

Welcome to the: **Connected planning** to drive value for the **NHS webinar**



Agenda



10:00	Introductions and welcome, setting the scene	Alison Tonge
10:05	System Planning- Strategic to Operational	Tim Wilson & Alison Tonge
10:25	Connected planning 'Value payback' [showcase/exemplars focus on RoI]	Nick Carter Deloitte Consulting Director
10:40	South Central Ambulance- using connected planning for operational management	David Webb Head of Performance and Forecasting
10-55	NHS context and planning imperatives	Frances Khatcherian
11-10	Short Demonstration Videos from AGEM Workforce and System Flow	Fiona Grove - Head of Service, Workforce Planning & Consultancy at AGEM
11:20	Arden & GEM Network Development- Join us	Alison Tonge
11:30	Close and thanks	

Clinical Stewardship: the key stone in integrated planning for health systems

Tim Wilson Alison Tonge

March 2023



Strategic and operational planning

- How do you see it now?
- How do you want it to be?

Old World vs New World



Old world

For the few
Siloed
Target driven
Subjective
Excel by default
Organisational
Static
Negative

New world

Collaborative
Connected
Population driven
Optimised
Technology enabled
Executable
Agile and risk managed
Intelligence and evidence based

Context: Third era of the NHS

1948- 1990

Bureaucracy

1990-2022

The Market

2022-

System

What is a system?

A set of
interconnected
activities with a
common aim

Context- a common aim

Health and Care Bill

A
B I L L
TO

Make provision about health and social care.

BE IT ENACTED by the Queen’s most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

...NHS England: wider effect of decisions

After section 13N of the National Health Service Act 2006 insert—

“Duty to have regard to wider effect of decisions

13NA Duty to have regard to wider effect of decisions

(1) In making a decision about the exercise of its functions, NHS England 35 must have regard to all likely effects of the decision in relation to—

(a) the health and well-being of the people of England;

(b) the quality of services provided to individuals—

(i) by relevant bodies, or

(ii) in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources

by relevant bodies for the purposes of the health service in England...

...In this section “relevant bodies” means—

- (a) NHS England,
- (b) integrated care boards,
- (c) NHS trusts established under section 25, and 15
- (d) NHS foundation trusts.

...

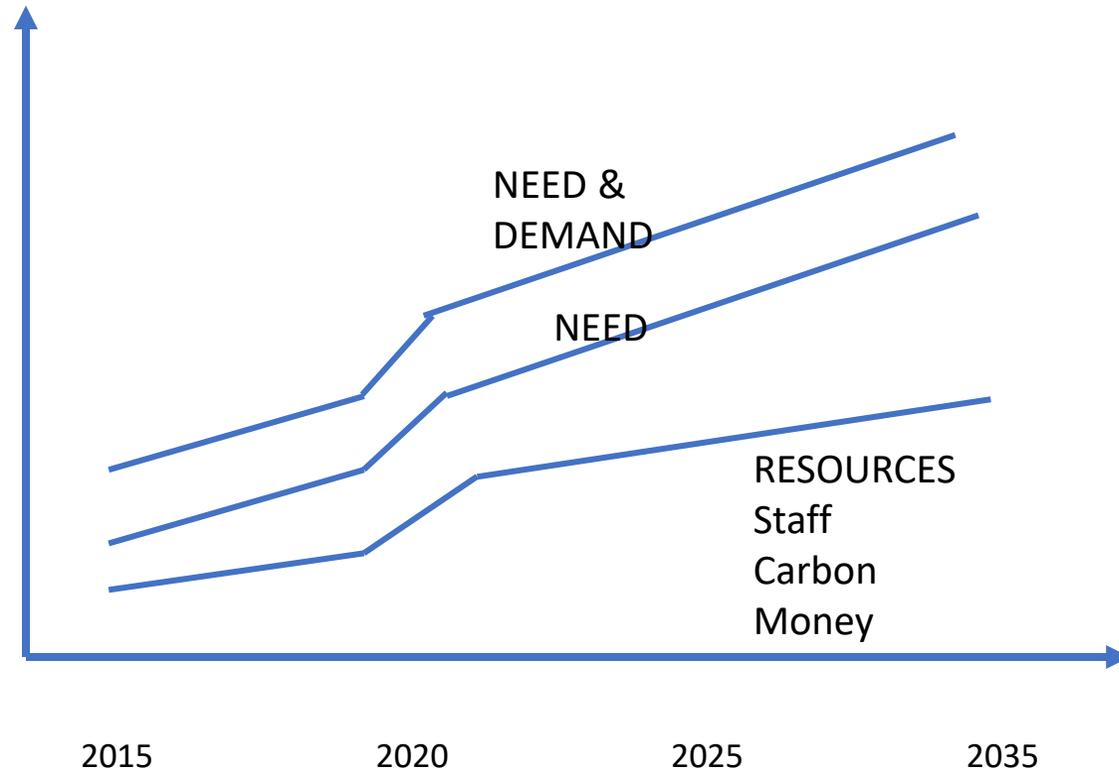
Context- a common aim

1. Improving the health and well-being of everyone in the population served, including inequalities in those outcomes
2. Improving equitable access to high quality healthcare services
3. Using NHS resources efficiently and sustainably

Background: Failing to meet our goals

- Falling life expectancy (prior to Covid-19)
- Worsening inequity (and so increasing NHS caused inequalities)
- Poor performance against international measures
- Missing targets

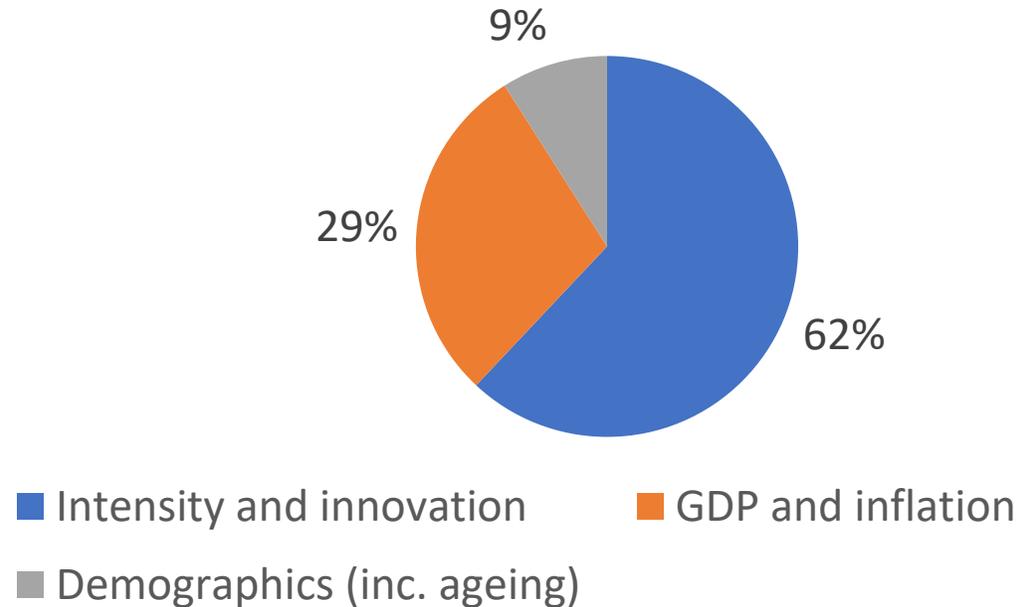
Background: Need and demand will always outstrip resources



Background:

the *'relentless increase in the volume and intensity of clinical practice'* is the principal driver of demand

Drivers of demand (OBR 2015)



Source: Office for Budget Responsibility
https://obr.uk/docs/dlm_uploads/Health-FSAP.pdf

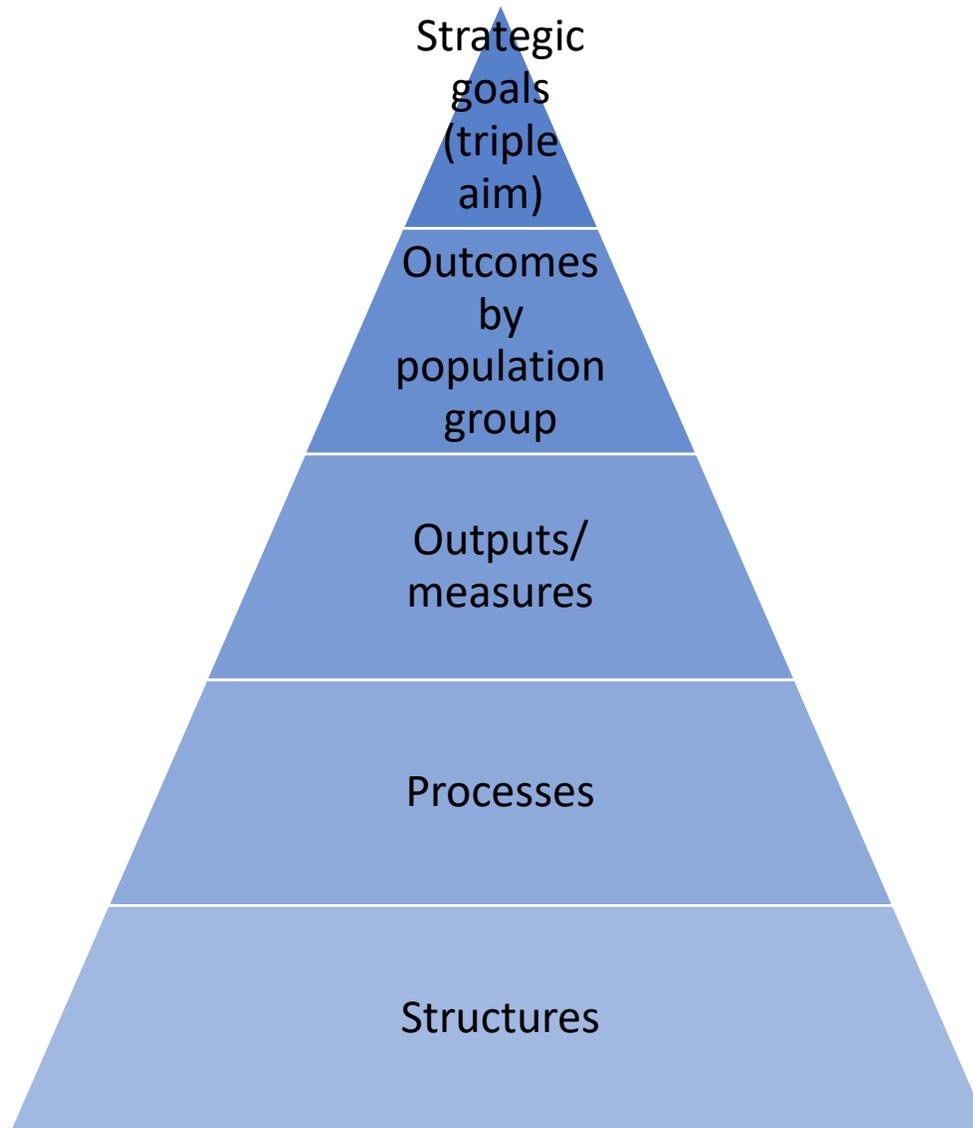
Background: Healthcare is a complex adaptive system



- Interconnected systems within systems
- Shadow systems
- System dynamics- change unpredictable
- Success contextual
- Transactional approaches inadequate
- Relationships and learning important

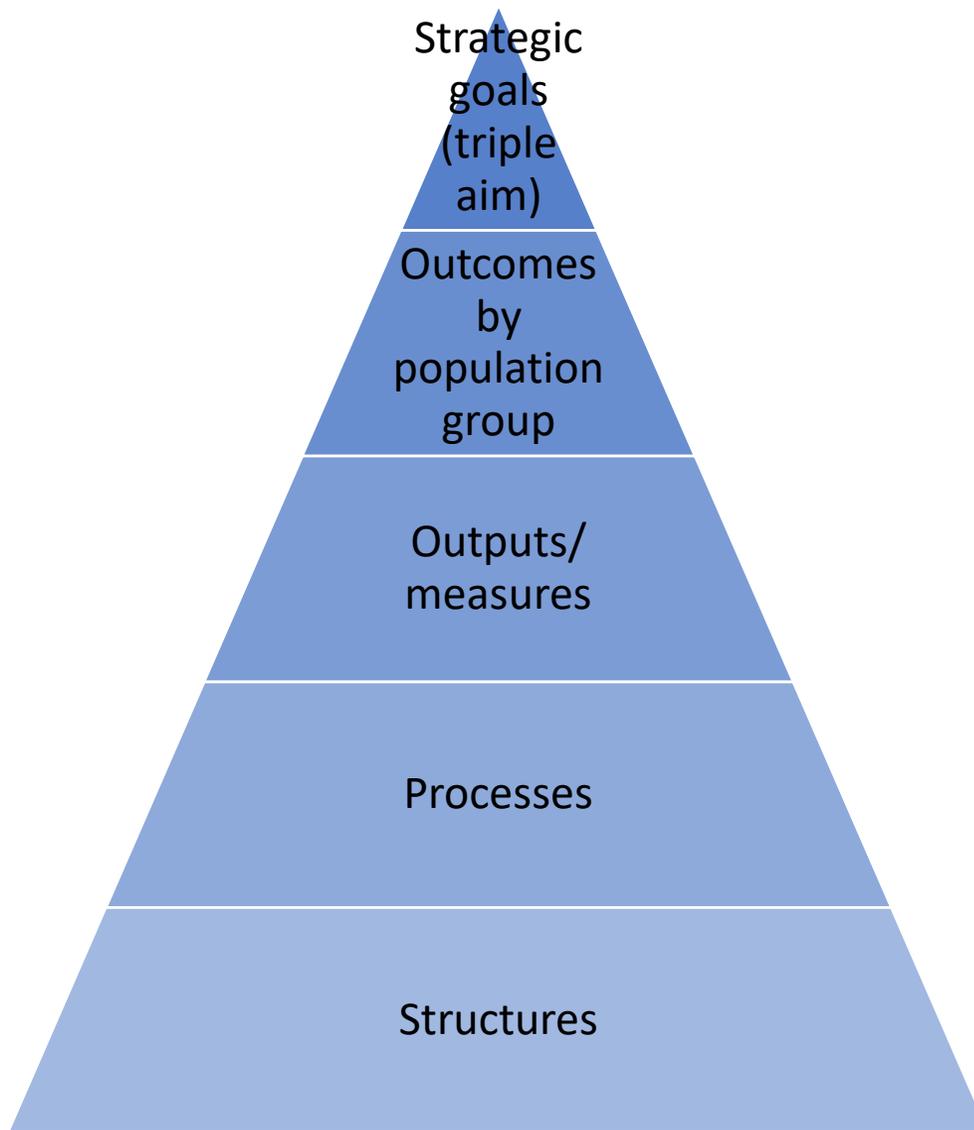
Integrated *system* planning

Integrated system planning- who?

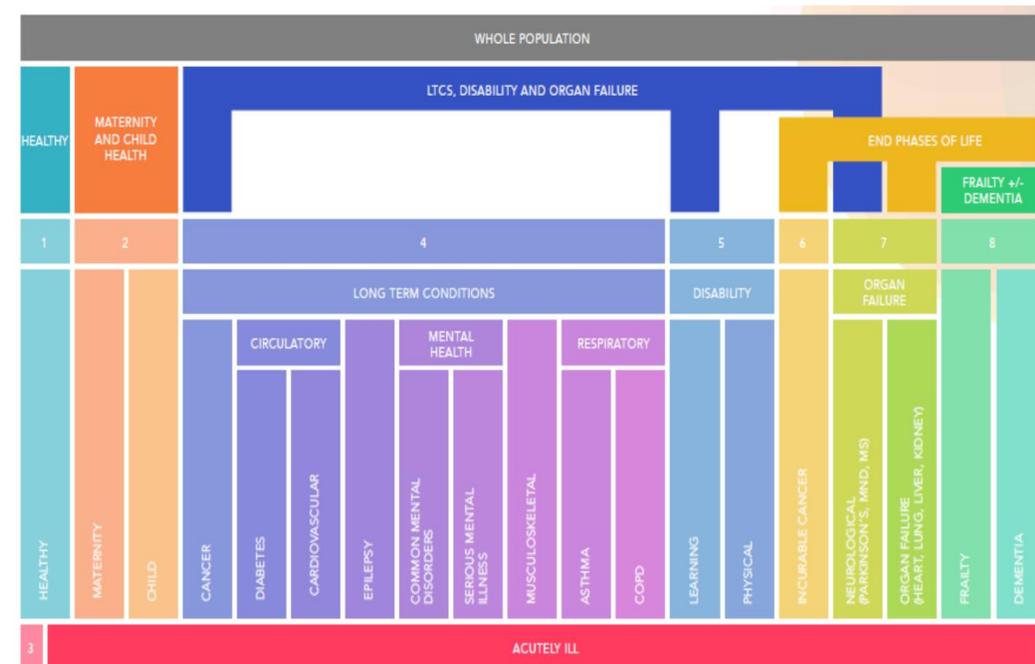


Whole system:
Hospital,
Community
Services, Mental
Health, General
Practice....

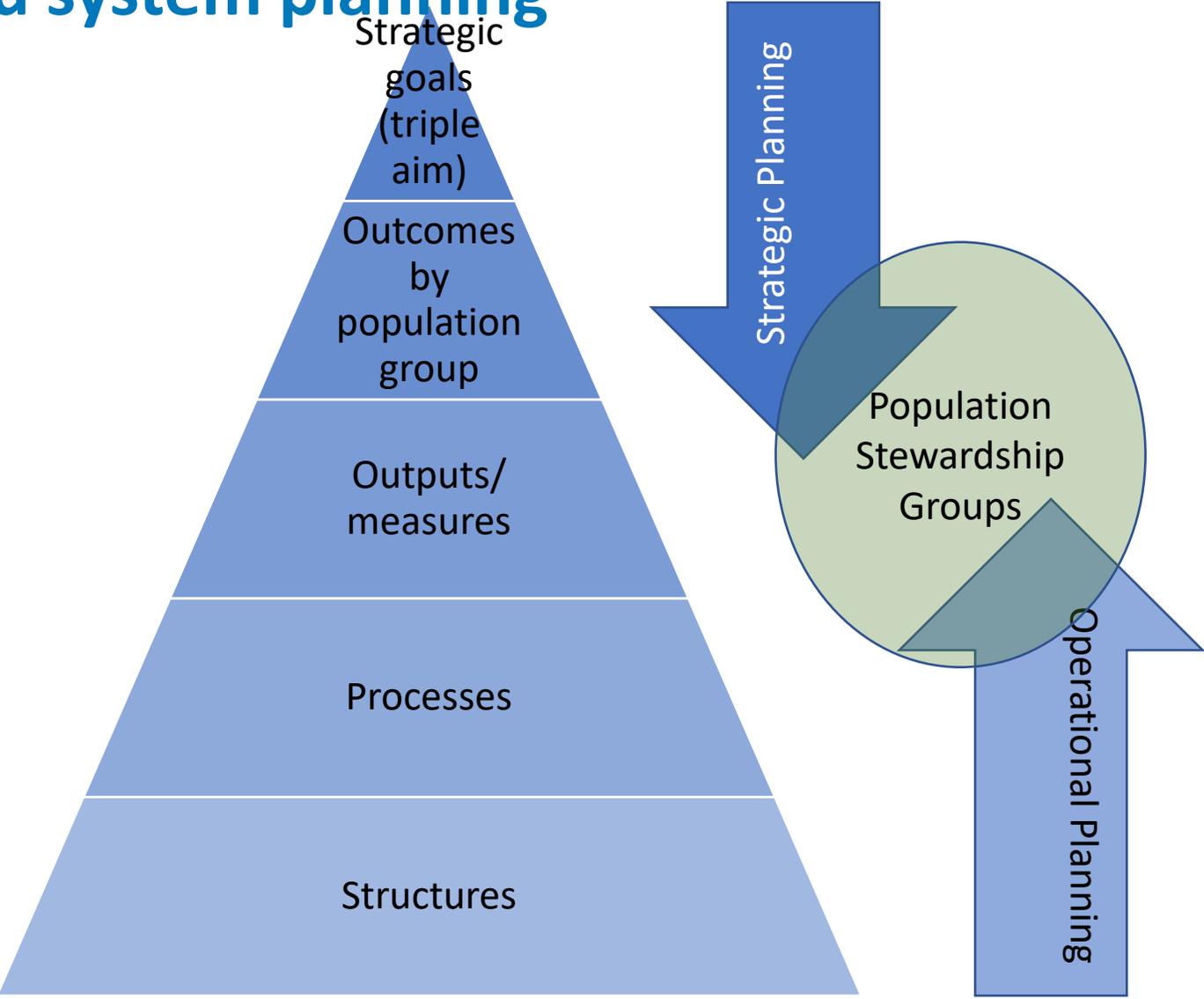
Integrated system planning- what?



