



Welcome to The NHS Workforce Conference!

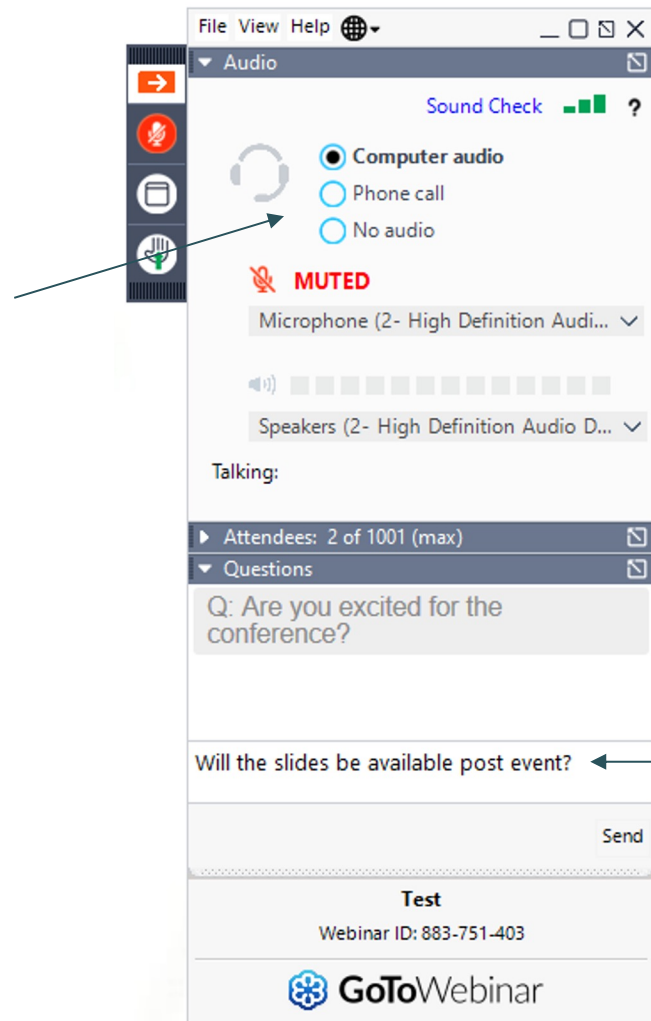


19th September 2023
10:50am – 3:00pm
Virtual Event

THE NHS WORKFORCE CONFERENCE 2023



Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.

THE NHS WORKFORCE CONFERENCE 2023



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Submit

Click on **one** of the multiple choice options, then press 'Submit'

Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Your poll answers have been submitted.

Once **Submitted** your screen will look like this



Speaking Now...



Ben Jeeves

Associate Chief Clinical Information Officer,
AHP professional Lead, Advanced Practice
Physiotherapist, Midlands partnership NHS
University Foundation Trust



Up Next...

Reed Talent
Solutions



Speaking Now...



Tracey Dawes
Solutions Director - **Reed**
Talent Solutions



David Dannatt
Head - **NHS Workforce**
Delivery

Maximising the reach for talent:
ensuring diversity, equality and
equity as part of your talent
solution

Tracey Dawes – Solutions Director

David Dannatt – Head of NHS Workforce
Delivery



Why?

- Cultural fit vs cultural add
- Wider talent pool
- Building an inclusive working environment
- More innovation
- Better performance

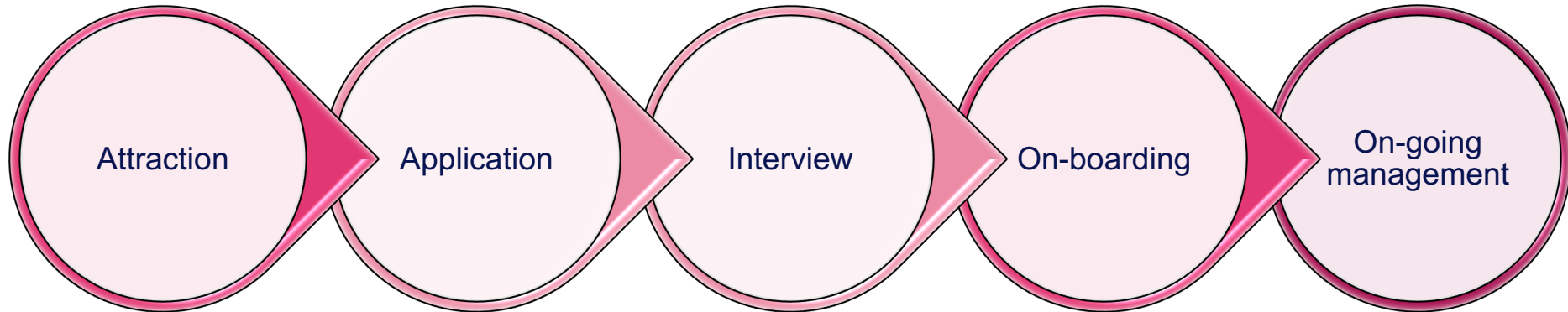
Autistic professionals can be 140% more productive than typical employee when properly matched to jobs:

- Understanding complex systems
- Independently focusing on tasks
- Reliability
- Loyalty



Resourcing stages

What can we do to remove the barriers to employment?



Contact us

Tracey.Dawes@reed.com

David.Dannatt@reed.com





Speaking Now...



Paul Deemer

Head of Diversity and Inclusion - **NHS
Employers**

Diverse Teams Make The Diverse Dream

Paul Deemer

Head of Diversity and
Inclusion – NHS
Employers

Three questions:

1. **What has diversity and inclusion got to contribute to staff engagement and improved productivity?**
2. **Can more diverse teams deliver better and safer patient care?**
3. **What even is a "diverse team"?**



“It's not what you look at that matters, it's what you see.”

Henry David Thoreau, American philosopher

Interchange by Willem de Kooning - Price Paid for Painting: \$300 million Regarded as the “artist’s artist,” Dutch-American artist Willem de Kooning shaped the abstract expressionist style with his gestural works often based on based on figures, landscapes, and still life. *Interchange* represents the shift in de Kooning’s work from painting mostly women to more abstract urban landscapes. The focal point of the piece is the pink center, which represents a woman reclining amongst a busy background. Kenneth C. Griffin acquired the oil painting for \$300 million from the David Geffen Foundation in September 2015



What has diversity and inclusion got to contribute to staff engagement and improved productivity?

Strong links between diversity / inclusion and engagement

Good engagement levels are built on a positive, inclusive, open culture which embraces diversity and fosters and nurtures inclusivity

More difficult to “prove” a causal link between diversity – through to staff engagement – through to improved productivity



Can more diverse teams deliver better
and safer patient care?

YES



Can more diverse teams deliver better and safer patient care?

- Staff who are bullied are less likely and less willing to raise concerns and admit mistakes
- Increased leadership diversity correlates with better financial performance
- In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance
- High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction

Lucian L Leape , Miles F Shore, Jules L Dienstag, et al (2012) Perspective: a culture of respect, part 1: the nature and causes of disrespectful behavior by physicians. Acad Med. 2012 Jul;87(7):845-52. doi: 10.1097/ACM.0b013e318258338d.

Gomez LE, Bernet P (2019) Diversity improves performance and outcomes. J Natl Med Asso 111(4): 383-392. doi: 10.1016/j.jnma.2019.01.006. Epub 2019 Feb 11. <https://pubmed.ncbi.nlm.nih.gov/30765101/>

Dixon-Woods M, Baker R, Charles K, et al (2014) Culture and behaviour in the English National health service: overview of lessons from a large multimethod study. BMJ Qual Saf 2014;23:106–15.[doi:10.1136/bmjqs-2013-001947](https://doi.org/10.1136/bmjqs-2013-001947) See also West M (2021) Compassionate leadership: sustaining wisdom, humanity and presence in health and social care.

Dawson J (2018) Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015 [links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf](https://www.england.nhs.uk/wp-content/uploads/2018/07/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf) (england.nhs.uk); see also West M (2021) Compassionate leadership: sustaining wisdom, humanity and presence in health and social care.

Can more diverse teams deliver better and safer patient care?

- Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work
- A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities
- Organisations with more diverse leadership teams are likely to outperform their less diverse peers
- Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care

West M (2021) *Compassionate leadership: sustaining wisdom, humanity and presence in health and social care* and King's Fund (2022) [What is compassionate leadership](#).

Public Health England (2021) [Addressing health inequalities through collaborative action. Briefing note](#).

Gomez LE, Bernet P (2019) Diversity improves performance and outcomes[1] *J Natl Med Asso* 111(4): 383-392. doi: 10.1016/j.jnma.2019.01.006. Epub 2019 Feb

Edmondson A (2018) *The fearless organisation: creating psychological safety in the workplace for learning, innovation and growth*. Harvard Business School: Wiley

What even is a "diverse team"?



Presentation title

What's the question? And where's the evidence?

What is the diversity you are trying to achieve?

Why are you trying to be more diverse?

Is your organisation welcoming of diversity and difference?

How diverse do you really want to be?

Is there a particular demographic that you are trying to attract?

What do you mean by diverse?



**where is the
evidence?**

Thank you

If you want to discuss further, please contact me at:

Paul.deemer@nhsemployers.org

LinkedIn: <https://www.linkedin.com/in/paul-deemer-85803a5/>

Twitter / X: @NHSE_Paul





Up Next...





Speaking Now...



Faye Mullen
Learning Curve Group



The Value of Training

EVIDENCING THE ECONOMIC AND
WIDER BENEFITS OF TRAINING

Agenda

1

Introduction

An introduction to Learning Curve Group.

2

Purpose

An explanation of why this report is so important.

3

Methodology

An explanation of qualitative and quantitative approaches

4

Findings

An overview of the findings of the report.

5

Conclusion

What this report means for the education and skills sector.

1

Pre-employment training

Take the hassle out of recruitment with our free recruitment support. We offer pre-employment training in a range of sectors, specifically designed to help you fill skills gaps and recruit new talent.

3

Online courses

Staff CPD doesn't have to be complicated or expensive! Our diverse catalogue of online courses are designed to quickly build skills and knowledge in specific subjects. All of our courses are nationally accredited, and can be completed in as little as seven weeks – they're flexible by nature, with access to our online learning platform, your employees can complete their CPD whenever or wherever they like!

5

EdTech and Learning Content

The largest publisher of learning content in the country, we meticulously search the market for new, worthwhile qualifications to write alongside our awarding bodies and host on our market-leading EdTech platforms.

Apprenticeships

2

Apprenticeships allow businesses to combine work and study by mixing on-the-job training and traditional learning, with the help of an apprenticeship trainer. There's a common misconception that apprenticeships are only for young people! That's a thing of the past – apprenticeships can be completed by anyone regardless of their age.

Skills academies

4

We have over 60 skills academies across England and Wales specialising in preparation for the military, construction, business skills, and hair, beauty and barbering. Perfect to help people start their own business and prepare for a career, or businesses upskill their staff.

The Purpose

To evidence the impact we have beyond the delivery of qualifications

We know we deliver thousands of qualifications

Commissioned a leading independent economic consultancy

We wanted to demonstrate, with data, how it impacts upon three areas:

- Individuals
- Employers
- Economic and societal impact

To demonstrate the value of training

We all know that training has an impact

Methodology

Qualitative approach



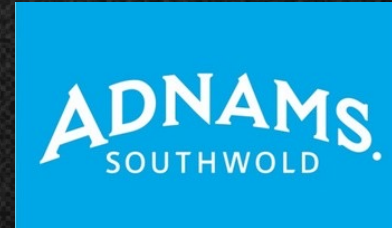
Literature review of the benefits of training, academic papers, policy papers, research reports, empirical and theoretical literature



Analysis of responses to a survey of Learning Curve Group training recipients conducted in Autumn 2022 and responded to by 1936 people



Interviews with 10 UK businesses conducted in Autumn 2022 to understand the type of training they invest in, the benefits of training to employees and employers and any challenges that the businesses face



Methodology

Quantitative approach



Economic modelling to analyse and understand

1. Impact of an increase in the number of workers in the economy
2. The value added to the wider UK economy by upskilling individuals
 - a. Utilising LCG data on training courses and evidence-based assumptions by the DfE around Net Present Value
3. Impact of training on businesses through increased productivity using data from LCG course attendees, annual GVA to businesses from LCG training is calculated
4. Wellbeing benefits to unemployed individuals from moving into employment within 6 months of receiving training.

Individual benefits



of people agreed

that Learning Curve Group training improves confidence and happiness

Learning Curve Group helps 2000 people into work every year



wage gain

Learning Curve Group helps working people to perform and progress within their role



gained a promotion, pay rise or kept an 'at risk' role, almost 30% believed their performance at work improved

Training leads to higher disposable income and standard of living

By moving out of work people into employment, and improving productivity of those in work

Business benefits



Training increases speed to competency to alleviate staff shortages



Boost reputation as an employer of choice

Improved training to fill vacancies

Improved employee engagement and higher staff retention

Productivity gain of



annually from training recipients (those in work – conservative estimate)

Economic and societal benefits

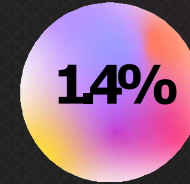
Faster growth and stronger economy



net present value added to the economy every year

Based upon increase in productivity, increased employment

By investing in, and improving skills to help support labour market shortages, could lead to a potential growth of



in the economy

Helps to alleviate skills shortages which, in turn, acts to unlock business investment

Training increases appetite for more learning

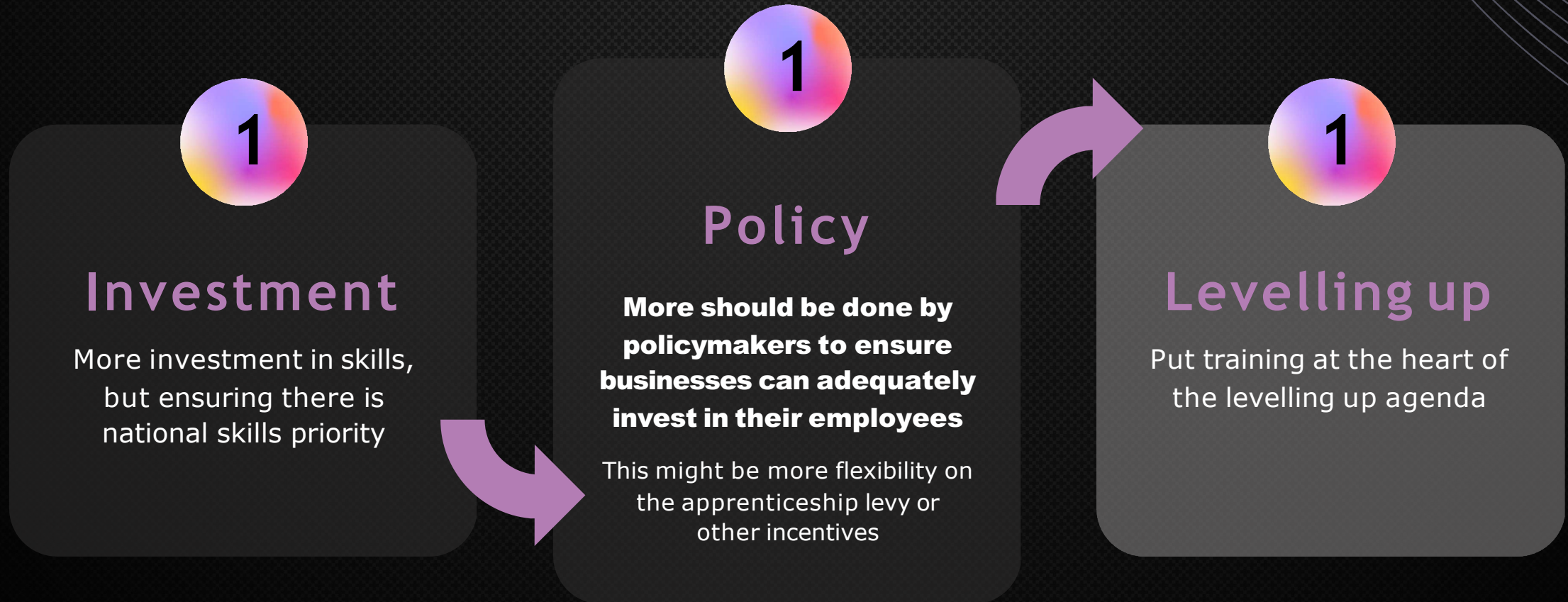
Leads to a range of wider societal benefits

Wellbeing impact of



reduction in crime, improved life satisfaction

Conclusion



Thank You

THE VALUE OF TRAINING





Speaking Now...



