Towards a healthier future...

NHS South Central

# What does the future workforce need from Higher Education Institutions?

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1. Context: national and regional
2. Workforce – what does that mean?
3. Regional Issues – selected highlights
3. Case for change
4. Our shared challenge
5. Principles and opportunities for success

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# Global change

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# The NHS

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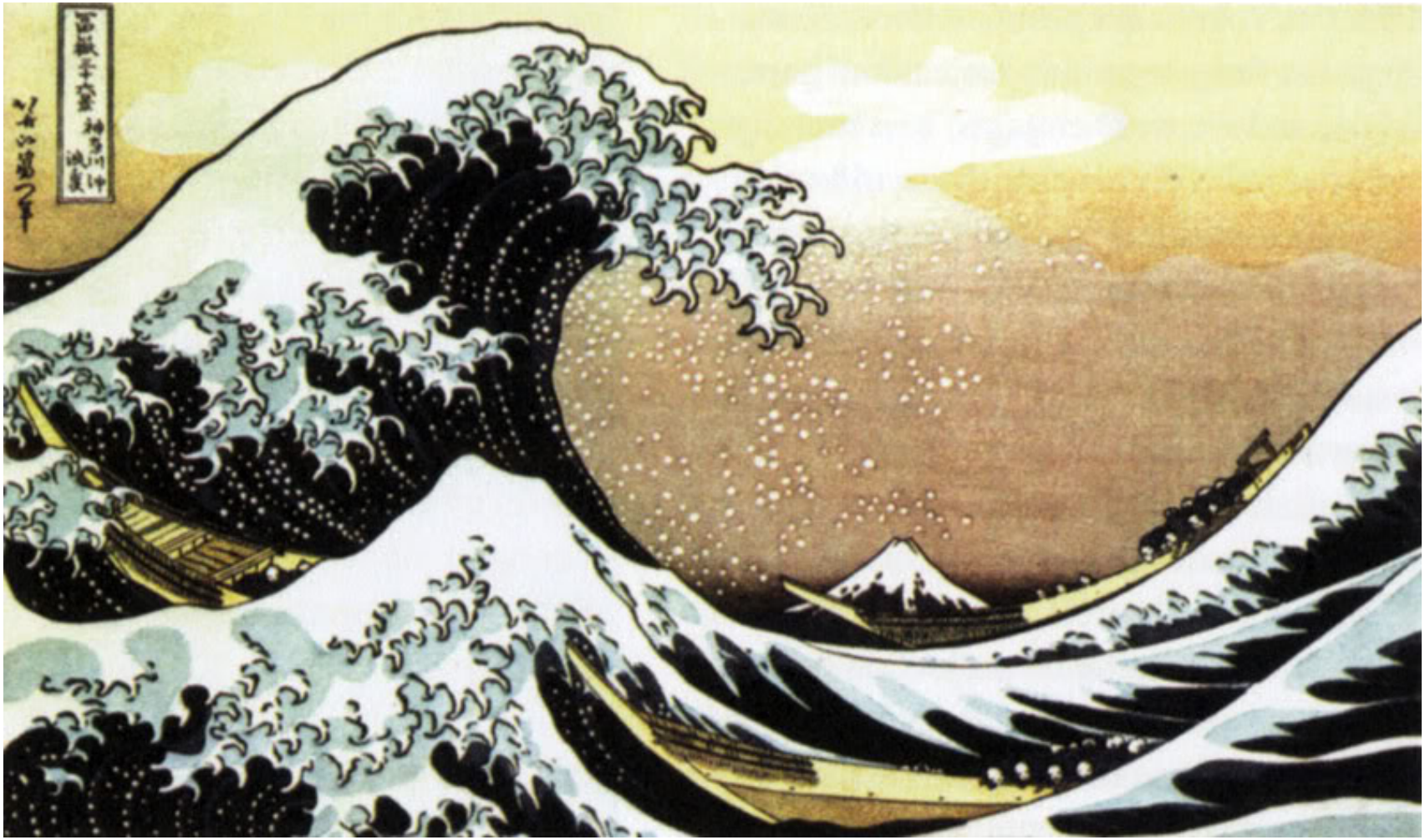

| Where we were | | Where we're going |
|---|---|---|
| Sickness | → | Health |
| Hospital | → | Home |
| Activity targets | → | Safety, Quality |
| Monopoly | → | Plurality |
| Provider led | → | Commissioner |
| Productivity ↓ | → | Productivity ↑ |
| Impersonal care | → | Personal care |
| Labour intensive | → | Technology/Innovation |

