GREATER NOTTINGHAM & MID NOTTINGHAMSHIRE HEALTH AND CARE PARTNERS MANDATE FOR WORKSTREAM: WORKFORCE

EXECUTIVE SPONSOR: Lyn Bacon PROGRAMME DIRECTOR: Jackie Hewlett-Davies & Charlotte Lawson CLINICAL LEAD: TBC

NATIONAL CONTEXT

NHS England has confirmed that every health and care system needs to come together to create its own ambitious local blueprint for accelerating implementation of the Five Year Forward View. System Sustainability and Transformation Plans (STPs) will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. These Plans will become the single application process for being accepted onto programmes with transformational funding from 2017/18 onwards.

The recent review into hospital productivity by Lord Carter (Feb 2016) set out a range of recommendations relating to workforce, HR and OD. This includes the development of a national people strategy to enable transformation change to be planned and delivered more effectively in trusts that could offer system wide opportunities to improve productivity and efficiency.

LOCAL CONTEXT

Commissioners and providers, from health and social care, across Greater Nottingham and Mid Nottinghamshire have come together to co-ordinate a Nottinghamshire Sustainability & Transformation Plan. The population is increasing and ageing; citizens want a new more holistic model of care which supports the maintenance of independence wherever possible and provides more joined up care that is closer to home when needed; the current reactive and bed based model of care is no longer financially viable.

There is a rationale to develop one integrated workforce development and transformation strategy across Nottinghamshire to support delivery of the 2 transformation programmes, vanguards and other service change initiatives. This will provide clarity to strategic partners on key priorities, challenges and investment (or disinvestment) of available resources and allow employers to focus their efforts on one workforce plan to be used many times. A system-wide approach will help to minimise competition between Nottinghamshire employers for shortage skills and to bring capacity into the county rather than recycling staff within our boundaries.

THE CASE FOR CHANGE

The partners are ambitious to create a profoundly different system with the attributes of an accountable care system, which will improve health and wellbeing, deliver integrated person centred care that meets the needs of local citizens within the available financial envelope. The partners have agreed that successful collaborative working and whole system solutions are required if Greater Nottingham and Mid Nottinghamshire are not to fall drastically short of its ambition and in so doing undermine the continuation of sustainable health and social care services into the future.

To achieve this, our staff need to work in a more integrated way in teams designed around the care needs of our citizens with strong relationships and partnerships that cross organisational boundaries. New models of care will require new roles, new skills and new ways of working as well as co-location of staff from different agencies and the ability to deploy staff more flexibly to where their skills are needed.

HR colleagues need to work in partnership to address shared shortages of key roles and skills to minimise competition within our boundaries and review policies and practices to minimise barriers to flexible employment and deployment.

We have workforce shortages in key areas including acute medical care, urgent and emergency care, general practice and adult nursing with high use of agency staff which is expensive and detrimental to high quality patient care. We need to focus on working differently in a number of key priority areas including Primary Care, Mental Health, Home Care, Residential & Care Homes, Urgent & Emergency Care

VISION

The vision for Greater Nottingham is: A sustainable, high quality health and social care system for everyone that improves the health and wellbeing of the local population

The vision for Mid Nottinghamshire is: "Care, which imposes the patient's perspective as the organising principle of service delivery and makes redundant old supply-driven models of care provision. Integrated care enables health and social care provision that is flexible, personalised, and seamless." (Lloyd and Wait, 2005)

SYSTEM APPROACH

The workforce development & OD strategy will be integrated across the whole Nottinghamshire geography and organisationally agnostic, developed and designed around the needs of confirmed population segments and models of care.

SCOPE

The scope of this workstream is to develop, plan and deliver an integrated workforce development and organisational development strategy which supports the overall delivery of the Greater Nottingham Health and Care Partners programme and the Mid Nottinghamshire Better Together programme. This will be captured in the system wide Nottinghamshire Sustainability and Transformation Plan. The workforce workstream will also co-ordinate activities with the vanguards, pioneers and other local initiatives to ensure there is a coherent and integrated approach across the whole transformation agenda.

The workstream will support the development of collaborative approaches to HR and employment practices where these will enable more flexible deployment of staff and reduce competition between employers for shortage skills and staff groups.

The workstream will address workforce development at two levels:

- Roles, skills and ways of working to deliver new models of care
- Building capacity and capability across the system to lead and deliver transformational change

The workstream will work in close partnership with colleagues from Health Education England and East Midlands Leadership Academy to ensure alignment between programmes of work, governance and assurance arrangements.

