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Shaping the Future  
The Workforce Strategy 2010 – 15

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Key documents online at:  
www.workforce.southcentral.nhs.uk
Shaping the Future
The Workforce Strategy 2010 – 15

This strategy is about people. The doctors, nurses, porters, estates staff, managers and support staff, allied health professionals and scientists, pharmacists and dental teams who work every day to make a difference for patients, clients, their families and friends.

This Workforce Strategy is a major workstream essential for the delivery of the overall South Central Shaping the Future programme and the Strategic Health Authority’s (SHA’s) 12 ambitions for health1 that will drive the quality and productivity improvements. Shaping the Future is an integrated programme, led by the local NHS to deliver quality, harness innovation, improve productivity and build in prevention.

Our first step is to take action now and to focus on driving up quality, increasing patient safety, and chasing waste and variation out of the system.

Shaping the Future – the Workforce Strategy 2010 – 15, has been developed against the backdrop of a tight financial climate not just for health and social care, but for the UK economy in general. While there are undeniably tough times ahead, as the NHS feels the impact of the global economic challenge, this strategy looks to take us through the next five years.

A great deal of work has been done to ensure that the Shaping the Future programme and this Workforce Strategy are built on reliable demographic information, evidence of best practice, and our understanding of long-term trends.

This strategy then must deal with the reality that we understand, and plan for what is yet to be realised. Our first step is to take action now and to focus on driving up quality, increasing patient safety, and chasing waste and variation out of the system. We must also keep in mind our longer-term ambitions and make education and training investments that build the workforce that we need for five years and beyond.

We know that people who work in healthcare want to provide consistently excellent care, be productive and deliver good value for the public. We want to create new opportunities for our staff to have rich careers and opportunities for personal and professional development as we transform services.

This strategy aims to set out a sustainable, robust framework that will still be relevant in five years time. We have kept it simple and straightforward – I think we have done a great job – I hope you do too.

Andrea Young
Chief Executive, NHS South Central
Figure 1: Map of NHS South Central, PCTs and trusts
introduction

A workforce for the future

*Shaping the Future – the Workforce Strategy 2010 – 15,* sets out a strategic framework for the NHS workforce in South Central for the next five years.

The strategy is designed to address six big **strategic challenges**. Challenges that will help the NHS deliver high quality, safe, patient care within a tight economic climate. Our six challenges were identified by leaders from the local NHS, education, the voluntary sector and social care.

Our **commitments** set out our response to the strategic challenges, and how these will be achieved is described more fully in the **pledges** that have been decided by a wide group of stakeholders from providers and commissioners across the NHS, social care and education sectors.

**Workforce planning and development is complex. It involves a web of stakeholders all of whom must understand their role and responsibility in the delivery of this strategy.**

This strategy has therefore been developed and designed by the people who have a deep understanding of the needs of patients and the public in South Central, and the context in which we work.

By accepting that we are working in a challenging financial environment we will not compromise on quality or patient safety and we will continue to strive to meet the expectations of patients and the public.

We recognise that delivering quality, getting it right first time, is best for patients and the most economic option of all. Only by involving patients, the public, our staff and stakeholders in implementing this strategy will this be possible.

Workforce planning and development is complex. It involves a web of stakeholders all of whom must understand their role and responsibility in the delivery of this strategy. Silo working that ignores the needs of the wider health and social care system is not an option.

The role of the Strategic Health Authority is to lead, support and innovate in workforce planning and development across the health system, but it is also our role to hold organisations to account for delivering the pledges that we have made together in this strategy.

This strategy then provides the framework for the development of the workforce in NHS South Central. We aspire to exceed national standards by working collaboratively across the region to deliver the best care we possibly can for patients. The strategy provides the clarity and direction for its delivery. I look forward to working with you to make it happen.

**Katherine Fenton**

Director of Clinical Standards and Workforce, NHS South Central
executive summary

What will the workforce of the future look like?

Today and tomorrow, improved quality in patient care will be delivered against the backdrop of considerable financial challenge, and the drive for increased productivity and improved quality of care. As society changes, and the population ages, there will be an increased demand for health services and public and patient expectations will increase.

Yet healthcare services will be delivered without the levels of investment that have been seen over the past ten years.

Annual operating plans set out in detail the projected workforce (numbers, by profession and skill mix) for the next financial year. Whilst it is not possible to determine the staff we will need in 2015 and beyond to this level of accuracy, we will put in place a collaborative approach between the SHA, commissioners, service and education providers to plan and then develop the workforce to deliver the necessary changes in the long-term. This will include modelling different demand and costed skill mix scenarios which will then inform commissioning of the workforce and education programmes.

The combined financial and demographic challenges mean there will be relatively fewer staff providing care, for more people, with more complex needs in changing healthcare settings. There will be fewer but more highly skilled staff employed dealing with people who are acutely ill and more staff will be community based working to help people manage their own conditions, as far as possible. Staff will be more skilled in prevention of ill-health aiming to prevent the development of long term conditions.

To meet these challenges the workforce in NHS South Central needs to be more focused on prevention and more productive, whilst demonstrating better quality outcomes to meet the quality and productivity challenge.

Delivering healthcare closer to home will require the development of community based teams with individual staff members having greater autonomy and less direct supervision. This means staff will work in more flexible ways across organisational and professional boundaries.

NHS South Central plans to change healthcare services, in the following ways, by:

- Providing more care closer to home
- Reducing the number of acute beds
- Standardising patient care pathways
- Investing in prevention and staying healthy
- Managing long term conditions in the community
- Providing high quality end of life care at home
- Reducing hospital admissions and attendances
- Investing in technology that reduces the need for patients to travel
- Managing learning disability and continuing care budgets with local partners
- Collaborating with social services and the third sector on the commissioning and delivery of patient services.

For full References see pages 58 – 59
For the past three years staff costs have increased\(^3\) whilst there has been no overall change to the relative skill mix across the healthcare professions; this is unsustainable. Working with relatively fewer staff to deliver the new services will need a reassessment of the numbers and skills of our staff to ensure that our services remain affordable yet continue to deliver high quality and safe patient care.

New ways of working will mean increasing the number of highly competent support staff and increasing the efficient use of our expert clinical staff in selected areas of practice\(^3\). An example would be in maternity services, where traditionally all areas of care have been provided predominantly by midwives. The current strategy based on evidence tells us that women need 1:1 care in labour by a midwife but that postnatal care can be provided to a high quality by maternity care assistants. This requires a change in the way we commission student numbers and pre and postgraduate education programmes (see case study p39).

The Community Acute Service at Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMH) is exceeding its targets thanks to a complete redesign of the service using lean principles. Lean production practices aim to take out any steps in a process that do not add value for the customer. Lean is becoming an established technique in the NHS for improving services and one that OBMH is using throughout the organisation.

The Community Acute Service is a multi-professional team dealing with patients experiencing acute psychiatric distress in a variety of settings. Prior to transformation work the service was unable to cope with the demands placed upon it and had never managed to meet commissioned targets.

The first step in the lean process was for an independent observer to arrange several meetings involving CAS staff and representatives of each of the Community Mental Health Teams and wards. Real cases were reviewed, seeking to understand how best to organise the service to meet the needs of the different clients. The discussion of real cases led to a model that assigned service users into ‘families’ or ‘types’ according to need, not diagnosis. ‘Patient typing’ helped CAS to become far clearer about their purpose: to help people in acute psychiatric distress, look for alternatives to admission and facilitate discharge.

Now, CAS is a transformed service. More and more highly skilled and motivated staff are joining CAS and they are increasingly finding imaginative solutions to the challenges of meeting people’s needs. Performance of the CAS team measured by patient cases is now exceeding targets and staff are proud and pleased to have driven the changes.

The combined financial and demographic challenges mean there will be relatively fewer staff providing care, for more people, with more complex needs in changing healthcare settings.
Clinical and other leaders must be relentless in their drive for improvement. Leaders must demonstrate their commitment to change by leading by example, being accountable and being open to change.

Management and back office staff, as they are currently configured, will be unaffordable in the future. As patient care is the priority, consideration will be given to making efficiency savings in this area in order to secure as much funding as possible directed towards front line services.

If staff are to provide outstanding care and adapt to these new ways of working they deserve the best education possible. It is vital that staff have the right knowledge, skills and attitudes appropriate for each and every role across our services. These should be transferrable across all health and social care sectors as care pathways develop. There is increasing evidence that patient mortality is lower in organisations where staff are happy and well supported.

Educational pathways need to support the principle of life long learning, have flexible entry and exit routes and, as education commissioners, South Central SHA needs to commission high quality educational programmes that meet service demands.

**Executive Summary**

By implementing excellent human resource management across all organisations we will contribute to Shaping the Future by:

- Ensuring best management practices and effective team-based working to increase productivity
- Re-profiling skill mix to reduce average labour costs, including reduction in agency staff, locums and overtime
- Developing flexible employment contracts and flexible staffing models that do not attract higher pay rates
- Flexible retirement options to reduce staffing levels
- Reducing sickness absence.

There is increasing evidence that patient mortality is lower in organisations where staff are happy and well supported.

NHS South Central will ensure that the staff we attract tomorrow reflect our population in terms of their socio-economic background and cultural diversity, so that the health needs of the people it serves are met.

Organisations must play their part in ensuring maximum efficiency and productivity from their staff by delivering excellent human resource management and best practice, and by setting realistic plans where workforce is aligned with service planning and finance, and managed across the region.

*3. Strategic Challenge 4 p35  
4. Strategic Challenge 6 p45  
5. Strategic Challenge 5 p41  
6. Strategic Challenge 3 p32  
8. Strategic Challenge 1 p21  
9. Strategic Challenge 2 p26*
What are we doing about it?

This strategy is intended to provide a framework for NHS South Central, the SHA, service commissioners, service and education providers to move from producing annual short-term plans towards planning and developing the workforce over a longer term of 3 – 10 years.

Through extensive consultation and development, the strategy provides a direct “line of sight” between the SHA Strategy Towards a Healthier Future and local staff. It sets out the case for change, identifies six major challenges and describes what collectively we will do to address them. How we address the challenges is detailed in our key commitments, and the actions required by each of the partners, (SHA, commissioners, providers and staff) is highlighted through a series of pledges.