# What do we mean by workforce?



1. Workforce Productivity (measure, monitor and assure, HR)

2. Workforce Planning & Development

- ✓ Service commissioning,
- ✓ Clinical improvement programmes
- ✓ Workforce development planning
- ✓ Education commissioning
- ✓ Education funding
- ✓ Governance and assurance

Needs to be integrated

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# Why act now?

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- Shaping the Future (QIPP); NHS South Central to **cut costs by £1.3bn over 3 years.** 60-70% spent on workforce
- must implement **degree level registration** and manage potential reduction in supply of registered nurses
- must **deliver on professional commitments to improve quality**; Frontline 2010, Making Quality Personal, E4E and HIA
- need to **sustain recruitment** of high calibre candidates to Professions
- must **manage risks** associated with reductions in workforce size; over-supply, morale, reputation, value and commitment

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# QIPP...workforce size & cost

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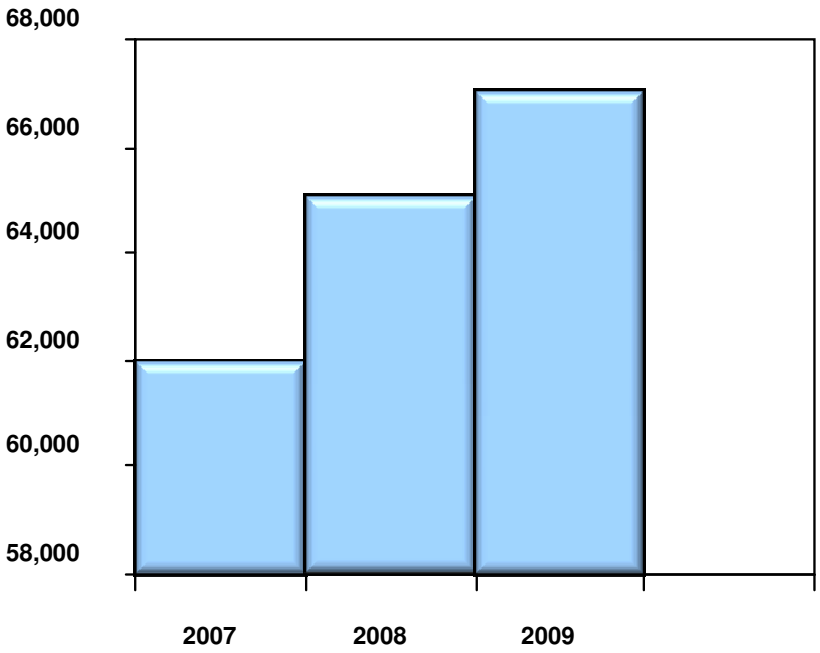
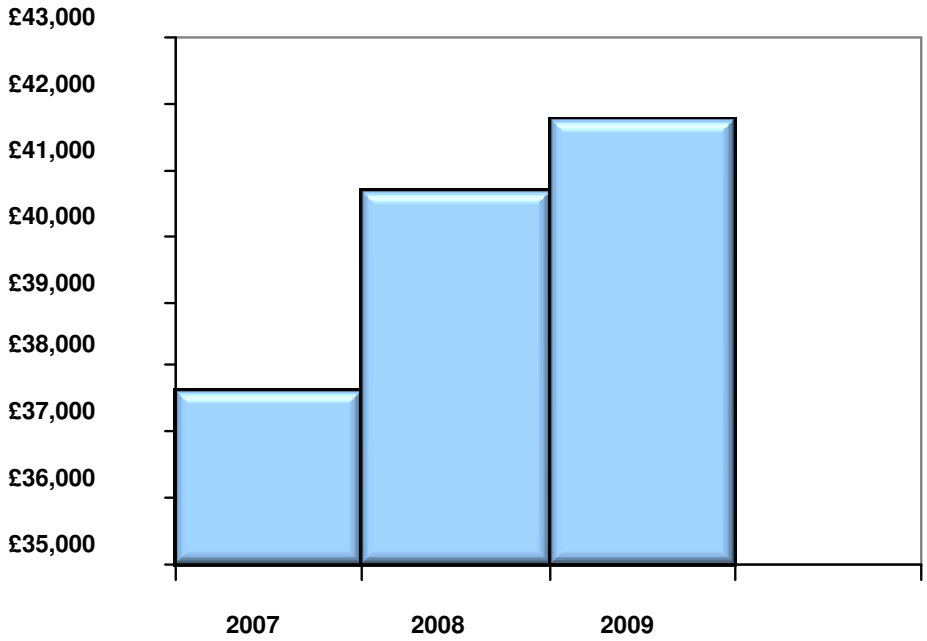



