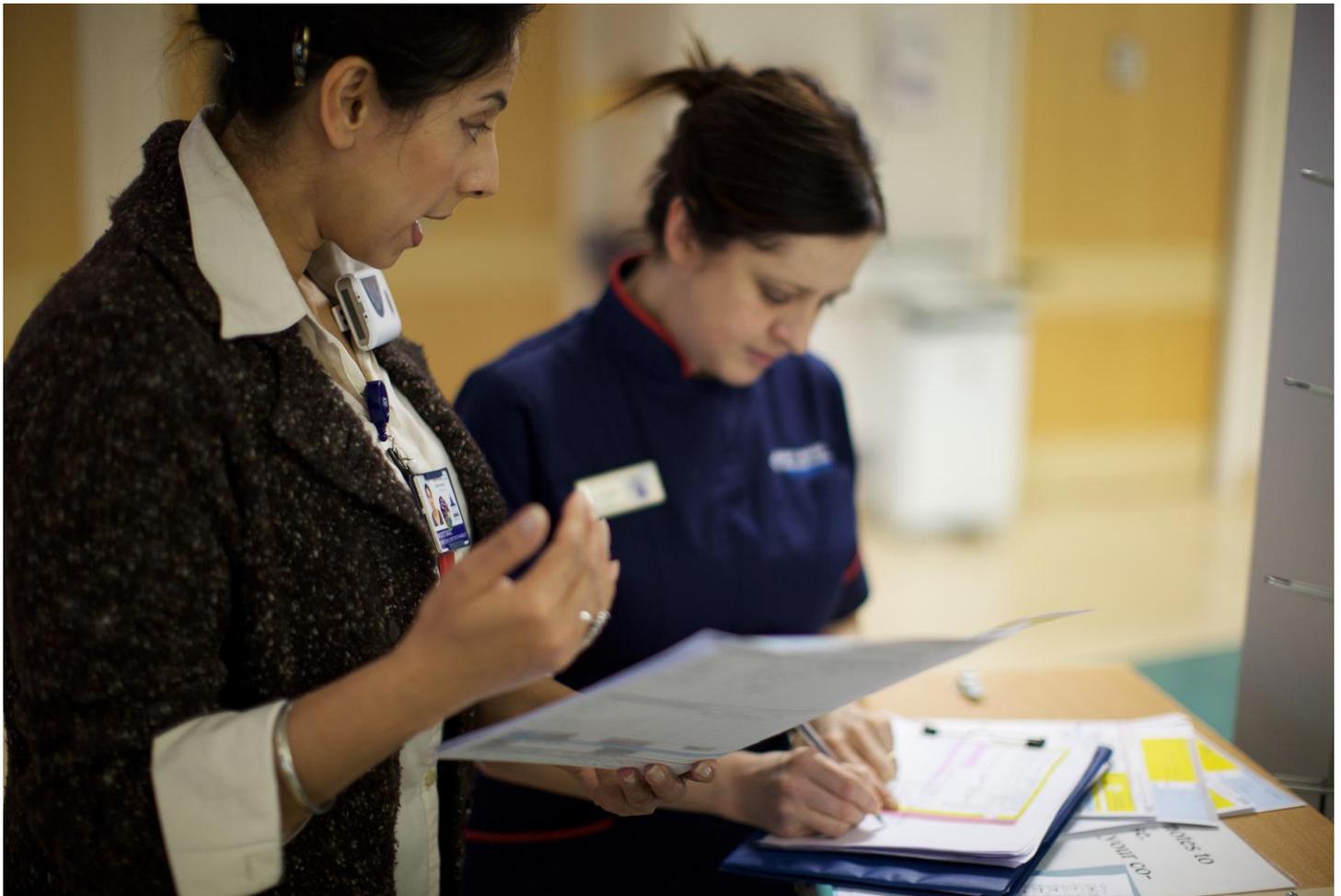


Workforce Planning within a System

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Introduction to System Workforce Planning

What does this resource include?

- A four step process to Workforce Planning within a system
- Tools and techniques to support each of the four steps
- An example to demonstrate how the tools and techniques can be applied when system planning.

What is system workforce planning?

System workforce planning uses evidence to objectively assess the roles, number of employees and shared competences required for a system to meet the current and future needs of people who use our services. It is more than just the numbers; it is a key enabler of the transformation required across the system.

Why engage in system working?

System working is the driver of transformation across health and social care. Service user needs, financial sustainability and policy drivers demand it. In particular:

- The requirements for health and social care integration by 2020;
- CCGs increasingly collaborating to commission over a larger footprint;
- The [NHS Five Year Forward View](#) which lays out a framework for new models of care that promote horizontal, vertical or virtual integration and incorporate the quadruple aims (improved health and wellbeing, transformed quality of care delivery, sustainable finances and job satisfaction for healthcare staff);
- [Sustainability and Transformation Plans](#) (STPs) requiring every health and care system to come together to create their own ambitious local blueprint.

Why do we need to undertake system workforce planning?

- To organise the workforce most effectively across the system.
- To make best use of workforce intelligence and think strategically about long term workforce requirements.
- To ensure the right people and competences are in the right place.
- To unite employees from multiple organisations and professions.
- To ensure that the workforce strategies of partner organisations work together to promote the interests of service users and carers.
- To make choices about what you need to do at a system level, versus an organisational level.

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Where does Workforce Planning fit into system Planning?

Workforce Planning is one of the 10 critical enablers of successful system working.



Figure 1: Enablers of successful system working (Source: New Care Models Redesign, NHS England)

What makes system workforce planning different to workforce planning for an organisation?

The context is different: It involves developing a plan across more than one organisation and is therefore more complex and takes more time. Greater time is required upfront to define the boundaries as well as the aims and objectives of the system. It is important that all stakeholders are involved in this part of the process to ensure a collective system purpose is achieved.

What are the benefits of system workforce planning?

In sectors across the system where workforce is the largest cost, thinking strategically about the size and shape of your workforce, carefully planning the skills and competences you need and where employees should be located are all critical levers to manage costs without jeopardising quality. The “five rights” below provide a framework to enable you to think strategically about the key workforce components within system planning.

What are the “Five Rights?”

- **Site:** Are staff located in organisations within the system in the most meaningful way for the service user?
- **Size:** What numbers of workforce does the system need to deliver its purpose? Does working as a system create efficiency savings/areas of duplication? Do new ways of working require more people in other roles?
- **Skills:** Do new technologies or new ways of working require new skills and competences?
- **Shape:** Does the system have the right balance of clinical to non-clinical roles and managers to front line workers?
- **Spend:** What are the current finances and how is workforce spend likely to change in the next 5 years?



Figure 2: The “Five Rights”

How to undertake system workforce planning

System workforce planning is undertaken in a four step process. Each step is covered in detail in the following chapters.