Professor Jamie Waterall

Deputy Chief Public Health Nurse, Chief Public Health Nurse Directorate - Office for Health Improvements and Disparities (OHID), Department of Health and Social Care



Office for Health
Improvement
& Disparities

Maximising the public health impact of the health and care workforce

Professor Jamie Waterall
Deputy Chief Public Health Nurse for England

Twitter [@JamieWaterall](https://twitter.com/JamieWaterall)

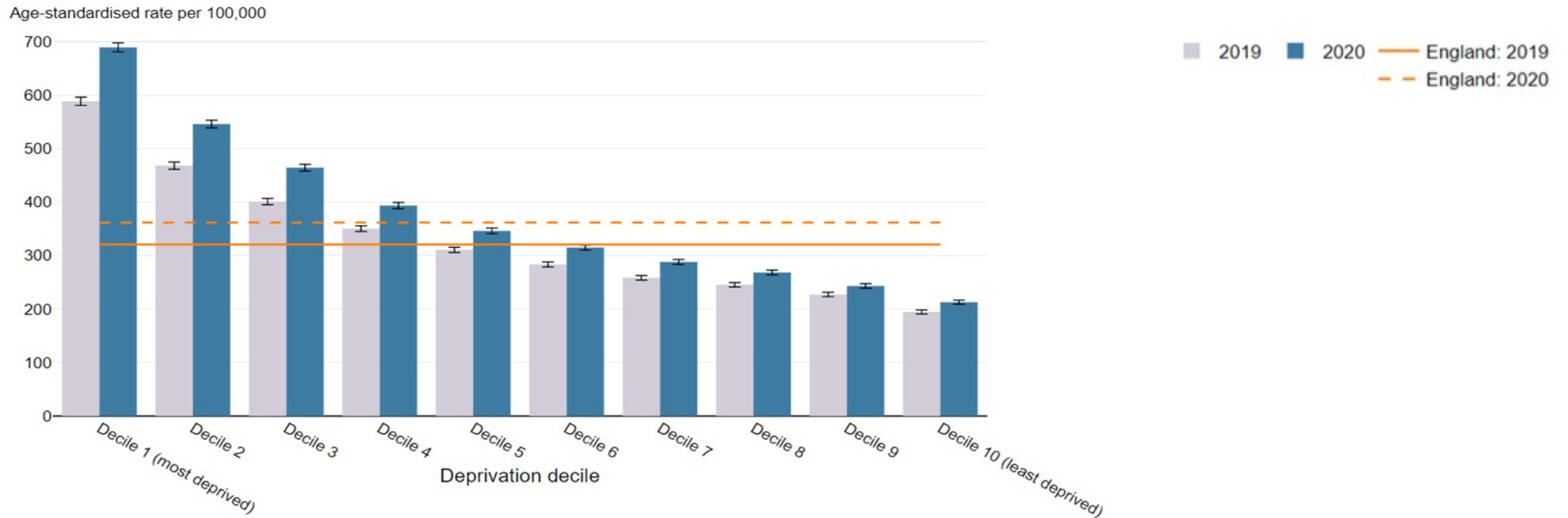
Personalised care and public health core skills and knowledge must be embedded across the wider NHS workforce to improve population health.

NHS Long Term Workforce Plan

June 2023

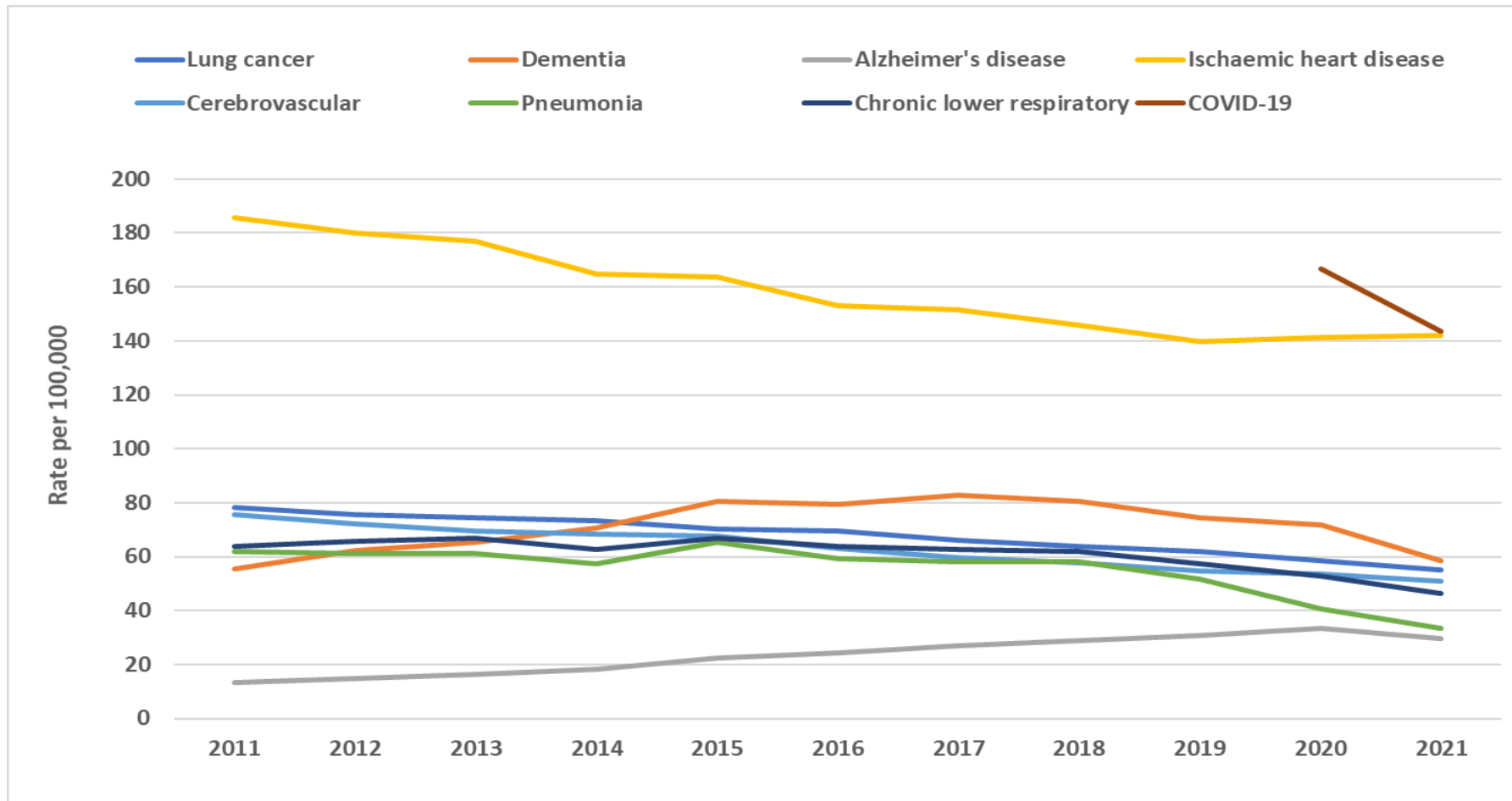


Age-standardised mortality rate per 100,000 population, under 75 years, by deprivation decile in England, 2019 to 2020



Source: Health Profile for England 2021

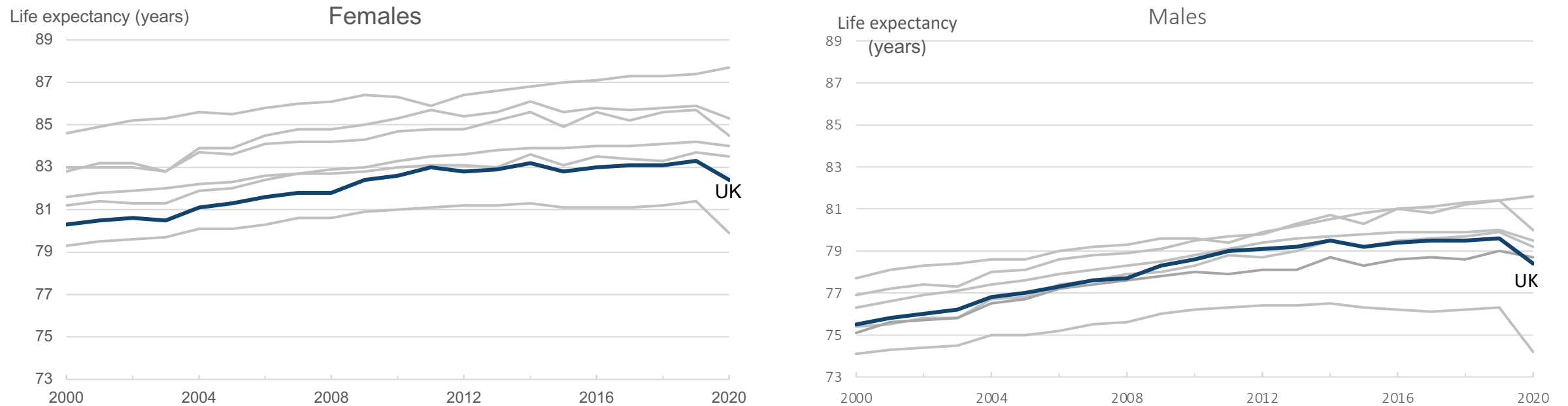
Age-standardised mortality rates (ASMRs) for selected underlying causes of death, England and Wales, deaths registered 2011 to 2021



Source: Office for National Statistics

We are doing worse than many of our international peers - life expectancy in the UK is among the lowest for both women and men in the G7 countries

Chart 2: Life expectancy at birth for females and males in the UK 2000 to 2020, relative to other G7 countries

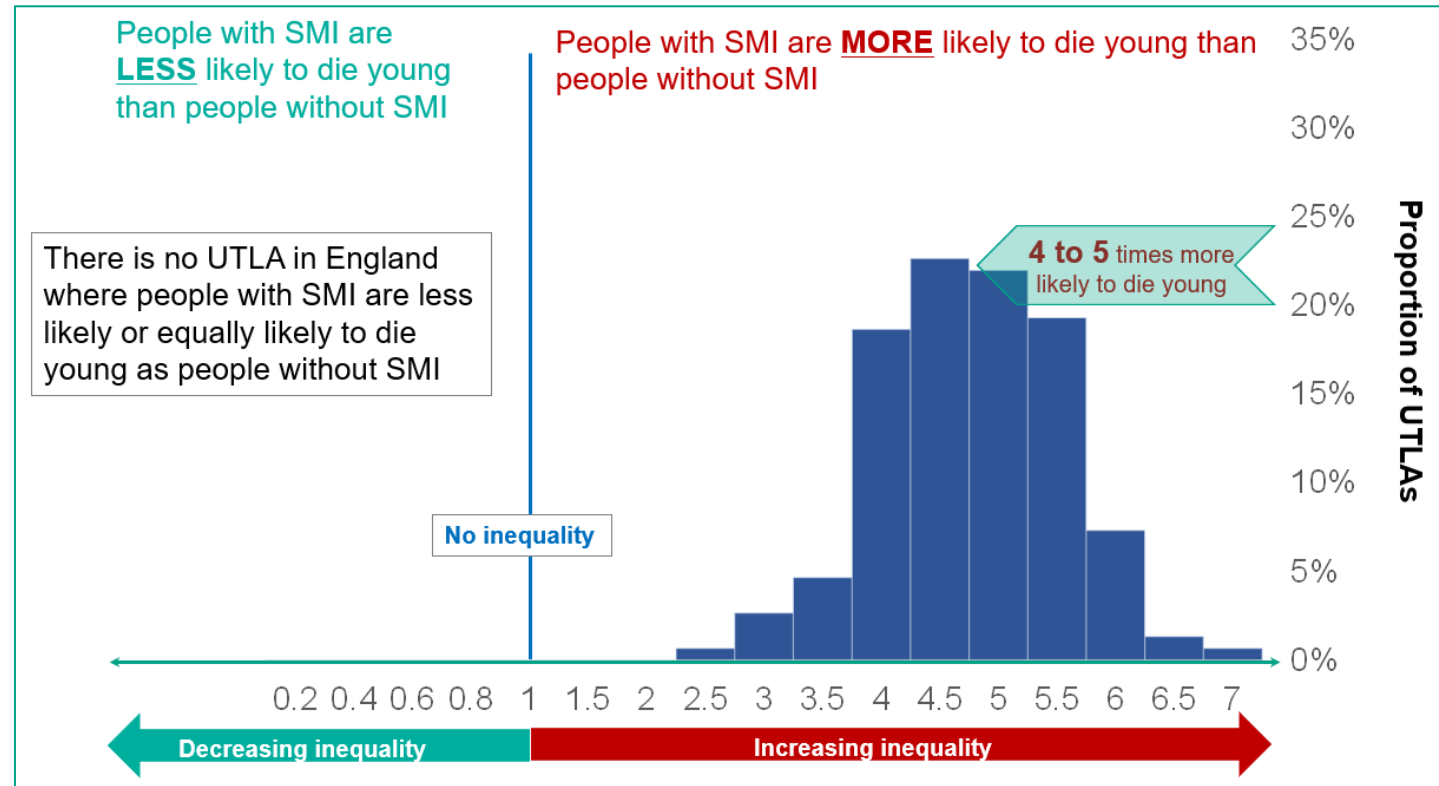


Life expectancy increased for all G7 countries over the period 2000 to 2020. **Chart 2** shows that, for males, the UK performance in life expectancy is around the middle of G7 countries, for females the UK is consistently the second lowest. Between 2011 and 2019, increases in life expectancy in the UK were less than in most other G7 countries (0.6 years increase for men and 0.3 years increase for women), starting from an already low base. Provisional data suggests that the position may have worsened in 2020 linked to the COVID-19 pandemic.

