CONVENZIS

Our Commitment to the Planet

For Each Delegate Attending Our In-Person Event Today, we will be planting 1 tree with our Key Sustainability Partner

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The NHS Workforce Conference

2 0 2 2

Headlined By: **DRAKE medox**

SCAN ME

Thursday 7th July 2022- 2022- 08:00am – 15:30pm – Hatfield's Conference Centre
Conference hosted by Convenzis Group Limited

Health Education England exists for one reason only: *to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.*

- **Part of the NHS, working with partners to plan, recruit, educate and train the health workforce.**

- More than **180,000 students** are studying to be part of our future workforce and **66,000 doctors and dentists in training**.

- There are over **300 different types of jobs** performed by more than 1.4 million people in the NHS.

- Our vision is to provide the **right workforce**, with the **right skills** and values, in the **right place** at the right time to better meet the needs af patients - now and in the future.

Our NHS

Our NHS is made up of 1.3 million dedicated and skilled people

Can you imagine a world without our NHS?

What would happen if we couldn't recruit, train and retain to our workforce? How can digital help?

Is there an affordable alternative – universality is a proven system of operating? How can digital help?

Digital transformation of health and social care is a top priority for the Department of Health and Social Care (DHSC) and NHS England (NHSE).

Taking the right national and local decisions on digital now will put the health and social care system in a position to deliver the 4 goals of reform.

The system will be equipped to:
- prevent people's health and social care needs from escalating
- personalise health and social care and reduce health disparities
- improve the experience and impact of people providing services
- transform performance

The fundamental aim for our workforce: diversity and inclusion

The 'Leaky Bucket'

INFLOW

SUPPLY

DEMAND

EMPLOYER

HEE

WORKFORCE SUPPLY

IDENTIFY & COMMISSION

EDUCATION PLACES

OUTFLOW

POTENIAL UNEMPLOYED STAFF

RECRUIT

TIME TO CARE

RETENTION POLICY

TURNOVER

SKILL MIX & CPD

RETURN TO WORK

PENSIONS & RETIREMENT

IN YEAR SOLUTIONS

+3 YEARS

ATTRITION RATES
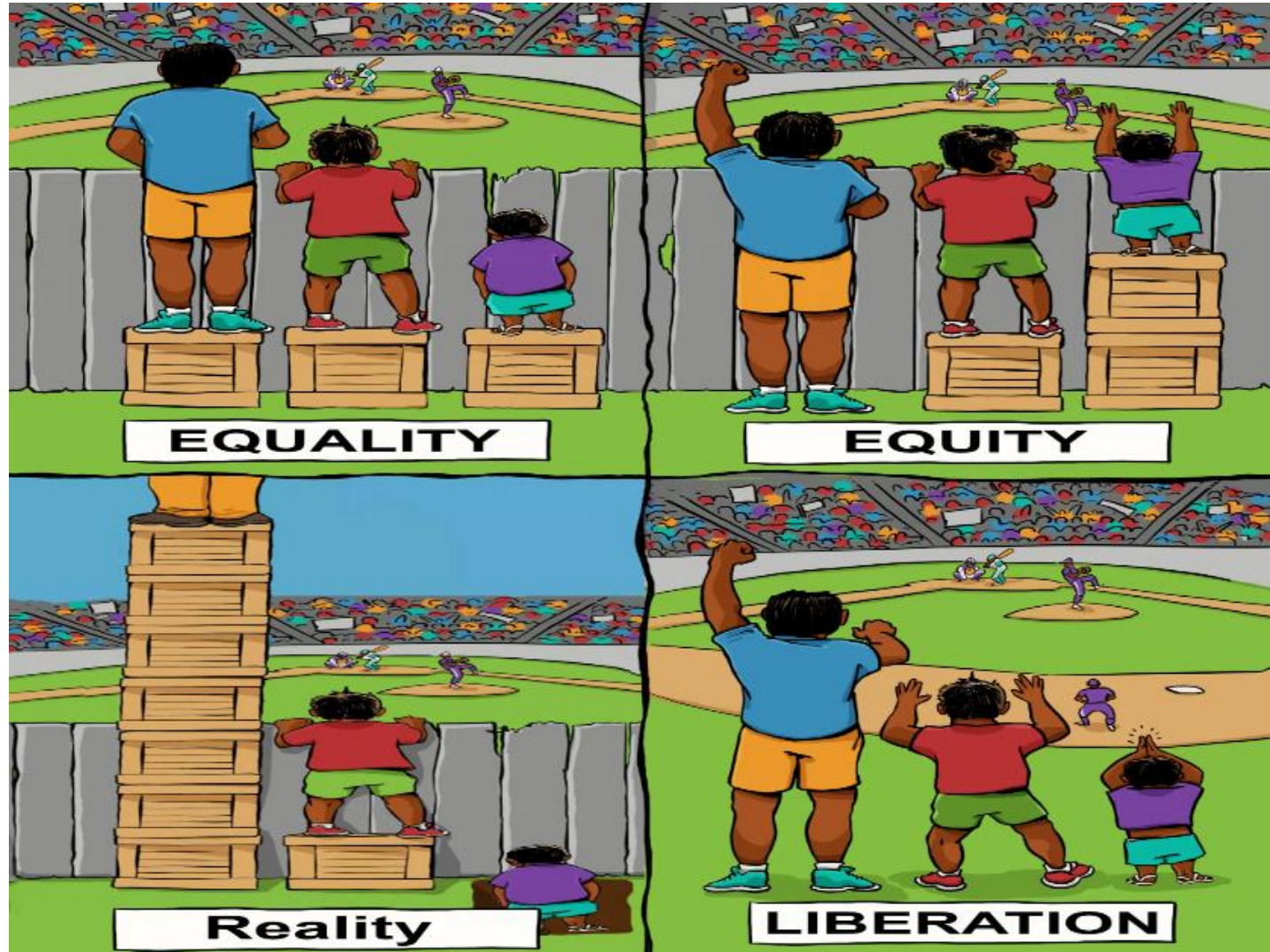
Findings from HEE strategic framework roundtables 2022

- Advances will **not materially lessen need for staff** but will demand **greater adaptability, more working towards the top of licence** and the acquisition of **new skills and capabilities**, particularly digital and analytics; CPD will be crucial if opportunities are to be realised

- **Greater investment will be required in data gathering and evaluation** and development of a Learning Health Service culture

- Moving beyond an industrial one size fits all model of care will require **upskilling in understanding health related behaviour, imparting risk information and involvement in shared decision making**

- **Confidence of clinicians and users key to take up new technologies**

- **New roles will emerge** – e.g. care coordinators, pathway quality assurance, assistive technology support

- *As Wanless set out, the **degree of citizen engagement** with their own health AND technology is likely to be a key factor in bending the curve on demand.

So, what is digital transformation?

- Digital transformation is the change in operating model that results from transforming the key areas of the organisation by leveraging technology though user centric design;

- Digital transformation is about behavioural change supported by technology ;

- Successful digital transformation is driven by culture – it has to be service led

- And leadership with a clear vision and strategy
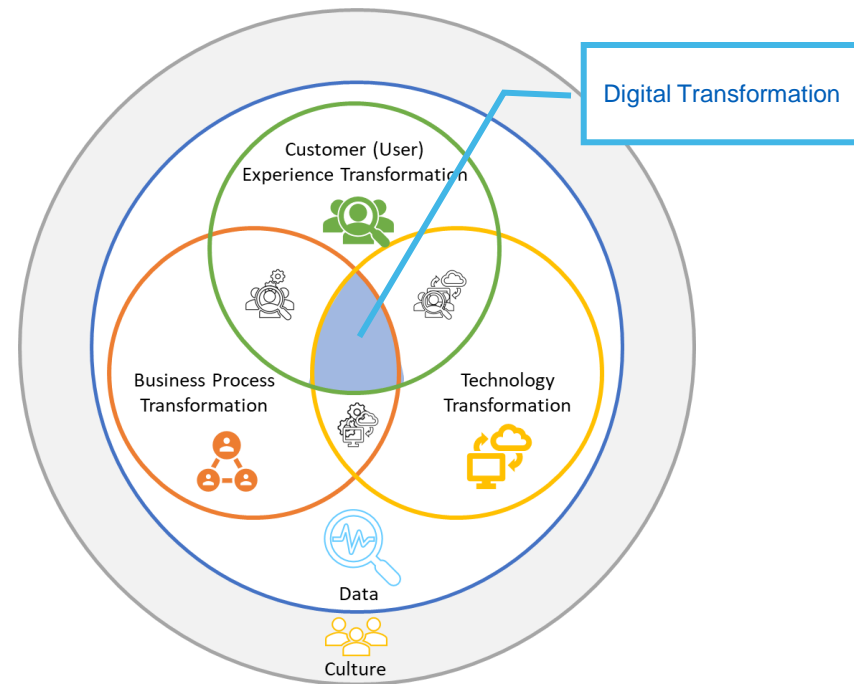
The Topol Review - 2019

Three questions

1. How are technological developments likely to change the roles and functions of clinical staff in all professions over the next two decades?

2. What are the implications of these changes for the skills required?

3. What does this mean for the selection, curricula, education, training and development of current and future NHS staff?

@NHS_HealthEdEng

The Topol Review

Preparing the healthcare workforce to deliver the digital future

An independent report on behalf of the Secretary of State for Health and Social Care
February 2019

Topol recommendations for education the future workforce

- Within five years, we need to make sure that the education and training for future employees equips them to achieve their full potential as staff in the technology enhanced NHS.

- Should ensure genomics, data analytics and AI are prominent in undergraduate curricula for healthcare professionals.

- Future healthcare professionals also need to understand the possibilities of digital healthcare technologies and the ethical and patient safety considerations.

- Ensure that students gain an appropriate level of digital literacy at the outset of their study for their prospective career pathway.

The Topol Review

Preparing the healthcare workforce to deliver the digital future

An independent report on behalf of the Secretary of State for Health and Social Care
February 2019

Top Technologies

What are we trying to achieve?
Challenges and Barriers

Technology available and working with policies for use

Changing shape and capabilities of digital workforce

Rate of technological change very fast, workforce very large in number and often quite disparate

No clear career pathway or professional 'home' for most digital roles

Importance of senior leadership understanding digital

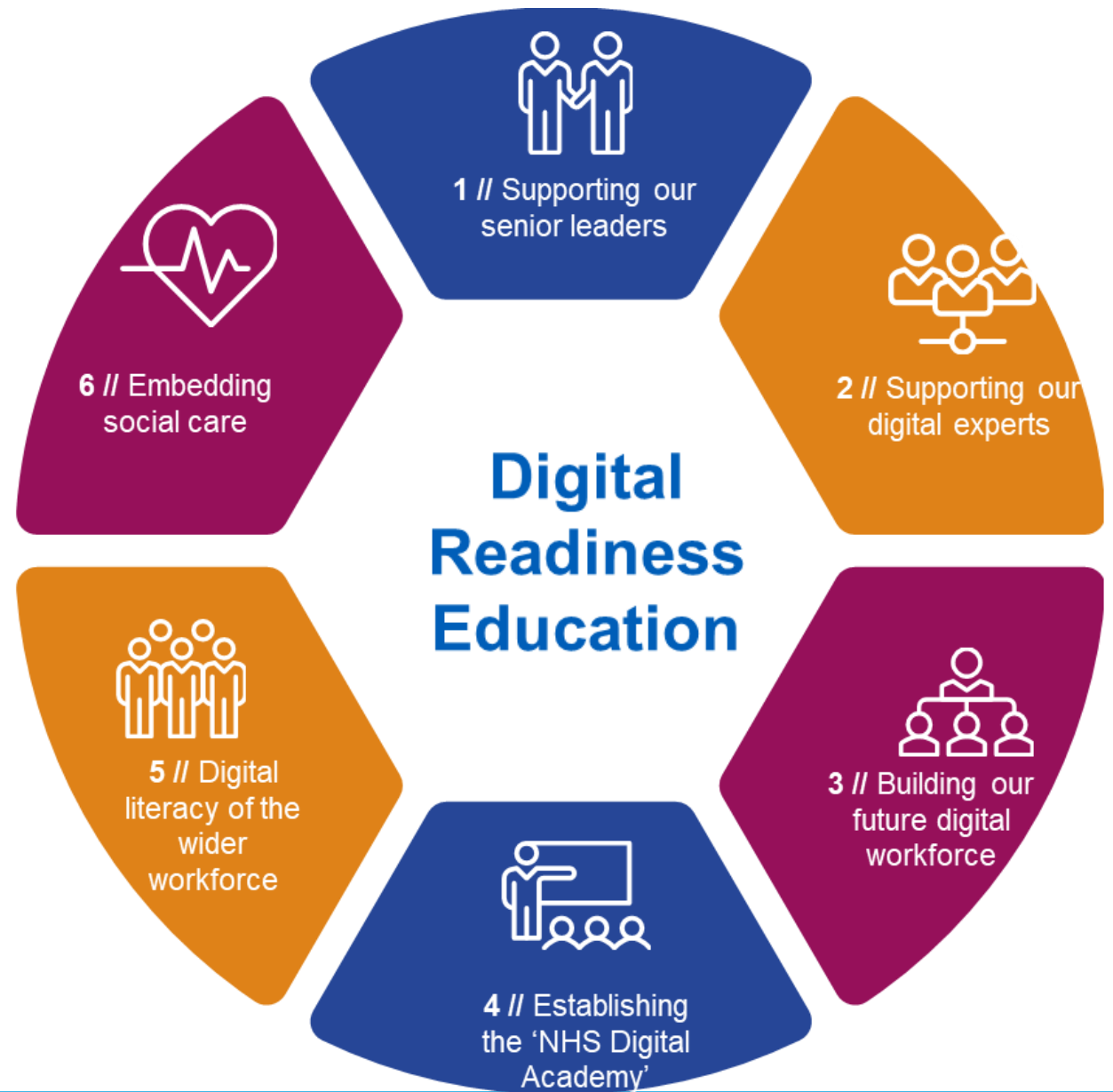Uncertainty re sustainability of workforce initiatives

No single, contextualised place for digital learning
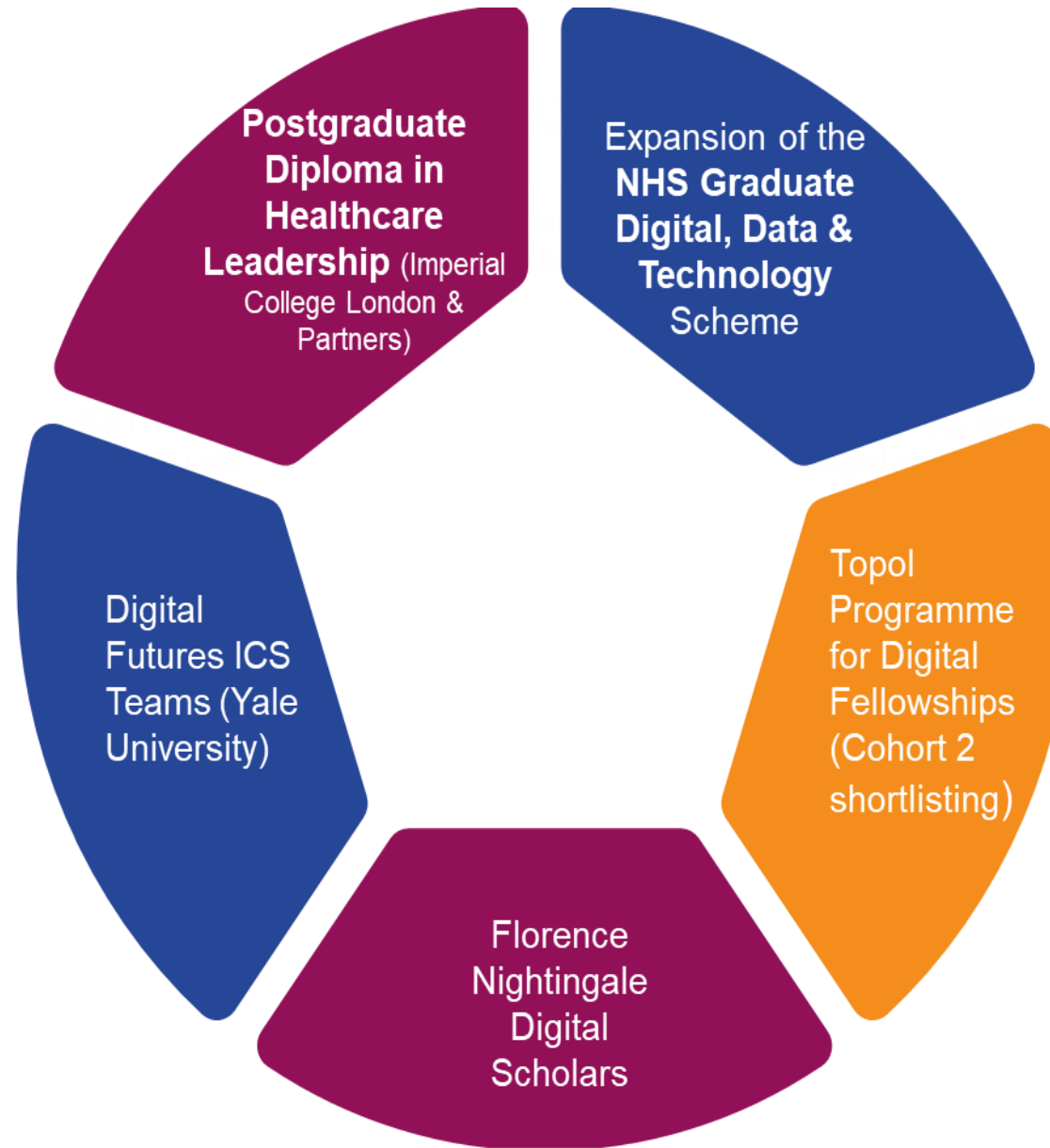
Big shifts in post-COVID-19 ways of working

What are we doing?

Digital Readiness

Digital Readiness Education

1 // Supporting our senior leaders

2 // Supporting our digital experts

3 // Building our future digital workforce

4 // Establishing the 'NHS Digital Academy'

5 // Digital literacy of the wider workforce

6 // Embedding social care

What are we doing?

Digital – Supporting Learning Programmes

Postgraduate Diploma in Healthcare Leadership (Imperial College London & Partners)

Expansion of the NHS Graduate Digital, Data & Technology Scheme

Topol Programme for Digital Fellowships (Cohort 2 shortlisting)

Florence Nightingale Digital Scholars

Digital Futures ICS Teams (Yale University)

NHS Digital Academy

Graduates into Health

What is digital literacy?
Health Education England Definition

"Digital literacies are those capabilities that fit someone for living, working, learning, participating and thriving in a digital society."

Supporting our digital experts

5 // Digital literacy of the wider workforce

3 // Building our future digital workforce

4 // Establishing the 'NHS Digital Academy'

Defining Digital Literacy and assessment of needs

"Digital literacies are those capabilities that fit someone for living, working, learning, participating and thriving in a digital society."

