Funding bid process

Workforce deployment systems 2020

Contents

Introduction

The NHS Long Term Plan made a commitment that “by 2021, all clinical staff working in the NHS will be deployed using an electronic roster or e-job plan”. The meaningful use standards and associated levels of attainment (LOA) equip providers with best practice standards for using workforce deployment systems. There are five levels of attainment (0-4), where Level 4 indicates optimal use of job planning and rostering system functionality.

The Department of Health and Social Care (DHSC) has committed £26 million capital funding to accelerate NHS providers’ use of workforce deployment systems, £19 million of which has been allocated. We now welcome submissions for the remaining £7 million funding.

Advanced use of workforce deployment systems is associated with efficient workforce deployment, a high quality service and value for money. Assurance that the right teams are in the right place, at the right time, collaborating to deliver high quality care, is a key component in delivering efficient and effective patient care.

NHS England and NHS Improvement will support DHSC to administer the allocation of these capital funds, with oversight from NHSX. Bids should clearly indicate in the application form when costs will be incurred. Capital costs will be supported for the **2020/21** financial year only and are expected to be based on supplier quotes. The project costs will be provided by match funding. The project must be completed by the end of 2021/22. Successful bidders will be required to submit regular reports on benefits realisation to the NHSE/I WDS team. Further detail on benefit realisation is included within the Assessment section of this document.

An Operational guide has been published to support project delivery. This guide offers useful information and advice to providers on setting up the necessary infrastructure and processes for successful implementation and software use.

Key dates and deadlines

Milestones	Round 2
Publication of guidance on eligibility and criteria	Thursday 10 September 2020
NHS providers submit their bid	Thursday 10 September 2020– COP Sunday 8 November 2020
Decisions on bids announced	Monday 14 December 2020
Procurement end date	By 5 February 2021
Project completion date	By 31 March 2022

Fund priorities

Only proposals that closely align with the fund priorities will be successful. NHS providers should ensure their proposals are supported by a minimum of **two** high quality quotes in preparation for the subsequent procurement exercise, should they be successful. Evidence that bidders have conducted a full market evaluation of potential suppliers will be an essential requirement of any successful application.

Proposals will be objectively assessed against vendor-neutral application criteria, based on the project's value, organisation capability and project readiness. The proposals should be succinct, evidence-based and meet the priorities outlined in this guidance. In deciding whether to submit a project bid, you should pay close attention to the pass/fail tests.

Capital funding priority areas include:

- NHS trusts that have yet to procure and implement e-rostering software or do not presently roster ward-based or community staff
- NHS trusts that have yet to procure and implement or trusts that wish to extend e-rostering software for their medical workforce, including consultant-led multi-professional teams.
- The development of new service line or system functionality, associated with higher levels of attainment, to ensure not only the visibility and control

associated with core functionality, but also the tools necessary to shape the optimal workforce teams and drive productivity and efficiency gains.

Each proposal will need to be submitted against one of three lots, which reflect the priorities of the fund:

- Lot 1 – first time, ward-based or community e-rostering adopters
- Lot 2 – medical e-rostering, including rostering of consultant-led, multi-professional teams
- Lot 3 – e-rostering of integrated service-based teams across care settings.

Proposals need to clearly demonstrate that their workforce deployment systems will meet the core functionality of the software requirements specification by the end of the project.

Only projects that conform to the Secretary of State's technology vision, particularly with respect to interoperable and modular systems with open application programming interfaces, will receive capital funding.

To be successful, proposals will also need to demonstrate the leadership, clear project plan and organisational capability required to deliver the project. This includes building resilience into teams and having back-up project plans to deliver proposals in the event of further Covid-19 related disruption to services. Proposals that identify matched funding have a higher likelihood of success. DHSC reserves the right in its sole and absolute discretion to withhold all or any part of the funding if it does not believe that projects are in areas in most need of capital funding to deliver high quality workforce deployment systems and their meaningful use.

Eligibility

Provider eligibility

Proposals to the fund must be from NHS trusts or NHS foundation trusts. However, multiple NHS trusts and their partners can make combined bids where there is an identified lead provider candidate. We welcome collaborative bids across a sustainability and transformation partnership (STP) / integrated care system (ICS) or group of providers. Funding for public dividend capital is administered through a variation in control totals.

Types of project

Capital funding proposals will be for one-off costs reflective of two-year software as service quotes. In accordance with the Secretary of State's technological vision, software interfaces included in quotes are expected to be free of charge or of minimal cost. Procurement will follow a successful funding application. Chosen suppliers will be procured from the Health Systems Support Framework and demonstrate a clear interoperability roadmap and comply with the national contract guidance, such as agreeing to the inclusion of provider-led break clauses in the contract.

