Initial Summary of Workforce Survey Findings

South Central SHA

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Background

- Workforce expenditure is a major cost driver in health provision, especially when social care, independent and third sector costs are included.

- Our UoR/ALE work found workforce planning generally is weak

- Key risk in the SHA’s audit plan for 2009/10

- SC NHS is developing a new long term workforce strategy
  - We worked with SC NHS staff to develop a survey to provide baseline of information on where SC organisations are with workforce planning
  - Responses will allow SC SHA to triangulate findings with workforce plans
  - Analysis of the responses will lead to SC and health organisations developing action plans to fill gaps in knowledge, skills and planning arrangements
Why does workforce planning matter?

- One of the biggest cost drivers in healthcare provision
- It has no purpose except to deliver organisational objectives and commissioning plans
- Workforce planning in the NHS has historically been low level and predominately concerned with numbers
- A more strategic view is needed, aligning skills and competencies with changing service needs
The NHS in South Central

- 88,000 staff (inc GPs and practice staff) / 67,000 in Trusts FTEs
- PCTs spend £5.8 billion on healthcare - £3.77 billion on staff costs:
  - plus temporary staff in the form of contractors, bank and agency employees – April to Sept 09 alone in non FTs was 3.8% paybill = £37.5m.
  - average cost of one employee is some £41,700
- Turnover averages 6.7-16%; sick absence 3-5.8%
- £300m pa spent on formal professional training and work placements for doctors, dentists, nurses, midwives and AHPs
- No robust figures for how much the NHS in SC spends annually on other training programmes, eg health and safety
Scope of review

Key question: Is the future reconfiguration of health services across SC supported by:

– Providers understanding, assessing and articulating their workforce requirements over a period of 3-5 years?

– Commissioners providing a system wide overview of the workforce implications for commissioning strategies and risks to delivery?

– The SHA's leadership in jointly developing a strategic workforce plan that delivers on Public Service Agreement targets across sectors?
Key Lines of Enquiry to help the SHA assess whether:

- within organisations, workforce planning is successfully integrated with strategic service and financial objectives
- between organisations, workforce planning takes account of the workforce needs of achieving shared/joint targets and ambitions, across HEs and wider partnerships
- the SHA is providing strategic leadership through work across sectors and support to organisations in the local health economy in respect of workforce planning;
- all health organisations, including the SHA, have appropriate arrangements in place to ensure they have the necessary people, processes and systems to deliver improved performance from the workforce.
Roles and Responsibilities

- Fairly good degree of congruence on roles, though:
  - 13 respondents thought PCT commissioners were only responsible for their own internal planning
  - 8 weren’t clear on the PCT Collaborative’s role in workforce planning
- Roles are not universally understood – and even the same types of organisations have a different understanding of their role in workforce planning
- Often a poor match between Providers’ and Commissioners’ understanding of the role:
  - Providers think Commissioner’s role covers wider range than commissioners do! Eg most Providers think that Commissioners provide assurance for provider workforce plans, but only 2/3rd do this
SHA role in workforce planning

- Two-thirds (66%) of Commissioners think the SHA has a clear vision of the regional workforce requirements for the future
- Only 40% Providers agree
- Another 40% of providers think the SHA does not have a clear vision of regional workforce requirements
- Just over half (55%) of Commissioners believe that the SHA provides a strategic focus on Workforce Planning priorities
- … and that the SHA sets a framework around which they can plan their workforce.
- Just over three-quarters (77%) of Providers think that the SHA provides a strategic focus on Workforce Planning priorities
- … but fewer think the SHA sets a framework around which they can plan their workforce (63%).
SHA guidance

• Just over half (55%) of Commissioners found the guidance easy to use. The proportion is the same for the Providers.
• Just under half (45%) of Commissioners receive guidance at the right time.
• Less than 20% of Providers thought guidance was timely.
• Awareness of support facilities such as benchmarking, best practice sharing and website information varies across both Commissioners and Providers.
The planning process

- No common methodology for developing Workforce plans either within a PCT area or across the SHA area.
- Commissioners and Providers within the same PCT area often use different methodologies.
- Two-thirds (17) have arrangements to ensure implications of key modernisation projects are fed into workforce plans in timely way.
- 19 use care pathway plans to inform workforce plans.
- Under half (10) use feedback from students, carers and patients.
- 18 use feedback from partners in other sectors.
- Most (24) workforce plans include staff engagement and consultation.
Workforce Plans

- Not all Commissioners have workforce plans though all Providers, Acute and Specialist Trusts do.
- Inconsistent benchmarking - wide range of comparison data used which makes meaningful benchmarking difficult.
- No indications of any work done to look at the impact of workforce plans on delivery of objectives.
- Most Workforce Plans are reasonably robust:
  - with a level of clinical engagement;
  - integrated into the financial & service planning processes;
  - reflecting local research into health needs, national trends and information, and strategic commissioning requirements.
- But less than a half have been translated into formal plans with key milestones and most data used is in the process of being documented.
- Less than half of WfPs document numbers and skills – and those that do, are mainly only for one year.
Workforce Planning Timetable

• Most organisations (27) do annual workforce plans, but 2 have no workforce plans and only 1 has a longer term 5 year plan
• Most are updated annually, though 23% are updated monthly
• 15 organisations produce LHE plans – 12 haven’t yet got these
• Just over half (14) participate in co-ordinated approach to recruitment working with SHA and others in LHE

How robust are your plans for roles such as doctors and nurses which go beyond an annual plan?
Investment & Disinvestment Plans

• 9 organisations are clear on their plans for the next year
  – 7 for next two years
  – 2 for next three years
  – 4 for next five years
• Only 2 orgs are planning to reduce medical post graduate training posts in some specialties - 14 definitely aren’t.