Objective	1. Defining the system we are workforce planning for	2. Defining the future workforce for the system	3. Understanding the baseline workforce for the system	4. Developing a system workforce plan
Overview	Creates a robust understanding of the system purpose and process and how it will address service users' needs.	Looks ahead to ensure the sustainability of the system. First identifying the likely future scenarios that will affect the system, then identifying the workforce required to deliver our system in the future.	Identifies the current workforce in the system and creates a 'common language' for describing the types and work levels of roles that make up the system workforce.	Determining the most effective way of ensuring the availability of the workforce to deliver the system purpose. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales.
Key Questions	<ol style="list-style-type: none"> 1. Purpose and objectives - What is this system here to do? 2. System boundaries - Who is part of this system? 3. Process - How will the purpose of the system be achieved? What is the patient pathway? 	<ol style="list-style-type: none"> 1. What future scenarios are likely to impact the system? 2. Which of these will most significantly impact workforce supply and demand? 3. What are the likely workforce implications of these scenarios? i.e. what other issues do we need to address? 	<ol style="list-style-type: none"> 1. How do we describe the types of roles in the workforce across the system? 2. What does the workforce in the system look like now? (supply) 	<ol style="list-style-type: none"> 1. What is the current gap between supply and demand? 2. What do we need to commit to doing at a system level in? 3. What do individual organisations need to commit to? 4. Who is responsible for making sure this happens? 5. How will this be implemented, monitored and measured and reviewed?

Figure 3: The 4 Steps to System Workforce Planning



Defining the system we are workforce planning for

This step creates a robust understanding of the system purpose and process and how it will address service users' needs.

Key questions:

- Purpose and objectives - What is this system here to do?
- System boundaries - Who is part of this system?
- Process - How will the purpose of the system be achieved? What is the patient pathway?

Questions to consider in defining the system:

- Why does the system exist? What benefits will it deliver to the population?
- What are the key objectives/priorities for the system?
- How will the system deliver its objectives (e.g. sharing resources)?
- Can you describe the system boundaries (e.g. geographical, organisational, professional)?
- Should we consider the system workforce as a whole? Ideally this should be narrow, focused and specific e.g. pathway.

Strategy Mapping

Taking a strategic approach to workforce planning for the system requires us to clearly define the reason the system exists, what will make it a success and describe the boundaries/limits around this. These questions need to be answered before the strategy map can be completed.

The strategy map helps us to identify the Mission Statement, system purpose (what we are doing for the people who use the service) and the process in how we are going to do this. It is about redesigning the workforce around patient/population needs, starting with why we exist. The “why” here would depend upon the boundaries of the system that we have defined.

This approach encourages leaders to think about the ideal workforce for their system, rather than trying to fit the workforce they already have to new ways of working. It may highlight that new roles are required and some existing roles are no longer needed.

It is therefore critical to start from the top in outlining our Mission statement and then think about what we do for the people who use our services. While we may have a sentence describing our system, try to break this down into the goals and objectives we want to achieve for people who use our services in the system that we have defined. A good check here is to ask ourselves how our system will support the quadruple aims.

When the purpose is defined, the next step is to plot the end-to-end process by which the purpose is achieved. This is sometimes referred to as the value chain because it categorises the generic value adding activities of the system. This may reflect a patient pathway.

Strategy Map

It is important to note that, in using the template below for the strategy map, you may need to change the number of boxes in a row to make the map relevant to your system. You may also find it easier to break the system down into smaller parts each with its own strategy map, rather than trying to complete one map for the entire system.

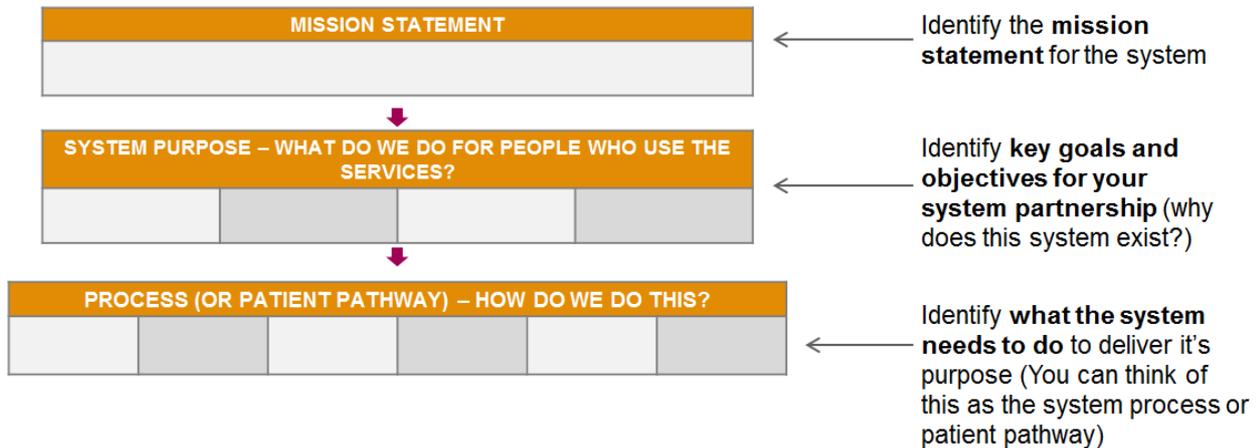


Figure 4: Strategy Map

Example of a Strategy Map

Throughout this resource we will use an example to illustrate how the tools be applied to a practical example. The example refers to a Regional Adoption Agency case study.



Figure 5: Strategy Map case study – regional adoption agencies



Defining the future workforce for the system

This step looks ahead to ensure the sustainability of the system. First identifying the likely future scenarios that will affect the system, then identifying the workforce required in the future.

Key questions:

- What future scenarios are likely to impact the system?
- Which of these will most significantly impact workforce supply and demand?
- What are the likely workforce implications of these scenarios? i.e. what other issues do we need to address?

Why scenario plan?

Scenario planning is an extremely critical part of system workforce planning as it enables us to plan for various scenarios and manage the implications accordingly.

In order to understand the workforce we need in the future (and start planning for it now) it is important to have an understanding of what is happening within the system now. The best way to do this is to monitor and analyse trends and horizon scan the current environment.

Some of the factors that will cause the workforce to change can be predicted fairly accurately using historical workforce data. For example:

- Turnover levels
- Retirement levels
- Recruitment levels

However there are many other factors that are likely to impact your workforce which are much more difficult to predict. This is where Scenario Planning comes in.

What is Scenario planning?

Scenario Planning is a structured way for organisations to think about the future. A group of people, drawn from across the whole system, should look to develop scenarios (stories or “what ifs”) about how the future might unfold and how this might affect an issue that confronts them. Tools like PESTLE provide a framework to help you identify the external forces that will affect a specific situation i.e. the system. Once these scenarios have been identified we should then gauge their potential impact on the system. Two or three scenarios that will have the largest impact should then be selected so that they can be analysed in more detail and the implication of these trends on the system’s workforce identified.

