



NATIONAL SOCIAL PARTNERSHIP FORUM – 12 MAY 2011

KEY COMMUNICATIONS

The implications of the pause; the HR transition guidance; violence against women and children; QIPP and the seasonal flu staff vaccine campaign were some of the topics debated at the May meeting of the Social Partnership Forum (SPF).

Introduction

The meeting was chaired by Simon Burns Minister of State (Health). In his opening remarks he welcomed Christina McAnea as the new trade union side lead on the SPF Steering Group. He gave an update on the listening exercise saying that it was a natural time during the progress of the Health and Social Care Bill to pause, listen and seek to improve the bill. A listening event took place in the afternoon, separate to the SPF, where employers and trade union representatives had the opportunity to give their views.

HR transition guidance

Stephen Welfare (East of England, SHA) and Jon Restell (SPF Trade Union Side) summarised the work that had been carried out in the HR Framework Task and Finish Group. The group had contributed to a suite of guidance that included a retention and exit terms scheme (RETS) and [assignment](#) for transition. It had also worked to ensure that there was greater consistency between the regional HR frameworks in the NHS. This group had recently refreshed its remit and expanded to include trade unions and management representing staff in the Department of Health and arms length bodies and is now called the HR Transition Partnership Forum. The Forum had completed work on developing a HR Transition Framework document to support staff during transition. There was a discussion on whether further transition guidance should be released during the pause and the possible impact on the NHS workforce of delaying publication. It was agreed that a message should go out to the NHS to give staff reassurance that the HR Transition Framework had been agreed with all parties, and would be issued once the listening exercise had concluded. The group was keen to recognise the operational need to ensure staff were supported, but that it was important to respect the listening exercise and incorporate any implications for staff into the guidance.

Violence against women and children

Claire Phillips from the Department of Health spoke on the work that was going on to tackle violence against women and children. This included working with the Royal College of General Practitioners to develop an e-learning course to help GPs recognise, identify and provide support for victims of violence. Commissioning guidelines had been issued which describe typical care pathways and provide comprehensive advice to commissioners. Work was also in hand to ensure that information on assault-related attendances in A&E departments is shared with other agencies. The Government was also working with the third sector to provide 15 new rape crisis centres and was re-running a campaign to raise awareness of violence between adolescents in relationships. The forum suggested that the partners' websites could be used to communicate key messages. It was agreed that it was important to share learning on recognising potential victims of violence and that other sectors, not just the health sector, had a key role in this.

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Trade union representatives stressed that this issue should also be high on the commissioning agenda. Employers and the trade unions committed to work with the Department of Health to identify further measures that could be taken to reduce violence against women and children. It was also worth linking this to work going on following the Boorman review in connection with violence against staff.

Quality, Innovation, Productivity and Prevention (QIPP)

Jim Easton from the Department of Health spoke about QIPP and the efforts being made to maintain a quality service during a period of significant financial challenge. He reported that non staff costs were taking a greater hit (proportionally) when compared to staff costs. He also said there were programmes to achieve more efficient working practices which should increase staff productivity. The DH aim was to support the protection of front line staffing wherever possible, but said this could not translate to a national guarantee. The Trade Union Side expressed its concern about the potential impact on patient care of efficiency saving measures. They stressed the importance of good staff engagement when designing new working practices. Employer representatives agreed with this and said that, as a result of the funding arrangements, there were going to be some tough decisions to make and it was important that employers and trade unions continue to work together to ensure the best service for their patients. Minister suggested that as this was such an important issue it should become a standing item on the agenda for the SPF. Everyone agreed that this was a good idea and that it would be very useful for partners to regularly share their intelligence on how QIPP is impacting on the ground.

Seasonal flu vaccine - uptake by NHS staff

Dean Royles, director of NHS Employers, introduced this item. The SPF agreed on the importance of NHS staff being vaccinated against seasonal flu and noted that the previous winter uptake had been, in some areas, disappointingly low. The SPF agreed NHS Employers will lead a national campaign for winter 2011/12, working with their partners in the trade unions and the Department of Health with the aim of increasing staff uptake of the vaccine. The forum recognised that there was a need to dispel some myths about the vaccine. It was also felt that strong and persuasive messages should be issued to staff so they were aware that having the vaccine would not only protect them, but also prevent them from potentially passing the flu on to their colleagues and their patients.

Staff experience and the staff survey

Becky Farren, DH spoke about the research that Aston University had carried out which showed clear evidence of links between high levels of staff engagement and a range of positive outcomes in the NHS, including better patient outcomes. Mark Smith, DH then summarised the staff survey results for 2010 in which there had been an overall improvement in the key findings. There had been a particular improvement in the ambulance sector, with improvements in 21 key findings. He noted this had been an area of successful partnership working. Also the levels of physical violence experienced by staff, which was an issue raised at the last SPF, had shown a slow downward trend since the staff survey began, although caution was raised on interpreting the latest year-on-year reduction because of question changes. Significant improvements were also seen in the coverage of appraisal and again this was evidence of successful partnership working at both national and regional level, including the launch of the simplified Knowledge and Skills Framework. Becky reported that work was taking place to look at how future staff surveys can support staff experience and the delivery of high quality patient outcomes in the NHS.

This will include looking at the evidence of staff engagement and thinking about what this means for the survey content. The SPF staff survey sub group will be looking at the results from the latest survey in more detail and levels of progress against its priorities. It was also agreed partners would be involved in work to look at the survey through the established forums and bilateral meetings in the future.

SPF event

Gill Bellord from NHS Employers gave an update on the SPF event (29 March 2011). Gill had chaired the event jointly with Josie Irwin (SPF Trade Union Side) and Nick Adkin (DH). There were a number of presentations, including a speech by Lord Howe who stressed the importance the Government attached to working in partnership and that, through listening to and working with NHS trade unions and employers, the Government could make sure that policies relating to the NHS workforce are shaped and implemented to improve the lives of staff and outcomes for patients. The purpose of the day was to identify challenges to partnership working during the transition and under the proposed new architecture and then to come up with potential solutions. Proposals for taking forward work included maintaining and building on the work that had already been done; working with new commissioners and providers to establish partnership arrangements and to look to the Government to further embed partnership working in the NHS by including a requirement to work in partnership in guidance documents and secondary legislation.