Person-centred **Digital Literacy**

- Information, data and content
- Teaching, learning and self-development
- Communication, collaboration and participation
- Digital identity, wellbeing, safety and security
- Technical proficiency
- Creation, innovation and research

Adapted from Jisc Digital Capability Framework (2015) Jisc/Helen Beetham
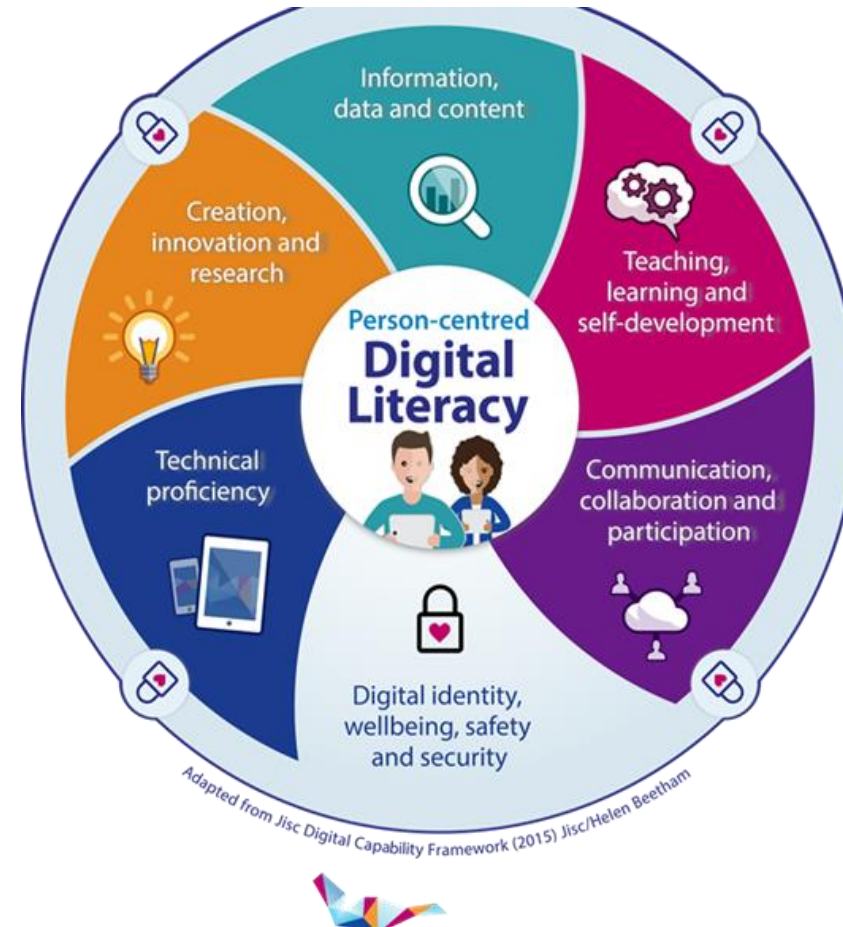
Approach to digital literacy

Define digital literacy / assessment of needs	Digital into undergraduate curricula
Specific workforce areas (digital needs)	Digital champions and pioneers
Commission and curate learning	Signposting tech and tools

Technology Enhanced Learning

- **TEL National Learning Platforms**
  - Three national learning platforms currently provide online learning at scale across health and care, nationally (all 4 nations) and internationally. Providing access to educational resources on clinical and non-clinical subjects developed in house or by experts across health and care free of charge to the learner (except eIntegrity). They are a success NHS IT project; part of the NHS workforce digital/ IT infrastructure

Educational partner

Learning delivered via TEL platforms

Learning achieved and recorded in learning record

Department of Health & Social Care — NHS
National Organisations

RCoA Royal College of Anaesthetists — RCGP Royal College of General Practitioners
Professional bodies

NHS — GOV.UK
Local Organisations

elfh elearning for healthcare
NHS Learning Hub Beta
Digital Learning Solutions

NHS Learning Hub

(Platform integration to develop single digital platform for learning)

Integration with national and organisational local learning platforms and prof. body eportfolios

Groups of learners: e.g. medical, dental, nursing, AHP scientist, therapist & clerical

Organisations: e.g. NHS Trust, primary care, care homes, hospices

Other groups: e.g. HEIs, eIntegrity customers

Technology Enhanced Learning

- **Simulation and Immersive Learning Technologies- Extended Reality and other technologies**
  - The programme is at the forefront in the use of digital immersive technologies, including Extended Reality (XR), serious gaming and video capture to support innovative and effective methods of education
  - XR especially is transforming our ability to recreate or interact with the world around us, providing new opportunities to train, such as part of Blended Learning Programme commissions
  - The TEL team are at the forefront internationally on its use withing health and care education and training

Strategic projects

Working with system partners on key strategic publications and partnerships

Leading a range of expert communities of practice in XR

Providing access to XR technology at scale through **XR Hubs**- virtual library of resource to be borrowed with NHS- creating equity of access and accelerating ROI

Collaborating with NHSE on creating a **portfolio of XR solutions and a procurement framewor**k to accelerate adoption of best in class solutions

Aim is to help accelerate adoption at scale to maximise benefits

XR = Extended Reality

Physical Reality | Augmented Reality | Mixed Reality | Augmented Virtuality | Virtual Reality

AR
Adds to the physical world

MR
Adds and reacts to the physical world

AV
Adds to the virtual world

VR
Completely replaces the physical world

THE GROWING VALUE OF XR IN HEALTHCARE IN THE UNITED KINGDOM

UK Research and Innovation

NHS Health Education England

Rescape

Technology Enhanced Learning

- **Supporting TEL and Academic and Advice units**
  - The TEL team aims to maximise ROI and educational benefit from its products and services, as well as deepen capacity and capability within health and care to adopt and benefit from technology enhanced learning. This will also help reduce duplication of investment and encourage innovation and its spread and adoption. In addition, working with academic partners to evaluate impact and grow evidence base.

Working with local, ICS and national bodies

Education faculty

Virtual and Hybrid Learning Faculty (VHLF) Project- upskilling educators to use hybrid methods
Hosting VHLF community of practice- c.1,300 members
Developing simulation faculty programme to launch late 2022

Engagement with technical

Hosting TEL networks across all 7 regions
Supporting regional simulation lead networks and hosting network of leads
Hosting expert groups on range of topics

TEL maturity assessments and Access to IT project

Working with ICS and Trust leads to benchmark TEL capabilities against maturity model and providing support

TEL Academic and Advice Unit

Ensuring evaluation and evidence is in place & access to expert advice

What are we doing?
Blended Learning

Blended Learning Programme
The aim of the programme is to commission a creative, innovative, accessible and flexible nursing degree that uses innovative means in digital and other technologies.

HEE mandate to increase nursing workforce

Includes leading edge digital and immersive technologies – risk of overusing wrong tech

Developing digitally capable faculty and future workforce

Promotion of alternative routes e.g. blended learning

More flexible learning and widening access to nursing careers

Collaboration with 7 universities signed up, delivery from January 2021

- Working closely with Universities UK, The Council of Deans and all Health Regulators to determine the best approach for future education delivery using Blended Learning techniques.

Conclusion

1. To recruit, train and retain staff we need to bring as much flexibility into the system as possible in terms of ways of working and employment practice – the digital agenda supports this

2. Optimising the existing workforce asset, not only reduces overall supply requirement, but also contributes to attracting and retaining staff

3. Digital skills training will keep staff current, provide opportunity to innovative and maintain interest

4. HEE is providing a range of programmes to enable staff to upskill and about working differently

5. This is about service improvement and digital enablers, shaping workforce redesign – there isn't a single solution

REAL Centre

Projecting general practice supply and demand: How large is the gap expected to be, and how might the government go about closing it?

July 2022

The Health Foundation

Contents

- Context

- Our approach

- Projections

- Implications

Context

Why do workforce projections matter?

- Even before COVID-19 struck, workforce shortages were the biggest single challenge facing the NHS in England.

- Addressing these shortages will require regular assessments of the gap between workforce supply and demand. We presented updated NHS workforce demand projections in a recent working paper.

- This report focuses on NHS workforce supply and is the first in a series of workforce projections. It builds on previous research in Closing the Gap (2019, with the King's Fund and the Nuffield Trust) and the REAL Centre's nurse supply modelling project.

- We focus on two major 'pressure points' of shortfall in the NHS workforce: **patient care staff in general practice** and **registered nurses**, which together account for around 30% of the NHS workforce (c. 380k FTE)

- Our projections are not forecasts and are intended to be indicative, reflecting uncertainty in future workforce planning and the path of the COVID-19 pandemic and recovery.

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We use three scenarios to explore future NHS workforce supply

- We consider how policy choices might affect recruitment and retention of patient care staff in general practice and registered nurses under three scenarios:

  - **Current policy scenario** – assuming continuation of historic trends and existing policies

  - **Optimistic scenario** – assuming further policy action that achieves increased recruitment and retention

  - **Pessimistic scenario** – assuming negative impacts to future workforce supply arising largely from incomplete realisation of existing policy potential, a lack of longer term planning, and COVID-19

- The report does not set out a recommended course of action but instead discusses the implications of alternative policy choices for NHS workforce supply-demand gaps.

- It touches upon the government's stated targets to recruit 6,000 more GPs and 26,000 additional patient care staff in general practice by 2023/24 and to recruit 50,000 more NHS nurses (across the hospital and community health service sector and general practice) by 2023/24.

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We focus on patient care staff in general practice

Composition of the FTE general practice workforce in England, December 2017 – December 2021

■ GPs ■ Nurses ■ Direct patient care ■ Administrative and non-clinical

% of all FTE general practice staff
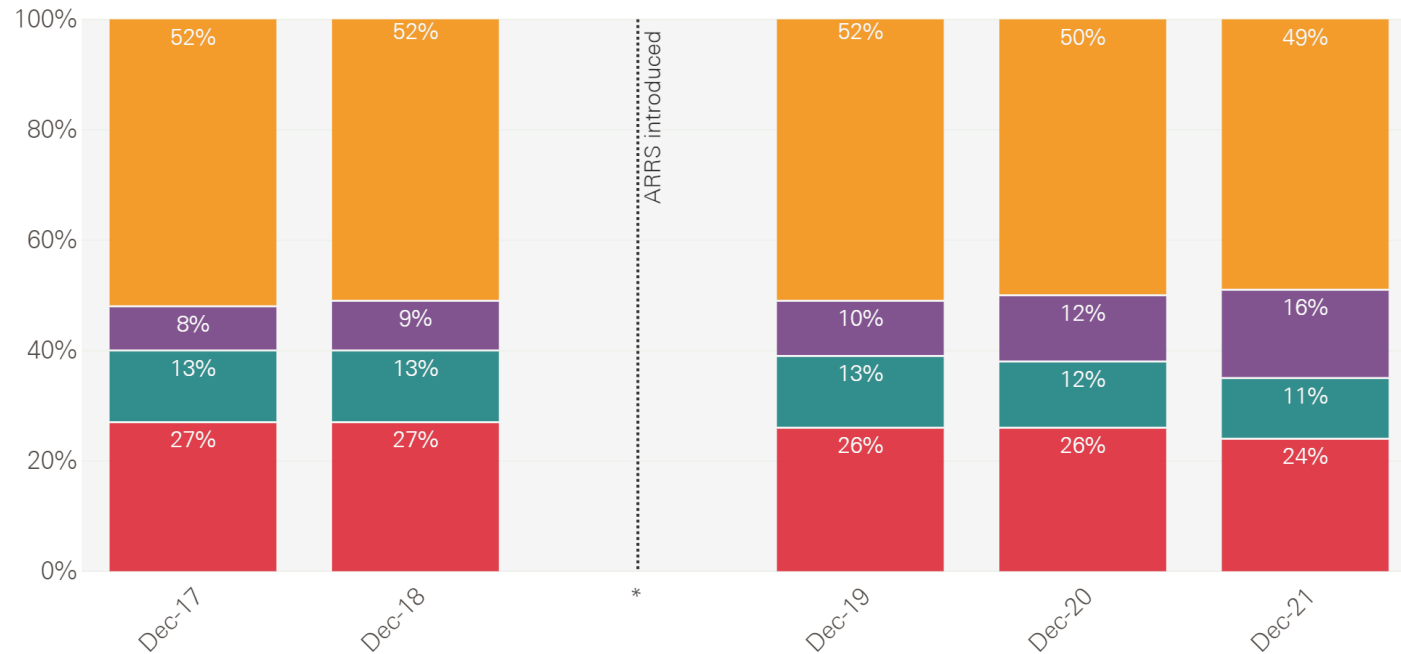
Source: NHS Digital

- General practice in England has consistently faced workforce pressures, likely to have been exacerbated by the pandemic.

- While general practice vacancy data are not available, the number of fully qualified, permanently employed GPs per 100,000 patients in England fell from 47 to 44 between December 2017 and December 2021.

- However, with the introduction of primary care networks and the Additional Roles Reimbursement Scheme in 2019, other direct patient care staff numbers in general practice have increased rapidly.

Workforce projections: General practice in England 30 June 2022

33

Our approach

Comparing workforce demand and supply allows us to understand the workforce gap and consider policies that could help address this

Workforce demand (GPs and nurses)

A function of projected changes in health care activity, driven by:

- Underlying demand pressures (demographics and morbidity trends)

- Additional demand pressures (eg NHS Long Term Plan commitments)

Workforce supply

A function of recruitment and retention:

- GPs

- Nurses in general practice

- Other direct patient care staff

Demand – Supply = Workforce gap

(in order to maintain 2018/19 standards of care using existing models)

What policies could help address this gap?

3 scenarios

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Key assumptions: GP supply projections

	Variable		Current Policy	Optimistic	Pessimistic
FTE GP supply	GP workforce joiners	*Newly qualified*	Increases from 1,400 to 2,100 a year (2021/22 – 2030/31)	Increases from 1,400 to 2,300 a year (2021/22 – 2030/31)	Increases from 1,400 to 1,900 a year (2021/22 – 2030/31)
		Other	Decreases from 260 to 250 a year (2021/22 – 2030/31)	Increases from 260 to 300 a year (2021/22 – 2030/31)	Decreases from 260 to 200 a year (2021/22 – 2030/31)
	GP leaver rate	*Pre-retirement age*	Average leaver rates for 2018/19 – 2021/22 apply (2022/23 – 2030/31)	Declines by 1 percentage point (2022/23 – 2030/31)	Increases by 5 percentage points (2022/23 – 2030/31)
		Retirement age			Increases by 2 percentage points (2022/23 – 2030/31)
	International GP recruitment		No net change	100 additional FTE recruited	100 additional FTE leave
	Expanded use of multidisciplinary teams in general practice		No quantifiable impact on GP demand	Successful integration of newer roles leads to GP demand being 9% lower in 2030/31 relative to the 'current policy' scenario	A lack of longer term planning leads to sustained GP workload pressures

Note: These assumptions were informed by and validated through stakeholder engagement

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Projections: General practice workforce supply

In the short term, across all scenarios, the existing GP supply-demand gap is projected to worsen over time

FTE	Current policy		Optimistic scenario		Pessimistic scenario	
	Demand	Supply	Demand	Supply	Demand	Supply
2021/22	31,300	27,000	31,300	27,000	31,300	27,000
Shortfall	*-4,200*		*-4,200*		*-4,200*	
2023/24	33,700	26,400	35,200	26,900	35,400	25,700
Shortfall	*-7,300*		*-8,300*		*-9,700*	

Demand and supply estimates and projections for <u>qualified permanent GPs</u> in England, 2021/22 – 2030/31 (numbers are rounded)

- Our analysis suggests that there was a shortage of around **4,200 GPs** in 2021/22. In the current policy scenario, this shortfall is projected to increase to around **7,300** GPs by 2023/24.

- In our optimistic scenario, the GP shortfall in 2023/24 stands higher at around **8,300**. While this may seem counterintuitive, it reflects GPs facing increased supervision and training responsibilities for newer roles in the short term relative to the current policy scenario.

- In our pessimistic scenario, the GP shortfall is projected to increase to around **9,700** by 2023/24. This reflects increasing GP workloads, exacerbated by rising leaver rates between 2021/22 and 2023/24.

In the longer term, mitigating the GP supply-demand gap will require a sustained focus on improved GP retention and effective integration of newer staff roles in general practice

Potential FTE GP supply and demand shortfall in the NHS in England, 2020/21–2030/31*

■ Current policy ■ Optimistic ■ Pessimistic

Estimated shortage of qualified permanent FTE GPs*

- In the 'current policy' scenario, the GP shortfall rises to around **10,400** FTE by 2030/31. In the pessimistic scenario it reaches nearly **20,000** FTE. This underscores how a lack of policy focus beyond 2023/24 coupled with increased GP leaver rates, inadequate integration of newer roles, worsening GP trainee attrition and workforce transition rates could lead to sustained falls in GP supply.

- However, our optimistic scenario suggests that the existing shortage of GPs can be contained to around **3,300** FTE GPs by 2030/31. Key to this is the implementation of future policies targeting improved general practice staff retention and successful integration of newer roles in multidisciplinary general practice teams.

Source: REAL Centre analysis based on NHS Digital and Health Education England data • *Qualified permanent GPs are all GPs excluding GPs in training and locum GPs. Numbers are rounded.

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Workforce projections: General practice in England 30 June 2022

In all scenarios, we project a shortage of general practice nurses to 2030/31

Demand and supply projections for FTE nurses in general practice in England, 2021/22–2030/31

Full-time equivalents

- Our analysis paints a concerning picture of the sustainability of nurse supply in general practice over the coming decade.

- In the 'current policy' scenario, the number of FTE nurses in general practice is projected to decline by around 0.4% a year over the decade to 2030/31. Even in the optimistic scenario, we project only a slow increase in nurse supply in general practice from around 16,200 in 2021/22 to just over 17,000 by 2030/31.

- In the pessimistic scenario, our model projects that nurse supply in general practice will decline by just over a quarter (26%) to around 12,000 by 2030/31. This is driven primarily by current trends and our assumptions regarding increases in nurse leaver rates in this scenario.

Source: Analysis based on NHS Digital general practice workforce data and the REAL Centre nurse supply model (numbers are rounded) • 2021/22 nurse supply data are for March 2022 (source: NHS Digital)

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Workforce projections: General practice in England 30 June 2022

Other direct patient care staff numbers have increased rapidly in general practice in the last two years, but the outlook beyond 2023/24 is uncertain

FTE direct patient care staff supply excluding GPs and nurses, general practice in England, 2018/19–2030/31

- Our analysis highlights the inherent uncertainty in the continuing expansion of staff numbers in direct patient care roles in general practice beyond 2023/24, rooted in the current lack of workforce planning beyond 2023/24.

- Effective integration of these roles in general practice teams will be crucial in containing the GP supply-demand gap.

- Regional or local shortfalls in GP, nurse and other direct patient care staff numbers are likely to exhibit substantial variation. While this is outside the scope of our modelling, it will require increased policy attention in the future.

Source: Analysis based on NHS Digital general practice workforce data (numbers are rounded) • Note: 2021/22 workforce supply data are for March 2022 (source: NHS Digital)

Implications

What do our findings imply for general practice workforce planning?

1. Addressing general practice workforce shortages requires comprehensive long-term planning and acknowledgement that improvement will take many years.

2. 'Top down' targets are unlikely to be effective in addressing workforce supply-demand shortfalls. Policymakers should account for geographic and sector variation in workforce supply and demand.

3. Policies need to be fully costed and funded to be implemented effectively.

4. Joined-up policymaking needs to be underpinned by substantive research on the drivers of workforce supply and demand as well as rigorous projections analysis.