Line of sight between SHA priorities and staff
Executive Summary

How our commitments will help meet the challenges we face

**STRATEGIC CHALLENGES**

- **Share the Journey:** Engage Patients, Carers and Staff
- **Plan and Prepare:** Manage the Change
- **Integrate and Align:** Design a Joint Future
- **Tighten Up Business:** Drive up Quality and Value
- **Step up Flexibility:** Develop the Workforce
- **Be Accountable:** Focus Leadership

**COMMITMENTS**

1. Ensure best value for money from the workforce.

2. Actively plan the workforce and prepare intelligently for the forecast increase in demand, and reduction in spending.

3. Develop a more flexible and responsive workforce.

4. Integrate workforce planning and take a system wide perspective.

5. Support new ways of working and modernise careers.

6. Ensure organisations commit to the Skills Pledge.


8. Ensure high quality education.

9. Meet the pledges and responsibilities in the NHS Constitution.

10. Ensure health and well-being of the workforce.
What will success look like?

Success will be measured against key deliverables. The workforce will deliver patient care in different settings, staff will work in extended roles with new ways to deliver patient pathways specified by commissioners and with reduced unit labour costs.

By 2015 we will have improved quality and patient safety across the region, and reduced costs. Services will be provided closer to people’s homes and will be more community based. We will help people to play a greater part in maintaining their own health and well-being by providing treatment or care earlier, with the aim of preventing unnecessary hospital admissions. We will have invested in education and training to ensure the entire workforce is able to adapt to new ways of working. We will have met the financial challenges (of a potential 14% reduction in MPET funding by 2014) by commissioning new educational programmes based upon the needs of the service, driving down duplication and waste, whilst increasing funding for key roles.

Education and training will be delivered using the latest technology (e.g. e-learning via handheld devices) saving staff time, and there will be regional agreement over essential training, saving considerable time, money and effort by avoiding duplication and unnecessary training.

We will get the most from our staff by looking after them, with each organisation in NHS South Central committing to the Skills Pledge and the NHS Constitution, and this will contribute to reducing sickness and turnover to meet or exceed national standards.

By 2015 we will have improved quality and patient safety across the region, and reduced costs. Services will be provided closer to people’s homes and will be more community based.

Finally, we will have developed the skills and capacity across the region, and have in place the infrastructure, to be able to effectively plan workforce for the longer term and inform education commissioning.

Health and social care stakeholders will be working collaboratively to ensure the best services are provided to the population of South Central.

Progress in achieving our commitments will be measured by us being held to account on delivering the pledges on time. The pledges clearly set out what will be achieved and by whom. In addition there will be a range of annually produced planning documents including an implementation plan and specific care area plans that will detail specific outputs and achievements. This then allows for flexibility for annual plans to be developed and measured whilst the strategy provides the overview and direction of travel.

10. www.workforce.southcentral.nhs.uk For full References see pages 58 – 59
There are three areas where the assumptions we make about the future are critical.

- Finance
- Service Demand
- Healthcare Policy Priorities

These assumptions underpin *Shaping the Future – the Workforce Strategy 2010 – 15*, and inform the strategic planning decisions for the structure, competence and capacity of the future healthcare workforce in NHS South Central."
Financial growth in the public sector will not continue at the levels experienced in healthcare over the last ten years when growth has averaged at 7%.

The King’s Fund report *How Cold Will it Be? The prospects for NHS funding* sets out three possible scenarios; tepid, cold and arctic.

The premise is that 2010/11 funding levels will stay at 3.5% annual PCT real terms growth. However, from 2011/12 to 2013/14 the best case scenario will be 2% real terms growth, with the forecast worst case scenario being a real terms reduction of 2%.

What this means in money terms in NHS South Central is a potential financial funding gap of between £0.7bn and £1.3bn over three years from 2010/11, or savings of around 16% in every organisation.

It is estimated that 60 – 70% of the current health spend is on the workforce so it is likely that this predicted shortfall will impact on the workforce through workforce reductions (predominantly in non frontline staff), workforce related productivity improvements and changes to the workforce profile and skill mix.

The NHS will need to deliver productivity gains of between 3.4% and 7.4% to meet the funding gap. Historically, productivity gains have been under 1% per year, so a step change in productivity will be required. Local authorities are also forecasting significant reductions in the workforce.

**Figure 2: Scenarios Showing Potential Funding Gap in NHS South Central for next three years**
The forecasts in NHS South Central show growth of the whole population over the next 10 years of 7.5% or 309,000. With the number of over 65-year-olds increasing by 169,000 or 20%, and the number of children under 16 increasing by 74,000 or 10%.

The population is also increasing in diversity, and there are significant health inequalities across the region. The Audit Commission’s Place Survey 2009 shows that in NHS South Central although people have an above average opinion of the place in which they live they have a lower than average sense of belonging. This is likely to impact on the levels of carer and voluntary support for the increasing elderly population as resident’s level of commitment to their community may be less.

There are housing shortages across the South East Region resulting in some areas of poor housing. Where housing is of a low standard this has a significant impact on people’s health and need for services.

We know that demand for patient services will continue to grow driven by patient expectations about choice and access, and the increased prevalence of some diseases or conditions. There may also be some low priority procedures (e.g. cosmetic procedures) that will be decommissioned in order to reinvest funds and resources. In addition there are forecast demographic changes in the population with growth in both the numbers of older people and children. These groups both use high levels of healthcare.

This will mean that over time there are less people of working age to provide services and at the same time demand for those services will increase.

In relation to the labour market in NHS South Central, the adult working age population is projected to grow by 2.4% over the next ten years from 2,730,300 to 2,796,000. However, as detailed earlier, this is a much lower level of growth than that expected in the number of older people and the number of children.

This will mean that over time there are fewer people of working age to provide services, and at the same time demand for those services will increase. Unemployment in the South East is increasing but at 6% is lower than the national average of 8%.

See References on pages 58 – 59
Simulation training drives improvement in patient safety and quality of care

Severe sepsis kills 1400 people worldwide a day. It costs £21 billion to treat, has a 50% mortality rate and is increasing in frequency. At Winchester and Eastleigh Healthcare Trusts (WEHCT), following a sepsis audit, and in line with much national data, the time for patients with severe sepsis to receive antimicrobials was in some cases over seven hours.

Inspired by a visit to the National Air Traffic Service training centre in Swanwick to view their simulators and training programmes, the WEHCT team devised a memorable and easy to implement programme to promote early recognition and delivery of sepsis care to junior doctors and multidisciplinary teams.

Using simulator training of real patient scenarios the programme combined theoretical, practical and discussion-based education and at only two hours long was designed for minimum service reduction.

The simulator also enabled the team to use techniques from the airline industry to improve communication skills, and video-recorded performance to give detailed, constructive feedback on handover, team working and leadership.

Over 130 nurses and doctors and numerous students have now been trained and feedback has been universally positive. Participants felt they had retained more information from this style of education compared to traditional models. They also felt better prepared for the future and occasions when they had responsibility for managing septic patients.

Since this training model was introduced, patients are receiving antimicrobials 75% quicker and the mortality rate from severe sepsis has dropped from 50% to 24%. The length of stay for these patients has reduced by 14% and with two patients admitted with severe sepsis every day at WECHT, this equates to 1,241 bed days saved per annum (£320,000).

“We are passionate about this type of learning experience to really drive forward improvement in patient safety and quality of care. There are also a variety of other conditions that could have the same learning symposium template applied,” said Matt Inada-kim, Acute Care Consultant. “In response to those who doubt the potential that simulation training offers, simulation will never be a complete replacement for experiential learning, but it can still help improve the outcomes for real patients.”

The programme has received national recognition and was highly commended in the Patient Safety Awards, Education and Training category.
As we enter the next decade there is a clear need to control and reduce costs and to improve productivity. Equally there is continued focus on quality improvement, reducing health inequalities, prevention before treatment, improving patient safety, using new technology and managing and improving performance.

Quality spans patient safety, patient experience and effectiveness of care and the staff that deliver patient services must ensure quality is the organising principle of the NHS. The National Quality Board has published its first annual report which includes the NICE quality standards definition.

Sustainability is also a key theme for public services across the South East region and local populations need to have access to skills development that enables them to work in their local communities, rather than having to travel to work.

During a decade of reform and investment, the focus in health has been on increasing capacity and establishing a market-driven system. Even prior to financial forecasts, such as those of The King’s Fund report (*How Cold Will it be?*), concerns were being raised about whether the benefits of the healthcare reforms were being realised. In particular, the benefits of the NHS pay reforms (Agenda for Change, Consultant and GP Contracts). The overall productivity of the health service has also been questioned. Productivity in the NHS over the last few years is estimated at -0.4%.

See References on pages 58 – 59
Putting People First\textsuperscript{17} the national concordat for adult social care has a number of themes that align to health policy. These include ensuring that specialist skills are targeted at customer needs, personalised care and personal budgets, supported living for older people, and prevention and early intervention across the system.

Putting People First – working to make it happen\textsuperscript{18} looks at the workforce implications of personalisation and Facing up to the Task\textsuperscript{65} assesses the development of social work in both adult and children’s services, integration with education, health and housing and the impact of new technology. The recent Audit Commission report Tomorrow’s People\textsuperscript{19} also outlines the drivers for change and the need for local authorities to strategically plan their workforces.

The combined financial and demographic challenges mean we will have less staff providing care, for more people with more complex needs in changing health care settings. There will be fewer staff employed dealing with people who are acutely ill, and more staff will be community based. Aiming to help people manage their own conditions, as far as possible, whilst focussing on preventing longer term conditions arising.

The drive for shorter stays in hospital and more care provided in the community, along with the benefits of joint planning at health economy level with local authorities, will be critical. The evident alignment of local government strategic drivers and those of the NHS provides a platform for increased and effective joint working across the sectors\textsuperscript{19}.

As we enter the next decade there is a clear need to control and reduce costs and to improve productivity.
strategic context

Shaping the Future – the Workforce Strategy 2010 – 15 is rooted in Towards a Healthier Future – a ten year vision for healthcare across South Central¹ that was set in the context of A High Quality Workforce – Next Stage Review DH June 2008².

NHS South Central Shaping the Future programme is an integrated programme, led by the local NHS, that will deliver the twelve ambitions for health that drive the regional vision for quality and productivity improvements across the system.

The workforce strategy is built on three founding principles that underpin the workforce changes over the next five years. These are key to transforming patient services and delivering the South Central SHA six priorities.

The principles are:

1. High quality affordable care
2. System wide change
3. Health and well-being of staff

This reflects the SHA’s 12 ambitions¹ and the pledges made in this strategy link directly to delivering these – summarised in our overarching commitments.

