

Item 8



Bath and North East Somerset,
Swindon and Wiltshire Together

BSW ICS

Workforce Effectiveness

BSW Board Meeting 18.01.2024





The following provides an overview of the Workforce Effectiveness Workstream and the overarching areas of focus, both in support of the BSW Together Recovery Programme and the specific actions required to support in-year delivery.



£55m

Bank & Agency Reduction / Collaborative Bank

We are in the process of establishing a collaborative bank across the system – which will improve standardisation and visibility, whilst driving some small headcount efficiencies through economies of scale. It will also facilitate a collaborative rate card which will drive saving through better and standardised agency rates.

Workforce Controls

Vacancy Control Principles have been established and are being adhered to via vacancy control panels which are in place within the 3 acutes and the ICB. Deputy CMO's are working together to standardise procedures around vacancy control and bank and agency procedures. Significant work has been undertaken within nursing in each of the Providers to ensure suitable grip and control is maintained for nursing staff.

Technology Adoption & Implementation

E-rostering compliance/embedding and e-job planning adoption to ensure sustainability and ease of reporting. In the meantime, mixed of systems and manual interventions.

Recruitment, Retention and Development

 A comprehensive programme to maximise recruitment and improve time-to-hire, improve staff retention, whilst building capability, knowledge and expertise through ICB academy.

Support Other Workstreams

There is a significant workforce, Organisational Development and Culture aspect associated with the delivery of the Recovery Programme that the Workforce Team need to support in addition to the specific workforce actions which are under their direct focus.

Regional Agency Lead Role



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- ▶ BSW lead ICB for agency regional response, led by RUH CEO and Operationally by the Director of Resourcing and retention all 7 ICBs / Providers have agreed to work collaboratively to reduce agency spend and work together to regain grip and control on the agencies. It was essential to BSW to drive a regional approach to control the nudging of rates currently happening on our borders.

Analysis of all Providers in the South West conducted, mapping rates of pay against the NHSE rate card and local rate card.

- An agreement to move together to a position on nursing and midwifery of a price cap compliant card for the South West with a potential date of being achieved by June 2024.
- A regional medical capped card designed in conjunction with the South East region with geographical variations to be agreed by March 2024 and implemented by Autumn 2024.
- Specific work on mental health to look at driving down spend on mental health, through a potential regional collaborative bank for Snr HCAs. Other work includes a review of rostering.
- Discussions on-going with South East in aligning our work and including Pan-London, Midlands and East of England.



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Workforce Effectiveness

Technology Adoption & Implementation



Implementation of e-Job Planning and e-Rostering



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By documenting and digitising professional activity in e-job plans, BSW Acute Trusts can better understand their workforce capacity and match it to service demands. When combined with e-rostering software, these tools can support employers to effectively plan and deploy their workforce to improve productivity, able to respond dynamically to the delivery of care, reduce their current dependence on both long-term and ad-hoc agency usage supporting the introduction of new delivery models.

As stated in the 2023-24 NHSE Workforce Planning submission, BSW Acute Trusts are committed to implementing e-Rostering and e-Job Planning for their clinical workforce with a renewed focus on improving the movement, implementation and retention of the clinical workforce.

A long-term commitment that, 2025 will see BSW Acute Trusts co-commissioning e-Job Planning technology and the aligning of e-Rostering processes, creating a consistent and ongoing focus on effective workforce planning.

E-Job Planning



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GWH:

- SARD implemented and led by the CMO and DCMO
- all medical staff have job plans on the system.

SFT:

- Allocate e-job planning system which is well established and well understood by consultants and senior doctors, and clinical managers.
- up-to-date job planning policy agreed last year with JLNC.
- established a job planning consistency panel to oversee delivery, consistency, and fairness of job planning.
- Currently:
 - a. All consultants/senior docs have a job plan on the system, of which:
 - b. 51% are signed off (second sign off)
 - c. 5% are awaiting second sign off.
 - d. 15% are awaiting 1st sign off.
 - e. 29% are still in discussion.

RUH:

- In process of procuring e-job planning system – aligning to system contracts to enable future joint procurement, led by CMO & DCMO
- 70% job plans in place:
 - a. Medicine Majority complete with remaining specialties by end November
 - b. Surgery All complete pending Anaesthetics currently under review
 - c. FASS Reviews complete and currently collating DCC and SPA data
 - d. D&C reviews Oversight meetings to commence shortly.