The workstream will take account of the development needs of the whole workforce including enhancing the skills of patients, families, carers and communities for self-care and prevention, volunteers and the third sector, staff employed by organisations commissioned to deliver health and care services in the private and public sector.

The workstream will incorporate the following areas of work:

- Workforce Transformation new roles, skills and ways of working: integrated teams, primary care workforce, advanced practice, independent prescribing, use of pharmacists, physician associate, associate nurse
- Organisational Development system capacity, capability and behaviours; new models of partnership working between care givers and receivers, shared decision making
- Collaborative HR Approaches recruitment, retention, deployment solutions, secondment agreements, talent management & succession planning, harmonisation of HR policies, TU & Prof Body engagement
- Workforce intelligence, modelling and analysis: demand & supply data, modelling of options including affordability, population based approach to workforce planning
- Workforce Productivity more effective use of our existing workforce: improved use of technology, e-rostering systems, reducing cost of agency staff, reducing sickness absence, motivated and engaged workforce

ACTIVITIES AND DELIVERABLES (to include early wins)

Activities	Timescale		
Establish system-wide governance infrastructure including new Workforce Transformation Group & links to LETC (first workshop 24/2)	March 2016		
Establish Notts HR Collaborative & develop work programme – first meeting 22/2	March 2016		
Secure dedicated programme resource & agreement with HEE on access to support	March/April 2016		
Identify project leads for each of the five workforce programme areas of work	May/June 2016		
Establish baseline of current workforce, vacancies, shortages. Identify what data we need	April 2016		

	Identify and agree workforce productivity metrics and establish baseline May/June 2016				
	Develop Organisational Development roadmap & development programmes aligned to New Systems of Care workstream milestones including systems April/May 2016				
DESIRED FUTURE STATE	Draft integrated workforce strategy document & work programme sign off at LETC May 2016				
 A sustainable, affordable workforce with the right skills, knowledge and capacity working in partnership to deliver new models of care designed around the needs of our citizens A workforce with the confidence to work in partnership with others and lead and deliver service improvement and change A workforce with positive attitudes and behaviours to deliver and sustain transformed services 					
RESOURCES	BENEFITS (quantifiable clinical and financial)				
Executive Lead: Lyn Bacon, CEO Nottingham Citycare and Chair of Notts Local Education & Training Council (LETC)					
Dedicated resources have been agreed in Greater & Mid Notts to lead and deliver the workstream as part of the core PMO	Reduction in use of high cost agency staff through productivity gains, reduction in sickness absence, more efficient utilisation of existing staff, improved retention (achievement of 3% cap on agency spend)				
1WTE workforce programme lead in each of the transformation programme geographies 1WTE Organisational Development Project Manager	Reduction in HR back office costs through collaborative activity on recruitment, flexible deployment of staff between organisations and other initiatives to be agreed through the HR network				
Specific support from Communications and Engagement team for staff engagement & communications with trade unions	Support to organisations to implement Carter productivity recommendations including HR initiatives to create a positive working environment and implement talent management and succession planning processes				
Specific support from Finance colleagues with regard to the Workforce Productivity strand of work	Good quality workforce intelligence in central system to enable modelling, analysis and benchmarking across				
The workstream will need to work in close partnership with colleagues from Health Education England and East Midlands Leadership Academy:	Nottinghamshire and against other systems Better quality workforce information to enable forward planning and commissioning of new roles, education and training				
Workforce Transformation – Amanda Battey, Locality Partnership Manager Specific support will be required from HEE to support the Workforce Intelligence, Modelling and Analysis strand – To be agreed	New roles and ways of working will release capacity of clinicians to focus on where they add most value More flexible workforce deployment to where skills are needed – improved use of e-rostering systems				
Access to EMLA Systems Leadership resources and programmes	More resilient staff and teams				
	Improved skills across the system to lead and deliver change and to innovate				
GOVERNANCE	ASSURANCE				
Oversight of the delivery of the workstream will be through the Nottinghamshire Local Education and Training	Internal Assurance				
Council (LETC) or successor body, chaired by Lyn Bacon. The LETC will provide regular updates on progress through the governance structure of the Greater Nottinghamshire & Mid Nottinghamshire transformation boards and through the governance arrangements for the	Nottinghamshire Local Education & Training Council (LETC) or successor body will oversee development and delivery of the strategy and work programme and report through local transformation governance structures for Greater Nottingham and Mid Nottinghamshire and STP reporting arrangements.				
Nottinghamshire STP as required. The workstream will work with the newly established Nottinghamshire Workforce Transformation Group to develop and deliver the workforce development and OD strategy and report in accordance with programme requirements.	External Assurance Nottingham and Nottinghamshire Health & Wellbeing Boards Health Education England Governing Body will provide support and guidance to ensure alignment with wider workforce transformation and development programmes The workstream will comply with reporting requirements of NHS England via the STP governance structures and other system regulators as required				
RISK See table below. To be reviewed at first meeting of Nottinghamshire Workforce Transformation Delivery Group 13 th May 2016.	ENGAGEMENT Citizen engagement: Existing structures will be used wherever possible: Citizen's Advisory Group, Stakeholder Reference Group, Lay members on LETC				
	Stakeholder engagement: Staff and trade union engagement will be a critical requirement for this workstream and this will be agreed with the Communications workstreams. Clinical engagement will be through existing reference groups wherever possible.				

