

A close-up photograph of a medical professional in blue scrubs with a stethoscope around their neck. Their hands are holding a black smartphone, and they are looking at the screen. In the foreground, there are some papers and a keyboard, suggesting a clinical or administrative setting.

*Electronic  
staff record*

**Core Statement**





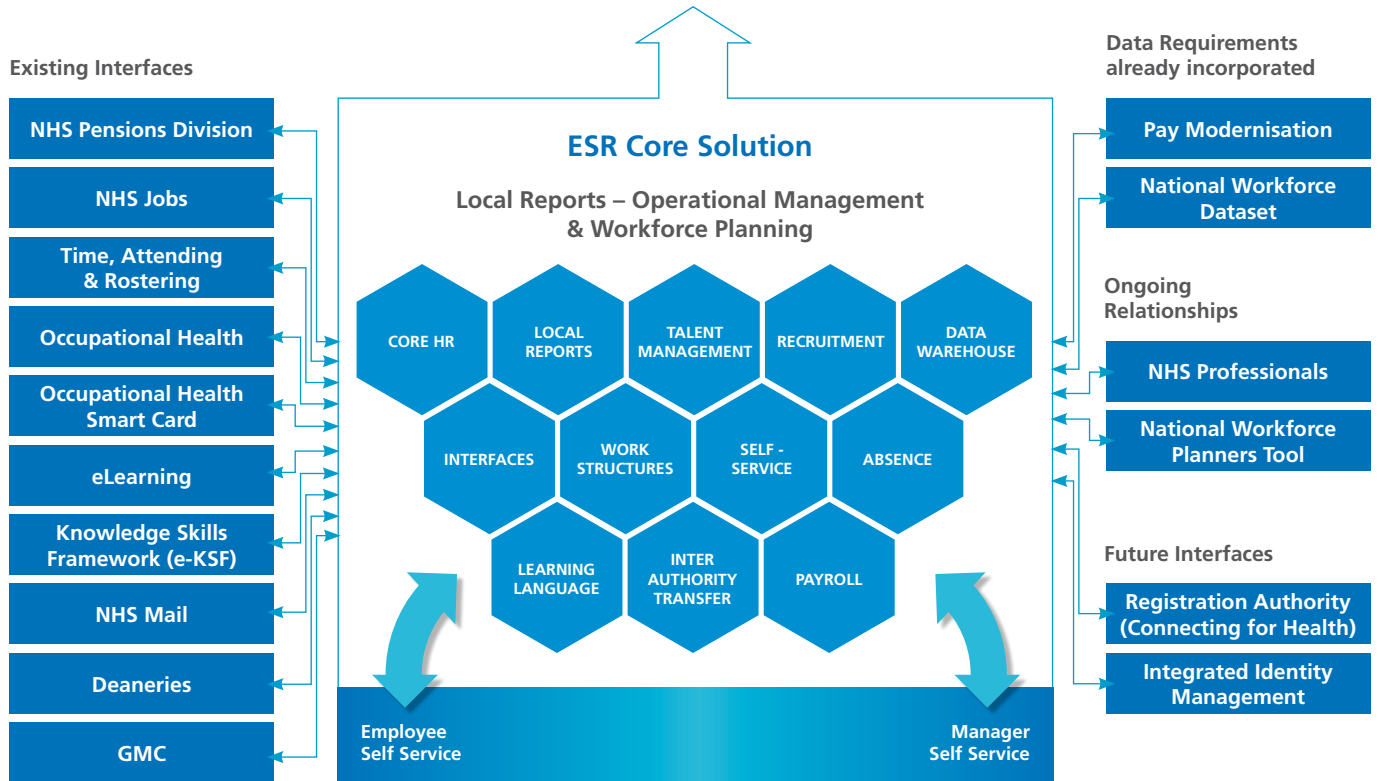
# Workforce Informatics – Improving the Quality of Care

## Introduction

National implementation of ESR was completed in April 2008. Since then considerable progress has been made by NHS organisations in developing use of its full functionality and in exploiting synergies with other systems to provide the framework for a local workforce system to meet individual organisations' needs.

