On behalf of Health Education South London (HESL) and its membership organisations, we are delighted to introduce our Five Year Workforce Skills and Development Strategy. This document sets out our strategic intentions, demonstrating how we will work together to invest in education and training in South London to improve patient care and the learning experience of students and the whole workforce.

Our health and social care system in South London is changing rapidly and it is our workforce – both current and future – that must ensure these changes are made for the benefit of our communities. This strategy will enable us to determine the workforce required for the population of South London, and allow us to lead on the provision of education and training to create and develop that workforce.

We believe it is important that we reflect the health needs of South London in our strategy, by equipping our workforce to take a population based healthcare approach. Our communities will play an increasingly influential role in the delivery of health and social care and we will engage them and work with them in determining the direction of education and training.

London has a reputation for delivering some of the best and most innovative medical and health education in the world. We want to build further on this world-class provision and ensure that we maintain our place at the forefront of health and medical training worldwide.

This is not straightforward and there are many challenges ahead. We have over 60,000 healthcare employees in South London, a significant percentage of the total workforce in London. We must ensure that we work with our employers – the providers of health services – to recruit the right people with the appropriate skills, values and behaviours to provide consistently high quality care in the right place and at the right time for our population.

Our strategy has been shaped and developed collaboratively with our member organisations, reflecting our vision, priorities and approaches for the next five years; it is not limited to what HESL, as an umbrella organisation, will achieve on its own. Our members have played an invaluable role in developing our strategy, and they will play an equally important role in its delivery. This broad ownership of responsibility is essential to deliver our vision – locally driven, in our local communities, for our local population. Our members will hold us to account through their involvement in our governance, and will measure our success by the delivery of this strategy.

As our healthcare system evolves then so must we; and we should support that evolution through innovative education and training. This strategy is the start of our journey and it builds upon the excellent progress so far in developing our world-class reputation for education and training in South London. It is not static – we will regularly evaluate, assess and adapt the strategy over time so that it remains dynamic and relevant.

Richard Sumray
Independent Chair

Julie Screaton
Managing Director
Executive summary

As a membership organisation, Health Education South London (HESL) is committed to working in collaboration with our partners to ensure the provision of high quality, future-focused workforce education and training. We will do this ever mindful that our healthcare economy is seeing a shift in service provision away from the acute hospital setting and towards a population based, community healthcare environment.

This will involve engaging with, and indeed empowering, our patients to become more involved in their own health and wellbeing. It will require a different set of skills of both our current and our future workforce – skills that allow our staff to enable the population healthcare approach to deliver its potential whilst retaining and building upon the core values of the NHS Constitution in every patient interaction we have.

Our strategy explores how HESL will transform the workforce and deliver population based healthcare.

The At the Forefront of Change chapter considers the role of our workforce as an enabler in both large scale system change, and through the development of continuous service improvement:

- We will strive to ensure that our workforce is trained to promote the wellbeing of the population of South London and to provide the highest standards of care to all patients in all care settings.
- We consider what our workforce needs to ensure change is driven by them and is not something done to them.
- We will support our workforce to be a key asset in communicating with our patients, to help them have a voice regarding service change.
- We will work with our employers to manage change, minimise risks and maximise benefits. We will improve workforce planning, assessing the impact of change on our trainees and students as well as today’s workforce.
- We will support our employers to engage and retain their workforce during times of uncertainty; facilitating communication across South London and between different stakeholders.
- We will support our workforce to innovate in times of change. In partnership with the South London Academic Health Sciences Network (AHSN) we will be uniquely placed to encourage innovation through research.

The following table describes our priorities for our workforce at the forefront of change, and how we will deliver them:

<table>
<thead>
<tr>
<th>To achieve a workforce that:</th>
<th>Our focus will be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works effectively as a key enabler of system change, engaging with local communities and providers of services</td>
<td>• Maintaining and enhancing multi-professional leadership</td>
</tr>
<tr>
<td></td>
<td>• Developing productive relationships between staff, students and patients</td>
</tr>
<tr>
<td>Has the ability to manage change and ensure the quality of training is maintained</td>
<td>• Developing workforce planning systems to reflect the demand on all providers of care</td>
</tr>
<tr>
<td></td>
<td>• Enhancing the quality of supervision and learning for all our learners, and supporting the development of all staff providing NHS funded services in South London</td>
</tr>
<tr>
<td>Retains and supports its good people during major change programmes, using their skills to empower patients to inform that change</td>
<td>• Ensuring workforce development programmes enable staff to work effectively within different settings and across organisational boundaries</td>
</tr>
<tr>
<td>Shows continuous improvement based on contribution to and the application of the most up-to-date clinical evidence, and feels empowered to innovate at all levels and professions</td>
<td>• Ensuring effective collaboration with our Academic Health Science Network to design and spread innovation</td>
</tr>
</tbody>
</table>
In our Recruitment and Retention chapter, we describe how HESL will work with its members to promote our recruitment and retention initiatives:

- **We explore how we will encourage more members of our local population to pursue healthcare careers, whilst ensuring that our trainees display the right skills, attributes and values.**
- **We look at the alignment of our assessment processes with the NHS Constitution values.**
- **We consider how we support those in training to continue into local employment, thus ensuring both value for money in our investment decisions and alignment with the needs of our employers, particularly in roles that are difficult to recruit to.**
- **We explore leadership and supervisory support, and how we need to support our senior clinicians to manage effectively in the face of uncertainty.**

The following table describes our workforce priorities regarding recruitment and retention and how we will deliver them:

<table>
<thead>
<tr>
<th>To achieve a workforce that:</th>
<th>Our focus will be:</th>
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</thead>
<tbody>
<tr>
<td>Enables social mobility, increasing participation from those who might not otherwise consider further education, and is representative of the community it serves</td>
<td>• Attracting and developing a diverse workforce that reflects the diversity of our population</td>
</tr>
<tr>
<td>Demonstrates the highest potential to develop and deploy the skills, attributes and behaviours patients need</td>
<td>• Promoting best practice in recruitment to programmes across our network of members</td>
</tr>
<tr>
<td>Represents value for money by translating investment in education and training into productive careers representative of the direction of health and social care</td>
<td>• Targeting the use of CPPD funding to support the workforce’s career planning and development and Lifelong Learning</td>
</tr>
<tr>
<td>Always has the patient’s interest at heart by acting in line with the NHS Constitution’s values</td>
<td>• Embedding the NHS’s values in staff from the point of recruitment and throughout their working lives</td>
</tr>
<tr>
<td>Works in an integrated and supportive environment that values individual and collective contributions</td>
<td>• Developing clinical and educational trainers and supervisors to ensure high quality learning environments for all staff and learners</td>
</tr>
</tbody>
</table>
Our **Lifelong Learning** chapter considers how our approaches to education and training reflect our changing healthcare system, in particular the move towards population healthcare, and the requirements of the Education Outcomes Framework.

We describe the initiatives that will ensure our workforce understands, and consistently demonstrates, the skills, values and behaviours expected of them by our communities:

- **We examine the community based education concept**, working across multi-disciplinary teams in community settings, and how our learning activity will enable this.
- **We explore the role our service users can play in the education and training of our workforce** and indeed their own local communities, thereby empowering our patients to take a more active role in their own healthcare.
- **We describe how our leaders should drive values and behaviours across our teams** and how we can support them to achieve this.
- **We consider the quality of our education and training provision** and how our partnership approach to working with our member organisations will ensure excellent learning environments.

The following table describes our workforce priorities for lifelong learning, and how we will deliver them:

<table>
<thead>
<tr>
<th>To achieve a workforce that:</th>
<th>Our focus will be:</th>
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</thead>
<tbody>
<tr>
<td>Has the skills, attributes, values and behaviours to promote wellbeing and to provide high quality care needed by patients</td>
<td>• Supporting HEIs and employers to embed the NHS Constitution’s values across their organisation</td>
</tr>
</tbody>
</table>
| Is trained and educated to reflect the way it increasingly operates: in multi-disciplinary, inter-professional teams and in community-based roles encompassing prevention of ill-health, and promotion of re-ablement, recovery and rehabilitation | • Developing community based education provider networks  
• Fostering placements that provide opportunities for all learners in community and hospital learning environments |
| Is trained and educated through quality-assured outcomes-based learning methods that fit with the way our students, trainees and staff learn best | • Integrating quality assurance processes across all areas |
| Has clear and visible, values-driven leadership at all levels and in all professions | • Prioritising leadership development across all domains  
• Creating environments in which opportunities for inter-professional learning are maximised |
| Recognises the importance of, and is equipped to enable, patient education and empowerment | • Embedding principles of patient empowerment in all programmes of learning |

We will deliver our strategy by working collaboratively with our membership organisations, and taking joint responsibility for developing the workforce of the future.

This strategy has been developed with our membership, for our membership. They represent the wide spectrum of stakeholders in the South London health economy, from higher and further education providers to local employers and community teams.
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1. Our vision of the future

“There is a growing body of evidence to support radical reform of modern health care so that it becomes patient-centred, primary-care-focused, whole-system designed, chronic-disease-managed and prevention oriented. However, even though reforms are increasingly driven by escalating costs and an ageing population, progress, with a few exceptions, has been desperately slow”.

(Ruta, 2004)

To design, develop and deliver a workforce that will lead to sustainable improvements in the health and well-being of the population of South London.