Costs associated with the change process of implementing new software solutions should be included in the financial planning template. We would usually expect project costs to be contained in the match-funded component of the bid. Proposals need to demonstrate how the financial case will support providers to reach their business-as-usual model by **31 March 2022**. Projects will only be considered where e-rostering LOA 1 will be met for in-scope clinical staff by March 2022 and there are plans to extend to higher levels of attainment thereafter.

When considering which projects to put forward in a proposal, providers should note we will consider:

- projects featuring first-time e-rostering of any or multiple NHS clinical workforce group(s)
- projects that support and enhance the use of job planning systems

- projects featuring more than one provider, supplier, system or organisation, including those that cross organisational boundaries
- discrete pieces of a larger project, which fulfil the bidding criteria
- projects based on testing and evaluating approaches to optimise user functionality
- project costs associated with a sufficiently sized implementation team
- one-off costs within the capital funding period, which could include licensing, maintenance and customer support; one-off supplier costs should be clearly itemised.

The following will not be funded:

- basic IT infrastructure upgrades or other preliminary work necessary to the project
- associated hardware, e.g. iPads
- related software systems or functionality beyond the scope of the software requirements specification (such as HR systems)
- costs not directly related to implementing new software systems
- projects that do not impact on the deployment of the clinical workforce
- projects that do not align with the Secretary of State's technology vision
- ad hoc and trivial purchases that are a follow-on from the initial project scope

DHSC have the final say on capital funding. Only capital expenditure properly recorded as such in the trust's financial accounts will be funded. Proposals will be made to the fund by individual trusts.

Partnership working

While proposals will be submitted by individual providers, we recognise that to meet this fund's objectives and ensure the best projects are funded, knowledge from across the NHS and software system suppliers will need to be pooled. While we expect providers to work closely with all necessary parties to develop the bids, the final proposal represents the applicant trust itself and should be written by trust employees.

Joint projects

Some projects may span organisational boundaries and joint provider proposals are welcomed. This will facilitate the creation and delivery of high-quality workforce deployment systems and functionality e.g. an acute trust may partner with a community trust to develop an interoperable system that spans organisational boundaries. We ask that a single provider be nominated as the lead on such a proposal. Non-lead providers should not include a separate proposal as part of their bid. Lead providers should provide information on the application form as to why a joint project is preferred over individual projects.

Preparing your proposal

Funding proposals should contain all costs forecast during the project lifecycle. As costs will likely span financial years, care should be given to project milestones and expenditure timeframes. The proposal should ensure project completion within the stipulated financial case. Successful providers will need to demonstrate they can procure software in the financial year 2020/21 and start implementation before the beginning of 2021/22. On starting, a routine return will be required to track benefits realisation.

Support and advice from regional NHS England and NHS Improvement teams will be available to help providers develop high quality bids. Contact nhsi.workforcedeploymentsystems@nhs.net

Assessment

All proposals received by the application deadline will be assessed by a decision-making group of digital and workforce experts from both NHS England and NHS Improvement. The group's recommendations will be provided to the senior responsible officer (SRO) in the workforce productivity improvement programme, who will provide these recommendations to DHSC to approve the release of funds. Lead applicants will then be advised of the outcome. DHSC and NHSX will be responsible for an independent review of decisions and agreeing the group's recommendations.

As with all trust capital proposals, the submissions will go through the usual NHS Improvement governance processes of:

- cash and capital team
- finance director and/or resources committee sign-off as appropriate.

Proposals will be assessed on the degree to which they provide value for money, including clinical benefits. Value for money will be determined as the project's potential value and benefits to the wider NHS, as well as demonstrating it is appropriately costed and that all project costs are within an appropriate range for the type of work proposed. Any cost overruns will be at the provider's expense. Where there are local features that may lead to costs being outside industry benchmarks, this should be clearly explained and evidenced.

Providers must submit completed proposals as part of their bid by **Sunday 8th November 2020**. Any NHS provider who has submitted a bid or been included in a joint bid is responsible for delivering the successful project and monitoring in accordance with the terms and conditions of grant that will be set out by DHSC.

DHSC will issue the terms and conditions of funding after the announcement of the successful projects. NHS providers will be required to agree and return these by the given deadline to ensure payments are made promptly within the stated financial year.

The highest scoring unsuccessful proposals from bidding round 2 will be placed on a reserve list, should additional capital funding become available and we choose to allocate it to the best unsuccessful proposals from this bidding round.

By submitting a proposal for capital funding, all parties contributing to the proposal should be aware that funding is contingent on the successful delivery of the project within cost. Funding might be withdrawn or reclaimed if the project is not delivered to specification or within the stipulated timeframe.

Proposal lots

In their proposal, the lead provider should specify the lot under which they wish to apply.

