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Introduction

The **NHS Long Term Plan** committed 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 (MUS) and associated Levels of attainment (LOA)** equips providers with best practice standards for use of workforce deployment systems. There are five levels of attainment (0-4), where level four indicates optimal use of job planning and rostering system functionality.

The Department of Health and Social Care (DHSC) has committed capital funding to accelerate NHS providers’ utilisation of workforce deployment systems. 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. Bids can contain costs for the financial years 2019/20 and 2020/21 and should clearly indicate within the application form when costs will be incurred.

An operational guide is in development, which will be published in summer 2019. This guide will provide useful information and advice to help steer providers in setting up the necessary infrastructure and processes for successful implementation and software use.

**Key dates and deadlines**

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<th>Milestones</th>
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<tr>
<td>Publication of guidance on eligibility and criteria</td>
<td>30 July 2019</td>
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<tr>
<td>NHS providers submit their bid</td>
<td>24 September 2019</td>
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<tr>
<td>Decisions on bids announced</td>
<td>November 2019</td>
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<tr>
<td>Project start date</td>
<td>November 2019 onwards</td>
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<tr>
<td>Project end date</td>
<td>By 31 March 2021</td>
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Fund priorities

Only proposals which closely align with the fund priorities will be successful. NHS providers should ensure their proposals are supported by high quality quotes in preparation of the subsequent procurement exercise, should they be successful. If developing new functionality, providers should consider the relevance of intellectual property licensing and how the wider NHS will benefit from the product, such as through ensuring NHS developed functionality is made open source.

Proposals will be objectively assessed against vendor-neutral application criteria, based upon the value of the project, 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, the relevant parties should pay close attention to the pass/fail tests.

Capital funding priority areas include:

- First-time software adopters, especially providers who have yet to procure either e-rostering or e-job planning software.
- The development of new 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 adopters
- lot 2 advanced e-job planning
- lot 3 advanced e-rostering.

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 (SoS) 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. Proposals

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which 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 are exclusive to NHS trusts and 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 plan (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, which include costs associated with the change process of implementing or developing new software solutions. Proposals need to demonstrate how the financial case will support providers to reach their business as usual model by 31 March 2021. Projects will only be considered if they progress the provider(s) LOA for some or all clinical workforce groups.

When considering which projects to put forward in a proposal, providers should note the following will be considered:

- projects featuring the e-job planning and/or e-rostering of any or multiple NHS clinical workforce group(s)
- project costs associated with the development of new software functionality and/or ‘value added’ specifications, which progresses the meaningful use of software
- 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 upon testing and evaluating approaches to improve user functionality
- project implementation team costs
• one-off costs within the capital funding period, which could include licensing, maintenance and customer support.

One-off supplier costs should be clearly itemised and only relate to the capital funding period.

The following will not be funded:

• basic IT infrastructure upgrades or other preliminary work necessary to the project
• associated hardware eg iPads
• related software systems or functionality beyond the scope of the software requirements specification (such as HR systems)
• costs not directly related to the implementation or development of new software systems, functionality or interoperability to improve its meaningful use
• projects which do not impact upon the deployment of the clinical workforce
• projects which do not align with the SoS’s technology vision
• ad hoc and trivial purchases that are a follow-on from the initial project scope.

The 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 the objectives of this fund and ensure the best projects are funded, knowledge from across the NHS and software system suppliers will need to be pooled. Therefore, we expect providers to work closely with all necessary parties to develop the bids.

For lots 2 and 3 we especially encourage proposals for testing and evaluating approaches aimed at the system interoperability and multi-professional working. Those that demonstrate good plans for testing and evaluating approaches aimed at improving meaningful system use will receive a strong score at assessment stage, therefore working through ways to deliver this should be a priority for bidders.
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 eg 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.

Partnership bids

Where relevant, providers may work with other organisations, such as royal colleges, to form a ‘partnership project’. Partner providers and organisations should liaise closely with the lead provider to enable them to complete all relevant details as part of the application process. The proposal should make clear the expectation of partner providers’ and other organisations’ contributions to the project.

Preparing your proposal

Funding proposals should contain all costs forecast during the project lifecycle. As funding may 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 that they can both procure the systems and start implementation in the financial year 2019/20. Upon commencement a routine return will be required to track both finances and benefits realisation.

