

# BOB ICS Workforce and People Strategy People Board December Update

## 1. Introduction

I. Our Workforce and People Strategy has five multi-year and long-term programmes of work. The programmes are aligned to the 21/22 Planning Guidance and HEE South East Delivery Plan, and designed to strengthen workforce planning, recruitment, productivity, retention, and culture and leadership. This report provides an update.

## 2. Workforce and people strategy programmes and projects

I. We presented an update to the ICS Senior Leadership Group (SLG) in October where our work continues to be well supported. We also presented to the NHS England and NHS Improvement People Plan Delivery Board (“Delivery Board”) in November and received overwhelmingly positive feedback on our strategy<sup>1</sup>.

II. The 2021/22 priorities and operational planning guidance are well integrated into our strategy. However, as the Delivery Board maintains “an overview of the delivery of the People Plan actions from the 21/22 Planning Guidance” we included an update against several planning priorities:

- Using HEE funding (£360k) we will recruit an ICS clinical placement expansion team for 22/23 to support the recovery of the education and training pipeline
- Buckinghamshire Healthcare Trust coordinated Medical Support Worker (MSW) recruitment for our NHS Trusts. We have recruited 45+ MSW in Q3.
- 1,219 international nurses have been recruited in BOB via funding to “support achievement of the 50K increase in nursing workforce.”
- We have maintained a focus on remote working and technologies, including virtual induction, new learning systems, and VR and simulation training
- Our NHS Trusts offer flexibility to our staff, including carrying over, taking and/or buying back unused leave. Approaches vary to suit Trusts, teams, and staff groups. All staff are encouraged to take time off to recover

### 2.1 Workforce planning and change

I. Workforce planning and change was developed to understand and plan the response to our system workforce and COVID pressures, including vaccination workforce plans, and system-wide analysis of medical and non-medical workforce (e.g., supply, gaps, turnover, placements, etc.).

II. Our workforce analyst has supported our AHP regional head, regional chief, and faculty lead to complete a detailed analysis of the AHP workforce. The report examines the AHP professions, current BOB AHP workforce, supply and demand, and risks and issues. The analysis is being used to help deliver the ICS AHP workforce plan.

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<sup>1</sup> The Board was established “to achieve the aims of the NHS People Plan... and in turn the right workforce to support the Long Term Plan and recovery”. It is chaired by Anne Eden, Regional Director South East, and Em Wilkinson Brice, NHS Deputy Chief People Officer.

**III.** Our NHS Trusts continue to use our ICS workforce planning tool, toolkit, and methodology. For 21/22 and 22/23 we will be completing a series of “deep dives”, including in cancer, ENT, and urgent and emergency care. We have also started to support an in-depth examination of the CAMHS workforce.

**IV.** In response to our high living costs we have prepared a briefing document to commission research on the issue. We need to establish conclusions about the impact of not having a high-cost area supplement (HCAS), a recommend rate, and potential the impact on local authorities and adult social services. This will be a 22/23 priority.

## **2.2 Recruitment and resourcing**

**I.** Recruitment and resourcing was developed because of the importance of recruitment, opportunities for Robotic Process Automation (RPA) and efficiencies, and supply and growth.

**II.** Following further engagement we will develop recruitment and attraction strategies for community and social care (e.g., care homes, and residential homes) where recruitment is especially problematic. During Q4 we will focus on three elements: creating “a story” about our ICS and its benefits; targeting students at school, college, and university; and collaborating with our career pathway and EDI projects.

**III.** Our work on international recruitment (IR) will now be delivered through: (I) a dedicated project lead for community and mental health; and (II) a senior project manager with the capacity and capability to build a delivery plan on behalf of our Directors of Nursing. This role will support IR as well as return to practice, pre-registration nurse attrition, and other retention initiatives<sup>2</sup>.

**IV.** Our Trusts have identified challenges around various transactional processes and opportunities for improving: time to hire, shortlisting, transferring information (e.g. into NHS jobs, ESR, and TRAC), employee “onboarding and offboarding”, and requests for validation. During Q4 we will benchmark these areas to assess our RPA readiness.

**V.** The first draft of our ICS apprenticeship strategy – Apprenticeships and Widening Access and Participation – will be completed by January 2022. We’ve collaborated to identify a range of important deliverables under four workstreams: partnerships and infrastructure; growing and embedding apprenticeships, skills for life, and widening participating and early careers.

## **2.3 Productivity**

**I.** The temporary staff work was developed (to be cross system) because of variations in the management of temporary staff; temporary staffing strategies and performance at a Trust level around rates, processes, and policies. It has five strategic ambitions: agency assurance, standardised processes, commercial and digital, system-led monitoring and controls, and harmonising reward.

**II.** During the last 12 weeks we have established the programme team, created a single data set for both ICSs (e.g., on temporary staffing usage and spend), held an executive

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<sup>2</sup> NHS England and NHS Improvement have awarded BOB £75k to employ a senior project manager.

workshop to agree key priorities, and delivered an operational focus group to identify further gaps and pressures. The next stages of the work will focus on the development of harmonised reward options and a high-level financial appraisal.