Number FTE's (Trusts NHSSC)




Average Staff Costs (Trusts NHSSC)

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# QIPP…skill mix – no change since 2007

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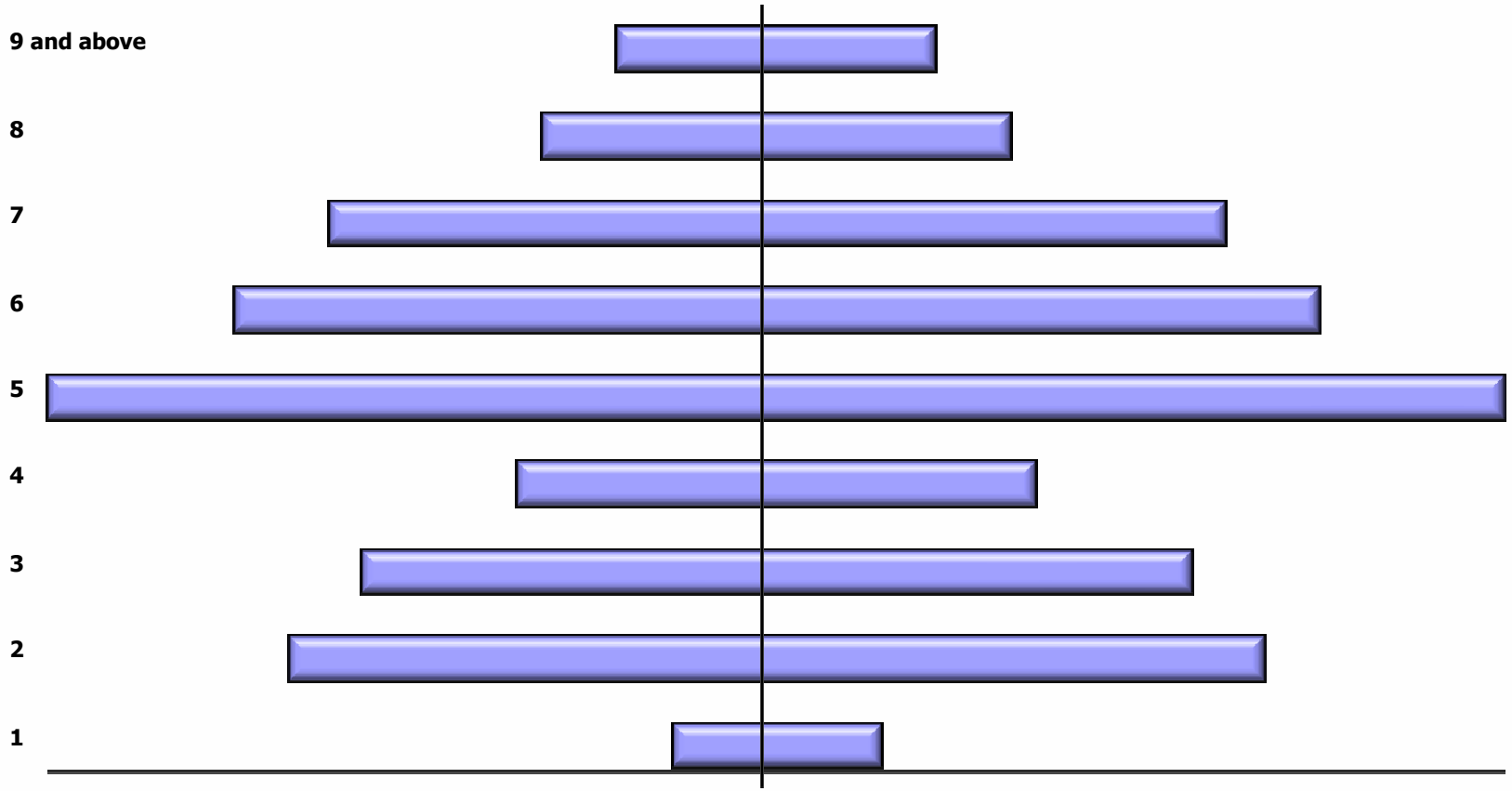


