Shaping the Future…
workforce

Andrea Young
Chief Executive
Ways of working

Commitment
Principles

• High quality care
• System wide actions
• Health and wellbeing of staff
Case for Change - National Challenges

- Finance
- Demographics
- Policy
- Technological and medical developments
- Patient expectations
Case for Change - Regional Finance

£5.8 billion Health budget NHSSC

60-70% Spend on workforce

£41,750 Average pay cost (NHS Trusts)
Financial Assumptions

• No further financial growth

• Funding gap £1bn - £1.5bn

• £1bn = at least 14,300 ftes shortfall

• Productivity rise needs to be 6% annually

• But: NHS productivity is - 0.4%
The Case for Change same for health & social care:

- Increase in demand for services for older people – *ageing population*.

- Changing *balance of competition* between and within sectors due to economic changes.

- Innovation in *technology* and *partnership* working reducing demand for some skills and increasing others.

- Pressure for a more *diverse workforce* to respond to the needs of a diverse society.

- Increasingly *tight fiscal budget*.
Case for Change - QIPP

- **Quality** – quality and patient safety
- **Innovation** – new ways of working and technological advances
- **Productivity** – control costs and variation, improve performance
- **Prevention** – joint planning with partners, reducing health inequalities
QIIPP…workforce size & cost

Number FTE's (Trusts NHSSC)

Average Staff Costs (Trusts NHSSC)
QIPP...skill mix – no change since 2007
Absence in NHS
• 10.3 million working days
• 45,000 ftes
• Costs £1.76bn.

A 1% reduction in sickness absence in NHS SC could be equivalent to up to £40m
The road to recovery

Katherine Fenton
Director of Clinical Standards and Workforce
Impact of Demographic Changes:

- **Increased life expectancy**: 77 for men and 82 for women – 11 years more than in 1948. There are now more people over 65 than under 18.

- **People are living longer with disabilities**: life expectancy for people with Down’s Syndrome has almost doubled in recent years.

- **More people with care needs**: we anticipate 1.7 million more by 2026.

- **Economic impact**: There are currently around four people of working age for every person retired. By 2059, this ratio will almost halve.

- **Social change**: Our expectations of services are increasing.
<table>
<thead>
<tr>
<th>Where we were</th>
<th>Where we’re going</th>
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</thead>
<tbody>
<tr>
<td>Sickness</td>
<td>Health</td>
</tr>
<tr>
<td>Hospital</td>
<td>Home</td>
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<tr>
<td>Activity targets</td>
<td>Safety, Quality</td>
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<tr>
<td>Monopoly</td>
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<td>Provider led</td>
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<td>Productivity</td>
<td>Productivity</td>
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<tr>
<td>Impersonal care</td>
<td>Personal care</td>
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<td>Labour intensive</td>
<td>Technology/Innovation</td>
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Strategy – 10 Commitments

Principles
Case for Change

10 Commitments
Strategic Challenges

Pledges
Operational Docs

NHS South Central
10 Commitments: we will deliver

1. A workforce to respond to clinical care pathway improvement

2. Best value for money for patients and taxpayers from the workforce.

3. A more community based workforce.

4. High quality education - irrespective of grade, role or seniority.

5. Meet the staff pledges in the NHS Constitution
10 Commitments: we will deliver

6. The commitments in the Skills Pledge

7. Improved health and well being of the workforce

8. New ways of working and integrated planning

9. Greater partnership working between health and social care

10. Greater involvement of public in workforce development and education of staff
Strategic challenges
Share the Journey
Engage patients, carers and staff

- Patients, carers, staff and the general public all need to be engaged and play their part in ensuring the NHS continues to provide excellent health care within a sustainable framework.
Plan and prepare

Manage the change

• To respond to the challenge and scale of both, the forecast increase in demand for health care services, and the reduction in spending on public services we must actively plan the workforce and prepare intelligently to manage the change.
Integrate and align

Design a joint future

• To maximise the effectiveness of our workforce planning we need to integrate and align our actions, taking a system wide perspective on the future workforce requirements to deliver the emerging service models.
Tighten up the future
Drive up quality and value

- To drive up quality and value, and reduce waste and variation in the way we deploy the workforce in NHS South Central, we need to implement excellent human resource management across all health sector employers.
Step up flexibility

