



Yorkshire and the Humber

**NHS YORKSHIRE AND THE HUMBER
WORKFORCE AND EDUCATION DIRECTORATE
BUSINESS PLAN 2011/12**

1. INTRODUCTION

This document sets out the high level Business Plan of the Workforce and Education Directorate for 2011/12. The Directorate has the following key objectives:

- Supporting the transition process to new structural and managerial arrangements following the publication of *Liberating the NHS*
- Developing leadership and organisational capacity in the new NHS
- Developing the new workforce arrangements in partnership with key stakeholders
- Supporting SHA staff through the transition process
- Actively contributing to the QIPP and SAAP process
- Developing and implementing a sustainable commissioning and investment plan for undergraduate, postgraduate and support staff education and training
- Ensuring that there is a sustainable clinical skills investment programme across Yorkshire and the Humber
- Ensuring that there is a stable financial platform throughout the transition and in readiness for taking forward the recommendations of the MPET review
- Ensuring continued attention to all workforce development activity in line with the SHA Business Plan and Department of Health Service Level Agreement

It should be noted that the activities contained within Section 2 of the Business Plan both support the delivery of the above key objectives and the objectives contained within the overall SHA Business Plan. Section 3 sets out the Workforce Finance plan for 2011/12.

2. HIGH LEVEL BUSINESS PLAN 2011/12

Objective	Key Actions	Outcome	Timescale
<p>Supporting the transition process to new structural and managerial arrangements following the publication of <i>Liberating the NHS</i></p>	<p>Workforce Strategy</p> <ul style="list-style-type: none"> • Help to develop cohesive legacy systems to enable WED to handover key material (KM) <p>HR Strategy</p> <ul style="list-style-type: none"> • Support the development of new clusters, commissioning arrangements and commissioning support units • Ensure PCTs have resilience and business continuity arrangements in place • Retain talent whilst reducing management costs • Deliver the regional HR plan to support the national HR framework • Ensure the transition sub group of the Regional Social Partnership forum is effective • Ensure effective governance arrangements around severance /redundancy process including EQIAs 	<ul style="list-style-type: none"> • Key knowledge and resources available and accessible to successor organisation • The HR and OD aspects of transition have been professionally led and well managed such that new and emerging NHS organisations have the people capability and organisational capacity to deliver outcome focused, patient centred, quality health and health care • Staff will feel involved in the changes which affect them, and will have been treated fairly and consistently • Staff will feel supported through transition and well placed and motivated to continue to develop and improve the performance of the NHS in Yorkshire and the Humber • We will have retained key skills and talent, and have deployed this as effectively as possible so that organisations and services are fit for the future • Robust People resilience and transition plans will have ensured that front line services have continued 	<p>April 2011 – end March 2012</p> <p>Ongoing</p>

Objective	Key Actions	Outcome	Timescale
	<ul style="list-style-type: none"> Develop and deliver the EDS Regional Implementation Plan for Yorkshire and the Humber, providing support to enable NHS organisations to migrate from SESs to the new system and achieve compliance against the new Public Sector Equality Duties (PSEDs) 	<p>to perform effectively and that patient care has not been compromised</p> <ul style="list-style-type: none"> Where redeployment and redundancy is required this will have been managed well in consultation with staff and their Trade Unions, where ever possible kept to a minimum and represent values for money for the tax payer Throughout the change process leaders will maintain and promote public sector values and behave in line with the NHS Constitution Effective partnership working with Trade Unions and Staff association is important to ensure that employee relations and industrial relations issues are worked through effectively and consistently Local Employers will have worked closely with their employees to deliver new ways of working which increase productivity and reduce cost and deliver quality <ul style="list-style-type: none"> All NHS organisations in Yorkshire and the Humber implement the EDS and are compliant with the PSEDs 	<p>March 2012</p>

