FIT FOR THE FUTURE

A strategy to develop the health care workforce in NHS South Central

2008 - 2013

April 2008
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Introduction

The people of NHS South Central, both patients, taxpayers and staff, want world class healthcare services. This strategy, Fit for the Future, aims to ensure that there is a world class workforce to deliver modern health care that is focussed on what patients’ need and that delivers South Central Strategic Health Authorities (SC SHA) five year aspirations. 1

Patient services are being modernised and improved and the staff that deliver those services need to be responsive and focussed on patient needs. Staff are already developing their skills and competencies, working in different ways, in different settings and across traditional boundaries.

Fit for the Future sets out three strategic themes that frame the future development of the health care workforce. It builds on the Interim Workforce Plan (March 2007) 2 and the views expressed by stakeholders through a series of stakeholder events, questionnaires and feedback on the strategy by leaders in NHS South Central.

The strategy provides a long term strategic framework under which a number of more detailed workforce plans for specific service areas will be developed. The aim is to develop a world class workforce that is competent and has the capacity and capability to deliver excellent health care for the people of South Central, and that meets the needs of health sector employers.

This strategy is about all staff that provide health care, from Nurses and Doctors, to Porters, Estates staff, Managers and Support staff, Allied Health Professionals and Scientists, Pharmacists and Dental teams.

Critical to our success are excellent clinical leaders, effective patient pathway design, and a culture of continuous improvement from our staff. We want to develop a Health service that meets, and exceeds, patients’ expectations and where our staff are proud to work.

In NHS South Central we have recently engaged in the NHS Next Stage Review – Our NHS, Our Future. The review sets out five common principles:3

- Services based on individual needs and choices
- Localise care where possible, centralise where necessary
- Truly integrated care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

Fit for the Future takes these principles and uses them to underpin the development of a world class workforce that will deliver excellence from cradle to grave.

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1 http://www.southcentral.nhs.uk/document_store/11746569421_ha07-032_sc_sha_draft_annual_plan.pdf
Underpinning Assumptions

The assumptions that underpin the strategic themes and the recommendations for action in this strategy relate to demand for health care, financial resources and national health policy. Fit for the Future aims to assess the impact of these assumptions on workforce planning and development over the next five years.

Demand for patient services will continue to grow driven by patient expectations, no waiting, and demographic changes which mean increases in specific patient groups such as older people and people with learning disabilities.

Financial growth will reduce, compared to the high level of investment in health care in the past three years.

National health reforms will continue including the development of world class commissioners, Foundation Trusts, the separation of commissioning and provider functions in PCTs, and the development of alternative health care providers from the independent and third sectors.

The assumptions are:

- Increased activity
- Patient centred services
- No waiting
- Increase in older people
- Increase in community services
- Expansion of diagnostics
- Rise in birth rate
- Staying healthy

- The level of revenue resource growth in the health sector will decrease to an average of 4% real terms growth over the next three years.
- The proportion of revenue spent on workforce will remain at between 60% and 70%.

- Choice
- Local care
- Prevention
- Reducing health inequalities
- High quality services
- Networked Care models
- Strengthening Commissioning
- Foundation Trusts
- Independent and Third Sector
The three strategic themes address the need to increase the quantity of patient services whilst maintaining and continually improving the quality of patient services and within the resources available.

The three themes are:

**Strategic Theme 1 - Capability and Empowerment**

Capability is ensuring that staff are being developed to their full potential, that they are enabled and empowered, rather than hindered, by the systems within which they work.

**Strategic Theme 2 - Capacity from Productivity**

Increasing capacity from productivity means our responsibility to improve efficiency and eliminate waste so we can increase the amount of patient services we can provide without increasing the tax burden.

**Strategic Theme 3 - Competence to Deliver**

For modernisation, reform and redesign of patient pathways and services to be successful we need to develop a workforce with the skills and competencies to deliver what patients need.
Strategic Theme 1

Capability and Empowerment

Capability is ensuring that all staff are being developed to their full potential, that they are enabled and empowered, rather than hindered, by the systems within which they work.

Context

There are three stages to the NHS reform journey. It started with the NHS Plan and focussed on increasing the numbers of Doctors, Nurses and other staff (Appendix A) along with new pay deals and the NHS Career Framework. The next stage has been introducing reform levers – patient choice, the creation of Foundation Trusts, Commissioning Organisations, Payment by Results, Practice Based Commissioning, and SHAs becoming co-terminous with local government offices.

The third stage, which we are entering now, is about transforming services for patients. Patients, staff and public are involved in developing the vision for Our NHS Our Future – the NHS Next Stage Review.

In NHS South Central we want to respond to what matters to patients, what matters to the public and what matters to staff.

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Fig. 1. “Improving Lives for Patients, Staff and Public” Claire Chapman, Director General for Workforce.

