Midlands and East Partnership Conference

Friday 24 March 2017
Kettering Conference Centre

sli.do #Partnership #SPFNHS

WiFi kcc_guest
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Welcome and introductions

Phil McCarvill - Deputy Director of Policy, NHS Confederation
Benefits of discussing issues for shared solutions in partnership

Jan Bloomfield Executive Director of Workforce and Communications, West Suffolk Hospital NHS Foundation Trust, Employer Chair, EOE SPF
What is the NHS Confederation?

• A membership organisation of NHS organisations
• Broad-based Group representing all parts of the NHS
• We convene the NHS – bringing it together
• We focus on the system, not individual parts of it
• We builds strong links with key strategic partners
• We shape debates and thinking.
Focus on a number of key things:

- Context for politics and influencing
- Pressure
- Transformation
- Conclusion
Politics and Influencing

- The Government is ‘distracted’ by Brexit and now the possibility of Scexit
- The way the Government works has changed & old routes in no longer work
- A different way of influencing is required
- Still need to ensure that the proposed social care green paper delivers a sustainable solution
- Ensure that there is a strong focus on the NHS.
Pressure and strain across the system

Growing demand is putting unprecedented pressure on the system:

- There were 1,892,404 attendances at A&E in January 2017
- Attendances over the last 12 months are 4.1% higher than the preceding 12 months
- 85.1% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard.
- This is the lowest performance since monthly reporting began in 2010. 95% standard of patients spending 4 hours or less in A&E was last achieved in July 2015
- Referral to treatment for consultant-led elective care · 1,349,857 patients started consultant-led treatment in January 2017. The figure for the latest twelve months is up 4.3% on the preceding twelve month period.
Pressure and strain across the system

• In the last five years 3.2 million people have waited longer in our A&E departments than the national target should allow, with half of this ‘excess’ being in the last 12 months
• Despite a real terms NHS funding increase of 2.7% in 2015/16 demand continues to outstrip funding
• Impact of social care funding crisis on the NHS
• Evidence on a weekly and monthly NHS performance statistics
• Still defying predictions - Resilience of the NHS is a tribute to the dedication of NHS staff – important we acknowledge this.
Underlines the need for transformation

- We simply cannot keep doing what we are doing
- We need a 21\textsuperscript{st} century health and care service which meets the needs of our 21\textsuperscript{st} century population
- This requires fundamental change.
Sustainability & Transformation Plans

- 44 STPs setting out delivery over the next three years
- Variation in starting points
- engagement – clinicians, staff, public, stakeholders and politicians
- Variation in scope
- Variation in ambition
- Variation in relationships
- Variation in pace and progress.
STPs

- Likely we will see a variation in pace in different parts of the country
- Relationship and engagement are crucial to the next phase – making up ground
- Lessons of earlier place based initiatives
- Evolution of new organisational forms
- Implementation phase of the FYFV
Our Challenge

• To deliver unprecedented transformation whilst continuing to deliver high quality care
• To engage local populations, staff and other stakeholders in this transformation
• To turn emerging relationships into durable partnerships and lasting solutions
• To keep the NHS and wider system at the top of the political agenda against a backdrop of Brexit and other priorities.
National SPF activity and interaction with NHS Staff Council

Claire Sullivan - Director of Employment Relations and Union Services, Chartered Society of Physiotherapy

Josie Irwin - Head of Employment Relations, Royal College of Nursing

# SPFNHS
What is the NHS Staff Council?

- 4 country
- 15 TUs make up Staff Side
- Tri-partite
- Maintenance of pay and conditions
- Negotiates on any variations
- Discusses pay/conditions concerns
- Does **not** negotiate pay settlements
- Operates in partnership
- Decisions require formal Government ratification
- Executive/Officers carry out day to day business
Staff Council Priorities

Pay, Agenda for Change Review

Job evaluation, workforce transformation

Pensions, exit payments

Health & Wellbeing

Equality and Diversity

NWOW
NHS staff survey trends, themes

Steven Weeks - Policy Manager, NHS Employers
Progress under pressure

• 2016 results broadly positive
• 24 of 33 key findings improved
• but staff experience under pressure
Areas of improvement