Excess premature mortality in adults with SMI, 2018 to 2020

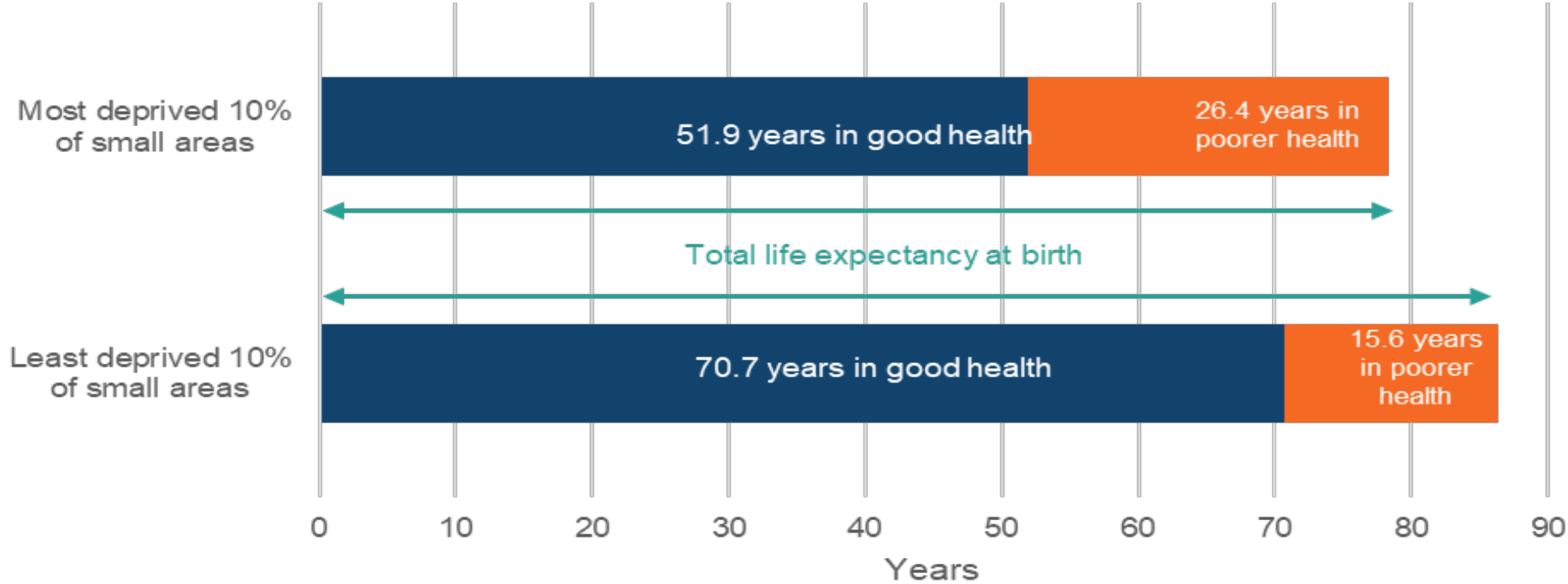
For the period 2018 to 2020, in England

- People with SMI were around **5 times** more likely to die prematurely than those who do not have SMI - this level of inequality is seen for both males and females
- In every UTLA in England the risk of dying before aged 75 is greater in adults with SMI than without SMI, that risk ranges from 2.6 times to 7.2 times as great
- **Excess premature** mortality has **increased** compared to 2015 to 2017 for persons, males and females – this suggests adults with SMI are increasingly more likely to die prematurely than people without SMI



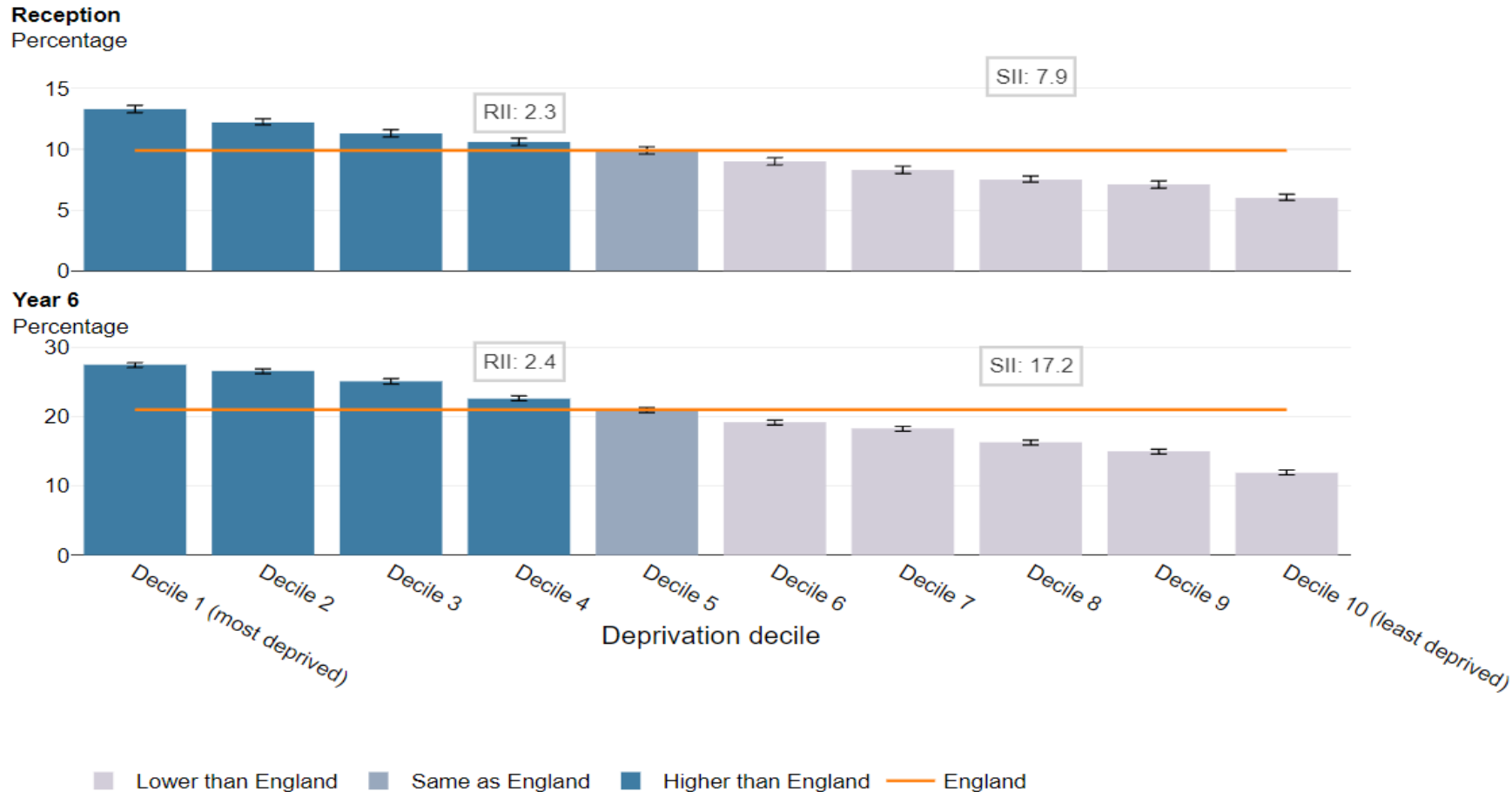
Healthy life expectancy is also not improving and illustrates stark health inequalities

Life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England



Source: ONS

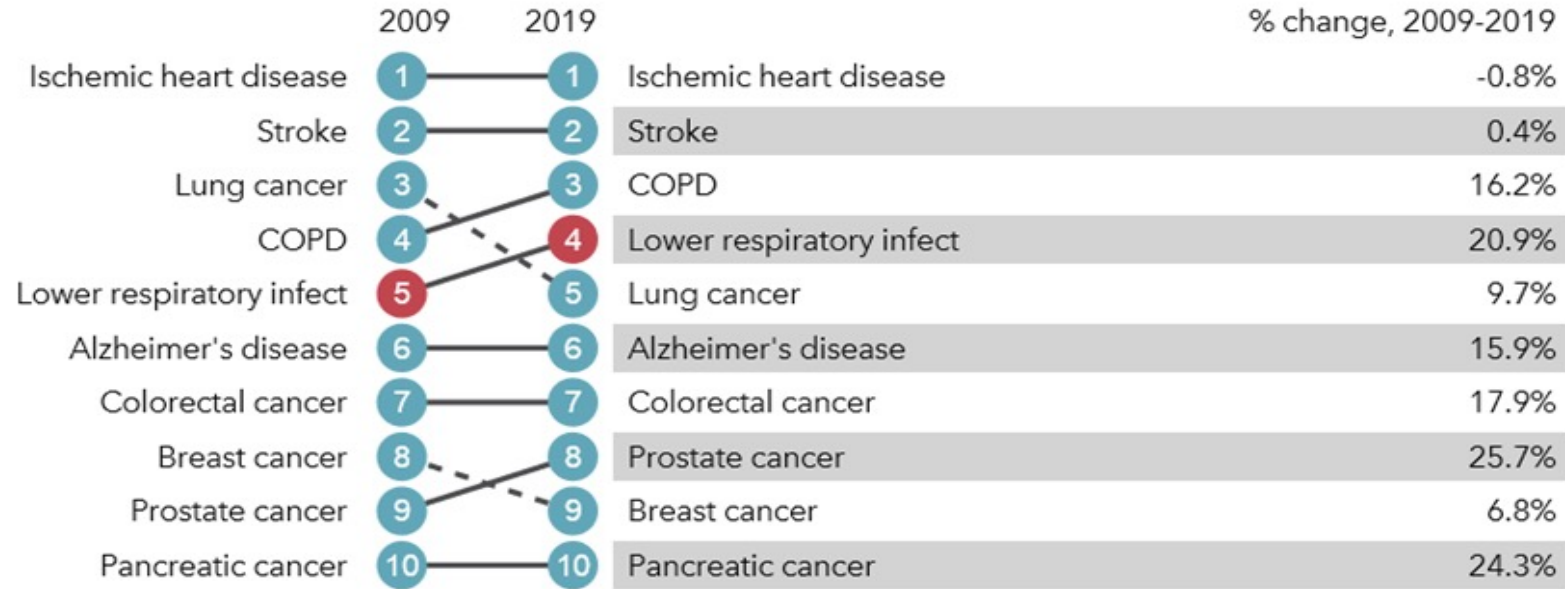
Prevalence of obesity in children aged 4-5 years (reception) and 10-11 years (year 6), by deprivation decile, England, 2019 to 2020



Source: Health Profile for England 2021

What causes the most deaths in England?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

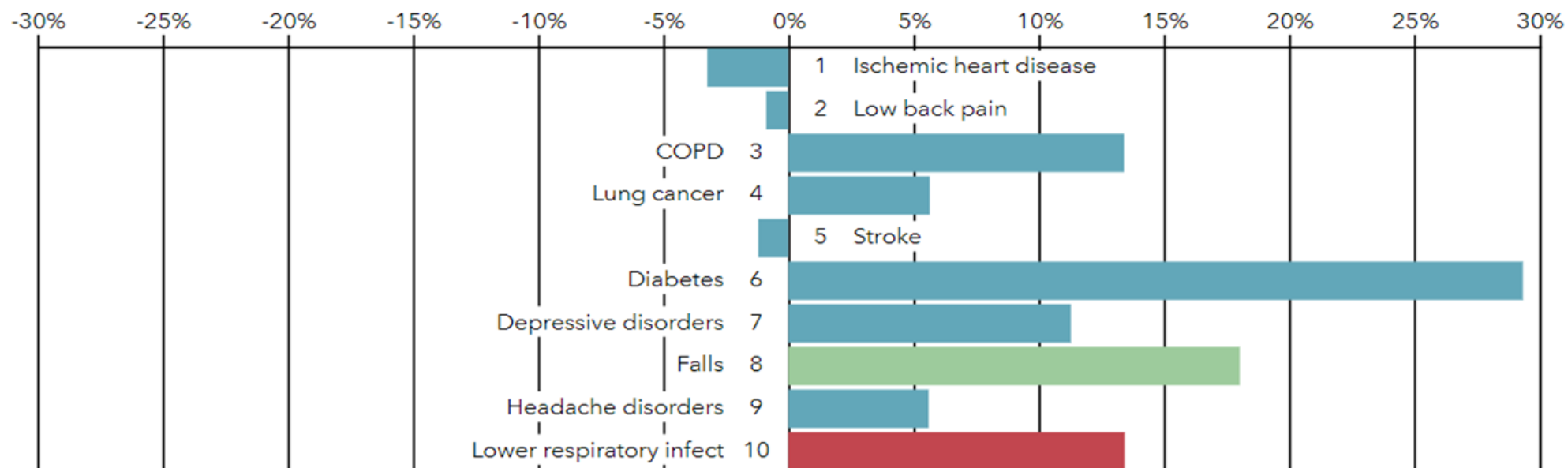


Top 10 causes of total number of deaths in 2019 and percent change 2009-2019, all ages combined

Source: Global Burden of Disease 2019

What causes the most death and disability combined in the UK?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