Objective	Key Actions	Outcome	Timescale
	<p><i>Yorkshire and the Humber Deanery</i></p> <ul style="list-style-type: none"> • Field Deanery representatives to attend individual locality specific events • Include opportunities to encourage further discussion and dialogue within the postgraduate medical and dental education communities <p><i>Organisational Development and Leadership</i></p> <ul style="list-style-type: none"> • Lead OD support for GPCC development across the region, including establishing standards, assuring plans, providing OD consultancy support and capability building to the PCT/Cluster OD community • Board Development/Top Team coaching support for Cluster development • Provision of executive coaching staff to senior displaced staff across the region including managing the regional register, providing workshops and supervision for NHS coaches across the region • OD support to the FT Pipeline 	<ul style="list-style-type: none"> • To provide locality input to each stakeholder event, to ensure full participation and input in relation to Deanery functions and future arrangements • Efficient and timely creation of effective GPCCs with smooth transfer of work from the OCTs/Clusters, through effective and timely OD provision • Rapid creation of effective Cluster arrangements able to deliver efficient transition to GPC • Staff morale maintained by effective support of displaced senior leaders. Senior leaders enabled to maintain focus on the change leadership despite own uncertainty • Maximising potential of aspirant FTs to achieve FT 	<p>March – June 2011</p> <p>January 2011 – March 2012</p> <p>April – December 2011</p> <p>November 2010 – March 2012</p> <p>November</p>

Objective	Key Actions	Outcome	Timescale
	<p>Workstream including Board development support, OD consultancy to individual Trusts and co-consultancy and support to OD leads, assuring OD plans, providing workshops</p> <p>Education Commissioning</p> <ul style="list-style-type: none"> • Manage risks around education contracts and placement support in moving to a new legal entity • Manage risks around access to and delivery of knowledge services especially with regard to PCT dissolution and contractual issues • Provide knowledge management support to the transition process 	<p>status within the timescales required</p> <ul style="list-style-type: none"> • Education providers are confident in their contracting arrangements so are able to plan for continued delivery for healthcare providers • Services maintained for all staff across the region • Knowledge transfer processes agreed and delivered 	<p>2010 – March 2012</p> <p>Ideally more certainty by October 2011</p> <p>April 2011 (PCT)</p> <p>Ongoing to March 2012</p>
<p>Developing leadership and organisational capacity in the new NHS</p>	<p>Yorkshire and the Humber Deanery</p> <ul style="list-style-type: none"> • Establish formal training programmes covering induction, refresher and ad hoc training • Develop a faculty of trainers to deliver this training locally • Develop a monitoring framework (dictated by GMC) to ensure all nominated trainers complete the necessary training and keep up to 	<ul style="list-style-type: none"> • To ensure and assure delivery of training for trainers and supervisors (ie Training Programme Directors, Heads of Schools, etc) 	<p>September 2011</p>

Objective	Key Actions	Outcome	Timescale
	<p>date</p> <p>Organisational Development and Leadership</p> <ul style="list-style-type: none"> • Delivery of a regional transformational leadership programme to improve the capability of senior clinical and managerial leaders across the health system, including emerging GP Consortia leaders to deliver sustainable transformational change • Provision of a range of interventions to support existing senior leaders through change, ensuring we secure the leadership capacity and capability to deliver the transition, retain top talent to lead the future NHS, and enable changes in leadership numbers and profile required by reform in line with the HR framework • Delivery of a co-produced organisational and leadership development strategy to support the development of effective GP Commissioning Consortia, build Consortia leadership capability and address associated commissioning changes, such as Cluster and CSU development 	<ul style="list-style-type: none"> • Ensure senior leaders working together across the region are skilled to deliver QIPP • Enable aspirant GPCC leaders to test out their readiness for this role and develop an efficient tailored development plan • Support effective appointment and talent redeployment processes across the region – ensures we retain and effectively deploy as much talent as possible within the system • Competent leadership through the change will ensure that front line services have continued to perform effectively and that patient care has not been compromised • The system will have sufficient senior leadership capacity to choose from to fill top leadership positions in the reformed NHS • All GP Commissioning Consortia will have strong organisational development plans and sufficient OD and leadership capability to ensure that they can progress to authorisation 	<p>January – December 2011</p> <p>November 2010 – March 2012</p> <p>April 2011 – March 2012</p>

