

# Workforce Plan 2014 - 2019

## Northumbria Healthcare NHS Foundation Trust

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Workforce Planning for:

**Northumbria Healthcare NHS Foundation Trust.**

**Northumbria Healthcare NHS Foundation Trust's Workforce Committee. Produced June 2014 revised November 2014**

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***Further copies are available from the Workforce Information and Systems Team.***

# Contents

	<b>Page</b>
Forward	4
Executive Summary	5
<b>Chapter 1</b> Introduction and Background	8 – 13
<b>Chapter 2</b> Organisational Overview	14 – 18
<b>Chapter 3</b> Current Workforce Analysis	19 –31
<b>Chapter 4</b> Capacity and Development	32– 39
<b>Chapter 5</b> Key Service Drivers and Actions	40– 45
<b>Chapter 6</b> Risk Analysis	45 – 49
<b>Chapter 7</b> Action Plan& Summary	50 - 53
References	54-55
Appendices	56-58

## Foreword

Northumbria Healthcare NHS Foundation Trust employs a substantive workforce of approximately 9,270 members of staff and a transient bank/temporary workforce of around 1,500 members of staff at any one time.

We recognise that as an organisation we have a primary role in providing high quality health and social care services for the population of Northumberland and high quality healthcare services for North Tyneside however many more patients from around the region are now opting to come to Northumbria Healthcare as their provider of choice.

Our workforce is paramount to delivering high quality care for our patients and this workforce plan sets out our ambitions and also our key challenges facing us during the next five years. These key challenges are as we know them now, but we also recognise that these are likely to change and additional or different challenges may also come along. We believe that by sharing our strategic workforce plan, our ambitions and challenges will be transparent across the organisation and beyond.

The Northumbria Healthcare NHS Foundation Trust workforce is also of key significance to the local economy and areas of which we serve. Workforce initiatives are of benefit to both our patients and also the local population who we believe see the Trust as an employer of choice and one which offers long term employment combined with structured personal and professional development opportunities.

This Workforce Plan is supported by more detailed department led plans which have ownership within the Business Units of the Trust. This plan has been approved by the Trust's Workforce Committee and has a six monthly regular review planned going forward.



Ann Stringer  
Executive Director of HR&OD



David Thompson  
Non- Executive Director

## Executive Summary

Northumbria Healthcare NHS Foundation Trust's ambition is to provide local patients with the highest possible set of sustainable healthcare services by achieving our vision:

***"To be the leader in providing high quality, caring and safe health and care services"***

(NHCFT, 2014)

Our strategic goals are:

- To ensure that Quality underpins every decision
- To provide the safest health and care services to patients and service users
- To be recognised as a caring organisation locally, regionally and nationally
- Maintain long term financial strength despite the challenging environment
- Attract, retain, support and train the best staff
- Develop an internationally recognised brand and build strong local and national relationships.

In order to achieve this strategic vision and goals, managing, planning and developing our workforce to ensure that it is able to deliver high quality healthcare services for both now and the foreseeable future is integral to the success of the Trust.

At a time of significant change with the publication of the Five Year Forward View (Stevens, 2014), the configuration and skills of our workforce will need to support the following elements of the proposals set out by NHS England.

These include:

- allowing GP practices to join forces into single organisations that provide a broader range of services including those traditionally provided in hospital;
- creating new organisations that provide both GP and hospital services together with mental health, community and social care;
- helping patients needing urgent care to get the right care, at the right times in the right place by creating urgent care networks that work seven days a week;

- sustaining local hospitals where this is the best solution clinically and is affordable and has the support of local commissioners;
- concentrating services into specialist centres where there is a strong relationship between numbers of patients and the quality of care;
- improving opportunities for women to give birth outside hospital by making it easier for groups of midwives to set up NHS-funded midwifery services;
- improving quality of life and reduce hospital bed use by providing more health and rehabilitation services in care homes;
- finding new ways to support carers by identifying them more effectively and encouraging volunteering by, for example, offering council tax reductions for those who offer help and more programmes to help carers facing a crisis.

The recent findings of the Robert Francis QC Report (2013) and the publication of Hard Truths (Department of Health, 2014) together with the Sir Bruce Keogh's subsequent review of 14 NHS and Foundation Trusts with higher than estimated mortality rates (2013) provide a strong focus for ensuring that our staff are clear about their roles, responsibilities and the expectations of our organisation. The new style inspection approach introduced by Sir Mike Richards as Chief Inspector of Hospitals gives a focus on all aspects of the delivery of care to our patients with a clear responsibility with the organisation to ensure that our staff levels are transparent and appropriate, our staff are trained appropriately and that they are delivering kind and compassionate care to our patients at all times.

We are focussing on continuing our support for the Health and Wellbeing programme for our staff which has evolved during 2013/14 with the achievement of the bronze 'Better Health at Work' Award and the Trust has ambitions to achieve Silver and Gold awards during 2015/16 and 2016/17. The development of this programme has proved significantly beneficial to our staff and we have aspirations to develop a creative approach to supporting staff to remain well and achieve their maximum potential at work.

Locally we are due to open the first emergency care hospital in the country - NSECH (Northumbria Specialist Emergency Care Hospital) with 24/7 Consultant delivered services

for key medical and surgical services. Given the changes and challenges to the context in the environment for which we will be configuring our workforce to deliver our ambitious plans, the future workforce requirements are paramount for the trust and this plan sets out the:

- Approach to workforce planning undertaken by NHCFT
- Organisational Overview (in summary)
- Our current workforce analysis
- Opportunities and barriers for capacity and development
- National, regional and local policy drivers appropriate to the service in relation to service and workforce planning
- Any identified organisational risks that are relevant to workforce planning

This workforce plan is not only based on numerical analysis but has been developed in conjunction with key individuals from the business units across the trust. This plan encompasses expert knowledge, relevant assumptions and intrinsic intelligence in order to provide a narrative outline of key issues, risks and actions which are applicable to both the workforce and the wider organisation.

# 1 Introduction and Background



# 1 Introduction

## 1.1 What is Workforce Planning

Workforce Planning is about ensuring that the NHS has the people we need when we need them. designing, developing and delivering the future workforce (Health Education England, 2014).

Workforce Planning Is.....	
<u>Not Just</u>	<u>It Is</u>
Predicting the future	Building a longer-term context for short-term decision making
An inventory of all positions	Focusing on positions where you need to be proactive or need time to react
Creating plans as a onetime “event”	Creating plans in response to changing strategies, whenever change is discussed
Creating reports that describe “what was”	Focusing on planning and looking ahead to “what will be”

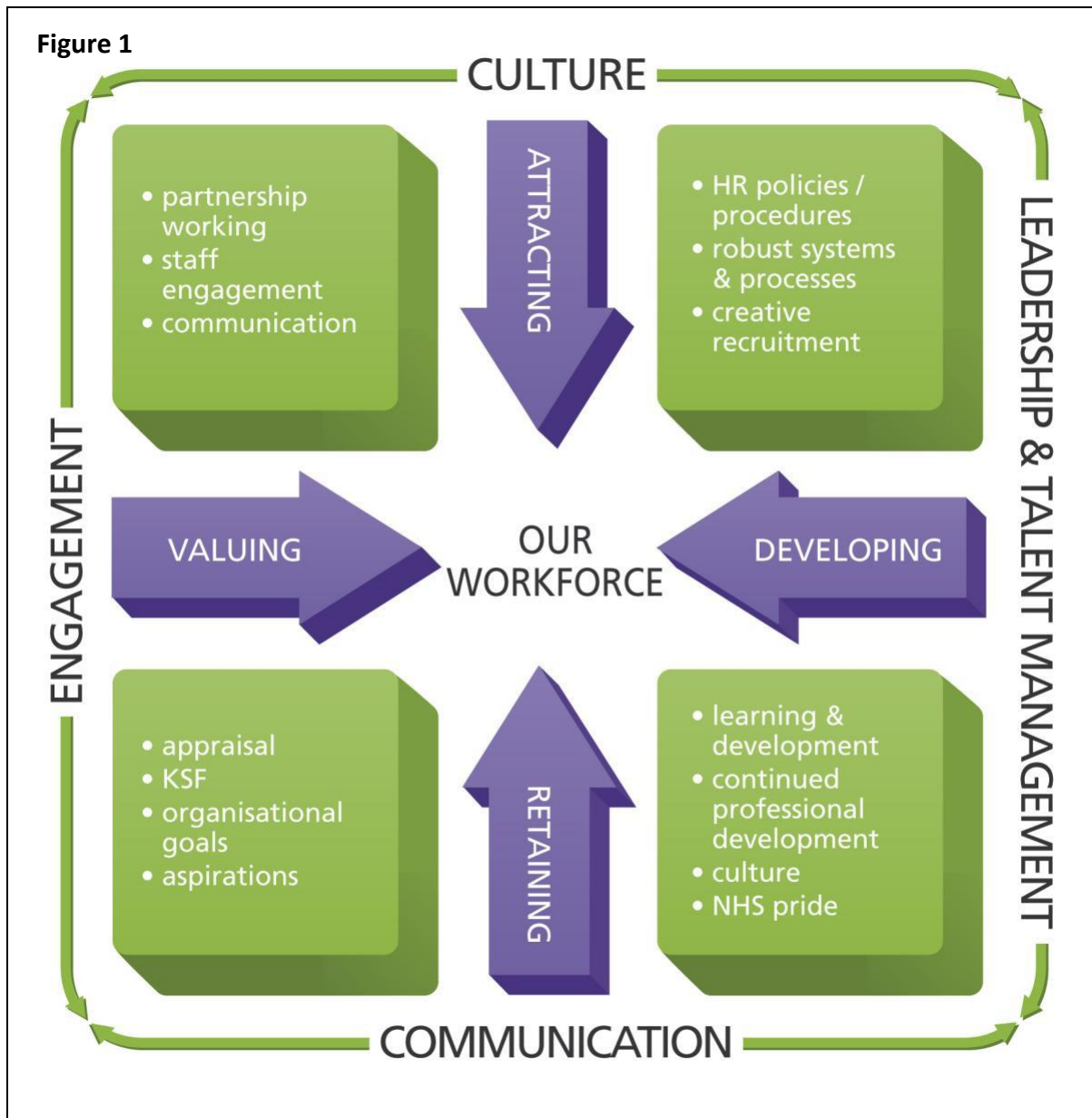
Effective workforce planning will ensure that we have a workforce of the right size with the right skills and diversity organised in the right way, delivering the services needed to provide the best patient care (Skills for Health, 2014).

## 1.2 Contributors to the plan

This plan is underpinned by ‘the six steps methodology’ (Skills for Health 2014) (Appendix 1).

To develop this plan, the workforce information and systems team have used the initial detailed analysis produced with the wider HR&OD team, Business Unit representatives and key stakeholders both within and outside the Trust to ensure that the plan is refreshed and updated to assist in our next 5 years of workforce planning. Local intrinsic intelligence has been essential to ensuring that the workforce plan supports the ongoing challenges that workforce planning presents. Information has been drawn from local, regional and national sources, also primary and secondary data has informed our plan to maximise the information and assumptions made within it.

Northumbria Healthcare NHS Foundation Trust’s Strategic Plan 2014 - 2019 (NHCFT, 2014) sets out areas of how the strategic plan will be realised throughout our communities. These areas place a strong emphasis on ensuring development of the workforce, which is critical for securing further change and improvement. As a result of this, the trust has ensured that its Workforce Model (Figure 1) continues to represent our organisation’s approach to having fit for purpose workforce plans and our actions within this plan are aligned to this model.



### 1.3 Why have a workforce plan?

The development of the workforce is fundamental in meeting the strategic direction for the Trust. The decisions we make today about skill mix, training places and operational models will all impact on whether the workforce of the future is able to manage the key challenges of providing high quality compassionate care to our patients.

Changes to the demographic profile of the NHS workforce, an ageing population and increasing public expectation of services, the demand for healthcare is likely to expand faster than the financial resources available to provide it. In the next 15-20 years the number of people in England who are 65 and over is predicted to rise by 51% and the

demands on our health and social care system will be a key challenge for our organisation. Strategic operational workforce planning is central to ensuring the system can meet these needs, by reconfiguring the workforce to deliver better health and social care outcomes in the future (Centre for Workforce Intelligence, 2014). Supporting this organisational plan are local workforce plans which have been undertaken for each Business Unit and associated service. These plans are owned and informed locally and give clear indications of the workforce requirements both current and planned for the future to ensure that we continuously deliver high quality services to our patients. These plans will be refreshed regularly throughout the next five years to ensure that our issues remain contemporary and that any associated risks are managed locally and appropriately.

## 1.4 Policy Context

NHCFT workforce plans and the workforce agenda as a whole has been initiated due to changing policies which look at different ways of working, becoming more productive and developing a world class healthcare system. In 2013, 'the Francis Report, the Governments' response to Francis, the Berwick review of patient safety, the NHSE review of Urgent and Emergency Care, the Cavendish Review of Healthcare Assistants and Support Workers and the Shape of Training review' were all published within a 12 month period. The significance of these publications can be illustrated for example out of the 18 themes of recommendations within the Francis report, 13 have clear links to workforce planning.

As a result, ensuring the adequate supply of staff with the right skills, values and behaviours in the right numbers to deliver safe, effective high quality care is of the most significant importance to the organisation and this has developed a strong focus on values, attitudes and behaviours of staff as a focus for ensuring that individuals are of the right calibre in line with the Trust's values.