Support and advice from regional NHS England and NHS Improvement teams will be available to support providers to 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 recommendations of the group will be provided to the senior responsible officer (SRO) within the operational productivity programme, who will provide these recommendations to DHSC to approve the release of funds. Lead applicants will then be advised of the outcome. DHSC 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 England and 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 potential value and benefits of the project to the wider NHS, as well as demonstrating the project 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 expense of the lead provider. Where there are local features which may lead to costs being outside of industry benchmarks then this should be clearly explained and evidenced.

Any new software created for and on behalf of the NHS, should be made ‘open source’ and be available to the wider NHS.

Providers must submit completed proposals as part of their bid by 24 September 2019.

The NHS provider submitting the 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, following 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.
By submitting a proposal for capital funding, all parties contributing to a proposal should be aware that funding is contingent upon 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. While all proposals need to demonstrate how the resulting software products will meet the core requirements of the [software requirements specification](#), lots 2 and 3 will also need to indicate the ‘value added’ components they will deliver. We anticipate proposals for lots 2 and 3 will already have e-job planning or e-rostering systems in place for the clinical workforce teams in scope. However, if a provider wishes to submit a proposal to introduce a novel workforce deployment system to a given workforce group, which also includes advanced functionality, they should apply under lot 2 or 3 and their proposal will be assessed accordingly.

**Lot 1 first time adopters**

Funding proposals to introduce e-job planning and/or e-rostering to a single or multiple clinical workforce group(s), with priority given to providers who have yet to procure either software system.

**Lot 2 advanced e-job planning – demand and capacity**

Proposals will include the development of advanced e-job planning functionality to support capacity and demand planning and other standards associated with high LOA.

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

- A specialty ‘job planning tool’ for clinical and operational managers to job plan a multi-professional team or service line. ‘Departmental job planning’ is often limited to senior doctors and confined to the use of varied Excel spreadsheets. A systematic approach to multi-professional job planning will ensure greater visibility into this process, which itself will help to optimise the team through the triangulation of the workforce with activity, performance and cost measures. This is particularly relevant when used in
conjunction with a programme like Getting It Right First Time (GIRFT), where clinical pathways can be used to determine resourcing need. Such a solution might include an interface with the patient administration system (PAS).

- An acuity tool to support job planning and/or establishment setting across a multi-professional team or single workforce group, preferably derived from the electronic patient record.
- Any interface which enhances clinical workforce efficiency, transparency or decision-making ability.

**Lot 3 advanced e-rostering**

Proposals will include the development of advanced 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:

- User co-designed systems, which promote and enable flexible or personalised working.
- Competency-based rostering platforms, which enable co-rostering of different professional groups.
- Rostering platforms, which optimise deployment of new roles within a team, eg physician associates, nursing associates, advanced clinical practitioners, independent prescribers.
- 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 five pass/fail tests. Projects that fail any of these criteria will not be considered further.
• Clear demonstration how the project will advance the e-job planning and/or e-rostering LOA of some or all clinical workforce groups.
• Clear demonstration 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 England and NHS Improvement, to share data and participate in interim and final reporting requirements, as well as project specific case studies.

Stage 2: Assessment criteria

If the project passes stage 1 the project will proceed to the assessment stage for the specified lot. In this stage projects will be assessed against the following 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.

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.

Strategic alignment
• clear demonstration of project fit within the provider(s) clinical and corporate strategy
• clear demonstration how the project fits within the local STP or ICS footprint
• **alignment with and advancement of the SoS technology vision** (eg open standards, interoperability and cloud-based solutions)
• clear evidence of the fit and alignment of the project to the organisation(s) information management and technology, and service transformation strategies.

**Benefits realisation**
• resulting measurable benefits beyond sole financial savings and their potential replicability across the wider healthcare system
• development of value-added functionality, some of which is outlined in the software requirements specification
• development of system functionality which supports benefits realisation related to progressing LOA.

**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 stakeholder engagement and collaboration
• demonstration of procurement fit with the proposed project plan and outcomes, including fit within the STP or ICS
• thorough and well-evidenced quotes proportionate to the size of the project
• quotes that are sufficiently developed and evidenced to allow for an expeditious procurement exercise and commencement of work upon project approval.
Financial viability

- a credible financial plan, including return on investment, expected on-going productivity savings and consideration of any associated revenue expenditure
- demonstration of value for money from the proposed functionality
- reasonable costs in relation to the number of clinical staff in scope
- the source of additional match funding should be identified
- clear timeframe for expenditure to ensure funding can be allocated in line with the specified financial year, as the awarded funding will likely cross over the financial year.