

15th IHWC Conference –
London/Cambridge UK

Re-Tooling: is today's workforce fit for
purpose? – An English NHS Perspective

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Is the current workforce fit for purpose?

- In parallel to adaption of curricula / education of the 'new workforce'.
- Scale – NHS 1.3 million current staff v 37,000 newly qualified professionals
- Mind your language!
- On the whole, the workforce does what it is asked to do now really well.

But....

- What it is asked to do now is not;
 - necessarily what patients want
 - A sustainable model in light of demographics and money
 - Most effective use of available resource
 - Taking advantage of best practice outcomes
 - Utilisation of innovation and technology
- Also...Patients and carers not considered part of the workforce (their fitness doesn't come into it, simply not engaged as they might like or be able)
- A consensus it is not fully equipped to meet needs of future system

Re-tooling?

- Infers an active and deliberate intervention
- Is the workforce naturally adaptive?
- Can change be incremental?

Or

Does the scale or nature of the challenge mean a comprehensive policy or system response is needed?

What is the nature of the challenge?

- Skills, knowledge, to operate a new process or to adapt as an individual to adopt a new role.
- Do we need to engender changes to the culture, beliefs, and behaviours of current staff?
- How do we equip patients and carers with knowledge and skills they need and want to be active in their own care (on top of innate knowledge of themselves!)?
- Can we act to introduce greater innate flexibility / responsiveness of current staff

How are we responding to these challenges?

Skills and Knowledge Development

- HEE funded workforce development fund - £200m
 - Extensive local development priorities but....
- National Dementia Awareness Programme
- E-learning for Health e.g. FGM e-learning tools
- Talent for Care strategy
- Forward View – Workforce Innovation Programme
 - Proven high impact clinical change
 - Limited adoption to date
 - Development of the workforce is a key enabler
 - Agreement to suspend ‘targets’ during re-tooling
 - E.g. Enhanced Surgical Recovery after knee or hip replacement – Robert Jones and Agnes Hunt Orthopaedic Hospital Oswestry.

Culture, Beliefs, Behaviours

- HEE - Human Factors programme
- UCLH After Action Review (AAR) Programme <http://www.ucheducationcentre.org/behaviouralprogrammes.html>
- HE SW – Patient Safety Fellows
- Clinical Fellows programmes
- Inter-professional learning



Patient and Carer Development

- Expert Patients Programme <http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/expert-patients-programme.aspx>

What are the Barriers?

- Funding
 - Short term focus of employer organisations + extreme financial pressure.
 - Competing priorities for HEE £5bn funding – future supply v current workforce + specific limits
 - Incentives for self funding
- Protected time
- Change leadership / capacity
- Short term performance focus
- Poor record on adoption and dissemination

On your mixed country tables

- What is the nature of the re-tooling challenge?

Do the headings resonate, are there others?

- Examples of how your country is responding to these different types of challenge?
- What barriers are you facing to making these changes?

30 Minutes table discussion followed by feedback and discussion

UK Session - Re-tooling: Is the workforce fit for purpose – Table Discussions

	Is this a challenge in your country?	How is your country responding to this challenge	What barriers do you face in making these changes?
Equipping the workforce with new skills and knowledge			
Changes to culture, beliefs, behaviours of the workforce			
Patients and carers as part of the workforce			
Making the workforce more flexible and responsive			
Other Challenge 1			
Other Challenge 2			
Other Challenge 3			