NHS organisations have been supporting this by promoting an employer-led model for workforce planning and education commissioning which are at the heart of the newly formed Local Education and Training Board (LETB's), part of Health Education England.

Health Education England are focussing on supporting local and national planning by working with multiple bodies to facilitate a more robust and intelligent approach to Workforce Planning across the country. This is supported by the HEE Workforce Planning Process (HEE, 2014) which is outlined in figure 1 below.

## HEE Workforce Planning Process 2013

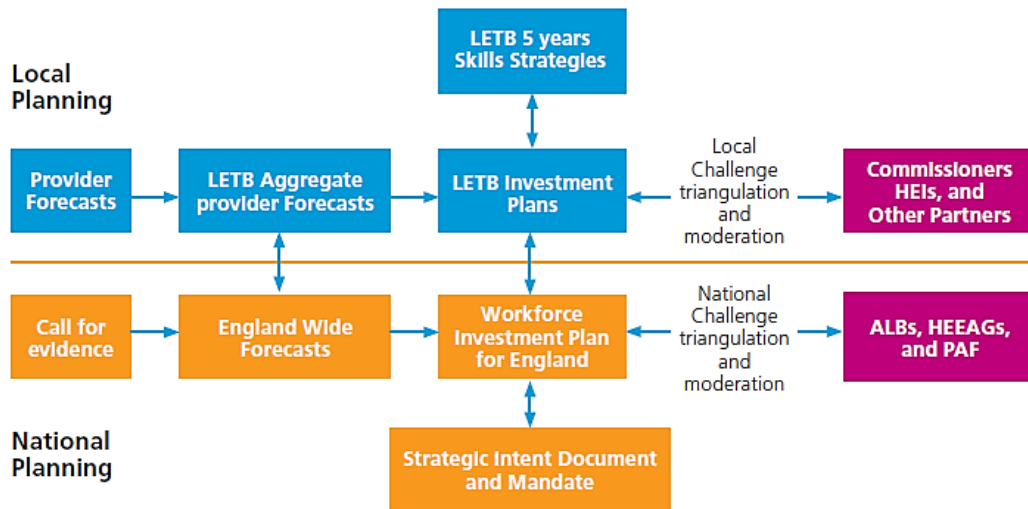


Figure 1. Health Education England (2014)

The local Health Education North East (HENE) LETB has undergone some configuration however the local HENE Partnership Board which represents the Local Education and Training Board has strong representation from all provider organisations and Higher Educational Institutes across the region focussing on the commissioning and provision of education within the local, regional and national context. The Board is well established and there are strong relationships with organisations across the region.

### 1.5 Commitment to our workforce

Northumbria Healthcare NHS Foundation Trust are committed to ensuring that its workforce is appropriately skilled and enabled to deliver high quality healthcare services for the future.

In order to achieve its strategic objectives and to ensure that high quality and safe services are provided by staff, we give the following commitment to our workforce:

- To embed our values so that our organisational culture is supported by organisational development interventions which are strongly aligned to the Trust's strategic priorities:

*Northumbria Healthcare NHS Foundation Trust Value are:*

- **Patients First**
  - **Safe and high quality care**
  - **Responsibility and accountability**
  - **Everyone's contribution counts**
  - **Respect**
- To recruit, train and induct our staff with the right skills, attitudes and behaviours.

- To offer all staff Statutory and Mandatory Training appropriate to the corporate, service and role specific requirements
- To offer statutory and mandatory training in a blended learning style which is flexible and meets the needs of individuals
- To offer all staff a structured and meaningful appraisal with their line manager and to identify agreed personal and professional objectives which enable them to meet the performance standards for their role
- To ensure that key components such as those outlined below (as an example) are integrated within our learning opportunities and are at the heart of planning and delivering high quality healthcare services:
  - Patient Experience
  - Equality and Diversity
  - Respect and Dignity at Work
  - Safeguarding Children and Adults
  - Confidentiality
  - Infection Prevention and Control
  - Health and Safety
  - Risk Management
  - Emergency Planning
  - Quality
- To offer a range of personal and professional development opportunities relevant to career development and supporting individuals to maximise their performance within their current and future roles.
- To provide staff with support to maintain a positive and good outlook on all aspects of their health and wellbeing through co-ordinated programmes and facilitated opportunities both in and out of the workplace.
- To undertake regular assessments of existing, planned and future training needs which take account for future service delivery, commissioning for the future, cultural flexibility and personal responsibility.

# 2 Organisational Overview

# 2 Organisational Overview

## 2.1 Strategic Priorities

OUR PRIORITIES 2014/15

Northumbria Healthcare NHS Foundation Trust

**OUR VISION:**  
We provide person centred best in class healthcare services

**CHIEF EXECUTIVE'S MESSAGES**

**QUALITY**

- improve management of medicines for patients
- implement electronic prescribing
- develop integrated working with nursing homes
- implement new models for maternity, endoscopy and palliative care
- introduce out-of-hours inspections for 19 day ward observation in situ
- increase number of wards participating in real-time patient experience programme and introduce out-of-hour inspections
- improve results for friends and family test
- achieve national accreditation schemes
- develop community services in line with the amber care fund
- deliver care closer to home
- commence redevelopment of existing hospitals
- integrate for opening of weach - complete building work, establish commissioning period and flexible plan for opening
- agree funding and gain approval for new hospital at seewick
- continue to improve transfer of care
- long-term financial health

**SAFE**

- implement seven day working
- complete with separate bundle of care
- reduce number of patients with pressure ulcers
- reduce number of hospital falls and number of patients with hospital-acquired infections
- achieve dementia assessment target
- embed who checklist and do not threaten
- develop a model for weekly clinical audits using the who score
- roll out electronic patient record system
- implement ward information system

**CARING**

- support carers through dementia and end of life care
- help patients manage long-term conditions
- continue to address and compassion with the patient experience programme
- support staff to achieve excellence
- develop palliative care model across acute and community in local and nursing homes
- develop elderly care assessment centre to avoid unnecessary admissions
- improve frail and elderly pathway
- develop a task-to-learn paediatric and dental support service

**OUR VALUES**

EVERYONE'S CONTRIBUTION COUNTS

SAFE AND HIGH QUALITY CARE

PATIENTS FIRST

RESPECT

RESPONSIBILITY AND ACCOUNTABILITY

OUR STAFF are the foundation for all that we do

building a caring future  
HOSPITAL | COMMUNITY | HOME

## 2.2 Trust Overview

**Northumbria Healthcare NHS Foundation Trust manages hospital, community health and adult social care services in Northumberland and hospital and community health services in North Tyneside.**

The trust is recognised as one of the country's top performing trusts and in 2013 was named the Health Service Journal's (HSJ) Provider Trust of the Year.

CHKS, the UK's leading independent provider of healthcare intelligence and quality improvement services, has named the Trust as one of the 40 best performing organisations for the fifth consecutive year.

Our annual budget is around £470 million and we use this to provide care to over half a million people.

### **Our hospitals**

We have ten hospitals – three General Hospitals in Hexham, North Tyneside and Wansbeck and seven community hospitals in Alnwick, Berwick, Blyth, Haltwhistle, Morpeth, Rothbury and Sir GB Hunter in Wallsend.

We are also planning to build a new [specialist emergency care hospital](#) in East Cramlington which will be the first of its kind in the country. The Northumbria Specialist Emergency Care Hospital is due to open in June 2015 with preparations well underway for the changes to our workforce and the provision of services.





## Health services in the community

We provide NHS care outside of our hospitals, this can be delivered in your home, from your GP practice, in a primary care centre, and for children some services are provided in their schools. This includes services such as community and district nursing, health visiting, rehabilitation, public health and sexual health services.

## Adult social care

We also provide adult social care services in Northumberland to support people who need help to live independently at home. These services are provided, following an assessment, to those who are disabled or have ill health. This includes services such as day care, equipment services, home adaptation, occupational therapy and support for carers.

## 2.3 Trust Structure

The Trust Board is well established and is made up of a number of Directors and Non-Executive Directors (Appendix 2).

The Trust is organised into seven Business Units, with clinical and non-clinical staff working in partnership to provide management leadership across each area:

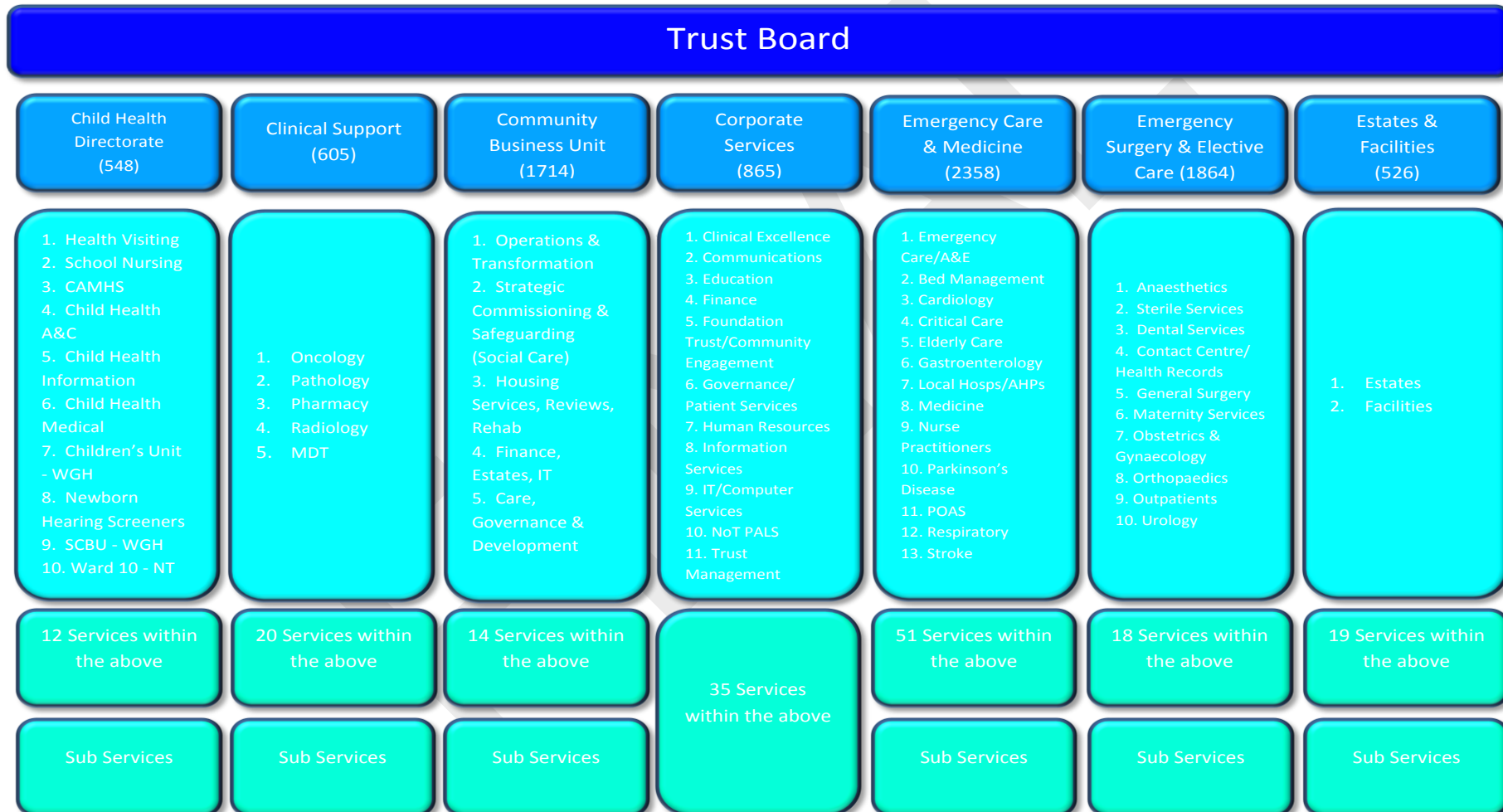
The five Clinical Business Units are structured as:

- Emergency Care and Medicine
- Emergency Surgery and Elective Care
- Child Health
- Community Services
- Clinical Support

The Clinical Business Units are supported by two Non-Clinical Business Units (Corporate Services & Estates and Facilities) which are made up of a wide range of Corporate Functions including:

