



## **Executive Summary**

The National Social Partnership Forum (NSPF) brings together NHS Employers, NHS Trade Unions, Health Education England, NHS England and NHS Improvement and the Department of Health and Social Care, to discuss and debate the development and implementation of the workforce implications of policy. This is the third stocktake of the NSPF undertaken by the Involvement and Participation Association (IPA), and is based on interviews with nominated members and stakeholders in the NSPF and its committees, observation of meetings and a review of relevant documentation.

This stocktake exercise shows that areas for improvement since the 2015 Stocktake have been comprehensively addressed. The results of an internally led SPF heat check exercise undertaken in 2018 support this conclusion as it found that participants valued their engagement with the NSPF and considered it to be effective in the development of policy.

The work of the NSPF has in the past year focussed on its role in following through on the NHS Long Term Plan, published in January 2019. In addition, the NSPF has been involved in ongoing national policy interventions and campaigns, including those around addressing bullying and violence against NHS staff, seasonal flu vaccinations for staff and the reconfiguration of pathology, cytology and genomics services. The Long Term Plan included a commitment to an NHS People Plan, driven by a national workforce group which included representation from the NSPF. This engagement is perhaps the most substantial and comprehensive strategic intervention in policy development ever undertaken by the NSPF and reflects its successful embedding within the NHS as a key delivery mechanism for policy development and practice change.

Important to the impact and status of the NSPF since its inception has been the recognition and support for its role from ministers and secretaries of state, and a determination to insulate the operation of the forum from employment relations disputes, which may arise from time to time.

Members of the NSPF continue to demonstrate positive partnership behaviours, and this stocktake records a high level of trust that has been built up over time between stakeholders. The NSPF secretariat is a vital part in ensuring the effectiveness of the Forum machinery. Records of meetings are produced expeditiously, and actions logged, thereby ensuring accountability between meetings and trust between partners.

A key strength of the NSPF is its determination and ability to include the widest range of stakeholders in appropriate parts of its architecture and to respond to changes of governance and organisation in the wider NHS. Interviewees frequently remarked that the NSPF was the one location where all parts of the NHS were able to come together, and that this constituted a major benefit of the NSPF.

A comparison with other social partnerships in the UK public sector – the Public Services Forum, the Civil Services Forum, and social partnership in Scotland and Wales, demonstrates that the NSPF remains an exemplar model.



## **1.0 Background**

### **About the Social Partnership Forum**

1.1 The NSPF brings together NHS Employers, NHS Trade Unions, Health Education England (HEE), NHS England and NHS Improvement (NHSE/I) and the Department of Health and Social Care to discuss and debate the development and implementation of the workforce implications of policy.

The primary aims of the NSPF are to:

- contribute staff side and employer perspectives to emerging policy at a formative stage
- improve policy development and implementation by feeding in ideas on workforce implications
- promote good practice in relation to partnership working and effective communication between partners.

The NSPF does not discuss the contractual arrangements for NHS staff as this is carried out in the NHS Staff Council which has overall responsibility for the NHS pay and terms and conditions of service.

There is a growing body of evidence to demonstrate that effective staff engagement is essential in creating a positive culture of safe, compassionate care and is strongly linked to improving patient outcomes and organisational performance. A key aim of the NSPF therefore is to encourage employers and trade unions to work together to ensure a positive working environment, in which staff can provide high quality care and services.

To support partnership working, the NSPF signposts useful tools and resources and evidence of positive outcomes achieved via its website.



**Box 1**

**NSPF Priority Areas**

**System Transformation**

NHS Long Term Plan / People Plan

Support integrated care through continuing to 'de-risk' system change and to remove potential obstacles to staff providing system-based health and care - where organisations are working together to provide patient focused services.

Act as a critical friend to NHSE/I in relation to the People Plan workstream on the new operating model for workforce.

**Service delivery**

Staff supply

Act as a critical friend to NHSE/I in further developing and implementing key policy initiatives in the interim People Plan to improve the recruitment and retention of current and future NHS staff.

Support the NHSE/I and HEE led collaborative approach to the apprenticeship levy in the Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs), so they can maximise use of the levy.

Enabling productive working

Continue to engage in the NHS workforce productivity programme and seek to ensure the necessary information and support is provided to staff whose jobs are affected.

Contribute to plans to deliver the Topol Review recommendations, to support, prepare and upskill the healthcare workforce to deliver the digital future of the NHS and release time to care.

**NHS culture and staff experience – contributing to the ambition to make the NHS the best place to work**

Staff offer

Work in partnership with NHSE/I on a new 'offer' for staff and encourage and support employer and trade union engagement nationally, regionally and locally in the development of the 'offer'.

Creating a culture of civility, compassion and respect in the NHS

The NSPF call to action – promoting positive cultures: tackling bullying, highlighting good practice and encouraging a social partnership approach to improving workplace cultures, linking with partner initiatives.

Work in partnership with NHSE/I to further develop a tackling violence strategy and support activity in organisations, health systems and regional SPFs aimed at reducing violence against NHS staff.

The NSPF will support activities to embed effective disciplinary processes and procedures across the NHS.

NHS leadership

Input into the interim People Plan work to improve leadership culture in the NHS, promoting the benefits of good line management and establishing the cultural values and leadership behaviours expected in the NHS.

The NSPF will also advise on the support and development NHS leaders should be offered to help them meet these values and behaviours.



## **The 2019 Stocktake**

1.2 Following a tender process Involvement and Participation Association (IPA) was commissioned to carry out this stocktake. This is the third independent stocktake of the NSPF undertaken by IPA.

In this stocktake we were asked to look at:

- the successes for the NSPF since the last stocktake
- the impact the NSPF has had on policy development and implementation
- key strengths and weaknesses of the NSPF
- recommendations for improvements, both in terms of the structure and operation of the NSPF, where appropriate
- making suggestions for how findings and quotes gathered from heat checks and the NSPF Stocktake can be effectively and appropriately used in future communications to raise awareness and appreciation of the work of the NSPF
- suggesting additional approaches to partnership working, other than participation in NSPF meetings
- learning from other equivalent partnership forums in the UK public sector, where useful benchmarks exist.

