Acacium Group

NHS workforce provision in a new world

Contents

Executive Summary

The COVID-19 pandemic has necessitated significant changes to the NHS, staffing frameworks and workforce provisions, many of which were hard to imagine ever coming to fruition otherwise. Acacium Group strongly believes that NHS workforce can benefit considerably from the new ways of working and thinking that have emerged during the crisis, and that to return to the way things were would present many missed opportunities.

Crucially, now is the time to act. The current reduction in demand presents a unique opportunity to transform the structure of the workforce supply chain and deliver fundamental improvements in line with the NHS People Plan. This report looks at the current workforce state of play and discusses how these improvements could be made.

Acacium Group has a strong track record for delivering results. Aside from the Department for Health and Social Care's own provider NHS Professionals, we are the UK's leading supplier of staff bank management solutions. Trading under the Bank Partners brand, we provide a unique approach to bank management that is underpinned by a strong understanding that the key to commercial viability is to maximise the supply from a trust's own bank before turning to agency.

The group's reputation and unique breadth of services resulted in our privileged appointment to lead the Nightingale Hospital, London's managed workforce. This appointment, together with the fact that we supply doctors, nurses, allied health professionals (AHPs) and Health Science Services (HSS) staff to NHS hospitals in every UK region, is why we're well placed to provide insights on the impact that COVID-19 has had on provision of workforce to the NHS.

In addition to Bank Partners, the majority of companies within our group are market leaders in their segment, making us the largest supplier of healthcare staff and services in Europe. Combined, the group supplies approximately 21,000 workers each week into healthcare and life sciences, including doctors, nurses, mental health professionals, allied health professionals and qualified social workers.

More details on the full range of Acacium Groups' brands and services can be found in Appendix 1.

1 | COVID-19: lessons learned

The COVID-19 pandemic has brought about a short-term reversal of the supply-demand imbalance that has been prevalent across the healthcare sector in recent years. Since 2020, nurse supply has outstripped demand for the first sustained period whilst hospital capacity has concentrated on intensive care.

But despite this short-term reversal in trend, the underlying challenges have not gone away.

Key themes that remain:

- Restarting international recruitment
- Streamlining workforce regulatory process
- Creating a UK pipeline of nurses

The response to the pandemic has seen some considerable changes in approach to workforce.

Key opportunities:

- Effective adoption of new workforce models such as; staffing solutions at a regional level; managed service; and recruitment process outsourcing e.g. Nightingale Hospital, London
- Rapid technology enablement such as; NHS acceptance of digital interviewing; long-term adoption of amended validation; and screening processes to improve speed-to-hire
- Establishing key, strategic partnerships to deliver value, rather than long supply chains for competition

2 | Restarting international recruitment

Flights have been cancelled preventing overseas candidates from entering the UK. In addition, Objective Structured Clinical Examination (OSCE) test centres have been closed meaning candidates already in the UK have been unable to secure their Nursing and Midwifery Council (NMC) PIN.

The NMC, Visa Authority and recruiters have all looked to be flexible to support a restart of international recruitment with some improved measures including:

- Introducing a temporary COVID-19 register to allow a deferral of the OSCE
- Extending temporary visas to support the delay in OSCE
- Maintaining candidate pipeline by extending the pre-OSCE process of activities undertaken in the home country

Despite these measures the international recruitment process remains complex and is best managed by a collaboration across trusts rather than a competition between them. There have been some exemplary examples of this kind of collaboration that, we believe, should be heeded elsewhere.

Key opportunities:

- Maintaining candidate pipeline by extending the pre-OSCE process of activities undertaken in the home country
- Collaboration across trusts and strategic suppliers to navigate the complexity of International Recruitment, rather than trust attempting to do so in isolation.

3 | Healthcare labour market dynamics

Flexibility is key to the general labour market these days, with people looking to work when and where they want rather than under more traditional, permanent employment contracts. Like every sector, The NHS workforce system needs to adapt to this trend for flexible working and modify its workforce strategy, reporting and key performance indicators accordingly.

Key opportunities:

- Innovative use of collaborative banks and pooling of workforce resources
- More strategic use of agency partnerships to complement bank resourcing and supply more flexibly
- New reporting on 'workforce cost' rather than reduction in agency usage, acknowledging that agency supply governed by fee caps is not necessarily more expensive than bank. (Migration of agency to bank can in some instances be more expensive and counter-intuitive to an individual's preference for flexible working on multiple assignments)

The multiple-agency supply and framework approach has doubtless improved pricing, standards and governance. However, it significantly lags other staffing sectors in terms of sophistication, where we've seen strategic and economic gains made from rationalising a long list of suppliers. To evolve, we see the next phase in the NHS's workforce planning adopting a similar approach, with a greater emphasis on Recruitment Process Outsourcing (RPO) and/or master vendors that can deliver the following:

- Economies of scale
- Improved fulfilment and retention
- A greater level of supplier accountability
- Savings through improved terms and efficiencies
- Staffing solutions that are fit to serve across STPs and integrated care systems
- Digital platforms for candidates with increased focus on experience and engagement
- Candidate and workforce experience programmes providing benchmarks and actionable insights to improve leadership, culture, engagement and retention

Now is the time to act.

The reduction in demand presents a unique opportunity to transform the structure of the supply chain and deliver fundamental improvements in line with the NHS People Plan.

4 | Sustainability and Transformation Partnership (STP) collaboration

Collaboration across a bigger footprint is a fundamental principle of the NHS Long Term Plan. Healthcare provision within an STP will benefit from the improvements in workforce scale and increased flexibility brought about by a more collaborative approach.

Key opportunities:

- STP-level collaboration presents further opportunities for the deployment of skilled clinical workforce from both bank and agency workers across acute, primary and preventative healthcare e.g. primary care outpatient clinics
- STP collaborations and workforce solutions also provide the scale required for further investment into digital services. Innovative digital solutions will put the workforce to work in new ways, providing the public with access to a broader set of clinicians at a time that suits them. We already have working examples such as digital therapies for mental health services and remote diagnostics in primary care.
- Collaborations will provide opportunities for major new programmes of work to release time to care

5 | A new operating model for workforce

The NHS Long Term Plan cited workforce supply as the biggest challenge facing the NHS. The plan sets out several actions the NHS must deliver to create a workforce of the future. In order to achieve these actions, the resourcing strategy must evolve rapidly.

Key opportunities:

- Learn from other sectors and move to expert Recruitment Process Outsourcing (RPO) solutions, enabling trusts to rapidly evolve the workforce supply chain
- Empower RPOs to resource as they see fit in conjunction with the frameworks to meet the overall demand, utilising master vendors in some specialisms and making rationalisations across the supply chain to deliver against key objectives
- Identify proofs of concept and a phased approach for a new operating model fit for an integrated care system

6 | Use of technology, data science and self-service workforce applications

Technology undoubtedly has a key part to play in the future of workforce deployment. With technology constantly evolving there is increased scope for interoperability, integration and new software to drive attraction, engagement, rostering and generally improve the candidate experience.

Key opportunities:

- New approach should focus on tech-enabled managed services rather than a single technology solution or provider
- RPOs/workforce providers and technology supply-chain must work together rather than in competition
- Data science, informed by scale analytics, is invaluable to improve the smartness and efficiency of workforce deployment

7 | Improving leadership culture, candidate perception of the NHS and retention of staff

Leadership, perception of the NHS as an employer of choice and the retention of its workforce are influenced and affected by each and every interaction that occurs daily across the service. Candidate and workforce experience have traditionally been measured using engagement surveys. The NHS requires a more responsive and real-time solution in the form of a workforce experience management programme.

