

Birmingham Community Healthcare NHS Foundation Trust

Workforce Planning Guidelines: 2017/18

Introduction

Management Board approved a proposal to establish a Workforce Planning Cycle and Strategic Workforce Planning Group and also recommended that in support of the development of an annual workforce plan a brief workforce planning guide be produced.

The guide below summarises the key issues to be included in Divisional Workforce Plans for 2017/18

Planning Context

It is expected that Divisional Workforce Plans will be developed to reflect quality service and financial plans and that these specific plans will describe the Trusts response to external planning requirements, in particular NHSI operational and activity plans for NHSI 2017/18 and 2018/19 and health economy sustainable transformation plans. The technical guidance for operational plans for 2017-2019 in respect of workforce are attached at Appendix 1.

It is also assumed that Divisional Workforce Plans will reflect the Trusts long term financial model and CRES/Transformation Plans.

Workforce Planning

The Trust has established a Strategic Workforce Planning template reflecting the 6 step workforce planning process and is assured that this provides Divisional teams with a framework to highlight all the key workforce issues within the plan.

The plans should fundamentally describe the Divisions assessment of workforce demand and supply and measures to address any gap.

The core element of the workforce plan will continue to be:

- Recruitment
- Retention
- Re-training / Development
- Re-organisation / Transformation

The Trust also has access to workforce planning resources which will support the identification of workforce priorities.

Further support guidelines are provided for the Divisions below:

Workforce Planning Guidelines

Widening Participation / Apprenticeship

The changes to the funding and targets in respect to Apprentices will require that the Trust and Divisions have a clear plan in relation to Apprenticeship.

The Trust will be paying an Apprenticeship levy of approximately £900k from April 2017 and will be required to meet its target to have 114 new Apprentices in 2017/18.

Apprenticeships can include new staff in entry level roles (bands 2 and 3) who are paid on an apprenticeship training contract, existing staff who are undertaking programmes that are included in an apprenticeship framework e.g. assistant practitioners who are undertaking Foundation Degrees and Higher Apprenticeships as a combined programme. New programmes are being developed up to Masters degree level. Please contact the Learning and development team accreditedcentre@bhamcommunity.nhs.uk to find out the latest information

It is expected that Divisional plans will include:

- i) A statement reflecting the Division Strategy around the utilisation and development of Apprentices
- ii) A numerical plan of the number, level and type of Apprentices to be developed in 2017/18 and beyond

Agency Staff

The reduction of expenditure on Agency staff is an absolute priority for NHSI and the Trusts performance is below the standard requirement.

It is expected that Divisional Workforce Plans will include:

- i) An assessment of the Division current performance in relation to Agency spend identifying the key challenges and opportunities
- ii) Plans to reduce Agency spend over the planning period including measures of control and escalation to be introduced
- iii) Detailed review of Administrative and Management Agency spend and plans to eliminate this during the planning period

Equality and Diversity

The Trust has recently developed a revised Equality, Diversity and Human Rights Policy following the launch of the corresponding Strategy and given its commitment to the delivery of the WRES.

It is expected that plans will specifically describe the Divisions commitment to the workforce elements of the Equality and Diversity Strategy and high level actions.

Retention

The Workforce Planning template highlights that a central plank of the Divisional plans in relation to its staff is Retention. However, it is acknowledged that there is not always a cohesive and coordinated approach to this and therefore Workforce Plans should particularly include the following:

- i) A summary of significant factors affecting Retention in the Division, potentially informed by staff feedback (exit interviews etc.)
- ii) A description of Divisional plans to address Retention including staff communications, engagement etc.

New Role Development

It is clear that to meet the ever increasing and changing needs of patients that the health and social care workforce will need to transform in the future.

As new models of care are developed integration of services continues it is important that new roles meeting patient needs are developed.

Workforce plans should include an assessment of current actions and future opportunities and need for new role development in clinical services.

