NHS Working Longer Review

Preliminary findings and recommendations report for the Health Departments

Submitted by the Working Longer Review on behalf of the NHS Staff Council to the Department of Health, Welsh Government and the Scottish Government

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Contents

Annexes are available separately from this report and are published at www.nhsemployers.org

1. Foreword

This report is submitted to the Health Departments by the Working Longer Review (WLR) Steering Group on behalf of the NHS Staff Council and sets out the findings and recommendations of this UK-wide review.

The WLR was established to assess the impact of working beyond 60 in the NHS and to consider how NHS staff will continue to provide excellent and compassionate care when they are working longer. It is widely acknowledged that caring for an ageing society is one of the NHS' greatest challenges. However this is the first time that the challenges of an ageing workforce in the NHS have also been addressed. In our view, no organisation nor individual staff member can underestimate the significance of the findings reached and the recommendations contained in this report.

It is crucial that the NHS fully understands now the impact that the future pension changes and the ageing workforce will have, both on its workforce and on its ability to deliver safe and effective care. The current NHS workforce can make different career and retirement decisions which may not be available to staff in the future.

Failure to act on this now will only add to the difficulties of managing the future NHS workforce.

During the review, trade unions and employers have worked together in partnership, drawing on expertise from a variety of sources, gathering a wealth of knowledge to inform the findings and recommendations in this report. The WLR has made 11 recommendations grouped into four themes.

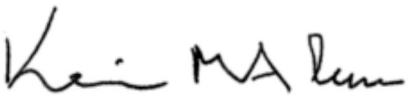
Recent reports, such as the Berwick Report[1], have shown that it is the experiences of healthcare staff which help to shape patients' experiences of care and improve patient outcomes. Integral to this is managing staff well by helping them to have greater control over their work, involving them in decision making and listening to what they have to say. We have found evidence and are making recommendations that will help organisations achieve this and also utilise the skills and knowledge of experienced staff by giving them the necessary support to work longer. We are also making recommendations that will support individual staff members to make informed decisions around their career, pension and retirement options.

1. Department of Health, Don Berwick Review in to Patient Safety, A promise to learn a commitment to act, August 2013

Given the importance of the challenge, our final recommendation is that the WLR is established as a permanent sub group of the NHS Staff Council to both drive the implementation of our recommendations and to ensure that our significant knowledge and expertise can be utilised by the Government in future policy deliberations around State Pension Age.

We would like to thank all those who have contributed to the review, including members of the WLR groups and experts who have helped to shape our understanding, as well as the NHS Employers organisation who have helped to oversee the project.

Gail Adams
Head of Nursing UNISON
Chair for Staff Side



Kevin McAleese CBE
Chair for NHS employers

2. Executive summary

2.1 There is no doubt that of the many challenges facing the NHS, employers and staff, the impact of caring for an ageing society whilst concurrently supporting an ageing workforce is one of the greatest. The WLR was established to address the potential impact of working longer in the NHS. A number of objectives were identified for the review. These are set out in Annex 2. This report has sought to identify recommendations which, if acted upon, will support employers and staff in meeting this challenge now and in the future. It is important to note that of the 1.3 million staff currently employed in the NHS, 70% of them will have an increased pension age and be required to work longer to receive a full pension as a result of the Public Service Pensions Act 2013.

2.2 The report makes 11 recommendations, including the need for our work to continue.

2.3 The NHS is a large and complex organisation with the primary purpose of caring for others. Its ability to achieve this is dependent on successfully managing a diverse workforce, which is widely recognised as its best asset. As medical science advances it has already, and will continue, to enable people to live longer and more independently with long-term medical conditions. The impact of NHS staff having to work longer is currently unknown. Whilst research has already been conducted in other parts of industry and commerce it is currently sparse in the NHS. This deficit in knowledge will need to be addressed if the service is to meaningfully monitor any accumulated impact of an ageing workforce.

2.4 This report sets out our initial findings and recommendations, on behalf of the WLR. It includes key findings from research undertaken by Bath University and the public call for evidence analysed by Middlesex and Newcastle University.

2.5 Bath University was commissioned to undertake a robust literature review and audit of existing international practice on the impact of people working beyond 60. The audit focused on a number of key areas, including what factors influence employee decisions, the retirement choices available to them and their decisions to continue to work, and the support older workers need to stay in work longer. It also considered the current demographics of the NHS workforce and how this may change in the future. The key findings from the audit included:

- Capacity and performance – The dominant finding is that older people who are in good health, with up-to-date skill sets, perform as well as their younger counterparts
- NHS Demographics – The average age of NHS employees is currently 43.7 years (in 2011, UK) and it is projected to rise to 47 years by 2023

- 50+ Employment migration – A significant proportion of staff over the age of 50 currently leave NHS employment, many moving to alternative health related employment with fewer hours
- Push and pull variables – Many factors influence an individual's decision over whether and when to retire, including health status, financial status, family commitments, peer retirement norms, job characteristics and structural influences
- Staff retention – Retention is driven more by the features of the job than the capabilities of the individual. Where the fit is poor this tends to result in people leaving work earlier than they otherwise might.

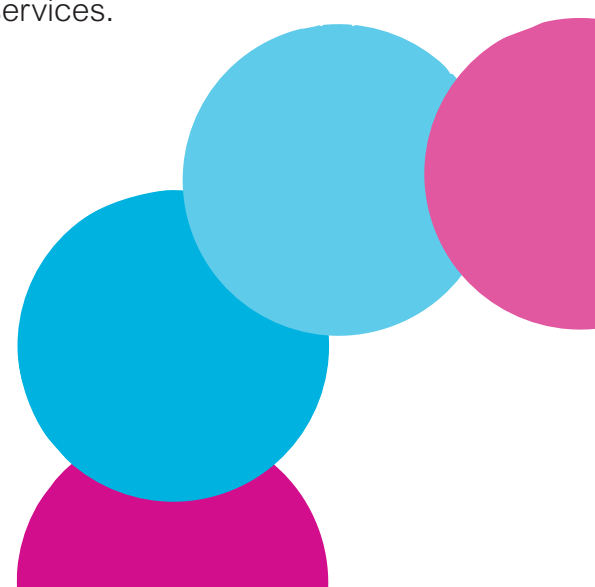
2.6 We published the Audit of existing research in June 2013.

2.7 As the Audit found little evidence of research specifically relating to the NHS, the review undertook a public "call for evidence" to gather information about current employment practice and how this impacts on older workers. An executive summary of the findings from the call for evidence is attached as Annex 7 and it is recommended that this qualitative evidence is explored in oral evidence sessions and in depth organisational case studies during 2014 to test some of the submissions further.

2.8 The WLR sought to identify workforce data from numerous sources across the UK, including the Health and Social Care Information Centre, the Scottish Public Pensions Agency, Information Services Division (Scotland) and NHS Pensions. Data proved to be one of the most significant challenges we faced. Whilst it is substantial in its quality and availability, it is collected by different organisations for very different reasons and as a result it proved impossible to track across different data sets. For example, we were unable to see what could be a helpful picture of short-term sickness absence into long term and those individuals and occupational groups who subsequently progressed to ill health retirement.

2.9 Data available on staff working past current normal pension age (NPA) is limited to those who elect to continue to work. This is by definition a self-selecting group of staff and their experience cannot be taken as a robust predictor of the potential challenges all staff may encounter once NPA is raised.

2.10 Being able to look at data more systematically could also help the service to focus more on reducing ill-health in the future. As a result of this challenge, Recommendation 1 calls for a national data set to be developed that enables organisations to interrogate information more effectively and use it to better inform service and workforce plans. Of the data explored to date, some significant differences have appeared in relation to which we suggest indicates a need for further investigation into the impact on front line and emergency services.

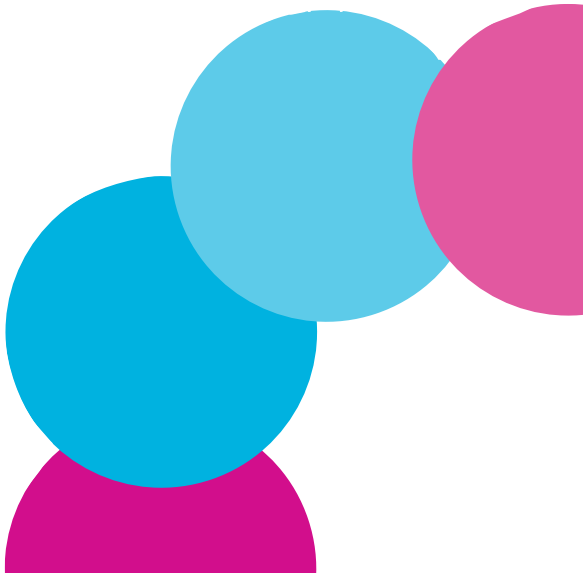


2.11 Throughout the last fifteen months it has become apparent that as a result of the short-term operational pressures on NHS organisations, few employers, managers and staff recognise yet the significant and looming impact of an ageing workforce. In order to help to address this matter, an engagement programme referred to as "big conversations" was developed by employer representatives on the group, supported by trade unions.

2.12 Pilot conversations were developed to help raise awareness and normalise conversations about working longer and feedback from these is outlined in this report. Whilst not yet completed, they could prove a useful vehicle for employers and trade unions locally to work together raising awareness and jointly tackling some of the challenges. In Recommendation 6, 7 and 9 we have sought to identify different ways in which staff and the service can develop roles and embed training and development as a normal part of enabling staff to work longer.

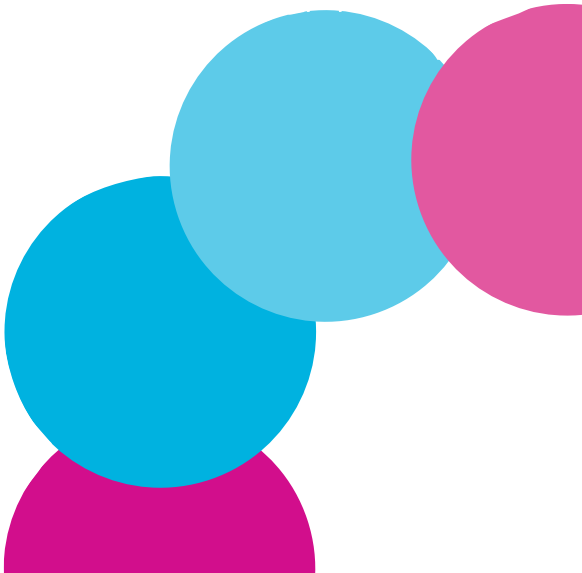
2.13 Throughout our work it has been clear that many staff do not currently fully understand the current NHS Pension Scheme (1995 and 2008 section) and the flexibilities contained within it. Despite numerous programmes of work to address this, it appears to remain a significant weakness of present arrangements. In Recommendation 3 we have sought to address this, enabling staff to understand and make informed decisions about their pension. In recommendation 11 we suggest that the WLR should continue its work and include discussion on employer funded early retirement.

2.14 The ageing workforce and the impact of demographics on the world of work and service delivery is a hot topic more widely across economies and internationally at present. The WLR is pleased to be supporting research funded by the Medical and Economic & Social Research Councils as part of their Lifelong Health and Wellbeing Partnership Awards. The research is specifically looking at extended working lives in the NHS and will investigate the management of employment changes following the abolition of the default retirement age and the aligned changes in the state pension age, in the context of the NHS amongst other issues. This piece of research is a longitudinal study which will finish in approximately September 2016. The researchers will be working with a small number of employers looking at the impact of working longer on the service, patient care and staff themselves. No other NHS-specific research exists in this form and it could prove invaluable to the service in looking at and considering future challenges and mitigations.



2.15 The report points out that whilst the impact of working longer could be a challenge for the service, it also provides an opportunity to think and act differently in the way we support staff to work longer. Looking after the health, safety and well being of staff, from an early age, is one of the fundamental challenges the service must address. We explore this matter in Recommendation 8 and suggest the level of response necessary across the service. Having a diverse workforce of all ages is something we should rightly celebrate. However, doing nothing about the challenges which working longer could bring to employers, staff and patient care is not an option.

2.16 We are grateful to all members of the WLR Steering Group and sub groups who have given their time and energy to this work so generously, and to the NHS Employers organisation who have helped us to successfully navigate our first year's work. We are also grateful to the researchers, whose commitment to the impact of ageing in the workplace is admirable. Most importantly, however, we are grateful to the employers, trade unions and staff whose knowledge and experience in the submissions of evidence have helped us to better understand both the opportunities and challenges of working longer across the service.



3. Introduction

3.1 The WLR was established as part of the NHS proposed final agreement (NHSPFA)[2]. The NHSPFA set out the basis for establishing a tripartite review between the Health Departments, NHS Employers and NHS trade unions, to assess the impact of working beyond 60 in the NHS. The review commenced in September 2012 and established a work programme to address the specified objectives set out in Annex C of the NHSPFA.

3.2 As legislated for in the Public Service Pension Act 2013, in future the Normal Pension Age (NPA) will be set in line with the State Pension Age (SPA). This means that each NHS Pension Scheme member will have an individual NPA dependent on their date of birth. Whenever an individual's SPA changes, their NPA will also change and apply to all pension accrued from 2015. Recent changes to public sector pensions means that up to 70% of the current NHS workforce will have higher a pension age of between 65 and 68, dependent on their date of birth. The review was set up to understand what the impact of these changes will have on employers, staff and patient care.