A fresh, new approach to experience management would be the catalyst for the cultural change that's required. Real time surveys (taking no more than one minute to complete) at every key interaction will identify many powerful and actionable insights to drive continuous improvement in leadership, culture, staff engagement, retention and ultimately in the level of patient care.

Key opportunities:

- Shift from traditional engagement surveys to 'Experience Management'
- Seek RPO providers that are consultative and can offer Experience Management analytics software
- Determine benchmarks for each team, department, ward, trust and STP to fully understand the key drivers for improvement in each area
- Learn from other sectors and those leading the way on Experience Management in staffing

1 | COVID-19: lessons learned

Restating the key objectives of the NHS Long Term Plan

The NHS Long Term Plan was published in January 2019 and cited workforce supply as the biggest challenge facing the NHS. The plan sets out several actions the NHS must deliver to create a workforce of the future.

Objectives of the Interim People Plan

The Interim People Plan, published in June 2019, was described not as a detailed 10-year roadmap but:

> *"Our vision for our people and the urgent actions we all need to take this year, both to make immediate improvements but also to build a plan for our people that is fully integrated with those for financial and operational delivery."*

The Plan identified five key action areas:

1. **Making the NHS the best place to work.** Make the NHS an employer of excellence – valuing, supporting, developing and investing in our people.
2. **Improving the leadership culture.** Positive, compassionate and improvement focused leadership creates the culture that delivers better care. We need to improve our leadership culture nationally and locally.
3. **Tackling the nursing challenge.** There are shortages across a wide range of NHS staff groups, however, the most urgent challenge is the current shortage of nurses. Key actions are required in the short and medium term to build the nursing workforce we need for the future.
4. **Delivering 21st century care.** Begin to set out the workforce transformation needed to deliver this model of 21st century care, including a major new programme of work to release time to care.
5. **A new operating model for workforce.** We need to continue to work collaboratively and to be clear what needs to be done locally, regionally and nationally, with more people planning activities undertaken by local integrated care systems (ICSs).

Immediate actions have been taken in a number of these key areas that were identified as 2019/20 priorities while each STP developed their own full five-year plan. Since the Interim plan was published, NHS England Chief People Officer, Prerana Issar has been leading ongoing work to develop a national implementation strategy and the NHS People Plan was published in July 2020. The new plan builds on the Interim People Plan recognising the impact of COVID-19 and sets out what the people of the NHS can expect from their colleagues and leaders for the rest of 2020 and into 2021. Ensuring the wellbeing of NHS workers is met is a key highlight of the new NHS People Plan key which focuses on offering flexibility, delivering on equality, enabling service innovation and supporting excellent patient care. Regional 'people boards' are now being established to oversee local workforce strategies, in line with the plan's vision to devolve more responsibility to regional integrated care systems when it comes to workforce planning. COVID-19 has impacted these plans in a variety of ways. Some areas have been a resounding success and benefited greatly from the extraordinary emergency measures taken. Notable examples are in the speed-to-hire, credentialing and the accelerated launch and mobilisation of the 'return to practice campaign' which has seen thousands of doctors and nurses returning to the front line to fight the virus.

Other plans have been significantly disrupted and will likely remain harder to achieve, potentially requiring a new approach. Increasing international recruitment and tackling the nursing challenge have been particularly affected. Supply for nurses has far outstripped demand for the first time and the increased numbers of nurses, coupled with the reduction in planned NHS activity, has meant many nurses outside those in critical care have found themselves underemployed for the first time in their careers. This phenomenon has created a financial challenge for a vast number of health professionals, as well as the suppliers of workforce in the UK.

It remains to be seen how the other key focus areas will be impacted in the medium to longer term. These areas include: making the NHS the best place to work, improving leadership capability and culture, delivering 21st century care and the transition to a new workforce model operating across an entire STP and undertaken by local ICSs.

All STPs are developing a local People Plan in response to the new NHS People Plan and focusing on stepping services back up during and post COVID-19 and will inevitably revisit intended investment on education, training and for digital and capital transformation to support the recovery and renewal of the NHS.

Making it easier to support the NHS

The COVID-19 pandemic has brought about many necessary adjustments to the NHS, staffing frameworks and workforce provisions to the healthcare sector that would've been hard to imagine ever coming to fruition otherwise. With that in mind, it would be a missed opportunity if things were simply to return to the way they were. Instead the NHS should benefit from the new ways of working and thinking that have emerged during the crisis.

Acacium Group recently provided a group-wide solution to support the flexible workforce strategy and mobilisation of the workforce for Nightingale Hospital, London. It comprised a full Recruitment Process Outsourcing approach across all specialities of staff with the provision of a dedicated account team charged with determining the appropriate resourcing strategy and, ultimately, delivering. The response in the context of an emergency was different to that usually requested in normal times and the flexibility in approach and partnership working enabled us to develop a bespoke delivery model.

Key experiences were accumulated from this supply, which successfully identified and mobilised over 300 flexible staff who were all validated, trained and ready for duties across a broad range of healthcare specialties in under five weeks. We believe many of our learnings will be of value in shaping the workforce resourcing and capability strategy at an STP level in support of their progression to Integrated Care Systems by April 2021.

The world-wide response to the pandemic has seen the accelerated use of digital technology. Whilst enhanced digital enablement and the use of technology has been high on the NHS agenda, there has often been a degree of caution and bureaucracy attached to the adoption of new technology. This is particularly evident in the use of digital services within the supply of workforce to the NHS and under the current framework agreements.

At the outset of the pandemic, when it became clear that there was a need for some unprecedented measures, Acacium Group made several adjustments to standard operating procedures to greater utilise technology in order to expedite our response. This was particularly important in the validation of nurses applying to work in intensive care units across the NHS. The changes to process we adopted across the supply chain facilitated improvements in speed to hire, applicant screening, verification and the validation process. Adopting such measures that are unlikely to have been approved otherwise such as interviewing and validating safely and effectively via digital technology, rather than face to face, has improved speed to hire greatly.

The impact of the pandemic made it very difficult and, in some cases, impossible for candidates to be released for face-to-face training and roaming field-based trainers were unable to deliver one-on-one, face-to-face training. In the light of the revised guidance from the Department of Health & Social Care on 16th March 2020, revisions were made to the compliance process to increase the productive capacity of the skilled workforce to support the NHS at a time of significant strain. This decision was made after appropriate risk-assessment. Consequently, annual compliance checks were moved from 12 months to 18 months to allow for existing candidates to undergo the usual bloods and practical training for BLS and Manual Handling.

- New candidates have been accepted without bloods if they have worked in the NHS previously and can provide previous evidence of fit-to-work
- All other compliance aspects have been obtained digitally for both new and existing candidates which is a more efficient process as well as a candidate preference

These measures provided for greater availability of a competent workforce which should be a consideration in future.

The urgent nature of the demands have also led to some unprecedented collaborations and changes to the usual cascade rules which have delivered more timely and efficient results. Hirers have worked more collaboratively on a preferential, and at times exclusive, basis as this has proven to be a far more efficient way of expediting resourcing plans. Working under agreed emergency measures that were necessary to mitigate the impact of the virus and working with fewer suppliers on a more strategic basis are just some key examples of the lessons learnt that could be adopted and evolved further in future.

All these measures were adopted without any adverse impact on compliance, standards and patient safety and consideration should therefore be given to these being adopted long term.