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4 Clare Chapman NHS Director General of Workforce, “Improving Lives for Patients, Staff and the Public” Oct 2007 Leading Workforce Thinking Conference. Sources HC, Picker Institute, GP Patient Survey, ISHM, Ipsos, Mori, BMA, NHSI, BMA, Amicus, Unison, NHS Confederation.
There is a recognition that we need to re-establish the purpose and values of the NHS as some of the recent reforms and the language used to describe them are perceived to have distorted the heart of the NHS. We need to establish a new reality – a confident, competent, efficient, caring organisation where clinicians and managers work together, for patients, in mutual respect.

Clinical leadership and engagement is one of the keys to achieving and sustaining change within healthcare systems. Clinical staff are well placed to improve both quality and productivity (Strategic Theme 2) and the NHS Institutes sustainability model recognises their key role in leading change.  

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**Fig. 2.** The Sustainability Model – NHS Institute 2006

The restructuring of SHAs means that SC SHA and South East Coast SHA are now co-terminous with the Government Office of the South East. SC SHA will work in partnership with the Government Office of the South East, the Learning and Skills Council, Skills For Health, Care Services Improvement Partnership and other regional bodies to create regional systems that empower staff.

Employers will need to enable people to work across organisational and sector boundaries to provide joined up co-ordinated care for patients and service users.

In NHS South Central the priorities for workforce reflect those of the four strands of work being led by the Department of Health as part of the "People Matters" review.

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Ref NHS Institute Sustainability model
Fig. 3.  : People Matters Scope  DH 2007

Making it Happen

There are many elements that contribute to developing capability and empowerment the health sector workforce.

- A culture of continuous improvement will be championed and delivered in all patient services. This means investment in training staff in continuous improvement skills, high profile leadership in organisations to empower staff and continuing and expanding the use of improvement techniques and systems thinking throughout NHS South Central. This work has started with the Transforming Care programme of work aimed at sustaining reductions in waiting times.\(^6\)

- PCTs are implementing organisational development plans, as part of the World Class Commissioning programme, which aim to develop PCT commissioning skills and capability. Three PCTs are part of the NHS Institute programme for developing Learning Organisations that continually shape the future by alignment of plans and objectives, engagement, continuous improvement mindset, people development, and collaboration and idea sharing.

- The Knowledge and Skills Framework, part of the Agenda for Change pay deal, guarantees all staff competency based career development. HR Best practice will support employers to implement this system, in a simple and effective way, to benefit both staff and organisational development; and that ensures equality and diversity.

- The Top Leaders Talent management system for NHS SC is being developed which will identify and develop the leaders of the future, with a particular emphasis on enabling medical and other clinical staff to take up Chief Executive and Director roles. This work will support PCTs in developing leadership plans in 2009/10\(^7\).

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\(^6\) NHS SC Transforming Care Programme

\(^7\) NHS Operating Framework 2008/09
Increasingly staff satisfaction is being used as a lead indicator for patient satisfaction and there is evidence that effective team working directly impacts outcomes for patients.  

“Proud to work here” is a development programme aimed at front line managers across four pilot organisations. The programme aims to improve staff engagement by improving the leadership and management skills of managers and thereby improve staff satisfaction, team working and ultimately impact on patient outcomes.

The Regional Health Sector Strategic Alliance, made up of the Learning and Skills Council, NHS South Central, NHS South East Coast, Skills South East and Skills for Health, has agreed a matched funding deal which means that the LSC will match the SHA’s level of investment in staff working at Bands 1 – 4 enabling access to Basic skills, National Vocational Qualifications and Foundation Degrees. The deal is for three years, and in 2008/9 could result in joint investment up to £4m in NHS SC.

The SHA will work with the new Care Quality Commission, which is the new integrated health and adult social care regulator that will be established in March 2009. The Care Quality Commissions’ priority is the safety and quality of care and it will support a system that continuously seeks to improve services.

NHS Education South Central (NESC) will, in partnership with PCTs, Trusts and Education providers, develop a world class education and training organisation to ensure the development of a workforce with the right skills and in the right numbers to support planned changes in service delivery. NESC aims to create a culture of continuous learning and development that unlocks peoples potential enabling them to be the very best.

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8 Ref Prof M West
9 www.nesc.nhs.uk
# Strategic Theme 1 - Action Plan 2008/9

