Midlands and East Partnership Conference

Tuesday 27th March 2018
Kettering Conference Centre

#Partnership
#SPFNHS

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KCC GUEST
PW: kcc12345
Welcome and introductions

Alan Duffel and Sasha Pearce - Regional SPF management and staff side chairs
Current changes and the landscape of the NHS system

Phil McCarvill - Chief Advisor, The NHS Confederation
The changing landscape of the NHS & Social Care system

Dr Phil McCarvill
Chief Advisor
NHS Confederation
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.
Key challenges facing the NHS & System:

• Delivering services today
• Transforming for tomorrow
• The political context in which we are operating.
Pressure and strain across the system

Growing demand is putting unprecedented pressure on the system:

• Evidence is clear from the weekly and monthly flow of NHS performance statistics.
• Much of the media focus is on what happens in hospitals and in particular the hospital front door.
Whole System Crisis

- Increasing number of calls to Ambulance Services – conveying more people to A&E.
- Ambulance stranded outside hospitals.
- GPs – Workforce contraction at a time of growing demand.
- Social Care – funding crisis, provider market failure and demand pressures.
- More than a winter crisis.
Funding not keeping pace

- Estimated that the Department of Health budget will grow by 1.2 per cent in real terms between 2009/10 and 2020/21
- Compared to average increases of around 4% per year since 1948
- Demand continues to grow year on year
- Still defying predictions - Resilience of the NHS is a tribute to the dedication of NHS staff – important we acknowledge this.
Financial pressures

- Many Trusts were already struggling to balance the books
- Winter has taken a further hit
- Many of the biggest and highest performers are increasingly concerned.
- We are seeing system-wide financial strains which means that action is needed now.
What needs to change?

• We need to be realistic about what can be delivered within the current settlement.
• Need a long-term future settlement for the health and social care system.
• Transformation.
Meeting the Challenge – Transformation

• The challenge requires very different solutions and the encouraging thing is that localities are getting on with it.
• We can not keep the doing things we have always done
• We need radical solutions.
Accountable Care Systems

- 8 STPs have been identified as ready to move towards ICS status
- Plus the proposed Devolution deal in Surrey
- Accelerating the pace of transformation
- Important that all areas receive support.
Place Based Working

- Variation in STP development to date
- Likely to see continued variation in pace in different parts of the country
- Lessons of earlier place based initiatives
- Evolution of new organisational forms.
Next Phase of Integration

• Clear that in many areas there have been issues about engagement in the STP story so far.
• The next phase must address this – political engagement, staff engagement, third sector engagement, public engagement.
• We must take communities and staff along on the transformation journey
• This will involve difficult decisions and choices – but that should not discourage engagement.
Wider political environment

- The Government is ‘distracted’ by Brexit
- The way the Government works has changed & old routes in no longer work
- A different way of influencing is required
- No apparent chance of legislative change
- 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.
What this all means for the NHS & Social Care

- No parliamentary time for the legislation which the NHS clearly needs to unpick the 2012 Act & enable transformation.
- Even if it had space would it embark on legislative change?
- Health (and in particular social care) have been crowded out of key debates.
- Difficult to engage No.10 and No.11 – Relationships are still evolving.
- The conversations we have tend to be dominated by Brexit.
What this all means for the NHS & Social Care

• In the absence of legislative change we are asking colleagues across the NHS to come up with ever more complex work-arounds.

• Social care remains on the too difficult pile – Long grass.

• Meanwhile pressure is building across the NHS and social care – That pressure is evident across all parts of the system.
Our Many Challenges

• To deliver unprecedented transformation whilst continuing to deliver high quality care
• Ensure that the NHS and social care has the funding to deliver a 21st century care system.
• To engage local populations, staff and other stakeholders in this transformation
• To turn emerging relationships into durable partnerships and lasting solutions
• Ensure that the system has the space to transform care to give us a fighting chance of turning the tide on pressures.
Our Many Challenges

- Ensure that the system has the space to transform care to give us a fighting chance of turning the tide on pressures.
- Ensure political support for transformation.
- Keep the NHS and wider system at the top of the political agenda.
The NHS Confederation’s role