3.3 An audit of existing research which was commissioned as part of the review found that the average age of NHS staff is currently 43.7 (in 2011, UK) and it is rising. It is projected to become 47 by 2023. Over half the NHS workforce is already over 40 and a third is over 50. The current average age at which members chose to retire in the NHS is 62. This exceeds both the NPA in the 1995 section of the NHS Pension Scheme and NPA for those members with special status.

3.4 Given that the age demographic of the NHS workforce is projected to rise at the upper age levels, it is vital that the NHS responds now to avoid any potential future risk associated with loss of skills, knowledge and expertise if older staff are considered to be or believe themselves unable to continue in their current roles. In addition, consideration should be given to the impact on younger staff whose retirement options and expectations may have changed significantly since the start of their working life and those who may feel that their work/career opportunities are limited by their colleagues working longer. NHS organisations, in partnership, need to understand locally what the developing age demographic of their workforce is and the numbers of staff who may be directly affected by these changes to NPA and SPA.

3.5 As part of the NHSPFA, a number of key objectives were identified for the review. These included considering what strategies

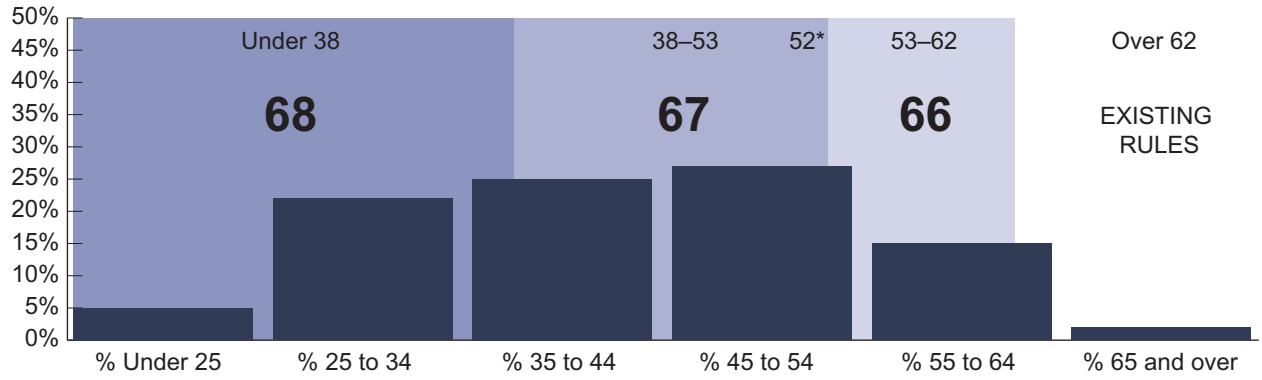
2. Reforming the NHS Pension Scheme for England & Wales: Proposed final agreement

employers will need to put in place to support the extension of working lives, looking at how existing NHS Pension Scheme flexibilities could be utilised more to enable people to work longer and to try to understand the impact the raised pension age will have on staff, employers and patients. We were also tasked with identifying any occupational group for whom working longer could be problematic. The review also wanted to tackle some of the negative perceptions that currently exist around older workers. The full terms of reference for the review can be found in Annex 2.

3.6 The review used a robust evidence base in order to develop its conclusions and recommendations and a range of external experts were called upon as required. These included researchers, actuaries and a wide range of data sources and specialists. These are detailed in section 5.

Figure 1: The age profile of the NHS workforce in England & Wales and the State Pension Ages

The graph below shows the age profile of the NHS workforce in England & Wales and compares this with the varying State Pension Age based on current age (as at October 2013).



Source: Changes to the state pension and data from the Electronic Staff Record (ESR) data warehouse.

4. Background to the Review

4.1 This section sets out the public sector pension developments chronologically and the key pieces of legislation which have influenced and led to this review.

The NHS Pension Scheme

4.2 The NHS Pension Scheme (NHSPS) has been amended in numerous ways since its inception in 1948. However, following a major review of the scheme a number of changes were implemented in 2008[3] which resulted in, among other changes, the introduction of a new NPA of 65 for new members from 1 April 2008. There are currently two sections of the scheme – the 1995 section with an NPA of 60, for members before 1 April 2008 and the 2008 section.

The Independent Public Service Pensions Commission review of public service pension provision (The Hutton report)

4.3 Lord Hutton of Furness was invited by the Coalition Government to chair a fundamental review of public service pension provision and in March 2011 set out the Commission's recommendations[4] on future pension arrangements. It concluded that its recommendations would be sustainable and affordable in the long term, fair to both the public service workforce and to the taxpayer and consistent with the fiscal challenges ahead, whilst also protecting accrued rights.

4.4 Whilst there were a number of recommendations in the Hutton report, the key one for this review was recommendation 11 that NPA should be linked to an individual's SPA and that the appropriateness of this link should be kept under review. The main reason for this recommendation was the fact of rising life expectancy, which has led to a substantial increase in the proportion of adult life that a public service worker can expect to spend in retirement, resulting in pension benefits being paid for longer.

NHS Pension Scheme proposed final agreement

4.5 The NHSPFA, as drawn up concurrently with progress on the Public Service Pension Act, includes the provision that in the new scheme, for pension accruals post-2015, NPA should be set equal to SPA. This means that each member will have an individual NPA, dependent on their date of birth. If there are further changes to SPA, there will be an automatic link to change the NPA of members of the NHS Pension Scheme in relation to the whole of their post 1 April 2015 service.

3. Details of the NHS Pension Scheme
4. Independent Public Service Pension Commissions: final report, March 2011

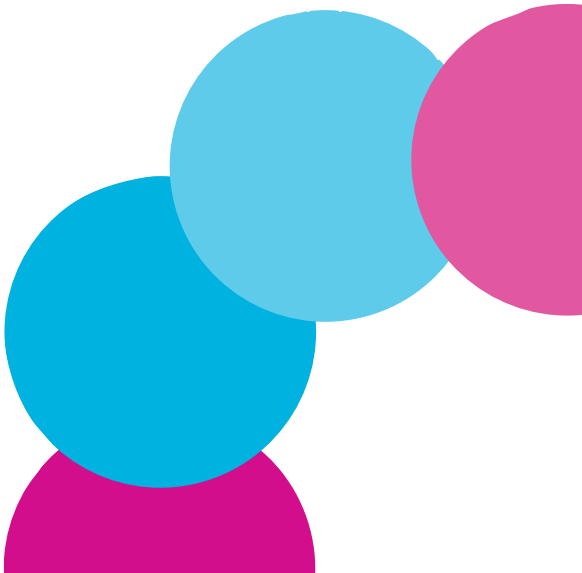
4.6 As part of the NHSPFA, it was agreed to set up a tripartite review between the Health Departments, NHS Employers and the NHS Trade Unions to address the impact of working longer in the NHS. It was agreed at the outset of the WLR that the outcome should be a set of recommendations to health ministers.

The Public Service Pension Act 2013

4.7 One of the key changes introduced as a result of the Public Service Pension Act is the provision between schemes to link the NPA and the SPA. At six yearly intervals, the Secretary of State will commission a review of the SPA. Details about how this review will be conducted are not yet known or finalised. Further information can be found in section 6.

The new NHS Pension Scheme

4.8 From 1 April 2015, the new scheme will be introduced. The NHS Pension Scheme Governance Group[5] (GG) is leading on the new scheme design. The GG is a partnership group between nationally recognised trade unions, Health Department representatives and NHS Employers.



5. Information on the NHS Pension Scheme Governance Group

5. Structure of the Working Longer Review

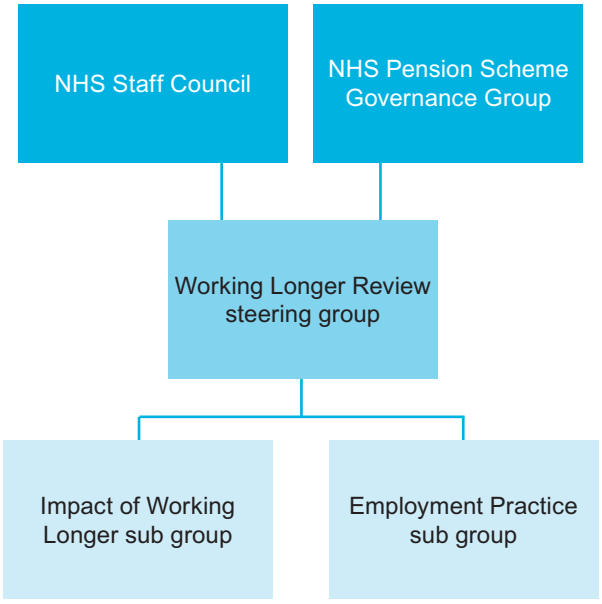
5.1 This section sets out the structure of the review, including governance arrangements, how the different groups worked together and how communications on the Review were taken forward.

5.2 As explained earlier in the introduction, the WLR steering group[6] was established as a tripartite partnership group between national recognised NHS Trade Unions, NHS Employers and Health Department representatives. All partners in the review nominated representatives to form a steering group. The steering group is responsible for the oversight and governance of the project and for developing and agreeing the work programme. Two sub groups were also established with representatives from all review partners. One considered the available evidence of the impact of working beyond 60 and the other focussed on good employment practice and developing career pathways necessary to support the extension of working life.

5.3 The NHS Employers organisation[7] provided project management and secretariat support to the review.

Figure 2: Structure of the Working Longer Review

The diagram below summarises how the WLR links to other standing NHS consultative groups.



6. Steering Group terms of reference
7. NHS Employers organisation

Expert advice

5.4 A number of sources were called upon for expert advice and data information. These included:

- First Actuarial (FA)
- Government Actuary's Department (GAD)
- Health and Safety Executive (HSE)
- Information Services Division, Scotland (ISD)
- National Clinical Assessment Service (NCAS)
- NHS Business Services Authority (NHS Business Services Authority – Pensions) (BSA)
- NHS Health and Social Care Information Centre (HSCIC)
- NHS Staff Council Job Evaluation Group (JEG)
- NHS staff survey
- Scottish Public Pensions Agency (SPPA)
- Scottish Workforce Information Standard System (SWISS)
- Workforce Data Analysis Team (WDAT) at the Department of Health.

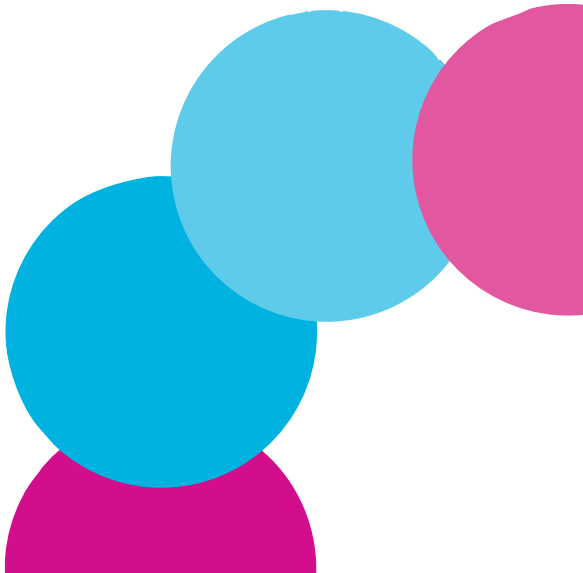
Governance arrangements

5.5 The steering group reported on a regular basis to the NHS Pension Scheme Governance Group and the NHS Staff Council[8] and its Executive. Regular verbal and written updates were provided and feedback sought to ensure engagement throughout the development of conclusions and recommendations.

Communications

5.6 The steering group was aware of the unique opportunity presented by the WLR and that it was important to work in an open and transparent manner. It was agreed that regular communication channels should be established and both employer and trade union organisations on the groups also used their own routes to communicate. A number of other routes were also developed by NHS Employers as secretariat to the review:

- A Twitter[9] account was established. The account is used to provide regular updates and to spark discussion on the area of working longer. Members of the groups also used their individual Twitter accounts to provide updates.
- The NHS Workforce Bulletin[10], which is produced by NHS Employers, was regularly used as a tool to communicate across the NHS. The target audience for this is primarily HR professionals and it goes out to over 4,000 people.



8. Information on the NHS Staff Council
9. NHS Working Longer Review Twitter account @NHS_WLR
10. NHS Workforce Bulletin

- NHS Employers website[11] provided a section on the review. This was used to publish documents such as the Audit of Existing Research. Information about the review, including the terms of reference for the groups and the key messages following the steering group meetings, was also made available.
- Scottish Terms and Conditions website[12]
- Management Steering Group website, Scotland[13]

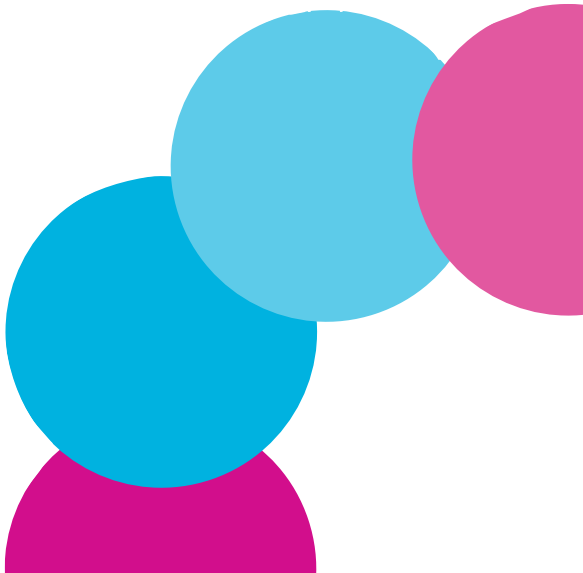
How the groups have worked together

5.7 The steering group first met in September 2012 and continued to meet on a monthly basis until January 2014. Once established, the sub groups also met monthly. Three away days took place during this period with attendance from all groups. The away days allowed for each of the groups to come together and ensured that feedback from areas of research and further thinking could be considered.

