

# Developing a workforce to improve outcomes in children and young people's health

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**December 2019**

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

# Introduction

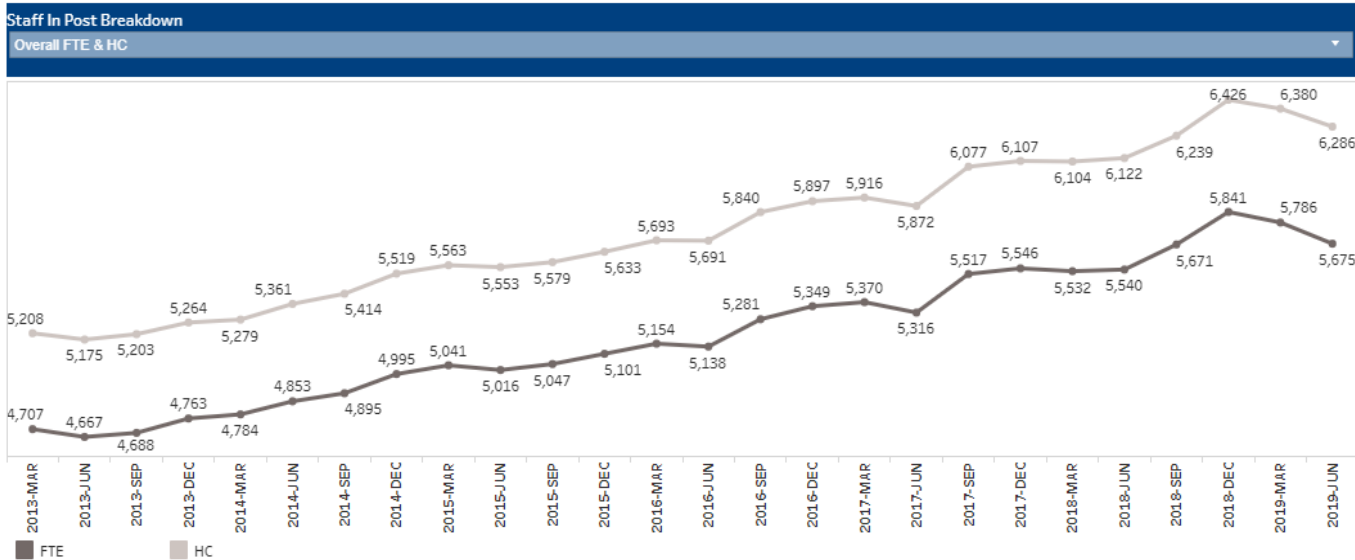
These slides include data on the following staff groups:

- Children's Nursing – please note this includes neonatal nursing
- Paediatrics

Data is taken from several sources:

- ESR
- 2019 eWorkforce submissions
- Trainee Information System (TIS)