We interviewed nominated members and stakeholders in the NSPF and its committees, observed Wider Group, Strategic Group and Workforce Issues Group meetings and an NSPF workshop on the NHS People Plan and listened to a secretariat teleconference and a quarterly NSPF chairs' teleconference.

We conducted a document review of the existing literature on social partnership in the NHS and the NSPF, including relevant areas of the NHS Long Term Plan; previous reviews of the NSPF – stocktakes and heat checks, including the findings of the Partnership Behaviours Audit Tool used in the 2018 Heat Check; the NSPF website; bulletins; the national NSPF Action Log; meeting notes and key communications; and national policy lead feedback.

We further looked at other social partnerships in the public sector in the UK.

## **2.0 Previous Stocktakes and Heat Checks**

The 2015 Stocktake identified areas for improvement. First, some partners argued that the NSPF was focused on relatively easy, non-contentious issues, rather than addressing the key strategic issues for the NHS. Some participants were concerned the NSPF struggled to deliver tangible outcomes. NSPF meetings were sometimes seen as being too presentational rather than genuinely consultative and involving. Agendas were seen as being too crowded, and there was a tendency for items to be brought later than they should for consideration. Finally, there were sometimes difficulties getting the senior people in the room, and in engaging with the newer arms-length bodies (ALBs).



It is pleasing to report in this year's stocktake exercise that these areas for improvement have been comprehensively addressed as will be seen in the body of the report.

The heat check exercise undertaken in 2018 was based on collated feedback from policy leads who had engaged with the NSPF between March and July 2018. It found that participants valued their engagement with the NSPF and considered it to be effective in the development of policy. This is borne out in this stocktake as our work demonstrates the continued ability of partners to influence policy while it is being formulated. This is key to the success of the NSPF.

The heat check exercise was also informed by an online questionnaire, based on a partnership behaviour tool, sent to members of the Strategic, Wider, National Regional Group and the Workforce Issues Group. The result of the questionnaire identified positive activity across the groups and areas where improvements could be made. These areas for improvement were also reviewed in this report.

### **3.0 Successes & Achievements since 2018**

At the time of writing, in addition to ongoing national policy interventions and campaigns including those around addressing bullying and violence against NHS staff, the work of the NSPF has in the past year focussed on its role in following through on the NHS Long Term Plan, published in January 2019. That strategic plan included a commitment to an NHS People Plan, driven by a national workforce group which included representation from the NSPF. The NSPF has therefore focussed increasingly on the workstreams developing the full People Plan. These arose from the publication of the Interim People Plan in June 2019, in which social partners had an important input. This People Plan will deal not just with staffing numbers, recruitment and meeting the challenges of 21<sup>st</sup> Century health care but also focusses on making the NHS a great place to work. As we detail below, this engagement is perhaps the most substantial and comprehensive strategic intervention in policy development ever undertaken by the NSPF and reflects its successful embedding within the NHS as a key delivery mechanism for policy development and practice change. This work is likely to dominate the activity of the NSPF for a considerable period and will require the ongoing commitment of time and resources from stakeholders.

*'Without the NSPF we would have a much harder task in thinking through our people policies and in rolling them out effectively in the service'. (Director of HR, employer representative).*

*'It is a key forum for the successful development and delivery of the People Plan'. (DHSC representative)*

The significance of the NSPF has also been enhanced by the increasing emphasis on positive workplace cultures and on staff wellbeing by NHSE/I, reflected in key appointments, including the new chief people officer and the development of the NHS People Plan.

*'The NHS is its people. This plan clearly acknowledges the workforce challenges the service faces. I want front line staff to know that we have heard their concerns about the pressures they face and we are determined to address them.'* **Dido Harding, Chair NHSI speaking ahead of the launch of Interim People Plan, June 2019.**



We said in our 2015 Stocktake that the NSPF *'remains one of the best examples of social partnership in the British public sector'*. Four years on, this review demonstrates that the NSPF has grown stronger, is operationally more effective, has established its place and embedded its role within the complex organism that is the NHS, and is highly regarded and valued by its stakeholders. As one contributor to the review put it: *'if the NSPF did not exist, we would have to invent it.'* In comparison with other joint working arrangements across the public sector, for example in education, justice or local government, the NSPF remains a beacon of effective partnership working to which many other public services, can at present only aspire.

Nevertheless, there are opportunities to develop partnership working more widely throughout the different levels of the NHS. Although not a main focus of this report, the effective operation of social partnership arrangements at a regional level was reported by interviewees to require strengthening in some areas, particularly recognising the time capacity of individuals to participate at regional level. It was noted that involvement at regional level may need to be recalibrated as the new integrated models of care through the Sustainability and Transformation Partnerships (STPs) and now the Integrated Care Systems (ICSs) roll out.

*'Strengthening social partnership at employer level and regionally will strengthen the national NSPF.'* (Staff side interviewee)

### **Key observations**

3.1 Since its reconstruction in 2008 and its subsequent iterations, the NSPF has developed into a vehicle for genuine partnership working around key policy and strategy issues and has continued to prove its practical importance in promoting the effective roll out of jointly developed and supported policies and initiatives across the NHS. This key role in delivery has been increasingly recognised and valued by the various stakeholders in the NHS, and the importance of the NSPF as a vehicle has received increasing buy-in as a big part of the wider NHS architecture as a result.

3.2 In this stocktake, the policy and delivery arms of the NHS, NHS England and NHS Improvement (which are themselves in the process of ever closer alignment) and HEE have been noticeably more positive and proactive in bringing relevant issues to the NSPF architecture. NSPF members in these bodies have been increasingly active in encouraging their colleagues to bring policies and programmes with workforce implications to the NSPF at an early stage in their development and for consultation rather than just information. NHSE/I have also run workshops and met with partners, for discussion on a specific policy or programme, outside of the NSPF.

