

Health and Social Services Committee HSS-17-01(p.3)

Date **5 December 2001, 2.00 to 5.20pm**
Venue **Committee Room 3, National Assembly for Wales**
Title **Staffing Implications of the 2001 Workforce Plans**

PURPOSE

1. To provide the Health and Social Services Committee with: -
 - the results of the Workforce Planning Exercise for 2001, identifying the Service's view of their future staffing requirements
 - the education and training and recruitment and retention implications of these staffing requirements

INTRODUCTION

2. The Committee was presented with the results of the Workforce Planning Review on 24 October 2001. The review had taken a two pronged approach, the first looking at the existing data collection exercise and the second looking at the education and training decision making structures. It was agreed that the results of the 2001 workforce planning round would be presented to the Committee in December.
3. The Plan for Wales 2001 presented by the First Minister in October 2001 identifies the commitment to increase staffing levels and the number of healthcare professionals in training, quantifying this by committing to increase the number of doctors in training by 65% and the number of nurses in training by 35% by 2003-2004.
4. This paper seeks to cover both of these commitments. It provides details of the All Wales Workforce Plan, produced by combining the individual plans submitted by Trusts and Health Authorities in Wales. The plan covers a medium term picture of staffing requirements. Longer and shorter term issues that will have an impact in terms of achieving the needs identified are also covered - in the longer term the Education and Training Capacity Review; and shorter and medium term recruitment and retention initiatives and current increases in training commissions.

BACKGROUND

5. The workforce planning data collection exercise has changed significantly in 2001.

6. The Workforce Planning Review recognised that the amount of data previously being collected was no longer sufficient to meet the information needs of the National Assembly for Wales. The information collected has fluctuated during the last 10 years from being all encompassing originally to a much reduced data collection exercise in more recent years.

7. From 1988 to 1994 the NHS in Wales gradually developed skills in workforce planning. Since 1995 the changed emphasis on the importance of workforce planning and the reduced data collection exercise has reduced resulted in a reduction of the quality of information provided.

8. From 1992 the workforce plans were used to provide information on newly qualified staff requirements for education and training commissioning for nurses, professions allied to medicine and other professional, technical and scientific staff to feed into the education and training commissioning process.

9. Decisions about medical education and training have not formed part of the above process. Decisions on medical education and training numbers were taken on an England and Wales basis by Committees on which Wales had representation. The split of overall numbers into specialities was agreed at all Wales level based on the professional advice received.

10. Factors taken on board in this year's process therefore include the need to integrate medical workforce and non-medical workforce planning and the need to ensure that the staffing requirements of other healthcare providers were taken on board, including Social Services, the private and voluntary sectors, the prison service and the armed forces. The need to ensure that the data is "fit for purpose" is the overriding objective of this new approach and an extensive training exercise is underway to ensure that this is achieved.

11. Data has been collected this year for all staff groups in the primary and secondary care sectors. The data includes information on qualified staff and support workers, professional staff, clerical, managerial and ancillary staff.

12. The biggest change in the way data has been collected in 2001 relates to "need". Whereas in the past workforce plans have been prepared on the basis of known funding levels, this year Trusts and Health Authorities have been asked to base their plans on what staff they require to deliver care in the future from a professional and managerial view point.

WORKFORCE PLANNING DATA FOR 2001

13. The information provided at Annex A provides details by staff group of: -

- All Wales Staff in Post and Vacancy totals as at December 2000 (as identified by Trusts and Health Authorities)

- Initial All Wales Forecast Staffing Requirements. (currently being validated)
- Number of healthcare professional students due to complete their training by 2005.

14. The emerging data from this year's Workforce Plans, are currently being validated by the Trusts and Professions to ensure they are robust.

15. This year's plans were based on "need" and not available funding. Although the plans have shown a sharp rise in future planned staffing levels as a result it is not clear which elements of these increases relate to developments in service provision (whether agreed or currently only under consideration) and which elements relate to maintaining or improving current services.

16. The Trust Boards are required to "sign off" all finalised plans to certify their accuracy. They must take account of the fact that although the plans are based on need they should not be aspirational or a "wish list". On an All Wales basis there are however significant increases predicted for the majority of staff groups.

ISSUES TO NOTE IN RESPECT OF THE WORKFORCE PLANNING DATA COLLECTED

17. As the data requirements of the service have been reduced in the last 10 years so the workforce planning skills at all levels throughout the Service have also reduced.

