Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

BNSSG Workforce planning

Introduction

- McKinsey have been commissioned to deliver a **one year and five year workforce plan** for BNSSG using HEE Funding, forecasting workforce demand and supply across settings and job clusters, as part of a model handed over for BNSSG use and ownership, with an action plan to address gaps.
- The initial outputs are shared here, including baseline data, and the gap forecast gap between demand and supply for year 1.
- Next steps are to model the impact of Healthier Together programmes for the 5 year plan.
- We also have also undertaken a **review of Trust draft NHSI** workforce plans, which has highlighted some areas which need further work, and the key highlights are included in this presentation.

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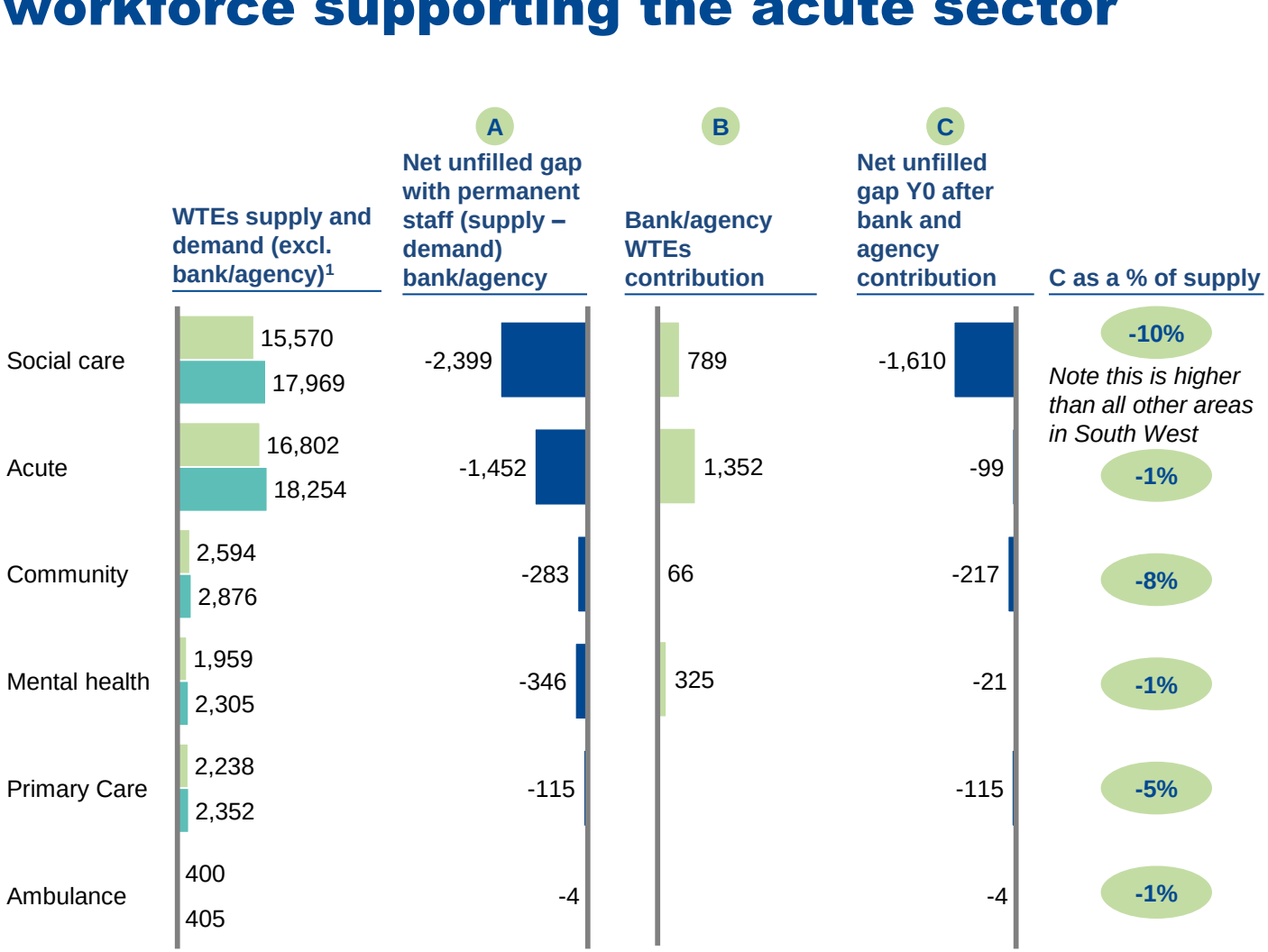
In the baseline data, the largest relative gaps are in the social and community settings with a temporary workforce supporting the acute sector



