Developing people for health and healthcare

Local Education and Training Board (LETB) Workforce Planning for Transformation

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NHS
Health Education North West London

Accountability of HEE

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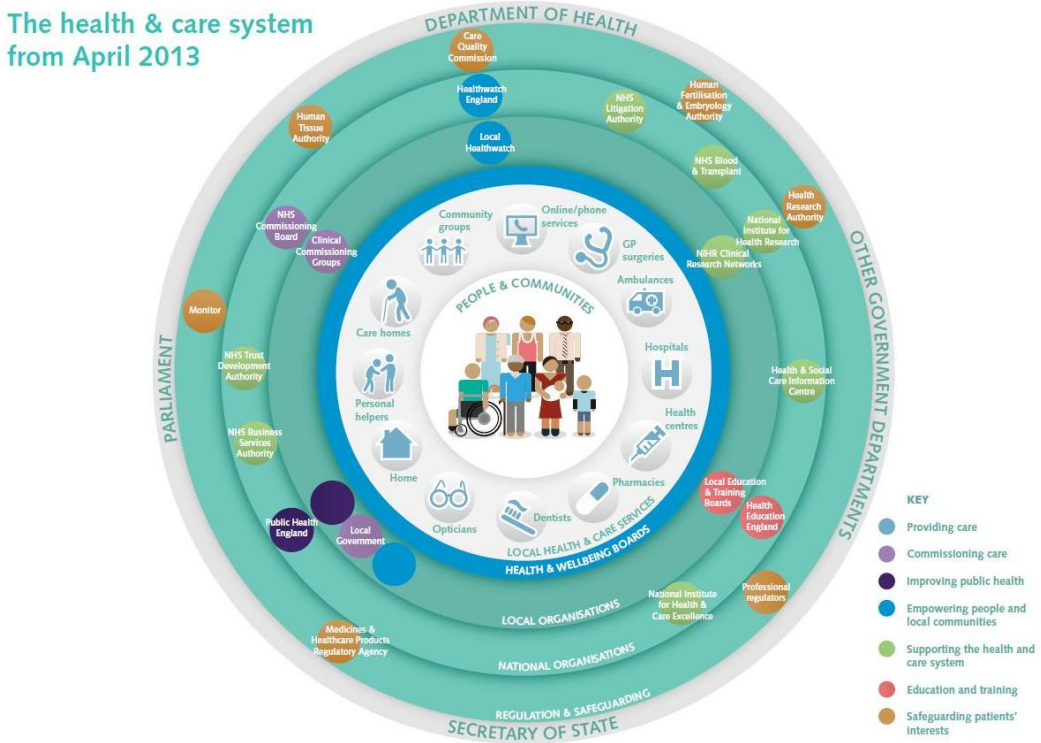
We are one of 8 Arms length bodies (ALBs) in health.

HEE is accountable to the Secretary of State for Health.



LETBs

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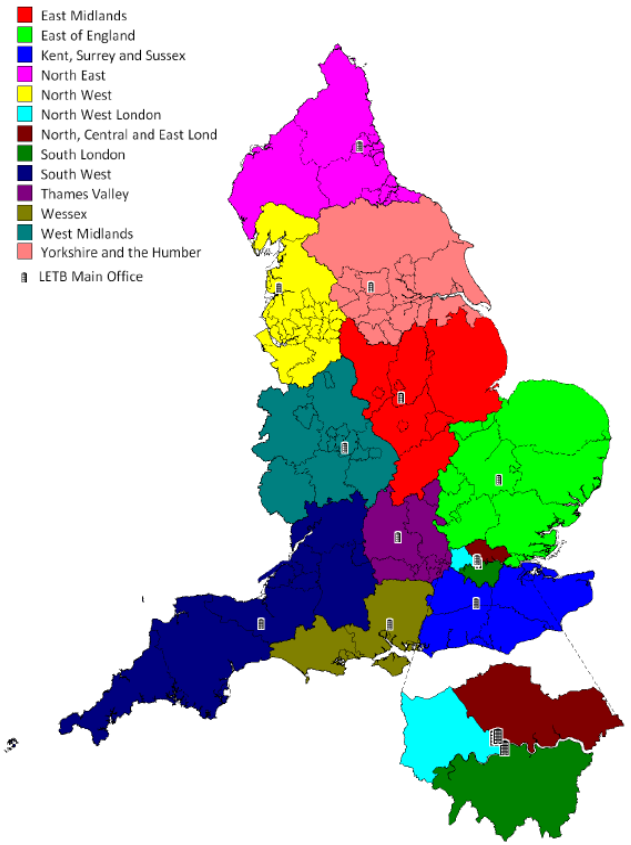