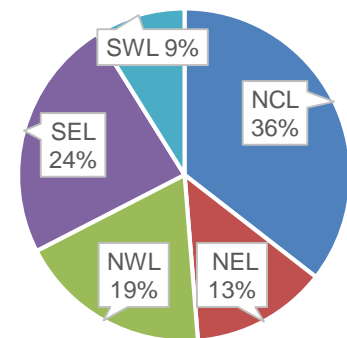
# Children's Nursing



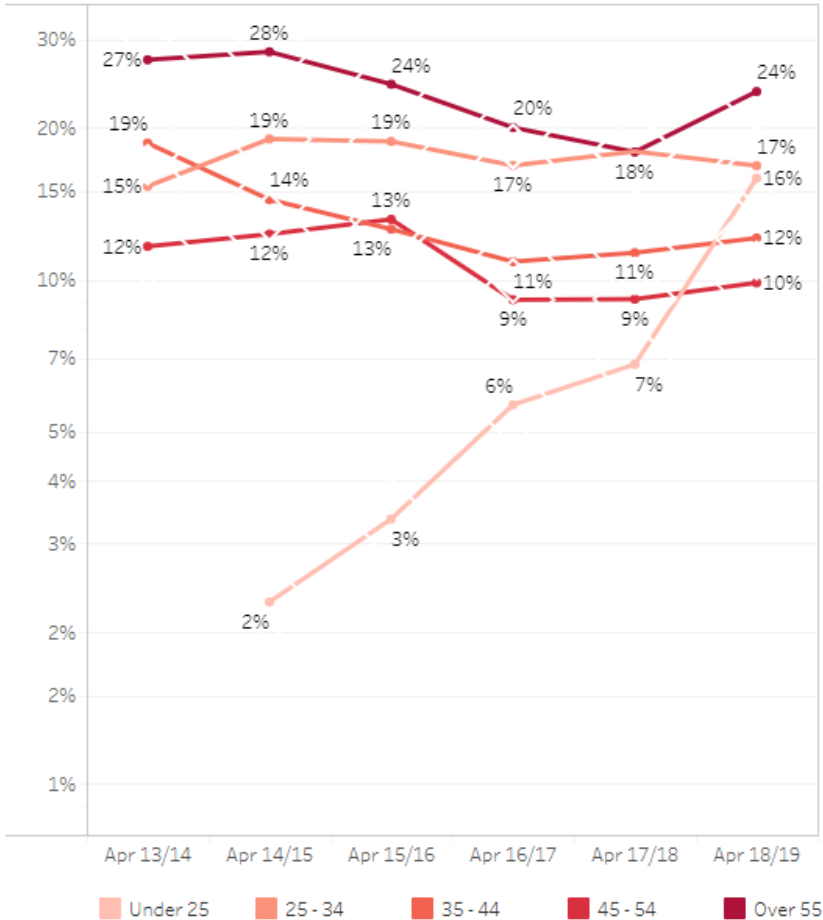
Children's nursing has grown by **20.6%** over last 6 years however there has been a decline of 166 WTE in 2019. Similar levels of growth can be seen nationally with a decline in 2019.

Overall turnover is **15%** which has risen by 2% over the last 2 years. This is now the highest rate of turnover when comparing with other regions

Tenure within an organisation in London is **6 years** and within the NHS is **10 years**. Tenure within an organisation in London is shorter than in other regions.

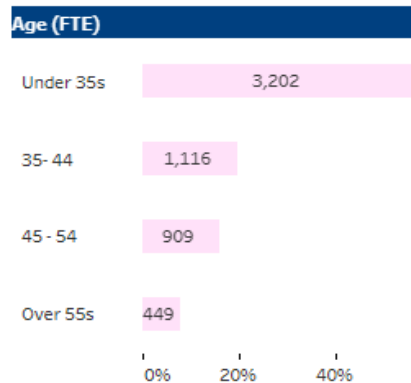


# Children's Nursing



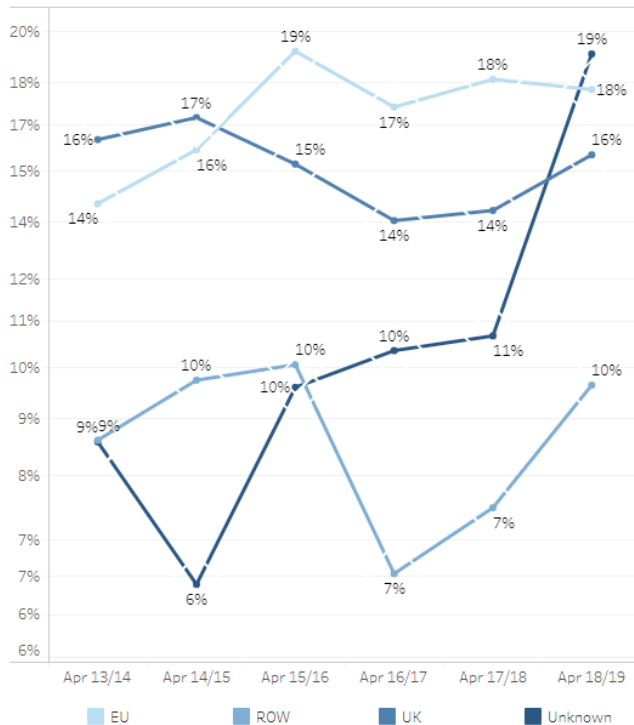
Children's nurses are predominately **young** with 56% of them under 35. This is considerably younger than other branches of nursing e.g. adult where only 38% are under 35.

We have high turnover in the under 35 age bracket suggesting children's nurses tend to move around organisations when younger. As our workforce are predominately under 35 this high turnover can be costly for organisations.



# Children's Nursing

Children's Nurses predominately are **white UK nationals** with 77% from the UK and 63% white. Again this is the outlier when comparing with other nursing branches e.g. adult where 55% are UK and 39% white.



Turnover in UK nationals has risen in the last year from 14% to 16% which will be having a significant impact as 77% of our workforce are UK.

Turnover is also highest at 16% in our staff with a white ethnicity.