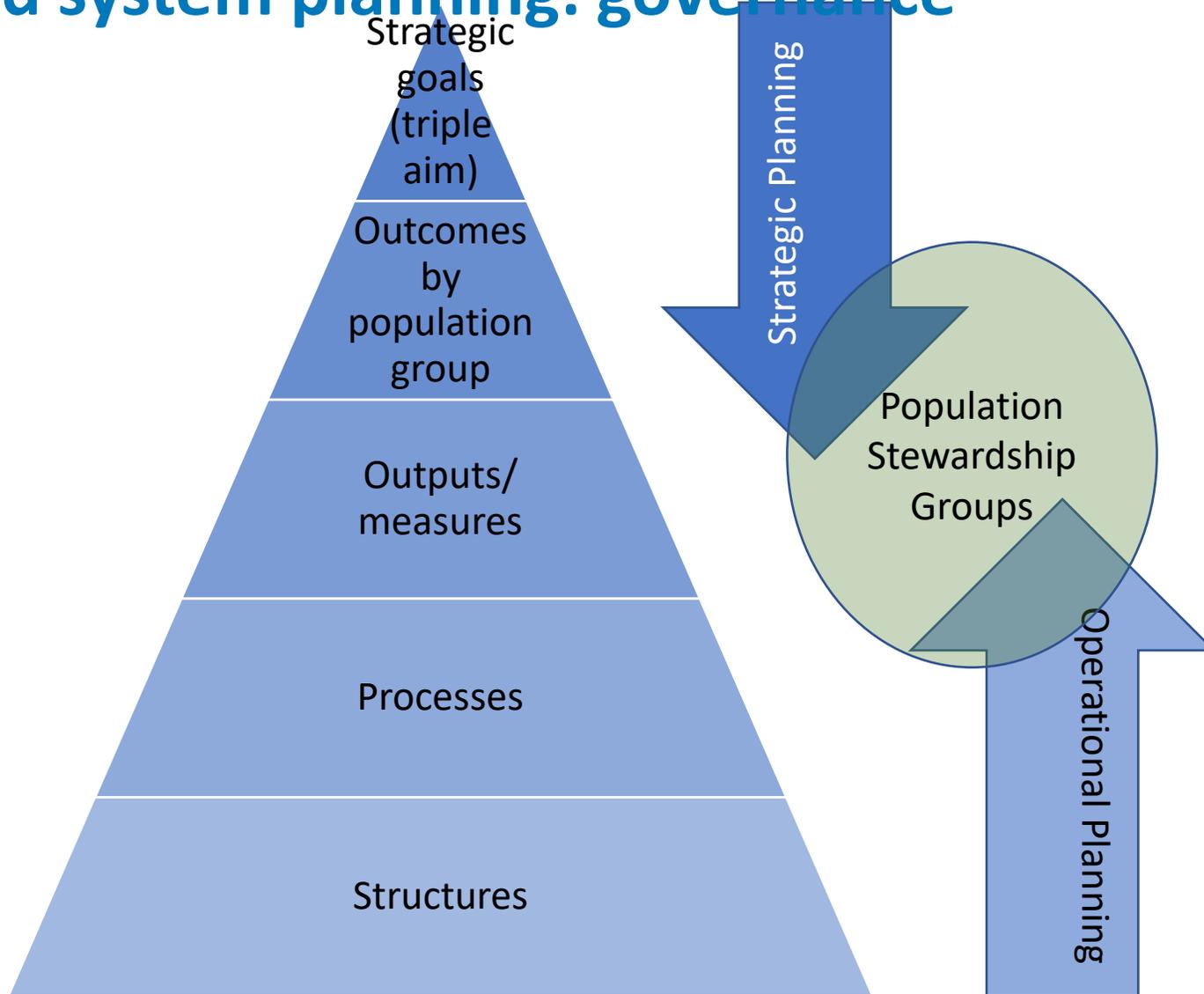
By population segment



Integrated system planning



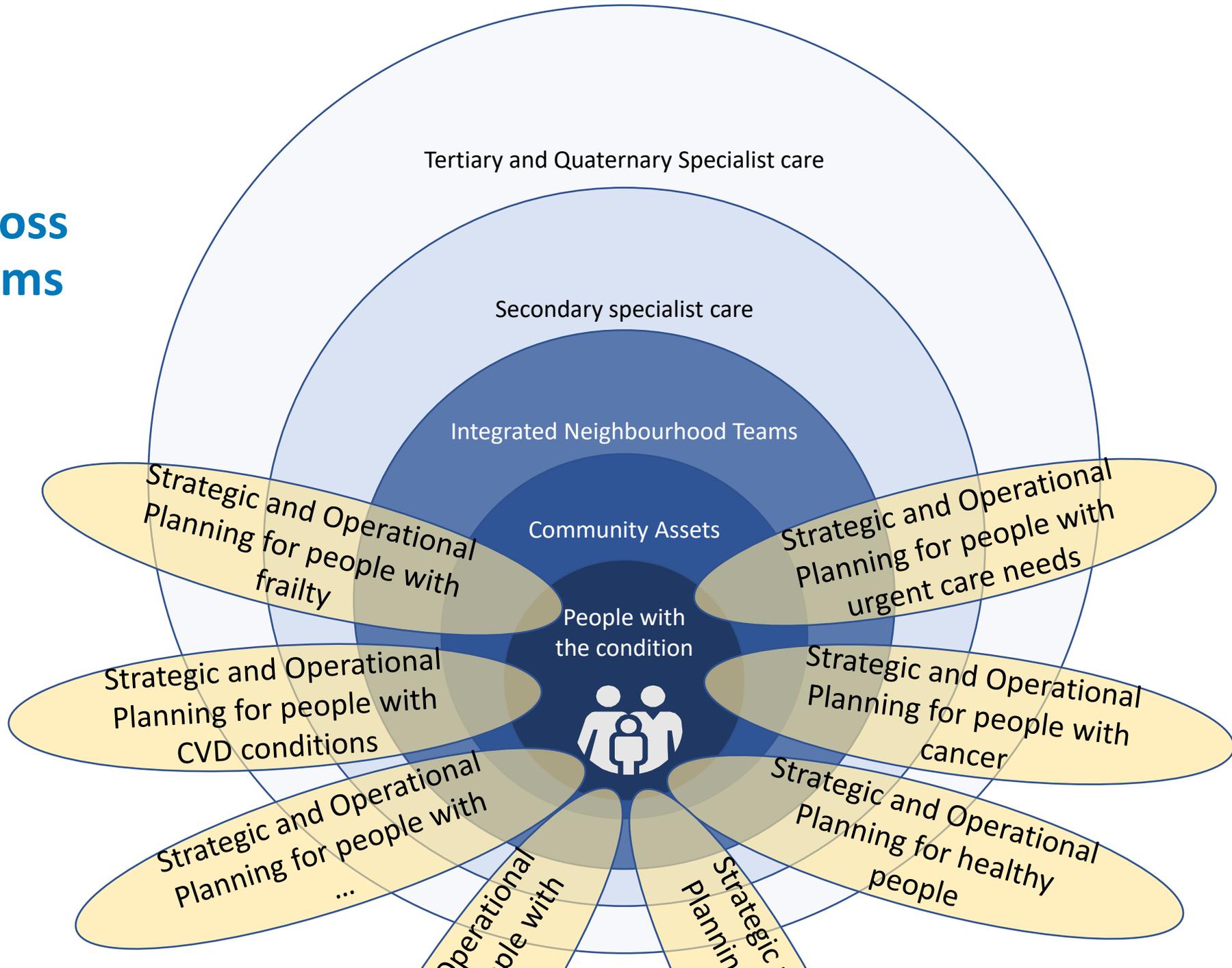
Integrated system planning: governance



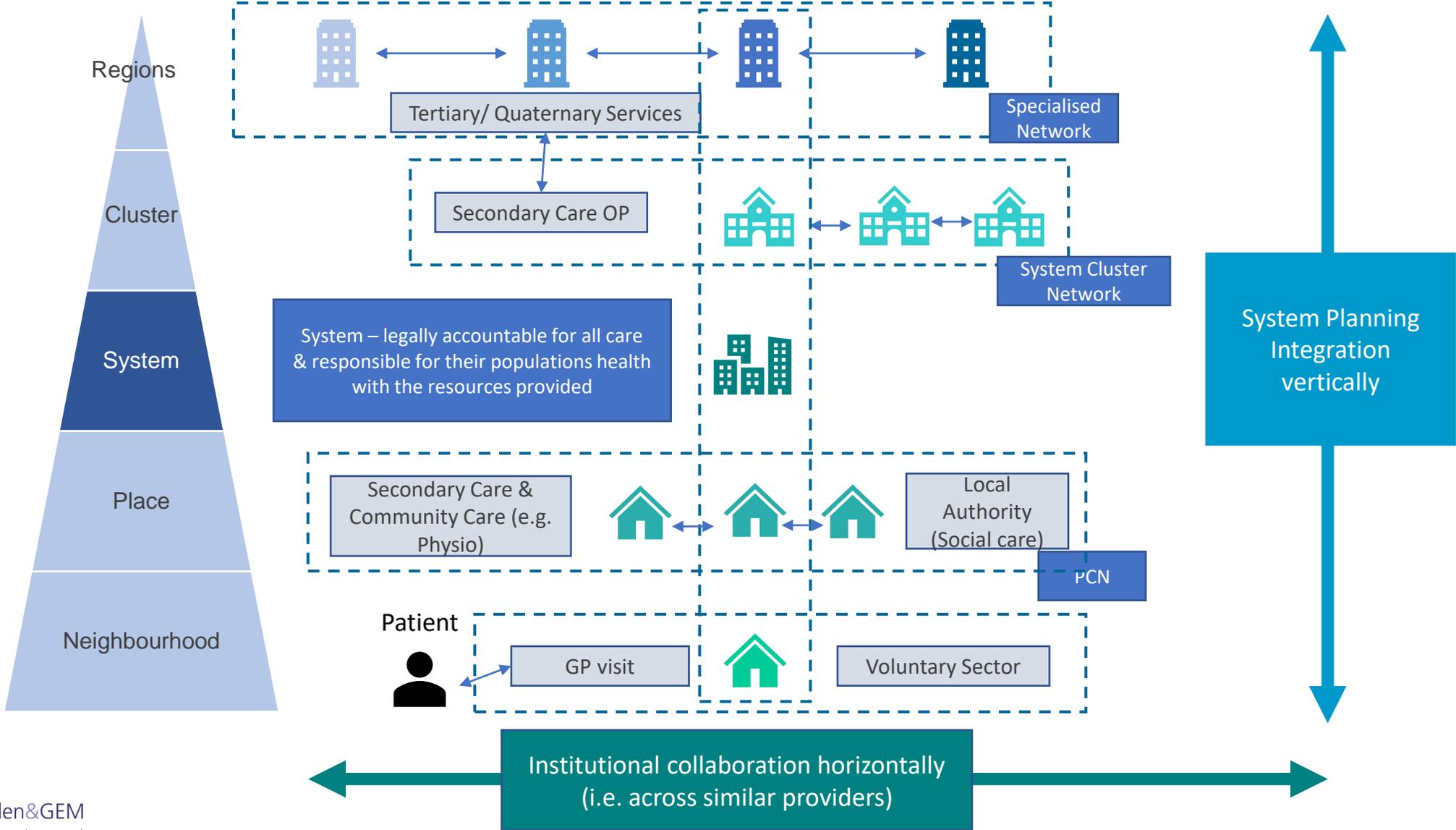
Governance : stewardship groups to direct the 'change programs' required e.g transformation board underpinned

Integrated system planning: working across whole systems

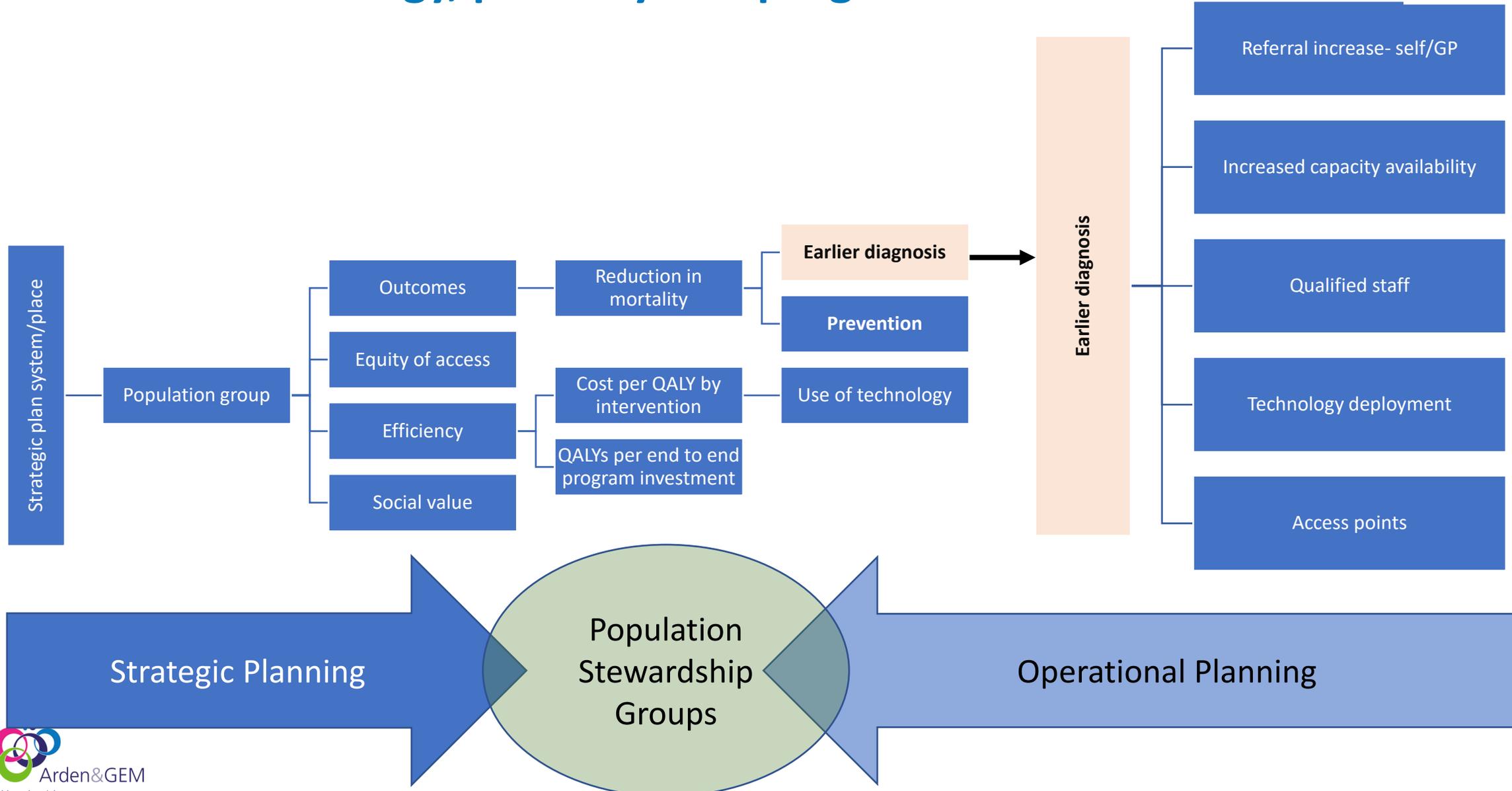
Note: the darker the shading, the greater the level of activity and overall impact on health



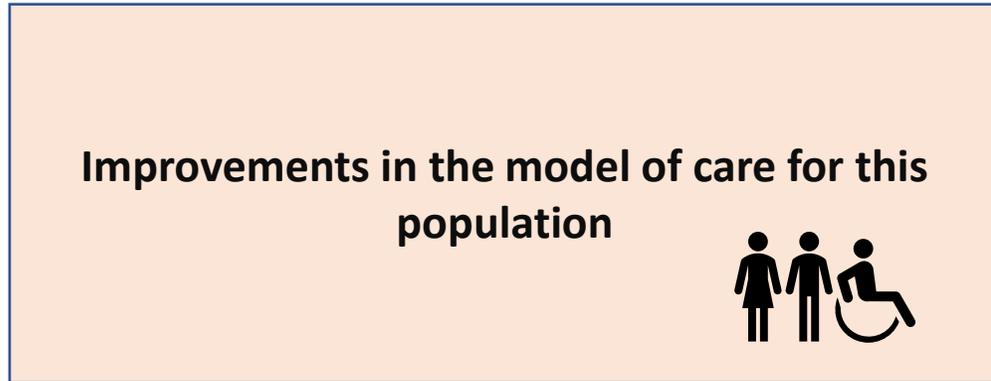
Integrated system planning- horizontal collaboration; vertical integration



Driver based strategy, pathway and program

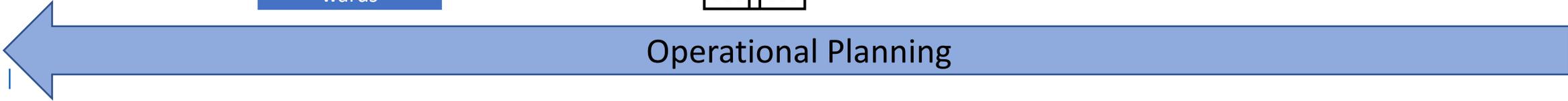
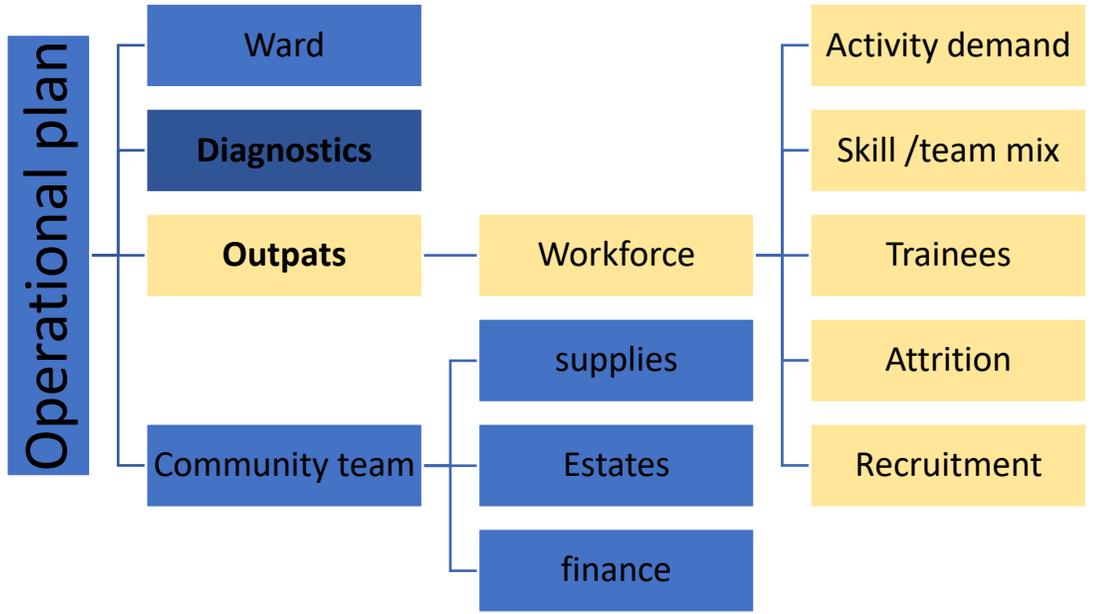
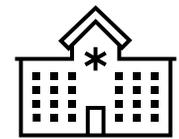
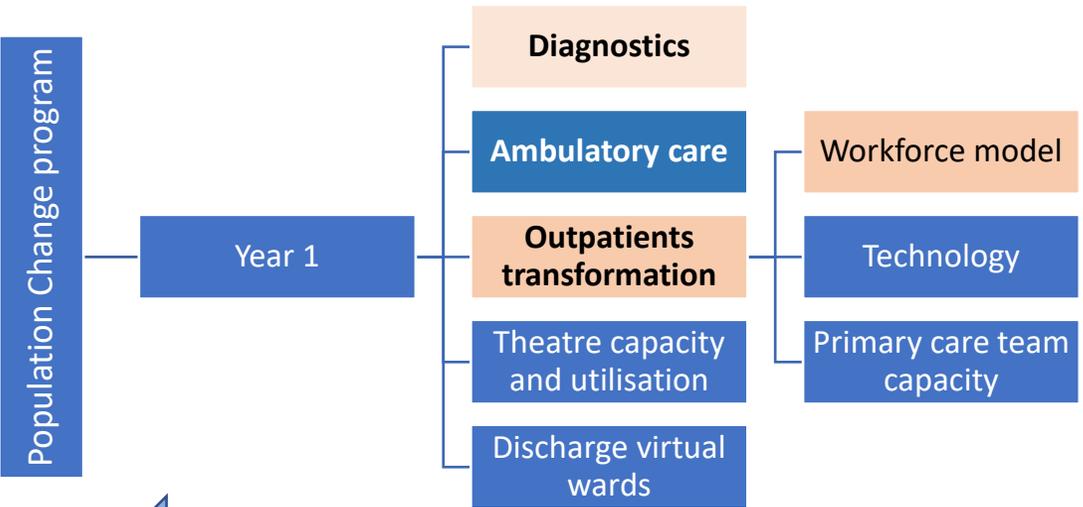


