



Department
of Health

Workforce Information Architecture in the Reformed NHS Landscape

May 2013

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1. Introduction

- 1.1. The Department of Health (DH) and Health Education England (HEE) share a vision of planning for future workforce needs and securing funding for education and training that is underpinned by accurate, comprehensive, complete and timely workforce information, to ensure the workforce truly reflects the needs of local service users. This will meet the needs of patients, and providers, and commissioners of healthcare.
- 1.2. Here we set out the strategic direction and look towards the future. HEE will take forward the implementation of the recommended actions set out in this report, making available further details during 2013-14.

2. Context

- 2.1 The reforms set out in the *Health and Social Care Act 2012* introduce new arrangements for commissioning healthcare services. They accelerate the process for healthcare providers to operate more independently. They create a new system for the protection and improvement of the public health. They also introduce a series of outcome frameworks to focus effort and monitor progress. A central tenet of all of these reforms is the need for the people delivering health, public health and social care services to have the skills and capabilities necessary for their roles. Providers of NHS-funded care will play a more prominent role in the arrangements to educate, train and develop the workforce.
- 2.2 The new system through which education and training is planned, commissioned, funded and delivered was outlined in the consultation document *Liberating the NHS: Developing the Healthcare Workforce*. Following consultation and the advice from the NHS Future Forum the practical arrangements were described in *Liberating the NHS: Developing the Future Workforce - From Design to Delivery* published in January 2012.
- 2.3 The reformed system for workforce development offers a major opportunity for providers of NHS-funded care to be influential in determining the investment priorities for education and training. As well as engaging and working with their local education and training boards (LETBs), providers will need to be more actively involved in planning their future workforce needs and in sharing the results of their plans with the rest of the system.
- 2.4 The LETBs will be the vehicle for providers of NHS-funded care and professionals to work with HEE to improve the quality of education and training outcomes to meet the needs of providers, patients and the public. Through HEE, providers will have strong input into the development of national strategies and priorities so that education and training is both responsive and pre-emptive to system changes that will deliver new ways of working and new models of service.
- 2.5 As the reformed system for education, training and workforce development becomes established, DH and HEE share a vision of substantially improved use of workforce intelligence derived from high quality, complete and comprehensive workforce information. This will meet the needs of patients, providers and commissioners of healthcare. The reforms present an opportunity to improve data quality, as well as data coverage and completeness, to support a step change in the effectiveness of workforce planning.
- 2.6 For the new education and training system to work effectively, workforce planning must be undertaken at all levels. The way in which new bodies interact with each other and other new system stakeholders is important if they are to deliver effective education and training in the collaborative way set out by the *Health and Social Care Act 2012*. Effective communications and raising the profile of workforce information becomes increasingly important in this new world.
- 2.7 Information on the current workforce is a system wide issue, for example DH and

NHS England have the need for workforce information in their public accountability roles. Furthermore, nursing leaders have been clear in *Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy* that hospitals should publish staffing details and the evidence to show the numbers are right for the services they deliver.

- 2.8 The reforms also present an opportunity to improve the quality of data to support a step change in the effectiveness of workforce planning. Accurate, comprehensive, complete and timely workforce information will support planning for future workforce needs so that funding for education and training is appropriate and results in a workforce that truly reflects the needs of local service users.
- 2.9 Fundamental to the operation of the reformed system for the planning, commissioning and delivery of education and training will be the process of securing, analysing and managing information, both about the current workforce and about future workforce needs. The Workforce Information Architecture work stream (WIA) was established to meet the need identified in *Design to Delivery*, to review, improve and test the arrangements for handling the data and intelligence that will be necessary for the reformed system to operate effectively.