• people management practice
• quality of appraisal
• staff engagement
• health and well being
Areas of Concern

- stress/workload
- bullying and harassment indicators
- equalities
Ongoing Issues

• maintaining progress
• variation between organisations
• surveys
Keep updated and stay in touch

www.nhsemployers.org/your-workforce/retain and improve/staff experience/staff engagement/

Sign up to the weekly workforce bulletin: www.nhsemployers.org/workforcebulletin

Follow us on LinkedIn

Get in touch Steven.weeks@nhsemployers.org

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STP development and partnership working

Alan Duffell - Director of Human Resources & OD, Leicestershire Partnership NHS Trust (Chair of East Midlands SPF)

# SPF NHS
Shared hot topics, moving onto developing shared solutions

David Kirwan - Regional SPF Chair and Operational Manager, Royal College of Nursing

- Staff side support/ partnership working
- Pay terms and conditions and job evaluations
- STPs
- Trust

# SPFNHS
Workshop 1
East Midlands Ambulance Service
Developing, through partnership working, a staff wellbeing and support programme that uses peer to peer support.
LIA LISTENING EVENTS.....WHAT STAFF SAID.. recap

DEBRIEFING SUPPORT                      RESPECT

RESPECT SUPPORT EACH OTHER

FOLLOW UP WELFARE CALLS

LACK OF WELFARE SUPPORT

POST INCIDENT SUPPORT

FEELINGS OF STRESS

RESPECT AND ATTITUDE

PTSD / STAFF WELFARE
WHAT STAFF SAID........

STAFF WELFARE AND SUPPORT

PASTORAL CARE

PEER SUPPORT

SUPPORT AFTER INCIDENTS

CREATE A FAMILY ATMOSPHERE

RECOGNITION

OF

BEING HUMAN AND HAVING FEELINGS
STAFF SUPPORT NOT ONLY AFTER DIFFICULT JOBS BUT DURING DIFFICULT TIMES IN OUR PERSONAL LIVES
Hi Kev. We met the other day at *** when you came to offer support after *** ***death. Sorry to bother you but **** gave me your number, he thought you might be able to help. My crew mate and I were the first on scene at the child hanging on Wednesday and I'm so incredibly upset. I'm also very embarrassed that I'm feeling this way as its my job and I should be able to deal with it. I couldn't face going into work last night, so I didn't. I'm due back in on Monday but I'm scared. I just want you to text me and say it will pass.
Model of Staff Support

- PAM
- Trauma Risk Management (TRiM)
- P2P / PCW/ mediation/manager support/networks
- Self care and PAM Assist
Staff Support Initiatives

Phase One 2014/2015:
- Chaplain / Staff Support lead role introduced Feb
- P2P/PCW launched Feb/March
- Specialist support for PTSD

Phase Two 2015/2016:
- Trauma Risk Management – TRiM (May 2015)
- LGBT/BME/Disability network launch
• 183 volunteers internally trained across EMAS in 2014/15
• Increasing by +30 in 2015/16
• All volunteers sign confidentiality agreement
What is P2P / PCW?

• Colleague support
• A listening ear
• A safe ‘space’ for an individual to ‘download’/talk
• Signposting to support/advice
• Support identifying possible solutions
P2P/PCW success

- 243 staff contacts in first quarter
- 392 staff contacts in quarter two
- 405 staff contacts in quarter three
- 358 staff contacts in quarter four
- **1398 staff contacts in the first year**
- 805 staff contacts in quarter one 2016/17
- 779 Staff contacts in quarter two 2016/17
- 982 Staff contacts in quarter Three 2016/17
- **2566 staff contacts with Q4 still to be added**
P2P/PCW CONTACT THEMES

• Feelings of stress / anxiety / depression
• Bereavement following death of colleagues
• Impact on home life due to late finishing
• Personal and domestic matters
• Lack of support
P2P/PCW

WHAT DOES IT COST IN SETTING UP?
P2P/PCW  How does it work?