*'I'm very clear with my colleagues: if there's a workforce implication – and most NHS policies do – taking consideration of the policy to get the NSPF's input is really important. My colleagues are increasingly aware that the NSPF is an important voice in improving delivery. If we don't bring policy forward in good time to the NSPF you run the risk of having to unstitch key parts because you haven't considered the staff consequences – and it's embarrassing to have to eat humble pie.'* (National ALB representative)



This has been recognised and appreciated by many of the interviewees:

*‘it makes our work so much more effective when we can input into policy at an early stage – and it also makes the policy and its implementation more effective. We can point out the potential pitfalls.’ (Staff side representative)*

*‘So often something looks good on paper – we can point out some of the important considerations in making it land well among the staff concerned.’ (staff side representative)*

*‘In the NHS there are few technical changes which don’t impact directly on staff and their ways of working. Equally, they can impact substantially on NHS employers. Understanding what these changes might mean on the ground at an early stage is key to their successful implementation and I believe policy leads throughout the ALBs increasingly recognise this reality and are therefore eager to run proposals through the NSPF machinery at an early stage.’ (ALB interviewee)*

*‘The NSPF is a real force for good. I’m quite open in challenging my colleagues: have you run this past WIG?’ (National ALB representative)*

### **Examples of NSPF achievements**

3.3 Examples have included the Flu Fighters campaign when NSPF interventions pointed out the potential pitfalls in moving to compulsory vaccinations for staff (see below). The ongoing reconfiguration of pathology, cytology and genomics services, are examples of service change where initial instructions were sent to employers without any prior engagement with the NSPF. After ‘catch up discussions’, agreement was reached on encouraging staff engagement in the transition process to new service configurations.

*‘In the past we might have just talked to the professional bodies. Now we acknowledge a wider range of staff must be involved because change impacts on them.’ (National representative)*

### **The flu fighter campaign**

3.4 The NSPF developed the Flu Fighter campaign because of low take-up of the seasonal flu jab among NHS staff (only 34.7 per cent in 2011) prior to the campaign. To raise awareness of the issue, the NSPF promoted support materials, and events, with a dedicated page on the NSPF website.

In 2018, the NSPF co-chairs and clinical and professional leaders signed a letter to NHS chief executives encouraging a social partnership approach to encouraging staff to get vaccinated and to understanding why some staff decline the vaccine.

By 2018/19 the uptake rate was over 70 per cent among NHS staff, with the NSPF continuing to play a supporting and amplifying role. Trade unions in particular have been active in encouraging members to have the jab, and trade union reps spoke at Flu Fighter evaluation workshops in London and Leeds in 2019. At the same time, the NSPF has continued to flag its concerns about the possible imposition of a mandatory approach, as the responsibility for the national seasonal staff flu vaccination programme has shifted to NHSE/I and Public Health England.



**Creating workplace cultures of civility, compassion and respect – tackling negative behaviour, bullying & harassment**

3.5 This work programme has been a priority workstream for the NSPF. Under the banner of the Call to Action, the campaign was developed in response to NHS Staff Survey results suggesting that a quarter of all NHS staff reported being bullied in the previous twelve months. Following a ministerial request to the NSPF to focus on tackling the high level of bullying in the NHS, partners agreed on a series of recommendations for a three-tier approach at national, regional and local levels on how to tackle bullying, which were discussed at a ministerial round table with unions, employers and systems leaders in January 2016. The Call to Action was developed following this and officially signed by the then ministerial chair of the NSPF and trade union and employer co-chairs in December 2016 and published, along with tools and resources to help tackle bullying.

As part of the initiative, NSPF partners: mapped the evidence base and all existing NHS activity on tackling bullying; worked directly with NHS trusts to collate, publish and promote best practice; wrote to all NHS chief executives and accountable officers calling on them to sign up to the Call to Action and proactively lead their organisations in eradicating bullying; signed up senior systems leaders to adopt and promote the Call to Action; held a national summit in November 2017; secured CQC commitment to incorporate Call to Action questions into its well-led inspections regime.

The initiative has produced concerted action and the sharing of best practice across the NHS. Awareness of the importance of tackling bullying and creating a positive workplace culture figures prominently in the NHS Long Term Plan, and the Call to Action is now one of the cornerstones of the NHS People Plan's Best Place to Work workstream (see below). As well as the launch of a national Anti-bullying Alliance of which the NSPF is a member, the NSPF is working with NHSE/I on the latest phase of the creating a culture of compassionate and inclusive leadership.

In November 2017, following a Creating Positive Culture summit, forty plus good practice posters were collated and published on the NSPF website. Work in 2018 included events with the Royal College of Surgeons of Edinburgh and the BMA, and discussions on the vital role of line managers in creating positive workplace cultures. In 2019 a factsheet was produced summarising the findings from three NSPF on-line meetings on connecting the work going on across the NHS, and consideration given to improving the health and wellbeing of ambulance staff. Between 1 April 2018 and 28 February 2019 the updated tackling bullying web page on the NSPF website received a total of 3736 views, demonstrating that the resource is being used across the system.

The Workforce Issues Group has made this ongoing work a priority but has been concerned to ensure that it develops to encompass related workstreams. As a result, the group agreed that tackling violence in the NHS should come under the NSPF's Call to Action, which has been renamed 'Creating a Culture of Civility, Compassion and Respect in the NHS.'





