NHS Wales

Design for a new and integrated approach to Workforce Planning for NHS Wales
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“...a progressive agenda for improving the quality of life of people in all of Wales’ communities, from all walks of life, and especially the most vulnerable and disadvantaged.”
Proposals for a new approach

1. Introduction

1.1 The Task and Finish Group

The Task and Finish Group was set up with the remit of designing a new and integrated workforce planning system for NHS Wales. This report examines the strategic context for this work and the problems that have been identified with past approaches to workforce planning. It then sets out proposals for a new approach which aims to address these problems. The report focuses primarily on the methodologies to be used. It sets out a framework for applying these methodologies, identifying the elements to be carried out at national, regional, health economy and employer level. However, further work will need to be done on the precise organisational arrangements and roles of the groups that advise on workforce issues.

To support the implementation of the new approach to workforce planning, which is described in this report, a resource pack is being developed. The pack will explain the methodologies proposed, give examples of how they have been successfully applied and also provide supporting tools and resources.
The One Wales agreement

2. The Strategic Context

2.1 The Health Service’s Role

The NHS is what its staff do. If it does not have the right staff with the right skills services will not be delivered effectively. To achieve this, the NHS will need to improve how it plans and deploys its staff. The systems used to plan the workforce up to now have not enabled the NHS to optimise the way in which it utilises its staff and their talents.

The One Wales agreement published by the Welsh Assembly Government in 2007 outlines: “a progressive agenda for improving the quality of life of people in all of Wales’ communities, from all walks of life, and especially the most vulnerable and disadvantaged.”

The health service has a central role in securing the improvements required from this progressive approach, and within that a workforce which has been planned, educated and developed to be suitably flexible and sustainable to provide improved care to patients is crucial. This Report, and the recommendations within it, fully support the priorities set out within One Wales.

The report of the “Review of Health and Social Care in Wales” (advised by Derek Wanless) was stark on this point: ‘The Review has shown us the present position is unsustainable. The NHS and social care workforces are trying to keep up with ever-increasing demands upon them, but the system within which they operate is letting them down.’

Section 3 of this report looks in more detail at the problems that Wanless identified in the past system of workforce planning in Wales and what is needed to address them.

In 2004, the Welsh Assembly Government produced “Making the Connections”, setting out its vision for world class services for the people of Wales, delivered by world class public servants. The report referenced the need to review workforce planning and development for public services across Wales, and this was one of the themes followed through in “Designed for Life” – this was published in 2005 and set out the vision for world class healthcare by 2015. The need for a radical overhaul of workforce planning was seen
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as part of the broader long term transformation programme.

“Designed for Life” identifies how the infrastructure, the care processes and the system that supports care must be radically redesigned. The redesigned infrastructure and care processes will require a different type of workforce and the redesigned support structures must include a new approach to workforce planning to ensure that staff with the appropriate competences are secured on a sustainable basis. How this will be achieved is set out in “Designed to Work”, the HR and workforce strategy that underpins “Designed for Life”.

“Designed to Work” aims to get the right people, with the right skills, at the right place and time to provide a world class, sustainable, workforce for NHS Wales. Modernisation demands the development of an innovative whole health economy approach to workforce planning which will require close collaboration with clinicians, service planning and finance to provide safe, effective services within available resources. The three key themes of the document are:

• Develop a new approach to role redesign and innovative work systems to meet patients’ needs
• Create an organisational and workforce development planning system to deliver service change
• Develop a modern people management, human resources and organisational development service for the delivery of innovation

One of the key recommendations in relation to workforce planning is that:

“Regional HR and workforce networks involving social care and the voluntary and independent sectors will be established to ensure that workforce plans are developed to deliver Designed for Life.”

“Designed for Life” does not set out to be a plan; rather it sets a strategic direction and a way of working to ensure that the necessary changes take place. The environment is too complex and unpredictable to write a finished blueprint and straightforward implementation plan. The change process must draw on, influence and react to other developments – such as the European Working Times Directive, new contracts across the NHS workforce, changing patient expectations, and technological innovation.

Underpinning “Designed for Life” are the quality standards set out in “Healthcare Standards for Wales” and the National Service Frameworks. The “Healthcare Quality Improvement Plan” (QuIP) sets out a mechanism for delivering the vision of improved services. This will be supported by a Faculty for Healthcare Quality Improvement which will link closely with the Clinical Champions Network being set up by NLIAH.

The pathway therefore is defined in terms of creating and implementing a sequence of three-year strategic frameworks, the first covering the period 2005/6-2007/8 and subsequent frameworks covering 2008/9-2011/2 and 2012/3-2014/5. Each coincides with the production at local level of “Health, Social Care and Wellbeing Strategies” and “Children and Young People’s Plans”. The guidance for the next round of these strategies is imminent, and the new strategies will coalesce to provide a single vision, set out the many requirements at local level and drive the change process.

The future workforce planning system must therefore form an integral part, with service and
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financial planning, of the next three-year strategic framework and the way in which “Health, Social Care and Well Being Strategies” and “Children and Young People’s Plans” are prepared and implemented.

The recently published Beecham Review, “Beyond Boundaries”, sets out the need for a shift in culture and capacity at the local level, and looks to a step change in joint working across public sector agencies and their partners. This partnership approach is already well developed in relation to strategic planning within Wales, but will now be further strengthened both nationally and locally. The Government has now responded to “Making the Connections - Delivering Beyond Boundaries”.1

The mechanism for delivering this joined up approach to public services at a local authority level will be the establishment of Local Service Boards. Their role and agenda is still developing but it is clear that the prime focus for joined up workforce planning will be through joint working between LHBs and Local Authorities driven by the development of “Health Social Care and Wellbeing Strategies” and “Children’s and Young Peoples Plans”.

