



Health Education
Yorkshire and the Humber

Health Education Yorkshire and the Humber

yh.hee.nhs.uk



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HEE's purpose...

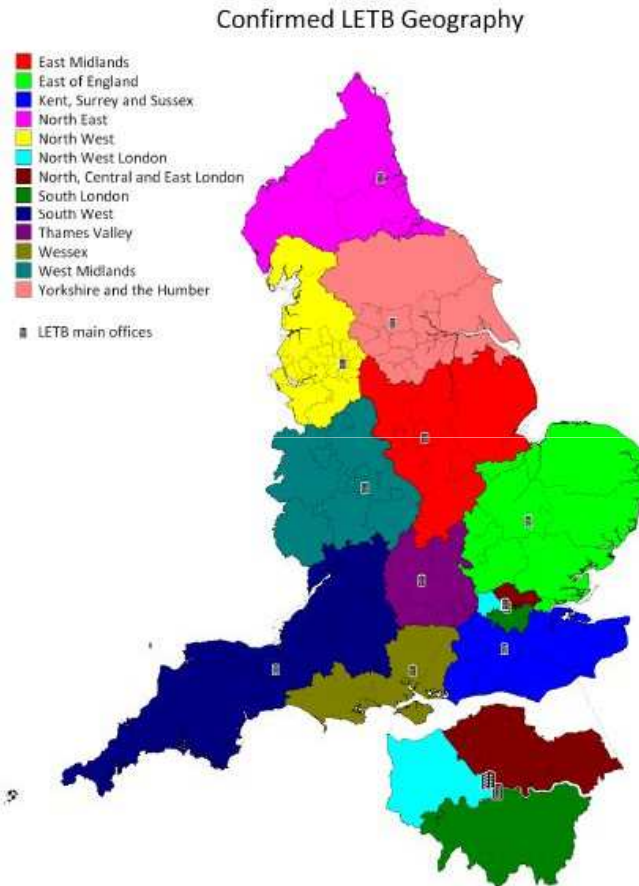
HEE exists for one reason: to improve the quality of care delivered to patients. Through our Local Education and Training Boards (LETBs), we ensure that our workforce has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

See video on our web site

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LETB = local education & training board

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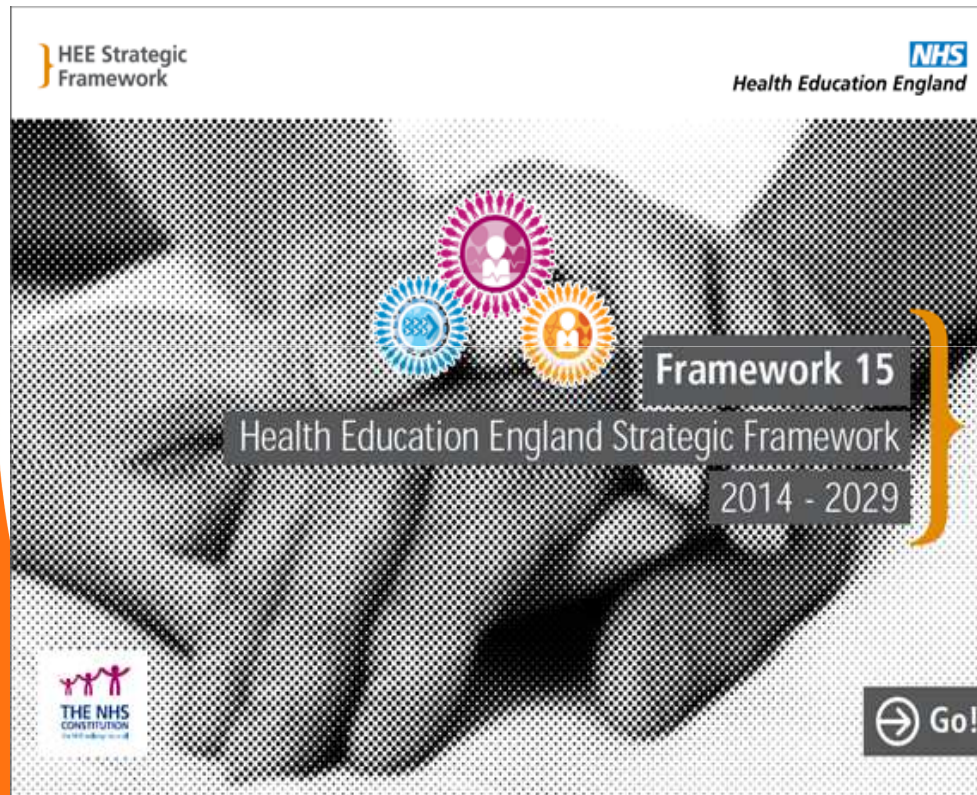