3. The Challenges

- 3.1. Workforce information in the past has not been wholly comprehensive. This has been especially true of services delivered in primary care, of care funded by the NHS but delivered by independent providers and of healthcare delivered by practitioners who are employed by organisations such as local authorities (LAs). Current workforce information covers most areas of primary care but not with the breadth, depth and frequency of that provided for hospital and community health service (HCHS) staff via the Electronic Staff Record (ESR).
- 3.2. To mitigate this risk the *Health and Social Care Act 2012* places a duty on all organisations that deliver NHS-funded care to provide data on their current workforce and to share their anticipated future workforce needs. The Act does this through the duty placed on:
- the Secretary of State to put in place an effective education and training system;
 - providers of NHS-funded care to co-operate with the new education and training system; and
 - service commissioners, via NHS England and clinical commissioning groups (CCGs), to ensure providers with whom they contract have regard to education and training when carrying out their functions.
- 3.3. Workforce information currently supports a number of different planning and management systems. These include elements of finance, activity and performance, the monitoring of quality and workforce surveillance, and planning for education commissioning for a wide range of professions. It is recognised that there is not currently a harmonised planning cycle that aligns the timing of the provision of workforce information with other returns resulting in ad hoc data collections and burdensome and resource intensive mining of the ESR Data Warehouse (ESR-DW). This can result in different parts of providers of NHS-funded care providing different data. For foundation trusts, their submission of business planning material to Monitor is not harmonised with their submission of workforce information to support education commissioning thus the data can be discrepant. A single agreed harmonised system would be more accurate and more cost effective, and employers argue that now is a good time to adopt such an approach.
- 3.4. Currently largely separate arrangements are in place for the planning of the medical and dental workforce, and the remaining clinical workforce. The planning processes, and the information requirements, need to be developed in recognition of the specific needs of different professional groups. However, the needs of patients requiring multi-professional care, delivered in ways that reflect flexibility and a competence-based approach, would be better served by a more integrated system of planning. Some of the reasons for the current disjointed arrangements reflect historical systems, differing recruitment cycles and funding streams. These reforms afford an opportunity for these arrangements to be replaced by a more coordinated system.

- 3.5. The WIA work stream was put in place to address these challenges. The work stream was organised through a number of projects. The first of these focused on information requirements including a workforce Minimum Data Set (wMDS), future demand assessment and an analysis of the users of workforce information and their future needs. The second project focused on systems and processes for ensuring the flow of workforce information. Other work included setting a longer-term vision for the reformed system.
- 3.6. Those leading this work have co-developed the new arrangements with a wide range of stakeholders from across the NHS and partner bodies. This has occurred through group membership, a series of stakeholder events, an interview survey of high-level leaders, and a process of testing of the emerging proposals with a range of volunteer organisations, including small and independent healthcare providers. Strategic health authority (SHA) workforce planner and education commissioner networks have also been engaged in the process.
- 3.7. The arrangements outlined in this report are designed to ensure that, with the appropriate governance agreements in place, the right workforce information is collected once but used many times, recognising that 'commercial in confidence' information may need to be anonymised.
- 3.8. As LETBs and HEE take up the reins of their responsibilities, they will be closely involved in the next stages of this work to agree how information will be collected to assess future workforce demand. Meanwhile an active process of engagement and advocacy for these proposals with key stakeholders will continue.

4. Addressing the Challenges

- 4.1 In the new education and training system providers of NHS-funded care work together as members of a LETB. Fundamental to the LETB working arrangements is the provision of information, on both the current workforce and future workforce demand, that underpins the commissioning of education and training. The actions outlined later in this report have been developed in dialogue with a range of providers and have been designed to be proportionate. These arrangements have been successfully tested with a range of organisations to ensure their practicality and acceptability.

Understanding the current workforce

- 4.2 The reforms, underpinned by the duty placed on providers of NHS-funded care to cooperate in workforce planning, bring about an opportunity to improve the information about the current workforce in terms of detail, quality and timeliness. In order to achieve this, a workforce Minimum Data Set (wMDS) will be required from all providers of NHS-funded care.
- 4.3 Providers engaged in delivering NHS-funded care vary. There are NHS trusts that use a single administrative system making the provision of workforce information an automated process. At the other end of the spectrum there are independent or 'private' companies, some large with over 10,000 staff down to almost 'single-handers', each with their own administrative systems. And in between, there are a multitude of community interest companies, such as social enterprises, using a variety of administrative systems. In line with our principle of a proportionate approach, the number of data items collected and the collection frequency will vary - further details will be produced by way of guidance for providers on the Health and Social Care Information Centre (HSCIC) website.
- 4.4 The workforce MDS is a sub-set of the National Workforce Dataset (NWD) v2.6 and is the recommended **minimum** data requirement to enable effective workforce planning at LETB level. It is recognised that each LETB will develop their own information requirements and workforce planning processes, but the mandatory provision of the workforce MDS by all providers of NHS-funded care will provide the consistency that ensures individual LETB plans can be aggregated to form a national picture. For instance local workforce planners may add in additional data items as needed, perhaps according to particular regional needs or particular attrition or recruitment issues.
- 4.5 The national standard contract for acute services now includes clauses requiring the provision of this dataset, thereby adding a contractual obligation alongside the legislative duty placed on providers by the 2012 Act. Organisations in this category were involved in testing these proposals and will be engaged still more fully in future workforce planning work assessing actual application of the workforce MDS.

