

## BNSSG People Programme and the 10 ICS People Functions

### Our vision

“To create a sustainable nursing, midwifery, AHP and support workforce, working productively. This will be achieved by making BNSSG the best place to work and the employer of choice for nursing”.

### Our priorities for year 1:

- Pipeline: a) to improve the pipeline into nursing, midwifery, AHP and support roles through expansion of educational places and clinical placements, including apprenticeships b) to coordinate recruitment and return campaigns, including where beneficial international pipelines.
- Productivity: This will focus on the development of shared system banks and agency switch incentives.
- Retention: Most beneficial will be the development of system wide career paths and development opportunities and facilitated job moves across system partners.

People Function	Delivery in progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<p><b>1. Supporting the health and wellbeing of all our people</b></p> <p>Looking after our people</p>	<p>Employers offer extensive health and well-being including:</p> <ul style="list-style-type: none"> <li>• Counselling and access to EAPs available across most employers</li> <li>• NBT/UHBW offer psychologist led workshops for staff affected by trauma and to provide training and support to managers</li> <li>• IAPT service offers a priority service to health employees</li> <li>• UHBW employs a health check nurse</li> <li>• Health and well being champions in all Trusts and Sirona</li> <li>• Occupational Health provided to NBT, UHBW, Sirona, Brisdoc and some Primary Care (approx. 66 GP practices and 20 dentists).</li> <li>• Health and Wellbeing Lead Post for Primary Care until Aug 2023</li> <li>• Health and Wellbeing Lead Post funded for Social Care until Aug 2023</li> <li>• Online DSE assessment tool for staff in NBT, UHBW, Sirona and AWP, supported by APOHS and part of the integrated physio pathway</li> </ul> <p>Following the success of the health and wellbeing nurse for social care APOHS are exploring funding options for retaining the post in 2023/24.</p> <p>Hybrid/flexible working offered by all employers where appropriate</p>	N/A	<p><b>Continue:</b> Employer provision of health and well-being offers</p> <p>Avon Partnership Occupational Health Service (APOHS) will continue a 0.6 WTE Psychologist for primary and social care staff to provide rapid assessments, training for managers and workshops for staff affected by trauma for primary and social care.</p> <p><b>Stop:</b> Healthier Together Support Network will be discontinued due to lack of funding.</p>	Sickness absence
People Function	Delivery in progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)