Column explanation

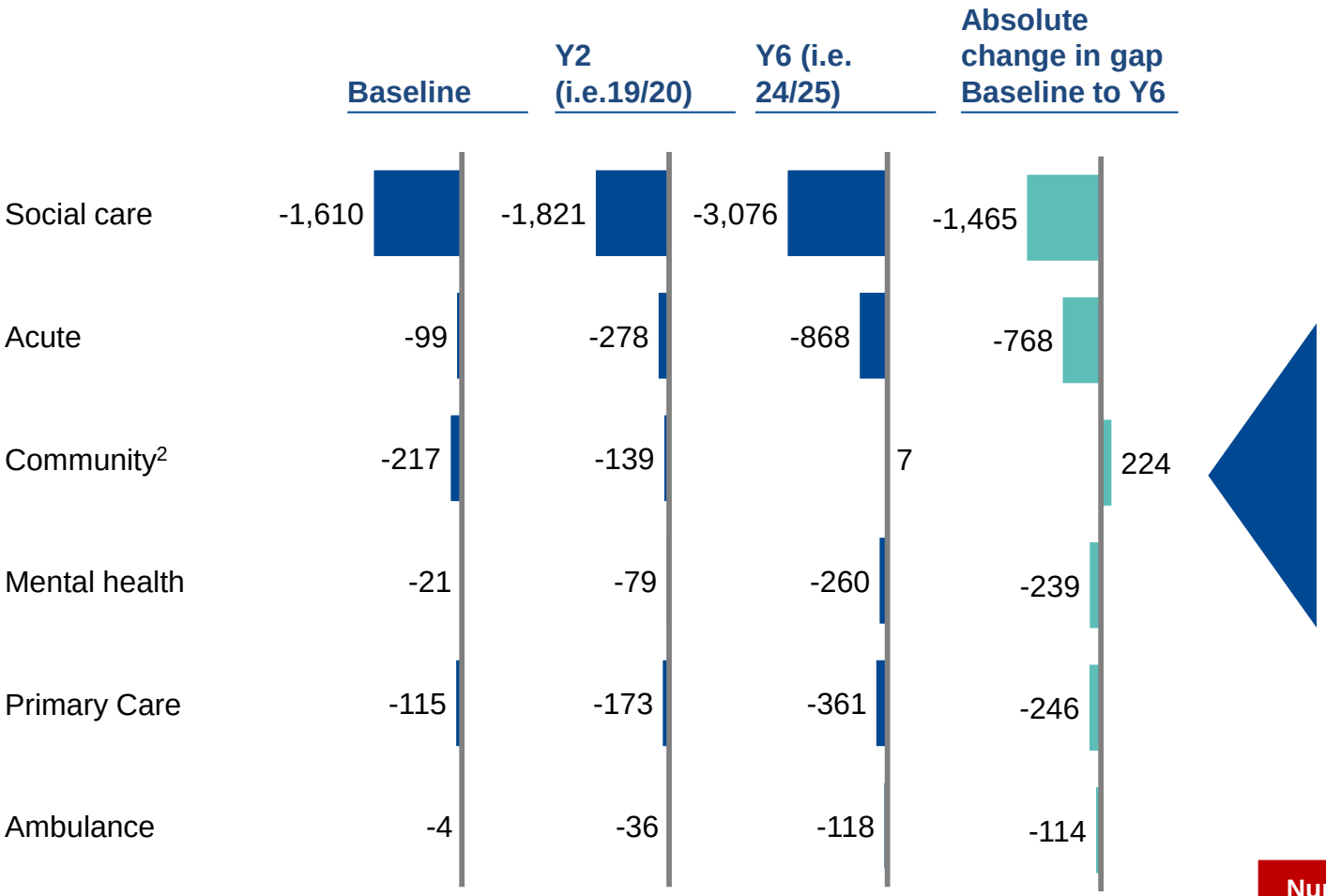
- **A** **Net unfilled gap** – This is the difference between supply and demand for labour without bank and agency workers
- **B** **Bank/agency contribution** – This is the difference between bank supply and demand (very small) or the contribution of temporary labour to fill workforce gaps
- **C** **Net unfilled gap** – This is the difference between supply and demand having accounted for the gaps filled with temporary labour allowing gaps across different clusters to offset