Scenario planning:

- Provides a framework to consider what the future will bring;

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- Encourages you to broaden your vision and think of alternative futures;
- Identifies new risks and challenges – helping you to prepare for the unexpected;
- Uses a combination of fact, judgment and intuition;
- Helps you horizon scan and think about the future trends, e.g. Genomics and its impact on the system.

How to scenario plan

1. Identify the future trends and challenges that will impact your system (tools like PESTLE help you to consider the different forces that might impact your system).
2. Select two or three trends that will have the biggest impact on the system (or best/worst case scenario).
3. Identify the workforce implications of trends that will have the most significant impact on your system (using the “Five Rights”).

What Tools can help me to Scenario plan?

PESTLE Analysis

PESTLE Analysis is a tool that helps us identify the Political, Environmental, Social/Cultural, Technological, Economic and Legal factors affecting our system. It can be used to horizon scan and look for trends that would impact the workforce across the system. Using the diagrams below, identify those areas that are likely to have an effect on the system you are planning for and use this to generate some scenarios.

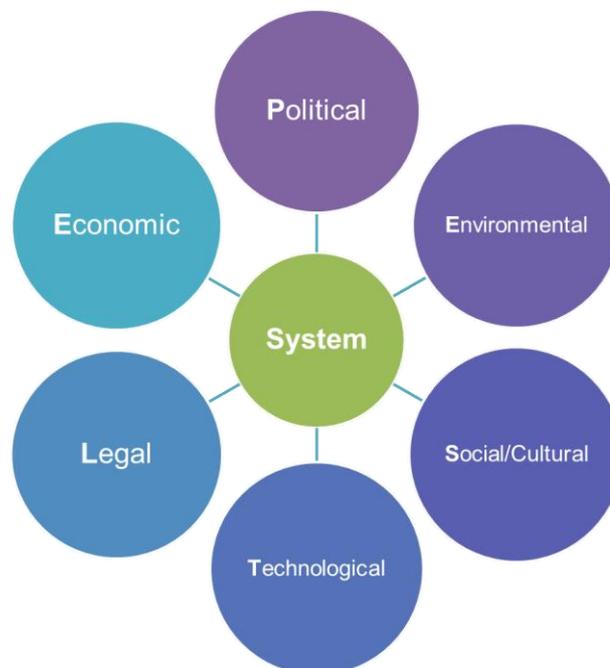


Figure 6: PESTLE analysis headings

<p>P</p>	<p>Political</p> <ul style="list-style-type: none"> Government policies Funding, grants and initiatives Home market lobbying groups International pressure groups Governmental leadership Elections Political trends Terrorism 	<p>T</p>	<p>Technological</p> <ul style="list-style-type: none"> New discoveries Energy uses/sources/fuels Communications Rate of obsolescence Information technology, Internet Transportation Bio-tech Genetics
<p>E</p>	<p>Economic</p> <ul style="list-style-type: none"> Home economy situation, trends Overseas economies and trends Sector specific taxation changes Seasonality/weather issues Sector-specific economic factors Disposable income Job growth/unemployment Tariffs 	<p>L</p>	<p>Legal</p> <ul style="list-style-type: none"> Current legislation home market Future legislation European/international legislation Regulatory bodies and processes Environmental regulations
<p>S</p>	<p>Social-Cultural</p> <ul style="list-style-type: none"> User attitudes and opinions Media views Immigration/emigration Living standards Service-user need patterns Major events and influences Ethnic/religious factors Demographics (age, gender, race, family size, etc.) Lifestyle changes Population shifts Education 	<p>E</p>	<p>Environmental</p> <ul style="list-style-type: none"> Ecological Environmental issues <ul style="list-style-type: none"> • International • National • Local Environmental regulations Staff engagement

Figure 7: PESTLE analysis detail

Big trends in Health and Social Care

The Centre for Workforce Intelligence (CfWI) launched a series of reports on the big picture challenges facing healthcare, social care and public health.¹ They were designed to stimulate debate about the challenges facing workforce planning to ensure that we have a future workforce that can meet the needs of the population and deliver effective and high quality care in the future. The big picture challenges are outlined below and you may wish to consider some of these when looking at developing scenarios for your system.

1. Planning to meet the needs of an ageing population with an ageing workforce.
2. Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities.
3. Managing changing public expectations about the care they receive.
4. Achieving better integration between health, social care and support organisations.
5. Shifting the focus of the system towards prevention and well-being.
6. Delivering the personalisation agenda and providing person-centred care within financial constraints.
7. Ensuring the system delivers high-quality services within financial constraints.
8. Developing effective measures for quality of care and productivity and ensuring high-quality data is collected.
9. Preparing for changes resulting from innovation and technology.
10. Planning service delivery, given the uncertainty around levels of funding in the future, and how this will affect future demand for and supply of care services.
11. Uncertainty around how investment in life science, health and care will support the UK economy.

More workforce implications to consider:

- How can we recruit and retain sufficient home care workers to meet future demand?
- What role will informal carers have in meeting future demand?
- How can band 1-4 staff be utilised to improve workforce productivity and meet demand?
- What does 7 day working mean for the workforce?
- How can we promote the use of technology and innovation across the workforce?
- What leaders do we need to address the big picture challenges?
- How do we achieve effective safeguarding across health and social care?
- How could the community workforce alleviate some of the pressure on general practitioners and improve joint working across primary and community care?
- What does a flexible workforce look like?

¹ <http://www.cfwi.org.uk/cfwi-work/publications/big-picture-challenges-the-context-1>

Demographic Information

When defining the future workforce for the system it is also important to look at the demographic information which will have an impact on your system. Using the population centric model below can help you to do this, along with the health profiles which are available through [Public Health England](#).