A practical starting point for joint planning should be the areas of common interest in relation to the workforce such as:

- healthcare professionals that are employed in both health and social care e.g. OTs,
- the development of joint teams for Mental Health, Older People and Childrens services
- the training and development of staff who share a common core of competences such as care assistants and support staff.

A new planning system that supports care must be in place by April 2008. A great deal of work has been undertaken already – looking at commissioning services, performance management, and other areas. Redesigning workforce planning must be an integral part of the development of this system. The year 2007/08 must therefore be a transition year, in which new processes are defined and worked up alongside other developments, so that from April 2008 the NHS is better placed than ever to deliver the transformation agenda.
Existing workforce planning systems

3. Problems with Past Approaches to Workforce Planning

3.1 Criticisms of the Current System

There have been a number of reviews of workforce planning in Wales which have identified problems with existing approaches.

In 2002 Paul Williams, Chief Executive of Bro Morgannwg Trust, led a review of workforce planning leading to the report “Improving Workforce Planning in Wales”. Taking evidence from all the main stakeholders in the workforce planning process, the review identified a number of shortcomings in the existing workforce planning systems.

The “Review of Health and Social Care in Wales”, led by Derek Wanless, drew on this work and summarised the problems as follows:

• “Data currently collected from workforce plans is inconsistent across Wales and there are concerns about its accuracy and validity. There is a paucity of workforce planning capacity and skills which limits accuracy. Not all Trusts and LHBs have dedicated workforce planners;
• Workforce planning is undertaken in isolation from strategic and operational planning, and setting of service and financial targets. For example, Trust workforce plans are not routinely discussed and agreed with commissioners. This seriously weakens the credibility and usefulness of the data;
• Workforce planning and service planning often operate under very different timescales. New initiatives such as the National Service Frameworks (NSFs) often have short to medium targets. Workforce planning is medium to long term because of the length of time it takes to plan for, educate and train staff. The workforce plans now show large increases in staffing requirements over the next 2-3 years that probably cannot be met;
• The data collected from the workforce plans is used as the sole determinant of the numbers of training places commissioned for nurses and AHPs. No account is taken of wastage rates throughout the system. The effect has been an under provision of training places.”

In addition, from a Trust perspective, the existing system
3. Problems with Past Approaches to Workforce Planning

has been seen as time consuming, bureaucratic and primarily for the officers of the Welsh Assembly Government, rather than being of benefit locally.

- If workforce planning and service planning are to be fully integrated there needs to be a clear methodology for relating planned service activity and workforce demand.
- Workforce planning needs to address future workforce capability in terms of skills, roles and ways of working in teams rather than simply numbers in individual professional groups.
- Long term workforce development decisions should be made using a methodology that is appropriate to strategic planning.
- The level of expertise and resource devoted to workforce planning needs to be increased, particularly in relation to strategic planning.
- Workforce information systems need to be improved to support better workforce planning.

The sections below address these issues in more detail.

3.2 Summary of Issues
Looking at the criticisms of the existing approach listed above and other reviews of workforce planning practice in the UK such as that of the Health Select Committee in England, there are a number of core problems that need to be addressed in a new planning system:

- Workforce planning needs to be fully integrated with service and financial planning so that workforce plans can reflect the major changes in service delivery that are planned and anticipated for the future.

- If workforce planning and service planning are to be fully integrated there needs to be a clear methodology for relating planned service activity and workforce demand.
- Workforce planning needs to address future workforce capability in terms of skills, roles and ways of working in teams rather than simply numbers in individual professional groups.
- Long term workforce development decisions should be made using a methodology that is appropriate to strategic planning.
- The level of expertise and resource devoted to workforce planning needs to be increased, particularly in relation to strategic planning.
- Workforce information systems need to be improved to support better workforce planning.

The sections below address these issues in more detail.

3.3 Integration with Service and Financial Planning
There are a number of reasons why workforce planning has not been integrated with service and financial planning:

- Workforce planning has often in the past been a separate centrally-driven exercise with its own guidance and returns. This can result in workforce plans being developed by different people from those developing service plans and a lack of coordination between them.
- The basis on which workforce information is collected is often different from that for service activity data so it is difficult to achieve a direct read across between the two.
- There can also be a reluctance to make the workforce changes explicit until after the service changes have been fully agreed, for fear of the potential workforce reaction. While recognising these sensitivities, workforce planning needs to anticipate these changes and ensure that there is sufficient investment in skills development to enable people to move into the new roles.
- Because workforce planning has been seen as a separate function, generally based in HR departments, workforce planners may not be tied into the wider service planning agenda.

These issues will need to be addressed in two ways. The first is move towards a single integrated planning system.
3. Problems with Past Approaches to Workforce Planning

result in the following year’s budget being reduced. It also encourages a focus on numbers rather than the capabilities of staff i.e. their skills and experience.

One answer is to shift the focus of workforce planning to patients and the services that they require. The question then becomes what skills and roles are needed within the team in order to provide these services. A good example of this shift in thinking is the Hospital at Night project which shifted the question from ‘How many extra doctors will we need to make our rotas compliant with the working time directive?’ to ‘What needs to be done out of hours and how can we develop a multi-disciplinary team that can do it?’ This requires an approach which looks at the entire team including medical and non-medical professionals as well as clinical support and administrative staff.

