



MEETING TITLE Trust Board		MEETING DATE 26/05/2015	
TITLE of PAPER	Strategic Workforce Plan – update paper	PAPER REF	6.1
STRATEGIC OBJECTIVE	Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future Develop culture, systems and processes to support continuous improvement and innovation		
PURPOSE OF THE PAPER	This paper provides an update for the Trust Board on the ongoing development of the Trust's workforce plan.		
For Approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Kate Sims, Associate Director of HR	ACCOUNTABLE DIRECTOR	Ian Brandwood, Executive Director of People & Engagement
DISCUSSED AT / INFORMED BY:- Discussed at and informed by the Quality Committee, Strategic Workforce Group, TEG and the Board Development meeting in April 2015.			
PREVIOUSLY AGREED AT:	Committee/Group: Not Applicable Not Applicable		Date
RECOMMENDATION	It is recommended that the Trust Board note the detail within this report. A completed workforce plan will be shared with the Trust Board following the completion of the commissioned work with ORH and Curzon for A&E Operations and PTS respectively.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Legal implications/Regulatory requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE		
Care Quality Commission	5: Well led 2: Effective 4: Responsive	
Monitor Quality Governance Framework	1: Ensuring required standards are achieved 3: Planning and driving continuous improvement 4: Identifying, sharing and ensuring best practice delivery	

1.0 Purpose

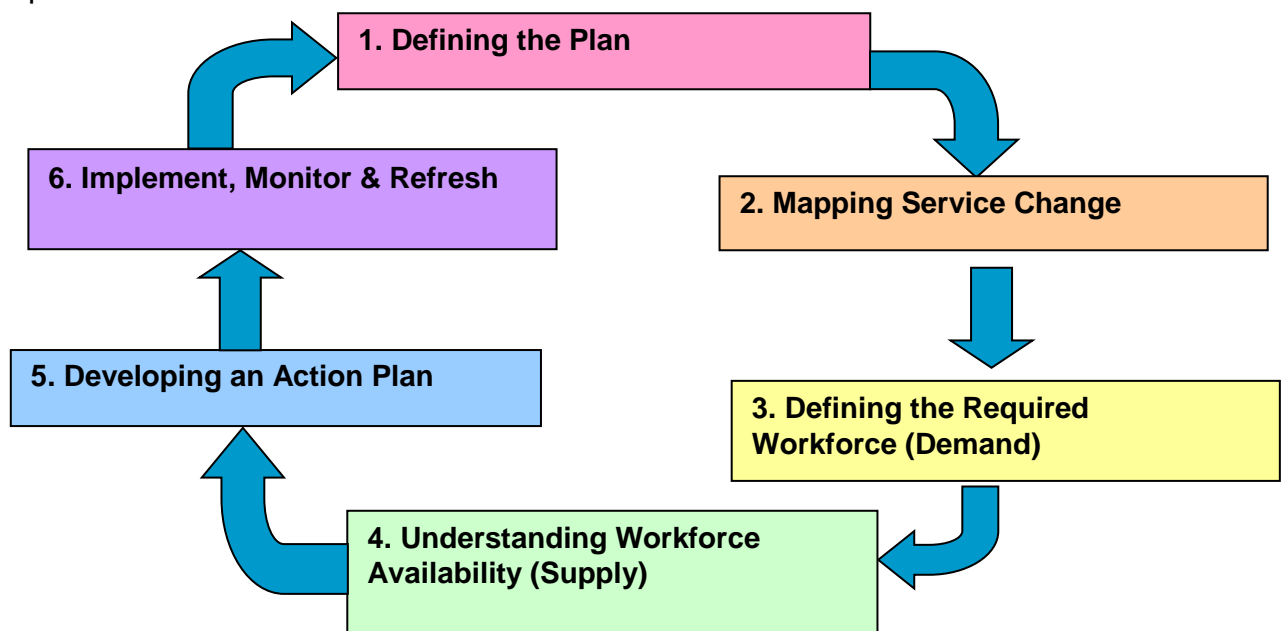
1.1 This paper provides a summary of the ongoing work to develop the Trust's workforce plan. Of note in particular are the commissioned pieces of work in A&E Operations and PTS, supported by ORH and Curzon respectively.

2.0 Background

2.1 The Trust has moved in 2014/15 from an essentially centrally driven development and ownership of the Trust's workforce plan led by the Finance and HR team, to a process whereby service leads are engaged and leading on the development of the workforce structures, most notably in A&E operations, PTS and 111. Work continues in the key service areas as leads work with both ORH and Curzon, where a full review of current and future workforce requirements is underway.

3.0 The Strategic Workforce Planning Process

3.1 To initially engage managers in the workforce planning process, a template was utilised, providing the practical framework steps to help develop service workforce plans.



3.2 Against each of the six stages, management teams responded to a number of questions and a 'workforce narrative' was developed for each service area to accompany the workforce establishment figures. Asking management teams to initially describe their current service challenges and future service developments and then from this identifying the gaps in the workforce model, has proved to be more effective than asking from the outset, for them to describe their workforce needs of the next five years.

4.0 Strategic Workforce Group

4.1 There has been significant engagement in the workforce planning meetings and workshops from management teams across the service. From these sessions a

number of common themes arose which has resulted in the establishment of the Trust's Strategic Workforce Group. Chaired by the Executive Director of People and Engagement and attended by Associate Directors from across the Trust, work of the group includes the development of a career pathway framework for both clinical and non-clinical staff. In addition, the associate directors have begun the process of sharing their service workforce plans with each other in order to ensure that each is well-informed about the workforce plans in other services and importantly, the impact this may have on their own service area.