18. The Assembly has shown its commitment to ensuring the NHS has the workforce it needs by introducing a new workforce planning team. This team has worked closely with the Trusts in 2001 in producing the plans but it is only the individual elements of the NHS that know where their existing shortfalls and development needs lie. The change from planning on the basis of known funding levels to basing plans on need has had a considerable impact on the Service. An intensive training programme is underway with Trusts to increase Trusts skills.

19. The timing of the process, which is linked to the education and training commissioning process, is not flexible. The process this year has meant that the staffing implications of certain policy developments and some of the emerging National Strategic Frameworks will not have been included in the 2001 plans. Although under the new workforce planning decision making structures some of these staffing implications will be picked up by "Task and Finish Care Groups" they will still then need to be fed through the Workforce Planning process.

20. In the longer term, workforce planning needs to be a continuous process. As the way the service delivers healthcare changes, the healthcare professionals it needs to deliver these services will change. What the service identifies as its future staffing requirements this year might be very different to their identified requirements in 2 years time. Service development and priorities may change during that time, new and innovative practices may be introduced and skill mix issues will have been examined. We need to ensure that we maintain flexibility in workforce planning and education and training commissioning.

21. The information received from NHS partners in healthcare delivery (including social services and private nursing homes) indicates that the private sector does employ newly qualified staff and this information will feed into the Capacity Review, which is detailed further into this paper.

PRIMARY CARE

22. Planning for primary care is a completely new process. Few skills exist to undertake this process within the Local Health Groups. The information that has been provided by Local Health Groups through Health Authorities is, as a result, poor and in some instances incomplete. This information cannot therefore be presented to the Committee until an in depth expert project has been completed to more accurately assess the requirements of this sector.

23. It is recognised that primary care has particular staffing issues that need to be looked at as a matter of priority. In particular GP recruitment and retention issues are being tackled with the investment of £1 million in 2001 to introduce recruitment and retention schemes throughout Wales. Training numbers are being examined to provide stability in the medium to long term and details of increased training commissions are provided in this paper.

24. A separate workforce planning exercise for Public Health is being conducted.

25. A workforce planning training programme for primary care will be carried out in 2002.

AVAILABILITY OF STAFF

26. Information is provided below on what initiatives the National Assembly are introducing to improve its recruitment and retention policies. Recruitment from overseas will play an important part of any short to medium term strategy given the pool of experienced staff available in Wales and the rest of the UK. It is likely that newly qualified recruits will be the biggest source of staff available to the NHS in the future. Details of how training commissions have increased to meet the targets set out in "Improving Health in Wales" and the "Plan for Wales 2001" are set out in this paper.

EDUCATION AND TRAINING

27. The Plan for Wales 2001 provides a commitment to increase the number of doctors and nurses in training by 65% and 35% respectively by 2003-2004. These increases are funded within the Assembly's budget.

28. Medical undergraduate training intakes per annum have increased by 100 students since 1999 (an extra 65 of these were in 2001), increasing training intakes to 290 per annum, an increase of 53% towards achieving the target set out in the Plan for Wales. The total number of medical students that will have qualified by 2005 is 985.

29. There are currently 758 Specialist Registrar posts in Wales increasing by 60 by 2003, and 189 Pre-registration House Officers with 19 extra in 2002 rising to 47 extra in 2004. A Review of the Senior House Officer grade is underway on an England and Wales basis.

30. GP registrars have increased from 110 in 2000 to 119 in 2001 increasing to 128 in 2002 and 137 in 2003.

31. Training commissions for pre-registration nurse training places have increased from 904 per annum in 1999 to 1203 in 2001. There were 2,664 contracted nurse training places in Wales in 1999-2000. This was increased to 2,897 in 2000-2001 and 3,216 in 2001-2002. This means that we have already achieved an increase of 27% in training places and anticipate achieving the full 35% increase by 2002-2003. By 2004, nearly 4,300 nurses, midwives and health visitors will come out of training in Wales with around 6000 by 2005.

32. 1,871 therapists and other professionals are due to come out of training by 2005.

RECRUITMENT AND RETENTION

33. **NHS Trust Recruitment and Retention Strategies** - Each Trust has developed a Recruitment and Retention Strategy in partnership with staff organisations to address local issues and issues for the shortage professions. A Framework for Recruitment and Retention is being developed by the National Assembly along with a Framework for Making NHS Wales a Better Employer. HR Innovations Teams will be set up by Spring 2002 to monitor employment practices in NHS Trusts.

A key issue for the recruitment and retention of NHS Staff is flexibility of employment. A target for Trusts will be developed in this area including evaluation of the effectiveness of initiatives. A directory of initiatives to increase flexibility of employment within NHS Wales is being produced by the NHS Wales Equality Unit to enable examples of good practice to be shared throughout the service.

