

## **1.19.6 Resource Changes**

Please detail how you will ensure your resource plan will be capable of meeting increases or spikes in demand and increases in staff absences without compromising quality.

(Maximum Word Count – no limit but be concise)

### **1.19.6.1-Understanding the service to predict peaks and patterns**

Having provided the Staffordshire GP-OOH service for 8 years, alongside delivery of other GP-OOH contracts, we have built up an understanding of the drivers of peaks in demand and can look across our range of contracts to identify themes and trends and unwarranted variation.

In many ways Staffordshire follows the national patterns of demand of GP-OOH services when compared against similar areas corrected for their social deprivation and demographic indices. However, there are also local variations that need to be catered for that can significantly impact the distribution. Examples include summer holidays when attractions such as Alton Towers and Drayton Manor can impact on the volume of people visiting the area as well as the time of day cases may be received (later in the evening).

Local events such as home football matches also affect the intraday delivery model, with case volume dropping significantly during the match with higher peaks post game so our staffing profiles are built to reflect this local variation.

In hours GP access is directly related to OOH activity so Monday and Friday evenings show excess demand compared to other weekdays. Over weekends, Saturdays are generally busier than Sundays and peak activity is between 08:00-12:00 in the morning and slowly ease off overnight Sundays.

Special occasions such as bank holidays, Christmas, Easter and religious festivals (e.g. Eid) have their own challenges. As an incumbent provider, we have mapped each of these occasions over several years to create a relatively forecast of activity that enables us to arrange our rota to meet those demands including adapting hours or moving breaks to appropriate times to ensure all festival requirements are incorporated e.g. Ramadan.

### **1.19.6.2-Resourcing approach to manage foreseeable peaks**

Having quite granular demand information enables us to match the workforce to meet this demand.

However, we also have a built-in contingency in the rota to deal with unplanned issues such as sickness absence, difficult consultations, productivity issues on a shift. This contingency provides us with enough resilience to deal with foreseeable surge in activity.

### **1.19.6.3-Use of incident response and business-continuity plans for unforeseeable peaks**

An important lesson from the pandemic is ability to respond to unforeseeable demands. We have an organisation-wide Business Continuity Plan that has built in triggers to alert the teams to respond to those circumstances. We use size and expertise of our organisation in our favour by redirecting resource from one part of the organisation to the another at the times of unexpected demand.

Vocare also has a large National Clinical Assessment Service with a healthy cohort of GPs who work from home and can be available at short notice to provide support for unforeseen circumstances.

We have Area and National on-call teams consisting of a mixture of clinical and non-clinical senior team members who convene urgent meetings in the event of such unforeseeable peaks to assess organisation-wide capacity and demand to redirect all available resources appropriately to cope with any such surge.

### **1.19.6.4-Staff absence management**

#### **a)-Covering for absence**

Vocare has a number of process in place to minimise the impacts of staff absence. All shifts on the rota are built with a 15% contingency in places to mitigate any short-term absence default. In addition to the above, clinical roles within the service have the ability to work in Tri-Role format, which means they are trained to undertake telephone consultations, centre visits and home visits and can be deployed as required to support both absence and surges in demand profiles.

In times of increased absence, measures are put in place via a service escalation plan to support Team Leaders and Clinical Shift Leads to enact measures. Alongside this, the service will operate with a 24/7 on-call manager who can support in approving overtime and incentives to maximise shift fill as required.

#### **b)-Minimising absence**

We have a number of health and wellbeing resources available to staff to minimise sickness and absence.

Details are held on the Vocare intranet so they are accessible to staff 24/7 and can be accessed confidentially if a member of staff wishes to access. This is underpinned by our independent Employee Assistance Programme. This service, provided by Croner on behalf of Vocare, provides staff with a truly confidential support service covering work-related matters as well as health and finance.

#### **c)-Return to work**

Following absence from the workplace, staff are supported on their return via our return to work process. It involves a face-to-face meeting with their line manager/appropriate supervisor within 2 hours of their return.

During this meeting checks will be undertaken to ensure the employee is fit to return to work, that any support measures are in place and that colleagues are aware of any changes to the service/process during their absence. The notes of

these meetings are shared with line manager and HR colleagues to ensure employees are supported in line with the Vocare Attendance and Wellbeing policy.

#### **1.19.6.5-Maintaining service quality during peaks**

Patient safety is the key principle that underpin all operational processes and policies of our organisation.

In events of unforeseen surge in demand, we have safety mechanisms to deliver care to patients according to their clinical needs. For example, during the pandemic, there were times when our telephone call-back queue got longer. With the help of National Clinical Director on call, we identified the most experienced clinical colleagues to undertake a safety sweep of our queue to identify any patients who were at risk of deterioration. Our trained operational staff comfort called every patient and escalated any concerns identified during that call straight to the clinicians for further assessment. This resulted in the safe management of a queue while we strengthened our workforce by contacting organisation-wide remote clinicians as well as local clinicians to pick up clinical hours to help cope with this unprecedented time.

Examples of good process to maintain clinical safety during high demand levels include:

- 4 week old baby – during comfort calling, an experienced Despatcher realised that the child's condition had deteriorated and she escalated her concerns to clinical staff. An urgent appointment was booked and child was quickly seen. This happened during a time of unprecedented demand in service with staff sickness due to isolation requirements.
- Major incident status was declared twice for the county of Staffordshire between March 2020 and July 2021. Vocare remained at major incident level throughout and was a significant urgent-care system partner coping with the demands of the Covid-19 pandemic. Despite the challenges of unprecedented demand and impact on staffing levels we have maintained regular quality reporting.