- Total of 13 LETBs
- Committees of HEE
- Not Statutory Bodies
- Provider led
- Stakeholder representation
- Core leadership of:
  - LETB Director
  - Independent Chair
- 4 geographic hubs, London South East (including Kent Surrey and Sussex)
- Dispersed HEE leadership
- Deaneries part of LETBs

Our purpose

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The North West London LETB's goal is to improve the quality of care and the experience and safety of patients and staff at all levels and enable them to embrace change and improvement.

LETB has the responsibility for ensuring that education, training and workforce drives the highest quality public health and patient outcomes.

Our vision

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- Work in partnership with the local health community to identify and agree local priorities for education and training.
- Ensure the supply of compassionate, knowledgeable and highly skilled people to provide health and public services which connect to social care provision.
- Plan and commission excellence in education and training on behalf of the local health community to ensure sustainable, high quality service provision and health improvement.
- Be a forum for developing excellence across the whole health and public workforce.
- Public/Patient centric in engagement in pathway groups.

NWL LETB

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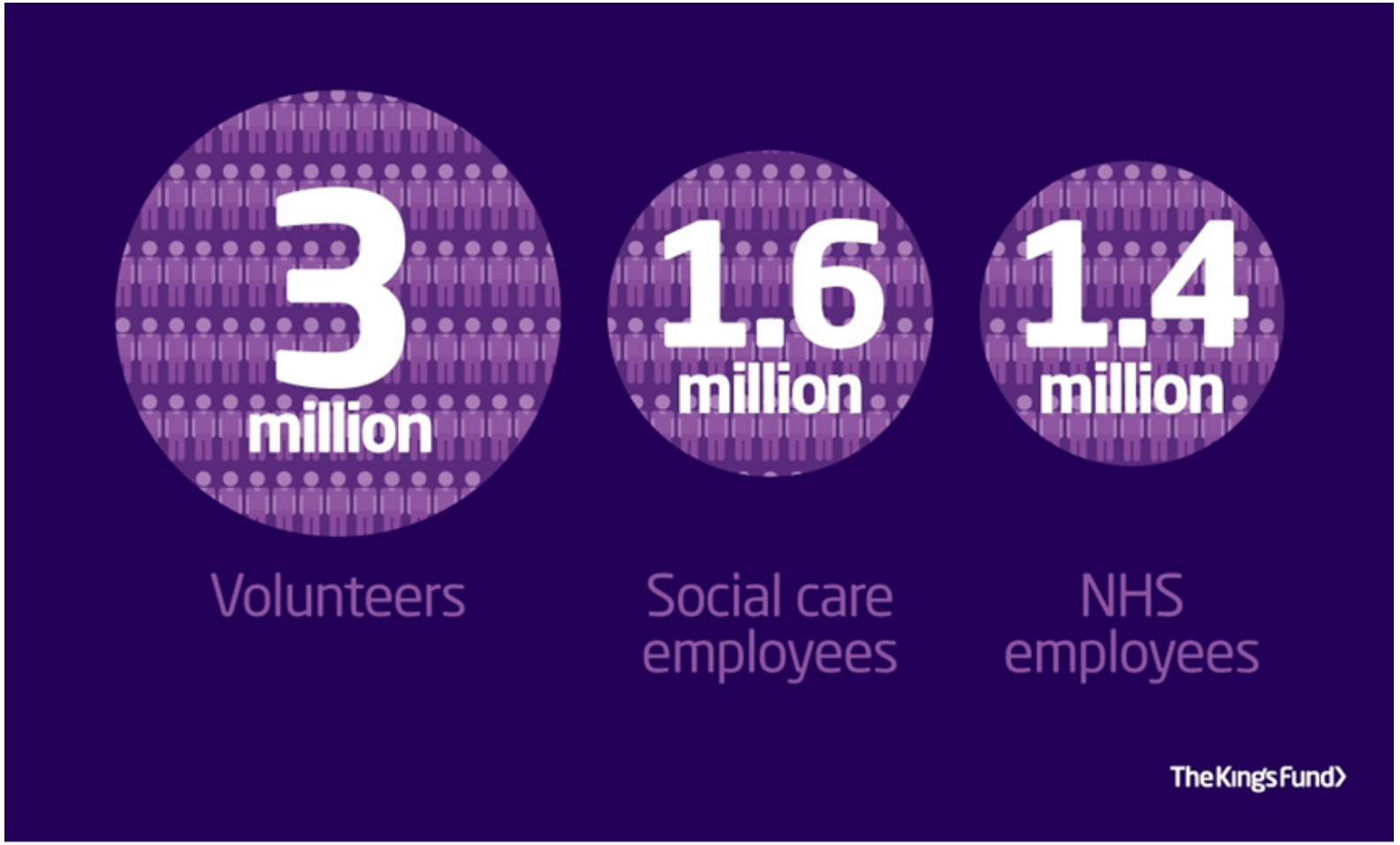
- Places providers of NHS Services firmly in the driving seat to plan and develop the workforce within a national education and outcome framework and to consistent standards.
- Ensure that staff are available with the right skills and knowledge, and at the right time and that the shape and structure of the workforce evolves to meeting the changing needs.
- Provide a clear focus on the entire healthcare education and training system and ensure greater accountability against service improvements.
- Ensure that investments made in education and training are transparent, fair and efficient and achieve good value for money.

