



BREAKTHROUGH HNY

Our Workforce Transformation Programme 2023/24

Update for ICB Board
January 2024

Workforce update

Our 2023/24 transformation programme, Breakthrough HNY continues to deliver against our partners' agreed workforce priorities:

Breakthrough programme workstreams	Inclusive health and care careers	Flexible workforce: agency and bank	Leadership, talent and succession	Stay and thrive: retaining our staff	OD Lab for system effectiveness	
	Care at Home workforce redesign	Children's and young people's workforce redesign	Oral health workforce redesign	Volunteers at the heart of the system	Enabling colleague movement	One system, recruiting together
System level Committees driving medium term change	System Inclusion Assembly	Health and Wellbeing Sub-Committee	Education and Training Sub-Committee	Ethical International Recruitment Sub-Committee	People Story Sub-Committee	

You can read more about the work system partners are doing in each of these areas, and about our workforce governance arrangements, on our emerging [HNY Workforce Transformation](#) FutureNHS platform

Colleagues with nhs.net email addresses can self register for access to the platform. Colleagues with any other email address can request an invite to join from Carly.Mcintyre1@nhs.net

Today we'll explore in more detail:

Our work to retain colleagues system-wide

- Creating an equitable flexible working offer for the system
- Early career retention initiatives
- Developing a consistent exit process and collaboratively gathering and analysing exit data

Progress towards an HNY Collaborative Bank

- Collaborative project structure
- Progress towards system architecture and operating model
- Workforce engagement and growth dimensions to be addressed via imminent bank staff survey
- Collaborative procurement expected Q1/2 24/25





Humber and North Yorkshire
Health and Care Partnership

Stay and Thrive: Retaining our Staff



Stay & Thrive: Retaining our Staff

Stay and Thrive Task and Finish Group

SRO:

Claire Hansen, Chief Operating Officer, York and Scarborough Teaching Hospitals

Convenor:

Simon Dunn, Head of Cultural Transformation: New Ways of Working ICB People team

Steering group established & key stakeholders brought together; deep dive into organisational and system wide retention metrics including length of service and reasons for leaving. Key areas of work identified including:

- Creating an equitable flexible working offer that is aligned to the recent legislative changes and the staff handbook T&Cs
- Early career retention initiatives
- Exit process and exit data
- Community of Practice through HNY Retention Conferences