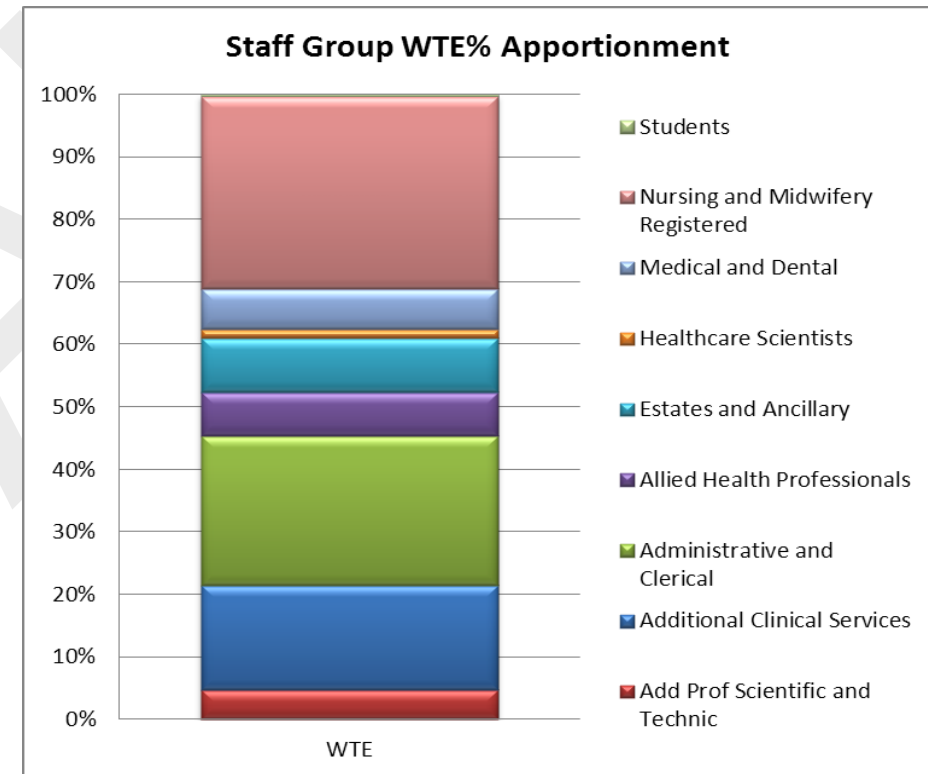
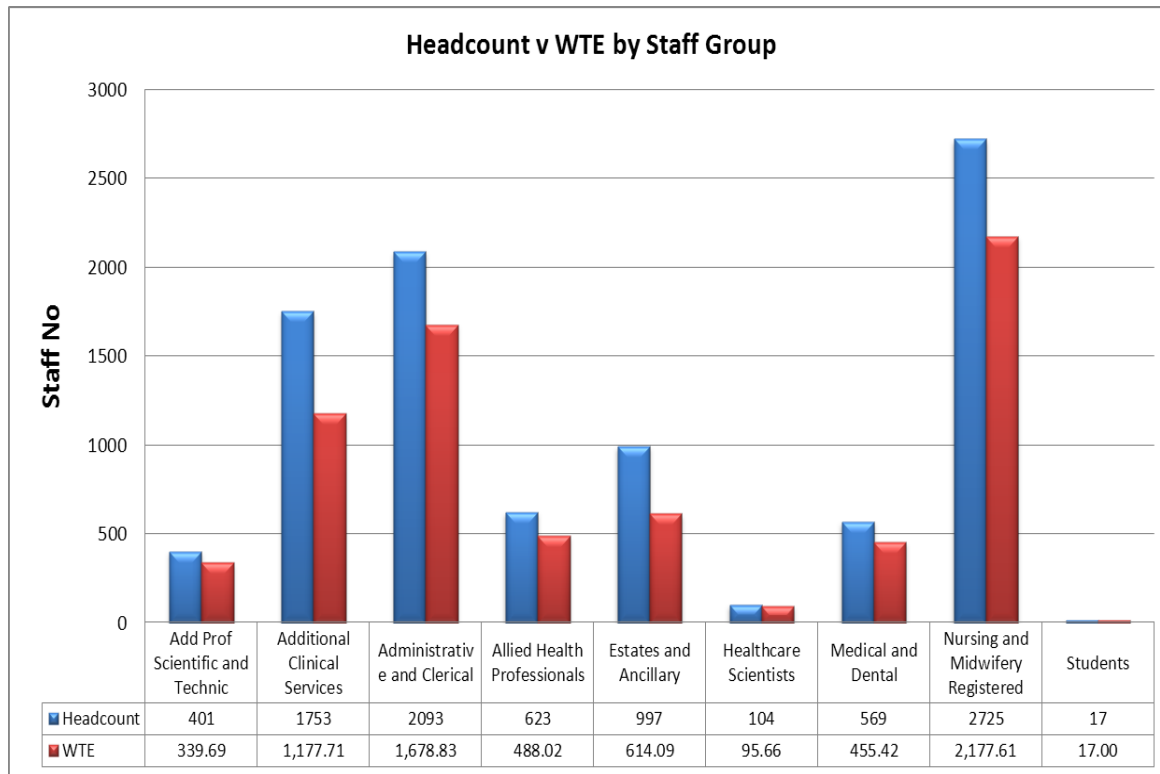
- Finance
- Human Resources
- Communications
- Payroll
- ICT
- Estates and Facilities

## 2.3.1 Trust Structure Chart



# 3 Current Workforce Data

### 3.1 Headcount and Whole Time Equivalent (WTE)



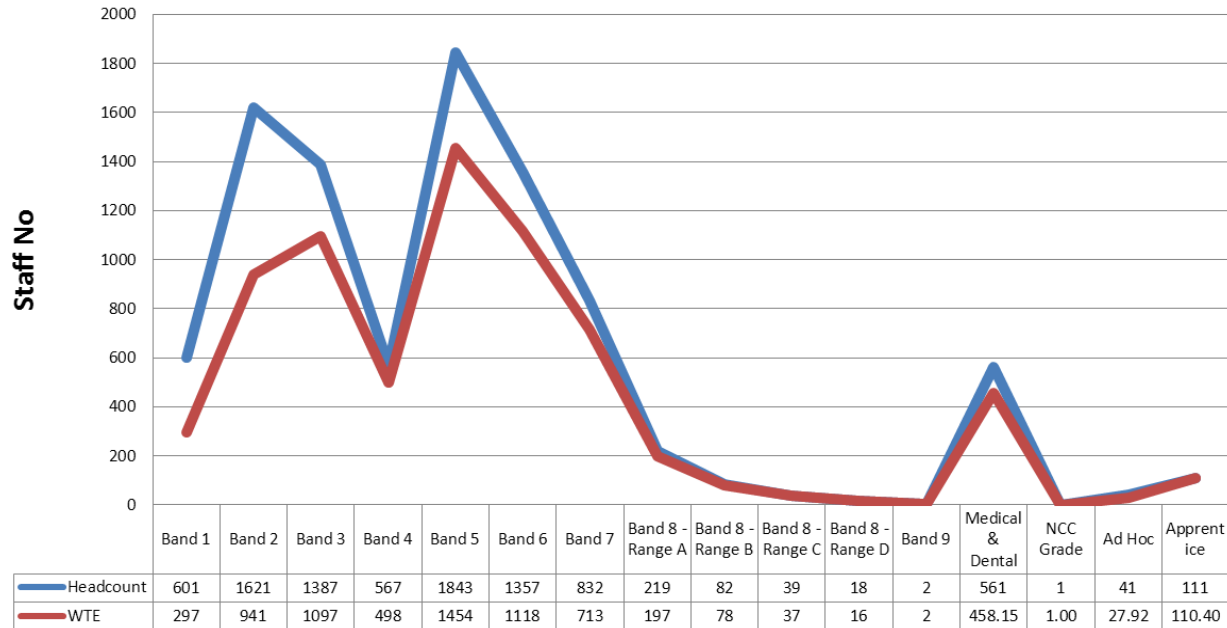
- With a total headcount of 9282 and a total WTE of 7044.04, it is clear to see that the trust has a large proportion of flexible working arrangements throughout its staffing groups. This is evenly split amongst all staff groups.

- The Nursing & Midwifery Registered staff group has the largest apportionment of staff within Northumbria Healthcare NHS Foundation Trust, making up 29.36% of the workforce. The rest of the service is made up of Administrative & Clerical (22.55%), Additional Clinical Services (18.89%), Estates & Ancillary (10.74%), Allied Healthcare Professionals (6.71%), Medical and Dental (6.13%), Add Prof Scientific and Technic (4.32%), Healthcare Scientists (1.12%) and Students (0.18%)

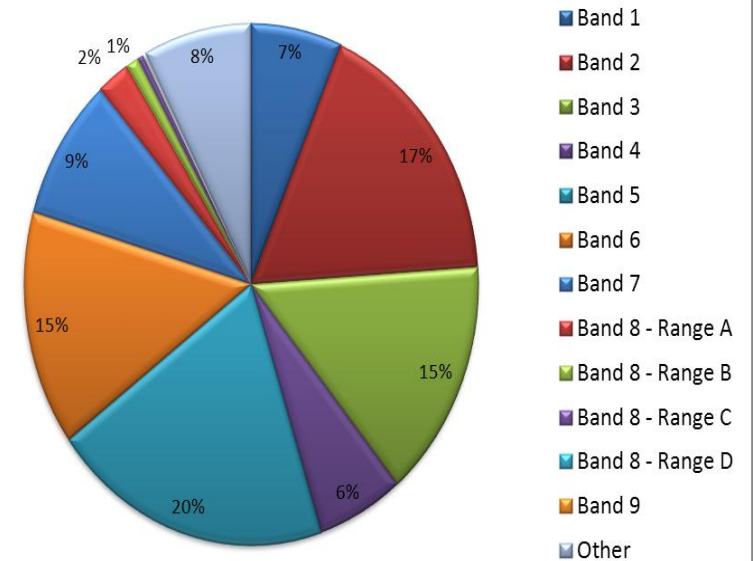


## 3.2 Grade

Staff Grades

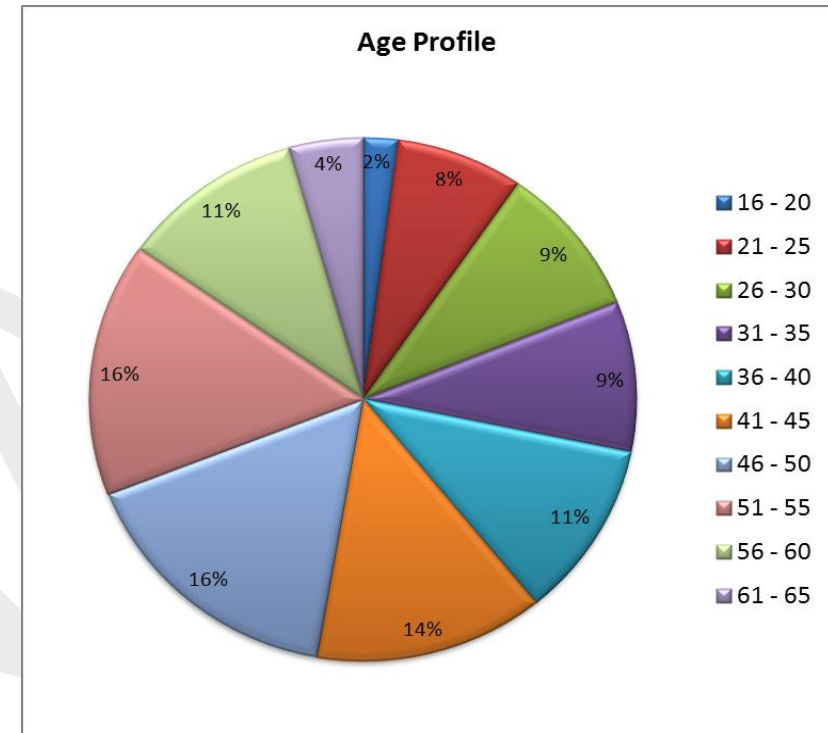
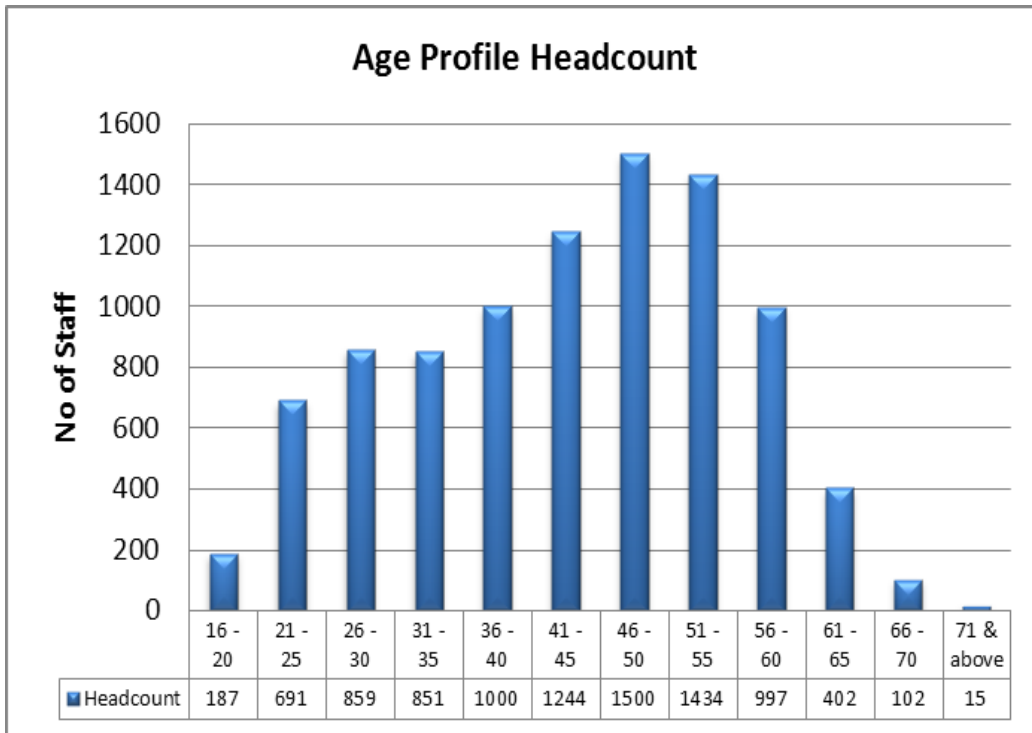