The health and social care workforce is much broader than the NHS...



The King's Fund

Time to Think Differently

Shaping a healthier future

Department of Health

SHAPE OF TRAINING

NHS England

NHS Health Education England

HEE Strategic Framework

Public Health England

The Cavendish Review

THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Chaired by Robert Francis QC

Raising the Bar

Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants

The Kings Fund

Ideas that change health care

Time to Think Differently

But this simple purpose can be hard to deliver because of the following issues:

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The scale of the task	• Over 1.3m staff in +300 jobs in +1000 organisations • Treating 1m patients every 36 hours
Lead in time	• 13 years to train a Consultant, 10 years to train a GP, 3 years for a newly qualified nurse • Medics in training now will still be working in 2060
Today & tomorrow	• Our investments in the future workforce have to be based upon assumed future models of care • But patients also rely on trainees to provide care today

The consequences of not balancing need with supply can mean that:

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Patients suffer	• Healthcare is unlike any other economic good • If there are significant gaps in the required workforce, the results can be catastrophic for individuals and their carers
Time to rebalance	• Because of the long training times, gaps cannot be quickly rectified – international supply exists for some professions but not all • Oversupply can result in unemployment, wasted tax payers money, and be a cost driver for employers who have to disinvest elsewhere
Service models ossify	• Future service models can only be delivered if we have staff with the right skills in the right places to deliver them • If we don't have the right staff, service may be locked into outdated models and patients will not reap the benefits of technology etc.

An introduction to workforce and education planning in HE North West London

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What planning activity is underway in NW London and why?

- We aim to deliver a supply of newly qualified professionals through the education we commission
- We will base commissioning decisions on evidence of what is required – workforce data + dialogue with stakeholders
- We will ensure decisions are informed by the health service providers we represent
- We need to demonstrate value for money and return on investment
- We need to comply with the HEE planning requirements

An introduction to workforce and education planning in HE North West London

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What is our approach in NWL?