Support from the top (champion)

Co-ordinator

Training programme          Volunteers         Train

Launch Programme
WHAT HAVE WE DONE?

• Professional behaviour in the work place
• Resilience Training
• Bereavement support provided by chaplain, P2P / PCW’s
• Blue light champions (Mind)
What are we doing next?

• P2P / PCW volunteers to undertake training in Mental Health signs / symptoms / awareness

• Working group looking at the promotion of help and support with regards to suicide prevention
ANY QUESTIONS?
P2P/PCW

THANK YOU

Jo Bradshaw
Organisational Development Manager
Jo.Bradshaw@emas.nhs.uk
Workshop 2
University Hospital Coventry and Warwick

Improving absence management and staff health and wellbeing through partnership working.

# SPFNHS
Improving Absence Management and Staff Health and Wellbeing through Partnership Working

Donna Griffiths, Associate Director of Workforce
Denise Crampsie, Staff Side Chair
Lorraine Nye, Workforce Business Partner
About UHCW NHS Trust

University Hospital, Coventry
1100 beds
Serves population of 713,000

Hospital of St Cross, Rugby
130 beds
Serves population of 87,000

Trust Turnover: £585 million

Staff Number: c8500
Virginia Mason
A Partnership Approach

Formal Attendance Management Processes

Supportive Health & Wellbeing Interventions
Historical Position

- High levels of absenteeism – in excess of 4%
- Short term sickness absence – High Episodes
- Culture of protracted long term absence
- Cost to the Trust approx - £10 million
- Staff Side, Workforce and Operational Managers - inconsistencies with perception and application of the Managing Attendance Policy
Action Plan

• Revision of Managing Attendance Policy. Joint & Agreed in Partnership.
• Learning point – Requirement for collaboration to manage common frustrations
• Action – Joint development & Delivery of the Managing Attendance Masterclass for managers.
• Monthly feedback sessions between Staff Side and Workforce to discuss concerns and agree action
• 62 managers attended Managing Attendance masterclass since May 2016
Well-Being at UHCW

• Alongside the formal absence management, the Trust has a well-being programme

• Multi-professional health and well-being group in place, which includes Staff Side partners

• The group uses organisational evidence (feedback from the National Staff Survey, local staff survey – Staff Impressions and listening events) to understand what our staff want and need in relation to well-being support in the workplace
What have we done?

Physical Well-Being
- Regular Staff Health and Wellbeing events
- Fast Track Staff Physiotherapy Service
- Dedicated Occupational Physiotherapist based in Occupational Health
- Self-help advice guidance, e.g. Musculoskeletal conditions
- Active travel plan and cycle to work scheme

New for 2016/2017
- StepJockey – a stair waking Initiative
- Lifestyle screening and health check clinics for staff
- Weekly walking Groups
- Walk and Talk Meetings
- Deskcercise – access to free demonstrations to stay fit at your desk.
- Staff Pilates classes
- Staff Yoga Programmes

Emotional / Mental Well-Being
- Fast Track Psychology Service
- Dedicated staff counsellor based in Occupational Health
- Managing Stress workshops and seminars
- ‘Dying Matters’ Cafés
- Confidential Contacts Scheme

New for 2016/2017
- Mindfulness Programme
- Stress and resilience workshops

Financial Well-Being
- Neyber
- Cycle to Work Scheme
- Childcare vouchers
- Car Lease Scheme
Outcomes

- Positive & constructive working relationship between Staff Side, Workforce and Managers.

- April – October 2016 – 7 consecutive months of reduction in absence rates.

- Staff are becoming more aware of available support - Lets keep raising awareness
The Challenge Ahead

- **Continue to work collaboratively** – learning from our experiences, open lines of communication

- **Need to make the business case** – well-being is not an ‘add-on’ but an essential element for any organisation

- **Need to staff engagement** – to make sure interventions are what staff want and need

- **Cannot solve everything in one go** – need to start small and with the ‘quick wins’

- **One size doesn’t fit all** – need to different interventions for different groups in the workforce

- **Need to measure the impact of our approach** – e.g. staff absence levels, staff engagement levels, staff FFT scores
Workshop 3
Queen Elizabeth’s Hospital King’s Lynn
Developing, through partnership working a lifelong learning programme for their staff.