- 4.6 The smallest of providers of NHS-funded care fall into two main categories: primary care contractor organisations and independent sector provider organisations. Whilst the overall proportion of the workforce employed by these organisations is relatively small, they represent a very significant part of the healthcare workforce for key staff groups, especially in the primary care sector.
- 4.7 The *Health and Social Care Act 2012* also places a duty on NHS England to ensure that providers of NHS-funded care with whom they contract have regard to education and training when carrying out their functions. This will include the provision of workforce data, which will be shared with HEE and the LETBs to provide them with intelligence on the local primary care workforce. NHS England and the Health and Social Care Information Centre (HSCIC) are looking at how data will flow through the reformed system.

Planning the future workforce

- 4.8 Planning for future workforce needs is a responsibility at a number of different levels in the system. Ultimately, it is a core concern of providers delivering NHS-funded care. However, the complex nature of the healthcare labour market means that even the largest employers need to collaborate with others. This is essential if they are to play their part in ensuring the supply of adequate numbers of professionally qualified staff to meet future needs. This is especially important given the long lead times and heavy investment in education and training in healthcare.
- 4.9 The reformed system for workforce development offers a significant opportunity for providers of NHS-funded care to be influential in determining the priorities for investment of the resource for education and training. In engaging and working with their LETB, providers will be more actively involved in planning their future workforce needs and in sharing the results of their plans, in a structured way, with the system.
- 4.10 The majority of the workforce is employed in delivering healthcare that has been commissioned by service commissioners. The responsibility for planning the future workforce extends to service commissioners, who need to be able to articulate their strategic intentions clearly, so that providers can translate these into service delivery proposals. Furthermore, service commissioners need to have regard for the workforce implications of their commissioning intentions and consider the viability and achievability of their commissioning plans.
- 4.11 The relationship between the LETB and their CCG(s) and AT(s) will need to be developed sufficiently if workforce planning is to become truly integrated. Service commissioners have a key role in this relationship and LETBs and their commissioning counterparts will need to work actively to forge these new relationships.
- 4.12 The Centre for Workforce Intelligence (CfWI) will continue to provide expert support and guidance to the system on workforce intelligence issues, including supporting HEE in the discharge of its functions.

5. What Has To Happen

5.1 Communications

Establishing an effective system to raise the profile of workforce information

- 5.1.1 DH and HEE will be responsible for an effective system for raising the profile of workforce information by establishing a communication and engagement strategy to reiterate the central importance of healthcare workforce information.
- 5.1.2 Given the possibility of an increasing proportion of services being provided by the independent sector, dialogue with the independent sector will continue in collaboration with the Independent Healthcare Advisory Service.
- 5.1.3 HEE will continue to have a proactive role in the National Workforce Planners and National Workforce Commissioners networks to ensure that LETBs are able to continue to share best practice and information to support workforce planning and education commissioning. Networks will be expected to give due consideration to the commercial sensitivity of information as appropriate.

5.2 Ensuring the Provision of Information

- 5.2.1 Workforce planning and the commissioning of education and training is underpinned by data and planning forecasts. In a new NHS landscape, where services will be delivered by an increasingly diverse range of providers, this information needs to be comprehensive, covering all providers of NHS-funded services, for the new system to work effectively.
- 5.2.2 The different components of information are set out below, focusing on the various elements that help to build a complete understanding of the healthcare workforce.

5.3 Current Workforce

All providers of NHS-funded services will make available the required data on their current workforce

- 5.3.1 Hospital and Community Health Services: all providers of NHS-funded care will make available workforce data in the form of the workforce MDS. For organisations that use ESR, HSCIC will draw this data centrally from administrative systems. Those who do not use ESR will need to provide the workforce MDS directly to HSCIC.
- 5.3.2 Primary Care: with the abolition of PCTs, service commissioners have an important role to play in achieving the collaborative working envisaged by the new education and training system. DH and HEE will work with NHS England to ensure primary care providers continue to supply workforce data on general practitioners, general practice staff, dentistry and optometry staff groups.

5.4 Future Workforce

All providers of NHS-funded care will make available the required forecasts of their future workforce needs

- 5.4.1 HEE will take responsibility for the collection of information to support planning the future workforce.
- 5.4.2 HEE will define the elements that need to be refreshed annually in the LETB Workforce Skills and Development Strategy.
- 5.4.3 In its discussions with NHS England, HEE will also consider how LETBs would best work with clinical commissioning groups and area teams to ensure information on the primary care workforce allows analysis of future workforce demand.
- 5.4.4 HEE will work with NHS England to explore how best the obligation to provide workforce information, as set out in legislation and service contracts, will be actively managed to ensure comprehensive provision.

