ALLOCATE

GET INVOLVED: WHAT MAKES A WORKFORCE 2.0 ORGANISATION?

8 Principles, related goals and examples of Workforce 2.0 organisations

WORKFORCE REMAINS A PRIMARY CONCERN FOR EXECUTIVES:

How do we get more staff?
How many do we really need?
How do we spend less on agency?
How do we attract new people?
How do we retain those we have?
How do we keep up with changing and complex demand?
Do we know if we are getting the most from the staff we have?
STP workforce plans will help, won't they?

The questions are too many to document.

And there hasn't been a shortage of papers, events and guidance written about the challenges. Indeed our expert teams have contributed to many of them. They explore everything from the macro changes needed to 'make things right' such as long-term workforce planning, contract changes, funding and Brexit to those that focus on granular lists of compliance actions such as approving roster 4 weeks ahead of shift or indeed the routine use of eRostering software.

All the above have proved useful and organisations have taken action with many delivering material outcomes in one area or another. There is much more that can be achieved.

INTRODUCTION TO WORKFORCE 2.0

It is **our experience in the NHS,** independent sector and globally that organisations that are making real progress with workforce challenges are doing so because they have a clear vision of what good looks like. They are able to describe the value of better deployment and inspire their staff meaning change is better embraced. For example an organisation that tells its medics it wants to improve leave management can often meet resistance, whereas time and time again an organisation that works with medics to solve issues such as last minute cancellations in care finds that medics demand better leave management. We describe organisations on this journey as **Workforce 2.0 organisations.**

Workforce 2.0 is our view on what workforce deployment needs to look and feel like. It is articulated in a manner that paints a clear picture, highlighting the case for change from the perspective of patients and staff. It accepts that the macro environment is the one we have to work within and instead focuses on what is within the organisations control giving direction and energy to deliver the best outcomes possible.

Workforce 2.0 outlines 8 core principles that we believe lie at the heart of better deployment. The principles have a number of associated goals. Written plainly the goals describe a ‘good state’ and will help those working to achieve Workforce 2.0 assess their current position, decide on priorities and build internal understanding and even consensus.

Over the summer we are seeking input to prioritise the goals, we’ll be sharing examples of peers already on the journey to **Workforce 2.0** and we will be building toolkits to help others keen to build a plan for improvement in their own organisations.

8 PRINCIPLES WORKFORCE 2.0

- **Flexibility:** Flexibility and agility is central to workforce deployment and to everyone's benefit. It empowers both individuals and organisations creating a win win
- **Care Needs First:** The workforce is always planned and managed around patient and service needs; understood in real time
- **Whole workforce:** The focus is no longer on a single staff group; medics, nurses, AHPs, support services and others are managed with equal rigour and control
- **Workforce Intelligence:** Management information is central to workforce management and gives a 360 degree view of productivity and safety. This is known front line to board, and is acted upon
- **Evolve Care Settings:** Operational deployment of staff in community and social care is as advanced as any industry where staff visit homes
- **Collaboration:** The vision of workforce is extended outside of organisational and professional boundaries
- **Technology:** Workforce 2.0 is underpinned by technology that is easy to use and widely available – making everyone's life and job easier. It enables workforce to be managed efficiently and effectively so that services are sustainable
- **Leadership:** Organisations have a vision of excellent workforce deployment and have strong leadership at every level driving continuous improvement


Flexibility
Evolve Care Settings
Care Needs First
Collaboration
Workforce 2.0
Whole workforce
Technology
Workforce Intelligence
Leadership

PRINCIPLE 1

FLEXIBILITY: FLEXIBILITY AND AGILITY IS CENTRAL TO WORKFORCE DEPLOYMENT AND TO EVERYONE'S BENEFIT.

A new win win approach to flexible working means staff are attracted into the service, and organisations benefit from a flexible workforce to deal with peaks of demand.

