



# **The Nixon Workforce Development Model**

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Nixon, B. (2005). *Delivering workforce capacity, capability and sustainability in Child and Adolescent Mental Health Services*. Manchester: Strategic Health Authorities, Northwest.

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## A Model for Workforce Planning

The model presented follows a rational approach to planning, although there is an awareness that there is always some level of chaos within any system. The model presented follows a series of six stages and it is recognised that services will be at different states of development within and between each of these stages (see Figure 1).

### Aim

The Aim of this guidance is to set out the principles and methodology by which local specialist Child and Adolescent Mental Health Services can estimate the demand for staff and to match this against the anticipated supply of staff. Its primary purpose is to offer guidance and support to the development of workforce plans that are well integrated with services. The outcome from following this guidance will be initially, the working towards the development of a Joint Workforce Plan that will assist localities in ensuring that they will have a workforce capable of delivering their service development strategy.

### Client Group

The client group covered by this document is child and adolescent mental health initially focusing on specialist CAMHS. Further development of this document will take place over time to support workforce planning across the four tiers of service provision and delivery.

### Responsibility and Roles for Workforce Planning

The production of a coherent Joint Workforce Plan is not an optional exercise. Localities need to understand the dynamics of the workforce issues in order to develop service plans that are both realistic and consistent with Every Child Matters, the Children's NSF and NHS Plan. It is clear from the Local Delivery / Implementation Plans and CAMHS Strategies that localities are struggling with workforce planning in all its forms and in some cases it is not being prioritised.

### Aims of Workforce Strategy

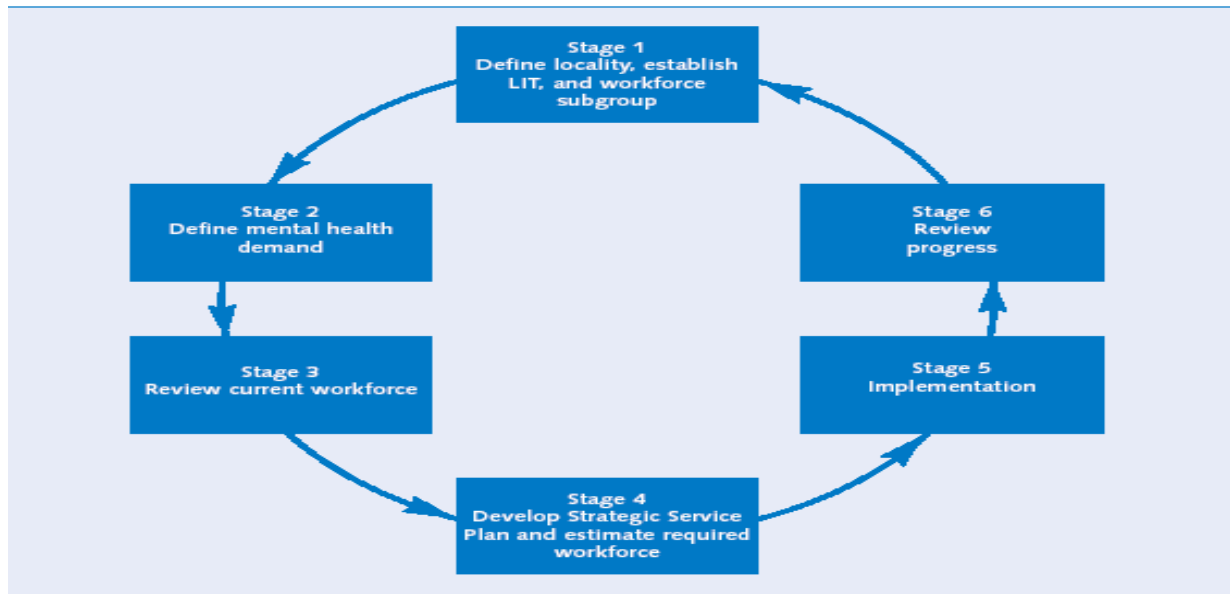
There are six key aims:

1. To improve **workforce design and planning** so as to root it in local services planning and make it understandable and meaningful to people in local services and other key organisations.
2. To identify and use creative means to **recruit and retain people** in the workforce in order to increase the overall numbers in successive years.
3. To facilitate **new ways of working** across professional boundaries. To make the best use of specialist staff group to meet the needs of service users and carers.
4. To create **new roles** to tap into a new recruitment pool and complement existing staff groups.
5. To develop the workforce through revised **education, training and development** at pre and post qualification levels and for continuing professional and practitioner

development, increasingly focusing on the shared and distinct capabilities required to meet both staff and user needs.