# Children's Nursing - eWorkforce

eWorkforce submissions by Trusts show as **12.9%** vacancy rate as of March 2019. This is lower than other branches of nursing. The vacancy rate is much lower in the rest of England at 7%.

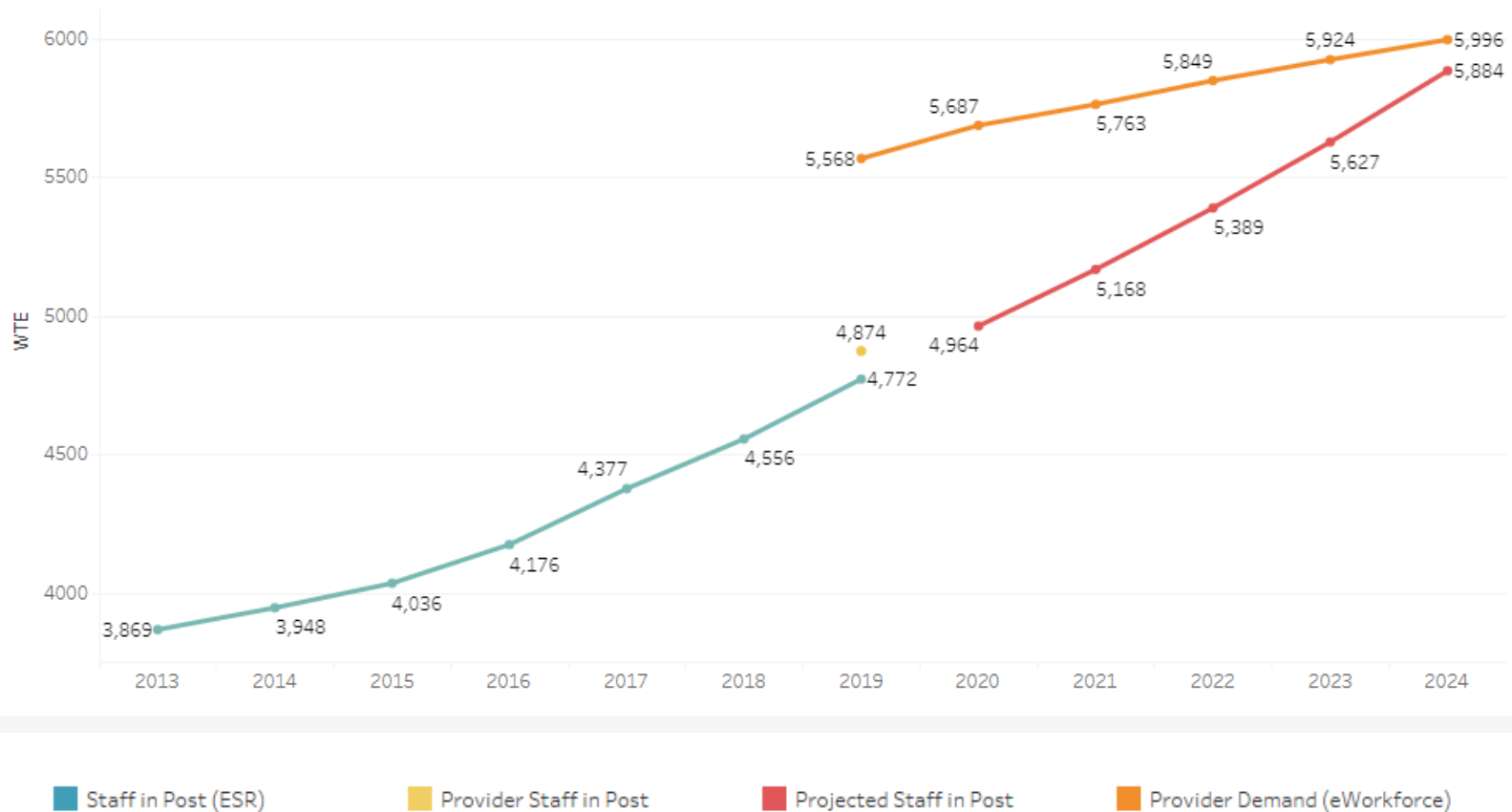
Trusts are reporting a planned growth in establishment of **7.3%** (429 WTE) over the next 5 years. This is generally in line with what is happening elsewhere in the country where there is a planned growth of 6.6%.