<p><b>2. Growing the workforce for the future and enabling adequate workforce supply</b></p> <p>Growing for the future</p>	<p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>• Collaborative system approach to recruitment events and schools and young people to showcase careers in health</li> <li>• Schools project as part of learning academy with T levels, traineeships and apprenticeships to create young person`s pathway</li> <li>• Series of Collaborative Recruitment Events including for D2A</li> <li>• International Recruitment options appraisal for joint approaches</li> <li>• Individual employers to review potential for increased international recruitment</li> <li>• Continued increase of alternative approaches to degree apprenticeships including Blended Nursing Degree which is in Year 2 at University of Gloucester, and apprenticeships for nursing and TNAs</li> <li>• Return to practice at employer level</li> <li>• Expand the number of staff in primary care (ARRS) roles</li> </ul> <p><b>Retention:</b></p> <ul style="list-style-type: none"> <li>• mapping of retention initiatives, and sharing best practice</li> <li>• Joint preceptorship programme to help retain nurses early in their careers (Ongoing)</li> <li>• Legacy mentoring and preceptorship to support newly qualified staff</li> </ul> <p><b>Temporary Staffing</b></p> <ul style="list-style-type: none"> <li>• Agree a system level incentive framework 2023/24.</li> <li>• Establish a BNSSG agency spend reduction plan 23/24 including neutral vendor options</li> <li>• Exploring a shared bank option</li> <li>• Review and assess the outcomes from Phase 1 pilot of the Primary Care Bank</li> </ul> <p><b>Delay for one year:</b> Exploring digital passport for acutes</p>	<p><b>1, 3 and 5 year plan commitments:</b></p> <p><b>Year 1:</b></p> <ul style="list-style-type: none"> <li>• <b>PRIORITY 1:</b> Review of inclusive recruitment and review of the NHS Digital Staff Passport</li> <li>• <b>PRIORITY 2:</b> Joint recruitment campaigns for hotspot areas:</li> <li>• <b>PRIORITY 3:</b> Scoping of single international recruitment model: options appraisals for collaborative international recruitment</li> <li>• <b>PRIORITY 4:</b> Scoping of terms and conditions and temporary staffing alignment</li> </ul> <p><b>By year 3:</b></p> <ul style="list-style-type: none"> <li>• New ways of recruiting enable diversity and inclusion fully embedded</li> <li>• Single international recruitment model across local employers</li> <li>• Implementation of infrastructure to support systemwide employment contracts: across health and social care (“levelling up” agenda)</li> </ul>	<p><b>Continue and expedite:</b> All work linked to supply and demand</p> <p><b>Refocus:</b> Collaborative recruitment events and retention to particularly focus on nursing Strengthen commitment to joint international recruitment delivery</p> <p><b>Delay:</b> Digital passport for acutes from March 2023 to March 2024</p> <p><b>Additional work:</b></p> <p><b>Retention to include</b></p> <ul style="list-style-type: none"> <li>• Scope cost /benefit analysis of potential R&amp;R premium;</li> <li>• Development opportunities and facilitated job moves across system partners (see also Educating, section 6)</li> </ul>	<p>Reduction in turnover year on year</p>
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People Function	•Delivery in progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<p><b>3. Supporting inclusion and belonging for all, and creating a great experience for our people</b></p> <p>Belonging in the NHS</p>	<ul style="list-style-type: none"> <li>•Sharing WRES/WDES/staff attitude survey data for review and planning</li> <li>•Allow members to attend staff networks</li> <li>•Dedicated project manager to Audit recruitment processes, implement and share best practice across the system Jan-Oct 2023</li> <li>•Produce newsletters regularly to share practice across all system staff networks</li> <li>•Review training of recruiters to ensure EDI focus</li> <li>•Develop and train pool of diverse recruiters to be part of panels</li> <li>•Positive action framework developed to support inclusive recruitment and talent development across BNSSG</li> <li>•Creation of inclusive recruitment framework of best practice</li> <li>•Race Equality Employer Guidance created and approved by Recruitment Leads and EDI Leads to support positive action framework.</li> <li>•Public sector, Make it Right Programme</li> </ul>	<p><b>HEE PID and CE commitments:</b></p> <ul style="list-style-type: none"> <li>•<b>Inclusive Recruitment:</b> project manager to audit recruitment processes, implement and share best practice across the system Jan-Oct 2023</li> <li>•<b>BAME talent pipeline</b> project to increase career progression opportunities for BAME staff</li> <li>•<b>Support and promote staff networks</b></li> </ul> <p><b>KPIs agreed with CEs include:</b></p> <ul style="list-style-type: none"> <li>•Reduce gap between BAME and non BAME shortlisted applicants by 30% by March 2023</li> <li>•Increased % of senior panels with BAME representatives</li> <li>•<b>Exec and senior interviewees</b> to evidence EDI commitment at interview</li> <li>•Ensure all senior managers have EDI objectives reviewed at appraisal</li> <li>•<b>80% of executive directors</b> provide sponsorship opportunities</li> <li>•Disproportionate expenditure on BAME staff training</li> <li>•25% of people with development opportunities should be from BAME communities</li> <li>•Support networks: dedicated, paid time for network facilitators and leads and allow members time to attend (<b>September 2023</b>)</li> <li>•10% increase in BAME attendees/members attending networks</li> </ul>	<p><b>Continue existing work and in addition:</b></p> <p>Focus on <b>cultural competency and anti-racism actions</b> which will support BNSSG to be the best place to work and improve retention</p> <p><b>Refocus Inclusive recruitment review</b> to focus on how we make nursing job descriptions more attractive and less restrictive, using our EVP to promote BNSSG as the best place to work to increase the pool we recruit from</p> <p><b>Embed BAME Talent Pipeline</b> work in the Learning Academy to ensure EDI is BAU and make BNSSG a model employer</p>	<p>As per col 3</p>