We will:

• Support the delivery of the world class care through excellent education and training interventions

• Achieve high quality patient outcomes in South London by improving, innovating and engaging in education and training

• Assess and respond to the collective workforce requirements of healthcare providers

• Commission education and training programmes to best develop the workforce to meet South London’s needs

Health Education South London and its member organisations are excited to present our vision of the future and the role that our workforce will play in supporting the continued delivery of high quality health and social care services to our communities in South London.

1.1. Population based healthcare: the future of health and social care delivery

Population based healthcare refers to the responsibility all care providers have for the health and well-being of the population. It requires an understanding that care of the individual sits within the context of care for a population. This requires the provision of excellent services when people are ill or recovering from illness, as well as planned, preventative care to prevent and minimise illness in the first place.

The training and education of the workforce, both current and future, is a key enabler to achieve improvement in the health of the population by shifting the focus of service delivery from a reactive, illness-based model to one which works with patients to anticipate, manage and minimise long-term conditions. Health Education South London is committing to promoting population based healthcare, an approach recently explored by the Nuffield Trust.

“The past few decades have seen an increasing international focus on the importance of primary health care as the most efficient way to respond to both the prevention and management of chronic illness, through low-cost, preventative and curative community-based services organised around family physicians and multidisciplinary teams”.

(Starfield and others, 2005; WHO, 2008). From the Nuffield Trust’s May 2013 report, in partnership with the National Association of Primary Care, “Reclaiming a Population Health Perspective”
In recent years, support for reforming the system to enable this proactive, preventative approach has gathered pace. Drivers for this reform include an ageing population and trends in population health needs, as well as a growing body of supporting clinical evidence; enablers include changes in the health and social care landscape such as the creation of clinical commissioning groups.

Population-based healthcare is best described through four key features:

1. **Health and wellbeing**
   - Recognising the importance of health and wellbeing to an individual’s sense of self and contribution to society; identifying those at risk and mitigating the occurrence or severity of illness through preventative measures; a focus on the distribution of health (and wellbeing) within populations.

2. **Community engagement**
   - The consideration of the health and wellbeing of whole communities as well as those of families and individuals; mobilising and empowering communities to tackle health concerns together.

3. **Patient empowerment and shared decision-making**
   - Patients are supported to feel in control of their health and wellbeing through effective patient-staff relationships, patient education, recognition of patients’ and carers’ own expertise, and the use of technology such as telehealth.

4. **Integrated care**
   - Joined-up care across services, professional groups and organisations, and across health and social care boundaries, to provide the best care possible for the patient, from birth to end of life.

South London has some of the most pre-eminent health education and research institutes in the UK, and provides specialist and generalist care to people of all ages from far and wide across the South East of England, nationally and internationally. Health Education South London is committed to continuing to provide support for continuous improvement in the development and delivery of specialist services working closely with the Academic Health Science Network, employers and the HEIs. The membership forum and our stakeholder meetings felt that the education and training elements were for the most part well developed and mechanisms were already in place to continue to adapt to meet the needs of the specialist services. The areas that needed the greatest strategic interventions were in changing the workforce to provide care in different settings, working across traditional boundaries to improve the health of the population of South London.

Population based healthcare means more than simply moving services out of acute settings and into primary and community care. It is a fundamental shift of emphasis to empower individuals, families and communities to prevent illness and enrich their lives through good health and a sense of wellbeing, and to create a workforce that supports patients to do this. We recognise that acute services are, and will remain, an important part of our healthcare system. However, moving the emphasis from ‘illness’ to ‘wellness’ will reduce the need for some acute services.

In South London, our members fully support reform to deliver population-based healthcare. Through commissioning, financial and service plans they are making the changes required to move towards it. It is our role, as Health Education South London, to support this move by developing the workforce as an enabler of change. This will require the engagement of all providers – including therapists, pharmacists, dentists, mental health practitioners, health care assistants etc. When we refer to ‘providers’ within this document, we are referring to all providers across a comprehensive range of professions.
1.2. Workforce as an enabler of population based healthcare

To deliver high quality care, we need staff in the right numbers, with the right skills, values and behaviours. What do we need, over and above this, to enable population based healthcare?

- Every healthcare worker has the knowledge, skills and ability to carry out their role for which they are valued; every patient and carer feels able to play a full part in determining the care they need and to obtain it in a timely way
- Every member of the workforce thinks proactively about how they can support their patient to improve or maintain their own health and wellbeing, prevent illness, and move towards recovery, and identify how and when they need to access health and social care services
- Staff need to be trained to help communities mobilise and work together to improve their health
- Staff will support patients to feel in control of their own health and wellbeing
- Staff are equipped with excellent skills in communication, team working, and the ability to navigate professional and organisational boundaries to get the best for their patients

1.3. Other contextual drivers informing our vision

There are key national drivers informing the context in which we operate. One of these drivers is our responsibility to uphold the NHS Constitution’s values:

There are six values outlined in the NHS Constitution

Respect and dignity
We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

Commitment to quality of care
We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Compassion
We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.

Improving lives
We strive to improve health and wellbeing and people’s experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

Working together for patients
Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.

Everyone counts
We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

MARCH 2013
The findings of the Francis Inquiry\(^1\) show just how far individuals and teams within our health and social care system can stray from the values of the NHS Constitution. Whilst we believe that the overwhelming majority of our staff hold personal values akin to those of the NHS Constitution, we also recognise that training and support systems enable staff to put those values into practice throughout their careers.

In our vision of the future, every member of the workforce will share and demonstrate these values. As a consequence patients, families, carers and our communities will recognise, and expect, these values to be evident in the delivery of their care. We wish to see the NHS Constitution values embedded throughout our workforce development processes; recruitment; training and education; induction; appraisal; fitness to practice/ revalidation; exit interviews; and workforce planning. In turn, these processes must be assessed according to their ability to contribute to ethical and caring service delivery.

We also need to be mindful of the priority areas for progress to be set out in the forthcoming HEE mandate.

1.3.1. A rapidly changing landscape

The creation of Local Education and Training Boards is part of a much wider set of changes to the NHS, which aim to enable healthcare professionals to shape the way we deliver care to patients, and to drive education and training investment decisions.

Changes to the commissioning landscape, including the creation of the clinical commissioning groups (CCGs), supported by the national commissioning organisation, NHS England, puts clinicians in charge of assessing the needs of their local populations and determining the way services are provided to meet those needs. HESL will work closely with our South London CCGs and the London office of NHS England to ensure we support their commissioning plans through the right education and training initiatives.

The NHS is operating within a challenging financial envelope. Commissioners across South London must ensure that health and social care services remain viable within these constraints. Specifically, we know that acute services are likely to be consolidated onto fewer sites. HESL will need to work to support our commissioners to identify and plan for the impact on the workforce, ensuring the workforce is as a catalyst, rather than an inhibitor to change. Other economic drivers include the introduction of tariff for education and training from April 2013.

Government initiatives to extend plurality of market provision – the provisions of NHS England’s recently published NHS Standard Contract for 2013/14\(^2\) will present both challenges and opportunities in the potential expansion of training placements across providers.

1.4. Enabling this vision

Our vision of health and social care is an ambitious one, but it is only by being ambitious that we will achieve meaningful change. As workforce leaders, we need to ensure that we play our part in a bigger conversation about how we contribute to an environment that sustains the values and behaviours that lead to positive patient care.

This strategy focuses on what HESL and its members must do to transform the workforce, and so enable the vision of population based healthcare to be realised.

Working with our members across South London (explained in more detail in section 2.3) we have identified actions to take in key areas to support this vision. We have grouped the areas into three chapters:

- At the Forefront of Change
- Recruitment and Retention
- Lifelong Learning

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\(^1\) The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – 2013

2. Introduction to the strategy

2.1. The purpose of this document

Liberating the NHS: Developing the healthcare workforce\(^2\), sets out the new arrangements to improve the quality of education and training outcomes across the system. Local Education Training Boards (LETBs), led nationally by Health Education England, will put providers, educators and clinicians in the driving seat to identify key workforce challenges, and to be flexible and creative in responding to these challenges.

We are a new organisation, and this document sets out our strategic intent. Moreover, it reflects the stakeholder engagement with our member organisations over the last twelve months to agree and communicate our priorities for South London in the coming five years.

2.1.1. Scope of this document

The scope of our strategy focuses specifically on:

**Workforce development**

HESL is responsible for commissioning the education and training of all individuals who are involved in the delivery of NHS services in South London. This is broader than 'employees' and includes outsourced services, voluntary and independent sector staff who work in NHS services. Whilst we may not have employment responsibility for these individuals, we need to ensure that they meet required standards of skills, behaviours and attributes.

We also refer to the health and social care workforce. Whilst the training and education of social care roles are undertaken separately, we are keen to work closely together to mirror service need, and we therefore consider the health and social care workforce as one.

**South London**

The map in section 2.2 shows the geographic area we cover. It is important to recognise that South London is not a self-contained area; our HEIs accept students from areas outside South London; in particular we have a historic relationship with Kent, Surrey and Sussex (KSS) predominantly to provide postgraduate medical education. Similarly, we will continue to develop close relationships with London’s other LETBs as we share appropriate arrangements across the capital.

**HESL as a membership organisation**

One of our defining characteristics is that we are a membership organisation; our Board reflects our members across South London – HEIs, employers, trainees and so on. Our membership council is shared with the developing Academic Health Science Network in South London, recognising the considerable overlap in our shared health improvement priorities.