Driver based operational planning

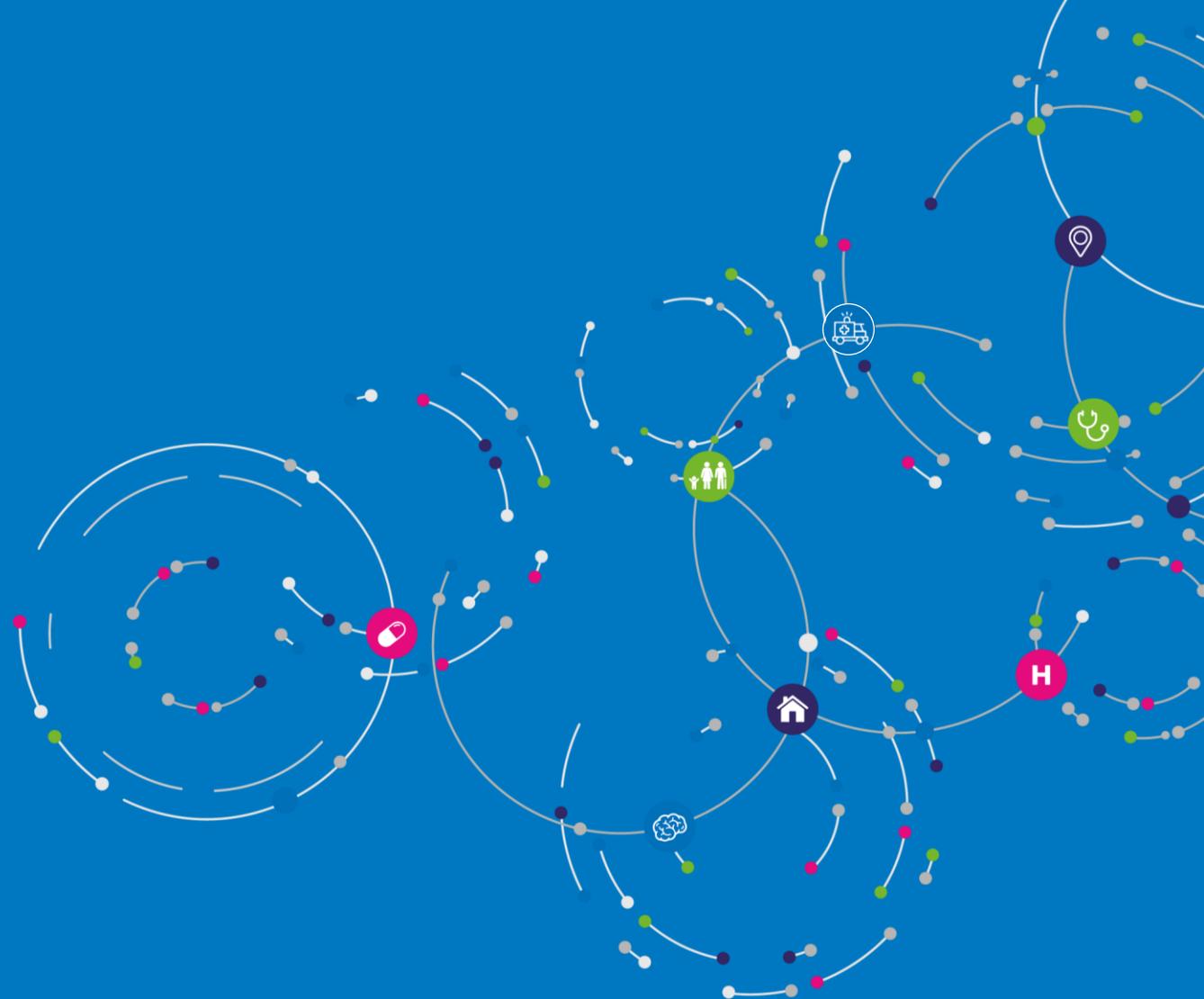


Operational plan drivers and assumptions to test

Demand, £, capacity, workforce...



Thank you...



Get in touch with us at:

 www.ardengemcsu.nhs.uk

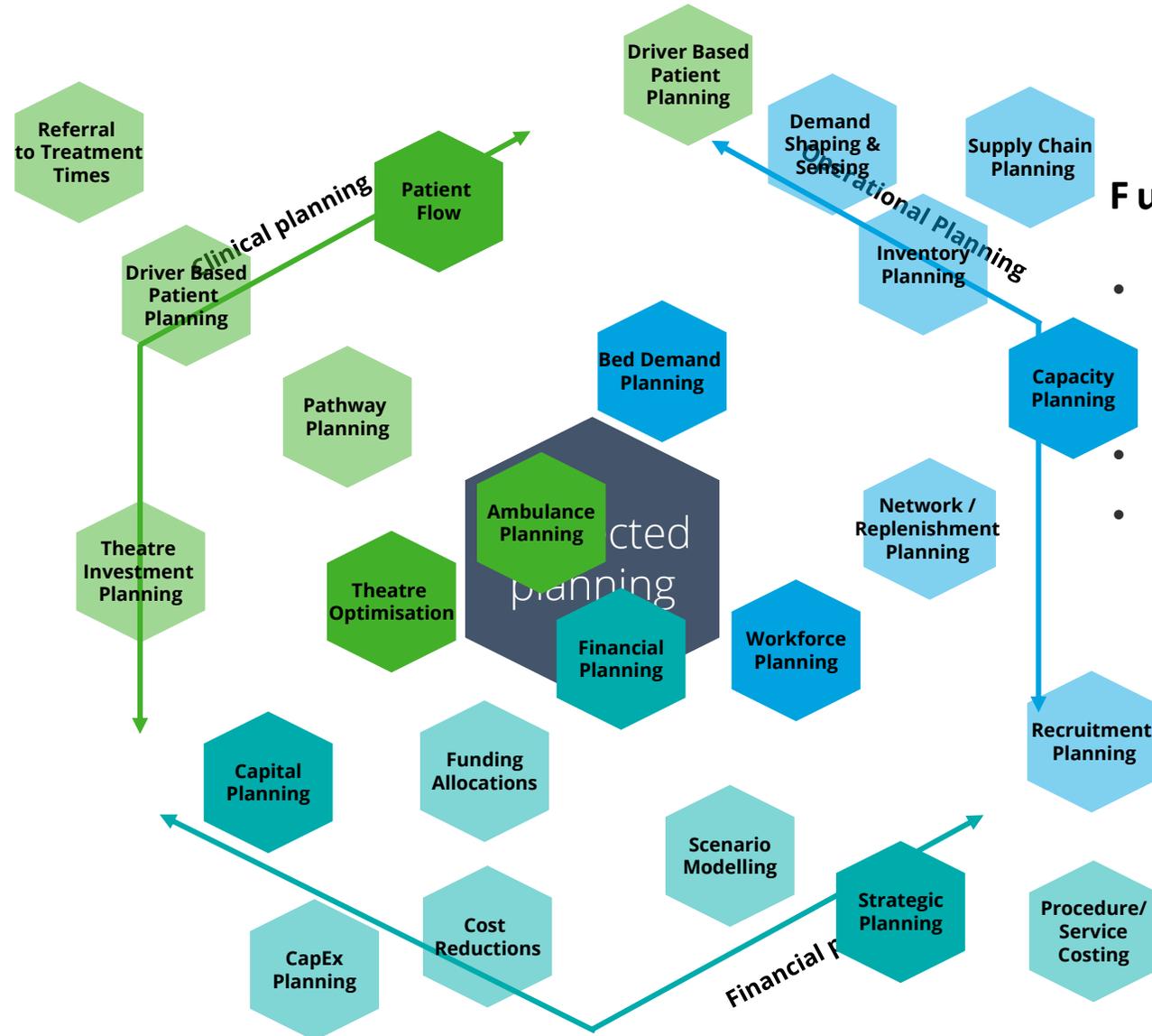
 @ardengem

 contact.ardengem@nhs.net

What do we mean by connected planning...

Current State

- Siloed planning
- Manual, personal tools
- Disjointed plans
- Multiple versions of the truth



Future State

- Integrated data
- Insights shared across functions to drive consensus
- Increased productivity
- Dashboarding and 'what if' modelling

...And how does it generate value?



The Challenge

A large government transport organisation was tasked with providing **service to over 50 million end users a year**, with a **complex workforce** of full time and shift employees. Workforce planning was made more difficult by **increased investments into infrastructure, siloed functional plans** and **increased public demand** for increased productivity and more reliable services.

The Solution

The organisation implemented Anaplan to as a connected workforce planning solution. They were able to:

... How can they better predict supply and demand to remain 'ahead of the curve' with workforce planning?

- Proactively manage workforce based on early indicators
- Reduce time spent planning
- Build trust between HR and business unit teams
- Increase overall efficiency and productivity
- Provide more timely and better service to the public

Connected Planning Journey at Queensland Rail

1. Workforce Planning

Gained visibility of the future demand and forecasted supply for critical workforce groups to meet operational and project requirements

2. Financial Planning

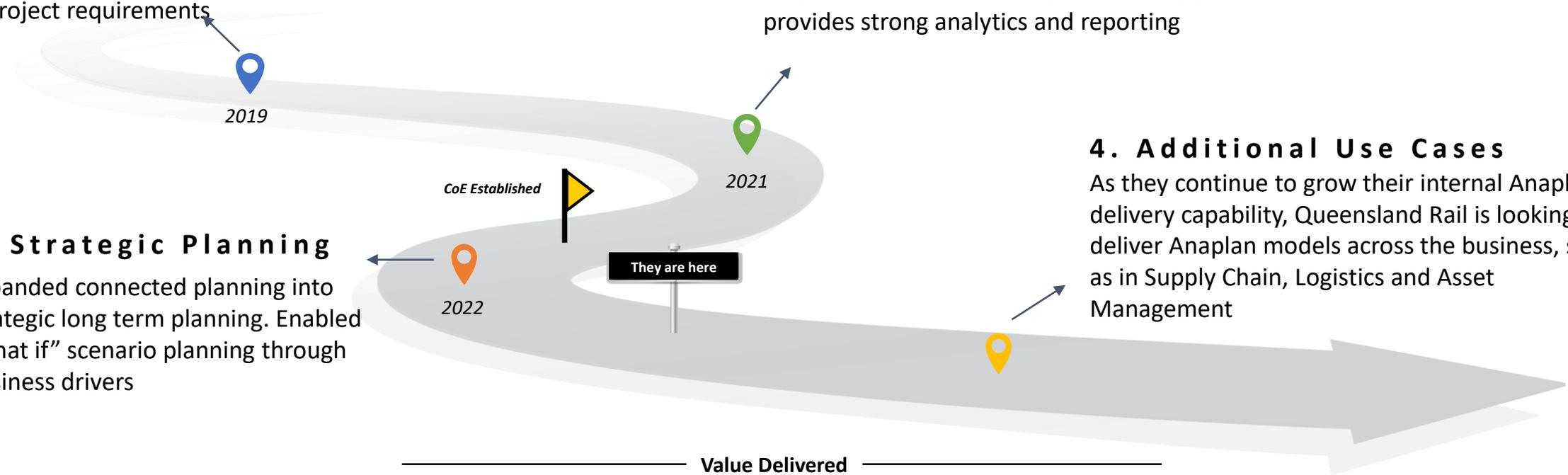
Created an integrated solution for planning, budgeting and forecasting, including allocations and consolidations, that elevates the role in Finance across the business and provides strong analytics and reporting

3. Strategic Planning

Expanded connected planning into strategic long term planning. Enabled “what if” scenario planning through business drivers

4. Additional Use Cases

As they continue to grow their internal Anaplan delivery capability, Queensland Rail is looking to deliver Anaplan models across the business, such as in Supply Chain, Logistics and Asset Management



Value Delivered

Legacy systems & 15+ complex excel models eliminated

Utilised source system data from asset, maintenance, operational and workforce plans to drive alignment

Reduction in manual effort to free up capacity to focus on value added insight generation and decision support

Strong analytics and reporting and enables “what if” scenario planning, with 240+ dashboards and reports developed

Why is it important for the NHS?

Increasing External Pressures



Rising inflation and cost of living crisis



Pressure to increase productivity



Uncertain funding



Changing regulations and organisational structure

Opportunities Ahead



Free up time to focus on providing insight and supporting decision making



Proactive planning based on early indicators to better serve populations



Leverage tool capabilities to enable planning from providers to systems



Improving data quality and standardising data definitions and assumptions



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999 Integrated Planning

David Webb

Head of Performance Forecasting





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Centralised Scheduling,
Planning and PP
management.

2015

Planning Directorate
Established



Demand Gap Planner,
Vehicle planning,
automated leave, App.

2016

Moved to upgraded GRS



Totalmobile



Manages Bank and PP
with strong financial and
clinical governance.

2017

Implemented Skillstream

skillstream



Replaced Excel, enhanced
forecasting and
integrated planning
capability.

2019

Implemented Anaplan

Anaplan



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Our Journey

Workforce Management Systems



2022 - 2023

- ✓ Single system
- ✓ SaaS (Software as a Service)
- ✓ Proven Timesheets
- ✓ Timesheets integrated to payroll
- ✓ Time & Attendance link to Timesheets
- ✓ Working Time Directives
- ✓ Worked Hours
- ✓ Flexible working
- ✓ Contract KPIs

2016 - 2021

PROCUREMENT

National Tender
Open to all

CURRENT SYSTEM

Separate contingent systems
NHS experience
Ambulance centric
Vehicles

2009 - 2016

PREVIOUS SYSTEM

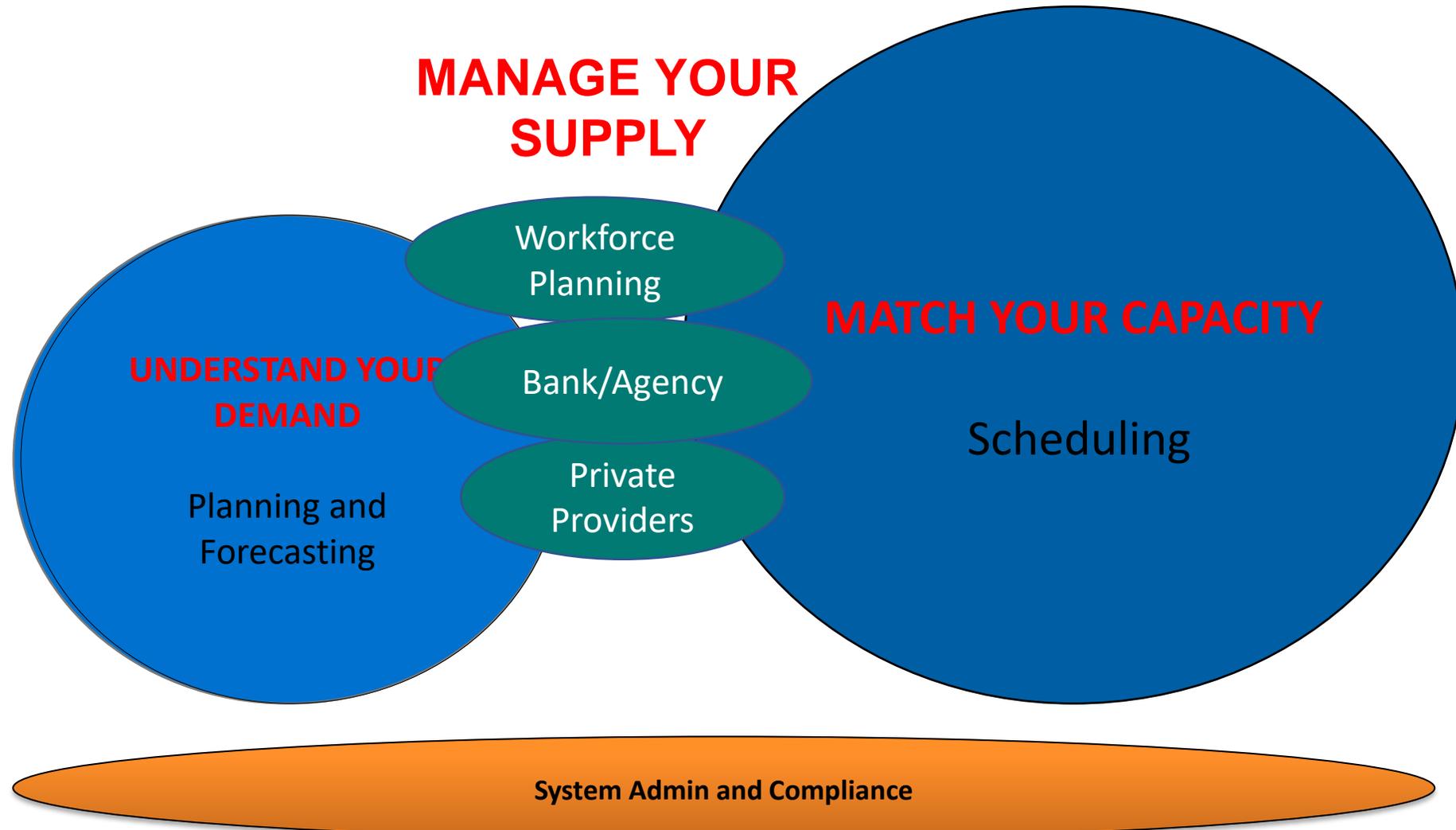
Commercial System
Demand v Capacity Strong
Non-NHS