Clear distinction between leavers and turnover is key

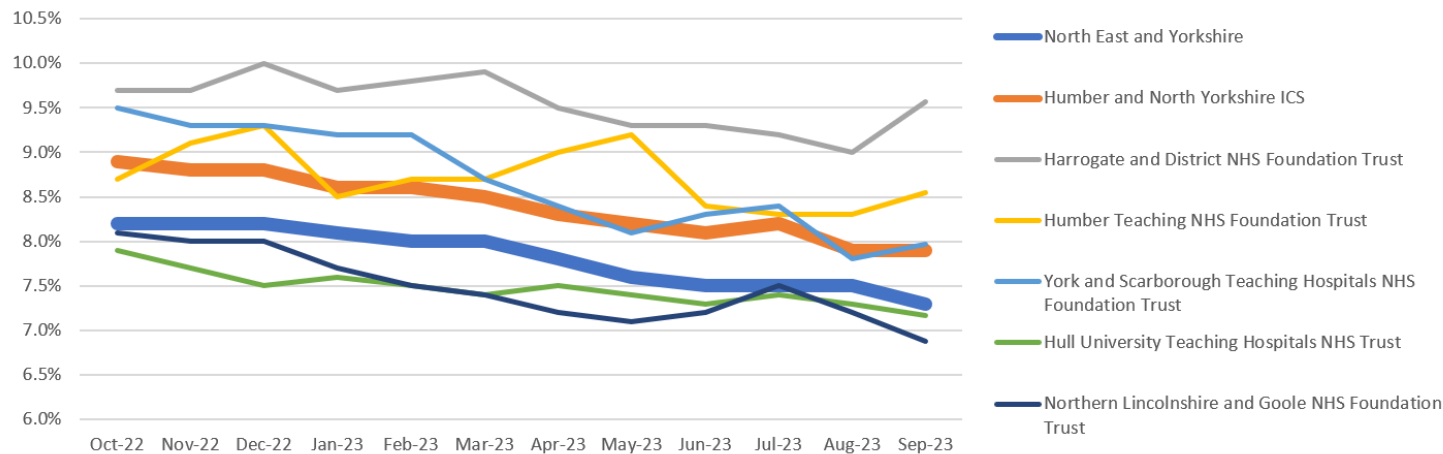
	Staff in post	Vacancies	Sickness	Use of agency	Turnover rate	Leaver rate
Volunteers and carers	Research via Breakthrough	Research via Breakthrough	Research via Breakthrough	N/A	Research via Breakthrough	Research via Breakthrough
Community pharmacy	To be investigated	To be investigated	Not available	Not available	Not available	Not available
Dentistry and oral health <small>NHSE when published</small>	New NHSE survey launched Oct23	New NHSE survey launched Oct23	Not available	Not available	Not available	Not available
General practice <small>HNY PC dashboard</small>	0.7% rolling year reduction to Jun23 Note GP up 1.6%	Research via Telling the People Story	Research via Telling the People Story	Research via Telling the People Story	Research via Telling the People Story	Research via Telling the People Story
Support at home	Research via Breakthrough	Research via Breakthrough	Research via Breakthrough	N/A	Research via Breakthrough	Research via Breakthrough
Personal care <small>Skills for Care 22/23 data</small>	34,050 WTE care workforce across residential and community in 22/23 No 21/22 comparator	8.4% / 3,800 vacancies in 22/23 Down from 8.9% in 21/22 - but still significantly raised 2020/21: 8.8% 2019/20: 8.6%	Average 5.8 days sickness in 22/23 No 21/22 comparator	Not available	29.6% in 22/23 (12,500 leavers) No 21/22 comparator	Not available
Care homes workforce <small>Skills for Care 22/23 data</small>				Not available		Not available
Adult social work <small>Skills for Care 22/23 data</small>	522 WTE LA Adult Social Workers 22/23 No 21/22 comparator	7.8% / 50 WTE vacancies in 22/23 Up from 5% in 21/22	Average 11.7 days sickness in 22/23 No 21/22 comparator	To be investigated	19.2% (100 leavers) in 22/23 No 21/22 comparator	Not available
Children's social work	To be investigated	To be investigated	To be investigated	To be investigated	To be investigated	To be investigated
NHS community services <small>EPFHANY</small>	Substantive workforce 1.2% under plan Oct23 Community services data included is partial and cannot be isolated	No target; improving trajectory Comm Svs partial	4.2% at Jun23 vs 4.8% plan; better than NEY Comm Svs partial	Agency 102.85% above plan, mainly NMA&FVS and Medical/Dental Comm Svs partial	Above plan (15.1% Jun23 vs 12.2%); note movement benefits Comm Svs partial	No target; improving trajectory towards 0.5% in year reduction Comm Svs partial
Secondary care <small>EPFHANY</small>						

Retention is expressed as the % of colleagues who move out of their role. Only some of those who move roles leave the health and care system; easy movement around the system is a workforce priority.

The leaver rate includes those who leave the health and care system altogether. It is a better measure of our ability as a system to retain, although currently moves between sectors are hard to identify.

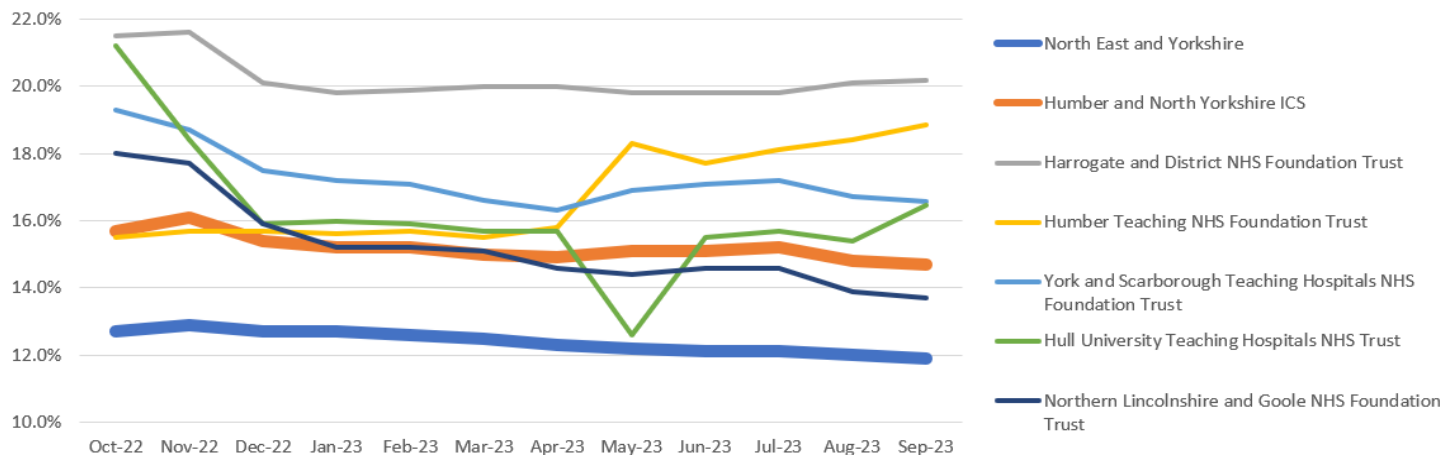
Stay & Thrive: HNY LTR & Leaver (%)

