

East of England Strategic Health Authority/NHS Employers

Case Study

The Workforce
Challenge
Programme:
January –
October 2007

Aims of the Programme:

To develop workforce planning capability to improve workforce productivity and patient outcomes across local health systems. Four multi-agency teams were recruited to a ten month development programme provided by ODS. This programme built upon the previous workforce planning programme 'Making the Difference' hosted by Norfolk, Suffolk and Cambridgeshire.

Partners Involved

East of England SHA (Gabi Trojan, Workforce Planning manager); NHS Employers; Essex Rivers Trust; NE Essex PCT; Bedfordshire County Council; Bedfordshire PCT; Hertfordshire PCT; Norwich PCT; Norfolk PCT; Norfolk County Council; West Hertfordshire Hospitals NHS Trust.

Interventions Used During the Project

SHA recruited four teams with specific workforce planning projects including diabetes, health and social care commissioning; learning disabilities and orthopaedics. Baseline survey conducted by ODS to measure individual and organisational capacity, confidence and capability for workforce planning. Four month training programme (two days per month) on workforce planning covering:

- The ODS population centric model for workforce planning
- Facilitation skills
- Working in partnership and with stakeholders
- Change management
- Case studies
- Action learning sets once a month to provide practical support for project implementation
- Workforce planning 'surgery' to focus on productivity outcomes anticipated from the projects
- SHA semi-structured interviews to identify process and outcomes benefits from the projects
- Repeat of baseline service to measure any changes in individual and organisational capacity, confidence and capability for workforce planning

Results

The programme finalised in October 2007. Each team is actively progressing with their workforce projects and the specific productivity benefits anticipated are:

- Improved patient safety
- More care closer to home
- Smoother patient/client pathways integrated across health and social care
- Reduced hospital admissions
- Better screening and earlier diagnosis (diabetes)
- Enhanced patient self-management
- Better use of consultant expertise for complex cases
- Increased bed capacity
- Reducing beds, length of stay and delayed discharged
- Enhanced 24/7 community service
- Improved multi-disciplinary working