	NCL	NEL	NWL	SEL	SWL
Vacancy rate	11.4%	18.9%	12.4%	13.1%	13.0%
Establishment growth	6.0%	1.0%	1.4%	16.7%	5.3%

# Children's Nursing



Health Education England

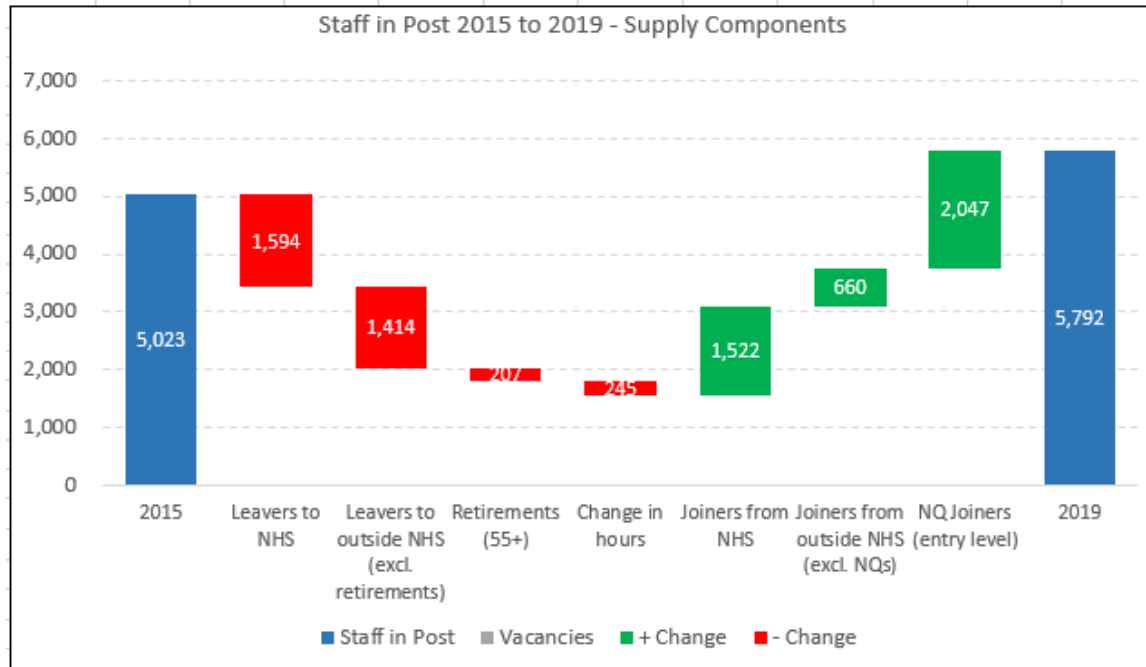


If the children's nursing workforce continues to grow at same rate as it has over the last few years then will be on track to almost meet providers projected demand by 2024.

*Note: the above graph excludes Imperial due to late submission.*

Source: ESR and eWorkforce

# Children's Nursing



Waterfall shows that we are losing more children's nurses to the NHS than we have coming to us from other regions in the NHS. By focusing on retention of nurses within region we can see improved growth in this staff group.