An implementation plan for this strategy will be published in May 2010. This will set out the specific workforce changes that need to be made to support delivery of the pathway transformation plans in year one of this strategy.

South Central SHA’s 12 ambitions:

1. We will maximise the potential for health ensuring that risk of illness is regularly and systematically evaluated for all in order to identify the need for preventative care.

2. We will ensure that every clinical or social care encounter provides an opportunity for prevention as well as treatment.

3. We will encourage patients to be partners in their care, taking responsibility for their own health and treatment with the guidance and help of professionals.

4. We will commission services that are based on the best evidence and practice to ensure high quality care and good outcomes for patients.

See References on pages 58 – 59
5. We will engage the public in decision making about priorities in healthcare provision. This may result in legitimate geographical variations in services.

6. We will offer real choice to patients within the framework of services we commission. We will support patients in exercising choice by providing better access to clinical and other information to help them make decisions that will achieve the best care and outcome for them.

7. We will ensure that all healthcare settings are safe and clean and offer a high standard of personalised care.

8. We will ensure that patients have access to services through a single point and that they are not left alone to manage their care; they will have a key professional assigned to coordinate their care and to help them navigate seamlessly through the care system.

9. We will ensure that patients have access to continuously improving services and to the most appropriately skilled clinicians, who apply the right skills and techniques, at the right time, for them to receive the best care regardless of where they live.

10. We will ensure that all patients have faster access to the services they need, including therapy services; we will match speed of access to patient need to enable maximum independence and mobility.

11. We will minimise our carbon footprint and actively promote the sustainable use of resources by ourselves and our partners in the community.

12. We will ensure that we consider in advance the impact of what we do on all sections of the community and work to minimise the health effects of disadvantage.

The six strategic challenges that follow, have been developed with a wide range of stakeholders across South Central and are cross-cutting strategic themes that are relevant to all the clinical care areas.

Clinical care area interim workforce reports are available on the SHA website (www.workforce.southcentral.nhs.uk), and the care area priorities are summarised, as they currently stand, in Appendix 2.

An implementation plan for this strategy will be published in May 2010. This will set out the specific workforce changes that need to be made to support delivery of the pathway transformation plans in year one of this strategy.
the six 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 healthcare within a sustainable framework.

Plan and Prepare: Manage the Change
We must actively plan the workforce and prepare intelligently to respond to the challenge and scale of both the forecast increase in demand for healthcare services, and the reduction in spending on public services.

Integrate and Align: Design a Joint Future
We need to integrate and align our actions and take a system-wide perspective to the future workforce requirements in order to deliver the emerging service models and capitalise on workforce planning.

Tighten up Business: Drive Up Quality and Value
We need to implement excellent human resource management across all health sector employers in order to increase productivity, drive up quality and value, and reduce variation between employers.

Step up Flexibility: Develop the Workforce
We need to develop a more flexible workforce by targeting skills development and developing new employment models. We need to build a workforce that can assimilate new skills rapidly and work in new and innovative ways.

Be Accountable: Focus Leadership
We need a culture of accountability at all levels, and leadership that is focussed on delivering the best healthcare system in the world, in order to deliver service change.
Commitment
We will work with and engage the public\(^{21}\) (patients, service users, clients, carers and the general public) more fully, in workforce development and the education of our staff by ensuring that public opinion and patient views are represented and used to drive and develop excellent education and training.

Key Issues
The implementation plans for this strategy will involve new or extended roles, different ways of working, and reflect the hard decisions that have to be made about services in order to work within funding constraints.

The NHS Constitution\(^{22}\) sets out what staff, patients and the public can expect from the NHS. The NHS pledges its staff:

- To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities
- To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed
- To provide support and opportunities for staff to maintain their health, well-being and safety
- To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

The Constitution also sets out the responsibilities of staff. Staff should aim:

- To maintain the highest standards of care and service, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole
- To take up training and development opportunities provided over and above those legally required of your post
- To play your part in sustainably improving services by working in partnership with patients, the public and communities
- To be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation. You should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged; and
- To view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.
Strategic Challenge 1 Share the Journey: Engage Patients, Carers and Staff

Engaging the workforce, staff representative groups, patients, carers and the public at the earliest possible opportunity will enable roles and services to be better designed around the actual, rather than perceived needs of patients. We will build on the work of local authority forums and foundation trust approaches to engagement.

Managing people effectively brings significant cost benefits, and if done well will also result in a workforce that is engaged, proactive in attitude and not frustrated by the inefficiencies of the system(s) within which it works.

The case for improving the health and well-being of staff is set out in the recent Boorman report. The report emphasises the benefits to staff of taking responsibility for their own health and well-being and becoming exemplars for patients. It links improved outcomes for patients to investment in staff health and well-being.

As tax payers, the public also has a right to understand how decisions about the workforce are being made, and can help share the responsibility for making those decisions. Respecting the public as active partners in making decisions about their own health choices forms a critical part of this engagement process.

Ensuring that every health and social care worker will be able to talk positively about the changes that they are involved in is a challenge. However, with time and effort spent in explaining change we will create ambassadors who will be able to connect the changes and see the benefits.

Patients themselves, carers and volunteers are also part of the “workforce”. They can, and do, contribute significantly to day to day care.

Patient mentors build students’ understanding of long term conditions

NHS South Central is engaging patients in the development and education of staff and students.

Patients with long term conditions are receiving training to act as mentors to students on a new two-year degree course.

The Health and Social Care Foundation Degree: Long Term Conditions Pathway enables patients with conditions such as diabetes and coronary heart disease to mentor students.

Managing people effectively brings significant cost benefits, and if done well will also result in a workforce that is engaged, proactive in attitude and not frustrated by the inefficiencies of the system(s) within which it works.

“I might ask my service user mentor what they think about something or the way things are going. They talk to me personally about their condition and what that means for them,” said one student.

The aim is that the mentors will increase the students’ understanding of what it is like to live with ongoing health issues.

See References on pages 58 – 59
Patients and the public also have an increasing role in managing their own health\textsuperscript{24} – whether by having a healthy lifestyle or playing an active part in the management of their own condition. This is not only respectful to patients as people; it also helps us to manage the increasing demand for services.

From a social care perspective \textit{Putting People First}\textsuperscript{17} is the national concordat for adult social care and is about the development of truly personalised care packages and personal budgets. \textit{Putting People First – working to make it happen}\textsuperscript{18} assesses the workforce implications of personalisation and 

\textit{Facing up to the Task}\textsuperscript{65} looks at the development of social work in adult and children’s services, integration (see Strategic Challenge 5) with education, health and housing and also the impact of new technology.

It is also important that the ethnicity and diversity of the health care workforce reflects that of the population that it serves, and also that staff understand and actively promote equality and diversity in patient services.

The ethnic breakdown of the current workforce employed in NHS South Central is shown in Figure 4.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure4}
\caption{Ethnicity of NHS South Central NHS Trusts Workforce (FTE) September 2009\textsuperscript{25}}
\end{figure}
Overall the population in the South East region (of which NHS South Central is part) is 89% white and 11% non white, so the current NHS workforce is broadly reflective, however there is variation at different levels of the workforce and in different local populations within the region, and each organisation will need to ensure it has plans in place to ensure it is addressing this issue.

The ethnicity of the workforce by head count and pay band is shown in Figure 5 below.

The data is shown divided into black and minority ethnic groups, non black and minority ethnic groups and those where ethnicity is not stated. Through the NHS South Central Human Resources Best Practice forum, organisations will be encouraged to regularly monitor the ethnicity and diversity of their workforce.

Figure 5: NHS South Central Ethnicity within Pay Bands (Headcount) – End September 2009

See References on pages 58 – 59
Making it Happen
Share the Journey: Engage Patients, Carers and Staff

**PLEDGE**
South Central SHA will

**ACTION**
- Support investment in the development of patients, carers and volunteers as co-agents of care planning and delivery.
- Actively promote the involvement of patients and public in workforce development.
- Continue to engage with trade unions and professional bodies to facilitate service change through the Social Partnership Forum.

**TIMELINE**
- By 2011/12
- By 2012/13
- By 2010/11

**Commissioners will**

**Commission services from NHS providers that are demonstrably committed to improving staff health and well-being, building this into future contracts.** *(NHS Health and Well-Being Review, Boorman, 2009, p34).*
- Participate and invest in local education, training and employment initiatives to improve the health and well-being of the local population.
- Assure that providers have single equality schemes in place.

**Service providers will**

**Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.** *(NHS Constitution)*
- Include staff health and well-being in local governance frameworks ensuring Board accountability. *(NHS Health and Well-Being Review, Boorman, 2009, p22).*
- Promote and ensure ethnicity, diversity and equality of the workforce.
- Develop skills of patients, carers and volunteers and engage the public in new roles and workforce development.

**Staff will**

**Maintain the highest standards of care and service, taking responsibility not only for the care provided, but also for their wider contribution to the aims of their team and the NHS as a whole; be open with patients, their families, carers or representatives, including if anything goes wrong:**
- Welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation. Staff should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged;
- View the services they provide from the standpoint of a patient. Staff will also involve patients, their families and carers working with them, their communities and other organisations, and making it clear who is responsible for their care. *(NHS Constitution, Staff responsibilities)*

**PLEDGE**
South Central SHA will

**ACTION**
- Support investment in the development of patients, carers and volunteers as co-agents of care planning and delivery.
- Actively promote the involvement of patients and public in workforce development.
- Continue to engage with trade unions and professional bodies to facilitate service change through the Social Partnership Forum.

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### Strategic Challenge 2

**Plan and Prepare: Manage the Change**

We must actively plan the workforce and prepare intelligently to respond to the challenge and scale of both, the forecast increase in demand for healthcare services, and the reduction in spending on public services.

#### Commitment

We will work in partnership with the broader health and social care community to deliver this strategy by developing and agreeing a clear infrastructure that connects the different planning cycles and clearly sets out roles and responsibilities. We will also work to align individual staff development programmes to organisational business plans, commissioning strategies and regional strategic plans.

#### Key Issues

Shaping the Future aims to achieve large scale, sustainable changes in the way patient care is delivered in NHS South Central. This scale of change, requires that the workforce, which delivers care, is strategically restructured, including planning for the decommissioning of some services. This means that management plans must achieve optimal skill mix, with the best patient outcomes, for the lowest cost (Strategic Challenge 5). It also means the effective management of vacancies and turnover (Strategic Challenge 4) as part of an agreed longer term plan to re-profile the workforce through a system-wide approach (Strategic Challenge 3).

