help attract students/existing staff including offering student placements and B5 rotations
    - Provide learning and development opportunities including funded CPD focusing on leadership and clinical skills
    - Provide clear career pathways including access to research posts and clinical development roles
    - Broaden connections with universities and support them to deliver neuro based ACP and first contact practitioner roles
    - “Grow your own” initiatives
    - Offer rotational working and learning opportunities and whole pathway learning, rather than the current divide between inpatient and community services

7.3.1. Inpatient stroke

In 2023, all Greater Manchester stroke units were audited for compliance with recommended staffing levels in the national clinical guideline (appendix 5). The scoping highlighted that most units could not staff therapy 7 days a week with problems staffing all three therapy professions and particular issues in recruiting SLTs to stroke units. Many units had higher ratios of unqualified to qualified nurses than recommended although overall levels may have met the guideline. Clinical psychology was not staffed to recommended levels in any stroke unit, with some having no post at all. Dietetics and Orthoptics were also not available as outlined.

7.3.2. Community stroke and neurorehabilitation

The NHS England Integrated Community Stroke Service model ensures that all discharged stroke patients are seen in a timely way by an integrated multidisciplinary team (MDT), regardless of their disability. It builds on the principles and practice of Early Supported Discharge as well as the available evidence and guidelines. This model can only be delivered with an appropriately trained and staffed Integrated Community Stroke Team. The model recommends staff mix and levels although locally we have implemented our own model (on which the national document is based) with a minor-adjustments to staffing levels to help align with the neurorehabilitation model undertaken in 2023. Our community stroke services are benchmarked twice a year for compliance with the recommendations in our model.

7.3.3. Clinical psychology

Separate scoping of clinical psychology in all 15 community stroke and neurorehabilitation teams was undertaken in late 2023 (appendix 6), with the results of a similar exercise in hospital services due in Spring 2024. The key findings of the exercise were:

- 80% of all teams have a Clinical Psychologist
- Only 8% of all teams had a Trainee Clinical Psychologist attached to the core team in the past six months
- 60% of all teams are able to access an Assistant Psychologist as part of the core team
- 40% of all teams provide group interventions for cognitive rehabilitation and psychological care
- All teams with a Psychologist provide psychological information and/or interventions to family and carers
- All teams with a Psychologist provide psychological training to the MDT

Unsurprisingly, teams with a Clinical Psychologist provided a greater range of support and services to patients and their carers/families, including via trained members of the wider multi-disciplinary team supervised by a Psychologist. We know that some teams are not funded for posts and that recruiting to them in community and also in hospital services is very challenging. It often involves fishing from a small and finite pool of staff that may leave a vacancy elsewhere in another Greater Manchester team. The process of appointment can be time consuming as usually requires multiple rounds of recruitment with adaptations to job descriptions, hours and grades to try and incentivise roles.

Our scoping of the workforce in 2021 (appendix 2) revealed only 5/8 stroke units had access to a Clinical Psychologist, although this is not on all wards at two of the HASUs. Further scoping in 2024 will provide more information and will also include inpatient neurorehabilitation services.

Nationally, there is a shortage of qualified Neuropsychologists, in part due to significant and lengthy training requirements. Access to appropriate supervision for posts not employed via the neuroscience centre or a local mental health Trust can also be costly and problematic, with around half of Greater Manchester posts utilising external supervision. Few teams appear willing/able to host Trainee posts with the use of Assistant roles becoming more widespread although these posts are currently not funded in all stroke and neurorehabilitation teams.

7.3.4. Summary of the key challenges

In summary, our stroke and neurorehabilitation services are facing complex workforce problems which are largely reflective of national and regional workforce shortages within the NHS. The specialist nature of the care provided can exacerbate the difficulties in recruiting and retaining qualified and experienced staff who are equipped to deliver often highly complex care in a very challenging environment.