- We want to understand the numbers AND the narrative behind the numbers
- We want to know that education we commission is high quality and fit for purpose
- We will be transparent and open
- We will ensure our investment plans are driven and informed by our stakeholders

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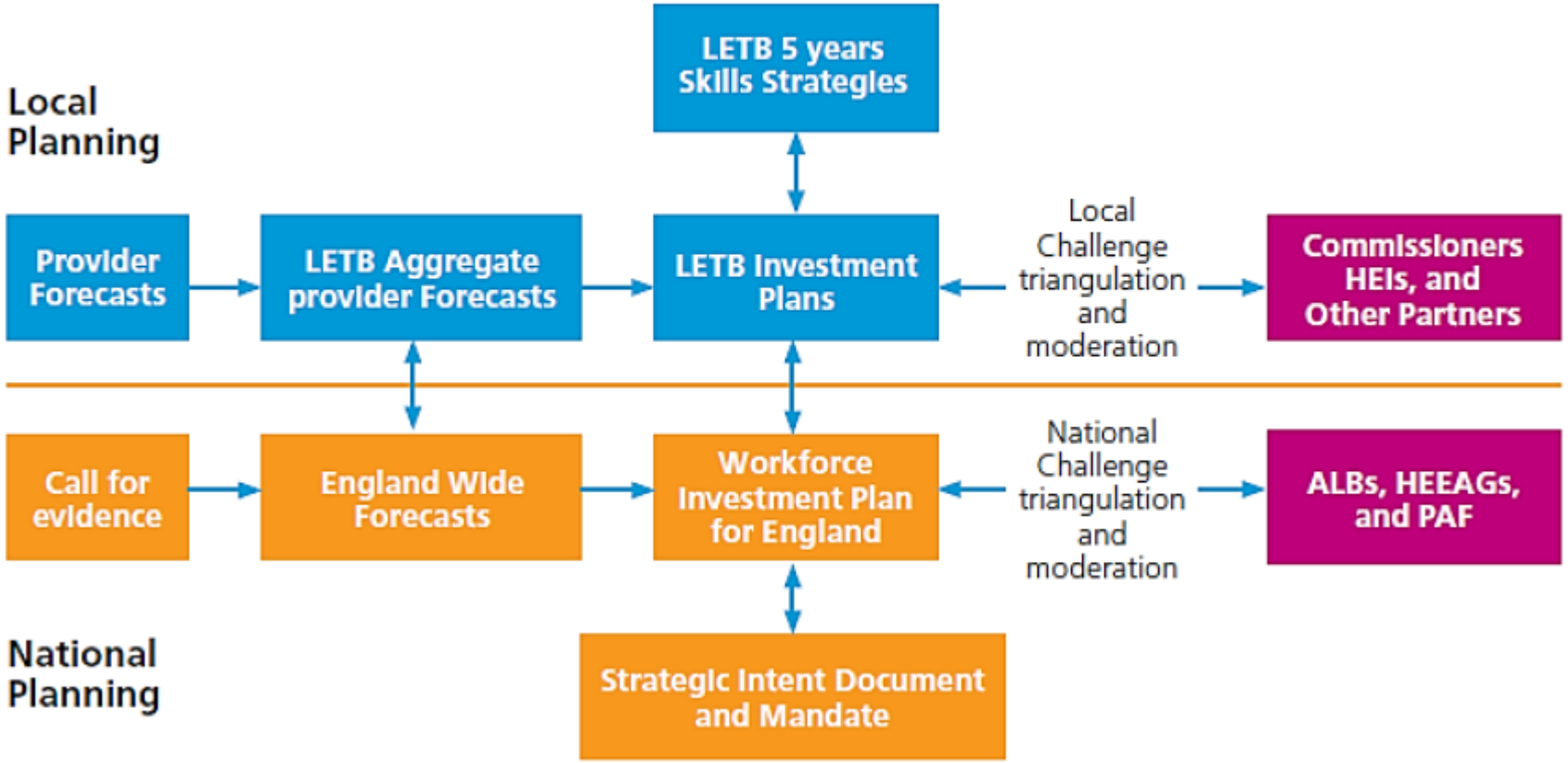
HEE Workforce Planning Process