ESR at the heart of a local health informatics system can make a major, cost effective contribution to the quality of care delivered, patient safety and experience. Developing in partnership with other systems and agencies ESR provides the central enabling processes and reporting capability for a local, integrated workforce management, development and information system.

## Data Warehouse – SHA & Central Reports for Workforce Planning and Education Commissioning



# ESR and Key NHS Priorities

Research into Chief Executives' key concerns suggests that for most NHS organisations there are three key concerns for the coming year:

- Demonstrating and improving patient safety and the quality of care
- Understanding what matters to staff and developing organisational capability
- Managing the business and resources efficiently, delivering maximum return on investment of public funds

Using the functionality offered by the complete ESR and linked projects programme can significantly contribute in all three areas.

## 1. Patient Safety – the Quality of Care

All NHS organisations must annually provide reasonable assurance of compliance with the Care Quality Commission's standards. Use of the full range of ESR-based functionality and information from the system can demonstrate both compliance and year on year development beyond basic compliance with core standards.

From April 2010 all NHS organisations must be registered with the Care Quality Commission and provide assurance of compliance with the regulations that will be published in late 2009. Core standards on the following pages are taken from the 2008/09 Care Quality Commission standards used in the Annual Health Check. These will be replaced in 2010 by a new set of regulations that will be part of the Care Quality Commission registration process.

CQC Core Standard	Evidence required to demonstrate compliance	ESR delivery
<b>Safety</b>		
<p><b>Core Standard C4d</b> Safe Handling of medicines</p>	<p>Evidence that relevant staff are trained and are competent in handling medicines and disposing of waste safely.</p>	<p>National LMS can deliver elearning packages from the national and local catalogues to relevant staff and record competence.</p> <p>Talent Management and OLM can record for relevant staff the required competence, record when competence achieved and provide a reminder when training updates are required</p>
<p><b>Core Standard C4e</b> Safe disposal of waste</p>		
<p><b>Core Standard C5b</b> Clinical care and treatment are carried out under supervision and leadership – opportunities are provided for clinicians to develop clinical leadership skills and experience.</p>	<p>Evidence that leadership development programmes and opportunities are provided for clinicians, that clinical supervision is utilised and that this has a positive impact on quality of care delivered.</p>	<p>KSF Development Reviews can be recorded in Talent Management.</p> <p>Personal Development Planning and Education to develop clinical leadership and update skills can be managed, recorded and reported on, together with evidence of competence</p>
<p><b>Core Standard C5c</b> Clinicians continuously update skills and techniques relevant to their work</p>	<p>Evidence of comprehensive Development Reviews for all clinical staff recording personal skills development</p>	
<b>Governance</b>		
<p><b>Core Standard C7e</b> Healthcare organisations challenge discrimination, promote equality and respect human rights, - 'acting in accordance with employment and equalities legislation'.</p>	<p>For employed staff, organisations need evidence to demonstrate and track progress in complying with employment legislative duties and Equality Schemes.</p>	<p>In NHS Jobs and ESR equalities and diversity monitoring data entered by the applicant in NHS Jobs enters the ESR Recruitment module to form the basis of the personal staff record in core HR, Payroll, Learning and Talent Management modules.</p> <p>All contractual changes, personal development, career and pay progression are recorded and can be reported on to demonstrate compliance or indicate where action is needed.</p>