1 Demand is funded establishment for the trusts and estimated based on vacancies for primary and social care providers.
2 Time period dependent on data source

SOURCE: Received data on portal, Skillsforcare

Initial analysis show gaps worsening under ‘do nothing’:

Do nothing forecast net unfilled WTE gap (supply – demand[1]) – accounting for positions filled by bank and agency workers



Numbers informed by assumptions and are work in progress

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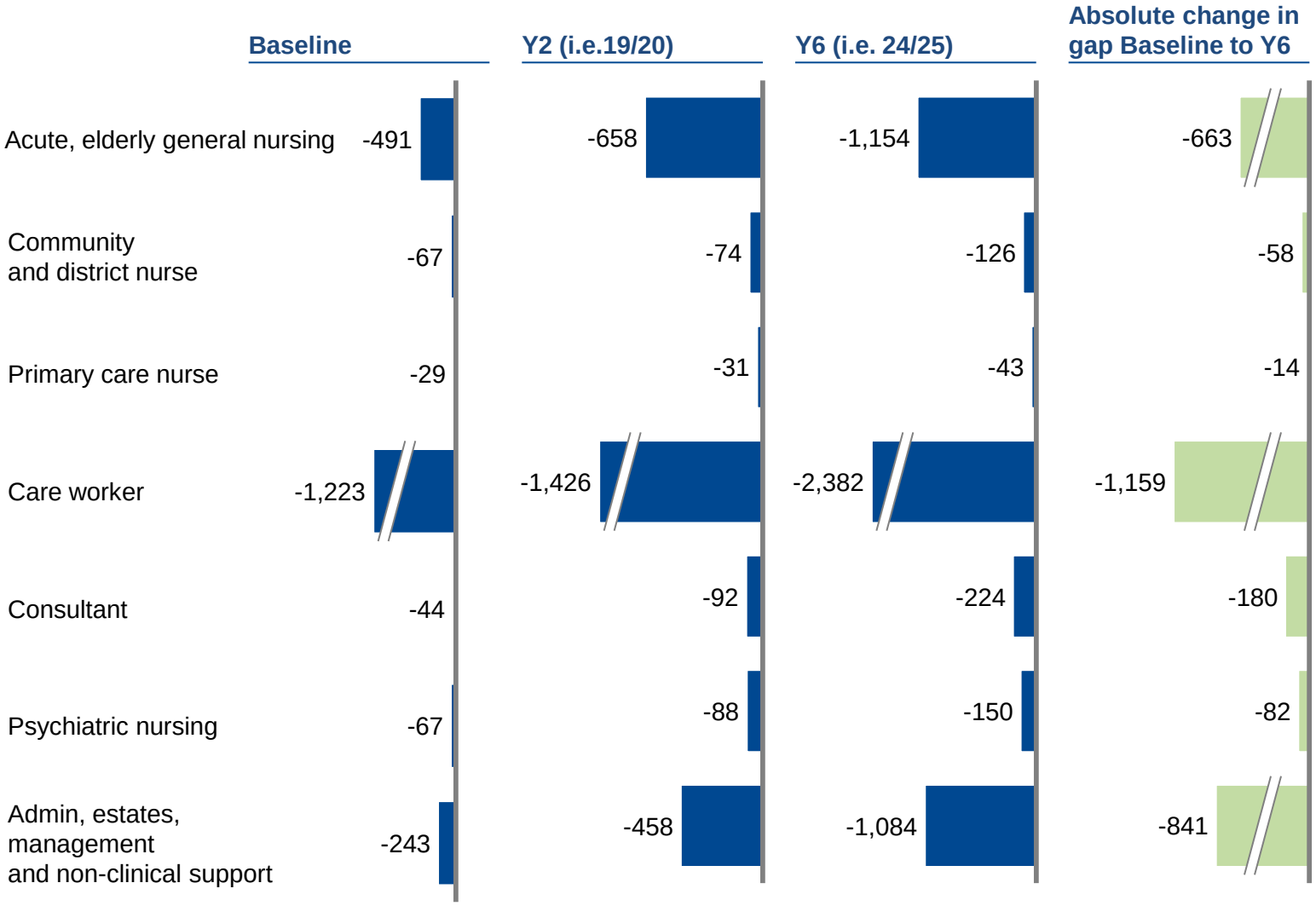
1 Demand is funded establishment for the trusts and estimated based on vacancies for primary and social care providers. 2 For community care the limited gap increase is driven by extrapolating large increases in supply (starters> leavers) for BCH and NSCP of nursing support (<= band 4) and admin & management workers this year 3 Therefore this also excludes the effect of community re-procurement

