

Council of Governors: Wednesday 18 July 2018
CoG2018.21

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| Title | Workforce Plan |
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| Status | For information |
| History | |

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| Board Lead(s) | John Drew, Director of Improvement and Culture | | | |
| Key purpose | Strategy | Assurance | Policy | Performance |

WORKFORCE PLAN

1. Context

1.1 The NHS is facing rising demand for services, within a capacity constrained environment. Historically the 'binding constraint' has been funding but there is now widespread agreement, nationally and internationally, that workforce is now the binding constraint, with shortfalls in the supply of trained staff – especially doctors and nurses – relative to demand. In common with the rest of the NHS we therefore need to strengthen our workforce planning capability, in the context of a people strategy which is derived from and supports our clinical strategy.

1.2 The Board needs to be assured that there is effective triangulation between the key components of our business planning – workforce, activity and finance – and that we are resourced to meet the NHS performance targets and constitutional standards including delivering against our control total and the key measures of operational performance; meeting our trajectories for the 4 hour standard in A&E, RTT, and Cancer, and eliminating 52 week waits.

1.3 Drawing on workforce analysis, we have identified the workforce 'hot spots' so that we can prioritise them for support on recruitment and retention, for innovating our workforce model (e.g., new roles, skills mix) and for taking action to address specific gaps in our workforce planning and management (e.g., effective, electronic job planning of our medical workforce).

1.4 It is therefore important that our governance for workforce planning, through our Workforce Committee, TME and Board Committees, is effective and brings together leaders from the clinical divisions and corporate functions.

1.5 We are also actively contributing to the Oxfordshire Local Workforce Action Board (LWAB), STP-wide workforce initiatives and national initiatives such as the Nursing & Midwifery Recruitment and Retention programme.

2. Scope and context of workforce planning

2.1 Workforce planning is taking on ever greater importance at a time of national shortages of staff in key areas, and it is widely acknowledged that it is not done well across the NHS. Where we have focused our efforts, for example in anaesthetics and in nursing, we have been able to make good progress but we need to strengthen our capability and our tools in effective workforce planning across all staff groups.

2.2 According to the Chartered Institute of Personnel and Development, Workforce Planning is:

“getting the right number of people with the right skills in the right place at the right time to deliver an organisation’s short and long-term objectives. It covers a diverse range of activities, such as succession planning, flexible working, job design, and many more.”

2.3 We know that we need to strengthen our capability and processes to develop a comprehensive and strategic workforce plan, making best use of our data to analyse the

supply of staff and demand for staff. Information is available on an historic basis, from which trends and patterns can be predicted, and similarly there is information available about the future workforce, for example the number of students graduating.

2.4 Particularly in a climate where it is widely known that the national supply will not meet current demand, it is more important than ever for OUH to develop a plan which enables more robust calculations of, for example, how many new recruits are required, how many more students need to be recruited from Oxford Brookes university, how many apprentices are required, what the impact of improved retention will be and how productivity improvements will impact on workforce requirements.

3. Our Workforce Plan Description and Scope

Workforce Plan

Description/Scope

1. **People Strategy (esp. 2018/19 priorities)**
 - Leadership & team development: incl. *Affina*
 - Great place to work: staff wellbeing and engagement
 - Skills & capabilities: managerial, clinical, improvement
 - Responsive HR services: recruitment streamlining
2. **Strategic workforce planning**
 - Reliable data, agreed sources and definitions
 - 2018/19 workforce modelling & assumptions
 - Reporting from board to ward, based on ESR
 - Longer-term workforce modelling
3. **Workforce 'hotspots', policies and tools**
 - Focus on top 10-15 workforce hot spots
 - Data & action plans for each hot spot
 - Priority support, policies and tools (incl. QIA)
 - Cycle of Exec/peer visits to hot spots
4. **Nursing, midwifery, AHPs and carers**
 - National NMRRE initiative (Turnover -2%)
 - AHP RRE plan
 - Oxfordshire LWAB carers initiative
5. **Medical workforce**
 - e-job planning: policy & software
 - e-rostering of medical staff: policy & software
 - Medicor support to top RTT specialties
6. **Non-clinical workforce**
7. **Communications & engagement**
8. **Performance dashboard, reporting and KPIs**
9. **Governance arrangements**

4. Top three priorities



5. Recommendation

The Council of Governors is asked to note the contents of this report

John Drew
 Director of Improvement and Culture

July 2018