

Workforce Streamlining Programme

“Enabling Employee Mobility Across the North West”



Streamlining - One Year On Event
Friday 30th June 2017

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Workforce Streamlining Programme

“Enabling Employee Mobility Across the North West”



Introductions and Overview of the Day

Rachael Charlton, Director of HR&OD, East Cheshire NHS Trust,
Programme Executive Sponsor & Chair of the NW Programme Board

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Purpose and Focus for Today

- To look back at the success and achievements since the launch event in May 2016.
- To share the success and learning across the North West.
- To thank all those involved for their time, energy, enthusiasm and commitment to streamlining.
- To look forward to the year ahead



Housekeeping

- Fire Alarm & Escapes
- Toilets & comfort breaks
- Photographs
- Participation & Questions (microphone)
- Engage and Interaction
- WiFi – Network = HAYDOCK GUEST,
- Password = WelcomeGuest16
- Phones
- Enjoy !



Overview of Agenda

Time	Agenda Item	Speaker
08:30-09:30	Arrival & Networking	
09.30-09.40	Introduction and overview of the day	Rachael Charlton, Executive Programme Sponsor and Director of HR and OD, East Cheshire NHS Trust
09.40-10.00	Workforce Streamlining -Supporting the STP agenda	Nikhil Khashu, Director of Finance & Information, St Helens & Knowsley Teaching Hospitals NHS Trust
10.00-10.30	Streamlining across the North West (GM, C&M, C&L) <ul style="list-style-type: none"> What we have achieved in year one What have we learnt from year one What benefits have we realised 	Heather Bebbington, Director of Workforce and OD, Clatterbridge Cancer Centre NHS FT and HRD Streamlining Lead for Cheshire and Mersey
		Christine Brereton, Director of HR and OD, North Cumbria University Hospitals and HRD Streamlining Lead for Cumbria and Lancashire
		Alison Balson, Director of Workforce at Wrightington, Wigan and Leigh and HRD Sponsor for the OH Workstream in Greater Manchester
		James Baker, Deputy Director of Human Resources, Tameside and Glossop Integrated Care and Workstream Lead for Policy Alignment in Greater Manchester
		Claire Scrafton, Deputy Director of Human Resources at St Helen's and Knowsley and Deputy HRD Streamlining Lead for Cheshire and Mersey
		Deborah Cox, Deputy Director of HR and OD, Lancashire Care NHS FT and Deputy HRD Streamlining Lead for Cumbria and Lancashire
10.30-10.45	Looking ahead at year two	Emma Turner, Workforce Streamlining Programme Manager
10.45-11.00		Break



Overview of Agenda

Time	Agenda Item	Speaker
11.00-11.30	Perspectives from the London Region	Daniel Elkins, Programme Director for London Streamlining
11.30-11.45	Trade Union perspectives – the benefits and challenges of streamlining	Ian Fletcher, Senior RCN Officer for C&M
11.45-12.00	Perspectives on Occupational Health	Estelle Carmichael, Director of Workforce & OD, Mid Cheshire Hospitals NHS Foundation Trust and HRD Sponsor for the OH workstream in Cheshire and Mersey
12.00-12.45	Working together to deliver change	Malcolm Evans M.A. (Cantab), M.Sc. FCIPD MaST International Ltd
12.45-13.30	Lunch	
13.30-13.40	ESR – supporting the Workforce Streamlining agenda	Mike Winstanley, ESR Senior Account Manager, North of England
13.40-13.45	Briefing for afternoon workshops	Emma Turner, Workforce Streamlining Programme Manager
13.45-15.00	Workshops <ul style="list-style-type: none"> • HRD/DHRD • Recruitment • Training • Occupational Health • Policy Alignment 	Facilitated by the Workforce Streamlining Team
15.00-15.15	Plenary session	Emma Turner, Workforce Streamlining Programme Manager
15.15-15.30	Closing remarks and key messages for year two	Heather Bebbington, Director of Workforce and OD, Clatterbridge Cancer Centre NHS FT and HRD Streamlining Lead for Cheshire and Mersey Christine Brereton, Director of HR and OD, North Cumbria University Hospitals and HRD Streamlining Lead for Cumbria and Lancashire



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Streamlining Supporting the STP Agenda

Nikhil Khashu, Director of Finance & Information, St Helens &
Knowsley Teaching Hospitals NHS Trust &
Cheshire and Mersey STP sponsor for Back Office Review

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Reducing Costs Through Corporate Services

Summary Briefing for HRDs

30th June 2017

Nik Khashu (SRO)

Director of Finance & Information

St Helens & Knowsley NHS Trust



@NHS_HealthEdEng

@WorkforceSNW

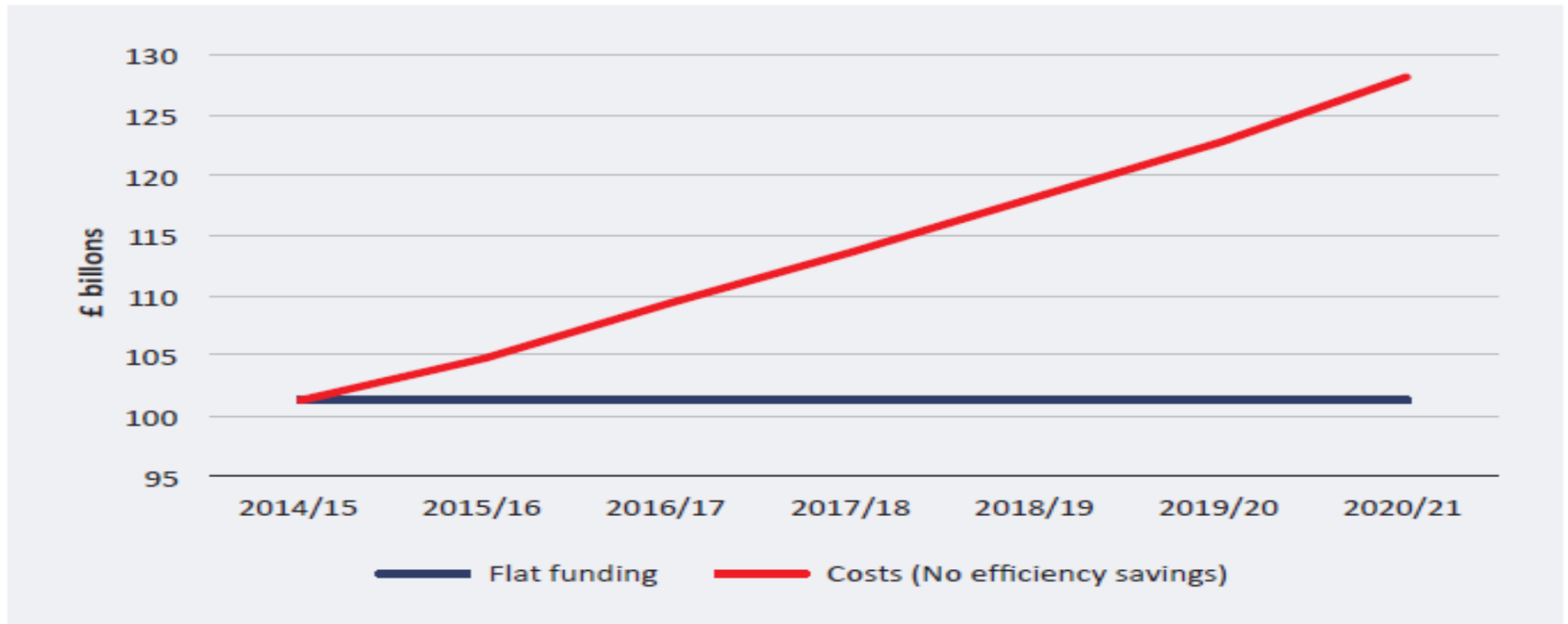
What are the challenges for the NHS?

- ❖ People living longer, but not always healthier
- ❖ Care is not always joined up for the patient
- ❖ Significant pressure on health and social care budgets
- ❖ Growing demands
- ❖ Growing financial challenge – do nothing by 2021 = £30bn gap nationally
- ❖ Need radical solutions to address the gap or will fail to address needs of population in the future
- ❖ 2014 – The Five Year Forward View identified 3 priorities:
 - Health and wellbeing
 - Quality of care
 - NHS finances
- ❖ 2015 – Delivering the Five Year Forward View / creation of Sustainability and Transformation Plans (STP) to accelerate delivery
- ❖ 2017 – Next Steps Five Year Forward View / Sustainability and Transformation Partnerships



What was the financial gap?

Figure 1. The forecast NHS spending gap from 2014/15 to 2020/21 in real terms (2015/16 prices)

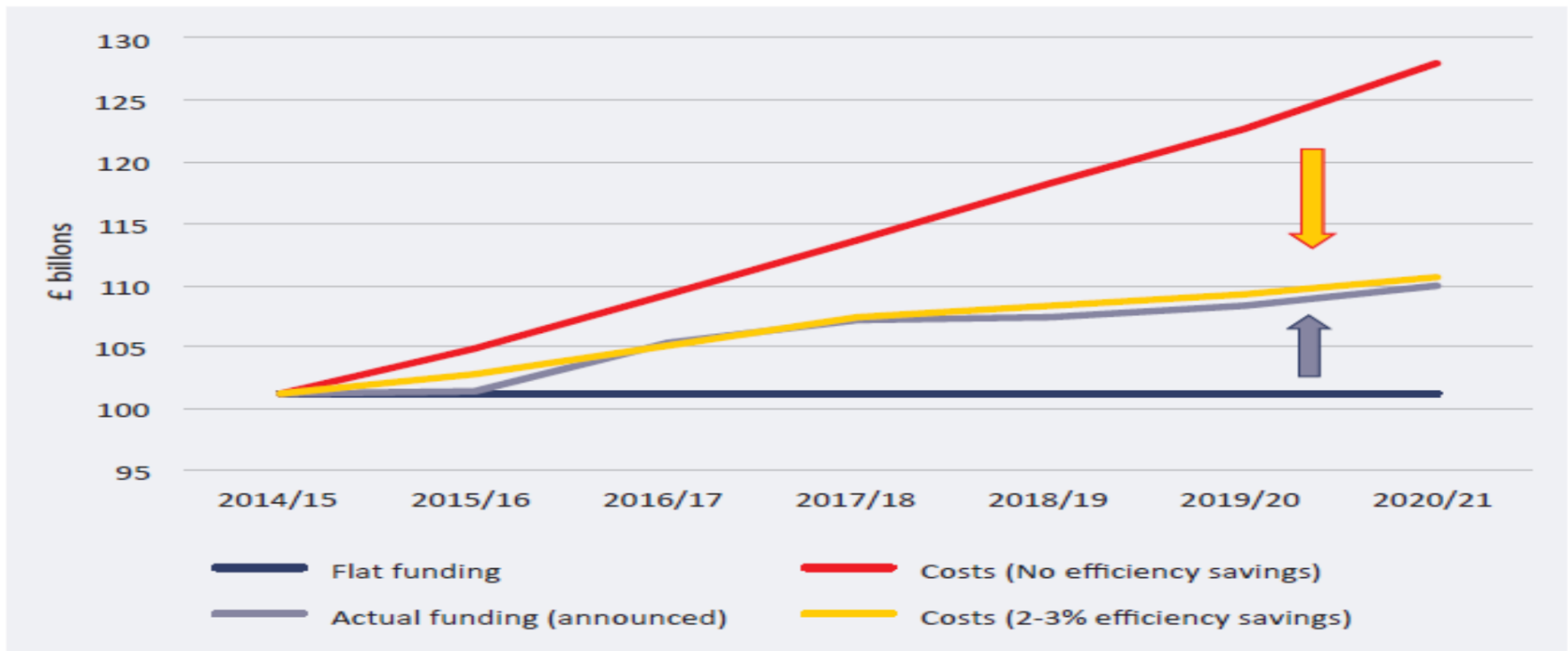


Sources: NHS Spending Review⁴, The Health Foundation⁵ⁱ



What was the final gap after actions?

Figure 2. How NHS England proposes to close the 'funding gap' in real terms (2015/16 prices)^{viii}



Sources: NHS Spending Review⁴, The Health Foundation⁵



What was assumed in bridging this gap?

1. Sufficient capital and revenue to transform organisations and services (STF!)
2. Acute provider growth reduced from 2.9% to 1.3%; assumption its cheaper to treat in community than acute. (Provider cost base is still there!)
3. Hospitals can achieve recurrent 2% savings and additional savings to cover any cumulative deficits
4. NHS pay grows no more than 1% per year.
5. Total cost of agency staff to reduce by on average 4% each year
6. Investment in public health to increase “self care”
7. Adequate investment in social care



Cheshire & Merseyside: Who are we as an STP?

**2.5m
population**

**2nd largest
STP**

**20 NHS
providers**

12 CCGs

**9 local
authorities**

**“Do nothing”
gap by 2021
c £900m**

*high rates of diseases
associated with
ageing, e.g. dementia
and cancers*

*high rates of
respiratory
disease*

*early years
and adult
obesity*

*high hospital
admissions
for alcohol*

*poor mental
health and
wellbeing*

*high rates of
teenage
conceptions*



What's the case for change in Corporate Services?

“...the rest of the world, has done back office consolidation”, but that, “large pockets of the NHS haven’t done it” – J Mackey; HSJ July 2016

Jim Mackey told *HSJ* that distress funding issued by national bodies could be held back from organisations that have failed to deliver economies of scale in their non-clinical support functions – HSJ July 16

Lord Carter Report:- “Trust administration costs below 7 per cent of their income by April 2018. [Then falling to below 6 per cent of their income by 2020](#). Or Trusts should have plans in place for shared service consolidation with, or outsourcing to, other providers by January 2017”.

Lord Carter Report:- Trusts will collaborate with other Trusts and NHS Supply Chain with immediate effect, and commit to the Department of Health’s NHS Procurement Transformation Programme, so there is an increase in transparency and a reduction of at least 10 per cent in non-pay costs is delivered across the NHS by April 2018.



What are the agreed principles so far?

Vision:-

The Cheshire & Merseyside Vision for Collaborative Productivity is to deliver cost effective, efficient and commercially sustainable Back Office operations to support front-line staff in delivering quality patient care.

Scope:-

For all Back Office services, the ambition is to collaborate at STP level, but to build to this capability in phases, recognising the organisational and operational challenges of working together at scale and across a complex footprint. The projects that will be delivered are to be prioritised on the basis of deliverability, scale of benefit and time to transform.

Values:-

1. Reducing spend in the Back Office will enable additional spend and effort to be pushed towards front-line services.
2. Cost reduction in the Back Office is a key driver of change, but the programme **must also deliver increased customer services and better user experience**, reducing the time and effort clinical staff spend interacting with non patient facing services.
3. Existing good practice in the STP footprint will be shared and form the minimum benchmark for improvement.
4. Notwithstanding this, however, national examples of best practice should form the basis of the collaborative approaches where appropriate for the local system.
5. Where appropriate, the programme will seek to maintain the Back Office activities within the NHS to provide job security and wider economic benefit to the communities in Cheshire & Merseyside.
6. For all functional Back Office services, the assumption is collaboration at STP level and narrower approaches than this will only be agreed by exception.
7. Be Agile enough to meet changing needs to services/organisations (new).



What services are under consideration?

Finance

- Financial Accounts
- Income Planning
- Management Account
- AR & AP
- Internal Audit
- Commercial

HR

- Recruitment
- Workforce Analytics
- Business Partners
- Staff Bank
- L&D (inc Training)
- Comms & Engagement
- Occupational Health

Procurement

- Buying Teams
- Contract management
- Catalogue management
- Materials management
- Strategic procurement

Payroll

- Payroll

IM & T

- Maintenance Team
- Support Desk
- Informatics Team
- Telephony

Legal

- Legal Services
- Complaints Handling

Estates & Facilities

- Estates & Facilities
- Health, fire & Safety

Governance & Risk

- Governance & Risk



What are the savings according to NHSI from our own returns?

Comparing the size of the transactional and non-transactional opportunities in Cheshire and Mersey STP

Total size of the opportunity for **all** corporate service functions:

Achieve national median:

- £26,777,304

Achieve national upper quartile:

- £49,338,150

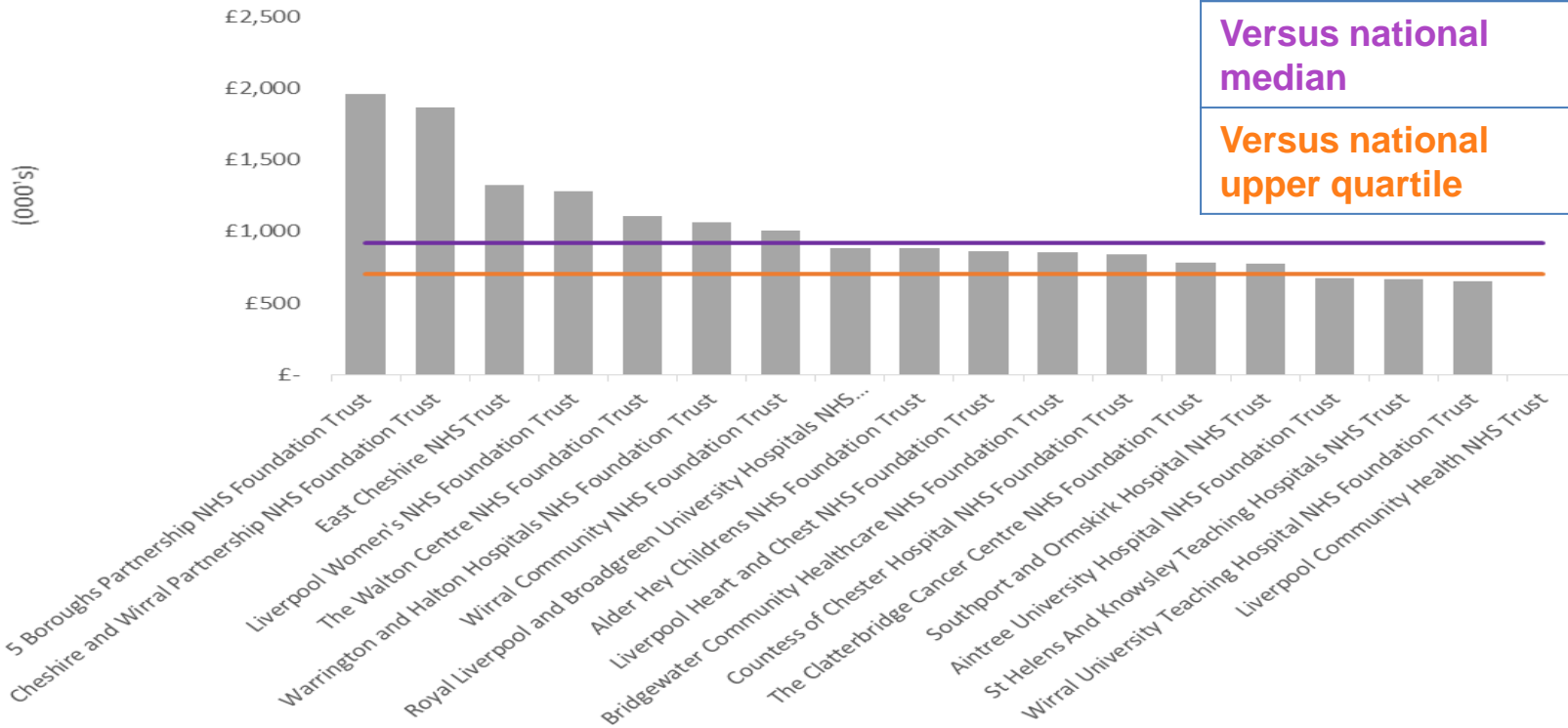
NHSI/PA acknowledged the following after a meeting with them:-

1. Data definitions might an issue – how people have allocated costs could vary between organisations.
2. No KPIs on quality/service – organisations might be providing a relatively cheap service but its not fit for purpose
3. This is not going away and will be done again – be prepared and be involved/engaged.



What is the size of the HR opportunity from the Trust benchmarking returns?

Overall HR Function per £100m Turnover



	Potential savings
Versus national median	£4,794,073
Versus national upper quartile	£9,184,176



What are the summary messages?

The case for change (Vision):

To deliver cost effective, efficient and commercially sustainable back office operations to support front-line staff in delivering quality patient care.

