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Clinical Workforce Productivity Improvement

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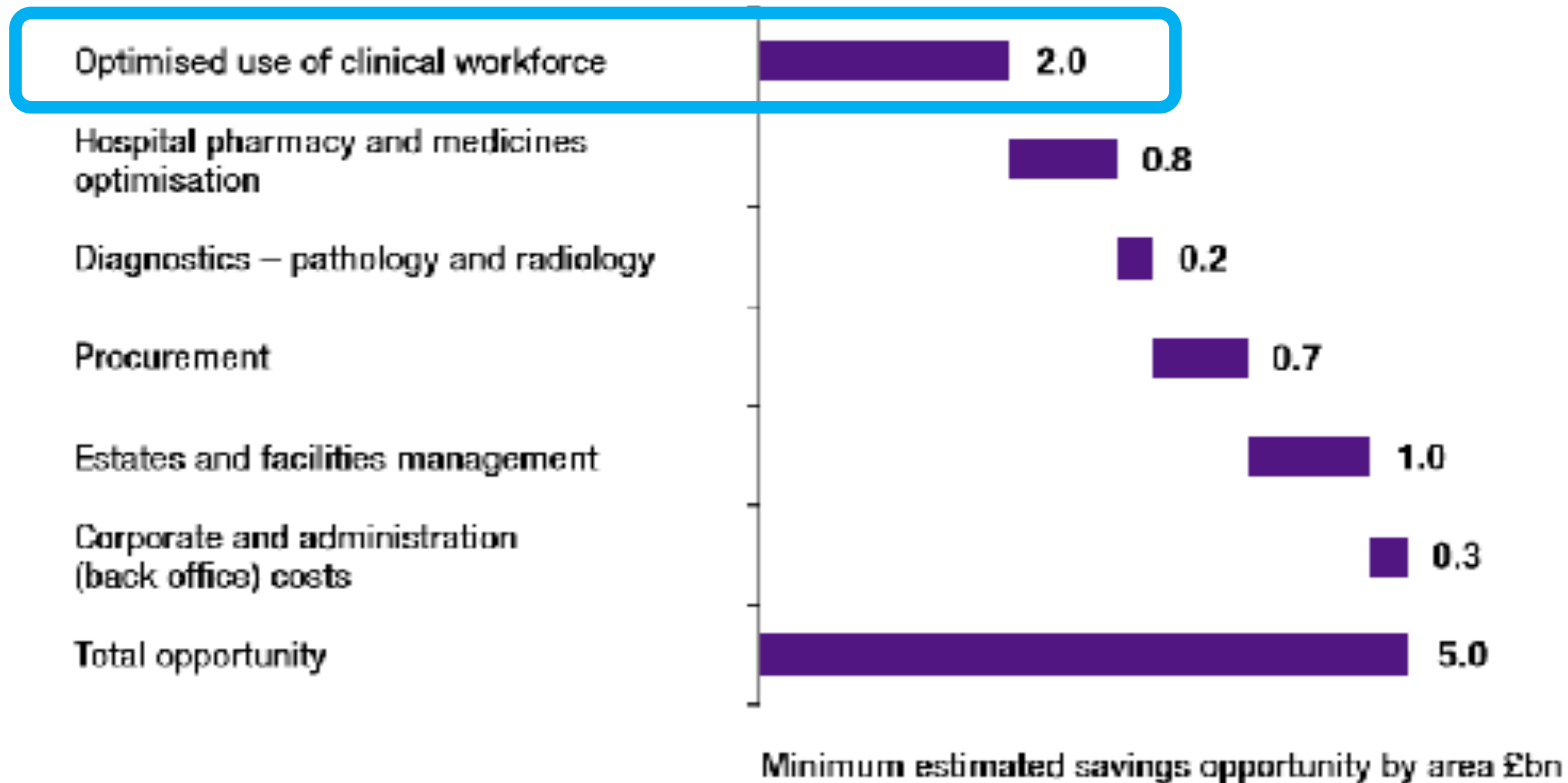
Agenda

- Background:
    - Our motivation
    - National context

- The team’s work:
    - E-rostering and E-job planning
    - Workforce planning improvement tools
    - Review of Model Hospital medical productivity data

Lord Carter’s 2016 Report



Releasing Time for Care

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Scope: actions to release more time for care, enabling staff to provide more efficient and effective services in support of the 1.1% overall NHS annual efficiency requirement. Covers both NHS-provided services (trusts and FTs) and NHS-funded primary care services. Scope does not directly include other NHS-funded services (e.g. provided by VCSE or IS bodies), but our actions should, where possible, support improvements in those other services.