More details on the full range of Acacium Groups' brands and services can be found in Appendix 1.

2 | Restarting international recruitment

Pulse is part of the Acacium Group which recruits healthcare workers from across the globe for UK, Australasia and Middle Eastern markets. Using an international presence and breadth of recruitment knowledge, Pulse is helping to tackle the growing workforce challenges its clients are facing.

Unsurprisingly, logistical challenges around inbound and outbound recruitment have arisen during the pandemic. Throughout March 2020 there were restrictions on travel prior to the closures of the Visa Processing Services across the world and full lockdowns being implemented in the UK and our other markets. Priority visas were unavailable during full lockdown and although now available, availability across the globe is limited with candidates having to check hourly to confirm allocation. Recruiters could mobilise candidates until 13 March but those due to travel after this date faced flight cancellations, impacting the arrival process of pre-booked accommodation and UK orientation.

Despite some nations allowing flights, many visa offices and the medical centres that carry out final travel checks remain closed, making it impossible to leave the country.

Lack of clarity from the Overseas Employment Administrations has led to referral agents pausing new applications to avoid any reputational damage. There have been a host of further challenges for those wishing to move including flight cancellations with only 12 hours' notice.

Recruiters are planning to restart campaigns in 2021, with Trusts supported by the injection of £25 million announced by the Chief Nursing Officer to support international recruitment to increase the delivery of nurses to meet the growing workforce needs. This timeline will allow the pipeline to be replenished following a 60% decrease in worldwide applications since March 2020.

Challenges also persist for staff obtaining a Nursing and Midwifery Council (NMC) PIN due to the impact of COVID-19 on the Objective Structured Clinical Examination (OSCE). Their programme was suspended as OSCE test centres closed on 24 March until July 2020. This closure prevented those in the UK with booked exams from obtaining an NMC PIN whilst others who were in the UK on visit visas were left stranded unable to take the exam or get flights home.

The NMC allowed overseas candidates who were in the UK to join the Temporary COVID Register allowing them to practice as nurses in the UK during the time of emergency. The Temporary COVID Register closed overseas candidates when the OSCE centres re-opened in July 2020. The United Kingdom Visa and Immigration Office has granted extensions to temporary visas to support in candidates who were stranded in the UK due to borders closing.

For those still in their home country, the NMC has continued to process non-EEA applications with candidates getting to the OSCE stage. However, with some candidates unable to arrive and sit their OSCE in the UK, the NMC has also extended the expiry of the first part of the Test of Competence (CBT) by six months which, it is hoped, will allow the process to align with the easing of global travel restrictions. In September 2020, the NMC announced that they would be accepting results from the OET@Home as proof of English Langauge eligibility for an application for registration, allowing nurses across the world to continue with the applications as some test centres remain closed.

The OSCE has a legal requirement aligned to a candidate's visa, stating that the first exam must be taken within three months of the start date and attained within eight months otherwise the Right to Work in the UK is revoked and the candidate must return to their home country and wait for a period of 12 months before making another UKVI application to come to the UK. UKVI has agreed that, as a result of the pandemic, non-EEA nurses who are in the UK have until 31 December 2020 to take their first exam and until 31 May 2021 to achieve a pass in the three attempts available.

The NMC has responded with these significant changes and is looking to make further improvements, with some measures suggested following successful supplier campaigns.

In summary, international recruitment is a key and fundamental part of the Interim NHS People Plan that has effectively ceased this year. We anticipate ongoing restrictions will result in recruited nurse numbers being far below what is required while the world continues fighting the pandemic.

In addition to international recruitment the NHS and its supply partners rely heavily on the diversity of professionals among its existing workforce, many of whom have migrated to the UK for work and now call it their home. Many more citizens from across the globe migrate to the UK for work periodically or travel between their country of residence and the UK for work assignments within the NHS. Significant numbers of each of these have repatriated back to other countries to be with family during COVID-19.

Now, more than ever, there is value in collaborating to better navigate the complexities of international recruitment, rather than trusts attempting to do so in isolation.

Further insight

This is the second in a series of seven articles from our 'NHS workforce provision in a new world' report. To access part three, where we look at healthcare labour market dynamics, keep an eye on our **LinkedIn**.

Alternatively, you can download the full report by clicking **here**.

3 | Healthcare labour market dynamics

Prior to the pandemic, the sector had been tackling the challenges around workforce and skills shortages, cost pressures and rising demand. The NHS has a wide range of workforce expansion plans and estimated changes in workforce across different settings. These have been drawn up to deliver major programmes in the NHS Long Term Plan. There is increasing demand for efficient and quality healthcare, driven by an ageing and growing population and incidents of chronic conditions. Increasingly specialised needs, an ageing workforce, labour attrition, insufficient development opportunities and workforce planning and a lack of entrants have all been factors impacting the shortage of healthcare workers.

Key facts:

- 1/3 Nurses in the UK are aged over 50
- 40,000 vacant nursing posts in the NHS England
- c 250,000 anticipated NHS staff shortage in England by 2030
- Structural labour shortages are forecast to widen

Labour market structure

There has been a concerted effort in recent years to reduce reliance on agency workers and implement greater controls over and improve standards of agency providers. Success criteria have included the reduction in agency spend relative to bank and substantive workforce expenditure, as well as agency adherences to NHS Agency Rules including supplying via a recognised framework. These objectives have been successful but have had some unintended consequences that are evidently counterproductive and will continue to be so if not addressed.

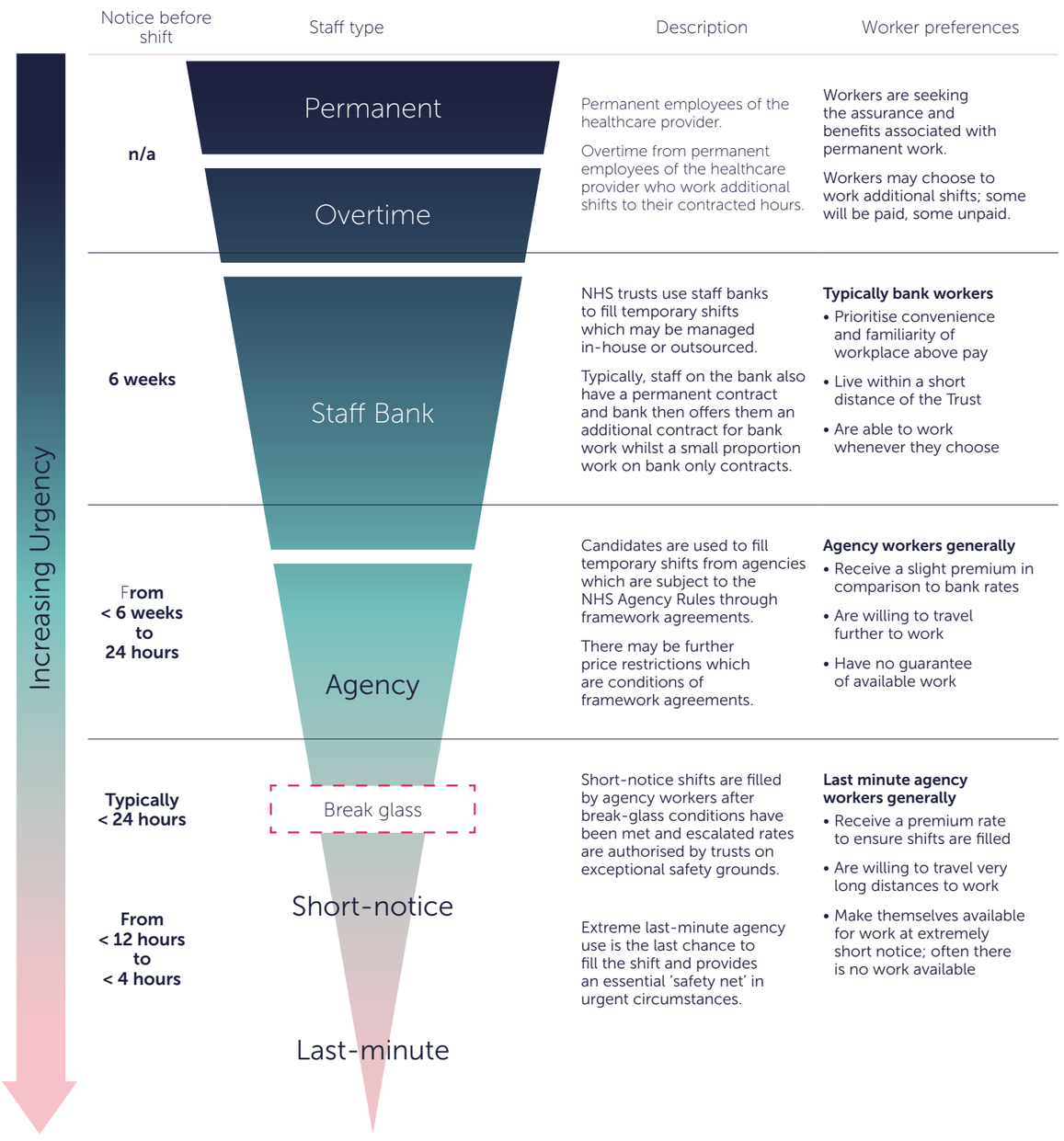
The use of agencies has always been a source of controversy and there is a lack of acknowledgement with regards to the important role agency providers play in the supply chain.