CQC Core Standard	Evidence required to demonstrate compliance	ESR delivery
<p><b>Core Standard C8b</b> Healthcare organisations support their staff through having organisational and personal development programmes which recognise the contribution of staff and address where appropriate under-representation of minority groups</p>	<p>Organisations need to be able to show progress in ensuring that all staff have had Development Reviews and have active Personal Development Plans, and that under-representation of minority groups is being addressed where necessary.</p>	<p>The record transfers with the employee when they move to a new job in the NHS via 'inter-authority transfer'.</p> <p>The results of Development Reviews, Personal Development Plans and development activities can be captured in the personal staff record using Learning Management (OLM) and Talent Management modules. Reports can demonstrate compliance and progress.</p>
<p><b>Core Standard C10a</b> Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted staff are registered with the appropriate bodies.</p>	<p>Organisations need to be able to demonstrate compliance with rigorous processes designed to ensure all employment checks are carried out.</p>	<p>ESR has interfaces with Registration Bodies' databases to provide continuously updated information on registration status and records all pre-employment checks in line with NHS Employment Standards.</p>
<p><b>Core Standard C11a</b> Healthcare organisations ensure that staff concerned with all aspects of healthcare are appropriately recruited, trained and qualified for the work they undertake.</p>	<p>Organisations must show that recruitment and employment processes for all staff are rigorous and comply with legal and best practice guidance.</p>	<p>Business processes in ESR Recruitment, core HR and Payroll modules ensure compliance with employment law requirements and NHS Employment Standards. Reports from the system can demonstrate compliance.</p>
<p><b>Core Standard C11b</b> Healthcare organisations ensure that staff concerned in all aspects of the provision of healthcare participate in mandatory training programmes.</p>	<p>Organisations need to ensure all staff have access to appropriate mandatory training and demonstrate that all staff participate.</p>	<p>Using OLM, National Learning Management and Talent Management modules, staff can be enrolled on mandatory training programmes and completed training and competence recorded and reported on. Access to national and locally provided elearning programmes can be accessed and evidenced using OLM.</p>
<p><b>Core Standard C11c</b> Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.</p>	<p>Organisations need to be able to show that all staff participate in regular development reviews, personal development planning and are supported in achieving personal, professional and career development.</p>	<p>Using OLM and Talent Management modules, continuous professional and occupational development can be recorded and evidenced. Using Self Service, employees can monitor and manage their career development.</p>

CQC Core Standard	Evidence required to demonstrate compliance	ESR delivery
<b>Patient Focus</b>		
<p>Core Standard C13c Healthcare organisations have systems in place to ensure that staff treat patient information confidentially except where authorised by legislation to the contrary.</p>	<p>Organisations need to ensure that staff access to patient records is limited to and commensurate with their role in delivering healthcare.</p>	<p>The Registration Partnership Project (ESR and the Care Records Service) will deliver an eGif level standard compliant technical solution based on two factor authentication to ensure that identity management and access to patient care IT systems is tightly controlled, minimising risk to patient safety. Access to ESR will comply with the same standards as CfH systems.</p>

## Developing Organisational Capability

### What matters to staff....

The results of the 2008 NHS Staff Survey show what really matters to staff in each organisation and how far they feel the aims and aspiration of the organisation they work in are reflected in their experience at work. Cross-referencing Staff Survey results with reports from ESR can open up a dialogue with staff based on improving work experience.



## Work/life balance

In the survey nationally 66% of staff reported that they work more than their contracted hours and 52% regularly work unpaid hours. Comparing individual organisational results with reports from ESR could reveal why this is necessary and suggest action which could reduce pressure on staff to work additional hours. Standard ESR reports on staff turnover and stability, funded establishment and staff in post to show vacancies, skills utilisation and sickness absence can show where management action would improve the experience of staff.

## Personal Development, access to training and support from line management

In 2008 only 64% of staff nationally had an annual appraisal. Although 55% had a Personal Development Plan, only 49% had received the training and development set out in it.

Using ESR with OLM and Talent Management can provide a complete, organisation-wide system for managing annual appraisals and recording an agreed Personal Development Plan. OLM and Self Service functionality can enable managers to easily enrol their staff on training programmes, from the Personal Development Plan screen.

Training can either be taught or delivered to the individual by elearning via OLM. Introducing Manager Self Service gives Managers control of and responsibility for this vital element of managing their team. Employee Self Service enables and empowers staff to manage their own record and career development.

