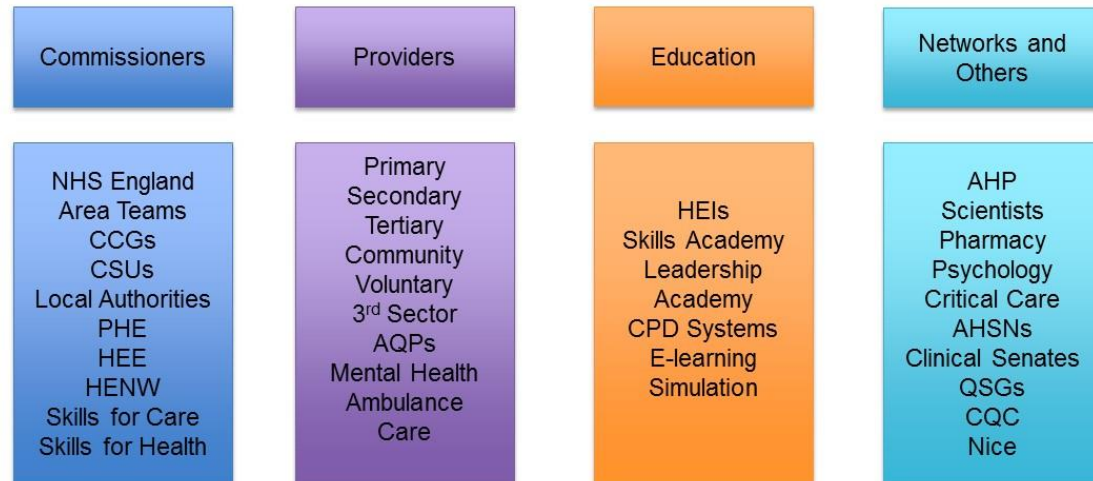


Workforce Planning FAQs

<p>Why do the plans need to come in on the 18th July 2014?</p>	<p>We set the deadline to try and give organisations at least 3 months to complete the narrative and demands as part of their iterative planning process. On receipt of the plans we need to:</p> <ul style="list-style-type: none"> • Aggregate 41 NHS provider plans and validate • Aggregate the scope across primary care, social care, dentistry and independent sector • Synthesise the narratives into one NW report and 3 LWEG reports • Macro model Area Team 5 year plans • Macro model 32 CCG 2-5 year plans • Link with HEE mandate and business plan • Complete HEE demand model – submission 15.08.14 • Complete HEE supply model – submission 15.08.14 • Inform the education commissioning process • Analyse the network submissions • Analyse the HEI submissions • Feedback to HENW Senior Management Team • Feedback to the NW LETB • Feedback to the LWEGs • Feedback to stakeholders
<p>Why do providers have to submit their 5 year TDA and Monitor plans to HEE please?</p>	<p>HENW workforce plan assurance process is to ensure that plans are the right direction of travel and we secure a sustainable workforce currently and over the next 5 years (15 strategic) to ensure the delivery of safe patient care.</p> <p>Analysing TDA and Monitor Plans with Workforce Plans and Area Team and CCG 2-5 year plans allows us to square the workforce assurance.</p>
<p>Why do Area Teams and CCGs need to submit their 2-5 year plans for Primary Care and Service Commissioning Intentions to HENW</p>	<p>HENW has an extensive engagement process to understand the macro service commissioning direction and work to ensure providers engage with commissioners to “plan the work and the workforce together at the same time”. Understanding the macro scenarios</p>

allows qualitative and quantitative modelling of current workforce and future workforce with more determining factors