Lot 1 first-time, ward-based or community e-rostering adopters

Funding proposals to introduce an e-rostering software system to an NHS trust, ward-based teams and/or community-based teams.

Lot 2 medical e-rostering, including rostering of consultant-led, multi-professional teams

Funding proposals to introduce e-rostering software to the medical workforce and / or consultant-led multi-professional teams.

Lot 3 e-rostering of integrated service-based teams across care settings

a. Funding proposals to introduce e-rostering to integrated service-based teams across care settings.

b. Funding proposals to extend the development of e-rostering functionality to drive productivity and efficiency gains and other standards associated with high LOA.

   Some examples of proposals we would like to see, include the development of:

   i. User co-designed systems, which promote and enable flexible or personalised working.
   ii. Competency-based rostering platforms, which enable co-rostering of different professional groups.

iii. Rostering platforms, which optimise deployment of new roles within a team, e.g. physician associates, nursing associates, advanced clinical practitioners, independent prescribers.

iv. Dynamic deployment or scheduling systems, which link staff availability to PAS or similar systems.

The above suggestions for advanced functionality and interfaces are not exhaustive and other areas of innovation, within the scope of the funding, will be considered and scored accordingly. Proposals will be looked upon more favourably where they are able to demonstrate efficiencies that can be replicated across other parts of the NHS.

Stage 1: Pass/fail qualifying tests

Projects will initially be assessed against the following six pass/fail tests. Projects that fail any of these criteria will not be considered further.

- Clear demonstration of how the project will advance e-rostering LOA of the clinical workforce group.
- Clear demonstration of how all trust workforce deployment systems will meet the core software requirements specification on delivery of the project.
- The proposal must confirm that all parties involved with the project are content that the outputs will be delivered without detriment to existing good quality systems already in place.
- The application form has been filled in correctly, with clear information and signed by the chief information officer and finance director.
- Applicants agree to work with NHS Improvement, to share data and participate in interim and final reporting requirements, as well as project-specific case studies.
- Inclusion of a minimum of two software quotes

Projects will initially be assessed against the following five pass/fail tests. Projects that fail any of these criteria will not be considered further.

Stage 2: Assessment criteria

If the project passes Stage 1, it will proceed to the assessment stage for the specified lot. In this stage, projects will be assessed against these criteria for each lot:

Extent of change

- deliverability and sustainability of the project and proposals
- projected period, value and ongoing sustainability of the returns from the project beyond the duration of the capital investment
- a clear scope of works and delivery methodology; all cost elements should appear reasonable and where there are abnormal or high costs, they are clearly justified
- outline of co-creation with users, including agile discovery and development sprint cycles, where applicable.

Clinical leadership

- executive buy-in and clinician engagement plan
- evidence of established clinical leadership structure and project expertise
- clear case of the project's benefit to the clinical workforce and their involvement in the project leadership and procurement.

Strategic alignment

- clear demonstration of how the project fits within the local and STP or ICS workforce and digital strategy, including such things as local and collaborative banks
- alignment with and advancement of the Secretary of State's technology vision (e.g. open standards, interoperability and cloud-based solutions)

- clear evidence of the project's fit and alignment to the organisation's(s') information management and technology, and service transformation strategies.

Benefits realisation

- robust benefits realisation approach connected to a clear governance and reporting structure, in line with the published implementation guidance
- resulting measurable benefits beyond sole financial savings, including (but not limited to);
  - reduced reliance on upon agency staffing
  - improved flexible working and retention for clinical staff
  - improved board level reporting
  - release of staff time through automation
- utilisation of available system functionality, as contained in the software requirements specification
- clearly identified interdependencies with related solutions, such as associated job planning and bank software benefits.

Governance and project capability

- clear project plan with key milestones for delivery
- robust project leadership and governance structure, including risk mitigation plan
- evidence of due diligence and assurance processes being implemented at local level
- a costed options appraisal with quantified benefits that supports the solution, and evidence that applicants possess the ability to deliver the solution; the proposal must demonstrate that projects are planned appropriately and realistically, taking account of potential risks.

Sourcing strategy

- a procurement plan that identifies a viable case for change and clear clinician engagement and collaboration
- demonstration of procurement fit with the proposed project plan and outcomes, including fit within the STP or ICS
- market engagement and testing with a minimum of **two** well-evidenced quotes, which may include up to two-year licencing fees and related one-off costs
- quotes that are sufficiently developed and evidenced to allow for a speedy procurement exercise and start of work upon project approval.

Financial viability

- a credible financial plan, including return on investment, expected ongoing productivity savings and consideration of any associated revenue expenditure
- demonstration of value for money
- reasonable costs in relation to the number of clinical staff in scope
- the source of additional match funding should be identified.

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication approval reference: PAR0017