E-Rostering



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GWH:

- All non-medical staff (A4C & VSM) fully rostered, with the system linked to payroll, recording time worked and leave/absence management
- Self-assessment Non-medical staff 1 & Nursing 2 – with action plan to move to 2.

SFT:

- Clinical A4C staff fully rostered
- Other A4C staff use roster for leave/absence management, with plan to move to full use
- Rolling out to medics, with T&O being early adopters.

RUH:

- Currently 95% of cost centres live on Allocate. The remaining 5% equates to 19 cost centres.

Key focus is to reinforce and develop the use of e-rostering across all staff groups in all organisations to drive effective workforce use.

Data Quality and Recovery Dashboard bank and agency



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Monthly we receive the PWR, PFR and the Bank and Agency Return from our Providers

We sense check the data using all 3 sources and highlight any inconsistencies found

This is reported to Recovery Board and shared more widely with the Provider workforce intelligence teams

Last month a session was held with SFT to run through inconsistencies found in their returns and work was undertaken with them to improve the quality of the data submitted

Deep dive are produced monthly from the information which track

- funded establishment
- headcount and vacancies
- bank and agency spend by group
- errors in data supplied
- workforce CIP information.



EVP:

- EVP – Employee Value Proposition on behalf of NHSE (employer brand attraction - system/geography perspective). Aim to develop framework for other systems to follow as per LTWP.
- We are awaiting the outcome of National team funding for this project (subject to sign off from the cabinet office)- The focus of our EVP will be on attracting to and retaining people in BSW, the uniqueness of what we have to offer regarding system-wide careers, how we value and look after our staff and their wider families.



A key element of our EVP is the Housing Hub:

- largest retention and attraction initiative
- tackles issues regarding rental market for all staff within the ICB footprint
- benefit groups including International Staff, Students on placement, Newly Qualified staff (nursing, pharmacist, AHPs) relocating staff to the South-West including Learning Disability nurses for the new LDA units and other hard to recruit roles.
- also assessing wider option working with BNNSG, Gloucester and Somerset as well as the regional team (Ian Burden).



We would expect to see positive results within 6 months of this project starting, based on data from Hampshire and Isle of Wight HH.

Digital Passporting:

BSW has signed up to be in wave four of the rollout (**March 2024**). This will help junior doctor rotations and people moving around the NHS within our system and neighbouring systems. BNSSG are also going live at this time so AWP will be captured.

Mental Health Integration – International Nurses



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- ▶ BSW has been working on delivering a unique pipeline of mental health nurses from India through mental health integration. Referred to as FIPS (Fully Integrated Placement Service)
- ▶ We have established 3 FIPS training centres in Kerala, Mumbai and Delhi. Each centre is based within a university campus and offers BSC nurses a 3-month residential course to upskill them to work and take registration in the UK as Mental Health Nurses
- ▶ Our partner in India is Ebek who are the largest supplier of English Language testing in India through OET
- ▶ All recruitment is ethical with no fees to the nurse and housing and food costs are also covered
- ▶ We are hoping to land 50 nurses by this route for AWP by the end of **January 2024**, and continue working with them to close the gap in 2024/2025, we are also landing 40 nurses for Kent and Medway by end of January 2024.
- ▶ BSW will start working with other Providers in the Southwest from **January 2024**.

Controls



- ▶ A review of all headcounts has just taken place, this is being fed into Exec boards and then onto the ICB. This will enable us to do a review of current headcount and work together to produce procedures to identify areas for reduction.
- ▶ Areas we will look to explore include:
 - RUH: elective recovery and productivity, safer staffing and standards, UEC and impact on admissions
 - SFT: UEC investments, ED, RMNs, staff availability
 - GWH: safer staffing and standards, medical establishments growth, “increased activity”, corporate/admin
- ▶ Vacancy Control Principles have been established and are being adhered to via vacancy control panels which are in place within the 3 acutes and the ICB. Deputy CMO's are working together to standardise procedures around vacancy control and bank and agency procedures. Significant work has been undertaken within nursing in each of the Providers to ensure suitable grip and control is maintained for nursing staff.
- ▶ The ICB monitors each Providers workforce spend and WTE. Adherence to plan is monitored through checking both workforce and finance returns.
- ▶ Providers meet with us monthly to review agency and bank spend, this includes a member of the finance team and a member of the regional finance and HR team.