

Workforce

Trish Knight – Workstream Lead
Jackie Hewlett-Davies – Project Co-ordinator
Fabian Henderson – Programme Office Co-ordinator

Case for change



- There is recognition of the enormity of the challenge of driving out workforce cost whilst continuing to deliver high quality care and improve prevention. However, workforce represents 60-70% of service delivery costs & is a key area for the focus of potential productivity gains.
- The growth in the workforce in the East Midlands has been 21% between 2001 and 2008 (13,361 WTE), with medical staff (excluding GPs) increasing by 41.8% (1,866 WTE) and nursing staff by 17.5% (3,492 WTE). This growth is unprecedented and therefore it is essential to ensure we utilise these staff as effectively as possible ensuring at all times and in all locations there is the right capacity and capability.
- Initial work has indicated there is potential to make workforce productivity gains in the East Midlands valued at £400 million by 2014



The Battle Plan



- Two pronged attack:
 - Each TE Workstream has a workforce lead available to support them to identify the workforce impact of their proposals for new models of care
 - An overarching Workforce Response to QIPP Programme that will continue post March 2011 to share good practice on improving workforce productivity & support counties to deliver the required workforce transformation

Workforce Response to QIPP



The main focus of the Programme is to provide a framework to maintain quality and monitor progress on delivering workforce productivity gains through the following regional workstreams:

Transformation: To match workforce change to service change as quickly and seamlessly as possible and to champion workforce innovation – this Workstream will collate the workforce implications of the 31 TE care pathway workstreams and support a co-ordinated approach to the required change through the LHC workforce teams

Pay and Benefits – New Deal for Staff: To use pay and benefits as levers to help create a flexible and adaptable workforce – working through EM HR Directors Forum

Utilisation: To strive for productivity gains through improving workforce utilisation; reducing sickness absence, pushing forward with introduction of the productive care initiative, driving down agency usage and reviewing skill requirements

Workforce Potential - Maximising contribution: To harness the workforce contribution; improving staff health and well being, maximising the benefit of training investment and improving staff engagement – working through the EM Health & Wellbeing Group

Through the *High Quality Workforce Programme* we aim to get it right for the future.



LHC Planning & Monitoring



The Workforce QIPP Programme will need to ensure alignment with the overall planning cycle to integrate service, financial and workforce plans

Strategic and Operational Plans - 2011/12 – 2014/15

- The PCTs have been asked to review the overall LHC workforce position in line with their activity and financial plans
- Each individual provider will be asked to review their previous projections and estimated savings and extend them to 2013 in line with the PCT plans aligning them where possible with QIPP work streams. For non - FTs this should match FIMs
- These two will be used to provide overarching projections to 2015 and triangulation with finance and activity

LHC Workforce Plans

- Each LHC is working to produce a county workforce development plan for submission to the SHA by mid July that will, in turn, inform the East Midlands Workforce & Education Investment Plan (£350 million MPET funding) for 2012/13

Progress to Date



The NHS East Midlands QIPP Workforce Workstream has:

- Established 4 active projects to drive forward the transformation
- Produced a set of prompt questions to support TE Workstream leads to provide good quality information on the required workforce change to county QIPP leads (available through the Powersteering tool)
- Scoped the progress in EM of the Productive Care series in order to share good practice and outcomes
- Documented workforce KPIs for the trauma Workstream to provide a model to other workstreams and enable measurement of progress
- Established an EM Temporary Staffing Group to ensure all measures are identified to reduce the cost and usage of agency staff collaboratively across the region
- Promoted the establishment of LHC Workforce Productivity Groups reporting to CEO Leadership Groups to ensure counties have the data available to measure progress on productivity improvements

Case study / good examples



- Derbyshire Workforce Tracker – monthly progress reporting to CEO leadership group (similar monitoring process in all five counties)
- Whole Systems Workforce Modelling – Maternity and End of Life
- Obs & Gyne demand and supply analysis
- Increased percentage take up of productive care
- DMHT First Care
- Reduction in agency (LHC Bank)
- Driving forward redesign of Health Visiting Services
- Examining the workforce in Pathology
- “Your Well Being” – NHS Nottinghamshire County
- Thrive Programme – NHS Northamptonshire

Securing the benefits



Securing the benefits

	Provider	Commissioner
Action / deliverable	Reduction in agency spend	Enhanced Clinical Governance and Quality
Action / deliverable	Reduction in paybill	System savings on non-tariff
Action / deliverable	Skill mix change to release savings for re-investment	System savings on non-tariff
Action / deliverable	Reduction in sickness absence	Improved productivity
Action / deliverable	Coasted workforce plan to 2015 that achieves cost targets	Assurance of contract delivery



Key contacts



Main Regional Contacts

Regional Workstream	Name	Contact	Contact	Role	Location
Exec Sponsor:	Simone Jordan	simonejordan@nhs.net		EM SHA , Director of Workforce & HR	Octavia House
Management Lead:	Trish Knight	trish.knight@nhs.net		EMSHA Workforce QIPP Project Lead	Octavia House
Clinical Lead:	Jackie Hewlett-				
Workstream Lead:	Davies/Fabian Henderson	jackie.hewlett-davies2@nhs.net	fabian.henderson@nhs.net	EM SHA, Workforce Workstream Lead	Octavia House

Derbyshire	Name	Contact
Workforce Lead	Jackie Hewlett-Davies	jackie.hewlett-davies2@nhs.net

Northamptonshire	Name	Contact
Workforce Lead	Karen Adcock	Karen.addock@northants.nhs.uk

Leicestershire	Name	Contact
Workforce Lead	Richard Ansell	Richard.ansell@lcrpct.nhs.uk

Nottinghamshire	Name	Contact
Workforce Lead	Sue Hepworth	Sue.hepworth@nottinghamcounty-toct.nhs.uk

Lincolnshire	Name	Contact
Workforce Lead	Helen Smith	Helen.smith@lpt.nhs.uk

Other	Name	Contact



Challenges



Workforce Response to QIPP	TE Workstreams – Identifying Workforce Change
Loss of momentum over holiday period	Focus on Care Pathways rather than Workforce Implications – varying degrees of engagement from different workstreams
Difficulty in getting agreement to collaborative approaches to pay & benefits – may only be achievable at county level	Lack of alignment between service, finance and workforce plans
Shared understanding of the enormity and size of the challenge	Time lag between shaping the service and ability of providers to respond to the challenge in workforce development plans
Problems establishing Regional Monitoring Group – lack of ownership from CEOs	Establishing realistic and achievable KPIs
Lack of organisational sign up to potential savings/productivity gains	Achieving change across organizational boundaries