We have learnt from experience that saving money in the short-term on training and developing staff, or freezing recruitment, results in skills shortages, additional costs to rectify these in the future, and/or cost shifting to other parts of the system. Therefore short-term only planning, will not result in sustainable solutions.

To be effective, workforce planning and development should be an integrated process with service and financial planning. The different elements of the integrated planning framework are shown below in Figure 6.

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**Figure 6: Integrated Planning Framework (adapted from The National Framework)**

See References on pages 58 – 59
Workforce planning and development encompasses five different systems that are linked together, these are:

- Service commissioning
- Workforce planning
- Education commissioning
- Education funding
- Governance and assurance

Workforce changes need to be managed skillfully and a shift made from high risk short-term planning, to planning for resilience and sustainability of patient care. We need to protect resources for the strategic change priorities outlined in this strategy that make the most difference for patients.

This means that workforce plans should be phased and implemented at a pace that brings measured improvements to patient services and sustains quality care. Workforce plans should be completely aligned to service and financial plans at all levels of the healthcare system and based on common long-term objectives for services across health and social care.

Figure 7: National Workforce Planning and Development Inter-relationships (adapted from The National Framework)
Strategic Challenge 2 Plan and Prepare: Manage the Change

Figures 6, 7 and 8 are from Planning and Developing the NHS Workforce: The National Framework (March 2010)28. They show how the workforce structures come together across different parts of the system, and set out key roles and responsibilities across the system. They also describe new national structures such as the Centre for Workforce Intelligence, the Professional Advisory Boards, and the Health Innovation and Education Clusters (HIECs).

In NHS South Central we will work in partnership with the Centre for Workforce Intelligence, to focus on regional solutions to local issues and maximise the benefit of this additional resource in workforce planning.

We will work to develop the two Health Innovation and Education Clusters (HIECs) in NHS South Central, to ensure collaboration between HIECs and other partners.

We will clearly set out who needs to do what and when in relation to workforce development planning, and support organisations to develop the skills and capacity they may need.

Local health trainers understand issues of communities they help

As part of our approach in NHS South Central to partnership work and the focus on staying healthy, members of the public are being trained as health trainers in an innovative scheme to help people live healthier lives. Health trainers work with individuals to help them meet their personal health goals whether that is to stop smoking, take up exercise or change their diet.

Health trainers must come from the local communities they serve and work where people can easily find them: at the local pharmacy, in community groups, or in GP surgeries for example. One Health Trainer scheme between Portsmouth PCT and the Hampshire Probation Service has received national recognition. Ex-offenders are trained as health trainers to give advice, information and support to other ex-offenders.

“Our health trainers are familiar with their clients’ problems: trouble with the law, probation, addiction, chaotic lifestyles,” said Brian Leigh at Hampshire Probation Service.

Key to the scheme is careful selection of the health trainers. Successful applicants undergo intense training, including behavioural change, motivational interviewing, action planning and virtually every aspect of health.

“We have tailored the training following a survey of attendees at Portsmouth probation service and the major needs were around drugs, alcohol, mental health and smoking,” said Brian. The scheme won the 2009 Butler Trust Award for health improvement.

Probation health trainers are part of a wider scheme across the region with around 80 health trainers working across South Central.
Facilitates regional collaboration to improve strategic workforce outcomes
Focuses on long-term strategic issues (up to 20 years)
Provides world-class education commissioning to ensure high quality and innovative education
Assures quality of workforce development plans and strategies, working with PCT commissioners and providers
Works in partnership with education providers to ensure high quality education and development which meets local needs

Department of Health

Centre for Workforce Intelligence

Health Profession Regulators

Professional Advisory Boards

Strategic Health Authorities

Health Innovation and Education Clusters

PCT Commissioners

Healthcare Service Providers

Education Providers

- Facilitates national collaboration through a sector wide approach
- Sets workforce development standards based on excellence, innovation and value for money
- Commissions advice and intelligence to inform improvement
- Secures and allocates funding
- Establishes legislative framework for regulating healthcare professionals

- Provides objective evidence and insight for use by the NHS in planning and developing the workforce

- Sets standards of professional practice and standards for education and training for professionals

- Provides advice to Ministers/Department of Health based on insight into profession specific workforce risks and issues

- Facilitates regional collaboration to improve strategic workforce outcomes
- Focuses on long-term strategic issues (up to 20 years)
- Provides world-class education commissioning to ensure high quality and innovative education
- Assures quality of workforce development plans and strategies, working with PCT commissioners and providers
- Works in partnership with education providers to ensure high quality education and development which meets local needs

- Drives up the quality of care through embedding innovation in professional education and training

- Fosters local collaboration to improve strategic workforce outcomes that deliver services commissioned along care pathways
- Focuses on medium to long-term strategic issues (up to 5 years)

- Produces clinically led workforce development plans for today and tomorrow that are integrated with finance and IT plans
- Focuses on short to medium-term strategic issues (up to 3 years)
- Collaborates with other providers to design jobs to deliver services commissioned along care pathways
- Invests in ongoing workforce development

- Provides high quality education and development which meets local needs

Figure 8: Key Roles and Responsibilities across the Health System (adapted from The National Framework)
Strategic Challenge 2 Plan and Prepare: Manage the Change

In NHS South Central we will establish a Strategic Workforce Alliance (SWA) to provide leadership and advice on workforce development priorities. Figure 9, below sets out how this will work. The SWA will link to the DH planning system and in particular the Centre for Workforce Intelligence.

The SHA will support the PCT commissioners through the clusters – SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) and MOBBB (Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West) to develop the capacity and capability to plan the local health economy workforce.

Education commissioning plans will be established for a three-year period, informed by the needs of employers, service commissioners, and current students. Demand and supply models will be based on potential scenarios and current workforce data.

Education will be commissioned in response to workforce and financial plans, for example; some pre-registration student numbers may be reduced and the number of assistant/associate practitioners increased to support employer’s workforce re-profiling plans.

Training posts for postgraduate medical specialities will also be reviewed. For example, with an increase in non-intervention techniques and a predicted national over supply of surgeons in training, the numbers of surgical specialty doctors may be reduced and re-investment made in new roles such as advanced nursing practice or converted to general practitioner training posts.
# Making it Happen

## Plan and Prepare: Manage the Change

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<tr>
<th>PLEDGE</th>
<th>ACTION</th>
<th>TIMELINE</th>
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<tbody>
<tr>
<td>South Central SHA will</td>
<td>Implement an accountability framework for workforce development planning, setting out who should do what and by when.</td>
<td>By 2010/11</td>
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<tr>
<td></td>
<td>Use MPET[^30] flexibly and effectively to address agreed strategic education and training needs. Align education commissioning plans to service strategies and plans.</td>
<td>By 2011/12</td>
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<td></td>
<td>Assure local health economy workforce development plans are aligned with finance, activity, leadership and informatics plans; and that NHS priorities will be delivered.</td>
<td>By 2010/11</td>
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<td></td>
<td>Manage, with commissioners, deaneries and trusts, disinvestment in medical training posts where there is projected over supply[^31].</td>
<td>By 2011/12</td>
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<th>Commissioners will</th>
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<td></td>
<td>Develop a system-wide (five-year) workforce development strategy and vision for the local health economy; identifying the key strategic health and social care workforce implications of commissioning (and decommissioning) strategies[^20].</td>
<td>By 2012/13</td>
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<tr>
<td></td>
<td>Assure the delivery of provider plans across the local health economy[^33]. Work with providers to seek assurance of the achievement of key government workforce policies and targets[^26].</td>
<td>By 2010/11</td>
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<th>Service Providers will</th>
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<tr>
<td></td>
<td>Integrate workforce plans into annual production/business plans (if not already, DH Operating Framework Guidance 2009/10).</td>
<td>By 2010/11</td>
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<td></td>
<td>Develop and implement a plan to strategically restructure the workforce profile to ensure patient services are sustainable and affordable.</td>
<td>2010 – 2015</td>
</tr>
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<td></td>
<td>Manage with the SHA/deaneries planned disinvestment in medical training posts where there is projected over supply.</td>
<td>By 2012/13</td>
</tr>
<tr>
<td></td>
<td>Share workforce plans with commissioners as part of the annual iterative planning cycle.</td>
<td>By 2010/11</td>
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[^30]: MPET – Multi Professional Education Training levy. The annual training and education funding from the Department of Health to SHAs.

[^31]: For full References see pages 58 – 59
Strategic Challenge 3

Integrate and Align: Design a Joint Future

We need to integrate and align our actions and take a system-wide perspective to the future workforce requirements in order to deliver the emerging service models and capitalise on workforce planning.

Commitment

We will work collaboratively on workforce planning and development at provider organisation level, between local PCT and local authority, and at regional level.

Key Issues

To respond to the scale of the financial and demographic challenge, workforce planning and development need to expand flexibly beyond organisational boundaries.

We need to work together to develop joint strategies and joint spending plans to deliver better value. Means to an End sets out the rationale for joint financing of health and social care aiming to reduce duplication, eliminate gaps in services, achieve economies of scale and provide more responsive services.

We need to plan the workforce that delivers care across local populations which means integrating workforce planning between PCTs, local authorities and other partners.

There are opportunities for consolidation of roles across health and social care that make sense to patients and service users. There are also common local labour market concerns, where a joint approach would mean innovative solutions and working flexibly across traditional health and social care boundaries, instead of unconstructive competition.

Oxfordshire collaborative brings partners together

In Oxfordshire a system-wide perspective is being taken by health, social care, education providers and third sector organisations who have joined forces to form the Oxfordshire Workforce Development Programme.

The programme was launched a year ago and has already made progress with projects in dementia and diabetes.

The dementia project has involved health, social care and the third sector collaborating on a new pathway for a person with dementia and developing the competencies required for various roles along the pathway. The diabetes project has involved commissioners to define a new primary care focused pathway. The project identified the competences required in GP practices to deliver the newly commissioned service and undertook a gap analysis to identify development needs.

Projects for 2010/11 include an assessment of workforce supply and demand across health and social care as service provision changes, and a review of management training to underpin improvements in quality and efficiency of health services in Oxfordshire.

See References on pages 58 – 59
The mental health clinical care area workforce report highlights flexible working to bridge service transition points for service users. The long term conditions clinical care area workforce report focuses on developing skills for integrated health and social care roles.