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The Directorate Structure





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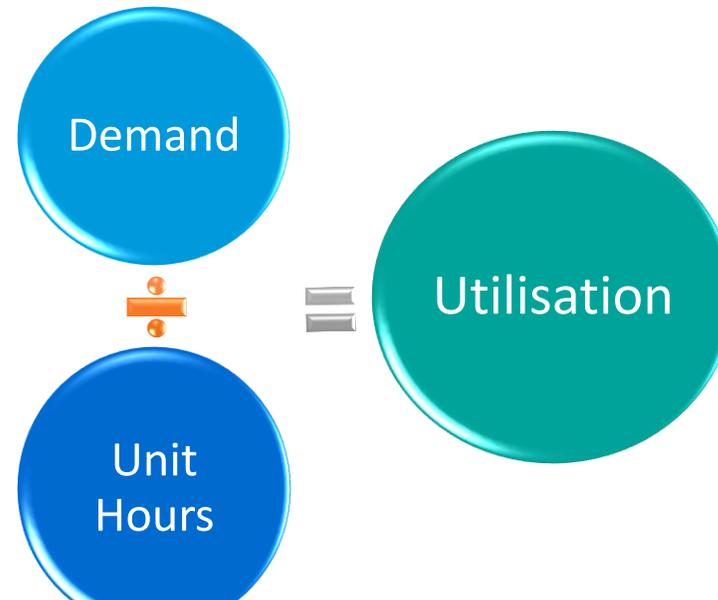
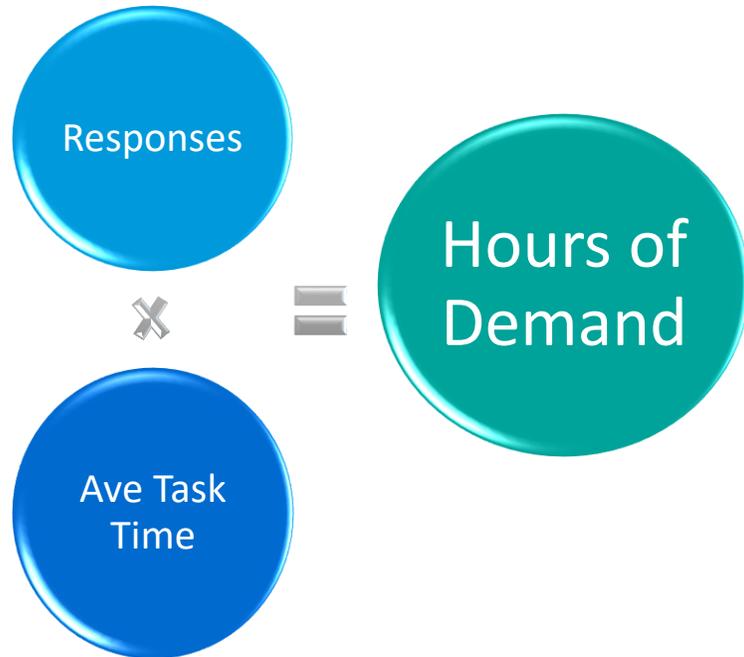
Understanding Demand



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Performance Variables

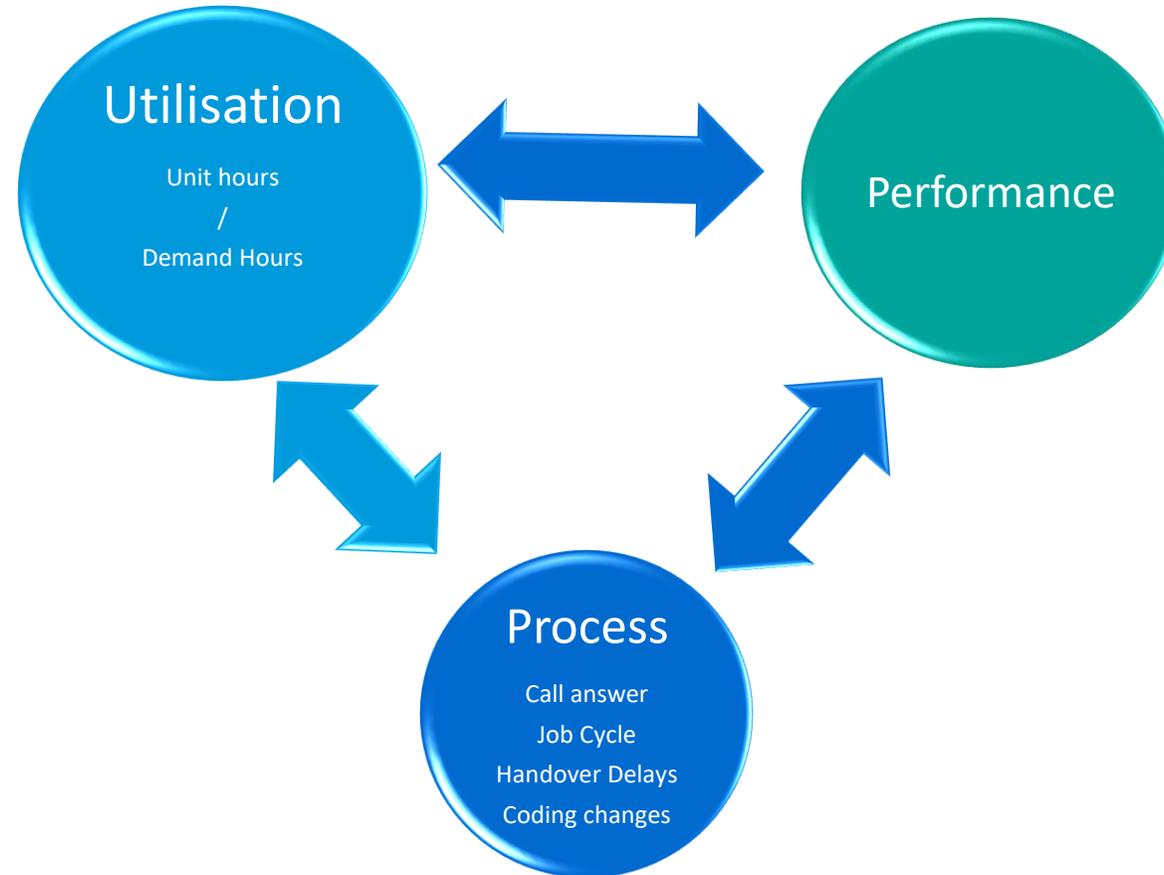




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Performance Variables

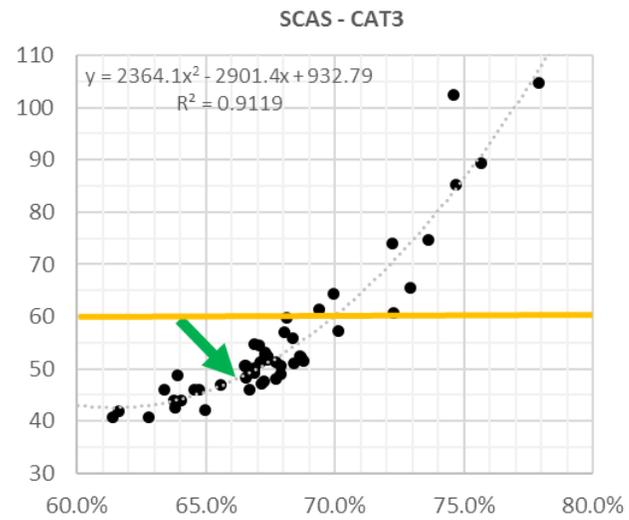
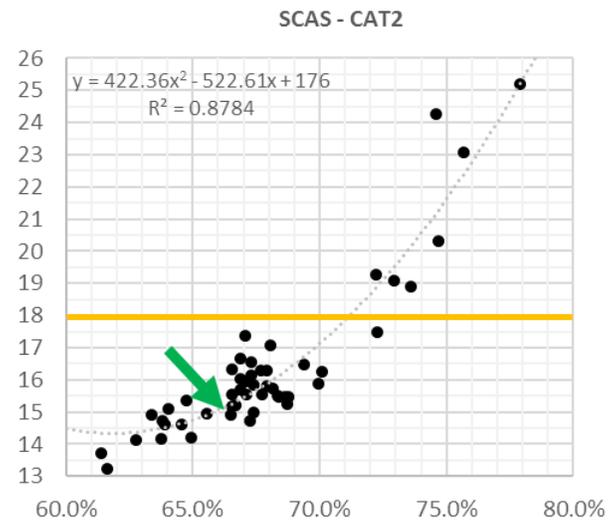
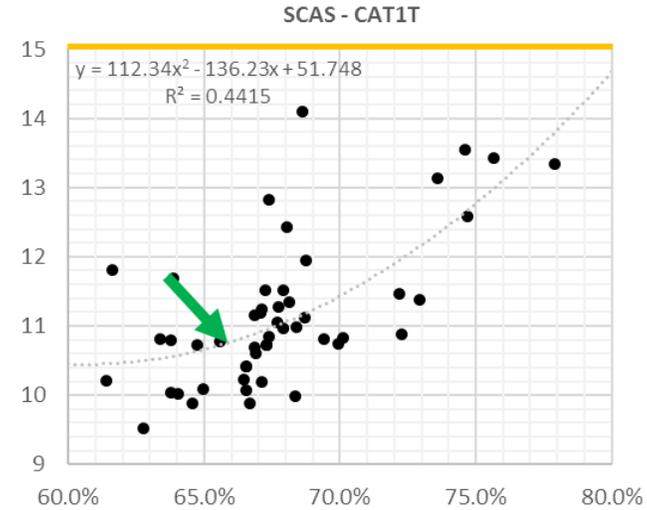
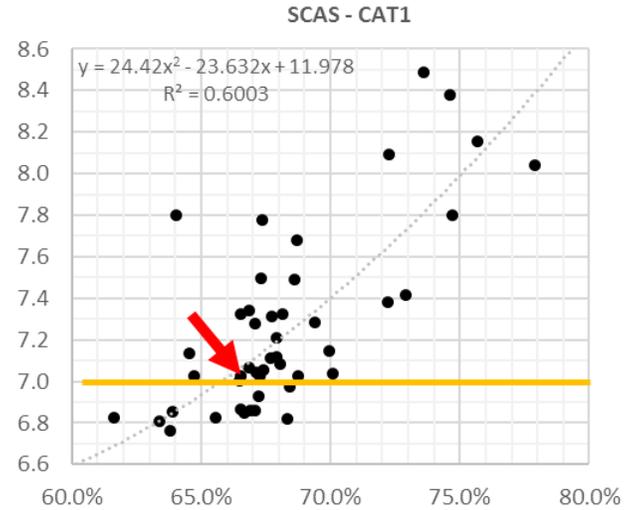




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Performance Forecast





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Predicted Performance v Actual – SCAS

Input Utilisation: 66.6%

Incident Priority	Predicted Mean (Financial YTD Data)	Predicted Mean (3 Months Data)	Actual Mean (As seen in Optima Predict)	QlikView Actual
CAT1	0:06:10	0:06:06	0:06:09	0:06:09
CAT1T	0:08:37	0:08:14	0:08:37	0:08:32
CAT2	0:14:54	0:14:46	0:14:28	0:14:28
CAT3	0:43:10	0:48:04	0:52:56	0:52:51



Performance worse than financial year to date predicted mean



Performance better than financial year to date predicted mean



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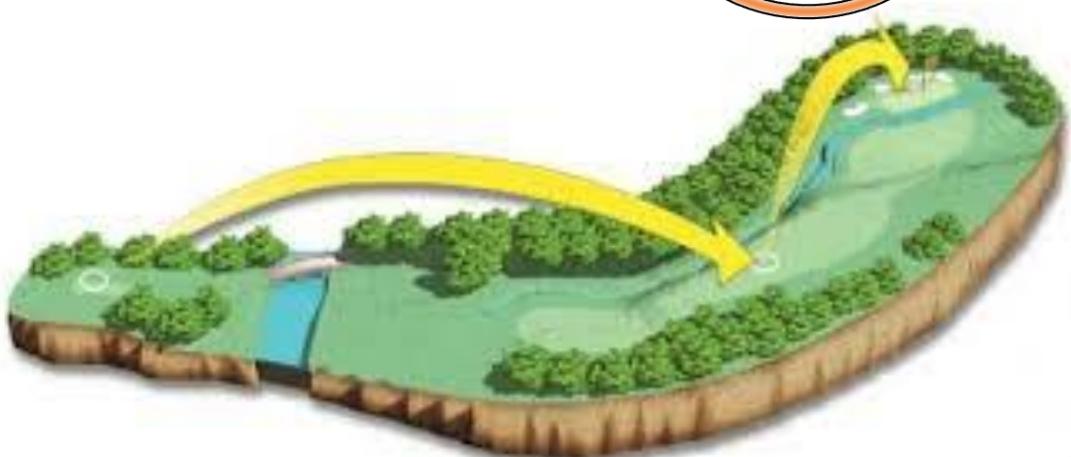
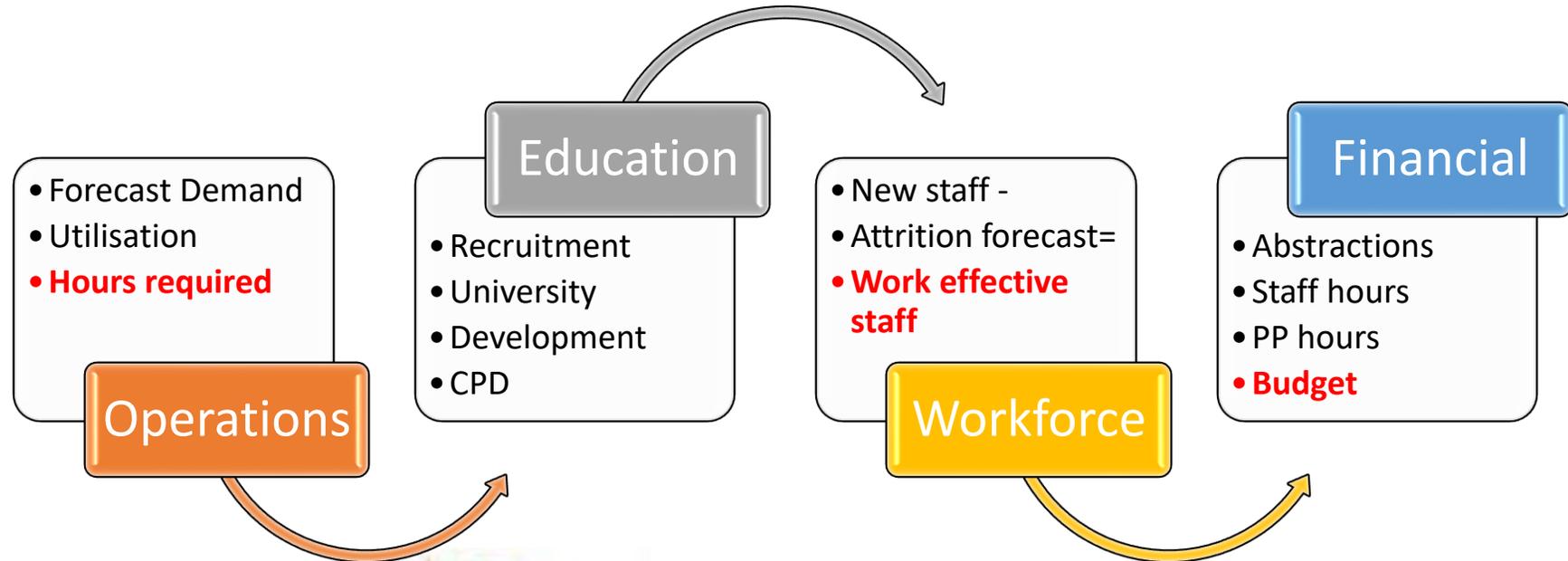
Managing Supply



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Integrated Planning Approach



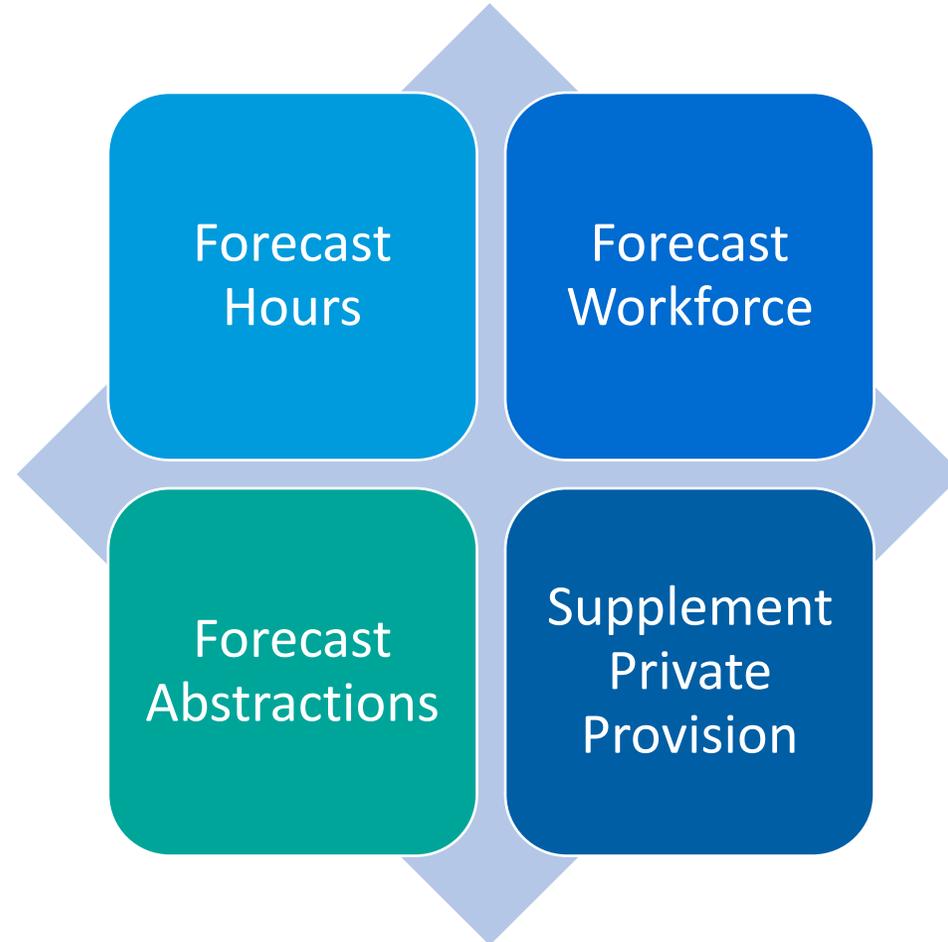


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Long Term Planning

For every week of the year



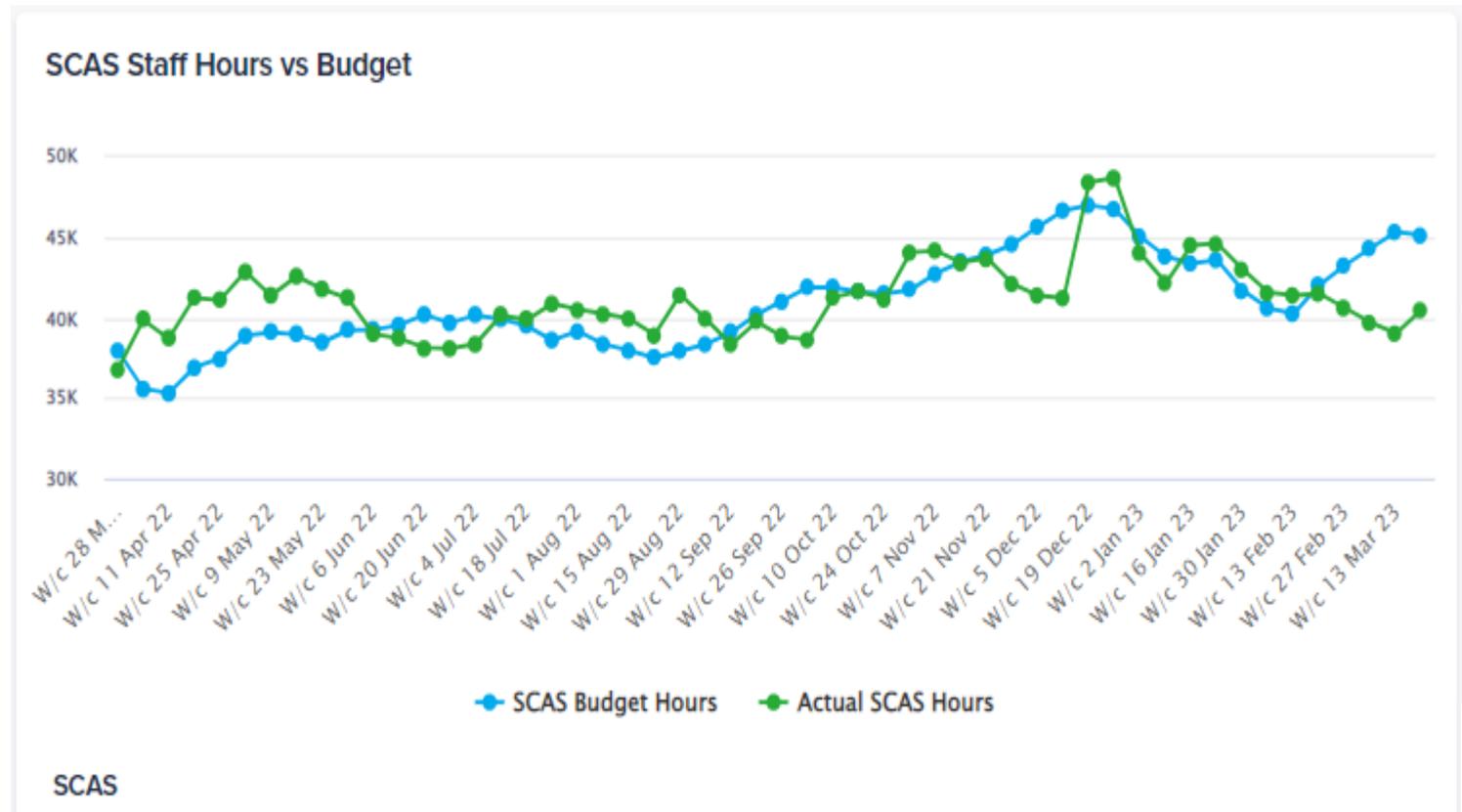


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Workforce Plan

- Weekly hours requirement by node
- Average weekly requirement / 26.4 = WTE establishment
- Long term 5 year plan updated annually