6. To develop **leadership** and change management skills within professional and managerial staff in all stakeholder organisations and multidisciplinary settings.

**Figure 1. Workforce Planning Model**



### **Stage 1. Define the Locality and Care Group and Establish the Workforce Team**

The CAMHS partnership should take on the task of developing the Joint Workforce Plan or should establish a subgroup (Workforce Team) to take on the task. It is important to define the client care group and geographical locality at the start of the process. The workforce planning structures must match the local service planning structures and make sense locally. At the outset, consideration needs to be given to deciding the geographical boundaries of the locality.

Key directors and managers need to be fully engaged and participative in defining the exact scope of the workforce strategy. The strategy needs a clearly articulated vision, defined measurable objectives, workforce and HR encompassing actions plans, an implementation plan, evaluation and review mechanism and be able to be performance managed.

- Define the timescales – when is the strategy going to be delivered with clearly defined milestones for measuring success.
- Define the delivery programme – who will deliver it, which stakeholders are involved and what markers are there for determining the success.
- Scope the plan – what are the aims and objectives of the plan, what is its real intention?

The guiding principles below ask probing questions that will guide the defining of the time-scale's, articulating the scope and simply describe the function of the workforce strategy and action plans. These principles must be answered with finance, capacity and service colleagues. They cannot be completed in isolation.

## **Scope**

Are finance, service and capacity involved with scoping, timescales and function discussions?

What services and organisations are included / involved in the over-arching strategy?

What business and service strategies will the workforce strategy support?

What services and staff groups will be impacted upon?

What engagement, involvement and agreement plan will support the strategy?

Who will lead the strategy and ensure the delivery of all the components?

What barriers / challenges are likely to assist and what actions could be used to resolve them?

What risks have been identified and what action plans can be implemented to reduce them?

What location / boundaries / economies are included in the strategy?

What alignment plans are there for service, capacity and finance?

What key assumptions and evidence baselines will be used?

What will be included or excluded from the plan and why?

What format will it take?

Who will deliver it?

How will it be produced?

How will it be marketed internally and externally?

Will it cover public and patient involvement?

What are the key priorities?

Who will be affected by the strategy?

Have all partnership mechanisms been considered?

## **Timescales**

What are the milestones and timescales for delivery?

When will the strategy be produced?

## **Function of the plans**

What objectives will the strategy deliver?

What ministerial, national, local drivers will it achieve?

What LDP targets will the strategy deliver?

What will the strategy deliver to the health economy?

## **Stage 2. Defining Demand for Local Mental Health Services**

In order to have a good grasp of the mental health needs of the children and young people, including those aged 16/17 and with a mental health and learning disability, for whom a service is to be provided, it is important to gather information about service demand. Responsibilities for collecting the data should be clearly defined. The scope of the data collection will need to be limited to avoid this becoming too onerous, particularly if resources are low.

There are two approaches to forecasting demand:

- identify the needs of those in contact with services and forecast changes based on previous experience
- estimate the demand from epidemiological data (ONS) – this is likely to reveal current and ‘hidden demand’.