Objective	Key Actions	Outcome	Timescale
	<ul style="list-style-type: none"> • The provision of individually tailored Board development programmes to support the organisational and leadership development of aspirant FTs, by building effective Board capability • Delivery of action learning support to ensure good governance through transition in PCTs, and a wider regional programme to sustain the development of Chairs and NEDs of all NHS Boards • The maintenance of existing clinical leadership networks and fellowships focusing on securing QIPP outcomes and developing the pipeline of future senior leaders • The implementation of the INNOV8 leadership for inclusion action plan objectives for 2011/12, and the delivery of a feasible plan to ensure the INNOV8 Alliance is self sustaining beyond 2012 • The continued development of the emerging leaders network to sustain the enthusiasm and commitment of future senior leaders, help build the talent pipeline and mobilise emerging leaders to contribute more effectively to delivering QIPP 	<ul style="list-style-type: none"> • Chairs and NEDs will maintain focus upon good governance to ensure decision making in the NHS secures safe, effective and VFM care at the front line • Cohort of clinical leaders available to local organisations with the capability of delivering transformational change • A vibrant network of different leaders linked with senior leaders in local organisations delivering improvements in access to senior leadership opportunities to different leaders • Cohort of committed emerging leaders from which to draw future senior leadership with the ability to mobilise others to deliver improvement 	

Objective	Key Actions	Outcome	Timescale
	<ul style="list-style-type: none"> • Development of a longer term plan to sustain existing successful leadership and OD activities beyond 2012, and to ensure the effective migration of L&OD capabilities into the new architecture of the NHS <p>Education Commissioning</p> <ul style="list-style-type: none"> • Provide more detail on leadership and management provision and access to it in closer collaboration between EC and OD team to promote the range of opportunities for development across the workforce 	<ul style="list-style-type: none"> • Successful hand over of leadership and organisational development functions to successor organisation • Further decisions on how this should be managed in the future and consideration of whether this should be wholly an employer responsibility, locally agreed with education providers and employers or if there should be some collaboration 	Autumn 2011
Developing the new workforce arrangements in partnership with key stakeholders	<p>Workforce Strategy</p> <ul style="list-style-type: none"> • Develop existing and new employment partnerships to support local communities <p>Yorkshire and the Humber Deanery</p> <ul style="list-style-type: none"> • Continue to engage NHS Trust organisations to develop the lead employer and administration frameworks for the delivery of selection into training posts, training opportunities and quality management of training programmes • Actively engage with primary care providers about the new workforce arrangements 	<ul style="list-style-type: none"> • Effective partnerships in place to support and deliver shared employment agenda • Standardised framework which can be quality managed 	<p>April 2011 – end March 2012</p> <p>March 2012</p>

Objective	Key Actions	Outcome	Timescale
	<p><i>Education Commissioning</i></p> <ul style="list-style-type: none"> • Raise awareness of the numerous components of Directorate functions, presenting these in a way that engages varied audiences • Work with Future Workforce and Education Architecture Programme Board and its task and finish groups 	<ul style="list-style-type: none"> • Better understanding of Directorate functions • More meaningful discussion about where these should sit in the future and, therefore, the forms of components and their necessary governance • New “Skills Networks” created 	September 2011
<p>Supporting SHA staff through the transition process (please note that this objective is also contained in the overall SHA Business Plan which details the HR Strategy contribution)</p>	<p><i>Yorkshire and the Humber Deanery</i></p> <ul style="list-style-type: none"> • Continue to hold time outs, individual staff 1:1s, mid and annual year appraisal reviews, training programmes and other opportunities for career enhancement and development <p><i>Organisational Development and Leadership</i></p> <ul style="list-style-type: none"> • Supporting Training Manager in staff support workshop provision • Leading design and facilitation of SHA Staff Away Days <p><i>Education Commissioning</i></p> <ul style="list-style-type: none"> • Regular discussions in 1:1 meetings 	<ul style="list-style-type: none"> • Contented staff who are able to make well informed choices about their future careers • Staff morale and therefore service delivery quality maintained throughout transition period by effective support and redundancy costs minimised through effective career management support • Effective transition management through maximum staff engagement and participation • Staff feel supported and informed regarding likely 	<p>Ongoing</p> <p>Ongoing</p>