HNY Staff Leaver % (Oct'22 to Sept'23)



Org Name	Sep-23
North East and Yorkshire	7.3%
Humber and North Yorkshire ICS	7.9%
Harrogate and District NHS Foundation Trust	9.6%
Humber Teaching NHS Foundation Trust	8.6%
York and Scarborough Teaching Hospitals NHS FT	8.0%
Hull University Teaching Hospitals NHS Trust	7.2%
Northern Lincolnshire and Goole NHS Foundation Trust	6.9%

HNY Staff Turnover % (Oct'22 to Sept'23)



Org Name	Sep-23
North East and Yorkshire	11.9%
Humber and North Yorkshire ICS	14.7%
Harrogate and District NHS Foundation Trust	20.2%
Humber Teaching NHS Foundation Trust	18.9%
York and Scarborough Teaching Hospitals NHS FT	16.6%
Hull University Teaching Hospitals NHS Trust	16.5%
Northern Lincolnshire and Goole NHS Foundation Trust	13.7%



Stay & Thrive: Retaining our Staff

Flexible working

- Work-life balance accounts for the second most commonly reported reason for leaving across all staff groups
- We undertook a deep dive across all sectors in HNY to understand more about flexible working practices and preferences
- We socialised the results, established a T&F group and set off to address the identified inequity
- We are now at the stage of procuring an independent organisation to help with a System wide flexible working campaign

Stay & Thrive: Retaining our Staff

Early career retention initiatives

- HNY multidisciplinary preceptorship tasks and finish group established with the aim of aligning organisational preceptorship frameworks with the newly developed national preceptorship framework
- Enable organisations to prepare and apply for the preceptorship quality mark
- The next step is to pursue the possibility of accrediting the preceptorship framework

Stay & Thrive: Retaining our Staff

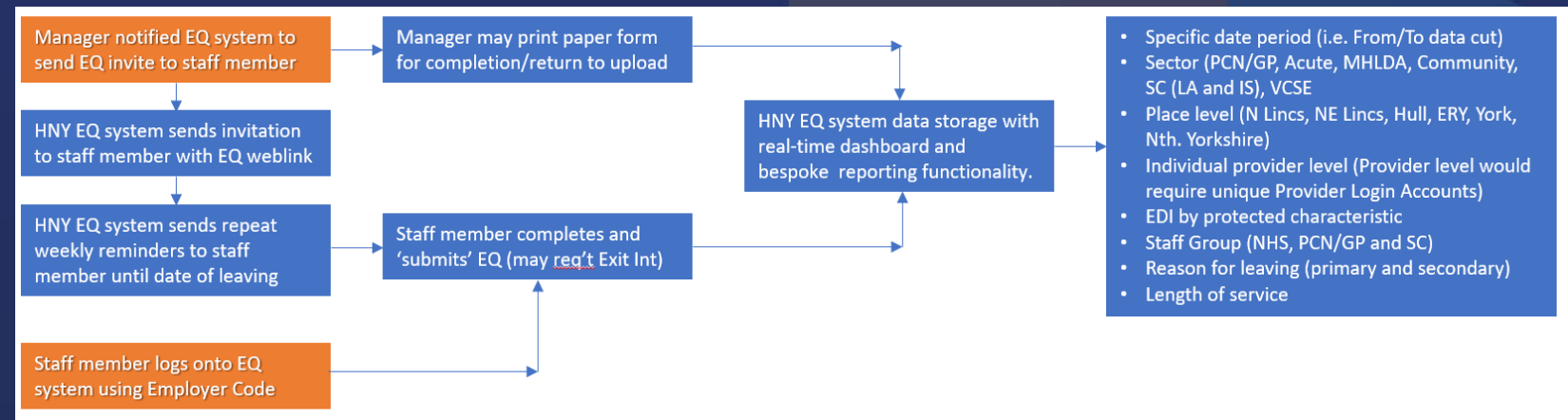
HNY Exit Questionnaire, Digital System and Reporting