South Central Career Framework Levels by FTE May 2009

# The challenge



- **3500 wte equivalent reductions** in 2010/11
- about a **7% reduction** in workforce across the region **over next 3 years**
- already predicting an **over supply of newly qualified nurses** this summer in the south of the region
- **education budget is being reduced** by SIRF and planning for an MPET reduction (14% - £45m)

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# Impact of MPET reduction

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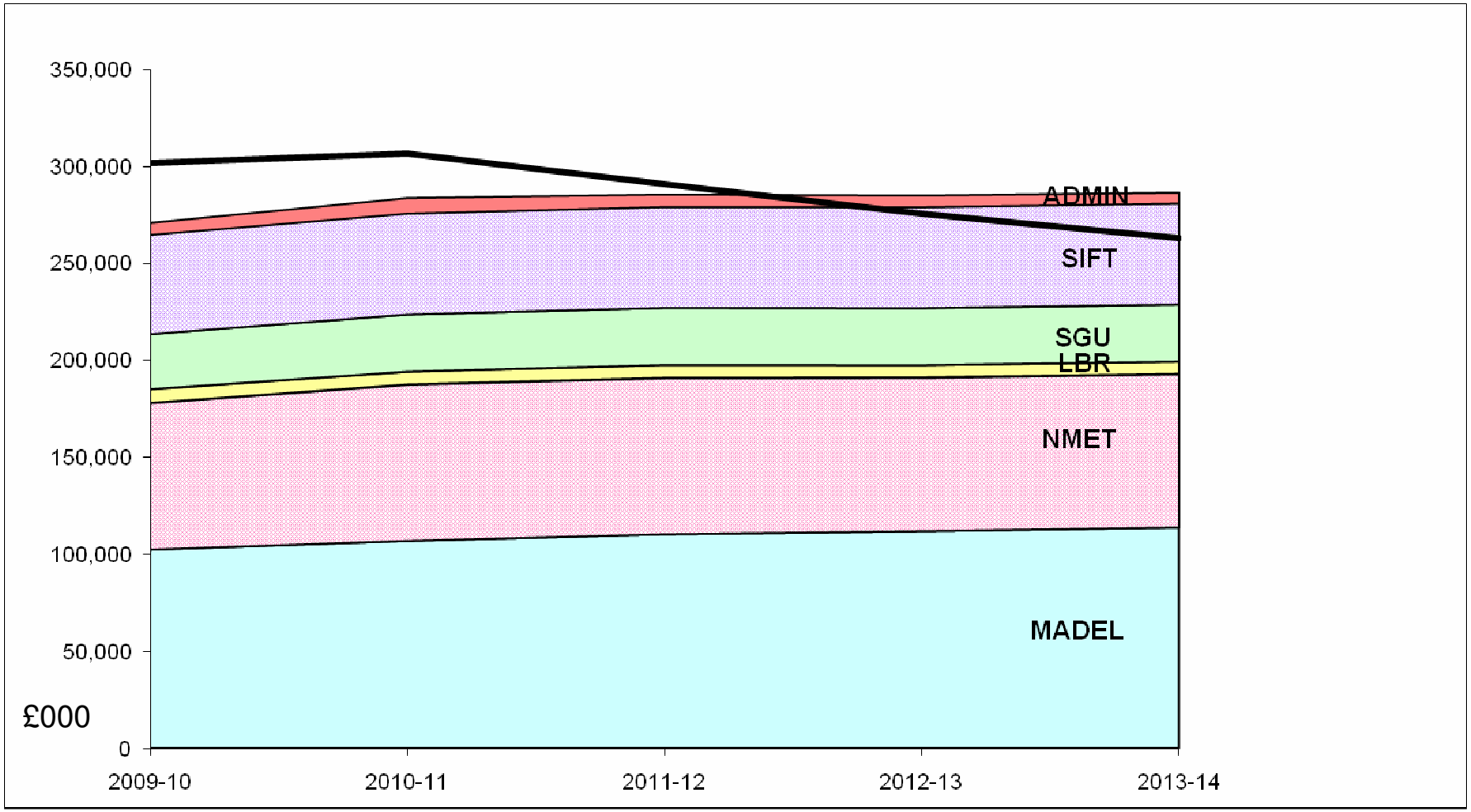