The first approach may be appropriate to get results relatively quickly when resources and time are limited. The second approach can provide valuable additional information about hidden demand, but is only partnerships have the resources and skills to make these forecasts and intend to take action to meet some of the hidden demand. With the first approach, data collection should concentrate on the local known morbidity. This information may for example include:

- Numbers by age bands, gender and ethnic background
- Numbers of people 'difficult to engage'
- Numbers seen in primary care
- Numbers of people with learning disability
- Numbers of people in contact with youth offending
- Number of young people in care of Local Authority
- Number of young people with SEN
- Number of people with substance abuse
- Numbers of people who self harm

With the second approach, the local population data should be multiplied by the morbidity data for each disorder, age/sex category and the results summed to give a crude estimate of the morbidity in each geographical area. This could then be adjusted to reflect local circumstances and factors such as ethnicity and deprivation. The resulting morbidity would be translated into a demand for service which would need to be taken into account when developing the Local Strategic Service Plan (Stage 4). This way of estimating demand (and the hidden morbidity), could be compared with the numbers in contact with services and forecast changes as a reality check.

In order to undertake this second approach, the following data about the population that might be served by mental health services would need to be collected:

- Numbers
- Age bands
- Gender
- Minority Ethnic groups
- Numbers of special groups (e.g. refugees, asylum seekers, SEN).

The population estimates should use ONS data and forecasts of the age-sex distribution for each area. It may be necessary to prorate the population forecasts if the model areas cut across forecasting areas (e.g. electoral wards). The Mental Health of Children and Adolescents in Great Britain (ONS) can then be used to estimate the prevalence of mental health disorder in the population. Mortality could also be included, although this does not directly affect service use.

It maybe possible to fine tune the estimates of local morbidity by using locally generated data, but this is often fragmented and relates more to provision than underlying need. Data on the local ethnic breakdown, deprivation, unemployment, education and housing may also be used to derive local morbidity. In addition, the resources and knowledge of public health staff maybe helpful in estimating demand. Finally, it may need to be assumed that morbidity will be constant over the planning period although it is recognised that the more proactive services will consider the likely future changes in demand.

Developing the vision requires key decision makers to articulate the vision of the organisation with a number of scenarios to deliver the vision. The vision requires some quantification to ensure progress can be made towards the vision via goals, targets and values (For example: The organisation intends to deliver comprehensive integrated services to children and young people with learning disabilities in a particular locality by (specify date). The vision clearly sets out an action plan, timescale and number which can be measured against. The vision can include some high level modeling of the options around patient needs, new service models required and new ways of working across organisational boundaries to deliver patient centred care.

- The vision can include how the organisation will develop the demand forecast and the currency used (services, establishment, skills and competencies and capacity)
- The vision can include some high level gap analysis and a risk assessment which will highlight the solutions and action planning required that delivers the vision and any contingencies required.
- The whole process requires justification, review and evaluation.
- The whole process requires detailed currency for performance monitoring and management to ensure successful delivery of the vision and whether the implementation of option A or B has made a real difference
- The process requires consideration of the guiding principals

### **Guiding Principles**

Are all stakeholders, staff, and services engaged and involved with articulation of the vision?

Does the vision take into account the locality, the region and health economy?

What will be the foot print of the organisation on achievement of the vision?

What types of services will be delivered, where will they be delivered, how will they be delivered and what types of skills and competencies will workers require to deliver the new workforce vision?

Are the workforce goals and targets clearly articulated and achievable?

Have all the potential scenarios been considered?

Does the workforce vision underpin the values and beliefs of the organisation?

What outcomes will the workforce vision achieve?

Does the vision underpin the culture of the organisation?

Have you considered all the services and the clusters of services

Does the workforce vision match the service and finance vision – what gaps closing measures do you have?

Have you incorporated all the ministerial, national and local strategic drivers that impact upon your organisation?

### **Stage 3. Reviewing Current Services and Workforce**

This stage involves identifying the current services provided to the client group, and the workforce and the workforce factors effecting the recruitment and retention of those involved in delivering services.

#### **Review Current Services**

A thorough review of current services and their operation is of great importance in developing the Local Strategic Service Plan. The major considerations in conducting a review are identified below.

- Identify and map the current services. This should include identifying the service components, and how they relate. Services for people with a learning disability and mental health disorders and substance abuse should be included in the map.
- In the process of reviewing the current services, it is important to identify major issues and difficulties that need to be addressed in developing the Local Strategic Service Plan.