Workforce demand – Workforce demand from employers

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- No longer an acute-sector based planning process (Primary Care, Social Care, Independent Care providers…..)
- Forecast demand, 5 years ahead
- 100% participation rate (NHS employers)
- Data validation and scrutiny through stakeholder engagement

EXAMPLES

- Do plans allow for the move towards out-of-hospital care?
- Do forecasts for midwifery correlate with current birth-rate projections and the recommended ratios of midwives to births? Nursing safe-staff ratios adhered to?
- Do plans for the band 1-4 workforce reflect planning for skill-mix in the workforce?

Workforce supply – Understanding workforce supply and agreeing the "gap"

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What is supply forecasting?

Estimating the number of people who join London's NHS workforce, and the number of people who leave, and aggregating this into a net change

How is it calculated?

- Retirements
- Movements to other Trusts in the LETB area
- Movements to other Trusts outside the LETB area
- Movements out of the NHS
- Newly qualified staff joining the workforce
- Joiners from other NHS organisations in the LETB area
- Movements from other NHS organisations outside the LETB area
- Return to Practice joiners
- International recruitment

Education planning – how will we invest in supplying the newly qualified workforce in 2015-16?

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So……

- Supply is not just about newly qualified staff
- Changes to training numbers usually don't hit the workforce for 3 years +

Other ways to boost workforce supply:

- Reducing course attrition
- Increasing proportion of newly qualified clinicians who take up posts in the NHS in London (as opposed to elsewhere in the country, or outside the NHS)
- Running return to practice campaigns and international recruitment programmes for a short-term need and CPD for existing staff
- Quality of education/fitness for practice

Gathering demand data - eWorkforce Tool

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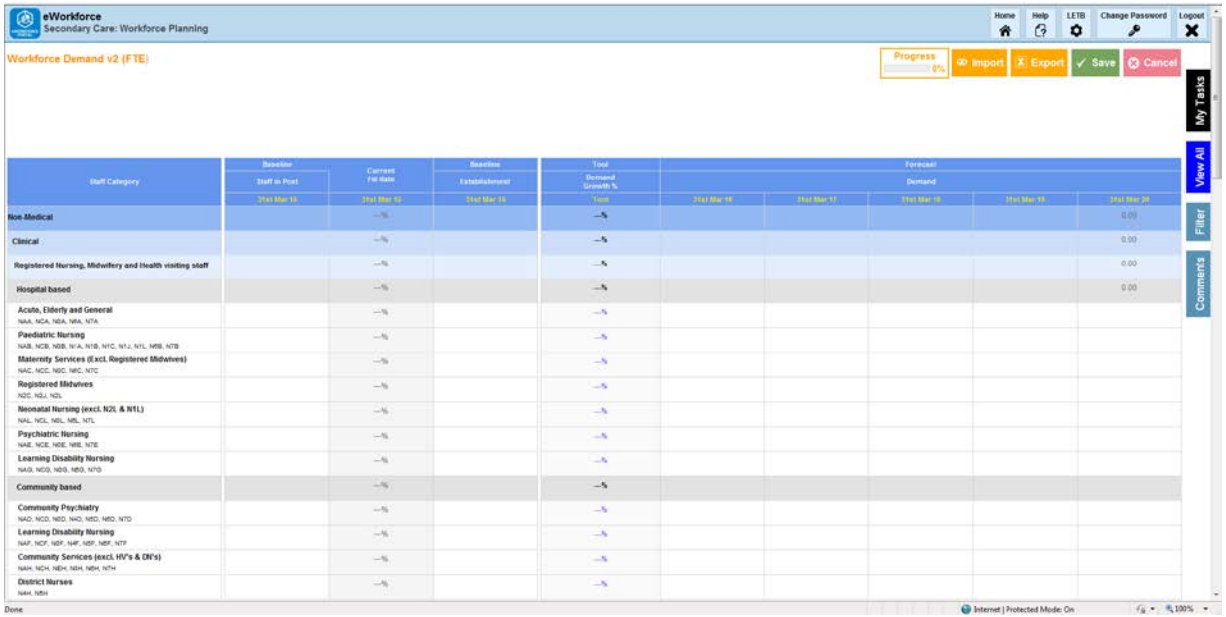
- Online tool for trusts used by trusts to submit demand predictions
- Replaces spreadsheets used previously
- Allows for greater consistency across LETBs and increased functionality
- Reduces issues with version control