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\(^2\) Liberating the NHS: Developing our Healthcare Workforce – From Design to Delivery. Department of Health, January 2012
2.2. Introducing South London

South London has one of the most diverse populations in the country; over 163 languages are spoken across twelve boroughs.

Geographic footprint and members in South London

We are fortunate to have a variety of providers – from internationally renowned research and teaching health institutions to high performing district general hospitals, community hospitals, hospices and a wide range of primary care services including medical, nursing, therapies, dentistry and pharmacy. Our education and training providers are closely linked to all health providers and we provide clinical and non-clinical placements for all trainees including those training in apprenticeships, as support workers, medical scientists and laboratory officers and managers.

South London has a long history of working in partnership. We now have the opportunity to work within the footprint of the SL AHSN to improve partnership working across what has historically been two distinct clusters. This strategy draws on the expertise of all its stakeholders to define priorities that are owned and supported by all.
2.2.1. Our population

Key population health needs

South Londoners have some of the best and worst health outcomes in England. For example, Bexley, Kingston, Merton, Richmond and Sutton exceed the UK average across domains such as life expectancy at birth, health expectancy, wellbeing, and readiness for school, and these boroughs have fewer young people not in education, employment or training (NEETs). However, the inner London boroughs remain below the London/England average across one or more of these domains. In addition they have high rates of infant death, and high mortality rates from cancer and cardiovascular disease. There is a high incidence of long-term conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and hypertension, as well as high levels of drug addiction; infections such as tuberculosis (TB) and HIV, particularly amongst the younger population (18 to 34)4.

Risky behaviours such as smoking, excessive alcohol consumption and poor lifestyle factors are widespread and South London has a noticeably higher incidence of sexually transmitted infections than elsewhere in London5. Lambeth and Southwark have amongst the highest rates of teenage pregnancy in Europe. Social, environmental and lifestyle choices are all contributing factors to the health of the population and all can play a critical role in making positive change. Local people need more local help to adopt healthy lifestyles and prevent ill health6.

The population of South London continues to grow, with a current population of approximately three million people and a projected population growth of 14.1% by 2031. The scale and nature of the demand on health services within the South London area will increase, and it is essential that we are able to anticipate this demand and train the workforce accordingly. The population aged 65 plus will grow by 27.2% between now and 20317 – an important trend, because we know that older people have more health needs than younger adults.

Our workforce

The bar chart below depicts information gathered from providers during the 2012 NHS London Workforce Planning Process. It illustrates current and projected demand. ‘Demand’, in this context, means the numbers of staff needed to deliver services. This is a ‘snapshot’ of South London’s current position, and the numbers and proportions shown will alter during the implementation of this strategy.

NHS employers are currently predicting a reduction in overall workforce numbers, through productivity gains. Within this overall reduction in workforce numbers, the proportion of allied health professionals is forecast to increase.

Key workforce facts

- Approximately 60,000 employees
- 31 education and training placement providers
- 168 primary care teaching practices
- 7 HEIs and universities including 2 medical schools
- 3,500 medical and dental trainees across 82 specialties
- 3,800 nursing and midwifery training posts8
- 3,020 healthcare assistants and support staff
- 10,093 support to clinical staff

Healthcare assistants and support staff make up 25% of our workforce but this is not reflected in education and training expenditure for this cohort.

South London has high rates of temporary staff use for nursing, midwifery and health visiting (16.6%) and healthcare assistants and support staff (21.5%). These figures mirror vacancy rates (12.4% and 13.6% respectively) and also indicate levels of sickness and absence.

Attrition rates for non-medical undergraduate training are high: 30% for nursing and midwifery courses and 22% for allied health professions.

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4 Public Health Challenges in Inner and Outer London – The London Health Forum
5 NHS Information Centre – 2012
6 Fair Society, Healthy Lives, the Marmot Review into Health Inequalities in England, Feb 2011
7 2010 Mid-year ONS Population Estimates
8 Does not include the primary care workforce as data quality is variable.
Change is inevitable in a system as complex as the NHS. Research and development, public inquiries and innovation in best practice all lead to new evidence-based findings, informing improvements in healthcare practise. The results of this may be large-scale system transformation, where the impact is felt across professions, organisations and patient condition groups (such as consolidation of specialist paediatric services to fewer sites). Or the results may be more isolated, but no less significant to individuals, affecting single teams or those caring for patients with particular conditions – for instance, development of thrombolysis as a standard treatment for stroke and development of acute stroke units.

This chapter explores the role that HESL and its members must play to ensure, whatever the nature of the change, our workforce is fully represented and able to drive that change. We recognise that workforce can, and should, act as a catalyst for transformation – but, if not appropriately supported, it can act as an inhibitor of that change.

3. At the forefront of change

To deliver the vision of population healthcare and support change in the health system we want a workforce that:

- Works effectively as a key enabler of system change, engaging with local communities and providers of services
- Has the ability to proactively manage the impacts of change and ensure risk is minimised/ benefits are maximised
- Retains and supports its best people during major change programmes, using their skills to empower patients to inform that change
- Shows continuous improvement based on the most up-to-date clinical evidence, and feels empowered to innovate at all levels and professions

This chapter describes how HESL will work with its members across South London, focusing effort on developing our workforce as a key enabler of effective change.

3.1. A workforce that operates effectively as a key enabler of system change

Structures, systems and processes are important elements of working in a preventative, community-focused approach but the key contribution is the response of each individual staff member. Having been trained largely in addressing illness, staff will need to shift their way of thinking to ‘wellness’. In addition to the expectation of ‘curing illness’, staff will need to adjust to empowering patients, families and communities to maintain their own wellbeing, by prioritising interventions such as, for example, rehabilitation. This will require not only new skills and ways of working but the evolution of new roles and career pathways.

In addition to population-based healthcare, other drivers such as economic factors, scarce resources and our understanding of best practice means that the future of acute service is likely to include consolidation of certain services (notably A&E, maternity and specialist paediatric services) onto fewer sites. The workforce impacts of these changes are explored more fully in section 3.2 and include consideration of numbers, skills and attributes of staff.

An example of our member organisations supporting change, London Southbank University with Guys and St. Thomas’ have developed a Maternity Support Worker programme supported by the Royal College of Midwives and the Department of Health on a pan-London basis. This programme develops Foundation Degree graduates capable of working in maternity support roles. The programme has been highly effective. An independent evaluation has led to the commissioning of further training both across London and nationwide. This initiative reflects the challenges of delivering maternity services in a changing healthcare system and demonstrates the enabling role of our workforce.
As representatives of our members, HESL will be a key player in discussions locally, pan-London and nationally regarding major system changes. We want to build on our membership approach to ensure HESL fully represents the workforce interests of South London, as well as disseminating good practice across our locality. We want to promote an open and continuous dialogue with staff, trainees and students at all levels and professions — to define and agree upon necessary system changes, and also to illuminate the workforce impacts of such changes.

Our workforce is the channel through which patients can be an active part of these discussions. Consultation with patients regarding specific proposals for change is important, but we would like to see South London go above and beyond that with ongoing dialogue with patients: through developing more opportunities for staff and patients to learn together, and seeing the relationship between staff and patient become one of productive partnership. We will create the conditions necessary for patient views to translate into well informed workforce representatives.

The transformational move towards population-based healthcare will have impacts on the workforce in terms of the number of staff we need, the skills, competencies and attributes required, and the settings of care in which our staff operate. Over time, as population-based healthcare becomes a reality, we can expect that South London will need greater numbers of staff working in preventative and rehabilitative healthcare in community-based roles, with skills focusing on empowering patients, families and communities to maintain their own health and wellbeing. At the same time, as the acuity of patients’ illnesses in hospital settings increases, staff must be equipped with commensurate skills to meet those complex needs. As the benefits of an increased focus on wellbeing and prevention are realised and the requirement for some acute services diminishes, we can expect to see more hospital-based staff working in the community (as well as the hospital) in multi-professional, interdisciplinary teams.

There are three key areas which HESL sees as being imperative for managing the impacts of change to maximise benefit and minimise risk: integration of major change into workforce planning processes; managing the impact of change for our trainees; and managing the impact of change for our staff.

<table>
<thead>
<tr>
<th>Workforce planning</th>
<th>Managing the impacts of change for our trainees</th>
<th>Managing the impacts of change for our staff</th>
</tr>
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<tbody>
<tr>
<td>We must ensure that changes affecting the workforce are identified and integrated into national and local workforce planning. At national and regional levels, HESL’s responsibility is to represent the interests of South London, while working across London when appropriate, as well as with our neighbours (such as Kent, Surrey and Sussex). As commissioners we will use our insights from good practice in South London to influence national and regional workforce planning. At a local level we need to tap into our strength as a membership organisation to ensure the right people are involved in our workforce planning processes.</td>
<td>Significant change to how clinical services are provided affects placements and rotations for our trainees. Where services are being consolidated and reductions in staff are required, supervision ratios will be affected and fewer trainees can be supported. As services go through significant changes, HESL will ensure placements are able to deliver a quality training environment for trainees. We need to ensure that the impacts on working and training for our trainees are understood, mapped through and managed, to ensure services remain viable and trainees are not disadvantaged in terms of meeting the requirements of their training programme.</td>
<td>We invest heavily in our staff and we need to ensure that wherever possible we see a quality return on this investment. We must ensure that where changes to service delivery affects staff — for instance, where fewer staff are needed or settings of care changed — that we are supporting individuals and teams to adjust. Section 3.3 explores this in more detail.</td>
</tr>
</tbody>
</table>
3.2. Retaining and supporting our staff through major change

Building on our ambition for every member of staff to feel their contribution is valued, we want South London to ensure every individual understands the personal impact of planned change and is supported to maximise personal benefit from the change. This might include supported career planning to access education and training to acquire new skills, competencies or experiences required for a change of role. We invest considerably in our workforce; we therefore need to ensure value for money from our investment by aligning staff resources to match patient need.