### **Review Current Workforce**

A key part in planning for the future workforce is reviewing the current workforce. It is recognised that the such breadth of CAMHS maybe initially difficult, but is important as a long term aim. This review should include issues concerned with the profile and supply (i.e. retention and recruitment) of existing staff. Consideration should also be given to the nature of the labour markets likely to impact on the recruitment and retention of staff. Issues to consider in this review are identified below.

The core data required are the numbers and types of staff by agency, service component and location. When collating data across a number of organisations care needs to be taken to ensure compliance with data protection legislation. A more detailed list of information that potentially could be collected is included below.

### **The local labour market**

The collection of information about the local labour market is unlikely to be given a high priority. It is, however, likely to be extremely important in the recruitment and retention of certain groups of staff. The Workforce Team needs to be aware of these issues.

The following list provides some useful sources of information about the local labour market.

- To establish the current numbers of staff within each service component broken down further into whole time equivalent (wte) or headcount and part-time/job shares.
- To establish the current numbers broken down by types of staff e.g. professional and non-professional, care delivery, and administrative and support staff.
- To establish the current numbers of staff showing profiles by age, retirement, gender, ethnicity and length of service.
- To establish whether the workforce reflects or is representative of the local community.
- To establish the number of vacant posts and vacancy rates by types of staff, service models, care groups and geographic location.
- To establish use of locums (short and long term), agency or bank staff (and overtime) to include numbers, types, localities, costs and percentages of existing staff or staff employed elsewhere.
- To establish the past trends of recruitment (including first time recruits from training programmes), retention and vacancy rates.
- To establish the age ranges of staff being recruited.
- To establish the current team structures to include skill mix, qualifications and experience.
- To establish the staff absence rates, including reasons, and staff turnover rates.
- To map acknowledged “hard to staff ” areas e.g. acute inpatient units.
- To establish where staff are recruited from (i.e. local, national or international pools).
- To establish whether there are any trends in the geographical localities (homes) of both numbers and types of staff.
- To establish the levels of training amongst the staff groups (this may be difficult to obtain if such data is not regularly collated).

The availability of local labour is linked with other local issues, including transport links and unemployment. However, a detailed consideration of the local labour market, relevant to the service, will involve answering the following questions.

- What is the breakdown in terms of ages of the population and gender mix? eg. is there a preponderance of older people? Is there likely to be a bulge in school leavers?
- What are the likely future economic conditions for the area?
- What is the local employment situation, including unemployment, competition and variations between different geographical areas? Are there any particular unemployed groups that could be targeted for employment in Mental Health Services?
- What are the levels and types of competition for local staff? Eg. are there some big employers already in place or will there be some who are expected to move into the area?
- What are the local expectations about rates of pay, terms and conditions? eg. is the local supermarket paying more per hour for the “untrained” workforce?
- What is the local education attainment and expectations? eg. is there a sixth form college?
- What effect does a shortage of affordable housing have on the local labour market?
- Is there potentially an untapped source of staffing? eg. the minority ethnic population?
- How might service users and carers be used to develop the workforce?

*(some of this information available from CAMHS Mapping)*

### **The Regional/National/International Labour Markets**

The recruitment and retention of certain staff groups will be dependent on national and regional labour markets. It is these levels that often are the most important for professional groups, and the local service needs to review the situation with respect to staff from the national/regional labour markets. The possibility of recruitment from the international labour market requires an awareness of the realities of these markets for particular professional groups.

### **Calculating the Demand**

Calculating the workforce demand to deliver the workforce vision / scenarios involves identifying the currency of the demand – the whole time equivalent of skills and competencies to deliver service capacity. The impact on demand comes from many sources and places tension on the direction of travel. For each service provision, the impacting drivers need to be taken into account as they can add weighting to the WTE required to effectively and safely deliver the services.

To calculate demand, is to look at what each of the service visions are expected to deliver and calculate exactly what you would need in terms of workforce capacity to deliver that desired future service. Ignore your current workforce capacity until this exercise is complete as it will only detract the thought processes required. The whole system planning model is ideal for determining future demand and takes into account physical and financial resources whilst determining workforce demand around population / patient centred needs. It is imperative that the demand calculated is affordable (**there is no point in forecasting a major growth in workforce when financial revenues are in deficit**).