People in society increasingly want to work when and where they choose, as opposed to the traditional model of permanent full-time employment contracts. This trend is particularly prevalent in the younger generation who have recently joined the job market as well as those approaching retirement. CIPD research suggests that staff working on flexible hours contracts are more satisfied with their job than their colleagues working in permanent employment. Rather than being something negative that has been forced upon the UK working population, flexible working is a choice that increasingly large numbers of people actively seek. This trend is accentuated in the healthcare sector, where workers are becoming increasingly confident of their ability to find work that suits their personal circumstances.

There are four cohorts of citizens that undertake work in the healthcare sector, each of which plays an important part today and will continue to do so as the workplace evolves. Each cohort is differentiated by their work preferences and level of flexibility. This is illustrated in the table opposite that also shows the role each cohort plays in the NHS.

Data source:

NMC Register Data Report 31 March 2019
NHS Digital Vacancy Statistics: England - February 2015 to March 2020
The Health Foundation Closing the gap Report, March 2019



3 | Healthcare labour market dynamics

There is a common misconception that agency supply is the most expensive option for meeting demand. It is evident that since the introduction of agency fee caps, framework governance and the push for bank to convert agency workers, there is often now little or no price differential between assignments being fulfilled via bank or agency. In fact, there are instances where bank costs can be greater than agency costs for a specific job grade.

Price becomes prohibitive in the event of a requirement for escalated rates or where supply is sourced from 'last minute' or 'off framework' providers. Last minute staffing should be used as a last resort as it will be significantly more expensive per shift, particularly if relied upon regularly or in any volume. Generally, the break glass mechanism is used in exceptional circumstances to ensure patient safety, but it is also, at times, relied on due to poor planning.

Agency framework structure

The adoption of agency frameworks has delivered higher operating standards, preferred pricing and the removal of unsafe practices from some suppliers. NHS Agency Rule caps and standardised supplier terms and conditions have been observed across the industry and incorporated in the frameworks. However, an unintended consequence has seen agency supplier relationships become increasingly transactional with hiring habits placing less focus on the value gained from partnerships with key suppliers. Many hirers use an extensive list of agency suppliers or have no preference providing the supplier meets the framework terms. This is evident in the 'fastest finger first' approach to fulfilment which is common where vacancies are cascaded to a lengthy list of suppliers and fulfilment is determined by the first to submit a candidate.

Investing in more collaborative partnerships delivers further efficiencies for all parties. For some time, the more forward-thinking NHS trusts have been working more strategically and collaboratively with their agency suppliers in order to evolve the cascade and drive further efficiencies for all parties. This type of supplier rationalisation has developed in most other UK staffing sectors over the past decade with supply chains working with considerably fewer suppliers. The healthcare staffing sector is somewhat behind the level of maturity of other staffing sectors with this evolution.

Other sectors provide key learnings, particularly the advantages from the economies of scale that are best obtained by way of a gain share model.

The case for supplier list rationalisation is increasingly emphasised by a recruiter's reliance on digital channels in the resourcing process. Almost all job searches in the UK begin with a search engine and their algorithms are increasingly presenting job seekers with the most credible source of each vacancy.

Now, more than ever, recruiters are all fishing in the same candidate pool.

Having fewer, larger fishing nets will catch at least the same number of candidates as the many hundreds that are in operation today and will also portray the NHS in a more positive and professional light. Evidence from other sectors shows clearly that candidate behaviour is quick to adapt; job seekers soon learn which suppliers are on the 'select' list of preferred supply partners and migrate to them. This evolution in supply chain management provides the end hirer with even greater control and a range of other added value benefits from working with a small list of strategic partners.

COVID-19: impact on agency workers and supply

Agency workers have been greatly affected by the impact of the pandemic on the health service. Other than critical care workers, most healthcare specialists have been underemployed. They have been ineligible for furlough through the Government's Job Retention Scheme as those working for public bodies are requested to follow Cabinet Office guidance (PPN02 and PPN04) but this guidance has not been adopted by the NHS and neither the Cabinet Office nor HMRC has been able to provide assurance about which, if either, route should be followed. Agencies have not had a mechanism to furlough people through reduced availability of work meaning that many candidates have suffered financial hardship.

The PPE availability challenges have also been felt across the workforce and it has been notable that PPE has been particularly difficult for agency staff to obtain. Bank and agency workers have played a critical role in the staffing of intensive care units, not least with the mobilisation of supply to the Nightingale hospitals. These factors are likely to have a lasting impact on the perception of the NHS as an employer.

The disruption to the NHS and the decline in demand for bank and agency workers during the pandemic presents the NHS with an unprecedented opportunity to rebuild the supply chain in a much more controlled and strategic way. The risks associated with rationalising the number of partners in the supply chain are best mitigated by acting during this period of reduced demand. Preferred suppliers can build their capability and, as news spreads of services returning, candidates will quickly migrate to the new preferred suppliers as work becomes available.

4 | Sustainability and Transformation Partnership (STP) collaboration

The COVID-19 pandemic has had a significant impact on the way we access healthcare. Both the prominence of the virus within the acute setting and the shift to virtual services in primary care have had a dramatic impact on patient behaviour and the way that treatment is delivered.

Learning from these changes could lead to an acceleration of the NHS workforce expansion plans, particularly those which enable delivery in different settings that's required in order to achieve the programmes cited in the NHS Long Term Plan.

The disruption caused by the pandemic has placed even greater emphasis on the intended shift to preventative care, with more areas of service being delivered in the community and through evolved Primary Care Networks. Now seems the right time to explore the changing composition of a workforce that is deployed across an entire STP or Integrated Care System.