To achieve these changes, provider organisations, including GP practices, the third sector and independent sector, need to work collaboratively to ensure staff have the skills and competencies to deliver care across sectors and along patient pathways. It is also important that we ensure that changes made in one part of the system do not just shift costs from one area to another, resulting in no overall net benefit to public services.

It is critical that our staff have the right knowledge, skills and attitudes appropriate for each and every role across our services and these are transferable across all health and social care sectors as care pathways develop.

South Central SHA will work in partnership with the Government Office of the South East (GOSE), the Learning and Skills Council, Skills for Health, Skills for Care, South East England Development Agency (SEEDA) and other regional bodies to create innovative and responsive joined up plans. In particular this strategy is aligned with the South East Skills for Health sector skills strategy and action plan.

Education commissioning decisions will be underpinned by partnership working with a variety of agencies; in particular education commissioning decisions to support the un-registered workforce.

Across health and social care we can align workforce development to changes that are already happening. These include:

- Transforming Community Services
- PCT Collaborative Operating Model NHS South Central
- Development of category management for specific health conditions across PCTs in NHS South Central
- Total Place – the local authority pilot work that looks holistically at the public funding across agencies in a local area and how effectively that is being used.

To respond to the scale of the financial and demographic challenge, workforce planning and workforce development need to expand flexibly beyond organisational boundaries.

See References on pages 58 – 59
Strategic Challenge 3

Making it Happen

Integrate and Align: Design a Joint Future

**PLEDGE**

South Central SHA will

**ACTION**

Set up a regional Strategic Workforce Alliance to assure and challenge SHA workforce investment plans and make recommendations to the SHA Board.

Implement and achieve key government workforce policies and targets and work jointly on workforce and education strategies with higher education providers and regional partners (such as Skills for Health, the Learning and Skills Council, Jobcentre Plus).

Produce a joint implementation plan with Skills for Health sector skills strategy that reflects local health and social care priorities.

Lead local health economy workforce planning for two years whilst enabling PCTs to develop their own workforce planning capability with a view to taking this on by 2012.

**TIMELINE**

By 2010/11

2011 – 2015

By 2011/12

2010/11

**Commissioners will**

Develop joint strategic workforce plans with local authorities and social care based on strategic needs assessment. (Comprehensive Area Assessment Audit Commission).

Develop shared improvement goals and cross-boundary working and introduce key workforce metrics to drive quality improvement. Working collaboratively with other PCTs and local providers.

**By 2012/13**

By 2011/12

**Service providers will**

Develop joint roles/teams that integrate health and social care where appropriate.

Improve integrated working by removing the barriers between health, social care, third sector, community and primary care that may prevent this i.e. local policies and contracts.

Agree a system with other local employers to enable redeployment of people and joint recruitment initiatives to enable service change and respond to local labour market conditions.

2010 onwards

2011/12

2011 – 2013

See References on pages 58 – 59
Strategic Challenge 4

Tighten up Business: Drive up Quality and Value

We need to implement excellent human resource management across all health sector employers in order to ensure value for money, drive up quality and improve patient safety.

Commitment

We will develop the right people and skills, build a healthy and productive workforce and implement excellent management of our people across all health sector employers.

Key Issues

Around 60 – 70% of health care spending in NHS South Central is spent on workforce costs, and £300m is invested annually in the education of the current and future workforce. Shaping the Future and the NHS South Central Quality and Productivity Framework27 aim to drive out waste in processes and systems, and reduce variation across NHS South Central. Workforce efficiency and productivity is key to delivering these challenges.

Excellent workforce management is essential through high quality employment practices and a positive focus on productivity, with an emphasis on staff engagement, health and well-being of staff and developing capable teams and effective working practices.

Measuring productivity of individuals, teams and services is not straightforward. Value for money is the ratio of valued health system outputs to the associated expenditure40 and the work done (including that of non front-line support staff). Crucially, in healthcare this needs to be understood in relation to the patient outcomes that result, and the overall cost of the service.

Put simply, the aim is to achieve more and improved patient care, at lower cost. Redesigning patient care processes is critical to achieving this. It is essential that process and system improvements are aligned with new ways of working for staff and the implementation of more cost effective solutions such as role extension and role substitution (Strategic Challenge 5).

For the past three years staff costs have increased while there has been no overall change to the relative skill mix across the healthcare professions, this is unsustainable. Working with relatively fewer staff to deliver improved services will need a reassessment of the numbers and skills of our staff to ensure that services remain affordable yet continue to deliver high quality and safe patient care. New ways of working will mean increasing the number of highly competent support staff and ensuring the efficient use of expert clinical staff in selected areas of practice. As the workforce gets older, we will support flexible approaches to retirement and part-time working.

Workforce productivity is currently measured through the following input metrics (data): sickness absence, agency usage, turnover levels, vacancy data, recruitment data, equality indices, retention rates, team skill mix and average labour costs. Significant variation exists in these measures of performance across providers in NHS South Central.

These metrics can be benchmarked nationally against similar provider organisations to identify opportunities for improvement and against other employers, to support organisations in becoming the best (Supporting Document 1).

NHS providers will need to ensure they have in place data quality standards for the electronic staff record (ESR) from which many of these metrics are derived.

See References on pages 58 – 59
Sickness and Absence Rates

The NHS Constitution states that employers should provide support and opportunities for staff to maintain their health, well-being and safety.

The case for improving the health and well-being of staff is set out in the Boorman report\(^2\). The report emphasises the benefits to staff of taking responsibility for their own health and well-being and becoming exemplars for patients, as well as the benefits for employers and organisations who can improve efficiency and decrease waste. Line managers have a critical role to play in implementing these recommendations.

The Boorman report\(^2\) says that 10.3 million working days, or equivalent to 45,000 full-time equivalent (ftes) are lost due to absence every year in the NHS. The cost of this is £1.76bn. If the worst organisations can improve to the level of the best, 3.4 million days could be gained saving £555m.
Sickness absence rates in NHS South Central have fallen over the past two years and organisations are actively managing sickness absence. The benchmark for sickness absence in NHS South Central in 2009/10 was 4%. The sickness absence rates from April to September 2009 show that absence rates in NHS employers range from 3.06% to 4.7% (Figure 10).

We will reduce sickness absence even further, with a benchmark of 3%, in NHS South Central in 2010/11, as a 1% reduction of sickness absence could, in theory, equate to as much as a £27.5m saving.

Agency Spending

Agency usage in non-foundation acute trusts in NHS South Central ranges from 2% to 4.5% (Figure 12). At November 2009, in non-foundation trusts, the combined agency cost rate was 3.8% or, as a percentage of total pay bill, £50.1m (Figure 11).

In the 2010/11 NHS South Central Operating Framework the planning framework was 3% bank usage, 1% agency cost rate and 1% overtime. Employers need to be able to deploy the workforce flexibly, but without incurring high labour costs.
Strategic Challenge 4 Tighten up Business: Drive up Quality and Value

Average Labour Costs

The average labour costs (calculated by total earnings plus 25% on costs) have risen significantly across NHS South Central over the past three years. Average labour costs vary across NHS employers. Organisations should undertake a value for money and comparative analysis, in relation to patient outcomes, and category management to challenge comparative value for money of different services.

Figure 13 shows the approximate increase in average pay costs of staff employed in NHS trusts in NHS South Central from September 2007 to June 2009. The approximate average pay cost (total earnings plus 25% on costs) has risen from £37,625 (Sept 2007) to £41,750 (June 2009).

However, we know that productivity has not risen during this period and the benefits of introducing new pay reforms, Agenda for Change, the new consultant contract and the GP contract, need to be realised.

Nationally between 2000 and 2006 there has been an estimated drop in productivity of 2.5% (or 2% if quality improvements are taken into account). However the recent Audit Commission briefing *More for Less* says that Trusts seem to be taking the first steps to increasing productivity – unit costs for inpatient care fell in 2007/08 and have held steady in 2008/09.

Turnover

Staff turnover incurs costs related to recruitment, training and reduced productivity. It is estimated nationally that each 1% reduction in turnover saves 1% on pay bill in cash and efficiency costs. The turnover in NHS South Central ranges from 6.6% to 18.9%. A 1% reduction in turnover in NHS South Central could, in theory, equate to a £28m efficiency saving.

The benchmark for NHS South Central is 15% which is based on the Chartered Institute of Personnel and Development who quote national annual turnover as 15.7% across all sectors or 11.4% (all leavers) in the health sector 2009.

Managing our human resources effectively does bring significant cost benefits, and if done well, (Strategic Challenge 1) will also result in a workforce that is engaged, proactive and not frustrated by the inefficiencies of the system(s) in which it works.
Skill Mix

There is scope within all organisations for re-profiling the workforce so that overall labour costs are reduced. For instance, a reduction of 5% (or 728 ftes) Band 5 workforce reduces costs by approximately £21m across NHS South Central. An increase of the same number of staff at Band 4 costs approximately £17m. Similarly a reduction of 5% (232 ftes) Band 8 workforce saves approximately £17m whilst an increase of 232 ftes at Band 6 costs approximately £8.5m.

Skill mix change is also part of Strategic Challenge 5 which focuses on developing a more flexible workforce and the need for provider organisations to re-profile their workforces at local service level to address the financial and productivity challenges.

Implementing skill mix initiatives will, in some cases, require a profound system reconfiguration and may not be realised in the short-term. However, the benefits of their implementation will lead to greater efficiencies while delivering improvements in quality and patient safety well into the future. Fundamental changes in service delivery will need to be based on sound analysis and comparison of various workforce skill mix profiles and the levels of activity they deliver. The local applicability of the more productive configurations can then be assessed.

A further value for money benchmark between organisations is their relative spend on management costs, management consultancy, administrative support and front-line clinical services.

Management and back office staff, as they are currently configured, will be unaffordable in the future. As patient care is our priority we must consider making efficiency savings in this area in order to ensure as much funding as possible is directed towards front-line services.

The proportion of staff in administrative, management, and estate management roles varies between organisations in NHS South Central from 10% to 33% of total staff 44. In the majority of trusts the current ratio is around one non-clinical staff member to every four to five clinical staff. Further analysis on the relative costs of the different staff profiles will be carried out as part of the SHA productivity benchmarking and Shaping the Future 27.