In year three, the campaign is focusing on tackling sexual harassment and the impact of bullying on BME and disabled staff and is linking with related activity being undertaken by partner organisations and the Antibullying Alliance. A progress report acknowledged that while the 2018 NHS Staff Survey showed continuing high rates of bullying across the NHS *'our ability to work constructively together, led by the NHS Social Partnership Forum, is a powerful driver for change, as through our various networks and spheres of influence, we encourage the compassionate leadership and nurturing culture required to address negative behaviour and eradicate bullying.'*

A Workforce Issues Group task and finish group on tackling violence, which includes the tackling violence programme lead at NHSE/I, was established in summer 2019, to produce material to support local and regional partnership working on tackling violence. Unfortunately progress in this area had to be put on hold due to restrictions on engagement by the arm's length bodies in the period prior to the 2019 General Election. Following the General Election work has restarted. This will include ensuring that the national funding available for tackling violence in the NHS is well directed.

### **NHS People Plan**

3.6 The importance of the NSPF as a key partner in delivering the new NHS People Plan has been recognised at the highest level in the NHS, with the incorporation of NSPF representatives into the workstreams that will develop and deliver the plan. This followed the recognition of the importance of the NSPF in the NHS Long Term Plan, as previously described.

*'The importance of the NSPF supporting workforce buy-in, engagement and influence in critical system transformation cannot be overestimated.'* **(National employer representative)**

The interim People Plan was published in June 2019 and will be followed by a full People Plan. Implementation of the plan will consider the additional investment announced in 2019 as part of the one-year government spending review for continuous professional development and to support the People Plan priorities in 2020/21.

Each of the main workforce-related workstreams have a lead NSPF member. These include: making the NHS the best place to work (overarching project group, engagement on core offer to staff, diversity, inclusion and equality and improving people practice); improving leadership culture; releasing time for care (overarching project group) and flexible working; workforce redesign: optimising skills (multi-disciplinary working, AI and digital skills); securing current and future supply; new operating model for workforce.

This involvement has been developed through two NSPF workshops in 2019 at which detailed consideration was given to each of the workstreams, with presentations from NHSE/I, HEE and the NHS Leadership Academy.



There is no doubt that this detailed engagement on such a wide range of issues of crucial importance to employment and the staff experience in the NHS will continue to make substantial demands on the members of the NSPF, in terms of time commitment and in supporting resources. To avoid duplication of effort, and to maximise the effectiveness of the NSPF contribution, it will be vital for participants in the working groups to continue to co-ordinate and liaise, and to use the NSPF structures as efficiently as possible. It will be important that the excellent personal relationships already established do not result in members taking 'short cuts' through informal arrangements outside the purview of the NSPF machinery. As mentioned above, it will be important that input from the regional SPFs and any sub-regional structures that may emerge to align with the footprint of integrated case services is encouraged and sub-regional partnerships are able to contribute.

This engagement constitutes the strongest possible evidence of the effectiveness of the NSPF as a key stakeholder in the NHS, and of its successful embedding within the strategic operation of the service.

### **Promoting partnership working**

3.7 There has been a steady increase in the use of NSPF resources via the website, with the case studies page being one of the most viewed, averaging over 250 views a month; an HPMA partnership award podcast which went live in June 2018 has received over 400 listens. The NSPF twitter account received 154 new followers between April 2018 and February 2019.

In addition to promotional work carried out by the NSPF secretariat, there is the need for stakeholders to continue to ensure that their own structures – e.g. regional and local officials within the trade union bodies, NHS employers at local level – are aware of developments at national NSPF level.

As part of the review of the roles and opportunities of the sub-national structures referred to above, we suggest an audit is undertaken of NSPF communications, to ensure the excellent work undertaken continues to reach the widest possible audience.

The NSPF continues to sponsor the annual HPMA Award for Partnership Working. Mersey Care, winners in 2018 for their Just Culture initiative, have spoken at a range of NSPF events, and presented at the July 2018 NSPF Wider Group meeting and specific workshops have been held regularly. Similarly the 2019 winner, Hillingdon Hospital NHS Foundation Trust presented at the July 2019 Wider Group. Case studies of the finalists are included on the relevant pages of the NSPF website.

### **Tackling 'thorny' issues**

3.8 It is important that participants in NSPF feel able to continue to bring matters of concern to the NSPF – for example the operation of wholly owned subsidiaries. It is critical for the NSPF's credibility with stakeholders that it is not thought to shy away from challenging issues, but rather continues to provide an arena in which such subjects can be addressed. Wholly owned subsidiaries have been discussed at several main meetings over the course of the last 18 months and follow-up meetings with NHSE/I, which included NSPF NHS trade union representatives, have taken place as a result.

## 4.0 Strengths and Weaknesses of the NSPF

### Support from Ministers and Secretaries of State

4.1 Important to the impact and status of the NSPF since its inception has been the recognition and support for its role from ministers and secretaries of state in the Department of Health (now Department of Health and Social Care). As we recognised in the 2015 Stocktake, this support has transcended – and continues to transcend - changes in government.

In the July 2016 publication of the NSPF Partnership Agreement, the then Secretary of State and Minister for Health expressed their support for the social partnership approach and the NSPF.

Secretary of State, Matt Hancock attended the NSPF wider group meeting in October 2018 and reiterated his view that it was *'incredibly helpful'* to engage with staff side and employer fora *'to get a wide range of views and help drive the agenda forward'*. In a speech that month he strongly endorsed the work of the NSPF:

*'I have made it my personal mission to ensure NHS staff feel safe and secure at work, and the new strategy, created together with the Social Partnership Forum, will take a zero-tolerance approach to attacks and assaults against our staff.'*

This positive commitment has been demonstrated by the occupants of the Minister of State position who have chaired the Wider Group of the NSPF, including Minister Philip Dunne, who at the July 2017 meeting *'recognised that the NSPF had a big role to play'* and looked forward to taking forward initiatives including the anti-bullying work, on which he had been directly briefed by staff side. More recently Stephen Hammond MP, at his first meeting on 18 March 2019 emphasised that he looked forward to working with NSPF *'on shared priorities'*.

This direct ministerial input into the Wider Group has been important in enabling an understanding among social partners of the government of the day's priorities. The Minister at the October 2017 Wider Group meeting was able to give detail on the Secretary of State's speech to the recent Conservative Party Conference, on the need to relieve pressure on the system, particularly in regard to nurse training.