- Any NHS Staff who want to work extra shifts can do so via the NHS and don't have to use an agency
- All substantive staff know their own roster at least six weeks in advance so they can plan their lives; and so the organisation can plan to fill the gaps with the flexible workforce
- There are ways of working to suit all needs – substantive staff who work in wards with contracted hours; bank staff who work as and when they want, where they want; and pool staff who a combination of both flexibility and security that suits them
- Banks are run so effectively that nearly all bank requests get filled; and are run efficiently so there is minimal admin effort to achieve this
- Agency staff are only used for unexpected gaps and after all other options (including bank staff in other organisations) are exhausted
- Staff can easily swap shifts between each other, making both people happier and without any care impact
- Where agency staff are used, they are sourced at the right cost with the right skills

Workforce 2.0 – Case Studies

Building a responsive workforce and improving the experience of flexible workers

Derbyshire Community NHS Foundation Trust launched its responsive workforce project and set out to use technology to improve its bank because it recognised that the traditional model of workforce planning with clinical teams was no longer fit for service need.

Improving the flexible workforce experience

The trust reduced its agency usage and strengthen the bond with bank workers and reduce the isolation of remote workers.

Prior to the new approach the bank team was taking in excess of 1,000 calls a week from bank workers wanting to book shifts and have their queries answered. Bank workers became frustrated when they couldn't get through to the team due to high call volumes and more detailed queries were taking longer to be answered. There was no opportunity for the team to forge relationships with the workers because of this constant stream of calls and queries.

A new way of working was needed, one which would increase engagement, satisfaction and commitment, but also motivate bank workers to aim higher and take on more challenging assignments. Plus, the trust covers a large geographical area in a community environment with some hard-to-reach locations. Engaging with these workers was always going to be challenging.

A 24-hour system was needed to support the 950-strong workforce of registered general nurses, therapists, ancillary and administration workers. The system had to be easily accessible to the workers and not be reliant on the previous telephone service that was offered.

BankStaff, HealthRoster and the 24/7 systems have made a significant impact on the relationship between the team and the bank workers. The system is available online and through the Employee Online app. Bank workers can now control their own schedules, which has improved productivity and shift awareness and calls to the team have reduced by 30 per cent. It has even helped support talent attraction and retention and some bank workers have been employed on a permanent basis.

The team can now use notifications to the bank workers, providing a more personalised approach to communicating. Relationships have been built as the team has more time to provide an efficient service. They also produce a quarterly newsletter, which includes key messages about mandatory training, appraisals and how-to guides. The newsletter has been welcomed by bank workers as they feel more engaged with trust-wide activities.

The trust is keen to ensure that bank workers remain an effective part of the workforce, so each week bank workers are randomly selected and asked to complete a feedback form. The feedback has shown that 100 per cent of bank workers are satisfied or highly satisfied with the process of communication regarding their booked shifts and 97 per cent of bank workers are satisfied or highly satisfied with the overall experience of the bank worker placement.

The annual appraisal feedback has improved and clearly demonstrates a more engaged workforce. Bank workers appreciate the work-life balance this system offers because it reduces their commuting time and they are in control of their own schedules.

Sara Boulton, staffing solutions team leader, said: "Bank workers have successfully filled an average of 89 per cent of bank shifts, consistently above the benchmark of 80 per cent, ensuring that our services are staffed adequately to meet the needs of patients. The 17 per cent reduction has brought greater consistency in care and a skilled workforce trained in the culture of our organisation, which in turn has improved patient experience."

PRINCIPLE 2

CARE NEEDS FIRST: THE WORKFORCE IS ALWAYS PLANNED AND MANAGED AROUND PATIENT AND SERVICE NEEDS; UNDERSTOOD IN REAL TIME.