Objective	Key Actions	Outcome	Timescale
	<p>about individual needs and options</p> <ul style="list-style-type: none"> • Ensure staff aware of relevant CPD opportunities (in the current provision) 	<p>options and opportunities</p> <ul style="list-style-type: none"> • Staff can update/get new skills to find new work opportunities 	
<p>Actively contribute to the QIPP and SAAP process</p>	<p>Workforce Strategy</p> <ul style="list-style-type: none"> • Provide relevant and reliable workforce information to assist in the SAAP and integrated planning processes • Continuously improve quality of an access to, workforce information • Develop electronic, web-based, workforce portal accessible to all relevant organisations) • Develop and manage systems and processes to support effective workforce planning at a local, regional and national level <p>HR Strategy</p> <ul style="list-style-type: none"> • To support organisations in meeting the HWB agenda and delivering an improvement in sickness absence levels against trajectories • Update the Yorkshire and the Humber ESR Regional Delivery Plan to reflect the priorities for 2011/12 and provide the advice and support to enable NHS organisations to maximise the 	<ul style="list-style-type: none"> • Valid, reliable and useful integrated plan and SAAP process in which workforce information can be reconciled with finance and activity information • Demonstrable improvement in data quality • Electronic, web-based, workforce portal provides relevant knowledge and benchmarking information accessible to all relevant organisations • Deliver workforce elements of SHA Single Integrated Plan and respond to DH feedback • Organisations use ESR functionality to improve data quality, information reporting and governance arrangements leading to increased efficiency through quality decision making 	<p>April 2011</p> <p>December 2011</p> <p>End March 2012</p>

Objective	Key Actions	Outcome	Timescale
<p>Developing and implementing a sustainable commissioning and investment plan for undergraduate, postgraduate and support staff education and training</p>	<p>Workforce Strategy</p> <ul style="list-style-type: none"> • Ensure new approaches to learning support delivery of key strategies • Lead the development of a more flexible and productive workforce • Ensure appropriate increase in Health Visitor numbers <p>Yorkshire and the Humber Deanery</p> <ul style="list-style-type: none"> • Maintain current financial reporting and governance arrangements and training programmes for all staff • Utilise QM process and Deanery Business Planning process to aid future commissioning needs and budget levels • Introduce formal 'approval' mechanism for PGMDE Committee of budget for 2011/12 (as per Audit recommendation) <p>Education Commissioning</p> <ul style="list-style-type: none"> • Work towards a standardised QA system across the whole MPET portfolio • Robust data set development around ECQ and local metrics, being mindful 	<ul style="list-style-type: none"> • E learning club continues • New approaches to learning become part of mainstream education commissioning • Year 1 elements of HV plan delivered • Achieve balanced budget and assured audit reports • Maximise value for money opportunities by encouraging delivery of training within the Region • Less onerous process in organisations, especially at senior level • Enables benchmarking and comparisons should rationalisation of provision be required in some areas • E&T is accessed to meet service and organisational 	<p>End March 2012</p> <p>March 2012</p> <p>April 2011</p>

Objective	Key Actions	Outcome	Timescale
	<p>of areas that may be under more local control in the future so may not be worth standardising, eg CPD credit variations</p> <ul style="list-style-type: none"> • Development of ROI capacity in region to support appropriate E&T investment • Ensure knowledge services budget provides equitable access to core set of resources • Commissioning Team Leading and First Line Management Training • Pilot a commissioning approach to support staff training • Large need for lower level management training (TTG and SSLDF demands) • Maintain partnership with Skills Funding Agency • Work with strategic partners and stakeholders to influence national policy and priorities that impact on the support staff workforce of the NHS • Delivering appropriate CPD and vocational training and development with FEIs 	<p>priorities and fully utilised once training has been undertaken</p> <ul style="list-style-type: none"> • Reduced number of bids for 'good ideas' without firm metrics around how they will be evaluated • Ongoing support for clinical and managerial evidence based decision making <ul style="list-style-type: none"> • Consistency of training delivered <ul style="list-style-type: none"> • Evaluation of benefits realised using ROI • Agreed price • Value for money • Model for Commissioning with FEIs <ul style="list-style-type: none"> • Strategic priorities are communicated, understood and aligned • Ensure that SFA provider capacity and capability meets the training needs of the employer • Agree which models or frameworks are appropriate to support the delivery of key priorities • To ensure appropriate mechanisms are in place for FE providers to respond effectively to training needs identified • NHS organisations have formal training agreements with FEs 	<p>April 2011</p> <p>September 2011</p> <p>Re-assess Autumn 2011</p>
<p>Ensuring that there is a sustainable clinical skills investment programme across Yorkshire and the Humber</p>	<p>Yorkshire and the Humber Deanery</p> <ul style="list-style-type: none"> • Continue to review the Royal College curricula through engagement of Heads of Schools and others, including liaison with the Clinical Skills Executive and WED SMT 		<p>April 2011 to March 2012</p>