Similarly, shifting the emphasis from numbers to the capabilities, both of individuals and the teams they work in, is about focusing on improving the way we use the existing workforce rather than falling back on a demand for more staff. Better process design can reduce time wasted, for example in multiple hand-overs, duplication of effort or waiting for someone with the appropriate skills to become available. Improving the skills of individual members can leads to more effective teams. Research evidence suggests that units with highly skilled staff have lower unit labour costs than those with a high proportion of less skilled staff, even though more highly skilled staff attract higher pay rates.

A final issue is the need to plan for improvements in the actual effective inputs from staff – i.e. reducing turnover, vacancies, absence, use of temporary staffing (bank, agency, overtime), time lost to non-clinical activities etc.

3.4 Focusing on Teams and Roles rather than on Specific Staff Groups

The approach to workforce planning adopted in the past asked Trusts to produce five year projections for specific staff groups such as nursing (by branch) and individual allied health professions.

The problem with asking how many staff are needed in a specific group is that it encourages a response of ‘more of the same’. This is reinforced by a budgeting system based on costs where there is a disincentive to improve productivity since this will only

In order to achieve fully integrated service, workforce and financial planning, the guidance for each element of service planning should specifically require the workforce and financial implications of each planned service change to be clearly identified both in terms of numbers and also skills and roles.

3.5 Strategic Planning

Because of the lead times involved, decisions on pre-registration training numbers and post-graduate medical education have to be made on the basis of long term needs. However, it is almost impossible to predict accurately the workforce needs five to ten years ahead. The only thing that is certain is that the forecast will be wrong.
What is required is an approach that addresses the uncertainty in long term plans directly. This can be done in two ways. The first is to move away from trying to forecast what will happen and instead focus on being prepared for what might happen, shifting the emphasis from forecasting to foresight.

The second requirement is that we develop a system that is flexible enough to allow us to still achieve our goals when things turn out differently from our expectations. We need to move from the idea of training once for a lifetime career to the concept that it is normal to retrain for several roles within one’s career. Supply options can also be made more flexible by increasing the routes by which a role can be filled or introducing shorter training programmes.

3.6 Workforce Planning Capability and Information

Developing the capability to undertake workforce planning within the service is a workforce development issue in its own right. There will be a need both to recruit suitable planners and to provide training in the skills required. Training in the understanding of workforce issues will need to be extended to service and financial planners and managers as well as those directly involved in workforce planning. The Workforce Development Unit will play a lead role in this development process. Particular issues that will need to be addressed include the development of the LHB role and the engagement of social care and other partner organisations.

Before this can happen the service needs to be convinced of the value of workforce planning as part of a rounded planning approach (service, workforce, finance) and to be clear about what the planners are expected to do. Developing a new integrated approach to planning will help to address both these issues.

Many of the problems with workforce information will be solved with the full implementation of the Electronic Staff Record (ESR). Clarity on the future process will be important in making sure that the use of ESR is developed in a way that supports effective workforce planning. WDU will be developing a workforce minimum data set and validating the data warehouse to ensure that consistent data definitions are being used across Wales.
Patients’ needs

4. Proposed Solutions

4.1 Integration with Service Planning Framework
We propose that, instead of being a separate process with its own guidance and timescale, workforce planning should be seen as an integral part of the wider service and financial planning framework. Guidance is currently being prepared for the planning processes to underpin the new commissioning framework for Wales and in particular the next round of Health Social Care and Wellbeing Strategies. For each element of this planning process there should be an integral workforce planning element, making clear the need for an assessment of the workforce implications of all planned service changes.

For this to take place workforce planners need to play a full role in the wider planning teams. Workforce planners will need to develop the skills to take on this role. Service, finance planners and managers will also need to develop a working knowledge of workforce issues. There will be a workforce planning skills development programme to underpin the integrated workforce planning process. This programme will be developed where indicated, utilising the National Occupational Standards (NOS) for workforce planning as developed by Skills for Health.

4.2 Assessing Demand based on Activity
If plans are to show clearly the relationship between activity and the workforce required to deliver it, workforce planning needs to be based on a sound methodology for relating activity and workforce.

This link can only be made clearly at the level of individual teams and services. National data on workforce and activity are collected on different bases and cannot easily be related. This means that a core function for workforce planning at local employer level will be to establish the link in between planned activity and the workforce needed to deliver it. This will both support workforce planning within the organisation and also underpin the development of strategic workforce planning at the level of the health economy, region and nationally.

For general workforce planning a model based on simple ratios or formulae backed up by benchmarks will normally be sufficient. Where employers are planning service improvement and new ways of working, a more comprehensive approach based on patients’ need will be appropriate. These two approaches are described in more detail in the resource pack.
Where planning is based on benchmarked ratios we will need to guard against the average becoming the norm and to recognise that the appropriate ratio will vary to reflect local geography, service models and ways of working.

The relationship between workforce and service delivery is more complex than simply the ratio of the numbers. In using benchmarks we also need to identify the best practice both in terms of quality of care and efficiency. It is also important that capacity is factored in for professional development and supervision of trainees.

Efficient use of workforce resources is about delivering both more activity and improving quality. This is likely to come about through a combination of process improvement and new ways of working. Benchmarks should be supplemented with examples of leading edge practice and planners should clearly identify benefits to be achieved by workforce or service modernisation.

For LHBs as service commissioners it may also be useful to benchmark the workforce against population demographics and health need.