How the workforce is planned, whether on wards, clinics or in the community, is done based on patient and service needs. The following goals articulate what would be true of organisations meeting the care needs principle:

- Where patients' needs change, staffing is changed to match
- Senior clinicians or those in charge of a hospital or community service can see a real-time view of all the staff on duty (medics, nursing, support etc.), where they are, and where there are gaps / excess staff
- Demand for staff is based around not just the type of person required, but matching people's skills to the clinical needs
- All leave booked and approved is done with complete visibility of the clinical activity impacted so arrangements can be made to avoid last minute cancellations
- Patients are informed ahead of time when leave or staffing issues mean clinical activity is cancelled
- Redeployments act as a routine line of defence before agency, informed based on an organisation wide view of patient need

Workforce 2.0 – Case Study

East and North Hertfordshire NHS Trust

Virtual ward for dementia patients transforms care and cuts agency spend

https://vimeo.com/208479040

Summary

Although a recent study of dementia trends over the last 20 years suggests there has been a fall in the number of men developing the condition, the total number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051. Predicted costs are expected to more than treble to £50million.

East and North Hertfordshire NHS Trust has made care for patients with dementia a priority and having carried out a review of enhanced care found there was a need to make improvements. Trust policy on the use of enhanced care was not always being followed and reviews of need and risk assessment were not routinely carried out. One-to-one care was provided on the basis of 12-hour shifts which not only limited the flexibility staff deployment, but was detrimental to both staff and patients. Agency support workers with very little knowledge of dealing with dementia/delirium patients were frequently used. In addition, the trust costs for providing enhanced care were escalating as there was no robust system to monitor, review and enhance inpatients who required one-to-one care.

PRINCIPLE 2

The trust set up an Enhanced Dementia Support Team (EDST) to provide one to one care for inpatients with dementia, or delirium, who are at high risk to themselves or others. Using software packages SafeCare (providing visibility across wards and areas) HealthRoster (e-Rostering) and Employee Online (online employee booking solution), the trust created a virtual ward with a team of specially trained dementia staff who could be moved around the hospital wherever the care was needed most.

This has improved care, patient experience and patient safety as well as leading to a significant reduction in falls and financial savings through improved efficiency and reduced agency staff use.

How has flexible staffing improved care?

Creating a virtual ward has helped the trust ensure expert staff are where they are needed most. Before the introduction of the new system patients were not being offered the necessary variety of stimuli their condition needed.

Using HealthRoster, each 12-hour shift has been divided into three-hour blocks and allocated via e-Roster the day before by the EDST services coordinator. This flexibility ensures the team cover more patients at different times of the day. For example, if it is found that a patient sleeps for a lot of the morning, patients on different wards can be covered and staff moved around the hospital according to the greatest need. Any changes during the day such as admission or discharge of patients needing enhanced care can be flagged to staff via mobile alerts.

Emily Watts, SafeCare lead nurse and EDST member, says: “We now review every ward to see how many hours are short, or are over. We look at the patient numbers, patient acuity and dependency. We also look at which staff have turned up for work, which staff are checked in. E-rostering gives staff an overview across the hospital, enabling them to RAG rate wards objectively finding out where patient acuity was greatest and mitigate any red areas, redeploying staff where necessary.”

Greater visibility through e-rostering has reduced additional duties

E-rostering gives wards and ward staff better visibility of who is working and when. Everyone can see the numbers of patients and staff available and also the patient acuity levels. By taking the subjectivity out of the acuity ratings, staff can see where the need is greatest, allowing more efficient deployment of staff to the right places. Now that all requests for enhanced care go through the rostering teams and the EDST, this has also taken away the need for additional duties.

Quality of care, patient experience and patient safety have all improved. By being able to redeploy a specially-trained team to the patients most in need, this has reduced variation in care as well as significantly cutting the numbers of falls. A falls audit in June 2016 found a reduction from 76 the previous year to 55. This was partly attributed to effective use of the EDST.

By creating a specially-trained team the trust can also ensure patients are cared for by someone who has learned therapeutic techniques to ensure they are calm and settled. The three-hour shift block also reduces monotony for the patient. Audits prior to the EDST found that staff did not always complete capacity assessments, best interest decisions and Deprivation of Liberty Safeguards applications. Now, when an enhanced care request is submitted it must include a completed risk assessment covering those areas.