Proposal to launch an HNY systemwide, multi-provider/multi-sector Exit Questionnaire and digital data storage/reporting system. Work to date includes:

- Co-creation of a draft Exit Questionnaire
- HNY BI and Digital team commitment to system build and reporting infrastructure
- Proposal is currently out with partners seeking commitment to using the HNY EQ
- Upon receipt of majority commitment system build will commence and deployment plans commence

- To support above staff, provider/line manager communication plan will be developed and enacted

- Line Manager EQ training (online) will be developed



Stay & Thrive: Retaining our Staff

HNY Retention Conference, 16 November 2023

- Scope out the extent of workforce experience practices across all sectors
- Identify ‘wicked’ issues
- Become more inclusive and co-create opportunities for parity
- VIP in attendance, Professor Michael West who was our keynote speaker setting the scene and providing context. Watch Michel’s speech [here](#).
- Created the opportunity to co-design our retention strategies for 2024/2025
- Further conference planned for March 2024 (‘Secret’ guest speakers being engaged)





Humber and North Yorkshire
Health and Care Partnership

Flexible Workforce: Collaborative Bank



Flexible Workforce: Agency and Bank

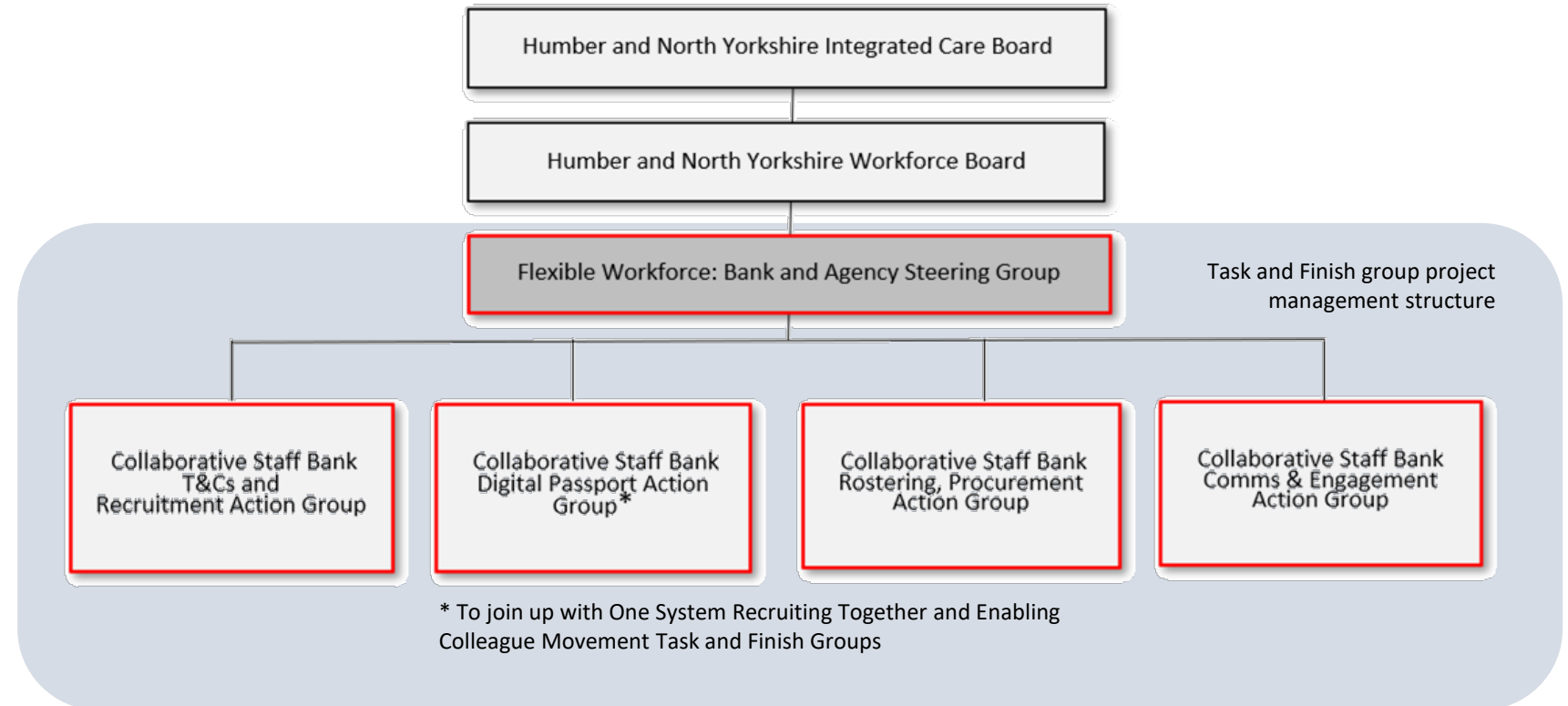
Flexible Workforce: Agency and Bank Task and Finish Group