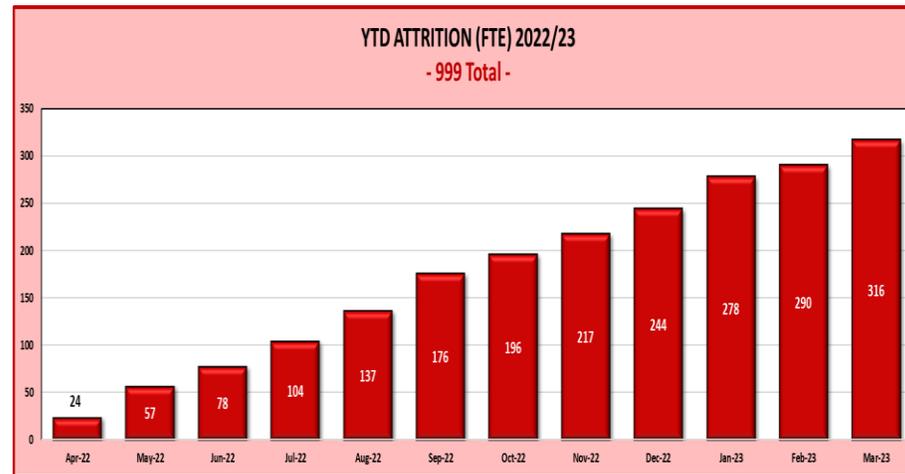


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Integrated Workforce Planning Team

- Planning
- Recruitment
- Education
- Operations
- Finance





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Matching Supply to Demand



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Short Term Planning





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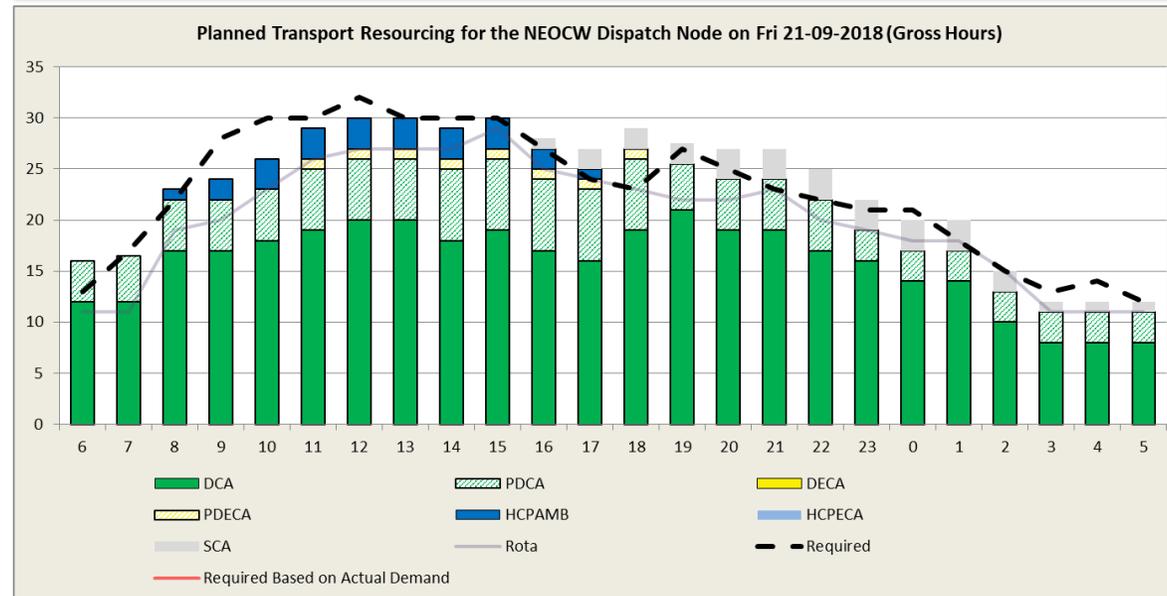
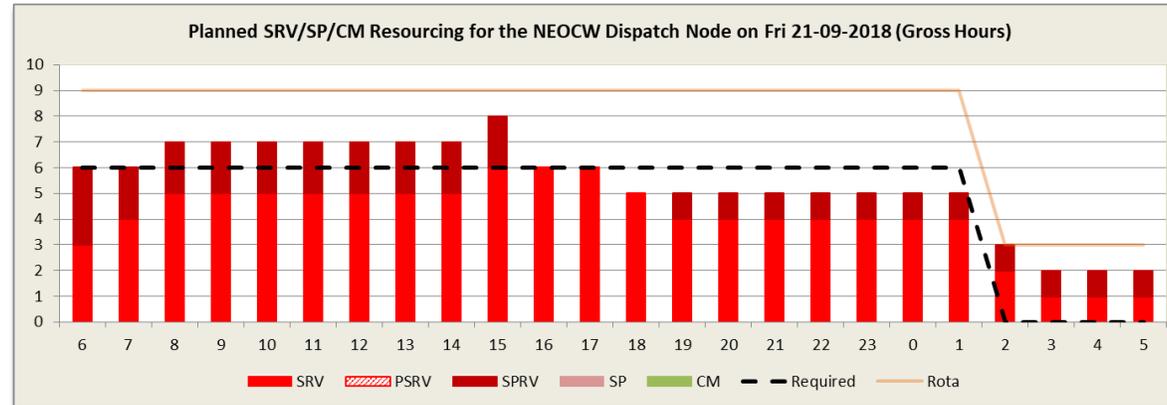
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Objective– aligned staffing against STF

Optimal use of resources



Greater service provided to
the public





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Resource Optimisation Project

Integrated Demand & Capacity Planning

Steve West, Director of Planning & Performance Forecasting, SCAS

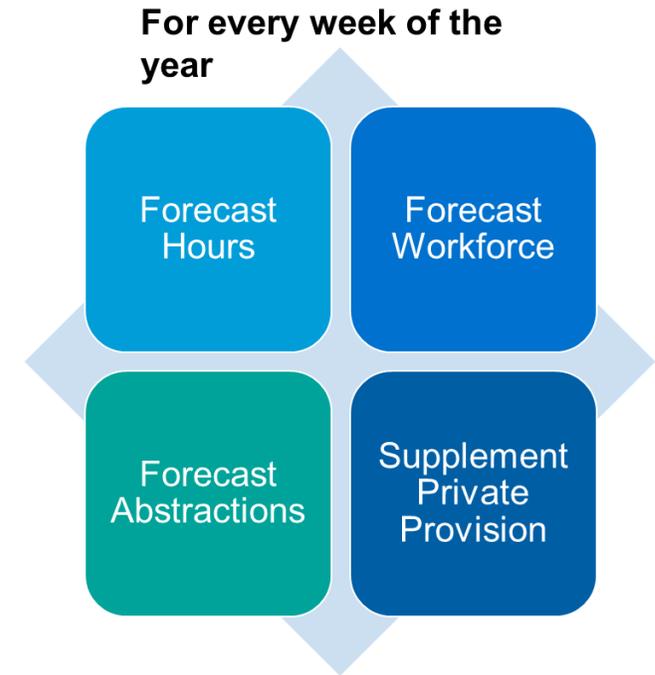
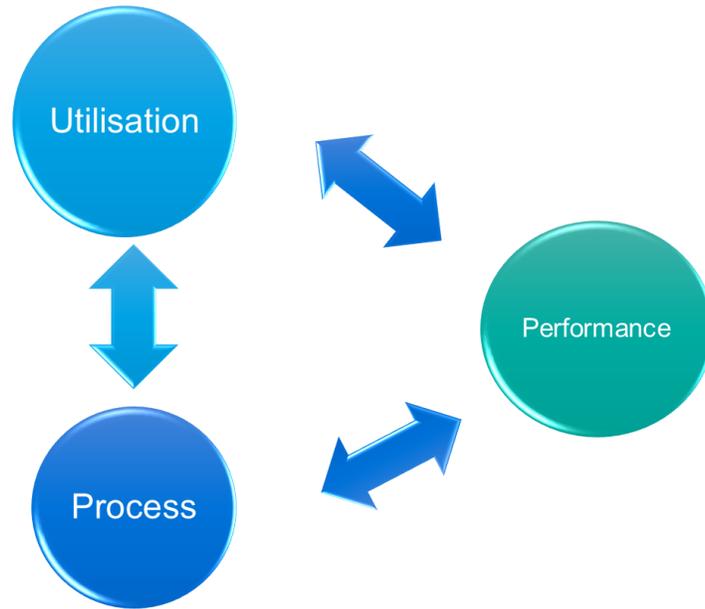
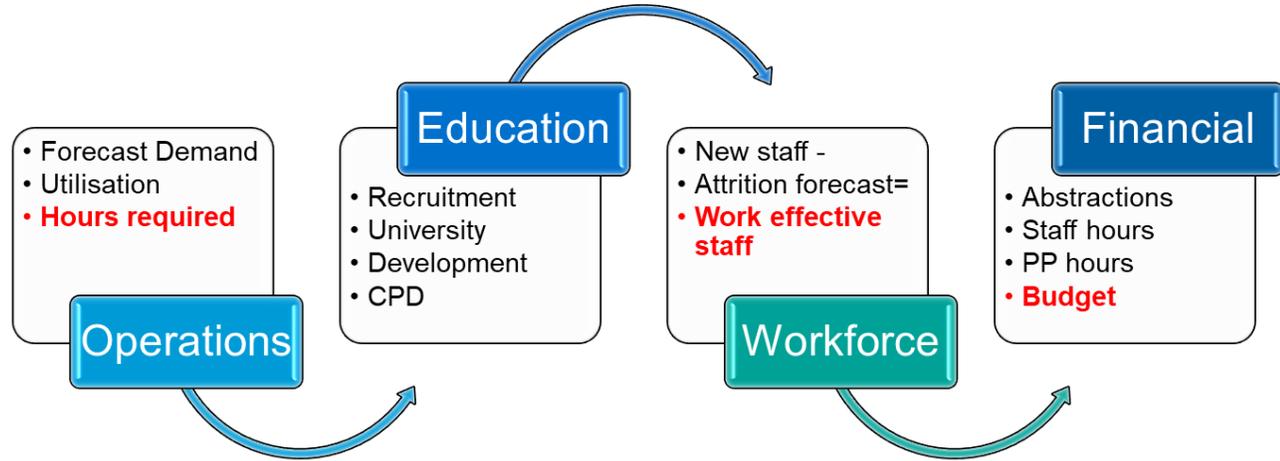




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Integrated Planning Approach





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The Problem



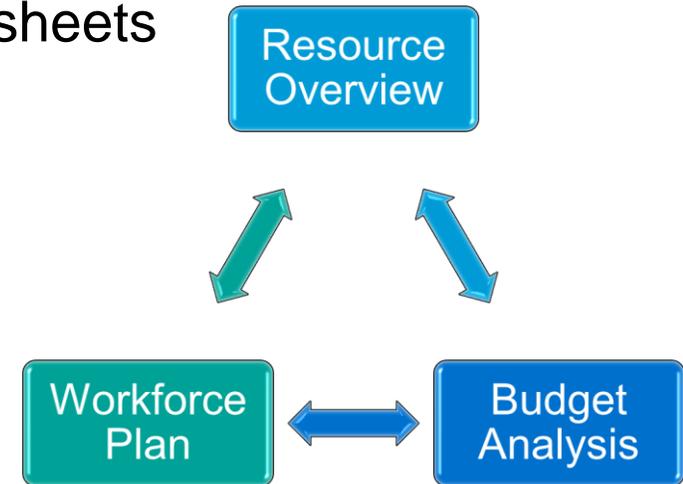
Current process is Exemplar



Reliant on numerous spreadsheets



Reliant on legacy databases





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The Idea



Implement a Single Resource Optimisation Solution



Integrate Resource – 999, CCC and PTS



Improve efficiency & effectiveness of planning processes



Connect our Data, our People and our Plans



Optimise our current processes



Build Resilience





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SCAS Data

CAD
*job & incident
details*

GRS
SCAS Rostering

Skillstream
*Private
Provider,
Agency & Bank
Rostering*

ESR
*Staff Personnel
records*

**Dynamics
Ledger**
*Payroll &
Expenditure*

DATA WAREHOUSE

API Connector

CCC
Budget
Forecast

OPS
Frontline
Budget
Forecast

Workforce
Plan

DATA
HUB

Financial
Resource
Analysis

Plan IQ

Statistical
Model

Anaplan Model



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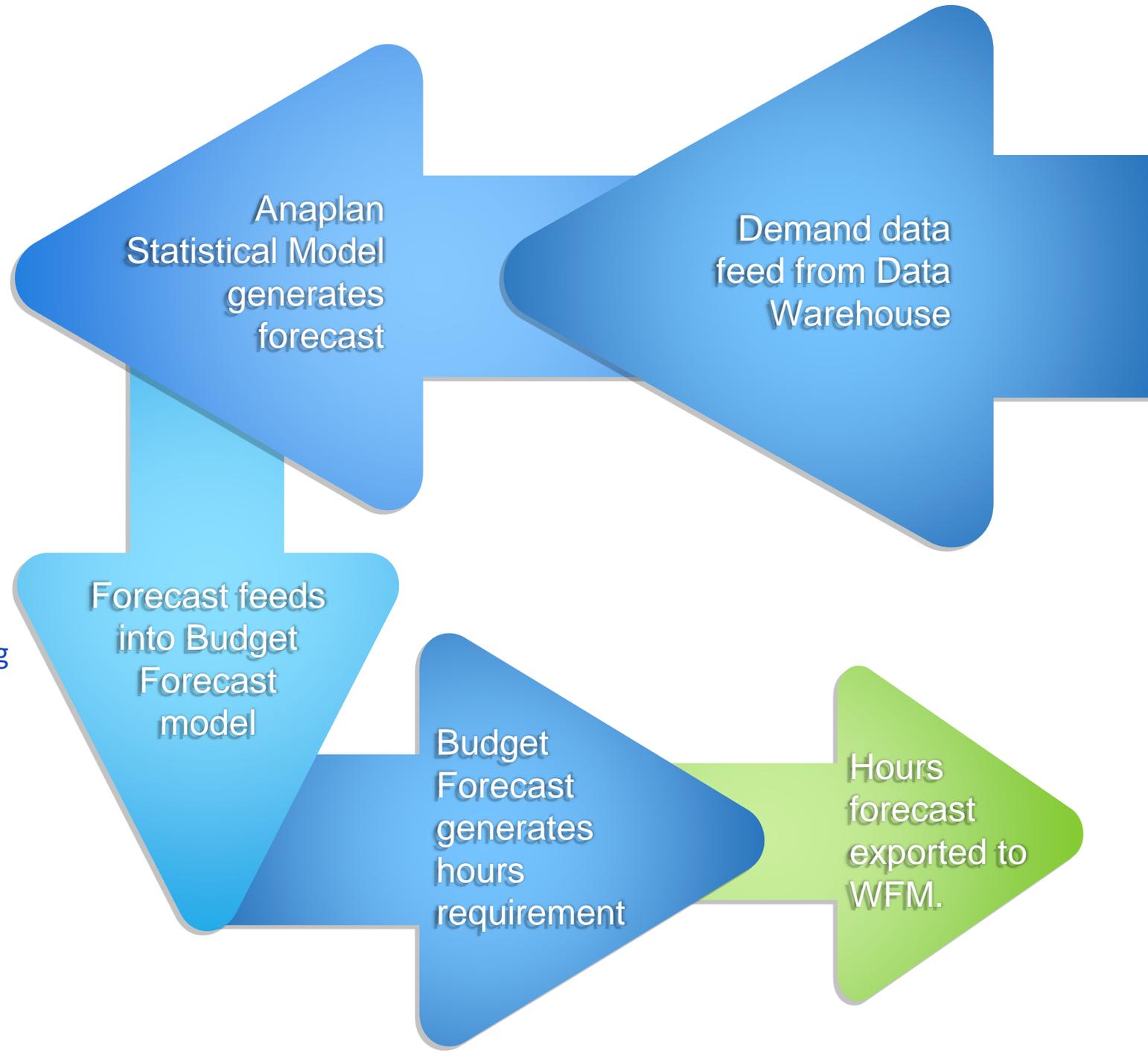
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The Forecasting Process SO WHAT

Automated Patient Led Demand & Capacity Planning
Process

Generates Staffing Requirement

Exports to Workforce Management System



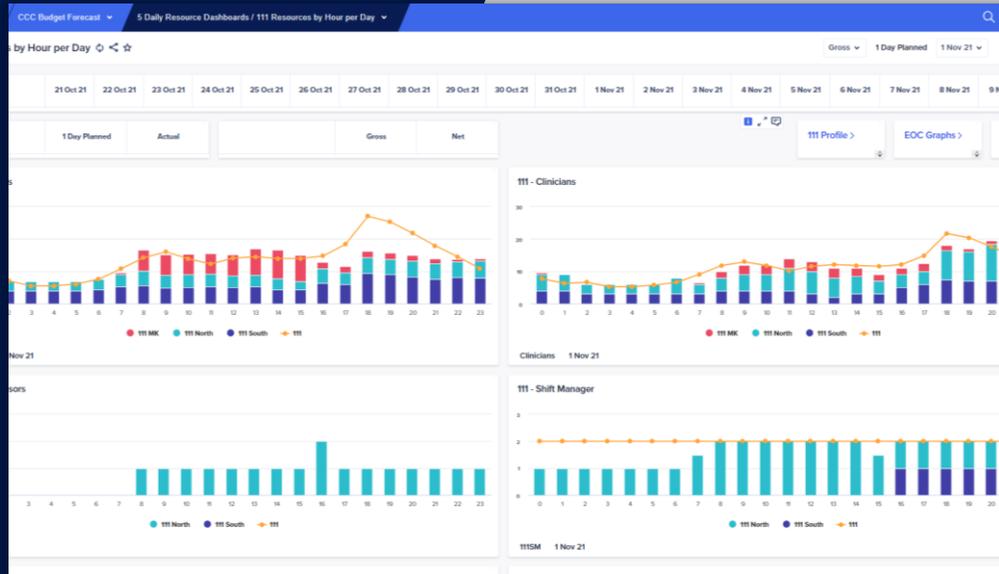


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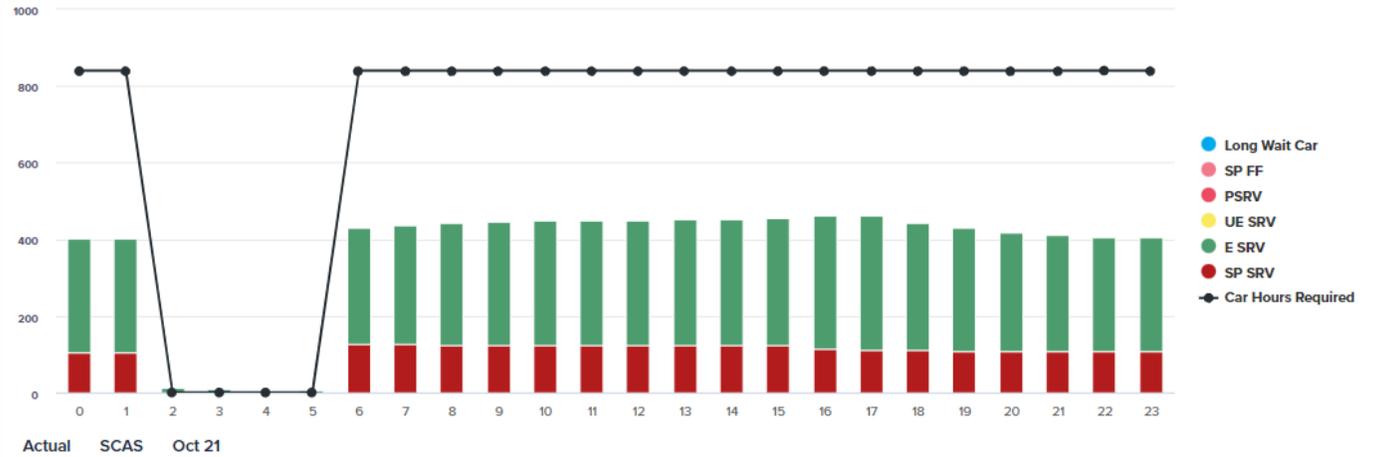
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Daily Resource & Vehicle Models