5.8 An executive of the steering group was established which included three representatives each from NHS Employers and trade unions, including the Joint Chairs. The executive ensured there was an ongoing oversight of the review and members were available outside formal meetings to take any appropriate decisions and actions.

5.9 Joint chairs were agreed for the steering group and for each of the sub groups.

Further details on the sub groups, their terms of reference and the projects they commissioned can be found in Annex 3.



11. Information on the NHS Working Longer Review
12. Pay and terms and conditions of service, Scotland
13. Management Steering Group, Scotland

6. Key findings about the impact of working longer

6.1 Introduction

6.1.1 This section summarises the key findings from the various pieces of work and data analysis undertaken in phase 1 of the review under four broad themes:

- The data challenge
- Pension options, retirement decision making and their impact on working longer
- The importance of appropriate working arrangements and the work environment
- Good practice occupational health, safety and wellbeing.

6.1.2 The full list of recommendations, including suggested work programmes and stakeholders can be found below.

6.2 The data challenge

Introduction

6.2.1 The NHS has at its disposal a rich data source, yet despite this, data proved to be the biggest challenge faced by the review. We learnt through our work that despite the large amount of data available, it is in effect collected by a number of different organisations for different reasons, making it difficult both to analyse for the purpose of the review and therefore use to inform future work. As a result we have so far been unable to read across the different data sets and monitor accurately any trends relating to working patterns and retirement.

6.2.2 It is clear from the changes to the pension's legislation that 70% of the existing NHS workforce will have to work longer to receive an unreduced pension[14]. Evidence submitted jointly to the public call for evidence by the trade unions indicate that staff are worried about the impact that a later retirement age may have on their wellbeing, their ability to cope with the demands of their job and the impact this could have on the care or service they provide. They are also anxious about the impact their longer working life will have on them and their wellbeing in retirement.

6.2.3 During the review we identified a series of questions to help us better understand what the future impact of the changes to normal pension age may be for the workforce and service delivery. We worked with the NHS Health and Social Care Information Centre, NHS Pensions, Scottish Public Pensions Agency, Information Services Division (Scotland) and the Government Actuary's Department. Whilst all five organisations were very helpful and committed to the review, it proved impossible to look across the information

14. Pension paid without any reduction at retirement

gathered by these organisations. For example during the review process we wanted to understand better the impact on staff wellbeing, in particular those staff whose short and long-term absence progressed into ill health retirement applications and finally what if any impact this had on mortality. As we could not read across the data sets we were unable to do this and we believe this a significant deficiency for the service in workforce planning that must be addressed.

6.2.4 In this section we describe some of the challenges we discovered and identify both risks and opportunities for employers and staff.

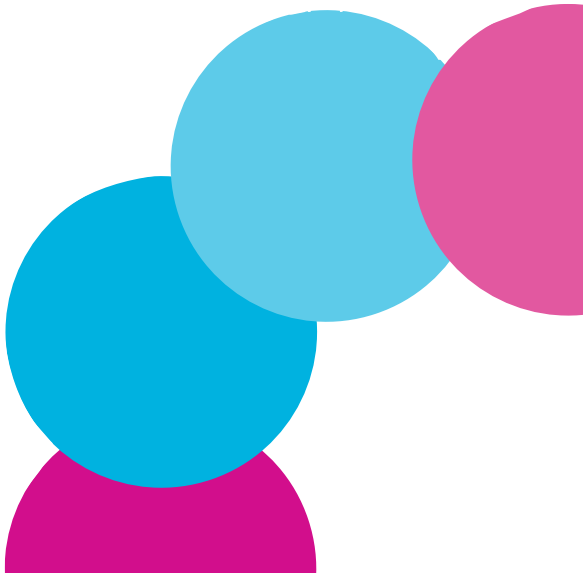
Key findings

6.2.5 The summary of our approach to data and our findings can be found in the Data Portfolio in Annex 4. This shows our attempts to understand from existing information sources which groups of staff may be more adversely impacted by a raised retirement age. The following key areas emerged but, as described above, data available did not allow for robust conclusion to be drawn, so it is proposed that further in-depth work be undertaken to explore the findings that have emerged to date.

6.2.6 At the beginning of the review process, we considered whether the NHS Job Evaluation System (JES) could be used as a tool for identifying job roles which may be exposed to higher levels of physical, emotional and mental effort. We asked the NHS Staff Council Job Evaluation Group (JEG) to look at this on our behalf. They reported back their concern at the limited ability of the JES to provide evidence of job risk in a conclusive and robust way as the JES was not designed for such use. However, accepting that the NHS Job Evaluation Scheme is not designed to identify job risk, it does identify those staff groups where a 'standard' role is evaluated as having high job evaluation scores in all or some of the effort factors [physical, mental, emotional] and for working conditions, e.g. paramedics, therapists, midwives and nurses.

6.2.7 We also sought to uncover data on injuries in the workplace to see if there were variations by age and whether certain occupational groups were more at risk. Data on injury benefit payments proved limited as a result of the way information is stored. The system is also based on self referral. In addition, the Health & Safety Executive does not collect full data on equality characteristics so we were unable to identify if there was any age-related element to applications and notifications handled by them.

6.2.8 In order to assess staff's own experience of work and whether this changes by age, we looked in detail at the NHS Staff Survey results from 2012 for England & Wales and 2011 for Scotland. This appeared to show no significant differences across the respondents by age,



apart from respondents aged 51 and over being marginally more likely to state that they had a longstanding illness, health problems and disability. However, it is important to note that the majority of workers over the age of 60 responding to the survey were already working past their normal pension age so presumably felt able to do so. In the future, as retirement age increases, the staff survey data may vary more significantly by age so it is important that locally and nationally this data is analysed by age, along with the other protected characteristics.

6.2.9 The risks associated with shift working are well documented and these were reiterated in the Audit. We looked with the Health and Social Care Information Centre and the Information Services Divisions (Scotland) at staff who received payments for working on calls and those receiving payments for unsocial shifts worked. Their data showed us that doctors and scientists were most likely to work on call and that ambulance, nurses, midwives, scientists and support staff were most likely to work unsocial hours. However, the Review recognised that some occupations and some patient services require staff to undertake both on-call and unsocial hours working and that this was not easily identifiable from the pay data available. For example, it did not show the complexities of all working arrangements of junior doctors.

6.2.10 Unfortunately because data is not currently collected by the protected characteristics it proved impossible to look at information using them.

6.2.11 The Audit and other data indicated that sickness absence increases with age in terms of annual days lost, though older employees tend to exhibit fewer spells of absence but of longer duration. Consequently we sought to look in detail at sickness absence rate in the NHS and this showed us that sickness absence rates increased for most staff groups as they aged. Nurses, midwives and health visitors showed the highest rate of increase in line with age. Ambulance staff have the highest sickness absence rates across all occupational groups and all age ranges.

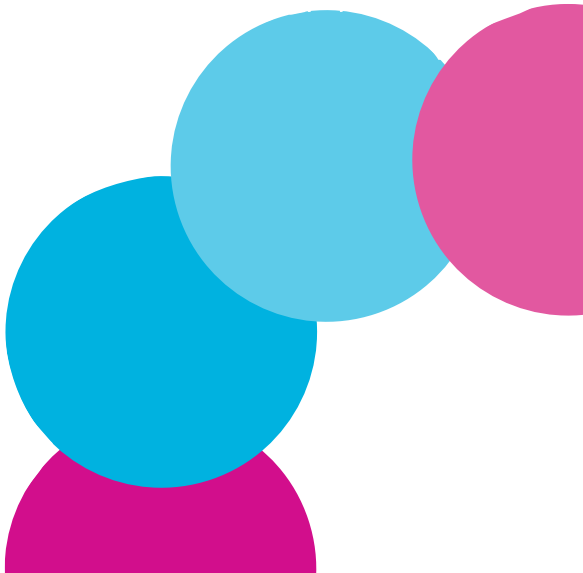
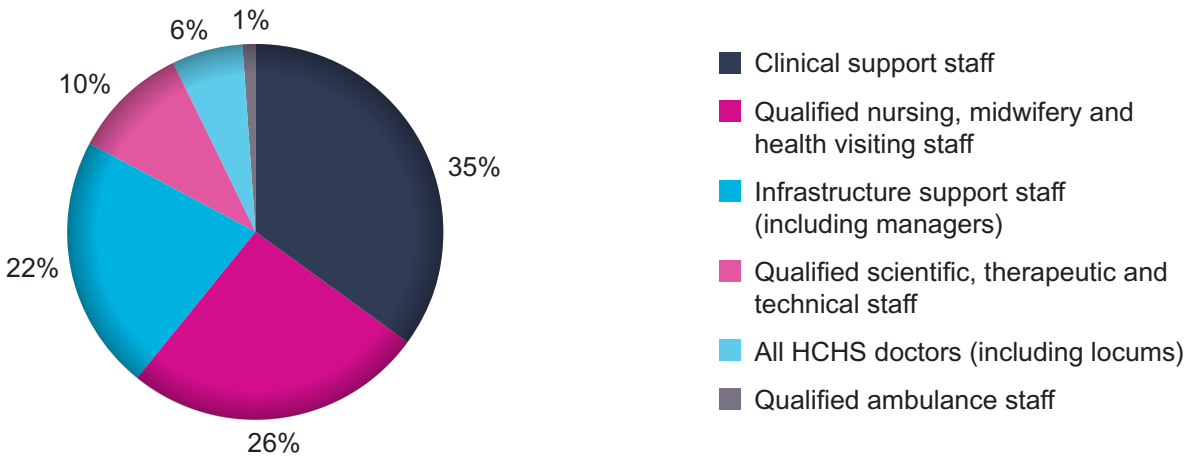


Figure 3: Total staff aged 50 and over in England and Wales

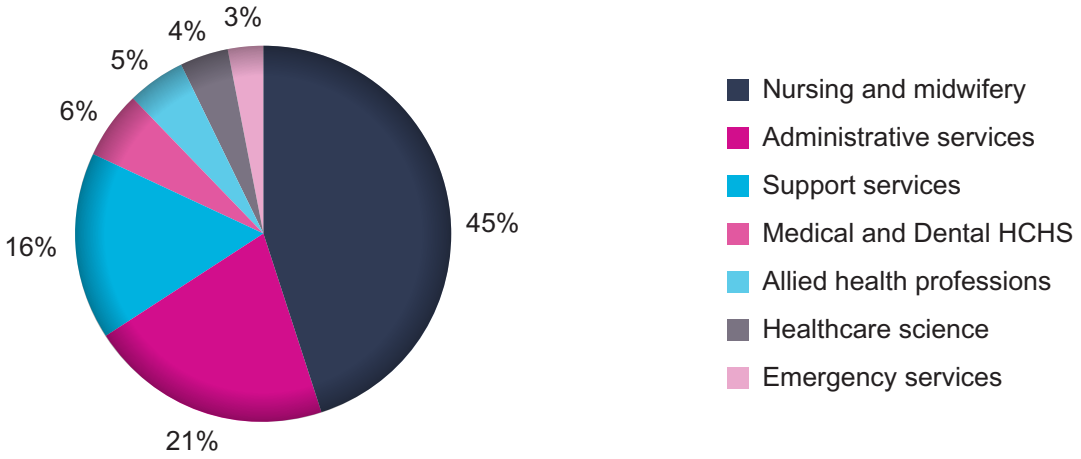
The chart below shows the distribution of workers aged 50 and over, by staff group for England and Wales.



Source: Health and Social Care Information Centre (HSCIC) – data from the Electronic Staff Record (ESR) data warehouse Record (ESR) data warehouse.

Figure 4: Total staff aged 50 and over in Scotland

The chart below shows the distribution of workers aged 50 and over, by staff group for Scotland.