4.3 Strategic Planning

In order to take account of the significant changes that are likely to take place in healthcare delivery in the longer term, we need to adopt a strategic approach to planning at the level of the local health economy or above, building in the facility to plan for different scenarios which should include the following elements:

- **Visioning**
  The starting point for strategic planning should be a clear vision of what it is trying to achieve. In workforce planning this should be primarily driven by the service goals as set out in national and local strategies such as the Health Social Care and Wellbeing Strategies. The workforce planning should build on these and add clear workforce goals which will aid the delivery of these strategies. For example, clear goals could be set for improving efficiency and introducing new ways of working.

- **Identifying the change drivers and scenarios**
  The aim is to understand what external factors, which are beyond our control, will affect how the service changes. Those with high impact and high uncertainty are the most critical since they are the most likely to throw us off course in achieving our goals. Typical factors might include new technologies, incidence of disease, economic factors etc. It is normal to deal with these uncertain factors by developing a number of scenarios which represent possible but challenging combinations of circumstances.
4. Proposed Solutions

- Mapping how the system works
  In order to understand the effects of the actions available to us and whether they will achieve our goals, we need to understand how the system works. In complex systems such as healthcare this is best done as a joint exercise bringing together the stakeholders and clinical experts. In many cases this can be captured by diagrams and descriptions but in workforce planning we commonly want to quantify demand and will need to take this a step further and develop quantitative models. For strategic planning the aim should be a model which shows the broad features of how the system works rather than one which tries to capture every detail.

- Use the modelling to develop and monitor a strategy
  The modelling can be used to test different options for action and show how well they meet the goals under different scenarios. The best strategy will be the one that works even under an adverse scenario. The models can also be used to monitor progress by comparing where the model shows we should be to meet our targets against where we have actually got to.

The resource pack describes in more detail how these elements can be applied.

4.4 Planning Future Workforce Supply

The traditional focus on trying to predict future demand for novice recruits ignores the fact that increasing training numbers may be only one of the solutions to future skill shortages. It also gives equal weight to all supply/demand shortfalls when, in practice, some will be more critical than others.

The alternative approach recommended addresses both these problems. We need to look at all the available supply options and weigh up the costs and benefits of different supply decisions. Options that should be considered are:
• the growth in the workforce produced by different levels of training commissions
• the possible impact of improved retention and return to practice
• the potential for meeting demand in alternative ways such as the introduction of new roles.
• the possible impact of improvements in productivity
• possible levels of overseas recruitment

An example of how alternatives might be considered is in Cancer care where a shortage of Therapeutic Radiographers is likely to be critical. While increasing training numbers is certainly one answer, it is limited by the lead time before the change will have an effect. In addition the possible levels of training commissions are likely to be limited by available clinical placements. Finally experience has shown that expanding training numbers too far and too fast in this area can lead to high drop-out rates. The supply strategy also has to build on the alternatives such as extending the use of assistant practitioners, improved retention, process redesign etc.

At the same time we need to weigh up the costs of getting it wrong. Over supply will mean money wasted on unnecessary training while under supply could have serious consequences for future service delivery. By clearly setting out the costs and benefits of different options we should also be able to prioritise our investment in training. For example, the costs of undersupply will be much greater in a critical area such as the Therapeutic Radiography example than in a more generic service where it may be possible to fill roles from a variety of sources.

We also need to look at the whole labour market and understand the factors such as demography and economic factors, which will affect the numbers that will be available from it to support healthcare. The supporting resource pack will provide information on reviewing and modelling the labour market showing how to take account of factors such as the impact of the aging workforce, the effect of recruitment, retention and retirement policies, pay policy and migration.
Identification of workforce needs

5. Proposed Workforce Planning Process

5.1 Main Planning Processes
The planning and decision making cycle described above has three main planning processes within it (green squares) which are:

- National Strategic Workforce Planning
- Local Strategic Workforce Planning
- Employer Operational Workforce Development Plans

The development of these plans should not be a separate process from the service and financial planning but should be integral with it. Thus the national workforce strategies will be developed from national policy and planning guidance. Similarly identification of workforce needs and how they are to be met should be an integral element of local strategic plans which will include:

- “Health Social Care and Wellbeing Strategies”
- “Children’s and Young People’s Plans”
- Longer term service configuration strategies
- “Designed for Improvement” – Modernisation Action Plans

If this is done it should be a relatively straightforward process to develop an action plan for delivering the future workforce.

The diagram shows how the three levels of planning in the proposed system will interlink.

5.2 National Strategic Planning

5.2.1 Functions
National strategic planning will have four main functions with regard to workforce:

- Informing recommendations to the WAG on education commissioning numbers.
- Ensuring that the capacity is available to deliver the required education and training.
- Showing the impact of national strategies such as “Designed for Life” on future workforce needs.
- Informing national strategic service planning of workforce issues that could have an impact on service delivery.
- Providing a strategic framework and analysis for local workforce planning.
5. Proposed Workforce Planning Process

a. Education Commissioning
The length of professional training programmes means that a number of years elapse between decisions being made on training numbers and the entry of qualified staff into the workforce. This requires planners to anticipate workforce needs four or five years ahead for non-medical staff and ten or more years ahead for medical. National decisions will draw on the changes in numbers indicated within local strategic plans but it is unrealistic to expect precise forecasts of workforce requirements this far ahead. Instead decisions will be based on a strategic scenario planning approach, which seeks to choose the options that minimise the risks associated with getting it wrong rather than putting unrealistic faith in future projections.