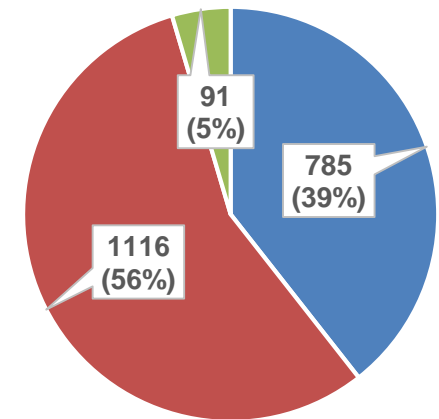
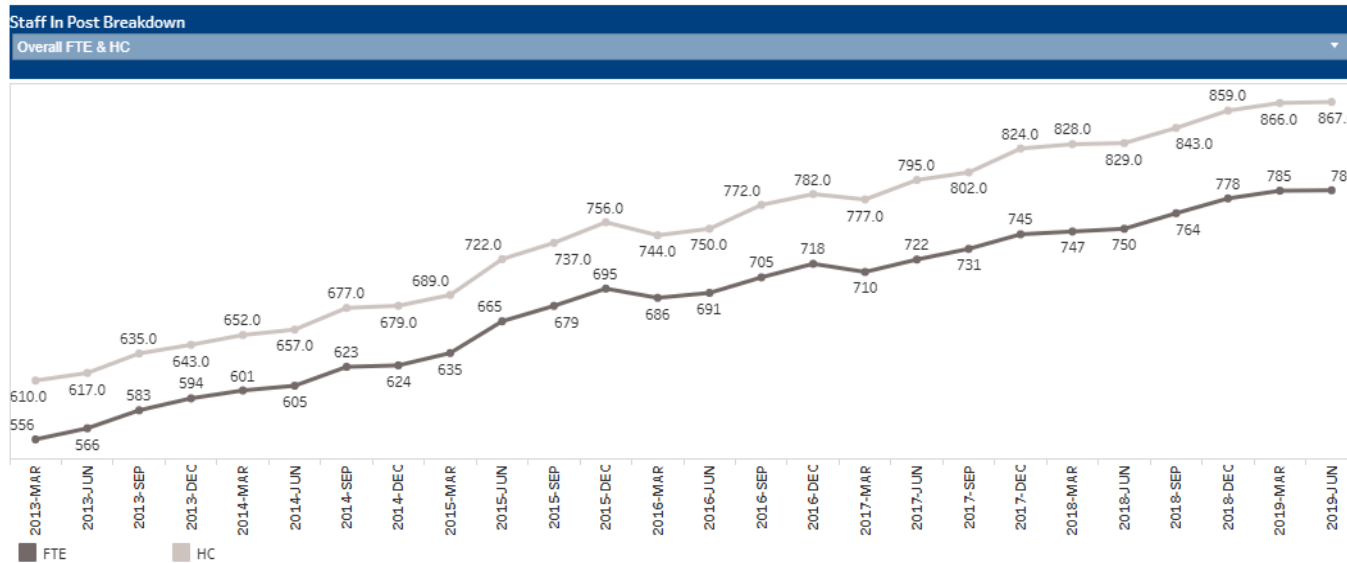
# Children's Nursing

## Key points:

- Turnover is higher in London than elsewhere
- Tenure is shorter in London than elsewhere
- Growth is strong, however dip seen in 2019
- Workforce is predominately young white UK nationals – however this is the demographic we see lowest retention
- Trends over last 5 years demonstrate that we are losing more children's nurses to other regions than we have joining us.
- If continuing growing workforce at same rate as have done over last few years then should almost meet provider demand by 2024. However based on trends showing worsening retention potential that growth may slow.

# Paediatrics

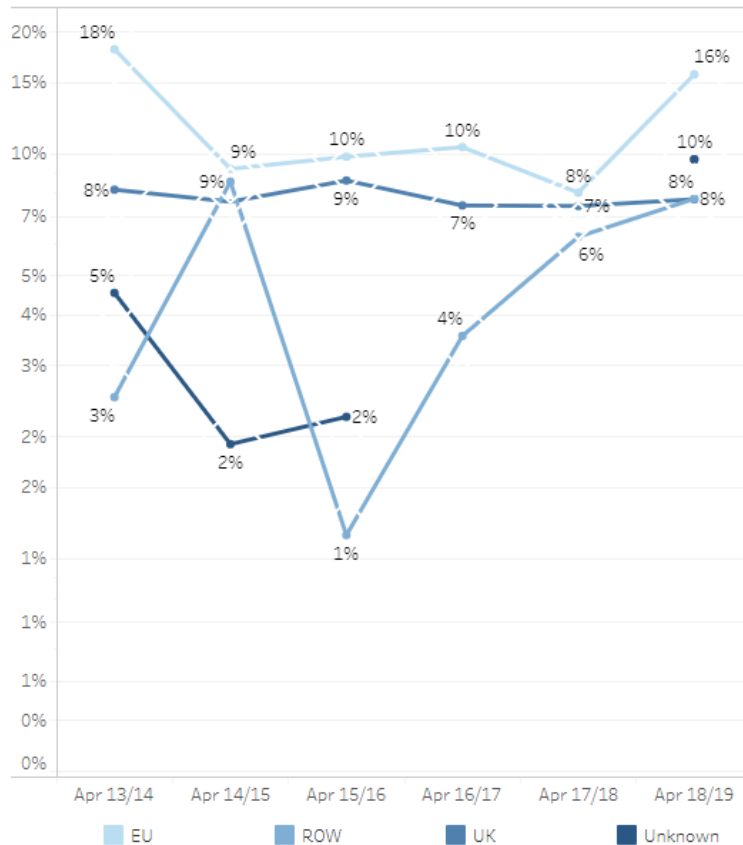
Paediatrics Consultants have grown by **41%** over last 6 years. This is the largest growth when comparing with other regions.