The key issues facing the region's services include:

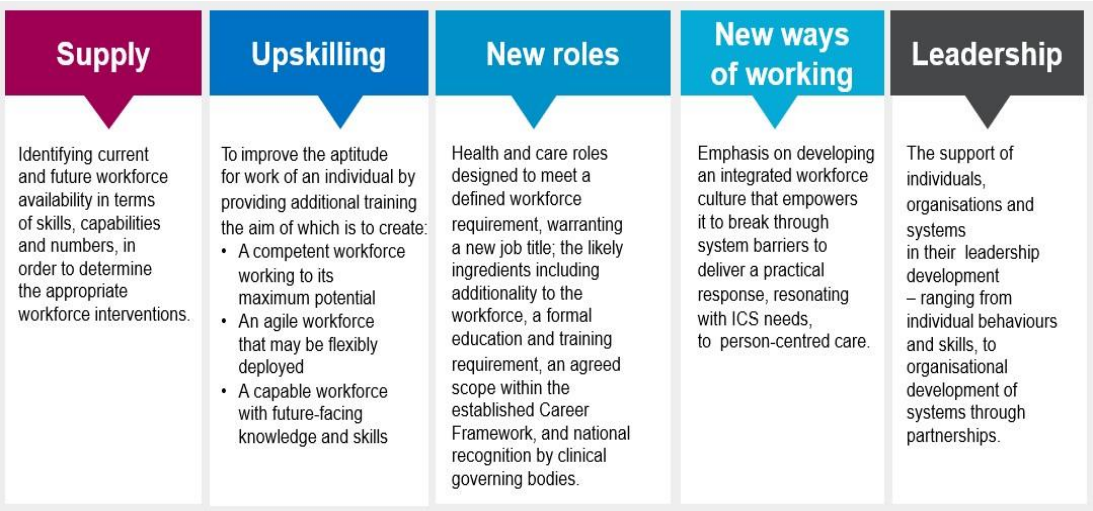
- Many teams are not funded/commissioned to meet the network's specifications/models recommended staffing levels/mix – especially in community
- Challenges recruiting and retaining qualified therapists in hospital and community, especially SLT, impacting the provision of the recommended intensity and frequency of therapy
- Significant issues recruiting and retaining Clinical Psychologists – teams are often robbing Peter to pay Paul
- Shortages of qualified nurses in some stroke units and no Nursing Associate roles in community
- Gaps in medical staffing and training/junior posts in most stroke units and an over reliance on locums with little resilience in teams
- Limited use of new roles such as Advanced Clinical Practice, Physician Associates or Apprentices or exploration of new ways of working e.g. staff rotations to improve staff recruitment and retention
- Growing use of unqualified/support worker roles but challenges in providing career progression to retain
- Lack of ring fenced team leadership time/roles in community
- Burn out of staff due to increasingly workloads and following on from the significant pressures of the pandemic

The current position is extremely challenging especially given the backdrop of worsening NHS pressures and performance which continues to negatively impact staff health and wellbeing, and their motivation for continuing to practice. Current workforce levels are affecting the ability to deliver consistently safe care and achieve quality standards and good patient outcomes and also importantly experience.

Our services continue to strive to deliver safe and high-quality care despite these constraints. There is evidence of the benefits of working collaboratively within the system and multiple examples of progress in implementing best practice and creative solutions which we help to facilitate as a network.

8. Key areas of work

The HEE STAR tool helps define key domains to allow us to identify and develop projects for now and the future.



The network has an ongoing programme of workforce development projects overseen by our Workforce Development Subgroup who ultimately report to our Board. Projects are carried out collaboratively led by Network Clinical Leads supported by our Facilitators.

This strategy will allow us to review and group these projects in light of the HEE domains. We will also consider other potential projects from our neighbouring networks. These have been summarised in a delivery plan in appendix 6 and our Workforce Development Subgroup will lead on helping to prioritise projects and ensure the plan is updated in the coming years.

The strategy will be implemented alongside relevant emerging strategies including the ICP workforce strategy, together with the national NHS workforce plan. The document will need to be reviewed and updated as it evolves to ensure it reflects the relevant national and regional approaches to workforce.

9. Appendices

Appendix 1. Greater Manchester community service models

Greater Manchester Integrated Communit

Greater Manchester Integrated Communit

Appendix 2. Greater Manchester stroke and neurorehabilitation workforce scoping (2021)

GMNISDN%20Workforce%20scoping%20

Appendix 3. South Yorkshire and Lancashire & South Cumbria Integrated Stroke Delivery Networks workforce strategies

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Appendix 4. National Clinical Guideline for Stroke (2023) stroke unit staffing levels