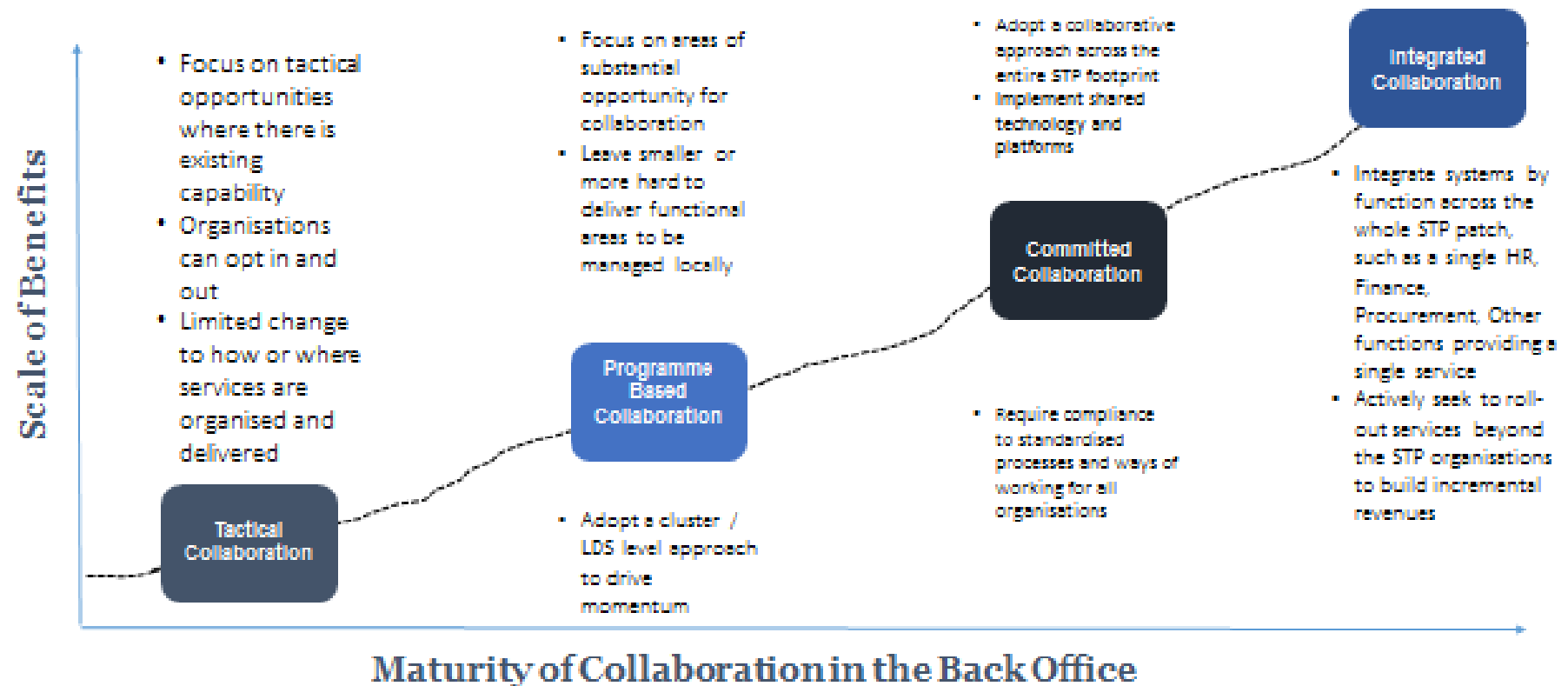
Key Messages

1. We must eliminate corporate services variation and duplication to drive down non-clinical costs and standardise processes.
2. We must scale corporate operations to the most optimum size to leverage greater savings, especially in transactional services.
3. We must still be agile and adaptive enough to deliver service change demands.



What are the next steps?

The principle is collaboration across the entire STP but recognising that this will be a journey starting with programme based collaboration at STP level in the first 18 months of the programme, building to full STP collaboration where appropriate between 18 and 36 months



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Streamlining across the North West
Emma Turner, Programme Manager
HRD Leads and Deputy HRD Leads – C&M, GM, C&L

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Programme and NW level
Emma Turner, Programme Manager

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Programme Level Support - NW

- All provider Trusts signed up to an MOU committing to take part in and fund the programme in year 2 and 3 as a joint contribution with HEE
- Governance arrangements and delivery structure established and fully operational including Programme Board, STP level steering groups and 3 x STP workstream arrangements set up supported
- Programme & workstream objectives, deliverables and benefits have been defined relating to the 4 main workstreams in each area; Recruitment, Training, Occupational Health, & Policy (and additional workstreams as prioritised by the STP areas)
- Trust Implementation Groups (TIGS) established in all Trusts



Programme Level Support - NW

- Trade Unions engaged through NWSPF & 3 events and actively involved in the programme
- RoSTA System launched
- NW e-learning resources fully updated to reflect V1.3 of the CSF and currently supporting transition to new national packages.
- All students successfully migrated over to the e-lfh platform with improved experience reported
- Profile of the programme raised with CEOs and STP leads.
- Readiness assessments undertaken at Programme, STP, and Trust levels – outcomes factored into plans for Year 2
- Benefits Calculator developed following feedback from Trusts



What we have learnt from year 1

- The world does not stop whilst you streamline ! Need to adapt to rapidly changing and context/environment
- Need to build resilience into the leadership arrangements – large amount of work for leads of workstreams and HRD/DHRD leads
- Change is hard and slow - especially without a mandate
- Governance arrangements really matter when you get to implementation and move from principles to practicalities – especially with a collaborative change
- Communication is key! – across workstreams within and across each area, and of programme office and leadership input/activities behind the scenes – the unseen work



Benefits Calculator

- You said we did – journey from ‘Ready Reckoner’ and estimated savings to **actual** savings and costs
- Savings mainly based on TTH reduction where there is backfill
- Not able to report yet, but a big thank you for returns!
- We are learning as you return and will refine as we go – your feedback now is really important
- 1 live/real example - Warrington & Halton **£38,941**
- Agreement to work together with the NE Programme



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Cumbria and Lancashire

- **Christine Brereton, Director of HR and OD, North Cumbria University Hospitals and HRD Streamlining Lead**
- **Deborah Cox, Deputy Director of HR and OD, Lancashire Care NHS FT and Deputy HRD Streamlining Lead**

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What we have achieved in Year 1

Recruitment

- Set up the workforce streamlining recruitment meetings, achieve regularly attendance from all Trusts and actively promote discussion and sharing of ideas, processes and documentation between Trusts
- Agreed the terms of reference for the meetings and plans for years 1 and 2
- Implemented pre-hire IATs within the recruitment stage (confirmed the key fields within the portable data set relating to recruitment and agreed to ensure that they are fully completed moving forward)



What we have achieved in Year 1

Recruitment Cont

- Agreed to enter at the recruitment stage to record the highest qualification achieved by the successful applicant to start to build up the data which flows between Trusts via the IAT
- Scoping the implementation of the DBS Update Service for progression towards implementation in year 2
- Begun the scope for implementing factual references



What we have achieved in Year 1

Training Workstream

- Agreed project plan for the year 2 objectives
- Implemented CSTF Competencies' with Trusts agreeing to accept training data via the IAT process in ESR.
- Agreement for Trusts to utilise the IAT process in ESR
- All Trusts to recognise CSTF training records from other Trusts
- Alignment to the Core Skills refresher periods



What we have achieved ...Cont

Occupational Health

- Imms and Vacs template agreed across the North West so upload can take place when appropriate, massive achievement! & reduction of duplicate records
- Collaboration in STP groups – very good working relationships formed, devolving to C&L has seen benefits, not due to Streamlining Programme, down to group members who are progressing dialogue with their IT teams and reviewing data systems to get ready for IAT.
- Coming together as a North West region allows
 - Networking
 - Peer support



What we have achieved ...Cont

Policy Harmonisation

- All C&L Trusts engaged in discussion
- Looking at common principles of policies and procedures and a common format
- Engaging positively with Trade Unions



What we have learnt from year 1

Recruitment

- With support from the ESR Account Managers the group has learnt about the functions in ESR
- By sharing information at the meetings we have been able to learn about best practice and innovation from each other e.g. Lancashire Care using the DBS Update Service link with ESR and a draft policy implement the DBS Update service for all new starters
- Learning about the symbiotic relationships between recruitment, OH, L&D and how our use of ESR/NHS Jobs can improve the information collected on appointment and the flow of information to other departments prior to hire
- We have been able to map similarities in the recruitment processes and recognise differences.



What we have learnt from year 1

Training

- Engagement with Subject Matter Experts is crucial to the success of the programme but is also a challenge in its self
- Regular meetings and ongoing adhoc support of our ESR account manager is critical to the success of the streamlining programme especially in the following areas:-
 - IAT process (set up)
 - Setting competency's requirements in ESR
 - Reporting functionality within ESR
- Sharing of best practice corporate Induction programmes to reduce the core skills training element and best practice for using data loading tools are important to enable Trusts who don't use OLM to efficiently upload data to allow the IAT process to work



What we have learnt from year 1

Occupational Health

- Streamlining from an OH perspective is not as straight forward. Should have looked into having a single OH system provider at the start – it may be too late by the end of year 3 to scope out.
- We need the support of the PMO in order to communicate what each STP group is getting on with so we don't duplicate information – more coordination is necessary if we are going to succeed, currently room for improvement
- Gaining consistency - its been very difficult to get an end result due to the changes that have occurred with representation from the streamlining team to the STP groups.
- IT should have been engaged from the onset as they are key to the success and it has now been given to all OH's to get them on board when we are in Year 2 !



What benefits we have realised

Recruitment

- Implementation of pre-hire IATs
- Implementing the interface between the DBS Update service and ESR and factual references are scheduled to go-live in year 2

Training

- Reduction in the duplication of training and the reduction of time to complete induction programmes
- Alignment to the refresher periods to reduce frequency of training
- Sharing of best practice and experience
- Utilising functionality within ESR



What benefits we have realised

Occupational Health

- At this stage of the project there haven't been any from a streamlining perspective, however, now an STP group, focus is to get on with working through data issues/engaging all Trust IT teams.

Policy Harmonisation

- May not yield immediate results but appetite of working together for longer term gain



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Cheshire and Merseyside

- Heather Bebbington, Director of Workforce and OD, Clatterbridge Cancer Centre NHS FT and HRD Streamlining Lead
- Claire Scrafton, Deputy Director of Human Resources at St Helen’s and Knowsley and Deputy HRD Streamlining Lead

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What we have achieved ...Cont

Recruitment

- Enabled pre-hire IAT
- All orgs advocating sign-up to DBS Update service
- Reviewed and developed a single best practice Honorary Contract administration process
- Began a Values Based Recruitment matrix
- Consideration of which key data fields to be data cleansed in Yr2
- Trialled factual references but encountered issues, engaging with GM at ESR SIG to help overcome these and move forward



What we have achieved ...Cont

Training

- Agreement on the consistent use of the Core Skills Framework (CSF) across all C&M organisations
- Data entry into ESR for all CSF subjects to facilitate sharing of training data via IAT, including non OLM users
- Alignment of mandatory training refresher periods to those specified within the CSF to minimise admin burden of accepting training records into ESR via the IAT
- Commitment by all participating C&M organisations simplify induction process by removal of unnecessary duplication of training
- In part, the ability to offer access to CSF training in advance of joining the organisation via e learning



What we have achieved ...Cont

Policy Review and Engagement Partnership (PREP)

- Set up the workforce streamlining PREP meetings, achieve regular attendance from all Trusts and actively promote discussion and sharing Agreed the terms of reference for the meetings and plans/workplan
- Developed proposals for consistent notice periods across all Trusts
- Agreed the development of one standard honorary contract for all staff groups with single supporting guidance for all Trusts
- Agreed the development of TUPE guidance including standard template for Employee Liability Information transactions between NHS Trusts
- Currently working with the TUs to agree how the membership and wider discussion with C&M reps will happen, and have experienced some resistance from the TUs about how this group should work which we're working through



What we have achieved ...Cont

Occupational Health

- Imms and Vacs spreadsheet template agreed across the north west so upload can take place when appropriate.
- Small gains seen in removing duplicates from system – cleansing has had benefits to understand OH systems
- Collaboration in STP groups – very good working relationships formed.
- Coming together as a North West region has had benefits
 - Networking
 - Peer support
 - Aims and objectives agreed



What we have achieved in Year 1

Systems Enabling

- A good synergy of ideas and desire to get the best from our systems & the understanding of key ESR tasks has started to gather momentum
- An IAT data set template for Trust to identify use of ESR and potential data quality issues
- A commitment to use the best from ESR and to standardise RA and Smartcard process
- Systems leads are now more integrated into the workstreams; putting the support where it's needed
- There is now a clearer understanding of the OH systems requirements and steps required to transfer Imms & Vacs, and a commitment to linking systems together



What we have achieved in Year 1

Students/PEFs

- Developed an e-learning package for venepuncture training to be used consistently by staff and students. Work has now been merged into the C&M PEF's network



What we have learnt from year 1

Overall

- Engagement is key!
- Local TIGs/staff side
- Commitment and buy in is there from work stream teams but every organisation has different governance arrangements

Occupational Health

Concur with C&L group learning, but would add:

- Governance issues related to the transfer of medical information is a significant issue and will require time to explore fully as well as support from IG colleagues



What we have learnt from year 1

Policy Review and Engagement Partnership

- Communication and to work in partnership with TU colleagues is critical
- Requirement for governance processes to track implementation and benefits to Trusts
- Importance of working alongside other workstreams and future agenda of the group to be driven by the them, acting as a support to implementation. E.G Standard wording provided to all Trusts for amendment to policies following the changes identified through other workstreams



What we have learnt from year 1

Systems

- Systems underpin nearly everything!
- A full workstream for systems pulled away from supporting the other workstreams, there was much more value in taking stock, splitting up and supporting the main workstreams.
- Data collection exercises can be challenging and confusing, often ending up with multiple spreadsheets being circulated
- Organisational change i.e. mergers and demerge can have a major impact on decisions to progress the use of technologies.
- There is a low of NHS money being spent on systems, often at different prices per Trust. There is definite scope for a collaborative procurement exercise in the future



Challenges for Year 2

- Ability to implement agreed changes
- Trade Union engagement
- Governance structure - working at pace whilst retaining buy in
- Scope creep risk - but needing flexibility to respond to needs
- Aligning priorities to LDS/STP priorities
- Maintaining momentum!



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Greater Manchester

- Alison Balson, Director of Workforce at Wrightington, Wigan and Leigh and HRD Sponsor for the OH Workstream
- James Baker, Deputy Director of Human Resources, Tameside and Glossop Integrated Care and Workstream Lead for Policy

Alignment

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GM collaborative approach

- Streamlining is a standing item on the GM HRD and DHRD Network meetings with regular discussions
- We have had good buy in from TU colleagues across GM
- The GMH&SCP are keen to develop a H&SC passport for GM and streamlining is seen as a very positive step towards this
- Updates on progress are being shared with NHSI



What we have achieved in Year 1

Recruitment

- NHS 'Passport' Enabled – Pre-hire Inter Authority Transfer (IAT) now used by all Trust to transfer Core Skills Training & Factual Reference information from Trust to Trust via ESR
- Factual References Trialled – All Trust have been trialling alongside subjective references since January 2017 and all have agreed to move to sole use of Factual References via ESR by 1st September 2018
- Trust Values Mapped to National NHS framework – all current local values of each Trust mapped to the NHS Constitution
- DBS Update Service Registration– registration now consistently encouraged by all Trusts for all new starters and use of the 60 day auto check enabled in ESR and a scoping paper has been produced to move to mandated for new starters who require re-checks



What we have achieved in Year 1

Training Workstream

- IAT facility live in OLM
- CSTF transfers now live
- Majority of Trusts now aligned to CSTF content
- Majority of Trusts now aligned to CSTF refresher periods
- Staff IAT'ing throughout the GM area and realising the benefits associated with by introducing new model induction minus Core Skills
- Data upload tool now live and several Trusts have been trained on the use of this
- A programme of quality assurance workshops planned to improve credibility of other Trusts training. Moving & Handling and Infection Prevention being assured first.
- Sub structure and most leads identified for other training frameworks for Y2



What we have achieved ...Cont

Occupational Health

- Full sign off on consistent Immunisations & Vaccinations

Policy Alignment

- Good engagement with the majority of GM Trusts, with particularly good attendance of union reps
- Agreed that the Policy Alignment Group will be chaired on a rotational basis by James Baker and a staff side rep – further evidence of good engagement on the group
- Focus agreed on notice periods and the probationary period policy with mapping for both across GM nearing completion
- Example secondment policies and honorary contracts identified from which to create a standard version and a working group identified to develop this



What we have learnt from year 1

Recruitment

- Issues with Factual References – but these can be overcome if we work at it
- Change can happen at pace, but, people need permission and a driver to get on and do it
- A history of working together helps
- Engaged HRDs are key to ensuring the programme delivers change that adds the greatest value and addresses their local passport priorities



What we have learnt from year 1

Training

- Asking SME's to accept changes to subjects isn't easy, but worth it!
- Assurance is key to sharing and accepting training
- Multiple IAT training records being returned for each staff member. Further work with ESR needed (This is being brought up through SR's and at NW SIG)
- An efficient IAT input process cannot be realised until **all** Trusts are aligned to both content and refresher periods



What we have learnt from year 1

Occupational Health

- challenges with OH systems. OPAS users are progressing to enable the system to upload Imms & Vacs data into ESR
- COHORT users who are not on V10 have a problem with data cleansing. There are substantial costs if COHORT were to do this work
- Consideration for all Trusts to have the same OH system. However, this would need to be carefully thought through as there are many things to consider e.g. determine which system to use, cost, the transfer to OH records into the new system
- There are challenges getting Trusts to engage with the streamlining project



What we have learnt from year 1

Policy Alignment

- need to keep in regular contact with other STP policy leads to ensure progress and best practice are shared
- Further buy in required at individual Trust level to agree policy changes
- Acceptance that not all Trusts are going to unilaterally sign up for a standard policy for one reason or another – therefore a “partial” agreement should be seen as acceptable
- Improved attendance at the meeting from GM HR representatives is required – but its early days



What benefits we have realised

Training

- Where surveyed, staff have enjoyed and are engaged with the vision for the shorter corporate induction with no repetition of learning of CSTF and see it as a valuable use of their time. Staff have fed back that they appreciate the ability to transfer CSTF training and that the process seems a lot more 'joined up' than before
- Some Trusts have re-structured their entire induction programme to streamline all learning which has reduced the time that clinical staff are required to attend induction and preceptorship by one day. Non-clinical staff are also now released half a day earlier than previously
- In a time and motion study, UHSM realised that from Jan-March they saved 45.7 days of staff attending induction by not repeating training.