It is particularly important that we support and retain our best staff when specific services are being consolidated to fewer sites. This creates a period of uncertainty which, we know from experience, often leads to staff seeking new employment earlier rather than later. The worst case scenario is that the service simply isn’t viable, and patient care is compromised. Services may perform sub-optimally because of heavy reliance on agency staff; departments may lack leadership; and staff morale may be low.

Effective workforce plans that take account of this possibility and seek to mitigate it from the outset are required. HESL will work closely with our members, in particular our employer organisations, to support workforce planning for major change programmes, to manage risk, and to ensure workforce acts as a catalyst to realising benefits from major change.

3.3. A workforce that feels empowered to innovate

Innovation is one of the most important ways in which we will continue to improve outcomes for patients despite constrained finances. Without innovation, the inevitable pressure to contain costs can only be met by forcing already stretched staff to work harder. It is therefore crucial that best practice, innovative ways of working and new technologies are not only identified and adopted locally, but spread and shared across the NHS.

The South London Academic Health Sciences Network (AHSN) will play an important role in creating the right conditions to allow innovation to flourish within the workforce. We will work in partnership with the AHSN, focusing on the following areas:

**Innovation in learning techniques**

In chapter 5 we explore the benefits of innovation and technology in learning techniques such as simulation. We will continue to work closely with the AHSN to promote and utilise research into optimal learning approaches, in particular to keep up with generational change.

**Translational medicine**

Education and training is an important factor in translating new developments and technologies into practice: ‘from bench to bedside’. Together with the AHSN, HESL will seek to deliver innovation and the rapid diffusion of transformative ideas and practice. Together, we will exploit the potential for high quality care and innovation through the integration of clinical, research and educational functions.

**Integration of innovation into all staff education and training**

In chapter 5 we see the benefits of inter-professional learning and all-staff training. We believe that innovation should be a part of every staff member’s approach to their role and not solely the responsibility of those directly involved in research and development. This will help to develop a workforce that understands the importance of innovation for continuously improving outcomes for patients. We will work with the AHSN to identify opportunities for innovation to form a part of these approaches to effective learning.

**Supporting our member employers**

Employers across South London have the most direct influence in creating conditions in the workplace in which innovation can flourish. This is done through developing cultures and practices that are more receptive to continuous improvement. We will work in partnership with the AHSN to support our employers to create the conditions for innovation.

We are already seeing examples of innovation from diverse and broad areas of our workforce. A nurse student from Kingston University & St Georges, University of London has developed a life-saving aid for patients at risk of deep vein thrombosis called the slippery sock. This helps patients with mobility problems put on anti-embolism stockings which will help prevent blood clots forming in the legs and travelling through the bloodstream to the lungs or brain. The student developed the idea during a community placement when observing a patient and their relative struggling to put the traditional stocking on. She then applied for a patent on her device, created the trade name ‘Neoslip’ and is hoping the idea will be taken up by commercial manufacturers.
## Workforce Skills and Development Strategy

### To achieve a workforce that:

**Works effectively as a key enabler of system change, engaging with local communities and providers of services**

- Maintaining and enhancing multi-professional leadership
- Developing productive relationships between staff, students and patients

**Has the ability to manage change and ensure the quality of training is maintained**

- Developing workforce planning systems to reflect the demand on all providers of care
- Enhancing the quality of supervision and learning for all our learners, and supporting the development of all staff providing NHS funded services in South London

**Retains and supports its good people during major change programmes, using their skills to empower patients to inform that change**

- Ensuring workforce development programmes enable staff to work effectively within different settings and across organisational boundaries

**Shows continuous improvement based on contribution to and the application of the most up-to-date clinical evidence, and feels empowered to innovate at all levels and professions**

- Ensuring effective collaboration with our Academic Health Science Network to design and spread innovation
4. Recruitment and retention

Through its investment in education and training, HESL will:

- Enable social mobility, increasing participation from those who might not otherwise consider further education, and is representative of the community it serves
- Support HEIs to recruit those with the highest potential to develop and deploy the skills, attributes and behaviours patient care requires
- Deliver value for money by translating investment in education and training into productive careers representative of the direction of health and social care
- Always have the patient’s interest at heart by acting in line with the NHS Constitution’s values
- Support the development of a workforce that works in an integrated and supportive environment, valuing individual and collective contributions

This chapter describes how HESL will work with its members across South London, focusing effort on our recruitment and retention approaches, to achieve this.

4.1. Enabling social mobility, increasing participation and representing the community we serve

4.1.1. Population healthcare requires a diverse, local workforce

HESL believes widening participation is a key driver for a sustainable workforce. We are committed to ensuring that our workforce reflects the society we serve, including race, socio-economic and gender balance. We must also ensure that we are supporting entry for those who might not otherwise consider a career requiring further or higher education.

We would like to encourage local recruitment wherever possible. Innovative population-based approaches to healthcare delivery such as community development require people who understand our communities and their healthcare needs.

We know from the experience of our South London employers that individuals who come through non-traditional routes can go on to have successful careers in the NHS. We also know that retention rates of people coming through these routes, especially when drawn from the local population, tend to be better than from traditional routes.

Primary and community care providers are a significant recruiter of local people, who are often highly committed to working in the area in which they live. For example, receptionists and health care assistants in primary care often live locally and yet they can be undervalued and their skills under-developed, jeopardising the recruitment and retention of these two important roles. In certain professions, such as Midwifery and Health Visiting, we are simply not recruiting into training sufficient numbers of suitable people. In turn, retention rates in these professions are lower than average as a result of the pressures of working in understaffed teams. Therefore, if we do not cast our recruitment net more widely, we will not identify sufficient suitable candidates to sustain safe and viable services.

HEIs in London have already achieved considerable success in offering several opportunities for students from less advantaged backgrounds to access their courses; including the King's College London Extended Medical Degree Programme (www.kcl.ac.uk/prospectus/undergraduate/name/emdp), the Foundation degree in Healthcare Practice accessible to all NHS staff run in partnership by St. George's Medical School and Kingston University. All south London HEIs work with schools and FE colleges to promote entry into the healthcare workforce.

Apprenticeships offer a variety of routes into the health and social care workforce. These include direct care roles such as dental nursing, clinical support workers, occupational therapy, dietetic assistants, radiotherapy assistants, pharmacy assistants and also support service roles such as administration, HR, estates and facilities, customer services and information technology. We would like to broaden the range of apprenticeships on offer.
Widening participation simply makes good sense; by creating a broader pool of potential candidates and, crucially, improving the effectiveness of our recruitment and selection filters, we are more likely to identify individuals with the potential to develop the skills, attributes and behaviours needed to make our vision of the future a reality.

4.1.2. Attracting a diverse, local workforce

So how do we cast our recruitment net more widely to capture the benefits we have outlined above? We believe there are four main elements to promoting diversity in our workforce:

Making health and social care roles attractive

Creating high levels of interest in health and social care careers. Many of our HEIs already have excellent links with local schools to encourage thinking about health and social care professions.

The University of Greenwich offers ‘Taster Days’ across a range of careers such as Health and Social Care, Pharmacy and Social Work. These days are aimed at year 11 students who may be interested in a career in health and social care, and are designed to help students learn more about the different career and routes into health and social care professions. Students will learn about the terminology used in healthcare, entry requirements onto different courses and the skills used in the healthcare profession. They also learn valuable skills such as adult and paediatric resuscitation.

NHS Lothian are participants in the Access to Industry programme which provides relevant work experience and qualification opportunities for career changers amongst others. They are also part of a ‘Lone Parent Programme’ – an initiative which provides support for single parents to return to the workplace...

Supporting entry into training and during training

We need to consider how best to support and encourage entry into the workforce through less traditional routes, recognising that some individuals may face more challenges in their training than their peers – whether these challenges are social, economic or academic. For instance, South London already has a good track record of using Access programmes which prepare students who left school without qualifications such as ‘A’ levels for study at University. We would like to see greater use of bursaries and sponsorship opportunities to support people from a range of socio-economic routes enter training for health and social care roles.

Providing support beyond initial training

Evidence tells us that individuals entering the healthcare workforce through less traditional routes can and do go on to have successful careers in the NHS. We also know that these individuals may struggle to secure their first post-qualification job. Therefore, we need to offer support during and beyond the training stage to ensure that they are given support to secure employment.

Providing career pathways for existing staff

We have a wealth of talented colleagues in a variety of support roles. We should seek to develop this part of our workforce by supporting them with bursaries and sponsorship to obtain a professional qualification. This is already happening across many of our Trusts. We need to encourage wider access across a broad range of disciplines – targeting specifically those in which we experience or forecast a shortage.
4.2. Recruiting those with the highest potential to meet patient needs

Widening participation, to create a bigger pool of potential talent to select from, will only realise benefits if the ‘filter’ of recruitment is improved, so that assessment and selection techniques are honed to ensure those we select are the ‘right people, with the right skills’ (or the potential to develop those skills).