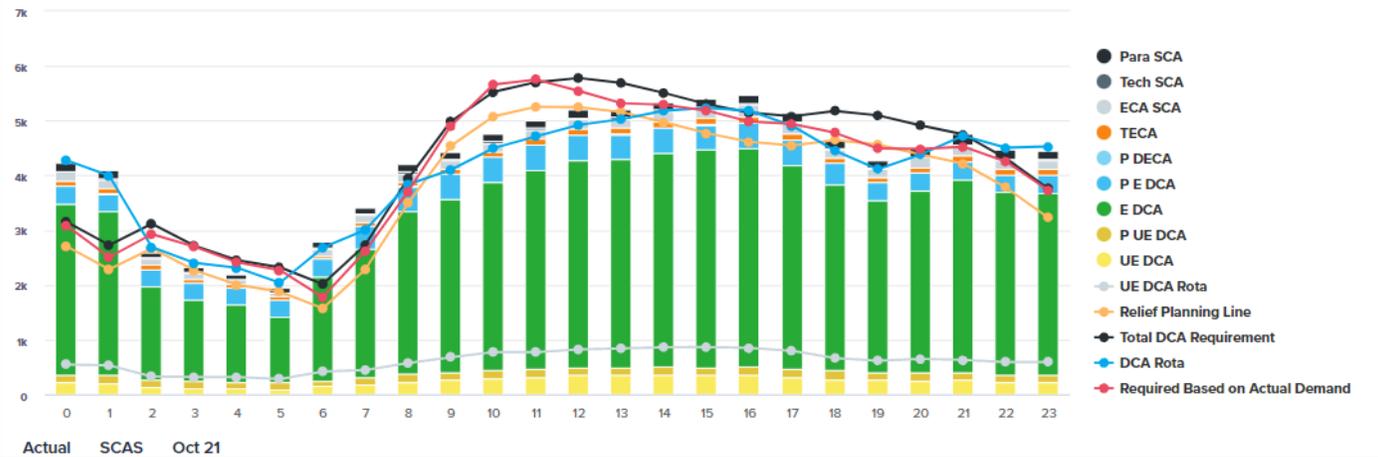
Ops Frontline & Clinical Call Centre



Daily Response Car Resourcing



Daily Transport Vehicle Resourcing



Refreshing at 15-minute intervals

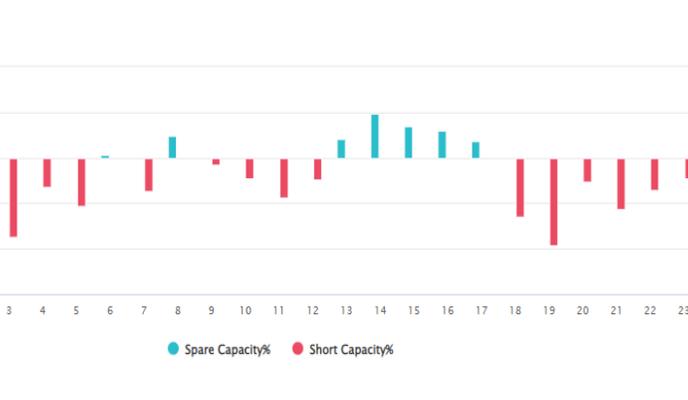
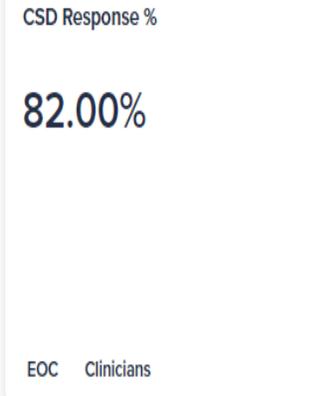
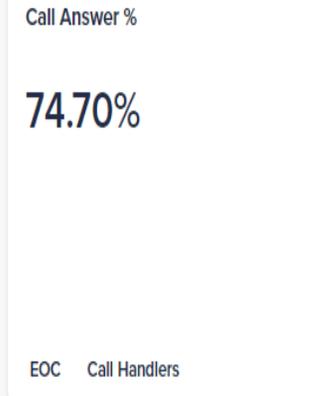


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Daily Resource & Vehicle Models

Intra-Day Tools



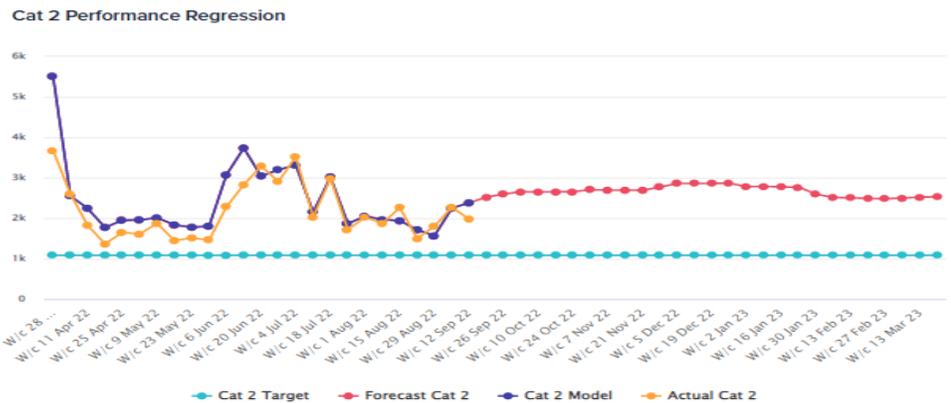
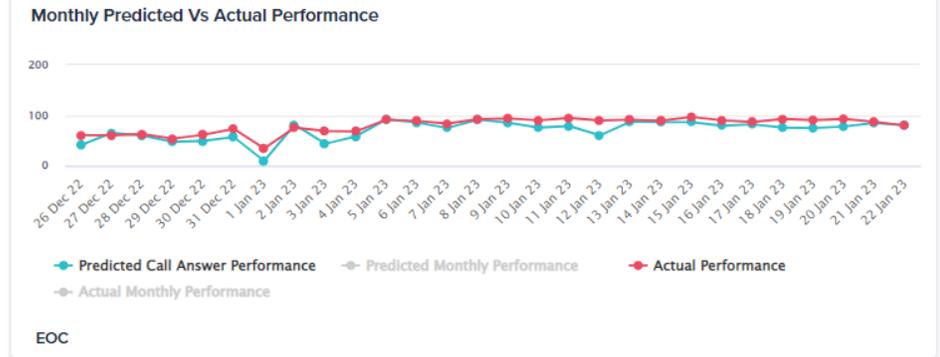
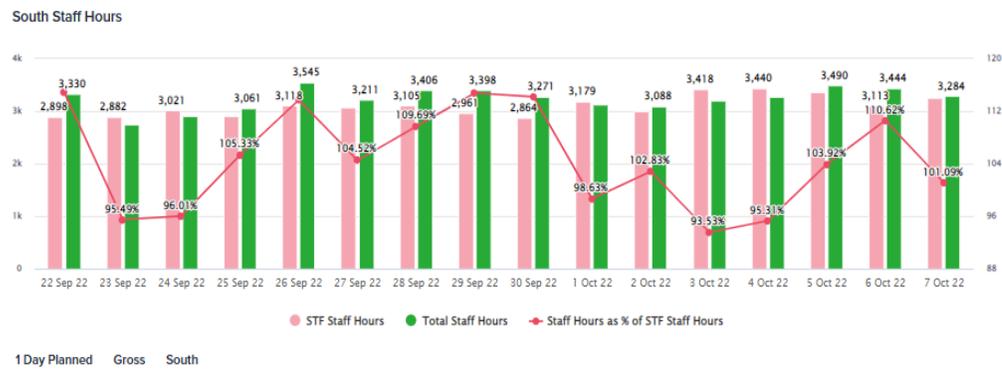


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Performance Prediction

Multivariate regression model enable future performance risks to be identified and actions taken to mitigate



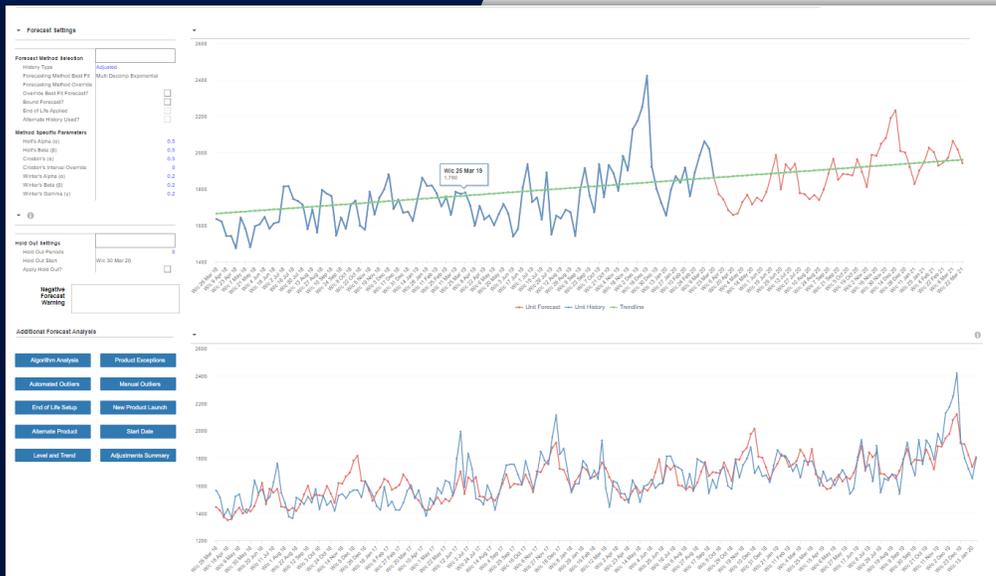


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Machine Learning Models

When looking at the forecasts, it is evident that the ML model has improved the MAPE by 1.7% compared to SCAS legacy Short Term Forecast.



Responses

	Absolute % Error	MAPE	RMSE
Plan IQ	0.3298	4.578	13.01
SCAS STF	1.224	6.398	18.35

SCAS Model

Key Benefits

- Improved accuracy by leveraging new and existing data
- Amazon Forecast enables advanced forecast algorithms
- ML algorithms can run more scenarios, and find correlations and trends that wouldn't otherwise be found.



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Automated Integrated Planning of 999, 111 & EOC

Improved forecasting accuracy and timeliness of reporting

Improved planning processes reducing need for private ambulance providers saving £1m+

Aligns current & future workforce plans with patient demand, operational plans & strategic goals

Reduce risk associated with talent shortages and sourcing of highly skilled and technical personnel

Benefits



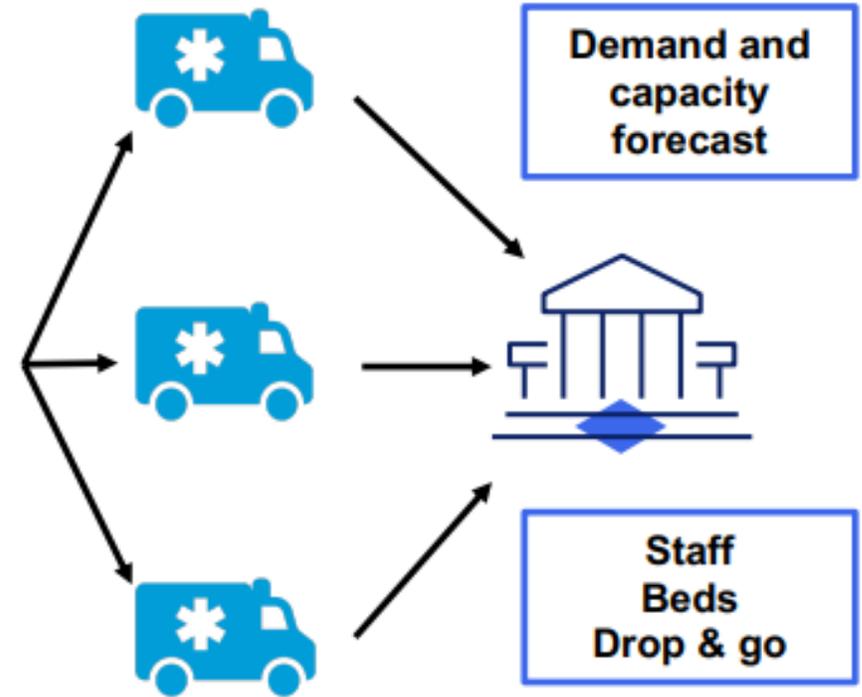


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Ambulance Service
NHS Foundation Trust

Integrated System Planning

Current & future platform

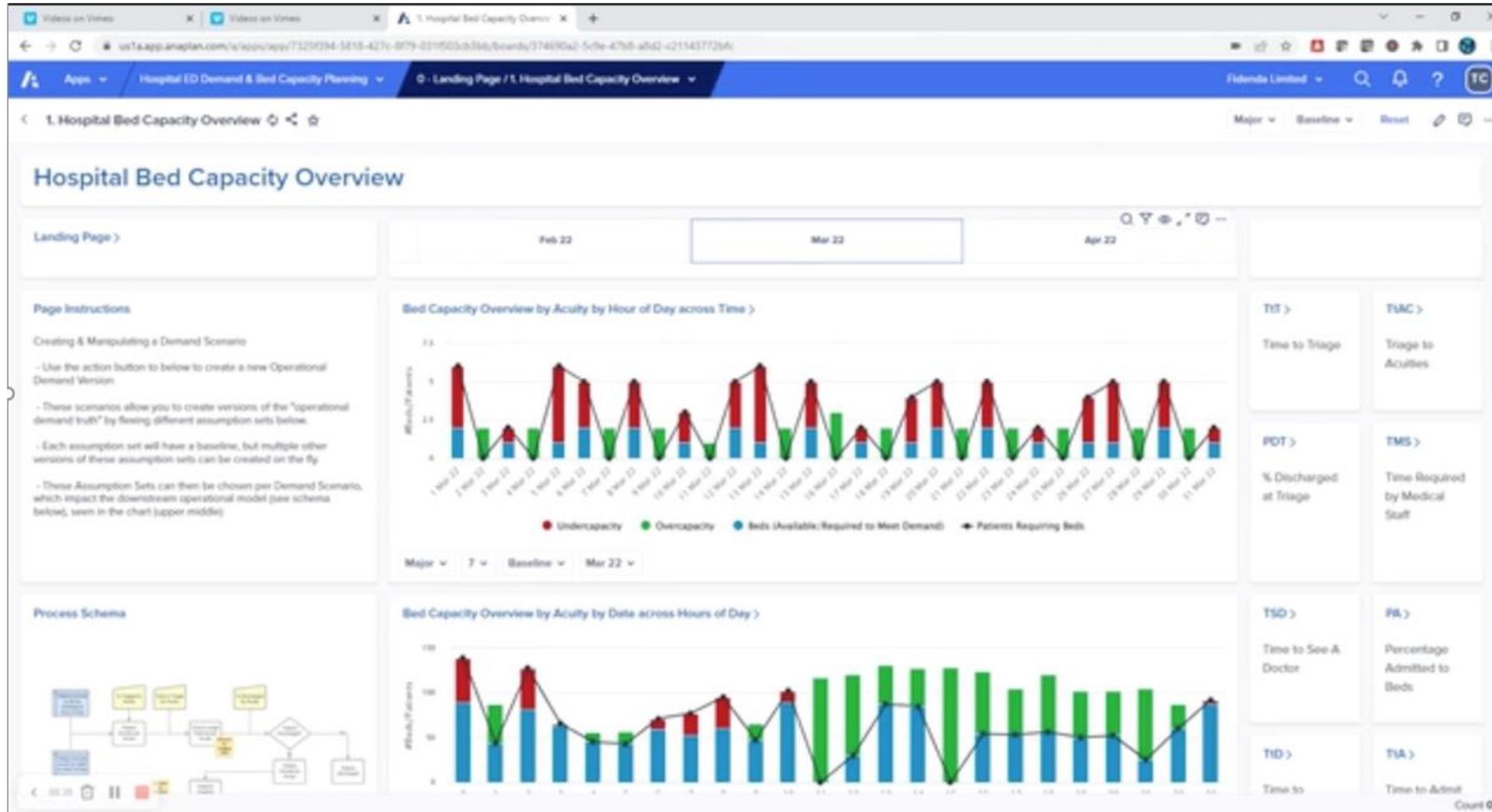




NHS

South Central
Ambulance Service
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Integrated System Planning





NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Thank you

NHS Context and Planning Imperatives

29 March 2023

Frances Khatcherian
NHS England

Planning update

Finance update

Finance planning guidance and schedules



Document Name	Available via	Latest version date
Revenue finance and contracting guidance for 2023/24	FutureNHS	23 December 2022
ICB and system finance business rules	FutureNHS	23 December 2022
Capital guidance for 2023/24	FutureNHS	10 January 2023
ICB allocations 2023/24 to 2024/25 (core services)	FutureNHS	10 January 2023
ICB allocations 2023/24 to 2024/25 (primary medical care)	FutureNHS	23 December 2022
ICB allocations 2023/24 (running cost allowance)	FutureNHS	23 December 2022
ICB allocations 2023/24 to 2024/25 (other primary care)	FutureNHS	23 December 2022
Technical Guide to Allocation Formulae and Convergence for 2023/24 to 2024/25 revenue allocations (including annexes and place based tool)	FutureNHS	10 January 2023
Regional specialised services allocations 2023/24 to 2024/25	e-mail	21 December 2022
SDF allocations and technical note	e-mail	23 December 2022
Other primary care technical guidance and supplementary schedules	e-mail	23 December 2022
Agency expenditure limits for 2023/24	e-mail	5 January 2023
Contract level breakdown of the contract rebasing allocations adjustment	e-mail	5 January 2023
Financial planning templates and supporting technical guidance	PFMS	10 January 2023
Mental Health Investment Standard (MHIS)	Finance templates	10 January 2023
BCF minimum contribution schedules	FutureNHS	19 January 2023
NHS payment scheme consultation:	NHSE website	23 December 2022
NHS standard contract consultation	NHSE website	23 December 2022
Elective recovery activity targets	FutureNHS	27 January 2023
Elective recovery technical guidance	NHSE website	27 January 2023

Templates & supporting tools



Plan submissions

- System financial planning templates and supporting guidance shared via PFMS
- ICS revenue and capital plans include ICB detail and provider key data
- Provider template include detailed revenue and capital plans, flow through to in year monitoring
- System and provider templates collected at the same time through PFMS
- Macro in the system template automates the extraction of data from provider templates; a new dedicated tab will highlight any misalignments for review
- Brief resubmission to correct any immediate issues with each submission

ICS Triangulation Tool

- Metrics assessing the alignment of finance, activity, performance and workforce plans
- To be issued after functional workforce and activity templates are issued
- ICSs asked to review triangulation outputs before plan submission
- We will reissue after draft plans to include national benchmarking data

ICS Financial Plan Assurance Tool

- Key income and expenditure metrics, with detailed drilldown and run rate analysis, efficiency, balance sheet and capital
- ICSs asked to review outputs before plan submission and correct any issues identified

Delegation



Delegation of Pharmacy Optometry and Dental service (POD)

In 2022/23 POD delegation took place transitionally for the 6 ICBs in the South East region and Greater Manchester. Non-delegated ICBs in 2022/23 have all approved to take delegation for 1 April 2023.

