Long Term Plan:
The NHS is “Made of People”

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Long Term Plan

1. Investment
   • Capital?
   • Public Health??
   • Workforce??
   • Social Care????????????????

2. Priority Areas
   • Primary and Community
   • Mental Health
   • Cancer
Partnership Actions: 2018/19

• Agenda for Change Investment/Reform
• Retention
• Violence against Staff
• Positive Workplace Cultures (Bullying)
• De-Risking Change
Interim People Plan: Themes

1. Making the NHS the Best Place to Work
2. Leadership (& Culture...)
3. Team: Nursing and Midwifery
4. New Ways of Working
5. Right Things: Right Level
Supply & Retention

• Workforce Planning: The Good, The Bad and The Ugly

• Supply, Brexit and the world

• Staff Experience
Change in the number of full-time equivalent staff by occupational group, March 2010–2016

HCHS – hospital and community health services
Note: NHS infrastructure support includes managers, estate staff, and other administrative staff.
Source: NHS Digital.
What makes for a productive consultant?

There are eight factors that affect how productive a hospital's consultants are, according to modelling work by the Health Foundation. It examined data on consultants' activity across 150 acute trusts including teaching and specialist hospitals. The activity measured included emergency, inpatient, and outpatient care.

Of the 15 different factors that the foundation considered, the eight shown below had a statistically significant impact on the measure of productivity it used (at a 95% confidence level):

1. **Skill mix**
   - **Percentage of nurses**
     - Hospitals with a higher proportion of nurses within their total workforce had more productive consultants.
   - **Percentage of support staff**
     - Hospitals with a higher number of support staff within their total workforce also had more productive consultants, although the impact was smaller.

2. **Regional variation**
   - **Higher wages**
     - Hospitals in areas where the NHS wage is higher than the regional average had higher consultant productivity.
   - **Urban location**
     - Hospitals in more urban areas had higher consultant productivity. This may be due to a larger throughput of people needing services.

3. **Hospital Characteristics**
   - **Greater specialisation**
     - More specialised hospitals had more productive consultants. This is measured using a specialisation index, which compares the proportions of cases types in a hospital with the national average.
   - **Not in a teaching hospital**
     - Teaching is not included in the measure of consultant productivity used, so consultants in teaching hospitals appear to be less "productive."
   - **More private finance**
     - A very small increase in productivity is seen in hospitals that have a higher proportion of their total cost accounted by PFI (Private Finance Initiative). Greater capital investment may be associated with greater efficiency.
   - **Fewer delayed transfers**
     - Consultants working in hospitals with a lower number of DLOs (delayed transfer of care) are slightly more productive.

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*Most of these factors will be subject to diminishing returns. For example, taking an extremum, as the proportion of nurses approached 100%, the number of consultants would have to approach zero. This is likely an upper limit for the productivity of a consultant. Further analysis would be required to determine the thresholds or improvements.*
The monthly count of EU nurses admitted to NMC register, Jan 2016 to April 2017

Source: FOI Request – Nursing and Midwifery Council

Charlesworth and Buchan
Response to Brexit

- Cavendish Coalition
  - Certainty
  - Long Term Policy
  - Domestic Supply
What does the data tell us?

62% of people would recommend the NHS as a good place to work
Diversity
Action...

Govt/ALBs
• Long Term Plan: Pressure
• Apprenticeships
• Pensions Reform
• Incentives & CPD Funding
• Migration Policy
• Culture

Workplace
• Local Community
• WRES
• New Starters
• Flexibility/Predictability
• Career Development
• Healthy workplaces
• Culture...
People Plan

1. Making the NHS the Best Place to Work
2. Leadership (& Culture...)
3. Team: Nursing and Midwifery
4. New Ways of Working
5. Right Things: Right Level
   • ICS...Influence, decisions, money