# What we need... or not?



## Under supply?

- Therapy radiographers
- Sonographers
- Specialist nurses
- GPs
- Health visitors
- Speech & Language therapists

## Over supply?

- Newly qualified nurses
- Newly qualified midwives (South)
- Trauma and orthopaedics
- Surgeons

# Impact of reducing numbers



- 1% reduction in nursing workforce equates to 157 less wte

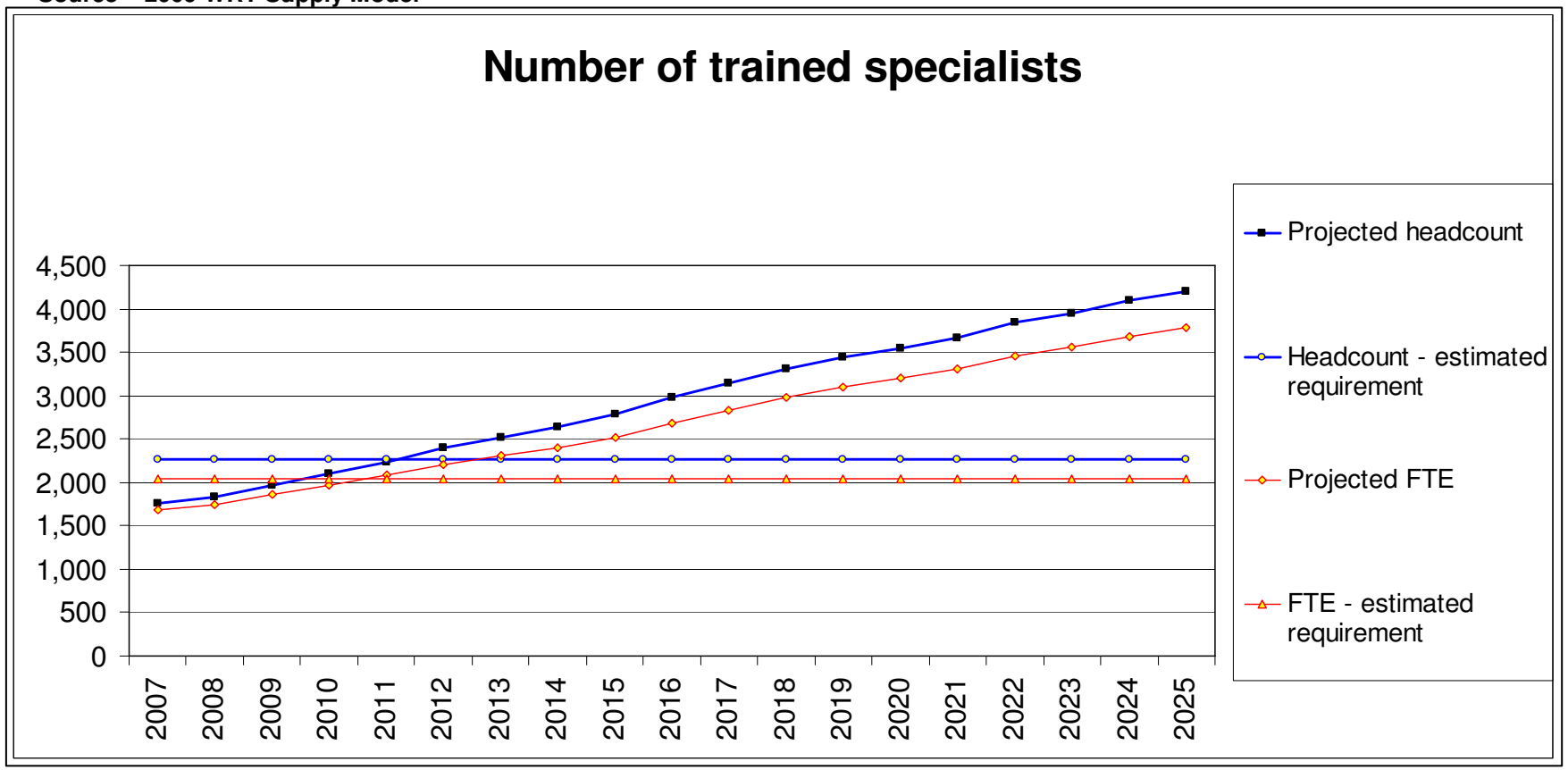
- if we cut education commissions by 5% = a reduction of 27 people in *3 years time (2014)*