Population Centric modelling

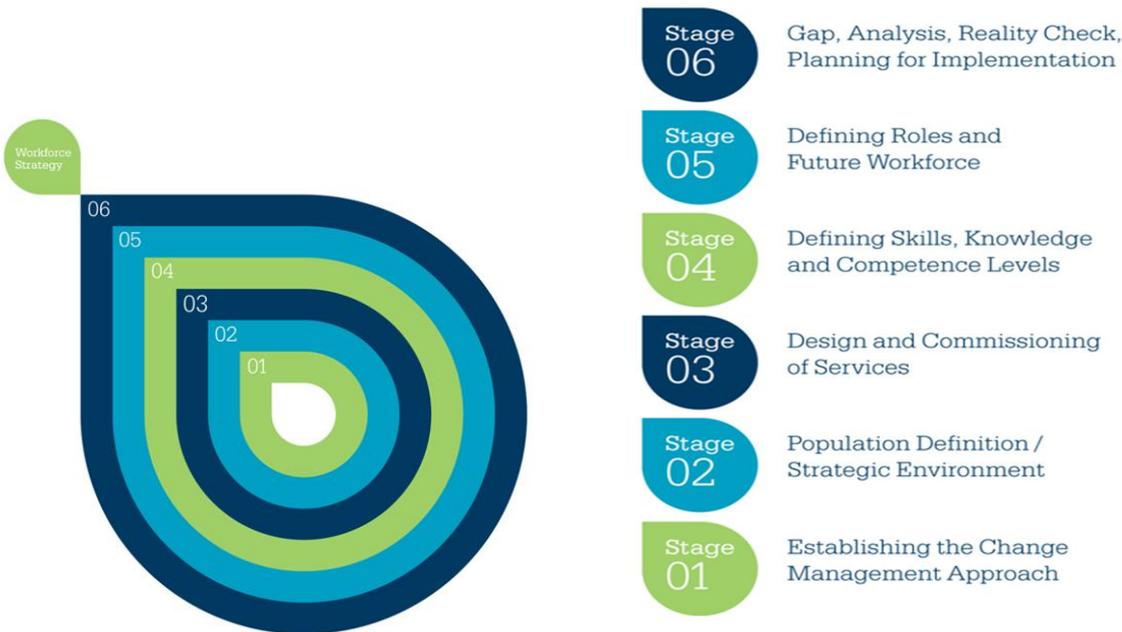


Figure 8: Six Stage population centric model

Health profiles

Public Health England
Protecting and improving the nation's health

Birmingham
Unitary Authority

This profile was published on 6 September 2016

Health Profile 2016

Health in summary
The health of people in Birmingham is generally worse than the England average. Birmingham is one of the 20% most deprived districts/unitary authorities in England and about 29% (72,000) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities
Life expectancy is 8.3 years lower for men and 5.9 years lower for women in the most deprived areas of Birmingham than in the least deprived areas.

Child health
In Year 6, 24.0% (3,328) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 19.4%, better than the average for England. This represents 54 stays per year. Levels of GCSE attainment are worse than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 69% worse than the average for England. This represents 6,486 stays per year. The rate of self-harm hospital stays is 174.7%, better than the average for England. This represents 2,014 stays per year. The rate of smoking related deaths is 264% worse than the average for England. This represents 1,341 deaths per year. Estimated levels of adult physical activity are worse than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average.

Local priorities
Priorities in Birmingham include childhood obesity, statutory homelessness, and reducing the numbers of vulnerable children and adults. For more information see [http://www.birmingham.gov.uk](#) and [http://www.birminghamhospitals.nhs.uk](#)

* rate per 100,000 population

Population: 1,101,000
Mid-2014 population estimate. Source: Office for National Statistics

This profile gives a picture of people's health in Birmingham. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit [www.healthprofiles.info](#) for more profiles, more information and interactive maps and tools.

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Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

This chart shows the percentage of the population who live in areas at each level of deprivation.

Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.3 years

Life expectancy gap for women: 5.9 years

** Inequality slope for men: ▲ Life expectancy for men
** Inequality slope for women: ■ Life expectancy for women

Figure 9: Public Health England health profiles

Activity Analysis

Building on the Strategy Map identified in Step 1 (see [Figure 5](#)), the next layer to this is the Activity Analysis. This breaks down specific activities that happen for each step in the process. Within Healthcare, this closely resembles creating activity analysis along a patient pathway.

Once the activities have been identified, we then need to outline the time it takes to complete each of the activities listed, for example it takes 15 minutes to complete an assessment, 5 minutes to take blood. The demand for each activity is then recorded as an absolute e.g. 5,000 births, or as a percentage for each activity e.g. 100% of patients complete activity 1, 90% complete activity 2, 85 % activity 3 etc. Once this data is complete we then consider the competences required to deliver each of the activities and the roles which could undertake these competences. This may include identifying current roles within the system but also identifying new roles or new ways of working.

The bottom row indicates the individual organisations within the system that are responsible for each activity. These are likely to be the organisations that employ the identified roles.

Mission Statement					
System Purpose					
Process (or Pathway) – How do we do this?					
Activities					
Time taken to complete Activities					
Demand for each Activity (absolute or %)					
Competences					
Roles					
Location					

Figure 10: Activity Analysis

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Example of an Activity Analysis

Mission Statement					
Placing children quickly with a loving family that meets their needs.					
System Purpose: Provide children from the region with new homes and support					
Bring a child safely into care	Finding loving families		Matching the children with the families in the best & timely manner		
Process (or Pathway) – How do we do this?					
Child placed at risk	Child brought into care	Recruit Adopter	Train and assess adopter	Match adopter to child	Post placement support
Activities					
<ul style="list-style-type: none"> Child put on child protection register Visits by social workers to child's home 	<ul style="list-style-type: none"> Recommendation by social worker Care order granted by court or voluntary from parent Child placed with foster parents 	<ul style="list-style-type: none"> Marketing Exploration Registration Home Visit 	<ul style="list-style-type: none"> Stage 1 references and checks Stage 2 training and approval Visit from LA to assess adopters Approval Panel 	<ul style="list-style-type: none"> Parents days Adoption Register / Link Connecting with other adopters Placement Court Protection Order Adoption Order 	<ul style="list-style-type: none"> Ongoing care and support Specialist therapeutic services
Time taken to complete Activities					
30 mins	60 mins	45 mins	120 mins	60 mins	30 mins
Demand for each Activity (absolute or %)					
850	800	775	750	750	725
Competences					
Deep knowledge of the fostering and adoption services	Process improvement and implementation	Digital skills Coordination skills	Experience of working in adoption sector	Experience and knowledge of adoption process	Clinical setting experience Psycho-dynamic counselling
Roles					
Social Worker	Social Worker Admin Support Business Support	Social Worker Business Support HR Manager	Social Worker	Social Worker Manager Admin Support	Therapists
Location					
LA 1 - 3	LA 1 - 2	VAA	VAA	VAA	VAA and LA 1-3

Figure 11: Activity Analysis case study – regional adoption agencies

Workforce Modelling

The activity analysis provides a framework to map out the workforce associated with each activity: the length of time required to complete each activity can be determined and from this it is possible to calculate the necessary FTE workforce. Information on how long tasks take and how they relate to other activities is generally collected through observation, diaries or similar approaches. Information on what needs to be done to achieve required clinical standards or what skills are required may be drawn from research, but in most cases will depend on a degree of professional judgement by experienced practitioners.

Once we have this information we can then model some of the identified scenarios. For example what if demand for our services increases by 10%? What is the likely impact of the ageing population on our system? What impact will safer staffing ratios have on our system? We can use the activity analysis to model each of these scenarios and the likely impact. It is also important to take into account roles which are not solely involved in the process you are modelling, for example a nurse may spend 60% of their time delivering the pathway outlined by the system, but then spend 30% on another pathway and 10% on a prevention type pathway.

Introduction to System Workforce Planning

Responsible, Accountable, Consulted, Informed (RACI)

The RACI model is a straightforward tool used for identifying roles and responsibilities and the time taken to undertake each activity. The acronym RACI stands for:

Responsible: The person who does the work to achieve the task. They have responsibility for getting the work done or decision made. As a rule this is one person.

Accountable: The person who is accountable for the completion of the task. This must be one person and is often the project executive or project sponsor.

Consulted: The people who provide information for the project and with whom there is two way communication. This is usually several people.