**III.** NHS Professionals have been working with colleagues in social care to help develop a temporary staffing solution – nursing supply remains a challenge for several reasons (e.g., attractiveness of social care, agency quantity and quality, and staff movement restrictions). NHSP, based on success in other systems, believe they can provide a solution for RNs and CSWs. A final proposal and model will be ready for Q4.

## **2.4 Retention**

**I.** The retention programme was developed because of the importance of retaining our workforce and finding solutions to support our people in the early and later stages of their careers. We also know the pandemic has intensified the need to invest in our physical and mental health and wellbeing.

**II.** Since November 2020 we have bid for and received more than £1.5m for ICS health and wellbeing initiatives. We continue to deliver system-wide toolkits, training, networks, and support (e.g., 74 people trained in Restorative Just Culture; 27 practitioners and 14 managers trained in TRiM; and 80 trained in MHFA).

**III.** Oxford Health and Oxford University Hospitals have collaborated on a nursing (intensive care unit) career development framework and pathways. The framework, which sets out roles and progression and skills and qualifications, will become an interactive online resource during 22/23 that will also be a platform for other projects.

**IV.** Our education and training leads identified risks arounds meeting training needs for scientists, psychologists, and pharmacists that we have now supported with our 21/22 workforce development funding – please see section 3.

**V.** Our NHS Trusts all have policies in place to support flexible, hybrid, and/or agile working. Following a review of the policies we have agreed to explore three areas in Q4: setting a strong ambition for flexibility, using the staff survey to assess flexible working, and benchmarking where we are and where we want to get to as an ICS.

## **2.5 Culture and leadership**

**I.** We developed this programme because our WRES and WDES, vacancy, turnover, and absence challenges mean diversity and inclusion, leadership, and talent management are essential in our ICS.<sup>4</sup> We established three projects.

**II.** Our ICS EDI strategy has been co-designed with the BOB ICS Inclusion Group (comprising EDI and Wellbeing Leads and Staff Network representatives) and our HRDs/CPOs. It will be launched immanently. Within the six workstreams we have developed a bespoke inclusive recruitment checklist – using the insights and experiences of system partners – and begun work on supporting career progression.

**III.** Our Chief Operating Officers have commissioned a project to help recruit, retain and develop our senior operations managers. We have since undertaken a survey with 22 operational managers, including discussions with directors of operations, and

identified perceived skills gaps and areas where more experience is required. Options for the final programme design will be presented to the COOs in December.

IV. Work on our ICS graduate management trainee scheme (GMTS) continues. To support the delivery model, we will work with colleagues in social care to design “a health and social care programme across organisations and patient pathways that, through multiple projects, would result in less fragmentation in patient services and enable more coordinated care.” This will in turn help us design the placements.

### 3. Workforce Development (WD) Funding 21/22

I. Our 21/22 WD funding has been allocated against the areas in the table below<sup>3</sup>.

Title	Description	Amount
<b>Programme and project team</b>	Includes costs towards Programme Director, Project Manager, Analyst, project manager and AHP Workforce Director.	£249,161
<b>Education and training</b>	Education and training for pharmacists, psychologists, and healthcare science across six NHS Trusts	£466,014
<b>Healthcare Science ICS lead</b>	Role to support clinical leadership across the ICS. Strategic leadership and delivery of HCS professions ICS workforce programme <ul style="list-style-type: none"> <li>Leading a HCS professions faculty as the delivery vehicle of the BOB ICS programme</li> <li>Providing expertise and strategy, ensuring HCS workforce is part of ICS people Strategy</li> </ul>	£93,830
<b>Medicine optimisation programme</b>	Integration programme to enable the 3 Medicines Optimisation CCG teams to form a cohesive, high functioning way of working. Based on discussions around merging the three teams, there would be clear benefit in receiving development outside of core and specialist clinical training.	£33,660
<b>Equality, diversity, and inclusion</b>	Disability conference (e-learning)	£3,000
<b>Workforce planning and modelling</b>	“Deep dives” in critical service areas to support recovery and future planning, including ENT, cancer, and urgent and emergency care.	£151,200
<b>South Central Ambulance Service</b>	Advanced Practice (1 x Head of Advanced Clinical Practice; 3 x Advanced Clinical Practitioners) and CPD – non clinical workforce.	£157,399
<b>Primary Care</b>	Various initiatives as approved by the primary care Workforce Implementation Group (WIG).	£157,399

<sup>3</sup>. Allocations considered “Workforce Development Investment priority theme areas” as well as advice from national colleagues (e.g., Director of Regional Pharmacy Training, Head of School – Pharmacy (South), Pharmacy Dean – HEE South, Regional Chief Healthcare Scientist – East of England, Mental Health Programme Lead (South East), Transformation Lead (Workforce & Education) South East.