To support our membership to deal with the challenges of today

To provide support to members to transform services

To ensure that the Government is focused on what the NHS and the wider system need to deliver on all fronts.
Any questions?
Staff Survey Results 2017 - Themes, Patterns & Areas Of Concern

Steven Weeks – Policy Manager, NHS Employers
Achievement in adversity

Challenging results in tough context

21 of 32 key findings got worse

11 key findings improved

Reversal of progress but still higher than 2014
Key challenges

- Overall willingness to recommend NHS as a place to work fell
- Staff perception of quality of care worsened (3.93 to 3.90)
- Staff engagement score fell (3.82 to 3.80)
- Health and Well Being individual indicators show increased pressure on staff and violence measure rose
- Little progress on reduction of bullying, harassment and abuse
- Pay satisfaction fell significantly (36 to 31%)
- WRES data cause for concern
- Large variation in scores
Still moving forward

Measures of line manager support increased (3.75 to 3.77)

Improved overall confidence in action on health and well being (3.62 to 3.63)

Quality of appraisal improved (3.10 to 3.11)

Most importantly staff still willing to recommend care in their organisation (69%)
Under pressure

Staff working beyond contracted hours and feel under stress

Fall in all indicators of staff perception of quality of care

Staff do not feel there are sufficient staff to provide quality
Health and Well Being mixed picture

• Overall measure of organisation and management interest in health and well being improved (3.62 to 3.63)
• Due to increase in perception of line manager support
• Measures of individual health and well being worsened e.g. % of staff reporting feeling unwell due to work related stress from 36.73 to 38.35%
• Percentage of staff experiencing physical violence (15%)
• Percentage of staff experiencing bullying harassment and abuse (24%)
• Improvement in reporting of BHA (47%)
• More Trusts improved than worsened
Staff Engagement

Fall in overall indicator (first since 2014) from 3.82 to 3.80

Fall in all dimensions (motivation, involvement and advocacy)

Small progress in measures of organisational involvement

More Trusts experienced decline in scores than improved

Much to do and need to share learning-theme of the day
Midlands and East Trends

- Trend in scores in line with national trends
- Overall staff engagement score bit below national average
- Range of scores wide (3.54 to 3.96)
- Has both organisation the largest decrease and most improved organisation
- Variation in most areas though concentration of challenged Trusts in Lincolnshire and Mid Essex and higher scorers in Northmaptonshire and Birmingham
- On health and well being more Trusts improved than worsened
Issues for discussion

• Are causes of overall drop in scores within organisational control or due to overall NHS context?
• Big range within local areas. How can we share and support via regional networks?
• How can partnership working help address issues?
• Scores for line manager support improved. Can a focus on this have positive impact on overall scores?
• What more can be done on bullying and harassment?
• How can NHS Employers national work programmes (e.g. health and well being and staff engagement) help?
More info

• NHS Employers website

• www.nhsemployers.org

• .NHS Staff Survey centre

• www.nhsstaffsurveys.com
Tea, coffee and networking break

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National SPF role and activities and feedback on their future work

Jon Restell – Chief Executive, Managers In Partnership

Think about what’s important to you over the next 2 years.

What should be the priorities for the national SPF?

What specific activity would help you with this priority?

# SPFNHS
Workforce Strategy

Phil Carver – Local Director, Health Education England, Working Across East Of England
Workforce Update From HEE

Phil Carver
Local Director

Developing people for health and healthcare

www.hee.nhs.uk
HEE exists for one purpose

- To improve the health and wellbeing of the people of England by developing a workforce—both professional and non-professional—with the right skills and values for them to always deliver outstanding healthcare.
Aug 16 to Aug 17

Total Nursing and Midwifery workforce has shrunk 1% in the last year.

Community Nursing and School Nursing workforces have shrunk significantly in the past 12 months
- West Midlands is the only region where the community nursing workforce hasn’t decreased.
- Only one STP has seen community nursing grow at larger rate than adult nursing (The Black Country)

Regionally, Central Midlands has seen the least fluctuation and smallest reduction in their Nursing and Midwifery workforce over the past 12 months
Nursing and Midwifery Trends Since March 2014

Mar 14 to Mar 17

Overall small growth in Total Nursing and Midwifery staff (0.9%)
- Notable variation in Total Nursing % change between regions and even more so between STPs

There are clear seasonal fluctuations however these fluctuations have become accentuated in more recent years.
- March 17 to August 17 (most recent data) has shown a -2.3% reduction, this is much larger than last year (-1.5%) and previous years.