		Initial Risk Rating				Current Risk Rating		
Risk Ref	Risk Description	Likelihood	Consequence	Score	Mitigations	Likelihood	Consequence	Score
1	There is a risk that Nottinghamshire does not have a robust 5 year workforce development strategy that is signed up to by all partners leading to a failure to achieve the ambition for service transformation	4	5	20	Partner Board agreement of need for integrated workforce development strategy and mandate to Nottinghamshire LETC to oversee delivery of a system-wide strategy. Early work underway on development and delivery of whole system transformational change schemes to support sustainability in the short-term in the absence of a System Strategy	3	3	9
2	There is a risk that decisions on future workforce roles, locations and ways of working in integrated teams is challenged by trade unions and/or professional regulatory bodies leading to delay / non delivery of anticipated benefits	3	5	15	Early engagement with TU & PB colleagues in codesign and consultation potential future workforce design models	2	4	8
3	There is a risk that individual organisations develop and implement workforce plans that are detrimental to the system level ambitions for the shape, size and cost of the future workforce leading to shortages of key staff groups and skills where they are needed to deliver new care models	4	5	20	HR Collaborative Group being developed to identify opportunities to work collectively on key HR and workforce areas and to have honest conversations about managing resource across the system	3	4	12
4	There is a risk that we lose key staff groups that are business critical to achievement of our transformation ambitions due to unhappiness about the proposed models as they are very mobile and sought after by others	3	5	15	HR Collaborative to develop system wide retention strategies to identify potential risk areas and manage. Staff communication and engagement plans to be developed with Comms workstream	3	4	12
5	There is a risk that we are unable to resolve indemnity concerns for employment of different types of staff in integrated teams and in new locations, particularly employment risks to general practice as small businesses leading to inability to implement new ways of working and new roles on a sustainable basis	3	4	12	We need to seek national advice in order to have a consistent approach to this across the system to ensure employment risks are understood and managed for the individual professionals involved and the employers so they have assurance and are willing to take up new posts	3	4	12
6	There is a risk that there is a lack of system wide capacity and capability to lead and deliver change programmes which will result in delays to the delivery / non delivery of the strategy	4	4	16	Workforce workstream has included OD as a key area of work in its programme. Detailed work has been completed on an OD strategy for Mid Notts that we can use as a starter for 10 to inform this work. There is support for a Nottswide approach to this.	3	3	9
7	There is a risk that there will be insufficient resource available to invest in the new roles and new skills required by the workforce to achieve the new ways of working and future workforce models leading to delays to the delivery / non delivery of the strategy	3	4	12	Nottinghamshire LETC to work with Health Education England to develop appropriate resourcing strategy for delivery. LETC to explore alternative, external opportunities to access resource	3	4	12
8	There is a risk that the design of the new models of care is delayed leading to difficulties in designing the new workforce models and failure to have skills and roles in place to deliver	3	5	15	Ensure early discussions about potential models of care are fed into the workforce workstream to enable work to begin as early as possible	3	3	9

[Type text]

		Initial Risk Rating				Current Risk Rating		
Risk Ref	Risk Description	Likelihood	Consequence	Score	Mitigations	Likelihood	Consequence	Score
9	There is a risk that the new workforce models and ways of working do not deliver the anticipated cost reductions leading to the new system remaining outside the financial envelope available	4	4	16	Work with HEE and Finance colleagues to have early access to workforce and financial modelling to understand the design options available within the financial envelope	3	3	9
10	There is a risk that the required changes in behaviours will be difficult to achieve in the timescale needed leading to a failure to deliver the transformation plans particularly in primary care	4	5	20	Develop system wide approach to engagement and investment in development opportunities as part of OD plans	3	4	12