## Capability and Empowerment

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Lead</th>
<th>Delivery Date</th>
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<tbody>
<tr>
<td>Improve Staff Satisfaction</td>
<td>Provider organisations implement staff satisfaction and engagement strategies&lt;br&gt;Proud to Work Here – Staff engagement and Development Programme</td>
<td>Provider Organisations&lt;br&gt;Head of HR Best Practice SHA</td>
<td>May 2008&lt;br&gt;Ongoing 2008</td>
</tr>
<tr>
<td>Integrated care and partnership working, maximising the contribution of the entire workforce</td>
<td>Widening Participation Strategy&lt;br&gt;Matched Funding Deal between Learning and Skills Council, Skills for Health and SC SHA that invests in Staff training and development Bands 1 – 4.&lt;br&gt;Healthy Workplaces (South East Health and Well Being Strategy)&lt;br&gt;Development of integrated, inter professional education and training strategy for Learning Disability</td>
<td>Head of Innovation NESC/provider organisations&lt;br&gt;HR Best Practice Forum&lt;br&gt;Employers, Head of Education Commissioning</td>
<td>April 2008&lt;br&gt;March 2009&lt;br&gt;Ongoing</td>
</tr>
<tr>
<td>Developing staff to their full potential</td>
<td>Implement the Knowledge and Skills Framework&lt;br&gt;Continuing Professional Development strategy</td>
<td>Head of HR Best Practice with employers&lt;br&gt;NESC with employers and education providers</td>
<td>March 2009&lt;br&gt;March 2009</td>
</tr>
<tr>
<td>Equality and human rights strategies</td>
<td>Ensure all plans contain equality and human rights provision</td>
<td>Head of HR Best Practice, HR Directors</td>
<td>March 2009</td>
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<tr>
<td>World Class NHS Education South Central</td>
<td>To develop NESC's strategy to deliver education and training that supports planned service change</td>
<td>NESC PCT CEs Employers Education providers</td>
<td>Ongoing</td>
</tr>
<tr>
<td>To deliver a culture committed to continuous learning and development</td>
<td>SC SHA Service Improvement Strategy</td>
<td>Head of Service Improvement/ All employers NESC All Employers</td>
<td>March 2008 Ongoing</td>
</tr>
<tr>
<td></td>
<td>NESC continuous professional development programmes. Widening participation and access.</td>
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<td></td>
<td>PCTs as Learning organisations</td>
<td>PCT Pilots</td>
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<tr>
<td>Services based on individual needs and choices</td>
<td>Build on the Transforming Care project (End Waiting, Change Lives) to enable and train health sector staff in service improvement tools and techniques.</td>
<td>Head of Service Improvement/ All Employers</td>
<td>March 2009</td>
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<tr>
<td></td>
<td>Embed service improvement in all pre registration training.</td>
<td>Education Commissioning Leadership Team/Employers</td>
<td>December 2008 December 2008</td>
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<td></td>
<td>Clinical Leaders as change agents involved in improving quality.</td>
<td></td>
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<tr>
<td>Employers of Choice</td>
<td>Learning and Development Plans</td>
<td>All Employers</td>
<td>September 2008 September 2007</td>
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<td></td>
<td>Organisational Development Plans (Part of world class commissioning plans)</td>
<td>PCTs</td>
<td></td>
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<td></td>
<td>Healthy workplaces HR Best Practice Staff satisfaction surveys</td>
<td>HR Best Practice Forum</td>
<td>March 2009</td>
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<tr>
<td>Integrated Workforce Planning</td>
<td>Workforce Planning system in SC integrated with World Class Commissioning and financial plans.</td>
<td>Head of Workforce Strategy/ Workforce Planners Learning Network</td>
<td>May 2008</td>
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Strategic Theme 2

Capacity from Productivity

Increasing capacity from productivity means our responsibility to improve efficiency and eliminate waste so we can increase the amount of patient services we can provide without increasing costs or the tax burden. To do this we need to provide services in different ways and manage demand for services so patients receive the right service in the right place at the right time.

Context

Demand for health services is increasing due to patient expectations, the ageing population, the impact of genetics, new treatment advances and a renewed focus on health and well being. Appendix 1 gives a summary of the demographic changes and current age profile of the workforce in NHS South central.

When assessing health demand we need to take account not only of population growth, but also changes to morbidity, expansion in the range of treatments and public expectations.

For instance older people tend to have higher GP consultation rates than others (see Fig:4). The population of the UK aged over 65 grew by 31% from 7.4m to 9.7m over the past 35 years – this potentially affects both demand for health services and also the supply of adult workers.

![Consultation rates for GP consultations by age group](image)

**Fig.4** Consultation rates for GP Consultation by age group

The level of revenue resource growth in the health sector from the recent central spending review has set an average of 4% real terms growth over the next three years (2008/9 – 2010/11) this is a significant reduction in growth compared to previous years. In addition NHS organisations are required to deliver financial surpluses to enable stable development of services over the coming years.

Work patterns and roles of clinical and support staff need to be reviewed and changes planned for the reduction in workforce capacity that will result (estimated at 14% for medical workforce) from compliance with the Working Time Directive 48 hour working limit by 2009.

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10 DH Workforce Demand Dec 2007 S. Peck
In addition the changes to the training of Junior Doctors, Modernising Medical Careers, mean that there is a reduction in time trainees contribute to patient care and provider organisations are tackling this gap through efficiency and productivity improvements.

There are service areas where capacity does not meet patients needs, for instance specialist paediatric areas such as Speech and Language Therapy and Physiotherapy, and workforce planners will work with service commissioners to ensure the right supply of key professionals, to deliver Commissioners plans.

Until very recently workforce supply forecasts have assumed a reduction in the potential UK workforce pool resulting from the shift in the age distribution of the population, meaning a greater proportion of older workers. However, recent and unexpected levels of European migration have changed this picture, at least for the next three to five years and may offset the predicted decline in the workforce due to retirements. Alongside which birth rate predictions have been revised as the UK birth rate is now rising.\(^\text{11}\) Fig:5.