Significant growth in Paediatric Nursing and Neonatal Nursing however growth has stagnated over the last two years.

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Sources: Trends and FTE: ESR Data Warehouse, March 2014 – August 2017
Vacancies: Workforce Plans, January 2017
Facing the Facts, Shaping the Future
A draft health & care workforce strategy for England to 2027
Facing the Facts, The NHS Workforce in 2017

• There are 40,000 (wte) more clinical staff substantively employed in the NHS now than in 2012
• Growth rates differ between professions and regions, but almost all professions and all regions have seen growth
• The NHS needs to do more to attract newly qualified staff and retain current staff because the current rate of growth is not as fast as it could be
• Despite growth there are around 45,000 (wte) clinical vacancies, mostly covered by bank and agency staff
• We need to increase clinical training placements and make the NHS the employer of choice.
Growing our Workforce

- Growth comes from three areas: new graduates, return to practice and recruitment from outside the NHS, alongside retention of current staff.
- The NHS has turned on all these supply taps. Education will grow to deliver nurse, AHP and medical graduates over the coming years.
- New roles will grow the NHS and improve skill mix, but retention of current staff has the most immediate impact on growth and quality of care.
- We need to move towards self-sufficiency for staff but also play our part in the wider world as a world-class provider of education and training.
Shaping the future

• The NHS needs better data and intelligence to deliver better planning

• A greater focus on public health will require development of public health workforce and support for the rest of the health and care workforce

• Only an engaged and valued workforce can reduce variation and really deliver productivity that lasts

• Regulation, upskilling and advanced clinical practice vital to improving skill mix

• Reviews announced into improving the mental health of NHS staff, how technology will impact on education and training and greater support for carers, volunteers and self-carers through healthcare training
Developing the NHS workforce

- Strategy applies to all our workforce – 350 different roles
- The workforce groups addressed here are: medicine, nursing and midwifery, dental, AHPs, healthcare science, pharmacy and the wider workforce
- Seven workforce groups each have own characteristics, issues and responsibilities as well as a number of cross-cutting issues
- Multi-disciplinary working requires professions to be confident and developed around what they bring to the team; each unique and important
- Advances in technology, innovation, care and treatment will transform some professions and healthcare
- Leadership development programmes are required across the system
How are we tackling the challenge?

• Recognising need to focus available funding and a need for greater transparency
• Working through the LWABS with good system engagement
• Ensuring support for 5YFV and new models of care
• Aligned to HEE mandate and 10 commitments/priorities
• Investing in learning beyond registration/up-skilling - RTP, ACP, prescribing, clinical academic careers, genomics
• Focussing on 'at scale transformation' working in partnership with local stakeholders to facilitate adoption and spread of best practice.
• Up-skilling, routes into care e.g. pre degree nursing
Expanding the clinical and care workforce

- In partnership HEE Mandate outlines:
  - 5,000 more GPs by 2020
  - 5,000 more primary/community staff including 1,000 PAs
  - Deployment of 1,500 more community pharmacists by 2020
  - 19,000 more staff in Mental Health teams by 2020
- Focus on training and upskilling for example
  - 200 Non Medical Endoscopists
  - 200 Sonographers in Maternity services
Return to Practice – Activity to date

- Programme delivery supported by 13 HEE local offices
- RtP delivered by 39 HEI’s across England
- New in 2017
- RtP in GP Nursing
- RtP in Social Care (West Midlands pilot)
- AHP RtP - East Midlands pilot currently rolling out

4,238 returners on programme

2461 successful programme completers and available for employment

1777 remain on programme or in employment process / awaiting PIN’s

Midlands & East- 1,312 nurses commenced programme, 731 completed and 581 working towards re-registration

AHP East Midlands - 33 returned to HCPC register a further 6 returnees planned
Multi-professional approach to Advanced Clinical Practice

- National Framework has been developed bringing together a number of locally developed frameworks and launched in November 2017
  - Common understanding of role and its value in clinical transformation
  - Describes a level of practice for employers to now move forward and build upon current and future ACP roles
  - Online toolkit is in development to support the development of ACP roles
- Development of this critical workforce to ensure consistency, career progression and patient safety
- ACPs across all care settings

<table>
<thead>
<tr>
<th>Region</th>
<th>ACP Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>East of England</td>
<td>340</td>
</tr>
<tr>
<td>East Midlands</td>
<td>537</td>
</tr>
<tr>
<td>West Midlands</td>
<td>489</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1366</strong></td>
</tr>
</tbody>
</table>
Multi-professional framework for advanced clinical practice in England

“New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours.”
In 2018 HEE will support a further 5,000 places
In 2019 this will grow by 7,500
Who are the first trainee Nursing Associates?