Paediatric consultant turnover in London was **9%** in 18/19 which has been 2% higher than the previous year. This is the same rate that can be seen in other regions.

- Consultant
- Trainee
- Non consultant, non trainee

# Paediatrics

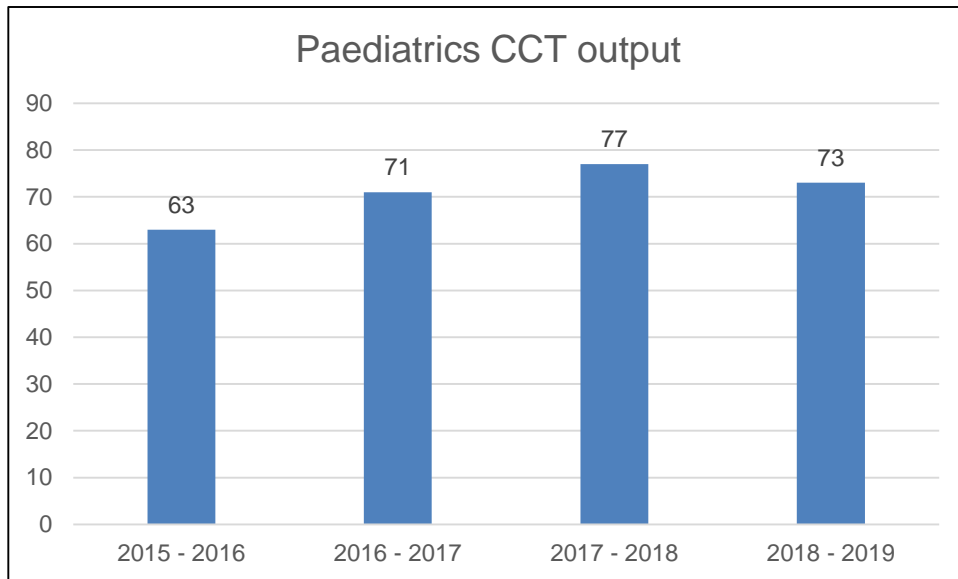


Nationality of Paediatric consultant workforce is predominately from the UK:

- UK – 73%
- EU/EEA – 12%
- Rest of world (ROW) – 11%

Turnover has risen for Paediatric consultants in EU staff from 8% to 16% over the last year, in ROW staff from 6% to 8% and in UK staff from 7% to 8%.

# Paediatrics Supply



Trainee supply in London has been fairly consistent over the last 4 years, ranging between 63-73 trainees completing training each year.

# Paediatrics & Paediatrics Cardiology Consultants- eWorkforce

eWorkforce submissions by Trusts show as **4.5%** vacancy rate as of March 2019. The vacancy rate is lower in the rest of England at 2.2%.

Trusts are reporting a planned growth in establishment of **9.8%** (90 WTE) over the next 5 years. This is higher than what is happening elsewhere in the country where there is a planned growth of 5.6%.

	NCL	NEL	NWL	SEL	SWL
Vacancy rate	9.9%	6.9%	2.2%	2.6%	2.3%
Establishment growth	4.0%	3.6%	4.1%	23.6%	7.7%