This equated to approximately 2.28 WTE for the same time period



What benefits we have realised

Occupational Health

- The clinical team agreeing Imms & Vacs process!
- Limited due to data cleanse issues

Policy Alignment

- Limited to date with only two meetings held although a clear willingness to work together and streamline policies across GM and the wider NW STPs



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Looking Ahead at Year 2
Emma Turner, Programme Manager

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Key Core Milestones

- Recruitment – Factual Reference & DBS Update Service
- Training – Moving beyond Statutory and Mandatory Training
- Occupational Health – All sharing Imms and Vacs on IAT
- Policy – achieving STP consistency where possible
- All - Working through and overcoming system issues/barriers - affect all workstreams



Programme Office Priorities

- Driving Strategic Plan for the programmes lifecycle
- Supporting detailed project planning at Workstream and Trust level
- Widening communication and engagement – Employees, Diversity Networks, Professional staff networks
- Sharing and celebrating successes and achievements as they happen across the NW
- Improving the website and other mechanisms for sharing activity/progress across the NW
- Collecting and reporting on benefits – refining the Benefits Calculator
- Collaborating with other regions & influencing national policy and bodies to support/advance streamlining

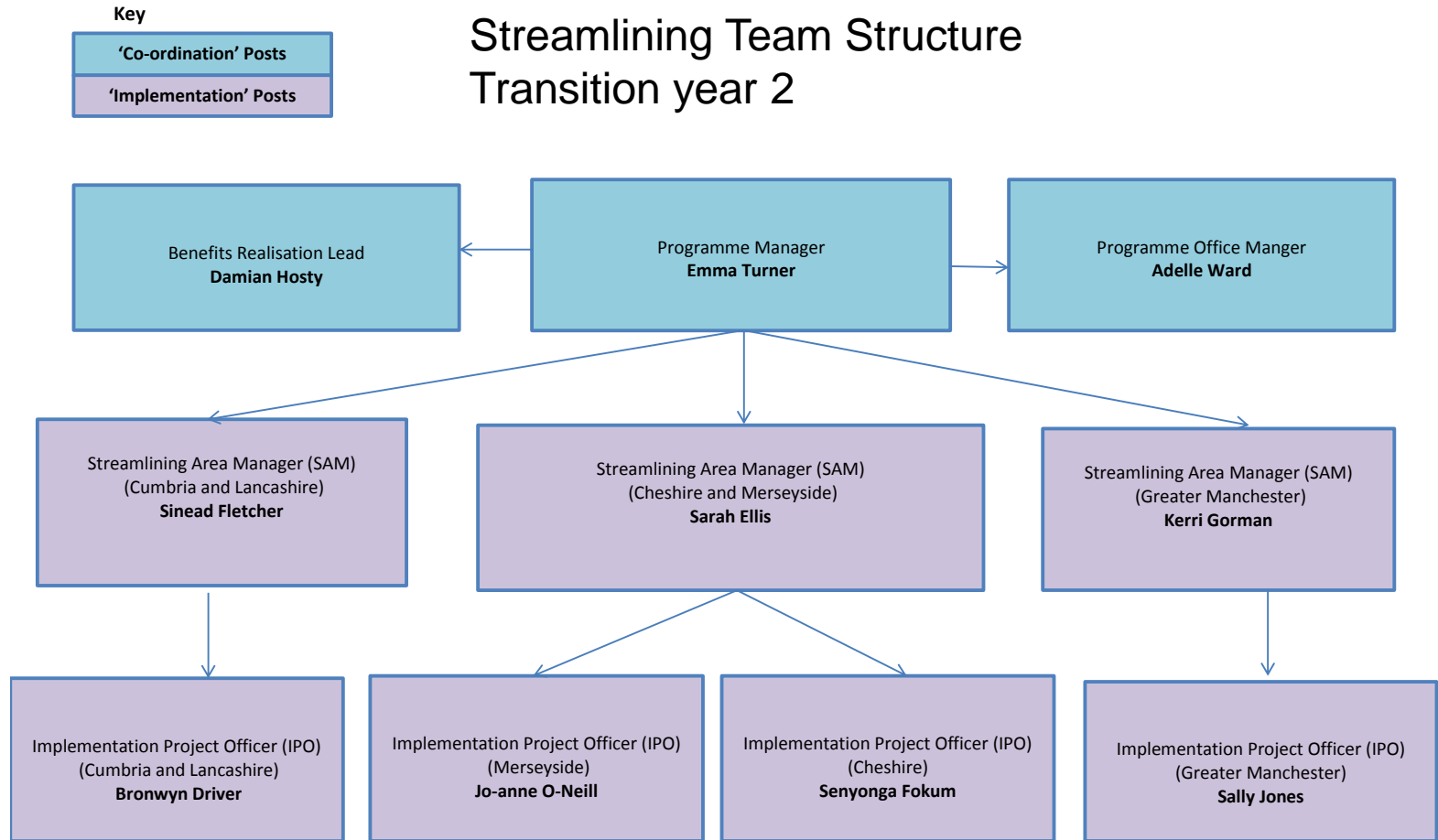


Vision for 3 Year Infrastructure

Year 1 - Centrally Led	Year 2 – Transitioning	Year 3 – STP Lead
Establishment and Engagement	Implementation and Delivery	Sustainability and transition to BAU
Fully HEE Funded	Small constituent org contribution	Equal contributions
NW Focus & Central Hosting	Continued central hosting but with STP Leads & increased STP facing programme posts in place	STP Focus and Hosting



Programme Team to Support



Workforce Streamlining Programme

“Enabling Employee Mobility Across the North West”



Break and Refreshments

Developing people
for health and
healthcare

www.hee.nhs.uk

Workforce Streamlining Programme

“Enabling Employee Mobility Across the North West”



Perspectives from the London Region
Daniel Elkins, Programme Director for London Streamlining

Developing people

for health and

healthcare

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Streamlining London

NW Region Streamlining Event - 30th June 2017

Daniel Elkins

Productive People LLP

Delivery Partner of Streamlining London



Agenda

- **London's situation**
- **One Junior Doctor's Story**
- **Streamlining Methodology, Implementation & Benefits Realisation**
 - Core Skills Training
 - Permanent Recruitment
- **Streamlining and STPs**
 - Bank & Agency London
 - Streamlining London



Streamlining London

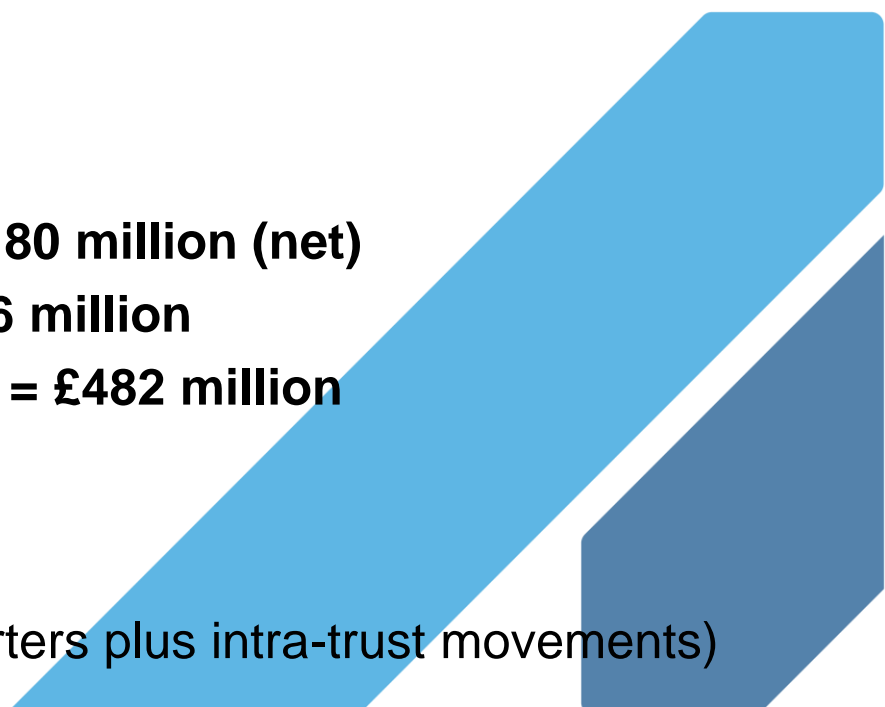
Headlines

- **36 Trusts:-** Acute, Mental Health, Community & Specialist
- **2,448 HR professionals, 203 vacancies** - 8% vacancies
- **175,000 staff**
- **3 LETBs, now 5 STPs**

Costs & Potential

- **£10.1 billion pay bill**
- **Approx. £100 million cost of HR**
- **10% reduction in HR costs = £10m**
- **50% reduction in agency spend = £180 million (net)**
- **1% Productivity Improvement = £106 million**
- **7% Clinical Workforce Improvement = £482 million**

HR Transactions

- **53,000** new starters p.a.
 - **100,000** staff movements (i.e. new starters plus intra-trust movements)
 - **875,000** core skills training events p.a.
- 

Streamlining London - Who has been involved?

Barking, Havering and Redbridge
University Hospitals **NHS**
NHS Trust

Barnet, Enfield and Haringey **NHS**
Mental Health NHS Trust
A University Teaching Trust

Barts Health **NHS**
NHS Trust

Whittington Health **NHS**

Camden and Islington **NHS**
NHS Foundation Trust

Central and North West London **NHS**
NHS Foundation Trust

Central London Community Healthcare **NHS**
NHS Trust
Barnet ■ Hammersmith and Fulham ■ Kensington and Chelsea ■ Westminster

Dartford and Gravesham **NHS**
NHS Trust

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Croydon Health Services **NHS**
NHS Trust

East London **NHS**
NHS Foundation Trust

Core Partners

Epsom and St Helier University Hospitals **NHS**
NHS Trust

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Guy's and St Thomas' **NHS**
NHS Foundation Trust

- London Academic Health Science Networks
 - Imperial College Health Partners
 - UCL Partners
 - Health Innovation Network South London
- Health Education Local Educational and Training Boards (LETBs)
 - Health Education North West London
 - Health Education North Central and East London
 - Health Education South London
- NHS Employers
- Skills for Health
- London Procurement Programme (LPP)
- Electronic Staff Record (ESR)

Homerton University Hospital **NHS**
NHS Foundation Trust

Hounslow and Richmond **NHS**
Community Healthcare
NHS Trust

Imperial College Healthcare **NHS**
NHS Trust

King's College Hospital **NHS**
NHS Foundation Trust

Kingston Hospital **NHS**
NHS Foundation Trust

Lewisham and Greenwich **NHS**
NHS Trust

London North West Healthcare **NHS**
NHS Trust

Moorfields Eye Hospital **NHS**
NHS Foundation Trust

North East London **NHS**
NHS Foundation Trust

North Middlesex University Hospital **NHS**
NHS Trust

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Royal Free London **NHS**
NHS Foundation Trust

Royal National Orthopaedic Hospital **NHS**
NHS Trust

South London and Maudsley **NHS**
NHS Foundation Trust

South West London
and St George's **NHS**
Mental Health NHS Trust

St George's Healthcare **NHS**
NHS Trust

The Hillingdon Hospitals **NHS**
NHS Foundation Trust

The ROYAL MARSDEN

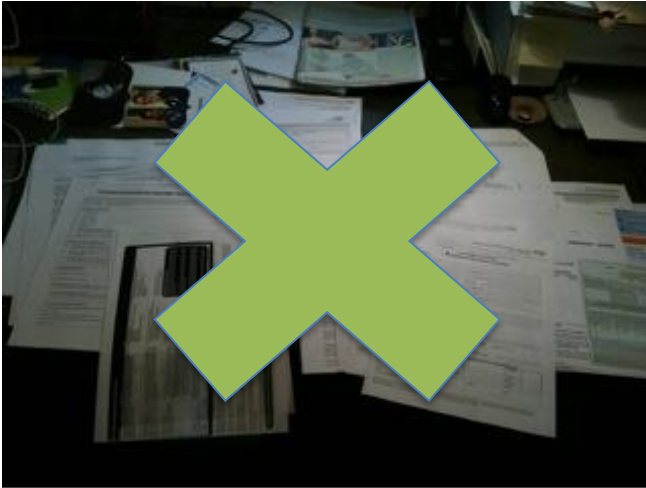
University College London Hospitals **NHS**
NHS Foundation Trust

West London Mental Health **NHS**
NHS Trust

West Middlesex
University Hospital **NHS**
NHS Trust



One Junior Doctor's Story



- ✓ High quality training and checks
- ✓ Greatly improved compliance
- ✓ Reduced time to hire
- ✓ Reduced form filling
- ✓ Portable training records
- ✓ Staff increasingly noticing the improvements and HR staff increasingly freed up

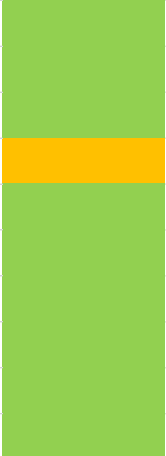
• What was Streamlining really about?

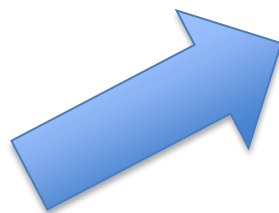
- Improvement methodology – getting operational managers involved in driving change
- Getting national policies and systems to work in practice
- Culture of agreeing minimum standards, sharing best practice and inspiring innovation
- HR community taking a leading role in driving change

• Outcomes of Streamlining

- **Efficiency** – doing things more quickly and efficiently. “**Do it once, do it well, pass it on**”
- **Effectively** – better outcomes, more quickly, taking up less staff time
- **Adding value** – stop doing things that don't add value, focus resources on causes of problems rather than symptoms

One Honorary Consultant's Story

Fire Safety	
Infection Control	
Manual Handling	
Safeguarding Adults	
Safeguarding Children	
Health & Safety	
Equality & Diversity	
Information Governance	
Conflict Resolution	
Resus	

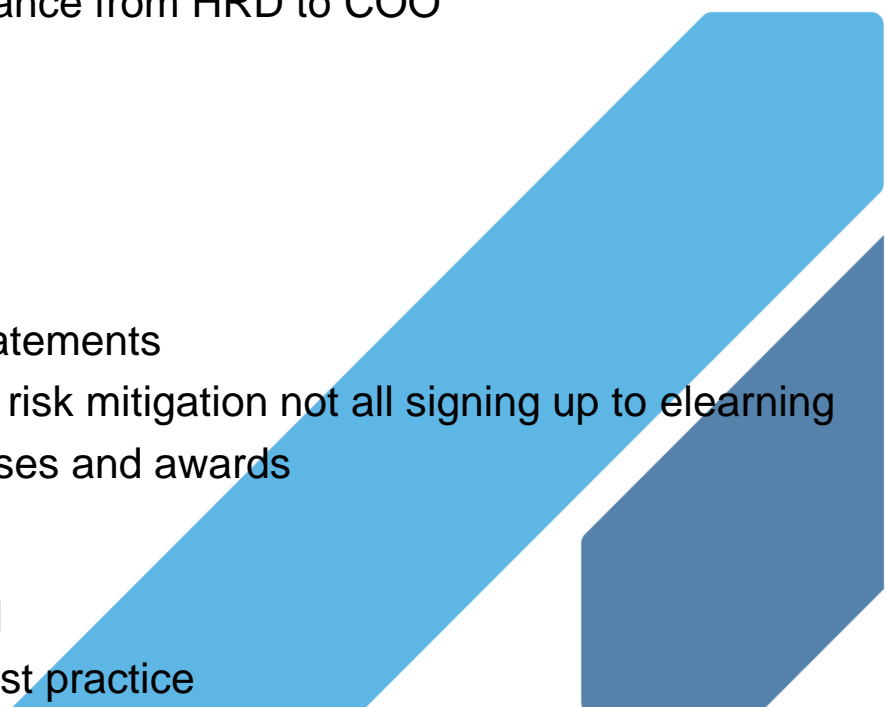


Streamlining Core Skills – what has been delivered?

(aka Statutory & Mandatory Training)



Streamlining Core Skills – Key Drivers and Lessons Learned

- **Apparent Issue:-** Each time staff moved from one Trust to another they repeated their Statutory and Mandatory Training, taking approx. 2 days per movement.
 - **Key Challenges:**
 - Low starting point – very poor compliance reporting systems, low compliance (58%)
 - Changing mindset – not about induction training, it is all about refresher training
 - SME buy in – shifted SME's role,
 - Standardisation, Harmonisation & Localisation = Unwarranted variation
 - Cultural change – responsibility of compliance from HRD to COO
 - **Key Drivers for Change:-**
 - 5 point plan
 - Core Skills Training Framework
 - Compliance Reporting
 - Benchmarking of time spent / Benefits Statements
 - Flexible about training method – focus on risk mitigation not all signing up to elearning
 - Healthy competition – heatmaps, showcases and awards
 - **Key Lessons:**
 - Every Trust is different, no one size fits all
 - Agree Minimum Standards and inspire best practice
 - It started as CIP and quickly became QIP programme
- 

Streamlining Core Skills – the Method



	Overall	Safeguarding Children Level 1	Health, Safety and Welfare	Infection Control Level 1	Safeguarding Adults	Safeguarding Children Level 3	Safeguarding Children Level 2	Moving and Handling Level 1 - Awareness	Conflict Resolution	Moving and Handling Level 2 - Back Care	Resuscitation Level 1	Fire Safety	Resuscitation Level 2	Infection Control Level 2	Information Governance
Overall	79%	89%	85%	83%	83%	80%	80%	80%	79%	77%	76%	74%	73%	71%	71%
Isleworth	93%	81%	100%			100%	100%	100%	83%	80%	100%	100%	100%	89%	89%
Epson and St Helier	91%	89%	92%	88%	94%	89%	89%	90%	98%	87%	89%	89%	89%	89%	89%
CLCH	89%	84%	94%	94%		86%	91%	89%	87%	93%	87%	88%	87%	87%	85%
CWML	88%	89%	93%	87%	93%	91%	92%	90%	93%	94%	80%	80%	85%	68%	90%
WLMHT	88%	92%	89%	86%		91%	91%	94%	90%	89%	95%	94%	86%	81%	78%
NELFT	88%	91%	89%	90%	91%	94%	93%	91%		86%	82%	85%	79%	73%	89%
GSTT	86%	99%	97%	95%	99%	86%	83%	85%	86%	60%	91%		71%	88%	77%
WestMid	85%	92%	91%	89%	94%	93%	80%	57%	93%	49%	73%		90%	73%	92%
ULCH	84%	99%	97%	97%		80%	77%	82%	86%	97%	99%		93%	73%	88%
INCHI	84%	87%	92%	90%	97%	89%	86%	87%	85%	84%	84%		82%	99%	82%
Bartleby	83%	75%	99%	90%	70%	93%	81%	87%	94%	89%	79%		78%	62%	78%
East London	83%	76%	76%	95%	94%	75%	74%	82%	81%	70%	45%		92%	76%	77%
SWLS&G	82%	89%	92%	93%	80%	87%	75%	87%	92%	77%	50%	90%	79%	79%	87%
Marsden	82%	87%	85%	81%	93%	86%	91%	84%	74%	65%	80%		79%	76%	76%
CANDI	82%	90%	66%	83%	78%	90%	90%	90%	70%	81%	70%		66%	78%	95%
BHR	81%	84%	86%	82%	74%	74%	82%	85%	79%	66%	92%		81%	86%	71%
D and G	81%	93%	90%	95%	93%	95%		67%	61%	77%	77%		84%	83%	69%
Lewisham and Greenwich	80%	100%	89%	85%	83%	100%	72%	88%	78%	75%	73%		87%	65%	81%
NorthMid	79%	78%	84%	84%	81%	82%	74%	82%	79%	76%	86%	79%	91%	73%	81%
Monfields	78%	83%	85%	82%	78%	88%	86%	84%	67%	67%	86%		72%	67%	89%
GDCH	78%	78%	88%	89%	88%	78%	94%	89%	87%	87%	97%		93%	63%	94%
Chelwest	78%	100%	84%	87%	73%	100%	72%	81%	73%		72%	51%			47%
St Georges	75%	86%	87%	86%	83%	87%	61%	78%	85%	66%	58%	56%	78%	47%	59%
Royal Free	75%	80%	77%	75%	82%	73%	77%	79%	79%	73%		80%	74%	77%	62%
Croydon	75%	88%	81%	70%	85%	86%	73%	72%	71%	65%	66%	61%	78%	66%	77%
Imperial	73%	78%	83%	73%	73%	81%	33%	23%	23%	73%	73%	99%	73%	73%	50%
LNWH	69%	85%	75%	60%	67%	77%	82%	36%	72%	56%	72%		93%	77%	67%
Whittington	68%	78%	62%	86%	74%	67%	71%	71%	69%	70%	98%	69%	68%	69%	68%
Willington	67%	69%	71%	58%	79%	69%	69%	69%	67%	67%	80%	80%	61%	58%	44%
SLAM	66%	80%	72%	48%	85%	76%	89%	85%	31%	87%	86%	85%	95%	85%	60%
Kingston	64%	67%	71%	64%	68%	62%		67%	70%	78%	68%	68%	64%	67%	68%
ICLH	61%	89%	82%	80%	67%	91%	75%	72%	59%	53%	62%	62%	51%	52%	27%

Summary of StatMan Workstream Progress

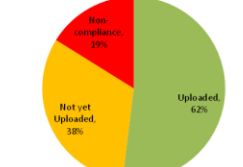
Forecast Adoption of Framework by Trusts



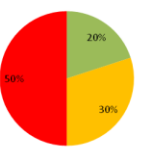
No of Subjects Aligned by Trust



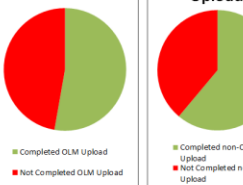
Forecast Attaching CSTF Competencies



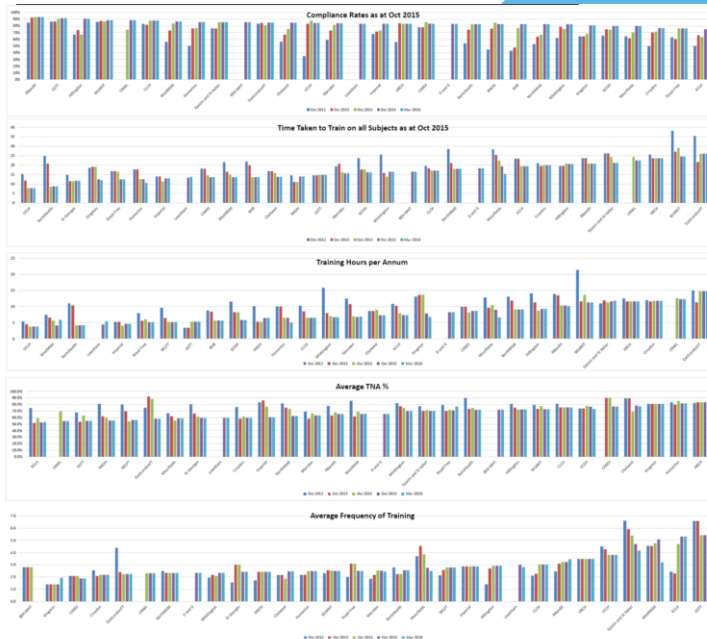
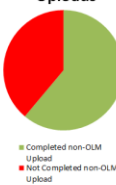
Forecast Adoption of Framework by HEIs