• 8003 applications for 2000 places
• The age of trainees ranges from 18 – 65, the largest age group is the 24-35 category
• Quarter 2 retention stats = 95%, Q3 = 92%
• The trainees are reported to represent the ethnicity and diversity of the community they serve
• 84% are female, 16% are male
• The trainees have a variety of academic qualifications – 3% have degrees, 4% have level 2 qualifications.
• The trainees have come from a range of health and care services, however only 3% are from care homes and 2% from General Practice.
Nursing Associate Apprenticeship Standard

• The NA Apprenticeship Standard has been approved
• The funding banding is £15k
• Whilst £2.5k of this can be used to support supervision and placement preparation the HEI and providers MUST strictly adhere to the ESFA rules on subcontracting and use of funds.
• The standard states the education provider must be an approved provider of pre-registration nursing and use the HEE curriculum framework
• Once the NMC can approve programmes then the standard will be re-visited.
Expansion plan for 2018

• 5000 trainees starting across the 2018 calendar year – 2500 by April

• Existing test sites encouraged to welcome new partners in and beyond STP footprint

• New test sites asked to apply through HEE regional offices. Online application now live

• Test sites will utilise the new NA Apprenticeship pathway

• HEE offer and link to LWABs

• Incorporate learning from QA

• Data capture

• Communication and dissemination plans
Timeline: Key dates (draft)

Oct 17
- Early version of nursing associate standards of proficiency available for test sites (release 1)

Dec 17
- Consultation on the nursing associate fees

Nov 17 - Mar 18
- Engagement on the regulatory approach (patients/public, employers, profession etc..)

Apr 18
- Formal consultation on standards (proficiency, skills annexe and programme), Code and guidance begins (release 2)

Jul 18
- NMC becomes regulator in law (subject to legislative process)

Sept 18
- Council approves final nursing associate standards (release 3), once the NMC is the regulator in law.

Jan 19
- First cohort of nursing associate trainees qualify and apply for registration
Nursing Associates: Current hot topics

• Regulation
• Delegation
• Transition into workforce
• Protected learning time
• Impact of NA on AP
• Apprenticeship offer to non-levy payers
What do we need to do?

**Short Term**
- Retention
- Return to Practice
- International recruitment
- "Top of Licence"
- Participation rates

**Medium**
- Clinical Apprenticeships
- Service(re)design
- New roles
- New technology
- Integration across boundaries

**Long**
- Prevention
- More doctors
- More clinical staff
- More self-care
- New treatments
Thank you

Phil.carver@hee.nhs.uk
https://hee.nhs.uk
Lunch and networking break

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# SPFNHS
Breakout Sessions

Workshop 1 – Room: Lakeside
East Midlands SPF building trust through organisational development and working in partnership

Workshop 3 – Room: Lantern
Chesterfield Royal – developing an attendance management approach in partnership
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Breakout Session 1 – Building Trust through organisational development and working in partnership

Room: Lakeside

KCC Guest
PW: kcc12345
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East Midlands SPF Building Trust though organisational development and working in partnership

Janine Brennan: Director of Workforce & Transformation
Northampton General Hospital NHS Trust

Sheila Marriott: Royal College of Nursing

Maz Fosh: Director of Workforce and Transformation / Deputy CEO
Lincoln community Health Services
Terms of Reference

• Partnership between NHS organisations and Regional the trade unions

• Work in partnership by considering the workforce implications of future changes that impact on a number of organisations
Partnership Working
NHS Employers Behaviours Audit Toolkit Exercise

• January 2017

• November 2017

So what?
Audit Results and Workshops 1 & 2

Workshop 1

• Purpose: commitment to focus on what we can do

• Involvement: provide and environment for discussion

• Trust: commitment to improve trust and Honesty
Workshop 2

• Workshop focused on Trust

Feedback was really positive about the
• Understand each others perspectives before diving into discussions
• Wish “All Friday afternoons could be this much fun”
• Wish “that all SPF’s were this good”
• Desire to continue building the relationships “we do have a lot in common and need to build on that common purpose”.
Emerging Development Themes

Purpose

Involvement

TRUST
http://www.jociejuritz.co.uk/RSA-Intensity
In your shoes!

