

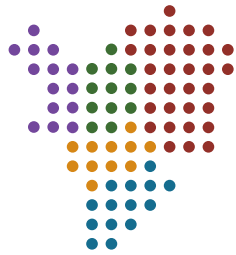


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# focus on workforce

A High Quality Workforce for the **East Midlands**

## 'Towards Excellence'

The 'workforce' contribution to improving health and healthcare through Quality, Innovation, Productivity and Prevention



“The improvements within the NHS over the last decade have been made through the dedication of the workforce. Building on this will ensure the achievement of our vision; high quality, preventative, people centred and productive care”.

## Background

High quality effective, efficient, innovative care and prevention is dependent on the healthcare workforce. It is the workforce who will enable the achievement of the clinical vision and delivery of the seven promises.

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 but it is now time to utilise these staff as effectively as possible. It is imperative that the capacity, capability and utilisation of the workforce is optimised. To achieve the best for our patients this should support pathways and transcend organisational boundaries.

## Overall Aim

To deliver quality and to drive out costs the aim will be to maximise:

**Workforce transformation:** matching workforce change to service change as quickly and seamlessly as possible and to champion workforce innovation.

**Workforce utilisation:** Striving for productivity gains through improving workforce utilisation; reducing sickness absence, driving down agency usage and reviewing skill requirements.

**Workforce contribution:** Harnessing the workforce contribution; improving staff health and well being, maximising the benefit of training investment and developing local 'transfer systems'.

To be effective this will need to be lead by health communities and through our High Quality Workforce Programme we aim to get it right for the future.

## Information for decision making and monitoring

### ***Workforce Productivity Baseline***

This established report which benchmarks the East Midlands organisations on workforce metrics is produced quarterly.

### ***Cost and Workforce Alignment***

Overall trends in pay costs and staff in post by organisation and health community will be monitored monthly

Further work to understand the variation in the cost of staffing across the region and to share best practice, is underway covering:

#### *Workforce Capacity*

- Overall workforce cost
- Workforce cost by weighted population
- Anticipated change in cost in 2009/10

#### *Workforce Capability*

- Cost of each staff group split by qualified and unqualified
- Cost of pay band 'Christmas trees'

#### *Workforce Utilisation*

- Cost of sickness
- Cost of turnover
- Saving through retention
- Cost of locum, bank, agency

These reports will be available monthly.

## Quality and Workforce Alignment

Work is underway to correlate workforce and performance metrics. These will be used to demonstrate variation and show best practice and hence drive change and improvement. The metrics that are being used are:

### Quality Metrics

- Mortality (Hospital Standardised Mortality Rate)
- Average length of stay (total LOS + Pre-op bed days)
- Readmission rates
- Serious Untoward Incidents (SUIs)
- Medical errors
- Occupied bed days

### Workforce Metrics

- Sickness
- Staff mix
- Turnover
- Medical staffing rates
- Temporary staffing

These will be produced monthly.

In addition, the staff and patients surveys will be compared.

## Quality Accounts and Indicators

The workforce team will work with the Quality observatory on the workforce component of the indicators.

## The Workforce Opportunities

	Annual savings
Agency costs Reduction by 50% This could equate to a nominal reduction in 1,975 wte	£60.5m
Sickness Absence Reduction to 4.3% Stretch target of 3.5%	£7.5m £14m
Turnover For every 1% of staff who left and were not replaced	£23m
Skill mix change 25% of Band 5s replaced with Band 4s	£24.5m

## Workforce Transformation

### Delivering key policy areas

- Shift from secondary to primary care  
Ensure clinicians are prepared for the shift from secondary to primary care in terms of capacity and capability, new ways of working, new role development and patient expectation
- Transforming Community Services

## ***Delivering 'From Evidence to Excellence'***

- Nine care pathways transformation
- Transforming services together
- The new clinical priorities identified for change

### **We need to:**

Understand each service change and timeline

- In partnership with clinicians articulate the workforce change
- Champion innovative solutions, including new ways of working and job swaps
- Implement these quickly and seamlessly
- Invest in staff development to ignite the change
- Recognise and reward workforce leadership

## **Workforce Utilisation**

### ***Delivering Productivity gains***

- Reducing sickness absence
- Cutting agency costs
- Reducing turnover
- Reduce management costs
- Review back office functions

### **We need to:**

- Explore all avenues to ensure the workforce is present and functioning effectively
- Maximising the use of internal flexible staffing arrangements and reduce reliance on external agencies
- Reduce turnover to maintain expertise and reduce recruitment costs while providing internal development opportunities
- In line with national requirements, ensure that the necessary management cost reductions are achieved
- Rationalise the back office functions

## **Workforce Contributions**

### ***Delivering Sustainable change***

Approximately 100,000 people work in healthcare in the East Midlands region.