Maternity Support Worker framework sets competency standards

In NHS South Central organisations are driving up quality and value through skill mix changes in maternity services. Driven by national strategy and local need, a new standard competency framework has been developed for maternity support workers (MSWs) across NHS South Central. The MSW can complement a maternity team by supporting midwives in carrying out the care of women and their families. The framework supports the MSWs learning, values the role and helps safeguard patients.

The framework was developed by midwives from all trusts across NHS South Central working with Skills Academy for Health. The partnership working is a clear strength as the framework has region-wide recognition and acceptance.

The framework focuses on support workers at Bands 2 and 3. This is where the majority of MSWs are employed and the task group felt it was necessary to provide a solid competence base for workers at this level before considering a Band 4 role.

The framework is a significant step forward for the maternity workforce. It provides managers with a ‘Library of Competences’ that MSWs can achieve within NHS South Central and enables easier transfer of staff between roles and organisations.

The Royal College of Midwives has recently allowed MSWs to join as members, giving further recognition and value to the role.

See References on pages 58 – 59
Strategic Challenge 4

Making it Happen
Tighten up Business: Drive up Quality and Value

**PLEDGE**
South Central SHA will

**ACTION**

Develop top 5 workforce productivity metrics as part of the NHS South Central quality and productivity framework.

Provide benchmarking and best practice data, including the assessment of skill mix initiatives, measure and challenge variation in workforce productivity.

Set and performance-manage contracts in collaboration with higher education institutions and providers for basic and post-basic education, to include value for money quality assurance and fitness for purpose.

**TIMELINE**
By 2012/13

2010/11

2010 – 15

By 2010/11

**Commissioners will**

Challenge variation in provider performance, including differences in workforce costs. (Ensuring efficiency and effectiveness of spend *World Class Commissioning Handbook*, Competency 11).

Manage relationships and contracts with providers to ensure delivery of high quality services and value for money. Work closely with providers to sustain and improve provision, and engage in constructive performance discussions to ensure continuous improvement. Data should support key performance indicators across all domains (e.g. quality, access, workforce).

Commission services from providers that are demonstrably committed to improving staff health and well-being, building this into future contracts. (*NHS Health and Well-Being Review*, Boorman, 2009 p34).

**Service providers will**

Provide support and opportunities for staff to maintain their health, well-being and safety (NHS Constitution).


Ensure that staff are empowered to utilise their skills and knowledge to maximise the quality and productivity of the services they provide.

Drive out variation in workforce productivity metrics – targeting and managing sickness absence, agency spending, turnover levels, and labour costs.

**Staff will**

Sustainably improve services by working in partnership with patients, the public and communities. (NHS Constitution Responsibility).

Take up training and development opportunities provided over and above those legally required of their post. (NHS Constitution responsibility).

**See References on pages 58 – 59**
We need to develop a more flexible workforce\(^47\) that can assimilate new skills rapidly and work in innovative ways to deliver the clinical care area\(^48\) improvement programmes across NHS South Central and support the transition to community services and care closer to home.

**Commitment**

We will develop the knowledge and skills in the workforce needed by commissioners and provider organisations, supported by excellent clinical placements and training, and working across traditional boundaries.

**Key Issues**

To deliver the priorities identified in the NHS South Central clinical care group improvement programmes the existing workforce (including support staff) will need to engage in focused skills development. Our staff deserve the best education possible if they are to provide outstanding care and adapt to these new ways of working.

This will include ensuring that non-specialist staff possess skills in promoting staying healthy\(^49\), end of life care skills\(^50\), the promotion of positive mental health, learning disability skills, and motivational skills.

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**Community matrons tackle complex case management for long term conditions**

A more flexible workforce that works in new ways and supports the delivery of services closer to people’s homes has been developed through the role of community matron/complex case manager.

For many people, living with a long term condition(s) is a balancing act to ensure that they remain well and living at home. Case management is a successful approach of giving people the support and care and interventions when appropriate to enable them to be managed within a GP primary care setting.

However, some people with a high risk of becoming unstable need additional pro-active support and this is being undertaken successfully by a community matron in a number of integrated health and social care teams particularly in Southampton and Oxfordshire. The community matron, is responsible for co-ordinating all aspects of care for people who are most likely to remain unstable for long periods of time, are often difficult to stabilise and run the risk of repeated acute admissions and/or emergency department attendances with poor resolution of their complex problems.

Complex case management at this level involves liaising with primary care trusts, acute trusts, social care, therapists, community services including equipment services and general practice team members to enable effective and timely care, provided in the most appropriate setting.

The benefits for patients, their families and the agencies involved are the continuity of care with a senior and experienced nurse as the lead professional to co-ordinate and oversee an agreed care package to keep people stable for longer.

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\(^{47}\) Workforce means all health sector workforce irrespective of role, grade or profession

For full References see pages 58 – 59
Strategic Challenge 5 Step up Flexibility: Develop the Workforce

Education providers will incorporate an agreed range of “generic” skills into curricula. For instance, newly qualified practitioners whether working in the acute or primary care setting, need highly defined acuity skills with the ability to recognise the deteriorating patient. These skills and competencies will be embedded within all pre-registration programmes which will follow the patient pathway, including through primary and community care settings.

Redesign of clinical care pathways and the implementation of the *Productive Series* will result in extended and new roles that are better for patients and make best use of staff skills and time. This means we need to invest in improving the quality of our staff, engendering a more flexible approach to roles, more multi-skilled staff that can focus on patient need and highly competent support staff who contribute to efficient running of services and “free up time to care”. An education programme to support the generic associate/assistant practitioner role will commence in 2010/11 and this work will be developed in partnership with employers.

Each organisation should fulfil the commitment in the skills pledge by supporting staff to achieve level 2 qualification (i.e. NVQ or similar).

In addition, the expansion of maternity support workers and skill mix in neonatal services are highlighted in the *Maternity and Newborn Clinical Care Area Workforce Report*. The *Children, Young People and Families Workforce Report* highlights opportunities for skill mix review in Children’s Services such as health visiting, school nursing and speech and language therapy.

All organisations should look at skills and skill mix and plan to re-profile their workforces to maximise the use of health care support workers, apprentices and assistant/associate practitioners (Strategic Challenge 4). We should be prepared to tackle issues through inter-professional team working, and encourage professionals to cross traditional practice boundaries where this improves patient care and responsiveness.

Different skills are needed in different settings; increasingly primary care and community staff will need to provide supervisory support for wider networks of staff, not just line management for a local team.

Current contracts and arrangements mean that it is not easy for staff to move between care settings or across organisational boundaries. Highly specialist clinical staff may need to work across organisations and rotas to provide the specialist element of care and new employment models need to support this.

Other enablers are, conversion courses for staff moving from an acute setting to a community one such as the Community Up Skilling Programme commissioned from Oxford Brookes and Bournemouth Universities, and education that supports working in virtual teams and networks.

HIECs are formal partnerships between NHS organisations, the higher education sector, industry and other public and private sector organisations. They promote innovation in healthcare and can co-ordinate and provide professional education and training. The two HIECs in NHS South Central will be developed in collaboration with partners over the next five years.

Systematic promotion of innovation will be a key performance indicator of every education contract and innovation apparent through every stage of the education commissioning process.
There are opportunities for staff to have rewarding and varied careers in healthcare and national initiatives such as Modernising Nursing Careers\(^{59}\), AHPs and Scientists are tackling both the development of highly skilled registered staff as well as the competences of staff that provide the foundations of care at Bands 2 – 4.

The NHS Constitution\(^{22}\) says that all staff should be provided with personal development, access to appropriate training for their jobs and line management support to succeed.

Educational pathways need to support the principle of life long learning, with flexible entry and exit routes. As education commissioners, South Central SHA needs to be able to commission high quality educational programmes that meet service demands.

Skills development will also be linked to the use of new technology in patient care and use of IT to support systems and processes, as well as the use of simulation and technology in training staff.

Finally, carers of patients, who may not be thought of as part of the workforce, but do provide significant amounts of care for individual patients, need to have the skills and knowledge to do this effectively and safely. (This is referred to previously in Strategic Challenge 1.)

### Palliative Care Support Worker helps give choice to EoL patients

An example of workforce change that is delivering end of life care at home is a new role in the Palliative Care Service team at Southampton Community Healthcare. Already evidence collected by the team has shown that people are not only taking up the opportunity to die at home, but that they and their carers are satisfied with the level of care that they receive. For health providers this has meant quicker NHS discharges and fewer nursing home places for people at the end of their life.

The palliative care support worker (PCSW) role was developed in response to national and regional guidelines. The previous service configuration sometimes made it difficult to offer the choice of supporting people to die at home.

Part of the challenge in developing the role was working with partners to develop the practical details to ensure continuity of care.

The Service has had to work hard to set up and maintain the matrix structure that links the PCSW to the District Nursing Service, who undertake assessment and case management role, the joint Health & Social Care Rapid Response Service and Marie Curie Service who provide out of hours support. Staff find that working in this service offers significant job satisfaction while the long-term benefits include less post bereavement issues for family and friends due to the intensive level of support they receive.
## Strategic Challenge 5

### Making it Happen

#### Step up Flexibility: Develop the Workforce

<table>
<thead>
<tr>
<th>Provider will</th>
<th>ACTION</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Re-profile their workforce</td>
<td>Commission the right education and training packages working in partnership with higher education providers[^60] and employers.</td>
<td>2010 – 15</td>
</tr>
<tr>
<td>Ensure that all staff have access to personal development, and appropriate training for their jobs and line management support to succeed. (NHS Constitution)[^22]</td>
<td></td>
<td>By 2010/11</td>
</tr>
<tr>
<td>Retrain staff to support changes to service delivery and respond to service demand.</td>
<td></td>
<td>2012 – 15</td>
</tr>
<tr>
<td>Contribute to the curriculum design of education and training programmes.</td>
<td></td>
<td>2010 – 15</td>
</tr>
<tr>
<td>Maintain their obligation to provide high quality education and training placements as set out in Learning Development Agreements.</td>
<td></td>
<td>2010 – 15</td>
</tr>
<tr>
<td>Work to develop new partnership models with education providers e.g. Health Innovation Education Clusters (HIECs).</td>
<td></td>
<td>2010 – 15</td>
</tr>
<tr>
<td>Develop employment models that facilitate cross-organisational working.</td>
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<td>2012 – 15</td>
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</table>

[^60]: Higher education institutions, further education providers and others

[^22]: NHS Constitution

<table>
<thead>
<tr>
<th>Commissioners will</th>
<th>ACTION</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Ensure service specifications and contracts enable team working across organisational boundaries.</td>
<td></td>
<td>2012/13</td>
</tr>
<tr>
<td>Identify the impact of pathway redesign on workforce skills and competencies with providers and education commissioners.</td>
<td></td>
<td>2012/13</td>
</tr>
<tr>
<td>Apply improvement techniques in service or pathway redesign and understand the implications on provider quality, productivity and workforce. (WCC Handbook Competency 8, level 2)[^45]</td>
<td></td>
<td>By 2012/13</td>
</tr>
<tr>
<td>Ensure the provision of education training placements is an integral part of standard contracted provider services.</td>
<td></td>
<td>By 2012/13</td>
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[^45]: WCC Handbook Competency 8, level 2

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<td>By 2012/13</td>
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</tbody>
</table>

[^45]: WCC Handbook Competency 8, level 2

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[^60]: Higher education institutions, further education providers and others

[^22]: NHS Constitution

[^45]: WCC Handbook Competency 8, level 2

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60. Higher education institutions, further education providers and others

For full References see pages 58 – 59
Strategic Challenge 6

Be Accountable: Focus Leadership

We need a culture of accountability at all levels, and leadership that is focused on delivering the best healthcare system in the world, in order to deliver service change.