Informed: The people kept informed of progress and with whom there is one way communication. These are people that are affected by the outcome of the tasks, so need to be kept up-to-date.

How do I create a RACI matrix for the system?

1. Create a table with the activities along the top with the roles and role families involved in the system down the left-hand side.
2. Complete the cells of the table, identifying who has responsibility and accountability, and who will be consulted and informed for each task.
3. Ensure every task has a role responsible and a role accountable for it.
4. No tasks should have more than one role accountable.
5. Note the number of hours required for that role to complete a step for one service user to move through the system.

The example below shows a completed RACI template.

For each of the activities it describes who is Responsible, Accountable, Consulted and Informed, how much time on average it takes each role to complete this step and adds this time together to give a total time require. For example, the process “child brought into care” takes a total of 28 hours. This is spread between a Protection Social Worker, Service Manager and Admin role, all of which are employed by the Local Authority. The Service Manager is ultimately accountable for the completion of this step. The analysis also shows us the total time required by role, for example there are 57 (39+18) hours required of Admin roles for one single adoption, spread across admin roles in the Local Authority and the Voluntary Adoption Agencies.

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Process Stage	Child placed at risk		Child brought into care		Recruit adopter		Train and assess adopter		Matching adopter to child		Post placement support		Total hours
	RA CI	Hours reqd.	RA CI	Hours reqd.	RA CI	Hours reqd.	RA CI	Hours reqd.	RA CI	Hours reqd.	RA CI	Hours reqd.	Total hours reqd.?
Local Authority 1 -3													
Admin	R	3	R	3	RA	14	RA	7	R	5	R	7	39
Service Manager	A	7	A	5					R	10	R	14	36
Social Worker protection	I	14	R	20					A	5			39
VAA													
Admin					R	5	R	5	R	5	R	3	18
Marketing					R	10	I	0					10
Social Worker adoption					A	6	A	10	A	10	I	2	28
Therapist											RA	6	6
-													-
-													-
Total		24		28		35		22		35		32	176

Figure 12: RACI case study – regional adoption agencies



Understanding the baseline workforce for the system

This step identifies the current workforce in the system and creates a 'common language' for describing the types, and work levels of roles that make up the system workforce.

Key questions:

- How do we describe the types of roles in the workforce across the system?
- What does the workforce in the system look like now? (supply)

The first thing we need to do in this step is collect current workforce data from across the system. This will be recorded in many different ways and it is important that once all of this information has been gathered we try to develop a common understanding across the system of how this information is presented. This is where the concept of role families comes in, described later within this step.

Hints and tips for collecting current workforce data

- Gathering good data is a common challenge across all organisations and it is important to be aware that it's not just one organisation that faces the challenge with collecting and storing data; it is common across private and public sector bodies.
- If your system incorporates more than one organisation, you will need to gather data from different systems. This can take longer, requires more effort and leads to inconsistent datasets that need alignment.
- Start by checking if data has already been collected by the organisation in their annual workforce planning process or recent submissions to NHSI, HEE, NHSE.
- Check at the start if headcount or FTE is most relevant (and available). FTE is more relevant when there is a cost issue; headcount is more relevant when there is a need to apply HR policies.
- When this data is collected, a rule can then be applied to map these roles to role families as described later in this step.

What information might we collect when we look at our supply within the system?

- Age Profiles
- Current workforce across the system (FTE/Headcount)
- Retirements

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- Competences of the workforce
- Turnover
- Vacancies/hard to fill posts
- Bank, Agency, Locum usage
- Band/work level profile
- Demand/supply modelling

How might we analyse Demand and supply information?

When we look at our supply data we typically present and analyse this information using graphs and charts.

Demand forecast:

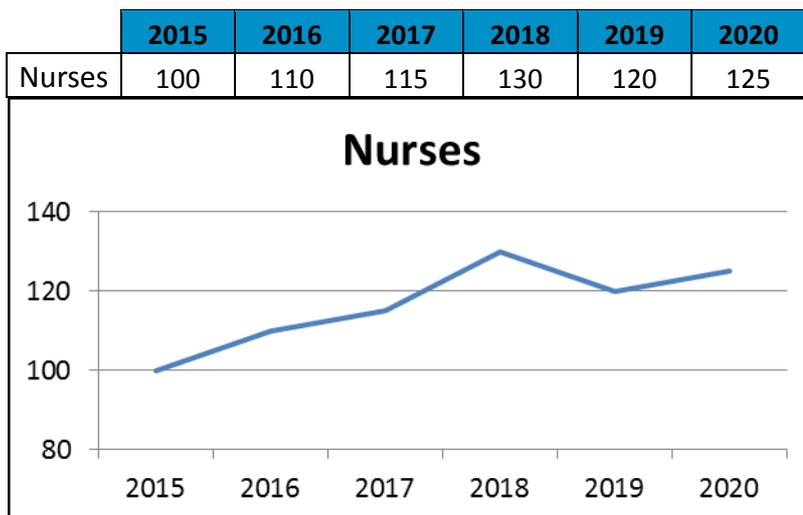


Figure 13: example nursing demand forecast

Demand vs. Supply:

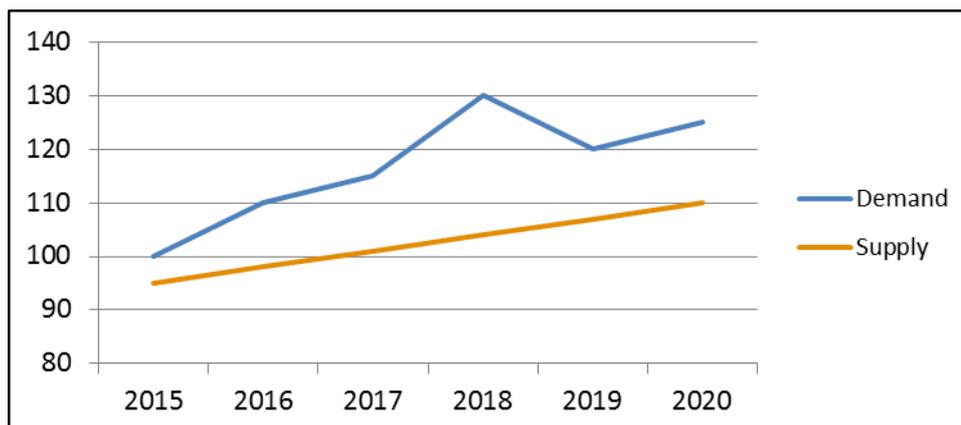


Figure 14: example of demand forecast compared to supply forecast

Undersupply of the workforce:

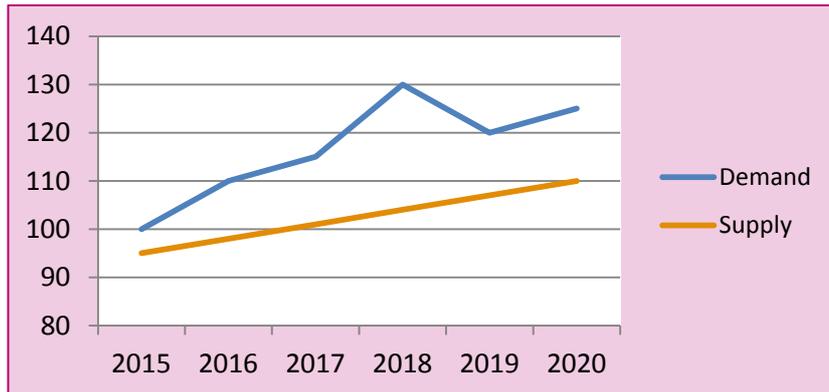


Figure 15: example demand vs. supply forecast predicting an undersupply

Oversupply of the workforce:

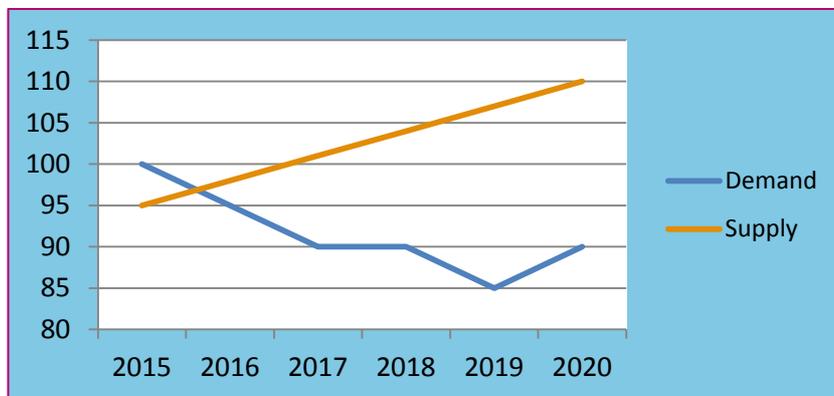


Figure 16: example demand vs. supply forecast predicting an oversupply

Other ways of representing supply information about our workforce include age profile:



Figure 17: age profile of NHS workforce vs. England's working population

Age breakdown of **Agenda for Change** staff²

Bands 8a-9



Bands 5-7



Bands 1-4



Figure 18: age profile broken down by NHS Agenda for Change staff banding

Critical Roles

A critical role grid helps us to define the roles that are more critical to the system. These are the roles that we can't afford to keep vacant and are difficult to fill. The grid has two axes:

- **Strategic importance** – describing roles that are key to delivering the system purpose and process
- **Scarcity of skills** – described in terms of:
 - Time taken to develop skills and experience
 - Difficulty to recruit from job market (either there is a shortage of this role available in the market, people with the skills attract high salaries or the role is completely new).

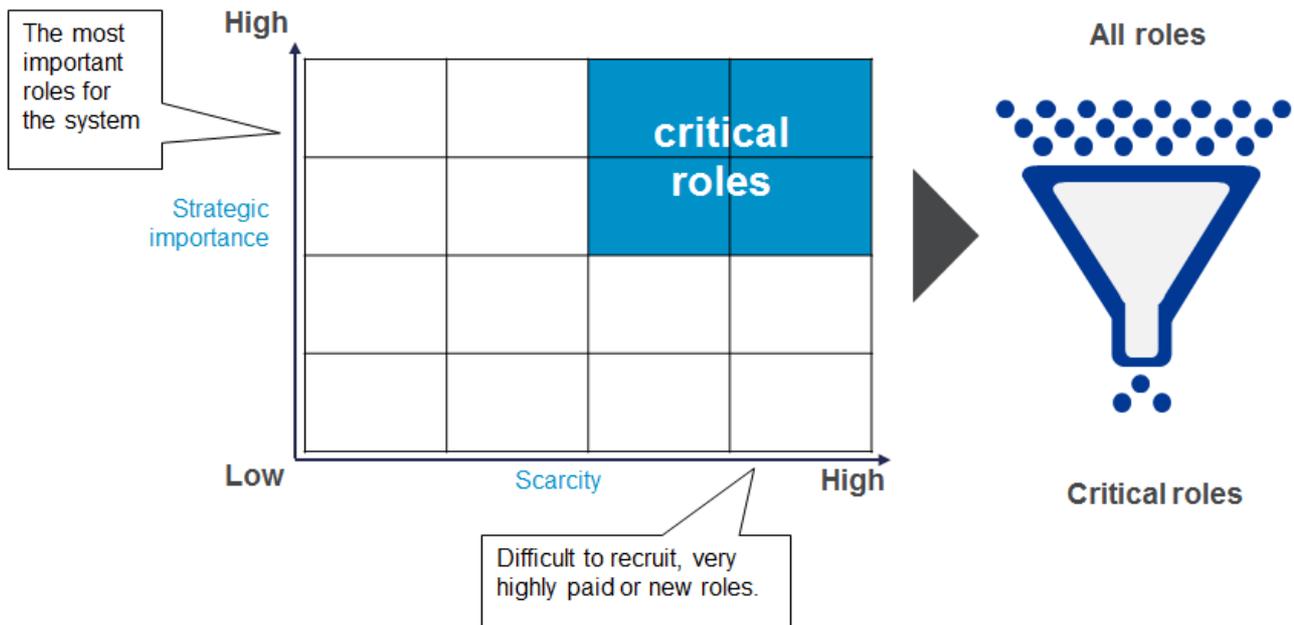


Figure 19: Identifying the critical roles for the system to deliver

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It is important to note that strategic importance should not relate to band or level. It describes how critical the role is to the system achieving its strategy or purpose. In a system heavily dependent on a particular type of nurse, the nurse could be deemed as strategically important irrespective of their band. If those nurses were also scarce within the market and took a long time to develop, the role would therefore fall into the top right hand corner of the critical role grid and should be prioritised in terms of recruitment, talent management or succession planning. If a role is completely new and didn't exist before, that role would be considered scarce. Another example of a critical role would be in a system which relies heavily on a new form of technology. In this case the roles that support the new technology could be deemed as strategically important.

Example Critical Roles Grid

In the example below Social Workers and Psycho Dynamic Counsellors are the critical roles in the system and we should be focussing on recruiting, developing and retaining them. While Team Managers are critical to the system in terms of achieving strategy (meeting service user need), they are sufficiently easy to recruit (readily available in the job) and do not require as much focus. It isn't uncommon for someone to realize that they have been spending too much time on roles in the bottom right quadrant whereas the ones they need to focus more on are the ones in the top right. We often think of our senior leaders as critical roles which need a succession plan, e.g. the Chief Executive, Chief Operating Officer, but this grid can highlight that it isn't only top leaders we need to consider – individual contributors can be just as key. The same grid can be used to identify critical functions and competences as well.