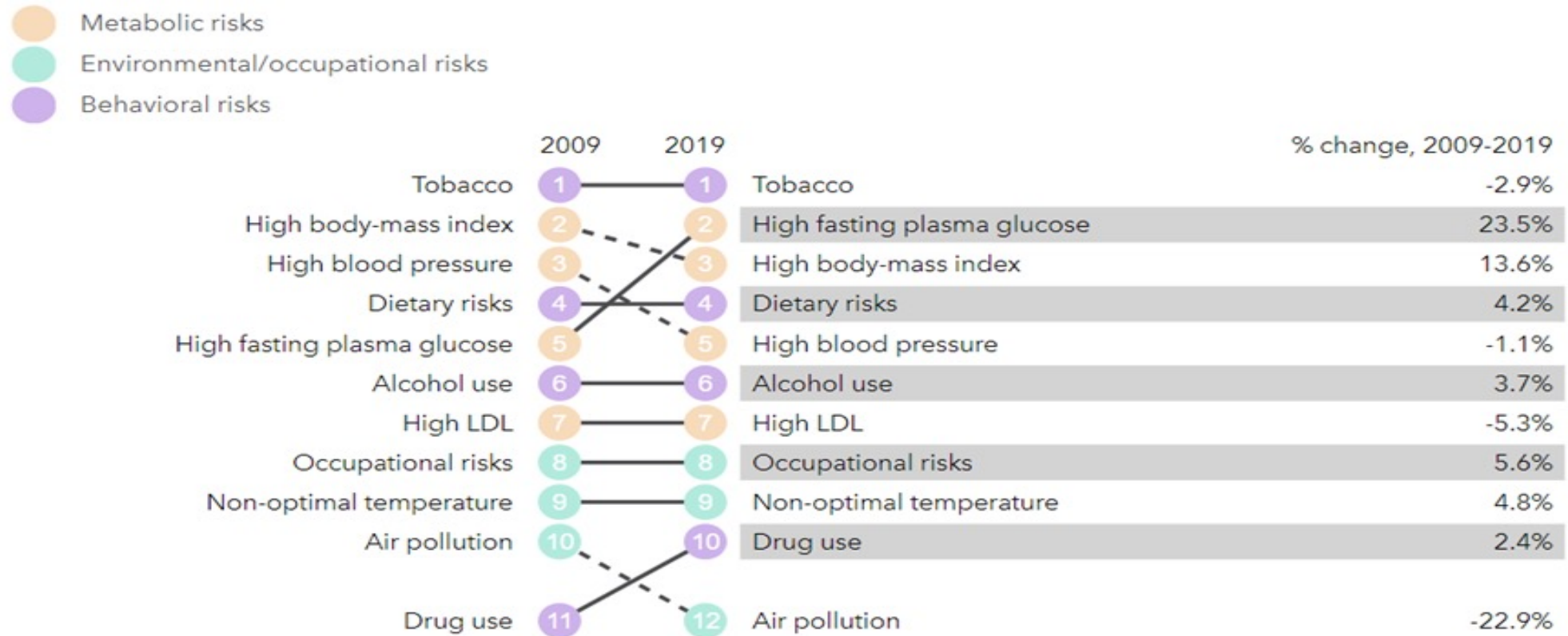


Top 10 causes of death and disability (DALYs) in 2019 and percent change 2009-2019, all ages combined

Source: Global Burden of Disease 2019



What risk factors drive the most DALYs in the UK?

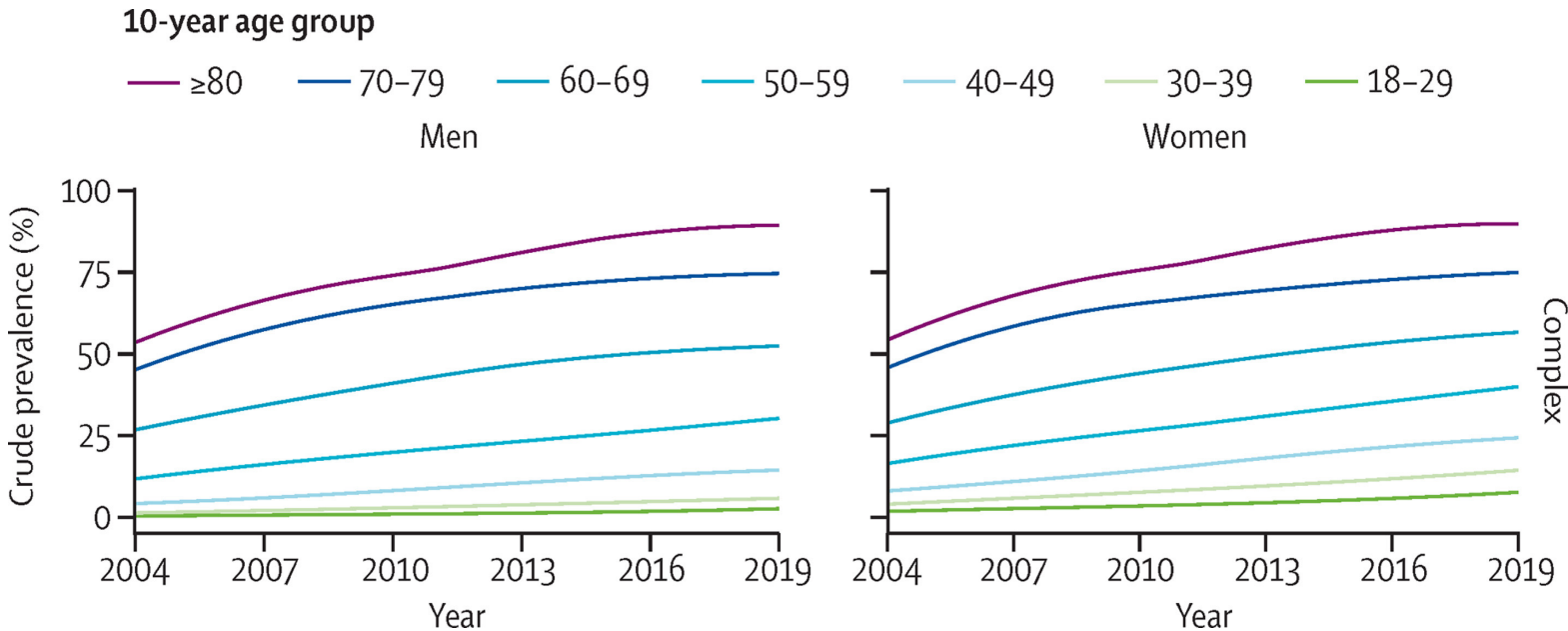


Top 10 risks contributing to total number of DALYs in 2019 and percent change 2009-2019, all ages combined

Source: Global Burden of Disease 2019

We are seeing increases in the number of people with multiple conditions, influenced in part by preventable risk factors, bringing new challenges for our health system

Chart 7: Crude annual prevalence of complex multimorbidity by sex and 10-year age group, England, 2004 to 2019



The number of people living with a single chronic condition has grown by 4% a year while the number living with multiple chronic conditions grew by 8% a year between 2003 to 2004 and 2015 to 2016.¹

More than 1 in 4 of the adult population in England lives with 2 or more conditions. Living with numerous and often complex health problems is increasingly common for older people (see Chart 7).²

Research using data from Scottish patients showed that the onset of multimorbidity can occur 10-15 years earlier in individuals living in areas of high socioeconomic deprivation compared to the least deprived places.⁵

People with multiple conditions are more likely to have poorer health, poorer quality of life and a higher risk of dying than those in the general population.³ Research indicates that physical and mental health are closely interconnected and can, in turn, increase the risk of further conditions.⁴

Ill health and health inequalities are driven by socio-economic and environmental factors, behavioural risk factors, and healthcare services; there are opportunities for nurses and midwives to influence across all of these factors

Visualises how our health is shaped by a huge range of factors, including where we live, our income, our ethnicity, our behaviours, the work we do, our housing and environment, our early years of life, our education and our access to healthcare.

These factors intersect & multiple disadvantages over a lifetime can increase the risk of poor health.

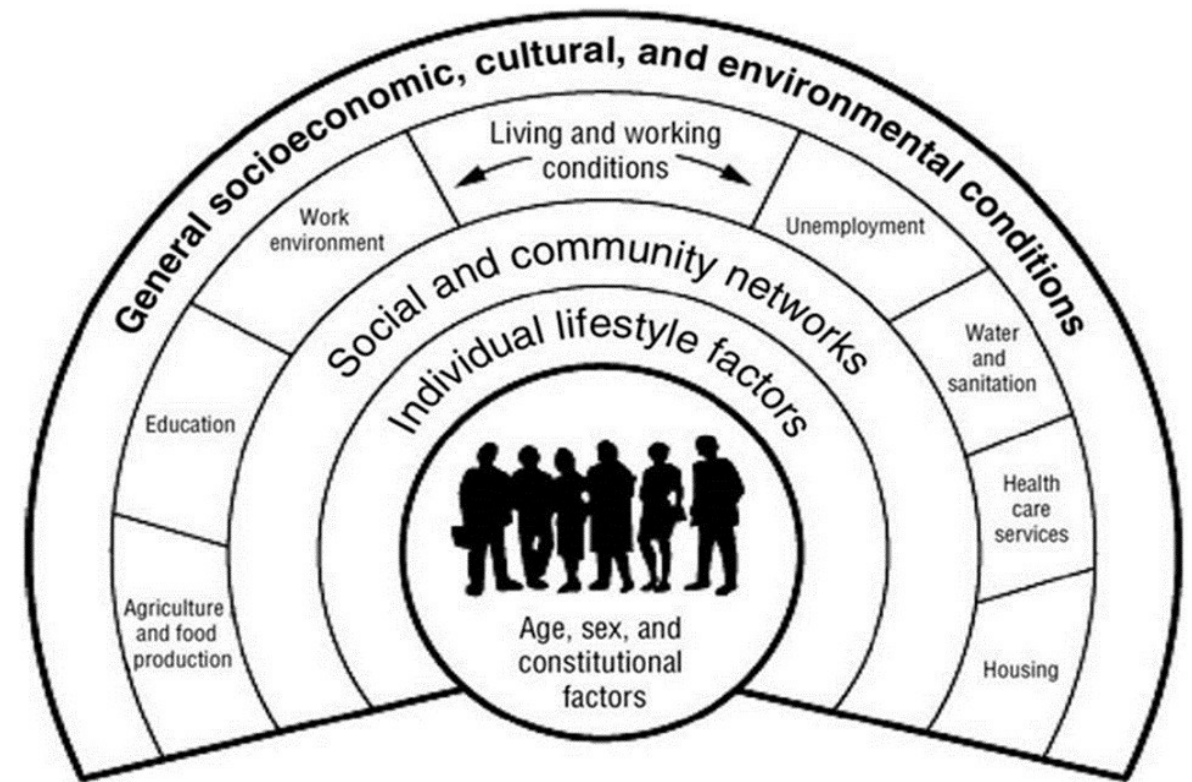


Chart 10: The Dahlgren and Whitehead model of health determinants¹

How should our professions respond to our 21st century challenges?



As professions working across the life course and integrated within our communities, the health & care workforce are perfectly positioned to shape, lead and deliver on policy, service and practice developments which will result in people living more independent, healthier lives, for longer. Central to this approach must be a sharp focus on addressing health inequalities.

What is All Our Health?

A model to overcome barriers and support large-scale change

- Research and insights identified a number of key barriers which were limiting professionals to enhance their prevention focus:
 - Difficulty in starting and holding 'hard conversations'
 - Lack of confidence in own knowledge compounded by lack of easy access to evidence for what works
 - Time pressures vs competing priorities
- This resulted in the creation of the All Our Health programme, which provides a call to action, supporting public health practice through:
 - bite-sized learning on key public health topics to enhance knowledge and action
 - key evidence and data into practice to stimulate change
 - signposting to other trusted sources
- Building leadership and capability across the health, care and wider public health workforce
- Adding to an increasing social movement, shifting the health and care system to focus on prevention, promotion and protection of the public's health
- Complementing Making Every Contact Count (MECC) by improving knowledge, confidence and intention to act at individual, community and population level



All Our Health topics to date

All topics coproduced with subject matter experts

Health Improvement

- Adult obesity
- Adult oral health
- Alcohol
- Childhood obesity
- Child oral health
- **Healthy eating (New)**
- Misuse of illicit drugs and medicines
- Physical activity
- Population screening
- Sexual and reproductive health and HIV
- Smoking and tobacco

Health Protection

- Air pollution
- Antimicrobial resistance
- Immunisation

Healthcare Public Health

- Cardiovascular disease prevention
- Liver disease
- NHS Health Checks
- Pressure ulcers
- Respiratory disease

Life Course

- Best start in life
- Early adolescence
- Healthy ageing

Place-based services of care

- Community-centred practice
- Social prescribing

Supporting Health, Wellbeing and Independence

- Dementia
- Falls and fractures
- Musculoskeletal health

Wider Determinants of Health

- Climate change
- County lines exploitation
- **Financial wellbeing (New)**
- **Health disparities and health inequalities (New)**
- Homelessness
- Inclusion health
- **Learning disability (New)**
- Speech, language and communication
- Vulnerabilities and trauma informed practice
- Workplace health
- Wellbeing and mental health



Impact
Over 2.1
million
session
launches



How to access All Our Health resources

Open-access for all learners. No registration required.

[GOV.UK collection pages](#) provides All Our Health content in a flat format

Guidance
Pressure ulcers: applying All Our Health
Updated 10 June 2022

Introduction

The Public Health England team leading this policy transitioned into the Office for Health Improvement and Disparities (OHID) on 1 October 2021.

A pressure ulcer is defined as localised damage to the skin and/or underlying tissues as a result of pressure or pressure in combination with shear. Pressure ulcers occur over bony prominences but may also be related to a medical device or other object.

There are 6 categories of pressure ulcer:

- Stage I: non-blanchable
- Stage II: partial thickness
- Stage III: full thickness skin loss
- Stage IV: full thickness tissue loss
- Suspected deep tissue injury
- Unstageable: full thickness skin or tissue loss

See [more information on categories of pressure ulcer](#) (PDF, 1.22MB).

Facts about pressure ulcers

Older people are the most likely group to have pressure ulcers. This is especially true for those older than 70, up to a third of whom will have had surgery for a hip fracture. Age alone is not a risk factor. Instead, it is the problems common in older people that are associated with pressure ulceration. For example hip fractures, faecal and urinary incontinence, smoking, dry skin, chronic systemic conditions, and terminal illness.

Those with spinal injuries form another distinct group. In this group the prevalence is 20% to 30%, 1 to 5 years after injury.

Pressure ulcers in older patients are associated with a fivefold increase in mortality. In addition, in-hospital mortality in this group is 25% to 33% ([Grew, 2006](#)).

Pressure ulcers can result in longer lengths of stay in hospitals. One study found that adult patients who develop pressure ulcers had an extended stay of over 4 days ([Graves, 2005](#)). Another study found patients over 75 years of age, who develop a pressure ulcer in hospital, had a 10 day longer stay ([Thames, 2017](#)).

Treating pressure ulcers costs the NHS more than £1.4 million every day ([Guest et al, 2017](#)).