- Draft allocations supporting the delegation of POD services were shared with systems in December. These allocations are the output of detailed work with regional commissioners in establishing the appropriate allocations by system by POD service. The total allocation for 2023/24 is £5.44bn
- As part of delegation process it was agreed that staff would transfer to ICBs
- There is a differential approach to where planning is taking place in planning templates for the 6 fully delegated systems (those that were delegated in 2022/23) and those newly taking delegation in 2023/24
- The utilisation of POD allocations is subject to the same business rules for ICBs namely to breakeven within the allocation.
- Dental budgets are subject to an additional rule, they are ring fenced. NHS England reserves the right to direct any unused resources to be used on improving dental access or other NHS England priorities or, exceptionally, the unspent allocation is returned to NHS England.

Delegation



Delegation of Specialised Services

- The approach for delegation of Specialised Services was discussed and agreed at the February NHSE Board meeting. This included the formation of 9 statutory joint committees so that they are ready to take on formal joint commissioning responsibility for the 59 services from 1 April 2023 c. £13bn
- To support the move to delegation, allocations will changing from a host provider basis to population basis from 2023/24. For full delegation in 2024/25 allocations will set at a ICB level

Elective recovery fund



- Reimbursement for elective activity will be on a **100% payment by activity** basis for 2023/24 for:
 - elective ordinary and day case
 - outpatient 1sts and outpatient procedures
 - chemotherapy, diagnostic imaging and nuclear medicine
- Providers will be paid tariff prices for each unit of elective activity they deliver. There is **no floor or baseline** level of activity funding guaranteed in contracts – payment is entirely dependent on elective activity delivery
- Each commissioner will be set an **activity target** which their ERF allocation is expected to deliver. The targets will be different for each ICB and the level of the target will be set based on 2022/23 delivery – those ICBs who delivered least elective activity will be expected to improve the most. Targets have now been shared and range between 103% and 113% for ICBs
- Commissioners and providers will contract with each other in the usual way. Each contract must set out what level of elective activity the provider is expected to deliver in contributing to the overall ICB activity requirement.
- Technical guidance on how the API fixed payment should be set to fund all other trust activity is set out in the NPS consultation. We will also be releasing ERF technical guidance in due course. Broadly:
 - fixed payments from 22/23 covering all activity (including electives) should be uplifted for any growth/inflation funding
 - the tariff value of the target elective activity level should then be deducted from this value
 - the elective activity actually delivered is then reimbursed on a 100% tariff basis
- We are still finalising the operational detail of the commissioner ERF allocations. It is likely that a percentage of commissioner elective funding will be held back nationally and released in-year based on commissioner performance. Commissioners who deliver in excess of their target will have additional funding made available
- IS providers will continue to be funded on a 100% tariff basis.

Summary timetable



Date	Milestone
January 2023	Remaining technical guidance, templates and tools issued Publication of UEC Recovery Plan
30 January 2023	Collection portal and functional templates available
6 February	First regional flash submission
16 February	Second regional flash submission
23 February 2023 (noon)	Submission deadline – draft operational plans
By end February 2023	Publication of Primary Care Recovery Plan
By March 2023	Final NHS standard contract and 2023/25 payment scheme published (both subject to consultation)
30 March 2023 (noon)	Submission deadline – final operational plans
By no later than 31 March 2023	Contracts agreed and signed
By 31 March 2023	Draft Joint Forward Plans produced
By 30 June 2023	Final Joint Forward Plans published

For questions not answered in FAQs or guidance please email:

england.finplan@nhs.net

Efficiencies



Detailed below is summarised efficiency information from plans submitted on 23 February. As noted total planned efficiencies are broadly consistent (nationally) with 2022/23 FOT (as per M9). There is however a significant level of both risk and unidentified schemes within plans for 2023/24.

National Summary Financial Efficiencies								
System Efficiency Key Data Metrics								
Region	Total ICS efficiencies £'000	Total ICS efficiency %	22/23 FOT ICS efficiency %	ICS Recurrent %	ICS Unidentified %	ICS High Risk %	ICS Fully Developed %	ICS H2 Phasing %
London	1,134,498	5.9%	5.5%	83.8%	15.0%	50.8%	6.7%	56.1%
East of England	502,499	3.8%	3.1%	76.0%	9.6%	46.7%	18.0%	54.1%
South East	769,847	4.2%	3.9%	73.5%	14.5%	57.2%	8.3%	58.0%
Midlands	1,041,440	4.7%	3.8%	72.7%	13.0%	51.1%	19.2%	54.4%
North East and Yorkshire	663,134	3.6%	4.9%	72.1%	10.1%	47.1%	11.4%	53.0%
South West	775,977	6.7%	3.9%	72.0%	26.0%	49.7%	21.3%	54.9%
North West	635,905	3.8%	5.6%	69.1%	15.9%	45.8%	9.5%	54.1%
Total	5,523,300	4.6%	4.5%	74.8%	15.2%	50.2%	13.2%	55.1%

Overall 23/24 system efficiency plans of 4.6% compare to 22/23 FOT delivery of 4.5%.

Systems are reporting net efficiency risks of £(942,004)k, comprising gross risks of £(1,587,650)k and mitigations of £645,646k.

Productivity



National Summary Implied Productivity

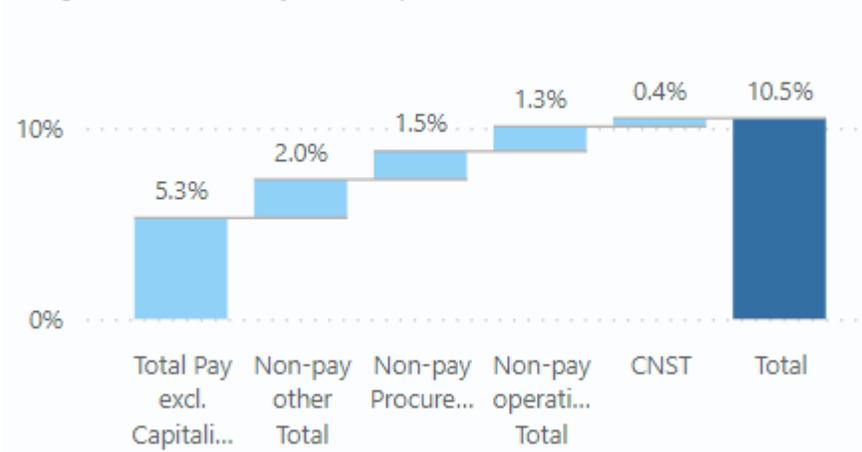
Summary By Region

Region	Inflation Adjusted Expenditure Growth %	Cost Weighted Activity Growth 23/24 - 19/20 %	Implied Productivity Growth 23/24 - 19/20 %
North West	13.1%	-0.8%	-12.3%
South West	10.9%	-1.7%	-11.4%
Midlands	12.5%	0.2%	-10.9%
East of England	10.2%	-1.1%	-10.3%
London	6.7%	-2.7%	-8.8%
North East and Yorkshire	9.0%	-0.2%	-8.5%
South East	13.4%	4.8%	-7.6%
Total	10.5%	-0.2%	-9.7%

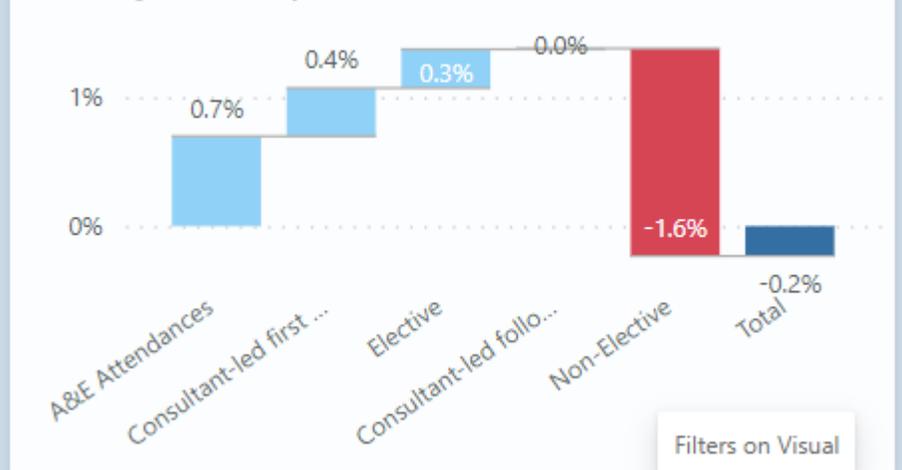
This productivity information presents both a split of the nationally implied productivity across each region. With the tables below providing a break down of the inflation expenditure growth assumptions and the same for cost weighted activity.

This is based on draft plans submitted in February but clearly shows the productivity challenge in plans.

Weighted Inflation Adjusted Expenditure Growth Breakdown



Cost Weighted Activity Growth 23/24- 19/20 %



Workforce



Detailed below is a comparison of growth in pay cost to growth in WTEs (provider only 22/23 to 23/24). It's worth noting Pay cost has been adjusted for inflation (2.1%).

The top table breaks down the movement in £ and WTE by workforce category, the charts illustrative this visually. The first chart showing the breakdown of pay movement and the second shows the breakdown of WTE movement.



Any questions?

Background

Background

NHS England have issued people guidance around 8 specific work areas for the coming year

We are working to develop workforce planning models and apps in Anaplan that address at least 6 of these key work areas

Today we will take you through the strategic workforce model in Anaplan

Key Benefits Delivered



System level planning

Ability to plan both at hospital and trust level, supporting integration and service transformation



Functionality to support strategic planning

Dashboarding and 'what if' scenario modelling to support long term planning and sustainability

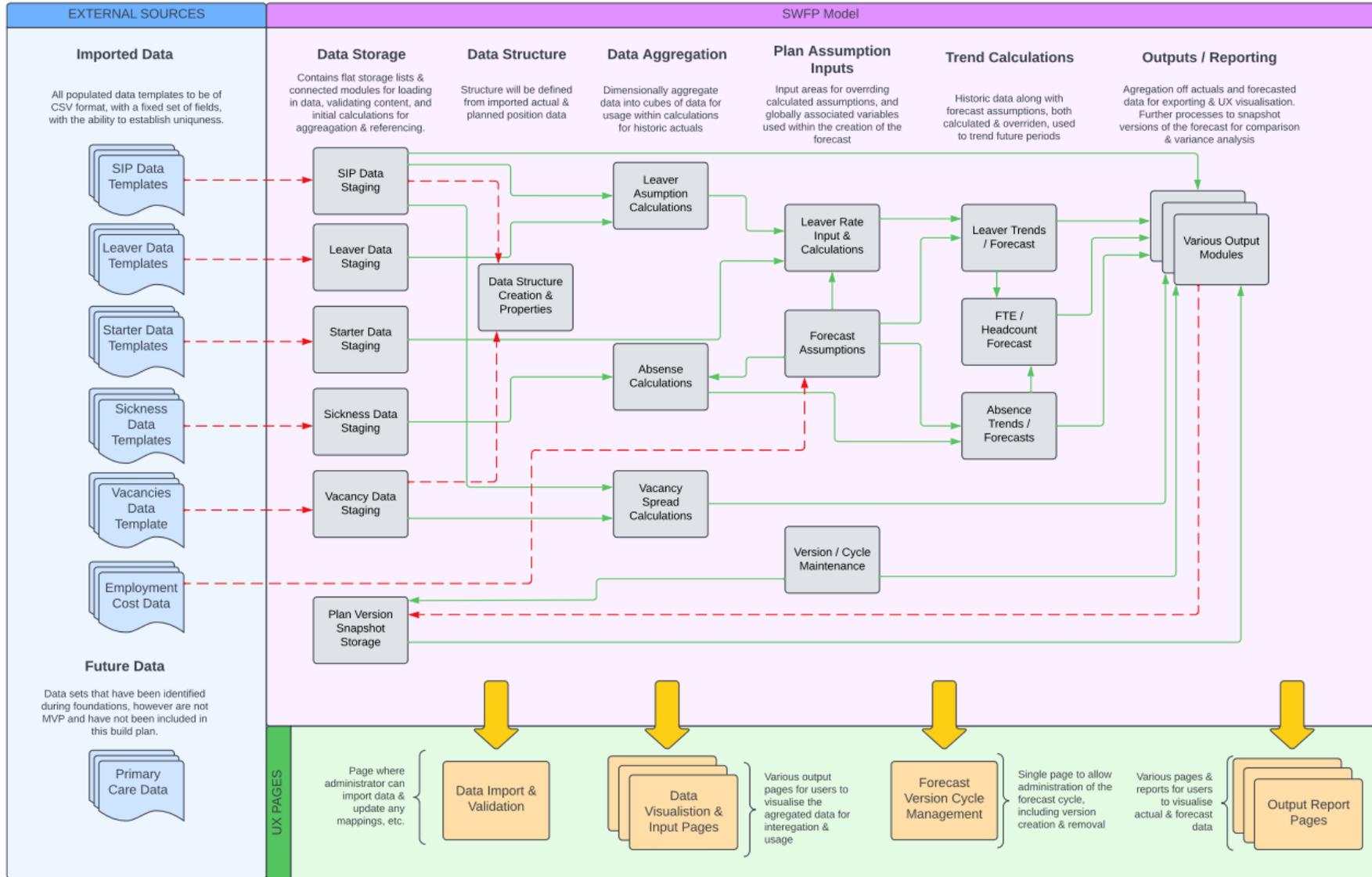


Alignment to NHS England key demands

Ability to better address key priorities including levelling up digital infrastructure and increasing productivity

Strategic Workforce Planning Model Scheme

NHS Arden & GEN : Strategic Workforce Planning Rebuild



Strategic Workforce Planning Assumptions and Actuals

Apps Strategic Workforce Planning - POV 2.0 Arden & GEM CSU 22 NP

Strategic Workforce Planning - POV 2.0

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2 - Retirements 2

> 2 - Retirements

3 - Other Leavers 2

> 3 - Other Leavers

4 - Forecast Contracted Staff 2

> 4 - Forecast Contracted Staff

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Strategic Workforce Planning Data Input

Apps Strategic Workforce Planning - POV 2.0 Arden & GEM CSU

Strategic Workforce Planning - POV 2.0

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Strategic Workforce Planning Dashboard 1

Apps Strategic Workforce Planning - POV 2.0 Arden & GEM CSU 22 NP

Strategic Workforce Planning - POV 2.0

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Strategic Workforce Planning Dashboard 2

Apps Strategic Workforce Planning - POV 2.0 Arden & GEM CSU 22 NP

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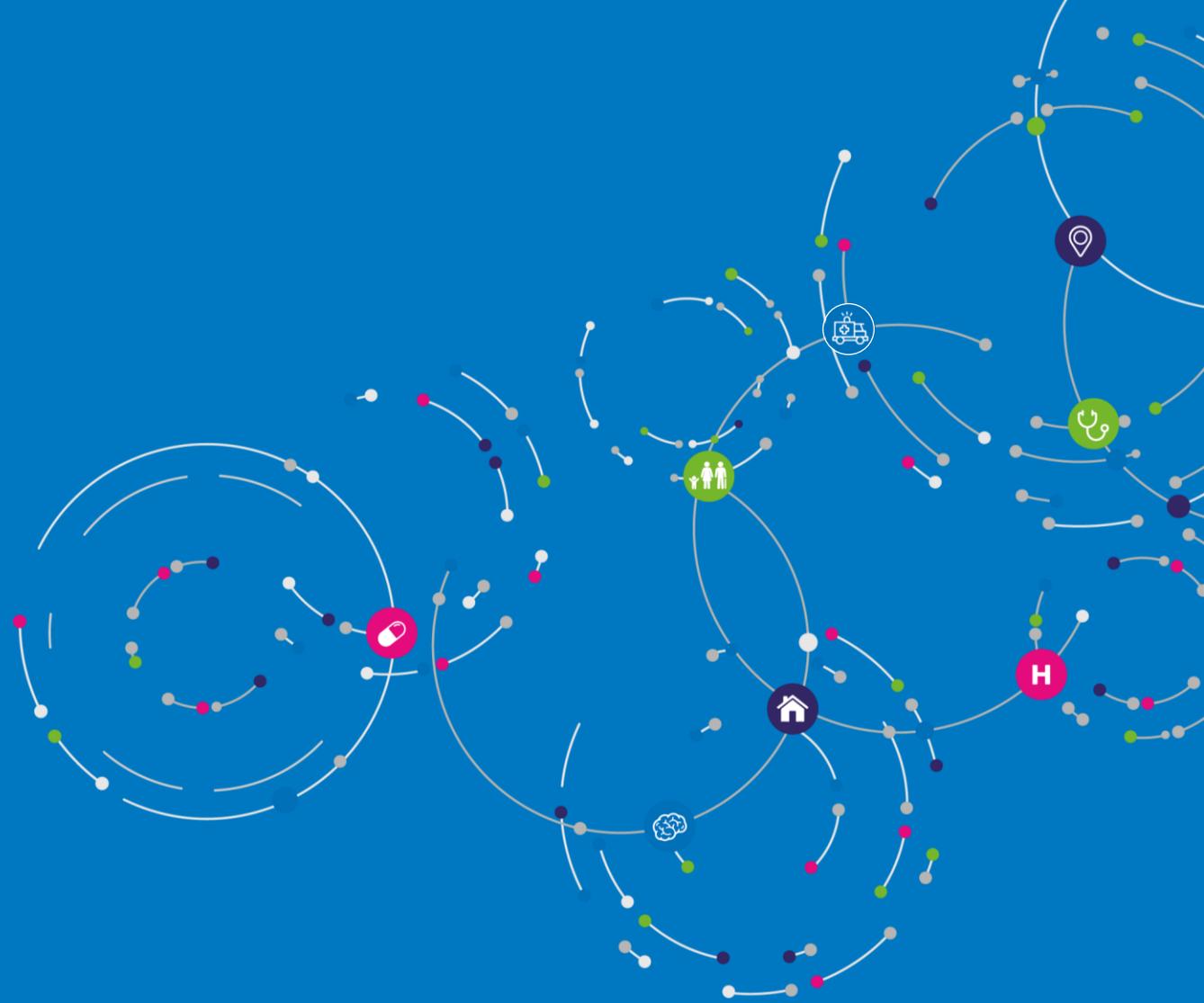
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Thank you