34. **Return to Practice** - At least 145 nurses undertook Return to Practice courses last year. It is anticipated that the number of returners will increase this year.

The National Assembly encourages health professionals whose practice has lapsed for various reasons to regain their skills and confidence through Return to Practice courses by providing:

- Free refresher training
- £1000 financial support whilst retraining
- Assistance with childcare support

The Assembly has appointed a Recruitment, Retention and Return to Practice Co-ordinator to extend initiatives to the Allied Health Professions starting with those with greatest shortages.

35. International Recruitment - In the long term the Assembly will plan to train sufficient staff to enable the NHS to recruit mostly from Wales and the UK. However, to address immediate recruitment difficulties, the Assembly is working with Trusts within NHS Wales to develop a co-ordinated approach to overseas recruitment ensuring that Trusts have access to surplus trained staff from other countries.

In the last year over 600 well qualified nurses have been successfully recruited from overseas, mainly from the Philippines to work in NHS Trusts in Wales.

An all- Wales International Recruitment co-ordinator is being appointed to help employers in Wales access surplus staff from other countries in the most efficient and effective way.

A Code of Practice based on that developed by the Department of Health will shortly be issued to NHS employers to ensure that best practice in ethical and cost effective recruitment is adhered to.

36. NHS Vacancy Survey - A regular data collection system has been put in place to identify long term vacancies across all NHS staff groups. This data is now being collected twice a year – at the end of March and end of September – and identifies shortages by profession and by employer. It will provide a base line for agreeing target vacancy rates for NHS Wales and to monitor the staffing position in Wales. The vacancy rate at 31 March 2001 for all NHS staff in Wales was 2.54%.

It is planned to extend the data collection to include turnover and sickness rates, which will be used for monitoring purposes.

37. Childcare initiatives - Funding has been made available to each NHS employer for the next three years to enable them to develop childcare support or facilities, such as extending childcare premises, employing a childcare co-ordinator or offering childcare subsidy vouchers.

38. NHS Careers Information - The Assembly has appointed a NHS Careers Information Project Manager to develop a strategy for the delivery of healthcare career information in Wales for all NHS Professions. This will assist with the long-term training and recruitment of NHS staff.

The Assembly has recently produced a NHS Careers video promoting the wide range of careers available in the NHS. This will be distributed to schools and colleges in bilingual format along with a detailed information about NHS Careers.

Co-ordinated by the Assembly, NHS Wales now regularly takes a stand at Jobs fairs and Careers events in Wales and the UK in order to raise the profile of NHS Wales as an employer and to recruit directly to existing vacancies.

In April 2002 the Assembly will co-ordinate a national NHS Open Week in partnership with NHS employers, professional bodies, Educational Institutions and schools to raise the profile of the NHS as an

employer.

CAPACITY REVIEW AND OTHER FINANCIAL, QUALITY & PERFORMANCE ISSUES

39. Since the Welsh Assembly was established, in addition to investment in medical education, Ministers have injected extra funding into non medical education and training. Between 1999 and now this amounts to a 20% increase in funding (27% additional places) which includes a 5% increase this year. A further 5% funding has been agreed for 2002 which will mean an overall 25% increase in funding since the Assembly came into power.

40. A Capacity Review of all Education Providers is being undertaken to determine whether they are currently able to accommodate the additional students identified within the workforce plans. We have identified five limiting factors which could impact on their ability to grow :

- Physical space (accommodation capacity)
- Number of suitable potential students applying for courses
- Availability of additional lecturers
- Suitable clinical placements
- Availability of student residential accommodation

41. Any combination of the above could prove a limiting factor in expanding. We are currently identifying saturation points (in terms of time for each of the limiting factors listed above), for each provider and assessing possible solutions to overcoming these.

42. It is important to note that expansion of in excess of 27%, in terms of student numbers, has been achieved with no additional capital infrastructure funding to Universities to deal with this rapid growth.

43. Cost implications to the NHS will be threefold:

- Recurrent Revenue Costs associated with Education and Training (needed from 2002/03)
- Non-Recurrent Capital and Developmental funding to address the limiting factors and "push back" saturation points.
- Recurrent Revenue Costs associated with increased staffing levels within the Service. (i.e. to ensure that there will be jobs for these additional students in NHS Wales when they exit training)

44. A full and comprehensive review of the education provision in NHS Wales is currently being undertaken and it will explore all possible ways of expanding capacity (prior to recommending capital investment) including:

- Better utilisation of the University Day
- "Buying into" the University central room booking systems
- Diversity of training courses

- Flexible training
- Moving away from a teaching towards a learning culture

45. It is apparent from preliminary progress reports that, due to recent student increases; certain providers are approaching saturation point. It is therefore vital that any plans for growth are at a sustainable pace and fit in with the Universities global expansion programs and estates strategies.