Core principles for healthcare professionals

Healthcare professionals should:

- know the needs of individuals, communities and population and the services available
- think about the resources available in health and wellbeing systems
- understand specific activities which can prevent, protect, and promote

[E-Learning for Health Webpage](#) and [Hub](#) provides more engaging and interactive content and can be linked to professional development

Welcome to All Our Health: Health disparities and health inequalities

This is a bite-sized session to give health and care professionals an overview of health disparities and health inequalities - including key evidence, data and signposting to trusted resources to help prevent illness, protect health and promote wellbeing. To find out more about All Our Health, [read this short guide](#).

To get started, select the icon and then 'Launch' for the relevant section; select it again to close the pop-up. If viewing on a mobile, select 'Launch' underneath the icon to get started. You can search the content of this session and read the accessibility statement by selecting the Q icon. To exit the session, select the ↗ icon.

Where can I find more information?

Why does this matter?

What can I do to help?

Knowledge check

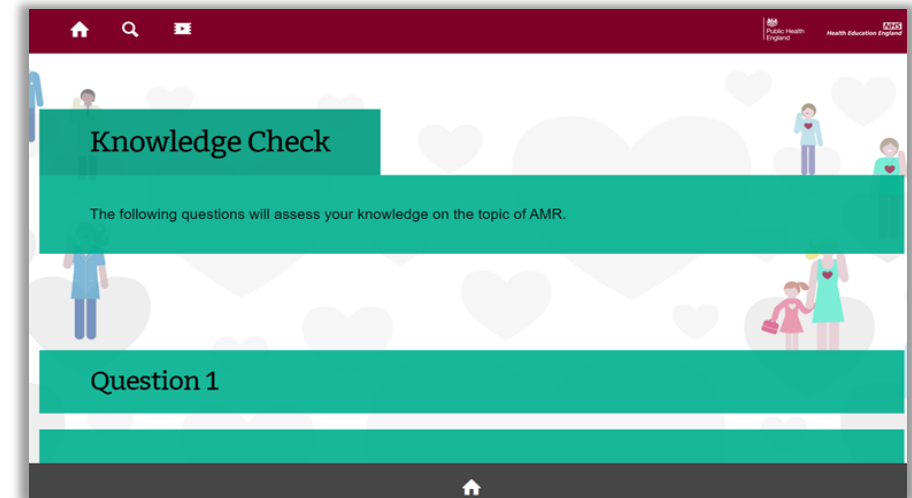
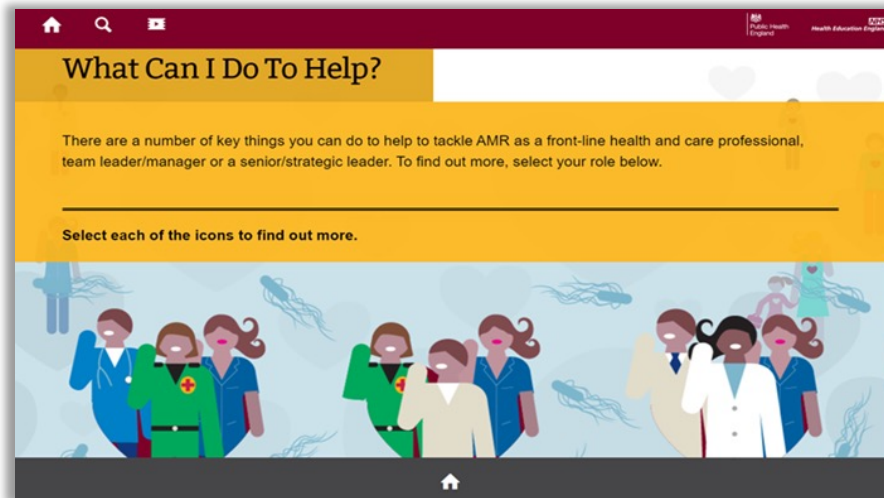
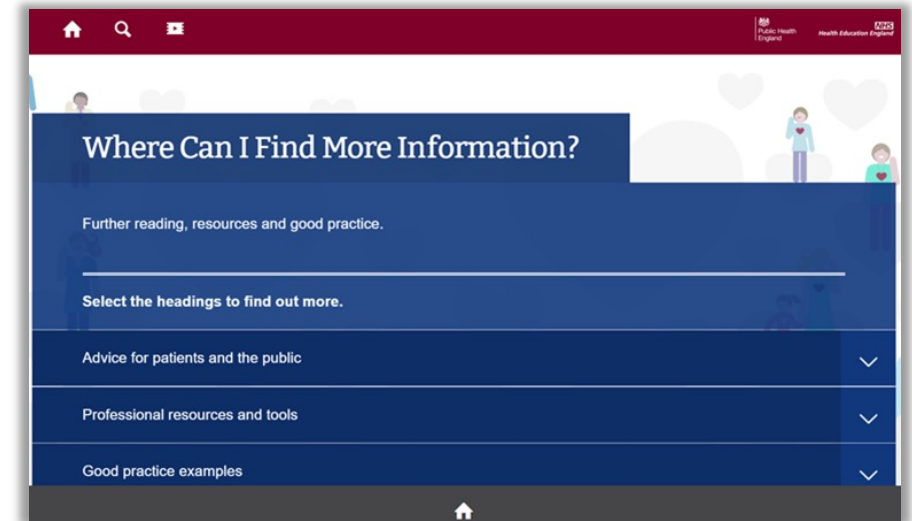
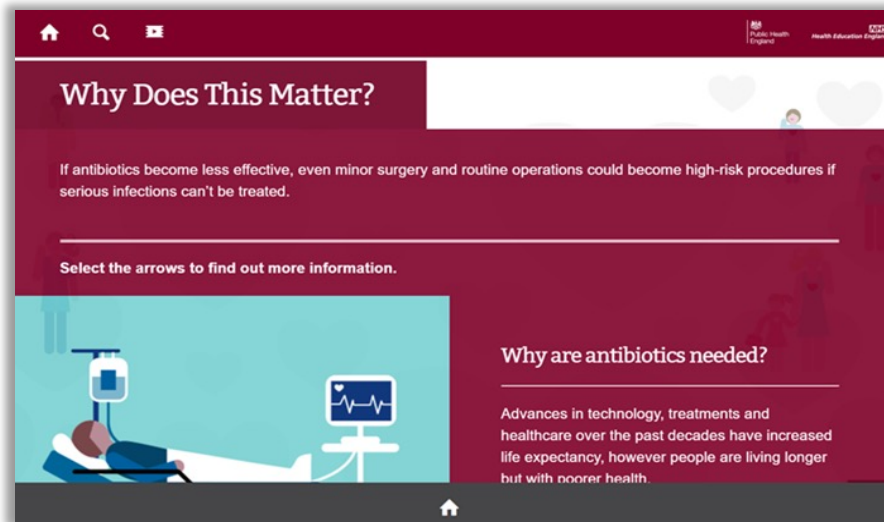
SCHOOL, CHILDREN'S CENTRE, COMMUNITY CLINIC, FACTORY, PHARMACY, GP SURGERY

www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health

www.e-lfh.org.uk/programmes/all-our-health/

All Our Health format

Embracing technology in professional development



Additional All Our Health resources

Interactive townscape maps

Currently, five **interactive townscape maps** provide advice and guidance on:

- Childhood obesity
- Smoking in pregnancy
- Breastfeeding
- Contraception and preconception care
- Child oral health

Each townscape takes a place-based approach, considering actions that can be taken across our communities to help improve health and reduce health inequalities.



Toolkits and animations

[Communications toolkit](#) (located under Supporting Tools and Resources) - supplementary communications and marketing resources to share with your partners and networks.

****COMING SOON**** Implementation toolkit - supporting organisations to implement All Our Health into programmes of work in a practical way.

Link to introductory [animation](#) about All Our Health.



Call to action



Make a commitment to:

- Explore the All Our Health collection of resources and tools currently on offer
- Share the links across your networks and communities (All Our Health Champion)
- Promote #AllOurHealth on social media
- Use All Our Health to support continuing professional development (CPD) and revalidation

For more information search **All Our Health** or go to:

E-Learning for Healthcare: www.e-lfh.org.uk/programmes/all-our-health/

GOV.UK: www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health





Up Next...



health _ assured



Speaking Now...



Vicki Mistry

Employee Wellbeing and Support -
Health Assured

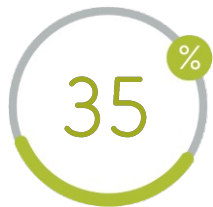
Award Winning Employee Assistance Programme

Your Healthy Advantage

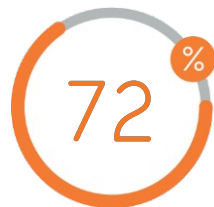


• Why Health Assured?

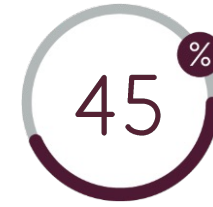
- **UK and Ireland's** largest independent and award winning EAP provider
- Support over **18 million** lives across all sectors
- **Only EAP Provider BACP accredited** at organisational level
- **24/7, 365** UK-based helpline available **100% of calls answered within 30 seconds**
- Trusted by over **80,000 organisations**
- Network of over **2,000 counsellors** and psychologists across UK and Ireland
- First EAP provider to join **Stonewall Diversity Programme**
- Support UK organisations in over **160 countries**
- Client retention rate of **94%** and **4.9/5** on Feefo
- **25%** of weekly calls occur outside 9am - 5pm



35% improvement in
workplace stress



72% lift in
return-to-work rates



45% reduction in
mental-health related
**sickness and
absence**

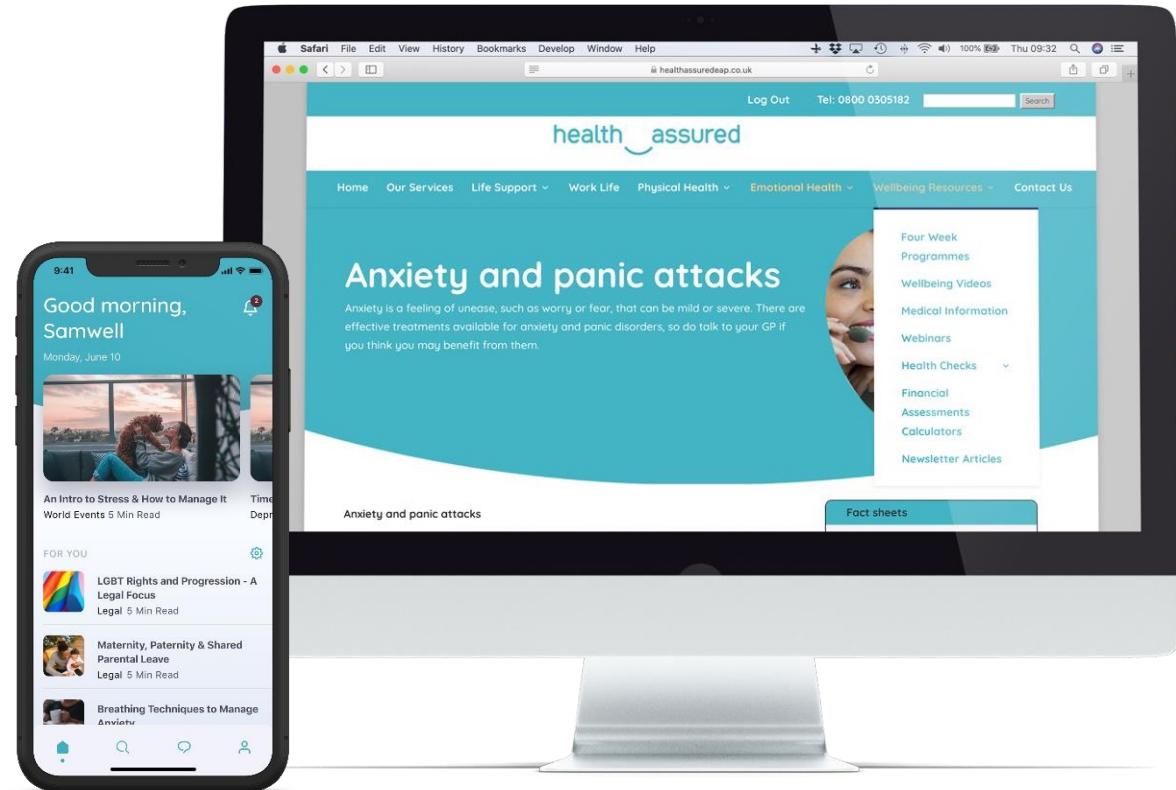
Service overview: Complete EAP

- Unlimited access to **24/7, 365 confidential helpline**
- **24/7 crisis assistance** telephone support
- Up to **6 sessions** of face-to-face, video or telephone counselling (including telephonic CBT counselling and CcBT menopause counselling - Rightsteps) per employee, per issue, per year
- **Legal** information services
- **Debt and financial** information
- **Family advice line** on topics such as childcare and eldercare
- **Medical advice**
- Access to **Active Care** one day intervention
- Access to **online wellbeing portal and mobile app**
- Self, manager, HR, physiotherapy, trade union and **OH referrals**
- Full **case management** protocols for all structured counselling cases
- **Silver Cloud** –Online CBT
- **Manager consultancy** and support
- Coverage for **dependants and retirees** (up to three months) within HMRC guidelines



Online tools & accessibility

- My Healthy Advantage app
- Online wellbeing portal
- Online CBT and trauma course
- Video counselling
- Counselling support via email
- LiveAgent instant chat
- Accessibility:
 - Braille
 - Easy read
 - Alternative colours
 - Materials in other languages
 - Translation services
 - Live chat
 - Video counselling with BSL counsellors





Spotify

Music has an abundance of mental health benefits – from getting us moving, calming our mood, providing a much needed boost or getting a peaceful nights sleep- which is why we've launched Health Assured's Spotify!

A new playlist is launched every month which is featured in our monthly newsletters!



Wisdom AI

Our exciting new tool utilises the latest artificial intelligence to help you **improve your mental and physical health.**

This *world-first* system will grant you access to a **pool of mental health knowledge** devised of our professional counsellors' expertise that answers your most common wellbeing questions.



The MentalHealth Hour

The Mental Health Hour is our monthly Q&A session hosted by Instagram stories. Each session focuses on a different topic and allows EAP users to ask one of our in-house counsellors a question. These are saved as highlights on our Instagram page to be viewed at any time.



Peace of Mind Podcast

This series is hosted by our Head of Clinical Support, Kayleigh Frost, and will dive deep into a range of mental health topics with our incredible in-house counsellors.

This is available to watch on our My Healthy Advantage app.