4.2.1. Are we recruiting individuals to training that employers will want? And are employers recruiting the people they need?

Up to 30% of the individuals who enter training for non-medical healthcare professions do not go on with a career in the NHS. In part, this is in-training attrition (which we will consider in section 4.4) but we must also recognise that our employers are not always involved in the recruitment and selection of the individuals we train. This represents very poor value for money, is demoralising for our trainees, compromises security of supply to employers and makes succession planning unreliable. So how do we identify and close the gap between the skills, attributes and behaviours that we train to develop and those that our employers look for in their recruits? Do our training programmes focus on the right skills and qualities and are our methods of teaching them effective? How do we know that the skills and qualities employers select at recruitment are the right ones?

Our starting point to answer these questions is how we recruit to, and construct, our courses. Professional courses have evolved over decades and have rarely undergone a major review to reflect the needs of future healthcare. Some courses have changed more than others and the emphasis on clinical placement versus classroom teaching has fluctuated over time.

Settings of care, employers, professions, training programmes and recruitment processes must all be driven by this population-centric model. This is ambitious and will take time to design and implement; however HESL is committed to this strategic direction. Achieving this demand driven approach requires close collaboration between education and training partners across HESL. We will support HEI partners to ask key questions along the way:

The traditional approach to the numbers on each course is based on a supply driven model; one which focuses on numbers and historic patterns of training. It is also a very profession-specific process, with little planning for multi-professional teams and inter-professional learning. We need to move to a more demand driven model both in recruitment and the development of course content, where our starting point is the needs of the population, and the professional skills, attributes and behaviours required to meet these needs.

- With population-based healthcare as the future; what skills, attributes and behaviours will our workforce require?
- What methods can employers use at recruitment stages to most effectively assess this skill set and select the most suitable candidates?
- What methods can HEIs use at recruitment-to-training to most effectively assess the potential to develop this skill set?
- What methods should HEIs and other education and training providers use to most effectively develop this skill set in trainees?

Our education providers have made excellent progress by working with employers to develop a competency-based approach to recruitment, assessment and selection by understanding the skills and behaviours our workforce need. This has been used by London Southbank University as part of the recruitment of paediatric nursing students. The university works in partnership with employers to analyse the requirements of the paediatric nurse role, and then build a picture of the skills and competencies required to fulfil that role. This profile is then used during the recruitment process of prospective student paediatric nurses.
4.3. Keeping the patient’s interests at heart through alignment with the NHS Constitution values

A values based approach to recruitment is emphasised in the recommendations of the Francis Inquiry. This drive towards a values-based service is enshrined in the NHS Constitution and is a very high priority for the NHS.

Recruitment needs to ensure that entrants to the workforce hold values aligned to those set out in the NHS Constitution. Whilst it is vitally important that we train only those individuals who hold the values we prize, we believe that all members of the workforce, whether new or existing, should be recruited and trained to the same standards. We recognise that values are not a permanent, unchangeable feature of a person’s approach – the values they hold may alter as a result of significant or enduring events and life changes (including those they experience whilst working in the NHS). We will support our employers as they start to implement a standardised approach to values assessment across all professions and all stages of recruitment. Beyond recruitment, we will also seek values assessment to be included in Fitness to Practice reviews and revalidation (more on this in chapter 5).

Ensuring that our staff hold values aligned to the NHS Constitution will provide for a better relationship between workforce and patients and take a big step forward in improving outcomes. When we consider the volume of patient complaints about either staff communication or staff attitude, we cannot underestimate the impact that this improved relationship can make. Additionally, research across a range of industries shows that where a staff member’s values are aligned to those of his or her employer, this ‘fit’ results in improved productivity, higher morale and therefore better rates of retention.

4.3.1. Building on our track record of collaboration to benefit recruitment

One of our key assets in South London is the degree to which our partners work for mutual benefit. We should therefore consider how to capitalise on this in our recruitment. For instance, whilst we have shared recruitment for medical postgraduate doctors at national and regional levels, we don’t do this for other professions or for multi-professional teams. Quality recruitment processes are costly and resource-intensive, often taking up valuable clinical time – rightly so, as making the right decision is crucial, but where duplication of effort is applied without benefit, it is not good value for money.

In another example, post qualification recruitment for professions experiencing local shortage, such as midwives, may often be duplicated, with the same pool of candidates, across all South London employers. Shared principles of recruitment could be explored in order to remove duplication and work towards ensuring consistency of approach, recruiting to the same values and behavioural standards, and allowing comparison of capability across South London. Just as importantly, the candidate experience may be improved. It also allows employers to determine the priority areas based on demand and need. More centralised recruitment will not be applicable to all elements of the workforce, nor suit all employers.

As part of the selection process for a Foundation School place, the assessment now considers both an educational performance measure (EPM) and a situational judgement test (SJT). The latter is designed to assess professional judgement and the appropriate behaviours expected of junior doctors.

Ensuring our recruitment practices reflect our values is only the first step in truly embedding change across our workforce. It is important to recognise the role of leaders, from recruitment and throughout the employee journey. Good leaders create the right environment to allow staff to demonstrate these values through every interaction they have with a patient, their families and carers, and with each other.

In South London we run a centralised recruitment process for community nursing (health visiting, school nursing and district nursing). The NHS England is responsible for placement capacity across the system to support the required numbers (of which there are 374 this year). This has demonstrated a more efficient way of recruiting as you remove duplication in applications and can agree joint processes to drive up quality.
4.3.2. Flexible working, flexible training

There are a number of specific demographic workforce issues that we need to address, by using recruitment as a tool to support succession planning.

We are facing a retirement challenge for many of our professions. In one South London borough, the GP population over 55 is as high as 34%; with the majority of boroughs reporting that 25% or more of their GPs are in this age group, 8% of our health visitors in South London are aged over 60.

We know that there are risks associated with not recruiting, training and retaining sufficient numbers to replace those leaving. We also know that we are not replacing like for like. Younger generations, particularly women, entering the workforce are more likely to seek flexible or part-time working. Men still outnumber women doctors but, based on current trends, the Royal College of Physicians predicts that women will become the majority of doctors in the NHS at some point between 2017 and 2022. This is a significant factor that we need to recognise, not least because we know where flexible working is requested and granted it leads to better retention of staff and boosts morale. We must ensure we are factoring this trend into our workforce planning and adjusting our attraction and recruitment efforts to accommodate the impact.

We also need to ensure that flexible working arrangements are translated to training opportunities. This is particularly important to support wider participation in the workforce from individuals who may need to work or look after a family whilst in training. We already provide flexible training programmes for 15% of all London GP trainees, but we may unwittingly exclude potential recruits to other professions if we don’t extend a similar flexibility across disciplines.

4.4. Translating training and education into productive careers

We need to do more to improve our attrition rates on undergraduate training courses and staff retention rates across all professions. In addition to those leaving the NHS, there is a great deal of turnover within the NHS as staff move between NHS organisations. A certain amount of churn is a good thing – but low retention rates negatively affect the continuity of care provided to patients. Team-working can also suffer, and the loss of staff represents poor value for money on investment in training and education. South London has a higher turnover of staff than other areas of the country and in the inner London boroughs the workforce tends to be younger and harder to retain. Career planning and personal development represent opportunities to improve retention by using CPPD funding effectively to meet the aspirations of the workforce, and develop advanced skills to meet patients’ increasingly complex needs.

The subsequent chapter will address how lifelong learning can be an effective retention tool, and in this section we will focus on non-learning aspects of retention, including:

- Recruiting effectively
- Valuing our staff
- Addressing retention issues specifically in times of major change

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9 Health and Social Care Information Centre, data as at 30th September 2012
10 Electronic staff record 2012
11 Women and medicine, the future – Elston MA, 2009
12 NHS Information Centre
4.5. A supportive environment that values individual and collective contributions

Health and social care can be a difficult environment to work in. There are physical and psychological demands on individuals who work in challenging environments, caring for people who require more than just clinical expertise. Staff can witness and be part of distressing events – often being with people as they die, and supporting families in the immediate aftermath of their loss.

We recognise the importance of supporting staff in both their career choices at the early stages of recruitment and also throughout their training and personal development. We will ensure that those considering a career in healthcare are aware of the practical and emotional demands that will be made of them.

We have a role to play in the recruitment, development and continuous coaching of clinical and educational supervisors, mentors and preceptors. We will ensure that all supervisors have the skills and capabilities required to guide and support trainees throughout their training and career in the NHS. This will help to create the supportive environment that our workforce requires – one that includes appropriate levels of clinical and education supervision, time for reflective practice and more formal learning. Above all it requires strong yet empowering leadership with a focus on delivering quality care.

We will work with senior clinical educators to instil the values of compassion and care for our staff as well as our patients. We will ensure that supervisors understand and deliver on their responsibilities as mentors and role models. This will apply to all roles, at all levels within the care system; our role models are leaders and will require support themselves.

4.5.1. Specific retention strategies for major change programmes

Service reconfigurations and organisational change bring their own, unique set of workforce challenges. Change is a constant, yet can often be uncomfortable and uncertain for staff. We need to support staff in remaining engaged and professional through times of change – ensuring that services are delivered with the same levels of care and quality during all stages of service change.
Early engagement of the workforce in times of uncertainty is vital. We play an essential role, alongside our local employers, in communicating with our students and trainees to remove as much uncertainty as possible. This could be in relation to:

- Changes in training placements due to service changes
- Changes to supervision provision as a result of organisational changes

We will work with local employers and training providers to ensure support at the appropriate time – this is likely to be different for each provider and employer due to the unique nature of each service change.