5. Substantial gaps in accessible data about the NHS workforce should be acknowledged and mitigated.

What are the wider implications of our findings?

- In all scenarios, the supply of GPs and general practice nurses is projected to fall short of demand through this decade.

- Under current policies, the NHS faces a shortfall of around 10,700 FTE GPs in 2030/31 (around 1 in 4 projected GP posts) – in the pessimistic scenario this rises to over 20,000 FTE GPs (around 1 in 2 GP posts).

- This raises serious concerns around future primary care provision in terms of patient safety, the quality of care and equity of access.

- Sustained policy action targeting improved GP retention will be key to mitigating the GP shortfall.

- Equally, effective integration of other patient care roles in multidisciplinary teams will also be vital – our optimistic scenario projects a lower GP shortfall of around 3,300 FTE (around 1 in 10 GP posts), assuming that successful integration of newer DPC roles helps lower GP demand by 9% by 2030/31.

- Policy choices around staff recruitment, retention, training, funding and equity in general practice have a vital role to play in addressing workforce pressures in general practice in the medium term

Watch out for our report later this month

- In June, we published a slide deck and press release summarising the projections that I have discussed today.

- Our report will be published later this month, which also include projections of the supply and demand for NHS nurses

- Unlike with general practice staff, our findings suggest that there is potential for the overall supply of registered NHS nurses to 'catch up' with projected demand by 2030/31 in our 'optimistic' scenario.

- BUT again that will be a function of policy choices on domestic nurse training (university capacity to train more student nurses and the trainee attrition rate), international recruitment (which has seen record recent increases but question marks around how long these are sustainable and in many cases ethical) and NHS nurse retention.

- Again, a system-wide approach will be vital for the NHS to plug workforce gaps – a comprehensive, long-term and fully funded workforce strategy is the need of the hour.

The Health Foundation

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@Healthfdn
health.org.uk

Appendix

We have modelled workforce supply through a mix of in-house modelling and publicly available data to consider different supply channels

Clinical staff in general practice (GPs, nurses and other direct patient care staff)

- We use **publicly available data from NHS Digital and HEE** to obtain projections of the supply of fully qualified, permanently employed GPs (**qualified permanent GPs**) and direct patient care staff in general practice (excluding nurses) to 2030/31

- General practice nurse supply projections are obtained from the **REAL Centre nurse supply model**

Our GP supply projections explore future changes in GP supply through alternative supply channels:

1. **Domestic training**: Changes in the number of GP specialty trainees, the GP trainee attrition rate and workforce joiner rates

2. **GP retention**: Retention of GPs currently practising in England (captured by changes in GP leaver rates)

3. **International recruitment**: Recruitment of GPs with a primary medical qualification from outside the UK

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Assumptions: GP training

Variable	Optimistic scenario	Pessimistic scenario
Attrition rate from GP specialty training (around 13% a year in the 'current policy' scenario)	Declines by 0.3 percentage points a year from 2023/24 onwards	Increases by 0.3 percentage points a year from 2023/24 onwards
Workforce transition rate (proportion of GP trainees who receive their CCT and join the workforce) (around 74% a year in the 'current policy' scenario)	Increases by 0.3 percentage points a year from 2023/24 onwards	Declines by 0.3 percentage points a year from 2023/24 onwards
Labour market participation rate (headcount-to-FTE conversion factor) for newly qualified GPs (assumed to be 0.8 FTE in the 'current policy' scenario)	Increases by 0.3 percentage points a year from 2023/24 onwards	Declines by 0.3 percentage points a year from 2023/24 onwards

Note: these assumptions were informed by and validated through stakeholder engagement.

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Assumptions for general practice workforce supply scenarios: I

	Variable		Current Policy	Optimistic	Pessimistic
FTE GP supply	Number of GPs joining the workforce	*Newly qualified (through GP training)*	**Increases** from 1,400 to 2,100 a year (2021/22 – 2030/31)	**Increases** from 1,400 to 2,300 a year (2021/22 – 2030/31)	**Increases** from 1,400 to 1,900 a year (2021/22 – 2030/31)
		Other	**Decreases** from 260 to 250 a year (2021/22 – 2030/31)	**Increases** from 260 to 300 a year (2021/22 – 2030/31)	**Decreases** from 260 to 200 a year (2021/22 – 2030/31)
	GP leaver rate	*Pre-retirement age*	**Average leaver rates** for 2018/19 – 2021/22 apply (2022/23 – 2030/31)	**Declines** by 1 percentage point (2022/23 – 2030/31)	**Increases** by 5 percentage points (2022/23 – 2030/31)
		Retirement age			**Increases** by 2 percentage points (2022/23 – 2030/31)
	International GP recruitment		**No net change**	100 additional FTE GPs trained in other countries **recruited** to the NHS every year	100 additional FTE GPs trained in other countries **leave** the NHS every year

Note: These assumptions were informed by and validated through stakeholder engagement

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REAL Centre

Assumptions for general practice workforce supply scenarios: II

Variable		Current Policy	Optimistic	Pessimistic
FTE supply of nurses and other direct patient care staff in general practice	General practice nurse supply	Derived from nurse supply 'current policy' scenario for changes in nurse leaver rates	Derived from nurse supply 'optimistic' scenario for changes in nurse leaver rates	Derived from nurse supply 'pessimistic' scenario for changes in nurse leaver rates
	DPC staff supply — *Staff covered by the ARRS*	The 26k **target is met** by 2023/24 and thereafter, FTE **staff numbers grow at 6.4% a year** (the annual trend for 2016-2019)	The 26k **target is met** by 2023/24 and thereafter, FTE **staff numbers grow at 11.4% a year** (5 percentage points above the annual trend for 2016-2019)	The 26k **target is missed** by 10% by 2023/24 and thereafter, FTE **staff numbers grow at 1.4% a year** (5 percentage points below the annual trend for 2016-2019)
	Other staff	**Staff numbers grow at 2.6% a year** to 2030/31 (the annual trend for 2016-2019)		
	Expanded use of multidisciplinary teams in general practice – implications for GP demand	Restricted to ongoing workforce expansion through the ARRS

No quantifiable impact on GP demand | Increased need for supervision and integration results in a 5% in increase in GP demand by 2023/24 (relative to the 'current policy' scenario)

Beyond 2023/24, effective integration of newer roles and smoother operation of multidisciplinary teams leads to GP demand being 10% lower in | Inadequate integration of newer roles and a lack of policy support result in a 5% in increase in GP demand by 2023/24 (relative to the 'current policy' scenario); a lack of longer term planning leads to sustained GP workload pressures |

Royal College of Nursing

We are the world's largest nursing union and professional body

Close to half a million nurses, midwives, nursing support workers and students working together to advance our profession.

JOIN

https://www.rcn.org.uk/

Context

- **Scale**

  Over 20,000 responses, including 6,000 qualitative responses

- **Location**

  Across the UK

- **Sector**

  NHS and independent

- **Settings**

  Responses from those working in care homes, non-hospital urgent and emergency care, prison/police custody, hospitals, the community and more

- www.rcn.org.uk/employment-and-pay/safe-staffing

16 Jun 2022

Safe staffing: RCN report prompts House of Lords debate

Peers discussed unsustainable pressures on nursing following revelations from our survey showing eight out of 10 shifts are not staffed safely.

Nursing Workforce Standards

Legislation

Escalation guidance

Pay

Staffing for Safe and Effective Care

Legislation

England

The RCN continues to demand that the Secretary of State for Health and Care is **legally accountable for the provision of health and care workforce**, as well as there needing to be **legal UK Government accountability for assessing workforce requirements** of the health and care system to respond to changing needs of the population and for planning and supply to meet those requirements.

Scotland

The **Health and Care (Staffing) Act received Royal Assent in June 2019** and a 2019 RCN report outlined in detail how the Act addressed the five RCN's principles for staffing for safe and effective care. Work towards implementation of the Act was postponed due to the COVID-19 pandemic, however, the reasons for the prior passage of the Act have been made even clearer during the pandemic. The RCN has continued to **emphasise the need for the implementation and the vital role of the legislation will play** in addressing the ongoing workforce challenges.

Wales

In 2021 the RCN secured the Welsh Government's commitment to extend section 25B of **the Nurse Staffing Levels (Wales) Act 2016** to children's inpatient wards. The College is now campaigning to challenge the Welsh Government to extend safe staffing legislation into community, mental health and care homes.

Northern Ireland

Following **strike action by RCN members in Northern Ireland, a new safe staffing framework** was agreed with the endorsement of the full Northern Ireland Executive and pay parity with England and Wales was restored. However, the RCN remains **concerned at the pace of progress of the development of safe nurse staffing legislation** in Northern Ireland, particularly as the country has been without a sitting government for three years.

Our Workforce Standards

The Standards set out the position of the Royal College of Nursing based on evidence and professional expert consensus. They are important for our work as both a professional body and as the largest trade union for nurses.

The standards apply across all areas of nursing and all health and care sectors across the United Kingdom.

The Standards are designed to support a safe and effective nursing workforce alongside each nation's legislation.

The 14 Standards are grouped into 3 key themes:

- **Responsibility and Accountability** – 4 standards
- **Clinical Leadership and Safety** - 6 standards
- **Health, Safety and Wellbeing** - 4 standards

NURSING WORKFORCE STANDARDS

These standards outline what should be happening in workplaces to ensure the delivery of safe and effective patient care. They support you and your colleagues to recognise issues around staffing levels and know when to raise concerns

Royal College of Nursing

RESPONSIBILITY AND ACCOUNTABILITY

1 Senior nurses set nurse staffing levels and executive boards are accountable

2 Nurse staffing levels are based on service demand and user need

3 Business continuity plans are in place to enable safe nurse staffing

4 The nursing workforce is recognised and valued through fair pay and conditions

CLINICAL LEADERSHIP AND SAFETY

5 Each nursing service has a registered nurse lead

6 Nurse leaders receive dedicated workforce planning time

7 Practice development time is considered when defining the workforce

8 A sufficient uplift is applied when calculating the nursing workforce

9 A substantive nursing workforce below 80% should be an exception

10 Nursing staff are prepared and work within their scope of practice

HEALTH, SAFETY AND WELLBEING

11 Rostering patterns take account of safe shift working

12 Nursing staff are treated with dignity and respect

13 Nursing staff are entitled to work in healthy and safe environments

14 Nursing staff are supported to practice self-care
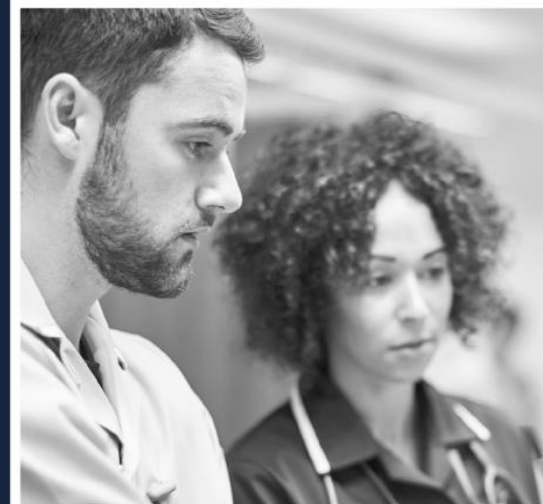
To discuss concerns around staff or patient safety, speak to your RCN rep or contact us: **rcn.org.uk/contact-advice**

Find out more: **rcn.org.uk/ nursingworkforcestandards**

Executive Level Nurses

Standard 1

Senior nurses set nurse staffing levels and executive boards are accountable

1a – There should be an executive level nurse.

1b – If not (e.g. small organisation/ company) this should be a documented exception that is documented, reported and reviewed. This can then be supported or challenged by commissioners and regulators.

1c – Whole board are accountable.

1d - The nursing workforce establishment should be determined by the demand for services and the need to provide safe and effective care.

1e. Setting the nursing workforce establishment should explicitly inform the organisation's financial planning and be funded by revenue allocation rather than fitting a prescribed financial envelope.

1f - In setting the nursing establishment workforce planning and decision making should be underpinned by professional nursing knowledge and experience. The responsibility for setting nursing establishments remains with the executive nurse.

1g - Nurse leaders are integral to contracting and commissioning care in order to distinguish between nursing specific workload and that of the wider multi-professional workforce.

1h - Decisions on nurse staffing must be recorded. Discussions must detail the workforce requirements of the organisation/service in order to provide staffing for safe and effective care.

1i -Each organisation should have a board-approved risk management and escalation process in place to enable real-time nurse staffing risk escalation and mitigation with clear and transparent procedure to address severe and recurrent risks.

STANDARD 2

Registered nurse and nursing support workers establishments should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability.

UK: Practising nurses per 1 000 population, 2000 and 2019 (OECD 2021)

UK ranking 22nd, below OECD avg.
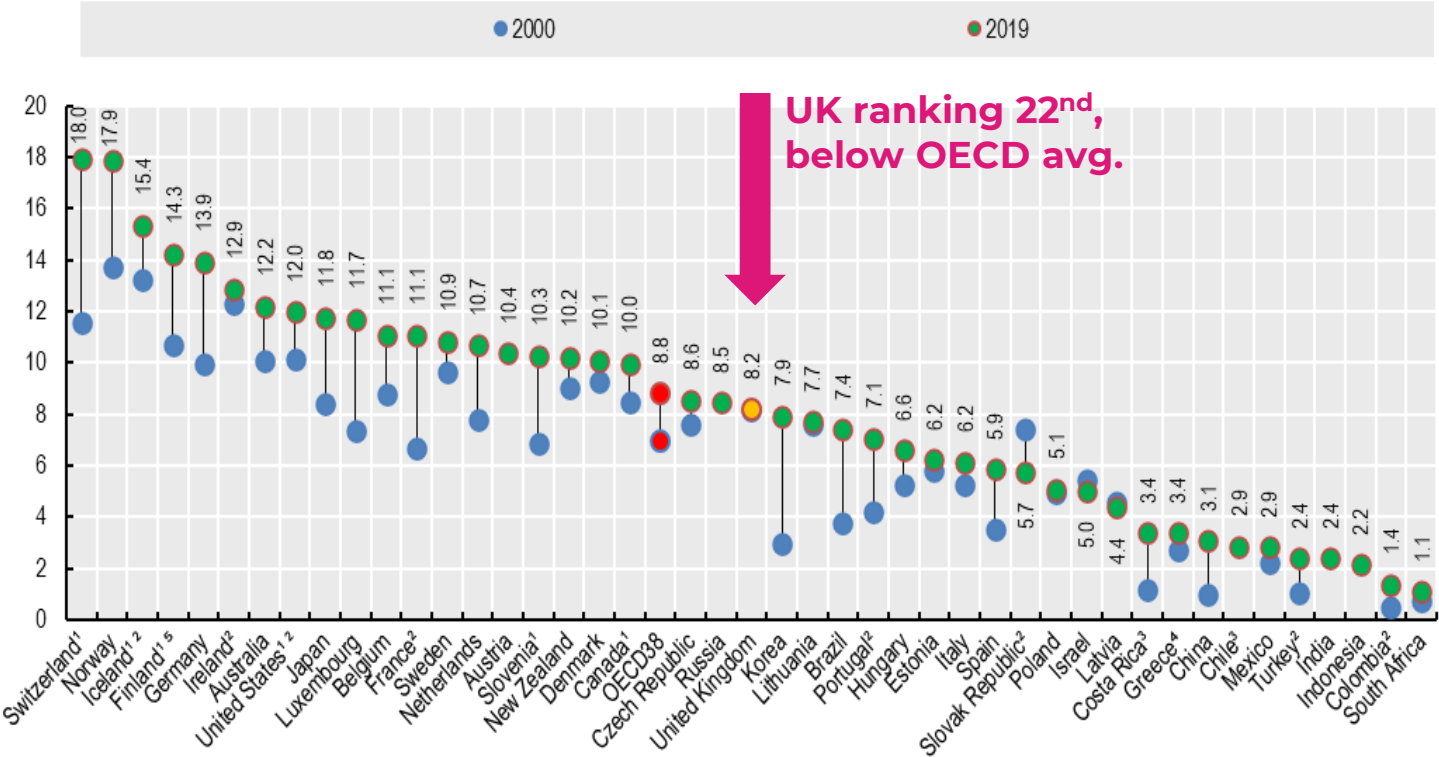
Nursing IN PRACTICE

Analysis | Clinical ⌄ | Views | Professional | Community

MPs reject workforce amendment in Health Bill vote

Patricia Marquis, RCN director for England, has called on the House of Lords to ask MPs to reconsider the amendment.

"The government has rejected the opportunity to make an essential first step towards tackling the NHS workforce crisis. England's nursing staff will be bitterly disappointed tonight and this moment will live long in the memory.

'Ministers have defeated an amendment supported by all major health and organisations asking them to publish an assessment of how many nursing staff and others are needed to provide safe patient care.

'The public and patients are demanding action from government to tackle nursing shortages, for now and in the longer term – they contribute to treatment delays and some patients even pay the highest price.'

Executive Level Nurses

Standard 2

Nurse staffing levels are based on service demand and user need

2a – The nursing workforce will be a standing item for discussion at the board or accountable body for decision making in any organisation providing nursing services.

2b – Workforce data should be reviewed at least monthly and 'red flags' such as high rates of sickness or turnover investigated with transparency.

2c – A framework should be in place that enables regular review and decisions about service provision and workforce resourcing.

2d - A continuous quality improvement approach to staffing should be taken. A triangulated approach is required and will include:

- professional judgement

- patient-dependency/acuity
- workload tools
- clinical quality indicators
- nationally agreed standards
- peer reviewed published evidence
- benchmark data from matched comparators who can evidence the delivery of high-quality person centred services and/or data linkage to care quality indicators.

2e - Once any review is completed, an action plan should be created to address any issues identified.

2f - Where there are nurses rostered within a multi-professional workforce rota, they cannot be counted twice.

2g. Staff who support the workforce, such as clerical, housekeeping and catering staff, should not be considered within nursing workforce numbers when determining the nursing establishment to meet clinical need.

2h. All nursing students must be supernumerary when in training.

Importance of nurse leadership

Standard 5

Standard 6

Examples

Each nursing service has a registered nurse lead

5a - Each team & service (e.g. Ward/ Community team/ Nursing Home) should have a registered nurse lead.

5b –If it is a wider MDT team and not managed by a RN then there must be a clear line to nursing leadership.

Nurse leaders receive dedicated workforce planning time

6a – Should be 100% supervisory (i.e. not planned to be in the numbers) – if not needs to be a documented exception and reported to board.
6b – list of what this resource and time is for.
6c – Role within leadership team needs to be included in job descriptions.

Often insufficient uplift & reliance on bank/ agency staff.

Standard 8

Calculated uplift = planned + unplanned leave & absence.

8a – Agreed uplift % should not compromise service delivery, safety & quality of care.

8b – List of what should be considered e.g all types of leave.

8c – List of professional judgement considerations e.g. geographical and environmental issues such as rural setting /side rooms.

Standard 9

If agency/ bank use = 20%+ of nursing workforce escalation and reporting to board needed.

9a – Sets out the rationale.

9b – assurance & competence, skill mix should match need, approved employment practice & clearance.

9c – must have local induction & orientation that includes incident reporting/ escalation.

Resources:

- Online resource :
  www.rcn.org.uk/nursingworkforcestandards

ASK.
LISTEN.
ACT.