Grade %

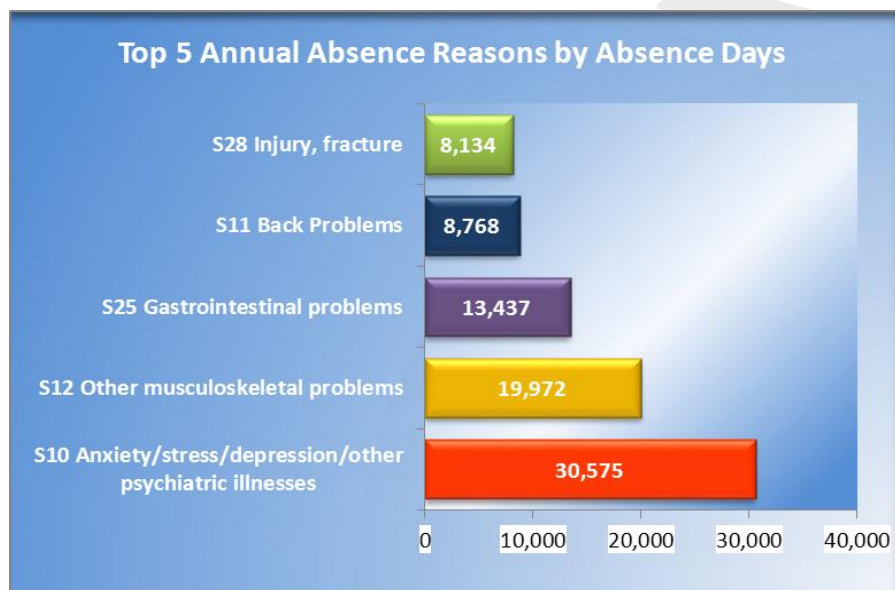
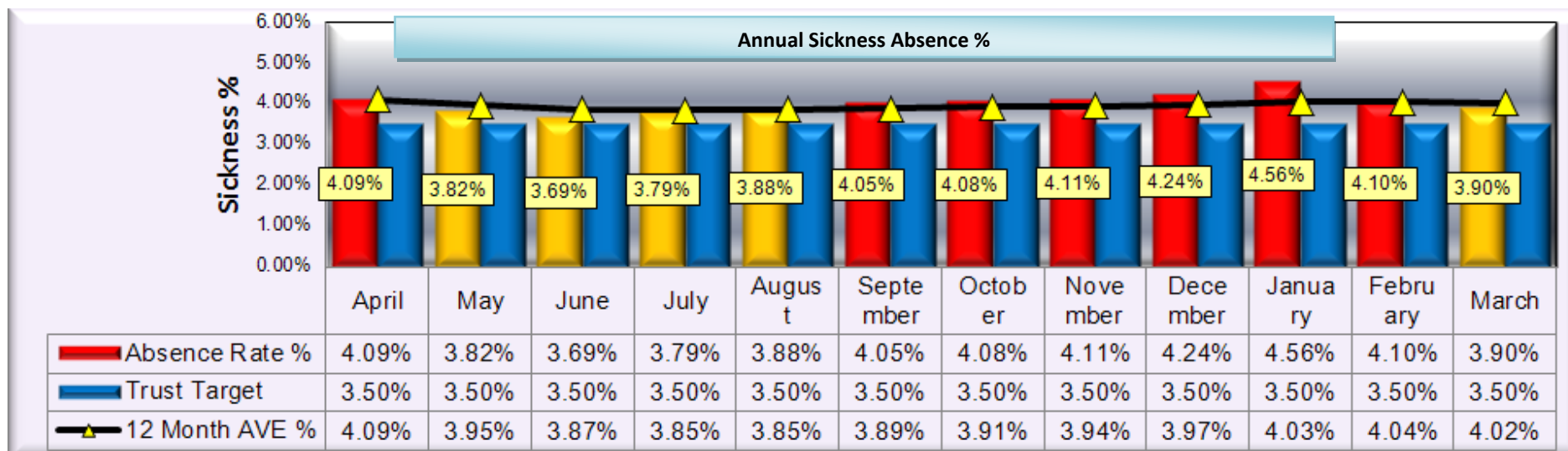


- The service has a diverse range of staff across its grading structure with the highest numbers of staff working at a band 2 (17%) or band 5 (20%). The Headcount on staff grades is also higher than the headcount in Headcount and Whole Time Equivalent (WTE) above, this is because a proportion of staff may have more than one assignment and can work at different pay grades.
- When looking at skills mix within the service, the ratio of support staff to clinical/senior staff (bands 1-4 vs. bands 5+) is approximately 1.05 support staff to every 1 clinicians/senior staff. The ratio of senior management (bands 8a – 9) to other staff is 1 senior manager for every 22.8 members of staff.

- Bands 1 - 4 (Support staff) make up 45% of the service
- Bands 5 - 7 (Core clinical staff) make up 43% of the service.
- Bands 8a -9 (senior management/clinicians) make up 4% of the service.
- Other Grades (Consultants/Registrars etc) make up 6% of the service.
- Ad-Hoc and Apprentices make up 2% of the service.

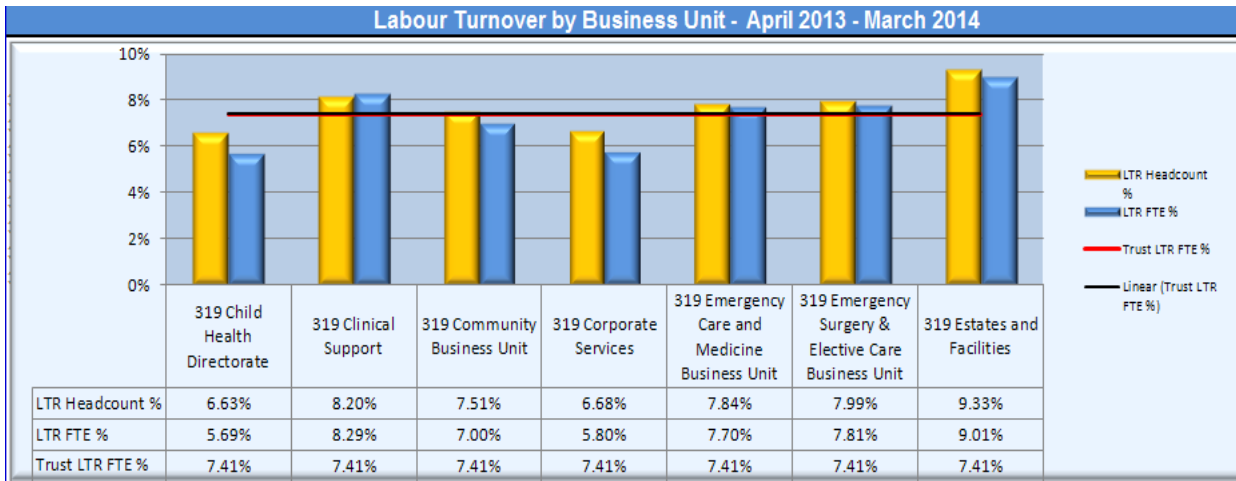


- The service has a range of staff across its profile; however there is a clear indication of an under representation between 16-25 years as there is currently only 10% of staff within this age range.
- The majority of staff (55.79%) falls within the age ranges of 36 – 55 making the Trust mid-heavy this is currently sustainable.
- 47.94% of the workforce fall within the age ranges of 46+. As determined earlier (3.1), 29.36% of the workforce represents the Nursing and Midwifery Registered staff group and 18.89% are Additional Clinical Services which potentially means they have an option to retire at 55 all other staff groups would have the option at to retire at 60. This means that 42.35% of staff within the Trust will potentially be able to retire within the next 5 – 10 years with a further 5.59% of staff having the option to retire at anytime. Provisions will need to be made with regards to succession planning to make sure that the service remains sustainable. Only 2% of the workforce is aged between 16 -20 years.



- The Trust has an average annual sickness absence rate of 4.02% at a cost of £8,354,345.57 per annum as at the end of March 2014. This is above target of 3.5%.
- The average cost of sickness per month is £696,196.21
- The service with the highest average levels of sickness absence % in:
  - Community Services 4.84%
  - Surgery 4.53%
  - Medicine 3.88%
- The main reasons for sickness absence are (by FTE lost %):
  - S10 Anxiety/stress/depression/other psychiatric illnesses 23.5%
  - S12 Other musculoskeletal problems 15.8%

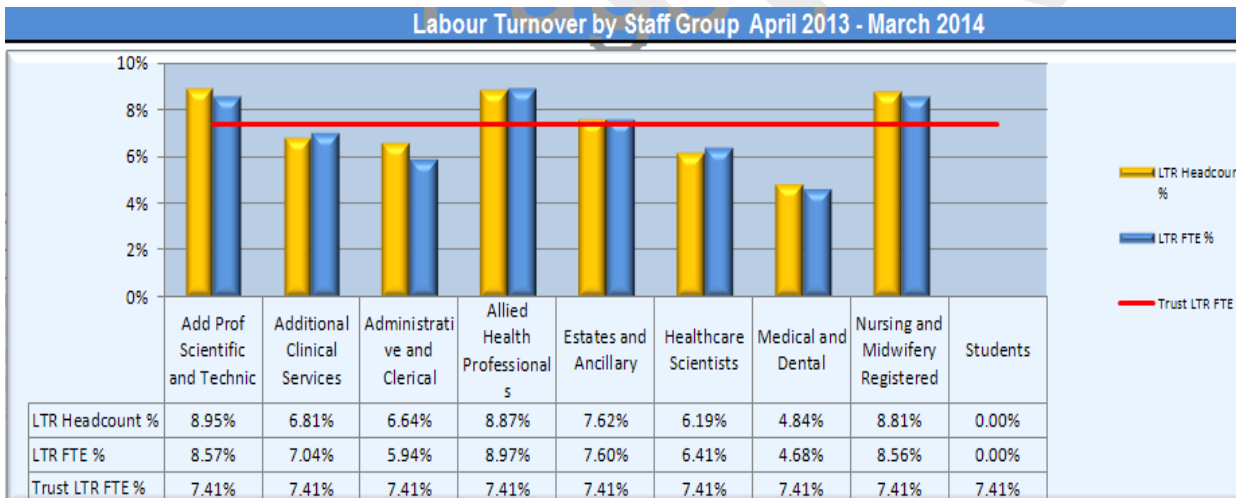
### 3.5 Turnover



Northumbria Healthcare NHS Foundation Trust has an average Full Time Equivalent Labour Turnover Rate of 7.41% of staff. This is relatively low in market terms.

These Business Units currently have a higher than average FTE LTR rate:

- Estates and Facilities (9.01%)
- Clinical Support (8.29%)
- Surgery (7.81%)
- Medicine (7.70%)



When broken down to staff group this shows that the staff groups with the highest turnover rate are:

- Allied Health Professional (8.97%)
- Add Prof Scientific and Technic (8.57%)
- Nursing and Midwifery Registered (8.56%)
- Estates and Ancillary (7.60%)
- Additional Clinical Services (7.04%)



## 3.6 Workforce Profile

The age profile of the Trust will face some significant challenges over the next 5 years. The emphasis on growing the 16 – 35 years area for the workforce ensuring individuals have generic skills to work across a number of settings, the right attitude and behaviours conducive with the organisation's patient and client group will be core to our workforce and organisational development approaches.

Developing our apprenticeship scheme and being acknowledged locally, regionally and nationally as an employer of choice is fundamental to ensuring that applicants and employees have a positive view of their engagement with the Trust as well as their ongoing employment.

Our Retirement profile shows some key challenges within the next five years with some key clinical post holders having the option to retire within the next five years although they may be retained post retirement in a full or part-time capacity given the flexible retirement options provided by the organisation. The retirement profile is likely to look slightly different after 5 years with an increased spike in individuals eligible to take retirement, however some of this is optional and the Trust is keen to retain skills through flexible working models.

The recruitment strategy of the organisation will be to maintain WTE as high as possible with as little a vacancy factor (particularly for clinical posts). This will include regular horizon scanning and adapting recruitment strategies to support business outcomes. The reliance on newly qualified staff is likely to remain a strong recruitment strategy for the trust however the financial costs and commissioning changes for seconded pre-registration opportunities will have some impact if this option remains longer term. The recruitment strategy in general for the organisation is to introduce more competency based recruitment methods which enable individuals to make the right long term career choices with Northumbria Healthcare NHS Foundation Trust and for the Trust to recruit staff with the right skills, attitudes and behaviours that support its values.

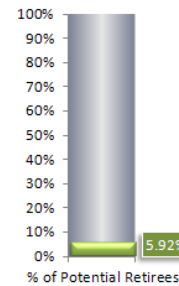
### OUR FIVE ORGANISATIONAL VALUES:

- **Patients First**
- **Safe and high quality care**
- **Responsibility and accountability**
- **Everyone's contribution counts**
- **Respect**



### 3.61 Current Potential Retirement profile

Age Range	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students	Total
16-20	-	48	86	-	36	-	-	-	-	170
21-25	19	128	181	41	98	3	52	143	3	668
26-30	41	160	172	91	74	12	105	213	1	869
31-35	48	173	176	80	67	15	66	216	6	847
36-40	42	149	203	90	63	13	91	345	-	996
41-45	63	205	249	82	97	13	75	431	2	1,217
46-50	63	290	307	95	150	16	73	512	3	1,509
50-55	53	278	329	79	167	16	52	453	2	1,429
56-60	49	212	246	49	127	10	33	300	-	1,026
61-65	18	82	107	14	95	5	15	89	-	425
66-70	4	23	33	2	21	1	6	20	-	110
71 & above	1	5	4	-	2	-	1	3	-	14
<b>% of Potential Retirees</b>	<b>5.74%</b>	<b>6.27%</b>	<b>6.88%</b>	<b>2.57%</b>	<b>11.84%</b>	<b>5.77%</b>	<b>3.87%</b>	<b>4.11%</b>	<b>0.00%</b>	<b>5.92%</b>



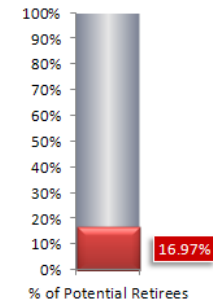
- The trust has a potential retirement profile of 5.92%. This equates to 549 headcount and 309.23 WTE. This means that the number of individuals who may exit the organisation on the basis of retirement currently is significantly greater than current LTR rates represent. These individuals currently are retained within the organisation but may retire at any time.
- The greatest concern with the retirement is within the Estates and Ancillary staff group who have a potential retirement profile of 11.84%, equating to 118 headcount and 72.14 WTE.