This worsening is observed across multiple job clusters – for example:

Forecast net unfilled WTE gap for selected job clusters (supply – demand[1]) – accounting for positions in cluster[4] filled by bank and agency workers



Numbers informed by assumptions and are work in progress

These numbers exclude the impact of service model changes and other initiatives

1 Some of this gap may be offset by the positive 37 gap in medical and dental (unspecified) bank and agency workers 2 Merged job clusters

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BNSSG has a workforce work programme with a range of interventions and organisations also have planned workforce changes

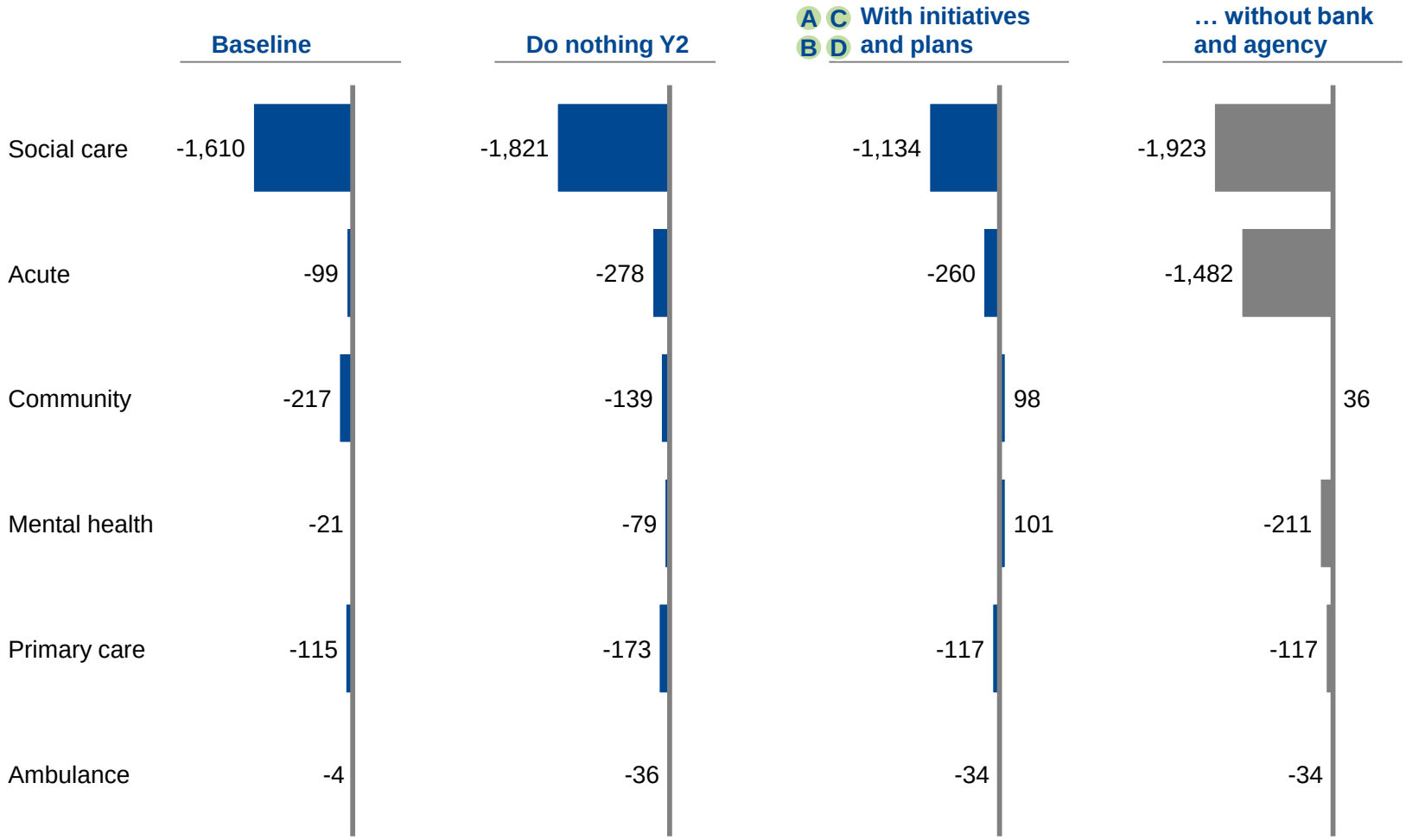
	Description	Progress/next steps for one-year plan	Modelled net impact on 19/20 gap
A **Strategic workforce initiatives / programmes**	▪ STP wide workforce priority programmes including: – Apprenticeship work – Leadership academy – Career development pathway – School leavers work – Workforce planning – Leadership development – Social care	▪ Assumptions made across workforce programmes to be reviewed by leads – Apprenticeships reviewed – *Others pending*	▪ Reduction of gaps by up to 200 WTEs across settings by end of 2020
B **In-year HRD initiatives**	▪ STP wide initiatives (agreed SDOG 7th Jan) including: – Hiring and supply pipeline – School leavers – Improved retention and participation – Productivity	▪ Assumptions made across workforce programmes to be reviewed by initiative leads	▪ Reduction of gaps by up to 200 WTEs across settings by end of 2020
C **Provider, primary care and social care plans** (work in progress)	▪ In-flight and planned initiatives form individual organisations/trusts to tackle workforce challenges ▪ Initiatives and interventions in the primary care and social care settings	▪ Received from some providers and primary care ▪ Awaiting social care detail ▪ Awaiting SWAST ▪ Providers to review assumptions and feedback	▪ Numbers TBC
D **Service model changes**[1] (work in progress)	▪ Multiple non-workforce specific initiatives and changes across the STP – including models of care, skill mixes, technological and productivity changes	▪ Received template on ICB initiatives ▪ Further in year initiatives to be chosen, templates completed and inputs added to modelling ▪ Further service changes to be refined in phase III	▪ NHS providers have included increases in their submissions to NHSI