- Total of 13 LETBs
- Committees of HEE
- Not Statutory Bodies
- Provider led with Stakeholder representation

Our Strategic Direction



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Workforce planning

Implications of getting it wrong:

Under supply :

- Service delivery affected
- Excess cost of agency & locums
- Pressure on remaining staff

Over supply

- Wasted investment – circa £50,000 to train a nurse; £500,000 per doctor

The screenshot shows a BBC News article from January 14, 2014. The article is titled "Sharp rise in spending on A&E locum doctors" and is written by Nick Triggle, a health correspondent for BBC News. The article discusses a 60% increase in spending on locum doctors in A&E units in England over a three-year period. It notes that the data was obtained via the Freedom of Information Act, showing £83.3m spent in the current year compared to £52m in 2009-10. The article also states that employing locum doctors can cost £1,500 per shift, which is four times the cost of permanent staff. A government spokeswoman is quoted as saying that retaining A&E doctors is a long-standing problem in the NHS.

14 January 2014 Last updated at 09:14

670 Share

Sharp rise in spending on A&E locum doctors

By Nick Triggle
Health correspondent, BBC News

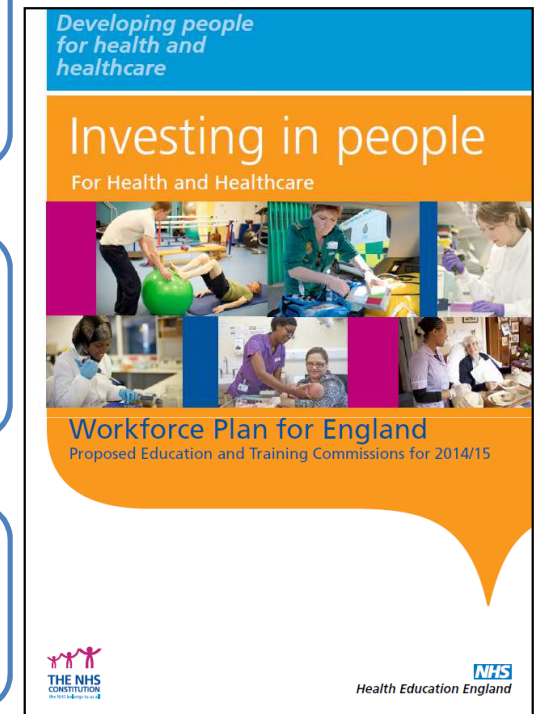
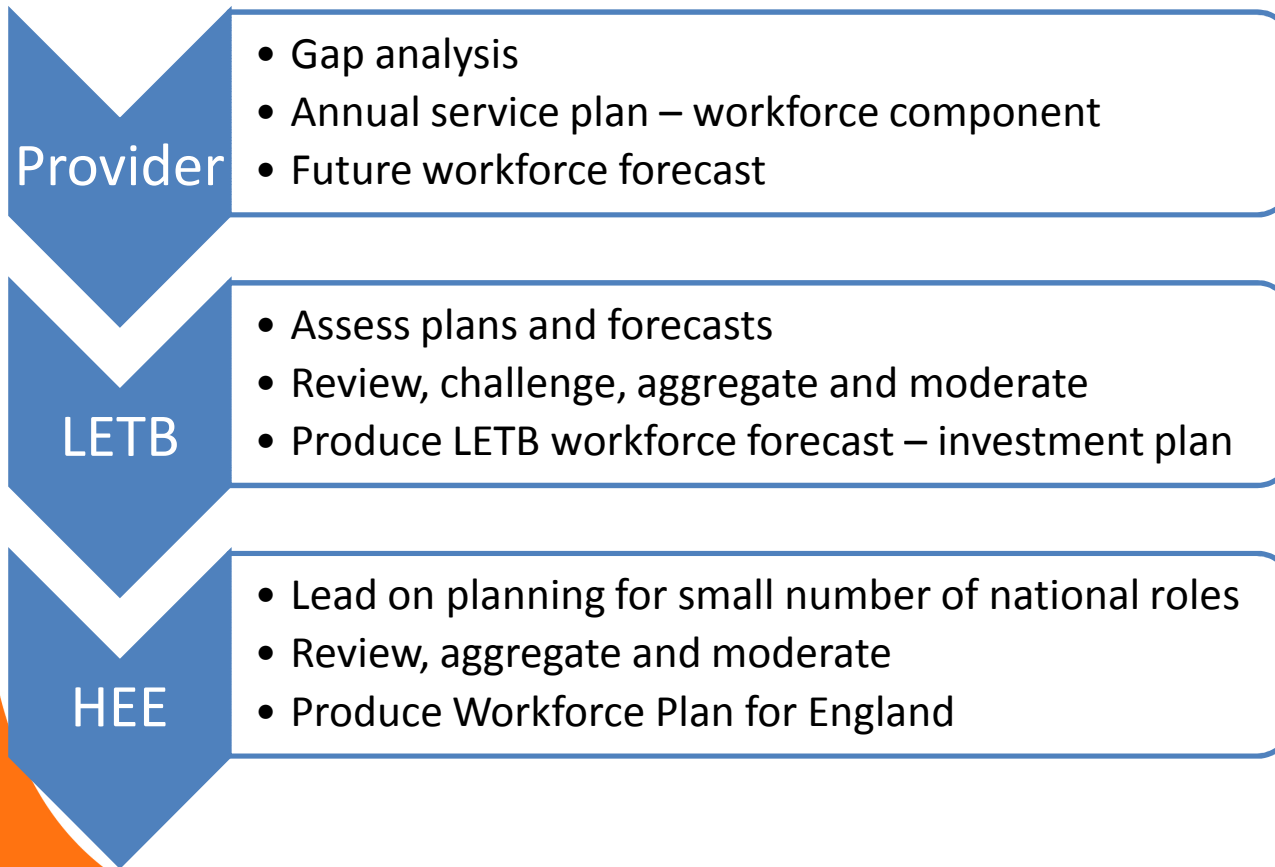
Spending on locum doctors to plug the gaps in A&E units in England has risen by 60% in three years, figures show.