Recap

- Unlimited access to **24/7/365** confidential telephone helpline
- Up to **6 sessions** of structured counselling, per employee, per issue, per year (including access to CCBT – Menopause and Silver Cloud).
- Coverage for **spouse/partner and dependants** within HMRC guidelines
- Access to the **portal** and **My Healthy Advantage plus** mobile application
- Access to **Active Care** one day intervention
- **WisdomAI** – online Q&A tool
- **Legal information** services
- **Debt, Financial & medical** information
- **24/7 crisis assistance** telephone support
- **Family advice line** on topics such as childcare and eldercare/Medical
- **Manager consultancy** and support



Questions?

h_a



Speaking Now...



Anton Emmanuel

Lead for WRES - Welsh
Government



Up Next...



EQUITAS



Speaking Now...



Michael Blakley
Founder - Equitas



Cathal Doorley
Founder - Rezoomo



Up Next...



Business Services Authority



Speaking Now...



Laurel Bajic

Regional Engagement Lead - NHS
Business Services Authority



Amy Ashford

ESR Transformation Engagement
Lead - NHS Business Services
Authority

Transformation to the Future NHS Workforce Solution



Presenters;

Laurel Bajic. Regional Engagement Lead- North East and Yorkshire, Laurel.bajic@nhsbsa.nhs.uk

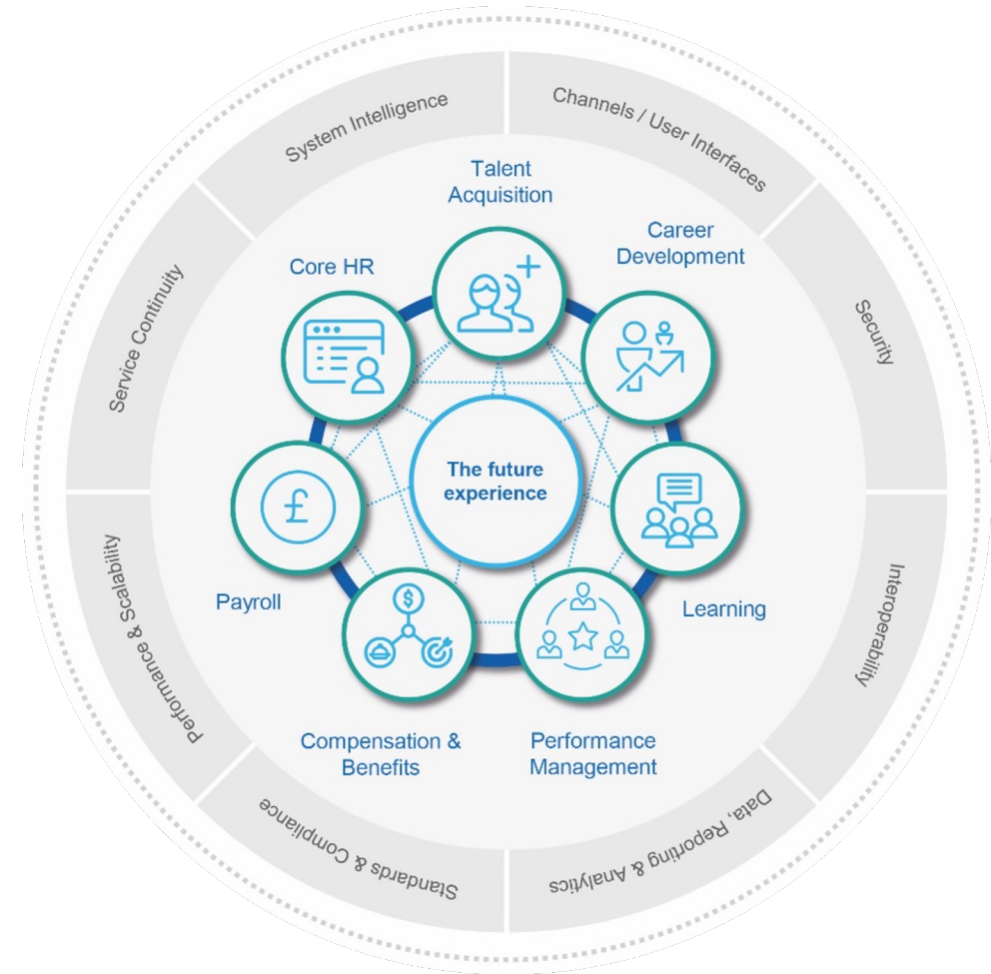
Amy Ashford. Regional Engagement Lead- South East. Amy.ashford@nhsbsa.nhs.uk

The Future NHS Workforce Solution

NHS Business Services Authority has been commissioned by the Department of Health and Social Care to lead the ESR Transformation programme to identify and deliver the future NHS workforce solution to over **1.8 million** NHS colleagues.

The ESR Transformation Programme will leverage the collective purchasing power of the NHS, the future NHS workforce solution will deliver **intuitive** and **digitally enabled** ways of working to our customers.

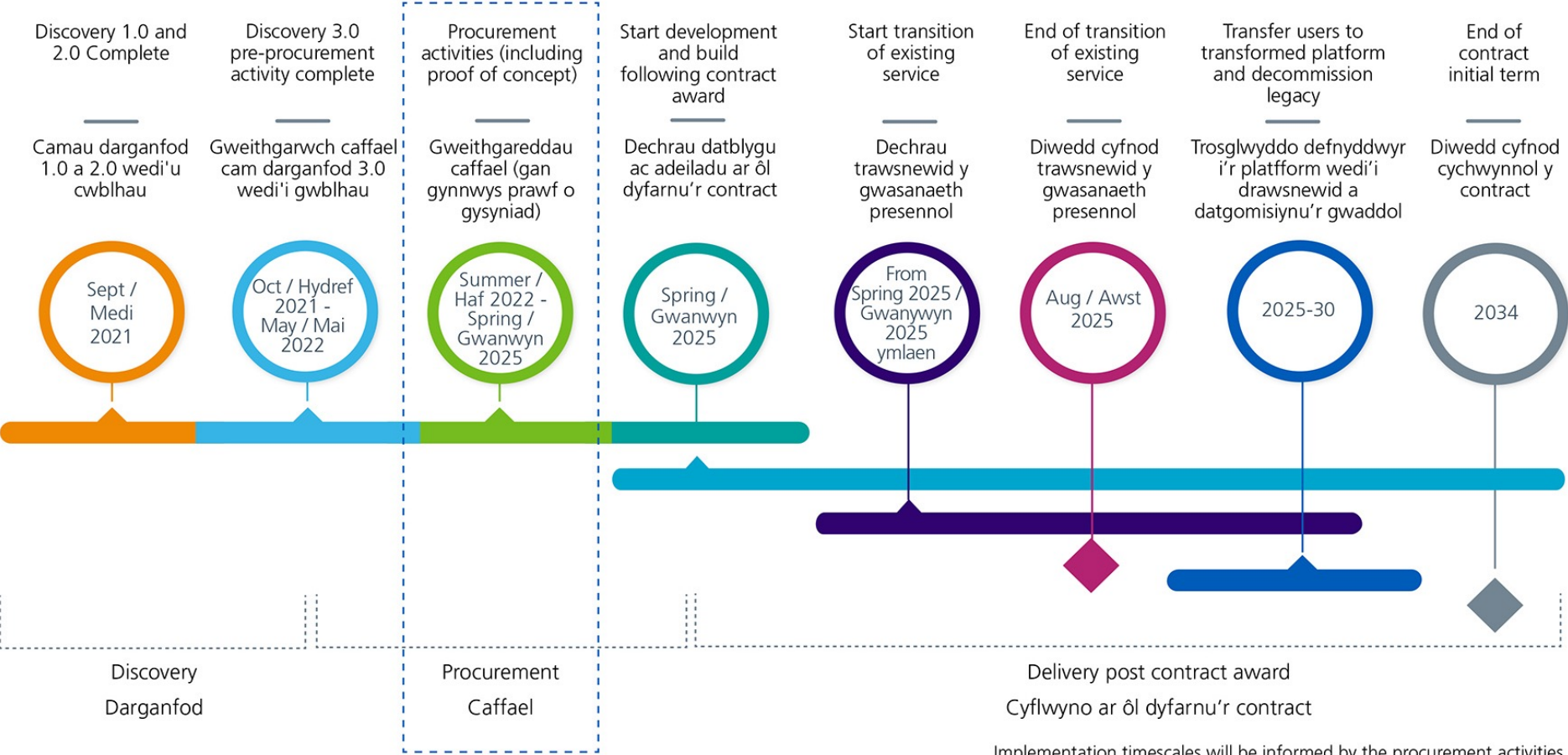
'If the NHS is to meet the challenges ahead, the **people profession**... has a key role in shaping the future'. The flagship programme is enabler through which the ambition to provide a data driven, digitised workforce NHS services can be delivered.



*The futures HR and OD report

Programme Timeline

Future NHS workforce solution programme timeline Amserlen rhaglen datrasiad gweithlu'r GIG yn y dyfodol



Implementation timescales will be informed by the procurement activities.
Bydd yr amserlenni gweithredu yn cael eu llywio gan y gweithgareddau caffael.

Transformation Benefits

**Improved
user
experience**

**Enabler to
scaling
services**

**Information
at your
fingertips**

**Simplify
and
Standardise**

**Empower
you and your
workforce**

**Cultural
transformation**

**Data
standards
&
alignment**

**System
connectivity**

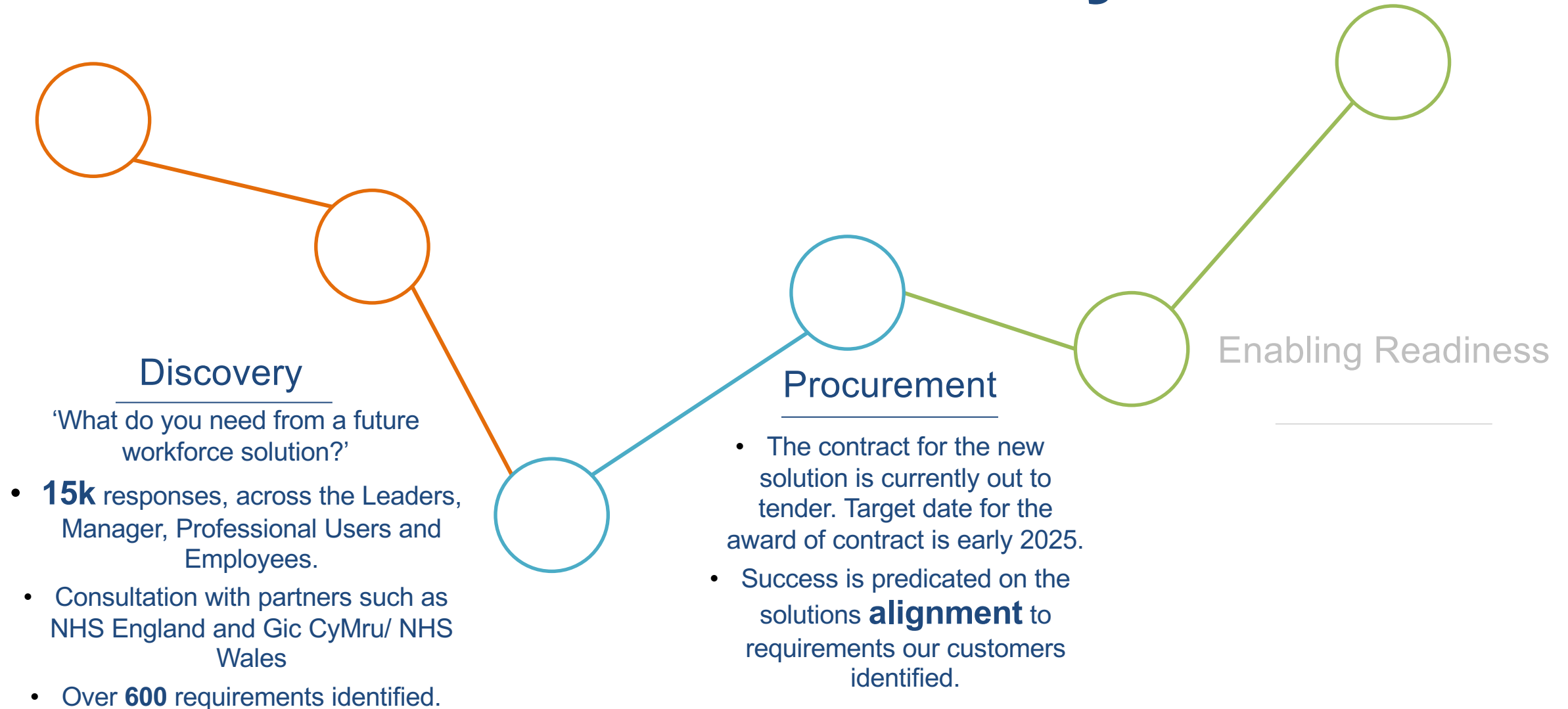
**Saving time
to release
back to care**

**Improve data
quality**

**Simplify &
speed-up
processes**

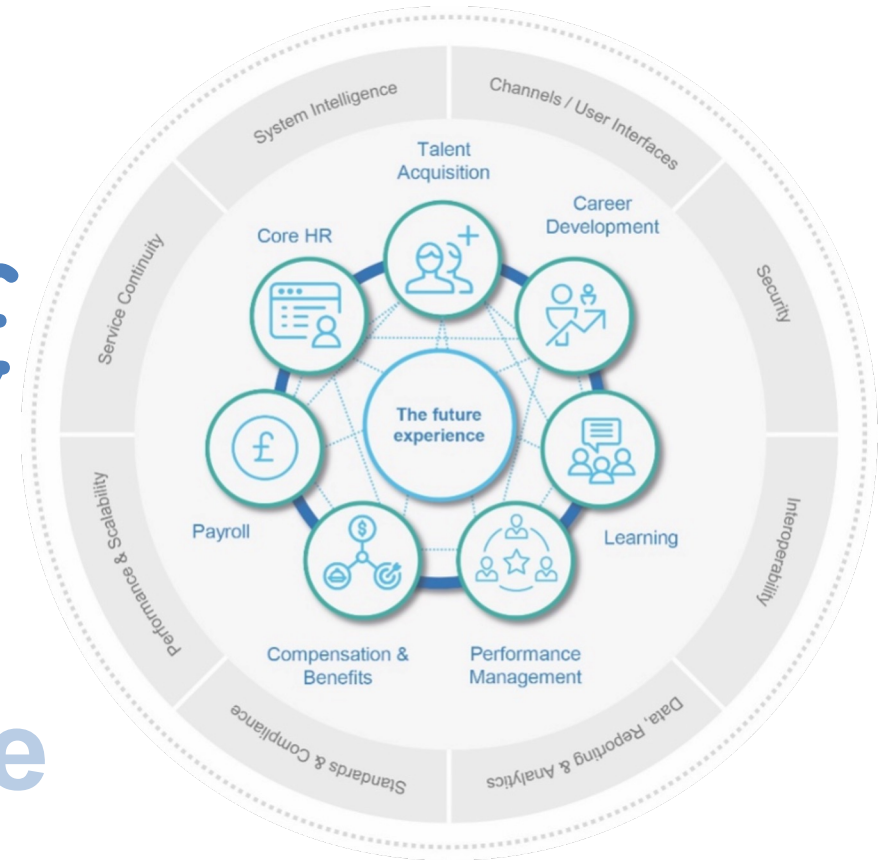
**Enabler to
workforce
mobilisation**

The Transformation Journey



The Future NHS Workforce Solution

Self-Service Trusted*
Cloud based Intelligent* User centricity
Intuitive* Data integrity Personal*
MODERN EXPERIENCE
SCALABILITY Value for money
INTEROPERABILITY
Empowering users FLEXIB
Connected* Enabling*
Easy to use



The vision is underpinned by 6 user experience principles*

Solution Assurance: Service Concepts

Selected based on the functional breadth, and criticality to the strategic business needs. Discovery identified 3 themes of **Emphasis on Employee Experiences, Enabling Seamless Staff mobility, Delivering Shared Services** and these concepts enable us to gain further assurances on bidder solutions and understanding of key capabilities needed for an NHS national workforce solution.