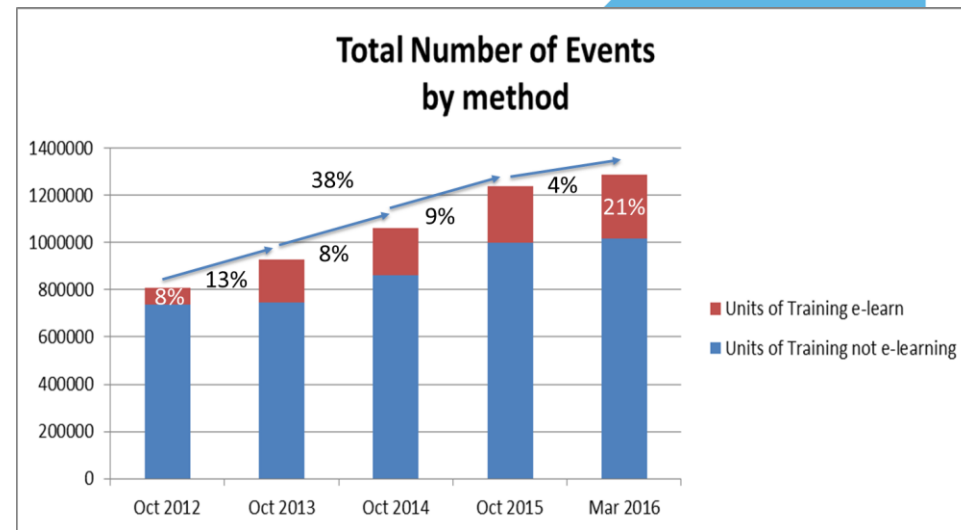
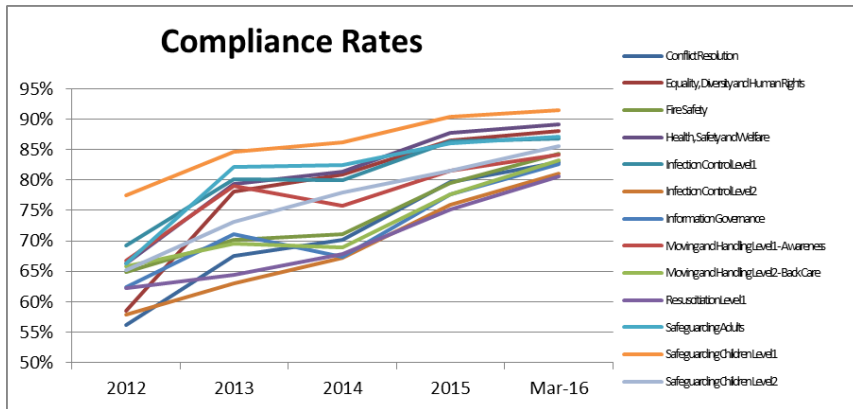
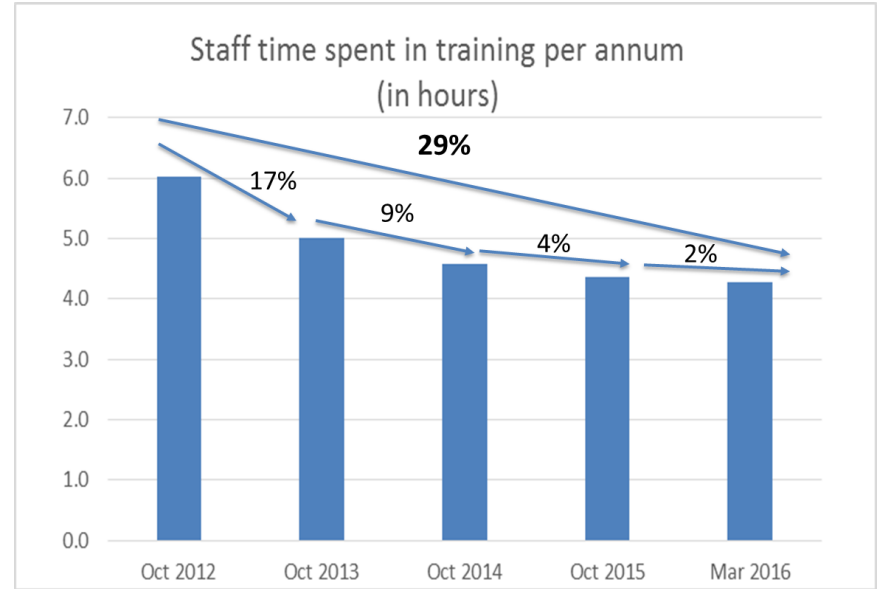
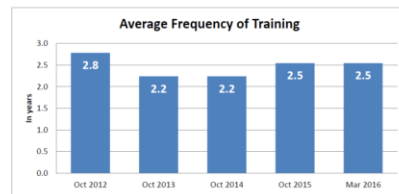
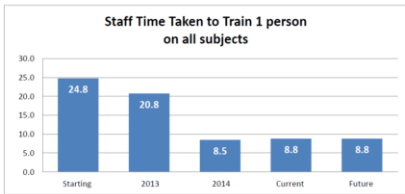
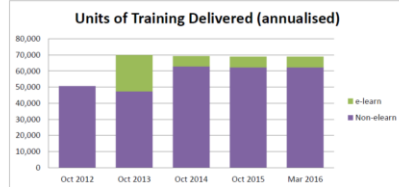
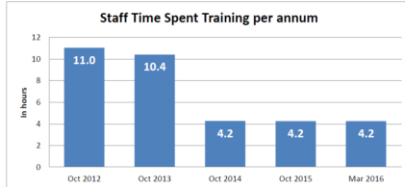
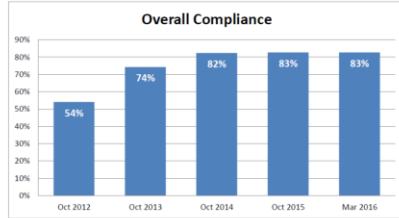
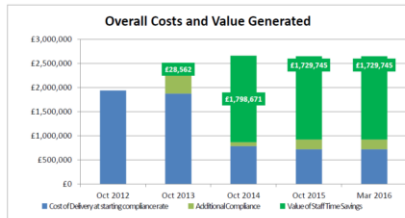
OLM Uploads



Non-OLM Uploads



Streamlining Core Skills – the Outcomes

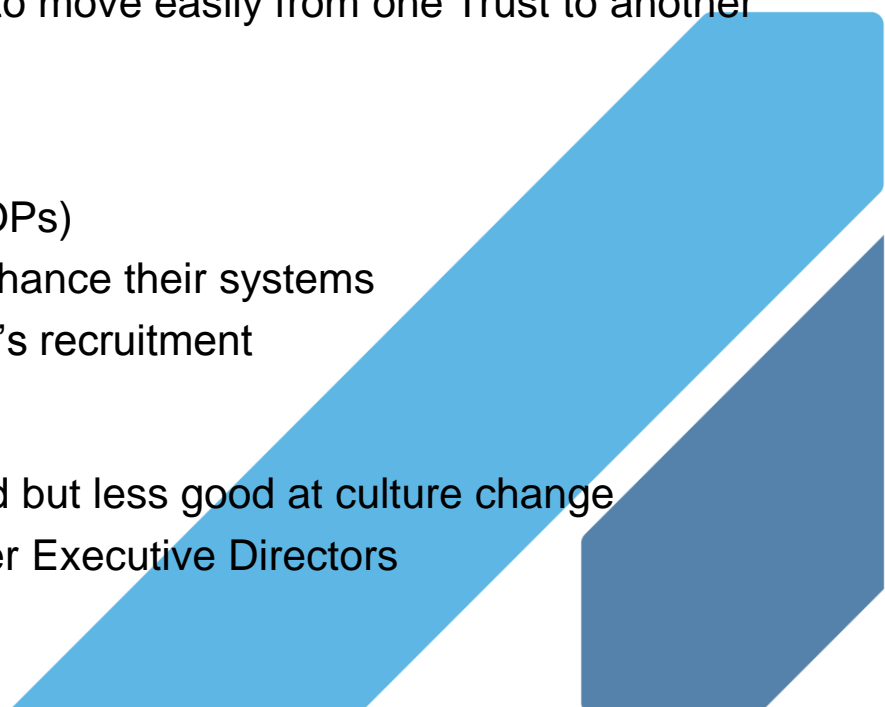


Worth £5.4 million per annum
Equivalent to 430 WTE staff
Cumulative benefit = £18.5 million

Streamlining Recruitment – what has been delivered?



Streamlining Recruitment – Key Drivers and Lessons Learned

- **Apparent Issue:-** Pre-employment checks were taking too long, leading to delays in recruitment and backfill agency spend.
 - **Key Challenges:**
 - Systems inadequate and no accurate measurement of time to hire
 - Est. average time to hire between 20-26 weeks and opportunity to improve of 8 weeks
 - National pre-employment checks policies were poor, leading to huge variance in practice
 - Pretense that checks completed were providing protection when they were not
 - Staff with poor employment records able to move easily from one Trust to another
 - **Key Drivers for Change:-**
 - Rewrite national policy standards
 - Wrote standard operating procedures (SOPs)
 - Lobbied ESR, NHS Jobs and TRCA to enhance their systems
 - Defined a vision and roadmap for London's recruitment
 - **Key Lessons:**
 - Recruitment staff more process orientated but less good at culture change
 - Factual References often resisted by other Executive Directors
- 

Streamlining Recruitment – New National Policy and SOPs



Redesigned national & local policies and practices to achieve optimal quality and lowest costs

Streamlining Recruitment – Vision for London

We work in an NHS that **attracts great people.**

Our Trust plans its recruitment needs well and clearly defines the **roles, responsibilities and expectations** of Recruiting Managers and the Recruitment Team.

As Recruitment Managers,

- we work in partnership with recruiting managers to deliver a **fast, flexible, high performing, expert and valued service**

- where applicants are treated well and follow a **simple and transparent process.**

Defined by London Recruitment Managers at Streamlining Recruitment Seminar

12th March 2015



Streamlining Recruitment



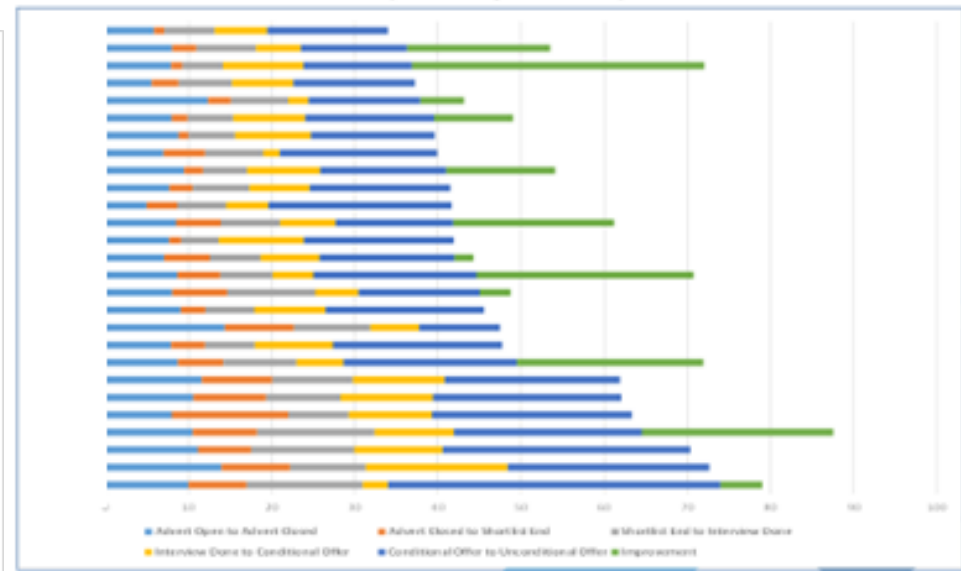
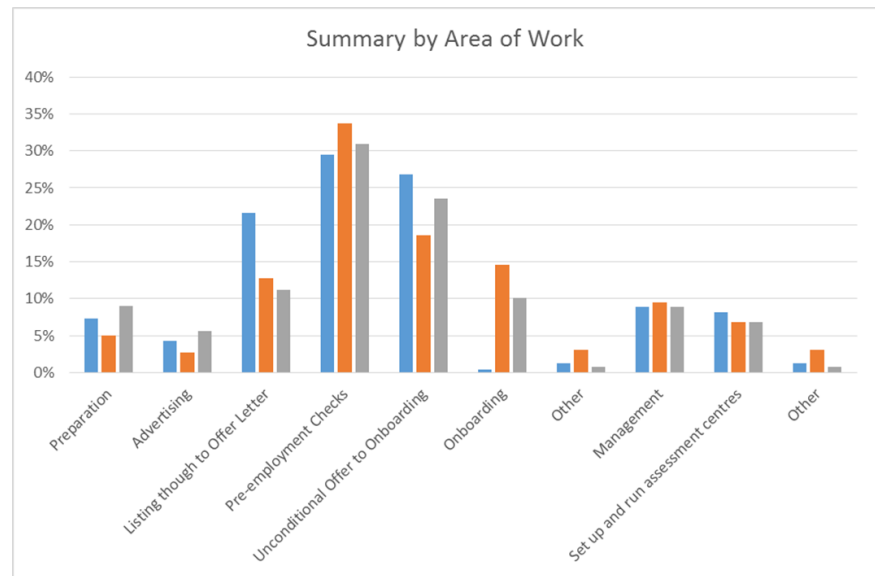
GREAT!



Trust Name	ID Scanner (Live, Installing, Planning)	eOBS in Use	DBS Checks (Retrospective Checks (Completed, Planning, In progress, No)	Periodic Checks (5 yearly, 3 yearly, Not Yet)	Factual references - Live Template (Yes, Implementing, Planning, No)
	Live	Yes	Planning	Planning	Live
	Live	Yes	In progress	3 yearly	Implementing
	Live	Yes	Planning	Planning	Live
	Live	Yes	Completed	3 yearly	Live
	Planning	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Planning	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Implementing
	Live	Yes	In progress	5 yearly	Live
	Live	Yes	Completed	3 yearly	Not Ready
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	In progress	3 yearly	Live
	Live	Yes	Completed	Not yet	Live
	Live	Yes	Completed	Based on role	Implementing
	Live	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	In progress	3 yearly	Not Ready
	Live	Yes	Completed	3 yearly	Not Ready
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	5 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	Completed	5 yearly	Implementing
	Live	Yes	Completed	3 yearly	Live
	Live	Yes	In progress	Based on role	Live



Advert Open to Unconditional Offer 2015 with green line to show improvement on 2014 (where provided)



Streamlining Recruitment – Benefits Realisation

Time to Hire Weighted Average

2012 (estimated)	100 working days
2013 (estimated)	80 working days
2014	62.4 working days
2015	50.1 working days

2015 Improvement 12.3 working days

Cumulative Improvement 49.9 working days

Non-medical Starters 2015(ESR) 31,649

Total number of days saved 2015 389,283

Value 2015 saving (at £45 premium per day) **£17.5 million**

Value of Cumulative improvement £100 million+

(i.e. reduction in time to hire by at value of £45 per day for approx. 30,000 new starters per annum = £68m for 2015, £54m for 2014 and approx. £34m for 2013)

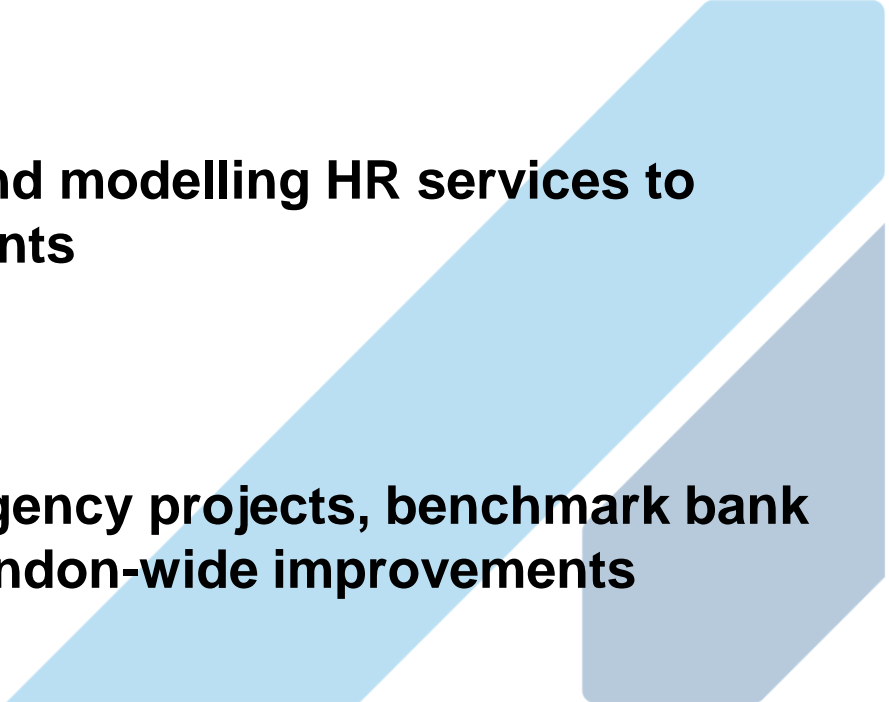
Streamlining and STPs



Streamlining and STPs

‘Wargame’ with all HRDs to agree priorities

London HR Transformation Programme created to focus on two projects:

- **Streamlining London**
 - **Baselining, benchmarking and modelling HR services to identify potential improvements**
 - **Bank & Agency London**
 - **Supporting STP Bank and Agency projects, benchmark bank pay rates and developing London-wide improvements**
- 

Bank & Agency London

Situation:

- £915 million spent on agency workers, highly transient workforce
- cost pressures on staff – 25% rise in housing & 37% travel vs 3.7% wage rise
- close proximity of Trusts

Solution:

- STP led projects, with governance involving CEOs, CFOs, MDs, CNOs
- Close working with Procurement & NHS Improvement
- Focus on pay rates
 - Benchmarking Bank Pay rates, negotiation of fixed agency rates
 - Use Streamlining methodology to reduce operational variation
 - Rostering projects are key

Outcome/Lessons:

- Fixed nurse/AHP agency rates. One STP fixed agency & bank rates.
- Capped medical locum rates. London-wide initiative involving LPP.
- Secondary employment and STPs working on regional banks.

Streamlining London

Situation:

- Streamlined £100m+ of value from just 2 HR Services, what could we do with all 10 HR Services?
- Carter report and NHS Improvement pushing for BO Consolidation
- STP's forming so not sure what would be London-wide or STP

Solution:

- Undertake some Londonwide analysis alongside STPs & NHSI
- Focused on baselining and benchmarking rather than workgroups

Outcome:

- Built a dynamic dataset based on A) survey of time spent, B) HR performance metrics and C) HR outcome data (e.g. staff survey data)

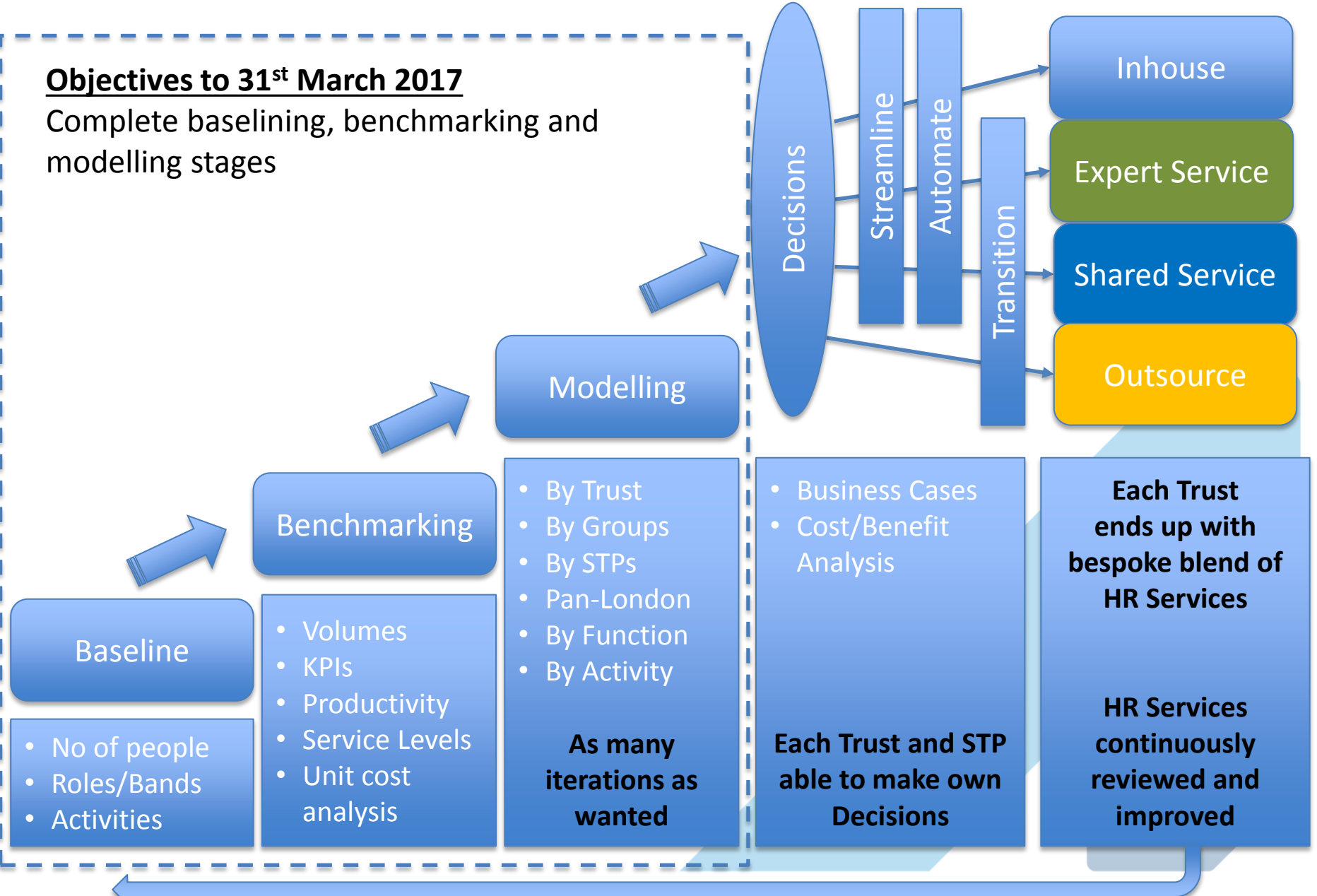
Lessons:

- Emphasis on Shared Services changed midway through year
- No workgroups meant little operational improvement

Streamlining London - Roadmap

Objectives to 31st March 2017

Complete baselining, benchmarking and modelling stages



Baseline

- No of people
- Roles/Bands
- Activities

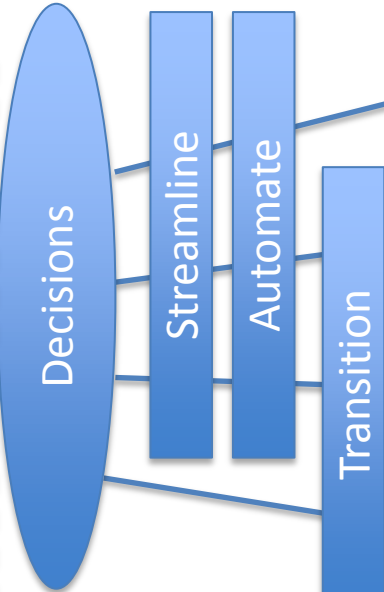
Benchmarking

- Volumes
- KPIs
- Productivity
- Service Levels
- Unit cost analysis

Modelling

- By Trust
 - By Groups
 - By STPs
 - Pan-London
 - By Function
 - By Activity
- As many iterations as wanted**

- Business Cases
 - Cost/Benefit Analysis
- Each Trust and STP able to make own Decisions**



Inhouse

Expert Service

Shared Service

Outsource

Each Trust ends up with bespoke blend of HR Services

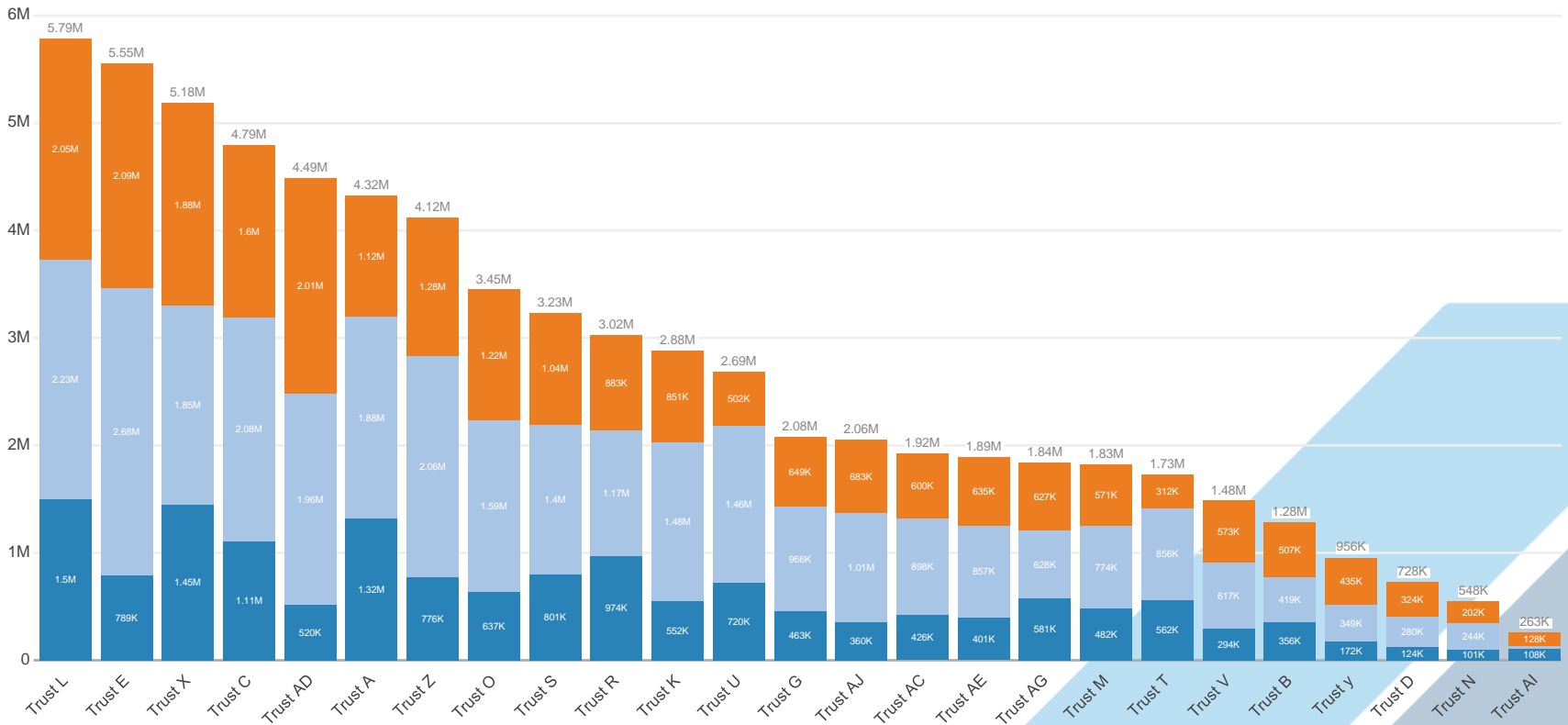
HR Services continuously reviewed and improved

HR Staffing Costs split by role type

OV9

Admin – bands 1 to 4
Expert Supervisor 5-7
Strategic 8a and above

Total Spinal Value by Trust: TrustAnon



Band

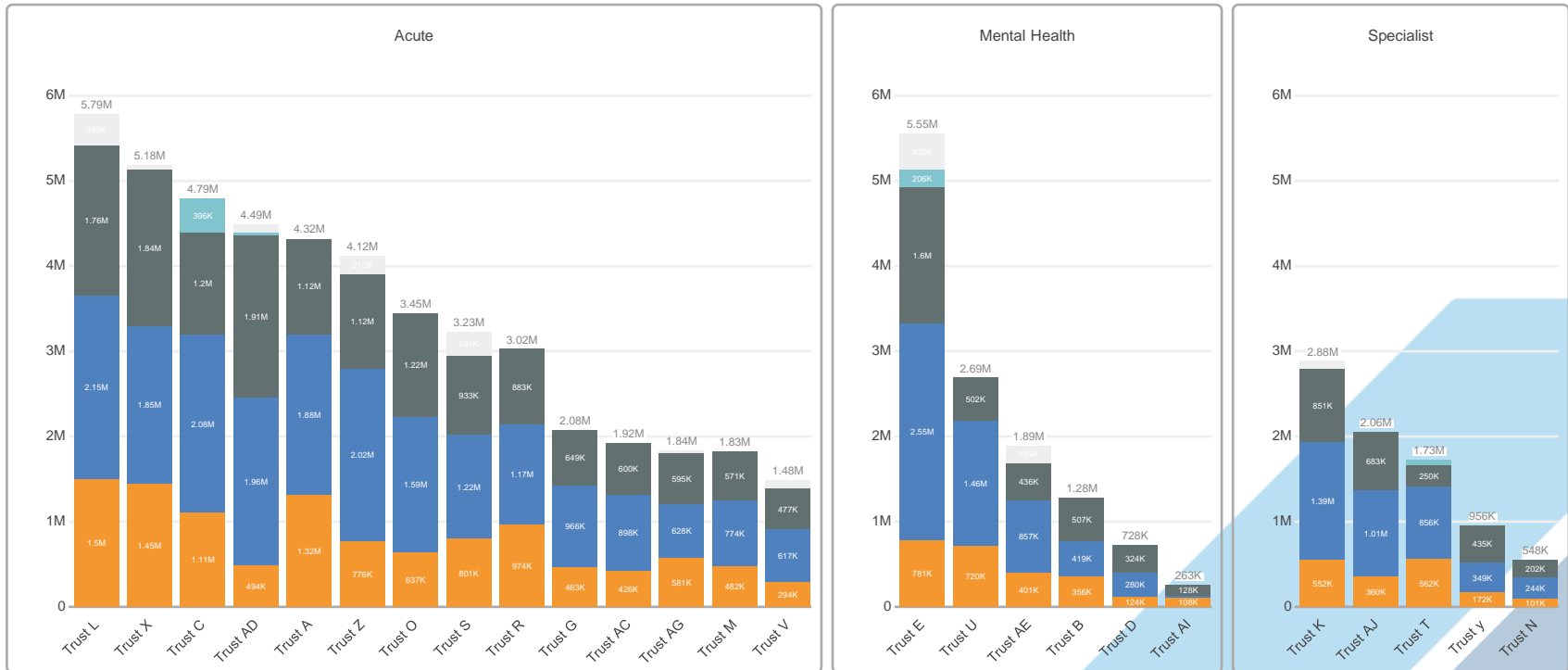
- Admin
- Expert/Supervisor
- Strategic/Management
- (Blank)

HR Staffing Cost of by role type and divided into Trust type

OV11

Admin – bands 1 to 4
Expert Supervisor 5-7
Strategic 8a and above

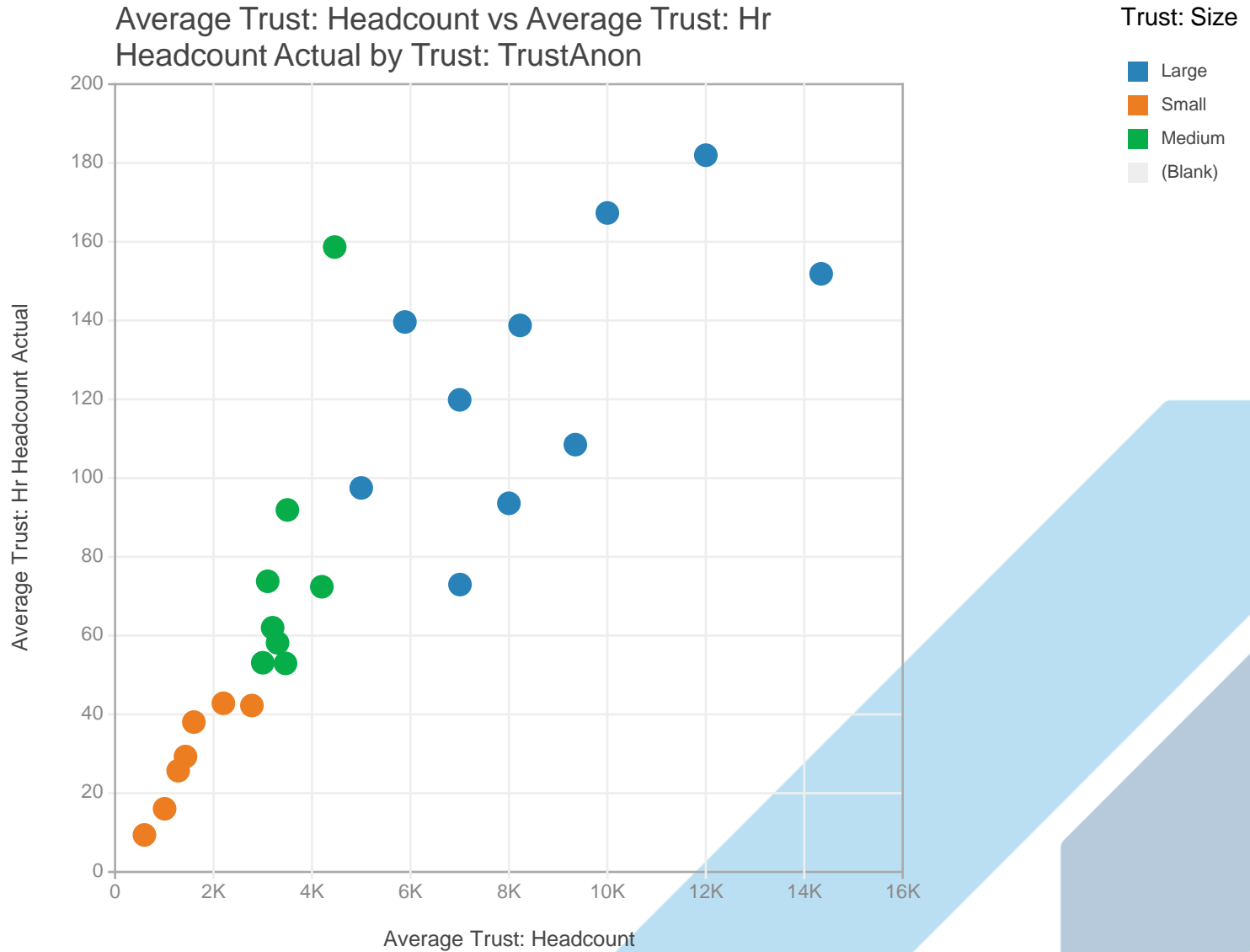
Total Spinal Value by Trust: TrustAnon split by Trust: Type



Payscale Description: Band

- Admin
- Expert/Supervisor
- Strategic/Management
- Unknown
- (Blank)

HR Headcount vs Staff Headcount



Percentage of Tasks broken down into Admin, Expert & Strategic

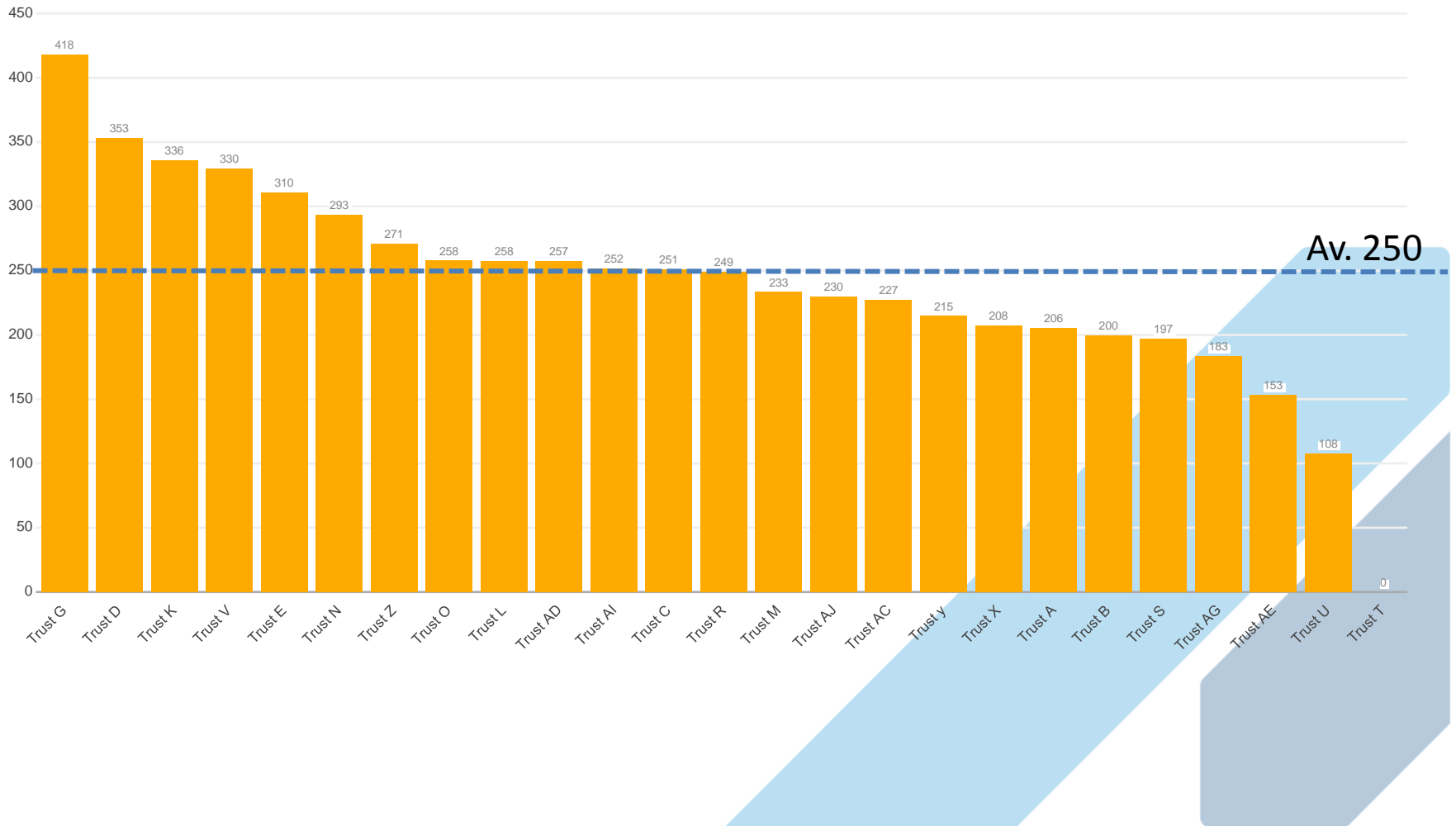
Total FTE by Band split by ServiceArea



- How much of HR is Admin vs Expert vs Management/Strategic?
- How effective is that time spent?

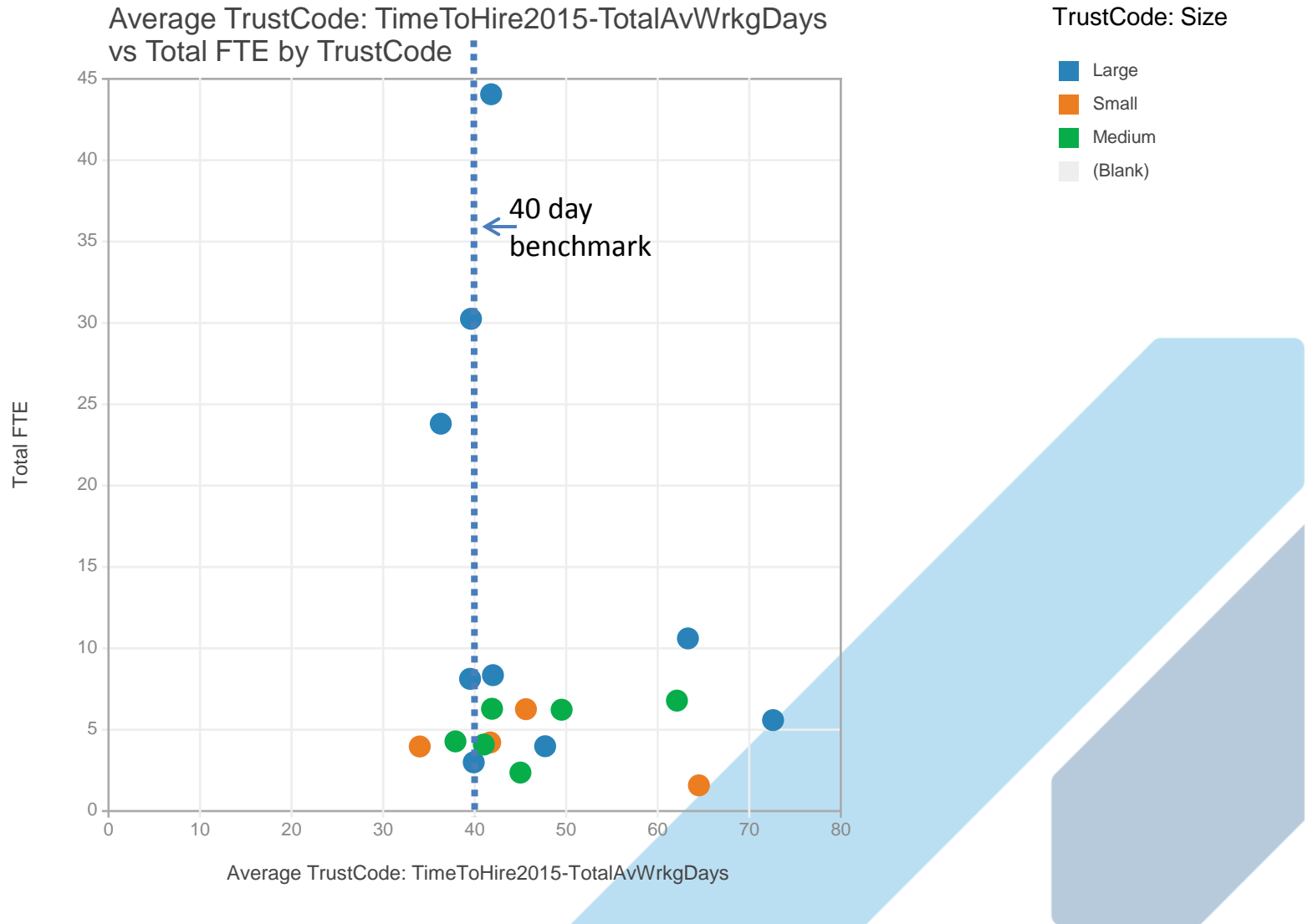
Average Joiners Per 1000 Staff Per Annum by Trust