At the time of writing, the political uncertainty resulting from the calling of a General Election for December 2019 makes future predictions challenging.

However, we concur with the view expressed by many interviewees that there will be considerable benefit for any new political incumbents in continuing to demonstrate active support for the NSPF as a key element in the delivery of the NHS long Term Plan and the People Plan. This support could be demonstrated through the new ministerial chair of the SPF, along with leads from partner organisations, agreeing and signing a refreshed NSPF Partnership Agreement.



4.2 Similarly important for the effective operation of the NSPF has been a determination to insulate the operation of the forum from employment relations disputes which may arise from time to time between an NHS union and the Department of Health of Social Care. The dispute over junior doctors' contracts which led to a breakdown in relations between the BMA and the Department of Health in 2015/2016 was ended as a result of an agreement arbitrated by ACAS in May 2016. As part of that agreement, a subgroup of the NSPF was set up to consider and monitor how seven-day services policies were impacting on the workforce. This provided a bespoke vehicle for unions and employers to engage directly with system partners developing and implementing the policy, reporting to the Strategic and Wider Groups, and helped to rebuild relations with the BMA and other unions, by seeking to get to the bottom of their concerns, particularly the evidence base for seven-day services. A DHSC policy official involved in the group commented:

*'the forum helped officials to shape and craft policy in a way that would be less antagonistic to the profession and dispel various myths that had arisen. As NSPF has already laid the groundwork for the spirit of co-production, I was able to move the profession more quickly towards this approach. In the space of a few weeks we have shifted from adversarial to co-operative with the BMA informing our policy and comms products which landed without the controversy that we were fearing.'*

As it became clear that the new STPs required a broader focus in terms of GP access, and that seven day service considerations were merging into the broader workforce transformation underway, and the stakeholders were properly represented on other relevant bodies dealing with the issue, it was agreed to stand the working group down; the NSPF staff side and the BMA were consequently represented on NHSE's national advisory group (NAG) on 7 day services, and two way reporting between the NAG and the NSPF Strategic Group agreed.

### **Positive partnership behaviours**

4.3 Members of the NSPF continue to demonstrate positive partnership behaviours. In particular, this Stocktake records a high level of trust that has been built up between stakeholders, many of whom have been involved with the forum for significant amounts of time. There are positive personal relationships ensuring a joint understanding of policy trajectory, an awareness of potential challenges or flashpoints, and a determination to deal with these at an early stage to ensure they do not undermine the work of the Forum. In our view, the importance of this network of positive relationships to the effective working of the NSPF cannot be underestimated. It is also noticeable that stakeholders are prepared to commit considerable time and resources to the smooth functioning of the Forum, with good attendance at a considerable spread of meetings and events.



4.4 The 2018 NSPF heat check suggested that within the Strategic Group there were some potential areas for improvement, including building trust, acknowledging each other's views, open communication and information sharing. For the Wider Group, the results suggested that participants believed that the effectiveness of the partnership should be reviewed more regularly. In the Workforce Issues Group results, some members also felt there should be more regular discussions of common aims and more regular reviews of partnership working and a significant number felt there should be more regular opportunities to discuss mutual expectations and roles and regular opportunity to provide each other with constructive feedback. These results were communicated to all NSPF partners, discussed in NSPF meetings and, where agreed, appropriate action taken.

These issues were not raised during our research to any significant degree, except for interviewees' acknowledgement of the importance of continued information sharing to the smooth running of the NSPF. At the same time, it is clearly good practice for all the NSPF forums to discuss, on occasion, their own effectiveness as partnership bodies.

Positive partnership behaviours are underpinned by effective separate pre-meetings in which trade unions and employers consider the agenda, determine lead speakers and agree points to be made, all of which help the Wider Group and the Strategic Group meetings to proceed effectively.

4.5 The NSPF secretariat, which includes membership from the key stakeholders is a vital part in ensuring the effectiveness of the Forum machinery. Records of meetings are produced expeditiously, and actions logged, thereby ensuring accountability between meetings and trust between partners. The secretariat liaises regularly with the different stakeholders to ensure progress is being made on outstanding actions.

There is an excellent communications drumbeat through regular NSPF bulletins charting NSPF activity and promoting recently published useful information and resources. The NSPF website is regularly updated to signpost relevant guidance and tools produced by the NSPF, partner and other organisations. This helps ensure the NSPF is openly accountable not just to its members but to the wider NHS. The website includes an expanding number of case studies of good practice partnership working which could be replicated in other parts of the health and care system.

## Box 2

### Website Updates

The partnership behaviours tool, originally developed by the Yorkshire & Humber Strategic Health Authority, has recently been updated and is available on the regional SPF web page. The tool, which has a fresh look and is more user-friendly, can be used by NHS organisations to improve their partnership forums.

The creating positive cultures and tackling bullying web page has been updated to include more useful material and resources, which can be used by organisations to tackle bullying and create positive working environments.

A new latest news section has also been added to the web page. This includes links to a report on tackling bullying in the ambulance sector and a report from the BMA featuring recommendations on creating healthier workplace cultures.

The Staff Transfer Guide has been refreshed in partnership with the Workforce Issues Group; and by employment lawyers. The guide is designed to support staff who are facing transfer. It sets out the implications of the transfer on a staff member's pay, pension, terms and conditions and the employment standards staff have the right to expect wherever they undertake NHS-funded work.

The NSPF system change jargon buster has been updated to include the latest terminology being used in the development of more integrated health and care services.

4.6 A key strength of the NSPF is its determination and ability to include the widest range of stakeholders in appropriate parts of its architecture and to respond to changes of governance and organisation in the wider NHS. Given the complexity of the 'moving parts' in the NHS, this is a major achievement. It was noticeable that interviewees frequently remarked that the NSPF was the one location where all parts of the NHS were able to come together, and that this constituted a major benefit of the NSPF.