In NHS South Central the birth rate has risen in the last three years and clearly additional capacity is needed in maternity and neonatal services to respond to this.

\(^{11}\) Workforce Review Team Midwifery Workforce Proforma
Other factors affecting workforce supply include local labour markets, in some parts of NHS South Central it is difficult to attract non-state registered staff such as health care assistants.

Participation rates i.e. people opting to work part-time, are changing with increases in part time working, particularly in the medical workforce, predicted. This means that more individuals need to be trained to supply the same number of whole time equivalents.

The current skill mix profile (as at September 2007) for all staff employed by PCTs and NHS Trusts in NHS South Central is shown in fig. 7. The workforce is mapped using pay scales against career framework levels. The career framework modelling tool, developed by SC SHA is available to all Trusts and PCTs and enables analysis of skill mix profiles and comparison between organisations. This type of modelling enables organisations to identify opportunities for changing skill mix and improving productivity.

![Fig. 7: NHS South Central All Staff Employed by PCTs and NHS Trusts by Band (September 2007)](image)

<table>
<thead>
<tr>
<th>Band</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Total</th>
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<tr>
<td>WTE</td>
<td>2063</td>
<td>9332</td>
<td>7237</td>
<td>4747</td>
<td>13387</td>
<td>9808</td>
<td>8565</td>
<td>4373</td>
<td>2492</td>
<td>62004</td>
</tr>
<tr>
<td>%</td>
<td>3.3%</td>
<td>15.1%</td>
<td>11.7%</td>
<td>7.7%</td>
<td>21.6%</td>
<td>15.8%</td>
<td>13.8%</td>
<td>7.1%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

**Making it Happen**

- Improvements in workforce productivity can be found by addressing the waste that results from patient pathways that have not been regularly reviewed and that may be fragmented and unnecessarily complex. Redesign of patient pathways will result in extended and new roles that are better for patients and make best use of staff skills and time.

- Clinical pathways are being redesigned across South Central as part of transforming care under the End Waiting Change Lives programme. As pathways are designed the competences required to provide care along the patient journey are being analysed and opportunities for extended roles and
new ways of working identified. This pilot work will result in a workforce modelling tool that can be applied in South Central to patient pathways in different care groups.

- The HR Best Practice Forum will continue the focus on excellence in Human Resource management systems that aim to tackle staff absence, reduce turnover and minimise unplanned use of agency, bank and overtime. Appendix 2. In NHS SC Benchmarking across organisations, using tools such as the Accountability Framework\textsuperscript{12} and the Better Care Better Value national indicators\textsuperscript{13} will support HR improvements.

- New technology is being introduced throughout NHS SC over the next 5 years. Working practices and roles need to be modernised and changed to realise the productivity benefit of the advances in computerised patient records, medicines management, digital imaging, patient booking systems and electronic staff records.

- The benefits and flexibility created by pay modernisation (the NHS Career framework and the Knowledge and skills framework) mean it is easier to focus on specific skills and competencies needed in a service than be bound by traditional professional roles. Using these new flexibilities will enable transformation of services, role development and substitution of roles where this increases capacity and maintains or raises clinical standards.\textsuperscript{14}

- The acuity/dependency tool\textsuperscript{15} has been developed to help NHS hospitals measure patient acuity and dependency and inform evidence-based decision making on nursing staffing and workforce. This will be linked to evidence based work to identify the most effective skill mix that delivers the best outcomes for patients and good value for money by service area. As the evidence base is developed organisations will be able to benchmark their skill mix with comparable services and the SHA will support sharing best practice across South Central.

\textsuperscript{12} NHS South Central Accountability Framework – HR Best Practice
\textsuperscript{13} \url{http://www.productivity.nhs.uk}
\textsuperscript{14} \url{http://www.kingsfund.org.uk/publications/kings_fund_publications/realising_the.html}
\textsuperscript{15} \url{http://www.aukuh.org.uk/members/PCP.htm}
## Strategic Theme 2 – Action Plan 2008/9