# Paediatrics

## Key points:

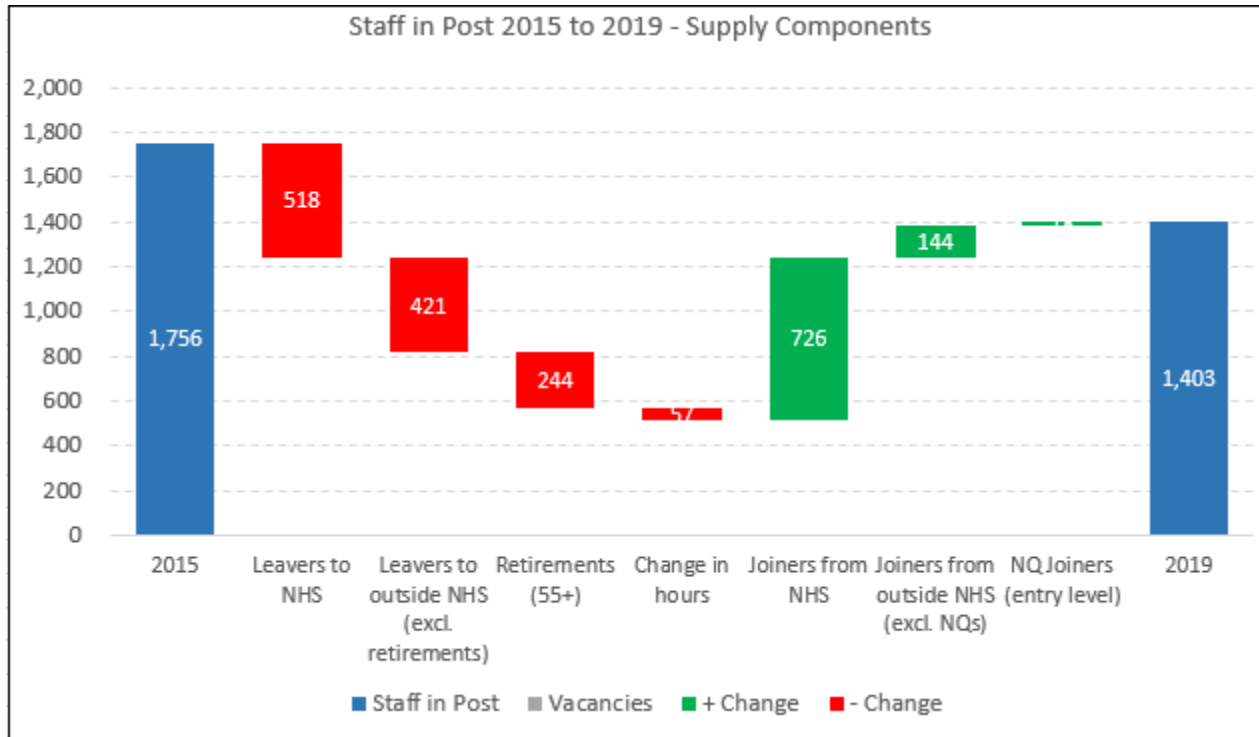
- Growth in consultant workforce has been consistent over last 5 years and higher in London than elsewhere.
- Turnover in consultant workforce has increased over last year, however is in line with rates seen in other regions.
- Supply of Paediatric trainees has been consistent over the last 4 years
- Vacancy rates vary across STPs in London from 2.2% - 9.9%
- Planned growth by London trusts is lower than seen historically so if continue growing at same rate will meet demand.

# School Nurses & Health Visitors

Please note the following data on School Nurses & Health Visitors is only showing staff employed by NHS Trusts and so does not provide the full picture of these staff groups due to alternative employment arrangements in a number of systems

Therefore the reductions in numbers may be due to a reduction of these staff being employed by NHS Trusts rather than an actual reduction.

# Health Visitors





# Health Visitors - eWorkforce

eWorkforce submissions by Trusts show as **12.9%** vacancy rate as of March 2019. The vacancy rate is lower in the rest of England at 9.9%.

Trusts are reporting a planned reduction in establishment of **-3.7%** (57 WTE) over the next 5 years. This is a smaller reduction than what is planned elsewhere in England where there is a planned reduction of 9.2%.

**Please note these reductions may be due to a move to staff being employed outside of NHS Trusts.**

	NCL	NEL	NWL	SEL	SWL
Vacancy rate	7.3%	10.2%	16.2%	13.4%	4.3%
Establishment growth	0%	2.3%	-1.2%	-15.6%	0.8%

# School Nurses – eWorkforce

eWorkforce submissions by Trusts show an **18.5%** vacancy rate as of March 2019 in qualified school nurses and a **11.9%** vacancy rate in non qualified school nurses. The vacancy rate is much lower in the rest of England at 15.9% in qualified school nurses and 9% in non qualified.

Trusts are reporting a planned growth in establishment of qualified school nurses of **6.2%** (12 WTE) over the next 5 years and a reduction in non qualified of 3.9% (9 WTE). In the rest of England they are showing larger reductions in both groups of school nurses.

	NCL	NEL	NWL	SEL	SWL
Vacancy rate - qualified	-3.6%	25.4%	12.9%	32.8%	34.2%
Vacancy rate – non qualified	18.1%	40.9%	8.6%	8.7%	-22.0%
Establishment growth - qualified	0%	-3.8%	13.5%	14.4%	0.6%
Establishment growth – non qualified	0%	-15.3%	-3.2%	-0.7%	0.6%

# Areas of focus on CYP for STPs

- Early years
- Improving care for long term conditions (asthma, diabetes, epilepsy)
- Mental health access
- Transition
- Access and integration of care for complex needs and disabilities
- Prevention and management of obesity
- Upskilling primary care and schools – CYP asthma
- Implementation of specification for cancer shared-care units
- Implementation of paediatric networked care

# What about the workforce?

- What are workforce implications of planned service changes?
- Implications for paediatric networked care?
- How is workforce an enabler for planned service changes?

