

# Tackling pressing workforce challenges

## Introduction

This is the tenth briefing in a series designed to share board-level learning on provider collaboration. It covers the key messages from our webinar **Tackling pressing workforce challenges**, featuring two provider collaborative case studies: South West London Acute Provider Collaborative and People Services Collaborative and Joined Up Derbyshire.

## Key messages

- Cultivating a sense of shared responsibility and ownership for projects is key to their success.
- Collaborative working requires a recognition that participating trusts are individual organisations with their own unique cultures and processes.
- Ensuring that there are trusting relationships across the collaborative and that priorities are aligned means that practical work can begin swiftly and without territorial concerns.
- The success of a collaborative is tied to the level of commitment that partners have, their sense of common purpose and their ability to have challenging conversations.
- Business cases need to focus on long-term efficiencies rather than short-term financial savings, as investment is required at the outset.

## CASE STUDY 1

### South West London Acute Provider Collaborative

#### Background

The organisations forming the South West London Acute Provider Collaborative are:

- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Hounslow and Richmond Community Healthcare NHS Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust.

The South West London Acute Provider Collaborative covers six boroughs in South West London and has been in place since 2017. Their two key priorities are diagnostic outpatient and elective recovery which are supported by 16 networks of clinicians across primary and secondary care working on transformation schemes and pathways in individual specialties.

They have started delivering on the core programmes within their portfolio which are themselves formal collaboratives, namely the South West London (SWL) Elective Orthopaedic Centre, SWL Procurement Partnership, SWL Pathology, SWL Recruitment Hub and the SWL Imaging and Archiving Communication System.

This case study will focus on the **Recruitment Hub programme** which began its integration phase four years ago in 2019 in order to bring together the recruitment needs of all four acute NHS trusts in South West London integrated care service (ICS), and more recently, Hounslow and Richmond Community NHS Trust.

#### Ways of Working

A shift in culture is underpinning new ways of working in the South West London ICS and there is a sense that services can only improve if they work together and commit to invest in collaborative working. The Recruitment Hub programme has capitalised on this energy and has been able to streamline recruitment services across the participating trusts. Located in Epsom and hosted by Kingston Hospital NHS Foundation Trust, the hub covers 25,000 staff members and has been implemented in three phases:

- **Integration** – this period ran from the launch date for six to nine months during which 42 recruitment staff members were physically transferred to the Kingston Hospital NHS Foundation Trust. Initially when establishing client roles and priorities, the team realised that they were managing four very different services and were challenged to bring them into one common core, whilst meeting individual needs and cultures. During this stage, the focus was on managing new collaborative infrastructure and implementing the hub.

## CASE STUDY 1

### South West London Acute Provider Collaborative

- **Performance** – in the second phase it became crucial to establish a dialogue about how they could improve performance, which required a shift in mindset for the participating trusts. Expectations had to be managed and the new shared service could not be seen as a solution to all recruitment problems. It was necessary for trusts to look at their internal protocols and adapt to the changes, whilst the team had to ensure that new processes and key performance indicators (KPIs) were understood by those involved. Kingston Hospital NHS Foundation Trust became the collective employer with one distinct infrastructure and corresponding branding and website design to signify the new integrated service.
- **Digitalisation and service scope** – the hub is now two years into delivery and HR directors and senior leaders are pleased with its current performance. The team is now looking at the next steps and routes to bring the model to more complex areas of recruitment such as doctors and very senior managers. They are exploring the use of robotics to streamline repetitive functions and free up staff capacity and are currently agreeing a tender process that will replace **TRAC** with a new platform focusing on applicant experience and manager need.

### Benefits and achievements

To measure the benefits of a shared service, the team focused on 'time to hire' as their key performance indicator and set an ambitious target of 45 days from instruction to advertise to a candidate landing in post.

Since the launch of the hub, the previous average of 80 – 100 days across the initial four acute trusts has been reduced to 46 days. Since joining the hub and gaining access to the bandwidth it brings, Hounslow and Richmond Community NHS Trust have improved their time to hire by 50% in three months.

Across participating organisations turnover rates have been increasing month on month which has been a challenge for the team, but the infrastructure they have developed as a shared service means that they have been able to absorb the changes, and they are able to flex their resources in a way that would have been difficult if they were still working in their legacy teams.

Activity levels have grown by 60% in the last two years, reflecting how important recruitment is. These achievements have allowed the participating trusts to manage their workforce in a new way and fill gaps in staffing levels much more quickly, which at its essence means that their providers are more equipped to deliver the quality of care that patients expect and deserve.