### 3.62 Potential Retirement profile in 5 years

- In 5 years the trust will have a potential retirement profile of 16.97%. This equates to almost 1,575 headcount and 1075.57 WTE.
- The greatest concern with the retirement in the next 5 years is within the Estates and Ancillary staff group who have a potential retirement profile of 24.57%, equating to 245 headcount and 158.19 WTE.

Over a 5 year period this is a potential significant loss of workforce skills and experience across a wide degree of disciplines. The biggest area of impact is within the Estates and Facilities.

Age Range	Add Prof/Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Ancillary	Medical and Dental	Nursing and Midwifery Registered	Students	Total
16-20	-	-	-	-	-	-	-	-	-	-
21-25	-	48	86	-	36	-	-	-	-	170
26-30	19	128	181	41	98	3	52	143	3	668
31-35	41	160	172	91	74	12	105	213	1	869
36-40	48	173	176	80	67	15	66	216	6	847
41-45	42	149	203	90	63	13	91	345	-	996
46-50	63	205	249	82	97	13	75	431	2	1,217
50-55	63	290	307	95	150	16	73	512	3	1,509
56-60	53	278	329	79	167	16	52	453	2	1,429
61-65	49	212	246	49	127	10	33	300	-	1,026
66-70	18	82	107	14	95	5	15	89	-	425
71 & above	5	28	37	2	23	1	7	23	-	124
<b>% of Potential Retirees</b>	<b>17.96%</b>	<b>18.37%</b>	<b>18.63%</b>	<b>10.43%</b>	<b>24.57%</b>	<b>15.38%</b>	<b>9.67%</b>	<b>15.12%</b>	<b>0.00%</b>	<b>16.97%</b>



### 3.7 Strategic Intent / Organisational Changes

The main major developments for the Trust over the next five years will be focussed around the new Northumbria Specialist Emergency Care Hospital and the acquisition of North Cumbria University Hospitals Trust. QIPP will continue to drive efficiencies and workforce reconfiguration to enable NSECH to operationally function and the redevelopment of the base sites has already been given significant consideration.

A reduction in some medical specialty training (and a reduction in the National Training Numbers) may have an impact going forward, particularly in the areas of Anaesthetics and Obstetrics & Gynaecology. As an organisation we have some shortage Consultant specialties at present notably these are consistent with the national situation and are relevant to e.g. Radiology, Haematology and Histopathology which are ongoing despite recent successful recruitment. Supporting our SAS doctors and dentists with assisted CPD is a key consideration in supporting this area of the workforce to aid their development and progression. With an SAS Lead in post and a strong continuing professional development programme in place, this continues to be an ongoing area of growth.

Modernising Scientific Careers is likely to have an impact for us, we have a representative working with the regional group and we have plans in place to mitigate any issues that may arise (wherever possible and to the best of our knowledge).

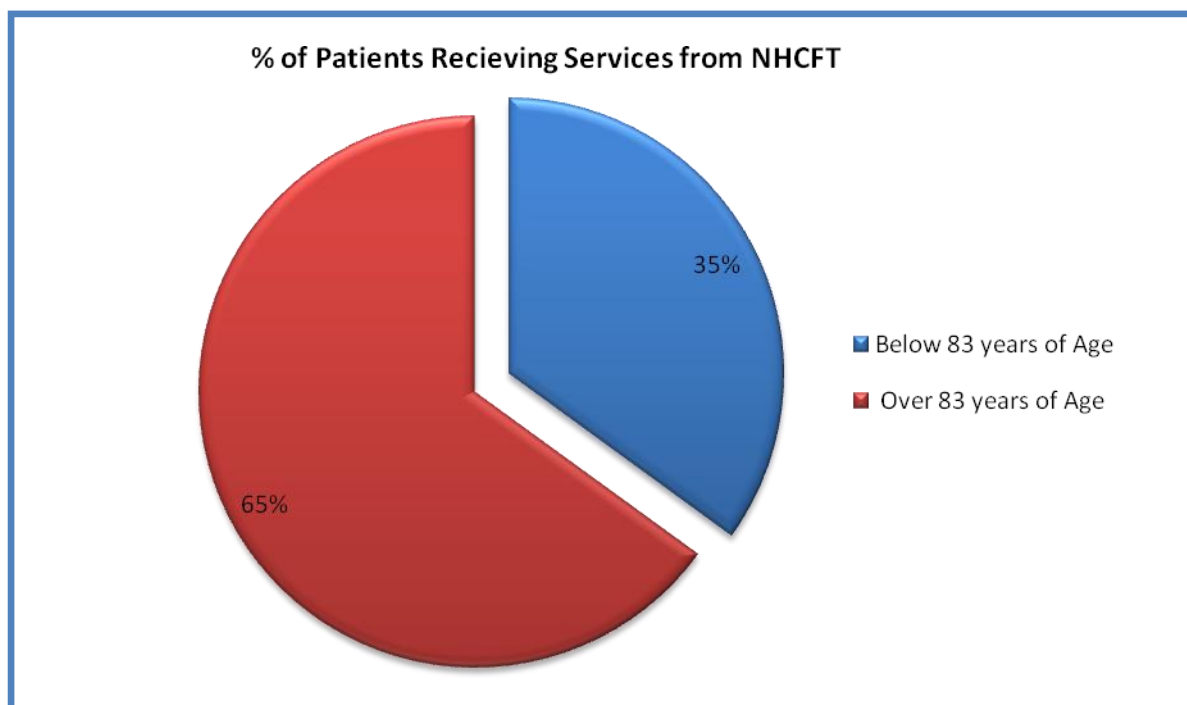
Commissioning and contracting may have an impact on the reconfiguration, reduction or removal of services which may be outside of the influence of the Trust, the impact of this is not known at present. Locally Commissioning intentions are likely to change with several changes such as public health service commissioning has already moved to be the responsibility of the local authority and Clinical Commissioning Group intentions will change with local demographics. The emphasis on commercial acquisition and tendering will potentially provide a significant impact to the workforce in relation to TUPE (Transfer of Undertakings (Protection of Employment) Regulations) and changes to employer status. We will be proactively supporting all staff who may be affected by major organisational change and this will be a key focus for our Organisational Development Programme going forward.

With a rise in university fees placing considerable pressure on the Trust there will be a requirement to consider alternative options to maximise the use of resources at an optimum level to ensure the best value for the continuing development of staff. As always QIPP will be a key factor and meeting Cost Reduction Programmes that may impact on workforce issues will need to be managed sensitively and appropriately, should these have a negative impact for the Trust.

Overall the workforce plan is linked directly to the strategic vision and priorities of the organisation. The ongoing development of our organisational culture and the need to mobilise our workforce to deliver different models and patterns of care will be an area of focus over the next few years, ensuring that we maintain a positive organisational culture within a challenging climate.

### 3.8 Workforce Challenges

High quality service provision will have a key focus during the next 5 years, mainly due to the changes and health prevalence of our patient population. We recognise that one of the key workforce challenges we will face is how we cater for the older adult and frail elderly patients over the coming five years. A key statistic which reflects our patient population is that over 65% of our patient population receiving services from the Trust is of the age of 83 years and over.



Combined with an increased prevalence of dementia the skill base of our workforce may need to change over this period of time and we will need to ensure that our workforce is sufficiently skilled and experienced to support our patients appropriately. Meeting the national dementia initiatives will be challenging and as always 18 weeks, 4 hour A&E waits and cancer targets continue to be a key priority for the organisation.

Our workforce will themselves face challenges relating to their own health and wellbeing over the next 5 years. The Trust currently has a Health and Wellbeing Co-ordinator in post and is working towards extending its programme of health and wellbeing facilitated support for staff with strong input from staff at all levels within the Trust. This is a new element to the focus of our workforce plan for 2014-19.

NHCFT has a key focus on strong partnership arrangements with local General Practitioners and provides community healthcare services in North Tyneside and Northumberland and Adult Social Care services in Northumberland. Providing joint learning opportunities for General Practitioners with acute colleagues will help support long term partnership working for across the primary/secondary care medical and dental workforce and also developments

and improvements for integrated patient pathways. Community health and social care provision will be challenged by changes in the public health commissioning of services and the associated provision and planning arrangements with local authorities. Multi-agency working will continue to receive high priority by the Trust and wherever possible multi-agency/integrated workforce initiatives will continue.

Identified Recruitment Hotspots are as follows:

- Health Visitors
- Specialist Nursing Staff
- Sonographers
- Some Medical and Dental specialties (identified above).

There are some external factors which focus on demographics and prevalence which may also affect our workforce challenges, these are predominantly focussed upon the following areas:

- Economic situation
- Prevalence with an ageing population e.g. Dementia, delirium, depression

A further workforce challenge for the Trust is related to meeting the outcomes of contemporary health policy changes which are linked to the strategic direction of the Department of Health and out-with the control of the Trust.

### **3.9 Integrated Workforce Planning**

Workforce plans are constantly reviewed in line with the financial and commissioning plans for the organisation.

We have a dedicated workforce systems and information team which provide dedicated workforce planning support to each Business Unit to ensure that their plans are integrated with financial plans, service activity/demand and strategic visioning.

### **3.10 Workforce Assurance and Patient Safety**

The Trust has an established Workforce Committee which regularly reviews the wider workforce issues on a monthly basis. This committee is a sub-committee of the Trust Board and patient safety initiatives have been integrated into some key workforce events including patient safety days, human factors training, Trust induction and also patient experience educational sessions.

The workforce implications for QIPP are discussed at different levels and forums within the organisation with the Trust's Quality Council looking to utilise areas of the workforce e.g. students undertaking academic studies to fulfil and deliver work based learning projects aligned to the Trust's strategic objectives together with different ways of working and delivering clinical and non-clinical services and/or practices in innovative ways.

### **3.11 Workforce Modernisation / New Roles / Enhanced Roles**

The Trust is regularly undertaking competency based planning and skill mix initiatives to determine the most appropriate use of the available workforce where required. The Trust is developing the use of Advanced Practitioners (various nursing roles to date) to support its longer term vision for the NSECH.

The Trust has a very successful Apprenticeship scheme and this continues to grow year on year. The trust is undertaking innovative approaches for the Not in Employment, Education or Training (NEET) population and also access to employment initiatives with various agencies to try and facilitate long term employment opportunities for young people within the local area. The Trust is piloting a pre-apprenticeship scheme to try and facilitate a stepped approach to employment with the Trust for individuals out of work and/or seeking to access a career within the NHS without formal qualifications and this is named the DAWN Scheme – Developing Access to Work with Northumbria Healthcare NHS Foundation Trust.

Supporting staff with additional needs or a disability is a key focus of supporting individuals within the workplace to maximise their potential and also to provide equal support and opportunities for all staff within the workplace.

### **3.12 Workforce, Education and Learning**

Current placement capacity for pre-registration students is met well within the organisation.

Medical and Dental training capacity is met very well by the Trust and the organisation has recently received excellent feedback from local trainees as part of the Your School, Your Say survey. The Trust also continues to be named the top Training NHS Trust in the region.

The Trust's Training Needs Analysis (TNA) is regularly being reviewed to ensure that staff receive the right level of training relevant to their role and in line with regulatory and best practice requirements. All learning and development opportunities within the Trust are delivered using a blended learning approach wherever possible to support staff to learn flexibly and by using the method that they find most useful.

The review of the Continuing Professional Development (CPD) contract by Health Education North East (HENE) has enabled the Trust to utilise its tiered approach to provide more appropriate and flexible learning opportunities for staff. The Trust continues to support this approach going forward and works actively with Health Education North East (HENE) to ensure that our staff may access the best opportunities available and that the contract achieves excellent value for money.

The Trust actively plans to continue to develop existing staff through some of its innovative work based learning programmes and to continue to develop this approach with key partners such as Northumbria University.

# 4 Capacity and Development



# 4 Capacity & Development

## 4.1 Nursing

Changes to the pre-registration programme to degree level will not be fully known until 2015 when the first degree programme students graduate. Secondments for pre-registration nursing may be affected due to the increased UCAS points and associated access arrangements required to enter degree level study for pre-registration nursing programmes. This may reduce the number of home students who are able to be seconded and return as qualified nurses within the organisation due to prospective incumbents who will now not have sufficient entry qualifications as these are significantly academically greater than in previous years. Recruitment to qualified nursing posts has continued to be strong during 2012-14 and additional investment posts have been recruited into with great success. A small project team from key areas within the Trust, regularly reviews nursing recruitment and this group is proposed to continue on a regular basis to keep the Trust's Executive Management Team (EMT) fully informed on its ability to sustain appropriate staffing levels within clinical areas.

The Northumbria Specialist Emergency Care Hospital and associated base hospital redevelopment plan will require specialist nurses with additional skills and part of the Trust's strategy is to develop specialist skills and expertise within the organisation, offering ongoing development opportunities and careers within specialist nursing where possible.

