

RECRUITING, RETAINING  
and SUSTAINING  
**the NHS workforce**



# Providers Deliver

## Recruiting, retaining and sustaining the NHS workforce

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Welcome to *Providers Deliver: Recruiting, retaining and sustaining the NHS workforce*. This is the fifth report in the publication series where we celebrate and promote the work of NHS trusts and foundation trusts, who are constantly seeking to improve care for patients and service users.

Our first *Providers Deliver* **report** explored the way trusts have responded to feedback from the Care Quality Commission, encouraging great ideas that have improved patient care. The **next** in the series, published in July 2020, looked at new roles for trusts in prevention. Our **third report** focused on the resilience and resourcefulness that characterised the response of trusts and their staff to the challenges posed by the pandemic. Our most **recent report** explored ways in which providers are collaborating to address common challenges, provide more integrated care pathways and deliver more sustainable services.

This time we are showcasing some of the innovative work being done by trusts to implement the NHS People Plan, and address workforce issues as staff continue to rise to the challenge posed by COVID-19 while working to address the care backlog. The themes we cover range across wellbeing, creating a sense of belonging, new ways of working, recruitment and retention.

This report comes at a critical juncture: operational pressures are intensifying, the shape of the NHS is changing and we are seeing tangible concerns about retaining staff. A recent NHS Providers **survey** found 48% of respondents said they had seen evidence of staff leaving their organisation due to early retirement, COVID-19 burnout, or other effects from working in the pandemic.

The case studies in this report show how trusts are transforming how they work to respond to the challenges and opportunities facing the NHS workforce. Trust leaders have maintained a remarkable focus on workforce issues despite huge service demand, recognising that staff have worked extraordinarily hard, demonstrating resilience and dedication – truly the ‘backbone’ of the NHS.

We are pleased to share this report with you, and hope that it is both inspiring and positive in the face of significant challenges.

A handwritten signature in black ink that reads "Saffron Cordery". The signature is fluid and cursive, written in a professional style.

**Saffron Cordery**  
Deputy Chief Executive  
NHS Providers

## A challenging context

The NHS is at a crossroads and that means its workforce is too. The ongoing COVID-19 pandemic has presented the biggest challenge in the history of the service, requiring staff to work at increased risk and in vastly different ways. This overhaul in priorities and ways of working, coupled with growing service demand and a care backlog requiring the NHS to run just to stand still, has led to understandably high rates of staff burnout, early retirement, and sickness absence. **48% of trust leaders** report having seen these effects on staff in their organisations.

But, as vast as these challenges are, there are also opportunities for change and improvement. Trusts across the country are continuing to push themselves to do the best for their staff, with innovative and future-facing approaches to workforce planning, management, and deployment. This report aims to collate best practice examples in these areas, identifying the common enablers and obstacles so that other organisations can consider this in their own work. It also gives an overview of the national context behind initiatives to recruit, retain, and sustain NHS staff.

## Delivering the People Plan

The case studies in this report are each focused on a central theme from the national **People Plan 2020/21**. The plan, from NHS England and NHS Improvement and Health Education England, expands on the strategic priorities for – and approaches to – NHS workforce management which were set out in the 2019 **Interim People Plan**. The five themes from the People Plan 2020/21 are: growing for the future; new ways of working and delivering care; supporting our NHS people for the long term; looking after our people; and belonging in the NHS.

## Local response to national change

### Growing for the future

There is significant legislative change on the horizon for the NHS. The upcoming **Health and Care Bill** seeks to add clarity and transparency on roles and responsibilities within the NHS for workforce planning. This is a real challenge, as unsustainable workloads are placing far too much pressure on a workforce facing severe staff and skills shortages. While we await this legislation, trusts are developing future facing approaches to recruitment, such as Sussex Partnership NHS Foundation Trust. They have overhauled their recruitment practices, investing in a dedicated recruitment team and establishing workforce pipelines among the local community by working in collaboration with Greater Brighton Metropolitan College, and are seeing excellent results.

### New ways of working and delivering care

The North East Ambulance Service NHS Foundation Trust have also been collaborating with local partners. Their initiative to provide paramedics to primary care services on a rotational basis has garnered great feedback from patients and staff (regarding the positive effect this

offers their professional development and job satisfaction), as well as relieving some of the pressures which primary care services currently face. The national move towards Integrated Care System (ICS) working has been evolving over the course of several years, and trusts have been focused on building effective working relationships with local partners. Our **last Providers Deliver** report went into detail on how this is being done, and it is heartening to see the continued development of excellent work in this area. This is another key focus in the Health and Care Bill, which intends to codify the integration of health and care services.

The Midlands Partnership NHS Foundation Trust have also been enabling new ways of working and delivering care, ensuring that their staff and services remain adaptable by providing excellent development and training opportunities. These opportunities are rooted in staff feedback regarding which areas and skills they want or need to develop. This provision of continual professional development has improved retention rates, as well as the experiences of service users.

## Supporting our NHS people for the long term

Another consideration for the way in which trusts approach retention is that increasingly, people want to work differently. We are seeing divergent working preferences between generations within the workforce, between geographical areas, and even between staff groups. The University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) have improved their staff retention by focusing on these preferences and structuring management approaches accordingly. Their case study expands upon their work for newly qualified nurses, and nurses approaching retirement.

## Looking after our people

UHDB's case study also expound their management solutions to support flexible working options in areas which have traditionally been unable to facilitate this. The People Plan 2020/21 sets flexible working options as a key aim for the NHS. Of course, there is a way to go in this area, particularly given the limiting factor of staff vacancies, but the innovation in the way that trusts are creating more options within current constraints is commendable. Looking after staff has also been a priority for Mid Yorkshire Hospitals NHS Trust – like so many trusts, they scaled up their staff wellbeing offer during pandemic, and have since been developing it to ensure useful, continuing support for their workforce. They have seen significant upswing in staff accessing the offer and discuss the scope which they see for it going forwards.

## Belonging in the NHS

The People Plan 2020/21 also gives important focus to addressing race inequalities within the NHS workforce – an area in which Dorset County Hospital NHS Foundation Trust has key learning to share, with a tangible commitment from executive level down to face this head on. The treatment of staff from minority groups in the workplace often falls short of expectations, hindering the NHS in closing gaps on health inequalities or achieving all of the service changes that are necessary for population health improvement. The pandemic has also had a disproportionate impact on people from minority backgrounds, older people, men, those with obesity, and those with a disability or long-term condition.

The NHS workforce is large and diverse and as such reflects wider society. NHS staff face the same inequalities as the broader population, and the importance of truly understanding and acting upon this, to improve staff experience and to benefit patient care, cannot be overstated.

Addressing issues of workplace culture more widely is another key tenet of the People Plan. Solent NHS Trust has focused on creating a truly values-led speaking up culture, leading to improvements in staff engagement alongside a drop in staff turnover as a result. Another facet of how to improve organisational culture is Berkshire Healthcare NHS Foundation Trust's approach to empowering staff to be part of change within their trust, grounded in a thorough approach to management training. The importance of both freedom to speak up and excellent, consistent management are two central outcomes highlighted in the **Kark review**, and restated in the People Plan. It is crucial to the retention of staff that they feel safe, supported, and engaged by their workplace culture. Trusts recognise this and are continually developing their approaches in order to best facilitate a positive culture.

## Enablers and barriers

We are seeing excellent examples of trusts harnessing existing funding and talent to make truly remarkable improvements for their workforce. The willingness of health and care organisations to pool resources and work together remains encouraging, and the results from increased collaboration are consistently positive. Additional funding for new roles – as was made **available for nursing apprenticeships** last summer – has also supported workforce management more widely.