Develop the workforce

- To develop a more flexible workforce we need to have staff that can assimilate new skills rapidly and work in new and innovative ways, by targeting skills development and developing new employment models.
Be accountable

Focus leadership

- To enable the service changes that need to be delivered we need a culture of accountability at all levels, and leadership that is focussed on delivering the best health care system in the world.
What’s needed

- Change mindset (cultural reform)
  - Quality AND value not either/or
- Get on with it now (urgency)
  - Plan over years not just for today
- HR playing its part (healthy workforce: Boorman)
  - If we can’t take care of our own how can we care for users
- Working across boundaries
  - Internal and external, structural, professional…
Road to recovery: driving forward

Allan Jolly
Associate Director of Workforce & Education
IGNORANCE IS BLISS

WE ARE DOOMED

JOINED UP WHITING

YOU'RE TALL, SO YOU MUST BE COMPETENT.
Consultation & range of sources

- PCTs
- Providers
- HEIs
- South East Employers
- Local Authorities
- Audit Commission
- GOSE
- Survey
- Commissioning plans
- Health economy risk assessment
- Social Partnership Forum
Objective of workforce planning

Attain a balance between demand for staff and their supply –

to estimate future demand for staff required to deliver defined services, and to try to ensure that a sufficient (but not excessive) number of appropriately qualified personal is available to meet this demand.
Workforce Planning =

Getting the *right staff* with the *right skills* in the *right place* at the *right time*.

- How is *right* defined?
- Is it *right* from the perspective of the:
  - *patient*: high quality interaction from highly skilled staff
  - *professional*: job satisfaction & career development
  - *employer*: flexibility of role & transferable skills
  - *commissioner*: maximising cost-effectiveness

Workforce Planning =
Getting the *right staff* with the *right skills*
in the *right place* at the *right time*.

- Is *right* the same for local, regional and national workforce demands?
- How are conflicting interests and priorities reconciled – and by whom?
  - ? Role of SHA, Commissioner, Providers, Individual Staff

**Clarity, Collaboration, Communication**

Workforce Planning is a balancing act that requires the ability to:

• Respond flexibly
• Adjust to changes in supply and demand factors.
• Is less about long term predictive precision than *it is about an adaptive and flexible process*
Assumptions for South Central Strategy

• Plan for productivity not growth
• Increased patient ‘demand’ (quantity & quality)
• Less staff AND increased quality
• More flexibility of staff and portability of skills
• Integrate workforce planning across –
  – medical & non-medical,
  – the NHS (finance & service) and
  – health & social care (NHS & non-NHS organisations)
Strategy - Pledges

- Principles Case for Change
- 10 Commitments
- Strategic Challenges
- Pledges
- Operational Docs

South Central NHS
Pledges

Are a way of *communicating our collaborative responsibilities* and providing *clarity over our role* in supporting the strategy.

- SHA
- Commissioner
- Service provider
- Staff
Pledges example: *Making it Happen*

- **SHA** – Develop top 5 productivity metrics
- **Commissioner** – Challenge variation in provider performance including differences in workforce cost (WCC competency 11)
- **Provider** – Provide staff health & wellbeing services centred on prevention and aligned with public health policy (Boorman 2009)
- **Staff** – Play your part in sustainable improving services by working in partnership with patient, public and their communities (NHS Constitution)
Supporting Operational Documents

NHS
South Central
The strategy is *not* an annual plan but is supported by a range of operational documents including:

- **Patient Area Reports** inc.
  - 8 Care pathways
  - Valuing People Project (LD)
- **South Central** inc
  - Nursing and Midwifery Strategy
  - Education Commissioning
  - Apprenticeship
  - Leadership
- **Professional Specific** inc.
  - Modernising Health Care Sciences
  - Modernising Medical Careers
- **PCT**
  - Operating plans
  - Transforming Community Services
Table Discussions

20 minutes discussion – agree 3 key points of clarification, confirmation or challenge with the panel.
What are your key questions?

• What would you like to clarify?
• What would you like to challenge?
• Which points would you like to confirm?
Questions to the panel

Each table to address one question to the panel.

Please cross questions off your list if there any duplicates

Any unanswered questions will be answered in writing and published on the web.
Now move to your selected theme for more in depth discussion and how to make it happen