

SPF Creating Positive Cultures Summit Notes



28th November 2017, 12.30 – 4pm

Background

The Social Partnership Forum [Tackling Bullying in the NHS: A Collective Call to Action](#), launched in December 2016, draws together evidence and front line experiences to make a strong case for change in tackling bullying within the NHS. A range of suggested actions supported by resources, advice, guidance and good practice have been made available to help organisations develop their own plans in partnership to tackle bullying. The call to action invites all NHS organisations to: achieve the overarching leadership and cultural change to tackle bullying; support staff to respectfully challenge problem behaviours; publish their plans and progress so staff, patients and the public can hold them to account.

Creating Positive Cultures Summit aimed to:

- Bring together the co-chairs of the regional SPFs with national partners to share good practice and lessons learnt and identify barriers
- Looking at system wide accountability
- One year on from launching the Call to Action – collating what progress has been made
- Planning and gaining the commitment of partners to what needs to be achieved in year two.

Time	Item		Lead	Item
12.30	1	Welcome	Minister	
12.40	2	Getting to know you	Sara Gorton	Introductions
12.45	3	National SPF Discussion	Chaired by: Jon Restell, MiP	The Call to Action – Progress so far and the challenge ahead. Discussion members: Department of Health – MP Phillip Dunne, Minister of State for Health NHS Trade Union – Sara Gorton, Head of Health, Unison NHS Employers – Danny Mortimer, Chief Executive
13.15	4	National ALB Discussion	Chaired by: Danny Mortimer	System level support and achievements ALB members. CQC – Mandy Williams, Inspection Manager NHS Improvement – Caroline Corrigan, National Director of People Strategy NHS England – Paul Harrison, Director of Organisation Development HEE – Laura Robert, Regional Director – North of England
13.45	5	Tackling Bullying is a partnership issue	Paul Taylor- Pitt, NHS Employers	This session gives participants the opportunity to have conversations on the topic of 'partnerships' using the World Café method. There are 7 tables: <ol style="list-style-type: none"> 1. Understanding the data– Steven Weeks, NHS Employers 2. Regional SPF approach – West Midlands Regional SPF 3. Local approaches to partnerships - Safe Haven – Royal Liverpool and Broadgreen University NHS 4. Changing Culture through partnership – NHS Improvement 5. Partnership Posters – NHS Employers 6. Tackling Workplace B&H of doctors - BMA 7. Freedom to Speak Up Guardian – Royal Free London NHS
15:00	6	Feedback	Paul Taylor-Pitt	Any key learning points, themes or connections
15:30	7	Year Two – What are the Next Steps	Sara Gorton	What do you think the priorities should be for the national SPF? What action is required in year two at the individual, organisational, regional and system level and measures are useful?
15:55	8	Close	Danny Mortimer	

Sara Gorton welcomed delegates to the summit, and introduced Health Minister, Philip Dunne.

1. Minister

Minister reflected on what is currently underway to tackle bullying in the NHS. He noted the important role of freedom to speak up guardians and discussed an interest in work of Dr Henrietta Hughes, National Guardian's Office. Minister shared with the delegates that he makes a point of meeting a freedom to speak up guardian at every trust he visits, to ensure he can discuss any issues on a 1:1 basis, in an open and honest way. He emphasised this is a valuable role - poor behaviour is often reported through this route – which means it isn't allowed to continue unchallenged.

Staff survey shows us BAME colleagues report higher incidents of bullying, which must be addressed.

He raised made four key points:

- That people management has a role to tackle bullying and harassment at all levels and the need to instil respect from the start of NHS staff careers;
- The work that will be needed following the Government's response next year to the consultation on whistleblowing and his recognition (from his postbag) that the NHS is still not good at dealing with whistle-blower's;
- The role of HEE's workforce strategy to develop a culture where bullying and harassment isn't tolerated;
- That the NHS is probably no better or worse than other organisations in dealing with sexual harassment and that we shouldn't ignore this as an issue across all workforces.