However, to improve the recruitment, retention, and wellbeing of the NHS workforce in the long term, it's clear that more staff are needed not only to cover existing workforce gaps, but to build additional capacity in the system. Wellbeing is often spoken of at an individual staff level, but by building a resilient system, workforce wellbeing and patient experience will be far better protected by realistic workloads, more regular and reliable breaks, and a better work life balance. A fully costed and funded workforce plan, alongside increased long-term investment in workforce expansion, education and training, is absolutely key to making this a reality for the NHS.

## *Why Providers deliver?*

The importance of adaptable approaches to workforce planning and management is key, as we anticipate future service delivery requirements against the context of intense pressures, increasing demand, and national policy change. The strategic challenges that the NHS is currently facing therefore also present strategic opportunities. We hope that this report gives a positive view of just some of the excellent responses from trusts across the country, and an inspiring look at what could be next.

## The view from Prerana Issar



NHS Chief People Officer

The NHS touches all of our lives at times of basic human need, when care and compassion are what matter most. At the very heart of this compassion is our fantastic workforce. Made up of a rich community of professions, experiences and backgrounds, our people truly are our most precious asset.

But many are exhausted, having worked under extraordinary pressure for a sustained period. Winter demands, overlaid with elective recovery and the ongoing response to COVID-19, mean that supporting our colleagues to stay well – and stay in the NHS – is more vital than ever.

The **NHS People Plan** and **Our People Promise** set out the steps we must take to achieve this, providing a framework we can use to attract and keep people while maintaining high quality care for patients and communities.

While the pandemic placed demands on staff that are still being felt, it also highlighted our many strengths. One such strength is the care we see NHS colleagues giving one another in teams. As senior leaders, it's imperative that we ensure this is truly embedded in the culture of our organisations too. We know that giving staff the backing they need, and prioritising health and wellbeing leads to better outcomes, so we must continue to value, empower and support our colleagues throughout their careers so they're happy, healthy and able to make changes which suit their individual ambitions, life events and skills.

Our future is also one where respecting and harnessing feedback and insight at all levels is the norm. This report contains heartening and encouraging examples of how trusts are doing exactly that, building on a period of intense learning and innovation when we saw levels of collaboration, flexibility and agility that had previously seemed hugely aspirational.

Having a voice that counts is a key element of our **NHS People Promise**, which keeps us focused on what we need to do to make the NHS the best place to work. And as we've now refreshed the annual **staff survey** to align it with the Promise's seven elements, we can judge our progress year by year.

A chief executive of an NHS trust and integrated care system said something that resonated strongly with me recently: "We all need to be restless for improvement and humble enough to know that we haven't got everything right."

I know that our shared goal is to attract people who want to join our NHS, support people to remain and develop in our NHS, and of course, facilitate high quality care for patients and local communities. I see and recognise the huge efforts that have been in service of this, with this report highlighting just some of the many innovations being made across the country. I thank you for your support and leadership at this most crucial of junctures.



# Sussex Partnership NHS Foundation Trust



## Key focus >

## Growing for the future

- Recruitment

## New ways of working and delivering care

- New roles

## Challenges

Sussex Partnership NHS Foundation Trust (SPFT) is one of many trusts facing significant challenges on staff recruitment, retention, and vacancy rates, both now and anticipated in the future.

SPFT currently have 1,200 vacancies, against a workforce of 5,000. They face a range of challenges in terms of recruitment, particularly due to the large geographical spread of the organisation. The trust covers Brighton (a popular but expensive place to live), West Sussex (with very remote areas, lacking transportation routes), Hastings (an area of above-average health inequality), and the New Forest (again, including areas well off the beaten track).

SPFT's Board Assurance Framework risk radar sets ability to recruit to vacancies, and impact on eliminating use of agency and resourcing service expansion, as an extreme risk. In the face of these challenges, Gavin Wright, chief people officer at SPFT and his team, recognised that something different needed to be done with recruitment.

## Recruitment hub

As a first step, Gavin set up the trust's workforce assurance group. The group's purpose was to assess all of the disparate recruitment activity and bring it together into a more coordinated approach.

A key outcome was the creation of the trust's workforce supply team. The group was clear that SPFT needed to rethink their recruitment practices. They looked to the private sector in terms of how they recruit and what do they do to make roles more attractive. What they found formed the structure of the recruitment hub, which is made up of three teams:

- **The transactional recruitment team** run the day-to-day recruitment activity, ensuring that vacant roles are on the system, and that they're advertised. SPFT invested to increase capacity here, so that the team could keep in touch with shortlisted applicants throughout the application process. This change was based on feedback from surveys which the trust ran with former applicants, who consistently said that the lack of communication from SPFT throughout the application process was an issue. The transactional recruitment team now email and call shortlisted candidates to check in with them, and to ask if there is anything else they need as part of the process. This work has yielded significant return, with far fewer candidates dropping out of application processes.

- **The recruitment campaigns team** is led by recruitment managers from the private sector. This was in order to bring a fresh perspective to SPFT's activity in this area. The team has created bespoke recruitment campaigns for difficult to recruit posts. They have also worked with the trust's communications team to harness better use of social media to promote jobs and develop a new recruitment website to promote careers. The development of the website was informed by independently facilitated focus groups, comprising of new starters and longer serving staff, to understand the factors that made people want to join and stay at the trust.
- **The forward-looking team** is focused on constantly checking the market, and proactively inviting people to open evenings and shadowing opportunities. Gavin notes that this switch from reactive to proactive recruitment has been one of the most significant shifts in the trust's approach to recruitment.



The work of these teams has increased the number and quality of candidates. In June 2020, the trust ran 179 recruitment assignments; in August 2021, 1,100 recruitment assignments were run. The ability of the people team to handle such a large volume of work has risen hugely, thanks to increased investment in and focus on these new ways of recruiting.

Gavin also flags the benefits of the recruitment hub's aim to take as much recruitment responsibility as possible away from line managers (who are often frontline matrons or ward staff). Moving this responsibility into the recruitment hub has reduced the average time between advertising and offering a role from 13 to 7.5 weeks. This is of clear benefit to the existing workforce, as well as to the candidates who do not have to wait as long to hear back from the trust.

## New roles and the learning academy partnership

Another workstream from the workforce assurance group is the learning academy partnership. SPFT has partnered with Greater Brighton Metropolitan College (GB MET) to utilise a £200,000 grant from Health Education England (HEE). The organisations are working together to scope a model that provides learning opportunities and progression pathways that meet the strategic needs of SPFT.

The idea is to engage younger people in the local community and help them to see the NHS as a viable career option. Students on health and social care courses at GB MET spend some time seconded to SPFT to get a sense of what it's like to work there. Students choose staff to shadow and are provided with pastoral support during their time at the trust. Gavin notes that this pastoral support has been important during COVID-19, with the increase in virtual working. The people team sponsor this work, once again ensuring that administrative duties are removed from frontline staff and managers. Students who enjoy the experience are then invited to join the trust in one of many apprenticeship roles (which can be clinical or corporate in their focus) and follow that route to qualification in a specific or generic role.

The workforce assurance group are overseeing the process of ensuring career pipelines for these roles, having realised that NHS apprentices often get taken on but aren't always guaranteed a job at the end. This focused work has been backed up by the trust's shift towards more strategic workforce planning, developing a comprehensive plan which will look 3 years ahead based on current vacancies, planned workforce expansion, current turnover, estimate for future turnover, and staff age demographic (including retirement). This is underpinning work such as the learning academy partnership, which focuses on building a staff supply chain.

## Obstacles, enablers, and reflections

Gavin highlights the challenge of changing mindsets within the existing workforce. "Moving from traditional processes to something different can be unnerving, and it's about gaining trust to show it's worth trying." A shift from regarding recruitment as an HR issue to an organisation-wide concern has required some public relations management from Gavin's team, to change the narrative of recruitment from "impossible" to "positive". Investment to improve the trust's recruitment website has been an important part of this process, alongside executive and board events, and NED sessions.

As well as this, there have been issues of cultural acceptability regarding new roles. Existing staff are often unaware of how these new roles operate and where they fit into the team, so Gavin's team have run a lot of communications and engagement to bring existing staff along.