Holistic care has improved too. Feedback from patients, carers and staff show that wards would struggle without the team. Patient carers appreciate the support, knowing that the specially trained and dedicated team can look after and calm their loved-ones when they are not there.

The financial benefits arise from the reduced need for agency staff. The team is made up of a band 8 matron, band 6 service coordinator and 17 WTE band 3 clinical support workers and is available 24 hours a day seven days a week. “Splitting a 12 hour shift into blocks of three hours enable us to move the team wherever we need them when we need them,” says Emily.

For Q1 of 2015 the agency spend on enhanced care provision was £301,000. The cost forecast for 2016 without the EDST in place was £464,000, but the actual cost was £320,000, saving the trust £144,000 for this quarter alone.

Emily says: “The team has made a real difference to the care our high-risk vulnerable patients get. We have had a lot of feedback from patients, carers and staff on how the team has made a difference and improved outcomes and the experience for these vulnerable patients.”

What are the next steps?

The EDST is now firmly established within the trust and covers all specialisms and wards with the exception of paediatrics. The trust is investing in training in order to support the safety and welfare of patients aged between 16 and 18 who have cognitive problems and fall into the grey area of whether to be treated as a child or an adult. To achieve zero agency use for enhanced care the trust is looking to increase the team by an extra 9.6 WTE clinical support workers.

PRINCIPLE 3

WHOLE WORKFORCE: THE FOCUS IS NO LONGER ON A SINGLE STAFF GROUP; MEDICS, NURSES, AHPS, SUPPORT SERVICES AND OTHERS ARE MANAGED WITH EQUAL RIGOUR **AND CONTROL.**

- Best practise in workforce deployment is not limited to a single staff group, but is routine across every NHS worker
- Everyone is aware in advance if there are staffing issues on a clinical activity – e.g. if there is no anaesthetist for a theatre session
- The workforce can be planned and deployed as teams, including multi-disciplinary and skill based teams
- Every consultant knows if they are delivering the work they are contracted for; as does the medical director
- Job plans for consultants are built to cover the activity the Trust has committed to delivering

Workforce 2.0 – Case Studies

Whole Workforce

Lancashire Teaching Hospitals has rolled out electronic rostering to all medical staff across the trust, including more than 500 view only staff, from switchboard to ward managers, waiting list team to senior management.

The team's role, and one of the drivers for implementing ActivityManager, was to ensure that the workforce is managed effectively with the right staff groups doing the right jobs.

One of the key benefits that has been achieved is the introduction of one live system that displays correct and up-to-date information. This has greatly supported people to make informed decisions based on accurate data, rather than spending valuable time collating data.

Access to schedules via MedicOnline using mobile information has also been well received by junior and senior doctors, who are now able to access information quickly wherever they are.

The team has worked closely with different staff groups to help them transition from the old system to ActivityManager. They have also demonstrated a holistic approach to the roll out, communicating effectively with the organisation's supporting functions such as payroll, HR, IT and finance.

This approach has significantly supported engagement and also the progression of the project, while sensitively fitting it around the operational pressures facing staff on a day to-day basis.

Lead AM facilitator, Katie Coaker, said: "The team has got a strong spirit and, even during challenging times, has shown tenacity in driving the momentum, ultimately enabling all patients to experience the wide-ranging benefits that effective rostering provides."

PRINCIPLE 4

WORKFORCE INTELLIGENCE: MANAGEMENT INFORMATION IS CENTRAL TO WORKFORCE MANAGEMENT AND GIVES A 360 DEGREE VIEW OF PRODUCTIVITY AND SAFETY. THIS IS KNOWN FRONT LINE TO BOARD, AND IS ACTED UPON.

- Historic focus on workforce information on sickness and vacant rate is no longer enough. Workforce information must reflect how successfully or not staff are deployed operationally – i.e. highlighting productivity and safety issues. This meaningful information about workforce productivity and safety is accessible to all staff from clinician to board; and the implications are understood by all
- Boards are routinely reviewing workforce productivity and safety metrics, and acting where issues are highlighted
- Workforce data is used proactively to avoid issues as well as for assurance and planning
- Operational workforce data is trustworthy with excellent data quality
- Strong, visible leadership and action on workforce deployment, informed by objective management information

PRINCIPLE 4

Workforce 2.0 – Case Studies

How workforce intelligence is helping Cambridge University Hospitals NHS Foundation Trust improve the way it uses its nursing workforce - an interview with Sharon McNally, Deputy Chief Nurse

How has data helped you target areas for improvement?