### **Forecasting and assessing supply chains**

The desired future demand of workforce capacity in terms of skills and competencies clearly identifies what is required in the future. To ensure organisations have sufficient supplies in the future it needs to analyse its current workforce supply (an audit or SWOT analysis) to indicate how far current demands are being met. Any gaps in the system will need to be

addressed immediately in order to deliver the new supplies of the future. Organisations need to consider all the supply mechanisms into their system, the outflows from the system and the impact on the actual workforce capacity delivering service.

### **Guiding Principles**

Establish a clear picture of your workforce in terms of numbers and the areas of specialty based on occupational codes. Obtain clear numbers of the potential trainees to enter your system (undergraduates, medical students and any others).

Using the model, consider;

**The job ready population** – (staff within or who could adapt to NHS working very quickly) which includes:

- Developing the skills and competencies of existing staff using agenda for change and knowledge and skills framework through personal development programmes
- Recruiting staff from other healthcare employers within or outside the NHS
- Return to practice staff from all specialties
- International recruitment for all specialties and hard to recruit to posts
- Succession planning for staff groups to develop into new or more skilled roles
- Retention strategies to keep your highly skilled and competent staff
- Effective workforce utilization can enhance the supply of your existing staff by smarter rotas and rosters.
- Utilisation of bank staff to increase supplies
- Utilisation of locums
- Utilisation of contract and temporary staff to increase supplies in period of high demand.
- Widening access schemes
- Offering incentives to stay or come back

### **Organisational Development and Modernisation**

An organisation can enhance its supply through development, modernisation, and new methods of working and new roles.

- The role of support workers/assistant practitioners
- Role of and expansion of advanced practitioners
- Development of AHPs roles
- Modernisation of services
- New methods of learning can develop the existing workforce much quicker than the long lead times of some professional education.
- Multi-agency and multi-professional posts
- Productive time efficiency measures
- Ensure fitness for purpose through training needs analysis (TNA)
- Link in with education providers and the Ongoing Quality Monitoring and Enhancement Process (OQME) to underpin workforce improvement

### **New Supply**

An organisation can increase its supply of workforce through:

- Recruiting from non-healthcare workforce to boost economy supply
- Recruitment of newly qualified staff from: undergraduates, assistant practitioners, and any others.
- Offering clinical placements
- Offering secondments

- Offering short term contracts to boost new supply
- Widening access schemes – equality and inclusion agenda
- Attracting school leavers and engaging school children
- Increasing commissions
- Reducing attrition rates in education
- Improving the first destination rates from education into health and social care

### **Independent Sector**

- Enhance supply for specific services by using independent sector provision where applicable create joint ventures to share their supply

### **Consider the outflows and loss of supply in the system.**

Key indicators are:

- Current and long term vacancies either to maintain establishment or achieve growth
- Sickness and absenteeism rates – covering sickness and absenteeism
- Bank and agency spend - diverting funding
- Locum spend – diverting funding
- The levels of overtime used – costs versus plain rates
- Service movements (relocation or reconfiguration of services)
- Competition from the Independent sector to recruit highly skilled and competent staff and vice versa.
- Retirements
- Leavers from your organisation
- Leavers from the healthcare sector
- Secondments
- Study leave and career breaks
- Potential losses from some flexible working arrangements
- Loss of goodwill factor – inflexibility and work to rule
- Very high stability – resistant to modernisation changes
- Do you have a current workforce capacity baseline?
- Do you have your current and future commission numbers for the timescale of the plan?
- Have you mapped future supply and against current supply and identified an action plan for closing the gaps.
- Are your current workforce supply meeting demand effectively
- What are you doing to reduce vacancies?
- Do you have a recruitment and retention strategy or action plan?
- Have all the options been costed for viability?
- Have you considered all the options for increasing, maintaining or re-deploying workforce supply?