The enabler which Gavin particularly highlights is the need for recruitment activity not to be driven purely by finance. He recognises that this is controversial, but "because so much money is in the Long Term Plan it's not just about spending it, it's about getting it right in terms of the types of people you want in your organisation." SPFT's focus on strategic workforce planning has highlighted that this takes lead-in time, which is often overlooked in national policy – for instance, ICSs receiving millions of pounds of workforce funding and being expected to recruit instantly is very difficult to achieve. The work must be done to create staff pipelines, and this work pays dividends in the longer term.

Overall, looking beyond the NHS to creatively reassess recruitment activity has been hugely beneficial to SPFT. Investment has been key in making this work, alongside a supportive board who understand that there will be a lead in time to realise the benefit of the additional investment.

# University Hospitals of Derby and Burton NHS Foundation Trust



## Key focus >

## Supporting our NHS people for the long term

- Retention
- Approaching retirement

## Looking after our people

- Flexible working

## Background

Like many trusts, University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) faces an on-going challenge to recruit and retain staff across a number of shortage occupations, including nursing, allied health professional roles, and medical staff. In the face of this challenge, UHDB have been pursuing a range of retention initiatives that are transferable to the wider workforce and align to the People Strategy as well as the trust's underpinning workforce plans (such as health and wellbeing, leadership and management, and inclusion and belonging). This case study details UHDB's approach to retention both pre and post COVID-19 pandemic.

## Retention results

The trust joined the NHS England and NHS Improvement (NHSE/I) retention support programme in 2017 and won the NHSE/I Burdett award for retention team of the year in 2019. The structure of UHDB's people services improvement team was key to supporting the innovative approaches to retention which won the trust this award, as a small team of four colleagues who focus solely on a range of project work.

In particular, the trust was commended for its work in retaining nursing staff, achieving one of the best retention figures in the region with a turnover of just 8.84% in 2018/19. This achievement was in spite of major organisational change in 2018, after UHDB was formed from the merging of Derby Teaching Hospitals NHS Foundation Trust, and Burton Hospitals NHS Foundation Trust. Often, significant change such as this can be a contributing factor to staff leaving an organisation. The 8.84% turnover rate was the equivalent of 43 more Registered Nurses and 36 more HCAs remaining with the Trust than in previous years, with 11 further registered nurses returning to practice rather than taking retirement. This marked an improvement of 15% on the previous years' figures.

The award also came after a period of ongoing vacancy challenges for the trust, across a number of shortage occupations including nursing. In response to this, the trust formed a multi-disciplinary working group to refocus its efforts on retention as well as recruitment, which included representatives from senior nursing, occupational health and wellbeing, workforce systems, people services and the communication team.

## Exploring the issues

The journey to improve UHDB's staff retention began with a focus on baseline data, with the trust collating feedback on the most common reasons for leaving from ESR and leaver interviews, as well as looking at staff experience data from staff surveys. The findings were interesting and varied widely across staff groups. For example, newly qualified nurses often wanted to test out different clinical specialities, so were more likely than other staff groups to move jobs after only a year in post.

The nursing optimisation group undertook deeper analysis into these results and established that the trust's nursing workforce is an ageing one, with 53% of staff in this group aged over 50.

## Supporting an ageing workforce

UHDB then commissioned a working for longer group, focused on addressing the most pressing issues for older staff members. The group ran a specific survey for colleagues over 50 years old, to investigate their experiences at work, with 537 responses. The findings were split into five main recurrent themes: retirement, flexible working, menopause, complex conditions and wellbeing plans. UHDB then ran a conference for managers, to equip them with tools and information to support staff in these areas.

UHDB simultaneously recognised that there was an issue with retire and return options being applied differently across the newly merged organisation, which results in some areas having a lower uptake of retire and return. The decision was therefore taken to apply the guidelines consistently across all UHDB sites to allow staff to return to a similar role and retain their previous pay increment, annual leave allowance, and occupational sick pay. As a result, this led to a significant increase in the uptake of retire and return, from 38% to 53% of retirees. To promote this change of approach, an event was held which attracted attendance from over 500 colleagues. In order to reach all sites, the trust ran a series of roadshows to promote 'working for us' initiatives, wellbeing, and to enable the pension team available to explain retire and return options to staff directly.

The workforce team also produced a UHDB staff handbook and ran poster campaigns which showcased the various staff benefits that the trust offers, including pension options for the workforce. UHDB retains a small team of pension experts, which has been in place for over 20 years, and staff find this specialist service invaluable given the complexities around NHS pensions. As well as providing advice, the pension team also support the families of deceased colleagues to claim their loved one's pension benefits following a death in service.

## Supporting younger staff

When considering the retention of younger staff, qualitative feedback showed that newly qualified nurses at UHDB preferred to test out which specialty they want to work in longer term, and many plan to only stay for a year in roles at the beginning of their careers. The size and location of each clinical division within UHDB affects the available exposure which a newly qualified nurse might have to different specialties and career development options. UHDB was aware that several trusts in London (including the Royal Free and Great Ormond Street) had put in place a transfer programme, and so contacted them for details.



UHDB then initiated a similar internal transfer programme, in order to retain their younger nursing staff. This was following the trial of an external transfer programme between neighbouring trusts which had limited success. The internal programme had a much bigger impact on both retention and wider workforce wellbeing. Staff working in busy departments (such as respiratory medicine or surgery) could access the transfer programme, which offered them the opportunity to move to different ward or clinical specialty in order to share their skills and develop learning. For some staff, this offered a degree of respite from areas of high activity, while still retaining them within the service. The programme proved

successful and resulted in upwards of 40 transfers both within and across sites. The trust saw a corresponding reduction in leavers for colleagues under 35 years old, from 38% of all leavers down to 26%.

Staff could access the internal transfer programme through an expression of interest form in the first instance. This was then followed up through a collaboration between corporate nursing and the people services team, who liaised with the managers of the clinical specialties to facilitate the transfer as smoothly as possible, including consideration for the staff member's preference of shifts and flexible hours. At the same time, the concept of 'stay conversations' was introduced, with managers being encouraged to have regular conversations with staff around their motivation to remain working at the trust and to look at the options for change where colleagues may have been thinking of leaving.

## Next steps

UHDB is now signed up to NHS England and NHS Improvement's 'flex for the future' programme and are planning to build elements of the transfer programme into this work by exploring how colleagues can be transferred to other areas where their flexible requests can be accommodated.

There is a clear opportunity in this work for a more informal approach to flexible working requests. If a request is unsupportable in the first instance in a discreet area, a new iteration of the transfer programme could be used as an alternative escalation process for these flexible working requests, which would help to retain staff of all ages and in all roles, in a flexible way across the whole organisation.

Moving forward, the challenge for the people services team lies in developing an appropriate system of recording and monitoring requests for flexible working, that managers can operate easily.

## Key learning

The key learning points from the trust's work on retention are as follows:

- Colleagues need to be made aware of their personal options, such as pension benefits. This information can be the difference between staff leaving and/or returning to the trust.
- Change may not happen first time around, and you must be prepared to take stock and try different approaches – such as the external transfer programme having more success when it was adapted to be internal.
- Consider engaging the workforce by holding an event which gives focus and direction to key areas such as mid-career planning, retire and return options, and menopause guidance.
- Identifying the workplace conditions that support job satisfaction and retention for different generations in the workplace is key to the development of successful retention initiatives. Conducting regular conversations with staff to understand why they may want to leave the trust are vital in order to explore available opportunities to retain skills and experience within a workforce.
- Putting wraparound support in place for staff who work for longer or return to work post retirement is a clear way to demonstrate the value of an ageing workforce.