OV16



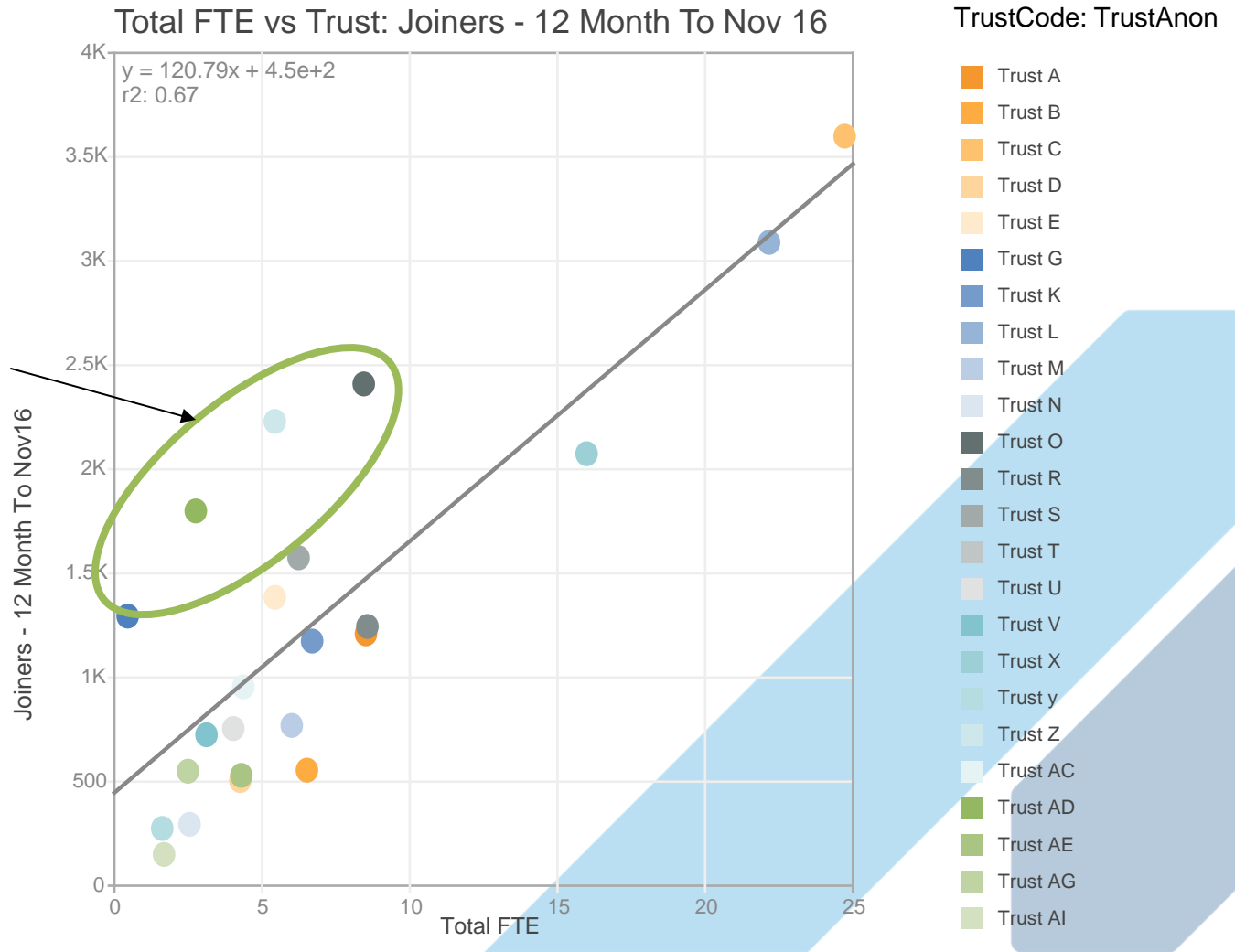
Time to Hire vs Size of Recruitment Team

RP4



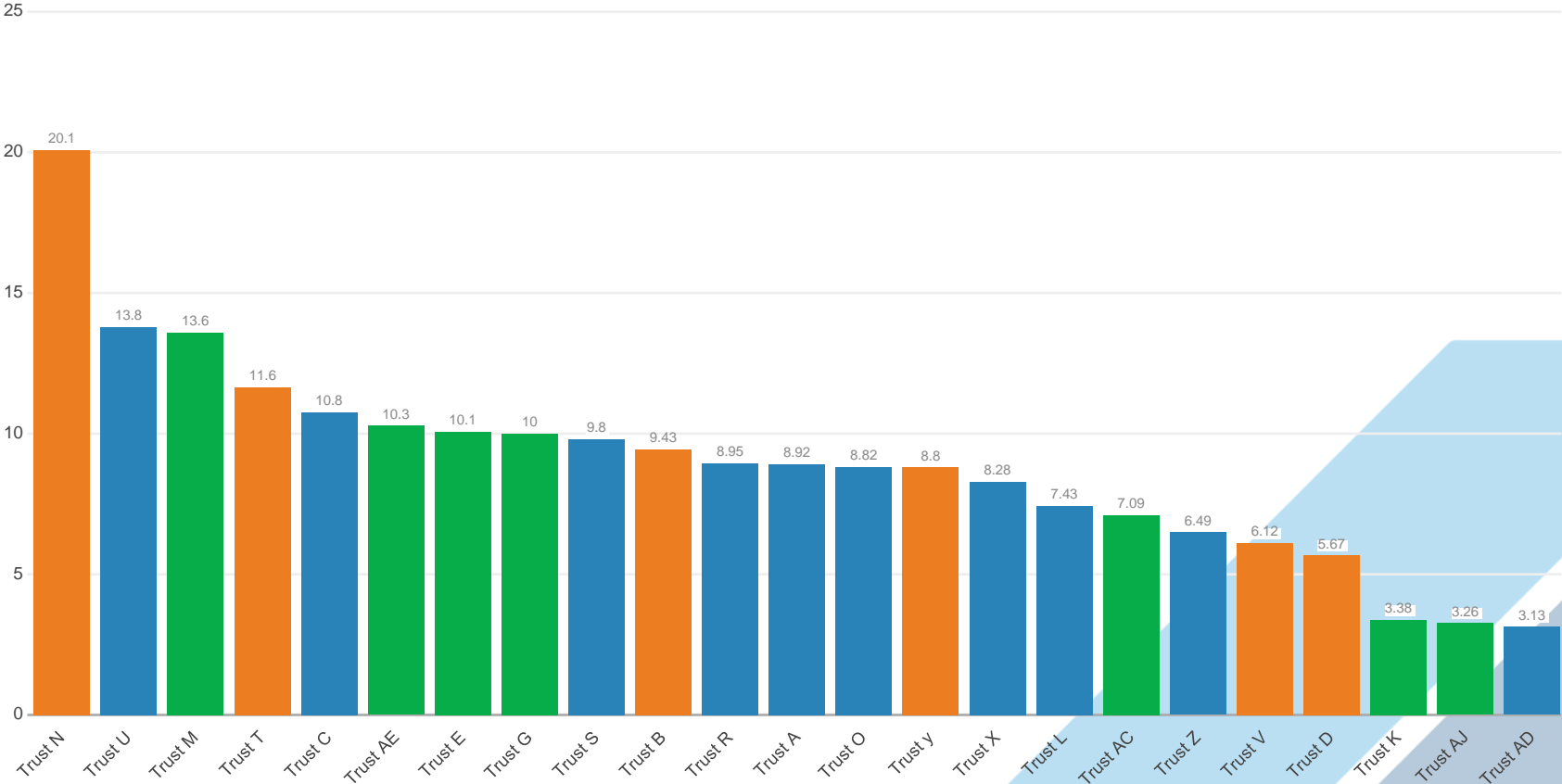
Productivity – No of new joiners by Recruitment Team size

- Trusts G, AD, Z and O are outliers – relatively speaking they recruit more people per time spent.
- It may be that other trusts can learn from their practises



Agency Spend as %age of Total Payroll

Average Trust: Agency Spend As % Gross Pay by Trust:
TrustAnon



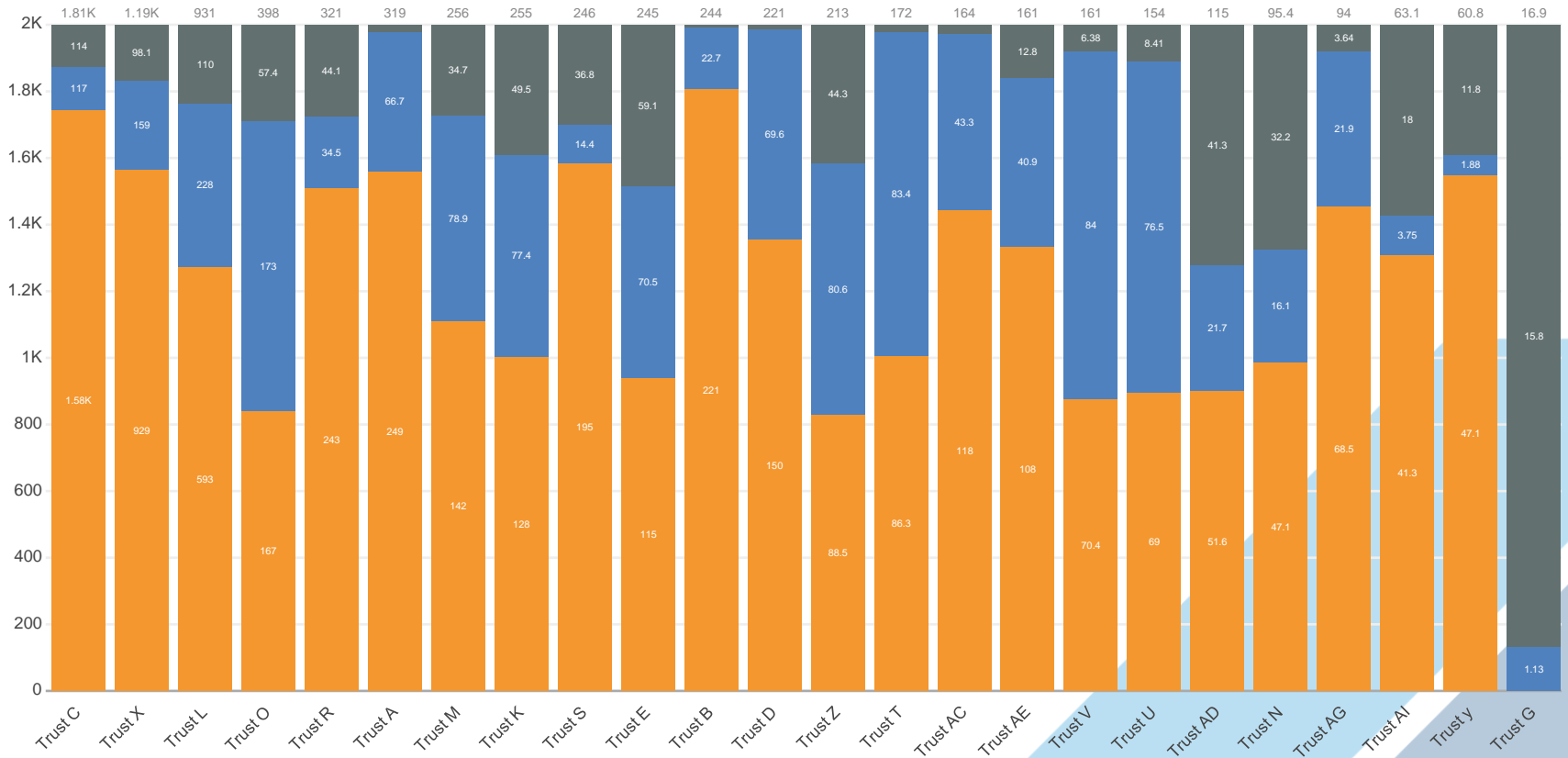
Trust: Size

- Large
- Small
- Medium
- (Blank)

Source: Annual Accounts

Recruitment (Perm) broken down by Admin, Expert and Strategic

Total Hours by TrustCode: TrustAnon



Band

- Admin
- Expert/Supervisor
- Strategic/Management

OH Staffing Costs as %age of overall Staffing costs

Need to note that those that outsource will also spend on their outsourced contract value.
 Need to note that those that are Shared Service Providers will also receive income

Total Cost by TrustCode: TrustAnon split by TrustCode: OH Service



OH Activity Allocation

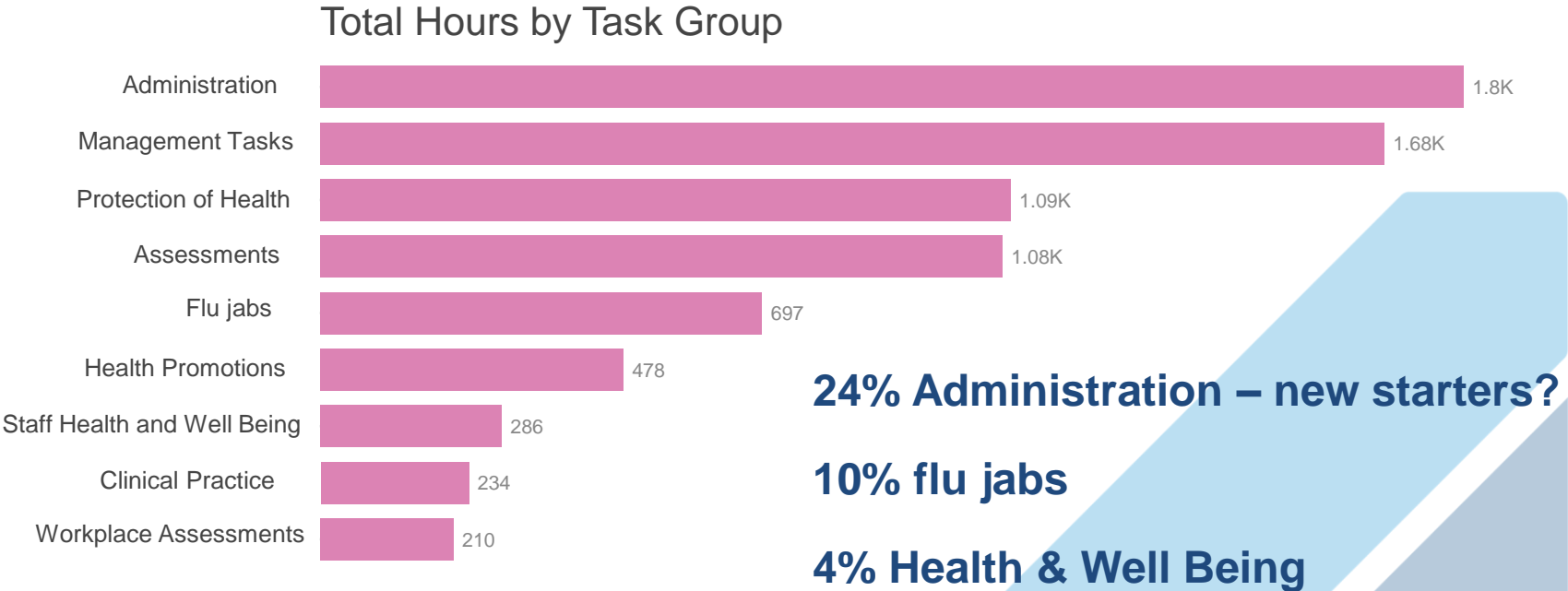
■ No
 ■ Yes
 ■ (Blank)

Notes

- This is total cost for individuals which have completed the survey
- Does not include cost of contracts

Breakdown of staff time spent in OH

Total Hours by Task Group



24% Administration – new starters?

10% flu jabs

4% Health & Well Being

(Source: HR Staff survey shown in total hours spent)

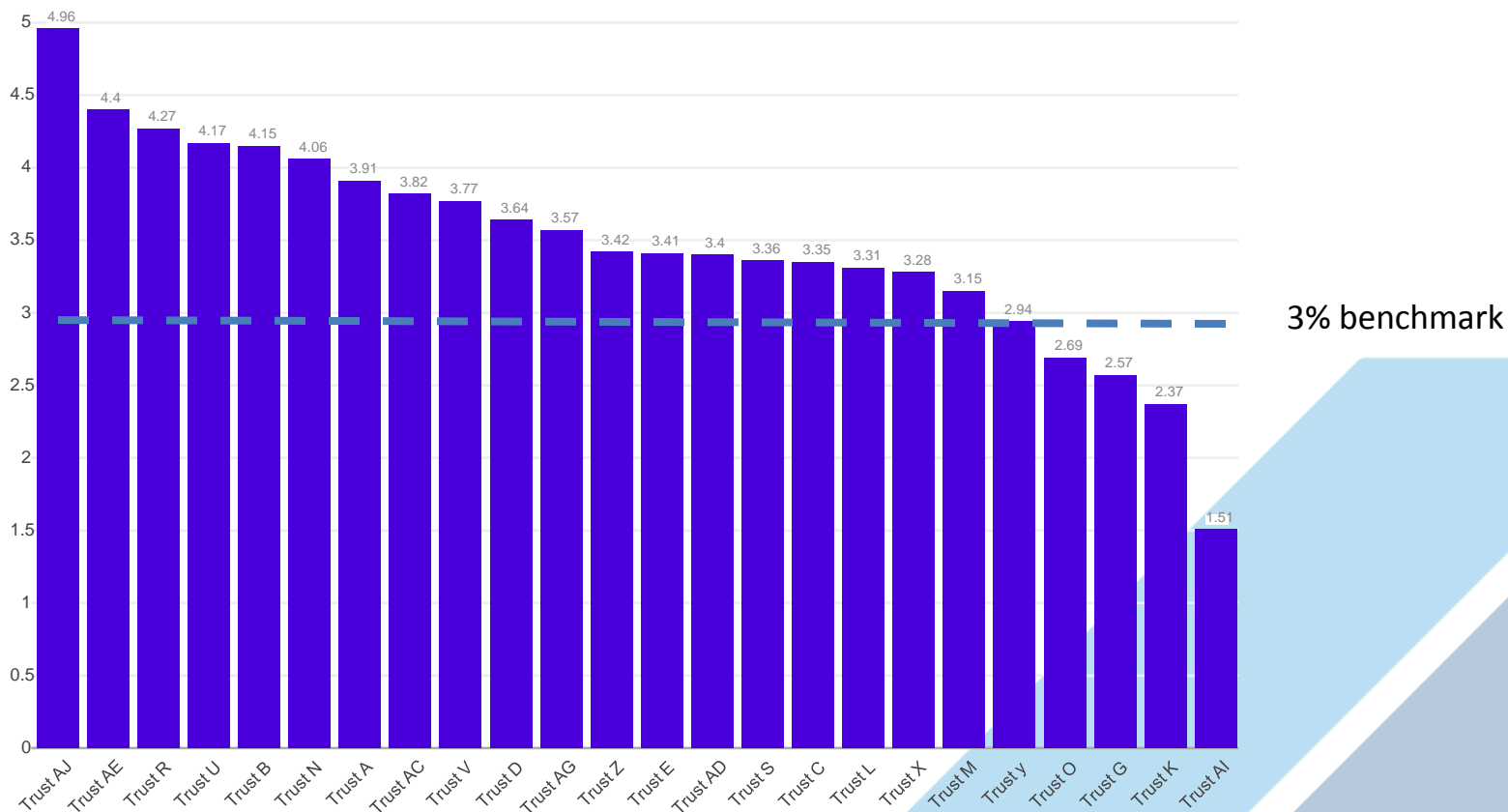
ServiceArea

Occupational Health

Notes

- This is total hours for individuals which have completed the survey

Sickness & Absence Benchmarking – sickness rates



Where should a benchmark be set? Public Sector = 3.5%, Private sector = 2.2% UK Avg 2.8%

At 3% the potential improvement is worth an estimated £5.1million p.a.

(Source: iView/ESR data warehouse, UK benchmarks from Xpert HR.)