There are many advantages in collaboration across a bigger footprint. All healthcare provisions within an STP will benefit from the improvements in scale of workforce and increased flexibility from a more collaborative approach.

- STP-level collaboration presents further opportunities for the deployment of skilled clinical workforce from both bank and agency workers across acute, primary and preventative healthcare e.g. primary care outpatient clinics
- STP-level collaboration and workforce solutions also provide the scale required for further investment into digital services. Such digital solutions will enable the workforce as well as provide patients with access to a broader set of clinicians at a time that suits them, thereby putting the workforce to work in new ways. Examples include access to digital therapies in mental health or remote diagnostics in primary care
- Collaboration provides opportunities for major new programmes of work to release time to care

Workforce operating at an STP level is a key objective of the NHS People Plan.

The NHS Long Term Plan is clear that Integrated Care Systems should be the main organising unit for health services by 2021. Specific workforce priorities can differ significantly by area and it is vital for local health and care organisations to collaborate in order to shape their local workforce.

Shifting acute workforce into primary care and sharing staffing banks across an Integrated Care System opens numerous opportunities and enables more innovative care delivery. We have seen success with clinical Insourcing Services where Primary Care Networks have relied on an insourcing providers to undertake digital dermatology clinics in the community to help address waiting lists. Similarly, it is increasingly common for ECG and echo scan results to be diagnosed remotely and for patient consultations to be delivered remotely using digital channels. These are likely to become the preferred approach in future.

The pandemic has significantly impacted both social care and mental health. It is widely anticipated that demand for these services will become even greater in the future.

Before the pandemic, mental health providers faced considerable demand and often struggled to meet waiting list targets due to the volume of referrals. Early uptake of digital therapies and remote services had already begun to play a significant part in service delivery prior to the pandemic and have rapidly accelerated since, putting the workforce to work in new ways.

5 | A new operating model for workforce

It is likely that each Integrated Care System would gain from the appointment of an RPO service provider.

The UK's largest employers rely on a percentage of their workforce working on a flexible or interim basis. They tend to choose to outsource the supply and management of this cohort of the workforce to a Recruitment Process Outsourcer (RPO) who establishes and controls the supply chain.

RPO solutions help companies to manage their spend on temporary and flexible labour and provide a fully outsourced solution. Experts in the field provide a tailored solution with benefits that include reduced administration, legislative compliance, cost savings, management information, consolidated invoicing, improved supplier engagement and the ability to challenge the ineffective use of temporary and contract labour. RPO providers have also been instrumental in the continuous improvement, innovation and rationalisation of staffing and supplier frameworks across the globe.

In this case, HR and workforce functions across each trust, healthcare provider and those based centrally across an Integrated Care System would work hand-in-hand with the RPO provider to evolve the workforce requirement, planning, optimisation, internal communications reporting and stakeholder management.

Working in partnership with these stakeholders and a variety of workforce providers, RPO suppliers will take full accountability for the resourcing strategy, improve fulfilment, simplify the recruitment process, reduce costs, ensure compliance and provide complete visibility, whilst finding efficiencies and economies of scale. They would typically work on a gain share with the client on key commercial initiatives.

Bank Partners' managed workforce solution to the NHS successfully delivers bank management and outsourced staffing services to some of the largest trusts in the NHS. The Bank Partners approach has helped NHS trusts reduce their agency spend by £70 million over a six-year period.

Enabling Bank Partners and other providers to provide a full RPO service would evolve the existing approach to bank and agency management further.

The existing managed workforce approach is governed by rigid framework and trust stipulations on aspects of the resourcing and cascade process. By moving to a full RPO, service providers can take away the complexity and cost of managing the existing extensive list of agencies and would provide a single point of contact for all worker requirements.

There are a few recognised workforce providers capable of providing master vendor services in each of the five core health and social care staffing categories - doctors, nursing, AHP/HSS, mental health and social care.

Whereas an RPO will tend to adopt a bespoke resourcing strategy that may differ in each Integrated Care System, master vendors have a more rigid construct and will provide a proportion of the supply from their own resource pool and then manage second tiers to fulfil the remaining quota. This approach tends to work well for niche requirements with specialist market expertise, where the master vendor organisation is experienced at building mutually viable strategic supplier relationships and where there is total transparency. It is less successful when any one of these characteristics is missing. Master vendors are operating widely across AHP, doctors (particularly more junior non-consultant grades), in mental health and social care. They have been less successful in nursing.

An RPO will facilitate the management of multiple master vendors or preferred supplier lists depending on the best solution in each region and to complement the collaborative banks.

A master vendor solution is particularly attractive in some circumstances as it provides a single point of contact as well as a niche specialism, ensures adherence to framework guidelines, facilitates the further rationalisation of the supply chain whilst providing the healthcare provider with deep knowledge across a staffing segment.

The RPO approach will drive efficiencies, ensure the latest technology is applied across the whole recruitment process and that supplier management is seamless and transparent from order to invoice. The RPO would typically work with suppliers on a continuous cost out programme.

Sustainability and Transformational Partnership (STP) RPO

The evolution to a full RPO service in the acute care setting is a relatively logical and important next step where there is already an outsourced staff bank. It is an important step towards workforce operating at an STP level which is a key objective of the NHS People Plan. The NHS Long Term Plan is clear that Integrated Care Systems should be the main organising unit for health services by 2021.

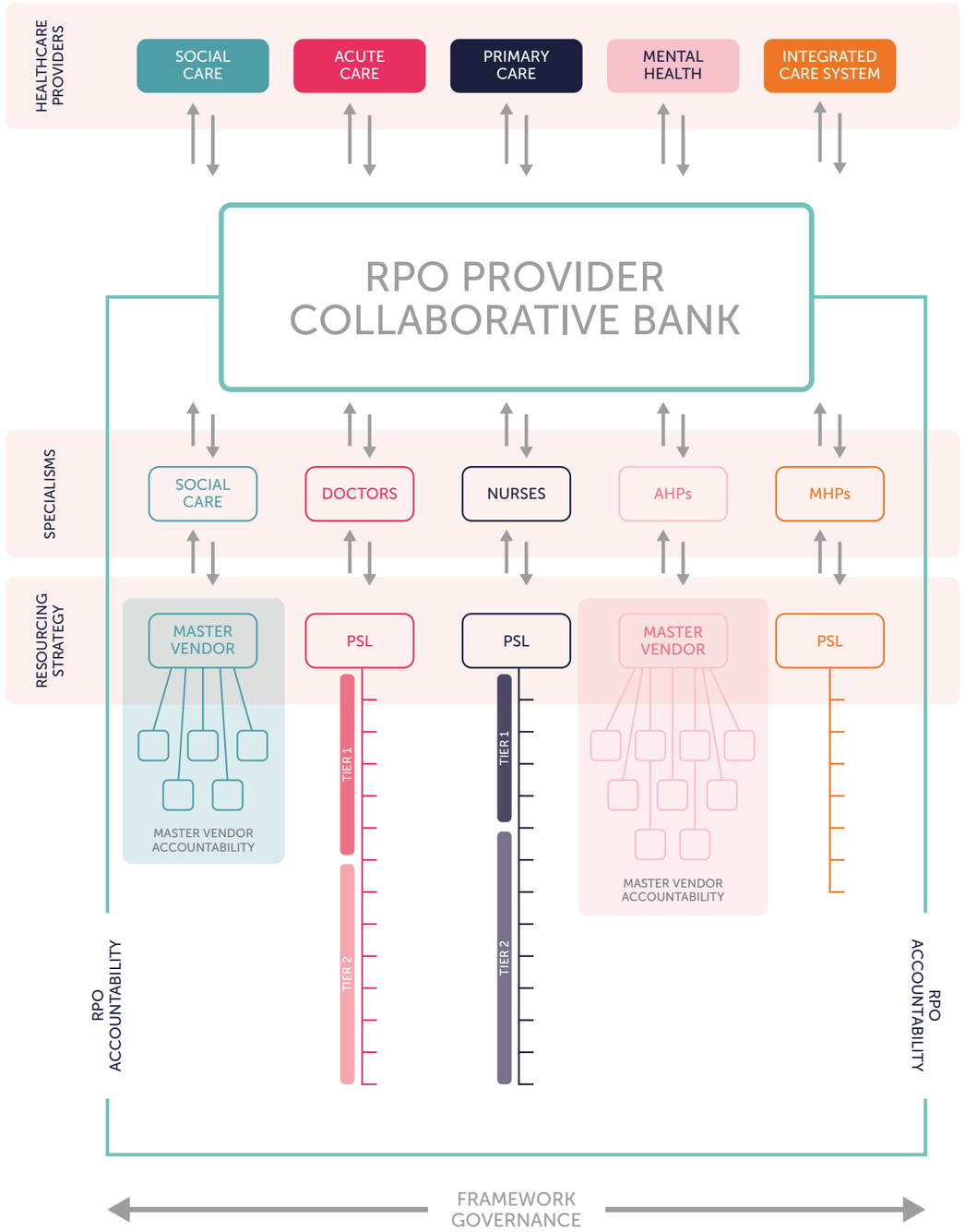
By moving to an RPO approach to workforce, first at an individual trust level but then evolving to a wider STP/ICS level, it is envisaged that the new Health Education England Regional Directors will work alongside NHS England and the NHS Improvement Directors of Workforce and appoint a dedicated RPO partner such as Bank Partners.