**Key focus >****Belonging in the NHS**

- Inclusivity
- Culture

Dorset County Hospital NHS Foundation Trust (DCH) have made equality, diversity, and inclusion central to their approach to both staffing and delivering services. They are keenly aware that this is an ever-evolving area in which there will always be more to do and are clear that the trust is very much on a journey rather than an organisation which has found all the answers. As Dawn Harvey, chief people officer, puts it: “We have a plan, we’re moving forward, we’re seeing some real positivity; we’re also getting many bumps in the road, it’s foggy at times, and we are evolving.”

DCH and the wider South West region is increasingly dependent on people of colour to deliver services to patients. While the population demographic is only 3% minority ethnic, DCH’s staff are 11% minority ethnic – and the trust has estimated that this will increase to 24% by 2025. Dawn Harvey is clear that “we know the links between the staff experience and patient experience”, and improving both is why the trust is so keen to ensure that all staff are included, heard and able to contribute in their workplace.

In 2019, the Workforce Race Equality Standard (WRES) indicators showed that DCH was in an overall positive position when it came to staff inclusion. However, the trust’s executive team felt that this was unlikely to reflect the lived experience of minority ethnic, disabled, and LGBTQ+ staff. The trust board requested a series of staff listening events to test if this theory was true. These were ran by the organisational development team, and the findings confirmed that staff from minority groups were indeed having a worse experience than the WRES data suggested.

## Board response

The board was clear that this was unacceptable, and that an environment of psychological safety needed to be created in order for staff to feel empowered to share their experiences and change to be enacted. The findings from the listening events proved that previous approaches to equality, diversity, and inclusion that the trust had engaged in (which focused on unconscious bias and privilege training) were not going far enough. Staff needed to be given the knowledge and skills to lead in different ways, rather than to focus on single issue actions, and wider cultural change was required.

Setting a course for leadership naturally starts from the top, so the trust board began what Dawn terms “a journey of self-discovery”, specifically in order to better understand the ways in which racism impacts the lived experience of people of colour. The board committed a significant amount of time to get this off the ground. They undertook two full away days with an overnight stay, led by external facilitators Eden Charles and Ben Fuchs,

who challenged their understanding of themselves and society. Eden and Ben focused on moving mindsets away from single issue approaches such as the makeup of interview panels, and towards wider questions – what is the history of racism? What have we been led to believe? How do we change the way we see the world? Board members were encouraged to share their own stories and show vulnerability to connect at a human level. This was followed by other colleagues from minority communities sharing their stories with the board, to support for a deeper understanding of race inequity, racism, and wider inequalities.

The board were galvanised and able to understand issues of racism and inequality in a more immediate way. They were clear on the fact that for DCH to realise ICS ambitions to drive change on health inequalities, the organisation must celebrate diversity and put inclusion at its core. Operationally, this shift in attitude meant that equality, diversity, and inclusion was no longer an HR-led initiative, but a board commitment to improving their organisation. This board buy-in, Dawn says, has been the key enabler of the trust's ensuing work on cultural change.

## Transforming people practices

In addition to refreshing the trust's strategy to align with the ICS commitment to reduce health inequalities and improve social value, Dawn's team started work to overhaul people practices – specifically around recruitment, appraisals, talent management, performance management, and disciplinary action. Feedback on the trust's culture, and lived experiences from staff, was collated and used to inform the redesigns sponsored by DCH's transforming people practices programme.

As well being informed by various data collections, the trust's staff networks co-designed these new practices, which were each given sponsors from the executive team. DCH runs networks for minority ethnic staff, members of the LGBTQ+ community, staff with disabilities or long-term health conditions, and staff who are carers. This meant that the executive team were hearing directly from staff in minority groups about what they thought change needed to look like from the outset. In overview, these changes are currently:

### **Inclusive recruitment**

- Guides created to support managers and candidates at the application, interview and offer stage.
- Values based assessment introduced for HCAs, instead of traditional interviews. This is a key part of DCH's work as an anchor institution for values and opportunities for employment, and they are working on rolling this out more widely.
- Recruitments champions introduced to interview panels in targeted areas for senior role (band 7 and above), to support impartiality and challenge bias. Support for panels to be receptive to the champions' feedback is crucial for success in this area.

### **Appraisal and succession planning**

- Board papers regarding the staff appraisal process explicitly state that “the quality of the conversation is more important than the paperwork”.
- The principal of “know your people” is paramount. The aim of the appraisal process is for staff to have an annual conversation focusing on reflections, performance and behaviours against objectives, career aspirations, all supported by more regular check-ins. These conversations must start with wellbeing.
- Simplified appraisal paperwork which enables productive conversations, to ensure staff feel listened to, valued and supported.
- Appraisal training for managers is under review, with sessions and resources created for appraisees to help them recognise the part they play in the appraisal process, how to prepare and to clarify alternative routes for the appraisal conversation if staff feel they are not being heard and supported.
- Early conversations with new staff to find out more about their values, career aspirations and strengths. Career drop ins for staff with the trust’s education team have been instated to support this.

### **Just and learning culture in performance management and disciplinary policy**

- This is an area of continual improvement, with a primary focus on achieving a culture that gives staff the confidence to speak out safely and resolve issues quickly and informally.
- The lived disciplinary experiences of staff were compiled into a report, and used as pre-reading for the inclusive leadership development programme (more detail on this initiative is below).
- Disciplinary policy being transformed from process-centred to people-centred, based on work undertaken by Mersey Care, the revised policy from Cornwall Partnership and the findings of DCH’s lived experience exercise.

The transforming people practices programme is very much ongoing, and Dawn envisages its work as evolving and improving in perpetuity.

## **Leading differently**

DCH also developed an inclusive leadership development programme, which began in June 2021 for all staff in band 7 and above. Dawn stated that the focus of this programme is “seeing differently, responding differently, leading differently”. By disrupting culture, creating conditions for vulnerability and connection, and using redesigned people practices, the trust is giving its staff a solid foundation for leading in a new way.

The programme aims to equip the people that will have the biggest influence on the lived experience of staff from minority groups with the understanding, skills and behaviours to develop truly high performing, equitable and inclusive teams. This entrenches a lens of inclusivity to the organisation’s approach, which can then be used to address health inequalities across the Dorset population.

Dawn is clear that this programme is exceptional. "It goes deep. It creates conditions for people who are on that programme to be vulnerable, and to connect with their own humanity." The idea is that setting this vulnerability alongside education to see the world differently prompts the trusts' leaders to think "how do I respond and lead differently, now I know everything that I know, and I've got different view of the world?"

The programme has had huge success, with an average 90% uptake of invitees in its first two months.

## Obstacles and enablers

Dawn notes that the commitment to culture transformation has been challenging and difficult, as well as rewarding and energising. Shining a light on poor behaviour and a lack of equity has encouraged more staff to come forward with concerns than before. While this is welcomed and expected, it is not easy. There was also a distressing incident in which an art display at the trust, #IamDCH, was defaced. The display features portraits of staff that make up the 76 nationalities employed at DCH. While the vandalism horrified the majority of staff, Dawn notes that it was another useful learning experience to highlight the intolerance that exists, and within which staff have been working. Board buy-in therefore remains fundamental because, as Dawn says, "when disrupting culture people become uncertain – you have to have real buy-in at a very senior level when people start to get uncomfortable."

Patricia Miller, DCH's chief executive, has also been an invaluable champion of this work. She holds a unique position in the trust to influence and support change, with personal experience of some of the issues they are trying to tackle as an organisation. This has helped internal buy-in among staff and created a clear unity of direction.

## Measuring success

To measure the success of these workstreams, DCH uses a people performance dashboard. This dashboard links to the pillars of the People Plan, inspired by The Royal United Hospitals Bath NHS Foundation Trust's own approach to a performance dashboard. All acute organisations have monthly workforce reports, with key performance indicators (KPIs) – standard metrics are sickness, turnover, vacancy rates, and agency spend. Dawn has taken this workforce report and broadened its KPIs to include wider cultural indicators:

- quantitative and qualitative data, by division and department, including big picture national staff survey, WRES, and WDES data
- quarterly pulse survey engagement data
- employee relations case data
- shortlist to hire demographic data
- exit interviews
- freedom to speak up themes
- informal vs formal disciplinary resolution
- appraisal data that focuses on the quality of the conversation, not simply the number completed.

