GM Taking Charge
The GM Workforce Strategy: Priorities

Key GM transformation themes & cross cutting Programmes

- Radical Upgrade in Population Health
- Transformed Community based care and support
- Standardised acute and specialist care
- Standardised clinical support and back office services
- Enabling Better Care

Cross Cutting Programmes
- Including:
  - Mental Health
  - Learning Disabilities
  - Cancer
  - Children’s services

The locality & GM level plans

- Workforce strategy & planning
- Workforce Transformation
- Education, Training & Development
- Leadership, Talent & Development
- HR (including engagement & Partnership)

A new Workforce Collaborative – Building Best Practice capacity & capability

1. Talent Development and System Leadership
2. Grow Our Own
3. Employment Offer and Brand(s)
4. Filling Difficult Gaps

Key messages

strategic priorities
Workforce Governance Structure

WORKFORCE GOVERNANCE

Strategic Partnership Board/Strategic Partnership Board Executive

Strategic Workforce Board

GM Workforce Collaborative Steering Group (including core GMHSCP & HEE team)

GM Workforce Collaborative Stakeholder Group

OTHER GROUPS

Provider Federation Board
NHS Trust Chief Executives

AGG
CCGs

Transformation Portfolio Board
SRO: Localities & Themes

AGMA WLT
Local Authority Leaders

Finance Execs Group
Finance Directors

Professional Networks
E.g. Nursing, HRDs, Medical

Workforce Engagement Board
Local Authorities Forum

Workforce Engagement Forum
Coordinated by GMHSCP

Responsibilities key:

Strategy, direction & decision making

Workforce Strategy execution and assurance

Implementation, risk and performance management

Engagement and support

Greater Manchester Health and Social Care Partnership
## Talent Development & System Leadership

### Priority 1: Grow Our Own

<table>
<thead>
<tr>
<th>17/18 Actions</th>
<th>Achieve by 2021</th>
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<tbody>
<tr>
<td>Launch OD network with broadened membership across public sector</td>
<td>Build on the Leading GM programme to further invest in Leadership &amp; Talent Development for our front line leaders (across Health &amp; Social Care including Registered Managers) to develop their competencies and capabilities to lead integrated services.</td>
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<tr>
<td>Agree set of principles to be embedded across public sector leadership programmes</td>
<td>Implement a comprehensive development framework for carers and volunteers recognising, valuing and supporting their role in maintaining the health &amp; wellbeing of the population.</td>
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<tr>
<td>Design a development framework for carers and volunteers</td>
<td>Establish a single shared gateway providing GM workforce with the support, information, guidance, tools and resources to enable upskilling, reskilling and personal development.</td>
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<tr>
<td>NHS Careers hub team and Skills for Care working together on health &amp; social care careers offer development</td>
<td>GM delivering one of the largest apprenticeship programmes in the UK with a clear and compelling career path for all – existing staff and new apprentices.</td>
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<tr>
<td>Single online portal with links to both health &amp; social care careers information and establish a single point of contact</td>
<td>Get into employment &amp; education initiatives operational in all GM localities, including working across organisational boundaries to provide best placement experiences for health and social care professionals</td>
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### Priority 2: Grow Our Own

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<td>Based on analysis of scoping exercise, identify a number of leadership programmes to support or commission to roll out, with a focus on front line leaders and integration e.g. scale up or improve</td>
<td>Build on the Leading GM programme to further invest in Leadership &amp; Talent Development for our front line leaders (across Health &amp; Social Care including Registered Managers) to develop their competencies and capabilities to lead integrated services.</td>
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<td>Deliberate for carers and volunteers</td>
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<td>Plan developed to open opportunities for people to try new experiences of work</td>
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<td>PRIORITY</td>
<td>17/18 ACTIONS</td>
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<tr>
<td>EMPLOYMENT OFFER &amp; BRAND(S)</td>
<td>Produce report on incentives/disincentives to Nursing and AHP careers to improve recruitment, retention and return to practice</td>
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<td>Agree employment brand approach and commence implementation</td>
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<td>Launch initial range of benefits programme offers</td>
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<td>Launch the annual GM paid and unpaid workforce awards (including carers and volunteers) – building on existing organisational and local schemes</td>
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<td>FILLING DIFFICULT GAPS</td>
<td>Produce 1st sector labour market intelligence report for H&amp;SC</td>
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<td>Produce 4 solutions based report on hard to fill priority groups</td>
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<td>Support workforce transformation and planning modelling for GM strategic Theme 3 and localities</td>
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<td>Develop GM International as a brand and initial package of support</td>
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<td>Pilot Care Academy as part of Teaching Care Homes initiative</td>
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Implications of Brexit

- 26% of Medical & Dental staff and 8.6% of Nursing & midwifery staff working within the NHS in GM are non UK personnel.
- For Medical & Dental staff, 11% of the 1986 non UK personnel have been recruited internationally with the vast majority of the others being recruited from other NHS organisations. 80% of those recruited internationally are from non EU countries and 60% are employed on temporary (likely to be training) contracts.
- For Nursing & Midwifery staff, 24% of the 1765 non UK personnel have been recruited internationally with the others being recruited from a variety of sources including other NHS organisations, the private sector and social care. 45% of those recruited internationally are from EU countries and 97% are employed on permanent contracts.
- Work is underway to understand the position to a similar level of detail within the Social Care workforce.
Use of Locum Doctors

• Across GM NHS Providers the 2016/17 expenditure on Agency medical staff was £61 million with 882,000 hours of cover provided.
• This represents 2.1% of the combined pay bill of the GM Trusts which is £2.8 billion and the range of agency spends as a % of total pay bill is between 0.35% and 4.83%.
• Around 50% of this expenditure is on covering junior doctor posts.
• Further work is ongoing by the Trust HR and Finance teams to support reductions in this expenditure through validating data, working collaboratively across Trusts to support best employment practices and ensure absences are kept to a minimum and working with HEE to maximise fill rates for junior doctor rotas.
• Initial discussions are also underway to explore opportunities to collaborate across the North West and with NHSI to increase access to an internal Medical Bank and reduce agency expenditure.