



NORTH LONDON PARTNERS
in health and care
North Central London's sustainability
and transformation partnership



NCL STP Approach to Improving the staff experience

NAMPS Conference

11 December 2019

Cheryl Samuels – Deputy Director of Workforce – NCL STP
Head of People Strategy – NHSI

1. To create a attractive workplaces within NCL that are fit for purpose in a modern world where expectations from the workforce have changed.
2. A collective desire to improve the quality of the staff experience through a cultural and transformational change programme.
3. To better understand the variances across NCL and to review the quality of training alongside the staff experience.
4. To eliminate waste through a system leadership approach embracing the digital agenda through optimisation of ESR.
5. To collaborate effectively and make financial efficiencies that present potential value for money for the tax payers. **Noting not all savings are cash releasing for Trusts.**
6. There are non financial benefits as well as financial benefits and its recognised both components are important – now and in the future.



This is aligned with the Interim NHS People Plan which sets out some rapid actions that will make a difference!



Next steps

[Sheffield Health & Social Care NHS Foundation Trust](#) reduced their pre-employment paperwork by **43%** by conducting a detailed review of onboarding documentation for doctors in training.

[Cambridgeshire and Peterborough NHS Foundation Trust](#) has reduced the time that new starters spend on corporate induction by running the pre-hire ESR inter authority transfer process and accepting existing compliance in Core Skills Training Framework (CSTF) competencies. They project savings of around **£90,000** for the financial year.

[The Royal Devon & Exeter NHS Trust](#) has reduced the amount of time new starters spend on mandatory and statutory training by declaring and aligning to the core skills training framework and recording competencies in ESR. This has reduced the number of training subjects new starters have needed.

Source: <http://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/doctors-in-training/benefits>

Never before had it been done in London across an STP footprint!



31,283wte*
*Ex UCLH
40,186
wte* with UCLH

1009 Nurses joined
NCL Trusts - 201 came
from another NCL Trust
(Registered Nursing Flows, HEE,
2017)

£261
Average Daily
Cost of
Employee
(AfC)

5/10 Trusts
accept and port
all MaST.

1/10 Trust
duplicates all
training.

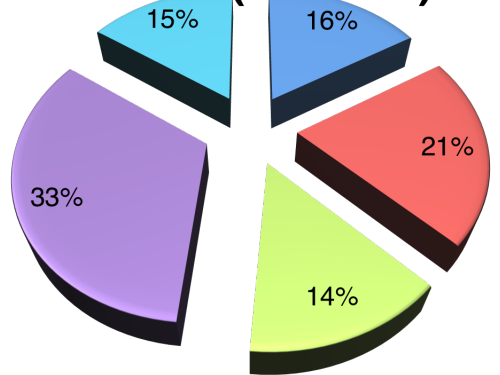
808 Nurses
joined NCL
Trusts from Non
NCL Trusts.
(Registered Nursing
Flows, HEE, 2017)

725 Nurses
left NCL
Trusts
(Registered Nursing
Flows, HEE, 2017)

282
induction days
(ex. UCLH) **across**
NCL. (Excludes PGME
Inductions)