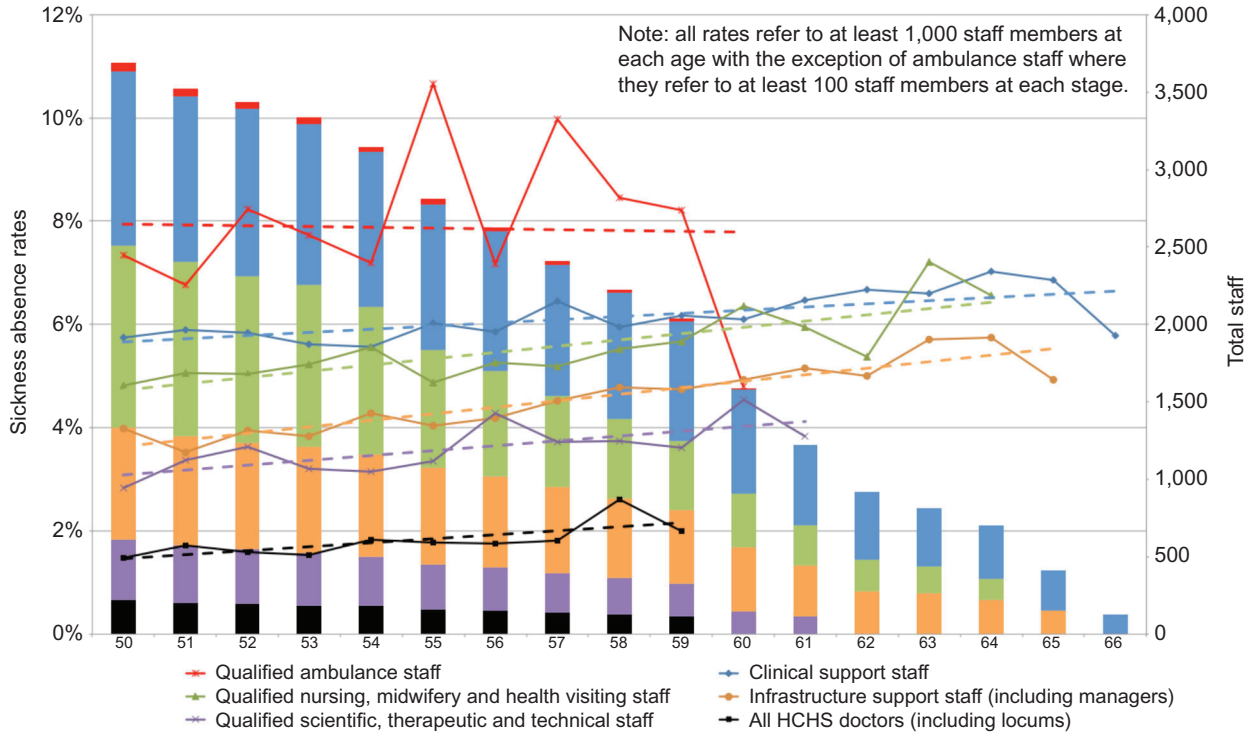


Source: Scottish Workforce Information Standard System (SWISS) (ESR) data warehouse Record (ESR) data warehouse.

Figure 5: Sickness absence rate by staff group and age (50 and over) in England and Wales

The graph below shows the sickness absence rates by staff group and age (50s and over) for England and Wales. The solid lines in the graph above show sickness absence rates of any duration, at each age, for staff aged 50 and over. Each colour represents a different staff group. The vertical bars represent the number of staff in each staff group on which the sickness absence rates are based. For example, the bars at age 50 show that the largest staff group at this age is clinical support staff, and the smallest is qualified ambulance staff. The dotted lines are trend lines which show the general increase/ decrease in the sickness absence rates for each staff group with increasing age. Sickness rates based on less than 1000 or more staff at each age (100 for ambulance staff) have been excluded from the data. All data is as at September 2012.

Between the ages of 50 and 60, we can see that the highest sickness absence rate is for qualified ambulance staff, however the rate is not shown beyond the age of 60 because there are fewer than 100 staff in those age categories. At age 60, for example, we can see that the highest sickness absence rate is for qualified nursing, health visiting and midwifery staff, and that this rate is based on approximately 3000 staff members at this age. No sickness absence rate for hospital and community health service (HCHS) doctors is shown at this age as the staff group had less than 1000 members of staff at this age.

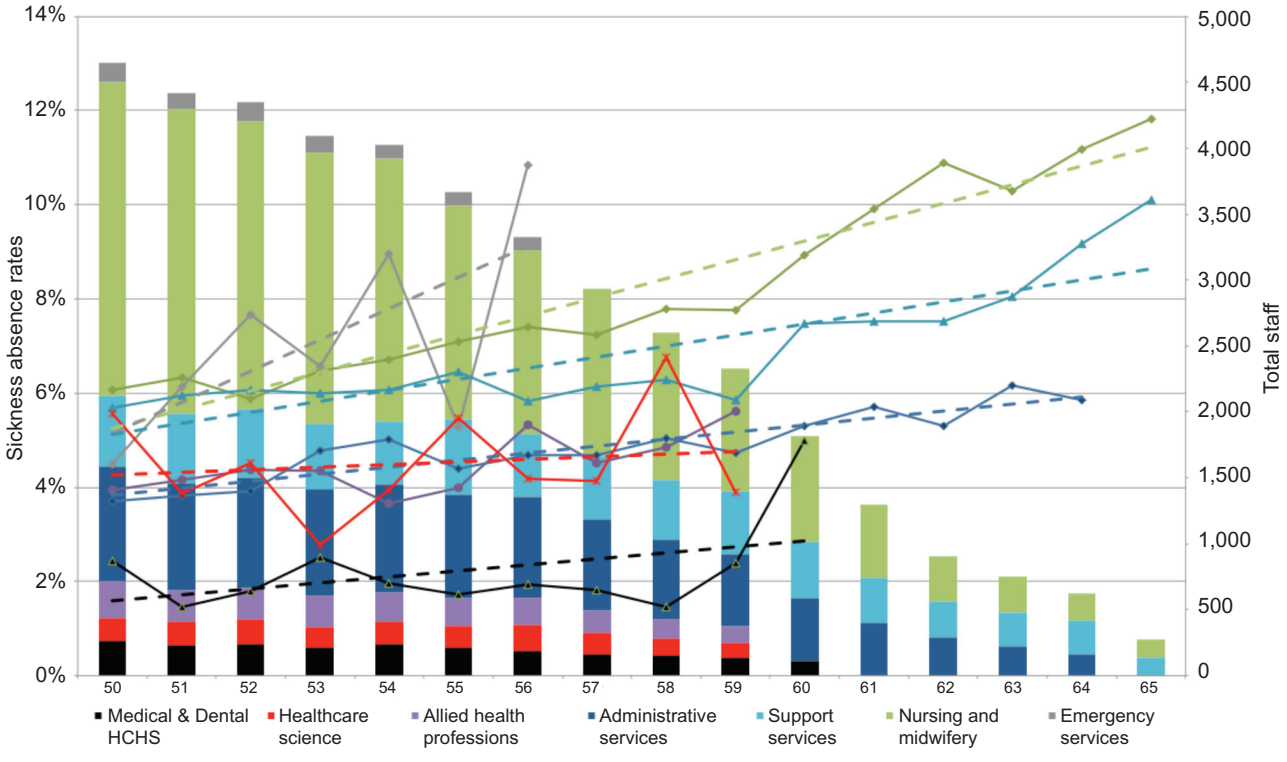


Source: Health and Social Care Information Centre (HSCIC) – data from the Electronic Staff Record (ESR) data warehouse

Figure 6: Sickness absence rate by staff group and age (50 and over) in Scotland

The graph below shows the sickness absence rates by staff group and age (50s and over) for Scotland. The solid lines in the graph above show sickness absence rates of any duration, at each age, for staff aged 50 and over. Each colour represents a different staff group. The vertical bars represent the number of staff in each staff group on which the sickness absence rates are based. For example, the bars at age 50 show that the largest staff group at this age is nursing and midwifery staff, and the smallest is emergency services. The dotted lines are trend lines which show the general increase/decrease in the sickness absence rates for each staff group with increasing age. Sickness rates based on less that 100 or more staff at each age have been excluded from the data. All data is as at March 2013.

At age 60, for example, we can see that the highest sickness absence rate is for nursing and midwifery staff, and that this rate is based on approximately 800 staff members at this age. No sickness absence rates for allied health professions or healthcare science are shown at this age as these staff groups had less than 100 members of staff at this age.



Source: Scottish Workforce Information Standard System (SWISS)

6.2.12 The review also sought to look at ill health retirement data. We wanted to consider if any trends were identifiable which would help to inform a better approach to absence management and the prevention of early exit from the workforce. We have so far been unable to map the data we obtained on sickness absence, in particular that of a long term nature which leads to ill health retirement applications. Ill health retirement[15] applications are now broken down into two parts; tier 1 is a member of the NHS pension scheme who is medically unable to undertake their own job but could work in some other capacity. Tier 2 applications relate to an applicant unable to do any job. It appears that the closer a member is to their pension age, the less likely their condition will improve to the extent that it would allow them to undertake any job.

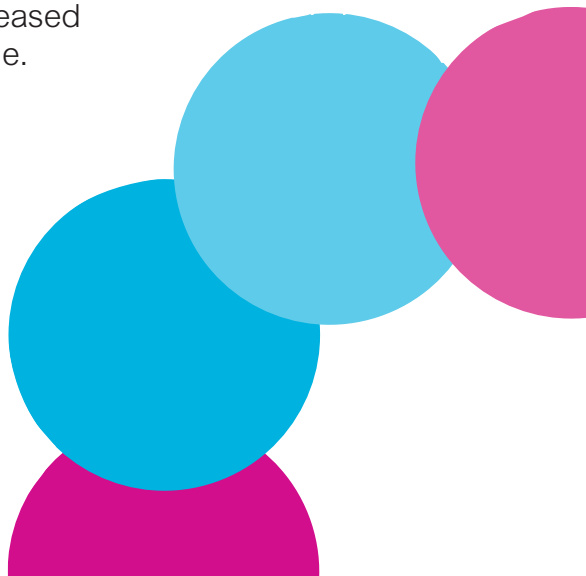
6.2.13 Much of the information and data requested by the review was either not available or not able to be broken down by the protected characteristics and occupations in a way which could be either meaningful or reliably inform our thinking. For example, death in service information can't be related to Electronic Staff Records and career history nor sickness rates. This is particularly relevant when considering work history, pensions and retirement data, as each of the organisations which gather information on NHS employees uses different methods and categories for defining staffing and occupational groups. This makes reading across the data sets extremely difficult.

In addition, data contained in the Audit is not necessarily NHS specific so only indicative of issues in the health service and information from the call for evidence is more qualitative in nature but does reinforce some of the emerging findings from our data inquiries, for example in relation to sickness absence and job demands.

Conclusions and recommendations for further work

6.2.14 The review sought data from a range of sources and it was recognised as part of the analysis that data is collected for differing purposes by different organisations. This meant that it was sometimes difficult to draw robust conclusions from the available data set. The data that was considered as part of this review is also derived from existing staff data, meaning there is no information available to assess the longer term impact of the recent (2008) and future pension changes which have seen the normal pension age increase.

6.2.15 The ability for organisations and the service nationally to use data to help inform both future health and workforce policy decisions will enable them to put in place effective prevention strategies to minimise any detrimental impact potentially arising from the increased retirement age.



15. Information on ill health retirement

6.2.16 There are a number of areas where the quality of the data and its analysis could be improved to enable organisations and staff to make informed decisions, such as workforce planning and retirement considerations. Each of the UK countries is responsible for its own data collection. There is a need to ensure that this can be interrogated in a variety of ways, such as by country, locally and UK wide. It is also vital that the service recognises the importance of accurate data entry and monitoring, in particular equality monitoring to help us to avoid unforeseen consequences or impacts on certain groups.

6.2.17 If it were possible to look across multiple data sets, richer information could be extracted. This could include how many staff on long-term sickness absence then go on to apply for ill health retirement, what did the employee then do when they retired and what was their life expectancy after retirement. This would help to better inform education commissioning by allowing more staff to be trained into different roles, possibly preventing them from having to leave the NHS. This enables the service to retain its workforce and their skills.

6.2.18 Other areas where further data collection and analysis is necessary include ensuring that that the data sets can when needed identify individual professions contained within larger occupational groups. For example allied health professionals or scientific and technical staff group can be broken down into a range of different professions with different role and job demands such as physiotherapy, radiography and clinical scientists. It would also be helpful to be able to break down data sets in a way which identifies particular areas of service like accident and emergency, paediatrics or adult community services.

6.2.19 Recommendation 1 addresses this important issue and will also enable the review to commit to the other recommendations relating to ongoing information gathering and analysis (in particular Recommendation 2 regarding the State Pension Age review.)

Recommendation 1 – Data (Development of a national data set)

A comprehensive and robust national data set should be developed to allow organisations and the wider service to monitor, compare and inform future workforce plans and service developments in light of the requirement for staff to work longer to reach normal pension age. A requirement to provide information in line with the national data set should be established for all organisations providing access to the NHS Pension Scheme. This will enable further investigation of emerging trends and issues, both locally and nationally and help inform the development of further guidance and/or recommendations from the WLR as necessary.

6.2.20 In order to ensure that patient care remains a core priority, it is essential that robust data and the ability to read across different data sources is available to fully understand the implications of staff working longer. It is currently not clear if there are certain job roles whose holders may not be able to work longer. A review of further information or qualitative sample of some organisations could help us to better understand this and develop guidance for the service. Recommendation 4 stresses the importance of this matter and is further detailed below.