Reports from OLM and Talent Management, shared with staff can show progress in improving participation in appraisals and personal development planning.

If organisations use eKSF for recording the outcome of KSF reviews, the interface between eKSF and ESR brings this information into ESR for reporting purposes, although access to training places and to elearning via OLM must be entered manually into ESR.

Fully implementing ESR functionality including OLM with access to elearning, and Self Service can empower managers and their staff, giving them greater influence over their experience at work, their learning and career development.

## Planning the Workforce

Regular, consistent reporting and analysis of key dimensions of the workforce at different levels of aggregation is essential for understanding workforce dynamics in an organisation and for developing organisational capability.

The basic information needed to feed a planning process, showing how future supply and demand for Workforce will be matched is:

- The composition of the current workforce showing staff numbers, skills profile, gender, ethnicity and age profiles and attrition rates
- Future requirements; staff numbers and skills required based on the business plan and influencing factors such as the age profile of staff in specific professional groups – how many staff with what skills are likely to be available?

This analysis will enable an assessment of the number of staff to be recruited, the personal training and development and workforce development activity required to achieve the plan.

There are three sets of key questions that need to be answered in building the plan:

- What is the current workforce capacity position against plan in terms of staff numbers and skills?
- Is the organisation complying with statutory employment regulations, diversity requirements, pre-employment checks etc?
- What is stopping full workforce utilisation?

A suite of standard workforce reports in local ESR Production systems, matched with similar reports available to SHAs from the ESR Data Warehouse provides much of the information required for workforce planning. The standard reports provide information on:

- Staff numbers
- Skills, competence, skill mix, skills gaps
- Registration profile
- Diversity and age profiles
- Turnover and stability
- Absence
- Staff costs
- Use of temporary staff and overtime
- Sources of recruitment
- Appraisals and personal development Planning

Using these reports in a 'Scorecard' format can provide a powerful tool for understanding workforce dynamics to support workforce planning and development within an organisation at different levels of aggregation. It can also improve performance by highlighting areas for management intervention and leadership. NHS Plymouth has developed a workforce scorecard for monthly reporting at department and organisation level which has been adopted across the South West as the basis for organisation and regional workforce planning and commissioning.

## Workforce Planning Score Card

Plymouth  
Teaching Primary Care Trust



**604 Provided Services**  
**Directorate:**  
**Budget Holder Example**

**Example (L3)**

**Month/Year:**  
**Workforce Plan Reviewed Date:**  
**Management Accountant:**

**Example**  
**Paul Drummond**

Component	2 Months Ago	Last Month	Current Month	Notes
01 Pay Variance (excl Bureau/Agency)			-1,196,651	£ Under (-) or Overspend against Budgets
02 Bureau/Agency Spend			928,044	£
03 Whole Budget Variance			158,183	£ Under (-) or Overspend against Budgets
04 Establishment (FWTE)			524.91	Whole Time Equivalent
05 Staff in Post (FWTE)			471.24	Whole Time Equivalent
06 Vacancies (FWTE)			53.67	Whole Time Equivalent
07 Headcount			556	Headcount
08 Sickness %			5.34	% Over Rolling 12 Months
09 Sickness Cost			516,755	£
10 Bradford Scores >300			149	Headcount
11 Bureau Cost less Sickness Cost			411,288	£
12 Turnover			13.43	% Leavers/Avg Nos of Staff thru' Year
13 Stability Index			13.49	0 = Stable, 100 = Unstable
14 Personal Development Plans			19.24	% Percentage Complete
15 Mandatory Training - Fire			45.07	% Percentage Complete
16 Mandatory Training - MH			33.76	% Percentage Complete
17 Mandatory Training - Diversity			52.74	% Percentage Complete
18 Training (HC)			127	Headcount
19 Potential Retirees (HC)			112	Headcount
20 Skill Mix Index			1.48	Ratio of Band 5 Staff (and Above) against Others
21 Sen Mgr Skill Mix Index			0.08	Ratio of Band 5 Staff (and Above) against Others