Once each of the service provision future workforce capacity requirements is identified then you can use current workforce capacity baseline to map the differences. The differences should highlight the action planning required now to achieve the future demand through training, new roles, skill mix, service reconfiguration, modernisation, education commissioning, whole system change and workforce development. Lastly if the gaps between current workforce capacity and desired future workforce capacity portray a growth or maintenance of workforce establishment, this in turn generates additional demand.

## **Guiding Principles**

Workforce demand / capacity can be measured in a number of ways that are required to deliver the planned service by staff group / or service but clearly articulates the skills and competencies required to deliver the service these include:

- Headcount
- Actual whole time equivalent
- Establishment whole time equivalent

Calculation of the demand needs to take into consideration a number of key elements:

- Each service area or potential new service needs to be mapped for demand from the vision.
- The planning cannot be done in isolation and requires service and financial intervention to ensure that workforce delivers the services within financial balance.
- Demand cannot be calculated by increasing the current workforce by a percentage. It needs to be calculated from the vision of the service provision to highlight skills and competency mixes and new types of workers to deliver services.

Demand should be weighted to take into account

- Local weighted population and demographics
- The ministerial, national and local drivers
- The key targets noted in national service frameworks
- Current pressures to fill long term vacancies
- Demand from retirements and leavers to maintain current establishment
- Pressures placed on organisations to support the current training systems (Competition for specialised / hard to recruit to specialties)
- Sickness and absenteeism
- Bank and agency usage
- Locum usage
- Turnover
- Seasonal demands
- Political, Economic, Sociological and Technological demands
- Age profile of the workforce
- Stability Wastage
- Productive time improvements via IT, workforce reform and modernisation of services
- Have all the drivers (ministerial, national and local) been taken into account?
- Is the plan underpinned by the pending workforce productive time indicators?
- Do you have a numbers required for the desired future workforce?
- Do you have numbers of your current workforce capacity?
- Have you mapped the gaps between desired and current and identified methods of modernisation, skill mix, and system and process changes to reduce the gaps?
- Does your demand include the hidden demand to maintain service as well as expand services, change services or implement new service models?

## **Stage 4. Develop a Strategic Service Plan and Estimate Workforce Needed**

In order to estimate the workforce required into the future, it is vital that the Workforce Team have a clear and coherent Local Strategic Service Plan designed to meet the demand. The changing nature of public expectations and evidence for the most effective services means

that such Plans are inevitably dynamic and need to be regularly reviewed and updated (minimally every three years). The Strategic Service Plan needs to be developed with the relevant organisational stakeholders and service users and carers, should be disseminated widely and should be subject to robust scrutiny. It should be clear enough to be used as the basis for estimating future workforce demand. The crucial steps developing the Local Strategic Service Plan in Stage 4 are as follows.

- Review and update the existing service plans (see Stage 3).
- Identify the values and principles on which the service will be developed.
- Develop a coherent and comprehensive local Strategic Service Plan
- Decide the demand to be met for each service component and location, clarify functions and interrelationships between service components.

The Strategic Service Plan should also show the following features:

- Be future oriented, and make it clear what is being aimed for (eg: over the next 5/10 years).
- Be coherent with the strategic vision in the Local Delivery Plans and its key strategic objectives, activity milestones, targets and outputs.
- Include the service components specified in the Child and Adolescent Mental Health policy guidance (PSA Targets) and be designed to meet the standards of the NSF and ECM.
- Specify, as far as possible, which organisations will be responsible for providing those services.
- As far as is possible include the role of the voluntary sector and private sector in the plan.
- Need to be under continual review to take account of experience and innovations, particularly with regard to the development of increased flexibility in the roles and responsibilities of staff.
- Should identify those groups of people with mental health problems who require StHA wide services, supra StHAs or National Services.

### **Estimate Workforce Needed**

The Local Strategic Service Plan should be sufficiently clear to be used to estimate the workforce required and lead to the production of the Joint Workforce Plan. The work involved in the production of the Joint Workforce Plan is outlined as follows.