Capacity from Productivity

<table>
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<th>Strategy</th>
<th>Action</th>
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<th>Delivery Date</th>
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</thead>
<tbody>
<tr>
<td>Service Improvement Strategy</td>
<td>Implementation of new patient pathways, measurement of productivity gains. Work with NHS Institute on Care Outside Hospital Programme and Better Care Better Value</td>
<td>Head of Service Improvement PCTs Employers</td>
<td>March 2009</td>
</tr>
<tr>
<td>Patient pathway redesign</td>
<td>Mapping of competencies against patient pathways and knowledge sharing of opportunities for extended practice and role substitution. (part of Transforming Care Programme)</td>
<td>PCTs Employers</td>
<td>Sept 2008 (pilot)</td>
</tr>
<tr>
<td>Improved Human Resource management</td>
<td>Accountability framework and benchmarking collaborative for key HR indicators. SC HR and workforce networks established.</td>
<td>SHA and HR Directors</td>
<td>March 2008</td>
</tr>
<tr>
<td>Maximise the benefits of new technology</td>
<td>Full utilisation of electronic staff record system to maximise benefits; including e-recruitment, e-advertising, rostering systems, attendance management.</td>
<td>Employers/Head of HR Best Practice</td>
<td>December 2008</td>
</tr>
<tr>
<td>Realising the benefits of pay modernisation</td>
<td>Facilitate and reinforce improvements in staff skills, roles and motivation, leading to improved patient care.</td>
<td>Employers</td>
<td>March 2009</td>
</tr>
<tr>
<td>Implement European working time directive</td>
<td>Review work patterns and roles of clinical and support staff. Organisational plans in place to meet 48 hour working limit by 2009</td>
<td>Employers</td>
<td>April 2008</td>
</tr>
<tr>
<td>Productive Skill Mix</td>
<td>The Acuity/Dependency tool pilot benchmarking project</td>
<td>SHA with Employers</td>
<td>September 2008</td>
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Strategic Theme 3

Competence to Deliver

For modernisation, reform and redesign of patient pathways and services to be successful we need to develop a workforce with the skills and competencies to deliver what patients need. Including getting the basics right, reducing health care acquired infections, and providing safe and high standards of clinical care.

Context

The NHS Next Stage Review, Our NHS Our Future, focuses on eight clinical pathways. These pathways encompass care from cradle to grave and are divided into 8 groups.¹⁶

As the vision for NHS South Central is developed the training and development needs of the current and future workforce in each of these care areas will be described.

Fig 8: NHS Next Stage Review “Our NHS Our Future” 8 Clinical Pathway Groups

Initial workforce themes from clinical pathway groups include:

- Skills development throughout the workforce in preventative health care
- Changing attitudes and behaviours – more patient centric and customer care
- Skills and competencies for staff working with long term conditions
- Effective leadership
- More staff in primary care and community settings
- Timely access to therapy services (OT, Physiotherapy, Speech and language therapy, Psychology)
- Increase in particular staff groups e.g. Emergency care practitioners, Midwives

¹⁶http://www.ournhs.nhs.uk
It is clear that we need more people with skills in preventative health care, more people who understand the complexities of treating and caring for people with long term conditions and more people who can provide care closer to home.

Currently 61% of the workforce in South Central is employed by acute hospitals (Fig. 9). As the shift to care being localised where possible and centralised when necessary, staff will need to work in different settings and the balance of where staff are employed and work will change to reflect this. It is important to anticipate and support this shift by training and development of both the existing workforce, and new staff in training, and to ensure that clinical governance and patient safety are maintained.

![Fig.9: % of Staff Currently Employed in Different Settings in NHS SC](Image)

To enable the service changes needed to deliver health system reforms managers and leaders also need different skills and competencies, such as commissioning skills, procurement and tendering skills, business planning and market management.\(^{17}\)

With the implementation of agenda for change and the NHS Career Framework it is now possible to much more effectively understand current skill mix and identify opportunities for change. At an individual level the Knowledge and Skills Framework, which is a competency based tool, can be used by managers and staff to identify development and training needs. Individual members of staff will increasingly be working in patients homes and outside of large hospital settings this will require different approaches to clinical governance and competency assessment.

To enable the changes and improvements to patient services envisioned by the Next Stage Review – Our NHS Our Future, the health workforce needs skills, competencies and opportunities for development, Fig 10.

The importance of improvements in the working lives of staff will be reflected in the NHS SC Next Stage Review Vision which will make six commitments to staff to ensure they are involved and empowered to make service improvements and improve the quality of patient care.

\(^{17}\) [HttpGet](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080958)
Modernising Medical Careers (MMC) is the ongoing reform of post graduate medical training, one of whose aims is to increase care delivered by fully qualified doctors. In the short to medium term there may be a significant gaps to address, in some specialties, due to the reduction in the time trainee doctors contribute to direct patient care.

In the longer term we need to manage the possible oversupply in some specialties, such as surgery, and the possible undersupply in others such as Psychiatry and General Practitioners.

To ensure that we have a workforce that meets service needs workforce planning competencies and capability need to be improved and workforce planning integrated with service and financial planning. Ref Health Select Committee report into workforce planning. In addition Commissioners and Employers need to engage with Local Authorities and social care provision to plan local workforces and enable people to work across health and social care boundaries.

**Making it Happen**

- To ensure that we have a workforce with the skills and competencies to deliver what patients need all stakeholders in South Central have a contribution to make in planning and developing the workforce. Workforce planning needs to consider short, medium and long term demand and supply issues, from a national, regional and local perspective.

- Each of the 8 clinical care pathway groups for the NHS Next Stage Review will produce a future vision for services. Workforce is one of the enablers to achieving these visions and SC SHA, with others such as commissioners,

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**Fig.10** : The Workforce to Enable Our NHS Our Future Vision for Patients
employers and clinical networks, will lead the strategic workforce planning that will mean we have a workforce that can deliver these visions.

