





NW ESR BIG SIG Tuesday 19th September 2017









Welcome & Introductions for the Day

House Keeping

Premier Suite: NW ESR BIG SIG (am)

Reporting /HR/Finance (pm)

Conservatory: OLM / Self Service SIG (pm)

Leverhulme 1: Payroll SIG / NW Payroll Managers

Overview of the Day

Hot Topics & Questions Submitted

Follow-Up and Evaluation







HEE NW – Strategic Overview & Support to STP's

The CSR reformed non-medical undergraduate funding, cut our running costs and gave HEE flat cash for five years. HEE needs to be about the current workforce, not just the future.

Consultation is now completed. Structures have been agreed (see structures in later slides).

Create new Workforce Intelligence and Analysis Directorate that focuses on:

- Strategy
- Modelling
- Information and Analysis
- Capability and Capacity
- Research
- Performance

Workforce Planning for HEE:

- We do commission still there are (non-medical) students still in training
- We have to support the management of placement capacity
- We have to manager mentors, PEFs, preceptorship and other education support
- We need a holistic medical workforce picture that needs to be longitudinally modelled

HEE Approach





Retaining and recruiting the best staff



Supporting staff to collaborate across organisational and professional boundaries



Supporting workforce versatility to adapt to the multiple needs of patients



Developing leaders and managers at all levels



Supporting workforce agility to respond to change



Strengthening health systems – providers & commissioners



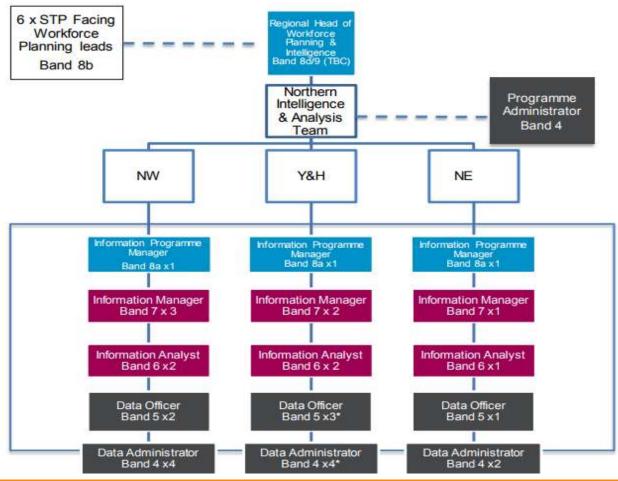
Ensuring care is delivered in the right place, with a particular focus on primary health care and community services