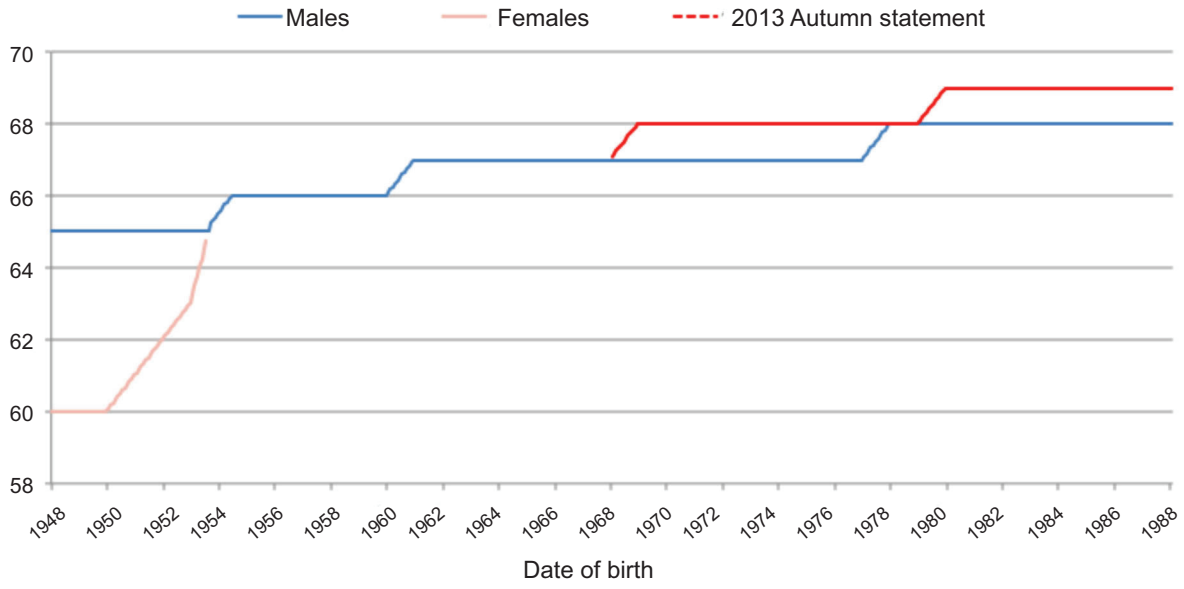
6.3 Pension options, retirement decision making and their impact on working longer

Introduction

6.3.1 Enabling staff to make the right pension and retirement decisions at the right time was an important factor for the review to consider. To do so we needed to look at current and future pension options, the retirement options staff currently consider and their uptake and resulting decisions.

Figure 7: Current and future State Pension Age for males and females

The graph below shows the current and future SPA for both males and females, by date of birth. In his 2013 Autumn Statement, the Chancellor, George Osborne announced that the rise to 68 for men and women would be brought forward to the mid-2030s and the rise to 69 to the late 2040s. This is approximated by the red line in the graph.



Source: State Pension Age timetable

6.3.2 In the 2015, NHS Pension Scheme members will have an NPA that is the same as their SPA. This means that when the SPA increases an individual's NPA will automatically increase too, so that the age at which they can access an unreduced occupational NHS pension will be their SPA. There are already plans to increase the SPA to 68 by 2044 and on the 5th December 2013, in his Autumn Statement, the Chancellor proposed that these changes will accelerate and that there will be further increases in the SPA to 69 and 70 in due course. Given the uncertainty surrounding future changes to SPA, the work of this review and our recommendations have increased in importance and significance.

6.3.3 A key issue which emerged during the review is that staff and employers should improve their understanding of the rules which underpin the NHS Pension Scheme, how future changes to the pension age are going to work and how all of these changes will interact with a greater proportion of older staff working longer. Questions for the review have been how staff make decisions about retirement and what steps the service can and needs to make to enable to enable staff to make informed decisions. The data portfolio, Audit and the call for evidence gave some answers to those questions and also highlighted areas of further work and investigation.

Figure 8: Average age at retirement by staff group

The table below shows average retirement ages between 31st March 2008–31st March 2013. This shows that staff with non-manual mental health officer (MHO) status and workers with special class status have the lowest average retirement age, as would be expected as they can retire earlier than the usual NPA without loss of pension benefit. It also shows that few NHS staff work into their late 60s as will be the case post-2015.

Staff group (as defined by the GAD valuation groups)	Average age at retirement		Total
	Males	Females	
Non-manual MHOs (including those who are not yet doubling their service)	58.2	59.2	7,944
Worker with special class status (nurses, physiotherapists, midwives and health visitors)	60	59.9	24,633
Admin and managerial staff not in a GP practice	62	62	36,687
Manual staff (not MHOs)	63.6	62.7	11,113
Clinical staff not in any other group	63.1	61.8	17,340
Medical practitioners	62.1	61.6	4,760
Dental practitioners	61.2	61	1,088
GP practice staff (except practitioners and those with special class status who are included in the appropriate groups above)	63.7	62.7	11,518

Source: Source: Government Actuary's Department (GAD) 'NHSPS – Summary of member movements for period 1 April 2008–31 March 2012 by valuation group – England and Wales'

6.3.4 Given that NHS Pension Scheme members will be unable to access an unreduced pension until their SPA, which may also change during their career, it is vital that scheme members are kept up to date with changes and have a good understanding of the effects of those changes and the resulting career and retirement options available. The outcome of this is that more NHS staff will have to work longer and employers will need to adapt to meet the needs of an ageing workforce to ensure that safe and effective care can continue to be delivered.

Key findings

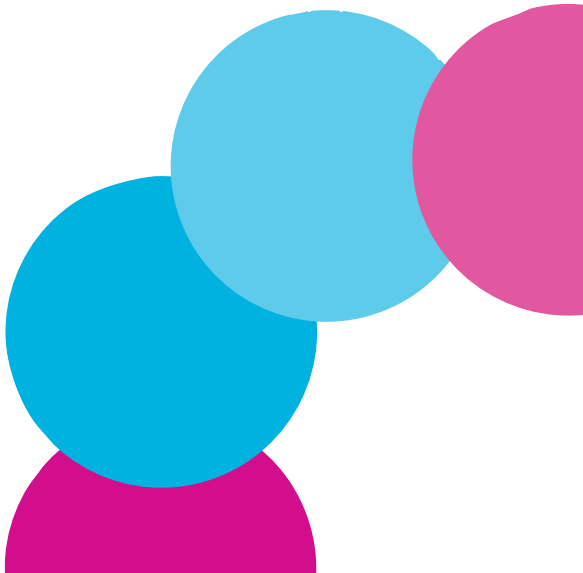
6.3.5 The NHS Pension Scheme has different flexibilities within it to enable staff to leave or change their retirement provision at different stages. However it has not been possible to monitor uptake of these flexibilities nor make any assessment about their favourability due to the way in which data is collected about them.

6.3.6 What is clear from the data available so far is that we cannot monitor the impact of these decisions effectively, nor can we base our future plans on existing staff who may retire within the next 10 years as their pension rights are fully protected. We also know from the call for evidence that many staff do not understand the existing flexibilities within the pension scheme.

6.3.7 The Audit also found that people do not always make informed decisions about their pensions and that they worry over the sufficiency of their pension benefits and the impact of further future changes. This results in a reluctance or fear of making a decision and they retreat rather than actively engage with pension choices. The Audit found that people are prone to select options they are familiar with, rather than systematically evaluating the potential gains or losses of different options according to their personal circumstances.

6.3.8 For example, during the 2008 Choice exercise where all existing staff were given the option to move to the new section of the pension scheme, very few members took the decision to move. This was despite receiving individualised communications outlining the impact of the change to them. This lack of response confirms the Audit's finding that people tend to 'retreat' from decision making rather than actively engage in it. As a result, people tend to act cautiously and when they do make decisions they are often based on intuition rather than information. Moreover, the Audit found that the way in which the retirement options are presented can have a significant impact on the choices individuals make and it is important to take account of this otherwise people will continue to make poor choices.

6.3.9 The call for evidence found that the misunderstandings about the pension scheme have been made worse by the



multitude of pension sections in the NHS and the repeated changes to the scheme that have happened in relatively quick succession. This has led to mistrust and a lack of confidence in NHS pension arrangements. This could fuel a further reluctance by staff to actively engage in pension and retirement decisions and limit their options when considering their future work/career plans.

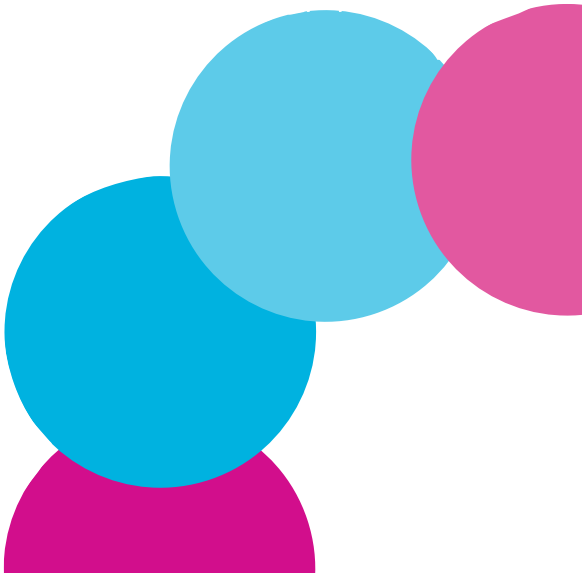
6.3.10 Another key finding in the review was from the data collected from the NHS Pension Scheme about flexibilities. In the NHS Pension Scheme there are various flexibilities including: 'wind down' whereby as, an alternative to retiring, staff can opt to work fewer days or hours in their current post; 'step down' which gives staff the opportunity to step down into a less demanding and lower graded post; and 'draw down' which is only open to 2008 and 2015 scheme members and which allows them to take part of their pension benefits while continuing in NHS employment. Despite the numerous different flexibilities the data collected from NHS Pension Scheme members shows that very few staff have taken the opportunity to access these flexibilities.

6.3.11 Between 2008-2012 (England only), 115,083 members of the NHS pension scheme retired, but only 33,673 of them accessed flexibilities over the same period. This appears to confirm the lack of understanding amongst pension scheme members of choices which could be open to them.

6.3.12 The call for evidence found that there are widespread misunderstandings about the impact of career changes on pension rights, most notable being the belief that moving to part time work damages pension entitlements.

6.3.13 The final agreement for the 2015 Pension Scheme includes a new flexibility that allows members who have an NPA of higher than 65 the choice to pay additional contributions to remove any early retirement reduction which would apply if they retire before their NPA. Employers will also have the choice to make the payment for their staff.

6.3.14 Data issues in phase one of the review, as outlined earlier, have prevented our ability to determine how this flexibility can be promoted to both staff and employers in an equitable, fair and transparent way. A national framework will need to be developed by the review to enable either individual employers or specific parts of the service to make best use of this arrangement and to take into account specific difficulties or challenges faced by some roles or areas of the service.



6.3.15 A significant finding in the call for evidence was from the survey conducted by the joint trade unions of nearly 13,000[16] NHS staff members (across different occupational groups). This found that 60.8% of respondents said they did not feel very confident or did not feel confident at all that they have a good understanding of their pension arrangements in order to make an informed decision about their later career and retirement. Further, 87.5% of respondents said that they would find it useful to have access to face-to-face pension advice and this would facilitate them working longer.

6.3.16 Throughout the review we have been mindful of recommendation 11 in the Hutton report which stated that:

"the Government should increase the member's normal pension age in the new schemes so that it is in line with their state pension age. The link between the state pension age and normal pension age should be regularly reviewed, to make sure it is still appropriate, with a preference for keeping the two pension ages linked."

6.3.17 During the time of the review the Department for Work and Pensions announced plans for how they will consider future changes to the SPA, which will include a five-yearly review starting in 2015. This will be based on the principle that individuals should expect to spend up to one-third of their adult life in receipt of their State Pension. The review of SPA will consider analysis by the Government Actuary's Department and an independently led body which will produce a report about the wider factors that should be taken into account, including variations in life expectancy. The exact details of how the Department for Work and Pensions will conduct this work are still unknown. However, the review has sought to engage with the Department to share our work, knowledge, understanding and the expertise we have developed as a result of this review. In particular, the insight we have gained about the possible impact of working longer on the health, wellbeing and safety of staff and therefore on the delivery of high quality, dignified and compassionate care to patients.

Conclusions and recommendations for further work

6.3.18 It is imperative that the WLR's knowledge about the impacts of working longer be utilised in the planned five-yearly reviews into the SPA increases. Not only to use the expert occupational health knowledge accumulated, but also because the NHS is the UK's largest employer with staff across a vast number of occupations demanding varying degrees of physicality and other job features that may be affected by the ageing process. It is also imperative that the Hutton report's recommendation to review the link between NPA and SPA be accepted and contributed to by the WLR as an expert group.

16. The joint trade union survey received nearly 13,000 responses which is 1% of the total NHS workforce

6.3.19 The findings from this review should be considered as part of the review process of the SPA link as it has considered a multitude of evidence and research into the impact of working longer. The information should therefore be submitted as part of the first report due before the 7 May 2017 and the ongoing five yearly reviews.

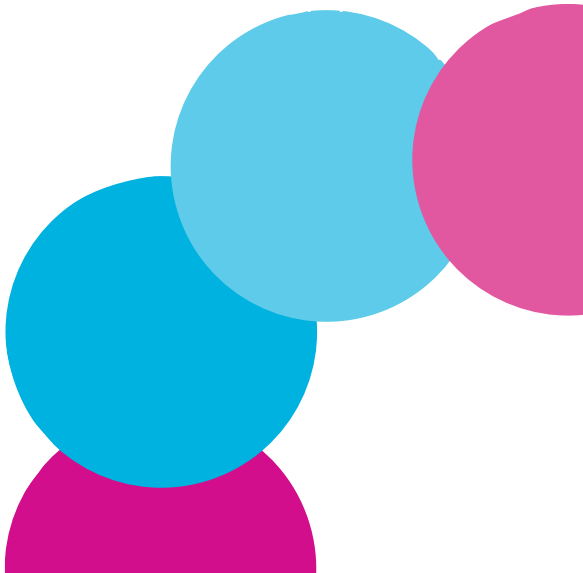
6.3.20 The continuing work of the review, and in particular the review's ability to assist the Department for Work and Pension's reviews into SPA, will be enhanced by the development of a national data set. When the national data set has been collected over a period of time the review will then be able to interrogate the data in a far more robust manner and analyse trends and developments, which will provide a unique and valuable contribution to the national review of SPA.