People Function	Delivery in Progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<p><b>4. Valuing and supporting leadership at all levels, and lifelong learning</b></p> <p>Belonging in the NHS</p>	<ul style="list-style-type: none"> <li>Map existing leadership provision across the system with a view to sharing leadership programmes more widely</li> <li>Local employer based leadership development programmes</li> <li>Supercharging Coaching (training 40x coaches, 10x coaching supervisors, and 20x health and wellbeing coaches)</li> <li>BNSSG Coaching Network events across the system to meet as peers.</li> <li>12 colleagues will act as Change Exchange champions</li> <li>Scoping of system organisations to participate in collaborate GMTS</li> </ul> <p><b>Pause</b></p> <ul style="list-style-type: none"> <li>Talent Strategy for BNSSG</li> <li>Mapping current provision aiming to create a shared BNSSG leadership framework</li> </ul>	<p><b>HEE PID commitments by November 2023:</b></p> <ul style="list-style-type: none"> <li>Create a <b>shared framework of Leadership development</b></li> <li>Develop a <b>shared definition of leadership for BNSSG</b></li> <li><b>Map and rationalise</b> the Leadership development and coaching offers across the system, including linking with Apprenticeships</li> <li>Create a <b>community of practice</b> including coaches, mentors and supervisors, and build a provider-led network to provide a matching service</li> <li>Ensure EDI is embedded across our approach to Leadership development and coaching</li> <li>Create an options appraisal to ensure a sustainable model for coaching for the future in BNSSG</li> </ul> <p><b>HEE PID: Legacy mentoring</b></p> <ul style="list-style-type: none"> <li>Train experienced nurses to provide support for newly qualified staff</li> </ul>	<p><b>Refocus:</b></p> <ul style="list-style-type: none"> <li>BNSSG Healthcare Leadership Framework already being developed. Refocus of project will be support existing system work on this clinical leadership framework as this includes nurses and AHPs</li> <li>Consider succession planning and talent management for senior nursing and midwifery positions at Director and Deputy/Assistant level</li> <li>Systematic approach for senior leadership development and qualification via apprenticeships initial focus on nursing and midwifery</li> <li>Identify the elements of the above framework that will be delivered through the LLA on a consistent system wide basis.</li> <li>Ensure EDI is embedded in leadership development rather than separate initiative.</li> </ul> <p><b>Defer:</b></p> <p>Talent strategy to year 3</p>	<p>Staff attitude survey results</p> <p>on engagement</p>

People Function	Delivery in Progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<p><b>5. Leading workforce transformation on and new ways of working</b> <small>New ways of working</small></p>	<ul style="list-style-type: none"> <li>Investment of resource in workforce redesign to support service Transformation and drive productivity across both existing and new clinical models, helping to make BNSSG health and care the employer of choice.</li> <li>Supporting various transformation projects across the system to redesign workforce and consider flexible workforce models, portfolio careers, new roles</li> <li>Work in progress includes:               <ul style="list-style-type: none"> <li>Clinical Assessment Service (CAS) new ways of working being explored e.g. rotational roles, remote working,</li> <li>Frailty Route Rotational</li> <li>Endoscopy Training pilot</li> <li>Support for D2A</li> </ul> </li> <li>Calderdale Framework 174 people trained in Foundation Training and 20 trained facilitators to facilitate change</li> <li>Network of Calderdale trained staff across the system to continue to support and maintain workforce redesign expertise</li> <li>Talent – nursing midwifery talent succession</li> </ul>	<p><b>1,3 and 5 year plan</b></p> <p><b>PRIORITY 1:</b> Enable the delivery of joined-up care and better patient outcomes through the provision of workforce redesign</p> <p><b>PRIORITY 2:</b> Prioritise workforce transformation and redesign in the community, including D2A, HT@H, Stroke, Place Based Urgent Care</p> <p><b>PRIORITY 3:</b> Develop new and extended roles such as advanced practitioners and ARRS to find alternatives for shortage professions</p> <p><b>PRIORITY 4:</b> Start a cultural journey of transformation through implementation of Calderdale Framework across the system</p> <p><b>PRIORITY 5:</b> Map the current and planned digital transformation and the workforce requirements including new roles and training/upskilling</p>	<p><b>Continue existing programme but ensure there is particular focus on:</b></p> <ul style="list-style-type: none"> <li>Support for care pathway/model of care redesign which will reduce demand for care in acute sector eg. D2A/CAS</li> <li>Redesign work focussed on productivity for nursing workforce eg.skill mix</li> </ul>	