2. 'Getting to know you' – Sara Gorton

Sara introduced colleagues and speakers, and emphasised the importance of bringing people together today, and the opportunity to share best practice.

3. National SPF discussion - Chaired by Jon Restell

Danny encouraged organisations to be honest about long standing issues, to show humility and listen to staff. He also acknowledged the importance of tools and resources in giving organisations the capability to understand issues and take action.

Sara added that this is important on a team level, as well as an organisational level. If there is a positive workplace culture, staff feel they can raise concerns. Well supported managers are able to manage and support their staff properly. Sara thanked WIG members for making this a priority.

Q&A

- What is the distinction between bullying and harassment? Minister explained that he views them both as the same problem but on different points of the scale. Legal implications for some behaviour, but ultimately both need confronting and challenging in the same way.
- How do we get ALBs/regulators to understand their role within this agenda? Danny noted that CQC have already recognised their role – CQC well-led domain. NHS Improvement's new chief executive will be briefed on the agenda and the standards already set.
- Sara explained that the workforce strategy is not just about supply and retention, but what it feels like for people at work. The aim is to not only tackle poor behaviour, but reinforce positive behaviour and positive cultures that exist too.
- It is time to reinforce the NHS Constitution expectations around positive behaviours regarding the call to action?
- Is there a link between bullying and staff experiencing violence and aggression? Do staff who feel safer and protected at work experience less V&A?

4. National ALB discussion – Chaired by Danny Mortimer

Mandy Williams, Inspection Manager, CQC

Mandy presented on the link between inspection outcomes and workplace culture. She highlighted that poor behaviour impacts negatively on patient care and is linked to clinical errors. When inspecting organisations the CQC ask:

- Is the organisation signed up to the call to action?
- What measurable action are they taking?
- Is there a culture of high quality, sustainable care?

Mandy agreed with the Minister that it is also important to take time to talk to a freedom to speak up guardian. She explained that the CQC have identified a clear correlation between signing the call to action and lower rates of bullying and discrimination. Well run organisations have signed the call to action and taken significant action to improve their workplace culture.

Paul Harrison, Director of Organisational Development, NHS England

Paul updated the delegates on what NHS England are doing to improve their own workplace culture, including:

- Driving and promoting the Workforce Race Equality Standard (WRES)
- Respect – living our values and behaviours
- Bringing HR in-house, to improve access to support and advice on workforce issues
- Expanding freedom to speak up system
- Line management development programme – 1400 line managers will have completed the programme by April 2018
- Induction modules for new staff
- Accountability – reporting back to Exec group
- Acting on staff survey results - Peer learning and sharing good practice

Laura Roberts, Regional Director North, Health Education England

Laura explained that HEE had made changes to their OD plan, including:

- Reviewing core purpose and values
- 'Managing behaviours for managers' programme – 40 managers have already completed this training

Laura explained that HEE acknowledge pressure on the system but are clear that it is never a justification for bullying behaviour within their organisation. She noted that it is important to ensure difficult conversations are held in a respectful way.

Caroline Corrigan, National Director of People Strategy, NHS Improvement

Caroline highlighted the importance of being aware of staff experience, and that productivity targets should not overshadow this. She added that while it is NHSI's role to balance numbers, it is important not to forget how it feels to work for the NHS at this time, and the pressure that colleagues are facing at all levels of the NHS.

Q&A

- How organisations can improve ratings without increasing pressure and levels of sickness among staff. Danny responded that there should be an individual response to this issue, rather than a default approach.
- All ALBs have signed up to Developing People- Improving Care, to work together to create compassionate cultures. What is your organisation doing as a result?
- How do NHS England take stock of CCG behaviours across local systems?

- Does HEE agree that line management, HR conflict resolution skills are also essential?
- Do CQC inspectors engage with agency/locum staff? Potentially a vulnerable group who are subject to poor behaviours but a good barometer of culture.