6.3.21 The primary function of the NHS is to provide safe, compassionate, dignified and high quality care. It should not be assumed that the retirement age of all NHS staff can constantly and continually increase with the state pension age. The importance of keeping this under review and ensuring policy does not detrimentally effect the provision of health and social care is essential. Recommendations 2 and 3 (detailed below) will support this work.

Recommendation 2 – Data (SPA link)

The work of the NHS Working Longer Review should influence and inform wider Government work on the future of the State Pension Age, as detailed in the UK Government Department of Work and Pensions Draft Pension Bill 2013. This should be on an ongoing basis, taking into account recommendation 11 in the Independent Public Services Pensions Commission: Final Report (Hutton report), which states that the link between the State Pension Age and Normal Pension Age should be regularly reviewed, to make sure it is still appropriate.

6.3.22 Both the Audit and call for evidence highlighted the importance of staff having knowledge and understanding of their pension arrangements to be able to make informed decisions about their pension and retirement. However, both the call for evidence and Data Portfolio highlighted that NHS staff do not have a good understanding of their pension arrangements and are reluctant to make unfamiliar decisions about their pension and retirement.



6.3.23 The review needs in particular to communicate and engage with staff and employers about the various existing and new flexibilities of the 2015 scheme so that different options become more normalised and staff are enabled to work longer or they are able to retire with the minimum financial penalty to their pension.

6.3.24 The review will work to improve understanding in the pension scheme, not just so members make the right decisions at the correct time, but to improve trust and confidence in their pension scheme. The introduction of a provision of access to face-to-face pension information would help this. Recommendation 5 will address this issue and will also support work on Recommendation 4 (detailed below).

Recommendation 3 – Pension information

All staff should be supported to understand fully their pension arrangements and flexibilities so that they are able to make informed retirement decisions. In addition, organisations should also be supported to understand fully pension arrangements and flexibilities so as to inform workforce planning.

6.4 The importance of appropriate working arrangements and the work environment

Introduction

6.4.1 Throughout this first phase of its work, the NHS WLR has sought evidence and information about the impact that working arrangements and the work environment have on staff throughout their working life. It was anticipated that this could then be used as a way of modelling and predicting the ways in which work may need to change in the future as the workforce demographic changes.

6.4.2 "Working arrangements" can cover all aspects of work policy and employment practice. This includes flexible working opportunities, shift patterns and the way in which on-call rotas are set through to support for career/job development, the training offer available and redeployment policies and possibilities.

6.4.3 There are many different work environments in the NHS including some not under the direct control of the employing organisation. These include, for example, in somebody's home, at the roadside or in other hazardous and uncontrolled

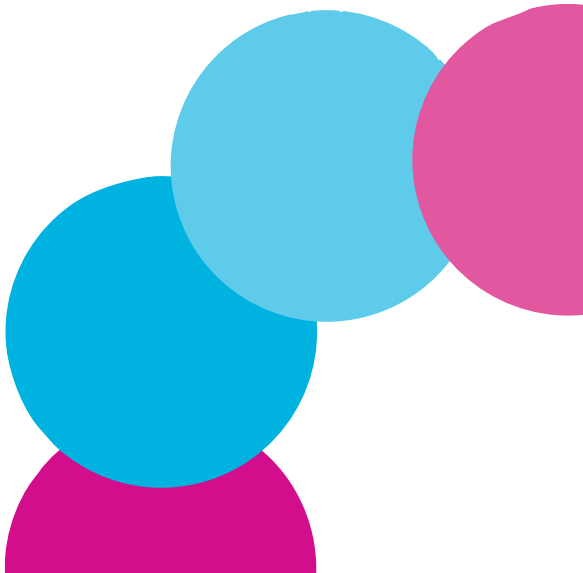
environments. 'Working environment' also includes the culture of an organisation, the way staff behave and are treated, the teams in which they work and their experience of work. Much of this is already documented in recent reviews including the Francis report, the Keogh inspections and the Berwick Review. All of these reports recognise the importance of valuing and empowering staff, noting the positive impact this has on patient care and outcomes. The NHS Scotland Staff Governance Standard sets out what employers must do to develop and manage their staff, and to ensure that all staff have a positive employee experience, and feel motivated and engaged with their job, team and organisation.

Key findings

6.4.4 At the beginning of the review it was expected that health service-specific evidence would be available on take up and preferences for the many different working arrangements offered by employers by age and occupation of staff. It was also assumed that information would be available about the culture and environment in which staff work, again broken down by age range and occupation. It was planned to use this evidence, complemented by external research and literature, to suggest alternative models of work organisation which would be better suited to an ageing workforce. Due to the issues with data as explained earlier, this was not always possible. However, we were able to review the limited data collected as well as evidence available from other sectors and other countries to aid in our considerations.

6.4.5 It is important to recognise that information on the working preferences of those currently in employment beyond the current SPA has been collected from a self-selecting group of staff who are characteristically fit and able to continue working. This is recognised as not necessarily being the norm. Few NHS staff currently choose to work into their late 60s. In the future, this will no longer be the same choice as staff as will be required to work longer as a result of the link of NPA to SPA, in order to receive their unreduced pension benefits. Currently some staff retire and then return to some form of healthcare employment. Their reasons for doing so are usually because of more preferable working arrangements including reduced hours, fixed shift patterns, not working nights, as well as a desire to supplement existing pension income. Many have a strong sense of vocation and commitment to patient care and wish to continue working but need more favourable working conditions in order to keep doing so.

6.4.6 There is some evidence that shift work is detrimental to health across all age groups. However, some employees within the NHS prefer to work shifts for a variety of



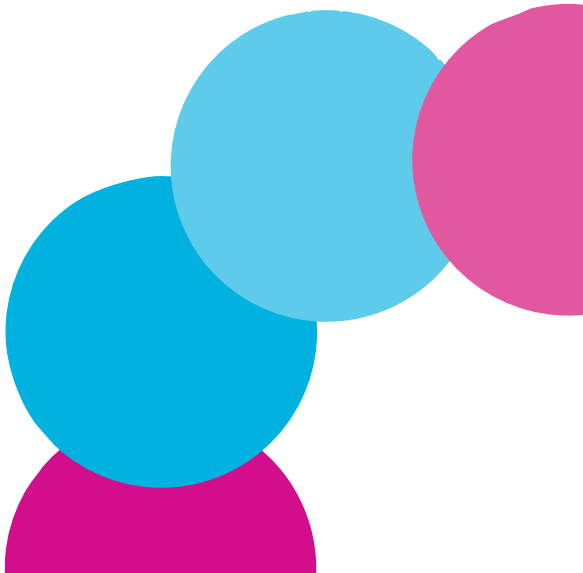
reasons, including managing their childcare arrangements or the consistency these offer. More work is needed to understand how the known impact of shift working, particularly night shifts, combined with staff preferences about working patterns will combine with an ageing workforce to potentially impact on service delivery, especially as the NHS moves more of its service towards 24/7 working. It will be essential to look at the impact of these work patterns to ensure that they do not either have a detrimental impact on staff wellbeing or the provision of services. For example we need to understand whether these patterns of work will have any impact on sickness absence.

6.4.7 The Government response to the Francis Inquiry has indicated that there may be recommended staffing ratios established for different patient care areas. Again more work is needed to understand how an ageing workforce will impact on the service's ability to respond to this challenge.

6.4.8 The review found that there is a decline in training opportunities for older workers. There is a key role for employers in maintaining the motivation and competence of an ageing workforce, and in developing skills as organisational and personal needs change. This will require employers encouraging and enabling learning and development to be taken up. NHS organisations should monitor take up locally of their available learning and development, including the funding available for this.

6.4.9 The Audit found the following relating to working arrangements:

- Older workers perform just as well as their younger colleagues if they have up-to date skill sets (requiring support and development opportunities form their employer) and are in good health. However, 40% of 50+ year olds report on-going ill-health conditions and 15% of 50+ year old leavers cite ill health as the reason for their exit from the labour-market.
- Older workers require longer periods of recovery after the demands of work – especially so for night shifts and physical exertion.
- Older workers require longer periods of recovery and/or rehabilitation on return to work after sickness absence.
- For staff to remain productively employed there needs to be a good fit between the demands of their job, their working environment, their personal circumstances and their capability.
- Multi-generational teams comprising a mix of age ranges have greater strengths than single age teams, but require more careful management.
- Belief in employer discrimination is widespread, but not necessarily shown in reported cases, that age discrimination



has a negative impact on wellbeing at work and therefore engagement and productivity.

- Employers do not gather sufficient data to allow them to plan their workforce effectively in light of demographic change.
- Older workers bring a range of benefits to the workforce and employers tend to underestimate the cost, financial and otherwise, of failing to retain experienced staff.
- Participation rates decrease by age with more older workers working part time.

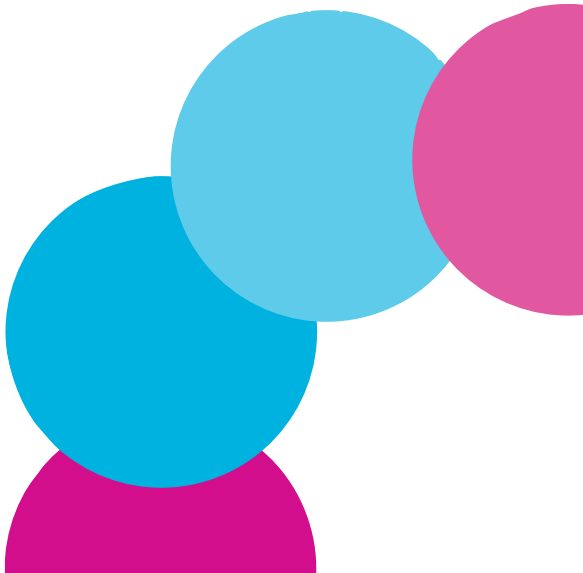
6.4.10 The Audit was also helpful as it enabled us to identify gaps in current and future research which the review will wish to consider further as part of its ongoing work.

6.4.11 The responses to the call for evidence found that staff have significant concerns about shift working, on-call rotas and patterns and the physically demanding nature of many frontline roles. Many expressed significant doubt that staff in their late 60s would be able to work effectively in certain roles, unless changes were made to those roles and the way in which their work and workload is organised. Most frequent suggestions for changes include the increased availability of flexible working, reduced shift demands for older workers and consistency in working patterns. A strong preference for support in life course planning was expressed with many stating that other than the appraisal process, no opportunities currently existed to discuss their future, including retirement education.

6.4.12 Employers also expressed concern about how an ageing workforce will respond to the increasing demands of healthcare work. Performance management in the absence of a default retirement age was listed as a potential issue, as was capability assessment and the ability of the service to provide the job adaptations which may be necessary to accommodate the changing needs of an older workforce.

6.4.13 Other issues which emerged from the call for evidence included:

- a feeling that current capability assessment is inadequate in light of the ageing workforce
- misunderstandings about the impact flexible work arrangements have on retirement options and pension value
- employers needing assistance in managing competing flexible work requests
- physical elements and demands of some jobs may be prohibitive for certain older workers, particularly some frontline clinical staff and manual workers
- the cumulative impact of emotional and mental strain in some professions affecting capability and productivity



- few occupations have flexible career pathways which are felt to be more sustainable in the later stages of working life
- redeployment is not promoted but instead seen as a negative sanction and there are a lack of redeployment opportunities in smaller or specialist organisations, e.g. ambulance trusts, or in certain occupations such as medicine.

6.4.14 The Data Portfolio highlighted the following issues:

- Shift working is common across many staffing groups.
- Older staff report the same satisfaction with the care they are able to offer as their younger colleagues.
- Availability of training is affected by age, with those over age 50 receiving less training.
- Older workers are more likely to experience and report long term health conditions.

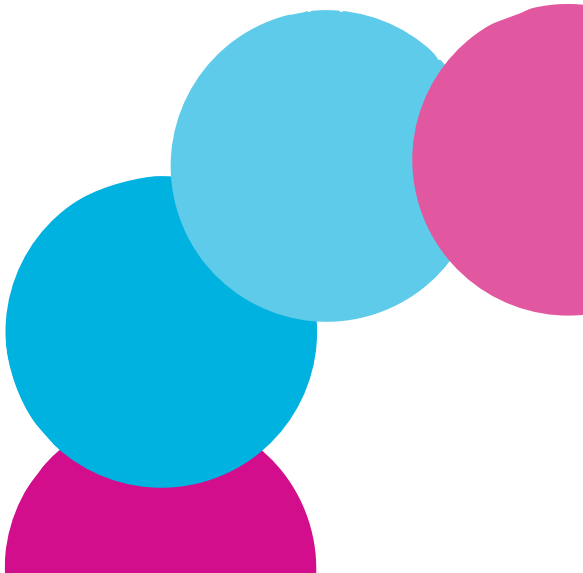
6.4.15 It is proposed that these matters are further investigated in the continuing work of the review to consider what, if any, steps may need to be considered to address them.

Conclusions and recommendations for further work

6.4.16 It is clear from our investigations and research in phase 1 of the review that further work is required to both fully understand the potential impact an ageing workforce will have on working arrangements and environments and how these arrangements will in turn potentially effect staff and service delivery. It is essential now that NHS specific data is collected, monitored and maintained so that longitudinal research can be undertaken. This will enable a fuller understanding of the potential risks to effective service delivery.