People Function	Delivery in Progress	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<p><b>6. Educating, training and developing our people, and managing talent</b> Growing for the future</p>	<ul style="list-style-type: none"> <li>• <b>Business Case</b> to support the Learning and Leadership Academy</li> <li>• <b>System wide training needs and provision analysis</b> to forecast CPD demand to plan for funding changes and joint procurement of CPD, and sharing CPD modules with non-NHS partners.</li> <li>• Plans for consistent learning platform to share training resources and good practice</li> <li>• <b>Collaborative clinical placement</b> expansion for nurses already met - 111 new placements target 152 new placements identified to support more nurses in training.</li> <li>• <b>Apprenticeship strategy</b> to fully utilize apprenticeships as part of career development pathways; 851 Apprentices on programmes. 66 Trainee Nurse Associates and 230 <b>Registered Nurse Degree Apprentices</b> currently enrolled</li> <li>• <b>Preceptorship</b>, system wide programme has been established to support “newly qualified” Nurses and AHPs during their first year, to reduce turnover</li> <li>• <b>Additional new nursing pipeline</b>: 12 new “blended” nursing degree students at Uni of Glos, plus 14 in Y2</li> <li>• <b>Careers Hub</b> to provide single point of access for schools and colleges, delivery of the T-Level health which is forecast to deliver 75 Young Trainee Nurses by September 2026) and an Early Careers Pipeline to engage, recruit and develop “new to care” staff in areas of shortage.</li> <li>• <b>Multiple schools, college and apprenticeship</b> events and data base of school leavers seeking careers in health and care - 1000 young people engaged Since September 2022 and over 400 young people have signed up to a mailing list</li> <li>• <b>Widening engagement</b> including refugee recruitment event, work with Princes Trust to recruit young people into entry level roles and a system wide Project Search to support young people with LDD into employment.</li> </ul>	<p><b>1, 3 and 5 year plan:</b> <b>Year 1</b> <b>PRIORITY 1: Placement Expansion across the system:</b> including Work Experience, T-levels, Apprenticeships, AHPs and Social Care. <b>PRIORITY 2: Skills Passporting and aligned Learning Management System:</b> and enable electronic passporting of stat/man training <b>PRIORITY 3: New Roles/New Ways of Working/Growing Our Own:</b> System approach to Apprenticeships and School and College Engagement programme with central Careers Hub to attract new pipeline</p> <p><b>Year 2</b> <b>PRIORITY 1:</b> Skill/Competence Based Training Passporting clinical skills. <b>PRIORITY 2:</b> System Leadership skills and networked coaching and leadership model and opportunities <b>PRIORITY 3:</b> Digital literacy and data skills to enable better use of data</p> <p><b>Year 3:</b> <b>PRIORITY 1:</b> System wide procurement of training. Share in-house expertise and develop partnerships with education providers, standardised OSCE’s for international recruitment <b>PRIORITY 2:</b> Career Pathways and frameworks across health and social care and access to learning and</p>	<p>Oliver McGowan training in Learning Disabilities and Autism will continue as a “must do” – doing this collaboratively will support productivity and best practice</p> <p><i>Please see function 4 for leadership development</i></p> <p><b>Refocus:</b></p> <ul style="list-style-type: none"> <li>• Career pathways (eg ACPs) to improve retention and make BNSSG the best place to work particularly for nursing</li> </ul>	<p><b>Clinical placement expansion (as agreed with HEE)</b></p> <p><b>Apprenticeship increases for TNAs and nursing</b></p> <p><b>Careers hub numbers accessing</b></p> <p>social care placements</p>

- **Community Upskilling**
    - Fast-track Rehab Support Worker Programme
    - Upskill care workers in clinical skills
  - **Social care placements:**  
Work with UWE to appoint an academic in practice and appoint social care co-ordinator to increase support for placements in providers
  - **Productivity benefits** from Passporting Stat and man training saved c13,000 training hours and £192,035.
  - **Oliver McGowan Training in LD & Autism**  
Ensure the mandatory programme is delivered across the system to all staff using specialist expertise/lived experience
  - **Leadership and Organisational Development,** Developing current and future leaders, establishing a network of skilled and qualified coaches and connecting people across the system.
- Training Hub**
- Support primary care with training needs to support recruitment, retention and delivery, including:
  - Support for newly qualified GPs fellowships for nurses,
  - “insights” work by year 3
  - Increase ARRS roles
  - Supporting digital literacy: creating primary care digital training matrix
- AHP Faculty**
- To support the development of AHPs
- Advanced Practice**
- Create a network of ACPs across the system, and align advanced practice across the system to ensure common understanding to support a career pathway

