Introduction and NESC Update

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Towards a Clinical Change Organisation...

On 01 April the SHA moved towards becoming a clinical change organisation

It is expected that there will be clarity on its visions and values and its strong partnership approach to provide world class training and education.
NESC General Update

• **NESC business plan for the coming year** – in final draft. NESC is required to make a 3% efficiency saving and the SHA has top-sliced the NESC budget by £16m. These pressures on our funding mean that there is a £4 million short-fall for what we do. Staff were asked to think about how they can work smarter and/or differently and to look at innovative ways of doing things.

• **Education Bursary Scheme** – Over 500 applicants for £650k

• **Specialty recruitment** – there is a big emphasis on recruitment to specialties. 50% of undergraduates ultimately go into GP training practices. However more GP training practices are needed

• **Learning & Development Agreement & Education Provider Agreement** – All signed
NESC General Update

• **Academic Health Sciences Centres (AHSCs)** – Oxford has unfortunately not been selected.

• **Health Innovation & Education Clusters** – These have not been very clearly defined but involve having more innovation within education at a local level and partnerships between industry, education & the NHS. Vicky Osgood, with Michael Bannon, leading on behalf of NESC

• **MPET Review and students** – money from Department of Health will now “follow the student”. Interim ‘shadow’ arrangements to be considered this year with roll out 2010/11 (tbc)

• **Annual Learning and Training Directory** – this is currently being compiled and will help all staff to understand the opportunities available to them.
NESC General Update

- **NESC Education Magazine** – issue 1 printed and distributed
- **Graduate Nurses** – by 2015 the first group of all-graduate nurses will enter practice. Career pathways continuing professional development and mentoring could have an effect on a broad range of existing staff.
- **Apprenticeships** – the government have announced plans to increase the number of apprenticeships available in the public sector. 5000 of these will be within the health service and social care. The number of apprenticeships within South Central SHA will increase to 350 compared to the current figure of 62.
- **Commissioner/Provider Split by end of year** – this applies to certain areas of NESC such as the Courses Centre. Separate management accounts must be kept so that our business remains competitive and transparent.
What you tell us you want (SEPs)

• Clearer & more involved role as stakeholders
• Easier & more effective ways to develop new courses
• Financial support from NESC to support Trust projects
• Put Service back in the driving seat
• Plan workforce in Care Pathways
• Strategic Direction: bringing together future service delivery models – linking workforce, education & training...
Big Question...

• So, how do we get the right number of the right type of student onto the right courses – meeting service & patient needs?

AND

• Be confident that they are ‘fit for practice/purpose’ when they finish...
Workforce Planning, Education & Training

How should we change the infrastructure and content of education to ensure the future workforce has the right skills?
Workforce Planning, Education & Training

How should \textit{workforce planning} be done to deliver trainees and a workforce of the right size, structure and skill?
Workforce Planning, Education & Training

How should education be *commissioned and funded* to deliver trainees and a workforce of the right size, structure & skills?
Workforce Planning, Education & Training

How will roles played by healthcare professionals change and what will be the implications for career frameworks?

Lord Darzi’s vision for a world class NHS:

– Fair, Effective, Safe, Locally Accountable AND...

**Personalised** to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice.
How do we communicate in order to address these questions?

• How should we change the *infrastructure* and *content of education* to ensure the future workforce has the right skills?

• How should *workforce planning* be done to deliver trainees and a workforce of the right size, structure and skill?

• How should education be *commissioned and funded* to deliver trainees and a workforce of the right size, structure & skills?

• How will *roles* played by healthcare professionals change and what will be the implications for *career frameworks*?
Informing  Inspiring  Improving