Immediate 2019/20 actions in interim People Plan	Other commitments
1. Establish a *Releasing Time for Care* (RTfC) programme to spread good practice and support continuous improvement	1. Support clinical teams in providers to take increasing ownership of how they plan and deploy the workforce 2. 2. Consistent and effective implementation of e-rostering systems and e-job planning systems across providers (including expanding to multidisciplinary teams in primary care networks)

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E-rostering and E-job planning

The Long term plan states: “By 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans”

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Key objectives

LTP commitment

- *By 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans.*
- *Improving the availability and deployment of the clinical workforce to ensure the right clinicians are available to patients at all times, further reducing bank and agency costs.*

Interim People Plan

- *Support clinical teams to take increasing ownership of how they plan and deploy the workforce to ensure the right staff are available to patients at the right time.*

Work is ongoing to roll-out e-rostering and e-job planning systems for clinical staff in providers. The principal focus of this has been on developing the guidance documents, attainment assessments, support tools, software specifications, and technical expertise to support a roll-out to all providers, although the initial focus has been predominantly on acute provider trusts.

Key deliverables

Deliverable	Status
Meaningful Use Standards	Published
Contract guidance	Published
Technical Specification	Published
Capital funding prospectus	Published
Survey & Levels of Attainment checklist	Published
Operational guidance	Under review, to be published soon
Data model	Work in progress

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These documents set out 'levels of attainment' in using e-rostering and e-job planning systems and are designed to allow trusts to benchmark progress with peers as you adopt e-rostering and e-job planning software. Each level of attainment is underpinned by 'meaningful use standards' which describe the processes and systems trusts need to meet each level of attainment.

E-rostering the clinical workforce: levels of attainment and meaningful use standards

PDF, 207.8 KB

This document supports NHS providers in implementing and using e-rostering software to its fullest potential.

E-job planning the clinical workforce: levels of attainment and meaningful use standards

PDF, 201.5 KB

This document supports NHS providers in implementing and using e-job plan

potential.

In adopting these standards, trusts will feel empowered and assured they h

e-rostering and e-job planning systems to the fullest potential. HR Directors

adoption of these standards, overseeing and implementing e-rostering and

clinical workforce.

Supporting documents

Software requirements specification

PDF, 288.3 KB

This document outlines the functionality that is essential for trusts to use workforce deployment systems.

Appendix A — e-rostering requirements specification

XLSX, 40.0 KB

Appendix B — e-job planning requirements specification

XLSX, 35.5 KB

Appendix C — junior doctor module requirements specification

XLSX, 31.6 KB

Contract guidance — a toolkit for trusts

PDF, 298.1 KB

Workforce planning improvement tools

The Long term plan states: "*By 2023, all providers will be able to use evidence-based approaches to determine how many staff they need on wards and in other care settings*"

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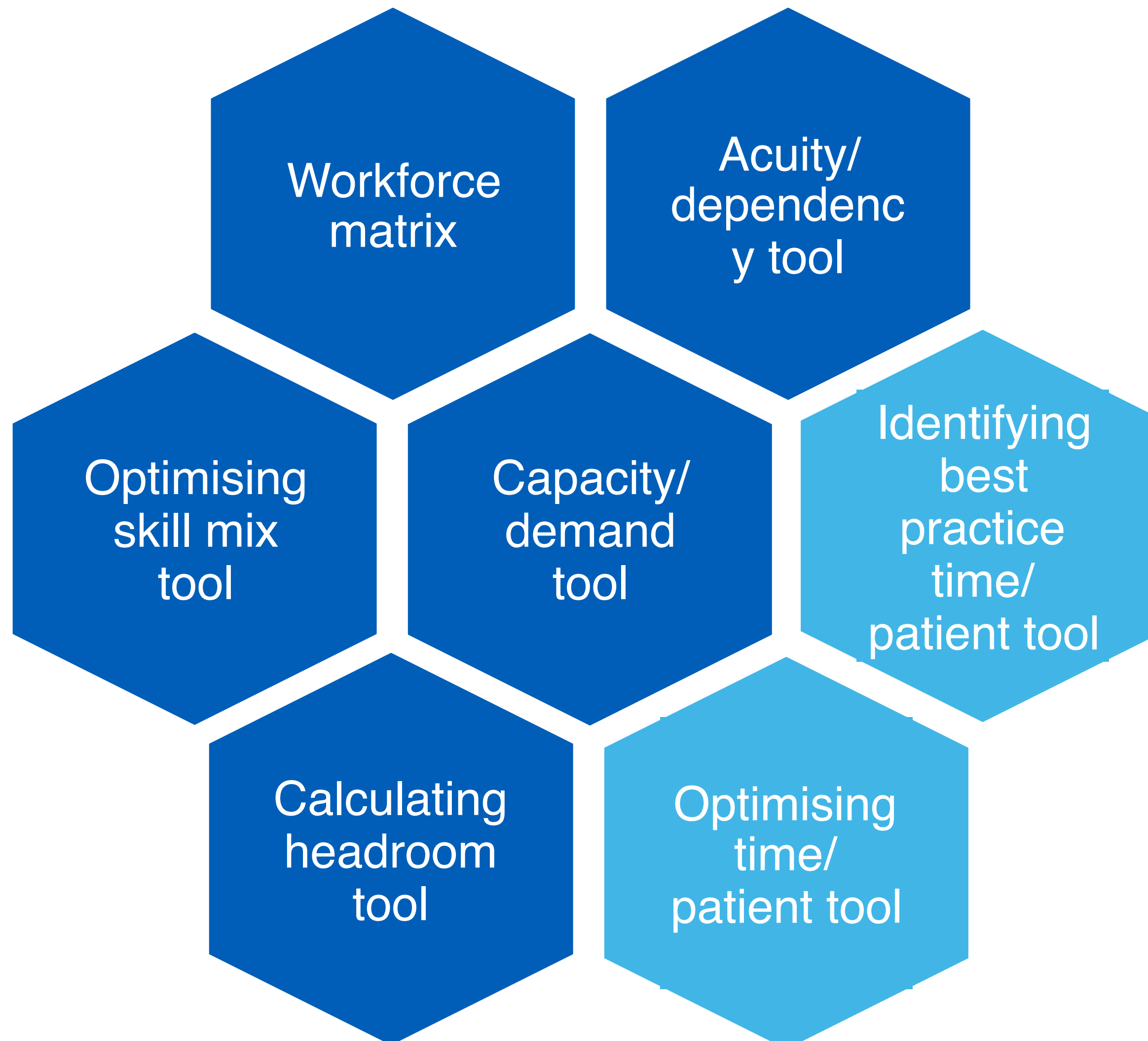
We are currently scoping tools for senior clinical decision makers in type 1 A&E's:



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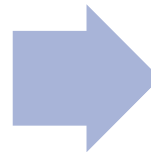
The goal of the workforce matrix is to help transform workforce planning:

The present	Transition	The future
Profession-based approach		Competency-based approach
Based on staff establishment	**Workforce matrix**	Based on patient need
Skill mix in silos		Diverse, integrated skill mix

The scope of the Emergency Medicine Workforce Matrix covers senior clinical decision makers who work in type 1 A&E departments:

This includes (but is not limited to):

- Advanced clinical practitioners (ACPs)
- AHP, nurse and pharmacist emergency practitioners



This does not include the wider skill mix needed to staff an ED:

- The majority of:
  - AHPs
  - Pharmacists
  - Registered nurses

The workforce matrix gives emergency departments a framework to group their workforce by competency

	1: Broad scope of practice I.e. the clinician treats all conditions and works in all clinical areas of the department	2: Focused scope of practice I.e. the clinician works in a single clinical area of the department OR is (sub)speciality-specific OR is condition-specific when treating patients
A: Clinical Team Leader/ Supervisor	Group **A1-α** (completely autonomous)	Group **A2**
	Group **A1-β** (remote supervision)	
B: On-site supervision	Group **B1-α** (limited supervision)	Group **B2**
	Group **B1-β** (close supervision)	
C: Complete supervision	Group **C1**	Group **C2**

We will demonstrate the benefits of the 'workforce matrix' by piloting it in emergency departments

If the matrix is validated in ED, we will then adapt its structure and form to aid other specialities in their workforce planning

Review of Model Hospital Medical Productivity Data

Lord Carter's Report Recommendation 12: Model Hospital and underlying metrics

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Model Hospital 'Doctor's Productivity Compartment'

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Automate

- **November 2019:** 18/19 data published – no manual data collection!
- **Nov – Jan:** Trusts can review data and improve data quality on ESR
- **March 2020:** Updated 18/19 data republished
- **From March 2020:** Quarterly data reconciliation

Improve data quality

- **November 2019:** ESR guide published to assist trusts with 18/19 data review
- **Ongoing:** Working to develop a data stream linking e-rostering and e-job planning systems with Model Hospital

Review metrics

- **Winter 2019:** Commence pilot of additional metrics for Model Hospital
- **Aim:** to get trust input and feedback into the data we present on Model Hospital, exploring what data should be included and how this data should be presented. We will also explore data quality issues as part of this pilot.

ESR guidance has been published

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Electronic staff record — supporting medical productivity data collection

This guide is to support trusts with the 2018/19 data collection process and help improve electronic staff record (ESR) data quality.

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Lord Carter's productivity review in 2016 recognised that we do not have a full understanding of medical productivity. At the time, each specialty considered its consultant workforce in terms of whole time equivalents, taking no account of the variation in the number of sessions each colleague is paid for, extra duty payments and the fact each consultant contributes a different proportion of their time to delivering direct clinical care sessions.

Topic:
Operational performance

Resource type:
Improvement tool

Source:
NHS Improvement

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Thank you

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