- 4.2 It is evident that the five-year CIP programme has a significant impact on the Trust's workforce plan. Perhaps because of the size of the CIP challenge in many service areas, it has been difficult to develop a robust workforce plan which reflects the CIP and potential service developments across the full five year period. This work is ongoing and staff within both finance and HR are working with management teams to build workforce plans which reflect and respond to the current CIP challenge.

5.0 The Workforce Plan 2015/16

- 5.1 The Trust's workforce plan for 2015/16 and beyond is set out below. The overall workforce plan will be updated pending the outcome of the reviews in A&E and PTS.

Post Service Developments	2014/15	2015/16	2016/17	2017/18	2018/19
	WTE	WTE	WTE	WTE	WTE
A&E Operational ECP / Paramedic staff	1,201	1,201	1,201	1,201	1,201
A&E Operational Technician staff	145	145	145	145	145
A&E Operational ECA / other staff	839	839	839	839	839
A&E Management	38	38	38	38	37
Emergency Operations Centres (EOCs)	389	382	353	340	316
NHS 111/WYUC	316	310	299	289	289
Emergency Planning (including HART & USAR)	63	62	55	54	53
PTS Operations Staff	546	523	499	498	479
PTS Management	13	13	12	12	12
PTS Communications	115	112	112	113	109
Corporate Support Staff	101	96	91	88	85
Operational Support and Other Staff	634	603	574	548	498
Total	4,400	4,324	4,220	4,164	4,061

- 5.2 A more detailed breakdown of the workforce plan for A&E and 111 is shown in the attached appendices. PTS will be updated following the completion of the Darwin Programme.

6.0 Recommendations

- 6.1 It is recommended that the Trust Board note the detail within this report. A completed workforce plan will be shared with the Trust Board following the completion of the commissioned work with ORH and Curzon for A&E Operations and PTS respectively.

7.0 **Appendices**

Appendix 1 – NHS 111 – Workforce Plan – 2014/15 – 2018/19.

Appendix 2 – A&E Operations – Workforce Plan – 2015/16 – 2017/18.

Appendix 1 – NHS 111 – Workforce Plan – 2014/15 – 2018/19

Main Front Line Staff	A4/C Band	14/15	15/16	16/17	17/18	18/19	Comments
Call Handlers	3	191	191	212	219	Contract ends March 2018 – TUPE / Or new contracts	
Clinical advisors	5	45	45	0	0		Transition likely to take place between 14/15 to 15/16 to band 6
Clinical advisors	6	10	10	66.5	69		Assumes move from band 5 to 6 workforce – likely introduction of band 5 for training period and 6 months progress to band 6. This is not commissioned yet.
Dental advisors	4	5	5	10	10		National pilot phase two agreed and to be completed in April 2015 may influence growth in this – however not commissioned for growth
Specialists clinicians	7	0	4	6	8		Estimates based on national pilot phase two for palliative care / pharmacy and assumes some growth but this not commissioned
Specialists clinicians	8a	1	1	1	1		Pharmacy led
Non clinical Team Leaders	4	12	15.5	17	19		Growth linked to staff numbers growing
Clinical Team Leaders	6	12	12	12	12		
Sub Total FTE		276	283.5	324.5	338		
<i>Other</i>		31.9	33.90	33.90	33.90		Support / Managers / Governance & Training – assumes no growth from 15/16
Total staffing FTE		307.9	317.40	358.40	371.90		

Notes:

1. Contract end date end of March 2018
2. NHS 111 Demand growth from outturn in 2014/15 used for base in 2015/16 and growth up to a total of 5% by 17 / 18 – at the moment patient demand / forecasting limited due to only 2 years' service history
3. Red elements not part of main contract and based on assumptions in growth after national pilots
4. Blue elements assume a shift in clinical workforce to band 6 – for expansion of role, recruitment & retention, increase self-care
5. Integration with 999 NOT included
6. Investment in additional clinical resources to support intervention of 999 referrals from 111 NOT included – i.e. senior clinical floor walkers
7. High proportion of part time staff in NHS 111 – current ratio 1 fte = 1.5 heads with 75% part timers across both key front line staff groups
8. The hours of work for NHS 111 staff is predominantly evenings and weekends
9. FTE = full time equivalent

Appendix 2 – A&E Operations – Workforce Plan – 2015/16 – 2017/18

3 Year Phasing	Band	15/16 WTE	16/17 WTE	17/18 WTE
Clinical Supervisors	6	124	124	124
RRV Paramedic Practitioner	6	152	152	152
RRV Paramedic Plus	SCP 22	314		
RRV Paramedic Plus	SCP 23		314	
RRV Paramedic Plus	SCP 24			314
RRV Technicians	5	40	40	40
Qualified Ambulance Tech	5	160	117	117
DCA Band 5/4 – Para	5	497	497	497
DCA Band 5/4 – AP	4	110	153	153
DCA Band 5/4 – AP	4	373	493	537
DCA Band 5/4 – ECA	3	394	247	230
Workforce Numbers		2,164	2,164	2,164

The plan will be revised in the light of the ORH review. The plans reflect the previously discussed proposal to create a paramedic pipeline, offering the opportunity for staff to progress from Band 3 to Paramedic Plus and beyond.