*'There's not really any other forum where you can get most of the players in the NHS in the same room, and on the same agenda.'* (National DHSC representative)

4.7 At the same time, inter-relationships between the different 'moving parts' to ensure the right issues are referred to the right groups, and progress is monitored and chased, can look complex, certainly to external observers and perhaps also to new participants. The nature of the issues under discussion probably makes this inevitable, and via liaison between chairs of the groups and particularly through the work of the NSPF secretariat, the system is made to work effectively.

The NSPF architecture itself is also subject to amendment as perceived needs change; the establishment of the Workforce Issues Group out of the former Staff Passport Group for example has proved a success (see below).



### **The Wider Group**

4.8 The NSPF Wider Group, chaired by a minister (or on occasions their representative, a senior figure from the DHSC), meets three times a year. Its smooth running, effective agenda setting and wide participation is crucial for the credibility of the NSPF. Members include representatives from all the recognised NHS trade unions together with a TUC observer, senior figures from the DHSC, NHSE/I and HEE, NHS employers, representatives from the devolved administrations, the Local Government Association, the Business Services Association, an independent sector healthcare provider and ACAS. This is the 'senior' meeting, under whose auspices the NSPF Strategic Group (see below) meets. Agenda items may be placed on the agenda by any of the five key partners, with the final agenda agreed by all partners via the NSPF secretariat.

As well as policy issues, partners are encouraged to use the meetings to showcase examples of effective partnership working in delivering change. The July 2019 meeting for example included a presentation by Hillingdon Hospital NHS FT, the winners of the Healthcare People Managers Association partnership working award (which is sponsored by the NSPF), on their local partnership collaboration on developing a people strategy to combat high vacancy and staff turnover rates. South Central Ambulance Service addressed the October 2018 meeting about the national ambulance strategic partnership forum.

Wider Group meetings include consideration of ongoing strategic policy issues such as the development of the NHS Long Term Plan and the subsequent People Plan. The meetings consider the results of the NHS Staff Survey and progress on the issues arising, including the ongoing campaigns against bullying and harassment of NHS staff and violence against staff that have been identified as national priorities and which are for the most part progressed through the Strategic and Workforce Issues Group.

Recent meetings have looked at significant new initiatives such as the SPF for Cheshire and Merseyside ICS which is bringing together 19 NHS organisations and nine clinical commissioning groups across nine geographical areas, covering around 70,000 staff.

Members of the NSPF undertook visits to accountable care systems (renamed ICSs) to understand their workforce issues to help de-risk change and continue to support the development of STPs. STPs and ICSs aim to deliver more integrated health and social care services through collaborative working. Consideration of staff issues and implications are therefore key to ensuring their successful operation.

The Wider Group has also kept a watching brief on the staff-facing seasonal flu vaccination campaigns. Other issues have included NHS recruitment campaigns, the role of the National Guardian and looking at any possible implications for the work of the NSPF of the June 2018 framework agreement on reform of the NHS pay structure.

Where appropriate, agreement is reached to take forward action on issues through other NSPF fora. For example, the development and operation of wholly owned subsidiaries in the NHS was raised at the Wider Group meeting in July 2018, and NHSI colleagues agreed to bring a briefing to the next Strategic Group meeting. Conversations on wholly owned subsidiaries were continued in separate partnership meetings with NHSE/I.



Meetings also receive updates of the work of other NSPF bodies. For example, the July 2018 meeting received a report from the June 2018 Strategic Group meeting of a comprehensive discussion with the Care Quality Commission (CQC) Chief Inspectorate on areas of joint work.

### **The Strategic Group**

4.9 The Strategic Group meets quarterly and reports into the Wider Group and is a more confidential meeting of key decision makers (but not ministers), where early engagement can take place on emerging policy, and where potential areas of conflict can be surfaced.

The Strategic Group brings together system leaders to engage at an early stage in the development and implementation of policy with workforce implications. It is jointly chaired by the leads for NHS employers and the NHS staff side and includes members from the ALBs as well as three NHS employers and six trade union reps.

The Group aims to find collective, partnership solutions where possible to the challenges faced by the NHS, and to support and promote good employment practices and the benefits of good people management. Its focus is on strategic issues and ensuring progress on NSPF priorities. It is the key body for driving through NSPF engagement in the People Plan (see below).

Recent meetings have focussed on liaison with the Care Quality Commission on its policy development and the 'well led' inspection regime in the context of the NHS People Plan, and progress on the creating positive workplace cultures. The Strategic Group monitors proposed legislative and structural changes in the NHS – i.e. the coming together of NHS England and NHS Improvement. A recent meeting also considered proposals on a national uniforms strategy. The presenting official from NHS supply chain commented: *"This paper is submitted as an introductory inform and initial engagement. I would like to obtain your feedback and ensure comments and advice are incorporated into the project and understand if you would like to be actively involved in the project ahead of the planned Category Strategy submission in November and through the procurement process."*

Other national issues considered by the Strategic Group have included the Topol Review into the impact of new technologies such as AI, genomics and digital medicine on the NHS workforce.

An ongoing agenda item has concerned ensuring the maximum uptake for healthcare worker seasonal flu vaccinations. Papers have considered variations in uptake between regions and among sectors. (See 3.8 for the flu fighter's campaign). The call to action on tackling bullying and reducing violence against NHS staff, are ongoing priorities (see 3.9).

The Strategic Group also receives regular updates from the Workforce Issues Group and offers guidance where requested. At the November 2018 meeting, for example, the chair of the Group 'sought a steer on the Call to action on tackling bullying, prospective work on tackling violence, 'portability' and NHS pensions access in light of the emergence of wholly owned subsidiaries.' As a result, the Strategic Group agreed to make the campaign on tackling violence a key agenda topic for the 2019 National Regional Group meeting, as well as bringing together resources including good practice examples.





Both the Wider Group and the Strategic Group have received regular updates on Brexit preparedness relating to the NHS and its workforce. Challenges from the local implementation of wholly owned subsidiaries have also been considered.