%age of HR Staff time spent on payroll by Trust

Total FTE by Trust split by Payroll Service



Trusts with Outsourced/Shared Service, still spend approx. 7% of HR staff time is spent on payroll tasks compared to in-house at approx. 14% of HR staff time

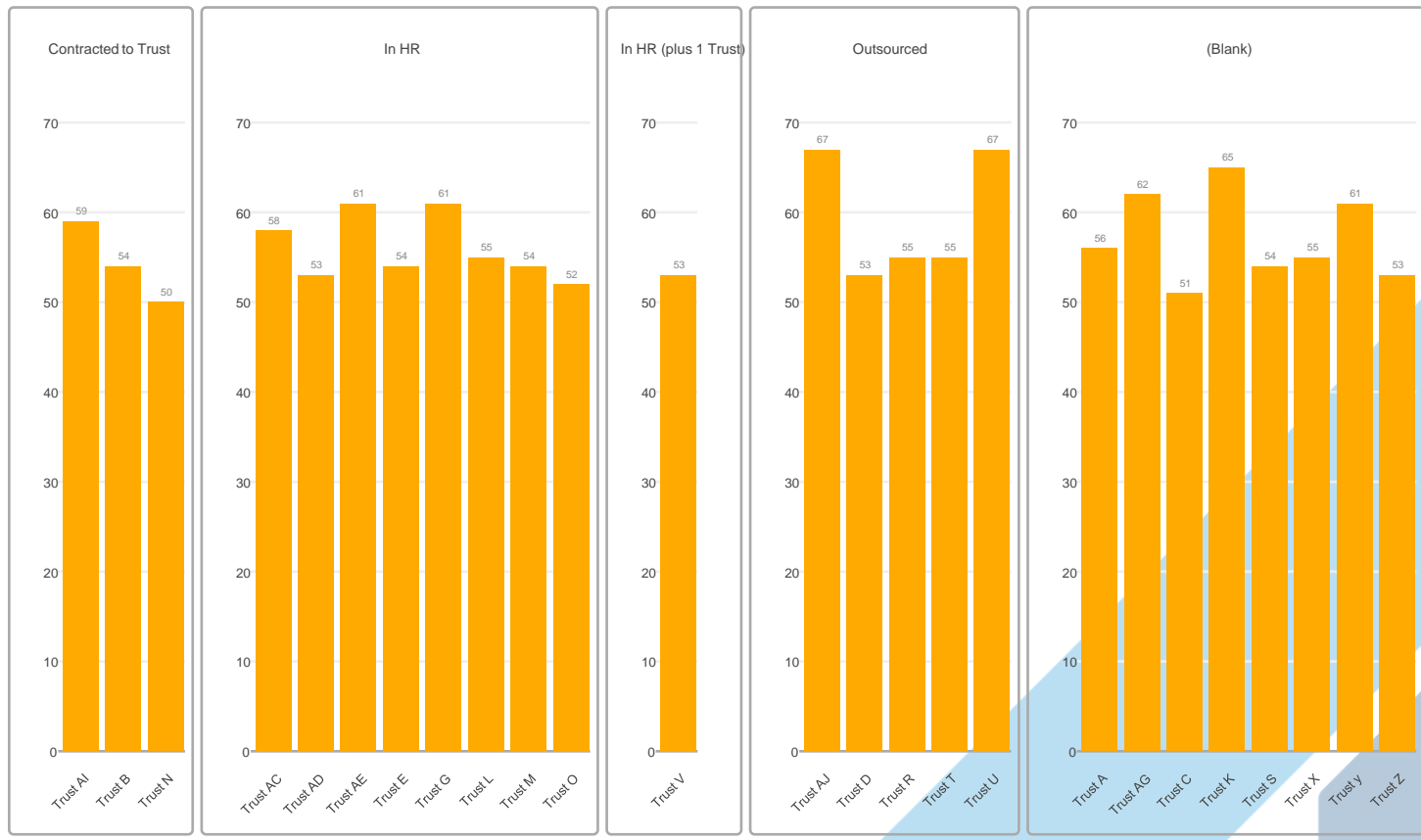
(Source: HR Staff survey shown as percentage of total HR staff survey responses)

Payroll Activity Allocation

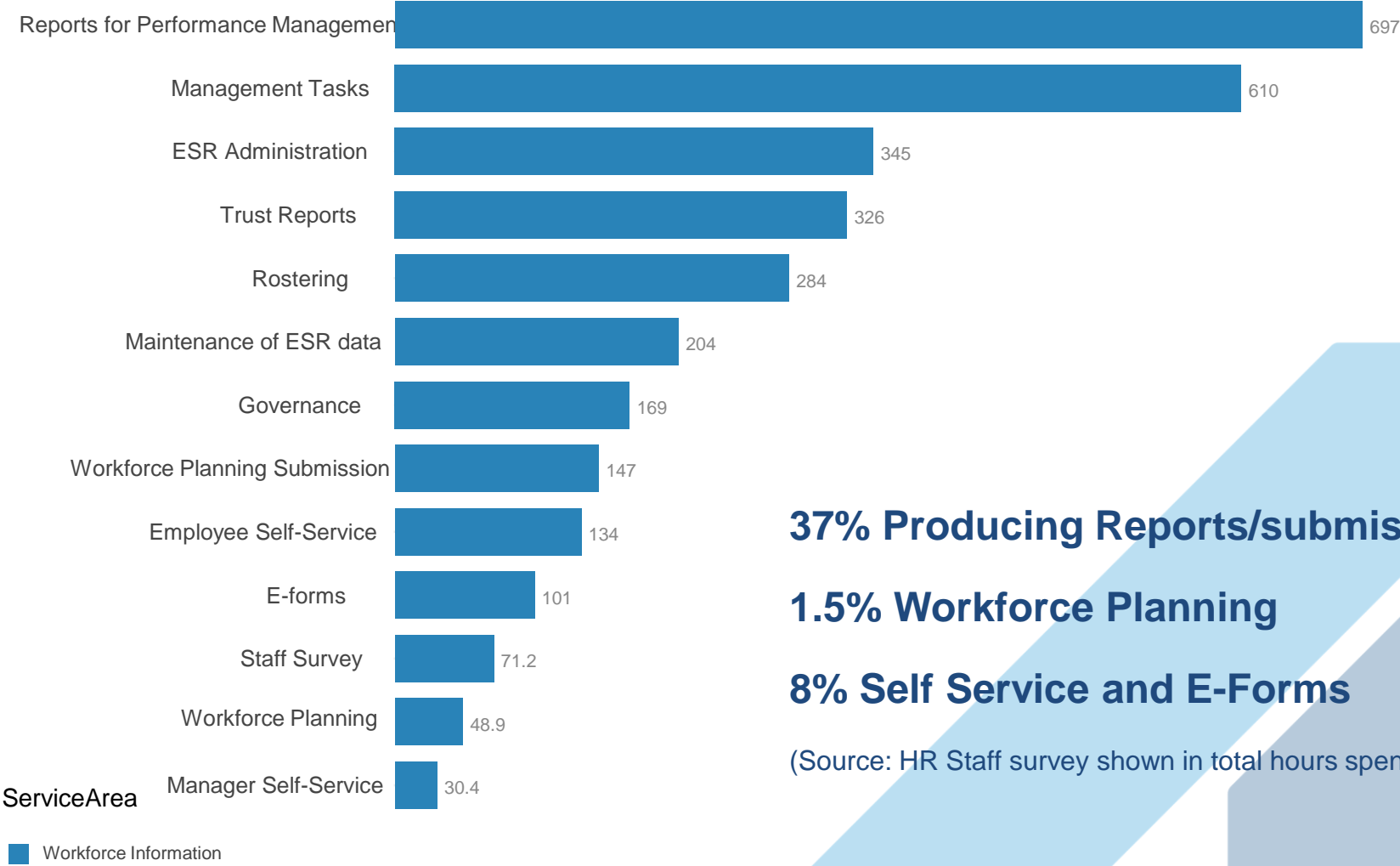
■ No ■ Yes

%age of staff working despite feeling unwell shown by OH Service Model

Staff Survey 2016 Key Finding 18. Percentage Of Staff Attending Work In The Last 3 Months Despite Feeling Unwell Because They Felt Pressure From Their Manager, Colleagues Or Themselves by TrustAnon split by OH Service



Total Hours Spent on Task Groups within Workforce Information



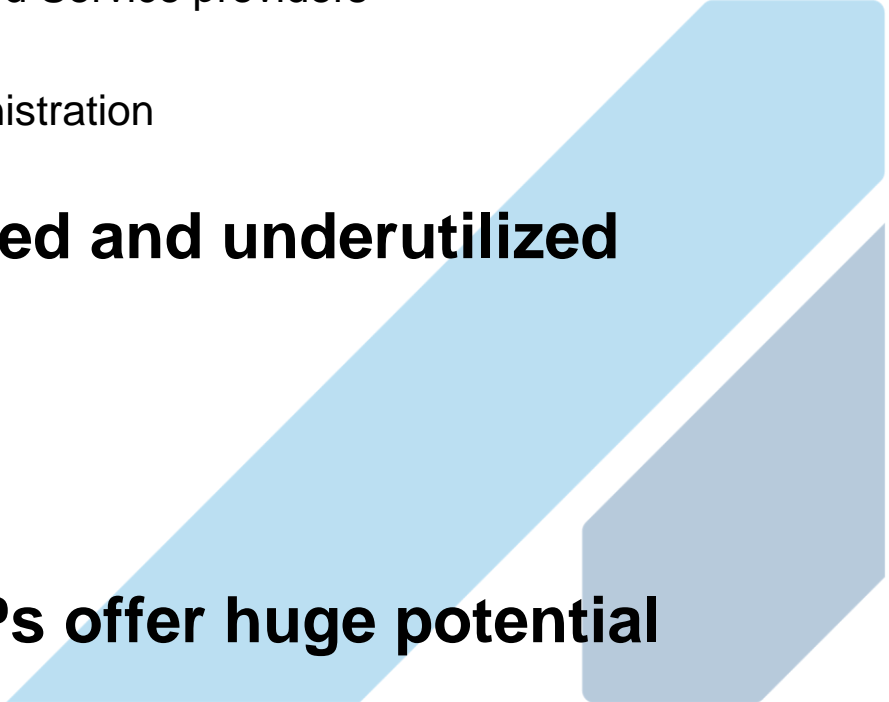
37% Producing Reports/submissions

1.5% Workforce Planning

8% Self Service and E-Forms

(Source: HR Staff survey shown in total hours spent)

Streamlining London - Conclusions

- **Streamlining is a bottom up improvement programme**
 - **Staff productivity far outweighs, reduction in admin**
 - **Already using Shared Services/Outsourcing**
 - 50% payroll already outsourced, 1 shared service provider
 - 19% OH already outsourced, 10 Shared Service providers
 - 30% staff banks outsourced
 - 2 Trusts have outsourced all HR administration
 - **HR Systems underdeveloped and underutilized**
 - Awaiting ESR2
 - TRAC
 - NHS Jobs
 - 7 OH Systems
 - **Both Streamlining and STPs offer huge potential**
- 

Workforce Streamlining Programme

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Perspectives from Chair of the National Streamlining Steering group

Director of Workforce

Royal Wolverhampton NHS Trust

& Chair of the National Streamlining Steering Group

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Welcome!

Alan Duffell

Director of Workforce

Royal Wolverhampton NHS Trust

Chair of the National Streamlining
Programme



Follow us on twitter

@RWTHRD



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

What Streamlining is Not!

- Just seen as yet another task to add to a busy work load
- A way of forcing every Trust to work the same way
- A way of reducing back office functions/resource

So What is Streamlining?

- Application of best practice
- Reduction in bureaucracy
- The foundation for organisational effectiveness
- The foundation for cross organisation collaboration/working
- The foundation to delivering the national agenda
- A way which allows us to focus limited resources more effectively through the reduction/elimination of duplication

Looking Forward

- Support & coordination through NHS Employers
- A defined national set of strategic objectives moving away from just the 4 work streams
- A wider view of other areas/functions that would support a streamlining approach
- Regionally defined objectives
- Greater alignment with ESR development
- Improved metrics & measures of success
- Memorandum of understanding between Trusts

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Trade Union Perspectives -

the benefits and challenges of streamlining

Ian Fletcher, Senior RCN Officer and member of the Streamlining Programme Board

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My Perspective

- Streamlining originally came into being as a result of poor staff experience of an overly bureaucratic, expensive, and time consuming process affecting employers and employees alike
- In a time of financial constraint and huge demands on services this was not a sensible or efficient way to enable movement of a skilled workforce around the NHS
- Have always stressed to the NW programme board that improving staff experience is fundamental to both the aims and the outcomes of the programme
- I want to see IATs leading to better experience for staff as well as a more cost effective process for employers



My Perspective Cont.....

- I believe that the voice of the workforce has been heard at programme board level, and I hope I have been able to influence the process to ensure that staff experience is at the heart
- I have been heartened to see the degree of partnership working and commitment from both staff side and Trust managers out in the 'sub-regions', particularly at the policy alignment groups. I hope this will serve as a model as we continue onwards operationalising from STP to LDS (local delivery systems)



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Perspectives on Occupational Health

Estelle Carmichael, HRD Sponsor of C&M Occupational Health
Workstream

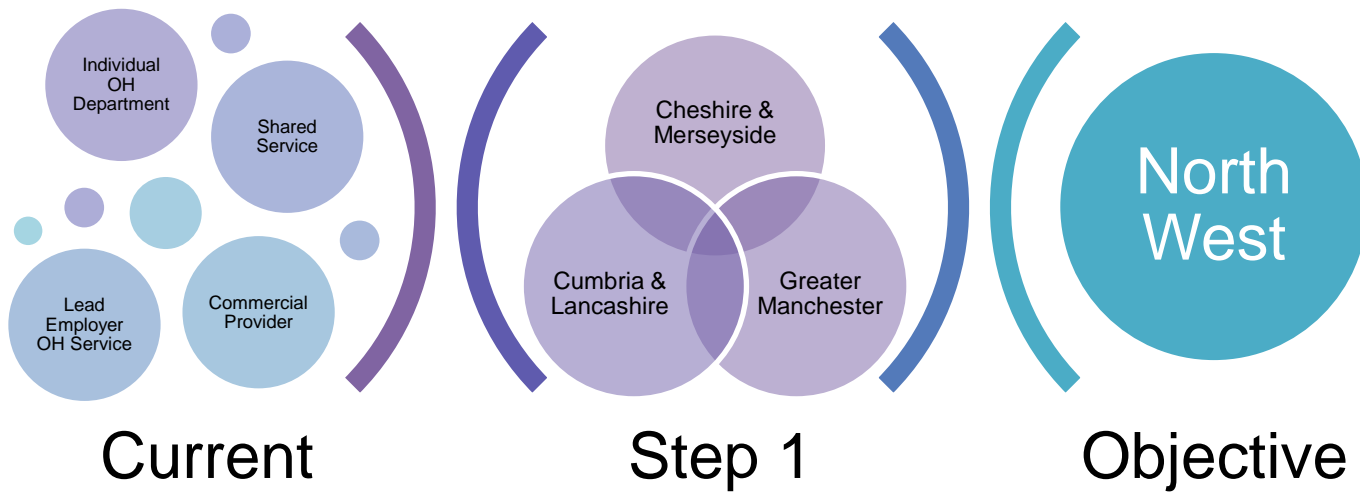
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The OH Journey



What have we achieved so far?

Develop clinical consistency in the application of
Immunisations and Vaccinations 

Imms & Vaccs IAT Trial 

Data Sharing for Imms & Vaccs 

Consistent Interpretation of the green book 

HRD Sponsor 



Progress

- Stronger Voice
- Wider OH network
- Commitment to working Together
- Consistency

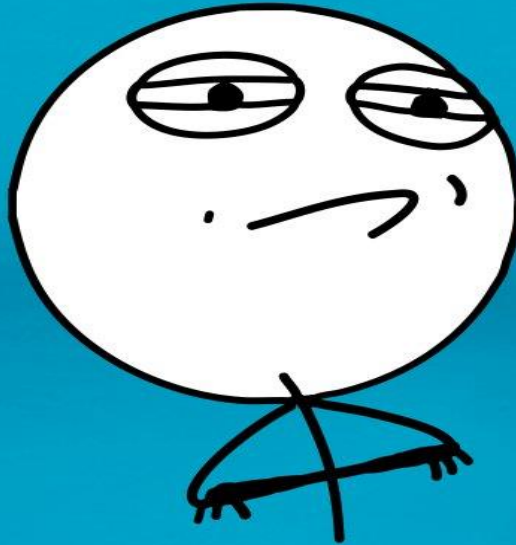


Dilbert says,
"The road to success...is
always under
construction!"

What's Next



**“YOU’LL NEVER BE ABLE
TO DO A HANDSTAND!”**



CHALLENGE ACCEPTED



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Working together to deliver change
Malcolm Evans M.A. (Cantab), M.Sc. FCIPD
MaST International Ltd

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Working Together To Deliver Change



Learning & Development

June 2017

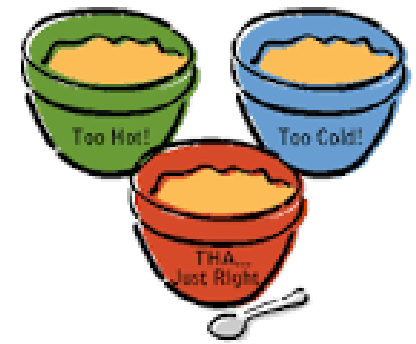
Malcolm Evans

MaST International Group Ltd

Hermitage House, Bath Road, Maidenhead, Berkshire, SL6 0AR. Great Britain
Tel: +44 (0)1628 784062 Fax: +44 (0) 1628 773061 Email: learningsolutions@mast.co.uk

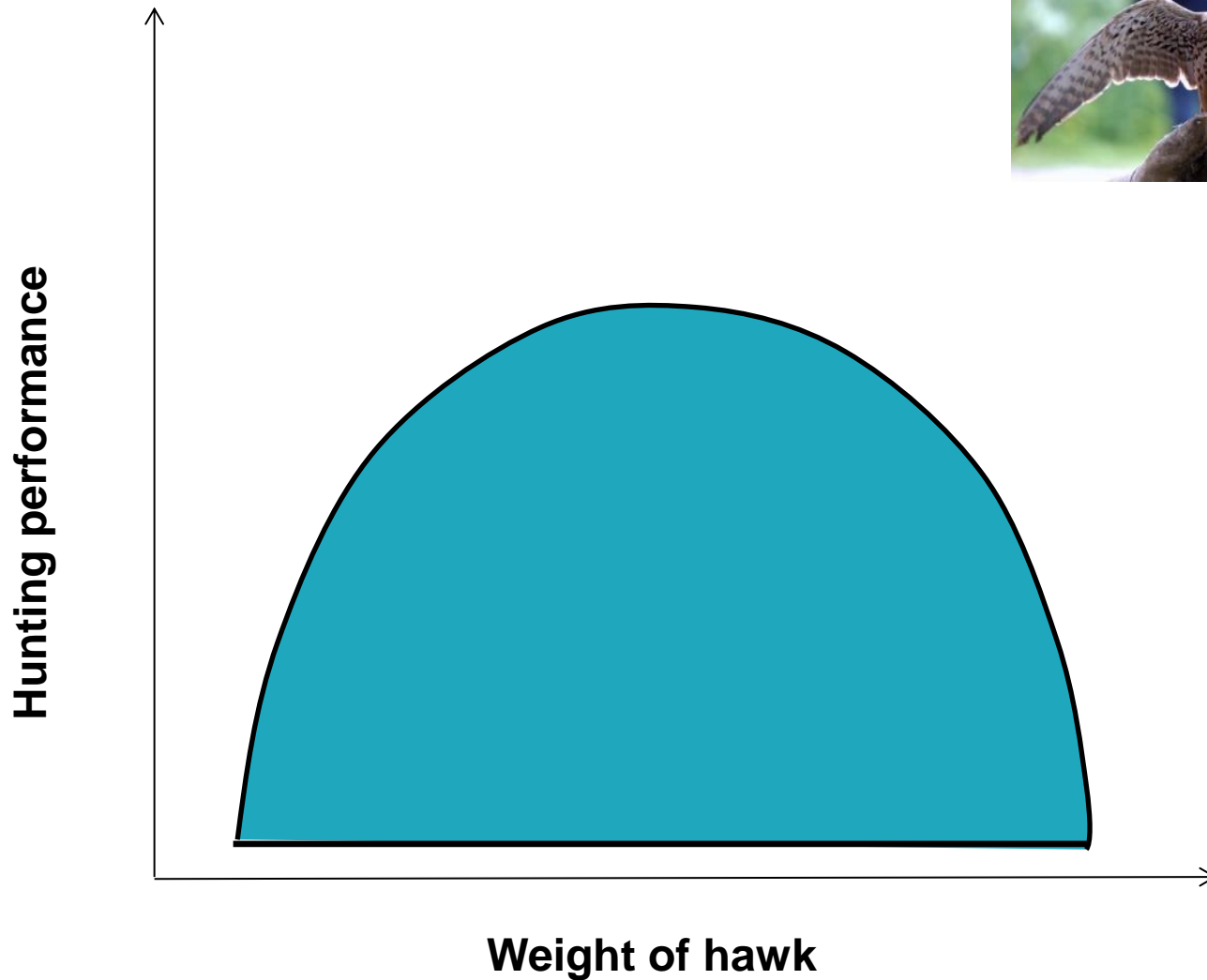
How can we best develop Teams that think both creatively and critically?