	PT	OT	SLT	Clinical Psychology	Dietetics	Nursing	Consultant Stroke Physician	Consultant level practitioner led ward rounds
	Whole-time equivalents (WTE) per 5 beds*					Per bed	24/7 availability; minimum 6.0 thrombolysis-trained physicians on rota	Twice daily ward round
Hyper-acute stroke unit	1.02	0.95	0.48	0.28	0.21	2.9 (80:20 registered: unregistered)		
Acute stroke unit & stroke rehabilitation unit	1.18	1.13	0.56	0.28	0.21	1.35 (65:35 registered: unregistered)	Acute stroke unit: 7 day cover with adequate out of hours arrangements**	Acute stroke unit: daily ward round** Stroke rehabilitation unit: twice-weekly ward round**

*WTE figures are for 7-day working for registered staff and include non-clinical time (such as supervision and professional development) as well as non-face-to-face clinical activity. Registered staff should be augmented by support workers and rehabilitation assistants to achieve the intensity and dose of therapy recommended in Section 4.2 Rehabilitation approach – intensity of therapy (motor recovery and function).

** Consultant stroke physician input may need to be adjusted according to the acuity of the unit. All acute and rehabilitation units should at least 2 ward rounds per week led by a consultant-level practitioner (physician, nurse or therapist; see Recommendation 2.5K)

Appendix 5. Stroke unit compliance with National Stroke Clinical Guideline 2023 staffing recommendations (undertaken 2023)

Stroke%20unit%20compliance%20with%2

Appendix 6. Draft delivery plan

SUPPLY			
Project	**Aim**	**Activities**	**Project progress**
Clinical Psychology	Support recruitment into new and existing qualified psychology posts	Network Clinical Lead advising teams on job descriptions and recruitment strategies.	On track
		Scoping support for Trainees in teams	
		Liaising with universities about their teaching programmes to attract new entrants into training	
Medical training in stroke	Explore ways of increasing training posts and making more attractive	Work with Deanery/HEIs to maximise trainee placements	In L&SC plan, for consideration
		Work with the Deanery to explore potential to use locum Consultants as named supervisor and educator	In L&SC plan, for consideration
		Clarify the Out of Programme activities that we could offer to attract more placements including research placements / service delivery offer that would enhance take-up	In L&SC plan, for consideration
		Explore the new GIM-Stroke medicine training programme pathway in opportunities for local Trusts in developing a rotational programme of stroke training	Due to commence 2025
	Develop easier ways to train doctors via Certificate of Eligibility for Specialist Registration CESR programme	Develop a more robust approach for CESR route to enable clinicians to become medical Consultants and share good practice	In L&SC plan, for consideration
		Enquire how Deanery can support medical trainees to navigate the CESR route	In L&SC plan, for consideration
Student placements	Support greater use of placements in teams to attract more clinicians into stroke/neuro		In SY plan, for consideration
GM wide stroke/neuro clinician recruitment	Develop system wide approach to recruitment. Collaborative system and Trust level workforce planning	GM level stroke/neuro workforce marketing plan and campaign covering staffing establishment and training opportunities	In L&SC plan, for consideration
		Co-ordinate enhanced presence at recruitment open days, stalls at appropriate conference events etc	In L&SC plan, for consideration
		Develop stronger social media campaigns focusing on the opportunities and the region	In L&SC plan, for consideration
		Promote stroke/neuro career paths to professionals including the development of case studies	In L&SC plan, for consideration

		Work collaboratively with Trusts to improve the reach of advertising posts to target groups	In L&SC plan, for consideration
		Local universities to take part in higher education open days to promote specialist nursing and specialist rehabilitation apprenticeships to school leavers	In L&SC plan, for consideration
Rotational roles	Develop greater use of rotational staff to attract clinicians into stroke/neuro	Share best practice between teams using rotations	In SY plan, for consideration
Cross organisational posts	Explore feasibility of more cross-organisational posts especially for professions with shortages e.g. medicine	Examples of DSC doctors on Salford HASU rota	In L&SC plan, for consideration
		Extend the use of digital passports to more than medical trainees	In L&SC plan, for consideration
Addressing inequalities	Understand inequalities that may impact recruitment and retention of our staff	Undertake a Equality Impact Assessment to support service/workforce planning	In L&SC plan, for consideration
Retirement of staff	Develop a greater understanding of impacts of retirement on workforce	Develop robust age profile data for the different professions and understand those staff that could be in an age range that mean it is likely they could retire	In L&SC plan, for consideration
UPSKILLING			
Project	**Aim**	**Activities**	**Project progress**
GM workforce development	Ensure network is linked with ICP and NHSE workforce plans	To be determined	Due to commence in 2024
Training Needs Analysis	Perform a GM wide Training Needs Analysis for stroke and neurorehabilitation	Create task and finish group and invite SSEF team. Develop and send out survey to teams	On track
		Link in with HEIs	Due to commence in 2024
Competencies	Develop stroke and neurorehabilitation competencies to support analysis	Collate GM competencies used currently for nursing.	On track
Experienced level training for professionals	Provide an ongoing programme of training for professionals	Devise and deliver a regular programme of face to face and online training events for professionals	On track
Introductory level training in stroke	Develop and deliver regular introductory level study days via a multi displinary learning approach	Update Trust led introductory training for new starters in stroke care involving NHS and voluntary sector teams. Deliver regularly across GM, evaluate and improve. Review how to make more resiliant with pre recordings as backup	On track
Introductory level training in neurorehabilitation	Develop and deliver regular introductory level study days via a multi-disciplinary learning approach	Use stroke programme as basis for developing neurorehabilitation focused programme delivered by local teams	Due to commence in 2024
Foundation level training in stroke	Coordinate Trust led Foundation training	Build on Salford Royal Foundation programme and explore online learning. Collect nursing competencies and draft a competency booklet.	Due to commence in 2024