To achieve a workforce that:

| Enables social mobility, increasing participation from those who might not otherwise consider further education, and is representative of the community it serves | Attracting and developing a diverse workforce that reflects the diversity of our population |
| Demonstrates the highest potential to develop and deploy the skills, attributes and behaviours patients need | Promoting best practice in recruitment to programmes across our network of members |
| Represents value for money by translating investment in education and training into productive careers representative of the direction of health and social care | Targeting the use of CPPD funding to support the workforce’s career planning and development and Lifelong Learning |
| Always has the patient’s interest at heart by acting in line with the NHS Constitution values | Embedding the NHS’s values in staff from the point of recruitment and throughout their working lives |
| Works in an integrated and supportive environment that values individual and collective contributions | Developing clinical and educational trainers and supervisors to ensure high quality learning environments for all staff and learners |

Our focus will be:
5. Lifelong learning

We want a workforce that:

• Is trained and educated to reflect the way it increasingly operates: in multi-disciplinary, inter-professional teams and in community-based roles encompassing prevention of ill-health, and promotion of re-ablement, recovery and rehabilitation
• Is trained and educated through quality-assured outcomes-based learning methods that fit with the way our students, trainees and staff learn best
• Has clear and visible, values-driven leadership at all levels and in all professions
• Recognises the importance of, and is equipped to enable, patient education and empowerment
• Has the skills, attributes, values and behaviours needed by patients

This chapter describes how HESL will work with its members across South London, focusing effort on our lifelong learning approaches, to achieve this.

5.1. Training and education reflecting multi-disciplinary team working and preventative community-based roles

As described in Chapter 1, Our vision of the future, we are seeing a fundamental shift from healthcare that is ‘hospital-delivered, specialist services’ towards a model of population based care, with a greater need for care to be integrated across professions, organisations and traditional health and social care boundaries, as well as a greater emphasis on prevention and community-based working.

We need to ensure that the training and education of our workforce, whether initial undergraduate training or via CPPD, reflects the way healthcare delivery is moving and contributes to the requirements of the Education Outcomes Framework. As with simulation-based learning, the closer education and training is to ‘real life’ working experiences the better prepared the individual. Therefore, we need to increase opportunities for multi-disciplinary and inter-professional learning and train students, trainees and staff in settings most similar to where they work (or, for students, will work). This will enhance the learning experience of different workforce groups by more accurately reflecting the environments they work within.

Inter-professional learning

Multi-disciplinary learning is where staff from different professions undertake the same learning activity – but not necessarily together. Inter-professional learning is where staff from different professions learn together and from one another. Both are important and need to form part of a best-practice learning environment.

Historically, the majority of education and training is tailored and delivered to individual professions. As care becomes more specialised learning within professions (particularly medicine) is subsequently made specific to disciplines or sub-specialties. Population and community healthcare requires a multi-disciplinary, inter-professional approach to the provision of care and therefore our approach to education and training must follow.

CAIPE, the Centre for Advancement of Inter-Professional Education, has undertaken research that suggests there are significant and tangible benefits from inter-professional learning including improved quality of patient care and higher staff morale. We believe that inter-professional learning should be embedded into course and curriculum design wherever appropriate rather than considered as an ‘add on’. Inter-professional learning recognises the complex reality of healthcare delivery; single professions or individual professionals working in isolation do not have ‘the expertise to respond adequately and effectively to the complexity of many service users’ needs’.

Education and training on a multi-disciplinary and inter-professional basis encourages professions to learn with, from and about each other – enabling a deeper understanding of an individual’s own profession and how it can complement and reinforce the practice of other professions.

HESL supports a multi-disciplinary and inter-professional approach to learning at all stages: from undergraduate training to CPPD. We intend to work with our members to explore opportunities for integration into education and training, with priority in the following areas, in line with CAIPE’s research on where this approach can deliver the greatest gain.

In a similar vein, there are instances where maximum patient benefit can be derived from all-workforce education and training i.e. where every member of the workforce, clinical and non-clinical, learns together, either for individual employers or across geographies.

Guys and St Thomas’ NHS Foundation Trust recently ran a training course, mandated for every single member of staff, to help staff offer assistance to people with dementia. The benefits from this approach ran much deeper than those from a course focusing solely on those sections of the workforce who were most likely to provide care to patients with dementia. Now every member of staff is better enabled to identify whether a patient, visitor or member of the public may have dementia and accordingly, to anticipate the help that many older people need when visiting a hospital (such as finding their way around, or waiting for an appointment).

Community based education and training

In a population based healthcare model, we need to provide more education and training in community based settings. As more and more of the workforce focus on preventative roles, and there is a greater focus on supporting communities to address local health and social needs, we need to move from training the majority of our staff in acute settings. Current arrangements for the education of community staff groups are patchy, various and not clearly linked to service delivery. Staff in non-clinical and non-professionally regulated roles, such as Health Care Assistants who are often recruited from the local population, need more structured programmes instead of the current, all too prevalent, erratic investment in their professional development, and/ or lack of recognition of their prior learning.

The South London healthcare community will prioritise the development of Community Education Provider Networks as the vehicle for training and education that more closely mirrors ideal service provision. Such a network is a new concept: a federated system of primary and community based education providers, configured around a network of quality assured GP training practices. It is proposed they will typically serve a population of 50,000 to 100,000 patients and will include social care, mental health, community nursing and local acute trusts. The networks will provide the opportunity to learn in a population healthcare context with clear opportunities for inter-professional learning.

14 CAIPE, 2006
15 CAIPE, 2007
The diagram below illustrates some of the key components of community education networks, centred around an advanced GP training practice working in federation with other local providers:

**Developing community education provider networks**

- **Academic input from AHSN**
- **Other providers**
- **Third sector**
- **Local Authority**
- **CCG alignment**
- **Public health**
- **Specialist training**
- **Palliative Care, mental health**

Designed to train staff for where patients will need care. A Federated system of community providers built around GP training practices, which:

- Offers all students, staff and the public a new exposure to population based healthcare
- Multi-professional education and training
- Inter-professional learning

A community education provider network model could provide significant training placements simultaneously to a variety of learners in educationally supportive environments. In this way both undergraduate and postgraduate education can be integrated and inter-professional learning can be supported across a number of disciplines to create a credible community based education system.

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**5.2. Quality assured training and education that reflects the way we learn today**

**Quality assurance**

All learning opportunities have the potential to deliver quality outcomes for students and staff, in terms of equipping them to perform their roles; and quality outcomes for patients, in providing staff better equipped to help the patient maintain health and wellbeing. It is HESL’s duty to ensure value for money through the resources we invest in training and education. Therefore, it is important that we have in place the most effective methods of evaluating and assuring the quality of all learning opportunities that we directly and indirectly fund, and that these closely align with the values of a population-based healthcare system rather than a traditional illness model of delivery.

There are currently many different systems, institutions and regulators involved in monitoring and assuring the quality of medical and non-medical undergraduate, postgraduate education and training, and CPPD. For postgraduate medical training, HESL has information from education providers and undertakes quality visits to assess the training environment. There are also channels for trainee feedback. For non-medical training there are extensive and often overlapping systems of evaluation from commissioners, professional bodies and institutional quality assurance systems which do not speak to each other.

We believe that quality visits to education providers should encompass training and education for all professions in an integrated methodology to resolve one of the issues raised by Francis – that fragmentation of assurance mechanisms led to poor communication of findings / actions that could impact on the quality and safety of patient care. We will also seek to include student and trainee feedback from all professions as part of our quality assurance processes.

HEE has developed the Education Outcomes Framework (EOF) as a way of assuring quality from education and training. HESL will work in line with the EOF and its accompanying Key Performance Indicators to provide quality assurance for all healthcare training in South London.

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Innovative training posts using the community education provider model are already operational across South East London, for example, a post in women’s health includes three days each week in community health centres with attachments to family planning and sexual health clinics for the other two days.
**Education and training that reflects the way we learn today**

The increasing presence of technology in our lives has influenced the way we think, act and learn, and we see this evolve with every intake of new trainees. New generations of trainees embrace resource-light learning environments and collaborative learning. Their lives are entwined with communication and media technology; they are adept at using social media, highly connected and more likely to multi-task. Traditional teaching methods are no longer the most effective methods to help students and staff acquire and retain the skills they need. Moreover, there is the growing importance of ‘soft’ skills such as team working and communication as well as ‘hard’ or technical skills, and these soft skills are more challenging to acquire through traditional classroom settings.

We need to continue to take learning out of the lecture theatre, and ensure our methods of delivering education and training use new teaching methods including technology to maximum benefit whilst still focusing on training to a core set of skills, values and behaviours. We will look to integrate platforms such as mobile technology, remote-access reflective practice, online appraisals and clinical simulation into our curricula of education and training. To do this we will work closely with trainees and trainers to identify what works well and where delivery can be made more effective. This transformation of learning delivery may start with our undergraduate trainees as we shore up our pipeline for the future, but it must be rolled out across all learning delivery so that our existing staff benefit too.