- Identify for each service component, the staffing and skill mix required to provide that service, taking into account national guidance, but also taking the opportunity to develop innovative local solutions. An illustrative spreadsheet for estimating the future workforce and for collating this information is included.
- Collate the staffing information to give an estimate of the total staff numbers required by type, agency and location.
- Identify the gap between current and the future staff and skills required.
- Clarify the relationship between local labour market factors and expected staff demand (i.e. are there enough people available in the local labour market?).
- Identify the relationship between demand and the national labour market.
- Where appropriate, establish the workforce needs of other agencies involved in delivering mental health services e.g. YOT/I, Education etc.
- Provide information for the commissioning of training places and programme content, review the results for feasibility and discuss the skill gaps with the Workforce Development Confederation/StHAs.

- Produce the Joint Workforce Plan agreed by the relevant agencies, and including the action required to develop the future service with priorities and timescales.

### **Skills Mix**

In developing the Joint Workforce Plan the issues of skill mix will require careful consideration. The *plan* needs to address not just the total numbers of staff required but their skills and skill mix between team members and agencies and the way they are deployed geographically and between teams.

Below are a number of key questions which are likely to require careful consideration in the development of the Joint Workforce Plan and the implementation of the Local Strategic Service Plan.

- What do the current job descriptions say about roles, responsibilities, skills and competencies?
- How are the forthcoming National Occupational Standards, Skills for Health, going to be used to develop the skill mix of staff and to influence job descriptions/specifications?
- Do professional staff concentrate on what only they are trained to do?
- Are professional staff involved in tasks which others are more suited (or trained) to do?
- Does the morbidity and mortality data (trends) suggest a change might be required in the skill mix?
- How are the new types of primary care workers going to effect skill mix and where will they be located?
- How do services intend to deploy and use the proposed Community Development Workers for ethnic minority groups?

### **Contextual Issues**

In putting together the Joint Workforce Plan, it is important to take into account the variety of HR policies that should support putting the plan into practice. These policies can be accessed through the Internet (e.g. [www.doh.gov.uk/iwl](http://www.doh.gov.uk/iwl)). A local HR Strategy should be part of the service development agenda and as such, it is important that HR managers and planners are integral to the service development process. The HR agenda should also be interwoven into the Local Delivery Plan and Joint Investment Plan process.

Any final estimate is dependent on other issues concerned with the recruitment, attrition (during training) and service retention after qualification of professional staff in training. This information should be given by the training providers to the Workforce Development Confederation/StHAs and should be used when making commissioning decisions.

### **Stage 5. Implementation**

Stage 5 involves the implementation of the Joint Workforce Plan. It is also important that the development of the services occurs in a way that is coordinated with the Workforce Plan. The Joint Workforce Plan which should include an Action Plan identifying priorities and timescales should be drawn up and agreed by all parties. The plan should answer the majority of the questions identified below.

- Where are we now?
- What do we want to achieve?
- How do we get there?
- What steps or actions need to be put in place?
- What is the timeframe for achieving the steps/actions?

- What are the constraints and how might they be overcome?
- What resources are required and who will provide them?
- Who has the responsibility for achieving each step or action?
- What support can they call on and who will provide it?
- Who are the stakeholders and how are they going to monitor and review this?

Implementation will involve consultation and collaboration with, and action by, the Workforce Development Confederations/StHAs. The provision of data to the Workforce Development Confederation about the commissioning of training numbers across professionals as well as advice about investment in continuing professional development and other workforce developments is vital to successful implementation. Without good local plans the effectiveness of the Confederations/StHAs will be significantly impaired. Linking into the workforce planning cycles with appropriate and timely information will also be crucial to successful implementation of the Plan. The Workforce Team should provide a report on progress with their Action Plans every three years to the StHAs and Workforce Development Confederations. These plans should aim to ensure a high quality workforce capable of delivering the service that will inspire the confidence of the public and service users.

For those supplying the information which goes toward developing the Joint Workforce Plan, there needs to be a feedback mechanism or loop. This is so that they can see that the data or information they are providing is both useful and is feeding directly into the development of such a plan. This will help drive up the quality, provide a sense of collective ownership to the process and provide for a review of the type, adequacy, quality and time-scales of the information being provided.