Get in touch with us at:

 www.ardengemcsu.nhs.uk

 [@ardengem](https://twitter.com/ardengem)

 contact.ardengem@nhs.net

Session 7: Arden & GEM Network Development- Join us



Alison Tonge

Director of Integrated Service
Development
Arden & GEM

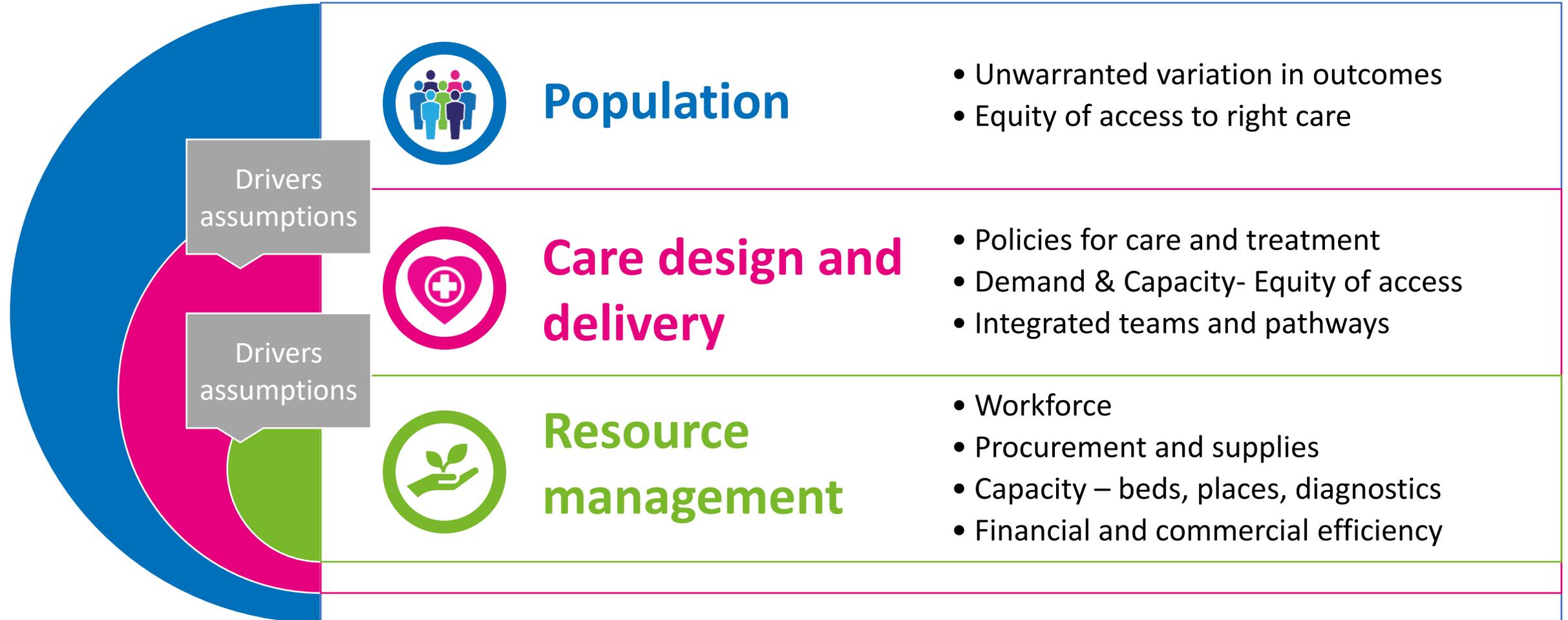


Integrated Planning

Join us to help build this opportunity



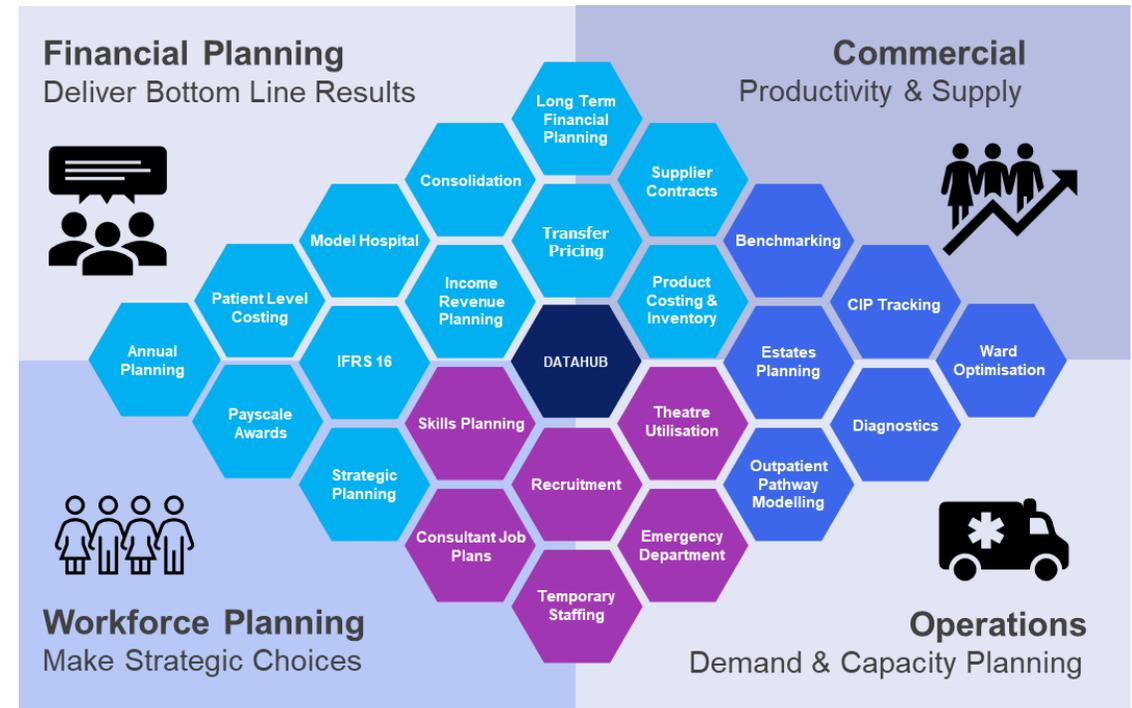
Connected planning models shows transparency of assumptions



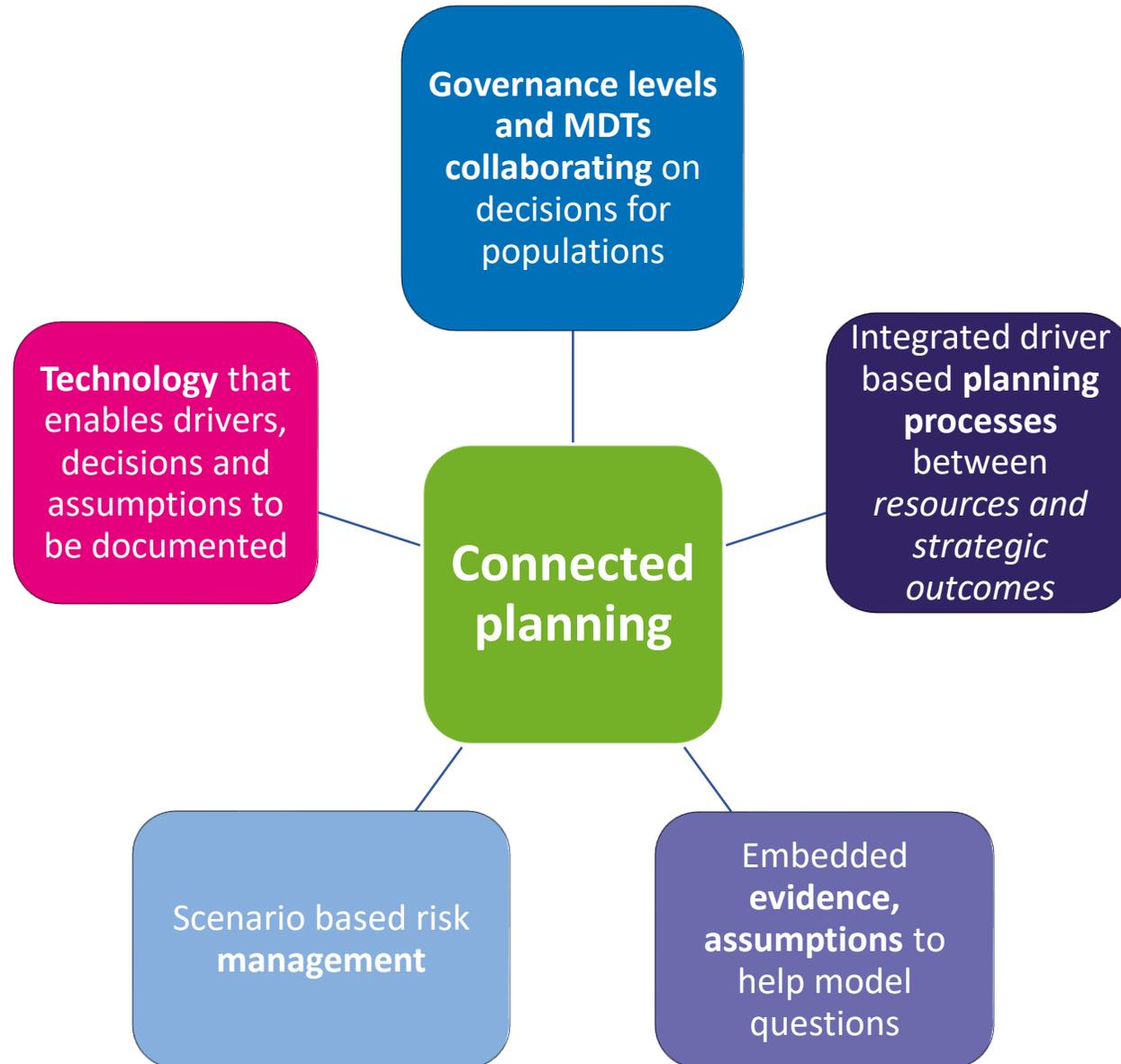
Customised solutions for the whole NHS



Connected planning example for an acute collaborative provider



Connected planning needs





Arden&GEM

Integrated Planning Network

HELPING SYSTEMS TO IMPROVE VALUE



We want to collaborate and build our approach jointly with partners



Social value approach, shared knowledge and learning to deliver value for the NHS



Run by members for members benefit.

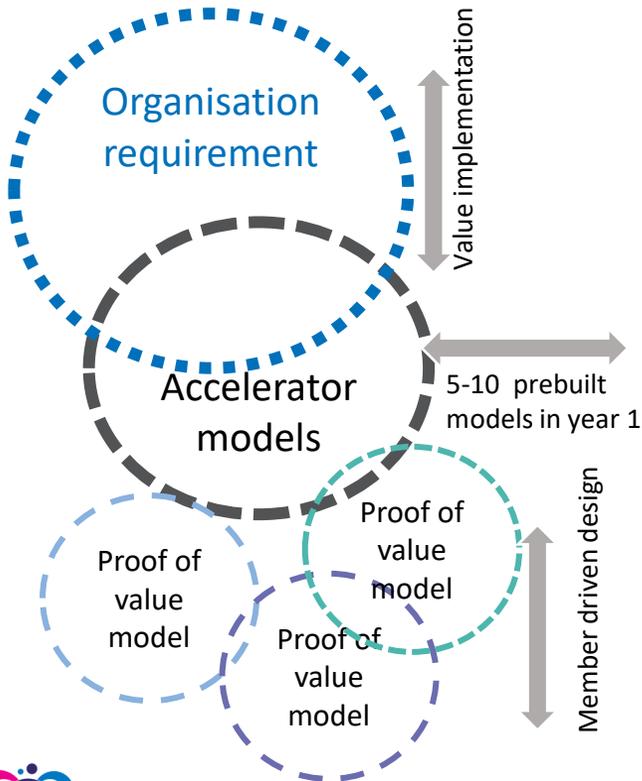




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Integrated Planning Network

HELPING SYSTEMS TO IMPROVE VALUE



Community of practice

- Professional groups
- Challenge orientated
- Best practice -
- Solution methodologies
- Flat fee per organisation no limit members

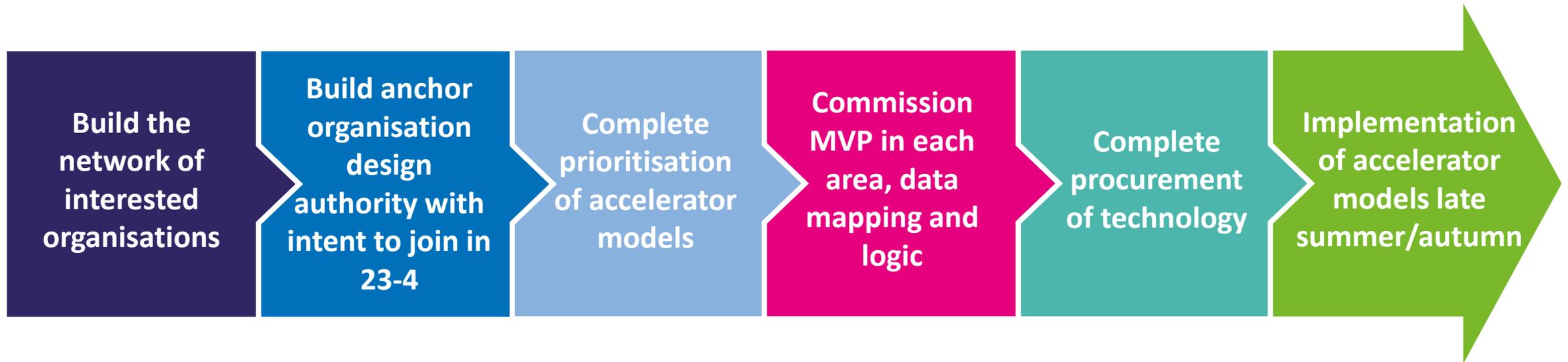
Membership

- Support business case & procurement for membership
- Access to selected pre built accelerator models per year
- Data integration and management
- Model building and solution architecture
- Implementation and training support
- Evaluation of benefits and value released
- Fee based on models and users

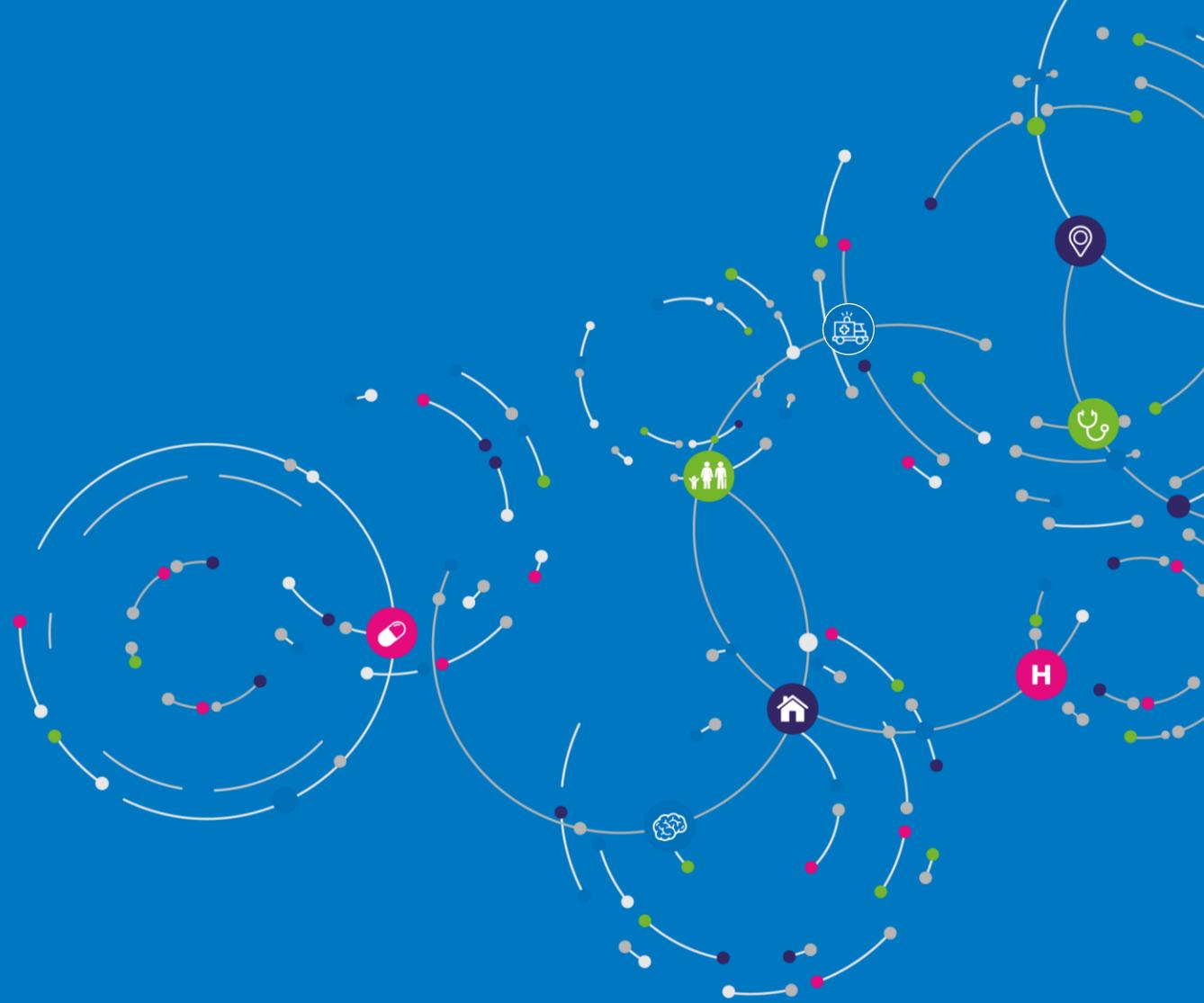
Knowledge is shared for maximising value

- The Design authority is run **by members**
- Models are sponsored by each member and available for all to adopt. Benefitting from dispersed subject matter experts and leadership
- Supported by technical team and value implementation team
- Leverages whole of AGEMs solutions for transforming business services, clinical redesign, and award winning analytics

What next ?



Thank you

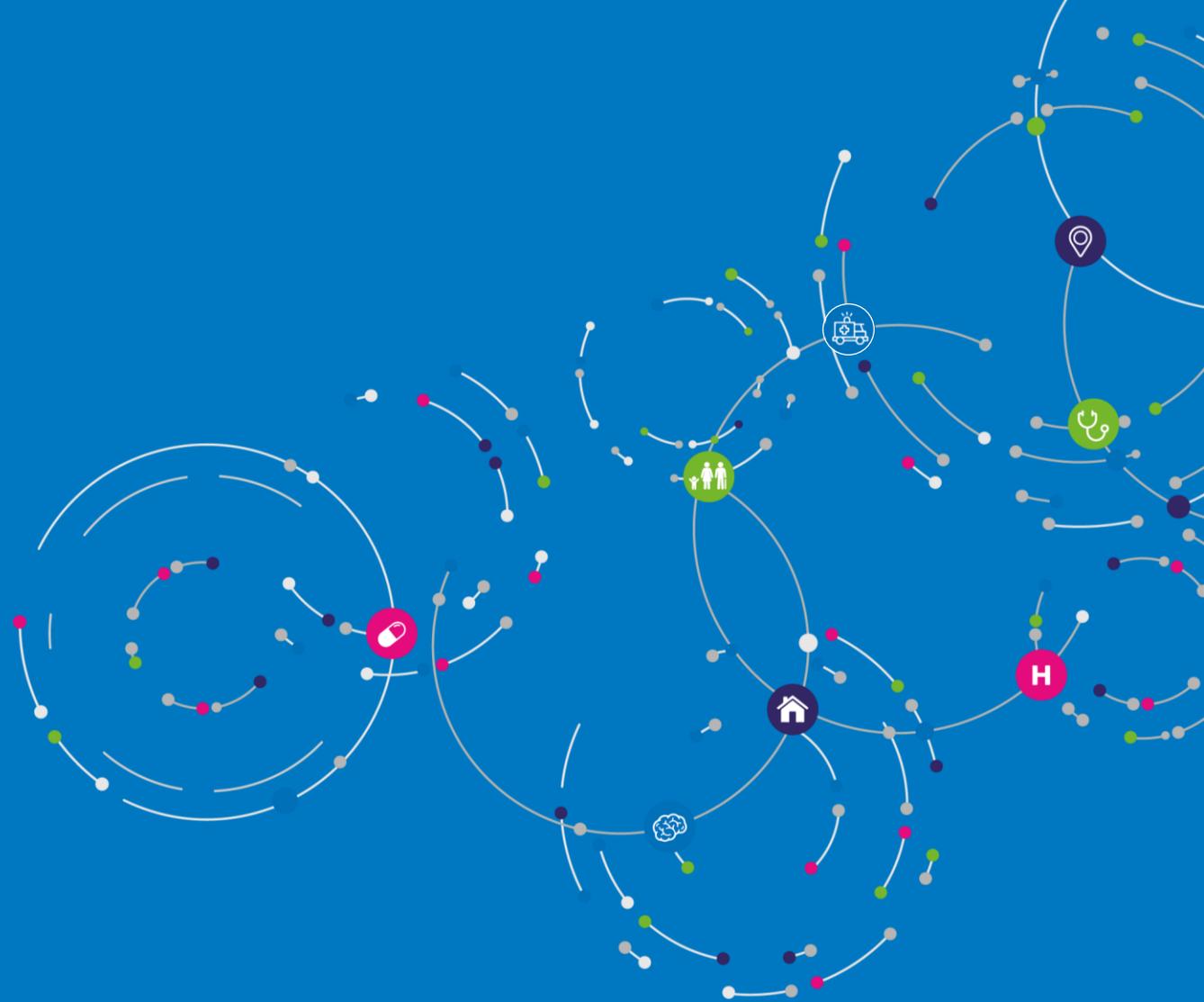


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