HESL will continue to support greater use of simulation and technology enhanced learning. The pan-London STeLI initiative reflects this approach, and many trusts across South London now have dedicated and specially-equipped simulation centres. Simulation learning is akin to flight simulators used to train pilots. It works on the basis of a training and feedback method, where learners practise tasks in lifelike circumstances. It is useful for developing technical clinical skills as well as professional capabilities such as effective communication, team working, leadership and awareness of the patient’s perspective.

In many cases, dedicated simulation centres are equipped with hi-tech facilities such as an operating theatre, surgical simulation room and human patient simulators that breathe, talk, have audible heart and lung sounds, a measurable pulse rate and can even be given drugs and fluids. This hi-tech approach is extremely valuable. However, significant benefit can also be gleaned from a low-tech method, focusing on the practise and feedback loop. As we move to a population based healthcare model, we would like to see simulation techniques applied to education and training programmes for preventative, community based settings and to develop staff ability to empower patients.

King’s College London offers an inter-professional approach to learning through high fidelity clinical simulation for physiotherapy. This also utilises e-learning and web-based workshops to deliver facilitated sessions and offer unique environments for reflective practice.

Kingston at St George’s School of Social Work recently launched a new practice learning suite which uses basic simulation techniques to enhance learning. The suite consists of a series of rooms where students can interview service users, take part in a case conference, receive telephone referrals or give evidence in a simulated court, enabling student social workers to role play the situations they will face when they start work. Supervising teachers (rather than actors or other students) take part in role play, and service users and carers come in to simulate a real interview with someone with a real problem, which is recorded as part of the student’s exams. Student readiness for placements is dependent on high performance in this simulation, quality assuring the standard of students progressing further.

**5.3. Inspirational leadership at all levels and in all professions**

A population based healthcare system needs specific leadership skills. Our staff must have the ability to empower individuals, families and whole communities to work together to address their health care needs. Every member of staff must take a proactive, preventative approach with their patients whatever their setting of care; thinking ‘wellness’ rather than ‘illness’. We need leaders who can bridge professional and organisational boundaries to achieve an integrated solution for their patients. Achieving this requires a significant shift for the workforce, and we need to ensure that staff in South London have opportunities to develop the leadership skills required.
There are six key aspects of our drive for inspirational leadership throughout the workforce, which are explored below:

1. We are making a commitment to leadership as a key element of education and training. We would like to see every commissioned training programme include a component on leadership – this will link with our work on outcomes and quality assurance of education and training (see section 5.2). We want to highlight the importance of role models in developing the right leadership qualities, and ensure our trainers are recognised as leaders, making being a trainer a ‘badge of honour’.

2. HESL will work with the NHS Leadership Academy, and its pan-London delivery partner Leading for Health to inform and support leadership opportunities at national and pan-London levels, particularly with consideration of the leadership skills necessary to enable a population based approach to healthcare.

3. We want to provide a high level of support to our South London employers to drive the leadership agenda within their organisations. We recognise that the vast majority of work in developing leaders is done ‘on the job’ and at an individual and organisational level.

4. We place a high importance of the development of our future leaders. We will support our employers in determining those with potential to lead and providing talent development support to those individuals. This is particularly pertinent where system change is anticipated to ensure we hold on to our best people.

5. In line with our goal to widen participation in the workforce (see section 4.1), we need to ensure we value diversity in leadership roles. Evidence shows that diversity in leadership supports the reduction of health inequalities among patients. In South London 44% of NHS workers come from a BME background, but this is not reflected in the profile of our leaders.

6. In line with our commitment to multi-professional interdisciplinary working we will support the on-going development of partnership working on Quality Improvement Projects in all healthcare settings between professionals and managers at all levels within organisations.

We want South London to develop a generation of leaders who not only provide exceptional care to patients – directly as clinicians, or indirectly as managers – but who act as role models and inspirational leaders for the next generation of NHS professionals.

Darzi Fellowships in London also demonstrate our existing ambition towards the development of leadership capability. These are opportunities for Specialist Registrars to work in a leadership capacity on projects focusing on change, quality improvement, safety improvement or clinical governance. They are bespoke leadership development programmes working across communities of learning in a variety of settings such as primary care and mental health.

5.4. Patient education and shared decision-making

Population healthcare has at its heart the concept of empowering individuals, families and communities to maintain their health and wellbeing and avoid illness. Therefore, the concept of lifelong learning is pertinent to patients as well as staff.

We have some highly successful patient education programmes across South London. However, most of these examples are specific to their locality, and there is little standardisation either in provision or the quality of that provision. We would like to see all our patients benefit from high quality patient education; rolling out across the locality some of the great work that is already done and applying quality assurance to education programmes in the same way we do for staff education and training.

A key aspect of our vision is empowering patients and making a step change in the relationship between patient and staff. We are therefore keen to see greater opportunities for patients and staff to learn together, such as the advanced development programme at Guys and St Thomas NHS Foundation Trust, where patients provide feedback and give their perspectives on their condition, their treatment and their interaction to help staff understand the impact of their behaviours on patients. In this type of forum both staff and patients are able to gain greater understanding of how to work together effectively. There may also be opportunities to explore the co-production of training, in which patients and staff work together to design and deliver training.

In section 5.2, we discussed the ways in which we need to adapt our learning methods to ensure effective development of skills, attributes and behaviours. Similarly, we must ensure that patient education is designed, developed and delivered in a way that fits with how patients learn.
John, a service user in South London, has been bringing his patient voice to healthcare after being diagnosed with type-2 diabetes. The retired policeman went on a course to self-manage the condition and has since stopped taking medication thanks to lifestyle changes. He later became a lay tutor on the same course. John is now involved in an advanced development programme at Guy’s and St. Thomas’ NHS Foundation Trust, supporting health professionals and patients to communicate better. He is a strong advocate for supporting health professionals and patients to work together and using his own experience to ensure people know what questions to ask about their health and how.

King’s College London Expert Patients Programme secures input to the curriculum from service users and effective teaching and learning as a result of these experts presenting the patient perspective. Expert patients collaborate to develop, review and deliver the curriculum. Patients, carers and other service users are involved with students at all stages of learning to ensure they value the knowledge, skills and experience of ‘expert patients’, gaining access to users’ perspectives of their health condition and experience of services.

South London and the Maudsley NHS Foundation Trust (SLAM) are working on the development of a set of guiding principles which will underpin all education and training programmes across all care pathways:

- That service users or individuals with lived experience of mental distress and carers are at the heart of those programmes in design and in delivery
- There is a year on year increase in the number of mental health programmes that have co-production with those with a lived experience of mental distress
- Mental health development programmes wherever possible will move away from a traditional teaching model and have increasing elements of clinical simulation and the highest quality of experiential learning of all mental health professionals

SLAM will draw upon the emerging evidence in Recovery Colleges, Implementing Recovery through Organisational Change (ImROC) looking at alternative models of self-directed personal recovery through education, and explore the new and emerging landscape from this work. They will then consider the educational implications for the existing and future workforce.

5.5. The right skills, attributes and behaviours

Our vision is to develop a workforce that has the skills, attributes and behaviours required to deliver, via a population-based healthcare approach, high quality patient outcomes. The characteristics of population-based healthcare are: health and wellbeing; patient empowerment, community involvement and integrated care. These characteristics present an opportunity to develop the skills, attributes and behaviours of our workforce to equip every member of staff to deliver care in line with population-based healthcare.

This provides a unique challenge to the workforce. Above and beyond excellent clinical skills, our staff must have the ability to:

- Be good team players; able to work flexibly across professional and organisational boundaries, forming and participating within teams whose membership is fluid and dependent on the needs of the patient
- Use information about the population to identify those at risk; to reach out into communities and families to support patients to take a proactive and preventative approach to improving their own wellbeing
- See their patient as they would their own relative and act in a caring, compassionate manner, thinking – ‘What can I do that will best serve the needs of this person?’
- Think community, as well as family and individual. Understand how to work with local populations to promote a community focus on common health and wellbeing concerns and tackle these as a group
- Apply evaluation and assessment techniques to their role, and ‘think outside the box’ to develop new ways of working and innovative ideas to progress a continuous cycle of improvement in delivery of care

One of the mechanisms for developing the right skills, attributes and behaviours across our workforce is community education provider networks. This initiative will ensure that our people are trained in the most appropriate care setting i.e. one that is most similar to the environment in which they will deliver the required skills and abilities.
To achieve a workforce that: | Our focus will be:
---|---
Has the skills, attributes, values and behaviours to promote wellbeing and to provide high quality care needed by patients | • Supporting HEIs and employers to embed the NHS Constitution’s values across their organisation
Is trained and educated to reflect the way it increasingly operates: in multi-disciplinary, inter-professional teams and in community-based roles encompassing prevention of ill-health, and promotion of re-ablement, recovery and rehabilitation | • Developing community based education provider networks • Fostering placements that provide opportunities for all learners in community and hospital learning environments
Is trained and educated through quality-assured outcomes-based learning methods that fit with the way our students, trainees and staff learn best | • Integrating quality assurance processes across all areas
Has clear and visible, values-driven leadership at all levels and in all professions | • Prioritising leadership development across all domains • Creating environments in which opportunities for inter-professional learning are maximised
Recognises the importance of, and is equipped to enable, patient education and empowerment | • Embedding principles of patient empowerment in all programmes of learning
6. Making it happen

We have identified, through our vision, the future direction of health and social care moving increasingly towards a population healthcare based service. We have determined that our workforce is a key enabler to achieving this service transformation. We have described the population of South London, their health and social care needs and the existing workforce delivering that service.