Possible regulation of the Healthcare Assistant workforce may bring some challenges that are unknown at present as is, the outcome of Francis II report and what that means for nursing and other professions.

The Trust is due to launch its own in-house Care Certificate in 2014/15 which will provide an educational programme and set of key standards for non-professionally registered staff to work to on a competency basis.

## 4.2 Medicine

Development of the Northumbria Specialist Emergency Care Hospital will require the development of the Consultant Medical Workforce within Emergency Care to provide 24/7 care and different models and ways of working across the wider Consultant workforce. Specialty Training Numbers in Obstetrics and Gynaecology and Anaesthetics are being reduced in line with expected national demand and it is not yet known what impact this may have on service provision. Developing our SAS doctors to realise their full potential has been supported by the development of a structured organisational development programme now in place for all SAS doctors and this has received excellent feedback to date. It is planned to continue with this programme and continue to improve it for participants wherever possible.

Foundation Doctors at the F1 and F2 level have reported the training experience at Northumbria as one of the best within the North East however they continue to give some practical suggestions for improvement which support both the staff and patient experience within the Trust which are regularly reviewed and taken forward.

### **4.3 Sciences**

Modernising Scientific Careers (MSC) is an unknown quantity for the Trust, we have continued to recruit strongly within a wide number of healthcare science roles however the changes and impact to the graduate programmes and also the educational arrangements will not be known for three to four years. We will continue to have a strong focus on MSC and the associated workforce issues including internal and external training issues. Changes in the provision of healthcare and the associated development of the NSECH may result in some areas which can support the MSC programme for the Trust.

### **4.4 ICT**

ICT will play a pivotal role in the development of both clinical services and the ability of the Trust to develop as a business. Digital Healthcare and the ability to be at the forefront of technological delivery will be a key challenge both in the ability to recruit skilled ICT staff but also how we support our staff to utilise and be able to use the technology that is available to us.

### **4.5 LETB (Health Education North East)**

Education and Training Commissioning arrangements have changed with effect from 1<sup>st</sup> April 2013 with more local influence being available to the Trust being a key stakeholder. The development of the LETB has enabled the Trust as a local provider to have more flexibility and influence on key regional and national strategic issues. Northumbria Healthcare NHS Foundation Trust is an active member of the Health Education North East Partnership Board and is keen to support any developments and initiatives that arise from wider stakeholder discussions led locally, regionally and nationally.

### **4.6 Financial Stability**

Continuing to maintain financial stability and successfully achieve Cost Reduction Programmes year on year will be significantly challenging to the Trust and developing the culture of the workforce to be flexible, adaptable and where possible transfer skills from one area to another will be new territory. Developing a workforce which has a passion for delivering high quality care, compassion and an ability to use resources appropriately, considering efficiency and innovation will be of significant relevance for the organisation.

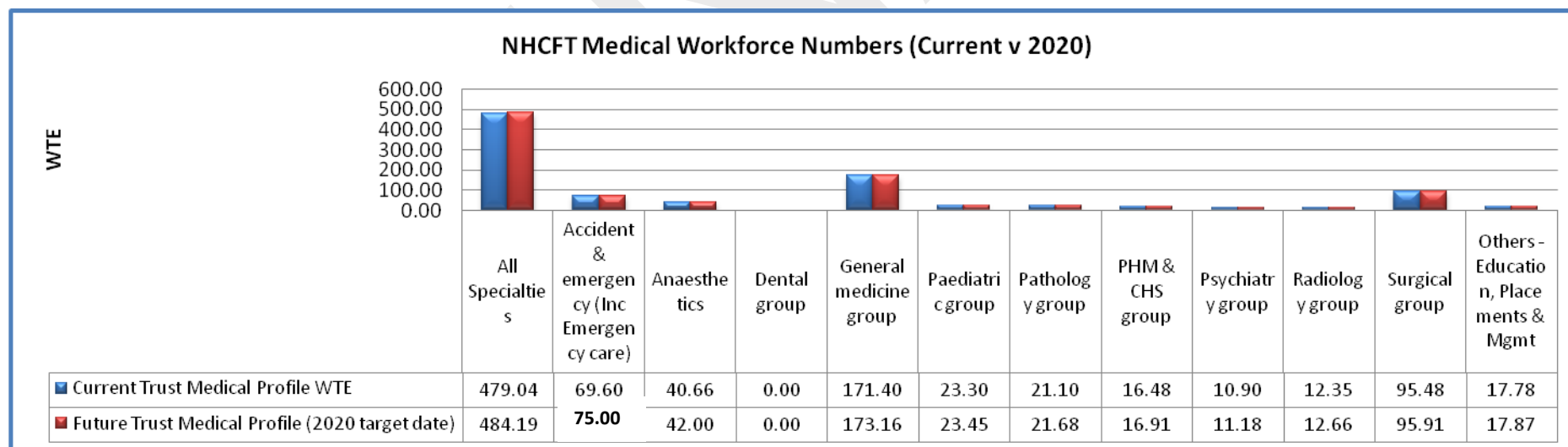
## 4.7 Workforce Profiling

### 4.7.1 Medical and Dental

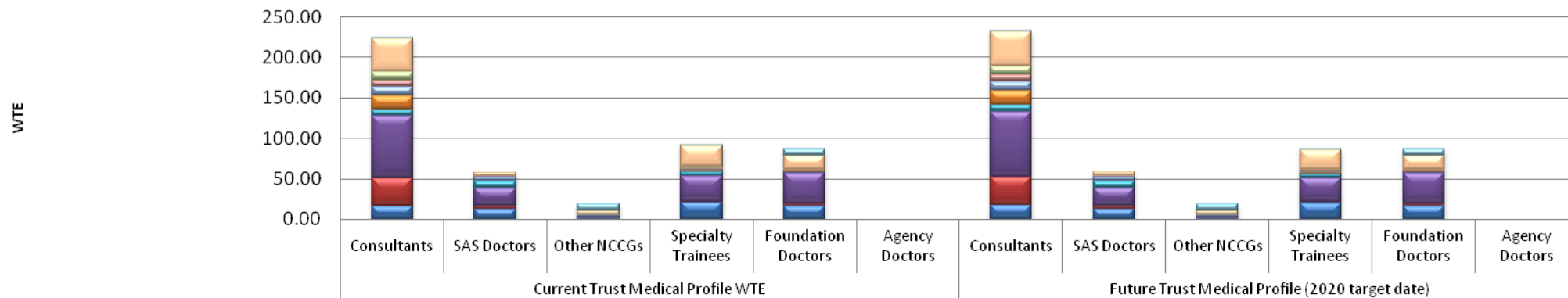
The following is an estimated level of workforce profiling undertaken in line with the SHA's requests which shows our expected staffing profile projections for Medical and Dental staff up until 2020. Please note these are for data modelling purposes only and will be refined during 2014 with Business Unit representatives and the Trust's Medical Director to reflect local intelligence and also current/national trends.

Issues expected to impact include:

- 7 day working for Consultant Medical Staff and the new Specialist Emergency Care Centre
- Care of the Elderly/Dementia prevalence
- Demand for Services and the delivery of integrated care across the whole health economy
- Commissioning arrangements following the introduction of CCG's, changes to public health commissioning.



### NHCFT Medical Workforce Numbers (Current v 2020) by Speciality

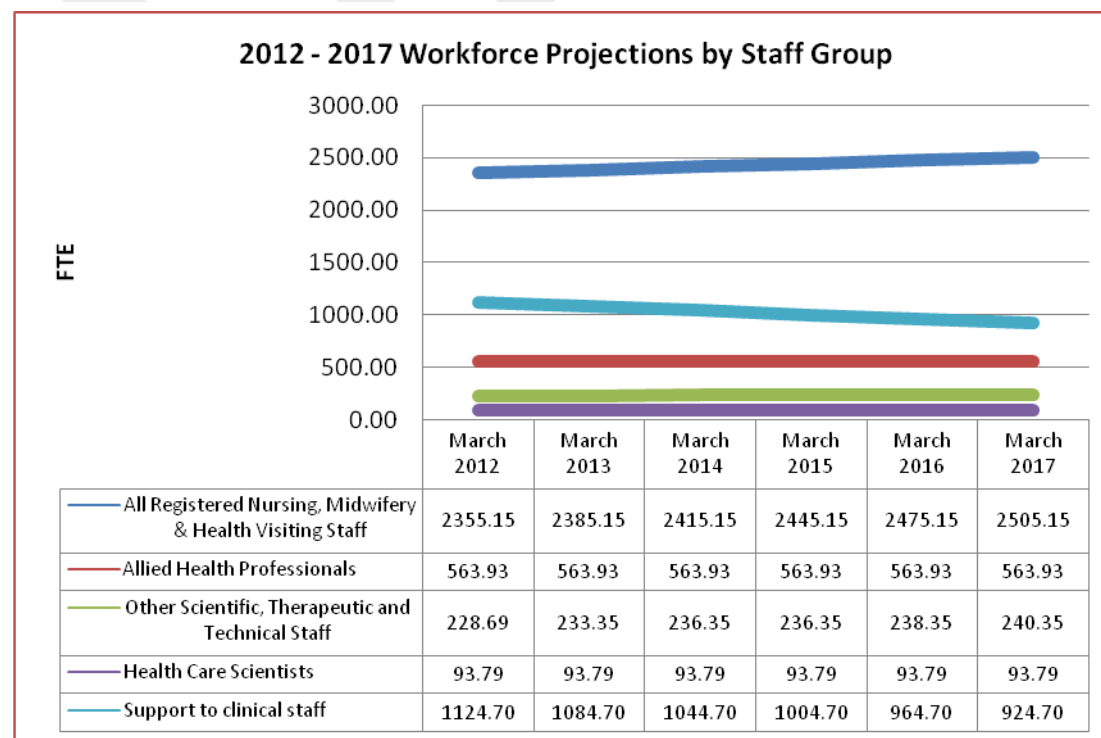
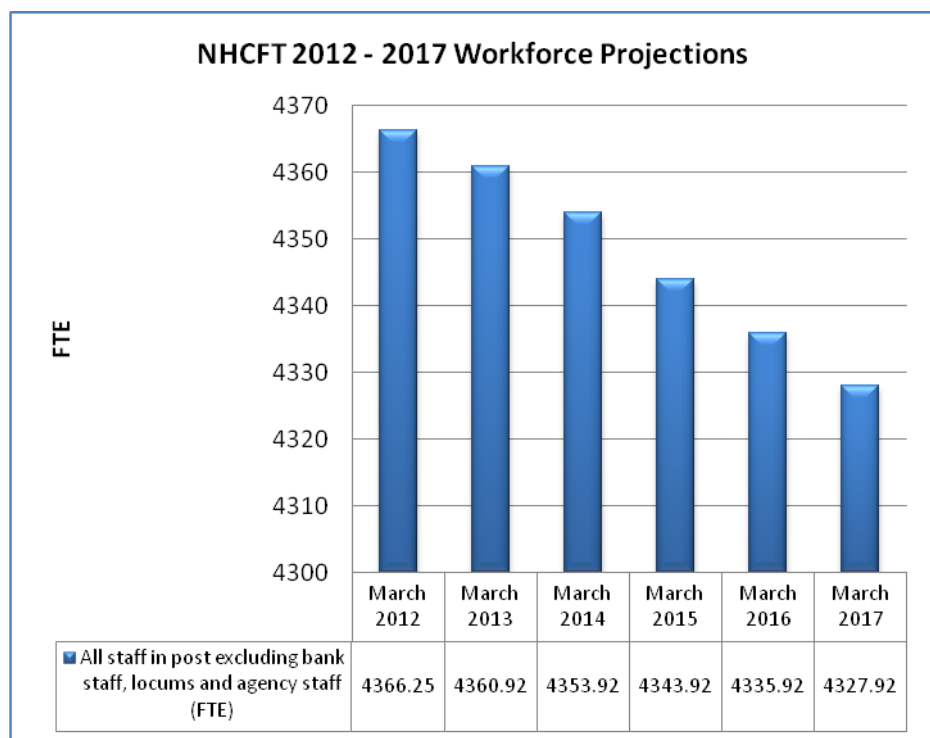


	Current Trust Medical Profile WTE						Future Trust Medical Profile (2020 target date)					
	Consultants	SAS Doctors	Other NCCGs	Specialty Trainees	Foundation Doctors	Agency Doctors	Consultants	SAS Doctors	Other NCCGs	Specialty Trainees	Foundation Doctors	Agency Doctors
Others - Education, Placements & Mgmt	0.88	0.00	8.40	0.50	8.00	0.00	0.91	0.00	8.48	0.48	8.00	0.00
Surgical group	41.39	4.50	5.09	26.50	18.00	0.00	43.05	4.55	5.14	25.18	18.00	0.00
Radiology group	10.35	0.00	0.00	2.00	0.00	0.00	10.76	0.00	0.00	1.90	0.00	0.00
Psychiatry group	7.90	1.00	0.00	1.00	1.00	0.00	8.22	1.01	0.00	0.95	1.00	0.00
PHM & CHS group	10.86	4.62	0.00	1.00	0.00	0.00	11.29	4.67	0.00	0.95	0.00	0.00
Pathology group	17.10	0.00	0.00	2.00	2.00	0.00	17.78	0.00	0.00	1.90	2.00	0.00
Paediatric group	7.70	8.60	1.00	5.00	1.00	0.00	8.01	8.69	1.01	4.75	1.00	0.00
General medicine group	77.21	22.36	2.32	31.50	38.00	0.00	80.30	22.59	2.34	29.93	38.00	0.00
Dental group	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Anaesthetics	33.96	3.70	0.00	1.00	2.00	0.00	35.31	3.74	0.00	0.95	2.00	0.00
Accident & emergency (Inc Emergency care)	16.80	12.80	2.00	21.00	17.00	0.00	<b>23.10</b>	12.93	2.02	19.95	17.00	0.00



## 4.7.2 All staff groups (excluding Medical and Dental & Corporate Services)

The following is an estimated level of workforce profiling undertaken in line with the Health Education North East's requests which shows our expected staffing profile projections for a 5 year period up to 2017. This work was done on a basis of centrally recorded data which was taken from ESR prior to TCS and therefore only reflects the acute workforce. Work will be undertaken to facilitate a full workforce modelling plan for 2017-2020 within the Trust's future revision of this plan however the anticipated trends are expected to be very similar.