The education commissioning process for non-medical professions will no longer focus purely on numbers in courses leading to professional registration but will address the broader issue of developing a workforce which is able to flexibly adapt to new roles and ways of working.

The planning process covers the whole workforce and will identify future needs for medical and dental staff by specialty as well as how changes in the way services are delivered will have an impact on future medical roles. This will inform the Wales Specialty Steering Group in their advice on future training posts by specialty. Given the lead times for medical training, it will be particularly important to look at the full range of possible service scenarios and their implications for medical and dental staffing.

Integrated strategic service and workforce planning will highlight how changes in the way services are delivered will change the skills required within the workforce. It will inform discussions with education providers on course content and curricula or the establishment of new courses and also identify the ongoing skills development needs of the workforce.

b. Education and Training Capacity
To support nationally commissioned education, it will be important that capacity is available to provide it. WDU will need to engage with education providers in planning for their future workforce. Many staff in higher education are approaching retirement and will need to be replaced with staff who have had clinical experience in the NHS. Staff within education institutions will also need to keep their clinical skills updated to reflect current practice.

An additional need will be to ensure that there is sufficient capacity within the NHS to supervise the required clinical placements. This will need to be factored into service provider plans.
c. Showing the Impact of National Strategies
As “Designed for Life” is implemented there will be significant changes in the ways in which services are delivered in Wales. This will have a major effect on the skills and numbers required in the workforce. For example, measures to provide services closer to home, such as better management of chronic disease and access to diagnostic tests, will create new demands for staff both in terms of skills and numbers. The changes will impact on Health, Social Care and Independent Sectors.

d. Informing National and Local Strategic Service Planning
Workforce issues can place a significant constraint on the way in which services are delivered. Examples include the availability of radiographers, mentioned above, and the impact of the “European Working Time Directive” on out of hours medical cover. National strategic planning will identify critical areas in relation to workforce skills. These may require either urgent action to address the workforce supply or, if this cannot be done, consideration of alternative approaches to service delivery and ways of working which make better use of the available skills.

e. Provision of a Framework and Guidelines for Local Workforce Planning
In order to avoid duplication of effort, local strategic planning should take national strategic planning as a starting point and adapt it to reflect local circumstances and priorities. The sorts of information that national planning should provide include:

- Information on future trends and scenarios which could have an impact on healthcare.
- Identification of the key workforce issues in relation to delivering “Designed for Life” and other national policy guidance.
- Provision of the models developed nationally for local health economies to input their local assumptions.
- National supply and labour market analysis, including the impact of the wider UK and international labour markets.

The Workforce Development Unit will also have a key role in the workforce planning process, by providing national benchmarking information and models, including information on leading edge practice which can inform local workforce planning. Skills for Health also have a national role in developing the competency frameworks and planning tools that will underpin maximising the utilisation of workforce skills and the development of new and extended roles.

A further issue that will need to be addressed in this framework is how nationally delivered services are incorporated in the planning process. These include:

- Health Commission Wales
- The National Public Health Service
- The All Wales Ambulance Trust

The workforce needs of these services can be incorporated directly into the national planning but, since many of the staff delivering services are based locally, the workforce requirements of these services should also be reflected in local strategic plans.
5. Proposed Workforce Planning Process

5.2.2 Processes to be Applied
The development of a national workforce strategy will be informed by a number of information sources:
- National policy and service strategies and their identified workforce implications
- Horizon scanning and analysis of trends
- Local demand modelling including the mapping of activity and workforce
- Examples of local leading edge practice in workforce modernisation
- National professional advice and staff side advice through the NHS Wales Partnership Forum.

The national strategic workforce planning will not be a one off process but should be ongoing and developing. Initially the bottom-up input from local planning may be limited but it will develop over time. Similarly the degree to which the strategies can be quantified may be limited initially but the aim should be to develop quantified models which can support decisions on training numbers once the new arrangements are fully implemented. The initial strategy is also likely to be refined over time by more detailed work around specific service areas such as Mental Health, Chronic Disease Management, Primary care etc.

The supporting resource pack sets out a range of methodologies that can be applied to the strategic planning of the workforce including scenario planning and systems modelling.

5.3 Local Strategic Planning

5.3.1 Linking National and Local Strategic Planning
Building on national strategic planning, local strategic plans will need to reflect local circumstances and priorities such as specific plans for future service configuration, service priorities based on local needs and local labour market issues. The workforce requirements will be driven by the “Health, Social Care and Wellbeing strategies, Children and Young People’s Plans” and commissioning plans drawn up by LHBs to reflect these local issues.

There are, however, a number of potential problems with developing strategic workforce planning at this level:
- Workforce and labour market issues will need to be addressed across a wider geographic area than that of an individual LHB – probably that of a health economy or regional level.
- Workforce issues may require a longer term view than the three years covered by the HSC&WbS.
- Resources and expertise will be needed to support strategic workforce planning as part of the broader planning role at this level. Trusts and LHBs will need to work together to provide a means of jointly supporting this activity.

Solutions to these problems will depend on the development of regional HR and workforce networks that embrace all employers, including social care, voluntary and independent sectors as envisaged in “Designed for Work”. These networks will need to take the lead in ensuring that the process is taken forward on a partnership basis engaging Trusts, LHBs and appropriate staff organisations, and also link with the developing regional networks for local authority workforce planning.

The strategies being developed within regions for future service configuration will provide additional information on longer term changes in workforce requirements.