Dawn's approach is that while annual findings are important, it is more important to the work of culture change to be able to see how the dial is shifting monthly, and where tweaks need to be made.

## Reflections

The key message from DCH's work is that equality, diversity and inclusion require a continual and honest focus, right across the organisation. While programmes that highlight white privilege, or talk about white fragility have some value, they don't automatically lead to change. It is only by committing to disrupting an existing culture that real change can be delivered.

**Key focus >****Belonging in the NHS**

- Freedom to speak up
- Culture

## Background

In the 2020 NHS staff survey results, Solent NHS Trust was rated in the top three organisations for positive speaking up culture for the third year in a row and was the top performing trust in the newly added freedom to speak up specific question. Solent are also currently shortlisted for the Health Service Journal employee engagement award. This is all evidence of a huge turnaround across five years – 2015 staff survey results indicated that in order to improve the experiences of Solent staff, the culture needed to be changed. At the time, the trust's CQC rating was requires improvement; now it is rated outstanding in caring, and good overall.

The key to this turnaround has been the trust's great place to work strategy, building a values-based and people-centred organisation in which staff can thrive. This strategy is one of the three organisational priorities:

- provide great care
- be a great place to work
- deliver great value for money.

Jasvinder Sohal, the trust's chief people officer, has only been in post for a year and is struck by the fact that there's "something about Solent where we really are values-led".

## Values-led

Being values-led is a key ambition for many trusts but making it a reality can be challenging. As a first step, Solent ran listening exercises with employees and members. Feedback from these exercises was collated and used as the basis for a values refresh. This bottom-up approach helped to secure staff buy-in when the new 'HEART' values were announced:

- Honesty
- Everyone counts
- Accountability
- Respect
- Teamwork

These form an important part of the annual appraisal process for staff, who are asked to reflect on what the values mean to them personally and how they bring them to work. Recruitment and leadership practices have also been overhauled in order to embed the trust's values into their daily culture. In conjunction with two psychologists, Solent developed a *Leading with HEART* programme, which earned the psychologists the British

Psychological Society's 2019 Award for Excellence in Professional Practice by the Division of Occupational Psychology. The training was expanded to middle managers in 2020 and continues to have excellent take up.

The focus of the training is to enable inclusive and compassionate leadership, which in turn creates an environment where people are supported to be at their best. Jasvinder is clear on the importance of this being modelled from the top, and praises Solent's chief executive, Sue Harriman, for being "so approachable" with "an authentic presence where people do see our values being lived and breathed. Because she does that, everybody else does that."

## Speaking up culture

Compassionate, approachable leadership has clearly been key to the positive speaking up culture at Solent. Dan Winter-Bates, Solent's freedom to speak up (FTSU) guardian and wellbeing lead for the ICS, has undertaken extensive work on the interplay between leadership and FTSU. His recent project, pulling together all the avenues which staff can take when speaking up (including the FTSU guardian, wellbeing champions, the executive team, people partnering teams, and others) is testament to the trust's approach. As he summarises: "there are all of the different areas where you have the opportunity to talk to people about whatever you need to, and equally the different routes you can go down to do it." This is clear evidence of an organisation which has done extensive work to embed cultural improvement at every level.



Dan explains that while Solent is recognised for having a culture of speaking up, it is firmly woven into wider work on inclusivity and equality, staff voice via networks, wellbeing champions on the ground for staff to talk to, and all other aspects of improving staff experience. "It's all related to speaking up, it's all related to staff voice, and that is something that we shine on in all aspects."

By moving away from the concept of FTSU as a specific department's responsibility, sponsored by specific people and embedding it into the wider work on culture and careers, it is truly enabled. When people feel psychologically safe, they will speak up and be able to express their concerns. A good speaking up culture, which is evident in Solent, therefore makes for a safer environment for staff and for service users.

## Keeping track

Solent continues to put staff voice at the heart of its decision making, with regular listening and engagement practises. Local surveys and innovative engagement activities are carried out across the trust's services to ensure that corporate-led initiatives are working and appropriate. For example:

- team barometers and weekly huddles in adults specialist services
- monthly morale and wellbeing questionnaires in estates and facilities during transformation programme

- stress audit carried out by adults Portsmouth
- monthly *how are you doing?* survey conducted by adults Southampton
- wellbeing days –particularly successful in children’s therapies in Portsmouth
- health and wellbeing champions, and mental health first aiders, embedded across the trust.

In areas where engagement in listening tools, such as the staff survey, is lower, the trust takes targeted action. Over a number of years, they have been working to increase engagement levels with Solent’s facilities team by holding conversations to understand their disengagement, values and needs. The focus on this team has been successful, with an increase in their NHS Staff Survey response rate from 40% in 2019, to 67% in 2020.

Investment has been key to Solent’s culture transformation. Resources have been refocused, and the team expanded, to deliver on leadership and development, the core leadership offer, and embedding a culture of growth and development, all in line with the trust’s values. Staff buy-in has also been a vital enabler to this work, supported by bottom-up engagement and the modelling of values from the top down.

## Moving forward

In the 2020 NHS staff survey results, Solent showed improvements in seven out of ten themes, and the highest national score in three themes. The trust’s response rate in the NHS staff survey was also the highest for trusts of its type at 66% – a marked increase from 44.4% in 2015. Turnover in nursing staff has also fallen from 18.76% in April 2017 to 14.1% in 2020. All of these indicators suggest that the culture has improved dramatically, and the workforce is more engaged. This was noted in Solent’s most recent CQC inspection: “The trust’s strategy, vision and values underpinned a culture which was patient-centred. The culture was very positive, open and honest, staff were listened to and heard. We found everyone we spoke with was extremely happy working at the trust.”

But there is always more to be done. The trust’s next focus is on sharing existing learning, and they have already begun engaging with other trusts. They also launched *The big conversation* in early October 2021, signalling the start of a deep dive into Solent staff’s experiences relating to race, sexuality, religion and disability, which will ultimately lead to the co-design of interventions to tackle issues with employees.

Solent has done a remarkable job in transforming its culture so far. By really considering the experience of people who work in Solent elements of staff experience, the trust remains alive and responsive to concerns, while the organisational values give a clear direction for the work as whole.

**Key focus >****Belonging in the NHS**

- Culture

## Background

Berkshire Healthcare NHS Foundation Trust (BHFT) was the top scoring mental health trust in the 2020 NHS staff survey's question "I would recommend my organisation as a place to work." This is testament to the way in which Julian Emms, the chief executive, has led the trust since it became a merged organisation (50% mental health, 50% community) ten years ago.

When the organisations came together, staff survey results were average. In light of this, Julian's focus on improving staff experience led to the establishment of a comprehensive organisational development plan one year later, in 2012. BHFT's culture has since been transformed.

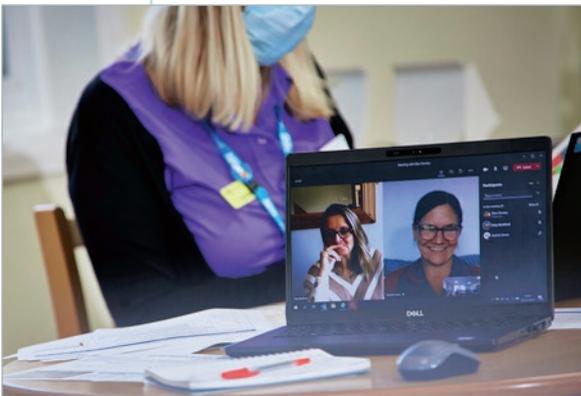
## Excellent managers

A key driver of this transformation is the trust's investment in competent, compassionate managers. BHFT spans 98 different locations and 197 teams, so ensuring consistently good management across the board is a challenge. Ten years ago, developmental training in the trust was voluntary and focused on managing teams, individuals, and change. Julian, having had personal experience of working as a practitioner and then suddenly managing people, recognises the importance of getting the basics right when it comes to management training.