46. Growth must also be carefully planned to ensure that quality is maintained and improvements achieved in the following areas:

- Student selection

- Student attrition
- Pass rates
- Clinical Placement suitability
- Staff : Student ratios (stipulated by the validating professional bodies)

47. All these issues will be tackled in the Capacity Review and the recommendations that arise will need serious consideration as the implementation of the recommendations are intended to enable Wales to become self-sufficient in providing our own Human Resources, and therefore, reliance on importing from overseas will diminish.

CONCLUSIONS

48. The "Plan for Wales 2001" committed to increasing staffing levels. The Committee will wish to note that our official published statistics show staffing levels are already rising, from 68,623 headcount (53,347.3 Whole Time Equivalent (WTE)) directly employed staff in 1997 to 74,645 (55,675 WTE) in 2000. This is an increase of 8.8% in 3 years. Including NHS Contractors (GPs, Dentists etc) these figures increase from 77,961 in 1997 to 84,263 in 2000, an overall increase of 8.1%. It is anticipated that this figure will have again grown given that funding for 88 additional consultant posts was agreed in 2001. The majority of these 88 consultants are now in post and working in the NHS in Wales. The 2001 data will be available from February 2002.

49. Extensive work has already been carried out, and is continuing, to increase education and training commissioning numbers. The "Plan" commits in more detail to increasing the number of doctors and nurses in training by 65% and 35% respectively by 2003-2004. Training commissions for both medical and nurse training are increasing in line with these targets. Medical students in training have already increased by 53%. Nursing students have increased by 27% in 2001-2002. It is anticipated that this will increase to 35% by 2002-2003 and supersede the target by 2003-2004.

50. The workforce planning process covers a five year time-span. Our ability to meet the planned staffing levels set out in the 2001 Workforce Plans are inextricably linked to education and training

output and our ability to recruit experienced staff as well as available funding. The increased commissioning numbers should enable increases in the rate of growth in staffing levels in the NHS in Wales from 2003 with the aim of meeting the Service's staffing requirements within 10 years bearing in mind that these requirements will change annually (paragraph 20 refers).

RECOMMENDATIONS

51. The Health and Social Services Committee are invited to note

- The Education Provider Capacity Review will have a direct influence on our future ability to meet the Services future staffing needs and as such the results of the Review should be presented to the Committee in due course.
- That any increase in training commissions, and therefore increase in anticipated output of newly qualified staff will need to be considered in future budget planning rounds in terms of the cost implications to the service of employing the additional staff.
- That work is continuing to improve the ability of primary care to plan their workforce and that as an interim measure work continue centrally to assess and address GP workforce issues.
- That following validation by Trust and Professions a further paper will be submitted in Spring 2002.

ASSEMBLY COMPLIANCE

52. The Assembly has delegated authority for NHS workforce issues under section 2 of the NHS Act 1977. The Assembly's functions under the NHS Act so far as delegated to the First Minister, are delegated to the Minister for Health and Social Services. There are no issues of regularity and propriety.

Annex A

STAFF GROUP	Staff	Forecast	Predicted	Predicted	Total Number of Qualified by 2005
	in Post	Staffing Requirements	Increase	% Increase	
	2000	2010			
MEDICAL STAFF					
Consultants	1366	1880	514	38%	
Associate Specialists	120	149	28	23%	

Staff Grades	520	729	209	40%	
Number of Medical Students					985
NURSING					
Community Nurses with Qualification	1502	2246	774	50%	
Community Nurses without Qualification	1265	1783	518	41%	443
Health Visitors	699	892	193	28%	177
Nursing	14264	18352	4088	29%	5,043
Midwifery	1254	1408	154	12%	434
TOTAL REGISTERED		18985	24682	30%	6,097
Health Care Support Workers (HCSW)	4951	5975	1025	21%	
Auxiliary Nurses	3303	4170	866	26%	
TOTAL UNREGISTERED		8254	10145	23%	
STAFF GROUP	Staff in Post	Forecast Staffing Requirements	Predicted Increase	Predicted % Increase	Total Number of Qualified by 2005
	2000	2010			
PROFESSIONS ALLIED TO MEDICINE					
Physiological Measurement	176	246	70	40%	21
Physiotherapy	912	1381	469	51%	380
Operating Department Practitioners	291	370	79	27%	111
Orthoptists	37	55	18	49%	
Podiatrists	178	261	83	46%	135
Clinical Psychologists	182	328	146	80%	82
Dieticians	167	303	136	82%	216
MLSO's	636	781	146	23%	193
Orthotists & Prosthetists	6	9	3	55%	
Occupational Therapy	513	779	266	52%	289

