

Welcome and introductions

Helen Whately, Minister of State (Minister for Care) welcomed the group to the meeting, including Danny Mortimer who returned to his role as SPF Employer side co-chair and chief executive of NHS Employers. Helen thanked Rebecca Smith, who covered in Danny's absence, for her contribution as SPF co-chair over the last nine months.

Partners agreed that a focussed discussion on NHS service and workforce recovery was of high priority and NHS England and NHS Improvement (NHSEI) agreed to set up a standalone meeting on this topic.

NHSEI's equality, diversity and inclusion (EDI) Programme

Jenni Douglas-Todd at NHSEI updated on the model employer goals, originally set for 2028 but Simon Stevens has requested this deadline be brought forward to 2025. NHSEI is asking trusts to focus on one or two areas, as evidence shows that focussing on a limited number of key objectives is a way to make the biggest impact. Quarter one and two will focus on refreshing actions of model employer goals and overhauling recruitment and promotion process.

NHSEI is working on compassionate and inclusive leadership with chief executives, chairs and working with line managers in bands 6 and 8 (about 426k total of this group) who have responsibility for managing the majority of staff in the NHS and are responsible for most promotion and recruitment exercises. A series of toolkits will be produced, including a chief executive officer toolkit of inclusive practices through blended learning approaches. There will be an EDI training guide which will review training available. NHSEI is developing leadership ladders of EDI, a conceptual tool to sequence EDI learning in a more systematic way. There will also be a glossary of EDI terms and NHSEI has developed a managers guide for productive conversations about race. They are working with staff networks to increase the voice of BAME staff, staff with a disability and LGBTQ+ staff so that they can support organisational decision making. NHSEI is also looking at governance aspects to ensure that the voices of these staff are heard.

Staff side asked how the national and regional SPFs can support the EDI work. It was discussed that of the nine workforce race equality standard (WRES) indicators, only two have shown progress in the last six years which is why NHSEI is committed to doing something differently. Jenni asked that the SPFs support organisational initiatives focussing on the staff belonging agenda, as well as the model employer actions. There are recommendations in the HR and OD Futures programme led by Tom Simons, around remuneration committees acting as levers for positive change with the EDI agenda. There will be a week-long conversation on race in October for NHS organisations to take part and pursue an anti-racist agenda. Jenni asked for the SPF to work with NHSEI on the conversation. Trade unions emphasised the importance of how this agenda is presented to the service and advised that the NHS Staff Council's Equality Diversity and Inclusion Group of and SPF Workforce Issues Group could support this work.

Health Education England (HEE) mandate and business plan

Navina Evans, chief executive at HEE advised that the HEE mandate and business plan had been agreed and published along with a multi-professional education training investment plan. HEE had sought to ensure they are closely aligned with service needs in the short, medium, and long-term.

Staff side raised that students who were deployed to support the NHS pandemic response should not suffer financial detriment as a result, however staff side were aware that some higher education institutions were asking students to apply for extensions of loans for them to complete their training. HEE advised that these students should be supported and agreed to follow this up offline.

HEE is working on the future of workforce and service transformation/service models by looking at multi professional environments and the transfer of skills. Staff side identified a lack of consistency in the banding of clinical support staff and a sticking point is the level of funding to invest in the development of these staff. Navina agreed to have follow-up discussion with Sara Gorton and Rebecca Smith on this.

White paper/ health and care bill update

Philippa Baker, Department of Health and Social Care (DHSC) provided an update on the bill. This will be finalised for introduction at some point in June, but the timeline could not be confirmed. Subject to the passage of legislation, the aim is for integrated care systems ICSs to be established as statutory bodies from April 2022. DHSC is working closely with NHS England on multiple pieces of guidance and regulations to support implementation. There was an update on the ICS SPF Transition Partnership Group and staff side welcomed the different approach being used in this transition process.

In response to a question from trade unions, Philippa advised that DHSC want to retain flexibility in the legislative framework and avoid over-prescription on the face of the Bill. ICSs should have flexibility in setting their own constitutions and the legislation will set a floor not a ceiling for membership of boards. Danny Mortimer added that system leaders are supportive of the de minimis approach.

Imaging and diagnostics update

Andy Howlett, NHSEI presented on transforming imaging services in England and the national strategy for imaging networks. Services are under pressure from rapidly rising demand, gaining and insufficient levels of equipment and high vacancies. Approx. £200m is spent on outsourcing annually which represents a capacity gap. Imaging networks offer an improved model for organising services to optimise the use of existing staff and resources. Networks can lead to benefits for service operations, benefits for staff such as better access to training and flexible working. Benefits for patients include higher turnaround, reduced risk of missed diagnosis and local access. An imaging network toolkit has been designed to provide guidance and support on implementing imaging networks. It sets out the benefits and includes criteria from NHSEI to determine whether an imaging network is operational and supports technical establishment and guidance.

Sara Gorton, Unison, asked about the options available, and an understanding of the likely outsourcing and private provisions. Andy advised that about twelve per cent of reports were outsourced and two per cent of image acquisitions. He did not think any options were precluded or preferred and there was little appetite to pursue commercial options.

Staff Side asked about investing in the diagnostics workforce and about pathology networks and who was accountable for the changes. Andy advised the pathology networks were much better at mobilising testing and data showed these services operated at a lower cost. Laura Roberts said new money was going into cancer nursing, imaging, histopathology, healthcare science and endoscopy. In terms of the diagnostics workforce, there was investment in imaging, pathology, endoscopy, and physiological sciences. There were three different schemes in pathology and there were plans for an expansion of 245 places in medical recruitment, including over 100 in clinical radiology.

The next Wider Group meeting will take place on Tuesday 14 September.