Assumptions to be refined and agreed

1 More detail including influence of STP priority programmes to be built into 5 year plan
2 So far only have service model changes identified by UHB and NBT in one-year plan submissions (not currently assumed to match supply) and the impact of the ICB (Assumed to be matched with supply)

Analysis of existing workforce initiatives indicates that these will not fully bridge the gap between demand and supply.

Forecast net unfilled WTE gap (supply – demand) in Y2 (19/20) – accounting for positions filled by bank and agency workers with impact of different sets of initiatives



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The McKinsey Workforce Plan

- Baseline and do nothing forecast
- Impact of initiatives
- Next steps

:

NHSI Trust Workforce plans

Discussion

In the next phase, from April, we will develop a 5 year plan, collecting information on the major STP priorities

Work packages	Description
Collect information on STP priority programmes	▪ **X3 workshops:** Acute Care Collaboration (23rd April pm)[1], Integrated care/GP resilience (date TBC), Mental Health (TBC) ▪ **X3 interviews**: Digital, Prevention, Healthy Weston, Information capture will be aided by a template which should be attempted in advance ▪ Develop assumptions on workforce impact
Finalise view of important initiatives and service changes and initiatives	▪ Review documentation, benchmarks, plans and information gathered in phase I and II to clarify initiatives and service model changes to be included in 5 year forecasts/plans
Develop further initiatives at 5 year horizon	▪ Develop initiatives to plug further workforce gaps and assumptions to understand their impact ▪ Develop roadmap for these initiatives with owners, timelines, etc…
Forecast gaps under different scenarios	▪ Use workforce model to forecast the workforce gaps under different scenarios to inform initiative choice and understand impact

5 year workforce plan and roadmap to plug gaps

1 Includes Acute Care Strategy, urgent care, Stroke, Maternity, Pathology, cancer and Outpatients

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Workforce – summary

As an STP, we have been working together, and all trusts are actively collaborating on workforce issues. Having reviewed the workforce plans, we have some areas we need to jointly resolve over the coming weeks to ensure that workforce plans are as robust and aligned as possible.