- 14% reduction in MADEL training activity equivalent to 390 doctors

*Issue: maintain stability of HEI contracts yet become a demand led service responsive to service needs*

# General Surgery - National Supply Forecast

**Source – 2009 WRT Supply Model**



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# GP Demand & Supply Scenarios

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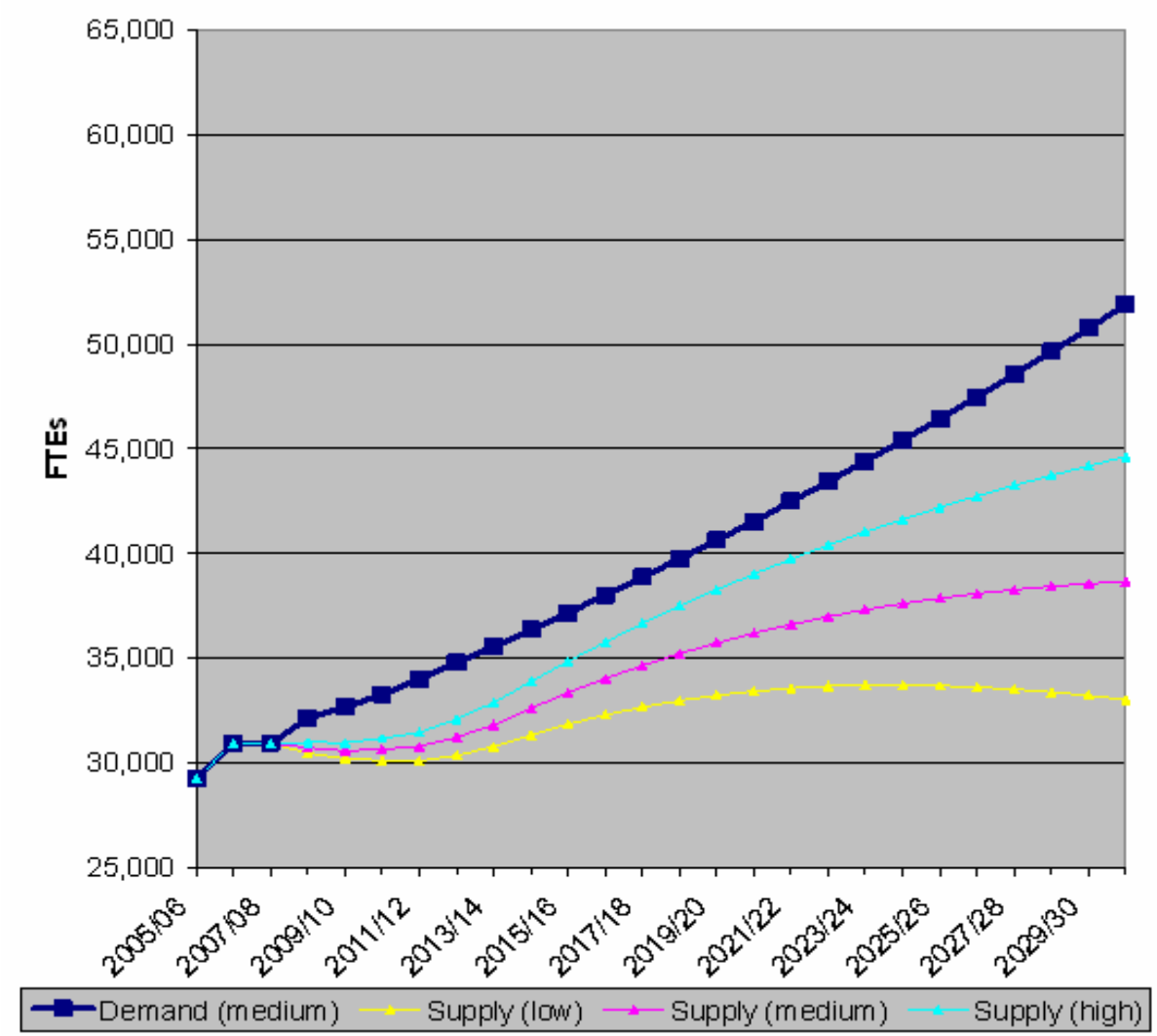