USING THE NURSING
WORKFORCE STANDARDS
TO IMPROVE THE WORKING
LIVES OF MEMBERS

SAFE STAFFING
SAVES LIVES

Responsibility and accountability

Clinical leadership and safety
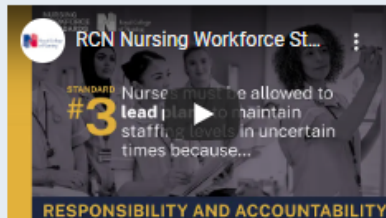
Health, safety and wellbeing

Read the Nursing Workforce Standards
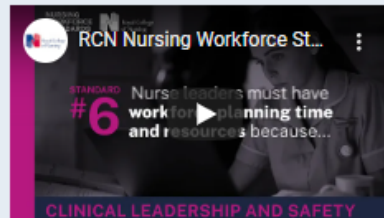
What the Standards mean for you
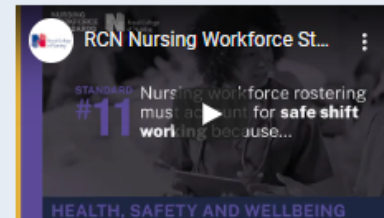
Nursing Workforce Standards case studies

Further resources

> Download the Standards
> Download the Standards Welsh language version
> Download the Standards noticeboard poster
> Discover more about the Standards: Watch the webinar
> Download the Standards presentation slides
> Staffing for Safe and Effective Care
> RCN Wales: Safe and Effective Care. Supervisory status for ward/team managers
> Download Ask. Listen. Act. resource

Last Shift Survey Report

This year's survey reveals the extent of the UK staffing crisis in nursing, with 8 in 10 shifts lacking enough staff to keep patients safe. Read more today.

> Read the foreword from Rachel Hollis, Chair of RCN Professional Nursing Committee

RCN Nursing Workforce Standards
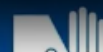
They are part of a suite of resources to drive standards towards 'staffing for safe and effective care'.

Where the Standards are not met, action can be taken in line with RCN guidance on 'Raising and Escalating Concerns' (Nov 2020)

➢ View the publication
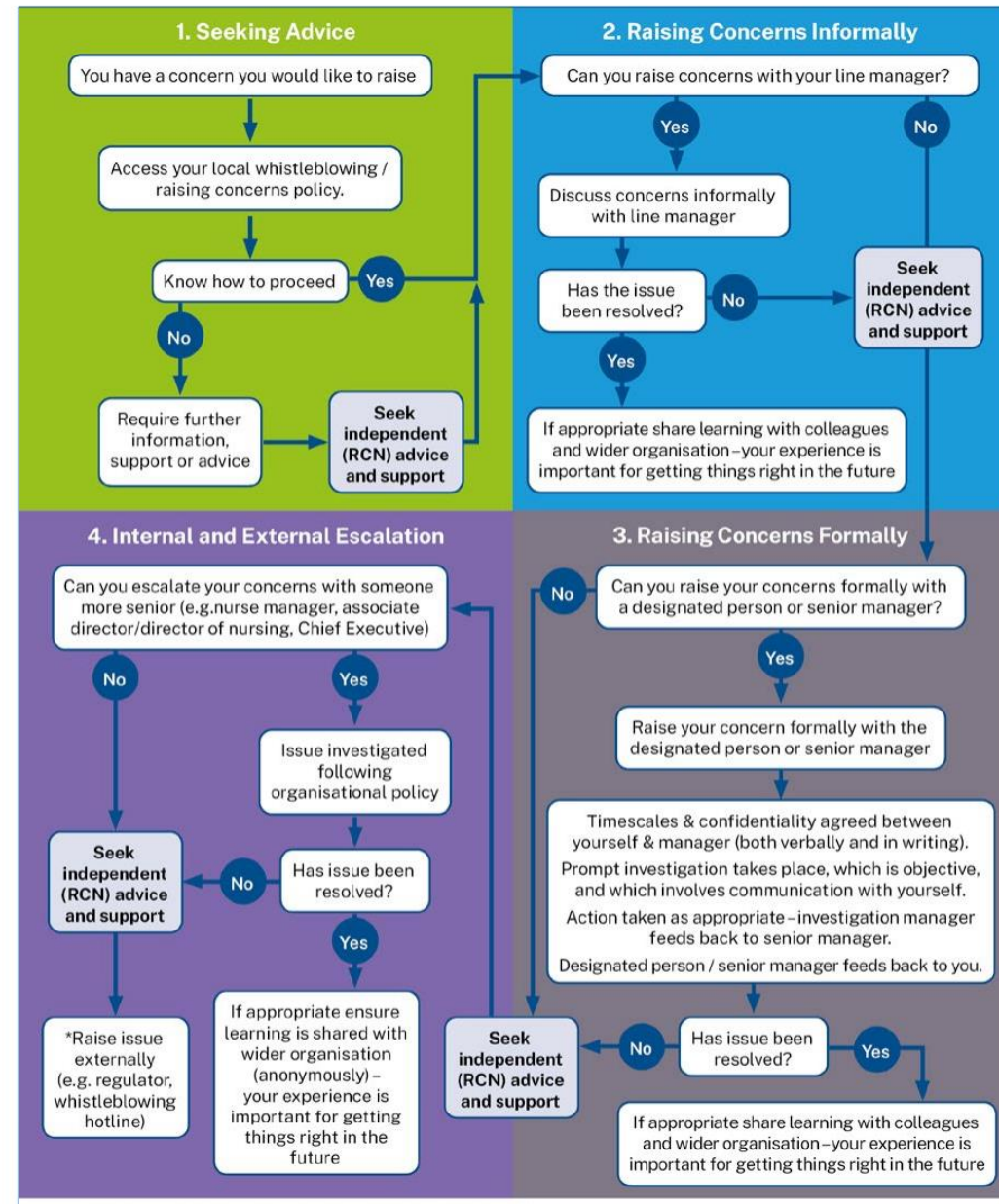
Staffing for Safe and Effective Care

Professional Framework….

Director

Clinical Lead

Consultant

Advanced level Practice

Enhanced level Practice

Registered

Nursing support workers (inc NA in England)

https://www.rcn.org.uk/professional-development/your-career
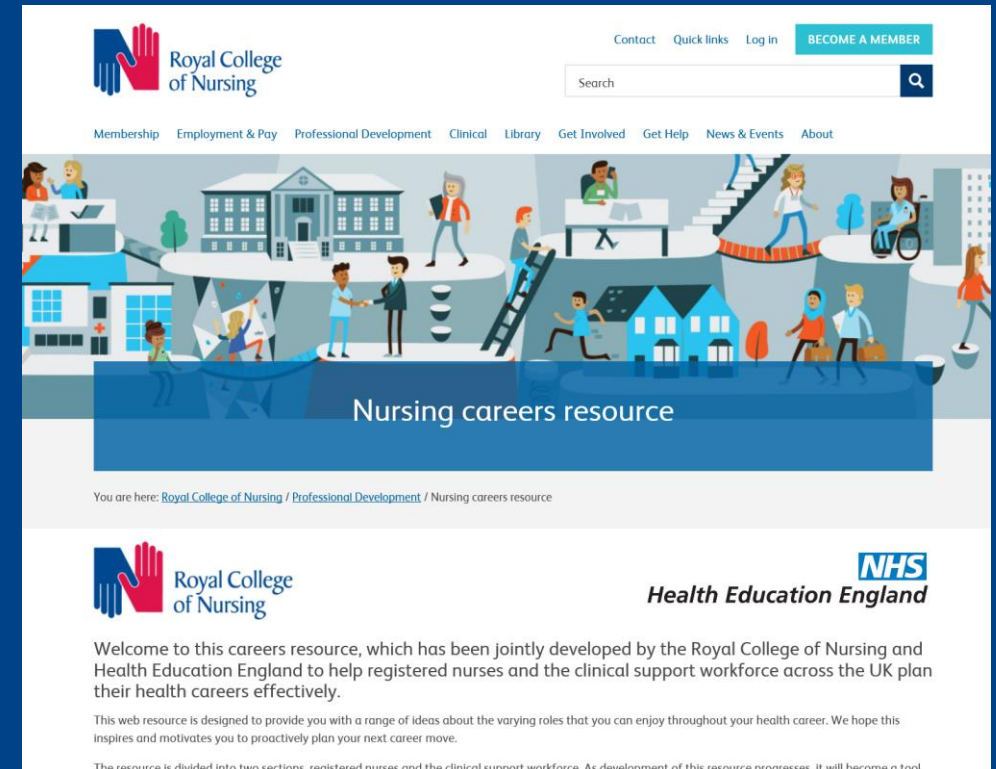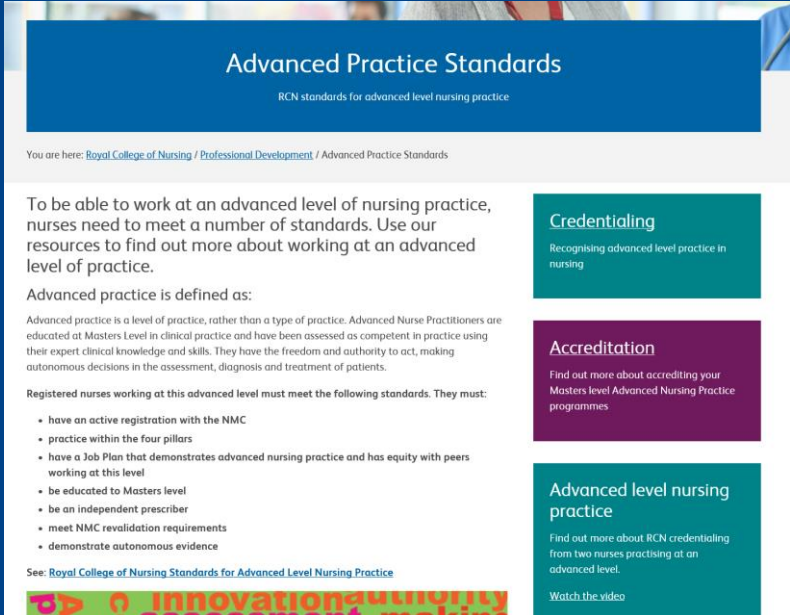
RCN Advanced Practice Standards (2018)

Royal College of Nursing

Registered nurses working at this advanced level must meet the following standards. They must:

- have an active registration with the NMC

- practice within the four pillars

- have a Job Plan that demonstrates advanced nursing practice and has equity with peers working at this level

- be educated to Masters level

- be an independent prescriber

- meet NMC revalidation requirements

- demonstrate autonomous evidence

www.rcn.org.uk/professional-development/advanced-practice-standards

Thank You
for listening
& please
read more:
www.rcn.org.uk/nursingworkforcestandards

Frameworks and Accreditations

- NHS Workforce Alliance
- ISO 9001:2005 Certified
- OISC Accreditation Level 1
- DHSC Code of Practice
- CCS Supplier

Opened market in the Philippines in 1997

DRAKE
medox

Who we recruit for the NHS

- Nurses (all specialties)

- Midwives

- Allied Health Professionals
  - Radiographers (General, CT, MRI & Sonography)
  - Occupational Therapists
  - Physiotherapists
  - Biomedical Scientists
  - Nuclear Medicine Technicians

- Doctors

DRAKE
medox

Candidate experience begins before your first interaction
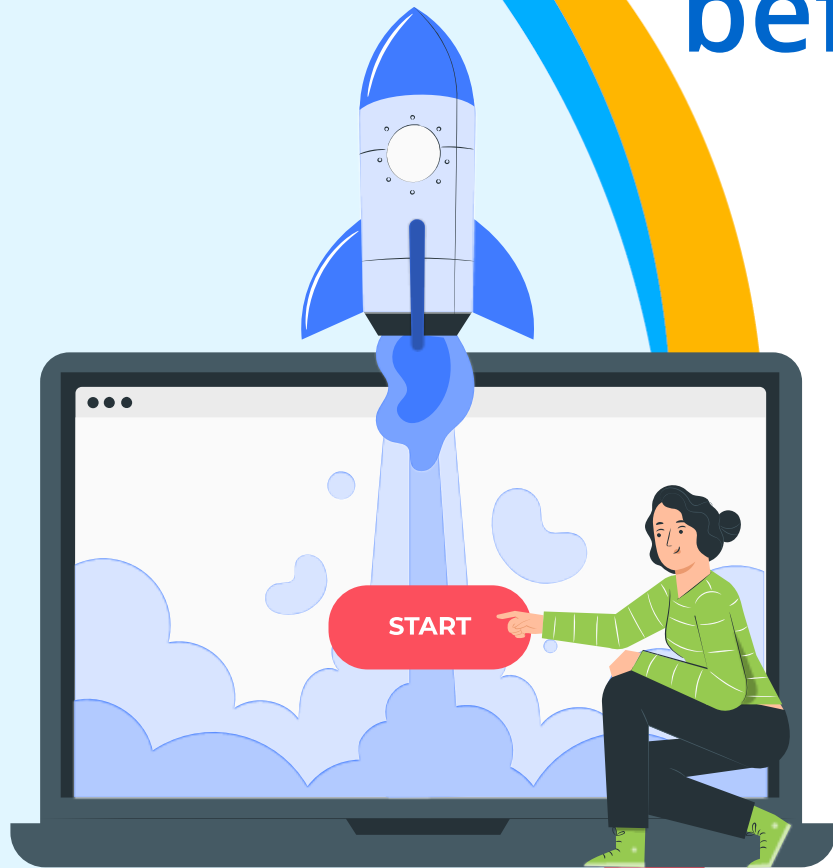
- Is your website, careers page, social media engaging?

- According to the 2018 Global Brand Health Report, these are some of the top factors that motivate candidates to apply for a role:

  1. Compensation and Benefits
  2. Organisation Culture
  3. Opportunity to Learn New Skills
  4. Team
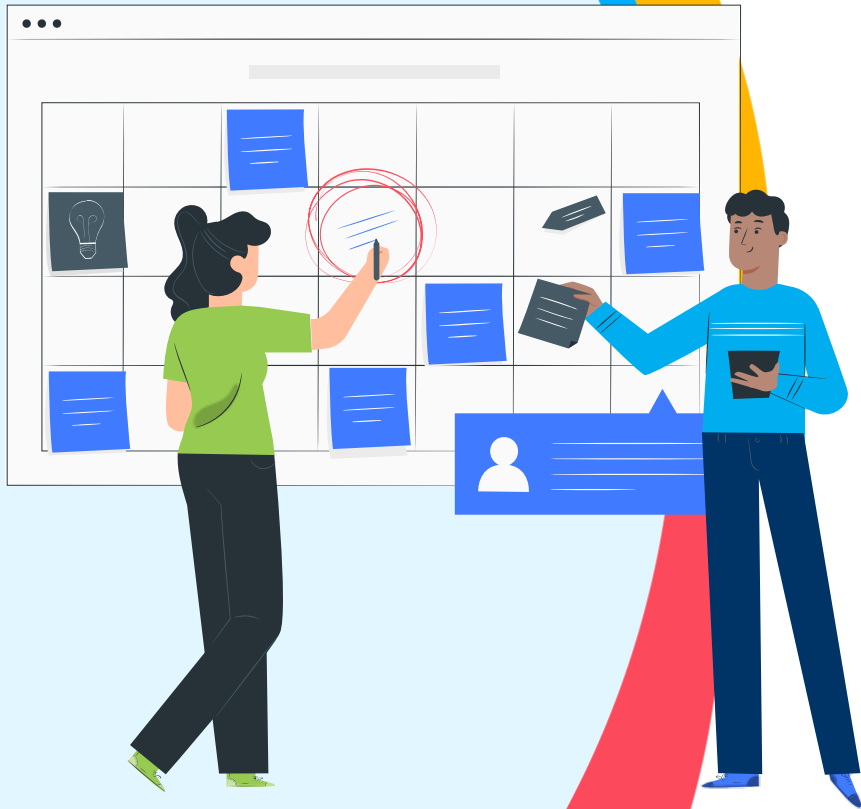
START

DRAKE
medox

Working in partnership with Trusts for the best outcomes

- Key information

- Agree minimum criteria and offer

- Set expectations

- Attraction (e-Brochure / landing page)

- Communication

- Retention

Drake Medox has deployed more than 20,000 healthcare professionals with 96% retention after 3 years!

DRAKE
medox

The Job Offer is not the end of the candidate experience

- Interview feedback, especially for 'Regrets'

- Maintain engagement to retain hired candidates

- Smooth process

- Speed of process

- Continuous communication

- Interviewers are representing the Trust

- It's a buyers' market!

DRAKE
medox

Drake delivers added value for Candidates and Hiring Trusts

- Drake P3 – behavioural assessment tool

- E-book for IENs

- CBT Training

- OSCE Training

- Meet and Greet

- Welcome Packs

- Ongoing Support

- We have recruited and trained healthcare professionals from 27 countries around the world

What our candidates say about us

"My heartfelt thanks to Drake Medox for helping me in my processing. I never felt helpless, because I had the constant support and dedication of Drake Medox.

Their **quick response to communications** was so reassuring. I recommend Drake Medox to any nurse looking to come to the UK."

Nikhila Joseph, RN

"I have never met such a professional and dedicated recruitment agency before!

Drake Medox were supportive, patient, understanding of my needs, responsive, efficient and highly professional. They were always available to reach out to whenever I had any questions.

They **maintained contact throughout the recruitment process** and are still making regular follow-ups to ensure I am settling in well.

They made my dream of wanting to work abroad become a reality and there is nothing I would change or add to the excellent work of the Drake Medox team!"

Beatrice Opiyo, RN

DRAKE
medox

What our candidates say about us

"My deepest gratitude to Drake Medox in all the assistance you have given me through my UK application and registration.

You all have changed my life in an amazing way and I will always be grateful. Thank you so much!"

Joannah Fideles, RN

"**From the first contact with Drake**, right through to arriving in London, the staff have been amazing and supportive and helped me with every step.

The encouragement and guidance are at such a high level, I would only recommend Drake Medox if, as like me, your dream is to work in the UK"

Gayle Oliver, RN

Client Satisfaction Survey 2022

We were rated '**Good**' or '**Outstanding**' by every client surveyed, across every metric!

Gold stars all the way!

Our candidates are rated as '5-STAR' as is Drake Medox, on both knowledge and expertise

How would you rate the overall calibre of candidates presented by Drake Medox?

5★

average rating

How would you rate the knowledge and expertise of the Drake Medox team?

5★

average rating

Outstanding!

When we asked our clients to rate us in the same way that they are graded by the CQC, we ranked 'Outstanding' on <u>every</u> deliverable!

Safe / Trustworthy	Outstanding
Effective	Outstanding
Caring	Outstanding
Responsive	Outstanding
Well Led	Outstanding

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medox

World-Class results

It's no wonder that we have achieved a **world-class satisfaction rating**, with a Net Promoter Score of 92!

(That's nearly double the global benchmark score of 47, averaged across over 100,000 organisations!)

NPS SCORE +92

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medox

How they describe us

When we asked our clients to give us 5 words that they felt best described us, this is what they said:

knowledgeable

informative

confident   outstanding   organised

informed   work   thorough   collaborative

friendly   personable

committed   honest   passionate

responsive   caring   reliable

supportive   ethical   accurate   efficient

trustworthy

excellence   professional

competent

experts   accommodating   engaging   enjoyable

loyal   effective   thoughtful

quality

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medox

Thank You

UP NEXT...