- The SC SHA will, in addition to this overarching Workforce Strategy, produce an annual more detailed workforce action plan that will reflect the Next Stage Review priorities, and also the priorities of local health communities as described in the World Class Commissioning Strategic Plans and the SC SHA Strategic Plan.

![NHS SC Workforce Planning Model](image)

**Fig. 11** NHS SC Workforce Planning Model

- NHS Education South Central (NESC) will commission non-medical undergraduate education that is responsive and flexible enough to meet changing service needs. NESC will develop post-graduate Medical workforce training and development plans and continue to provide and support postgraduate medical workforce training. NESC will also work with stakeholders to pioneer innovative and best practice models of workforce development.

- The SC SHA will work with Health service Commissioners to produce workforce impact assessments for each locality that analyse the impact of strategic commissioning plans on the workforce and support decisions about longer term workforce planning and education and training investment. These locality workforce impact assessments will also need to take account of the joint strategic needs assessment and Local Area Agreements developed with Local Authorities.

- Annually Commissioners will need to reconcile service, financial and workforce plans into an integrated operational plan, so that they can ensure Providers
can deliver contracted services, sustain services for the duration of the contract and that the services commissioned are safe and patient centric.

- Service Providers will continue to produce 1 year operationally focussed workforce plans. They will also need to develop medium term Integrated Workforce plans for their organisations that reflect medium term financial and service plans and longer term business strategies.\(^\text{19}\)

- Foundation Trusts, Third Sector and Independent Sector providers will contribute their intelligence to strategic workforce planning decisions in South Central from their own internal business planning system.

- Joint workforce planning with other partners and agencies is happening in practice in many services – particularly mental health and learning disability services. In NHS SC we need to realise the benefits of more joined up workforce planning and respond to particular challenges such as; at the interface between health and social care, health and criminal justice and health and children's services.

- All of these elements will inform our collective decisions about where we invest education and training money, including what the balance of investment should be between existing and new staff, so that we can grasp the potential of education as a lever for service improvement.\(^\text{20}\)

- The SC SHA will also work with employers to manage over or under supply of particular staff groups and support the development of workforce planning skills and capacity at all levels in the NHS.

- Detailed analysis of medical specialties supply (taking account of training numbers, retirement rates, part time working etc) and demand from Strategic Commissioning Plans (both investment levels and service models) will be carried out by the SHA and NESC. The high demand anticipated in NHS SC over the next 2-3 years for medical training places in organisations, resulting from the increase in undergraduate medical trainees, will be managed jointly with PCTs, NHS Trusts and the Oxford and Wessex Deaneries in NESC.

- In NHS SC we will use the NHS Career framework as a focus for workforce development. For instance an Assistant Practitioner Development Steering group will work on the development of staff at Bands 3 and 4 of the career framework. The purpose will be to ensure that we are getting the maximum benefit from working collectively to develop skills and competencies that deliver redesigned clinical pathways. In addition employers will know that staff have been trained to an agreed standard and level and staff will be able to move between organisations without having to retrain unnecessarily.

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\(^{20}\) [http://www.ournhs.nhs.uk](http://www.ournhs.nhs.uk)
### Strategic Theme 3 – Action Plans 2008/9

**Competence to Deliver**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Lead</th>
<th>Delivery Date</th>
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<tr>
<td>Our NHS Our Future next stage review – Transforming Services</td>
<td>Workforce development plans that support the clinical pathways developed by each of the clinical care pathway groups:</td>
<td></td>
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<tr>
<td></td>
<td>Maternity and Newborn including for example: Maternity Matters Workforce Plans, Neonatal workforce plan</td>
<td>Head of Workforce Strategy with Clinical network and locality groups</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td>Children Including for example: Therapy workforce plan, School Nursing and Health Visiting</td>
<td>Head of Workforce Strategy with Clinical network and locality groups</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td>Staying Healthy -Skills development in preventative care</td>
<td>To be confirmed</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>Mental health Including Psychological Therapies workforce plan</td>
<td>Head of Workforce Strategy with Clinical network and locality groups</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td>Acute care</td>
<td>Head of Workforce Strategy with Clinical and locality groups</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td>Planned care</td>
<td>To be Confirmed</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>Long Term Conditions including for example: Stroke workforce review, COPD, diabetes, MS and Learning Disability</td>
<td>Head of Workforce Strategy with Clinical network and locality groups</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td>End of Life care</td>
<td>To be confirmed</td>
<td>TBC</td>
</tr>
<tr>
<td>Localise care where possible, centralise where necessary</td>
<td>Workforce plan to deliver Community and Primary Care developments</td>
<td>Head of Workforce Strategy/Employers/NESC Primary Care Task Force</td>
<td>September 2008</td>
</tr>
<tr>
<td>Workforce planning</td>
<td>Develop new structure and processes at all levels to deliver effective workforce planning and commissioning of education. Develop workforce planning skills and capability. Each PCT to develop a local workforce impact assessment from strategic commissioning plans</td>
<td>SHA NESC PCTS Employers</td>
<td>May 2008</td>
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<tr>
<td>Medical Workforce Supply and demand Modelling</td>
<td>Medical workforce analysis by specialty, identification of risks of over or under supply. Action plans with organisations to manage demand for training places.</td>
<td>NESC/SHA/PCTS NESC/Employers</td>
<td>May 2008</td>
</tr>
<tr>
<td>Education commissioning plans 2009/10</td>
<td>Ensure curriculum for basic training supports the requirements of modernised patient pathways. Ensure commissioning plans reflect service needs</td>
<td>NESC/SHA/Employers</td>
<td>December 2008</td>
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<tr>
<td>Widening Participation</td>
<td>Basic skills programmes Foundation degrees/NVQS Customer Care Infection Control and patient safety</td>
<td>NESC/Employers</td>
<td>July 2008</td>
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<td>Framework Band 5 - 6</td>
<td>New graduates talent pool preceptorship/guaranteed employment Infection control and patient safety</td>
<td>NESC/Employers</td>
<td>May 2008</td>
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<td>Framework Band 7 - 9</td>
<td>Continuing Professional Development Advanced Practice – developing the role of Modern Matrons Clinical Leadership</td>
<td>NESC/SHA Leadership team Head of Clinical Standards/Employers</td>
<td>July 2008</td>
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Appendix 1  The Workforce in NHS South Central