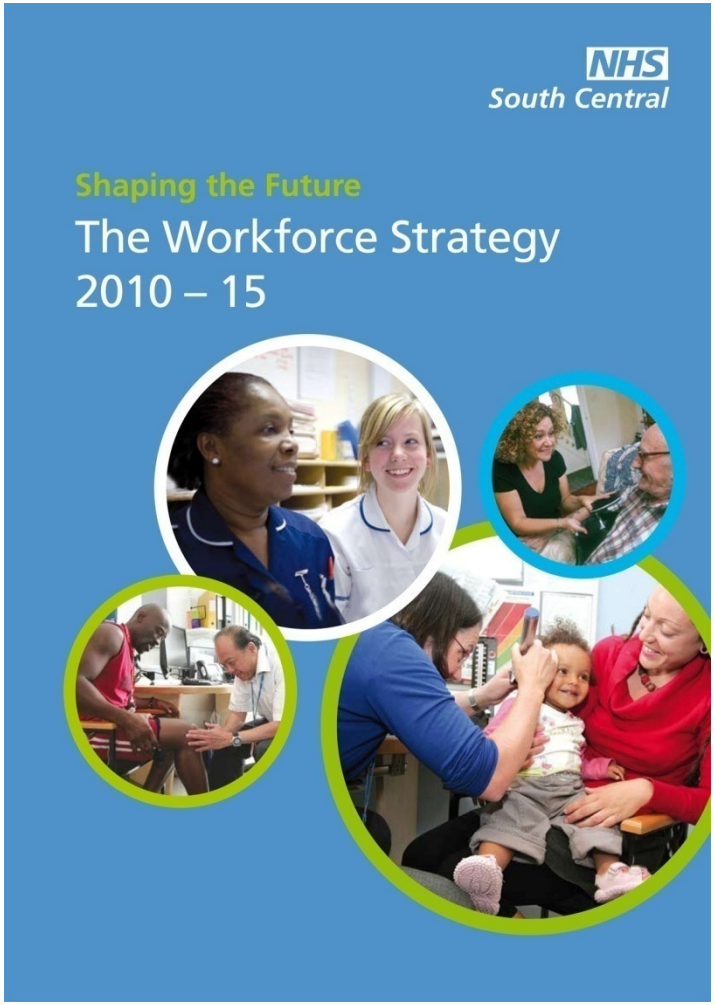


# The South Central Workforce Strategy

Built on three founding principles:

- High quality, affordable care
- System-wide change
- Health and well-being of staff

# Workforce of the future?



- **re-profile skill mix** to reduce average labour costs, including reduction in agency staff, locums and overtime, different models of service (TCS etc)
- **increase the number of band 1-4** staff and **reduce band 5 and above**
- develop **flexible employment contracts** and **flexible staffing models** that do not attract higher pay rates
- explore **flexible retirement** options to reduce staffing levels
- **reduce sickness absence** to 3% or less

# Workforce Planning

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# Partnership approach SHA, HEI & Service

- **Change mindset (cultural reform)**
  - Quality AND value not either/or
- **Get on with it now (urgency)**
  - Plan over years not just for today
- **Health & well-being of staff** (Boorman 2010)
  - Motivation, team work, flexibility, engaged
- **Working across boundaries**
  - Internal and external, structural, professional…

# Workforce Priorities



**Strategic alignment & workforce optimisation**

"delivering the right workforce to support delivery of local service strategy"

**Address critical supply-side risks:** create a detailed speciality level workforce plan for key groups, e.g. nurses, to identify potential workforce gaps & develop action plans

**Align strategy & workforce for critical pathways (e.g. community):** produce pathway specific workforce plans

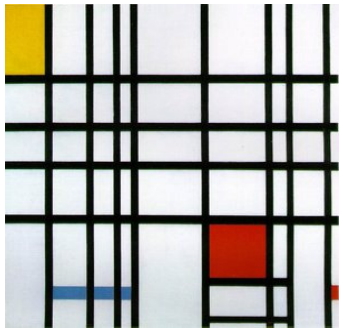
**Right knowledge skills and attitude (values)**

# Workforce Priorities



**RoI on education and training spend**

"workforce investment that produces high quality workforce at minimum cost"



**Improve MPET procurement & processes:** diagnose & strengthen gaps and weaknesses (e.g. Information exchange – attendance, referral etc)

**Design MPET funding strategy:** reflecting local strategic priorities (e.g. CPD for reskilling)

**Stimulate education market** (e.g. Marginal courses)

**No unnecessary repetition of training/education**

# Workforce Priorities



**System responsiveness (enablers)**

"Skills, systems & processes that deliver workforce change and educational activity at required pace and location"

**Create enduring relationships (shared values):** to drive local workforce insight & improved medium to long term, workforce decision making

**Develop workforce transformational skills:** embed workforce transformation skills in all stakeholders: SHA, HEIs and service

**Productivity & quality benchmarking**

# Protean career?



...need for different core attributes for NHS staff to...

- ***Protean***: general meaning of "versatile", "mutable", "capable of assuming many forms": "Protean" has positive connotations of flexibility, versatility and adaptability.

# What will get in the way?



**P**ower

**O**wnership

**W**hat's in it for me?

# Principles to consider



- MPET should be invested on the principle of supplying the local workforce
- Investment should be proportionate to future service need, with a duty of care to the tax payer and students to commission neither an oversupply nor undersupply of health professionals
- The long term outcome should be a sustainable steady state investment plan which will supply the future service need

# Opportunities



- We can be smarter than simply reproducing the existing workforce, by anticipating and shaping the future workforce
- At time of disinvestment, consideration should be given to prioritising retraining of the existing workforce rather than training new workforce
- Maximise role substitution & new ways of working
- We can be more productive without compromising quality or innovation

# What will success look like?



- the workforce delivering patient care in different settings, staff working in extended roles and new ways to deliver patient pathways that commissioners have specified and reducing unit labour costs.

- have in place the infrastructure, to be able to effectively plan workforce for the longer term and inform education commissioning, where health and social care stakeholders will be working collaboratively with HEIs to ensure the best services are provided to the population.

# Any questions?

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