### **The Workforce Issues Group**

4.10 The WIG, which meets monthly, has the responsibility of bringing together strategic partners to undertake specific projects and to provide a partnership input into the workforce implications of policy, focussed around NHS culture and staff experience, system transformation and service delivery.

As well as the campaigns and activities referred to below in detail, ongoing WIG issues have included whistleblowing, NHS disciplinary procedures, the NSPF staff transfer guide and portability project, the system change jargon buster guide, the use of volunteers in the NHS as well as the strategy for temporary and bank staff.

A considerable strength for the WIG is the presence as required of ALB representatives with responsibility for specific issues under discussion. For example, the May 2019 meeting heard from a range of professionals responsible for the NHS cervical screening programme; also present were experts to speak to generic job planning guidance and representatives on enabling staff movement between NHS organisations. An ongoing focus has been the detailed consideration of the reconfiguration of cytology, genomics and pathology services and the impact on a wide range of affected staff.

The March 2019 meeting considered the particular issues of staff health and wellbeing and tackling bullying in the ambulance sector, with participants from the sector. The WIG has also established a task and finish subgroup on 'violence reduction – creating a culture of safety' (see 3.9). The December 2018 meeting looked in detail at plans for improving NHS efficiency including job planning and e-rostering guidance with the relevant officials in attendance.

Action notes from each meeting enable progress to be monitored.

### **Inter-group liaison**

4.11 To ensure action on agreed initiatives, to monitor progress, and to reduce the risk of duplication of effort, the co-chairs of the national NSPF groups liaise regularly. It was noticeable that interviewees, while they were aware of the potential danger of duplication of effort, considered that the efforts of the chair and of the NSPF secretariat combined helped to ensure that participants knew where particular issues were 'located' and where responsibility lay. Given the complexity of the NHS structures, which the NSPF is shadowing and the multiplicity of issues under review, this is a considerable achievement. As we examine below, equal clarity around NSPF involvement in the many workstreams arising out of the NHS People Plan will be important in avoiding duplication of work.



**Box 3**

The NSPF organises workshops on occasions to bring together stakeholders to engage on particularly important issues. For example, the NSPF held a Workforce Engagement/Experience Workshop on 4 September 2018 to discuss Secretary of State's (SofS) thinking on, and commitment to, workforce engagement. This included the launch of a new digital engagement platform, Talk Health and Care. All health and care staff across England can use the digital platform to provide ideas and feedback on any issues and concerns and share how they can be better supported at work. The NSPF remains the primary vehicle for representative workforce engagement and the Strategic Group co-chairs have been invited to provide blogs for the platform. At the workshop the NSPF was asked to take forward work around the 'Working Without Fear' challenge posed by SofS, which includes tackling violence against staff. The workshop also included an initial discussion on workforce engagement around the NHS Long-Term Plan.

'The NSPF recommends employers and trade union representatives in NHS organisations discuss the five challenges mentioned on the platform and identify action that could be carried out locally, and what needs to be addressed at a national level and should be raised with SofS.'

Source: September 2018 NSPF bulletin

**The National Regional Group**

4.12 Reconstituted at the end of 2018 to meet on an annual basis, this group brings together the regional leads from the ALBs, and regional SPF (RSPF) members to provide a forum for staff side RSPF chairs and Area Heads of Engagement (in NHS Employers) to update on partnership working in each region and to feed up issues of note, concern and success, and to enable a shared understanding via a partnership approach of the work nationally and regionally of the SPF.

The WIG held a combined meeting with the NRG in May 2019, where social partners the DHSC and NHSE/I led a discussion on tackling violence in the NHS, which identified a range of practical activities and some issues for consideration. The meeting also considered effective input into the interim People Plan's Best Place to Work initiative, helping to identify the core commitments which will make organisations better places to work, and partnership activities which could help put these into practice.

Regional employers and trade union representation interviewed were enthusiastic about the effectiveness of their RSPFs, and the SPF website sets out the considerable volume of regional work being taken forward, as does a log of RSPF actions. Some of this work arises directly as a consequence of NSPF initiatives on the key themes of system transformation, NHS culture and staff experience and service delivery, for example:

- developing and embedding an agreed model for involving staff side in STP development (East Midlands)
- supporting the consistency and capacity of job matching/job evaluation across the region (East of England)
- addressing the over representation of BAME staff entering disciplinary action (London).



Other activity supports promoting and embedding partnership working e.g. ensuring consistent messaging is communicated in the region regarding facility time (North west); bringing together the joint chairs of the three RSPFs in the north for a workshop to focus on better understanding of the changing landscape of the NHS (north of England).

Other important developments among RSPFs include updating memoranda of understanding relating to the transfer of staff at risk of redundancy.

Regional activity is strongly supported by members of the NSPF, with the joint chairs of the Strategic Group and other NSPF representatives making visits to regional events.

Among the issues raised were the inevitable effects of the rising demands on time available for busy NHS employees, reducing the capacity of even committed individuals to participate at regional level. Nevertheless, regionally based forum members who attended national meetings and events were enthusiastic about these opportunities for participation.

## **5.0 Comparisons with other social partnership models**

A comparison with other social partnerships in the UK public sector demonstrates that the NSPF remains an exemplar model.

### **Public Services Forum**

5.1 In England, the Public Services Forum (PSF), which brings together public service trade unions with a range of employers, under the sponsorship of the Cabinet Office meets intermittently. Participants have sought to understand the functioning of the NSPF and what lessons can be drawn for the PSF. In recent years, unlike the NSPF, PSF has not been a forum for partnership-based problem solving and it is unclear what role if any it is likely to play under a new administration.