The work to identify the workforce implications needs
5. Proposed Workforce Planning Process

to underpin the planning process behind the development of service strategies. The teams developing these service strategies will need to ensure that they have appropriate expertise. Regional networks may also find it helpful to support their work through a working group drawn from individual organisations, perhaps supported by a workforce coordinator.

5.3.2 Proposed Approach
Given the likely limitations to planning at this level, we propose the following way forward:
• National strategic planning by WDU will provide a very clear framework for local planners to work within. The aim would be to take the national strategy and modify it to reflect local planning assumptions rather than developing a local strategy from scratch.
• Working groups will need to be established within the local workforce networks to take the process forward.
• Local strategic planning will be informed by local professional and staff side advice.
• The WDU will provide strong hands on support to local planners, at least in the first year, to enable them to understand the work with the national strategic framework.
• This support will be underpinned by a programme of skills development (e.g. short course, e-learning etc) for those engaged in planning at this level.

The proposed workforce planning process represents a significant shift from the bottom-up approach adopted in the past, so close working between the WDU and local planners will be needed to ensure local engagement in the process that supports national decisions on workforce development and education commissions.

5.4 Employer Operational Workforce Planning

Main Elements of Planning Process
Employers will input to the strategic planning process described above but will also need to carry out operational workforce planning which focuses on delivering an effective workforce to meet their service delivery objectives.

Ideally the workforce planning process should involve all service providers, not just NHS Trusts. In Primary Care, because of the large number of employers involved, LHBs will need to take the lead in developing a planning process. Planning for primary care should cover the full range of health practitioners including, GPs, Dentists, Pharmacists, Optometrists and other healthcare professionals working as independent contractors plus the support staff that they employ.

LHBs will also need to take the lead in relation to engaging other providers such as the voluntary and independent sector and to work closely with social services to develop joint workforce plans covering areas of common interest.
This will include the employment of health professionals in social care such as OTs and nurses and partnership working in areas such as Mental Health, Children’s and Older People’s services, where teams may include both health and social care staff.

Because of the limited resources and expertise within individual LHBs it is likely that they will need to develop collaborative arrangements for taking workforce planning forward – perhaps through one LHB acting as the lead for workforce issues on behalf of a group of LHBs. This process should be supported and coordinated by the Regional HR and Workforce Networks.

Provider operational service and workforce planning should focus on the following areas:

- **Mapping Service Activity and Workforce**
  A key requirement underpinning the integration of service, workforce and financial planning is the ability to relate workforce requirements to planned activity. This is also required to assess improvements in productivity which might come about as a result of workforce or service modernisation. This type of activity has to be based at employer level, since a clear relationship can be established between service activity and workforce can only be established at the level of the individual team. The approaches adopted should factor in quality of care and patient acuity and be careful not to apply inappropriate benchmark ratios.

  The resource pack sets out the methodologies and tools for achieving this mapping.

- **Forecasting Future Workforce Needs**
  Once the mapping of activity and workforce is established employers will be in a position to plan future staffing needs based on planned activity and the impact of service and workforce modernisation. Operational planning will focus on the shorter term time frames of local delivery planning but the models used by employers to link activity and workforce will also feed into both local and national strategic planning.

- **Skills Development Planning**
  Employers should develop training plans to ensure that the workforce has the appropriate skills development. Ideally they should identify a skills profile for each team and use this in the appraisal process to identify individual training needs. Where there is not a clear skills profile, one can be established by using the approach described in the supporting resource pack. These plans should include both the places required for training in the next twelve month and also a longer term view of future needs which can inform national decisions on training provision. Skills development plans should also be informed by the evidence base and current best practice.

  The planning of skills development and training for new roles should be competency based to ensure national consistency and UK wide transferability. All Skills for Health competences contain an indicative link to the KSF. This
5. Proposed Workforce Planning Process

The process is underpinned by the Learning Design Principles (Skills for Health 2007) and will build on the recommendations of the Task and Finish Group for a flexible and sustainable workforce which will form the basis for a national approach to developing new roles and ways of working.

- **Service Improvement – New Ways of Working**
  The supporting resource pack describes a process starting with care pathways and patient needs and identifying the skills and roles required to meet them. We envisage that a key part of an employer’s workforce planning will include the application of this process to selected key areas that would benefit from new ways of working or are part of a wider service improvement initiative. The National Workforce Strategy could support this by identifying some high impact areas for employers to focus on. Employers should develop clear project plans for benefits realisation in relation to the chosen areas. These projects should be identified within the health economy “Designed for Improvement” modernisation action plans and monitored through the Modernisation Assessment process.

- **Improving Workforce Management**
  In addition to more radical service improvement, provider plans should also address better utilisation of staff through improving recruitment and retention and reducing absence levels, vacancies and use of agency staff.

- **Equality and Diversity**
  Employers’ workforce plans will need to address their duties under anti-discrimination legislation. They will need to ensure that workforce developments provide equality of opportunity to all groups. They will also need to engage staff fully, including minority groups, in the planning of service and workforce changes. A skills based approach using the KSF and national competency frameworks is an effective way of ensuring consistency and equality. Employers should also recognise the benefits in terms of recruitment and service delivery of ensuring participation within the workforce of all local minority groups.

**5.5 The Planning and Decision Making Cycle**

The diagram below shows the proposed planning and decision making cycle and how it integrates with service planning.