(Information about the Plymouth model is available at: [www.nationalworkforceprojects/nhs/southwest](http://www.nationalworkforceprojects/nhs/southwest))

## Managing the Business and Resources – improving business efficiency

Developing and leading a workforce with the right numbers and skills is fundamental to managing resources efficiently since the workforce accounts for at least 60% of an healthcare organisations' costs. Cost savings can be achieved by:

- Improving workforce utilisation and better use of working time to improve productivity
- Developing people and teams with the skills, working relationships and procedures to deliver high quality care efficiently
- Empowering clinical leaders and managers by giving them direct, real time access to information about their workforce and the means to take action to develop and manage their staff
- Making best use of technology and business systems to streamline 'back office' functions

Fully adopting all ESR functionality and changing business processes in HR, Payroll, Training and Development including elearning, to align with ESR processes, making full use of the system will provide opportunities to improve service delivery and business efficiency.

A key benefit of the ESR system is its ability to integrate and report on all workforce activity, including pay cost information in real time, enabling more immediate monitoring of staff costs. NHS organisations are already improving the quality and cost effectiveness of service delivery by using ESR's integrated functionality.

The rich functionality of ESR at the centre of an organisation's workforce informatics system provides both business processes and information which will enable tighter management of workforce information, identity and costs. The Registration Partnership Project will limit staff access to clinical I T systems based on their job role. Time and Attendance systems, Occupational Health and Expenses Management systems can be interfaced with ESR to streamline business processes and information flows.

Where Back Office efficiencies are concerned, research conducted by the ESR Programme suggests that the ratio of payroll staff to employees can be reduced.

## Improving business efficiency – Imperial College Healthcare NHS Trust

Following the merger of St Mary's and Hammersmith Hospitals NHS Trusts, a project successfully combined outsourced and in-house payroll services across different sites with different working practices in HR and Payroll and different cultures. The result was a 20% reduction in costs for the payroll service and reduced staff queries, a lower cost, better quality service

Further efficiencies can be achieved by pooling functions and introducing shared services particularly in recruitment, HR administration and payroll.

## Developing Informatics Capability

Clinical leaders need information and regular reports about their services to drive quality improvement.

DH Informatics Planning Guidance (2009/10) proposes an overall approach to planning that is information rather than systems led. Applied to Workforce informatics planning, service development plans should be the basis of an assessment of workforce information requirements. This in turn will underpin workforce planning for the service and an assessment of systems requirements to deliver the information required.

This model shows an approach to workforce informatics planning which applies to clinical service. Equally a similar approach can be taken where specific interventions are needed, for example, workforce requirements for pandemic

'flu management planning, sickness absence recording, CNST and other statutory reporting requirements, appraisals and CRB and Registration checks, vacancy management and skill gap analysis etc. Using the planning approach set out above, ESR and linked systems can provide a comprehensive solution for workforce information requirements.



ESR at the centre of an organisation's workforce IT systems, integrated with clinical systems to assure identity management will provide consistent information to support the drive for improvement in the quality of care, patient experience and better use of resources. But this can only happen if all ESR functionality is fully utilised.

A wide range of support is available locally from the ESR Operations and Benefits Team.

## References

High Quality Care for All

*Department of Health, 2008*

Criteria for Assessing Core Standards in 2008/9

*The Healthcare Commission, updated December 2008*

The National Survey of NHS Staff 2008

– Summary of Key Findings

*– The Healthcare Commission March 2009*

The NHS Constitution

*Department of Health, 2009*

Informatics Planning 2009/10

*Department of Health 2008*



## ESR Linked Projects Partners

- NHS Connecting for Health – Access Control Team
- NHS Employers
- NHS eLearning for Health
- The Core Learning Unit
- The Department of Health

*September 2009*