Acacium Group

Total Workforce Solutions

Acacium Group

Acacium Group – the first global solutions provider

Helping clients worldwide to deal with the challenges of rising demand and constrained workforce supply

Health and social care workforce solutions

Focus on health & social care staffing solutions:
100,000 workers worked in the last 12 months

Life science solutions
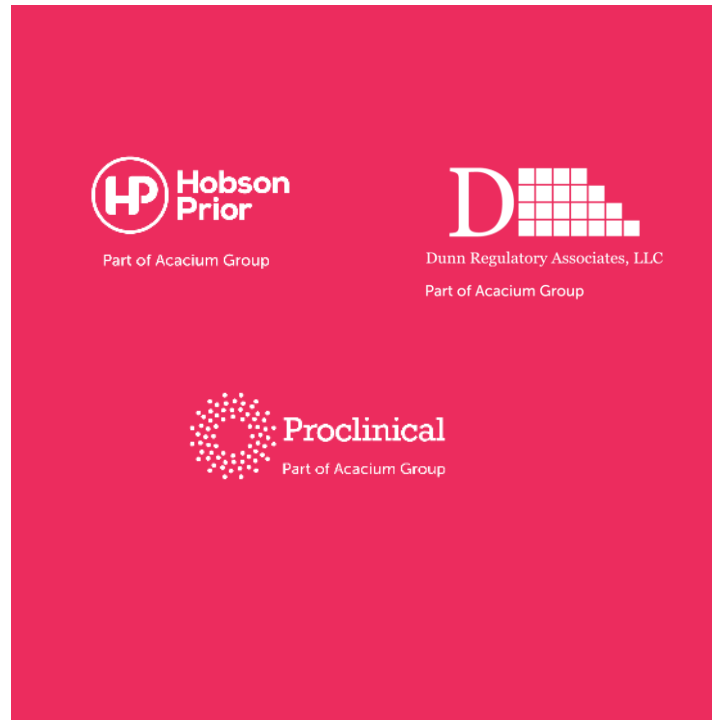
Focus on staffing solutions every stage of the life sciences process:
2000 permanent placements in the last 12 months

Health and social care managed services

Focus on prevention:
164,000 users on our Type 2 diabetes prevention programme

Key challenges impacting the NHS workforce

Patient flow is the most worrisome challenge for NHS workforce leaders, followed by staff recruitment, retention and morale. Together, workforce challenges make up the biggest cause for concern
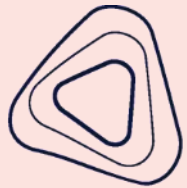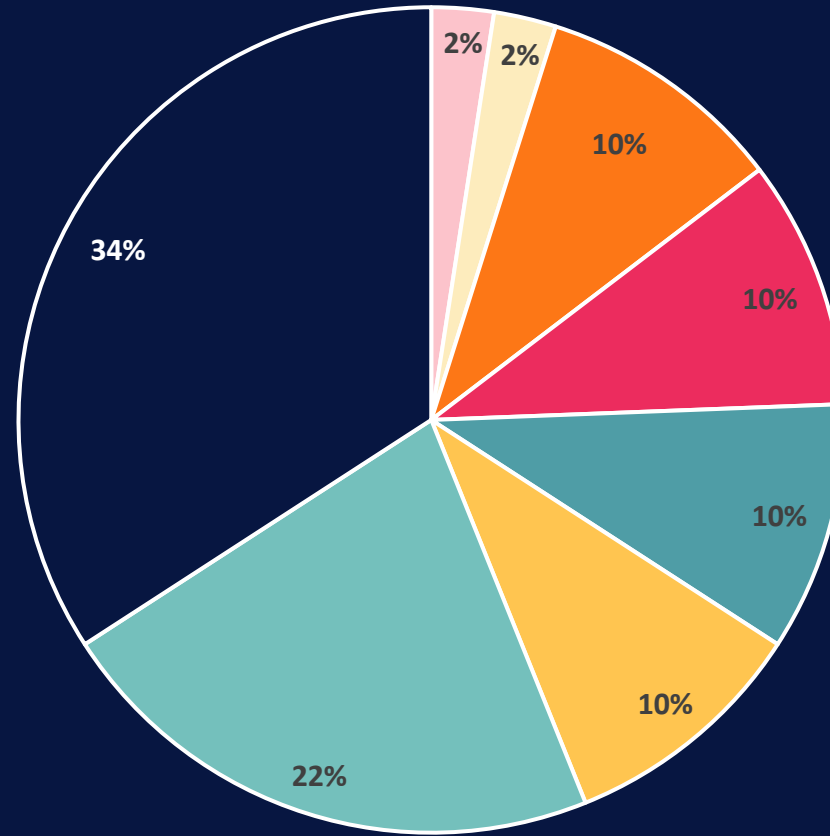

Legend:
- Covid-19
- Staff sickness
- Elective backlog
- Patient discharge
- Staff morale
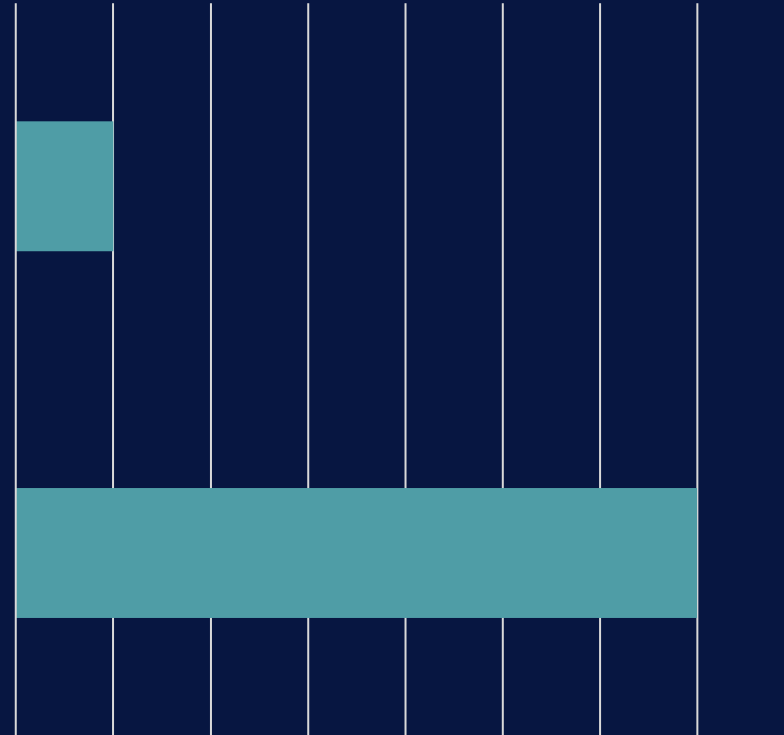- Staff retention
- Staff recruitment
- Patient flow

Pie chart values: 2%, 2%, 10%, 10%, 10%, 10%, 22%, 34%

Workforce Priorities

When asked which was the greater priority right now, the vast majority of people surveyed said that permanent recruitment was being prioritised over temporary staffing gaps
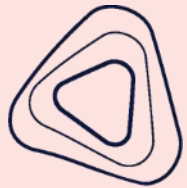
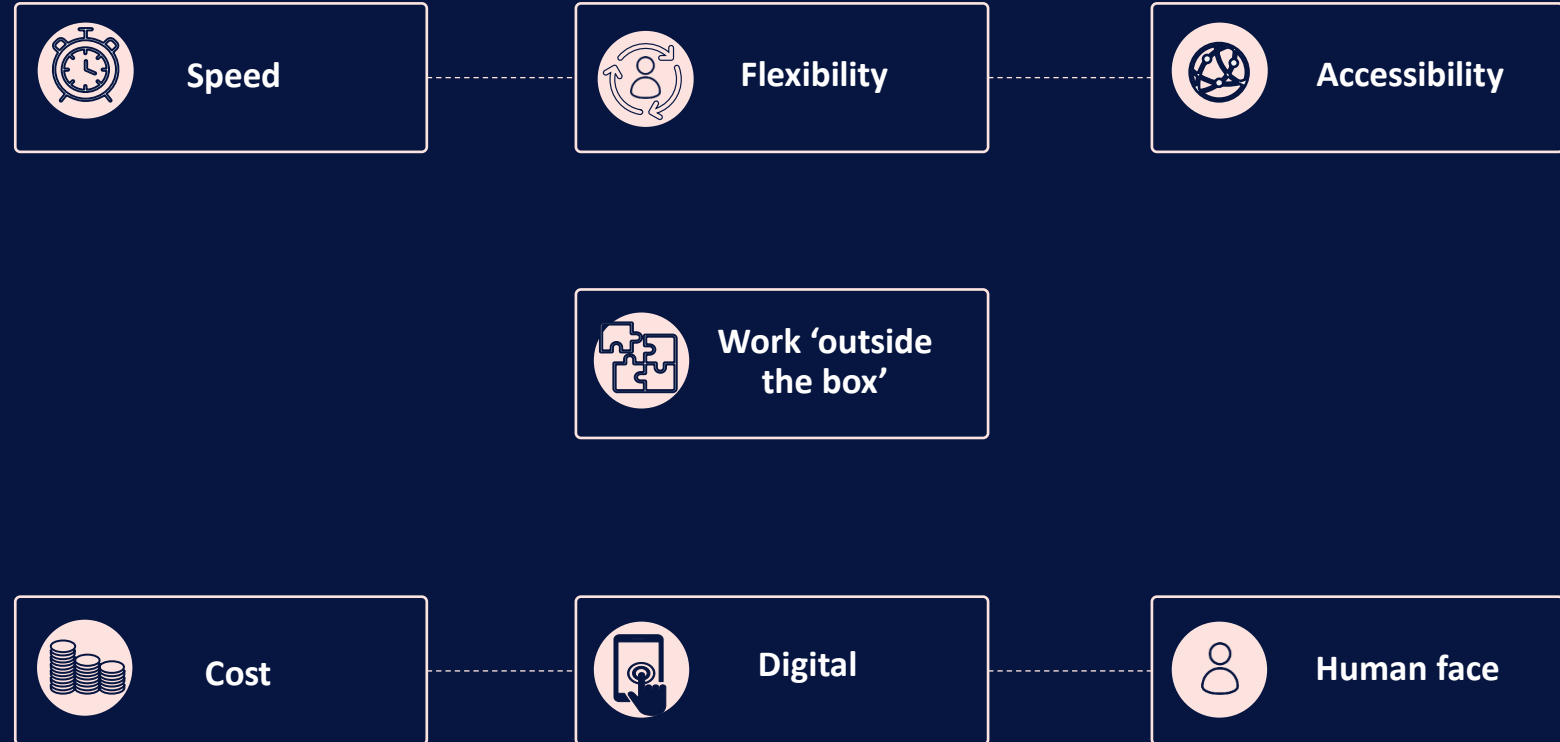Recruiting to fill gaps in the temporary workforce

Recruiting to fill gaps in the permanent workforce

Recruitment is still being reviewed in isolated groups – does this need to change?

Workforce Priorities

However, key priorities in workforce systems are focussed on:

Speed

Flexibility

Accessibility

Work 'outside the box'

Cost

Digital

Human face

Acacium Group

Developing solutions

Collaboration is key – but what are the barriers?

Technology

Finding and using the best solutions

Flexible staffing management

Making the most of a contingent workforce
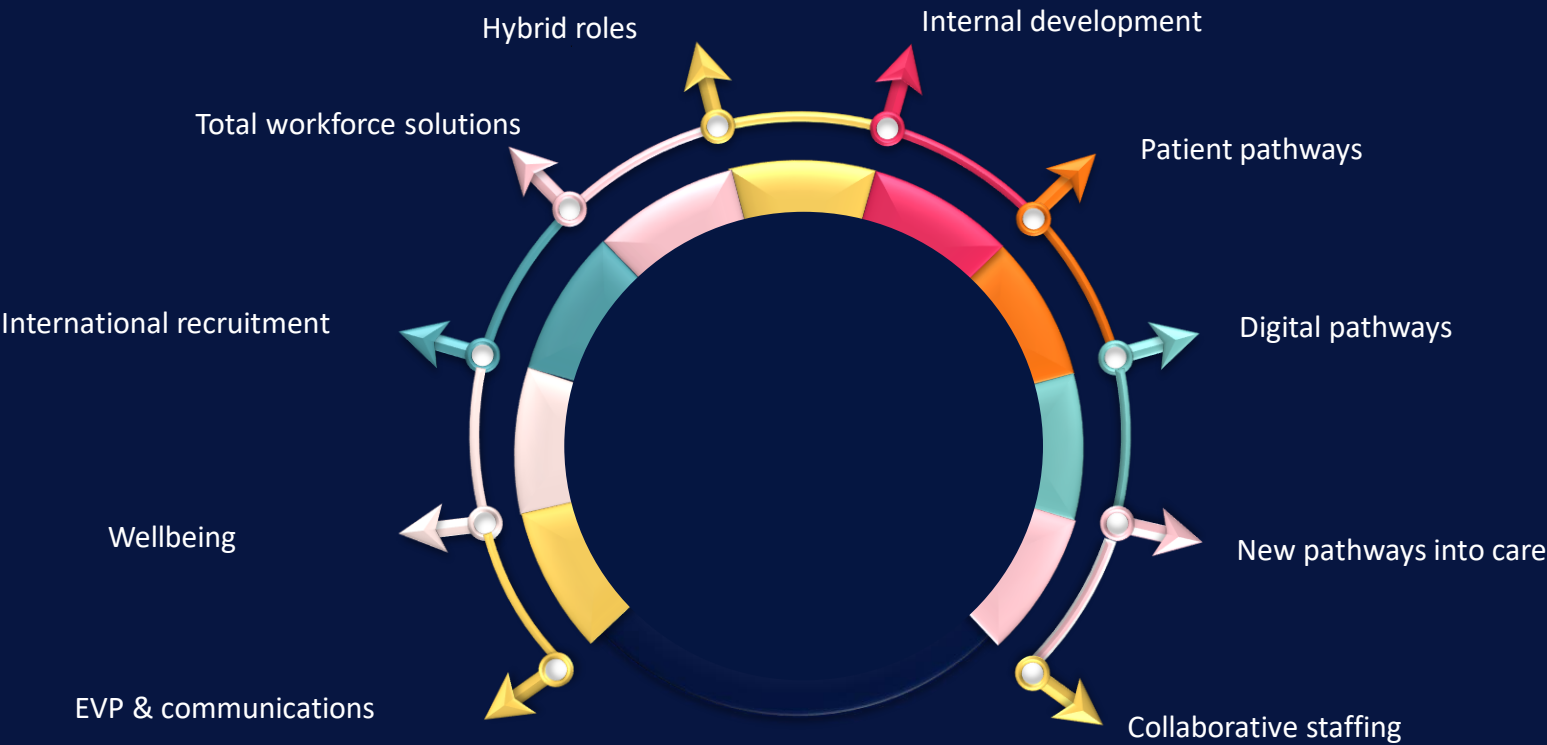
Workers

Management, rotation and retention

Harmonisation

Pay, practices and processes

Acacium Group

Total Workforce Solutions – the key to closing the gap

ICS solutions

Total Workforce Solutions – the key to closing the gap

Acacium Group

Growth Flexibility Retention Innovation

National review

New role development

Prevention strategies to reduce demand

Funding reviews

Increased training posts

Accessible pathways into care

International recruitment

Salary & benefit review

UP NEXT...

CONVENZIS Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

The NHS Workforce Conference 2022

Headlined By: DRAKE medox

SCAN ME

Thursday 7th July 2022- 2022- 08:00am – 15:30pm – Hatfield's Conference Centre
Conference hosted by Convenzis Group Limited

THE BENEFITS OF KINDNESS IN THE HEALTHCARE WORKPLACE

DR ADAM HARRISON

LEADERSHIP COACH

AGENDA

- **Introductions**
- **'Kindness' and kind leadership**
- **Kindness begins with self-kindness**
- **Some ways to be kind at work**
- **The effects of kindness on humans**
- **The effects of kindness on workplaces**
- **Incivility in the workplace**
- **Kindness at work strategies**
- **Take-home messages**

INTRODUCTIONS

A bit about me

- **Certified Life, Leadership and Executive Coach**

- **Special interest in WPB and kind leadership**

- **Coach and train on these areas for NHS organisations**

- **Former medical leader (ex-Med Director and LMC VC)**

- **Called to the Bar 2014**

- **Doctor (q. 2000)**

- **Podcast launched 6 wks ago!**

Over to you 👉

'KINDNESS'

"The quality of being friendly, generous and considerate"

Oxford English Dictionary

'KIND LEADERSHIP'

1. **Compassionate leadership**

   Compassionate leadership consists of treating those you lead with compassion in all situations and creating a culture of compassion that supports the flourishing of everyone within that culture.

2. **Servant leadership**

   Servant leadership is a form of moral-based leadership where leaders tend to prioritise the fulfillment of the needs of followers, namely employees, customers and other stakeholders, rather than satisfying their personal needs.

'KIND LEADERSHIP'

3. **Inclusive leadership**

   Inclusive leadership is a kind of leadership that values team members, invites diverse perspectives, and creates an atmosphere where people feel their opinions and contributions improve the company's well-being.

   For me, kind leadership is a hybrid of the above three paradigms.

KINDNESS BEGINS WITH 'SELF-KINDNESS'

"To love oneself is the beginning of a life-long romance."

Oscar Wilde

Self-kindness **refers to acting in kind and understanding ways towards ourselves e.g. instead of being self-critical ("I'm so disorganised! I'll never be successful"), our inner voice is supportive and warm ("It's OK that I missed the deadline – I worked hard and I'll make it next time").**

Does anyone here berate themselves fairly often?

SOME WAYS TO BE KIND AT WORK

"Employers could support (not just in words but in actions such as protected time and salary support) employees to develop skills to promote health and wellbeing. That would be a great start."
Dr DD, Orthopaedic Surgeon

"I give something sweet (chocolate) when I see someone stressed or concerned, as a way to start a conversation and offer help…" **Dr MZ, Physician**

SOME WAYS TO BE KIND AT WORK

"I like to randomly make a colleague a hot drink if I know they've been flat out busy or on numerous phone appointments, or first thing when we get in depending on where I'm working. Just a cup of tea that appears and is left on their desk for when they look up.

This week I got a chocolate bar for reception staff that had helped me out with obtaining some notes and after a member of the public had been particularly rude and unpleasant to her. Hopefully it was a little bright chocolatey spot in her morning."

MB, Audiologist

SOME WAYS TO BE KIND AT WORK

"If I got the sense someone wasn't ok, I would ask and stop to listen, offer the space to talk further if needed.

After evening surgery, if I was leaving at the same time as someone else who was either going to walk home/use public transport and going in the same direction as myself, I would always offer to give them a lift (the area I worked in was pretty dodgy, especially after sundown)." **Dr NA, GP**

SOME WAYS TO BE KIND AT WORK

"Being attentive to birthdays and anniversaries by gifts, cards or words of affirmation is very important in nurturing respect as well as a sustained connection." **Dr GN, Physician**

"When I ask a colleague "how are you?" I stop what I'm doing and wait for the answer, so that they know I'm genuinely interested in their wellbeing. This small act does get me a lot of love though, so I feel like I'm the one benefitting!"
Dr PM, Medical Leader

SOME WAYS TO BE KIND AT WORK

"Being kind, and honouring my needs and boundaries, helps me show kindness to others - from words of appreciation and affirmation to random acts of service or treats. I love being able to be my best self, so I can elevate others by doing the same.