- ❑ Innovative Performance - lessons from 'Yarak' (Persian hawking) and human neuroscience
- ❑ Leading Change and the 'Goldilocks' conundrum
- ❑ Triggering desire to innovate, not triggering fear of change

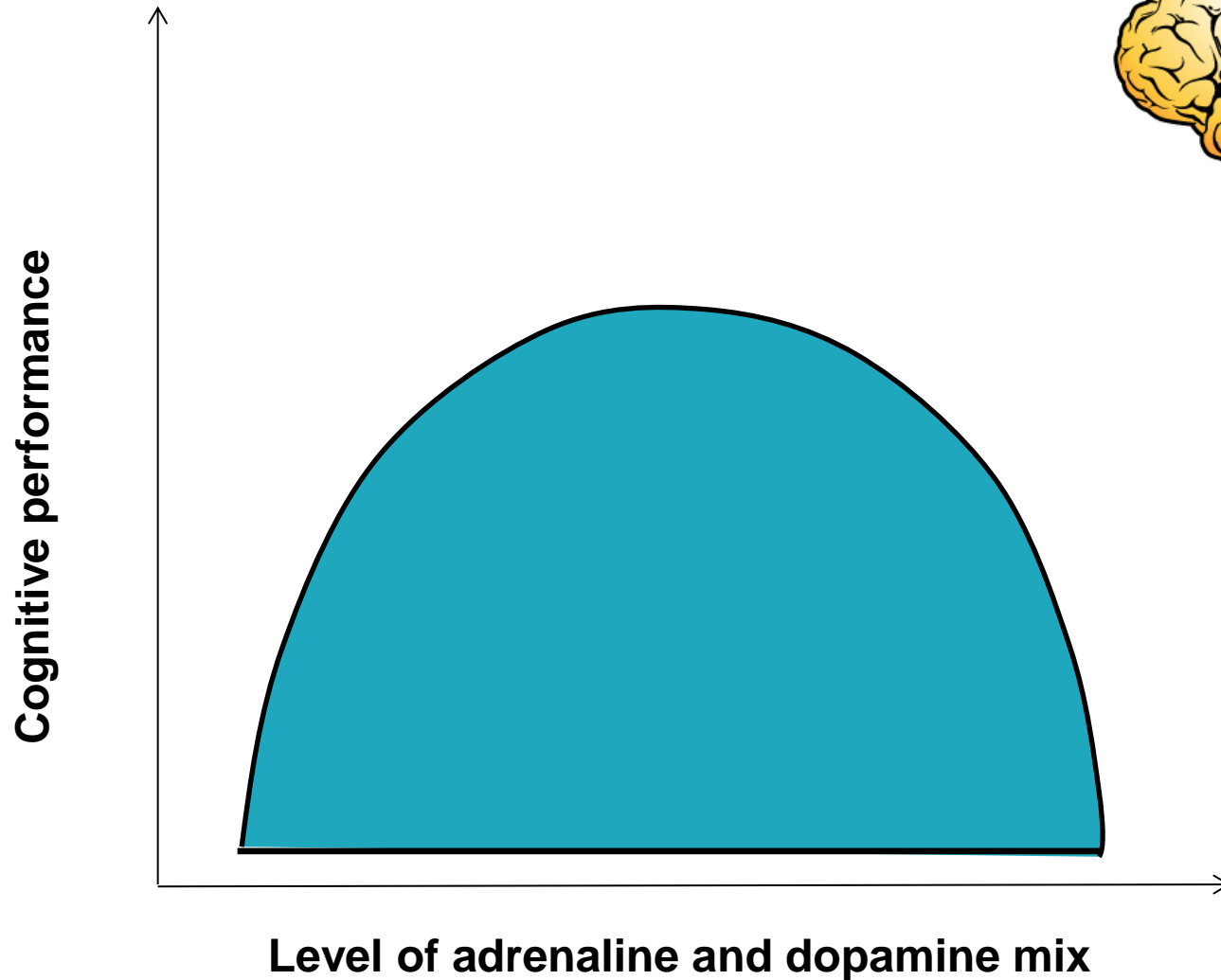




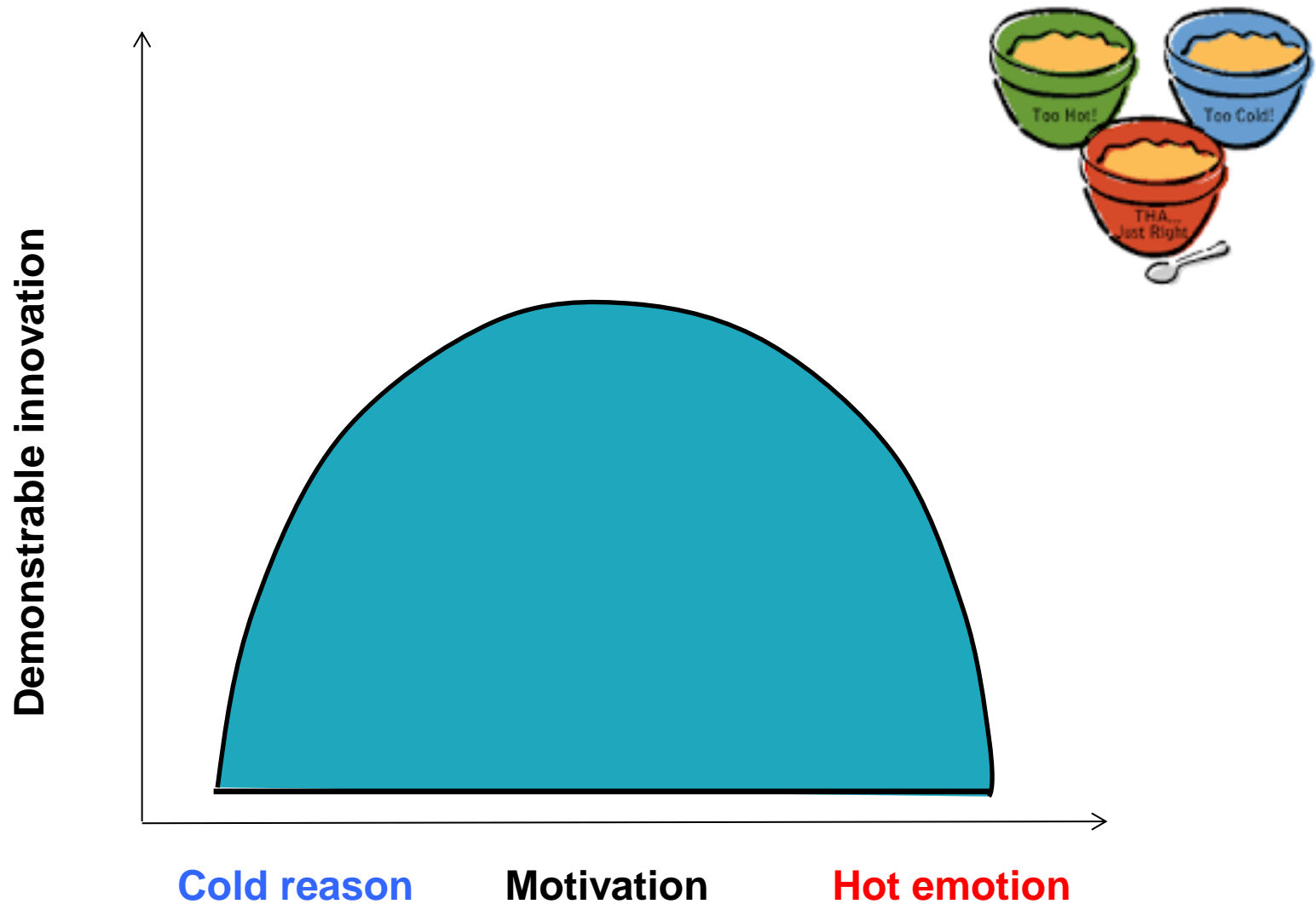
Performance and appetite – a lesson from ‘Yarak’ (Persian hawking)



Performance and engagement - a lesson from human neuroscience



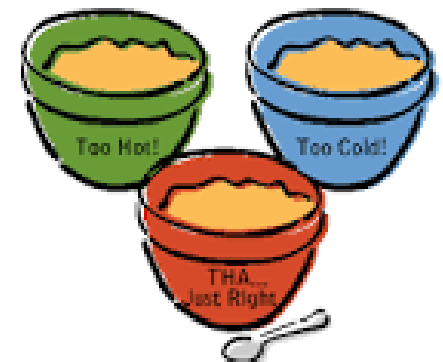
Leading Change in organisations and the 'Goldilocks' conundrum



Leading Change in organisations and the 'Goldilocks' conundrum

What are the things in your view that...

- ❑ Leave people cold about innovation and change
- ❑ Overheat people and leave them un-resourceful
- ❑ Engage people and help them to focus



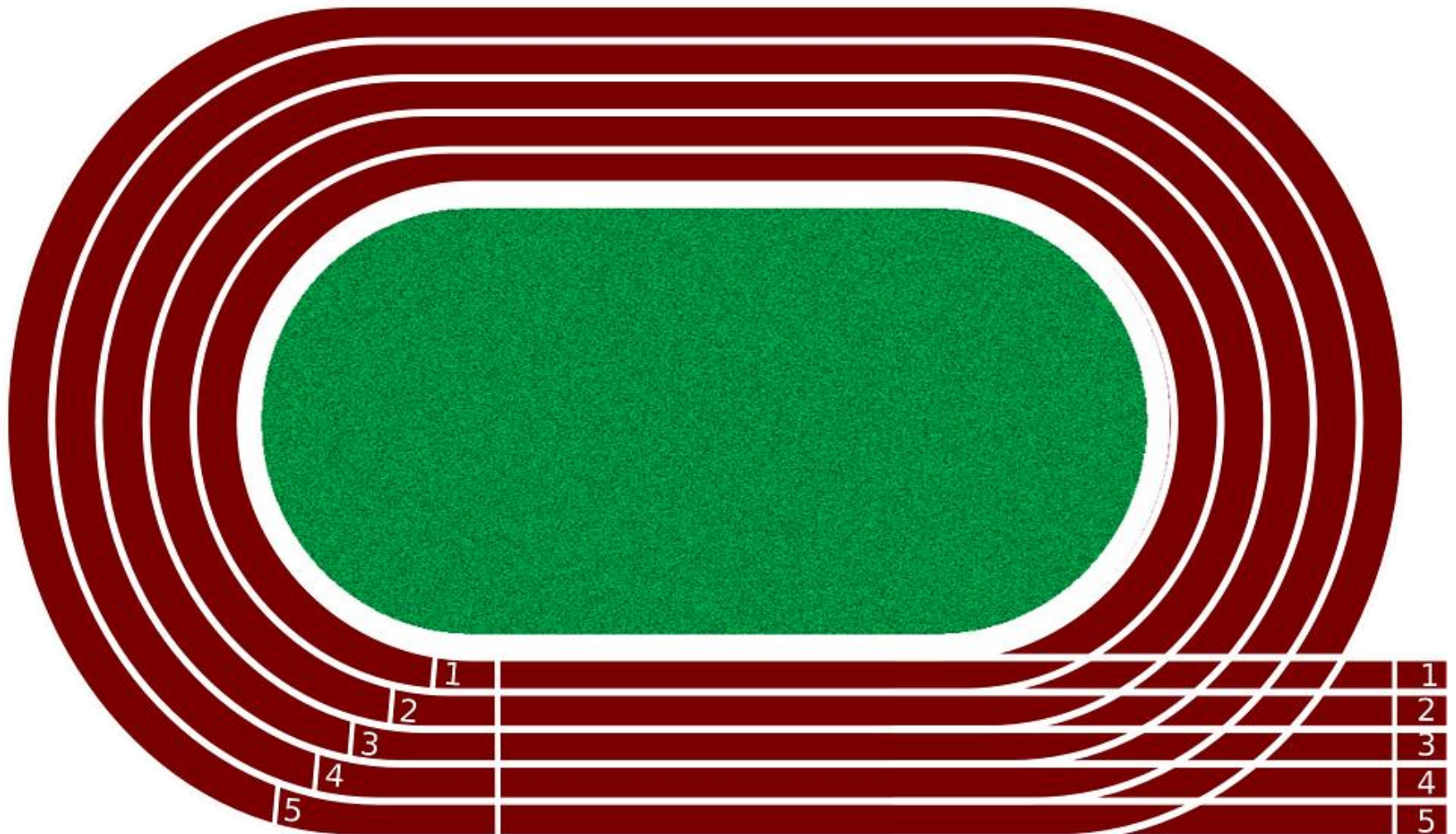
NT
The Rationalist

SJ
The Guardian

NF
The Idealist

SP
The Artisan

Engaging those on the outside track



Where is the best evidence that Streamlining is starting to work?

What are we already doing right?



Triggering desire to innovate, not triggering fear of change

How will you engage the front line teams?

How will you frame these challenges and lead this change?

Tips:

- ❑ **Present Teams with the problem ... not the solution?**
- ❑ **Challenge them with a right-sized problem - their expertise?**
- ❑ **Temperament & WIFME?**
- ❑ **Structure & Process - PROJECT MANAGEMENT?**

Getting people 'warmed up' but not 'too hot'



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Lunch Break

Networking

HRD Meeting in ‘The Winning Post’

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ESR – Supporting the Workforce Streamlining Agenda

Mike Winstanley, Senior Account Manager,
North of England, ESR Central Team

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healthcare

ESR supporting Streamlining Programmes

Mike Winstanley –
Senior Account Manager
North of England
June 2017



Agenda



Health Education England

- ESR Supporting Streamlining
- ESR Road Map
- ESR Portal & User Interface Design
- Enhancement Process



ESR supporting Streamlining

The NHS ESR Programme has supported the Streamlining Programmes from the outset:

- Launch Events
- Programme Boards
- Streamlining Working Groups
- Webinars
- Local Support

Further information can be found at:

<https://www.electronicstaffrecord.nhs.uk/strategic-esr/menu2/esr-underpinning-streamlining-staff-movement-programmes/>



ESR supporting Streamlining North West

- From the beginning, it has been recognised that ESR functionality is fundamental to underpinning the outputs from each work stream
- Core ESR functionality such as IAT, along with competencies in OLM and interfaces with third party systems, result in key benefits for all NHS organisations using ESR
- Account Manager and Functional Advisor supporting Individual Work Streams across the North West:
 - Factual References
 - OCC Health
 - DBS Interface
 - On Boarding e-learning
 - ESR Special Interest Groups
 - ESR Assessments

ESR functionality

ESR supports the 4 key work streams and a number of ESR developments have been deployed to further support the Streamlining process:

- **Inter Authority Transfers (IAT)**
- **Occupational Health**
- **Factual References**
- **Occupational Health Interface**
- **Business Intelligence Reporting**
- **Third Party Interfaces**



ESR Road Map

Transforming User Experience							
	June 16 (R31)	September 16 (R32)	December 16 (R33)	March 17 (R34)	June 17 (R35)	September 17 (R36)	December 17
Increasing Business functionality	<ul style="list-style-type: none"> SS2 On-line payslip SA1 Restrict Own record SA8 Proxy Users 		<ul style="list-style-type: none"> GR1 Welsh requirements GR8 E-mail notification Part 1 PAY1 Payroll analysis PAY5 NI changes SS2 On-line Payslip Part 2 	<ul style="list-style-type: none"> PAY1 Exceptions LM1 Competency Requirements LM2 Auto enrol Pay slip Changes To Professional Users 	<ul style="list-style-type: none"> GR8 E-mail notification (2) PAY2 Leavers early in month 	<ul style="list-style-type: none"> SS3 ESS self service comments SS1 Multiple supervisors 	<ul style="list-style-type: none"> Potential Further UI Optimisation - OLM LM3 External Learners

Internet Enablement

Portal Beta Test (including mobile)

EBS UI skin part 1 (including mobile)

ESS UI Optimisation Part 1

MSS UI Optimisation Part 1

OLM "Quick Wins"

Portal full release. (including mobile)

ESS UI Optimisation Part 2

MSS UI Optimisation Part 2

Global ID

MSS over internet

Improved Search

New Portal

My ESR – Portlets Deployed in R33

NHS
Electronic Staff Record
Barts Health NHS Trust (258)

Search... 1 | Test Employee ▾

My Role
My ESR >

My Pages
Dashboard
Portal Content >
ESR Navigator
My Personal Information >
My Pay & Rewards >
My Learning
My Compliance & Competency >
My Absence >
My Appraisals and Reviews
My Employment >
My Talent Profile
Request Internet Access

Announcements

Welcome to ESR
New for 2017 the ESR Portal. We welcome you to the Beta launch and look forward to your participation in this exciting development for ESR.
It's your ESR

View All (36)

My Compliance

Assignment: 20000169 - Cardiologist ▾

Percentage Compliance: 20%

View Compliance Matrix

My Annual Leave

Assignment: 20000169 ▾

Accrual Plan: Annual Leave Hours 1 NHS
Entitlement: 58.25 Hours
Taken: 15 Hours
Booked: 0 Hours
Remaining: 43.25 Hours

Create Annual Leave
View Absence Calendar

My Total Reward Statements

Tax year: 2016-2017

Total Reward Statements NHS
Totally about you

Launch my TRS

My Personal Information

Name: Test Employee
Address: Address Line 1, Address Line 2, Address Line 3, Warwick, Warwickshire, CV34 6NZ, United Kingdom
Home: 01926 212 232
Mobile: 07876 232 123
Work: 01211234567
Position: Cardiologist

Update My Details

My Payslip

View or download your latest payslip(s) or access ESR to view your full payslip history

- 20000169 - Cardiologist
Pay date: 29-Jan-2017

View all Payslips

My Enrolments And e-Learning

A maximum of 20 open e-learning enrolments are displayed below. Please select the Learner Homepage button to view all enrolment details.

298 - HFMA Finance Modules

Play

Status: Incomplete

Learner Homepage

Enabling of non-JRE SCORM adapters within ESR (UN2449 & UN2450)

- A new suite of SCORM adapters to work with the e-Learning catalogue on ESR, removing the reliance on JRE software on a learner's device when playing their e-learning through ESR.
- Following national provider partners have updated their content servers to use the new non-JRE adapters:
 - HEE e-Learning for Healthcare
 - IT Skills Pathway
 - Skills for Health
 - Electronic Staff Record
- Working with the Southern e-Learning team to get the SCORM adapter functioning on their network.
- Organisations that use the Northern regional server or Repository, any local content will need the URLs updating on the Learning Objects to use the secure domain
- Content that remains on the non secure domain will continue to use the JRE SCORM adapter
- Courses which still require JRE are highlighted in the online e-Learning Catalogue.
- JRE for other aspects of ESR, such as access via a smartcard or users accessing Professional "core" ESR forms remains in place.

Future Enhancements in ESR

- Important that Work streams identify any enhancements to ESR that will improve system.
- Formal Process to request Enhancements
- Service Requests to be raised and Business Justifications to be agreed by North West Regional SIG's
- National SIG will consider

For more information about ESR please visit:

- ESR supporting Streamlining information [here](#)
- ESR Website <http://www.electronicstaffrecord.nhs.uk/>
- Subscribe to receive ESR News
<http://www.esrnews.nhs.uk/>

- Development Website <http://development.esr.nhs.uk>
- KBase <http://www.esr.nhs.uk/kbase>
- ESR Infopoint <https://www.infopoint.esr.nhs.uk>



Senior ESR Account Manager-North of England

Mike Winstanley: mike.winstanley@nhs.net

Tel: 07824 502930

Functional Advisor – North West & Wales

David Bromilow: d.bromilow@nhs.net

Tel: 07766161772



@nhsesr – please follow us!



Thank you

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Briefing for Afternoon Workshops
Emma Turner, Programme Manager

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Workshops

Health Education England

Workshop	Title	Room	Facilitated by	Colour
HRD/DHRD's	Strategic planning for the programme	Winning Post	Emma Turner	
Training	Training review and next steps	Lancaster Suite	Bronwyn Driver	
Recruitment	Values Based Recruitment (VBR)	Lancaster Suite	Senyonga Fokum	
PREP/Policy	Aligning policy objectives	Lancaster Suite	Sarah Ellis	
Occupational Health	Look back - look forward	Sandon Suite	Barrie Geeleher	



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Afternoon Workshops

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Plenary Session

Emma Turner, Programme Manager

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Closing Remarks & Key Messages

Heather Bebbington & Rachel Charlton

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Feedback & Website

- Your feedback on the event and the programme is really valuable to us
- A short paper feedback survey is on the table please complete it now
- The website is due to be reviewed and improved in Q2, we'll be seeking feedback from you on this too soon
- The slides from today and the written workshop outcomes will be posted to the website next week and a link sent to delegates



Next Steps

- Ensure the thinking and outputs from today are fed into the local programme plans and to the North West programme board to take forward any actions
- Build on the links made with colleagues from the other regions and use the National networks to drive collaboration and influence nationally as well as transfer of knowledge and learning
- Raise awareness with a wider group of stakeholder groups ie Directors of Finance, Directors of Nursing, Higher Education and employees themselves
- Continue to build regular communications and sharing of activity, learning, successes and progress with the key groups across the North West
- Support planning of future events – 3 x STP Level Engagement Events in autumn/winter 2017
- End of Year 2 event in spring 18 – People Panel planned



Thank you's

- Thank you to everyone who attended today for listening this morning and engaging with us throughout the day
- Thank you to all the speakers and facilitators who have given their time and travelled from other regions to support today
- Thank you to HEE for their ongoing commitment and support
- Thank you to NHS Employers for their continued support, particularly in establishing and administering the national networks
- Thank you to all the HRD/DHRD and workstream leads and to every member of a workstream for giving their time and commitment to change
- Thank you to the Streamlining team for organising today and making it happen
- Have a safe journey home and a great weekend