Facts and Figures

Population Demographic changes

The structure of the UK population is changing. Although the population grew by 8% in the last 35 years, from 55.9 million in 1971 to 60.6 million in mid-2006, this change has not occurred evenly across all age groups. The population aged over 65 grew by 31% from 7.4 to 9.7 million, whilst population under 16 declined by 19%, from 14.2 million to 11.5 million.

Population ageing is anticipated to continue during the first half of this century. The rise in the population aged 65 and over is set to continue as the large numbers of people born after the Second World War and during the 1960s baby boom age. As the baby boomers move into retirement, they will be replaced in the working age population by smaller numbers of people born since the 1960s. Even though fertility has risen recently, the number of people being born is still less than was the case in the 1960s.\(^{21}\)

Population ageing would impact on workforce though increasing retirement rates among existing staff, and a reduction in the pool of candidates who could enter the workforce or training pathways on leaving school.

Labour Market

Although we can describe the labour market across the South East (South Central SHA and South East Coast SHA) the impact of labour market factors is very localised to individual organisations for instance some areas report difficulty recruiting finance, IT or administrative staff due to competition with other private sector employers.

The total employment in the South East from the Winter 2004 survey was 4,058,000 of which 256,410 are in the health sector. This is 6.3% of the total workforce in the South East.

The health sector has a lower than average number of employers in small businesses (1 – 10 employees) with a higher than average number of employers in the medium (11 – 49 employees) and large businesses (50+).

Around 70% of employees are currently employed in NHS Trusts; 11% in medical practices; 4% in dental practices and 15% in other health activities.

The workforce is predominantly female at 80%, with 40% of employees being part time.

Unemployment levels in the South East are at 4% compared to the UK average of 5.2% (labour force survey ONS 2002).

\(^{21}\) [www.statistics.gov.uk](http://www.statistics.gov.uk) (05/10/2007)
Age Profile

Medical Workforce

The data shown in the following graph is taken from data collected as part of the NHS staff census and reflects the situation as at 30th September 2006.

**Fig 1: Age Profile Medical Workforce NHS South Central**

![Graph showing age profile of medical workforce](image)

The age profile of the medical workforce (excluding GPs) in South Central is shown in fig.1 there are 200 Doctors over 60 years. The GP workforce has 139 Doctors over 60 years which is 5% of the current workforce.

Nursing Workforce

The NHS in general has an ageing workforce. Over 10% the nursing workforce in NHS South Central is aged over 45.

The age profile of the nursing workforce in NHS South Central mirrors that of the national age profile for the nursing workforce (Figs 2,3,4), apart from school nursing where the age profile is slightly older in NHS South Central than nationally.

There is a large number of paediatric nurses aged 25 to 29 and there are broad historical trends for newly qualified nurses to enter paediatric and adult/acute/general nursing and for an older age profile among nurses working in the community. However, this is changing, as recently qualified nurses are increasingly being employed in the community.

Based on the 2006 NHS IC Census, nationally a third of district nurses, over a third of health visitors and nearly a fifth of community matrons are aged 50 or over.

IN NHS South Central a Primary Care Task force has been set up at NHS Education South Central to ensure there is capacity and capability to deliver services in primary care.

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22 2006 Census Data, Information Centre
Fig 2: NHS South Central Nursing Age Profile by Specialty

Fig 3: Age Profile Nursing Workforce NHS South Central
Fig 4: Age distribution of nurses within the NHS England.