# SPFNHS
LIFELONG LEARNING JOURNEY
INTRODUCTION

- Your presenters:
  - Georgie Goodman – Head of Workforce, QEH
  - Darren Barber – UNISON Branch Secretary

- What is Lifelong learning?
- Getting started
- Challenges
- Successes
- What next
- Summary
- Questions

Working in partnership
Improving lifelong learning opportunities for all
WHAT IS LIFELONG LEARNING?

• A channel for improvement
• Identified need to improve staff engagement
• Working in partnership
• It gave management and staff an opportunity to share thoughts and views on issues of concern
GETTING STARTED

• Agreements made
• Funding
• Training for ULR’s and management
• Advertising
• Inclusion and support
• Regular meetings to assess potential ideas and progress
CHALLENGES

• Perceptions
• Identifying ULR’s
• Lifelong Learning Agreement (as an appendix) to the Recognition Agreement
• Resources/equipment
• Financial
• Venues
SUCCESSES

• Induction Day for new starters
• Courses
• Pathways to improved working relationship
• Improved staff interaction
• Continued interest
• National recognition
WHAT NEXT

• More funding

• Supporting and developing

• Continue to listen to what is needed

• Continue to promote the concept of lifelong learning

Working in partnership
Improving lifelong learning opportunities for all
SUMMARY

- Vision
- Resilience/sustainability
- Achievements far outweigh efforts
- Negotiation is key
- Team work makes it easier
- Anything is possible
- This is only the beginning
To find out more about Lifelong Learning email lifelonglearning@qehkl.nhs.uk
Workshop 4
Working in partnership with the RCN, Birmingham and Solihull Mental Health NHS Foundation Trust

Setting up a programme of BME nurse cultural ambassadors as equal members of investigation and disciplinary and grievance panels.
Building Better Partnerships
Workshop

Bruno Daniel
Senior Equality and Diversity Lead
Birmingham and Solihull Mental Health NHS Foundation Trust

Jane Paterson
Senior Regional Officer, Royal College of Nursing
West Midlands
Definition of Partnership

• A business entity in which two or more co-owners contribute resources, share in profits and losses, and are individually liable for the entity's actions

• The persons participating in such a business entity

• A relationship between individuals or groups that is characterised by mutual cooperation and responsibility, as for the achievement of a specified goal

• Deliberate blending of capacities for the mutual benefits of involved parties
Possible Barriers to Effective Partnerships

- To much focus on individual benefit
- Silo Working - rather than seeing mutual benefits
- Hidden agendas
- Differences in philosophies and ways of working
- Unequal balance of power and control
- Lack of opportunity to influence
- Lack of trust, openness and transparency
- Poor communication between partners and stakeholders
Impact and Outcomes
Barriers we encountered

• Attitudes and stereotypes (Personal)
• Resistance to change (wider organisation/partnership)
• History and poor relationships (fresh eyes – new perspective)
• Lack of resources
• Lack of understanding for the need for change
Partnership in Action

- Total leadership commitment and support
- Established joint funding
- Effective communications
  - Regular meetings and updates
- Agreed and identified outcome and outputs
- Benefits to member
- Benefits to the individual organisation
- Benefits to the partnership
- Improved confidence in the service being provided
Partnership in Action for us

- Executive/leadership By-in
- Focus on goals and beneficiaries
- Clearly identified outcomes and benefits
- Joint presentations, training and support
- Collaboration
  - Trade Unions
  - Council of Nurses
  - Operational and Corporate Senior Managers
- Communication (Making use of the evidence)
- Wider promotion of initiative locally and nationally
- Established evaluation systems
- Established joint funding
How will you get there?