So, where will the savings come from?
Do workforce plans take account of the national Public Service Agreement targets and other national policy drivers?

- PSA 16 (socially excluded adults) – only 6 definite yes
- HI – 17 yes; 2 no
- WTD – 21; 4 no
- Midwifery to birth ratios – 12 do and 11 don’t
- Action on health visiting – 15 do and 6 don’t
- Cancer waiting times for radiotherapy – 11 do, 12 don’t
- All graduate nursing – 14 do, 5 don’t
- Apprenticeship targets – 12 do, 6 don’t
- Modernising scientists careers – 9 do, 10 don’t
- Neonatal staffing levels – 11 do, 10 don’t

How will you deliver corporate objectives if you don’t take routinely take account of these key drivers?
Affordability

Commissioners:
- Just over half (55%) say their Workforce Plans are affordable
- Just under half (45%) say they don’t know if their Workforce Plans are affordable

Providers:
- Just over three-quarters (77%) say their Workforce Plans are affordable
- Just under a quarter (24%) say they don’t know if their Workforce Plans are affordable

Can you afford not to be sure?
Performance Management

• Only 9 organisations feel their workforce plans are being achieved in full
• 20 have measurable targets with quantifiable outcomes
• 17 have systems to ensure actions are taken when plans aren’t being achieved
• 11 have systems to ensure diversity/equality outcomes are achieved

What more can you do to ensure delivery of workforce and thus corporate objectives?
Developing capacity, skills and quality

Lots of good ideas for developing capacity/skills including:

- Strategic framework and methodology for doing WFP;
- Strategic approach to developing WFP skills;
- Sharing scarce WFP resources across the region;
- Production of “how to” guides, templates and tools;
- More effective data provision and analysis

Data Quality is improving

- Most organisations (26) do DQ checks to ensure workforce data is robust. 23 have a framework to improve quality of workforce data
- Just under half (12) have arrangements to validate suppliers data, eg HEIs, SHA Only 1 doesn’t use ESR (not fit for purpose)
Partnership Working

• Mixed picture on partnership working. Most do work with others in the LHE at some level, esp local authorities
• BUT 9 work alone on workforce planning
• Only 7 have formal arrangements as part of integrated planning framework

Can you achieve sufficient efficiencies without close partnership working with other bodies?
Summary

• Just over half of respondents were confident that their organisations would produce robust workforce plans.
• Biggest reasons for not were:
  – Lack of skills and capacity (12)
  – Lack of clarity over roles and accountabilities (8), esp of PCT Collaborative and the Commissioning Enablement Service (11)
  – Integration of new ways of working (7)
  – Benchmarking and metrics (7)
  – Partnership working (7)
  – **Some strengths** across the region its worth building on. Good ideas in comments sections that the SHA will follow up.
• **Some weaknesses:**
  – Ensuring plans cover the full breadth of requirements, inc eg equality legislation
  – Capacity and skills
  – Lack of knowledge about what support is out there
So, is the future reconfiguration of health services across SC supported by....

- Providers understanding, assessing and articulating their workforce requirements over a period of 3-5 years;
  
  **MOST PLANS ARE RELATIVELY SHORT TERM AND INSUFFICIENTLY DETAILED OR LINKED TO KEY TARGETS AND AMBITIONS**

- Commissioners providing a system wide overview of the workforce implications for commissioning strategies and risks to delivery;
  
  **WORK IN PROGRESS WHILE CLARITY ON ROLES DEVELOPS**

- The SHA's leadership in jointly developing a strategic workforce plan that delivers on Public Service Agreement targets across sectors.
  
  **PART WAY THERE BUT MORE TO DO**
Key Lines of Enquiry to help the SHA assess whether:

- Workforce planning is successfully integrated with strategic service and financial objectives.
- Workforce planning takes account of the workforce needs of achieving shared/joint targets and ambitions, across HEs & wider partnerships.
- The SHA is providing strategic leadership through work across sectors and support to organisations in the local health economy in respect of workforce planning.
- All health organisations, including the SHA, have appropriate arrangements in place to ensure they have the necessary people, processes and systems to deliver improved performance from the workforce.
Survey returns

• I will send you back a copy of your own return for reference

• SHA will receive a copy of:
  – all returns;
  – summaries by sector; and
  – overall summaries

• This will enable SHA to carry out its own analysis and follow up on particular “hot spots”

• Brief report and action plan for SC SHA January audit committee – no organisations identified by name
Oneplace website

Launched 9\textsuperscript{th} December
Information about outcomes from
public sector spending for all areas
across South Central
Health outcomes data
Financial information for each area
To be updated regularly by
inspectorates including Care
Quality Commission

for an independent overview
of local public services
## Use of Resources

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<tr>
<td>1.1 Planning for financial health</td>
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<td>1.2 Understanding costs and achieving efficiencies</td>
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<td>1.3 Financial reporting</td>
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<td><strong>Governing the business</strong></td>
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<tr>
<td>2.1 Commissioning and procurement</td>
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<td>2.3 Good governance</td>
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<td>2.4 Risk management and internal control</td>
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<td><strong>Managing resources</strong></td>
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*2.1 link to World Class Commissioning
Any questions?

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