SRO:

Lynn Parkinson, Chief Operating Officer, Humber Teaching Hospitals

Convenor:

Simon Dunn, Head of Cultural Transformation: New Ways of Working ICB People team



HNY Breakthrough

Flexible Workforce Collaborative Bank Steering & Action Groups:

c.6month to create business case for socialization/consultation

c.12month to commence implementation



Why Have a Collaborative Bank?

Opportunity for financial savings:

- The NHSE Temporary Staffing Performance [Report M5](#) 23/24 (pg16/17) shows that the 67 Trusts with a Collaborative Bank show a MEAN AVERAGE reduction of 2.3% in agency spend.
- For HNY a 2.3% reduction of a predicted £69 million agency spend for 23/24 equates to £1.6 million cost avoidance, potentially representing a movement of ~4% of shifts from agency to Bank
- Effective Collaborative Bank reporting capability will enable oversight over bank and agency spend helping delivery of NHSE initiatives to reduce agency spend by:
 - Supporting the elimination Off Framework agency use
 - Reducing the use of above agency cap rates
 - Moving more temporary staffing shifts onto bank instead of agency.

Opportunity to attract more staff across a shared geography:

- Developing an accessible and well understood bank offer to current and potential colleagues across our system will enable us to grow our available workforce
- Once we have established our Collaborative Bank infrastructure, we hope to be able to use it to diversify in other parts of our system



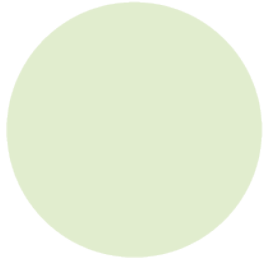
Work So Far

- Collection of bank and e-Rostering system data for providers including information on bank incentives used and bank office staffing levels in each provider.
- 09.11.23 Action Groups meeting to discuss system architecture and operational models for a Collaborative bank
- 21.11.23 Action Group meeting to devise a Bank Staff Survey. This is now ready to publish.
- 22.11.23 Presentation to the steering group of bank and rostering system data, incentive programmes, equality impact assessment for information and review where required.
- 13.12.23 Action Groups Pre-Procurement presentation day. Interested parties invited to discuss what is the 'Art of the Possible' in light of supplier presentations. To decide on preferred model dependent on what is available




Strategic Underpinning Considerations:

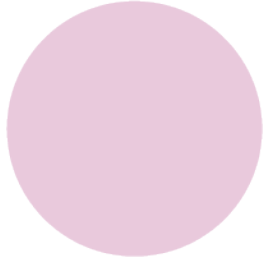
Do we have a preferred method of managing a Staff Bank?



Lead Employer Model: Where one Trust is identified as the lead employer across the ICB for all Bank Staff. All bank staff are recruited, trained and paid by the Lead Trust. Note: the Lead Employer could be an external provider, i.e. NHS Professionals (South Yorkshire ICS model)