Objective	Key Actions	Outcome	Timescale
	<ul style="list-style-type: none"> • Extend QM process to include quality review and monitoring of equipment already purchased • Develop business cases for funding to provide additional equipment and to develop new training programmes <p><i>Education Commissioning</i></p> <ul style="list-style-type: none"> • Promotion of partnership working and good practice. Identify key stakeholders <ul style="list-style-type: none"> - Establishment of the Yorkshire and the Humber Clinical Skills Executive Board ensuring representation from all sectors - Re-establishment of the Yorkshire and the Humber Clinical Skills Network (CSN) - Establishment of Clinical Skills Project Team (CSPT) • Effective Communication Strategy <ul style="list-style-type: none"> - Establish agreed quality assurance standards for trainers and training across the Yorkshire and the Humber region 	<ul style="list-style-type: none"> • Established QM framework • Adequate budget and financial investment (partnership between SHA and NHS organisations) • Reduction in SUIs and other clinical incidents <ul style="list-style-type: none"> • Achieved in all Y&H NHS and HEI organisations • Executive membership available on http://www.yorksandhumber.nhs.uk/document.php?o=4843 • Quarterly meetings • Project team reviews • Established and functioning effectively. Membership – 360 • Project Manager and 6 Clinical Skills Project workers appointed August 2010. Further information available on http://www.yorksandhumber.nhs.uk/document.php?o=5463 • An independent website established http://www.clinicalskillsnetwork.com/ Newsletter within this website Quality Framework developed in consultation; now at http://www.yorksandhumber.nhs.uk/docment.php?o=6093 	

Objective	Key Actions	Outcome	Timescale
	<ul style="list-style-type: none"> - Establishment of stakeholder sub group to undertake consultation and development of standards - Monitor progress and support implementation via the regional quality assurance group and Clinical Skills Executive Board - Support the development of a 'Clinical Skills Passport' to provide a mechanism for recording and updating training, with a pilot • Develop an audit tool to monitor quality <ul style="list-style-type: none"> - Commitment to a 3 year investment plan in a 'hub-spoke' model that will ensure access to a minimum standard of quality training provision across the health economy - Ongoing monitoring and evaluation to ensure return on investment utilising contract monitoring processes, clinical skills project team, clinical skills executive and clinical skills network - Investment in a 3 year research project to investigate the impact of the clinical skills strategy on patient care and safety 	<p>Standards for trainers and assessors ratified by the Executive Board and will be available on the website – CSPT lead</p> <ul style="list-style-type: none"> • Pilot sites identified by CSPT to trial the equality framework, collaboration with nationally renowned experts in simulation • Scoping exercise complete, partial funding granted, new project lead identified within the CSPT • Web-based audit tool under development ongoing work with CSPT – to commence February 2011 • See SMT paper appendix 1 for detailed investment update in Sheffield, Hull and Leeds 'hubs' and all other successful bids • CSPT promoting collaboration with all stakeholders – external and internal • Return on Investment forms sent out February 2011 for return 31 March 2011 • CSPT working to evaluate with individual organisations • Research lead identified from Sheffield Hallam University in conjunction with Montagu Clinical Simulation Centre 	