Car parking Problem

• Community Trust with a number of sites
• There are no car park charges for staff or the public
• Used by the general public as cheap parking whilst they do their shopping

The outcome:

• Acceptable solution to Patients, the Trust and Members
Pledge

• What will you pledge to do differently to continue to build relationships within your organisation or your SPF?
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Thank you for attending this breakout session
Refreshments and Networking until 2:55
Breakout Sessions

**Workshop 4 – Room: Lakeside**
Lincolnshire Community Health Services - partnership working to support staff retention

**Workshop 5 – Room: Portland**
Northamptonshire Healthcare NHS FT, developing a retention approach in partnership.

**Workshop 6 – Room: Lantern**
Freedom to speak up guardian, local experience from Northamptonshire Healthcare NHS Foundation Trust

# SPF NHS
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Breakout Session 4 – partnership working towards staff retention

Room: Lakeside

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PW: kcc12345

WiFi
Management & Staff Side

Partnership Working

Lincolnshire Community Health Services
NHS Trust

Great care, close to home
Our People

We want our people to come to work, get a wage and a bit more.
We are investing in our staff’s physical, emotional and social wellbeing.
The Aim – Staff Engagement and Retention
Bupa Health Minds

- Faster response time than Existing Occupation Health arrangements.
- Available 24/7.
- Trained councillors on hand to speak to caller.
- Caller gets to choose from face to face, telephone or internet contact.
- Able to signpost for other stresses not just work related e.g. housing, finance.
- Any person over 16 years old living at address of staff member can access the service – offering a more pastoral care.
- Credit card size leaflets given out to staff with contact information.
Sickness

- Reported monthly at JCNC meeting.
- Management training being undertaken.
- Staff sickness levels falling.
- New policy written jointly with staff side & HR.
- HR holding case conferences to support staff who are on term sickness.
- Fairness in dealing with issues has greatly improved trust & morale.
- Less stage 2 & 3 warnings given to staff.
- Reasonable adjustments made to assist staff at work.
Physio For You

• In house Physio – regular clinics accessible to staff by holding in workplace settings.
• Reduced sickness rates.
• New admin post created to support the service.
• Able to help with many issues including illness, fractures, stress.
• Much quicker than GP waiting list.
• Home and workplace visits take place.
• Sickness report checked weekly and managers contacted to offer support.
• Back care information on staff website.
Mediation

• LCHS have trained 3 Accredited Mediators.
• Offered to all staff experiencing workplace relationship issues.
• Can prevent lengthy and negative formal cases.
• Senior managers open to trying this first.
• Voluntary process which both sides must agree to.
• If there is a conflict of interest arrangements have been made with a neighbouring trust.
Health & Wellbeing
Road Shows

• Promoting the services that are available.
• Gathering information - Able to provide more variety for staff.
• Freebies.
• Engaging with staff – finding out issues.
• Lots of classes e.g. yoga, Pilates on offer in all areas of Lincolnshire for staff – they are offered at reduced rates negotiated by the trust.
Fab O Meter

- Tool to measure daily staff morale.
- Real time results unlike staff survey.
- Dashboard information given to all staff.
- Staff able to see how their team is feeling.
- Staff encouraged to take responsibility for dealing with low & high morale.
- Sharing tips with low morale teams.
Other

- Menopause workshops.
- Reduced gym membership.
- Link with local colleges to offer reduced priced treatments.
- Taster sessions.
- Cycle to work scheme.
- Mindfulness sessions.
- Retirement workshops.
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Thank you for attending this breakout session
Closing remarks and evaluation

Alan Duffel and Sasha Pearce - Regional SPF management and staff side chairs
Midlands and East Partnership Conference

Thank you for attending

Please take a few moments to complete the evaluation form