The trust invested in the development of their own in-house excellent manager programme with the aim of supporting new managers, particularly those balancing leadership and clinical roles. The programme was developed in conjunction with the trust's psychologists, not just leadership experts, and focuses on what makes a compassionate leader. It is structured across five separate days, each exploring a different theme. The five days are spread across a period of months, to maximise staff attendance and to keep the training in people's consciousness for longer. Jane Nicholson, the trust's people director, also notes that staff have found the programme helpful to do in cohorts, with groups continuing to stay in touch afterwards for action learning sets, and general support. Jane explains that the programme is constantly evolving – it's currently in its third iteration and is due for another refresh, as leaders face the challenges of managing in an increasingly digital world.

Initially, COVID-19 presented a challenge to the programme, having to move from in-person to online attendance. Jane reported that the trust has found notable benefits to running the course digitally – so much so that the programme is currently still run in

that way. To ensure engagement, there is pre-work which attendees complete and a mixture of presentations, videos breakout rooms, coffee breaks, and the chat function, alongside encouragement for cameras to be kept on. Feedback from digital attendees focused on the positives of not having to travel, a wider mix of staff from across the organisation, and there being more opportunity for shy attendees to contribute via the chat function. Jane is planning a blended leadership development model going forwards, to harness the best elements of digital and face to face sessions including more focus on coaching, mentoring and sponsorship.



The leadership values promoted by the excellent manager programme are espoused throughout the organisation, led by example from the executive team. In a digital staff meeting, the chief operating officer's dog came on screen. Staff responded positively, which was noticed by the trust's executive team. They then harnessed this opportunity with an "exec pet" section at the Christmas all staff briefing where exec and other staff introduced their pets. While this seems whimsical, it in fact exemplifies a central tenet of the trust's culture – breaking boundaries between senior leaders and staff, dissipating any sense of fear due to hierarchy.

Key to the trust's success is alignment on what is important to staff, supported by high quality consistent leadership behaviours right across the executive team and senior trust leaders. Julian believes that "we have also benefited from developing a listening culture over a number of years. The trust introduced quality improvement systems which have further enhanced our listening culture and empowered front line services to make changes and improvements." Both the board and the executive team model a resultant respectful but informal culture, setting the tone for an open and supportive environment across the trust. During the height of the COVID-19 pandemic, the executive team continued to carry out visits to services (albeit virtually) and Julian still attended every staff induction, as he always does. This is an unusual approach even in "normal" times, but Jane believes that all staff need the chance to connect with those at the top of the organisation. Most staff don't see Julian every day, so to have contact with the head of the organisation during induction sets a clear tone for new joiners as to how the culture at BHFT will be. Julian's session is consistently rated as the most valuable induction session by attendees.

Ensuring the visibility of those leading the organisation is vital to establishing high levels of trust among staff. Jane states that the executive team "never duck challenging questions", responding openly to difficult queries during the regular staff engagement sessions such as "why should we trust you about COVID-19 vaccines?"

## Staff buy-in

Alongside the establishment of trust, is the work which Jane leads on ensuring staff buy-in to cultural improvement. BHFT take a systematic approach to quality improvement, embedding it as a fundamental behaviour and approach across the organisation rather than a distinct workstream. In the trust's pulse staff survey, "I'm able to make suggestions to improve things" is the top scoring indicator.

In part, this is likely down to their bright ideas and innovation pipeline, which staff can access to submit suggestions for organisational change. Submissions are guaranteed a response within 14 working days. A virtual monthly panel (comprised of HR team members, web team and communications team reps, and clinicians) assess the submissions, and the best ones are then enacted. Alongside the rolling pipeline is an annual staff-wide event which showcases the ideas taken forward and their impacts.

A recent example from the pipeline was an idea about supporting staff through menopause, and how it facilitates wellbeing given that the trust's workforce is 85% female. This was showcased at the annual event, its impact presented by a male member of the exec team, and additional support announced to roll the "bright idea" out across the entire organisation. This approach highlighted that menopause is not just a female issue, but one which the organisation cares about as a whole. The staff who initially submitted the idea are now co-leading the team who are developing it.

As Julian summarises, "success begets success. When staff own and champion their ideas, that's empowering."

## Enablers and obstacles

Consistency of purpose and leadership, developed and nurtured over time, is most threatened by excessive unplanned turnover. Julian's executive team have focused on systematic succession planning and talent management with an organisational psychologist, across eight years, to guard against this. They keep a live document with a full list of all executive, senior leadership, and clinical director posts. This is kept updated, indicating who could fill a given post and when, should the need arise.

Jane and Julian agree that consistency is key to culture change. Otherwise, improvements are seen as temporary initiatives with no context. Approachability and mutual respect is important, humanising senior staff members with a focus on positive culture rather than hierarchy. This sets the tone for the organisation, helping staff to feel comfortable and empowered to speak up.

**Key focus >****New ways of working and delivering care**

- CPD and training

## Background

NHS staff work in environments that can change very quickly. COVID-19 has been a particularly powerful example of how work and priorities can be suddenly and completely overhauled. Midlands Partnership NHS Foundation Trust (MPFT) have recognised this feature of NHS work for many years and have invested in training practices which ensure their staff are supported to be adaptable and innovative.

The amount of training MPFT offers staff is impressive, particularly given the organisation's size. MPFT have staff covering areas from Yorkshire to the Isle of Wight. As such, the trust has had to be forward-thinking in terms of how to provide training and continuing professional development (CPD) opportunities consistently across its workforce.

## Identifying and meeting training needs

Key to this is comprehensive and accurate analysis of the types of training that staff want or need. Angie Astley, head of workforce planning and transformation at MPFT, leads the team which developed the trust's strategic training needs analysis process. This begins with a conversation with each care group about priorities and strategic drivers in their work. In conjunction with the relevant staff, Angie's team agrees the corresponding training needs, which are developed before being offered out to staff.

Training can fall under various themes, including competence, CPD, succession planning, and clinical knowledge. Dr Ian Turner, deputy chief nurse, has been particularly engaged with the clinical side of the training offer, and notes that "sometimes it might be that there's been an adverse incident or a complaint, which flags up a need for training. We identify that in one place and test out if it's a generic need for that training to be delivered wider across the organisation." Appraisal outcomes also feed into the strategic training needs analysis process. Highlighting specific elements of the resultant training needs is how MPFT tests which staff groups they should be rolled out to. The training need is broken down into how it relates to job roles, competence, and clinical or academic skills development. Where one of these elements is relevant for multiple groups of staff, a comprehensive training offer is developed.

These offers are then added to the online training prospectus. This was developed in response to staff feedback that it wasn't clear what all of the development offers were at any given time. They have now been pulled together into one online tool which all staff can access.

There is always a focus on how the trust can best provide training – in partnership with local providers or internally; who should lead it; how many staff need to attend and when would be best for them to do it. Because the trust provides a wide range of services, it is possible for them to deliver a lot of high-quality in-house training, while partnering with universities for other workstreams.

Angie has also woven training into her unusual workforce planning process. She approaches this process in conjunction with those in operational services. Angie asks service leaders to walk her through the patient pathway, so that she can learn which tasks staff will undertake at each stage and who is best placed to do them. Angie can then focus on how this translates to a new role, a new training need, or an existing skillset. For this approach to workforce planning, Angie's team use a skills matrix developed by the trust's quality improvement team as the first step. By using the trust-wide strategic training needs analysis process to address needs arising from workforce planning, training remains a centralised activity for the trust, and other areas which could benefit from similar training can be identified too.