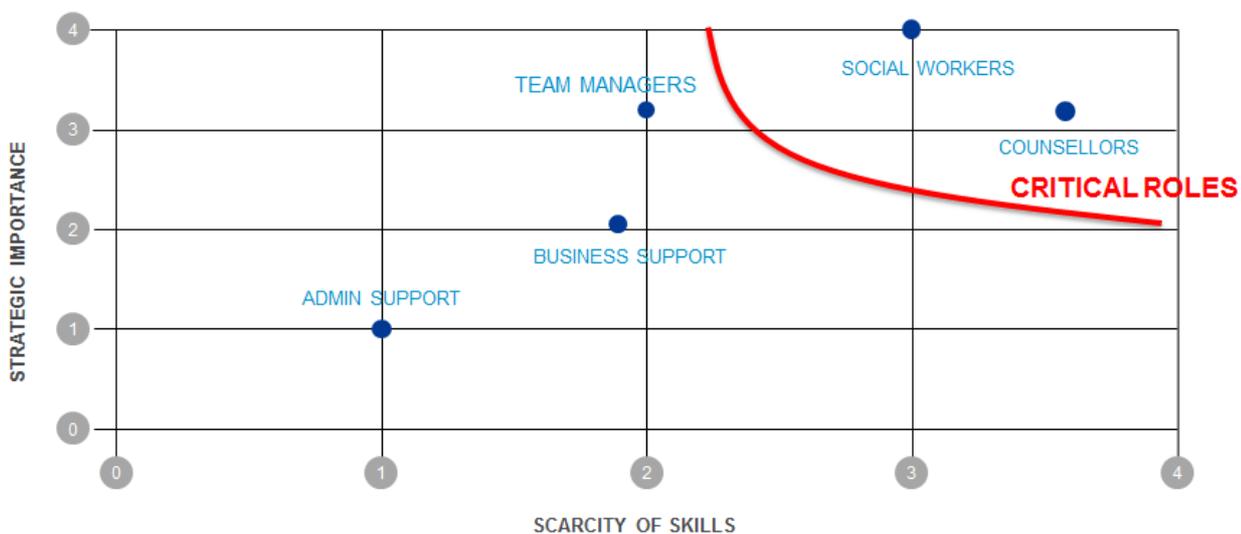


Figure 20: Critical roles case study – regional adoption agencies

Role Families

Most organisations, and certainly most systems, have a lot of job titles. To effectively undertake workforce planning, you need a common language to talk about the roles and levels of work within the system. Using a “role families” approach simplifies workforce planning by grouping individual employees into clusters of jobs. A role family describes a number of different roles which are engaged in similar work. It also considers how many levels of that type of work there are and describes them in a way which clearly differentiates the levels. Role families usually relate to roles that are similar in function or engaged in similar work e.g. your system might choose to have a ‘corporate services’ role family which includes all the roles that provide back-office support to the frontline roles. However, if the

Introduction to System Workforce Planning

system requires a complex corporate support service (e.g. if a sophisticated procurement function is required) you might choose to create a separate procurement role family, so that it can have more focussed talent management.

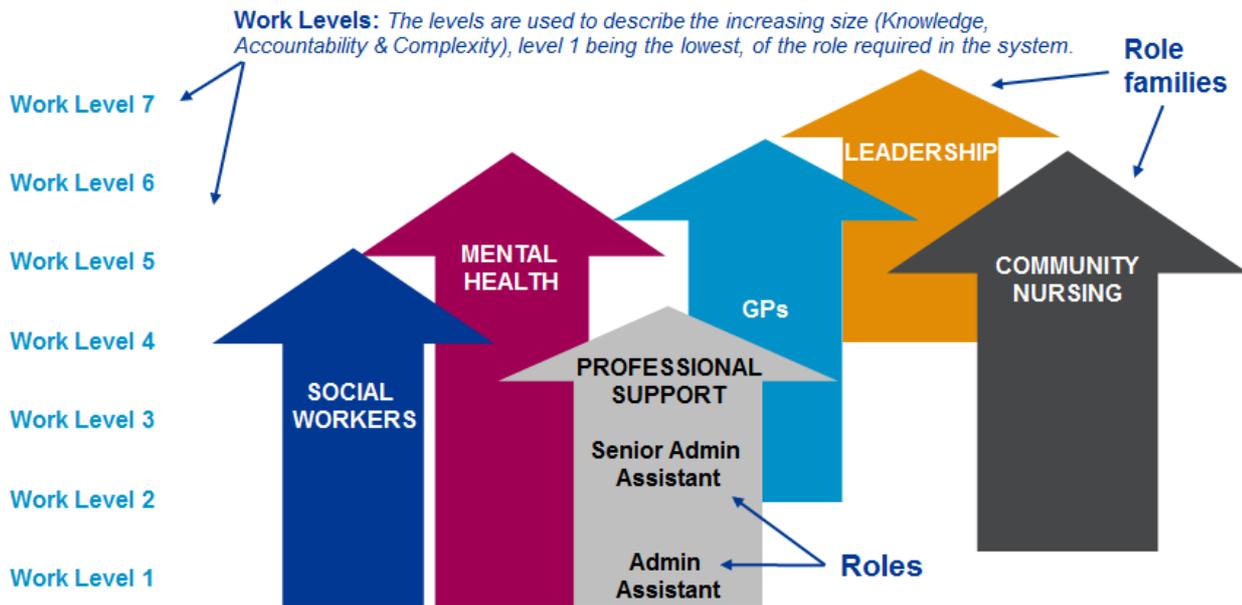


Figure 21: Role families



Figure 22: Role families case study – regional adoption agencies

Determining the work level can be done in a number of ways depending on what is most relevant for your system. For example, work levels could be numbered 1 to 7 based on qualifications and experience, or they could be classified in terms of Practitioner, Specialist, Generalist, or even against competences. The system will need to agree and determine which classification system works best for them. It is important to do this with all stakeholders together so that everyone understands the roles and the level they are being classified against.

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The template below can be used to help participants begin to populate the role families relevant to their system.

For example Administrators doing a similar role at a similar level might have a variety of role titles within the system, but could all be mapped to 'level 2 admin' in the system language. It is important that once the role family has been created we ensure this terminology is consistent in our planning and we use this when completing our supply and demand analysis and action plan.

JOB LEVEL	ROLES / ROLE FAMILIES				
Organisation 1					
Work Level 4					
Work Level 3					
Work Level 2					
Work Level 1					
Organisation 2					
Work Level 4					
Work Level 3					
Work Level 2					
Work Level 1					
Organisation 3					
Etc.					

Figure 23: Role families template

Developing a system workforce plan



The final step involves reflecting on the previous three steps and determining the most effective way of ensuring the availability of the workforce to deliver the system purpose. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales.

Key questions:

- What is the current gap between supply and demand?
- What do we need to commit to doing at a system level?
- What do individual organisations need to commit to? e.g. recruitment, development, in-/outsourcing, new ways of working?
- Who is responsible for making sure this happens?
- How will this be implemented, monitored, measured and reviewed?