Chapters 3 to 5 have described the main focus areas to enable us to meet our vision – recruitment and retention, lifelong learning and workforce at the forefront of change. For each we have identified examples of existing good practice that we can disseminate and further improve, and we have also recommended new initiatives.

This chapter will therefore focus on how we plan to implement our strategy, using our unique membership structure of partner organisations, with some indicative, high level time scales for delivering new initiatives. Detailed implementation planning is not addressed in this strategy.

6.1. How HESL is structured to deliver the Strategy

The structure of HESL has been developed by working with a wide range of stakeholders, from all parts of the healthcare system across South London. This enables local decision-making and planning, supported by an effective, high quality education commissioning support service. Together we own this strategy from its development, the delivery of existing best practice and the implementation of new initiatives. We will jointly develop outcome measures and hold each other to account for this delivery.

Our Board and Advisory structure has been designed to reflect the current workforce from various sectors and the multi-disciplinary approach to planning and healthcare involving primary, community and social care sectors. We also have a Members’ Council (joint with the AHSN), which will meet at least twice a year, and a planning group.

6.2. Delivering the Strategy

As a membership organisation, the strategic initiatives outlined in this document will be further developed and implemented by a range of South London stakeholders. The matrix on the next page provides a format in which our stakeholders can identify their potential to take forward the initiatives outlined by this strategy.

It is important to note there are a number of initiatives described that require a specific programme of mobilisation (e.g. community education provider networks). Others are initiatives or interventions that currently happen but we need to roll-out further (e.g. working with our NHS Trusts/HEI partners to continue the development of service user involvement in education and training) and some are where the initiative is already up and running but we need to make updates, improvements or maximise the benefit from it (e.g. quality assurance of learning opportunities).

Therefore, the delivery of our strategy requires broad collaboration across our membership, sustaining and strengthening existing best practice while implementing new initiatives. These will be evidenced-based and with high quality patient care at their core.
6.3. Resources for delivering the Strategy

As the funding constraints on the NHS increase, there are increasing risks for training. Research demonstrates that those organisations that continue to invest in training and developing their workforce come out of the period of funding constraint stronger and healthier than those which have cut back in this area. This is arguably even more important in the NHS where quality must be maintained through periods of funding constraints and where the demand on the NHS and its staff are increased.

Conversely, as training monies are reduced nationally, we may find that funds meant for services are used for training commitments.

There is not a clear demarcation between service and training, but a greater clarity over how resources are to be used will help expose the risks, both short term and long term, in the decisions we (NHS providers and commissioners, HEE and HEIs) make as we work together to ensure the health of the population of South London. This applies, not just to the allocation of training monies, but also to the decisions NHS providers and commissioners make about how productivity is increased.

Only by working together in a transparent and open way, will we be able to navigate out way through the years of financial constraint to ensure we continue to deliver our strategy.

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**KEY STAKEHOLDERS**

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<th>SL LETB</th>
<th>SL AHSN</th>
<th>CCGs</th>
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<th>Local professional groups</th>
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**At the forefront of change**

- Excellent education
- Competent and capable staff
- NHS values and behaviours
- Flexible workforce, receptive to research and innovation
- Widening participation
- A workforce with the right numbers, skills and behaviours

**Lifelong learning**

**Recruitment and retention**

**Key**

- Lead Contributor
- Supporting Contributor
6.4. Timeline for delivery

This is an evolving five-year strategy and as such, the initiatives programmes will need to be sequenced over a period of time. There will be interdependencies and overlap across many of the key themes and this will require detailed scoping and planning for each initiative.

The diagram below illustrates a high level programme timeline for new initiatives. This programme focus on new initiatives reflects existing best practice activity driving forward under business as usual, with improvements and adaptations.

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- Skills & Development Strategy published
- Development of demand-driven workforce planning model
- Demand-driven workforce planning model in place
- Values-based recruitment

TO BE COMPLETED. CURRENTLY, FOR ILLUSTRATIVE PURPOSE ONLY.
7. Developing the Strategy

7.1. A strategy written by our stakeholders

HESL has been designed and built by its stakeholders. We are a membership organisation where everyone counts as a valued strategic partner in health and healthcare. We have senior leadership of HESL by providers, Health Education Institutes and other partners and a track record of stakeholder engagement.

Developing the Five Year Workforce Skills and Development Strategy has been a natural continuation of this strong stakeholder involvement.

The Strategy Steering Group: 35 representatives of the South London healthcare community were invited by the HESL Chair to participate in the Steering Group to develop the vision and mandate the Editorial Group to write the strategy. This group represents 21 organisations across South London and 18 professional groups.

The Strategy Editorial Group: 10 core writers were selected by the Steering Group and tasked with providing thought leadership to develop the Strategy content as well as wider stakeholder engagement within their own organisational and professional networks.

South London Membership Council: HESL and the AHSN share a membership council drawn from organisations and professional groups across South London. A key role of the Membership Council is to ensure that the principles of inclusivity and stakeholder representation are upheld and to represent the interests of the nominating constituencies. It shall be the role of Council Representatives to ensure active communication between the Membership Council, the Board and stakeholder groups and to ensure that all voices are heard. In February 2013 a full day Council session reviewed the emerging Strategy content resulting in a rich discussion from which valuable insights and contributions were fed into the developing Strategy document.

7.2. How the Strategy will continue to develop

The Strategy has been developed at the beginning of HESL’s life. It communicates our mission, and how we will work with our members to deliver that vision. As a five-year strategy, the document will be regularly updated to reflect successes to build upon, local and national commissioning intentions, legislative frameworks and new demographic, financial and environmental challenges to keep it relevant and pertinent. We therefore consider it to be a living document and anticipate regular reviews and updates to reflect our changing environment.

Key Strategy review points

- **Summer 2013**: Following submission to HEE in May 2013 we intend to update the document to incorporate: the views of our members at the June Membership Council meeting; views of patients and the public at a specially-convened event; the HEE Strategy expected in June and the Government’s response to the Francis Inquiry report.

- **Yearly updates**: Following a mid-2013 update we anticipate updating the Strategy, in conjunction with our Membership Council, on an annual basis.
Many thanks go to the member organisations of HESL and the associated advisory groups who have contributed so significantly to the development of this workforce skills and development strategy. Specific acknowledgement of the contribution of the following organisations and individuals who have supported the development of the strategy:

The Joint Membership Council of HESL and the AHSN Strategy Steering Group:

Angela Huxham, Director of Workforce Development, King’s College Hospital NHS Foundation Trust
Professor Judith Ellis MBE, Executive Dean, London South Bank University
Sarah Vernon, Allied Health Profession representative, Croydon Health
Ash Soni, Community Pharmacist, Lambeth PCT
Ann Jameson, Assistant Director Workforce Development, NHS South West London
Professor Anne Greenough, Head of School of Medicine, King’s College London
Carolyn Green, Deputy Director of Education and Training, South London & Maudsley NHS Foundation Trust
Chris Owen, London Regional Lead, The Centre for Workforce Intelligence
Mrs Elizabeth Jones, Dean of Postgraduate Dentistry for London
Professor Fiona Ross, Dean of Faculty of Health, Social Care and Education, Kingston University and St George’s, University of London
Dr Frances Boa, Consultant Clinical Scientist, St George’s Healthcare NHS Trust
Helen Bullers, Human Resources Director, London Commissioning Board
Jenny Gallagher, Reader in OHSR / Hon Consultant in DPH, King’s College London
John Spicer, Acting Dean of GP – London School of GPs and Co-Chair – HESL Primary Care Forum
Dr Judy Roberts, GP, GP Training Programme Director, Wandsworth LMC
Linda Burke, Dean of the School of Health and Social Care, University of Greenwich
Mary Currie, Associate Director : Workforce Planning, King’s College Hospital NHS Foundation Trust
Patricia Hill, Head of Physiotherapy at King’s College Hospital NHS Foundation Trust, Representative from London Allied Health Professions Steering Group
Sarah James, Associate Director – Education & Development, King’s College Hospital NHS Foundation Trust
Dr Shelley Dolan, Chief Nurse, The Royal Marsden NHS Foundation Trust
Theodora Kalentzi, Medical Director, London wide LMC’s

Wendy Brewer, Joint Director of HR and OD, St George’s Healthcare NHS Trust and St George’s, University of London
Liz Meerabeau, Professor of Health Care, University of Greenwich, and Visiting Professor, Kingston University and St George’s
Fiona Carragher, Consultant Clinical Scientist, Director of Biochemical Sciences, Guys and St Thomas’ Foundation Trust
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Di Caulfeild-Stoker, Head of Community Nursing, St George’s Healthcare Trust
Liz Bishop, Nursing Director, The Royal Marsden NHS Foundation Trust
Dr Julia Gale, Head of School of Nursing/Associate Dean Quality, Kingston University and St George’s University of London
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Dianne Rekow, Dean, King’s College – Dental Institute
Jocelyn Fisher, Director of HR, OD & Workforce, NHS South West London
Paul Lincoln, Chair, South London HIEC
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Nigel Fisher, Associate Postgraduate Dental Dean for London, London Deanery
Margaret Murphy, Associate Director of Education, Guy’s and St Thomas’ NHS Foundation Trust
Suky Overda, Dental Manager, London Deanery
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Warren Turner, Pro Dean, Faculty of Health and Social Care, London South Bank University