## CASE STUDY 1

### South West London Acute Provider Collaborative

#### Lessons learnt

- Cultivating a sense of shared responsibility and ownership for the project and ensuring that the hub is not viewed as an outsource service has been key to its success across the trusts. The collaborative team have worked hard culturally to change the mindset to emphasise shared service accountability.
- Focusing on cost savings as a primary case for support from senior leaders can be counterintuitive. The model was predicated on reducing turnover and improving vacancy rates and time to hire, which would flow through into bank and agency usage and result in financial efficiencies, but some investment is needed initially. It is a significant task to set up a collaborative infrastructure and streamline processes, but if you invest in the beginning, this should provide efficiencies later.
- Estate and IT infrastructure complications occurred early on in the integration phase because of the physical distance between the primary location and host trust, and in hindsight the team would have invested more time in considering this structure and set up.

#### Key enablers

- Existing trusting relationships across the collaborative and already aligned priorities on combining corporate services meant that the work could begin swiftly and without territorial concerns.
- Practically, relocating recruitment staff and employing all 42 team members at Kingston University Hospital NHS Trust has allowed for a strong, unified team whilst helping simplify the governance around the initiative.
- Recognising in the early stages that the four participating acute trusts were not homogenous entities but individual organisations with their own unique cultures and processes.



*There is a sense in our collaborative that the participating organisations are investing in collaborative effort, and that takes both a cultural investment and some money behind it, to make sure we're getting the best out of each individual trust by working together.*

DAVID WILLIAMS, MANAGING DIRECTOR  
SOUTH WEST LONDON ACUTE PROVIDER COLLABORATIVE

## CASE STUDY 2

### People Services Collaborative, Joined Up Care Derbyshire

#### Organisations

The organisations participating in the people services collaborative are:

- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- East Midlands Ambulance Service
- University Hospitals Derby and Burton NHS Foundation Trust
- The Derbyshire VCSE Alliance
- Derbyshire County Council
- Derby City Council.

#### Background

Derby and Derbyshire ICS is a comparatively small system with a wide variation in health and life expectancy across the population. They are formed of two acute, one community and one mental health trust as well as two upper tier local authorities, one ambulance service and VSCE partners.

Within the ICS there is one formal provider collaborative which includes all NHS providers across the system. The People's Services collaborative was formed in May 2022 and the decision was made to invite local authority and VSCE partners to join in an inclusive approach.

A key driver from the outset was the need to improve their ability to work together. To do this they had to define both why this was crucial and what was most important to all participants. Initially, HR directors from across the organisations came together to set out their shared purpose and common ambitions, aligned with the NHS People Plan and Promise, NHS England and NHS Improvement's *Ten outcome-based people's functions* and the ICS *One Workforce* strategy.

Clarity around the governance has been achieved and the collaborative now clearly sits within the overall system governance and can be identified as one of the delivery and transformation groups for the system. They are now reporting to the provider collaborative leadership board which has given them a sense of ownership and commitment.



***We really try to focus people on the why, how does it fit with our objectives and how is this going to have an impact in line with our shared purpose?***

LINDA GARNETT, PROGRAMME DIRECTOR  
NHS DERBY AND DERBYSHIRE INTEGRATED CARE BOARD

## CASE STUDY 2

### People Services Collaborative, Joined Up Care Derbyshire

#### Achievements and benefits

- There are currently 43 initiatives within the people's services collaborative including a temporary workforce communication hub which has been established to assist with reservists and temporary workforce, and a new system induction programme and leadership induction resources have been put in place.
- They have been using work on cultural intelligence to review recruitment practices across the system and have recognised that current processes can often include unnecessary barriers for staff. Facilitators are now collectively being trained in order to embed this new approach more widely.
- Progress has been made on aligning manager training and they have commenced policy alignment across the organisations, including a menopause policy and a policy around reasonable adjustment.

#### Next steps

- Developing their roadmap to a replacement Electronic Staff Record system and focusing on their digital approach.
- Supporting work on domiciliary care international recruitment which is a priority for their local authority partners.
- Further work on scaling up on transactional efficiencies.
- Looking at opportunities to investment in a single payroll service and process.

#### Lessons learnt

- The success of a collaborative is tied to the level of commitment that partners have, their sense of common purpose and their ability to have challenging conversations across the provider collaborative and organisations.
- Making an effort to understand the perspectives of others and the cultural or historical factors which inform their decisions is crucial. Before change can happen, partners need to reflect on their differences and how they can be a fundamental part of collaborative success.



## Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit [www.nhsproviders.org/provider-collaboratives](https://www.nhsproviders.org/provider-collaboratives) for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources.

To find out more, contact:

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*Consistency of performance, month in and month out, is key.  
It can be laborious, but we need to make sure that we're  
delivering on the recruitment needs of all of our trusts.*

KELVIN CHEADLE, CHIEF PEOPLE OFFICER  
KINGSTON HOSPITAL NHS FOUNDATION TRUST  
AND HOUNSLOW AND RICHMOND COMMUNITY HEALTHCARE NHS TRUST

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