We all seek to be seen, heard, understood, and cared for. Moreover, it enriches us to reciprocate by seeing, listening, and caring with the same attention. By spreading that energy, we heal from within, so we can all heal others better." **Dr JW, Physician**

THE EFFECTS OF (SELF-) KINDNESS ON HUMANS

- **Increases lifespan**

- **Lowers blood pressure**

- **Lessens the physical effects of stress e.g. diabetes**

- **Improves immunity and reduces inflammation**

- **Gives similar gains to having a healthy diet**

- **Releases happy hormones / neurochemicals**

- **Reduces the incidence of mental illness e.g. anxiety**

THE EFFECTS OF KINDNESS ON THE WORKPLACE

- Practising kindness is extremely beneficial to employees / colleagues.

- Being recognised at work helps reduce employee burnout and absenteeism, and improves employee well-being.

- Receiving a compliment, words of recognition, and praise, can all help individuals feel more fulfilled, boost their self-esteem, improve their self-evaluations and trigger positive emotions.

- Practising kindness helps life feel more meaningful e.g. through giving, caring for others, volunteering etc.

THE EFFECTS OF KINDNESS ON THE WORKPLACE

- Giving compliments can make us even happier than receiving them.

- Giving compliments engenders a stronger social connection than receiving compliments because giving them encourages people to focus on the other person.

- Actively thinking about other people is often a precondition to feeling connected to them.

- When people receive an act of kindness, research shows they pay it back / forward, and not just to the same person, but often to someone entirely new.

- This leads to a culture of generosity in an organisation.

THE EFFECTS OF KINDNESS ON THE WORKPLACE

- Higher rates of these behaviours are predictive of greater productivity and efficiency, and lower turnover / higher retention rates.

- When leaders and employees act kindly towards each other, they facilitate a culture of collaboration and innovation due to higher levels of trust and the associated feelings of psychological safety.

INCIVILITY IN THE WORKPLACE

- **'Incivility' is defined in the OED as** *"rude or unsociable speech or behaviour"*.

- **In their seminal 2013 HBR paper,** *'The Price of Incivility'*, **Christine Porath and Christine Pearson documented the direct costs of rudeness, disrespect and outright hostility at work.**

- **They surveyed 800 managers and employees across 17 industries and found that when they were on the receiving end of incivility…**

INCIVILITY IN THE WORKPLACE

- **48% decreased their work effort**

- **78% said their commitment to the organisation declined**

- **25% admitted to taking out their frustration on customers**

- **And that is *just* from incivility at work, not even workplace bullying.**

- **It's also just the effect on the target, not taking into account the effect on any witnesses to the incivility.**

INCIVILITY IN THE WORKPLACE

- However, these direct impacts are the tip of the iceberg.

- If we work in an environment where we are coerced into behaving in a way that is inauthentic and not consistent with our true nature, over a prolonged period, it can place us at increased risk of developing mental illnesses.

- The full price of incivility is paid for through the loss of interpersonal and therefore collaborative working skills, a lack of innovation and a lack of imagination.

KINDNESS AT WORK STRATEGIES

- Starts with self-kindness.

- On work days, it can begin before work, at home, on the commute to work etc.

- It starts from the top with kind leaders, leading by example and promoting kindness at work e.g. by giving compliments and praising the members of their teams, which is very motivating.

- Employees are influenced by their leaders' behaviour and model it, creating a domino effect, such that kindness becomes the norm in the workplace.

KINDNESS AT WORK STRATEGIES

- Leaders can set aside just a few minutes a week during meetings for a 'kindness round' in which team members can acknowledge each other's work.

- Consider small 'spot bonuses'. Even £5 could have a positive effect; research has found that people appreciate small acts of kindness as much as large ones. A gift card / small gift sent through the post would work just as well.

- By actively supporting and advocating for women, veterans, LGBTQ+, specially-abled and ethnic employees, PayPal's award-winning 'Affinity Groups' programme facilitates bringing your authentic self to work.

KINDNESS AT WORK STRATEGIES

"_It helps you feel as though as you belong within the organisation rather than having to change who you are in order to fit in._"

PayPal employee.

"Do things for people not because of who they are or what they do in return, but because of who you are."

Harold S. Kushner

TAKE-HOME MESSAGES

1. Kindness begins with self-kindness.

2. There are lots of low-hanging kindness fruits at work.

3. Kindness to self and others is good for your health!

4. Practising kindness at work is extremely beneficial to employees / colleagues and hence the organisation.

5. Incivility in the workplace is bad for everyone!

6. Kind positive leadership is great for everyone!

7. Enabling authenticity through inclusion is also brilliant!

8. Adopting the above is really good for staff retention.

Thank you so much for listening and for your time!

MY CONTACT DETAILS:

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Website: www.dradamharrison.com

LinkedIn: 'Dr Adam Harrison'

Facebook: @CoachingMentoringDoctors

YouTube: 'Dr Adam, Physician-Coach'

Twitter: @FutureExecCoach

CONVENZIS Slido

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The NHS Workforce Conference

2 0 2 2

Headlined By: **DRAKE medox**

SCAN ME

Thursday 7th July 2022- 2022- 08:00am – 15:30pm – Hatfield's Conference Centre
Conference hosted by Convenzis Group Limited

Achieving the People Plan.
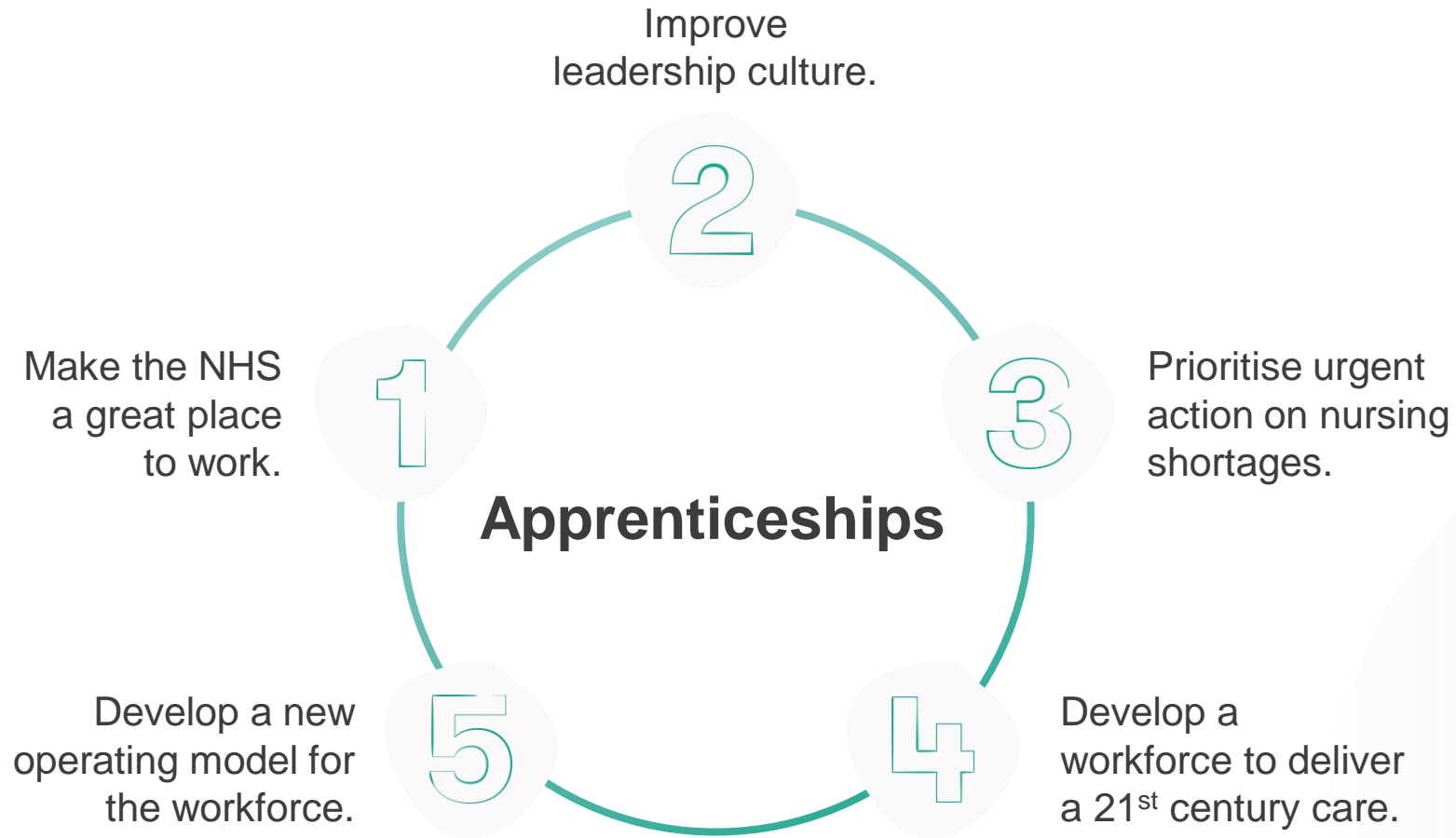
Improve leadership culture.

Make the NHS a great place to work.

Prioritise urgent action on nursing shortages.

Apprenticeships

Develop a new operating model for the workforce.

Develop a workforce to deliver a 21st century care.

1

2

3

4

5
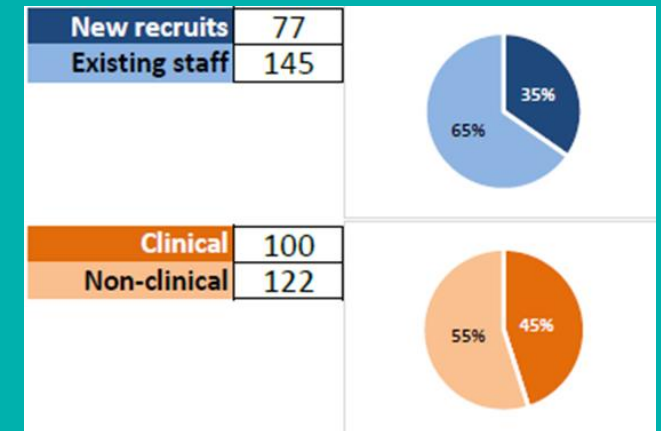
Workforce Impact

Apprenticeship HCSW retention post-program

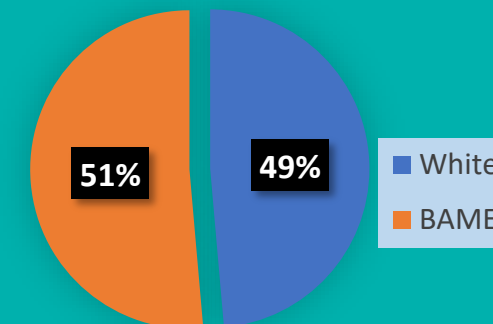- Employed GOSH
- Left Employment

5%

95%
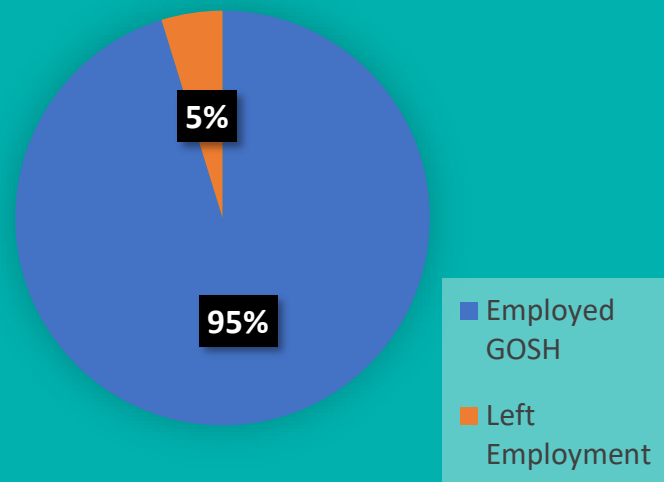
Comparison:

The HCSW apprenticeship has demonstrated a significant increase in staff retention at 95% vs 51% when compared to the UCC. A further 25% have progressed onto nursing apprenticeships.
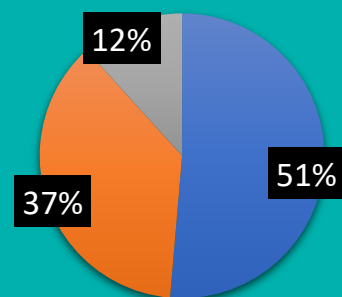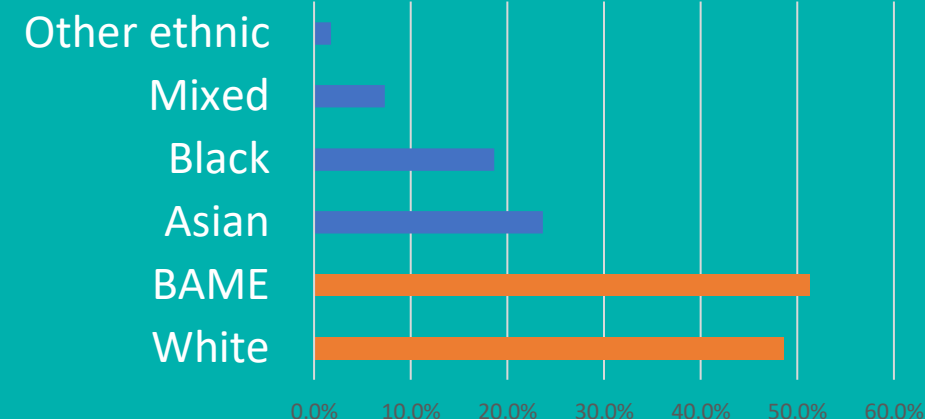
Contributing to a Diverse Workforce

- White
- BAME

51% 49%

UCC retention post-program

12%

37%

51%

Ethnicity

Other ethnic
Mixed
Black
Asian
BAME
White

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0%

Nursing Apprenticeship Overview

Healthcare Support Worker (HCSW)-Band 2

↓

Healthcare Assistant (HCA)- Band 3

↓

Assistant Practitioner L5

Operating Department Practitioner L6
Occupational Therapist L6
Physiotherapist L6

← **One years experience working as an HCA**

↓

Apprentice Nursing Associate Course (2 yr.) –Band 3 progressing to Band 4

↓

Registered Nursing Degree Apprenticeship (3-4 Yr.) – Band 3 progressing to Band 5

↓

Nursing Teacher Route

Academic Professional Apprenticeship L7

One years experience working as an Nursing Associate

↓

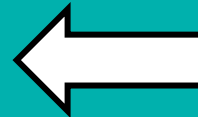**RPEL Registered Nursing Degree Apprenticeship Top up (2-3 yr) Band 4 progressing to Band 5**
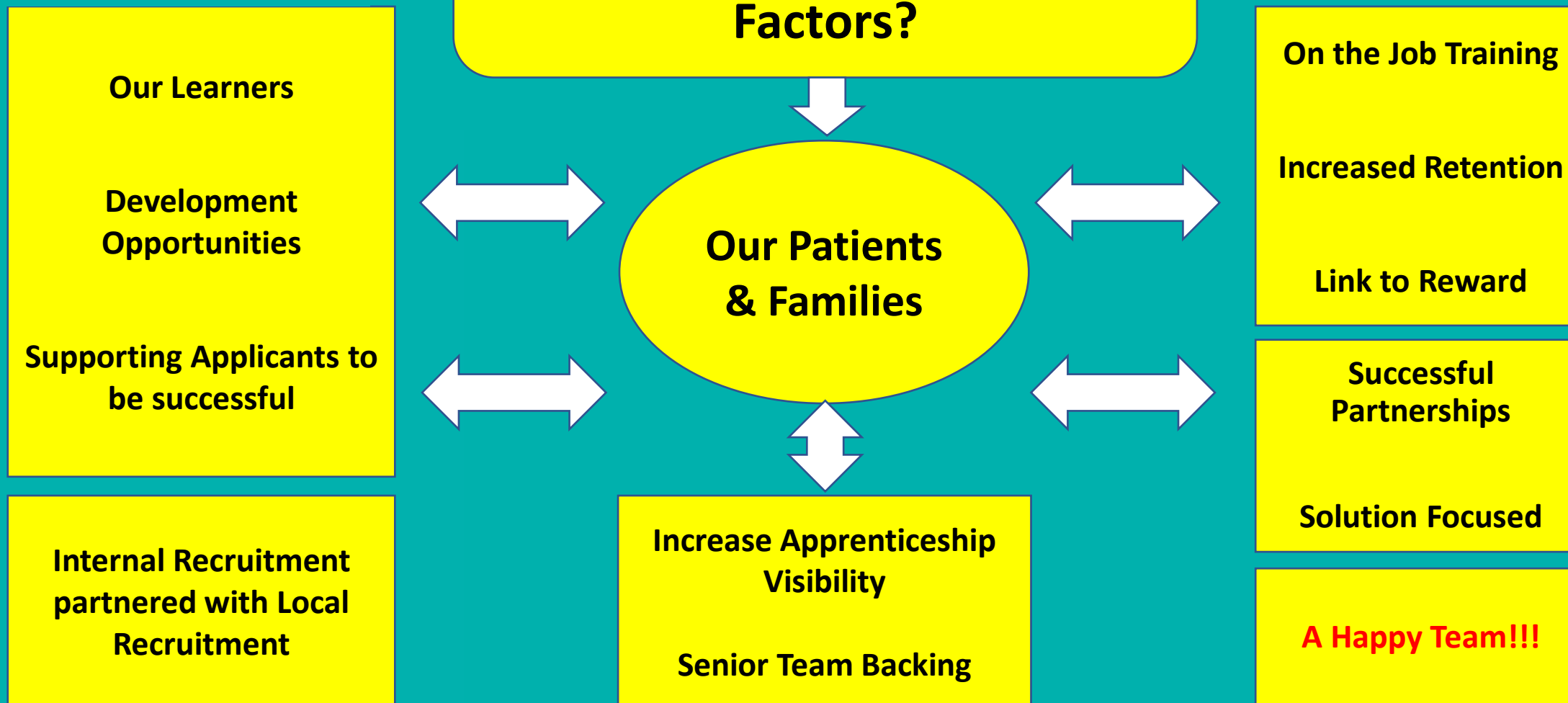
National Awards

- **BAME Apprenticeship Awards 2020** – Winner Large Employer of the Year

- **BAME Apprenticeship Awards 2021** – Finalist in (1) H&SC Employer (2) Large Employer, plus two apprentices in final

- **BAME Apprenticeship Awards 2021** – Highly Commended Apprentice

- **National Apprenticeship Awards 2020** - Apprentice Special Recognition Award

- **National Apprenticeship Awards 2021** – Winner London Regional Large Employer, and Highly Commended for Recruitment Excellence

- **National Apprenticeship Awards 2021** – National Finalist Large Employer and Winner of Highly Commended Large Employer