6.4.17 We could see complex workforce issues or fail to provide adequate care if we do not act now to protect the service and staff of tomorrow. Evidence and information available to date indicates that sound employment practice alone will not be enough to see employers through demographic change successfully. A detailed, informed awareness of the age profile and employment requirements and preferences of an ageing workforce is also needed, as well as a commitment to their retention and continuing development.

6.4.18 Many commentators, including The Age and Employment Network (TAEN), promote the need for a comprehensive age management strategy, where age awareness is a thread that runs through all employment policy and practice. There is no evidence of this existing at present in the NHS but, through our continuing work and the roll out of further “big conversations”, it is hoped to set the message squarely on the agenda of NHS organisations and ensure that boards and senior managers are aware



of the potential challenges ahead and the resources available to them.

6.4.19 The NHS, and the United Kingdom are not alone in facing a demographic time bomb. The ageing workforce and the impact of changing demographics on the world of work and service delivery is a subject of concern widely across different industries, economies and internationally. The WLR is pleased to be supporting research funded by the Medical and Economic & Social Research Councils as part of their Lifelong Health and Wellbeing Partnership Awards. The research is specifically looking at extended working lives in the NHS and will investigate the management of employment changes following the abolition of the default retirement age and the aligned changes in the SPA, in the context of the NHS amongst other issues. This research is a longitudinal study which will finish in approximately September 2016. The researchers will be working with a small number of employers looking at the impact of working longer on the service, patient care and staff themselves. No other NHS-specific research exists in this form and it could prove invaluable to the service in looking at and considering future challenges and mitigations. We are also seeking to support other relevant pieces of work which have been commissioned as part of the Lifelong Health and Wellbeing Partnership Award Programme and harness any learning their work may offer.

6.4.20 It is crucial that the NHS recognises now the impact that the future pension changes and the ageing workforce could have on its workforce and the ability to deliver safe and effective care. The NHS does not currently have the older workforce it will in the future and how it will support these changes needs to be considered now.

6.4.21 Recommendations 4 and 5 will ensure that working arrangements and environments are adequately considered in the future work of the review.

Recommendation 4 – Delivery of safe and effective care

The NHS must seek to fully investigate and mitigate where possible any negative impacts evidently arising from the need for staff to work longer, in order to protect the health, safety and wellbeing of staff and therefore safe and effective service delivery.

Recommendation 5 – Working practice

The Working Longer Review should further consider the current and emerging evidence regarding the impact of working patterns and environments, including shifts and on-call, on the ageing workforce.

6.4.22 Whilst further investigation and research into working arrangements is necessary, it is also clear that some preparatory steps can be taken now to help employers and their staff. These steps relate to life course planning and the necessary redesign of roles and development of redeployment opportunities which will be needed to support longer working lives.

6.4.23 This review has identified a strong need for employees to feel confident in discussing their career plans including retirement options with their managers. These discussions often only take place within the appraisal process or immediately prior to retirement. There is a lack of understanding by employees of the options available and the evidence indicates that managers do not feel equipped and confident to provide sufficient information.

6.4.24 It is crucial that staff are supported to make appropriate career decisions throughout their working lives. Conversations about future career decisions should become a normal part of discussions with all staff. Therefore, enabling and empowering managers to have these discussions with their staff is key. Recommendations 6 will support this work:

Recommendation 6 – Supporting staff during their working lives

All staff should be supported to make informed decisions about their employment arrangements and plans, throughout their working lives.

6.4.25 An individual's capacity to work in a particular role will vary greatly depending on that individual's circumstances because individuals all age differently. There are occupations within the NHS where workers believe that they may not be able to remain in that role until a higher pension age because of its physical or emotional nature and the complexity of the demands this places on them. It is vital that consideration is given to how these roles could be redesigned to meet the needs of an ageing workforce. Older workers who are in good health, with up-to-date skills, do perform as well as their younger counterparts. However, physical strength does diminish with age and older workers tend to require longer recovery periods following physical exertion. Recommendation 7 will support this work:

Recommendation 7 – Redesigning roles

All staff should be supported to work effectively and productively throughout their working lives, acknowledging that this may require change and/or adaptation of their roles and working environment and/or patterns at appropriate times.

6.4.26 The review found that redeployment often carries a stigma but that many older staff may be able to stay in work longer if they are able to move to less stressful or physically demanding roles. The cultural attitude towards redeployment within the service needs to change so that movement into new roles is considered positively. Recommendation 8 will support this work:

Recommendation 8 – Redeployment

The cultural attitude within the service towards redeployment needs to change so that movement into new roles is considered positively. Greater opportunity for deployment across and within the services should be facilitated.

6.4.27 Evidence has pointed to the importance of ongoing training, learning and development throughout an employee's working life, yet many older staff have reported their experience that such access is limited or restricted for them. This will potentially have a negative impact on engagement, productivity and the ability of staff to run safe and effective health services.

6.4.28 Recommendation 9 addresses this issue specifically and requires immediate action form NHS employers.

Recommendation 9 – Learning and development

All staff should have access to appropriate and relevant education, training and development throughout their working lives.

6.5 Good practice occupational health, safety and wellbeing

Introduction

6.5.1 Protecting and promoting the health, safety and wellbeing of NHS staff is essential to enable them to work longer. Many studies have shown the negative impact that unsafe working conditions and poor occupational health and wellbeing can have on engagement and productivity in all sectors. In the NHS, staff wellbeing has been clearly linked to patient outcomes in the Boorman Report[17], the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework[18] for NHS Scotland and research from Aston University. A more recent report published by the National Academy of Sciences[19] also highlights the impact of night shifts on staff.

17. Boorman Report 'Independent NHS health and Wellbeing Review'
18. Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework
19. National Academy of Sciences 'Mistimed sleep disrupts circadian regulation of the human transcriptome'

6.5.2 As has been shown by evidence in this report, older workers are more likely to report long standing illnesses and health problems too often resulting in them needing to take long-term sickness absence. As physical capability can diminish with age for some workers, the physical working environment and ergonomics of work need to be addressed to enable the ageing workforce to keep working both safely and productively. The cumulative demands of working in demanding frontline and "back office" roles for an increased number of years must be mitigated in order to avoid staff shortages and knowledge gaps in future years.

6.5.3 There have been a number of occupational health, safety and wellbeing initiatives over recent years many of which are ongoing and showing good results. These include Improving Working Lives, Health and Safety Executive campaigns on back injuries and slips, the Boorman review in England and the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework for NHS Scotland. Good occupational health and safety, including risk assessment and compliance with respective health and safety legislation, is essential for all staff. However, there are some specific areas relating to the ageing workforce which the review has considered.

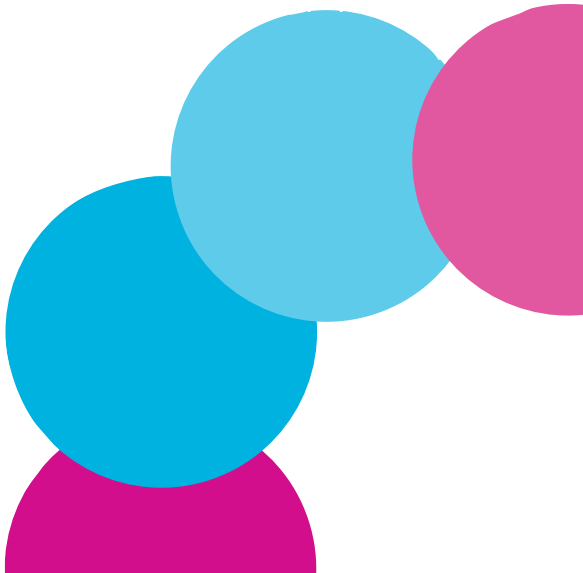
Key findings

6.5.4 The health and wellbeing of an ageing workforce is an area that is often misunderstood. It is commonly assumed that workers lose physical, mental and emotional capacity as they age and that such attrition leads to a loss of productivity.

6.5.5 The Audit shows conclusively that this need not be true and that where older workers are in good health and where their "job fit" is right, they can work just as productively as their younger counterparts. However, it does also confirm that older workers require longer recovery periods following physical exertion and are less tolerant of changing shift patterns and night working. This highlights the need for effective management which addresses the changing needs and abilities of an ageing workforce, in particular in relation to setting working patterns and shift allocations.

6.5.6 The cumulative impact of night working is also documented and needs addressing by the NHS, as staff will potentially be exposed to such risks for a longer time period in the future. Good practice which seeks to minimise the adverse impact of the rotation of shifts and exposure to night working must be identified and implemented across organisations. Evidence already describes the importance of regular screening and monitoring as well as targeted health promotion activities.

6.5.7 Responses to the call for evidence from NHS staff indicated a very high level of concern about their physical and

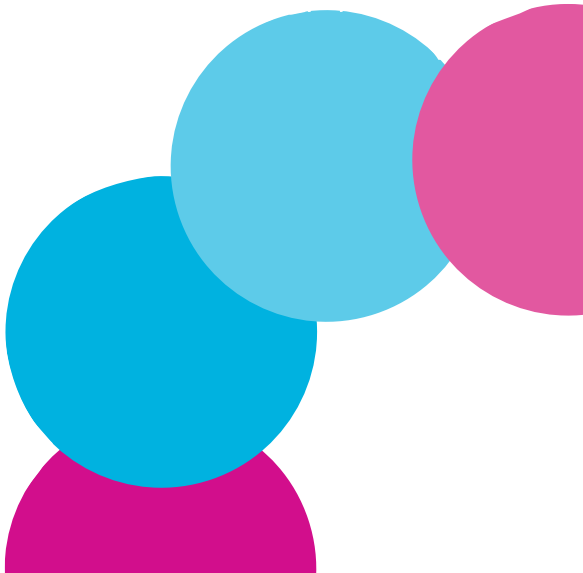


psychological capability to undertake their NHS duties for a longer period of time. For example, in the National Staff Side Survey 82.3% of respondents strongly agreed or agreed with the statement 'I am worried that working longer will have a detrimental impact on my physical health'. The fear of burnout and the cumulative impact of very physically demanding jobs are cited by most as the reason why they think working longer will pose a problem to safe and effective service delivery and excellent patient care in the future. Employer evidence also voiced similar concerns. The following areas of risk were identified:

- Nurses, midwives, porters and paramedics – lifting and manoeuvring patients, especially the increasing numbers of whom who are obese.
- Catering and estates staff – heavy manual work.
- Estates staff – working in confined environments.
- Paramedics – manipulating patients in difficult, confined or remote environments.
- Community nurses – accessing patients in high-rise buildings without lifts, and without access to specialised equipment.
- Mental health nursing – restraining patients.
- Radiographers – working over many years using heavy protective aprons, repetitive strain injuries from repeated use of equipment.
- Surgeons – long periods standing.
- Physiotherapists – handling and managing patients.
- Surgeons and dentists – declining visual acuity, periods of prolonged concentration.
- Mental health – exposure to highly distressing situations over many years.
- Healthcare professionals in the community –safety and solitary work.
- Paramedic, emergency medical technician, nurses, midwives – the ability to lift and handle patients.

6.5.8 The call for evidence asked respondents to identify working practices and arrangements that would support an ageing workforce. The following suggestions for strategies and interventions to protect the health and wellbeing of workers were made:

- Easy access to good quality occupational health services – where self referral is possible.
- Providing 'fast track' access to health and wellbeing support and counselling.
- Providing advice on health and diet.
- Subsidised gym and swimming pool membership.



- Providing support groups for staff suffering from particular conditions like menopause and arthritis.

Conclusions and recommendations for further work

6.5.9 Protecting and promoting the health, safety and wellbeing of NHS staff throughout their working lives is central to enabling NHS staff to work longer. The service will potentially fail to deliver effective patient care if attention is not paid to the health, safety and wellbeing of the whole workforce, preventing staff being injured and developing work-related health problems earlier in their career and also supporting them when their health status changes. This should include a focus on muscular skeletal disorders and mental health, as these are the leading causes of ill health and absence in the workforce. Health and wellbeing initiatives will be more successful and effective if they reflect the needs which an ageing workforce may have, for example, developing risk assessment practices which recognise cumulative impact.

6.5.10 The Independent NHS Health and Wellbeing review, which was published in 2009 (the Boorman Review in England and the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework for NHS Scotland), made a number of recommendations around implementing a staff wellbeing plan. It is vital that these recommendations continue to be fully implemented and are taken forward in the context of an ageing workforce, including the need for staff to have rapid access to health care services and diagnostics as well as services such as physiotherapy and counselling.

6.5.11 It is important that all staff have access to robust local occupational health provision which meets accredited standards. The implementation of the National Institute for Health and Care Excellence (NICE) workplace guidance[20], including the management of long-term absence and mental health in the workplace should also be promoted.

6.5.12 Recommendation 10 gives prominence to this work:

Recommendation 10 – Occupational health, safety and wellbeing

All staff should be supported with high-quality programmes to protect and promote their health, safety and wellbeing throughout their working lives. Employers should ensure that, by implementing all recommendations of the independent NHS Health and Wellbeing Review (Boorman report in England and the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework for NHS Scotland) and evidence-based workplace guidance (i.e. NICE), age and a longer working life does not adversely impact an employee's health or their ability to work effectively and safely.