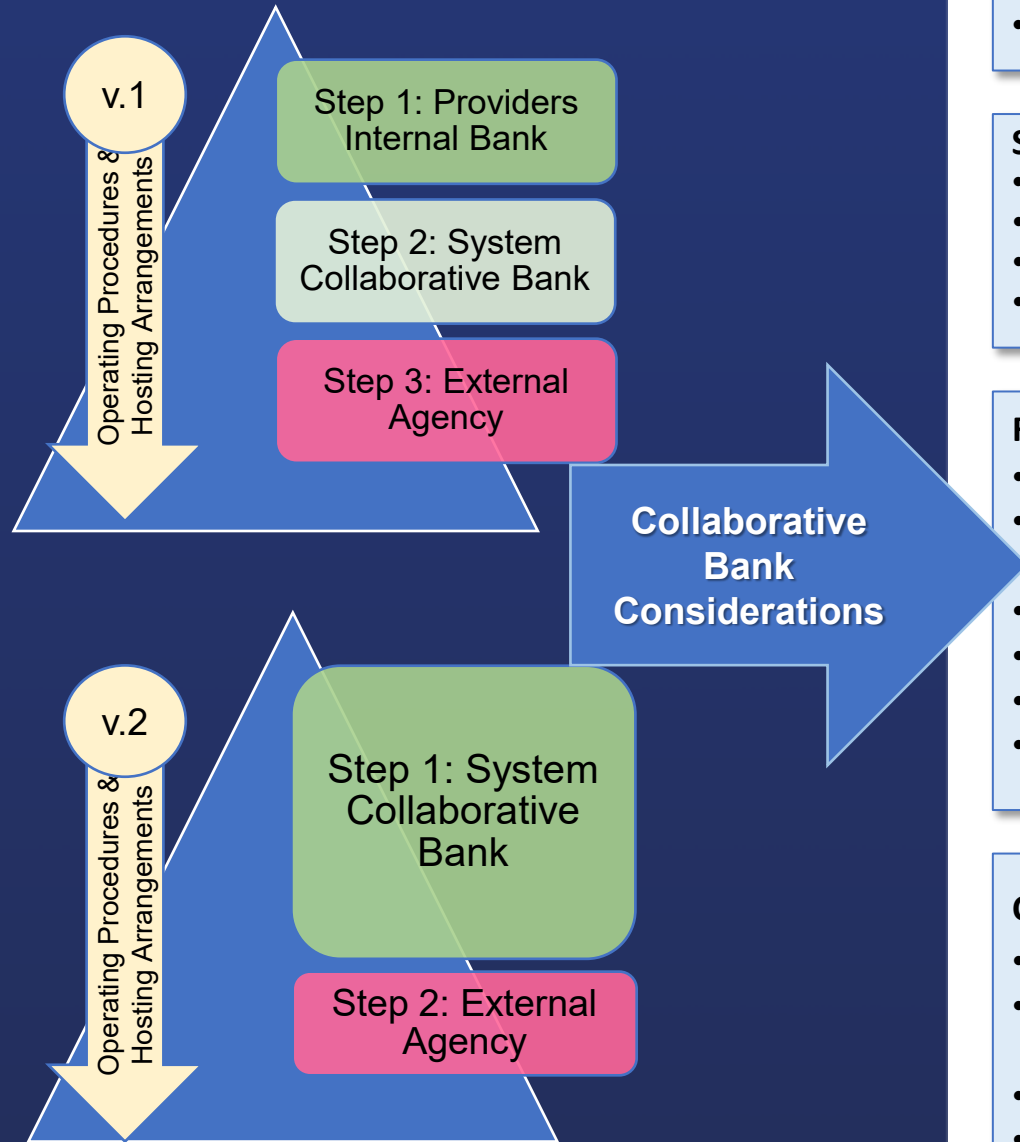


A Distributed Employer model with a host payment model: Where staff are employed by their local Trust employer (the host), when working at an alternative provider the host employer pays them for the work done and recharges the Trust/provider where the staff member has worked to recover salary costs (? Should a mgmt. fee apply ?)



A Distributed Employer Model with distributed payment model: Where staff are employed by their local Trust employer (the host) but when working at an alternative provider the alternative provider pays them for the work done. This will require the bank staff member to be on multiple payroll systems with potentially multiple payslips for each pay period

Collaborative Banks Emerging Operational Models



Terms & Conditions and Bank Recruitment

- Collab. Bank contract of employment (single and dual contracted staff)
- HR contractual policies (inc. annual leave considerations)
- Bank £'incentives; review and potential harmonisation
- Recruitment to Collaborative Bank (inc. transfer current bank staff and new staff appts)

Integrated Care Board (ICB)

Staff Passport (?Adoption of NHSE National Digital Solution?)