5. World Café

A world café is a structured process to encourage conversation, creativity and sharing ideas. Participants could choose three different tables to attend, hearing about the context and contributing their thinking through questions, ideas and comments. The common themes, patterns, connections have been captured for each table below:

Understanding the data– Steven Weeks, NHS Employers

- there was good awareness of the national data about overall incidence of bullying harassment and abuse. There was less awareness of the phrasing the question and the fact that there is also a question about willingness to report incidents. There was some debate around whether a definition would be useful though there was not a consensus.
- 22 organisations had made reductions in levels of bullying harassment and abuse in their staff survey in 2016. These reductions were generally fairly small (one to three points). 43 organisations had increased staff willingness to report. These reductions averaged 14 points and in some cases, were very significant. This appears to demonstrate that employer interventions can have an impact in the short term on employee confidence.
- a number of organisations taking part in the group gave details of their local approaches to the issue. Most had focussed on overall cultural interventions and in particular measures to support more respectful behaviours and address unacceptable conduct. A smaller number had taken procedural steps such as bullying and harassment advisers. Better training for line managers was also suggested to ensure performance was properly managed without bullying,
- all attendees accepted there was an issue of bullying and harassment within the NHS. There was though some debate over whether the term bullying was used in a general sense about lack of respect or poor working relationships. In some cases it was felt NHS workplace culture around "banter" created conditions for bullying. Hierarchy within and between professions and occupations was also seen to be an issue especially for medical staff and between medical staff and nursing
- the WRES had acted a catalyst for consideration of issues around racial disparities. There was not much discussion on what was being done to address which suggested a reticence or sensitivity on this
- staff side organisations referred to the pressures on staff as a key issue. Provider organisations referred to the pressure from regulators, commissioners and inspectors. One attendee pointed out thought that bullying figures had remained stable despite rising pressure in the service
- It was felt to be helpful to share data on improvement (especially once the 2017 data was available). There was no support for setting a formal target for reduction or absolute expectations as zero was the aspiration
- a few organisations were able to cross check data from the Staff Survey with other information to address "hotspots" and this was felt to be very useful to take preventive steps
- There was not a consensus on what the 2017 staff survey would show. It was hoped that there would be positive impact from the range of interventions underway
- there was discussion about other methods to assess data and I suggested greater use of local surveys and focus groups. Some staff organisations felt this could undermine the role of the National survey. They also put forward their own staff side surveys as a source.

Freedom to Speak Up Guardian – Royal Free London NHS

- Link with stonewall no bystanders approach to FSU guardian work.
- How to deal with situations when individual won't make it formal.
- Make sure speaking up champions visit the wards.
- Managers versus clinicians in selecting speaking up champions.
- Speaking up is about challenging behaviours and not about punishment.
- Need for honesty about scale of problem. Speaking up shines a spot light to improve services and patient care.
- Interesting link between the number of concerns coming in to speaking up champions which are about B&H and staff wellbeing.
- Great initiative- needs to be linked to part of wider OD strategy.

- Potential perceived conflict for managers becoming a speaking up champion.
- How does this link in with the Dignity at work policy?
- Investigation: Staff being managed? Bullied or harassed, is there a project group or steering group?
- Good idea- another safe person to speak to sign post and support staff.
- Need to think of imaginative ways to ensure speaking up champions reflect our diverse workforce and support staff to think up.
- Great idea linking speaking up champions and staff networks to help change culture and to encourage staff to speak up.
- A really great initiative - thanks for sharing your good practice.

West Midlands Regional SPF – Regional Approach

From the session, the top three regional priorities should be:

- Staff resilience/H&WB
- Developing links to CQC
- Sharing best practice/case studies.