Demand & Supply Tool – calculating demand

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- In-house tool used to calculate demand and supply
- For demand, 5 year demand forecasts from trusts aggregated
- Vacancy rate applied to allow for bank and agency staff usage
- This gives a basis of demand data to be discussed with key stakeholders and amended as necessary

Workforce Demand Table	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Establishment (Start of year)	13,761	14,280	14,653	14,870	15,083	15,292
Establishment (Start of year) Override						
Establishment (Start of Year) Final	13,761	14,280	14,653	14,870	15,083	15,292
Annual % change in Total Establishment		3.8%	2.6%	1.5%	1.4%	1.4%
Vacancy Rate	16%	16%	16%	16%	16%	16%
Vacancy Rate Override						
Demand	**11,590**	**12,027**	**12,341**	**12,523**	**12,703**	**12,879**

Demand & Supply Tool – calculating supply

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- Current staff in post (SIP) taken as a starting point
- Predicted leavers subtracted and joiners added, leaving an SIP number at the end of the year
- Repeated for each year of the prediction
- Commissions and expected newly qualified staff factored in to number of joiners

Workforce Supply Table	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Staff-in-Post (Start of Year) - "Supply"	**11,648**	**12,231**	**12,669**	**13,053**	**13,408**	**13,717**
Annual % change in Supply		5.0%	3.6%	3.0%	2.7%	2.3%
Leavers: Turnover excluding Retirement	1,326	1,392	1,442	1,486	1,526	1,561
Leavers: Retirement	176	185	191	197	203	207
Leavers: Retirement Override						
Total Leavers	**1,502**	**1,577**	**1,633**	**1,683**	**1,729**	**1,769**
Joiners: Total Excluding Newly Qualified	1,673	1,673	1,673	1,673	1,673	1,673
Joiners: Total Excluding Newly Qualified Override						
Joiners: Newly Qualified	413	342	345	365		
Total Joiners Final	**2,086**	**2,015**	**2,018**	**2,038**		
Staff-in-Post (End of Year)	**12,231**	**12,669**	**13,053**	**13,40**		
Change in Supply In-Year	**584**	**438**	**384**	**355**		

Education Commissions Summary	2014/2015	2015/2016	2016/2017
Commissions in Education	632	632	632
Commissions Override			
New Commisions Final	632	632	632
In-course attrition and failures	23%	23%	23%
In-course attrition and failures Override			
In-course attrition and failures Final	23%	23%	23%
Commissions less Attrition	487	487	487
Uptake rate	75%	75%	75%
Uptake rate Override			
Uptake rate Final	75%	75%	75%
Expected uptake to London	365	365	365

4.1 Midwifery

Summary

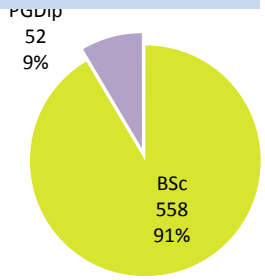
Pan-London education commissions for Midwifery were unchanged from the previous year.