## Taking action from feedback

This unified approach to training development encourages a culture of learning rather than blame. By collating upcoming workforce needs, issues arising from incidents and complaints, and feedback from staff appraisals, CPD and training offers are produced 'in the round'. This takes the stigma out of developmental needs and widens training opportunities to more staff than would otherwise have had them.

Kaine Davidson, MPFT's associate director of organisational development, is clear that the trust encourages all staff to speak up to this end. Honest conversations with a line manager, a freedom to speak up guardian, or even through online safeguard reporting helps the team to identify trends. Once this is done, the focus is on understanding what can be done differently. A good example is a recent upswing in reported issues with staff using a palliative care device. Upon investigating the reports, it became clear that the devices were overly difficult to use, rather than the staff lacking in skills. The trust procured alternative devices, and is now training staff in using these, instilling confidence and assuring support in an area that has previously been difficult.

## Reflections and next steps

Angie reflects that ring fencing the trust's training budgets has been crucial. When South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke on Trent Partnership NHS Trust merged to become MPFT in 2018, Angie's team devolved budgets to be specific to each organisation, so that they retained control of the training their staff needed. This has also been helpful in terms of accurate inputs to the strategic training needs analysis process, as needs are more easily identified in the first instance on a smaller scale.

The next step in this workstream is to launch an appraisal and training needs analysis portal, which is currently in testing phase. This will form the end-to-end process of training development, with input from appraisals, workforce planning, incidents, and complaints. The portal will then gather the training needs analysis output and hold the process by which training programmes are approved.

The training practices at MPFT run like a well-oiled machine. Because of the strategic training needs analysis process, more opportunities are identified and acted upon which would otherwise have fallen through the gaps. This makes a positive difference to both staff and patient experience, with needs identified and acted on in a positive, rather than punitive, way.

# North East Ambulance Service NHS Foundation Trust



## Key focus >

## New ways of working and delivering care

- Cross-organisational workforce planning
- Cross-organisational working

## Collaborating for capacity

The North Tyneside area was facing a lack of dedicated home visiting capacity at the start of 2019, increasing the demand on primary care and impacting GPs' availability to deliver face-to-face assessments in practices. This was a significant issue in an area which serves a population of 205,000 people.

To address this, North Tyneside CCG approached the North East Ambulance Service NHS Foundation Trust (NEAS) to discuss the possibility of developing additional home visiting capacity by utilising the paramedic workforce in a new way. The organisations worked together, and NEAS developed an outline proposal for a service, which was extended following input from Northumbria Healthcare NHS Foundation Trust (NHFT) and 29 participating GP practices.

This consultation period culminated in the agreement to implement a rotational working model for paramedics across North Tyneside.

The model was of a dedicated rotational paramedic workforce, operating 10am-6pm Monday to Friday. Four advanced practitioners would be available at any point to provide home visits traditionally undertaken by a GP. This was embedded into the community services hub operated by NHFT. By operating as an integrated part of community services across North Tyneside, co-located in North Tyneside General Hospital, NEAS's staff became mobile resources able to deliver up to 32 home visits per day. This was a significant benefit to primary care services in the area.

## Obstacles and enablers

The initial development of the partnering arrangement with NHFT presented a challenge relating to where the service integrated into wider community services, access criteria and the methods by which jobs would be referred into the service. The key hurdle was that the community services hub did not have a centralised operating system which could facilitate the necessary allocation of work. By working with the community services administration team, NEAS developed a standardised referral and clinical assessment template using pen and paper.

The key enabler to this work was funding. This was provided by North Tyneside CCG, who wanted to trial the concept of rotational paramedic support into primary care.

The full duration of the pilot was 20 months, and the initiative has now been made permanent. NHFT also provided significant cross-organisational support with administrative functions, estates, and overarching governance of the systems and processes.

## Outcomes

Overall, surveyed patients have found the service excellent, with an average 99% approval rating. Feedback has consistently highlighted that service users feel they are given appropriate time and care by paramedics, feel listened to, safe, and confident in the care provided.



NEAS and NHFT undertook data analysis for the initial six-month period of delivery, between August 2019 and January 2020. In total, there were 1,747 referrals to the service. Of these referrals, fewer than 1% were not undertaken due to capacity constraints. Over 90% of referrals to the service were managed either on-scene by the clinician or referred into primary/community care. Only 10% of patients seen were then admitted to hospital.

These are staggeringly positive results. The staff involved between the various organisations have also found the rotational model to be beneficial to their working lives. GPs have noted considerable additional time to focus on patients in their practices, catch up on paperwork, and generally relieve pressures – for each home visit

undertaken by NEAS Advanced Practitioners, GPs are freed up to undertake an additional four to six face-to-face clinical assessments.

The paramedics involved have also increased their scope of practice considerably, enhancing their overall clinical assessment skills and knowledge. The rotational aspect was popular with NEAS staff, with job satisfaction from working across a range of service areas reported.

## Wider benefits

This working model is a prime example of the value of integrating ambulance services into primary care, joining up out of hospital care, and providing patients with a more seamless experience. It has also enabled NEAS, primary, and community care services to be more aware of each other's challenges, better able to join up pathways of care, and to understand staff capacity and resource across the area as a whole. This is in alignment with both Long Term Plan and People Plan ambitions, as well as the Carter Report (due to the channel shift from hospitals into community care).

As the pandemic hit, a resource capacity challenge also became apparent for the COVID-19 Hubs across North Tyneside. Due to the existing rotational working model, NEAS were able to provide additional resource to support the hubs at a time of real need. This kind of flexibility is what many organisations are working to emulate.

## Next steps and reflections

NEAS is currently engaged in developing a region-wide rotational paramedic service, funded and supported as part of the GP DES contract and Additional Roles Reimbursement Scheme. The key milestone is quarter three of 2021/22, when the first cohorts of staff will commence work in primary care as trainee first contact practitioners.

Ensuring strong relationships, communication, and integration between organisations from the outset has been crucial to the success of this work. Complete transparency and willingness to be flexible as services develop is at the heart of each organisation's involvement, alongside understanding that primary care is a very different operational setting for paramedics, requiring a considerable 'bedding in' period. This was recognised and supported by all parties and has made the rotational model a resounding success.

**Key focus >****Looking after our people**

- Physical wellbeing
- Mental wellbeing

## Background

The COVID-19 pandemic has changed what is expected and what can be done in terms of staff wellbeing. Across this period of extreme pressure on the NHS, Mid Yorkshire Hospitals NHS Trust (MYHT) – like many other trusts – rapidly scaled up their staff wellbeing offer. This case study explores what the trust put in place and how they have since developed it.

## Accelerated mental wellbeing provision

During the peak of the pandemic, MYHT recruited in-house psychologists across to their staff wellbeing programme. The trust's workforce team already had strong relationships with clinical psychologists due to previous collaboration on organisational development (OD) work, and the co-production of training programmes. The psychologists provided dedicated support and wellbeing assistance to staff, as well as producing psychological wellbeing videos to encourage self-awareness and self-care.

With the help of these psychologists, and also of chaplaincy staff, MYHT's workforce team rapidly developed a wider support offer covering:

- 1:1 Support Staff Service, offering confidential appointments with professional support staff and screenings for PTSD
- spiritual and religious support by the chaplaincy service
- advice on dealing with bereavement and grief
- advice and checklists for team leaders and line managers, including Schwartz rounds and training in techniques to help colleagues notice when each other are struggling
- COVID-19 related e-learning and buddying for new starters or re-deployed staff
- introduction of common rooms where staff can go to take some time out before, during or after stressful shifts.

A six-figure investment from the board enabled this work, and the creation of a permanent wellbeing team. However, Richard Firth, assistant director of organisational development, is of the opinion further investment is needed. The wellbeing offer has been so successful that the wellbeing team has all of its support sessions constantly booked up. There is, then, a strong case for expanding this work and Richard would like more capacity to work on proactive, as well as reactive, wellbeing offers.

