*Workforce Planning Project Template*

(Small scale only)

Project Lead:

Project Sponsor:

**Version [1.0]**

**Date:**

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## Introduction

Effective workforce planning is fundamental to helping us deliver our objectives, at any level it is an integrated management process that ensures we have:

* a workforce of the right size
* with the right values, behaviours, knowledge, skills and diversity
* organised in the right way
* within the budget that we can afford, and
* delivering the services we need to provide safe, effective and high quality patient care

This document has been produced to provide the Trust’s Chief Executive, Chief Operating Officer, Executive and Non-executive Directors, other staff members and our partners with a clear description of the for (insert service)

The plan sponsor is: (Sponsoring Director and Directorate/Division)

Operational deployment of the plan will be undertaken by: (Your name and Role Title)

The plan covers the period (insert dates)

## Purpose, Key Performance Indicators and Impact

The purpose of the plan is to:

Success of plan deployment will be measured against the following indicators:

Key stakeholders in services included in the plan include:

The anticipated impact of the plan on the services and stakeholders include:

New Models of service delivery associated with the plan include:

Communication and Engagement with key stakeholders is facilitated through:

An assessment of the impact of the plan on Trust compliance with CQC, NHSLA standards, National Quality Indicators, contract quality measures, CQUIN’s and NICE Guidance indicates:

The impact on existing workforce and model for the new workforce associated with the plan is outlined in the associated Financial and Workforce Tool.

The overall financial impact of the plan is:

Analysis of training needs associated with the plan include the need for:

Training needs will be met by:

## Delivery, Monitoring and Enahancement

Actions associated with the plan include:

|  |  |  |
| --- | --- | --- |
| Project Title: | Project Sponsor: | |
| Project Lead: | To be Delivered by: | |
| Workstream Leads: |  | |
| Actions Required | Actions Owned By | Due to be Completed By |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The plan will be delivered through management control with monitoring, monthly reporting and enhancement at a Directorate and Organisational Level facilitated as below:

## Mitigating Identified Risks, Issues and Logging Changes

The Project Lead will maintain a project risk register, issues and changes logs which will be incorporated in the monthly highlight report.

All risks will be managed in line with existing Trust’s Risk Management processes.

Project Lead will identify changes to Risks, Issues identified and Project Changes within monthly reporting.

The following list highlights the six key quality measures to be assessed monthly for the duration of the project. Where changes are identified in any of these there is a requirement to update the risk register.

Evaluation period - on a six monthly basis, the risk assessment must be updated, whether or not changes have occurred.

|  |
| --- |
| Safety |
| Change in the numbers and/or type of serious incidents |
| Change in the evidence the service is delivering any CQC outcome |
| Effectiveness |
| Changes in delivery of contract quality measures, CQUINs and quality related KPIs |
| Change in the rate of sickness absence |
| Experience |
| Change in the numbers and/or type of feedback e.g. on VX |
| Changes in RTT, including to specialist elements of service |

## Risk Register

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Risk No. & Owner*** | ***Description*** | ***Date Raised*** | ***Impact*** | ***Probability*** | ***Risk Score*** | ***Mitigating Action*** | ***Date Closed*** |
|  |  |  |  |  |  |  |  |

## Issues Log

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Log No.*** | ***Description*** | ***Date Raised*** | ***Impact***  ***High/ Medium/Low*** | ***Next Action towards Resolving*** | ***Review Date*** | ***Date Closed*** |
|  |  |  |  |  |  |  |

## Change Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Log No.** | **Description of Change** | **Date Raised** | **Assessment of Impact on Project** | **Change Approved**  **Yes/No** |
|  |  |  |  |  |