Key points were:

- A need for greater consistency
- The need for improved alignment between regulators and systems
- A recognition that the different STPs are all at very different places, with different ways of working and have different challenges, and different levels of engagement, all of which make it difficult for SPFs to support them
- Agreed it was helpful for SPFs to focus on a smaller number of priorities rather than do too much and these priorities should be areas which are seen as important by staff side and management.
- A need for greater SPF alignment to the national drivers and initiatives to ensure better links
- Discussed on how the SPF link up with regulators and other bodies (HEE, NHSI, CQC, NHS Employers, NHS Providers, etc)
- Do we see or understand the longer term direction of the SPF
- Do we need to further raise the profile and role of the SPF given there seems to be patchy understanding across regions
- How do we improve the communication/engagement between organisational reps and SPF?

Tackling Workplace Bullying and Harassment - BMA

A few of the employer-side colleagues mentioned the difficulties of challenging senior doctors. Other unions also mentioned problems with long investigations into problems. It was generally agreed that although it may be hard, behaviour did need to be challenged at an early stage. We mentioned the high levels of bullying and harassment reported by SAS doctors (we were asked if this was linked to race – a high proportion of SAS doctors are BME and a higher proportion of women are in the SAS grade too. But there are also issues about status, some SAS doctors feel a general lack of respect and recognition - and a lack of development opportunities too). We also discussed the problems that juniors had with reporting bullying or harassment because of their short rotations and temporary status. Other staff unions mentioned problems locum staff had with bullying and feeling they couldn't report or do anything about it too.

Key points were:

- Need to focus more on leaders rather than focusing on junior staff to speak up?
- Board reluctance to tackle certain individuals who are deemed 'too important' to the organisation.
- SAS doctors' status?
- To challenge behaviours and spend time building relationships to feel more comfortable rather than focusing on just the negatives of this issue.
- RCN working with a care tool which puts emphasis on team relationships in healthcare
- If difficult to tackle bullying directly, could focus on how to behave well? Standards? Reinforced through peer review or revalidation?
- LOCUMS!!

6. World café feedback – Chaired by Paul Taylor-Pitt

Paul asked table hosts to feedback on issues that had arisen during their table discussions

Local approaches to partnership – Safe Haven – Liverpool and Broadgreen

- How do we empower our staff to challenge bullying? Stella shared with delegates the phrases that can help support staff in this situation:

I'm feeling concerned about this; 2) I'm feeling uncomfortable; 3) I want this to stop

Tackling bullying and harassment of doctors - BMA

- Hierarchy and reluctance to challenge others; consultants reluctant to challenge other consultants
- Graduated interventions – acknowledge that it's hard to challenge bullying is the first step
- Encourage and equip bystanders to intervene and challenge when others are being bullied

Understanding the data

- Importance of looking at the wider culture – tackling bullying is only a part of this.

Paul thanked the table hosts for their contributions and asked for further feedback from delegates:

The importance of talking about issues – others will then begin to join the conversation and confront problems.

It is important to make the link to patient care and safety. Paul agreed that despite excellent care being delivered, staff dynamics are still very important to the patient's experience and how they perceive safety.

It is important to make use of the CQC findings and the well-led domain. This must be high on the agenda.

We must make a stronger link between bullying and leadership development, including induction training and explaining the kind of behaviour we want to see from managers. Managers need support to be good people managers. Wellbeing is also an important link that could be explored further.

7. Year Two – What are the next steps?

Participants were then given the opportunity to discuss priorities at both a national, regional and organisational level. The national priorities were ranked by attendees preference to which one should be the focus and main priority. Once agreed supporting actions were suggested, these have been captured below:

National SPF priorities

1. Promoting importance of management training (24%)
2. Develop links to CQC well-led domain (19%)
3. Connect the system (16%)
4. Share best practice (16%)
5. Staff resilience (9%)
6. Raise awareness (3%)
7. Mediation (3%)