Key areas of focus include:

- **Increased substantive staffing** Trusts are planning a 709 WTE increase in substantive staff in year. UHB and NBT have a planned increase of c200 WTE in substantive registered nursing. AWP are planning an increase of 38.9 WTE. Our system workforce plan identifies a significant gap between supply and demand – particularly for registered nursing, which would make this plan unrealistic.
- **Workforce Demand** We are aiming to increase our total WTE by c520 WTE. This represents an increase of 5% at NBT, which may not be affordable or achievable. The risk is that we will be creating more vacancies, thereby increasing reliance on bank and agency**.** UH Bristol and NBT are jointly aiming increase A&E staffing by13 consultants and 8.2 juniors.
- **Changes in bank and agency** Our system is aiming to reduce agency, with the greatest ambition being in NBT with a 24% reduction in nursing agency and a 33% reduction in nurse bank use. It may be challenging to achieve a “bank first” approach whilst also reducing bank.
- **Alignment with activity and finance** We will be ensuring that underpinning assumptions are realistic and that plans align – currently Weston is forecasting an increase in activity with no commensurate increase in workforce.

Alignment with BNSSG STP Workforce Plan

Our STP system wide workforce plan shows that there will be a **reduced supply of registered nursing** in 2019/20. However, acute Trusts plans show **an increase in substantive registered nursing of 198 WTE and AWP (55%) are planning an increase of 13.38 registered nursing WTE**. During the period February to November 2018, (peak time for recruiting registered nurses), NBT substantive registered nursing reduced by 22 WTE. Whilst up to 50 WTE may be recruited from international recruitment, the overall recruitment plan seems unrealistic. The risk is that increased vacancies will result in increased agency usage.

	Plan for year ending 31/03/2020 – WTE change from 31/03/2019				
	NBT	UHB	Weston	AWP (∞)	System Total
Substantive WTE	536.40	131.36	1.95	38.88	708.61
Registered Nursing, Midwifery and Health visiting	150.20	49.16	(1.41)	13.38	211.33
Allied Health Professionals	71.52	21.32	0.00	0.60	93.44
Other Scientific, Therapeutic and Technical	18.69	9.82	0.00	3.80	32.31
Health Care Scientists	9.11	22.35	0.00	0.00	31.46
Support to clinical staff	165.92	(11.37)	(8.64)	20.23	166.14
NHS Infrastructure Support	38.10	45.89	0.00	0.00	83.99
Total Medical and Dental Staff	82.86	(5.80)	12.00	0.88	89.94

Workforce Demand/bank and agency changes

As a system we are aiming to increase our total WTE by 520 FTE. This represents an increase in staffing of 5% at NBT. We need to assess if this level of increased demand is realistic and affordable. Our system is aiming to **reduce agency,** with the greatest ambition being in NBT with a 24% reduction in nursing agency. NBT are also aiming to reduce their registered nurse **bank use** by 33%, which may not be compatible with a “bank first” approach

	Change 30/3/19 to 30/3/20								
	WTE Change					% Change			
	NBT	UHB	Weston	AWP (∞)	System Total	NBT	UHB	Weston	AWP
ALL STAFF	388.78	118.61	(11.05)	23.70	520.04	5.04%	1.35%	0.67%	1.27%
Bank	(121.73)	(6.89)	0.00	0.00	(128.62)	21.91%	1.77%	0.00%	0.00%
Agency staff inc. locum	(25.89)	(5.87)	(13.00)	(15.18)	(59.94)	32.45%	7.96%	19.33%	13.07%
Substantive WTE	536.40	131.36	1.95	38.88	708.61	7.57%	1.58%	0.13%	2.23%

Red = reduction

Discussion

- What is our assessment of the level of workforce risk in our plans given the assessed demand & supply analysis?
- How do we ensure NHSI Trust plans are more realistic for the final submission, so that they include achievable staffing increases?
- How do we improve the triangulation of workforce plans with finance and activity – do operational, finance and workforce leads work closely together in your organisation?