### **Stage 6. Cycle of Review**

Workforce planning needs to run to a clear annual cycle of updating plans and evaluating the actions and timescales. It is vital that the workforce planning processes are tied into the broader cycles of service planning and review. It is suggested that a more thorough systematic three yearly review of the information analysis and workforce planning process is undertaken. This tri-annual cycle is suggested to take account of the complexity of the workforce planning process and time required to evaluate implementation. This cycle and timescales should operate across all agencies and all staff groups on a consistent and coherent basis. The review process should also monitor progress against the action plan, put in place to support the Joint Workforce Plan.

The whole purpose of your workforce action plans is to bring about change – service improvement, workforce improvement, workforce development, applicable skills and competencies, a supply to meet the demand and mechanisms for bridging any gaps. The action plans will be worthless unless it is implemented and actions happen.

### **Performance management, monitoring and productivity; Local Delivery Planning (2005-2008) Monitoring**

It is envisaged that the workforce envelopes aggregated from trust submissions in the Local Delivery Plan 2005-2008 will be monitored on a regular basis by the SHA, It is important that the organisations strategy and action plan underpin the envelopes established by the organisation. The Recovery and Support Unit have indicated that a number of Local Delivery

Plan Reviews (LDPR) are planned over the next 12 months. Any modifications to the LDP must be reflected in the action plans to substantiate the change and ensure plans are robust.

The workforce envelopes will be monitored by the SUP01 staff subgroups. Any modifications must take into account the productive time measures for improving efficiency through skill mix and whole system process change.

## Monitoring

Monitoring can take many formats; use the most applicable and appropriate for your organisation to monitor progress:

- Progress against action plans
- Project Plans
- Report Card
- Balanced Scorecard
- Variance monitoring
- Progress against trajectories
- Gap analysis
- Organisation comparison
- Organisation ranking
- Service delivery plans
- Financial budgets
- Star ratings – annual healthcare check review
- Traffic lighting progress

Evaluation of the process needs to ensure that the strategy is delivering the strategic objectives. The whole ethos behind this strategy / action plan document is that it produces a “living” strategic action plan that can be updated, amended, evaluated and reviewed to produce the best outcomes for the organisation. The concept therefore requires regular evaluation, review and adaptation as it works towards a whole CAMHS systems approach and as ministerial, national, local and current reality drivers kick in or change momentum. If the monitoring process does highlight any variances from the plans then implement the evaluation process. The table below is a guiding premise only.

<b>Evaluation Process</b>	<b>Action</b>
Which objective is not been achieved?	Trace through the 6 steps of your plan to identify the cause and effect of the variance.
Which action plan is not been achieved?	Trace through the analysis and action plans to identify the action plan and consider the elements outlined below. Look at the priority criterion and assess the impact assessment of not completing the action within the desired time frame or the outcome deviates from the plan.
Cause and Effect	What cause and effect does the variance have the rest of the action plan and strategy?
Visit the Project Plan (Milestone plan)	Which deliverables that underpin the final objectives are affected? What interdependent milestones are impacted?
Responsibility Chart	Who will be responsible for evaluating, review and adapting the actions and tasks?

	<ul style="list-style-type: none"> <li>▪ Decision makers</li> <li>▪ Consultation team</li> <li>▪ Participants</li> <li>▪ Stakeholder</li> <li>▪ Implementers</li> </ul>
Activity Schedule	What impact is their on the duration of the task and interdependent tasks?
Risk Matrix	<p>What unfavourable consequences may arise?</p> <p>What contingency plans can be implemented?</p> <p>Does the risk matrix need amendment?</p>

Monitoring and evaluation may highlight potential variances from the goals and objectives. If plans and goals are not going to be achieved then a radical review of the plan may be required.

### **Summary**

There is no intention that the guidelines contained in this paper are to be prescriptive, rather they have been drawn up to help localities in providing workforce plans that are well integrated with service planning.