Profusionists	4	9	5	125%	
Art ,Music & Drama	8	22	14	173%	
Speech & Language Therapists	291	542	251	86%	161
Therapeutic Radiographer	84	145	61	72%	50
Diagnostic Radiographer	628	759	131	21%	212
TOTAL REGISTERED	4113	5989	1876	46%	1,850
STAFF GROUP	Staff in Post	Forecast Staffing Requirements	Predicted Increase	Predicted % Increase	Total Number of Qualified by 2005
	2000	2010			
MLA's	259	307	48	19%	
Physiotherapy Technical Instructors	72	223	151	209%	
Support Workers	805	1179	374	46%	
TOTAL UNREGISTERED CLINICAL SCIENTISTS	1136	1708	572	50%	
Radiation Technicians	32	45	13	41%	3
Biochemists	26	33	7	27%	4
Cytogeneticists	17	20	3	17%	4
Audiological Scientists	8	16	8	101%	3
Molecular Geneticists	8	12	4	58%	2
Medical Physicists	65	80	15	23%	5
Immunology & Histocompatibility	0	0	0	0%	0
TOTAL REGISTERED	156	206	51	32%	21
Support Workers	29	44	16	54%	

	TOTAL UNREGISTERED (Clinical Scientists) DENTAL (Hospital)	29	44	16	54%	
Consultants		16	19	3	20%	
Training Grades		20	20	0	0%	
	TOTAL	35	39	3	9%	
STAFF GROUP		Staff in Post	Forecast Staffing	Predicted Increase	Predicted % Increase	Total Number of Qualified by 2005
		2000	2010			
Hygienists		7	4		-43%	
Therapists		2	0		-100%	
Technicians		48	50		4%	
Dental Nurses		76	105		38%	
	TOTAL SUPPORT STAFF DENTAL (Community)	132	158		19%	
Clinical Directors		3	4	1	29%	
Senior Dental Officers		20	26	6	30%	
Comm Dental Service Interface Dentists		0	0	0	0%	
General Dental Service Interface Dentists		6	8	2	33%	
Community Dental Officers		41	40	-1	-2%	
	TOTAL	71	79	8	11%	
Hygienists		5	5		0%	
Therapists		13	15		18%	
Technicians		30	0		-100%	
Dental Nurses		78	92		19%	
	TOTAL SUPPORT STAFF	125	112		-10%	
STAFF GROUP		Staff	Forecast Staffing	Predicted Increase	Predicted % Increase	Total Number

		in Post	Requirements	Increase	%	of Qualified
		2000	2010		Increase	by 2005
Qualified Pharmacists	PHARMACY (Hospital)	320	517	197	62%	
	TOTAL	320	517	197	62%	
Pharmacy Technicians		247	361	114	46%	
Pre-Reg Pharmacists		16	30	14	88%	167
Student Technicians		32	45	13	42%	
Support Workers		140	212	72	51%	
	TOTAL SUPPORT WORKER SENIOR MANAGERS	435	648	213	49%	167
Finance		180	200		11%	
I.T.		91	166		81%	
Human Resources		107	123		15%	
General Management		588	610		4%	
Health Promotion		2	4		100%	
	TOTAL	968	1103		14%	
STAFF GROUP		Staff	Forecast Staffing	Predicted Increase	Predicted % Increase	Total Number of Qualified by 2005
		2000	2010			
	ADMIN & CLERICAL					
Finance		727	694		-5%	
I.T.		471	443		-6%	
Human Resources		334	454		36%	
General Management		3392	4317		27%	
Health Promotion		0	1			

Ward/ Departmental Support		1728	2651		53%	
	TOTAL ANCILLARY	6653	8559		29%	
Ancillary		5510	5612	102	2%	
	TOTAL AMBULANCE	5510	5612	102	2%	
Managers		112	103		8%	
Technicians		391	391		0%	
Paramedics		623	1036		66%	
Other Staff		668	626		-6%	
	TOTAL	1794	2156		20%	

Jane Hutt
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