Rehabilitation training for nurses	Build on training currently provided at Stepping Hill stroke unit to develop GM wide offer	Scope via task and finish Group	Due to commence in 2024
Mentorship roles	Ensure appropriate access to mentors by clinicians	Review current mentorship model and accessibility to mentors	In L&SC plan, for consideration
Educational resources	Develop resources to support training and education of staff including posters and eLearning packages	Suite of posters and eLearning available on network website. New material developed and review of existing resources via Workforce Development Subgroup	On track
Peer support	Provide opportunities for peer support between professionals	Network supports a range of forums including: SLT, Dietitians, Psychology, Community Nursing, Orthoptics, ACPs, Ward Managers	On track
Clinical Psychology	Ensure workforce is appropriately qualified and skilled	Scope clinical practice in teams. Support NW Psychology Special Interest Group to develop peer support and educational opportunities. Deliver ACT training to GM stroke/neuro MDT staff	On track
NEW ROLES			
Project	**Aim**	**Activities**	**Project progress**
Advanced Practice roles	Support Advanced Practitioner role development and uptake by stroke and neuro teams	Collate resources and host on network website	On track
		Set up a task and finish group to build a community ACP role	On track
		Scope the need for AHP role with rehabilitation and inpatient focus	On track
		Scope role in orthoptics at Stepping Hill to support Catalyst project.	On track
		Collate Nurse Consultant job descriptions and share with teams	On track
		Meet with stroke physicians to develop roles in stroke teams. Agree suitable skill-mix options such as Physician Associates, Non-Medical Consultants, Advanced Clinical Practitioners etc	On track
Unqualified/support roles	Support the increase use of roles in teams	To be determined	Due to commence in 2024
Apprenticeships	Increase use of national Apprenticeship scheme to grow our own staff for the future	Maximise use of Apprenticeship levy in teams and share best practice between teams already using role	Due to commence in 2024
		Highlight those programmes that do not have the required apprentices commencing the scheme and understand the reasons and seek to address these (e.g., the entry criteria); mitigate barriers to entry	Due to commence in 2024

Community nurses	Support development of community nurse role in stroke and neurorehabilitation	Develop competency framework and recruitment documents to standardise role across region	Due to commence in 2024
Peer support and volunteer roles	Develop roles to augment and supplement paid staff		In SY plan, for consideration
NEW WAYS OF WORKING			
Project	**Aim**	**Activities**	**Project progress**
Digital solutions	Implement Patient Pass to reduce staff time needed to manage stroke referrals across GM	DSC to HASU referral module not developed. Need to develop modules to support repatriation and discharge	On track
Therapy provision	Increase the frequency and intensity of therapy provided by stroke and neurorehabilitation teams	Explore greater use of technology and innovation	On track
		Upskill staff in maximising therapy delivery especially self-management, use of groups etc	On track
		Review and increase staffing levels and mix	On track
		Increase use of support/unqualified roles etc	On track
LEADERSHIP			
Project	**Aim**	**Activities**	**Project progress**
Stroke GiRFT Leadership programme	Maximise benefit from annual programme run via NHSE stroke programme	Encourage local clinicians to express an interest. Second programme due to start May 2024	On track
Network Clinical Leads	Develop local clinical leadership experience and capacity through network roles	Recruit local clinicians to roles to help develop clinical leadership skills and capacity in GM	On track