- **National Apprenticeship Awards 2022** – Winner Diversity Award and National Finalist in Large Employer category
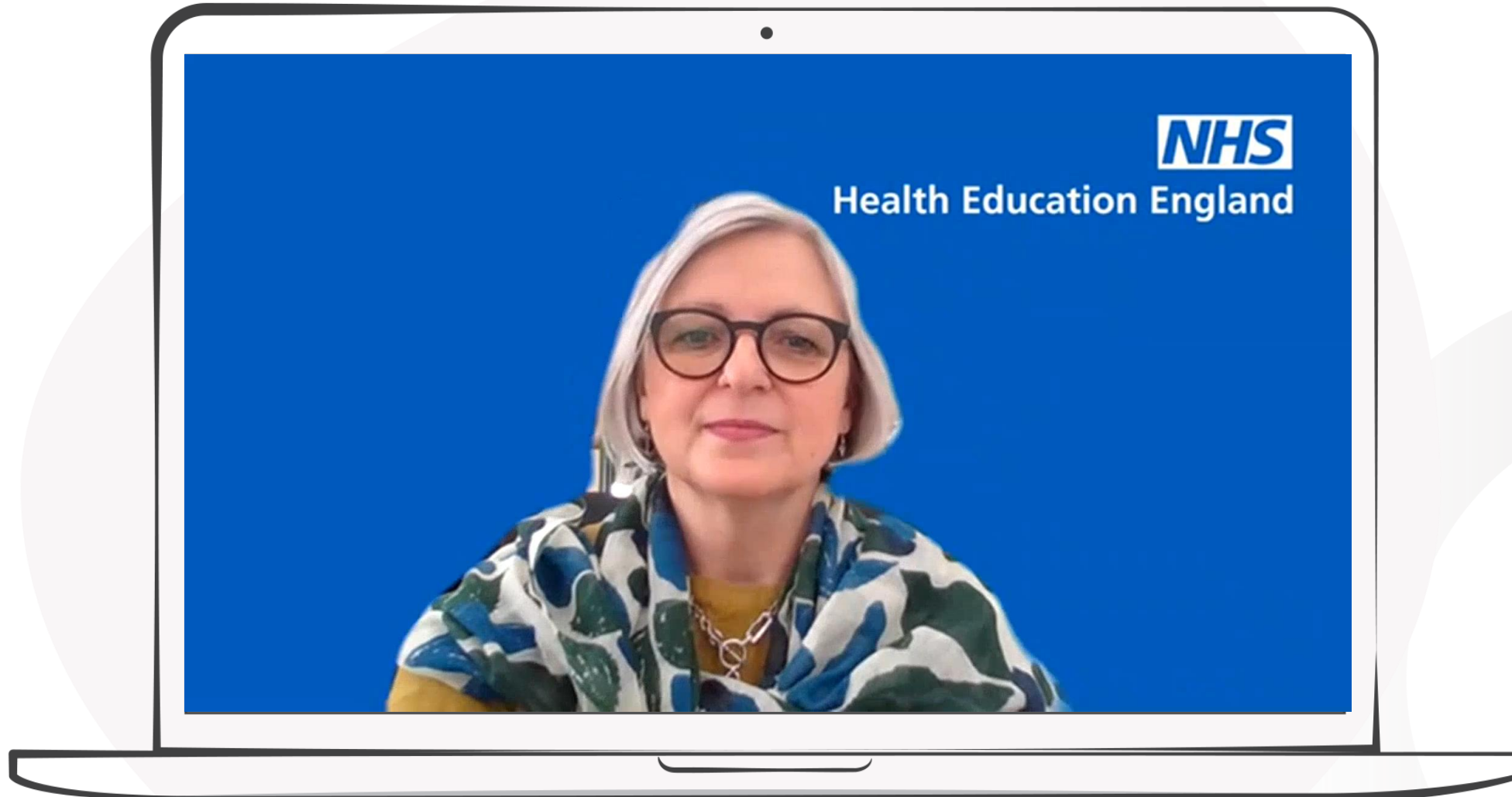
GOSH Apprenticeships

✉ goshapprenticeships@gosh.nhs.uk

Research launch.

Contact us

UK Head Office
BPP, Aldine Place, 142-144 Uxbridge Road, London, W12 8AW

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Level 54 Hopewell Centre, 183 Queens Road East, Hong Kong

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Unit 30-01, Level 30, Tower A, Vertical Business Suite, Avenue 3, Bangsar South,
No.8 Jalan Kerinchi, 59200 Kuala Lumpur, Malaysia

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80 Robinson Road #02-00, Singapore 068898

Understanding, measuring and improving employee experience and Engagement in the NHS

Zoe Evans

Head of Staff Engagement

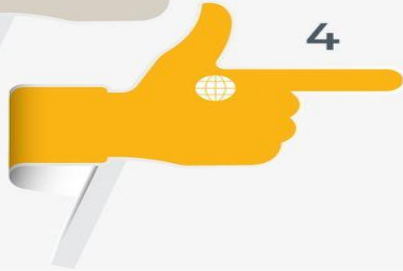**Staff Experience and Engagement, People Directorate, NHS England**

What we will cover:

NHS

1. **Introducing the unifying frameworks for employee experience,**
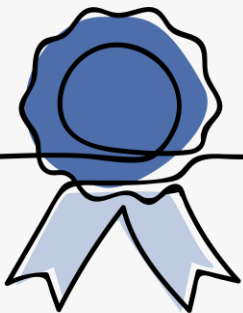
2. **Key measurements,**

3. **Importance of Employee Engagement and**
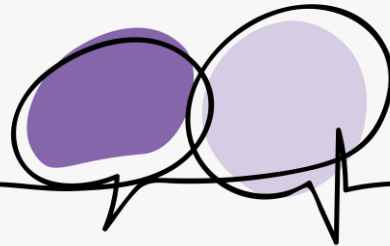
4. **Driver analysis to focus on actions.**

We are **compassionate** and **inclusive**
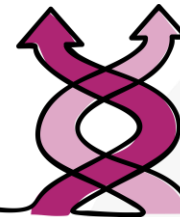
We are **recognised** and **rewarded**
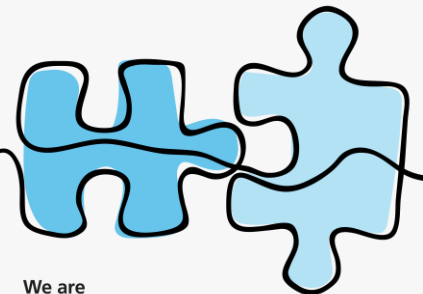
We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

People Promise

What is the People Promise?

- Created by our people, for our people.

- Its seven elements form an overarching framework that creates an easily understood, consistent and standardised way of **talking about, measuring and improving Employee Experience.**

- The NHS Staff Survey aligned to the People Promise elements, key index's Employee Engagement and Morale and also standards which monitor the race equality scheme and disability equality scheme. How best to gain insight into progress than through the voices of our NHS People.

- Not only the big initiatives, but the everyday small actions.

- Regular listening activities:……...

We are **compassionate** and **inclusive**

We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

People Promise

Supporting frameworks in creation of the Promise

NHS

#1: The NHS Constitution

THE NHS CONSTITUTION
the NHS belongs to us all

for England
27 July 2015

#2: The Evidence Base

1. Michael West self-determination theory:

1. The need for autonomy in the workplace, where people feel they can control their working environment and ensure the work they are doing is consistent with their values and professional integrity.

2. The need for belonging, being a valued member of the team or organisation, feeling connection to others and experiencing caring for others;

3. The need for competence (this is to do with people growing and developing their skills and feeling like they are doing a good job).

2. Institute for Healthcare Improvement - Joy at Work:

Figure 2. IHI Framework for Improving Joy in Work
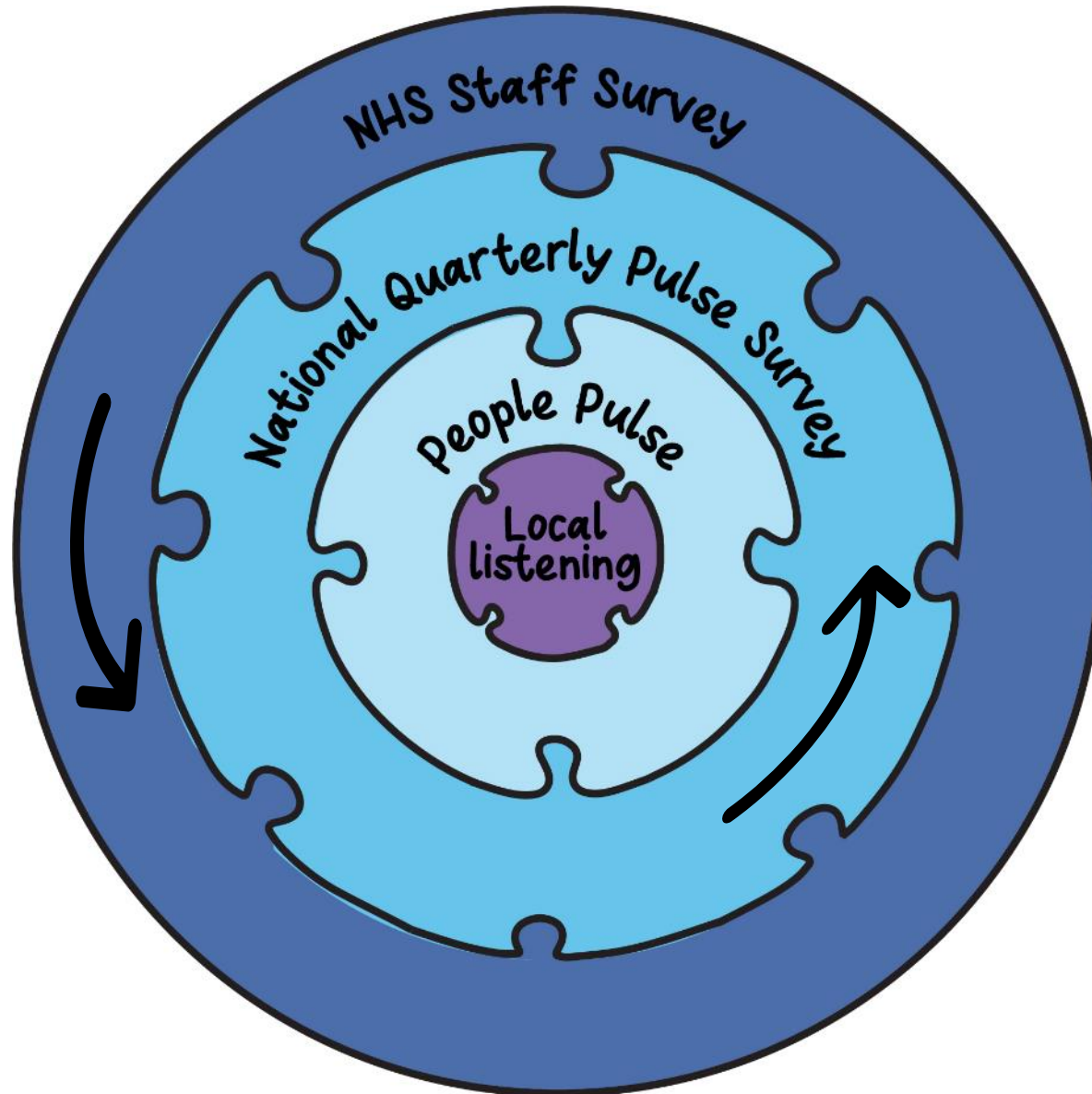
Happy Healthy Productive People

The government published the Good Work Plan (GWP) in December 2018, in response to the 2017 Taylor review of employment practices in the UK.

#3: Good Work report

HM Government

Good Work Plan

December 2018

INDUSTRIAL STRATEGY
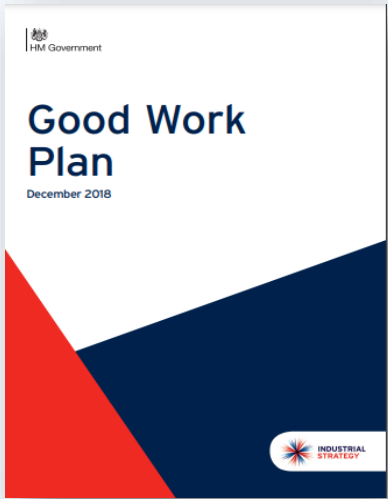
People Promise

Holistic approach to employee listening activities

Annual Employee Engagement surveys continue as one of the most popular modes of employee listening as through robust methodology organisations can gain a collective view of Employee Experience. However, **more organisations are combining their census with more frequent, focused research** to realise the benefits of listening to employees more often.

Well designed listening strategies allow for a more holistic view of Employee Voice to be built. A combination of such channels can provide a **stronger, more enhanced Employee Voice**, as each channel has a unique structure and purpose to support a well-rounded listening approach.

Staff Engagement is made up of three components, and 9 questions

NHS

Motivation

Q2a - *I look forward to going to work*

Q2b - *I am enthusiastic about my job*

Q2c - *Time passes quickly when I am working*

Involvement

Q3c - *There are frequent opportunities for me to show initiative in my role*

Q3d - *I am able to make suggestions to improve the work of my team / department*

Q3f - *I am able to make improvements happen in my area of work*

Advocacy

Q21a - *Care of patients / service users is my organisation's top priority*
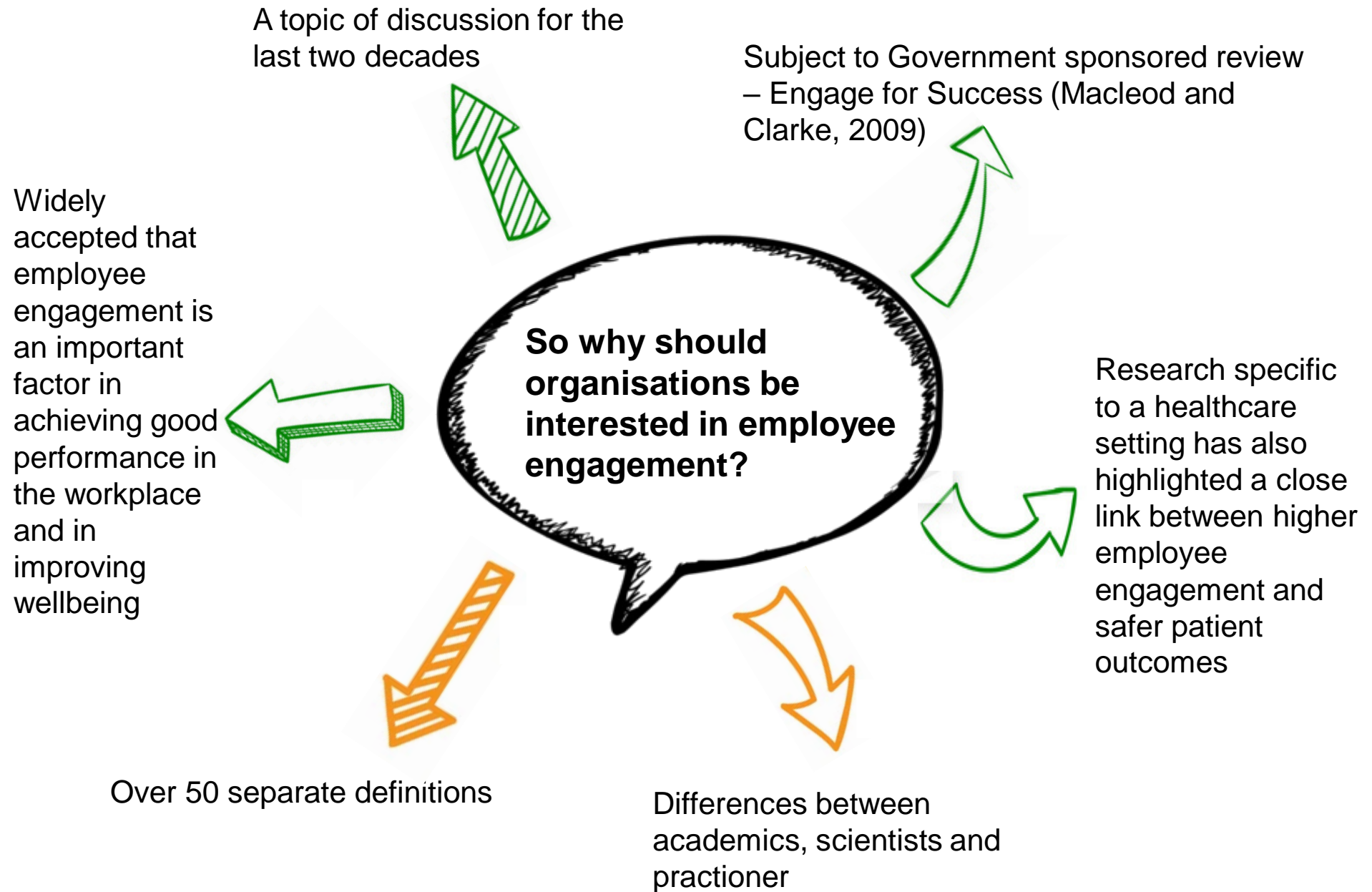
Q21c - *I would recommend my organisation as a place to work*

Q21d - *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*

> **Staff Engagement is well evidenced to correlate with key outcomes including quality of care, and is made up of three sub-elements;**
> - **Motivation**
> - **Involvement**
> - **Advocacy**

Employee Engagement

NHS

A topic of discussion for the last two decades

Subject to Government sponsored review – Engage for Success (Macleod and Clarke, 2009)

Widely accepted that employee engagement is an important factor in achieving good performance in the workplace and in improving wellbeing

So why should organisations be interested in employee engagement?

Research specific to a healthcare setting has also highlighted a close link between higher employee engagement and safer patient outcomes

Over 50 separate definitions

Differences between academics, scientists and practioner

'You cannot have any observation without a theory because a theory always determines what you observe'

Albert Einstein

NHS Definition and Measurement

How Employee Engagement is Defined in the NHS

"Employee Engagement includes; 1) psychological engagement, the dimensions of dedication, vigour and absorption. 2) the idea of influence in wider decision-making. 3) the concept of advocacy – the extent to which employees would recommend their organisation as a place to work or receive treatment."

Schaufeli et al (2002)

(https://www.kingsfund.org.uk/sites/default/files/employee-engagement-nhs-performance-west-dawson-leadershipreview2012-paper.pdf) .

How Employee Engagement is measured in the NHS

Within the NHS, employee engagement is measured as a multidimensional attitude via three dimensions (West and Dawson, 2012). This represents both engagement with *work* (i.e. motivation) and with the *organisation* (i.e. advocacy and involvement):

Correlation of Employee Engagement and performance

NHS

Using fixed effects model, we find that staff engagement has positive and statistically significant impact on the outcome measures of NHS Trusts.
In particular, trusts with higher level of staff engagement are likely to have:

Lower sickness absence rate

Lower MRSA rate*

Lower mortality rate

Higher recommended rate in the inpatient satisfaction survey

Lower unrecommended rate in the inpatient satisfaction survey (**internal analysis 2020)**

.
Analysis using data from 2015 -2019.