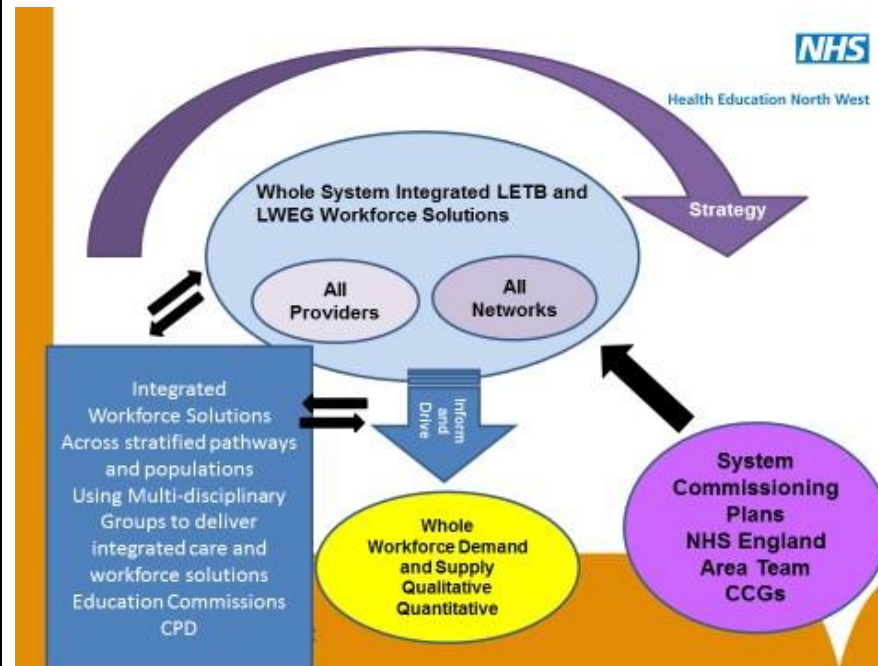
Engagement Process



HENW Purpose: Improve quality of care by ensuring our workforce has the right numbers, skills, values and behaviours for patients today & tomorrow:

1. Workforce Planning • Identifying the numbers, skills, values and behaviours to meet current and future patient need
2. Attracting and recruiting the right people to the posts we have identified • Using NHS Careers, value based recruitment, Oriel, return to practice and widening participation
3. Commissioning excellent education and training • Using our financial and contractual levers to ensure that the next generation receive high quality training that equips them to provide high quality care
4. Lifelong investment in people • Supporting our staff to be the best they can throughout their careers, including the training and development of non-professional staff

The plans allow us to populate our workforce planning and development model more accurately



Following on from our conversation this afternoon regarding the below e-mail in relation to the Health Care Science STP posts and expressions of interest process. I would be grateful if you could discuss this with Nick in terms of how we are able to record this information as the workforce demand templates only allow the Trust to

Hi Nick and Helen
Please see below regarding HCS STP posts.

For HEE national we have only been asked to collect the demand.
Do you have a template / expressions of interest form that could be used to capture this data please?

<p>map out its workforce in relation to growing our own, it does not allow the Trust to record the numbers of STP's for commissioning purposes.</p> <p><i>It would be useful if a template could be created to support colleagues with the overall workforce planning process as we do not want to be disadvantaged at some point in the future.</i></p>	<p>I'll be running a local 'shadow' expression of interest (EOI) process to capture specialities and types of training posts – it will be deployed this week so will be with you shortly.</p> <p>Mike – my intention was to run the EOI as an interim measure for this year as this is a new process for HCS and I was conscious that while the process embeds with this workforce group we might not get accurate data. It looks as though this could be a longer term problem though. Is it something you could incorporate into your presentation at the Training Manager meeting?</p> <p>Many thanks, Nick Fowler -Johnson</p>
<p>I am about to start populating the workforce planning proforma and am looking at the medical staff. Please can you tell me what the "Other Medical & Dental (balancing figure)" fields are? Are they medics that don't fit into the Trust training or career grades but are not f1 or f2 only bit confused as to what that figure would be Thanks?</p>	<p>Yes, your response is absolutely spot on: The other medical and dental is the balancing figure between what you as an organisation have and what is counted for consultant, trainee grades and career staff grades. We do know providers employ other medical and dental not captured in the other 3 groupings</p> <p>Consultants (including Directors of Public Health)</p> <p>Trainee Grades</p> <p>Career/ Staff Grades</p> <p>Other Medical & Dental (balancing figure)</p>
<p>Do CCG accountable officers need to sign off the workforce plan for assurance purposes of their local provider? There are a number of issues around capacity within the CCG to do this, understanding the workforce plan and developments and getting workforce plans to a local board to sign off within the timeframes.</p>	<p>Part of the HEE assurance process is that CCGs are engaged in the workforce planning process with their lead provider. However we do understand that CCGs are all different with varying workforce planning expertise or support from the commissioned CSU services.</p> <p>This is the first year we have taken this approach of ensuring CCGs and providers are engaged around workforce and that both can offer some assurance and assurances that the provider has the workforce to deliver the services commissioned by the CCG over the 2-5 year operational and strategic plans.</p>