Ethnicity and Gender Profiles

Fig 5. shows the ethnicity of the workforce in NHS South Central as at October 2007 with 75% of the workforce being white. This compares with other SHAs where the highest number of white employees is 94% (North East) and the lowest (London) 66% white.\(^\text{23} \text{ 24}\)

The aspiration is that the diversity of the workforce should reflect the diversity of the local population that it serves and the 2008 NHS Operating Framework requires NHS employers to ensure this.

\(^{23}\) Skills for Health LMI SE Report – draft May 2007
\(^{24}\) Attracting Talent: the role of migrant workers in the healthcare sector Skills for Health Jan 2007
Fig 5: NHS South Central Ethnicity by FTE at October 2007

There are significantly higher numbers of female workers in NHS South Central than male as shown in Fig 6. This is similar to other SHAs which range from the highest proportion of female workers at 82% in E Midlands to the lowest 73% in Greater London. In NHS South Central there are 77% female to 23% male workers.

Fig 6. The Age and Gender profile by FTE in NHS South Central Oct 2007
Staffing Trends

The staffing trends in NHS South Central are shown in Fig 7. below. There has been steady growth reported via the annual staff census. The reduction in 2006 is due to improved data quality in the year that the electronic staff record was introduced and does not show a real decrease in staff working in the NHS.

**Workforce Headcount by Group**

- Practice staff other than nurses
- Other non-medical staff and those with unknown classification
- NHS infrastructure support
- Support to Clinical Staff
- Qualified ambulance staff
- Total qualified scientific, therapeutic & technical staff
- All qualified nurses (including practice nurses)
- All doctors
Appendix 2  Productivity and HR Best Practice

Sickness Absence

Sickness absence rates, or percentage of time lost for Trusts and PCTs in NHS South Central are shown as a snapshot at September 2007 against the SHA Benchmark level of 4% and in that month the range was from 2.7% to 6.3%. The CIPD Absence Management Survey 2006 shows that on average the sickness rate within public sector Healthcare organisations is reported at 4.6% (this is compared to the UK average of 3.4%) and estimates that the cost of employee absence per person is approximately £558 per year.

![Fig 7: Sickness Absence, excluding Foundation Trusts as at September 2007](image)

Turnover Rates

Staff turnover incurs costs related to recruitment, training and reduced productivity. It is estimated nationally\(^{26}\) that each 1% reduction in turnover saves 1% on pay bill in cash and efficiency costs. A 1% reduction in turnover in NHS South Central would equate to an estimated £20 million saved.

The turnover rates shown below range from 7.6% to 20.3% against an SHA benchmark of 15% - clearly there is the potential to reduce the costs of turnover in some services. Turnover is one of the productivity metrics used by the SHA and Trusts for benchmarking as part of the NHS SC accountability framework.

![Fig 8: Turnover Rates, excluding Foundation Trusts as at September 2007](image)

\(^{25}\) Source SC SHA Monitoring Data Collection

\(^{26}\) DH Productivity metrics 2006/7

\(^{27}\) Source SC SHA Monitoring Data Collection
Agency Staff Spend

Across the NHS the amount spent on agency staff has risen steadily reaching an estimated £1.3 billion in 2004/5 or 2.4% of total pay bill. Fig. 9 shows the comparative agency staff spend as a % of total staff spend for PCTs and Trusts in NHS South Central (excluding Foundation Trusts). The range is from 4.1% to 1.3% against a benchmark of 2%.

Fig 9: Agency Costs as % of Total Pay Bill, excluding Foundation Trusts as at September 2007

28 Productivity Metrics DH
29 Source SC SHA Monitoring Data Collection
Appendix 3  Multi Professional Education and Training Levy
Investment

The annual budget for NHS Education South Central in 2007/8 was £264m. This money is centrally allocated by the Department of Health to each SHA and is called the Multi Professional Education and Training Levy or MPET. In SC SHA the money was allocated as shown in Fig 10.

Fig. 10     2007/8 MPET Spending in NHS South Central

The components of MPET spending in NHS SC are: Medical and Dental Education Levy (MADEL), Service Increment for Training (SIFT), Non Medical Education and training (NMET), Student Grant Unit (SGU), Projects and developments and management costs.

MPET is used to support strategic investment in education, training and development of the health sector workforce. A service level agreement between the Department of Health and the SHAs details the expectations and key performance indicators for the four areas of:

- Undergraduate medical education placement funding
- Postgraduate medical education funding
- Non-medical education funding
- National hosted activities

NHS South Central is host to the national Workforce Review Team which is based in Winchester.

The Learning and Development agreement (LDA) is a comprehensive agreement between the SHA/NESC and service provider organisations supporting professional healthcare education. The LDA aims to secure the quality and capacity of practice learning for health care programmes and to provide a mechanism to manage and improve quality.

The investment plans for 2008/09 will be published in June 2008.
### Appendix 4  Education Commissioning Intentions 2008/9

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<td>Midwifery - 18 month</td>
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<td>32</td>
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The table shows the non-medical undergraduate education commissioning numbers for 2008/09 by profession. The majority of training courses are 3 years in length so these numbers of students, minus student attrition, will out turn in 2011/12.