Implementation of the London Quality Standards is contributing to an increase in demand for midwives. Education commissions for midwifery have consistently been increased over the past three years, as a result, projected workforce supply is forecast to meet increased demand. Therefore this year education commissions were unchanged. This is in line with stipulations within the HEE mandate. Placement capacity and the management of placements via HEIs are issues that remain to be addressed.

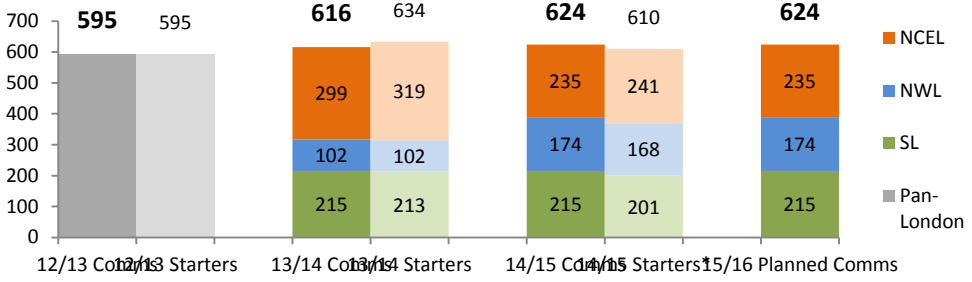
Commissioning decisions and course split

LETB	14/15 (Placed)	15/16 (Planned)	Change
Pan-London	**624**	**624**	**0%**
NCEL	235	235	0%
NWL	174	174	0%
SL	215	215	0%

Course split is based on 2014/15 pan-London starters (Jan 2015 cohort starters assumed to be equal to planned number).



Commissioning trends

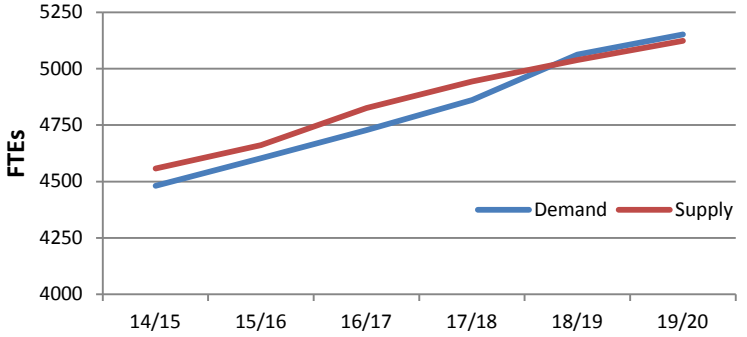


* 14/15 starters for Jan cohorts assumed to be equal to planned number

Other recommendations

- For Trusts to achieve growth over the next 12 months, recruitment of 50-60 additional midwives above current recruitment levels will be required.
- There is a need to expand the role of Maternity Support Worker as well as developing an advanced practitioner role to assist with obstetric emergencies.
- A reduction in staff attrition by 5% over five years should be targeted
- Work will commence with HEIs to ensure placements are available to support future growth and ensure that placements are available equally across the geography.

Pan-London Workforce Data: Demand & Supply



Demand & Supply Assumptions

LETB	Vacancies	Attrition	Uptake	Amendments following stakeholder engagement
Pan-London	**10.6%**	**20% > 18.3%**	**81%**	[see below]
NCEL	10%	20%	81%	- Vacancy from -7% to 10% - 2015/16 joiners (excl. newly qualified) increased from 149 to 200
NWL	14%	20%	81%	
SL	9.12%	20% > 15%	81%	- Vacancy from 2.77% to 9.12% - Attrition to reduce from 20% to 15% over five years

Summary of Stakeholder Engagement

- The currently projected oversupply was questioned because Trusts are still falling below the required 1:30 midwife to births target
- Staff turnover varies significantly from Trust to Trust. In some areas a 5% reduction in attrition should be targeted.
- Placement capacity and management issues, particularly with regard to community placements and the availability of mentors would need to be addressed prior to plans for growth in the future.
- The failure rate of numeracy tests of students doing the 18-months programme is high

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Conclusion
Questions & discussion

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