This would enable all parties to have a much more comprehensive view of workforce requirements and priorities across each region and how these complement service and financial plans.

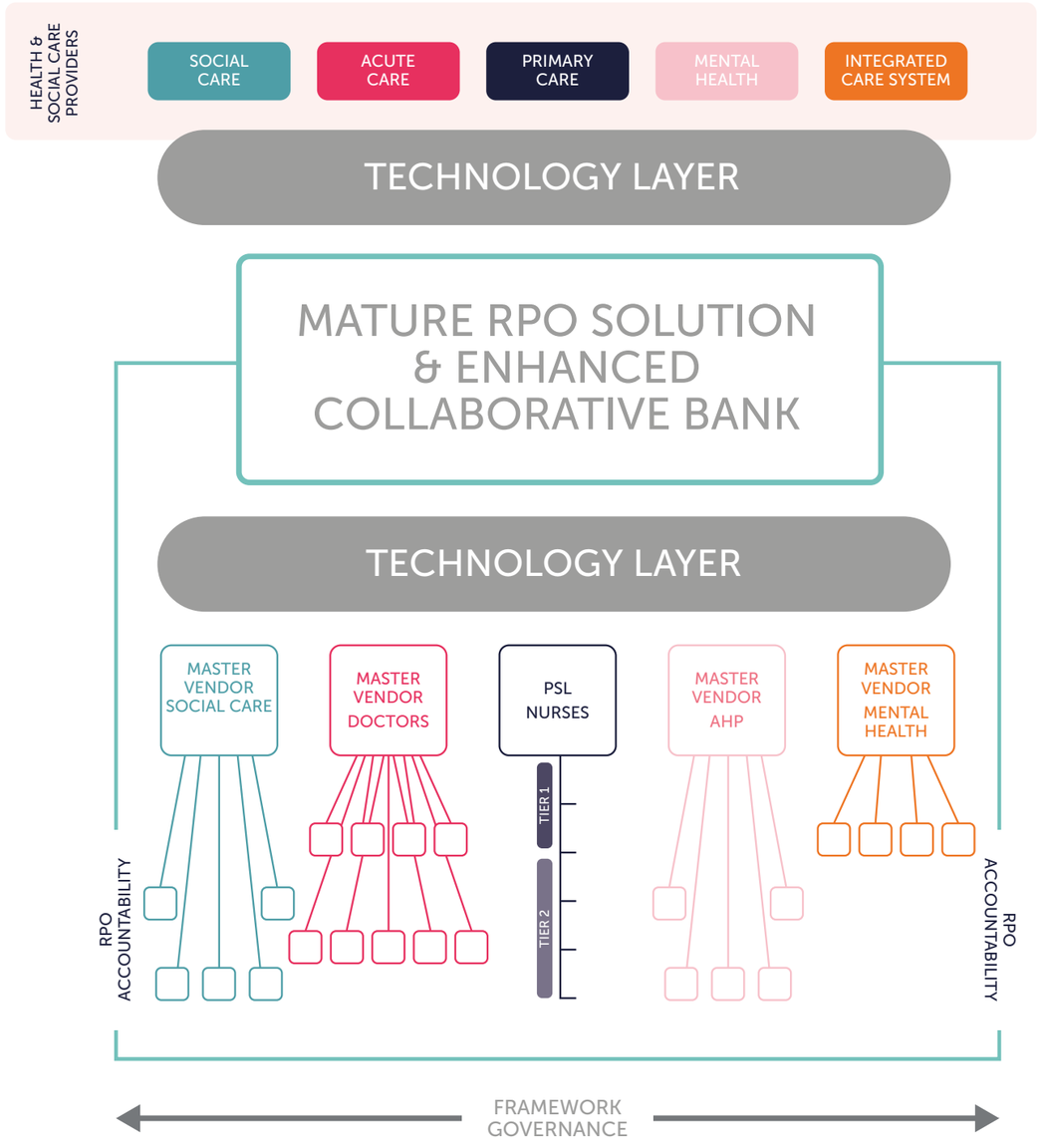
The illustration on the next page shows a typical example of an RPO supplier structure that would be appropriate across a typical Integrated Care System.

Bank Partners manages a bank and then cascades to a combination of preferred suppliers and master vendors. These master vendors work with the RPO provider over time to rationalise the suppliers in each of these specialisms. Their approach to rationalisation and key objectives to be agreed with input from the trusts and healthcare providers informed on negotiations handled by the RPO provider who will ensure continuous value and economies of scale.

Early stage Integrated Care System RPO structure



Mature Integrated Care System RPO structure



These variations in resourcing structure are completely modular and will be bespoke for each STP and region, considering supplier capabilities and the individual workforce requirements for each Integrated Care System. For example, doctors could be a rationalised preferred list whereas AHP and mental health could be best managed by a master vendor.

6 | Use of technology, data science and self-service workforce applications

Over recent years, there has been an emergence of over 150 healthcare staffing technology providers offering a variety of candidate attraction, rostering and employment related technology systems. To date, none of those acting as a candidate market place or candidate attraction application have gained any sizeable market penetration; either they haven't proved popular, have attracted the same staff that are registered everywhere else, or they do not address worker compliance and verification so are reliant on other third parties.

Those providing staff rostering capability and providing candidates with the ability to self-serve themselves into work have been more widely adopted. User propensity is still relatively small as a percentage of overall shift provided, but is inclining.

The technology space is constantly evolving with increased scope for interoperability, integration and new software to drive, attraction, engagement, rostering and improve the candidate experience.