Gap Analysis

Steps 2 and 3 have given us a picture of what workforce is required for the future and what workforce is likely to be available. By comparing these forecasts you can get a picture of where gaps between supply and demand are likely to occur over the period the system is planning for. Gaps can occur in the overall numbers of staff available but also in the skills they have. The diagram below shows how to identify the gaps within the workforce and the implications this may have on the system.

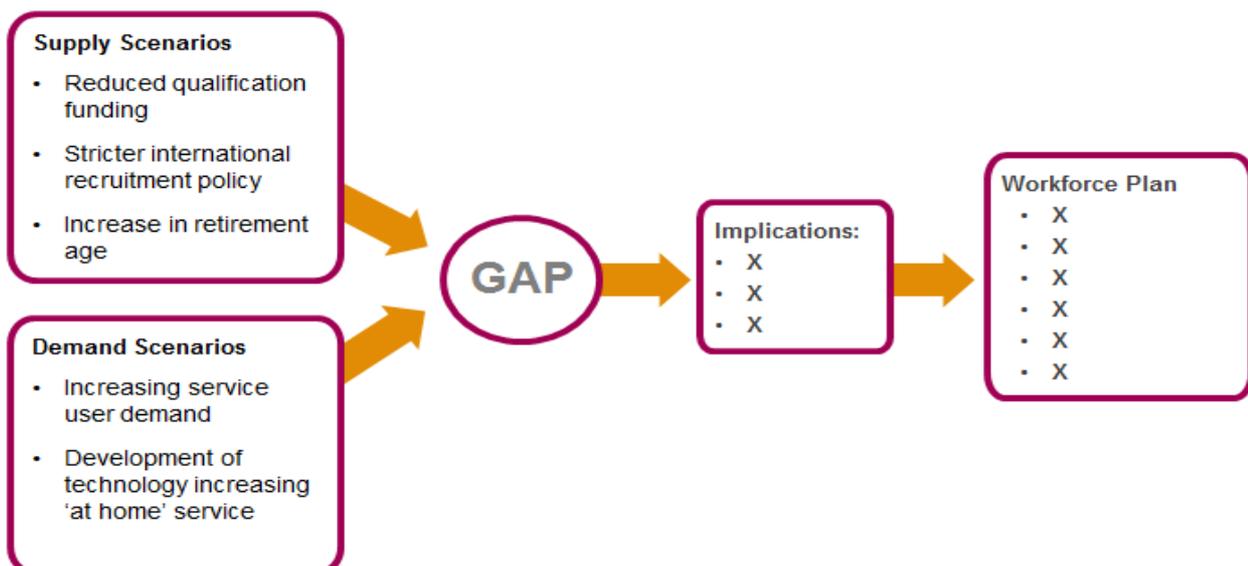


Figure 24: Gap analysis

Change Management

All organisations need to change over time. Organisational change may be necessary for a number of reasons and the way that change is managed will impact on the way the change is received by the people involved.

Organisational change is an unsettling process for the staff involved and this element is often ignored in the process of redesigning the workforce to meet the changing service needs. The needs of staff are different as are their working styles and reactions to change. These differences must be understood and recognised if there is to be a smooth transition from one way of working to another.

When planning the workforce to meet future service needs it is important that the impact of any changes to traditional roles and ways of working are understood by the system and the current workforce. As part of the change management process it is important that staff recognise the reason for the change and the benefits that change will bring. They will need to understand how any changes will impact on them personally and how it will improve patient care.

Making change management more effective

The Chartered Institute of Personnel and Development (CIPD) have outlined a number of techniques which can be applied to a variety of change management scenarios to enhance the effectiveness of change programmes. These include:

Designing the transformation

- Reading and rewriting the context

Aligning strategy and culture

- Radical change opportunistically

Techniques for building understanding

- Ambiguity and purposeful instability
- Narratives, storytelling and conversations
- Physical representations, metaphors and play

Managing the transformation

- Relational leadership
- Building trust
- Voice, dialogue and rethinking resistance
- Emotion, energy and momentum

When we are system planning it is important to communicate the benefits of the change to the system and the organisations affected by the change. Robust HR processes need to be in place which need to be consistent across the whole system for which the change is taking place in. For further information on managing the change process please refer to the [CIPD website](#).

Action Planning

By this stage, the system will have already identified and selected the options that will have the greatest chance of reducing the gap in supply and demand, are affordable and achievable and allow for the greatest degree of flexibility in the future – as we can never anticipate exactly what future requirements might be.

In developing a robust plan, we are looking to create a plan which is able to stand up to whatever comes its way. This does not mean a rigid plan, but a plan that is flexible and allows adjustments to be made in response to contingencies.

When implementing the system workforce plan we need to ensure the following:

- The system plan must be championed by senior managers across the system, be adequately resourced and have stakeholder buy in otherwise even the best designed plan will fail.
- A review body needs to be established to monitor progress against the plan and to authorise any corrective action if milestones are not being achieved.
- The frequency of review must be established and the reviewer identified.
- There will need to be a mechanism to collect data across the system on progress against the action plan and how this is measured, ensuring all stakeholders across the system are informed and updated with progress against plan and any potential risks and issues.

Measuring progress of the plan can be done in a number of ways. These include traffic lights, balance scorecards etc. If the monitoring processes are effective, they will throw up early warnings when the plan is not on course to achieve its purpose. However good the planning, there will always be a degree of uncertainty in predicting the outcomes of the actions in the action plan. If the problem has been spotted early enough, it may still be possible to adjust the action to put things back on course. Alternatively, it may be possible to take corrective measures by adjusting some of the other actions on the action list. However, corrective action can only take us so far; if the scale of the problem is such that we cannot make adjustments to bring us back on track, the only option is an overall review of the plan. This doesn't mean having to rewrite the entire plan; you can go back and review the steps to find out what part of the planning was flawed or insufficiently robust and adjust accordingly. Even when problems are not occurring, it is sensible to schedule a review of the plan periodically to account for changes since the original plan was made.

Below is an example of a high level action plan which could be created for the system.

Introduction to System Workforce Planning

Actions	Short\ Medium \Long term	Responsible	Next Steps
Graduate scheme to attract social workers	Long	Voluntary Adoption Agency	Review and develop further. Will require dedicated resources
Recruit and develop senior social workers specialising in adoption	Long	Voluntary Adoption Agency	Define roles for recruitment
Pool admin workers across all 4 organisations to cover long term sick and maternity leave and free up time for people development	Short	System level – Systems team	Consult with staff, with focus on admin roles
Develop career paths and understand where multi-skilled people can move across professions and organisations	Medium	System level – LA 1 L&D Team	Thoroughly review skills survey data
Create collaboration opportunities across system organisations, look to create informal networks / breakdown barriers	Short	System level – Systems team	Plan series of events
Use retired alumni network	Short	System level – Local Authority 2	Identify which retirees are willing and able
Develop our employee value proposition for the region – how can we attract talent to the West Midlands?	Long	System level – Systems team	Identify external expertise
Integrate system workforce planning into business as usual	Long	All	Develop cross system team and capability

Figure 25: High level action plan case study – regional adoption agencies