Education

The Comprehensive spending review will have a significant impact on health education funding over the next 1-3 years and beyond. More specifically the following areas will potentially be affected and contingency plans will need to be considered in response to the review:

- Removal of the current bursary for pre-registration degree programmes for Nursing and Allied Health
- Removal of funding for pre-registration nursing and allied health professional secondments- academic fees and salary backfill
- Removal of post registration secondment funding- fees and salary backfill for District Nursing, Health Visiting and School Nursing
- Learning Beyond Registration funding (LBR) for shorter post registration professional development (non -Medical and Dental)

Productivity / Carter

The Carter Review highlights the need to develop and utilise workforce efficiency and productivity indicators. Whilst much of Carter recommendations focuses on Acute Benchmarking and performance indicator, Divisions could set out any plans to develop workforce efficiency indicators to compare services internally or externally

Corporate (Efficiency): Booking

Considerable emphasis is given to delivering efficiencies through 'Back Office' services within Carter and within sustainable transformation plans. Whilst the requirement to review, streamline or outsource Bank office services has direct application to Corporate functions Divisions should identify such plans and their implication for staff.

Rostering: Roll Out

There is a growing acknowledgement that effective deployment systems are a key aspect of the workforce plans. The use of 'Rostering' systems is also seen as an important workforce intervention in maximising capacity. Divisions should therefore set out their plans for reviewing staff employment processes and working practices and in particular should give consideration to implementing electronic rostering systems.

Seven Day Working

A key service development for the NHS has been the introduction of seven day working. Divisional plans should include plans where appropriate.

Implementation of the Medical and Dental Contracts

A revised Doctor in Training Contract has been introduced amongst significant contention and conflict. The contract will require rotas to be reviewed and assessed against the standards of the new terms and conditions.

Divisional plans should identify any plans in respect to this and should also set out actions to be taken to further implement Consultant job planning, appraisal and revalidation requirements.

Technical Guidance for NHS Planning 2017/18 and 2018/19

**Annex F: NHS Improvement Guidance for Operational and Activity Plans
Workforce Planning**

To support the numeric workforce plan providers must demonstrate the following in their operational plan narratives:

- Articulation of a workforce planning methodology linked to the strategic aims of the provider, informed by financial and service objectives and contributing to the integrated operational plan
- An underpinning workforce strategy developed with staff involvement (also linked to clinical and wider STP strategies)
- A robust governance process to offer assurance and approval and act as a means of assessing performance against plan in year
- Well modelled alignment with both financial and service activity plans to ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients
- Achievement of workforce efficiency, capitalising on collaboration opportunities to increase workforce productivity within STPs and inform subsequent CIP development (taking into account any impact on quality and

safety, with ongoing measurement to identify adverse outcomes and ensure effective mitigating actions where necessary)

- Detail the required workforce transformation and support to the current workforce, underpinned by new care models and redesigned pathways (responding to known supply issues), detailing specific staff group issues
- Plans for any new workforce initiatives agreed with partners and funded specifically for 2017/18 to 2018/19 of the Five Year Forward View demonstrating the following:
 - A link with the STP approach to workforce resourcing and how this will be supported through the operational plan
 - How a balance in workforce supply and demand will be achieved
 - The right skill mix, maximising the potential of current skills and providing the workforce with development opportunities
 - Underpinning strategies to manage agency and locum use including spend avoidance. (approaches may include, but are not limited to, strengthening bank staffing arrangements and utilisation of the flexible workforce by developing shared banks with other providers in the STP footprint. Providers should also consider the effective use of technology including e-rostering and job planning systems to enable more effective rota management and staff utilisation, focused on flexibility around patient need)
- Activity to support delivery of workforce plans in conjunction with local workforce advisory boards
- Engagement with Commissioners to ensure alignment with the future workforce strategy of their local health system
- Affordable plans for implementing the four priority standards for seven-day hospital services by March 2018 for providers in the second tranche of roll-out and by March 2020 for providers not in the first or second tranches