The data obtained by Labour under the Freedom of Information Act showed £83.3m was spent last year, up from £52m in 2009-10.

Employing locum doctors can cost £1,500 a shift, four times as much as filling a shift with permanent staff.

A government spokeswoman said retaining A&E doctors was a long-standing problem in the NHS.

Workforce planning: Process



Workforce planning: nursing shortages in 2014

Employers forecast demand:

Plans are based on workforce information from employers - hospitals, nursing homes

Time-lag:

Time from commissioning decision to a nurse graduating is 4 years (commissioning period + 3 years training)

Looking back to 2010:

employers were holding vacancies and forecasting reduced demand for newly qualified nursing and workforce budgets were advised to plan for reduced funding. Financial uncertainty.

Since 2010 :

increased focus on quality and patient safety risks arising from staffing reductions

Nursing shortages in 2014: mitigating actions

- Increased commissions
- Reducing attrition
- Retention of current staff
- Develop new roles
- Return to Practice
- Supporting international recruits - orientation into the NHS providers

Strategic Direction: *Challenge and response*

- 1. Staff able to function in primary and community care settings**
 - *Increasing investment in Primary Care education and Training*
- 2. New roles recognised alongside more familiar roles**
 - *Over 200 new advanced practitioners and more future investment*
- 3. More integrated and team training with patient experience focus**
 - *New ways of learning in new places*
- 4. Full usage of flexible training routes so can be more responsive**
 - *Focusing investment on priorities*
- 5. Build confidence and competence to work within high tech service delivery alongside patients as experts in their own care**
 - *Core element of all training and education*

We are investing in:



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Increasing current output of qualified nurses

Increasing supply of Advanced Clinical Practitioners & pilot Physicians Associates and extended role of pharmacists

Providing sufficient high quality clinical placements for current and future students

Increasing training in primary and community care settings - GP, nursing and other roles

We are investing in:



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Continuing transition to a standard national placement tariff

Increasing the quality and capability of support staff in order to ensure minimum standards met and to take on assistant roles.

Supporting team development; good management and leadership;

Specialist post registration skills development e.g. dementia and other mental health issues, older people,

Training the workforce in the use of technology

Promoting new ways of learning

- The use of simulation
- Our region has invested over £20 million in clinical skills and simulation since 2008.
- This investment includes simulation centres, equipment, and the creation of a specific project team who work to deliver the LETB Clinical Skills and Simulation Strategy for Yorkshire and the Humber.
- A regional network and executive committee advise the LETB on key priority areas in clinical simulation in order to direct work more effectively.
- A refreshed strategy for this work is currently being finalised, and will ensure that our region remain at the forefront of this important and innovative area of work

For further information

Visit: www.hee.nhs.uk and
www.yh.hee.nhs.uk

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