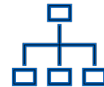
Shared Training & Service Centres

Demonstrate foundations of shared capability centres. Specific focus is required on training and service (HR/Payroll) centres and the nuances that exist between managing HR/Payroll transactions and providing learning, respectively.



National Pay Award

Demonstrate ability to administer a pay award at national level, England and Wales, and do so in alignment with NHS Agenda for Change Pay scales and Banding. Example governance guidance on an example change to be provided as part of scenario



Organisation Structuring

Demonstrate capabilities that enable restructure without loss of information across all components where data resides. Enable changes to the NHS organisational structure and transfers of staff to different positions and / or different areas of the NHS.



Reporting & Data Analytics

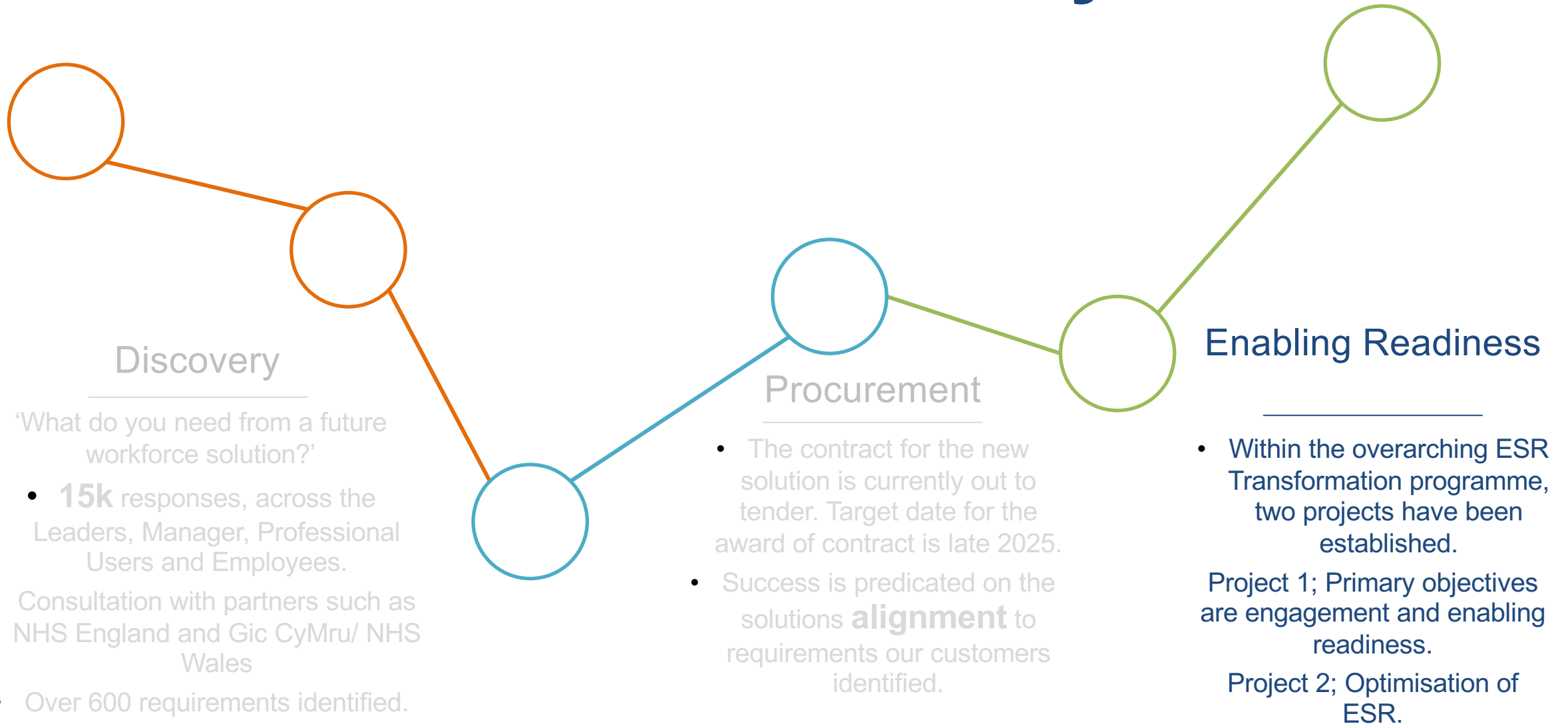
Demonstrate breadth and depth of reporting and analytics capabilities that can be leveraged to provide actionable insights to optimise workforce management and decision-making in the NHS.



Person Centricity

Demonstrate the relevant capabilities that enable placing users, and their personal data in all its forms, at the centre of the service and how this in turn is a catalyst for seamless staff mobility.

The Transformation Journey



The Path To Readiness

Transformation is coming, how is the NHS Business Services Authority supporting NHS Organisations prepare?

Each transformation journey is unique, however there are common features to success. Having a clear and consistent change management methodology will aid the articulation, understanding and adoption of change.



Mobilise

In parallel with the procurement of the Future NHS Workforce Solution the ESR Optimisation Team and the Transformation and Change Team are working with NHS organisations to enable readiness. The teams will publish an Enabling Readiness Toolkit, which will be library of resources to support NHS organisations prepare and benefit from the future NHS workforce solution.

Baseline

ESR will remain in use, we will ensure NHS organisations continue to optimise the existing ESR service. Whilst we do not know yet what the future NHS workforce solution will be, it will likely be predicated around a self-service model. NHS organisations that have adopted the self-service model may find the transition to the future NHS workforce solution easier.

Design

User input is a critical enabler to the success of all transformation and change programmes. The programme has engaged users to support ISIT and PoC. We are supporting People Digital Derbyshire and will be seeking input to test and validate the Enabling Readiness Toolkit.

Get Involved

Readiness is activity to support NHS organisations realise an optimal state for adoption to quickly maximise benefits



Keep informed, engage with your Regional Engagement Lead.

- Over 85% of NHS organisations engaged from January 2023.



Optimise ESR and engage with the ESR Levels of Attainment Assessment.

- ESR Leads across England and Wales are now being contacted.



Provide your insight

- NHS Business Services Authority invited users to support the ISIT and PoC phase of the programme.



Become a readiness pilot.

- Pilot projects are being established to support and guide organisations, enabling them to prepare for the transition to the Future NHS Workforce Solution.



Sign up to programme updates and the FutureNHS Workspace.

- Over 1000 colleagues on the distribution list.



Regional Engagement Leads

The Regional Engagement Leads operate as transformation delivery partners to provide guidance and support to NHS organisations, Health Boards and ICB's. The Regional Engagement Leads are developing an Enabling Readiness Toolkit to help NHS organisations plan and prepare for the transformation. Please get in touch with your Regional Lead to learn more about the programme and how to get involved.



East of England

Nicola Fowler Nicola.fowler@nhsbsa.nhs.uk



Northeast & Yorkshire

Laurel Bajic Laurel.Bajic@nhsbsa.nhs.uk



Wales

Louise Richards Louise.Richards@nhsbsa.nhs.uk



Southeast

Amy Ashford Amy.Ashford@nhsbsa.nhs.uk



London

Keith Whitburn Keith.Whitburn@nhsbsa.nhs.uk



Northwest

Paul Juson Paul.Juson@nhsbsa.nhs.uk



Midlands

Rachel Wright Rachel.Wright@nhsbsa.nhs.uk



Southwest

Nkechi Emma Ilori Nkechi-Emma.Ilori@nhsbsa.nhs.uk

Thank you



Programme Website

[Future NHS Workforce Solution Transformation programme | NHSBSA](#)



FutureNHS Collaboration Space

[NHS Futures workspace](#)

Where more information about the programme and periodic updates are shared.



Programme Update

Register online to get periodic updates directly emailed to you.



Regional Engagement Lead

“Keep-in-touch with your Regional Engagement Leads”



Regional Engagement Lead Bios

[“Learn more about your Regional Engagement Leads \(Welsh\)”](#)



www.nhsbsa.nhs.uk



NHSBSA



NHS Business Services Authority



Speaking Now...



Amanda Price

Workforce Project Director - Kent and
Medway Pathology Network



Kent and Medway
Pathology Network

Building a Pathology Network
Convensis Workforce Conference
September 19th 2023

Kent and Medway Pathology Network

- 20 networks in England
- 4 Trusts
- 3 pathology services
- 7 hospitals
- 1 ICB
- 800 staff
- Large geographical area
- Recruitment and retention challenges

Background

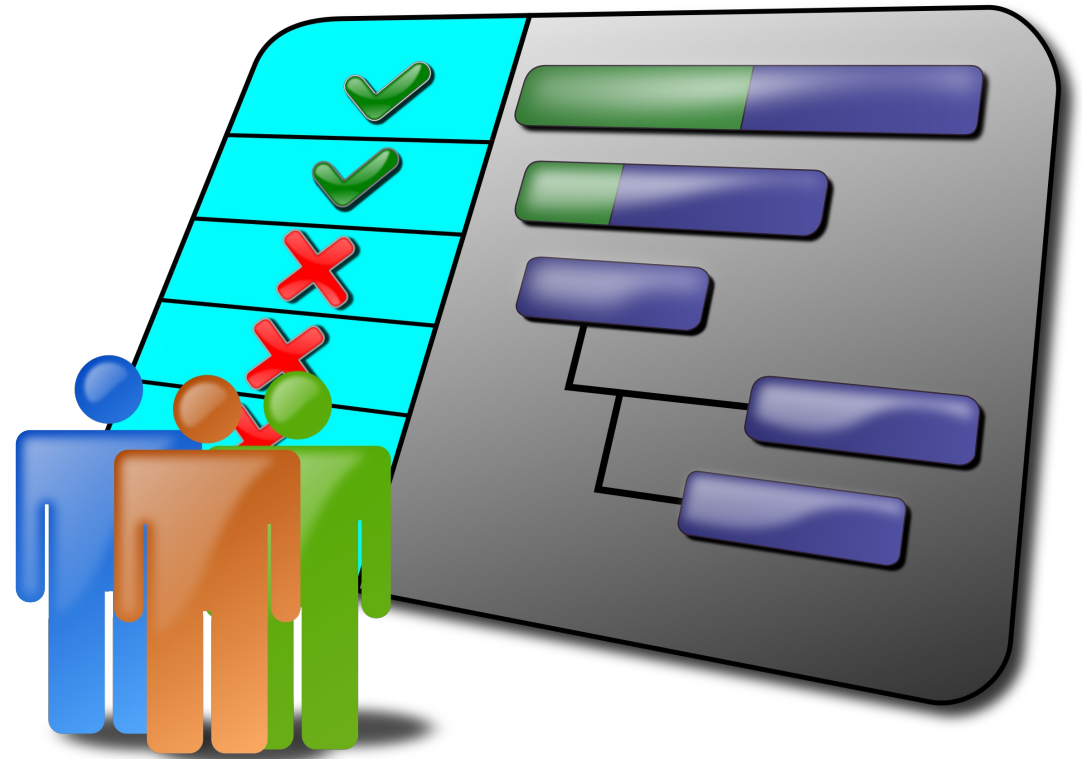
- Lord Carter report focus on staff numbers and efficiency
- Service change OBC 2020
- Vision 2020 – focus on LIMS and MES
- Covid – rapid testing, practice educators, SE workforce group, cancer recovery

Background

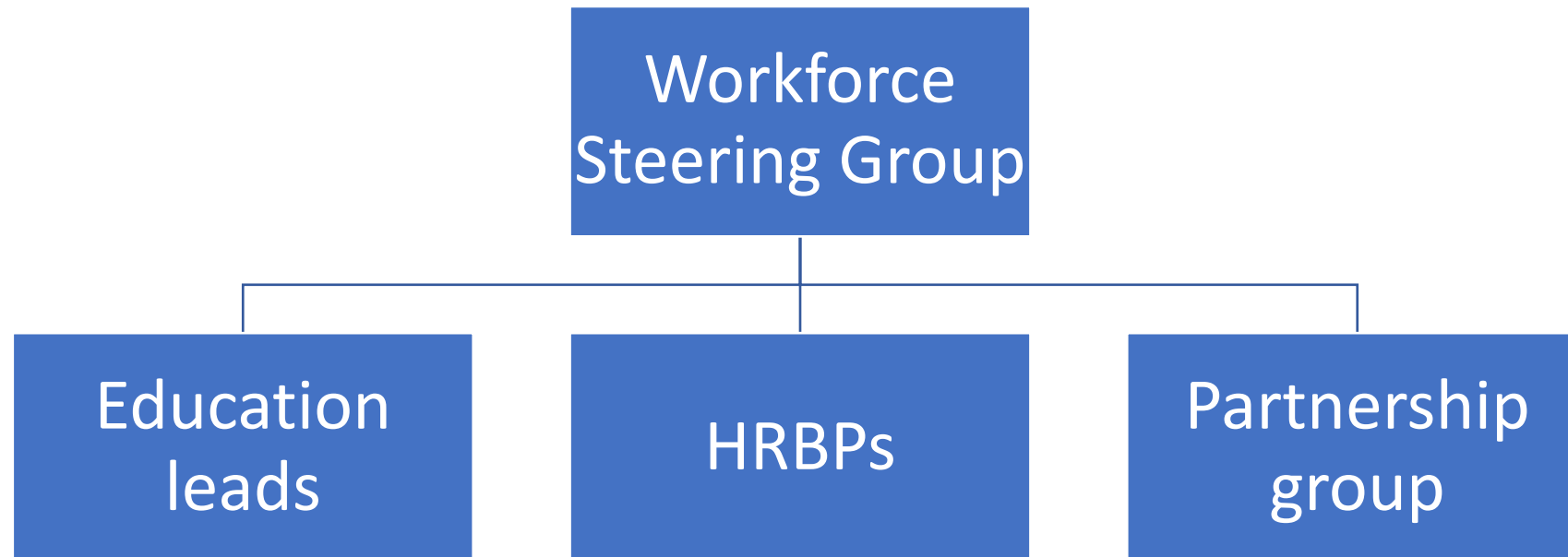
- HEE STAR workshop Oct 2021
- 3 year Workforce, education and network development strategy
- 2023 refreshed strategy objectives for year 2
- Aligned with NHS long-term workforce plan
- Year 3 objectives to be in line with network clinical strategy

