Outputs/Slides from “Developing Workshop Planning” Workshop (Thursday 7th May 2009)

Health Economy Group Work

SWOT Analysis of current workforce planning processes
**Strengths**
- Initiates thought process
- Skills & Willingness present
- Integration between Financial & HR Planning (providers)
- Encourage dialogues between teams
- Integration between Training/Education & HR Strategies
- ESR – transforming data quality

**Weaknesses**
- Planning cycles don’t fit commissioning cycles
- Chicken & egg: strategy vs Workforce plans
- Shifting environment
- Data quality poor
- Constant structural change – Impacts, Trend Analysis
- Workforce plans driven by financial modelling
- No Health economy-wide thinking
- PBR (Tariffs)

**Opportunities**
- ACO/APO Split allows service redesign from scratch
- Different mindset
- More detailed Trend analysis
- Talent Development
- Community contracts
- Stakeholder engagement
- PBR

**Threats**
- Change of government (political football)
- Economic downturn
- Capability/Capacity
- Over-regulation
- Focus on compliance – target-focussed
- Tension between collaboration & competition

*Continued...*
### Strengths
- We have one Focus & Awareness
- Integrated with Finance & Service Planning (Some)
- Capability of Workforce Planners
- Links to NESC, SHA, WRT.

### Weaknesses
- Capacity of Workforce Planners
- Short-term org.priority
- Gap between reality & strategy
- Still seem divided within SCSHA

### Opportunities
- Commissioners & Providers working together

### Threats
- Foundation Trusts – possibly choose not to input
- Shifts between primary/secondary care
- Feeding the beast – inconsistent format of returns
SHORT TERM
- Financially driven plans
- Numbers Production Issues
  - Communication
  - Stakeholders
- Welcome Commissioner/Provider agreement
- Supply-side – “Silo”
- Looking only a year ahead is not really workforce planning
  - Workforce Information vs Workforce Planning
  - Internal Communication
    - Workforce
    - Nursing
LONG TERM

Long term commissioning intentions
- Our own strategy known
- Critical mass and changes to demand
- Education beyond registration
Strengths

• No-one can do it better
• W.P.I financially focused/driving finance process.
• Genuine desire to “get this sorted”
• Leadership within healthcare economy
• Ability to innovate
• Activities:
  ➢ Influencing skills
  ➢ Cohesive approach
  ➢ Numerate

Weaknesses

• Inherent weakness for change within NHS
• Giving up work streams/practices to make way for new
• Contractual organisational boundaries
• Haven’t yet got “own house in order”
• Lack of clarity about role of Workforce Planner / grade
• Private providers taking (pre-reg staff) those trained by NHS

Opportunities

• Driving process: making QUALITY starting point / motivator – driving productivity / efficiency
• Ability to look at things differently
• Management of careers of healthcare staff.

Threats

• Might take easy (financial) position and lose posts.
• Organisational form (eg FT; 5 year planning cycles) a threat to Workforce Planning.
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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>• Established provider</td>
<td>• Do not currently meet as Econ. to discuss workforce</td>
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<td>• Active in system</td>
<td>• Duplication of effort across Health Economy</td>
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<td>• High-level of knowledge of staff</td>
<td>• Lack of clarity around roles</td>
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<td>• Data / ESR Data Warehouse.</td>
<td>• Future vision / forecasting e.g. £; care closer to home</td>
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<td>• Links with Social Care</td>
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<td>• Lack of integration between medical and non-medical</td>
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<thead>
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<th>Opportunities</th>
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<td>• Improve integration / shared planning</td>
<td>• Conflict of interest</td>
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<td>• Include Workforce in contract meetings</td>
<td>• PCT role of Market development vs. Foundation Trust</td>
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<td>• Centralised resource of COM/CES</td>
<td>• Political shift</td>
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<td>• Modernising careers as an enabler</td>
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<tr>
<td>• Big Idea: One employer in Health Economy who deploys staff where needed; facilitates Workforce Planning</td>
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