5.5 Education Provision

All providers of academic and practice education will make available the required data on those in training

- 5.5.1 LETBs will continue with the current data collections from higher education institutions as detailed in their education contract. The requirements of the data collections may be revisited following the outcome of the HESA review in 2013.
- 5.5.2 HEE and LETBs will ensure that the Learning and Development Agreement (LDA) between the LETB and service provider explicitly includes the requirement for workforce data and information to support workforce planning and education commissioning.

5.6 Reducing the Burden

Minimising the burden on providers of the collection and reporting of workforce planning information

- 5.6.1 HEE will oversee streamlining of the processes for the collection of workforce planning data to meet the needs of all stakeholders, with the aim of aligning the timing of collections as far as possible.

5.7 Data Quality

Continual improvement in the quality of workforce data

- 5.7.1 Locally, all providers of NHS-funded services have a responsibility to ensure the information they hold on their workforce is accurate and complete.
- 5.7.2 Nationally, HSCCH will lead on the continual drive to improve the quality of data in a variety of aspects.

5.8 Access to Data

Ensuring appropriate access to workforce data

- 5.8.1 DH, as system convenor, will work with stakeholders to consider appropriate access to workforce data by the entire healthcare system and will encourage the development of information governance protocols that allow safe, secure and efficient sharing of data.
- 5.8.2 It is recognised that new dashboards and other presentation methods and tools will be developed and owned by different organisations to be used for different purposes with their own governance arrangements. To ensure the consistency of workforce data used within the different dashboards, and in support of the transparency agenda, all requests for workforce data should be directed and sourced through the HSCIC as the single central source and repository of published workforce information.

5.9 Governance

Ensuring appropriate governance arrangements for the management of workforce data

- 5.9.1 DH will remain as sponsor of the National Workforce Dataset (NWD). Proposed changes to workforce data sets, including the workforce MDS, will continue to be assessed by the Workforce Information Review Group (WIRG). WIRG will continue to be an active group with a large membership and its work in the assessment and review of workforce data will continue. HEE is represented on WIRG to ensure that the workforce MDS continues to meet workforce planning needs.
- 5.9.2 HSCIC will retain a strong role in WIRG, including acting in a secretariat capacity and providing a 'chair's brief'. HSCIC will continue to provide support and aid the development of guidance to support the implementation of new standards.
- 5.9.3 The arrangements for workforce data from April 2013 onwards need to link into the new Informatics Services Commissioning Group (ISCG) structure and influence the wider NHS information system.

6. Responsibilities

6.1 The table that follows summarises the key responsibilities of organisations throughout the system in relation to the actions detailed in the previous section. It has a focus on the main organisations involved in workforce information, rather than the much broader group of stakeholders and interests.

<u>Organisation</u>	<u>Recommended Action</u>
Hospital and Community Health Service (HCHS) Providers	<ul style="list-style-type: none"> • Make available workforce data in the form of the workforce Minimum Data Set. For organisations that use ESR, HSCIC will draw this data from the ESR Data Warehouse (ESR-DW). Those who do not use ESR will need to provide the workforce MDS directly to HSCIC. • Bi-annually provide the workforce MDS if the organisation does not use ESR. • Annually provide future workforce demand assessment as part of a workforce plan which has Board or equivalent approval. • Ensure the information they hold on their workforce is accurate and complete.
Independent service providers delivering NHS-Funded services	<ul style="list-style-type: none"> • Workforce MDS data extracted centrally from administrative systems where available: <ul style="list-style-type: none"> - quarterly (GPs) - bi-annually (dentists) - annually (optometrists) • Bi-annually provide the workforce MDS if data not available via the administrative system. • Annually provide future workforce demand assessment as part of a workforce plan which has Board or equivalent approval, or its counterpart for primary care organisations. • Ensure the information they hold on their workforce is accurate and complete.