	CCGs can sign off the plan based on the evidence that discussions / meetings have happened regarding the plan without the level of detail or scrutiny. HENW are looking at capacity and capability building around workforce planning / development / transformation and assurance to support both CCGs and Providers.
We have all of our community based Dentists on occupation code 970 which doesn't appear to be listed in any of the occupation codes on the supply/demand spreadsheets. Should I just add another line onto our spreadsheet? Can you advise?	Please can you do a separate spreadsheet for them and not add an extra row?
I just want to check with you that the lead CCG for Cheshire and Wirral Partnership Trust is still Warrington so I can make contact with the accountable officer re: sign off of WFP.	If, Warrington CCG is the main commissioner of your services then please use them as your lead CCG for sign off of your workforce plan please?
On the provider narrative you have asked for Union Rep sign off of the workforce plan - Are you sure without it going through consultation?	We are aware that providers are at different stages with their workforce plans and consultation with workforce. This field is optional for providers to get union rep sign off
Please can you clarify whether the Trust submits staff such as SPRs (largely employed by Pennine acute as Lead Employer Organisation) into its Workforce plan projections? I'm assuming we would in this instance unless Pennine Acute is planning for the whole economy on this one particular staff group?	<p>I would expect your trust to include SPRs in their planning submission.</p> <p>Pennine Acute are just the lead employer for the trainees who rotate around the system</p> <p>Providers are still responsible for that workforce when at the trust and have to cover NHS LA payments.</p> <p>It would be helpful if all providers adopted the same logic</p>

<ul style="list-style-type: none"> • Which networks have been invited to submit information for the workforce planning round? • Are they to submit forecast numbers or is the excel template for comment/information? • Where does the post-graduate function sit in the process of gathering comments and intelligence? 	<ol style="list-style-type: none"> 1. We have canvassed information from the Northwest Allied Health Professional (AHP), Health Care Scientist (HCS), Pharmacy and Psychology Networks for this particular round as well as including HEIs 2. The networks are asked to complete the narrative template only and advise on any issues regarding the workforce demand. I wouldn't expect networks to have access to the ESR DW data plus we are collecting bottom up plans from providers and modelling top down data 3. The post graduate function will have access to the aggregated data for comment and an opportunity for heads of schools to comment on the direction of travel, shortage areas etc. 4. I wouldn't expect the post graduate function to complete any data at this stage on the process more the validation of the returns.
<p>The trust has submitted the Monitor 5 Year Annual Plan which notes a changes in nursing staff based on a changes in the number of beds. However, I am acutely aware we will still need nursing staff but they may be working in other organisations when for 'care in the community'. As such I am planning to send in a workforce return that shows changes in nursing numbers but the qualitative section will expand that there is a requirement to at least commission similar levels.</p> <p>Any advice on how I represent the above in the workforce return would be helpful as I want this to be meaningful for you</p>	<ol style="list-style-type: none"> 1. The nursing demand line can show a reduction in FTE of nursing establishment over the next 5 years 2. The supply lines show how many band 5s you need to recruit each year which can show a growth, remain static or show a reduction depending on turnover, participation rates, leaver's, transfer of staff to primary and community settings. 3. Years 2014/15, 2015/16, 2016/17 supply will be used to compare and contrast what we already have in education and whether the NW aggregate outturn will deliver the supply required across the system 4. Years 2017/18 and 2018/19 will inform the commissions we will be placing in 2014/15 and 2015/16 to outturn 2017-2019 5. You can also express an increase in demand for seconded students in the pending exercise 6. Please highlight the demand and supply lines for nursing affected and outline in the narrative why demand is reducing but demand for supply and commissions needs to be the same