Again a very complex area finding a link between involvement and subsequent improvement in retention is an interesting one, and backs up previous evidence: **it suggests that it is involvement, more than the other aspects of engagement, which might have the strongest link with engagement involvement** is shown to have a positively significant impact on retention. In particular, 1% increase in involvement in the initial year is associated with a rise of 2.9% in retention rate each year in the following period

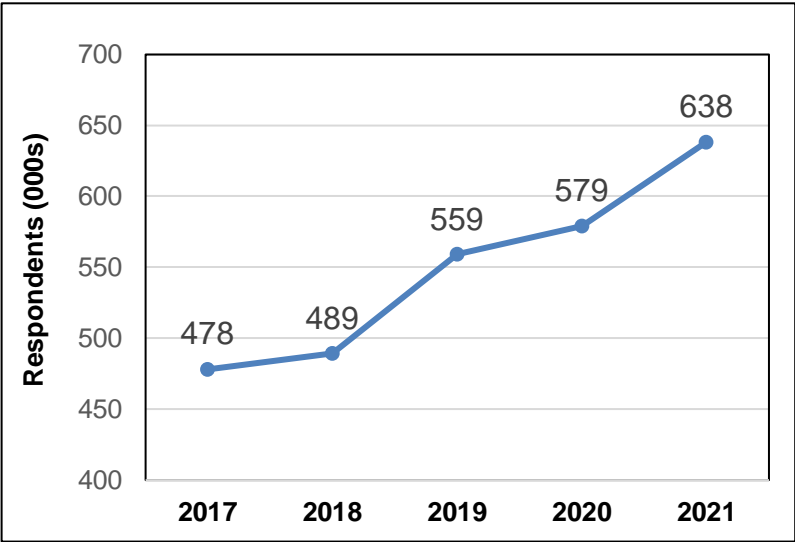*People Promise*

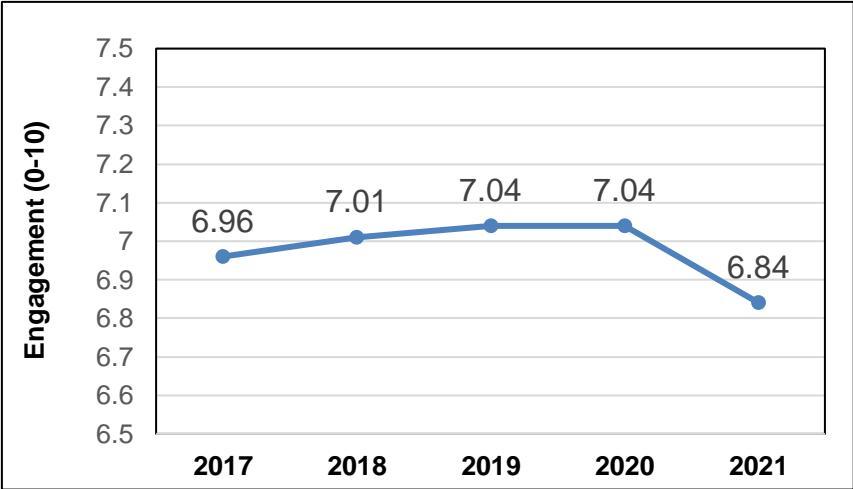# Staff Engagement – the context

NHS

2021 NHS Staff Survey results

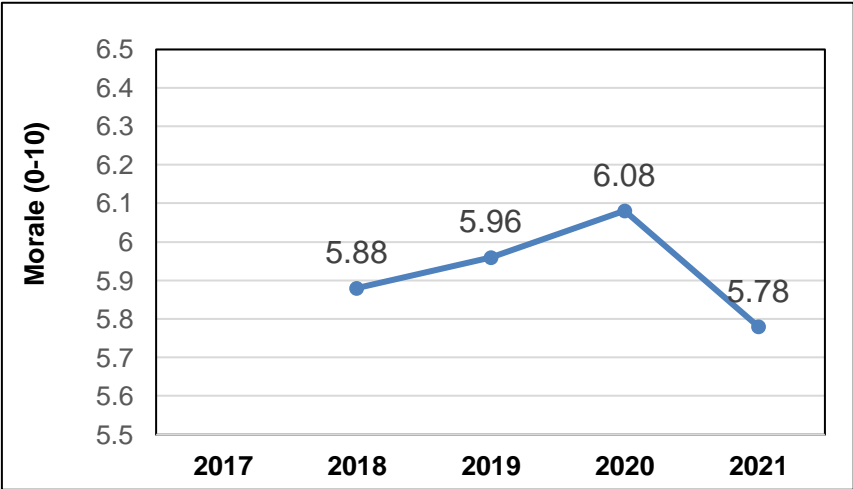**In 2021 we redesigned the staff survey to align with the 7 elements of the People Promise**

We are compassionate and inclusive · We are recognised and rewarded · We each have a voice that counts · We are safe and healthy · We are always learning · We work flexibly · We are a team

More people than ever before participated . . .

. . . but Engagement has dropped markedly . . .

. . . and so has morale

Source: published NHS Staff Survey results

Staff Engagement has dropped further still over the last 2 quarters

NHS

Staff Engagement

7.40	
7.20	
7.00	
6.80	
6.60	
6.40	
6.20	

6.91
6.96
7.01
7.04
6.84
6.67
6.64

2017 2018 2019 2020 2021 2022
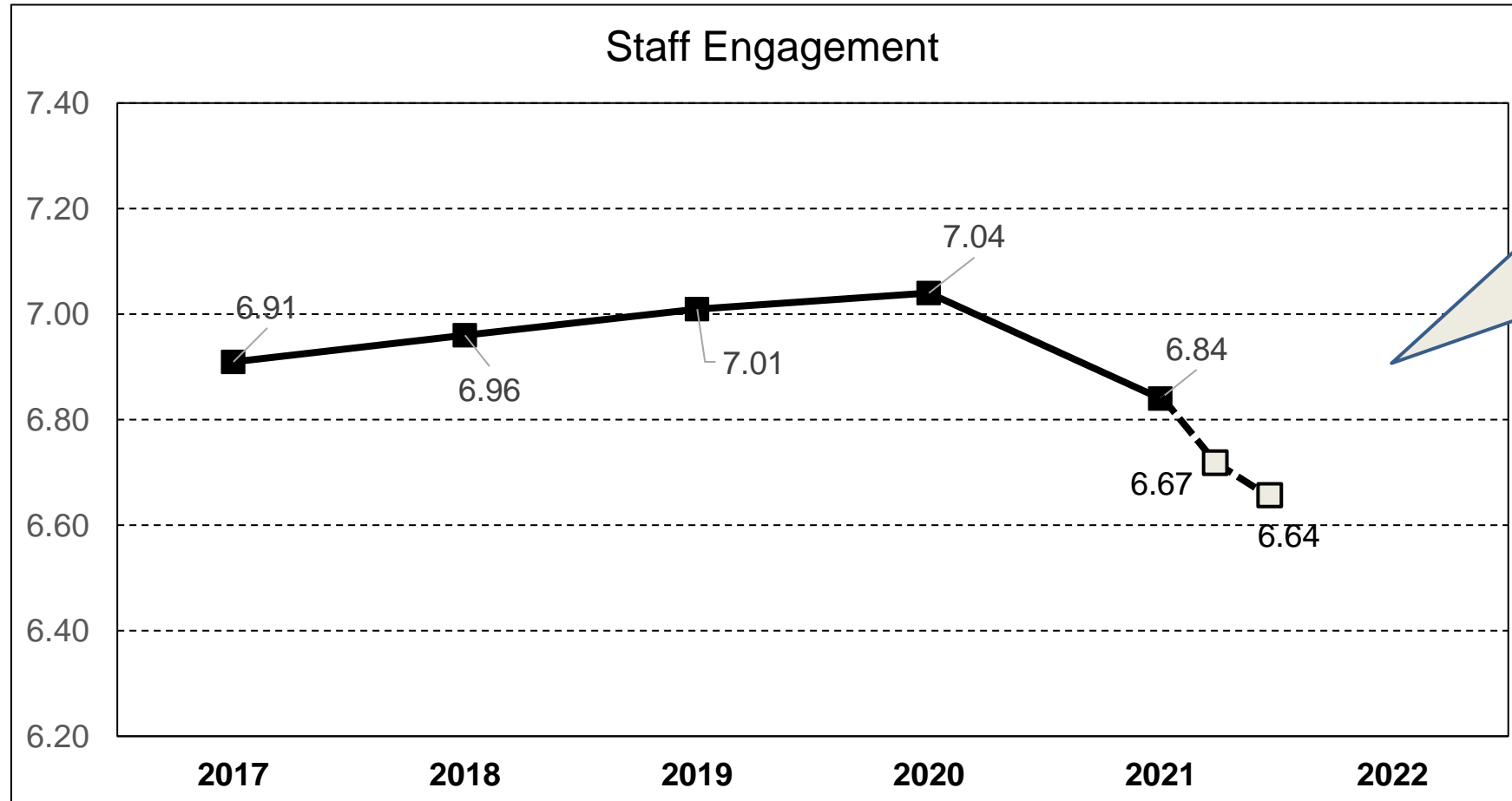
Since the 2021 Staff Survey, Engagement has dropped further still in the two subsequent Quarterly Pulse Surveys

Source: published NHS Staff Survey results

We each have
**a voice that
counts**

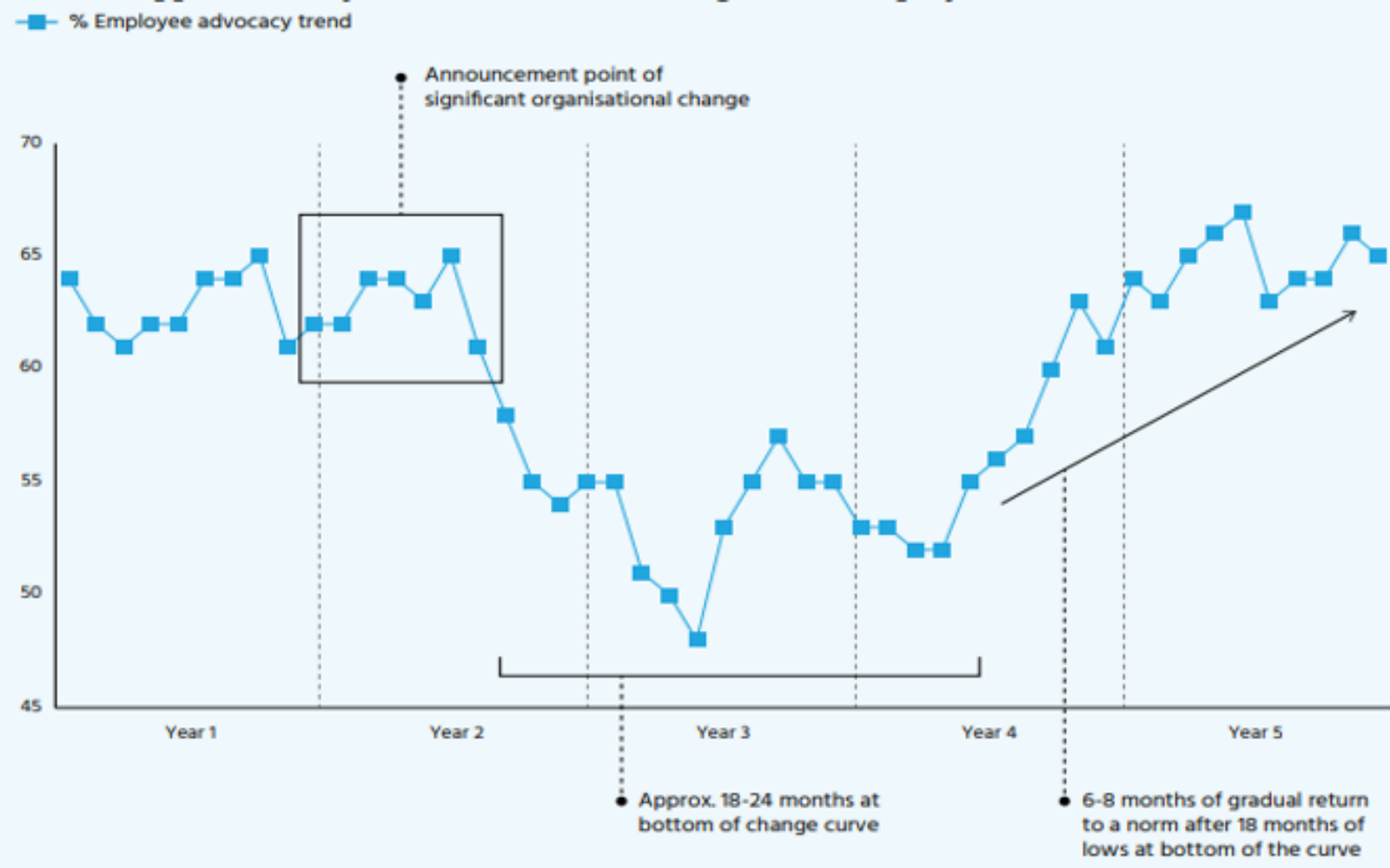# Staff Engagement – the detail

Staff Engagement
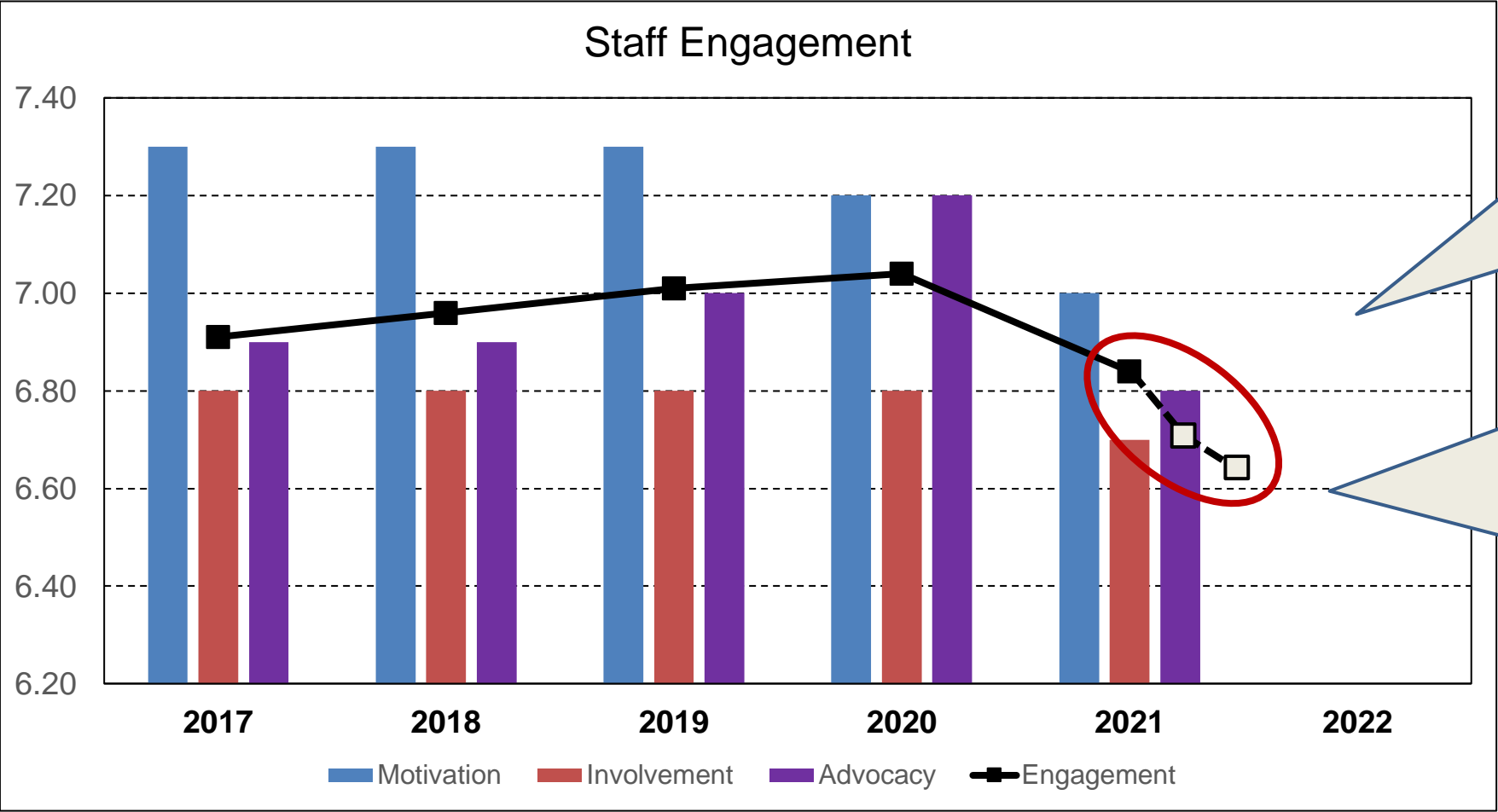
Over the last two quarters the Motivation sub score ("I look forward to going to work") is recovering

However, Involvement and Advocacy have dropped further.

Given the need to recover services, we should focus especially on Involvement

Legend: Motivation, Involvement, Advocacy, Engagement

Source: published NHS Staff Survey results

% Employee advocacy trend

Announcement point of significant organisational change

Approx. 18-24 months at bottom of change curve

6-8 months of gradual return to a norm after 18 months of lows at bottom of the curve

The recovery trajectory for employee engagement after an unprecedented contextual event such as Covid is not well understood.

However, evidence suggests it can take up to 2 years at the bottom of the change curve before gradual recovery.

Source: Organisational Change – managing the impact on Employee Engagement, Karian and Box (2022)

COVID or not, change has always been the norm

2016

96%

of organisations
are in the middle
of transformation

Source: KPMG Global Transformation Study, 2016

Drivers of Employee Engagement and positive mood

While health and wellbeing support is the primary driver of advocacy and motivation, **colleagues who experience all four key drivers are significantly more positive and less anxious** than those who experience none.

External research highlights the link between visible leadership, a positivity culture and higher levels of engagement, reflecting trends seen across the **NHS of leadership as a core engagement driver**

Key result

4.20pt higher Employee Engagement when colleagues see all key drivers (vs. experiencing none)

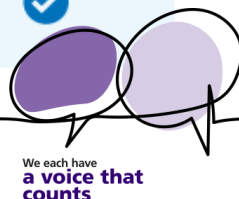## Top three drivers of Employee Engagement

The importance of each key driver varies by theme:

	Motivation	Involvement	Advocacy
01 My organisation is proactively supporting my health and wellbeing in the current environment	1		1
02 I feel well informed about important changes taking place in my organisation		3	2
03 Leaders in my work area make time to respond to staff concerns		2	3
04 In my team we support each other	2	1	

While it is shown that supporting health and wellbeing has the single largest impact on Employee Engagement, ensuring that all three key drivers of employee experience are present both increases Employee Engagement and reduces anxiety

Employee Engagement	3.79	4.93	6.01	6.81	7.99
Anxious	51.4%	41.9%	34.4%	28.3%	19.5%
Positive mood	7.4%	13.3%	24.0%	35.5%	63.4%
My organisation is proactively supporting my health and wellbeing in the current environment	✗	✗	✗	✗	✓
I feel well informed about important changes taking place in my organisation	✗	✗	✗	✓	✓
Leaders in my work area make time to respond to staff concerns.	✗	✗	✓	✓	✓
In my team we support each other	✗	✓	✓	✓	✓

Note: in the chart above, a tick represents colleagues who selected 'Agree' or 'Strongly Agree' to the above statements. A cross represents those who selected either 'Disagree' or 'Strongly Disagree', or were neutral.

We each have **a voice that counts**

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