<u>Organisation</u>	<u>Recommended Action</u>
Service commissioners	<ul style="list-style-type: none"> • Consider appropriate incentive and sanction levers to ensure providers meet their contractual obligations to provide appropriate workforce information. • Have regard to the workforce implications of their commissioning plans and intentions, and share these with their LETBs.
Local Education and Training Boards (LETBs)	<ul style="list-style-type: none"> • Continue with the current data collections from higher education institutions (HEIs) as detailed in the education contract between the LETB and HEI. • Ensure that the Learning and Development Agreement (LDA) between the LETB and the provider of NHS-funded care explicitly includes the requirement for workforce data and information to support workforce planning and education commissioning.
Health Education England (HEE)	<ul style="list-style-type: none"> • Work with DH on a communications and engagement strategy to support improvements in workforce information. • Secure effective collaboration of key stakeholders, including NHS England, NHSDA, Monitor and CQC, the professional body regulators, professional organisations, organisations representing staff and service users, and the education sector. • Continue to have a proactive role in the National Workforce Planners and Workforce Commissioners networks. • Ensure the collection of information to support planning the future workforce. • Define the elements that need to be refreshed annually in the LETB Workforce Skills and Development Strategy. • In discussion with NHS England, consider how LETBs would best work with CCGs and ATs to ensure information on the primary care workforce allows analysis of future workforce demand. • Work with NHS England to explore how best the obligation to provide workforce information, as set out in legislation and service contracts, would be actively managed to ensure comprehensive provision. • Oversee streamlining of the processes for the collection of workforce planning data to meet the needs of all stakeholders, with the aim of aligning the timing of collections as far as possible.

<u>Organisation</u>	<u>Recommended Action</u>
NHS England	<ul style="list-style-type: none"> • Ensure primary care providers continue to supply workforce data on general practitioners, general practice staff, dentistry and optometry staff groups. • In discussion with HEE, consider how LETBs would best work with CCGs and ATs to ensure information on the primary care workforce allows analysis of future workforce demand. • Work with HEE to explore how best the obligation to provide workforce information, as set out in legislation and service contracts, would be actively managed to ensure comprehensive provision.
Health and Social Care Information Centre (HSCIC)	<ul style="list-style-type: none"> • Act as the principal repository for workforce information, responsible for securing data collection, and data cleansing. • Act as single central source and repository of published workforce information and source for all requests for workforce data. • Lead on the continual drive to improve the quality of data in a variety of aspects. • Retain a strong role in WIRG, including acting in a secretariat capacity and providing a 'chair's brief'. • Continue to provide support and aid the development of guidance to support the implementation of new workforce data standards.
Department of Health (DH)	<ul style="list-style-type: none"> • Work with HEE on a communications and engagement strategy to support improvements in workforce information. • Ensure, through its sponsorship role, effective collaborative working between the elements of the system. • Work with stakeholders to consider appropriate access to workforce data by the entire healthcare system and encourage the development of information governance protocols that allow safe, secure and efficient sharing of data. • Sponsor the National Workforce Dataset (NWD). • Lead the development of arrangements for workforce data from April 2013 onwards that link into the new ISCG structure and influence the wider NHS information system.

7. Implementation

- 7.1 HEE will drive forward a shared vision to improve the use and quality of workforce information on both the current workforce and a future workforce that reflects the needs of patient care. HEE will take forward the implementation of the recommended actions set out in this report, making available further details during 2013-14. The approach to implementation follows five guiding principles: *Driven by Need; Collect Once, Use Numerous Times; Minimising Burden; Transparency; and Self-sustaining.*
- 7.2 Building on a commitment to the above principles, HEE will draw up an implementation plan that will set out the approach to putting in place the systems and mechanisms that ensure the delivery of the actions set out in this report. The implementation plan will be a flexible document that local, regional and national key partners will be involved in shaping going forward.
- 7.3 The plan will develop the following:
- an improved understanding of the importance of robust information to support workforce planning and commissioning intentions for improved patient care;
 - an improved local ownership and accountability for the provision of robust workforce information;
 - an enhanced whole system commitment to improving the quality of data upon which key workforce planning decisions are made and understood;
 - a stronger understanding of the link between the workforce and impact on patient care, not only from a numbers perspective but in terms of workforce development and the quality of education and training delivered;
 - the establishment of a WIA advisory structure to formalise responsibilities governing the implementation of the programme aims, ensuring appropriate mechanisms for due regard from stakeholders in the provision of data;
 - the identification of governance mechanisms required to make obligatory the responsibilities for submitting workforce information;
 - transparency in access to information and how it is used, ensuring direct links to workforce planning outcomes;
 - a collaborative working model to ensure system wide implementation whereby lead implementers (HEE, DH, HSCIC) work autonomously with relevant national bodies; and
 - a culture of continuous improvement whereby the systems, vehicles and processes by which workforce information flows through the system is monitored and refreshed to meet the information needs of a changing environment.