The workforce projections show a full time equivalent increase in staff by 8% from 2012 – 2017. The workforce is fairly stagnant until 2015, when a marked increase in Nursing, Midwifery and Health Visiting staff is expected. This will be particularly prevalent for acute, elderly and general medicine with the opening of the new NSECH. Support to Clinical Staff is modelled on a reduction of administration and management costs (estimated total of approximately 38.33 wte) through technological improvements and efficiencies which will occur through natural wastage.



## **Registered Nursing, Midwifery and Health Visiting**

We are expecting a rise in the headcount and wte for the nursing staff groups, predominantly due to the prevalence of dementia within our population. Individuals are being admitted to hospital with more complex health problems than in the past and the level of professional nursing care that they require is increasing. Midwifery numbers are expected to stay static with a slight reduction of the birth rate overall in the previous 5 years in England however due to changes in provision such as the consultation over Berwick, the development of the Specialist Emergency Care Hospital and the continued midwifery led units locally the workforce requirements will remain in line with current numbers.

Health visiting has benefitted from significant investment and the Trust has recruited well on this basis. There is likely to be a slight increase to workforce numbers based on the additional investment made by HENE for additional training places however this is based on no growth in the birth rate during the next five years but on the management of more complex caseloads and the requirement to train more health visitors to support the ageing population requirements.

The retirement profile is expected to generate some turnover within all of these areas within the next 5 years due to the age profile of these groups.

## **AHP's**

All Allied Health Professional groups are expected to remain relatively static and there has been significant growth in education numbers for Physiotherapists and Occupational Therapists in recent years. Recruitment remains positive within these areas and any retirement issues are no greater than those of any expected turnover.

## **Other Scientific, Therapeutic and Technical staff**

The IAPT Service is staffed with fully trained therapists and this has had a significant impact on service delivery together with some localised restructuring. The maturity of the service depended initially on the training of both low and high intensity workers, given that the market now has sufficient staff within this field, recruitment and retention issues are likely to remain static. Other therapists and technical staff are also expected to remain static.

## **HC Scientists**

The full effects of the Modernising Scientific Careers programme and the changes to associated educational programmes for graduating scientists will not be known for some 3 – 4 years. The Trust is heavily involved in shaping the requirements of the programmes to support future service delivery and it is anticipated that the workforce requirements will remain static although there are likely with technology and service developments to be some service reconfiguration issues which may have an impact on turnover.

## **Support to Clinical Staff**

Proposed changes to Agenda for Change have impacted on bands 8c, 8d and 9 with the introduction of incremental pay progression based on achievement of objectives. Appraisal systems and incremental pay progression processes have been agreed within the boundaries of the flexibilities offered within the terms and conditions of service and these are now being implemented.

The regulatory recommendations from the Robert Francis QC report (2013) relating to the non-professionally registered workforce could change the education and training structures and associated progression from non-professionally registered to professionally registered areas of the workforce.

There is expected to be a degree of automation and efficiencies linked to technology developments and also natural wastage across the organisation which is likely to reduce non-clinical wte within the next five years by an estimated approximate 38.33 WTE.



# **5 Key Service Policy Drivers & Actions**





# 5 Key Trust Policy Drivers & Actions

Key trust policy drivers and actions comprise of any external organisations, policies or partners that could potentially have an impact on how the service is delivered in the future. These are broken down into both a National and Local context and have been raised through local workforce planning consultation discussions with business unit representatives:

## 5.1 National

Policy	Description	Actions	Current Progress	RAG Rating
<b>NHS Litigation Authority</b>	Specific responsibility for NHS Risk Management, Human Rights, Equal Pay, Age discrimination.	To minimise, and to contribute to the incentives for reducing the number of negligent or preventable incidents.	Currently compliant fully	Green
<b>Care Quality Commission</b>	To meet the governments essential standards of quality and safety in Health and Social Care	To ensure that all hospitals and Care Homes within NHCT meet government standards.	Robust evidence available to support CQC submission and assessment Chief Inspector of Hospitals visit due in 2015	Green
<b>Monitor</b>	Independent Regulator of NHS Foundation Trusts	To protect and promote patient's interests.	Robust evidence available to support any Monitor submission and assessment	Green
<b>Commissioning</b>	Ongoing Clinical Commissioning Group arrangements and changes to public health commissioning and other policy changes/local, regional and national contexts.	To ensure that services can meet the commissioning requirements.	Ongoing involvement with the local CCG's, primary care representatives on	Yellow



			management groups.	
<b>Professional Regulatory bodies</b>	Professional regulatory bodies	To ensure that all staff have an up to date professional registration (where required)	All staff are professionally registered.	
<b>National cancer targets</b>	National targets for turnaround of cancer reports	Ensure patients are treated within respective national cancer target timeframes.	Regular reports available supporting Trust's performance with this area.	
<b>Department of Health requirements for Infection Control</b>	Ensure the Trust meets the Government/Local targets for MRSA and Clostridium difficile and other HCAI's.	Ensure compliance	Compliance data reported and available regularly via SQC.	
<b>Modernising Pharmacy Careers (MPC)</b>	The MPC Programme Board provides advice to Medical Education England (MEE) and the Department of Health (DH) on pharmacy education, training and national workforce planning.	Launched with the objective of ensuring the pharmacy workforce in England has the knowledge, skills and capabilities to deliver the service of the future for patients and the public health.	Ongoing local and regional involvement to ensure the Trust meets the requirements of MSC and manages any associated workforce risks.	
<b>Centre for Workforce Intelligence – Pharmacy Workforce Risks and Opportunities</b>	A review of the key workforce risks and opportunities within the pharmacy workforce.	Provides an assessment of current workforce issues and potential opportunities for improvement.	As above	
<b>Building a Safer NHS for patients – improving medicines safety (DH 2004)</b>	Improving quality of care and patient safety through the awareness and causes of medication errors, how they can be prevented and ways of learning from them.	Professionals and NHS organisations to make significant improvements in the Prescribing, dispensing and administration of medicines.	Ongoing Medicines Management training on both a mandatory and role specific basis reported to WFC	

<b>The 'never events' list 2013-14 (DH)</b>	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.	To support the premise that "never events" are unacceptable and preventable in the NHS in line with the DH policy framework.	Focus on Quality and Safety Strategy for the Trust, incident reporting review underway in line with SLE's, SUI's, IR1's	
<b>62 Day CWT, 4 hour A and E, 18 weeks</b>	Meeting performance targets as outlined in DH policy and focussing on patient experience.	Ensure capacity to provide imaging and reporting of imaging in a timely fashion.	Focus on Workforce capabilities and educational needs	
<b>NICE/NPSA Patient Safety Guidance</b>	Medicines reconciliation for patients admitted to the Trust, ensuring a consistent approach for all adult patients admitted.	Medication history recorded in the notes Medicines reconciliation <24hours of admission Medicines reconciliation <72hours of admission	Audits are regularly undertaken within the Trust	

## 5.2 Local

Policy	Description	Actions	Current Progress	RAG Rating
<b>North East pathology network.</b>	Strategy to consolidate and streamline the Pathology services through the Hub and spoke model.	Consider guidelines to underpin how services are provided	Continue to participate with the network in the process to establish workforce requirements	
<b>Acquisition of Cumbria by Northumbria Healthcare NHS Foundation Trust.</b>	Acquisition of neighbouring NHS Trust.	Work within teams to develop and form links to ensure future service provision.	Work continues on acquisition across a number of workstreams.	
<b>Opening of Northumbria Special Emergency Care Hospital (NSECH)</b>	Ensuring a robust approach to managing organisational change and changes to the way that individuals work pending NSECH opening for June 2015.	Opening of Northumbria Special Emergency Care Hospital (NSECH)	Work is scheduled and on track with progress.	
<b>North of England Cancer</b>	Standardise clinical guidelines across the region to deliver high	Engage with implement	Meeting peer review	



<b>Network</b>	quality patient care.	recommendations. Attend all relevant meetings.	recommendations of attendance at meetings. Disseminate all relevant guidance and information to clinical teams.	
<b>HENE LDA &amp; SFA Contract</b>	Review of future delivery and funding of trainees	Continued input via the LETB committees/groups, regular completion of the HENE annual review and informed workforce planning.	All being undertaken and areas with issues are raised via Education Board	

# 6 Risk Analysis

# 6 Risk Analysis

The risk analysis shows both, the current and potential risks to the service over the next 10 years.

Issue Description	Risk if no action is taken	Date Raised	Raised By	Severity / Priority 5 = Critical 1 = To be Aware of	Action being taken	Timescale				RAG Rating	Owner
						12 months	1 – 3 years	3 – 5 years	5 – 10 years		
Ageing Workforce	A loss of personnel and knowledge, skills and awareness. New staff not having enough time to train in specialist modalities due to increased workload.	Workforce Plan 2014	BU Managers	4	Localised plans available supporting key areas where risks are identified. Mostly role specific and have 3 – 5 year plans in place.	√	√	√			Workforce Committee and Business Units
Skill Mix	Not enough specialist skills to cover the wide range skills now required as well as service changes such as the development of the NSECH.	Workforce Plan 2014	BU Managers	3	Localised plans supporting development of specialist skills e.g. critical care and linked directly to service provision.		√				Workforce Committee and Business Units



Financial Stability/Deliver of Cost Reduction Programmes	Service impact on Workforce due to cost reduction programmes	BU Managers	BU Managers	5	Risks identified by individual Business Units that the CRP may impact on the workforce. Reviewing ways of working and efficiency plans to minimise impact wherever possible	√							Paul Dunn, Director of Finance, Business Unit Directors/ Finance, Investment and Performance Committee.
Changes to working patterns associated with delivery of 7 day working, essential for NSECH	Limited discharge/admission arrangements on weekends	BU Managers	BU Managers	5	Risks identified by individual Business Units that the changes to 7 day working may have financial, workforce and other impacts. Detailed plans determining this as well as gains and benefits for patients	√	√	√					Business Units
Toxicology service - Replacement of LC-MS/MS	Failure to replace current LC MS/MS will compromise ability of the department to maintain current service and prevent expansion of the toxicology service.	2011 – ongoing risk	Nigel Brown	5	Procurement of replacement Liquid chromatography-Tandem mass spectrometry. (LC/MS/MS). Work with supplies department to ensure procurement process proceeds in a timely manner.	√	√						Nigel Brown
Impending publication of the Francis II report	Expected regulatory impact for Healthcare Assistant and other regulatory measures	2013	B Bartoli	5	Review upon publication	√	√	√	√				B Bartoli/A Stringer

Reduction in National Training Numbers (NTN's).	National reduction in NTN's regarding future training provision and associated Consultant Numbers	Revised 2014	B Bartoli	5	Several specialties facing a reduction in NTN's such as Anaesthetics, Obs & Gynae. Local intelligence is going to be key to monitoring issues.	√	√	√	√		R Barton/A Stringer
Shortages in Consultant Medical Specialties	Radiology, Haematology, Rheumatology and Histopathology are noted as shortage specialties for Consultant Medical Specialties.	Revised 2014	Liane Moralee	5	National shortage so difficult to recruit. Reviewing recruitment strategy – supporting the recruitment of newly qualified Consultant and also exploring international recruitment.	√	√	√			BU Directors.
Radiologist recruitment	Not enough radiologists to report scans in a timely fashion. Delays in treatment, diagnosis and clinical decision making with associated patient safety issues.	Revised 2014	Darren Campbell	5	National shortage so difficult to recruit. Reviewing recruitment strategy – supporting the recruitment of newly qualified radiologists.	√	√	√			Rahul Dhamakadri, Clinical Director - Radiology and Nicky Moon, General Manager, Clinical Support.