Projects

- LIMS
- MES
- Digital
- Workforce, education and network development
- Governance and legal



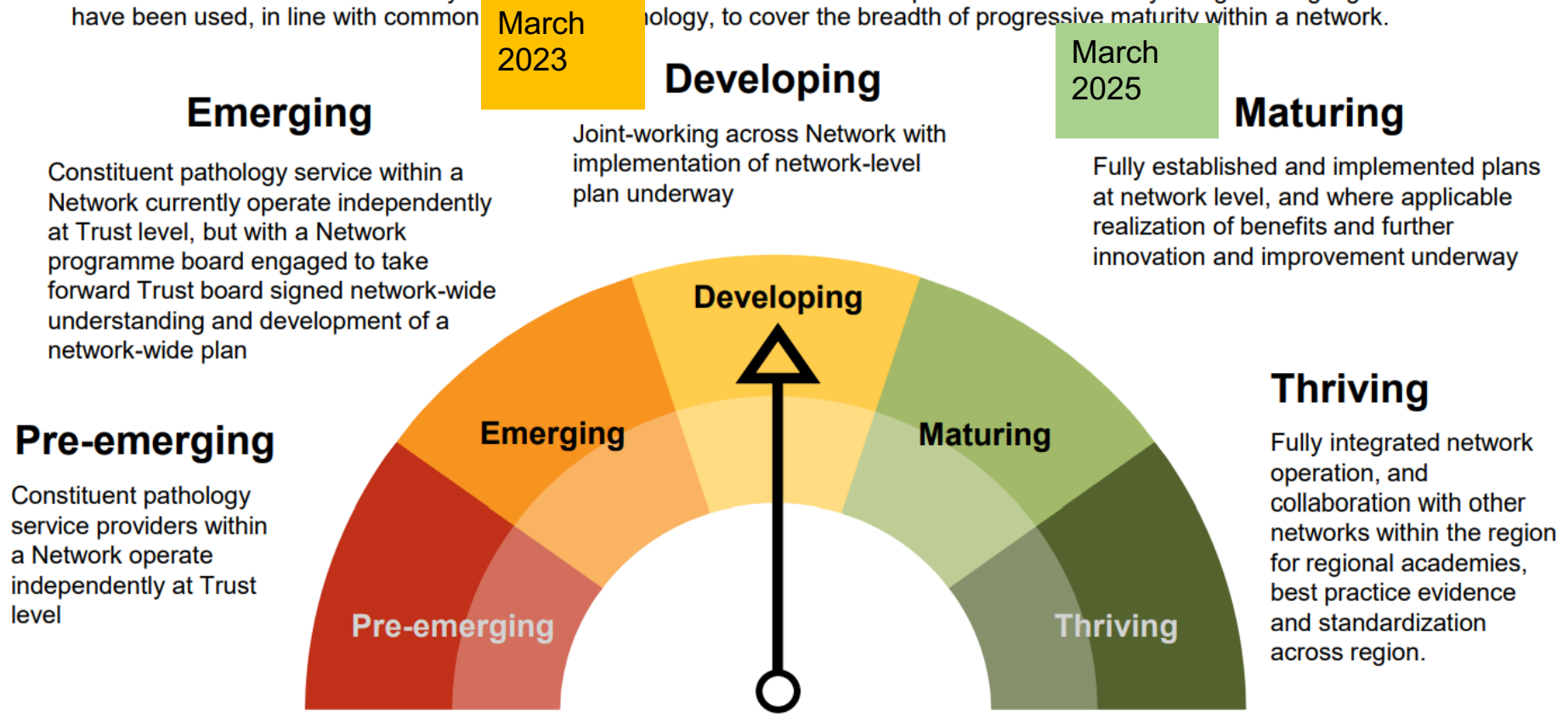
Workforce, education and network development



NHSE Maturity Matrix

Governance	A single governance model signed off by all network member Trust and ICS Boards, with clear clinical and operational leadership arrangements where dissolution would require Trust Board approval
Leadership	A single accountable officer appointed at network level e.g. Network SRO, and other leadership roles defined and appointed to
Operational	Operational consolidation of services at agreed sites and integration into clinical pathways and business models signed off by Trust Boards
Quality	A common quality management process and methodology for oversight of performance, quality and clinical governance including working with local, regional and national systems such as PQAD and single UKAS accreditation process.
IT and digital	A digital roadmap setting out how the network will achieve digital interoperability across the whole local healthcare system and digitization of cellular pathology services with shared digital pathology reporting.
Workforce	Agreed workforce strategy for passporting/mobility, Skill mix (including the role of clinical scientists), training and CPD and recruitment and retention, managed via a Network workforce lead
Shared supply chain	A shared joint procurement strategy with robust supply chain and joint purchasing at scale for example shared Managed Service Contract across the network, or a clear process and timeline to achieve one.

In order to define a level of maturity categorisation for each matrix within this pack. The five maturity categories highlighted below have been used, in line with common pathology, to cover the breadth of progressive maturity within a network.



Please note, For the purposes of pathology networks, All pathology services would be expected to be in the Later 3 stages in their overall scoring by the end of 2021

Workforce, education and network development

Leadership development

- Network identity
- Leadership development
- Talent management and succession planning
- EMERGING

Workforce strategy

- Workforce design
- Harmonisation and standardisation
- Workforce planning
- ED&I
- EMERGING

Recruitment and retention

- Recruitment and retention plans
- Diversity in recruitment
- EMERGING

Education and training

- Schools, Colleges and careers
- Support staff career pathways
- Scientific and advanced training
- Medical training
- CPD
- Career development support
- Education and training infrastructure
- DEVELOPING

Network vision

- A thriving and sustainable pathology service provided by an outstanding team, enabled by cutting edge equipment and I.T. There is a place in the network for everyone

Network values

- Listened to what staff want from the network – 7 labs
- Draft values tested out with staff – 7 labs
- Honed by workforce steering group
- Signed off by PNCOC and transformation board
- For network promotion, stakeholder engagement, network team development
- Mapped to ‘Our leadership way’
- Trusts continue to use Trust values for recruitment and appraisal

Ways of working

- One team delivering one goal
- Be appreciative – focus on what’s going well first
- Honesty and transparency
- Giving timely feedback, both positive and constructive, to individuals
- Asking for help when you need it
- Open to all ideas, critique and challenge
- Everything is a learning opportunity
- Involve teams at all stages
- Respect work/life balance
- Value our diversity

Collaboration agreement

- Single leadership
- Options for single service
- Workforce schedule (see next slides)



In operation or development now	Benefit
Career pathways, career clinics and mentoring	Recruitment retention. Equality of access to career development.
Expedited HCPC registration	Recruitment and retention. Increased numbers of BMS'.
University collaboration	Under-graduate and post-graduate courses aligned with network needs. Value for money.
Collaborative approach to HEE funding	Value for money. Align education plans with service plans. Recruitment and retention.
Standardising job descriptions	Align job descriptions with service plans. Enable staff to work at their grade. Avoid staff moving Trust for pay reasons.
Medical staff workforce group	Pipeline of future consultants from medical student placements, trainee rotations and specialist posts.
Network ED&I action plan complementary to Trusts	Staff experience. Stakeholder experience Recruitment and retention.
Network website	Pipeline of future workforce from schools upwards. Stakeholder engagement.

Enabled by collaboration agreement – from September 2023	Benefit
Apprenticeships jointly procured	Value for money. Align apprenticeships with workforce plans. Recruitment and retention.
Harmonise roles unique to pathology eg lab assistant Currently differences between Trusts	Reduce turnover. Career development. Funding dependent
New roles evaluated once for banding Joint job evaluation panel with reps from each Trust	Reduce administration time and recruitment delays
Joint recruitment events Learn from community provider collaboratives	Reduce resourcing time. Increase numbers applying Work through with resourcing
Collaborative workforce planning For 24/25	Ensures workforce plans are aligned with network and Trust plans
Pooled education funding Needs assessment to Trusts and HEE	Value for money. Align education plans with service plans
Consideration and validation of senior roles by workforce steering group before recruitment B7 non-scientific eg quality B8b scientific/clinical	Avoid duplication. Enable network-wide roles. Ensure harmonisation.
Talent management and succession planning Career clinics, mentoring and pathways	Recruitment and retention. Pipeline for senior and specialist roles.
Network values with principles of openness, transparency and inclusivity in development	Staff experience. Stakeholder experience. Recruitment and retention. Aligned with Trust values

For development in 23/24	Benefit
Digital staff passport In line with relaunch	Learning opportunities through working on other sites. Effective use of teaching resources where trainees can learn together on one site.
Collaborative bank With ICB AFC staff	Learning opportunities through working on other sites.
Placement agreement Single version to avoid Hon Contracts	Reduced admin time, enable more students
Enabled by mature network – by April 2025	Benefit
Single workforce plan	Align workforce with service transformation Maximise use of workforce budgets
Protected time for education and training (bring fwd) Link to workforce planning	Recruitment and retention. Progression rates and time
Harmonise roles not unique to pathology challenge if not in single organisation	Avoid staff moving between Trusts for pay reasons

Achievements

- Education and training
- Communications and engagement
- IT implementation
- Equipment tender
- Digital pathology
- GP and community order comms



What we have learnt

- Vision and values
- Ways of working
- Governance
- Negotiation
- Relationships
- Staff engagement





Speaking Now...



Joanna Livingstone

Associate Lead Nurse
NHS Midlands and Lancashire
Commissioning Support Unit (MLCSU)



Personalised
Healthcare
Commissioning

NHS

Midlands and Lancashire
Commissioning Support Unit

Bringing Back Staff During COVID-19 - a blueprint for future working.....

Joanna Livingstone

Associate Lead Nurse

Personalised Healthcare Commissioning

Supporting people to get the right care at the right time

MLCSU Personalised Healthcare Commissioning Services provide a full end to end service delivery model in line with NHS CHC & FNC National Framework (July 2022 revised)



- Largest provider of CHC services in England
- £930million care spend
- In the region of 18,000 active cases
- 24,000 referrals handled per year

Background

At the start of the COVID-19 pandemic, the Continuing Healthcare (CHC) framework was suspended for six months.

Following its resumption, deferred assessments had to be completed within six months.

Task

38,484 outstanding NHS CHC assessments to be completed.

Requirement

Recruitment of specialist staff to undertake this mammoth task.

Challenges

Skills gap, timescales involved and recruitment processes.

Challenges

The challenge was to reduce the backlog of CHC assessments.

We needed to recruit staff with the specialist skills required within tight timescales.

Standard recruitment process delays, accessing IT equipment and time to train added to the challenge.

Timely patient assessments

38,484 outstanding CHC assessments to complete, to ensure patients were assessed and their care needs were coordinated in a timely way.

Specialist skills

Specialist skills needed due to the complexity of NHS CHC and the need to meet national standards.

Recruitment process & timescales

Over 20 hours per candidate with additional time needed for local induction and supervision.

Actions

The NHS CHC Workforce Development programme saw NHSEI and NHS MLCSU working in partnership to develop a virtual workforce via the Bring Back Staff returners programme.

Digital technology enabled CHC assessments to be conducted remotely.

Together, we overcame the challenges of recruiting staff with specialist skills, within tight timescales.

Rapid recruitment

Recruitment, induction and training process, bringing candidates onboard in 2-4 weeks to begin roles with partner organisations.

Bespoke support for returning staff

Bespoke, tailored packages of support were also developed to encourage returning staff to join the Bring Back Staff initiative.

Adaptable and transferable skills

With the skills and expertise needed, nurses, paramedics, medical support workers, pharmacists and other allied health professionals joined the scheme.

Impact

Recognition of the potential to harness the commitment of returners to the NHS.

The CHC Workforce Project and its CHC talent pool emerged, offering choice and flexibility for returning staff, whilst retaining their expertise and experience to undertake the CHC assessment backlog.

Successful recruitments

19 initial enquiries.

15 participants went forward to recruitment and training with MLCSU.

Choice and flexibility

Returning staff continue to contribute to NHS clinical practice in a way that enables them to work flexibly and achieve a positive work/life balance.

Retaining valuable expertise

Retaining the expertise and experience of clinically qualified people within the NHS, offering the best use of resources and public spending.

Lessons

Feedback from staff confirmed that returners to the NHS built resilience into existing CHC teams.

Using a range of healthcare professionals from different backgrounds highlighted the adaptability and the transferability of the returning workforce.

Value for money, reduced costs due to use of digital technology to conduct remote CHC assessments.

Reduces the reliance on agency workers.

Staff & user Experience

Improved confidence in returners
Bolstered resilience in existing teams
Assessments conducted by trained, motivated professionals.

Value for money

Reduced travel costs for organisations, patients and families.
Reduced agency staff costs.
Environmental impact of reduced travel.

Blueprint

The model is a blueprint for future workforce solutions across the NHS, not just NHS CHC.

Today

This was the catalyst to form our own temporary staffing model, offering time and cost efficiencies, utilising skills and experience that would otherwise have left the NHS.

It offers efficiencies in terms of reduced travel time and increased opportunities for patients and families involved in CHC assessments using digital technology.

Robust process

A robust and standardised means of assessing patients is now used nationwide.

Skilled people

Continue to draw upon the diverse and transferrable skillset of this agile, flexible and experienced workforce.

Improved patient experience

Patients and families have the option to participate in CHC assessments wherever they are geographically, without the need to be in the same location.

Thank you

Joanna Livingstone
E: joanna.livingstone@nhs.net

Supporting people to get the right care at the right time



**Thank you for attending
The NHS Workforce
Conference North 2023!**



**Register for the next Workforce
Conference in February 2024....**