Objective	Key Actions	Outcome	Timescale
<p>Ensuring that there is a stable financial platform throughout the transition and in readiness for taking forward the recommendations of the MPET Review</p>	<p><i>Yorkshire and the Humber Deanery</i></p> <ul style="list-style-type: none"> • Continue to work with WED SMT and corporate finance colleagues to identify clear and transparent financial systems <p><i>Education Commissioning</i></p> <ul style="list-style-type: none"> • Adhere to the three year financial plan drawn up for NMET that achieves the requested 14% reduction over three years • Ensure that there is sufficient flexibility within the plan • Pass on detailed commissioning plans to successor bodies that take into account all aspects of support • Complete the library funding remodelling exercise 	<ul style="list-style-type: none"> • Clearly defined and adequate budget to deliver postgraduate medical and dental training and support its infrastructure • Meets anticipated financial envelope whilst still deliver the output demanded by the region's employers • Can still be responsive to significant local changes in demand • Ensure that risks are not created by overlooking critical aspects of education and training functions that have been supporting the region • Equitable distribution of knowledge services resources 	<p>April 2011 and ongoing</p> <p>Ongoing</p> <p>July 2011</p>
<p>Ensure continued attention to all workforce development activity in line with the SHA Business Plan and Department of Health Service Level Agreement</p>	<p><i>Workforce Strategy</i></p> <ul style="list-style-type: none"> • Ensure appropriate increase in Health Visitor numbers <p><i>HR Strategy</i></p> <ul style="list-style-type: none"> • To support the provider development agenda which includes the assurance process for outstanding TCS transfers and the development of organisations in the FT pipeline 	<ul style="list-style-type: none"> • TCS transfers our successful • Organisations meet the FT pipeline timescale 	<p>Ongoing</p>

Objective	Key Actions	Outcome	Timescale
	<p><i>Yorkshire and the Humber Deanery</i></p> <ul style="list-style-type: none"> • Ensure activity and targets are embedded into the QM process and Deanery Business Planning process <p><i>Education Commissioning</i></p> <ul style="list-style-type: none"> • KSF implementation across Yorkshire and the Humber • Better quality appraisal and development review • Apprenticeship Programme • Development of health visitor plans with SHA and regional colleagues to deliver DH Target • Delivery of IAPT priorities within DH SLA 	<ul style="list-style-type: none"> • Evidence of balanced budget against required activity targets for generic and specialty training needs • Staff across Yorkshire and the Humber organisations receiving an appraisal and PDR (evidenced by Staff Survey results) • Apprenticeships embedded as recruitment route of choice for Trusts • Skills escalator effectively working with apprenticeships as entry point • Reduced costs for Trusts and NHS through effective use of external monies through NAS • Quality training for staff entering the NHS • Plans that focus on service models and benefits rather than fte targets regardless of service benefits • IAPT services are fit for purpose in the region 	<p>April 2011 and ongoing</p> <p>By end of March 2012</p> <p>Ongoing annual cycle</p> <p>18 March first plans in</p> <p>April 2012</p>

3. WORKFORCE FINANCE PLAN 2011/12

This section summarises the funding position for training and education for 2011/12, and the associated impact on budgets and spending. This section should be considered alongside national allocation tables (issued by the Department of Health) which provide a further breakdown of how allocations have been constructed in each spending area. On-going management of budgets and contracts is needed to ensure effective implementation of the financial plan, including regular monitoring and reporting of actual training volumes and rates. The table below incorporates in year and carry forward funding into the budget area and compares 2011/12 budget envelopes with 2010/11 spend.

	11/12 Plan	10/11 Spend (forecast)
Gross Budget	£m	£m
Non-Medical	144.3	146.0
SGU Bursaries	50.0	50.0
Postgraduate Medical and Dental	189.5	189.3
Medical Undergraduate	80.8	80.8
Dental Undergraduate	19.7	19.7
EoL/HV/IAPT	6.9	0.1
Strategic Reserve (1%)	5.0	0.0
Dental VTS	15.8*	9.2
Carry Forward Reserve	5.4	7.5
TOTAL	517.4	502.6

**includes East Midlands SHA share*