The planning cycle follows the arrows around the outside of the diagram. The arrows in the centre show where professional advice will feed into the process. While the Health Social Care and Wellbeing Strategies and
5. Proposed Workforce Planning Process

Children and Young People’s Plans are for three years, workforce plans will be updated on a twelve month cycle to take account of updates in employers’ operational plans. The elements of the cycle are:

• **Overall Strategic Direction** by August or earlier

   The starting point for the planning process will be the national strategic direction as set out in national policy guidance. Locally the process will need to take into account both proposals for secondary care reconfiguration and the local response to the Community Services Framework to be issued in Spring 2007. There will be clear guidance on the workforce issues that need to be addressed within local planning. In 2007 the intention of WAG is to issue a set of priorities guidance in the Summer to support the development of the Health Social Care and Wellbeing Strategies for 2008-2011. These will contain guidance on key workforce issues. In subsequent years, updated guidance on workforce will be issued as part of the national strategic planning process.

• **Local Strategic Planning**  
  *September–March*

   A prime basis for local strategic planning will be the “Health Social Care and Wellbeing Strategies” and “Children and Young People’s Plans”. The accountability for social care workforce planning rests with Social Services Directors so these strategies will also be the main focus for bringing together Health and Social Care workforce plans. The workforce strategies will identify clearly the workforce implications of planned changes in service delivery in terms of numbers, skills and ways of working.Plans for new ways of working will also form part of the “Designed for Improvement modernisation” action plans.

   The prime timescale for “Health Social Care and Wellbeing Strategies” and “Children and Young People’s Plans” will be three years but workforce plans will need to look, in outline at least, beyond this into the following three year period and updated on an annual basis to take account of progress and changes in the labour market etc.

   The longer term view will be informed by the strategies that regions are developing for future service configuration, and provide a perspective across the wider health economy, professional and appropriate staff organisations will provide advice will to feed into the workforce recommendations.

• **Local Operational Planning**  
  *September–March*

   This element comprises the planning processes which are primarily focused on delivery and may have a shorter timescale. In terms of service and financial planning this will include SAFFs, LDPs and SCEPs. In future we expect the workforce implications and costs to be clearly identified in each of these service plans, making an explicit link between planned activity and workforce. In addition, organisations should have clear plans for taking forward the modernisation of their workforce which will be reflected in the health community’s “Designed for Improvement” modernisation action plan.

   The future workforce needs identified should cover the whole workforce, medical, non-medical professional and support staff. The operational planning will inform the local strategic planning, particularly with regard to the relationship between activity and workforce requirements and also in terms...
of the potential impact of new ways of working. We would expect the bulk of the work to be completed by December with refinement of plans in January and February for sign-off in March.

including professional and staff organisations where appropriate, and jointly agreed by Trusts and LHBs. The regional HR and Workforce Networks will have a key role in coordinating process and ensuring that the

- **Regional Sign Off**  
  **January-March**  
  Whether the strategies are for the whole region or for the two or three constituent health economies within the region will depend on the local configuration of services. The plans for each health economy will be developed in conjunction with partner organisations, workforce requirements reflect the needs of the service strategies. The plans will then be fed into the national strategic planning process and the planning for future education commissions.

- **National Strategic Planning**  
  **April-September**  
  The national strategic planning will have several functions. It will inform the national process for agreeing future medical and non-medical training numbers. It will also form the basis of advice to the Welsh Assembly Government to inform the future strategic direction and policy guidance. The national strategic workforce planning process will be informed by advice from professional stakeholders, education providers and the NHS Wales Partnership Forum.

- **Decision making by Welsh Assembly Government**  
  **December**  
  The final sign off for the workforce planning and recommendations for future education and training provision will rest with WAG. They will agree the non-medical training commissions and the number of post-graduate medical training posts by specialty.

The revised timetable for workforce planning and national decisions on education commissions is shown in the diagram overleaf:
### 5. Proposed Workforce Planning Process

<table>
<thead>
<tr>
<th>Financial Year 2007/8</th>
<th>Financial Year 2008/9</th>
<th>Financial Year 2009/10</th>
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</thead>
<tbody>
<tr>
<td>Local Workforce Planning</td>
<td>National Strategic Workforce Planning</td>
<td>Commissions passed to Finance for Costing – various scenarios produced dependant on affordability</td>
</tr>
<tr>
<td>Assembly Budget Approval Process</td>
<td>Commissioning Board approve commissioning levels – based on draft budget level</td>
<td>Confirmation of Budget and Submission sent to Minister for sign-off</td>
</tr>
<tr>
<td>Letters sent to HEIs informing them of commissioning levels for September 2009</td>
<td>Contract Performance Review and Negotiation Round</td>
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**Flexible and Sustainable Workforce**
6. Implementation

6.1 Workforce Planning

It is important to recognise in this process that the aim is not a centrally imposed workforce planning process but one in which WAG works with the service to develop a practical approach meeting local operational and strategic needs as well as supporting national decision making on education. To support the aim of full integration of service, workforce and financial planning, guidance on workforce planning will be issued by WAG as an integral part of the wider guidance on planning.

The aim is to align timing of the development of the new workforce planning process with the process for developing the next round of “Health Social Care and Wellbeing Strategies” and “Children and Young People’s Plans”. This means that first round of the local strategic workforce planning will need to be completed as part of part of the process of developing these strategies by March 2008. Guidance on the key workforce issues to be addressed will be issued as part of the national planning priorities guidance in Summer 2007.

While Health Social Care and Wellbeing Strategies will be developed at the LHB/LA level the natural locus for drawing together the workforce strategies will be the health economy. LHBs and Trusts will need to work together during 2007 to devise and establish practical working arrangements for achieving this. This will build on the existing regional networks but will also require the identification of resources and expertise to undertake the planning process.