Shortages in Medical Middle Grade Doctors	Emergency Medicine, Rheumatology, Elderly Medicine are noted locally as shortage specialties for middle grade Medical Specialties.	Revised 2014	Liane Moralee	5	National shortage so difficult to recruit. Reviewing recruitment strategy – supporting the recruitment of newly qualified Consultant and also exploring international recruitment.	√	√	√			Bu Directors.
Regular reviews of recruitment hotspots	Health Visitors, specialist nursing staff, sonographers.	Revised 2014	Kelly Angus	5	Review local recruitment strategies and workforce plans for horizon scanning of hotspot areas	√	√	√			Bu Directors/ Workforce committee/ HR

# 7 Action Plan & Summary

## 7.1 ACTION PLAN

Action Description	Risk if no action is taken	Link to OD / Workforce model (Page 8)	Completion date	RAG Progress	Owner
NSECH managing organisational change and new ways of working. Additional changes regarding service provision at base sites	Staff levels at new development and base sites will not be sufficient to provide quality service to patients.	<ul style="list-style-type: none"> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	06/2015		Andrea Stoker/John Eggleston/Ann Stringer
Age profile of workforce	High numbers of staff eligible to apply for retirement in next 5-10 years.	<ul style="list-style-type: none"> <li>• Retaining</li> <li>• Attracting</li> <li>• Developing</li> </ul>	Ongoing		Workforce Committee and Business Units
Ongoing involvement in MSC and MPC via NESHA and LETB	NHCT will be ineligible to shape the future workforce	<ul style="list-style-type: none"> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	Ongoing		Clinical Support Services
To build upon the developed competency based recruitment methods to support our vision to recruit staff with the right skills, attitudes and behaviours that support the organisation's values.	Higher labour turnover, higher patient complaints	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	04/15		Kelly Angus/Kate Thompson/Jaclyn Armstrong
To take a continued active approach to absence management to achieve an organisational average of no more than 3.5%	Increased absence costs, impact on quality of patient care, stress levels amongst employees	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	04/15 and ongoing		Ann Stringer, Executive Director of HR&OD
Increase focus and deliver on aligning organisational education	Impact on quality of care, staff not skilled to deal with	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Attracting</li> </ul>	Ongoing		Professor Roger Barton, Director

to patient population/prevalence such as frail elderly/dementia agenda.	patient population.	<ul style="list-style-type: none"> <li>• Retaining</li> <li>• Developing</li> </ul>			of Education, Ann Stringer, Executive Director of HR&OD/Business Units/Workforce Committee
Continue to review the CPD contract to ensure opportunities are maximised and also that it supports excellent value for money	CPD opportunities are not appropriate for the workforce	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Retaining</li> <li>• Developing</li> </ul>	Ongoing		Workforce Committee/ Education Board
Continue to support our SAS doctors to maximise their potential and report activity regularly to the Education Board	No development for SAS doctors	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	Ongoing		Education Board
Continue to support the Trust's Health and Wellbeing programme working towards achieving Silver and Gold level of the better health at work award	No or limited support for Health and Wellbeing of staff	<ul style="list-style-type: none"> <li>• Valuing</li> <li>• Attracting</li> <li>• Retaining</li> <li>• Developing</li> </ul>	Ongoing		Workforce Committee/Trust Board

## 7.2 Summary

The Trust is aware of the risks and relevant actions required across the organisation at a high level within this summary Workforce Plan. Individual service plans detailing each service and their associated risks underpin this plan and are reviewed and developed by each service and Business Unit on a regular basis.

The information within this plan is relevant at the time that it is produced and the plan will be monitored and updated every six months to the Trust's Workforce Committee who will also review the information in line with wider organisational risks and associated strategic plans.

## References

Berwick, D (2013) Berwick Review into patient safety, Department of Health  
[www.gov.uk/government/publications/berwick-review-into-patient-safety](http://www.gov.uk/government/publications/berwick-review-into-patient-safety)

Cavendish, C (2013) Review of healthcare assistants and support workers in NHS and Social Care, Department of Health.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/236212/Cavendish\\_Review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf)

Department of Health (2014) Hard Truths, The Journey to Putting Patients First. Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry Presented to Parliament by the Secretary of State for Health by Command of Her Majesty  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270368/34658\\_Cm\\_8777\\_Vol\\_1\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf)

Delivering high quality, effective, compassionate care:  
Francis, R. QC (2013) 'Final Report – Public Enquiry'  
[www.midstaffpublicinquiry.com/report](http://www.midstaffpublicinquiry.com/report)  
[www.gov.uk/government/news/francis-report-on-mid-staffs-government-accepts-recommendations](http://www.gov.uk/government/news/francis-report-on-mid-staffs-government-accepts-recommendations)

Greenaway, D Professor (2013) Securing the future of excellent patient care (shape of training independent review)  
[www.shapeoftraining.co.uk/static/documents/content/Shape\\_of\\_training\\_FINAL\\_Report.pdf](http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf)  
f\_53977887.pdf

Health Education England (2014) Workforce Planning Guidance 2014-15  
<http://hee.nhs.uk/wp-content/uploads/sites/321/2014/04/Workforce-planning-guidance-2014-15.pdf>

Keogh, B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: Overview report *Professor Sir Bruce Keogh, KBE*  
<http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

NHS England (2013) Transforming urgent and emergency care services in England. Urgent and Emergency Care Review End of Phase 1 Report. <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1ReportFV.pdf>

NHS England (2014) '2013-14 List of Never Events'  
<http://www.england.nhs.uk/wp-content/uploads/2013/12/nev-ev-list-1314-clar.pdf>

Northumbria Healthcare NHS Foundation Trust. (2014) 5 year Strategy

Office for National Statistics. (2010). Projections 2010 - 2030.



Skills for Health. (2014) Workforce Design & Development. Available at:  
<http://www.skillsforhealth.org.uk/workforce-planning/six-steps-workforce-planning-methodology/>

Stevens, S (2014) Five year Forward View, NHS England  
<http://www.england.nhs.uk/2014/08/15/5yfv/>

FIVE YEAR FORWARD VIEW

## APPENDIX 1

### 'THE SIX STEPS METHODOLOGY' TO INTERGRATED WORKFORCE PLANNING



#### **What is the Six Steps Methodology to Integrated Workforce Planning?**

Effective workforce planning ensures you will have a workforce of the right size, with the right skills, organised in the right way within the budget that you can afford, delivering services to provide the best possible care.

Workforce plans are prepared at many levels. At a local level, there are plans (staffing rotas) prepared once a month by a ward manager to ensure that their ward has all its shifts covered by staff with the correct skills and competences to ensure that patient services are delivered safely and effectively.

At the most complex level, there are Strategic Health Authority (SHA) level workforce plans which might be an aggregation of all the plans submitted by the Primary Care Trusts (PCT) and by provider organisations which are used to support strategic and financial planning and education commissioning.

The main aim of the Six Steps Methodology to Integrated Workforce Planning is to set out in a practical framework those elements that should be in any workforce plan.

#### **Who is this resource useful for?**

Six Steps will be useful to anyone working in healthcare human resources, workforce planning, service planning or in designing new ways of working. It helps managers take into account of the local demographics situation, implications on service and finance and provides practical tips, checklists and case studies to work through.

#### **How will the six steps help me and my organisation?**

Use of the Six Steps across workforce planning will help ensure that decisions made around design and recruitment of new staff and teams are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.

#### **How do I use the six steps methodology?**

You can access the Six Steps methodology by following the link below.

In addition you can access a user friendly online interactive guide which walks you through each step and signposts a range of tools and techniques to support each step.

The six steps in the methodology are:

**Step 1 – Defining the plan**

**Step 2 – Mapping service change**

**Step 3 – Defining the required workforce**

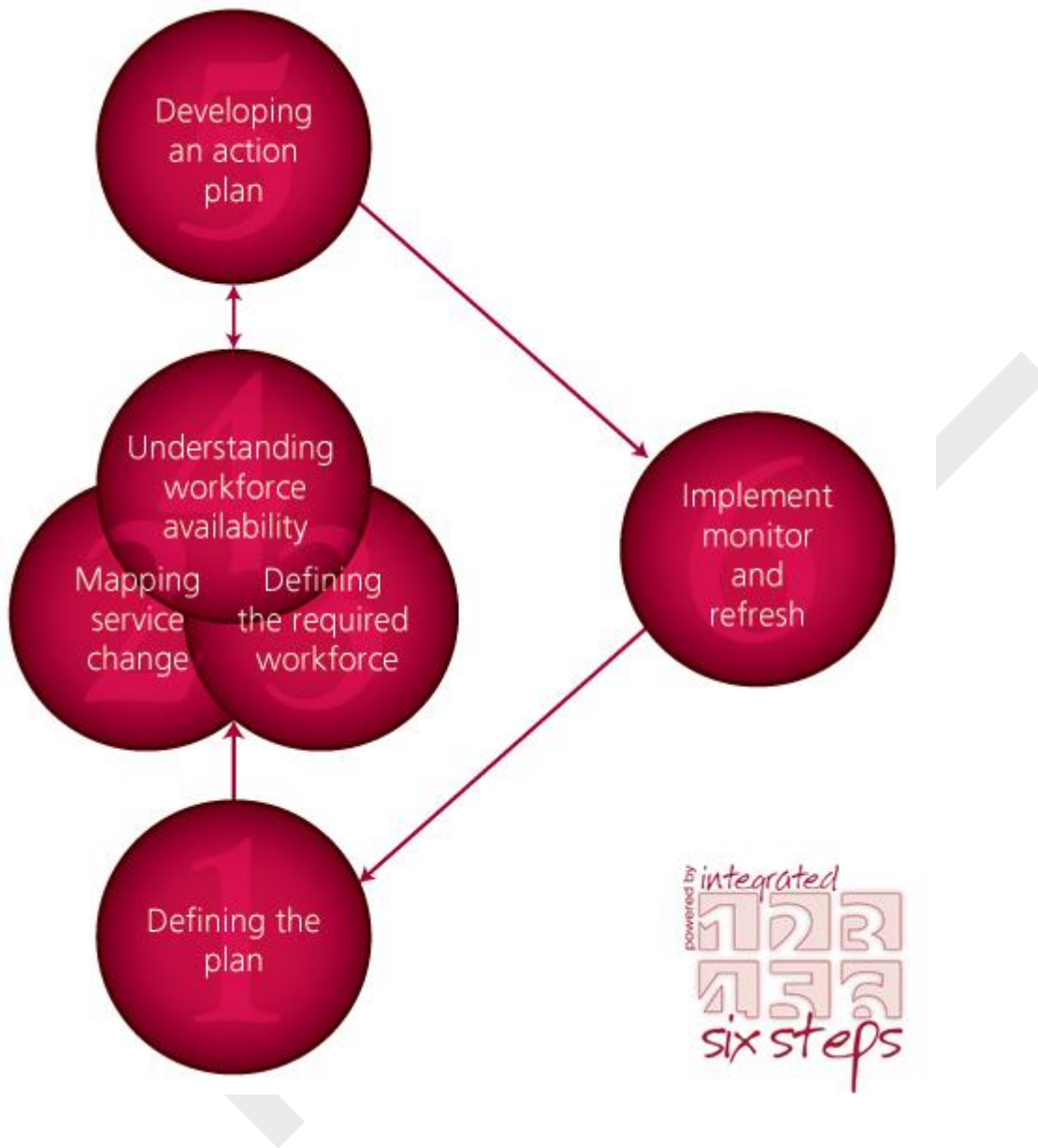
**Step 4 – Understanding workforce availability**

**Step 5 – Planning to deliver the required workforce**

**Step 6 – Implement, monitoring and refresh**



APPENDIX 1 Diagram



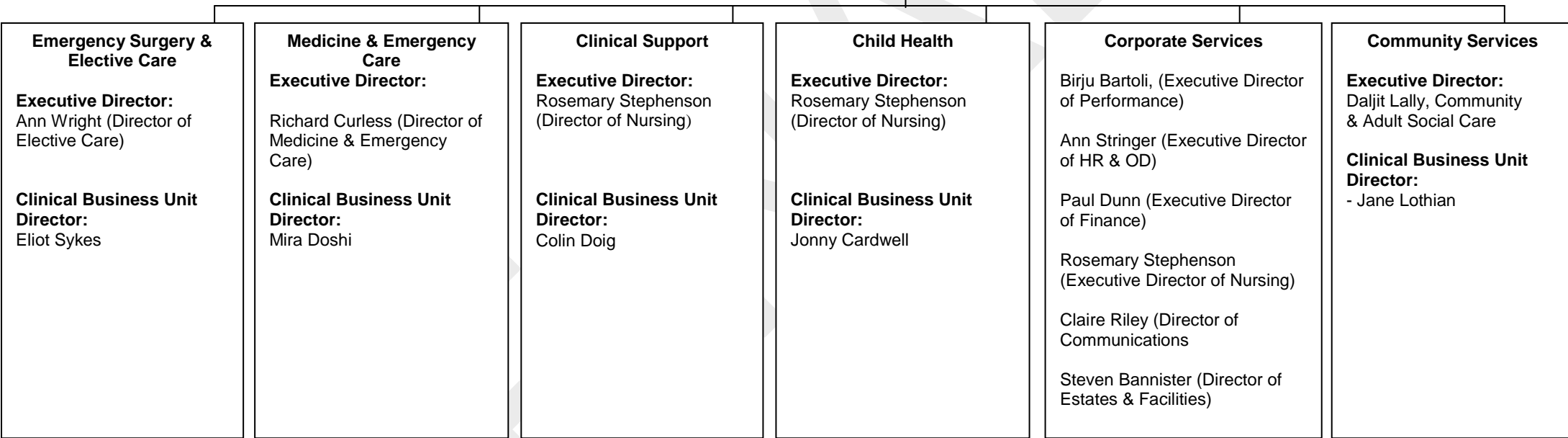
You can find out further information on the 'six steps methodology' by visiting the Skills for Health healthcare workforce portal on [www.healthcareworkforce.nhs.uk](http://www.healthcareworkforce.nhs.uk) or e-mailing the [workforceprojectsteam@skillsforhealth.org.uk](mailto:workforceprojectsteam@skillsforhealth.org.uk). Alternatively you can contact a member of the workforce development team (details on page 3) who will be happy to help.

Appendix 2

**NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST – Business Unit Board STRUCTURE**

**Chief Executive  
Jim Mackey**

**CHAIRMAN  
Brian Flood**



**Non – Executive Directors**