Delivering improved value, quality and productivity through the workforce

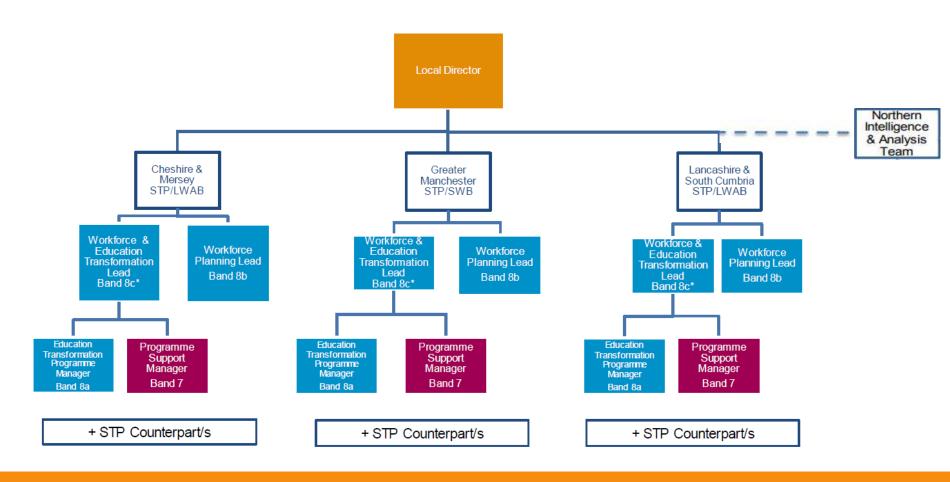


HEE (North) Structure: Intel & Analysis





HEE (North) STP Facing Teams

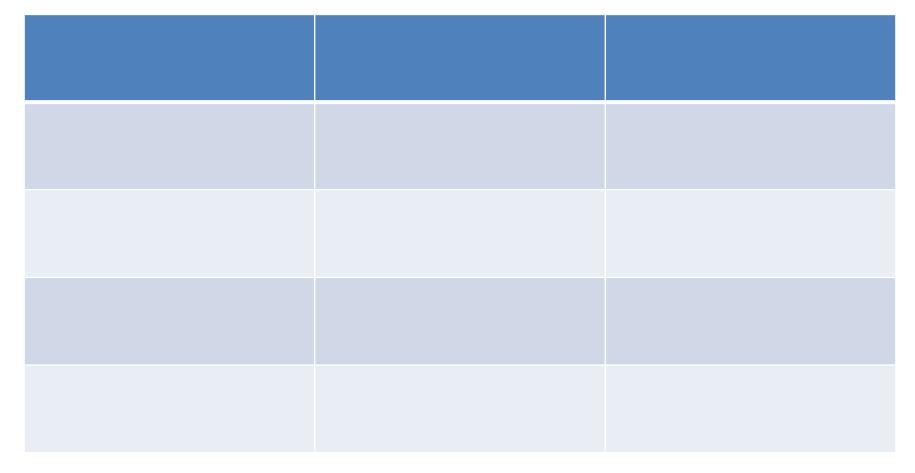








HEE NW – ESR Regional User Group









Data Quality for Workforce Planning

- ESR: Single version of 'The Truth' for workforce
- Different definitions of 'Quality'
- WOVEN a type of measure of ESR Data Quality

LETB	LETB Score	Ranking
Health Education Yorkshire and the Humber	9790	1
Health Education North West	9780	2
Health Education South West	9700	3
Health Education North Central and East London	9695	4
Health Education Wessex	9550	5

Regional Rankings: NHS Digital September 2017

Example: Recruitment and Leavers

No set way of working: 0 e set way of working, with one Trust suggesting it may be beneficial for you to raise this at the upcoming ESR SIG and that Trusts could consider adapting their Leavers forms to ensure correct information is captured.

KBASE: ESR-NHS0078-HR Best Practice







Data Quality for Efficiency

- "During our visits to trusts we realised that despite the national electronic staff record (ESR), many trusts did not have a full picture of where all their staff are and what they are doing – which is critical if trusts are to optimise their resource"
- "Trusts must get a tighter grip of their coding to the ESR database and use the data in their daily management of staff"*

*www.gov.uk/government/publications/productivity-in-nhs-hospitals

How do you record and validate your data in ESR from Recruitment to Retirement? To ensure that an employees Data is as good if not better when they leave an Organisation as it was when they were recruited.







Data Quality for Business Continuity

- Supporting workforce versatility to adapt to the multiple needs of patients
- Retaining & Recruiting the best staff
- Developing leaders and managers at all levels within the organisation

Age Profiles: Aging workforce across NHS Healthcare, GPs and Social Care are in line with North West and North Averages. Some specific issues in certain nursing branches in health and primary care.

Sickness and Absence Rates: Area has above average rates that are in line with North West and North East economies. Impact is the STP is recruiting workforce from a poorly population.

Participation Rates: Ratio's of part-time to full time staff across NHS Healthcare, GPs and Social Care are in line with England and North Averages however again incurs costs of financial ledger.

Gender Split: Gender mix across NHS Healthcare, GPs and Social Care are in line with England and North Averages.

Location: Some of the workforce is in the wrong place delivering activity that needs to be realigned with service needs and new models of care

Turnover: High turnover of some staff groups causing churn in the system. Each turnover / recruitment incurs a cost to the organisation.







ESR Data Quality for Benchmarking

- C&M Nursing Workforce Benchmarking
- Temporary staffing and the % against substantive staff.
- If there is a trend with the turnover of specific staff groups
- Are there any examples of recruitment benchmarking and vacancy monitoring reports that can be shared?









Next Steps

- HEE NW (and its predecessor organisations) recognises the excellent work, collaboration and outputs from the NW ESR BIG SIG network to develop ESR
- HEE North West ESR BIG SIG is seen as an exemplar in other regions
- Feedback, volunteers to support the North West ESR Network and communications, please send through to:

workforceplanning.nw@hee.nhs.uk