Consider the above points

What do you need to do to get an effective partnership?

• What do you need to stop doing?
• What do you need to start doing?
• Which small step will make the biggest difference?
• What do you do together, as an individual or as an organisation?
Actions we took

• Many adhoc communications to check and confirm
• Fed off each others energy and enthusiasm
• Shared creativity, risk, responsibility and resources
• Supportive of each other and not being defensive
• We shared our limitations (personal and organisational)
• We shared our vulnerabilities
• We shared confidences and listened to each others concerns
• Always a priority, remaining flexible and accessible to each other
• Mutual dependence and respect
• Remained focus on the goal(s)
• We compromised when challenges arose
• Worked in each other interest for mutual benefits
• We built mutual understanding and trust
• We had Fun
Summary of Outcomes

• Permissions and freedoms to be innovative and move forward
• Having the confidence to make decisions that can bring on change
• A successful project – Cultural Ambassadors Project
  – Fully evaluated
  – Looking to change policy and fully embed into Trust’s employee relation process
  – Looking to train more Cultural Ambassadors to expand the service
  – Joined the RCN BME Stakeholder group
  – RCN to roll out the initiative nationally
• Continue to work in partnership and share information of mutual interest
• Develop further working project – Black History Month regional conference
Are your partnerships like this?
Like this?
Or are they like this?
Workshop 5
Lincolnshire Community Health Services
NHS Trust

How partnership working throughout the transformation agenda and freedom to speak up guardian role has made the health community a great place for NHS staff to work.

# SPF NHS
Lincolnshire Community Health Services

Partnership Working
Angie Scarfe Staff Side Chair
Angie Tunnicliffe – Staff Side Secretary
Lincolnshire Community
Staff Side Partnership

Striving for staff to enable
them to give patient’s the
best possible care.
Retention, Recruitment,
care and support.
Team Composition

Who makes up our staff side team

Formal Funded roles – Chairperson, Deputy Chair, Secretary.

RCN  2 Stewards  2 H & S reps 1 Learning rep

Unison – 4 workplace reps 1 learning rep

Aware that we require input from other recognised unions and try to recruit at all opportunities.
Transformation Agenda

• Consultations – following decision to make transformation (pre consultation) staff side are advised regarding this: they proof read and assess, challenge if required and then allocate to a designated staff side member the most appropriate member of staff side. Involved throughout – continuity.

• Responses are send digitally to a generic email that staff side have access to.
• Generic e-mail response contact box to give cover, business continuity, currently being set up
Promoting Joint Working

• LCHS - Road show
• Inductions
• Consultation meetings.
• Staff conferences
• National Events.
• Directorate time out planning activities
• Notice boards -
Benefits for Staff

Proactive & Early Interventions
Back to floor visits. Listen to concerns.
Facilitated discussions.
Negotiations – formal and informal – relationships.
Questioning, challenging and ability to flex.
Policy development – pivotal role and strong voice.
Clinical Senate

- Honorary non voting member on the Clinical senate
- Very well received by the members – rotate clinical-non clinical staff side members.
- Assess and input on ideas and potential changes that may affect working conditions etc.
- Used us as a resource
- Opportunity to cascade union information to staff – working longer/aging workforce pack from RCN and other national initiatives.
- Attempting to engage with regional senate - STP
S T P & Staff Side

• Attend a joint partnership forum as the STP is being developed.

• Feedback from Chair System Executive Team opportunity to question and explore any concerns.
Freedom to Speak Up Guardian

• Involved in early stages – survey monkey to staff “Who would they go to with a concern”
• Analysed results
• Explored with and guided the clinical senate –
• Expression of interest.
• Interviewing –
• Closely working with the individual appointed.
• “It reassuring to know that I have the support of colleagues on staff side. I am aware of the potential cross over with staff feeling the need to have support for bullying, harassment and grievance issues. Our training highlights the multi faceted nature of concerns and the role of staff unions and organisations in managing this in line with policy”
Reflections on the day

Phil McCarvill - Deputy Director of Policy, NHS Confederation