Allocate Insight has enabled better visibility of what is happening on each ward with detailed information that can be used to make comparisons between wards. The data provided key lines of enquiry which enabled collaborative working with ten wards which had the greatest challenges in terms of maximising the availability of staff. Monthly meetings were held with the selected wards, where the unavailability, the classifications, and how they were managing allowances were discussed – this facilitated ideas and actions for improvement. Working with detailed information with a group of wards has proven to work, rather than applying a 'broad brush' approach.

The intervention focussed on ensuring that data was accurate either by cleansing, or making sure the data was a true reflection of what was happening on the ward - for example, the incorrect recording of clinical and non-clinical hours.

Wider organisational learning and use of the data was achieved through using the reports to inform the key performance indicators (KPIs) for rostering which were circulated more widely across the organisation.

How has this helped you improve rostering basics?

Efficient and effective rostering has been a focus for the organisation. Allocate Insight data helped ensure we have the detail to help wards deliver the strategy. An example of this is that once a quarter the data is used to inform a meeting with each divisional team, where the six KPIs are reviewed in detail. This enables wards to understand the data, where they are performing well and what they need to do to make improvements; it also serves as a training opportunity to broaden the knowledge of senior nurses with the use of the tools and the KPIs. For instance, when these meetings first started, there were gaps in the understanding of the unavailability '22 per cent headroom', how it is made up and the best practice in management of the headroom (unavailability).

What are the next steps?

The aim is to share learning across the organisation. The same approach will be used with the next cohort of challenged wards and the quarterly meetings will continue. However, the great thing is that the overall organisational knowledge has improved and areas are making improvement outside of these meetings – adding to our overall ability to ensure the right staff, in the right place at the right time. It also contributes to cost avoidance for the organisation.

Better visibility has helped target areas for improvement. Broadly for the organisation, for every 0.5 per cent reduction in headroom would have an approximate saving of £8,000 per annum per unit. There are targets set to reduce the current percentage by 0.5 per cent total per quarter per inpatient unit, and this is a major part of the nursing workforce efficiency programme.

The data enables us to know where we are on our journey, where we have come from and keeps a focus on where we can make further improvements to reach our aim. Internal comparisons help senior leaders and board sponsors uncover pockets of good and not-so-good practice within the organisation, along with the baseline metric for each of the key indicators.

In addition, the detailed data helps to raise awareness of the basics of rostering, particularly when it comes to all types of managing leave. Some of the lessons that have been learned will be very local to specific wards, but there is organisational learning. For example, one of the things where there has been great improvement is the lead time for rosters approval. CUHFT is now one of the best trusts for having rosters approved six weeks in advance and Allocate Insight has really helped achieve that.

PRINCIPLE 5

EVOLVE CARE SETTINGS: OPERATIONAL DEPLOYMENT OF STAFF IN COMMUNITY AND SOCIAL CARE IS AS ADVANCED AS ANY INDUSTRY WHERE STAFF VISIT HOMES.

- Community staffing is planned taking into account patients' needs and employees' skills
- Plans are made taking into account the driving route – to keep driving time minimal and maximise care time
- When plans go awry on the day, everyone is aware and visits are easily replanned
- Patients know who is turning up and when; and if there are any delays
- Mileage expenses are automatically completed for staff based on the visits delivered (we don't ask staff to do extra admin as a mobile workforce)

PRINCIPLE 5

Workforce 2.0 – Case Studies

Capacity and demand management system for district nursing at Whittington Health NHS Trust

A recent draft document from NHS Improvement shared work taking place at Whittington NHS Trust to improve how the district nursing workforce is deployed. It highlighted that District nurses had identified that:

- patients were not always visited by staff with the right skills to care for them
- daily demand exceeded capacity, leading to daily acuity prioritisation and potential reallocation of visits
- patients' appointments were moved multiple times
- team leaders spent more time allocating visits than performing clinical duties
- discharge dates were not met
- district nurses walked long distances between visits

They introduced the e-Community solution that aligns patients' needs with available resources. The aim was to:

- improve capacity and demand management in district nursing, with all patients seen on time and no visits unallocated
- reduce incidents related to allocation errors
- reduce bank and agency usage
- maintain the district nursing vacancy rate below 10%
- complete a training needs analysis based on identified skills deficits
- reduce staff sickness by managing workload more effectively and reducing stress

The system would help by:

- allocating visits in advance to reduce delay in clinicians arriving at their first patients
- reducing the time team leaders take to allocate visits by locating all required information in one place – available staffing, competence and training, daily demand and acuity
- improving senior staff's visibility and supervision, improving productivity
- team managers' time freed to care for more complex patients
- continued progress to paperless working
- identifying and managing capacity peaks in advance by moving patients with appropriate needs to days with less demand and ensuring clinicians are used to their full competency
- improving staff satisfaction, leading to better recruitment and retention

What were the results?

The trust predicts the system will save £310,540 in 2016/17 by releasing 6.45 staff from administration and co-ordination duties for direct patient care.

(Source: National Quality Board Safe, sustainable and productive staffing An improvement resource for the district nursing service)

PRINCIPLE 6

COLLABORATION: THE VISION OF WORKFORCE IS EXTENDED OUTSIDE OF ORGANISATIONAL AND PROFESSIONAL **BOUNDARIES.**

- There will be a more collaborative approach to workforce deployment with organisations opening up borders
- When medics work in different NHS Trusts, all their information is known – e.g. no need for extra unnecessary blood tests

PRINCIPLE 7

TECHNOLOGY: WORKFORCE 2.0 IS UNDERPINNED BY TECHNOLOGY THAT IS EASY TO USE, WIDELY AVAILABLE – MAKING EVERYONE'S LIFE AND JOB EASIER.

All 8 principles are underpinned by technology that is accessible and easy to use, done right it will allow consistency and reduce admin.

PRINCIPLE 8

LEADERSHIP: ORGANISATIONS HAVE A VISION OF EXCELLENT WORKFORCE DEPLOYMENT AND HAVE STRONG LEADERSHIP AT EVERY LEVEL DRIVING CONTINUOUS IMPROVEMENT.

GET INVOLVED

Over the summer we will be crowd sourcing more and more examples of Workforce 2.0 success and working with health and social care to prioritise the principles and goals.

To get involved please register to our Worforce 2.0 workspace by emailing **workforce2.0@allocatesoftware.com**

You can also request an assessment against Workforce 2.0 to understand where you are today in relation to the goals.

Join a Workforce 2.0 Leadership Network Meeting

August 14th, London

August 15th, Leeds

About Allocate

Allocate Software is a leading provider of workforce solutions, supporting the operational and administrative needs of healthcare professionals in all healthcare settings enabling the delivery of safe and effective care at optimal cost, by having the right people in the right place at the right time. Our Optima Workforce Solutions are helping organisations save money, reduce reliance on agency staff and manage safer staffing levels.

Workforce 2.0 which is our view on what workforce deployment needs to look and feel like moving forward. Across our customer community we already have excellent examples of organisations delivering elements of Workforce 2.0. It is our aim to share these examples and tools to help all organisations achieve the same results.

Optima Workforce Solutions

- Transform medical workforce planning and deployment
- Control temporary staff costs with better rostering and shared regional banks across STPs
- Improve the clinical workforce utilisation for all staff groups
- Help frontline staff make daily staffing & redeployment decisions based on patient care needs
- Efficiently schedule community staff to deliver care in the home
- Ensure flexibility works for both your staff and your organisation
- Equip your board with the right information to improve workforce productivity

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