Suggested actions

- How can the priorities be best reflected in SPF work
- Encouraging ____ from regional SPFs – what's new/better/worse
- Work with leadership academy to divert effort into people management/HR and partnership working (supported locally)
- Keep website up to date, including case studies and best practice
- Encouraging collaboration – work with those who are struggling
- Use the posters to share good practice
- Need to focus on organisations that aren't engaged in this work
- Reinforcement of call to action – to be reinforced through CQC well-led domain with view of reaching the unengaged
- Use data to reinforce the benefits to patient care, performance etc.
- Using peer support across organisations to share best practice
- Joining up current resources relevant to this agenda, to take forward line management development activities
- Bringing agendas together – health and wellbeing, difficult conversations etc.
- Not sure about staff resilience – not the whole story

Regional SPF priorities

1. Connect organisations around the region e.g. CQC
2. Sharing best practice and explaining value of tackling the issues – honest conversations
3. Raise awareness of national initiatives/guidance/support

Suggested actions

- Invite CQC to RSPF
- RSPF to meet regularly
- Speaker to explain cost benefit of the culture (retention, patient care, productivity etc)
- Model list of initiatives for RSPFs to add to
- Speakers from best practice trusts
- Joint training
- Masterclasses
- Mandatory online tackling bullying tool

- 360 feedback
- Appraisal form for staff
- Independence for external investigations
- Promoting importance of management training – empowering them to support others
- Organisations working together (with ALBs too)
- Open, honest, regular conversations
- Evaluate best practice and outcomes, and recommend top three

Organisational priorities

1. Share good practice using data
2. Bridge gap between theory and practice
3. Impact assessment – cost of mental health and wellbeing relating to bullying and harassment
4. Partnership culture and approach
5. Assessment and appraisal
6. Confidence in the system

Suggested actions

- Share and compare data from staff survey and look at those with better results – identify interventions
- Agree blueprints in partnership
- Independent training in investigations
- Mandatory online training
- Trust in partnership approach
- Development of joint policies and procedures
- Joint partnership training on dealing with bullying
- Masterclasses for target areas
- 360 feedback and appraisal system
- Use reliable, trusted data

8. Close and Evaluation

Danny thanked all colleagues for their contribution throughout the meeting, summarised the next steps and closed the meeting. All participants were asked to completed an evaluation form, we received 21 completed forms and the results are summarised below.

21 evaluation forms completed

On a scale of 1 to 5 (1 being not at all, 5 being extremely well) how do you feel we have:

Brought together the co-chairs of the regional SPFs with national partners to share good practice and lessons learnt from year 1 of the call to action.

	No response	1 (not at all)	2	3	4	5 (extremely well)
No. of responses	2	0	1	3	5	10

Considered and discussed system-wide accountability on tackling bullying.

	No response	1 (not at all)	2	3	4	5 (extremely well)
No. of responses	1	0	1	5	10	4

Showcased what progress has been made on the call to action in year 1.

	No response	1 (not at all)	2	3	4	5 (extremely well)
No. of responses	3	0	2	3	9	4

Planned and gained commitment of partners as to what needs to be achieved in year 2, to further progress the call to action.

	No response	1 (not at all)	2	3	4	5 (extremely well)
No. of responses	2	0	1	7	7	4

What worked well?

- World café (5 responses)
- Discussion/sharing best practice (5 responses)
- Good agenda (2 responses)
- The chance to network (2 responses)
- Posters
- Commitment from senior leaders
- Group energy
- Engagement
- Well-structured and organised
- Lots of information in ½ day
- Everything!

What could we have done better?

- More time/flexibility – questions cut short (2 responses)
- Larger room (2 responses)
- Include more commissioning organisations
- Not sure how we came to list of next steps

What key actions are you taking back from today?

- Local/regional ideas and actions (5 responses)
- Consider how RSPFs can continue their work
- Keep fighting for what's right
- Focus attention on getting regional case studies
- Lots of best practice
- The info on the posters
- Refreshed and re-energised to tackle "tough stuff"
- Find ways for our discussions to be translated into real actions in NHS workplace
- Follow up on local policies and progress actions to ensure managers and staff are informed
- Training for managers

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Questions from delegates

Bullying, harassment, abuse and violence against staff

Q: What distinction is there between bullying, and harassment in the call to action?

