Developing a ‘bottom-up’ workforce plan

Imperial College Healthcare NHS Trust

What was the aim?

The trust wanted a workforce plan for the next two years that reflected its planned investments, activity and service changes and cost improvement opportunities.

The plan should support the provision of informed recruitment and training, safe staffing levels and robust workforce monitoring and reporting, and be co-developed with clinical divisional leads and managers at a local level to ensure ownership and delivery.

What was the solution?

• The creation of a workforce plan for 2017/18 and 2018/19 using a ‘bottom up’ approach. This represents the trust’s planned activity, financial plans and service changes for the two years, covering all specific schemes, workstreams or service changes for clinical and corporate divisions.

• Specifically, the plan includes:
  – a robust framework for reporting and monitoring – for example, monthly ‘board-to-ward’ reports and analysis focusing on core KPIs – and including performance reviews, divisional workforce committees and the Executive People and Organisational Development (POD) Committee
  – workforce metrics cross-referenced against quality and safety metrics and supported by regular meetings with patient representatives, health and social care partners, care commissioners, and clinical and professional leads
  – a people strategy to provide high quality, safe care to patients by ensuring the right staff with the right skills are deployed appropriately
– an award-winning suite of leadership programmes and a performance development review framework to support a high performance culture
– roll out of a talent management programme that identifies the best performers and the developmental support required to enhance their contribution.

What were the challenges?

• The national staffing and skills shortages: local, national and international recruiting campaigns, bespoke strategic recruitment plans and increasing use of social media/online solutions are used for successful recruitment.
• Reliance on temporary staffing usage to cover gaps in the directly employed workforce: the value of this workforce is recognised and bank recruitment increased to minimise the use of agency staff where possible.
• Need to prioritise operational issues when business as usual is already pressured: proactively working and being flexible (sites and locations) to have discussions, intelligence gathering for workforce planning and relationship building with managers that compliments and fits in with their operational and work commitments.

What were the results?

• A clear understanding of the trust’s planned workforce changes and requirements at account code, banding/grade level and staffing group identified by cost centre and department, directorate, service and division.
• A trust-wide workforce plan made up of locally approved and owned plans, development and service changes, allowing for monitoring, tracking and planning.
• Proactive recruitment models and plans reflecting planned staffing and skills requirements.
• Proactive training and development plans to support planned staffing and skills requirements.
• Joined-up understanding of planned workforce changes and requirements (division/POD/finance) to enable effective and collaborative working to support managers and staff deliver the workforce plan.
• Confidence in the data, analysis and plans which, in turn, supports confidence and assurance for all workforce reporting and analysis in the trust.
• Strong, collaborative and cohesive working relationship between POD and finance.
What were the learning points?

- Prioritising good workforce data and analysis and ensuring managers have direct access to this to support their decision-making and people management, as well as building a strong relationship with finance are key to success.
- ESR data is the basis for all workforce planning and safer staffing; improving and ensuring the quality of this data therefore is essential.
- As the people planning process is people led, active, meaningful engagement and collaboration is vital.

Next steps and sustainability

- Continue to focus on having the right staff with the right skills in the right place to respond to commissioner and patient requirements for high quality care.
- Developing staffing models to support one stop services, better transfers of care, provision of seven-day services and development of models for community and integrated care.
- Driving a workforce design approach that focuses on new and extended roles, skills requirements and new ways of working.
- Continually working to build on and promote good, strong, collaborative relationships between POD, finance, clinical and corporate leads and managers.

Want to know more?

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