8/10
providers
employ
external
trainers for
similar
MaST
Courses

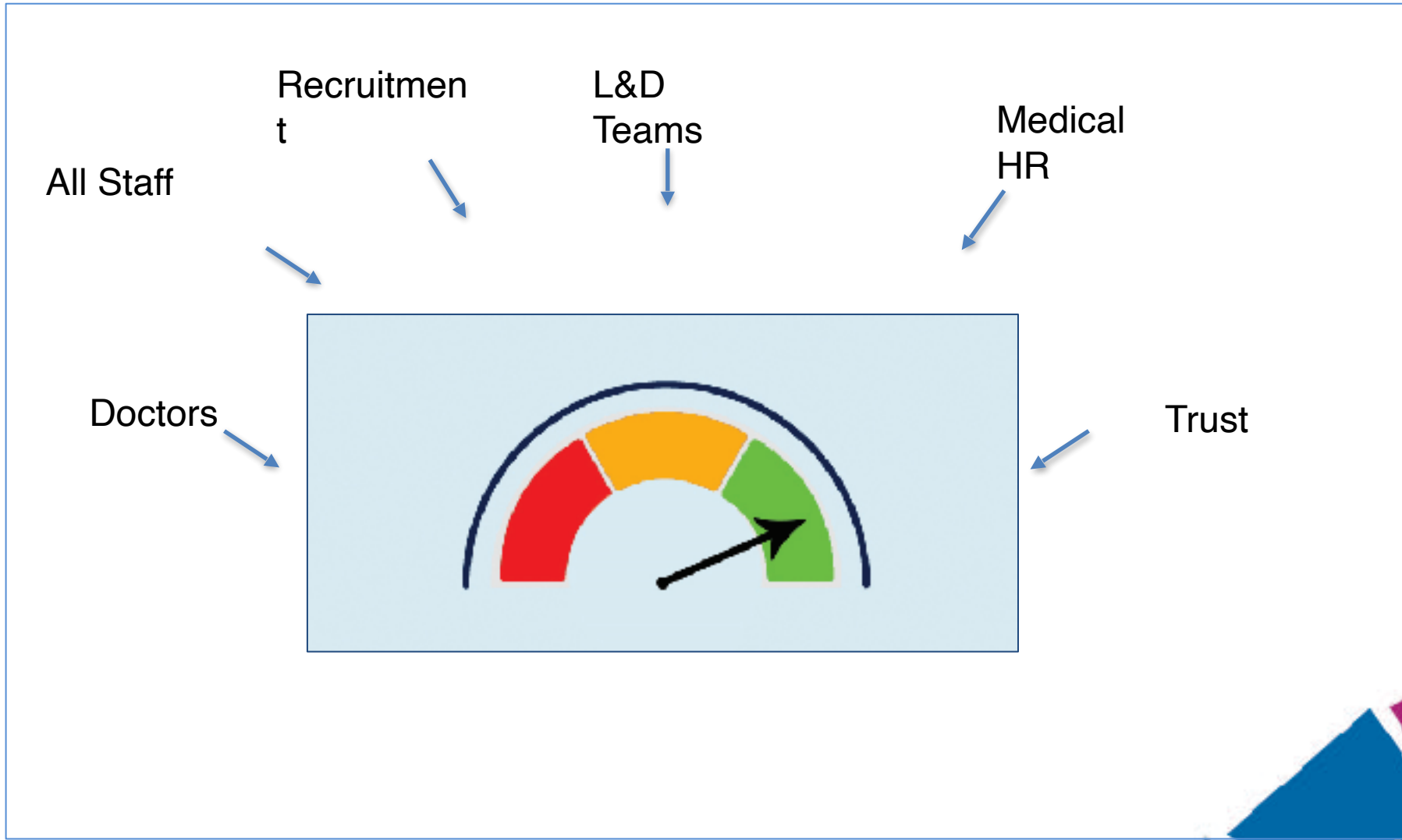
**NCL Workforce
Profile (2016/17)**



- Administrative, support & other staff
- Health care support staff
- Medical and dental staff
- Nursing, midwifery and other clinical staff
- Scientific, technical and other professional staff

5,845 (ex.
UCLH)
Inductees
per
year on
average

£200K
Investment to
undertake this NCL
project [BOI]



Improved Job readiness for NCL new starters (5,845 inductees, ex UCLH)

- Remote online access to training,
- 60% take up before joining and potentially saving of ½ day.
- Clear expectations on completion of MaST
- Portability via IAT amongst all Trusts

60% take up
£427k
Productivity or
opportunistic
saving per year

Greater flexibility for existing NCL Trust employees (31,283wte, ex UCLH)

- Remote online access to training.
- 20% take up expected with a potential of ½ day being saved.
- Improved access to completion of MaST at times to suit them.
- Clearer expectations and improved choice for existing staff.

20% take up
£762k
Productivity or
opportunistic
saving per year

Reduction in back office administration, duplication and preparation time

- Significant reduction in password reset calls
- Removal of paper registers and duplicate recording for L&D
- Self administered online bookings for courses
- Reduced 'work arounds' through improved use of process automation

£280k
Recurrent
Saving per
year

SACT – Systematic Anti - Cancer Therapy

- Standardised chemotherapy training to be adopted in London.
- A national competence on ESR to support portability of training.
- Eliminates duplication of admin and training for new starters.
- Delays in obtaining assessments between 3-4months (60-80 working days), back fill costs whilst waiting for the assessment.

**£266k Backfill
Cost Saving**

per year

Based on 4 Trusts,
band 7 nurses and
recognition that
some band 5 & 6's
administer chemo.