Commitment

We will ensure improved health and well-being of the workforce, resulting in measurable quality and productivity improvements by developing a culture of accountability at all levels. We will also ensure excellent management and leadership in workforce development and workforce planning to support system-wide change.

Key Issues

All staff, but particularly leaders, are accountable for the effective use of resources and for encouraging collaboration across the health and social care sectors, with the aim of improving patient care.

Clinical and other leaders, at all levels, need to be relentless in their drive for improvement. We will demonstrate our commitment to change by leading by example. For instance, in supporting national pay restraint across the public sector, embracing innovative ways of working, and promoting the development of staff skills and competencies which are not constrained by professional demarcations.

Line managers need to be enabled to structure teams around patient care pathways and to produce real-time outcome data. Line managers make a huge difference to effective team working and to staff motivation to do well and have a sense of belonging.

Practice Leader Programme develops people, delivers change

An example of leadership that is focussed on delivering service change is a new programme for GPs linking leadership skills development with service improvement. Pilot projects are running in Portsmouth and Milton Keynes.

The Practice Leader Programme focused on practice level service development as a means of improving patient care, changing thinking and developing leadership skills. In Milton Keynes 13 general practices and seven newly qualified GPs were involved. Participants took part in fortnightly Action Learning Sets and monthly coaching where they focused on personal and practice development. GPs spent a day a fortnight implementing their practice-based service improvement projects.

In Milton Keynes 19 different redesign initiatives were developed impacting on more than 140,000 patients. All GPs showed significant improvements within the medical leadership competency framework. Nine GPs were awarded a Postgraduate Certificate in General Practice. Five out of seven of the newly qualified GPs have stayed in Milton Keynes and are partners in the city.

“Culture change and ownership underpin the initiatives making the changes sustainable. GPs changed the way they think about themselves, their practice, their patients, problem solving and professional behaviour,” said Dr Marion Lynch, Associate Dean, Oxford Deanery.

The shifts in perspective and transformative approaches to leadership are now being used to deliver improvements to patient care pathways.

See References on pages 58 – 59
Strategic Challenge 6 Be Accountable: Focus Leadership

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.

The NHS Constitution says that all staff should be provided with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities. 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.

Leaders should model the behaviours and culture that patients expect. Clinical staff in particular are key in leading and sustaining change in healthcare systems that can improve both quality and productivity.

Managers and leaders also need different skills and competencies, such as commissioning/decommissioning skills, change management, procurement and tendering skills, business planning, productivity measurement and market management. The ability to understand the impact of service changes, manage financial constraints and mitigate the associated workforce risks is critical.

Leadership is strategic theme through all education commissioned programmes. A focus for 2010/11 is service improvement and education providers will work closely with employers to find opportunities for students to learn from working on service improvement projects.

The SHA, commissioners and providers (including their Boards) should require regular reports and data to provide evidence of workforce performance and productivity that enable members to assure service quality and patient safety and develop their understanding of workforce development as an enabler of service change.

The NHS South Central Leadership Strategy programmes are being reviewed and redesigned to equip leaders with skills to deliver the quality and productivity challenge.

See References on pages 58 – 59
## Making it happen

### Be Accountable: Focus Leadership

<table>
<thead>
<tr>
<th>PLEDGE</th>
<th>ACTION</th>
<th>TIMELINE</th>
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<tbody>
<tr>
<td>South Central SHA will</td>
<td><strong>ACTION</strong>&lt;br&gt;Regularly report workforce issues and risks at SHA Board level.&lt;br&gt;Invest in the development of leaders at all levels.&lt;br&gt;Develop and equip leaders and managers to recognise the link between staff health and well-being and organisational performance. <em>(NHS Health and Well-Being Review, Boorman, 2009, p9).</em></td>
<td><strong>TIMELINE</strong>&lt;br&gt;By 2010/11&lt;br&gt;2010 – 15&lt;br&gt;By 2011/12</td>
</tr>
<tr>
<td>Commissioners will</td>
<td>Regularly consider local health economy workforce risks at PCT Board.&lt;br&gt;Develop excellent management and leadership in workforce development and workforce planning to support system-wide change.&lt;br&gt;Understand and plan for the workforce implications when decommissioning, or commissioning services.</td>
<td>By 2010/11&lt;br&gt;By 2010/11&lt;br&gt;2010 – 15</td>
</tr>
<tr>
<td>Service providers will</td>
<td>Regularly consider and act on workforce issues and risks at trust Board level.&lt;br&gt;Develop excellent management and leadership in workforce development and workforce planning to support system-wide change.&lt;br&gt;Invest in and empower leaders and line managers.&lt;br&gt;Ensure that all staff have clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities <em>(NHS Constitution).</em>&lt;br&gt;Facilitate and enable teams to be structured around patient pathways. <em>(A High Quality Workforce)</em>&lt;br&gt;Develop new ways of working across traditional boundaries.&lt;br&gt;Develop and equip leaders and managers to recognise the link between staff health and well-being and organisational performance. <em>(NHS Health and Well-Being Review, Boorman, 2009, p9).</em></td>
<td>By 2010/11&lt;br&gt;By 2010/11&lt;br&gt;2010 – 15&lt;br&gt;2011 – 13&lt;br&gt;2012/13&lt;br&gt;2012 – 14&lt;br&gt;By 2011/12</td>
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</tbody>
</table>

See References on pages 58 – 59
In the next five years we will;

1. **Ensure best value for money for patients and tax payers from the workforce.** (Strategic Challenges 1, 4, and 5)
   - by developing the right people and skills, and by implementing excellent management of our people, across all health sector employers.
   - 2010 – 15

2. **Actively plan the workforce and prepare intelligently to respond to the challenge and scale of both the forecast increase in demand for healthcare services, and the reduction in spending on public services.** (Strategic Challenges 2, 3 and 5)
   - by working in partnership with the broader health and social care community to deliver this strategy. Developing a clear infrastructure that connects the different planning cycles and clearly sets out roles and responsibilities. We will also work to align individual staff development programme to organisational business plans, commissioning strategies, and regional strategic plans.
   - By 2010/11

3. **Develop a more flexible workforce** that can assimilate new skills rapidly and work in innovative ways to deliver the clinical care pathway improvement programmes and support the transition to community and home services. (Strategic Challenges 1, 3 and 5)
   - by developing the knowledge and skills demanded by commissioners and provider organisations, supported by excellent clinical placements, training, and working across traditional boundaries.
   - By 2011/12

4. **Integrate and align our actions and take a system-wide perspective to future workforce requirements in order to deliver the emerging service models and capitalise on workforce planning.** (Strategic Challenges 2, 3 and 5)
   - by working collaboratively on workforce planning and development at provider organisation level, between local PCT and local authority, and at regional level.
   - By 2011/12

5. **Support new ways of working and planning to ensure that the workforce is fit for purpose and meets employers and public demands/expectations.** (Strategic Challenges 1, 5 and 6)
   - by implementing modernising health careers (medical, nursing, health care scientists and allied health professionals) and by ensuring excellent management and leadership in workforce development and workforce planning to support system-wide change.
   - By 2011/12

---

63. Staff means all health sector workforce irrespective of role, grade or profession

For full References see pages 58 – 59
6. Ensure organisations fulfil their commitments in the skills pledge\textsuperscript{52}. (Strategic Challenges 1 and 5)
by each organisation in NHS South Central signing the skills pledge and supporting staff to achieve a Level 2 qualification (i.e. NVQ or similar).

By 2012/13

7. Work with and engage the public\textsuperscript{64} more fully, in workforce development and education of our staff. (Strategic Challenge 1)
by ensuring that public opinion and patient views are represented and used to drive and develop excellent education and training.

By 2013 – 15

8. Ensure high quality education meets the needs of our staff irrespective of grade, role or seniority. (Strategic Challenges 1, 2, 4 and 5)
by ensuring we implement world class education commissioning and meet the commitments of the NHS Constitution\textsuperscript{22}.

By 2014/15

9. Meet the pledges in the NHS Constitution\textsuperscript{22} to staff, and ensure our staff meet their responsibilities to patients, public and colleagues. (Strategic Challenges 1, 3 and 5)
by the SHA, commissioners and providers working collaboratively to support the educational needs of our staff.

By 2014/15

10. Ensure improved health and well-being of the workforce, resulting in measurable quality and productivity improvements. (Strategic Challenges 1, 4 and 6)
by developing a culture of accountability at all levels, excellent management and leadership that is focussed on delivering the best healthcare system in the world.

By 2014/15
the benefits of getting it right

Quality

• Improved patient care delivered efficiently and seamlessly
• Improved patient satisfaction and safety
• Appropriately trained staff with the skills and knowledge to deliver high quality care
• Engaged staff delivering better quality care
• Roles and services that are designed around the actual needs of patients
• Improved morale and happier, more motivated staff.

Innovation

• Harnessing the workforce to make required service changes
• Workforce solutions that support delivery of Shaping the Future and transformational change
• Spread of best practice in people management, skill mix and new ways of working
• New roles and ways of working to deliver care for patient pathways and to support service improvement.
Productivity

• Better for patients and tax payers as the same or improved patient outcomes are delivered for less cost
• Better value for money from commissioned education
• A balance between short-term imperatives and long-term workforce planning solutions that are sustainable
• Engaged staff deliver better quality of care
• Productive and effective team working.