## Health and wellbeing conversations

MYHT have also spent considerable time implementing the 2020/21 People Plan's ask for staff health and wellbeing conversations. Chris Mannion, deputy director of workforce and organisational development, was clear that the trust should take a qualitative, rather than quantitative approach. Chris and his team were aware that the completion rates of these types of conversation might need to be monitored in future but made a conscious decision to devise a process focused on adding value for staff rather than one designed with compliance in mind.

All staff in the organisation are encouraged to have these conversations. In collaboration with the psychology team, the workforce team have developed a suite of tools, guidance and information to support these conversations.<sup>1</sup> Staff have the option to carry them out with their line manager, someone else, or not to have them at all. They are framed as a supportive conversation with someone you can trust, and last around an hour. The intention is for the conversations to be preventative, allowing staff members to talk about, and make plans to address, their experiences and their health and wellbeing needs in a supportive environment.

The conversations are not documented – there is no expectation that the content of the conversation is recorded on personal files, as the trust understands that this might discourage openness or affect staff members' decisions to participate. The only measure that the trust is tracking is whether staff have had a conversation, or if they have consciously opted not to have one. Of course, this approach does limit ways to track the impact of the conversations, other than general indicators such as reductions in staff absence. However, before roll out the approach was piloted with colleagues at board level, and it was successful. One colleague reported that he had learned things about his line reports that he had never realised before. This was encouraging evidence that the approach could create an open, safe environment, and so the team implemented it more widely.

Within 16 weeks of the launch, 43.4% of the organisation had either had a health and wellbeing conversation (circa 1200 people), or consciously opted out of having one. A survey of those that have opted out shows that 21% of respondents already felt that they have regular conversations about health and wellbeing with their manager at work.

1 The guidance for people leading health and wellbeing conversations is structured as follows:

- **Introduction** – Purpose of session, confidentiality and outcomes
- **Reflecting back on the past year** – How has the pandemic impacted your work, health and wellbeing?
- **Goal: what do you want?** – What aspects of wellbeing are important to you?
- **Reality: where are you now?** – How are you feeling about your work wellbeing and general wellbeing at the moment?
- **Options: what could you do?** – Help you to think about what options are available to you in regards to your wellbeing? Look at signposting guide.
- **Will: what will you do?** – Help to think about what changes (if any) you would like to make in regards to your wellbeing. You may complete a MY Wellbeing action plan to record what you will do to support your health and wellbeing
- **Closing: agree next steps** – When will your next health and wellbeing conversation be (three or six months)?

There has been a good amount of feedback on the conversations so far, with a series of positive quotes:

*"On the whole I feel this was an overwhelming positive experience. During the session we were able to identify specific areas where I feel I lack experience and require more training and mentoring. I feel that the dedicated time spent having this conversation with a manager really helped facilitate this. I feel that all staff would probably benefit from a session such as this."*

Staff member

*"I genuinely had a nice chat... away from the tick box feeling of our usual supervision... perhaps this is what we all need."* Supervisor



The workforce team is now working to promote the health and wellbeing conversations and let staff hear from peers as to their benefit. They have collaborated with the internal communications team to produce promotional screen savers, intranet posts, bulletins, and training webinars. Chris is working towards a response rate that's close to 100% but is aware that this hinges on word of mouth and the conversations being of benefit to staff. In this vein, he is planning to use the information gathered in the survey of staff who have opted out to help inform further communications and training, to engage as many staff as possible.

## Key enablers

Additional funding from the board has been crucial to setting up the wellbeing team. Board buy-in more widely has also been a key enabler, with understanding at senior levels of the organisation about the intrinsic importance of staff health and wellbeing to service delivery.

Leading by example is therefore important to ensure staff welfare. The health and wellbeing conversations are gaining traction, with more to come, including a business plan for a musculoskeletal care offer in the works from the workforce team.

MYHT has a clear understanding that their service cannot work when staff are not in a good place, and they are investing significantly to guard against this.

## Conclusion

It is striking how much work has been undertaken to support the NHS workforce over the past 18 months, as the service has faced the greatest challenge in its history. Staff are the backbone of the NHS and have risen to the challenges posed by COVID-19, but many are now exhausted. A renewed spotlight has been placed on workforce issues and trust leaders are demonstrating innovation and commitment to recruiting, retaining and sustaining their workforce. This report provides a snapshot of just some of the excellent work being done across the country in this regard, which we hope will act as a springboard for driving further change and innovation.

It is no surprise that a healthy, happy, and inclusive workforce leads to better patient care and outcomes. Key learnings on how this can be achieved have emerged from all the case studies in this report and, in line with the focus of the NHS People Plan, many are centred around inclusive and compassionate leadership. This was echoed most by trusts when discussing staff wellbeing and belonging. For example, board buy-in is critical to embedding the success of innovative approaches to workforce issues. This was highlighted by Dorset County Hospital when driving a culture-shift to meaningfully address workforce inequalities, with a particular focus on race. Berkshire Healthcare shared how an approachable, visible executive team has ensured their ability to break-down barriers and create a culture of openness and listening. Similarly, Solent described how being a values-led organisation with compassionate leaders has been key in enabling them to embed freedom to speak up practises into all aspects of their culture.

Regarding new ways of working, trusts have demonstrated remarkable innovation. Key learnings include the willingness to collaborate with, and foster strong communication between, organisations. The North East Ambulance Service focused on this when partnering with local GPs and Northumbria Healthcare NHSFT to embed a new model for home visits, conducted by paramedics. This relieved GP pressures and ensured continued high-quality service delivery. Sussex Partnership also highlighted the importance of collaboration through their learning academy partnership, which sees local students from Greater Brighton Metropolitan College shadowing healthcare workers to help them realise the NHS as a tangible career path.

A long-standing conclusion in conversations around retention is the importance of flexible working. In an innovative move towards enabling this for frontline staff, University Hospitals of Derby and Burton have set up internal transfer programs which give nursing staff the option of working in a different department that can meet their flexible working preferences or allow for a period of respite from a busy ward or give the opportunity to gain professional experience on a different ward. The trust is planning to embed the transfer program as a formal process to widen participation and build elements of it into their flex for the future programme.

This work is evidence of how trusts are constantly adapting to support their staff, and all of the trust leaders we spoke to emphasised that this is an on-going journey with many moving parts to it. The focus remains on continuously challenging mindsets, ensuring compassionate leadership is seen at all levels, driving innovation, and engaging openly in difficult conversations. Last month, Solent launched *The big conversation*, which aims to

dive more deeply into issues relating to race, sexuality, religion and disability. University Hospitals of Derby and Burton is looking to transfer what they have learned about retaining nursing staff and widen this to allied health professionals. Mid Yorkshire will be combining more physical wellbeing into their wider wellbeing offer to staff, with an inventive project focusing on musculoskeletal care already planned.

Workforce remains the number one concern for NHS trust leaders, and the basis of everything that the service does. It is paramount that key learnings, innovation, and outcomes are shared to ensure that best practise is disseminated and adopted at this critical juncture, given ongoing operational pressures and upcoming legislative changes. It is crucial that NHS staff feel supported and heard in this process, and there needs to be understanding of what they're facing from both the public and policy makers.

While the type of work detailed in these case studies goes a long way to improving staff experience in the NHS, huge workforce shortages and the resulting unsustainable workload on existing staff can only be tackled with a robust long term workforce plan. We continue to call for a national fully costed and funded, multi-year workforce plan, based on input from providers, as a matter of absolute priority. This has to come alongside increased longer-term investment in workforce expansion, education and training.

In the meantime, trusts can continue to look to NHS Providers for examples of best practise and key learning, and to represent them at a national level as the NHS and its workforce prepare for the winter months ahead.

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## Interactive version

This report is also available in a digitally interactive format at:

[www.nhsproviders.org/  
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