Harassment is defined in the Equalities Act as unwanted conduct related to a relevant protected characteristic. The word 'bullying' is more encompassing as it covers behaviour affecting all and not just specifically in relation to protected characteristics. It is for this reason the decision was made for the SPF call to action to refer only to bullying.

Despite not using the word, the SPF does want to tackle harassment in the NHS. If employers and trade unions work in partnership to take forward the actions advocated in the call to action document and use the resources signposted on the SPF website, they will create workplaces where both bullying and harassment are less likely to arise and, if they do arise, they are addressed effectively.

Q: Wonder whether there is a link between bullying & staff experiencing violence and aggression. Do staff who feel more safe & protected @ work experience less V&A

The SPF has not focussed on violence and aggression - as a violent act committed against a member of NHS staff is a criminal offence. However, the workplace culture which the SPF espouses, through the call to action, is one in which staff and staff side representatives can raise concerns about such issues and work in partnership with management to identify and implement solutions. This should help minimise the risk of violent incidents and put in place mechanisms to address them rapidly and effectively if they arise.

The role of the NHS Constitution

Q: Is it time to reinforce the NHS Constitution expectations around positive behaviours regarding the call to action?

The NHS Constitution provides important overarching rights and commitments that relate to the call to action, for example and most pertinent, staff have the right to a 'healthy and safe working conditions and an environment free from harassment, bullying or violence'. In year two of the call to action the SPF will consider whether the expectations set out in the NHS Constitution should be further promoted and a partnership approach encouraged to ensure the positive behaviours set out in the NHS Constitution are fully embedded in NHS workplaces.

The impact of the arm's length bodies/regulators

Q: How do we get the ALBs/regulators to accept or understand their role with this agenda?

Q: Does the behaviour of ALBS set the right example in relation to bullying and harassment?

NHS Improvement, NHS England and Health Education all signed up to the SPF's tackling bullying in the NHS call to action and have accepted their role in this agenda. For example, Jim Mackey, Chief Executive of NHS Improvement speaking at Confed17 on the importance of talking openly about bullying, and the need for individuals to 'call it out' if, in their interactions with the NHS regulators, they feel they are being bullied. NHS Improvement has also been leading on work on creating a culture of compassionate and inclusive leadership, and have worked in partnership to develop phase 1 and 2 of this programme.

Paul Harrison, Director of Organisational Development, NHS England; Laura Roberts, Regional Director North, Health Education England and Caroline Corrigan, National Director of People Strategy, NHS Improvement spoke at the Summit about what they are doing to improve the workplace culture in their organisations. They also acknowledged the pressure in the system and recognised that the behaviour of regulators and commissioners can lead to a pressurised climate within NHS organisations where bullying behaviour is more likely to arise. The regulators are aware of this and whilst undertaking their performance management and assurance duties, they

seek to ensure an appropriate tone and language is used for these difficult, but necessary, discussions.

CQC was involved in the development of the call to action and continue to support its aims. In a recent meeting between the SPF and the chief inspectors of hospitals and of adult social care, there was a recognition that the workplace culture in organisations links to clinical outcomes. Mandy Williams, Inspection Manager, CQC expanded on this at the Summit through highlighting how CQC, as part of their inspection regime, plan to ask whether organisations have signed up to the call to action and whether they have in place or are implementing plans to ensure there is a positive workplace in culture in place.

Q: Inspections and enforcement of NHS providers creates its own pressures. How do organisations that perform these functions accept their impact on employers?

CQC aim to reduce the burden on trusts through simpler processes and closer working through alignment with partner organisations meaning that providers experience less duplication. Inspection of core services is undertaken based on risk and is now unannounced (meaning no lengthy stressful lead in for staff who are 'preparing' for a visit.)