### **The Civil Service Forum**

5.2 This brings together the Council of Civil Service Unions with HR and ER leads in the Cabinet Office and lead civil service employers. It does not discuss pay and nor does it formally subscribe to a partnership working model. It has met again this year, following a breakdown in relationships occasioned by pay restraint within the Civil Service, and there are indications that all sides wish to see it develop into a meaningful forum for discussion on strategic policy matters, including issues such as handling bullying and harassment, performance management, civil service resourcing and efficiency and reform. Trade unions also point to effective joint working relationships at departmental levels, particularly in delivery departments such as the Department for Work and Pensions.

Within the DFE, a 'programme of talks' was set up in 2013, involving senior trade union representatives and senior civil servants with occasional involvement from ministers, to try to rebuild trust and relationships. The terms of engagement suggested they focus on issues of workload, accountability and schools funding, but could discuss other policy issues. Ministerial attendance and support have been 'patchy' and while the talks give an opportunity for issues to be aired, the discussions are not thought to feed through into policy. Unlike the NHS NSPF, it is not a sectoral social partnership forum.

### **Wales**

5.3 The Workforce Partnership Council is a tripartite social partnership structure bringing together trade unions, employers and the Welsh Government, covering the devolved public services in Wales. Its terms of reference state: *‘Social partnership in Wales is a way of working, a set of behaviours which all partners commit to uphold in supporting our dedicated public service workforce to deliver strong, effective public services. It forms part of the overarching social partnership approach adopted in Wales...it is a forum for sharing information and good practice and for influencing, including the consideration, challenge and enhancement of policy in development of cross public service workforce related matters.’* The full WPC meets twice a year; a joint executive committee meets more frequently to develop and progress a work programme and is supported by a joint secretariat.

### **Scotland**

5.4 Partnership arrangements in NHS Scotland are similar in form and content to the NSPF and have been operational since 1999. Formally, the NSPF in Scotland has three core strategic roles: (i) to undertake the strategic oversight of the service and workforce implications of policy decisions; (ii) to influence thinking around national priorities on health and (iii) to champion, oversee and develop partnership and to ensure compliance with its Staff Governance Standards (SGSs). Meetings take place three times a year.

A review of the arrangements undertaken in January 2019 by the Scottish Centre for Employment Research, University of Strathclyde concluded that *‘Effective partnership working is enabled by a number of critical factors: clarity of purpose; leadership and ownership of partnership; shared values in relation to joint working; the skills and efforts of partners; and engagement in, and commitment to, building consensus. Considerable investment has been made by Scottish Government and by Boards in the past and present to support partnership capacity and capability.’*



## **6.0 Conclusion and Recommendations**

As the next steps are taken towards the delivery of the NHS Long Term Plan, it is clear that the NSPF will have an important role to play in the design and implementation of the new operating model and the culture of collaboration of support that will be required to underpin it at every level. As stated in the NHS Long Term Plan *'The new way of working will draw together people and capabilities, resources, activities and leadership to collectively deliver greater value for the NHS and patients.'*

### **Key recommendations**

6.1 It will be important to ensure that the smaller NHS unions with fewer resources continue to be brought into the work of groups on which they may not sit directly; it is equally important that the fullest possible range of NHS employers representing different workforces, for example the ambulance sector, continue to be brought into the different groups, so their experiences, expertise and challenges can be reflected in the work of the forum.

6.2 Inter-relationships between the different 'moving parts' to ensure the right issues are referred to the right groups, and progress is monitored and chased, can look complex, certainly to external observers and perhaps also to new participants. The nature of the issues under discussion probably makes this inevitable, and via liaison between chairs of the groups and particularly through the work of the NSPF secretariat, the system is made to work effectively. However, it would be good practice to ensure that new stakeholders understand the different roles of the different groups.

6.3 Lead representatives from partner organisations should reaffirm their commitment to the Forum and the importance of social partnership through agreeing and signing a refreshed NSPF partnership agreement.

6.4 Among the issues raised were the inevitable effects of the rising demands on time available for busy NHS employees, reducing the capacity of even committed individuals to participate at regional level. It was suggested that more thought could be given to digital touch points, including Skype, which might reduce the amount of travelling time and continuing the practice of hitching regional SPF meetings onto other planned events such as HRD meetings. Nevertheless, regionally based forum members who attended national meetings and events were enthusiastic about these opportunities for participation.

6.5 We suggest that the 2018 heat check exercise be repeated in 2020 and results tracked. Information gathered from the heat check and the questionnaire should again be provided to partners to bolster them in their work with their communities to demonstrate the support the NSPF enjoys, and outcomes collated and published on the website.

6.6 There has been a steady increase in the use of NSPF resources via the website and social media. In addition to promotional work carried out by the NSPF secretariat, there is the need for stakeholders to continue to ensure that their own structures – e.g. regional and local officials within the trade union bodies, NHS employers at local level – are aware of developments at national NSPF level. We suggest an audit is undertaken of NSPF communications, to ensure the excellent work undertaken continues to reach the widest possible audience.



6.7 We believe the NSPF together with interested regional partners, should build on the excellent work taking place at local level and highlighted in the best practice case studies to consider how best to widen the reach of partnership working locally, to facilitate the collaborative roll-out of the NHS People Plan.

6.8 We suggest that regional and sub-regional structures may assume more importance as the ICSs form and as the implementation of the People Plan rolls out. Specific consideration should be given to clarifying and expanding the role of and strengthening these SPF structures and to updating the guidance produced on partnership arrangements for systems change and multi-organisation partnership forums.

6.9 Whilst excellent examples of partnership at local level exist and are published on the NSPF website, the Forum might like to consider how developing and embedding partnership at institutional level might run in parallel with and as part of the roll out of the People Plan work around leadership and culture. Employee voice expressed through strong social partner relationship at local level will be vital in supporting the roll out of service changes and help deliver strong cultures of engagement.

6.10 It is important to the effective functioning of regional and local SPFs that national partners on the staff and employer sides ensure an effective cascade of information to their regional and local representatives, who may not sit in regional or local social partnership forums. This would help ensure that those agreements or strategies, which have been agreed at national level, are understood and where necessary acted on, and to close the loop on communications.