Prevention

• The public as partners in their own care and lifestyle choices
• A system-wide approach to workforce development planning across health and social care
• Workforce skills and availability match demand
• Wider workforce trained to promote staying healthy.
appendices

Appendix 1: Clinical Care Area Workforce Priorities 53
Appendix 2: Linked Strategies and Implementation Plans 56
Appendix 3: Acknowledgements 57

Supporting documents available online at:
www.workforce.southcentral.nhs.uk

1. NHS South Central Workforce Information Report
2. Education Commissioning Strategy
3. Clinical Care Area Workforce Reports and Priorities
4. Planning and Developing the NHS Workforce: The South Central Framework
Appendix 1 Clinical Care Area Workforce Priorities

In NHS South Central, following the publication of *Towards a Healthier Future*, clinical directors for each of the eight clinical care areas have been appointed to lead improvement programmes that focus on key areas of service transformation.

There are also two enabling programmes – System Reform, and Information Management and Technology.

The interim Care Area Workforce reports are available on the SHA website (www.workforce.southcentral.nhs.uk) they give an overview of the current workforce issues and workforce development priorities in each care area.

They cover both the workforce changes needed to ensure successful delivery of the clinical improvement programmes, and also the wider workforce issues in that care area.

The opportunities for quality and productivity service changes for each clinical care area are summarised on pages 54 – 55, and when these are confirmed and further defined, the implementation plan for the strategy will include the actions that need to be taken to deliver the workforce changes that will support these priorities.
Appendix 1 Clinical Care Area Workforce Priorities
Opportunities for quality and productivity changes

---

**PLANNED CARE**
- Decommissioning of cosmetic and limited benefit procedures
- Enabling patients to make informed choices which help reduce unnecessary elective procedures
- Redesigning pathways for individual specialties such as musculoskeletal services
- Re-tender services which do not require full acute infrastructure
- Actively review all GP referrals.

**LONG TERM CONDITIONS**
- Commission best practice map of medicine/pathway interventions
- Actively monitor patient lists electronically at regional, PCT and practice-level to aid case management
- Performance manage and incentivise groups of providers
- Develop and support making it easier for people to stay well, in control, confident and have a good experience managing their LTC(s) even when life becomes complicated.

**END OF LIFE**
- Early identification of people nearing the end of life (EoL)
- EoL care planning/advance care planning for all high risk patients
- Enhanced community care services to provide single point of access/key professional to co-ordinate care; accelerated discharge; palliative home care plan and home care nurses to enable more patients to die at home. This may involve tendering EoL services depending on population need
- Increase public awareness of out-of-hospital EoL care.

**MENTAL HEALTH**
- Optimise contracts and care packages
- Improve dementia care in general hospitals
- Reduce out-of-area mental health placements
- Implement mental health liaison services to pre-emptively identify people with mental illness or drug/alcohol problems
- Establish a primary care mental health service to reduce inappropriate admissions.

---

**Key Workforce Issues**
- Plan changes and redeployment of the workforce as services are modernised and transferred to another setting.
- Develop expanded and extended roles of allied health professionals in musculoskeletal services.

**Key Workforce Issues**
- Different ways of working by consultants and GPs.
- Skills and competency in implementation of telemedicine.
- Analysis of COPD skills and competencies, redesign of workforce and skill mix.
- Development of support workers, including across health and social care boundaries.

**Key Workforce Issues**
- Develop end of life care skills and competency across the workforce, including health and social care support workers.
- Remodel role of specialist palliative care services in developing the wider workforce.

**Key Workforce Issues**
- Increase skills and competency in dementia care across the workforce.
- Develop mental health skills across all care settings.
- Provision of accessible skills updates for current mental health and learning disability workforce.
- Develop skills in learning disability across all care settings.
Key Workforce Issues

Develop the wider workforce skills and competencies in prevention and staying healthy.

Ensure supply of specialist public health skills and competencies.

Develop the role of support workers.

Recruitment and retention of midwives.

Develop neonatal workforce skills.

Key Workforce Issues

Development and deployment of maternity support workers.

Re-profiling of workforce in line with maternity care pathway.

Sustainable supply and training of sonographers.

Key Workforce Issues

Implement effective skill mix in health visiting and school nursing services and paediatric community care teams.

Plan and develop the children’s workforce in conjunction with social care.

Flexibility of workforce to work across organisational barriers.

Key Workforce Issues

Increase flexibility of workforce and roles that work across organisational boundaries.

Ensure that incentives are appropriate to deliver an integrated care model.

Develop a 24x7 urgent care workforce in the primary care setting.

MATERNITY AND NEWBORN

• Reduce the number of pregnant women being admitted to hospital by increasing community care
• Reduce the need for GP consultations through direct referral to midwives
• Reduce the number of Caesarean sections
• Reduce unnecessary neonatal admissions
• Reconfigure services to enable safe and affordable care.

STAYING HEALTHY

• Implement NHS Health Checks across the whole of NHS South Central
• Reduce smoking
• Deliver high impact changes in alcohol advice and guidance
• Implement a fall prevention programme
• Increased breast feeding campaign aimed at helping staff understand the benefits.

CHILDREN, YOUNG PEOPLE AND FAMILIES

• Improve access to urgent care outside hospital
• Set clear standards for referrals and admissions
• Improve non-urgent out-of-hospital care
• Consolidate services for children outside of hospital.

ACUTE CARE

• Redesign care pathway so that the right care is given to patients first time
• Twelve hours a day, every day of the week (12x7) primary care access to reduce A&E attendances and provide care closer to home
• Create integrated care across primary and secondary with patient at the centre
• Build in incentives so that all professionals in the health system work together to provide the best possible care with an efficient use of resources
• Realign resources within acute hospitals so that high quality specialist care can be provided to the whole population through centres of excellence
• Reduce the multiple points of access for urgent care, ensuring that the offering is consistent.
### Appendix 2 Linked Strategies and Implementation Plans

**Patient Care Area Reports**

In addition to the eight care area workforce reports there are further workforce plans and aligned strategies that cover specific professional groups or sections of the workforce. These are listed below with links to the full documents which can also be accessed via the South Central SHA website (www.workforce.southcentral.nhs.uk).

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<tr>
<td>• Primary Care</td>
<td>Task force reports available</td>
</tr>
<tr>
<td>• Valued People Project (learning disability)</td>
<td>Workforce report – in production</td>
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<td>• Nursing and Midwifery Strategy – Making Quality Personal</td>
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<td>• Dental Strategy</td>
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<td>• Medical workforce plans by speciality</td>
<td>In production</td>
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<td>• Modernising Nursing Careers Implementation Plan</td>
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<td>• Modernising Scientific Careers Implementation Plan</td>
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<td>• Allied Health Professionals</td>
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<td>• Pharmacy</td>
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<td>• Education Commissioning Strategy</td>
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<th>Reports: Others</th>
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<td>• Annual Workforce Operating Plans</td>
<td>Signed off April 2010</td>
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<tr>
<td>• Health Economy Workforce Risk Assessments</td>
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<tr>
<td>• Apprenticeship Strategy</td>
<td>Published May 2009</td>
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<td>• Widening Participation Strategy</td>
<td>Published March 2008</td>
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<tr>
<td>• Leadership Development Strategy</td>
<td>Published March 2009</td>
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<tr>
<td>• Single Equality Scheme for 2009 – 2012</td>
<td>Published September 2009</td>
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Appendix 3 Acknowledgements

Strategy Reference Group

Heather Aldridge, Specialist Palliative Care Strategy Advisor, Sue Ryder Care
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Consultation Events

Allied Health Professionals Forum
Board of Commissioners
Clinical Pathway Directors
Directors of Finance
Directors of HR Forum
Directors of Nursing Forum
Health and Social Care Workforce Workshop
Health Care Scientists Forum
HR Best Practice Forum
Local Authorities – all authorities covering NHS South Central Maternity and Newborn Workforce Workshop
Mental Health Commissioners group
Mental Health Workforce Workshop
PCT Chief Executives
Pharmacy network
Social Partnership Forum
Strategic Education Partnership Meetings
Workforce Summit (reference group)

The final consultation event was a Workforce Conference (7 Dec 2009) at which the final section for each of the strategic themes: Making it Happen was completed.

Comments

If you would like to comment on this strategy, please contact Allan Jolly, Associate Director Workforce and Education or Ruth Monger, Head of Workforce Strategy and Planning.
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www.southcentral.nhs.uk

Many thanks to everybody who contributed to the case studies.
This strategy has been through a process of equality and diversity impact assessment.
All information correct at time of publishing.
references


2. The Case For Change p12.


4. Strategic Challenge 6 p45.

5. Strategic Challenge 5 p41.


8. Strategic Challenge 1 p21.


10. www.workforce.southcentral.nhs.uk


21. Public is defined as service users, patients, clients, carers, and the general public.


25. Source: ESR Data Warehouse.


27. NHS South Central Shaping the Future Programme (work in progress)


30. MPET – Multi Professional Education Training levy. The annual training and education funding from the Department of Health to SHAs.


“Perform risk analysis of, and manage, data on quality, access, patient feedback, operational workforce and workforce planning issues,” Competency 10, Level 2.


36. Total Place – www.localleadership.gov.uk/totalplace


42. Source: Department of Health productivity metrics 2006/7

43. Source: The Chartered Institute of Personnel and Development

44. Source: ESR Data Warehouse (September 2009)


47. Workforce means all health sector workforce irrespective of role, grade or profession.


49. South Central SHA (2009). *Staying Healthy Clinical Care Area Workforce Report.* Available at: www.workforce.southcentral.nhs.uk


51. Productive Series, NHS Institute for Innovation and Improvement. Available at: www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html


58. Bournemouth University: http://ihcsprofdevel.bournemouth.ac.uk

59. Modernising Nursing Careers Available at: www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefnursingofficer/DH_108368

60. Higher education institutions, further education providers and others.


62. NHS South Central Leadership Strategy and Prospectus.

63. Staff means all health sector workforce irrespective of role, grade or profession.

64. Public is patients, users of services, carers, clients, general public.

Shaping the Future
The Workforce Strategy 2010 – 15

By 2015 we will have improved quality and patient safety across the region, and reduced costs. Services will be provided closer to people’s homes and will be more community based.

“"