- development opportunities to support and retain staff.
- PRIORITY 3:** More integrated approach to education funding
- HEE PID commitments:**
- Increased nursing placements in Social Care (UWE partnership)
  - Community Upskilling
    - Fast-track Rehab Support Worker Programme
    - Upskill care workers in clinical skills
  - Oliver McGowan Training in LD & Autism

**Training Hub deliverables as agreed with HEE**

productivity savings from stat and man passports

People Function	<ul style="list-style-type: none"> <li><b>Delivery in Progress</b></li> </ul>	1,3 and 5 year plan /HEE commitments at system level	Refocus Continue, refocus, stop	KPIs (to follow)
<b>7 Driving and supporting broader social and economic development</b> Cross cutting	<ul style="list-style-type: none"> <li>Hybrid models promote environmentally sustainable models of working</li> <li>Establishment of locality partnerships, local jobs for local people</li> <li>Place based approaches to recruitment</li> </ul> <p>Note: Directorate of Strategy, Partnerships and Population leading this work.</p>			
<b>8. Transforming people services and supporting our people profession</b> Cross cutting	<ul style="list-style-type: none"> <li>Already OH and Procurement operate a systemwide approach</li> <li>Acute care collaborative programme includes exploring shared services options which may include payroll, complaints, HR. Benchmarking completed, payroll to be first focus. Approval by the Board to explore other areas</li> <li>Joint approaches to temporary staffing (see People Function 2 above)</li> <li>Business case for Learning and Leadership Academy (see People Function 6 above)</li> <li>Collaboration on re-procurement of e rostering services</li> <li>Review of neutral vendor options (see also 2 above).</li> </ul>		Continue to explore options for collaboration across transactional HR services	
<b>9. Leading coordinated workforce planning using actionable intelligence and analysis</b> Cross cutting	<p><b>Workforce Planning</b></p> <ul style="list-style-type: none"> <li>System wide workforce plan</li> <li>Improve data and workforce plans including alignment with finance and improve social care data Sept 2024</li> <li>ICB operating plan</li> <li>Commitment in the ICB workforce restructure to robust investment in workforce planning including a workforce planner apprentice role</li> </ul>	<p><b>Year 1</b></p> <p><b>PRIORITY 1: Workforce planning model</b> which tracks and projects supply and demand</p> <p><b>PRIORITY 2: Develop a central hub for system workforce reporting</b> (with consistent data definitions and calculations)</p>	<p><b>Refocus</b></p> <p>Movement between NBT and UHBW to understand the elements of turnover associated with inter organisational movement</p> <p>More granular data regarding recruitment and retention hotspots for nursing, midwifery, AHPs, and support.</p>	



	<ul style="list-style-type: none"> <li>• Appropriate governance through the Workforce Action Board, People Programme Board, and People Committee to prioritise the programme</li> </ul>	<p><b>PRIORITY 3: Identify variances in skill mixes</b> across NHS B2 and B3 support worker roles  <b>By year 3:</b>  <b>PRIORITY 1: Improved Primary care and Social Care data</b>  <b>PRIORITY 2: Continued mapping of</b> roles, skills, competencies across the system to enable consistent workforce models and develop common job descriptions and a single systemwide banding process  <b>PRIORITY 3: Further build on our workforce planning model and capabilities across the system to</b> understand the workforce impact of all ICS clinical transformation programmes – now and in the future</p>		
<p><b>10. Supporting system design and development</b> Cross cutting</p>	<ul style="list-style-type: none"> <li>• ICB “Big Conversations” led by communications team</li> <li>• <i>ICB strategy</i> led by Director of Strategy, Partnerships and population</li> <li>• OD - focussed at partner level.</li> <li>• ICB board level leadership development</li> <li>• Locality partnership establishment</li> <li>• Inclusion and workforce redesign – Calderdale Training focussed on staff engagement</li> <li>• Legacy mentoring – newly qualified nurses being supported by more experienced mentors</li> </ul>		<p>:</p> <p>Continue to address OD at employer level to make a positive impact on BNSSG as an Employer of Choice</p> <p>Review system staff survey responses that may be a concern regarding culture eg. Bullying and harassment</p>	
<p><b>Governance</b></p>		<p>N/A</p>	<p>Closer integration of senior HR/OD provider leadership and ICB team championing a distributive leadership philosophy</p> <p>Closer alignment with CNOs</p>	



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board