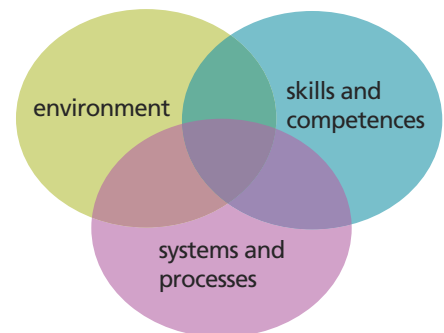
It has been demonstrated that the performance of 60% of those staff could be increased by 30% if they were fully engaged.

It is important the potential of each individual is harnessed in order to optimise workforce capacity and capability to achieve sustainable service improvement.

### **We need to:**

#### **• Have systems and processes that function effectively**

- Develop health community local transfer system across organisations including the use of the staff passport
- Promote local HR collaboration
- Support the development of local clinical engagement processes



- **Ensure staff have the skills and competencies they need to do their job**
  - Commission education for quality, innovation and prevention that produces fit for purpose individuals
  - Support continuing Professional Development for all
  - Develop preceptorship 'quality packages' for all clinicians
  - Develop a skills escalator that spans career pathways to allow transfer of skills
  - Maximise the benefit of local training investment
  - Create opportunities for newly qualified staff
  - Think differently about generic skills development
- **Create a supportive environment**
  - Focus on staff engagement
  - Improve staff health and well being
  - Provide exemplar employment models
  - Embed the NHS Constitution and the pledges to staff
  - Support innovation in employment to reduce social exclusion

## Key Strategic Partnerships

### Department of Health

- To influence the national direction of travel on pay and education investment

### NHS employers

- To have a clear voice on pay and benefits

### Social Partnership Forum

- To work closely with staff side representatives to promote strategic change

### GOEM

- To jointly develop policies on workplace health and wellbeing

### Skills for Health

- To support our development of sustainable workforce change

### Local employment Partnerships, Local Public Sector Compacts, Skills Funding Agency and Job Centre plus

- For support in developing the wider workforce and widening participation in employment

### Universities and further education colleges

- To guide and deliver the necessary education, training and development.

## Getting it right for the future

The High Quality Workforce (HQW) Programme sets out how the workforce development, planning and education commissioning structures and systems will be reformed to ensure that we have a workforce with the right skills, knowledge and behaviours to deliver future services as described in the clinical visions outlined in the Next Stage Review nationally, regionally and at local health community level.

### The programme's seven workstreams, which are:

- Workforce Development Planning
- Commissioner/Provider Partnership Arrangements in Education
- Health Innovation Education Clusters (HIEC)
- Reform of Education Funding
- Regional Advisory Mechanisms
- Career Management and Role Development
- Employment Enablers

The aim is as follows:

Where we began	The new arrangements
<p>We had well defined and effective planning processes, but there was a lack of clarity in the roles of PCT commissioners, local workforce teams, trust based teams, the SHA and new national bodies such as the Centre for Workforce Intelligence and Medical Education England (MEE), all of which influence our planning.</p>	<p>Clear and easily understood planning processes with well defined roles, responsibilities and timeframes for those involved. Explicit objectives and outputs for each stage of the process.</p>
<p>There was a lack of clear mechanisms for clinical professionals to comment, advise upon or scrutinise workforce plans during their formation and before they were finalised.</p>	<p>The full involvement and engagement of all clinical professionals in developing and scrutinising workforce and education investment plans during their creation and before they are put into action, to ensure they are fully fit for purpose.</p>
<p>Whilst there was an acknowledgement that clinical roles need to widen, national guidance on what that will mean to career pathways and on-going education and training was still under development.</p>	<p>A clear view of how the role of healthcare professionals needs to change to incorporate their need to be leaders and partners as well as practitioners, to deliver East Midlands' clinical visions.</p>
<p>We had little transparency in how training funds were allocated and a perceived lack of fairness in allocations between professions.</p>	<p>Transparent and fair funding arrangements based on national tariffs, with funding following trainees throughout their careers.</p>
<p>Those involved in both the commissioning and providing of postgraduate medical education working within the same structures, with some dual responsibilities within teams. There was a lack of clarity in roles and responsibilities and potential conflicts of interest.</p>	<p>Clearly separate education commissioning and providing functions, with no-one having dual responsibilities. The development of commissioning skills of world class standards.</p>
<p>Training and education providers working as individual and competitive entities with little joint working or co-operation between them, leading to duplication of offerings and a lack of coherence in rotational programmes.</p>	<p>Coalitions of training providers working together as co-ordinated groups to reduce duplication, improve quality and value for money, and drive innovation in practice through education (HIEC).</p>

## Conclusion

The enormity of the task of driving out workforce costs while achieving a workforce capable of driving up quality and improving prevention is not to be underestimated. However, the belief is that the only way to improve patient care will be to deliver this workforce.