All ALBs are signed up to Developing People Improving Care Framework which pledges to:

- Model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.
- Support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.
- Use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.

Q: Do CQC inspectors engage with agency/locum staff? Potentially a vulnerable group who are subject to poor behaviours but a good barometer of culture.

When on inspection, inspectors seek the views of any staff they come across, regardless of their employment status. Focus groups and drop in sessions are arranged during inspection for all staff groups and going forward with the next phase of inspection, staff focus groups will be held outside of the inspection period, during ongoing monitoring. Any person working in the organisation at that time (permanent, bank or agency) would be welcome to attend. In addition, anyone can raise concerns or give feedback on any organisation registered with CQC through our website. This can be done anonymously if the individual wishes.

Q: What tone does getting CEXs to chant, or sacking CEXs in Trusts with long standing issues/or not the worst performing, set for Trusts in the context of today?

NHS England recognises the difficult job NHS chief executives do, often under huge pressure and challenging circumstances. All of the senior leaders in NHS England mentor and support leaders in provider organisations as well as the commissioning system. Where inappropriate behaviour is flagged it is important to take action whether that is through local routes or via NHS England or NHS improvement.

Q: How do NHS England take stock of CCG behaviours across local systems?

CCGs are subject to 360 reviews across their local stakeholders and this feeds into the assurance processes within NHS England. The 360 review seeks views on behaviours as well as views on collaboration.

Annex - Participants who attended the summit:

First name	Last name	Organisation
Simon	Arden-Davis	DH
Andrew	Barton	BMA
David	Bray	Royal Free Hospital
Janine	Brennan	EM SPF
Sally	Brett	BMA
Sarah	Carpenter	UNITE South Central Ambulance Service NHS FT
Charlotte	Carter	FT
Phil	Carver	HEE
Stella	Clayton	Royal Liverpool and Broadgreen
Caroline	Corrigan	NHSI
Paul	Cracknell	Norfolk Community Health & Care
Gemma	Critchley	NHS Employers
Gayna	Deakin	NHS Employers
Alan	Duffell	WM SPF
Phillip	Dunne	Minister of State for Health
Bernadette	El-Hadidy	NHS Employers
Julia	Ellis	RCM
Claire	Fallon	HEE
Marie	Fosh	EM SPF
Liz	Gambrell	NHSE
Delphine	Garr	Herts Valley CCG
Sara	Gorton	UNISON
Paul	Harrison	NHS England
Adele	Heeley	BMA
David	Kirwan	RCN
Roger	Kline	Middlesex University
Amanda	Lee-Ajala	BMA
Claire	Livingstone	RCM
Alan	Lofthouse	UNISON
Jim	Mansfield	Royal Free Hospital
Patricia	Marquis	SC SPF
Sheila	Marriott	RCN
Tracey	Martin	The Walton Centre
Elaine	McAvoy	BMA
Andrew	Morris	DH
Danny	Mortimer	NHS Employers
Barbara	Narey	RCM
Rachel	Patterson	NHS England
Helga	Pile	UNISON
Jane	Raven	NHS Employers
Jon	Restell	MiP
Tina	Richardson	EMAS
Laura	Roberts	HEE

Maria	Robson	NHSI
Salli	Roddis	South East CSU
Tim	Sands	DH
James	Shepherd	NHS Employers
Victoria	Small	NHS Employers
Hannah	Smith	NHS Employers
Rebecca	Smith	NHS Employers
Elaine	Sparkes	CSP
Jo	Spear	MiP
Kim	Sunley	HSWPG
Paul	Taylor-Pitt	NHS Employers
Gary	Theobald	HEE
Hugh	Townsend	BMA
Susan	Tyler	Y&H SPF
Michael	Watson	NHSI
Steven	Weeks	NHS Employers
Amanda	Williams	CQC
Pete	Winchester	Alliance Medical Limited
Lesley	Wood	NW SPF