To support the new workforce planning process, employers will need to develop their operational workforce planning capacity, particularly the ability to map service activity and workforce needs. They will need to lay the foundations for this by the Summer of 2007 so that it is in place to support work on local strategic planning in Autumn/Winter 2007/8. WDU will support this by working closely with a number of pilot employers to test the practicality of models and approaches and disseminate the learning. The resource pack will provide detailed guidance on practical methodologies and tools that can be applied.
6. Implementation

WDU will need to carry out an interim process to support the planning of training numbers in Autumn 2007. The initial information from this mapping of service and activity will be used to inform this process.

The production of the local strategic plans will form the basis for a more thorough national strategic planning process in the Summer of 2008 which feed into the education commissioning in Autumn of 2008 and also provide guidance for next round of local planning.

Within the context of this outline planning timetable, 2007/8 will be a transition year for implementing the new arrangements. The WDU team are developing an implementation project plan to support this process. The main elements of this will be:

- Clarification of the outcomes required at each stage of the implementation process.
- Working with local employers and networks to pilot proposed methodologies and tools prior to wider adoption.
- A programme of skills development for planners and others who will be involved in the process.
- Development of supporting materials and guidance to underpin the process which will be made available through a resource pack and web site.
- The resource pack will also contain examples of what plans should contain as well as setting out the minimum requirements to support decision making processes such as determining national training numbers.

The principles set out in this report have been widely endorsed by the consultation process. However, the development of the workforce planning process will take place within the wider agenda for delivering public services in Wales. The full implications of this will become clear over time. It will be important, therefore, that a clear mechanism is set up to manage the implementation of the new approach to workforce planning to 2008 and beyond.
### 7. References

**National Leadership and Innovation Agency for Healthcare – WDEC Unit**

**Task and Finish Group on the design of a new, integrated workforce planning system for NHS Wales**

**Proposed Membership**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organisation</th>
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<tbody>
<tr>
<td>Paul Williams</td>
<td>Chief Executive, Bro Morgannwg NHS Trust</td>
<td>Chair, T&amp;F Group</td>
</tr>
<tr>
<td>Hilary Neagle</td>
<td>Director, WDEC Unit</td>
<td>WDEC Unit</td>
</tr>
<tr>
<td>Bernadine Rees</td>
<td>Chief Executive, Pembrokeshire LHB</td>
<td>LHB Chief Executives</td>
</tr>
<tr>
<td>Prof. Simon Smail</td>
<td>Head of School and Dean, Postgraduate Medical &amp; Dental Ed.</td>
<td>Deanary</td>
</tr>
<tr>
<td>Dr. Owen Crawley</td>
<td>Chief Scientific Advisor, OCMO, WAG</td>
<td>Healthcare Scientists</td>
</tr>
<tr>
<td>Jan Smith</td>
<td>Therapy Advisor, OCMO, WAG</td>
<td>Therapists</td>
</tr>
<tr>
<td>Lorna Tinsley</td>
<td>Royal College of Midwives</td>
<td>Partnership Forum</td>
</tr>
<tr>
<td>Dawn Skidmore</td>
<td>Associate Director, Service Development, NLIAH</td>
<td>NLIAH</td>
</tr>
<tr>
<td>Daniel Phillips</td>
<td>Director of Corporate Services Health Commission Wales</td>
<td>HCW</td>
</tr>
<tr>
<td>Bob Hudson</td>
<td>Director, S E Wales Regional Office</td>
<td>Regional Offices</td>
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<tr>
<td>Anne Phillimore</td>
<td>HR Director, North Glamorgan NHS Trust</td>
<td>HR Directors</td>
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<tr>
<td>Ruth Walker</td>
<td>Nurse Director, North Glamorgan NHS Trust</td>
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<tr>
<td>Prof. Donna Mead</td>
<td>Dean of the Faulty of Health, Sport &amp; Science</td>
<td>CYNGOR</td>
</tr>
<tr>
<td>Dr. Jane Ashwell</td>
<td>Senior Medical Officer, OCMO, WAG</td>
<td>OCMO</td>
</tr>
<tr>
<td>Denise Richards</td>
<td>Nursing Officer, OCNO, WAG</td>
<td>OCNO</td>
</tr>
<tr>
<td>Maria Whittaker</td>
<td>Director, Skills for Health</td>
<td>Skills for Health</td>
</tr>
<tr>
<td>Hazel Robinson</td>
<td>Associate Director / Workforce Modernisation, Gwent Healthcare</td>
<td>Workforce Planners</td>
</tr>
<tr>
<td>Dr. Graham Boswell</td>
<td>Physician, Ceredigion NHS Trust</td>
<td>NHS Medical Staff</td>
</tr>
<tr>
<td>Sue Cromack</td>
<td>Head of Workforce Planner, WDEC Unit</td>
<td>WDEC</td>
</tr>
<tr>
<td>Mandy Price-Jenkins</td>
<td>Senior Workforce Planner, WDEC Unit</td>
<td>Project Manager T&amp;F Group</td>
</tr>
<tr>
<td>Paul Langmaid</td>
<td>Chief Dental Officer, WAG</td>
<td>Dental</td>
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<tr>
<td>Carwen Wynne-Howells</td>
<td>Pharmacy Advisor, WAG</td>
<td>Pharmacists</td>
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<tr>
<td>Barbara Bale</td>
<td>Policy Advisor, WAG</td>
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## 7. References

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