- Pre-employment clearances
- Mandatory training
- Occupational health clearance
- Professional registration, including restrictions

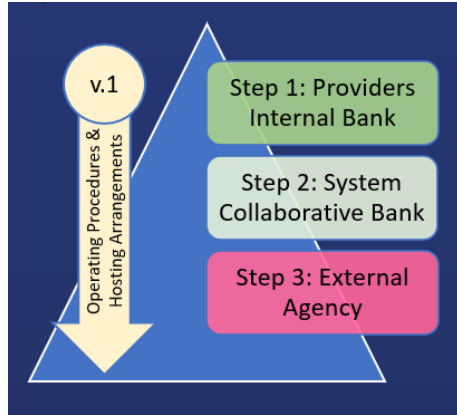
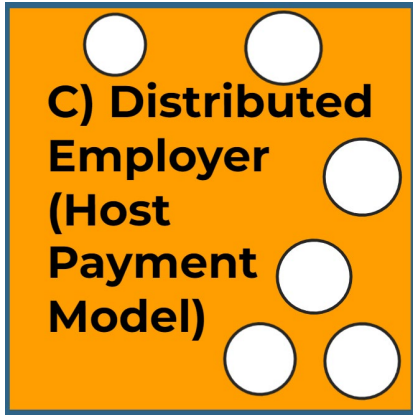
Rostering/bank system:

- Collaborative bank hosting arrangements
- eRostering/Bank Staff system with potential review contractual/procurement
- Operating procedures/booking rules
- Staff member engagement interface
- Payroll solution and API system interface
- Finance reporting (recharging protocols if hosted centrally)
- Working time monitoring/considerations

Communications and Engagement

- Staff Survey (Will they join? Where will they work?) co-creation community
- Operational HR, Finance Clinical Leads, Head of Nursing/Midwifery and Operations Senior Mgmt.
- Staff Side
- Websites, intranets, Handbook & FAQs

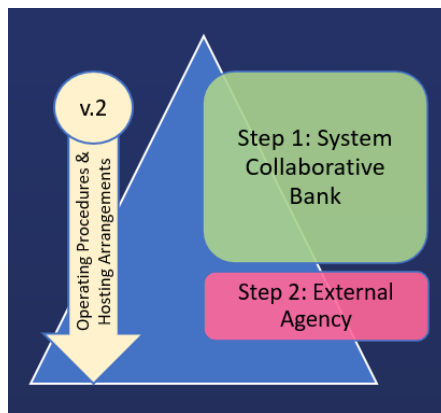
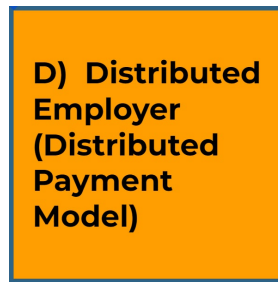
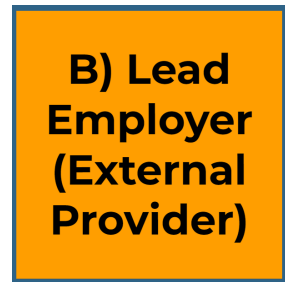
Do we have a preference over the HNY Collaborative Bank System Architecture and Operating Model?



Action group and ICB Workforce Board engagement/collaboration has identified the following system architecture as the preferred model

- System Architecture: Distributed Employer (Host Payment Model)
- Operating Model 1 (Bank – Collab Bank – Agency)
- **Feasibility:** From the provider presentations and the 'Art of the Possible' there are a minimum of 5x providers who could support delivery of the Distributed Employer (hosted Payroll) Model

Are there any models we would recommend to discount?



Action group and ICB Workforce Board engagement has discounted the following models:

- System Architecture:
 - Lead Employer Model (Trust)
 - Lead Employer Model (External Provider)
 - Distributed Employer (Dist Payment Model)
- Operating Model 2 (Collab Bank – Agency)
- Rationale: Only 1 provider could act as Lead Employer. Distributed Payroll would/could substantially duplicate payroll effort. Lead Employer (Trust required significant organisational change processes. Model 2 does not reward 'own staff' or enable fully orientated staff to work in own areas thereby potentially affecting quality and safety of service delivery.



Next Steps

- Review data from 13.12.23 on system architecture and operational model given what is available on the market.
- 25.01.23 present 'Work in Progress' business case to Steering Group meeting, seek feedback
- Collect and collate data from Bank Staff Survey end of Jan 24
- Business case finalised and in consultation by end of Q4 23/24
- Procurement exercise to commence Q1 (Q2 latest) 24/25
- Implementation (software solution, collab bank policy/process infrastructure, additional bank staff recruitment) Q3 (Q4 latest) 24/25