Bank Partners, along with some larger agency suppliers use digital apps to support candidate engagement. **There is an opportunity to roll out further technology to drive engagement across both bank and agency staff which will yield improved availability for work.** There are also considerable advantages to be gained from the use of data science and algorithmic matching of workers to shifts, particularly when supported by nudge notifications and conversation from an AI chatbot. We are at an advanced stage of testing data science to enhance the optimisation of worker pools and have used AI chatbots in the recruitment process for several years.

The ongoing opportunities presented by new technology in workforce resourcing and management are as follows:

- Improved speed to hire
- Enhanced candidate experience
- Drive process efficiencies
- Greater automation of compliance, validation and verification
- Improved workforce optimisation/capacity
- Supplier efficiencies
- Automated rostering and worker self-service of assignments
- Automated time and attendance
- Identification of actionable insights from candidate and work experience.
- Enhanced management information

A summary of our approach to data science and the identifiable improvements on fulfilment can be found in Appendix 3.

7 | Improving leadership culture, candidate perception of the NHS and retention of staff

Leadership, perception of the NHS as an employer of choice and the retention of its workforce are influenced and affected by each and every interaction that occurs daily across the service. We are living and working in an 'experience era' where people are increasingly keen to rate their feelings. Early technology platforms such as Amazon and Uber have always encouraged people to rate their purchases and experiences and this has led to an explosion in Experience Management Programmes across all sectors and even the creation of the chief experience officer role, which now exists on many executive boards.

Candidate experience and workforce opinion has traditionally been addressed through employee engagement surveys, but these have typically been less prominent or appropriate in the flexible working and agency communities. There is also a view that the typical engagement survey approach is too time consuming and infrequent to be relevant to customer experience. The NHS now has an opportunity to implement an experience management programme to obtain actionable insights from the workforce.

Shining a light on every interaction and giving every employee in the workforce a platform from which to voice their opinion repeatedly will sharpen the focus of on workplace experience leadership. A programme of this kind would collect and analyse feedback from both workers and candidates at all levels, pinpointing the most clear opportunities for improvement.

There are various methods of benchmarking experience from Net Promoter Score, Customer Satisfaction Score Engagement or a combination of each, but regardless of the method, there will certainly be a clear correlation between scores and the level of workforce engagement, quality of leadership, retention of staff and, ultimately, patient care.

Simple, user-friendly surveys delivered in multiple languages to an employee's smart phone at key touch points, combined with software that is rich with analytics functionality, will provide deep and meaningful insights and continuous improvement.

Acacium Group are pioneering this approach in the healthcare sector, details of the approach can be found in Appendix 4.

The crucial next steps

As the title of this report suggests, since its outbreak COVID-19 has transformed the world beyond recognition. It has never been more obvious that we need a significantly different kind of healthcare provision if we are to build socially just and healthy futures for UK citizens. Importantly, we also now know that change, even rapid change, is possible.

Acacium Group continues to support the NHS with a vital supply of workforce. In each section of this document we have attempted to identify how the pandemic has impacted this workforce supply to the NHS and, crucially, how delivering the key objectives of the NHS People Plan and the NHS Long Term Plan have been affected. But we hope you agree that the pandemic has also presented opportunities.

We'd welcome your input into a focus group approach to maximise any opportunities for making fundamental improvements during this challenging and extraordinary unique time. If you would like to be part of these discussions, please contact us.

Mark Underwood COO

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Appendix 1

Acacium Group staffing and health services

Staffing and health services delivered through 5 divisions:

Diversified Healthcare

- Nursing
- Doctors
- Mental Health
- AHP/HSS
- Social Work

UK

A&E Agency – Part of Acacium Group

Pulse – Part of Acacium Group

maxxima – Part of Acacium Group

Liquid 8 Personnel – Part of Acacium Group

Last Minute Nursing

- Specialist nurses (within 4hrs)
- Ad hoc

UK
Ireland
US

Scottish Nursing Guild – Part of Acacium Group

Thornbury Nursing Services – Part of Acacium Group

Life Sciences

- Industry & science specialists
- MSP
- RPO

Europe
US
Asia
Australia

Hobson Prior – Part of Acacium Group

Proclinical – Part of Acacium Group

Health & Community Services

- Nurse-led complex care
- Assessments
- Diabetes prevention and remission
- Insourcing
- Digital Therapies
- Diagnostics

Thornbury Community Services – Part of Acacium Group

Pulse Nursing at Home – Part of Acacium Group

ICS Health & Wellbeing

ICS Digital Therapies

ICS Assessment Services

ICS Diagnostics

ICS Insourcing

Workforce Services

- Staff Bank management
- Workforce consulting
- RPO
- International recruitment

UK
Australia

Bank partners – Part of Acacium Group

espirita – Part of Acacium Group

Pulse International – Part of Acacium Group

Appendix 2

Compliance	Current Requirements	COVID-19 Rules new candidates	NHSI DHSC approved Framework guidance March 2020	Acacium Group guidance with client waivers where they are different from the framework guidance of March 2020
Right to Work	Original document seen either face to face or via Skype/Hirevue prior to placement	Copies of documents sent in and worker and original seen using Skype/Hirevue	12 months	18 months
ID	Original document seen either face to face or via Skype/Hirevue prior to placement	Copies of documents sent in and worker and original seen using Skype/Hirevue	12 months	18 months
OH	Questionnaire handwritten or completed and submitted via online portal prior to placement	Questionnaire handwritten or completed and submitted via online portal prior to placement. Candidate can work with full OH or temporary clearance with restrictions - certificate will clearly detail the level of clearance. All temporary fit to work will clearly document the immune status of the individual and then must be cleared with the client as to whether they are placed with partial or no evidence of immunity. Those with NO evidence of immunity (i.e. not received at least one vaccine) will have the below restriction documented on their temporary clearance in the interest of the HCW, colleagues and of the general public. MUST REFRAIN FROM WORKING IN NEONATAL/PAEDIATRICS/OBS and GYNAE/TRANSPLANT UNITS AND IN CLOSE PROXIMITY TO IMMUNOCOMPROMISED PATIENTS INCLUDING THOSE PATIENTS IN ISOLATION AND/OR HIGH RISK AREAS OF COMMUNICABLE AND BIOHAZARD EXPOSURES.	12 months	18 months
Training BLS	Face to face/practical/inline with Resus Council/CSTF aligned, prior to placement and annual update ALS	Face to face training due at six months - theory completed online prior to placement	15 months	18 months
Training MH	Face to face/practical/CSTF aligned prior to placement and annual update	Face to face due at six months - Theory completed online as close to 12 month expiry as possible - but within six months	15 months	18 months
Other Training	Combination of face to face/online/CSTF aligned prior to placement	Theory completed online prior to placement	12 months	18 months
DBS (Update Service)	Original certificate seen either face to face or via Skype/ Hirevue/update service online printout prior to placement	Copies of documents sent in and worker and original seen using Skype/Hirevue/update service online printout prior to placement	12 months if upheld in the system can use a DBS dated within the last three years whilst waiting for the renewal	18 months
Professional Indemnity	Original document seen either face to face or via Skype/Hirevue prior to placement	Copy of documents accepted	12 months	18 months
Professional Body	Face to face or via Skype/Hirevue prior to placement	Copy of documents accepted	12 months	18 months
References Three Years	Web reference/email prior to placement	Two references from last 18 months one of which must be an NHS reference	12 months	One NHS ref accepted and expiry 18 months
Application Form	Online/email prior to placement	Online/email prior to placement	12 months	18 months
CV	Email	Email	12 months	18 months
Interview	Face to face or via Skype/Hirevue prior to placement	Face to face or via Skype/Hirevue prior to placement	12 months	18 months
Skills Checklist	Face to face or via Skype/Hirevue prior to placement	Email	12 months	18 months
Qualifications	Original document seen either face to face or via Skype/Hirevue prior to placement	Copy of documents accepted - seen face to face on first placement	12 months	18 months
Photo	Face to face/email or via Skype/Hirevue prior to placement	Face to face/email or via Skype/Hirevue prior to placement	N/A	N/A
ID Badges	Face to face/post	Face to face/email or via Skype/Hirevue prior to placement	N/A	N/A
Appraisals 1st Shift	Telephone	Telephone	N/A	N/A
Appraisals six month	Face to face	Telephone	N/A	N/A
Appraisal Annual	Face to face/3rd party meeting	Telephone	"GMC 12 month extension NMC annually"	18 months
Handbook	Online/email/face to face prior to placement	Email	N/A	N/A
T&Cs	Online/email/face to face prior to placement	Email	N/A	N/A
Overseas Police Check	Original document seen either face to face or via Skype/Hirevue prior to placement	Copy of documents accepted	12 months	18 months
Bloods	Taken before OH clearance and placement	Can work with partial clearance with client waiver. Those with NO evidence of immunity (i.e. not received at least one vaccine) will have the below restriction documented on their temporary clearance in the interest of the HCW, colleagues and of the general public. MUST REFRAIN FROM WORKING IN NEONATAL/PAEDIATRICS/OBS and GYNAE/TRANSPLANT UNITS AND IN CLOSE PROXIMITY TO IMMUNOCOMPROMISED PATIENTS INCLUDING THOSE PATIENTS IN ISOLATION AND/OR HIGH RISK AREAS OF COMMUNICABLE AND BIOHAZARD EXPOSURES.	18 months	18 months
Revalidation	Annual as per the regulator	Telephone	"GMC 12 month extension NMC three month extension"	