Revised Induction Formats

- Increased volume of e-learning completed prior to joining.
- Reduced presence of SME's where e-learning is adopted.
- Reduction in induction days, which cost on average £1,207/day

£170k

**Recurrent
Cost Saving
per year**

Cost of non portable training records impacts the system

- Organisations that have not or are unable to receive portable data
- Organisations that don't accept training from other NHS Trusts
- Organisations using alternative systems that don't interface with ESR
- Organisations that duplicate MaST
- Acceptance of paper records incur a manual administrative overhead

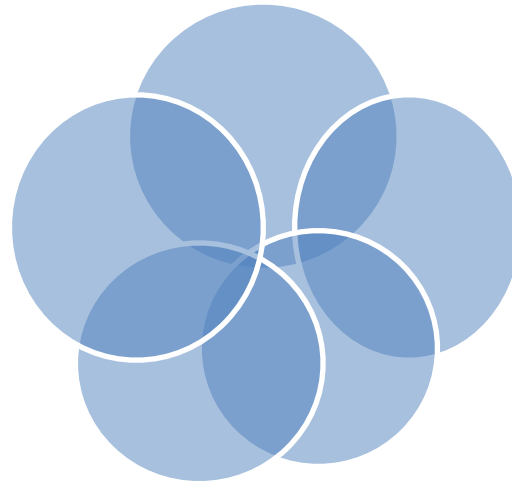


NCL STP Workforce – Training and induction – Cost savings over 5 years (Ex UCLH)

Improving job readiness for new starters - full optimisation of ESR

Reduce and standardise induction

SACT passport – increased portability and reduced duplication



Improving optimisation of e-learning modules for existing staff, and standardising content, mode and duration

Reducing administration, duplication and induction preparation time

Estimated saving of over £9.5m over 5 years of which £3.6m is recurrent savings.

Interim NHS People Plan

- The long term Plan sets out the ambition and vision over the next 10 years.
- 1.3 million dedicated staff working in the NHS
- We need to transform the staff experience of our doctors and all staff.
- Making the NHS the best place to work
- To serve our patients and citizens in the best way possible we must improve the experience of our people.

Interim NHS People Plan: Future Medical Workforce

“working with providers to improve the working experience and wellbeing of doctors in training in both primary and secondary care settings, including ensuring they have appropriate support and supervision, appropriate induction, much greater flexibility in

tra
tin



and mental health support offer, community spaces, clear and streamlined recruitment processes.”



NHSI/E & HEE are currently leading an *Enabling Staff Movement programme*, initially focused on Doctors in Training. This will form part of the people plan core offer

TIS & ESR Interface

- There will be an automatic transfer of training data and placement information from HEE to ESR. *Available now!*
- Creation of a bi-directional interface between TIS & ESR. *Coming soon!*
- TPD placement planning tool module. *Coming soon!*

Opening Up of Interfaces with Occ Health & Learning Management Systems

- Allows transfer of relevant data by IAT

Core List of Imms and Vacs Agreed

- Practice standards *Under development*

Core Skills Training Framework (CSTF)

- Reviewing the list of 11 core skills training and refresher periods *Under development*



What can you do?

- **The Chief People Officer wants everyone to align to the core skills training framework.**
 - Start the discussions in your trust about alignment.
- **The Chief People Officer wants us to respect the time of all doctors who have completed their mandatory and statutory training.**
 - Start accepting the training consistently to prevent duplication
- **Enable remote working via ESR and allow doctors and new starters to complete their mandatory training before starting in their post.**
 - Start discussions with your workforce information lead to switch it on
 - Start discussions with recruitment to build this into the recruitment process
- **The Chief People Officer wants Trusts to run pre hire IATs so we utilise and optimise the use of technology to prevent duplication and increase the staff experience.**
 - Recruitment/Medical HR start running pre-hire IAT's at conditional offer stage
 - L&D teams to accept completed and in date training that has been ported via an IAT.
- **Review corporate induction programmes**



Who to contact?

If you would like to speak to anyone about the programmes of work please contact any one from the list below:

David Grantham - Director of Workforce and Organisational Development (SIRO)

Royal Free London NHS Foundation Trust

d.grantham@nhs.net

Cheryl Samuels –Deputy Director of Workforce – STP Education & Training

Royal Free London NHS Foundation Trust

Head of People Strategy

NHSI/E



cheryl.samuels@nhs.net

@chezzy319



There is more work to do and the success will depend on the local commitment and sustainability across the system to drive good practice and improve the staff experience.