# Workforce Optimisation *Health Education England*

## What are workforce requirements?

- Supply
- Upskilling
- New roles
- New ways of working
- Leadership

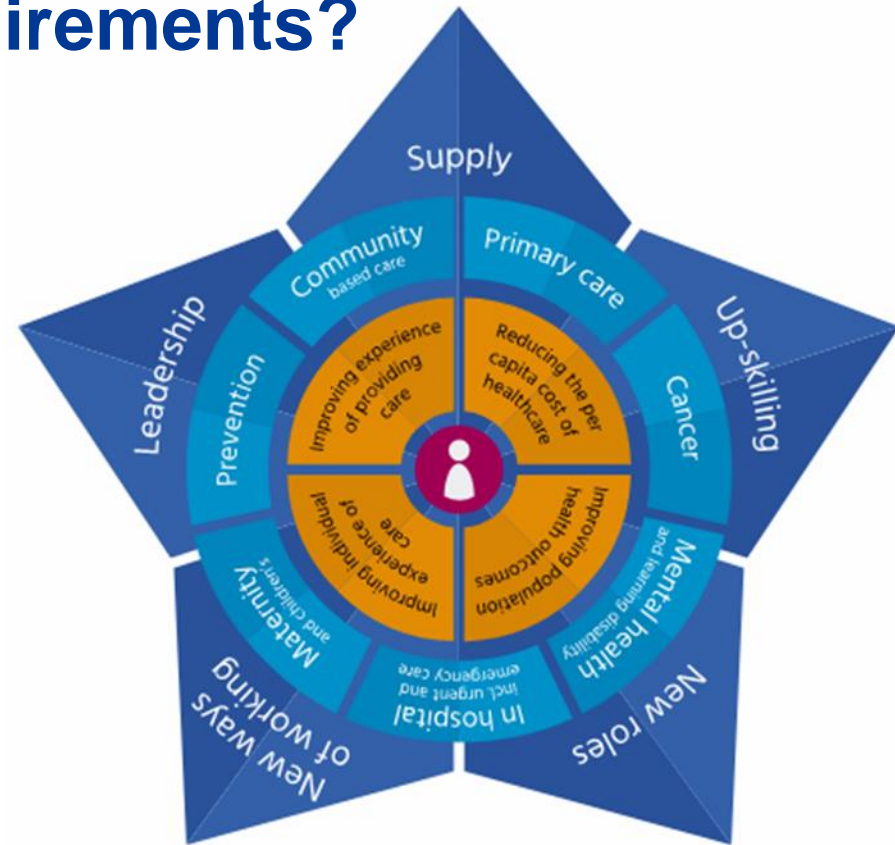


Figure 1. Health Education England Star

# Workforce Plan

Identify and define the service problem or constraint that can be solved by upskilling or implementation of new roles.

Clarifying  
organizational goals

Diagnostics and data  
collection

Co-creating the  
future state

**IMPACT**  
**- Implementing  
workforce  
solutions**

# Considerations

## Supply

- Does a detailed picture of the whole system workforce profile exist?
- Can new models of care be clearly articulated?
- Are the workforce implications of new models clearly defined?
- Do you understand the supply of staff nationally and locally – where will there be supply and where will there be shortages?
- Are any initiatives in place to harness and maximise the unpaid workforce i.e. volunteers, carers?
- Are employer of choice models in place?

## Up-skilling

- What investment is available for existing staff, to assure competence and modernity?
- Is there a system wide approach to the Apprenticeship levy?
- Are there any up-skilling quick wins?
- How much buy-in do you have for upskilled roles?
- Are there national upskilling programmes that are relevant?

## New roles

- What, if any, new roles have been considered?
- What new roles have been used nationally that you might draw on?
- Have you considered new roles in both health and social care?
- Do you have information on what impact new roles will have – what activity they can do, and how much?
- How much buy-in do you have for new roles?

## New ways of working

- Has the potential of integrated team working been considered?
- What if any barriers are known and is there a plan to manage these?
- Have the new care models been developed with workforce redesign in mind?
- Has evaluation been considered and how evidence of success might be captured?
- What impact might technology have?
- Is the impact of 7 day working understood?

## Leadership

- Are the system values and behaviours shared and understood?
- Is the population demographic clearly understood i.e. the impact on service demand and workforce to deliver?
- Are there any global, political, ethical, social considerations?