20. Workplace Health guidance

Continuation of the Working Longer Review

6.5.13 Phase one of the WLR has revealed a number of significant concerns and issues which warrant further investigation, not least of which is the need for better, smarter data collection and evaluation across organisations to inform workforce planning and service delivery design in the future.

6.5.14 We believe that there is a strong case for the WLR group to continue its work. In a short period of time it has built up a level of expertise and evidence of great potential value to the NHS which should inform future policy.

Recommendation 11 – Continuation of the Working Longer Review

The NHS Working Longer Review should be established on a continuing basis as a sub group of the NHS Staff Council to investigate further and ensure consistent monitoring of the longer term impact of working longer. This will assist employers and staff in future years and ensure safe and effective service delivery.

6.5.15 Further detail on all 11 recommendations, including suggested work programmes and key stakeholders, can be found in the section 7 below.

7. Review recommendations and conclusions

Recommendations

7.1 The NHS must recognise the impact that both future pension scheme changes and an ageing workforce will have on its ability to deliver safe and effective care.

7.2 There are 11 recommendations in this report. They have been derived from the various pieces of work that have been undertaken as part of the review and have been grouped according to key themes which have emerged.

Recommendation 1

Data (Development of a national data set)

A comprehensive and robust national data set should be developed to allow organisations and the wider service to monitor, compare and inform future workforce plans and service developments in light of the requirement for staff to work longer to reach Normal Pension Age. A requirement to provide information in line with the national data set should be established for all organisations providing access to the NHS Pension Scheme. This will enable further investigation of emerging trends and issues, both locally and nationally and help inform the development of further guidance and/or recommendations from the NHS Working Longer Review as necessary.

Action: The development of the national data set and support for organisations in its use, including all organisations with access to the NHS pension arrangements.

Lead: Health Departments and the Working Longer Review group in consultation with other stakeholders.

Recommendation 2

Data (SPA link)

The work of the NHS Working Longer Review should influence and inform wider government work on the future of the State Pension Age (as detailed in the UK Government Department of Work and Pensions Draft Pension Bill 2013) on an ongoing basis, taking into account recommendation 11 in the Independent Public Services Pensions Commission: Final Report (Hutton report), which states that the link between the State Pension Age and Normal Pension Age should be regularly reviewed, to make sure it is still appropriate.

Action: With support from the UK Health Departments, the NHS Working Longer Review should work to secure productive working relationships with the relevant government departments and other stakeholders (e.g. TUC) responsible for and involved in the review of State Pension Age.

Lead: Working Longer Review group, the NHS Pension Scheme Advisory Board (not yet established) and the Health Departments.

Recommendation 3

Pension information

All staff should be supported to understand fully their pension arrangements and flexibilities so that they are able to make informed retirement decisions. In addition, organisations should be supported to understand fully pension arrangements and flexibilities so as to inform workforce planning.

Action: An accessible and easy-to-use central portal should be created for organisations and staff which would provide easy-to-digest, up-to-date information on the NHS Pension Scheme, with calculators to model different scenarios for staff.

A toolkit should be developed on the use of pre retirement education. There should be access to a local expert who can offer face-to-face information.

Lead: Health Departments, Working Longer Review group, NHS Pension Scheme administrators and the NHS Pension Board (not yet established).

Recommendation 4

Delivery of safe and effective care

The NHS must seek to fully investigate and mitigate where possible any negative impacts evidently arising from the need for staff to work longer, in order to protect the health, safety and wellbeing of staff and therefore also safe and effective service delivery.

Action: The Working Longer Review should continue to analyse and investigate data and information that has already shown differences in the potential impact of working longer within staff groups and organisations, in particular within frontline and emergency services. It may do so by conducting further, in-depth research within specific organisations or employer types, conducting oral evidence sessions to enhance the call for evidence, engage with the service through "road shows" and "big conversations" and other activities.

Lead: Working Longer Review group, in partnership with other specialist and expert groups e.g. the Ambulance Partnership Forum.

Recommendation 5

Working practice

The Working Longer Review should further consider the current and emerging evidence regarding the impact of working patterns and environments, including shifts and on-call, on the ageing workforce.

Actions: The Working Longer Review should consider commissioning and/or supporting further national research on working practice, particularly concentrating on the physical and emotional impact for different age groups and categories of staff. Emerging evidence will be reviewed on a regular basis to ensure consideration is taken of any recommendations relating to workplace safety, in particular ergonomics.

It should also continue to support the current longitudinal study which is being undertaken to look at the impact of working longer in the NHS. The research is being undertaken by H. Metcalfe, P. Nolan and A. Weyman and funded by the Medical and Economic and Social Research Councils (MRC and ESRC).

The NHS Working Longer Review should contribute to the Chief Nursing Officer for England's review of 12-hour shifts and develop guidance for NHS organisations to help them monitor and assess the impact of shift working, enabling them to minimise any negative impact on staff and service delivery.

Lead: Working Longer Review group.

Recommendation 6

Supporting staff during their working lives

All staff should be supported to make informed decisions about their employment arrangements and plans, throughout their working lives.

Action: A framework for development conversations, outside of but complementary to the appraisal process, should be developed, including guidance for line managers and staff.

Lead: Working Longer Review group.

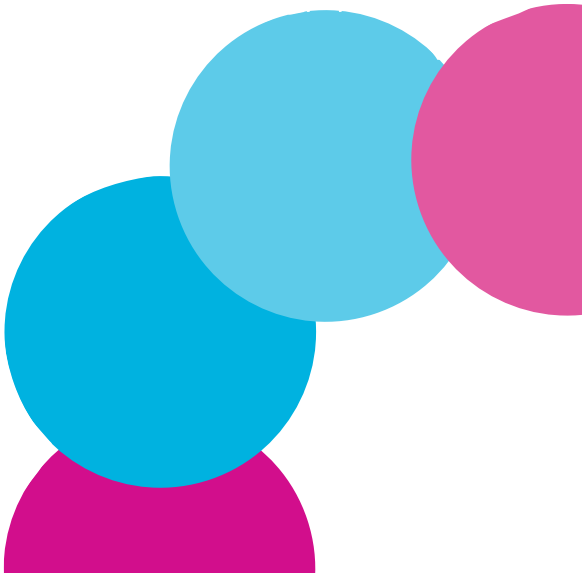
Recommendation 7

Redesigning roles

All staff should be supported to work effectively and productively throughout their working lives, acknowledging that this may require change and/or adaptation of their roles and working environment and/or patterns at appropriate times.

Action: Assessment tools and guidance should be developed to support managers in assessing how roles may need to and can change to enable staff to work safely effectively and productively and thus meet service delivery requirements.

Lead: Working Longer Review group and the Health, Safety and Wellbeing Partnership Group (HSWPG).



Recommendation 8

Redeployment

The cultural attitude within the service towards redeployment needs to change so that movement into new roles is considered positively. Greater opportunity for deployment across and within the services should be facilitated.

Action: Guidance should be developed on redeployment including the assessment and development of approaches to redeployment across or between organisations, acknowledging that there are some roles and working environments that limit opportunities for movement. This guidance may include the promotion of flexible career pathways.

Lead: Working Longer Review group, supported by the NHS Employers organisation to enable implementation locally.

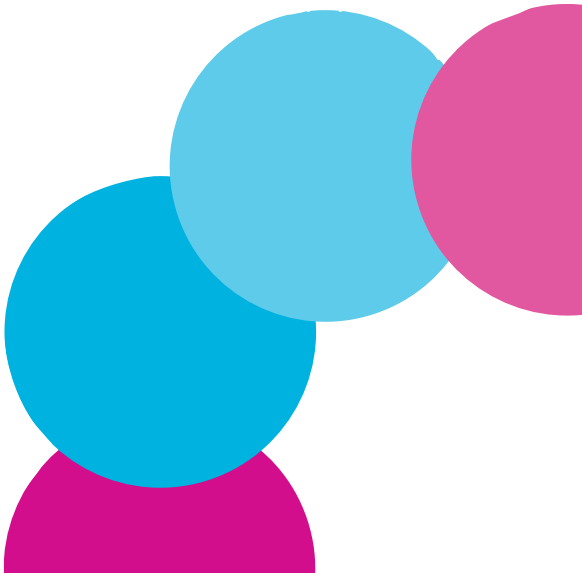
Recommendation 9

Learning and development

All staff should have access to appropriate and relevant education, training and development throughout their working lives.

Action: NHS organisations should monitor the take-up locally of learning and development to ensure that age is not a limiting determinant of access. Use should also be made of trade union learning reps and resources at local level. The Working Longer Review should develop effective working relationships with Health Education England and the devolved nations to ensure the education requirements of an ageing workforce are met. It should also promote the role of trade union learning representatives and resources.

Lead: Working Longer Review group and NHS organisations.



Recommendation 10

Occupational health, safety and wellbeing

All staff should be supported with high-quality programmes to protect and promote their health, safety and wellbeing throughout their working lives. Employers should ensure that, by implementing all recommendations of the independent NHS Health and Wellbeing Review (Boorman report in England and the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework for NHS Scotland) and evidence-based workplace guidance (i.e. NICE), age and a longer working life does not adversely impact an employee's health or their ability to work effectively and safely.

Action: Promote the recommendations of the NHS Health and Wellbeing Review (Boorman report and the Safety and Wellbeing at Work: Occupational Health and Safety Strategic framework for NHS Scotland), the NHS Staff Council Health Safety and Wellbeing Partnership group guidance and NICE workplace guidance, with the objective that they are fully implemented. Develop a risk assessment framework which can assist organisations to look at the cumulative impact of working longer.

Lead: Working Longer Review group, with support from the Health Safety and Wellbeing Partnership group (HSWPG).

Recommendation 11

Continuation of the Working Longer Review

The NHS Working Longer Review should be established on a continuing basis as a sub group of the NHS Staff Council, to investigate further and ensure consistent monitoring of the longer term impact of working longer. This will assist employers and staff in future years and ensure safe and effective service delivery.

Action: The NHS Working Longer Review should maintain the momentum of its work to date and continue to undertake work detailed in its original terms of reference, in particular employer-funded early retirement.

It should also continue to develop and deliver innovative ways, approaches and activities to support organisations to highlight and normalise this important issue in every aspect of their business planning and service delivery.

The NHS Working Longer Review will share details of its work programme with the NHS Staff Council and thereafter submit reports on progress.

Lead: Working Longer Review group, the NHS Staff Council, the NHS Employers organisation and the devolved countries.

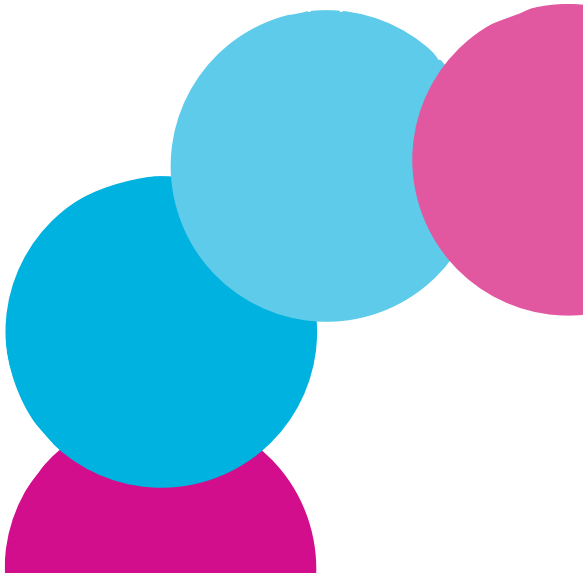
Conclusions

7.3 This report has outlined the work that has been undertaken by the NHS Working Longer Review, and also makes clear that there is a need for further work to help understand the impact of the raised pension age and people working longer.

7.4 The recommendations contained within this report have been grouped into themes following a number of key areas that emerged during the review. A theme which runs throughout this entire review process is the need for a change in the culture within the NHS to normalise discussions on careers aspirations and retirement plans within organisations, particularly between managers and staff. NHS organisations are going to face a huge challenge in supporting an older workforce. The need for a change of culture was also evidenced in the Francis[21] and Berwick[22] recommendations.

7.5 It is vital that this challenge is recognised now and acted upon so that it becomes business as usual. There is a need to continually assess and monitor the changing workforce. This will mean a change in behaviour in the NHS.

7.6 This report, outlining the findings and recommendations from the review, is being submitted to the Health Departments for consideration.



21. The Mid Staffordshire NHS Foundation Trust Public Inquiry
22. A promise to learn – a commitment to act: improving the safety of patients in England

8. Glossary

ESR	NHS Electronic Staff Record
HSWPG	Health Safety and Wellbeing Partnership group
ISD	Information Services Department (Scotland)
JE	NHS Job Evaluation Scheme
NPA	Normal Pension Age
NHS	National Health Service
NHSE	NHS Employers organisation
NHSPFA	NHS Pension Scheme proposed final agreement
NHSPS	NHS Pension Scheme
NHSSC	NHS Staff Council
SPA	State Pension Age
SPPA	Scottish Public Pensions Agency
WDAT	Workforce Data Analysis Team
WLR	Working Longer Review

9. Annexes

Annex 1: Membership

Annex 2: Objectives of the review

Annex 3: Sub group remits

Annex 4: Data portfolio

Annex 5: Audit of existing research summary report

Annex 6: Audit of existing research full report

Annex 7: Call for evidence interim findings report

Annex 8: Other research

Annex 9: The ‘big conversations’

Annex 10: Objectives matrix

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