Appendix 3

Acacium Group: our approach to data science

Our data science service delivers actionable insights that deliver and measure improvement. The team's key focus is not just to provide reports, but to actively improve our processes in order to give clients, candidates and patients the very best experience. We have a best in class Microsoft Azure platform, which provides the most comprehensive range of data processing, genuine machine learning and high impact visual and interactive reporting.

Competitive advantage

In comparison to our competitors, data science is extremely advanced at Acacium Group. We have the scale to run a coherent Insight function, investment in best-in-class data architecture and a wider transformation team to ensure we establish and deliver great customer experience. Examples are:

- We've used machine learning to build and run a 'shift matching' algorithm. **In real time we can match a worker to a shift with >92% actual in a sub-second processing time**, this compares with 52% for the best human efforts over 15 minutes cycles
- We've significantly reduced failure demand i.e. we're getting it right more often for our candidates, workers and clients. In one major Acacium division, for example, **we have reduced call abandonment rates from 48% to 8% and generated a 12% swing in the contact mix to help more patients get treated more quickly**
- Global leaders in healthcare staffing software solutions chose to work with Acacium Group to build strategic APIs, knowing there was no one else in the market with the data science architecture required to successfully deliver this level of interoperability

Insight delivery

We provide immersive presentation and delivery of insight (including to colleague and client devices). Our data controls ensure we run our data estate in a highly compliant and effective manner. Data gathering allows our consultants to identify missed opportunities and learn from them when matching workers and shifts. This technology can be integrated into or Customer Relationship Management system to make it as intuitive and practical as possible, allowing our consultants to provide an ultimately better service to their clients.

The image below illustrates how machine working is practically helping both candidates and the trusts we work with. In this instance, our algorithm allows us to match workers with the lowest propensity to cancel to shifts:

28 Shifts with Matches for: **Nottingham City Hosp - Critical Care Department [208533]**
click client to view all vacancies: Nottingham University Hospitals NHS Foundation Trust [P09QUE018]

13 Explicitly Available
Contains shifts added up to 10/06/20

SHIFT DETAILS						MATCH DETAILS			CANDIDATE DETAILS			
Specialty	Shift Ref	Shift Date	Time From	Time To	Grade	Cands	Rank	Prob.	Candidate (click to see all matches)	App No.	Avail?	Availability
	31740951 (+3)	12-Jun-20	07:00	19:30	D5	⊞3						
	31748303 (+1)	13-Jun-20	07:00	19:30	D5	⊞4						
Critical - ITU	31750876	14-Jun-20	07:00	19:30	D5	⊟6	1	91.3%	E. Penuela	1062[illegible]		
							2	89.3%	C. Wellman	1015[illegible]		
							2	89.3%	R. Guerrero	1046[illegible]		
							4	63.0%	F. Rippon	1035[illegible]		
							5	60.1%	K. Burns	10588472	Y	Available: [13/06] 00:00 to [15/06] 00:00
							5	60.1%	A. Atkin	10655297		
	31753436 (+2)	15-Jun-20	07:00	19:30	D5	⊞3						

Confidence factor – likelihood of candidate taking shift

Appendix 4

Workforce Experience Management

Acacium Group is pioneering a new approach to workforce experience and satisfaction.

At the heart of our offering is our experience management programme which drives continual cultural change and improvement in customer experience. By collecting and analysing feedback from clients and workers at all levels, the programme sets out to not only facilitate that all-important dialogue between employers and employees – it pinpoints the most effective opportunities for workplace improvement.

Simple, user-friendly and delivered in up to eighteen languages allows healthcare providers to reflect on their processes and interactions. Using a cloud-based survey system, workers provide instant feedback at key touchpoints, including the interview stage, the first few days of a new role, and during the early stages of an assignment. After that, the entire workforce is asked for feedback monthly.

But feedback alone isn't enough, which is why we make sense of this data by identifying key trends and areas for improvement with analytical tools which form part of our digital analysis platform. This industry-leading software enables us to consult our clients on how best to improve their business, as well as to highlight how we can make improvements to the experience we provide to our valued workforce.

Our size and scale as Europe's largest supplier of healthcare professionals mean our data pool is vast, and our findings are statistically robust. Our clients can effectively benchmark themselves against comparable competitors, establish areas for improvement and implement best practice as part of our consultative approach.

In short, a programme of this type reflects how company culture and policies affect the frontline, enabling employers to create the best workplace environment in which their employees can succeed. The result? Better places to work. Significant increases in employee satisfaction, retention, performance and patient care.

Advocates for change

Employee engagement surveys are nothing new – they're one of the most common tools used by HR teams to gather feedback and improve the workplace experience. Our unique programme does more than collect feedback – it helps companies move towards a more fulfilled, motivated and productive workforce, producing actionable information that turns employees into advocates of their employer.

Driving change

Knowing the importance of customer experience is one thing, but putting in place the tools, processes and company culture to change it is something entirely different. Our approach measures objectives at each key touchpoint using a combination of Net Promoter Score (NPS) and Customer Satisfaction (CSAT). Through insights and analysis, we can effectively identify the improvements that will have the most significant impact and drive cultural change – in short, valuable data becomes actionable.

The customer and worker experience are at the heart of everything we do, which is why we give all our staff access to candidate and client feedback dashboards, empowering them towards a single, customer-focused goal. These dashboards are a key part of our own performance measurements due to our awareness that engaged workers are more productive and more inclined to stay with the company long-term.


Acacium Group