



Social Partnership Forum Stocktake 2013

Better Together - improving patient care through regional social partnerships

July 2013

Executive Summary

A review of the national Social Partnership Forum (SPF) in 2012 highlighted that whilst there was wide agreement among partners about the nature and functioning of the social partnership as it existed in the NHS, regional partnership working was perceived as patchy, in some cases effective and in others tokenistic. There was agreement that regional social partnership forums offer a valuable mechanism for bringing local employers and unions together around policy development and implementation. Respondents believed that properly resourced and led, regional forums could provide a meeting point, which would enable management and staff side representatives from different organisations to explore the implications of national policies robustly while at the same time sharing effective practice.

Social partnership is fundamental to delivering an NHS service that puts the patient experience and quality of care at the centre of its service, ensuring key principles for effective joint working are maintained. These include building trust and mutual respect, openness, honesty and transparency, having early discussions and a no-surprise culture.

The annual event was held on 2 July 2013 in London to look, specifically, at the future working arrangements for regional SPFs. Representatives from NHS employer organisations, trade unions, the Department of Health, NHS Employers, NHS England and HEE were invited. The aim of the event was to review the current structures, membership, participation and challenges, to gather thoughts, ideas and best practice to take regional SPFs forward and to verbalise the link between the national and regional SPFs to encourage dynamic working and communications linkages.

Whilst each SPF and region were at varying stages of establishment and levels of engagement, there were some common themes in their current issues, which include:

- needing to review Terms of Reference;
- engaging the right membership at the right level from those organisations to be involved; and reflect the new architecture
- ability to have 'Chatham House' discussions on key challenges that will affect staff, unions and employers to have a shared understanding of challenges;
- agreeing annual work plans that are linked to the national SPF agenda;
- improving two-way communication between national and regional partnership forums ;
- Identifying the support required from national SPF
- the ability to proactively influence at the national level on policy review, development and implementation as appropriate; and
- needing to engage further and develop to ensure fit for purpose regional SPFs are in place.

At a time when ever-more challenging agendas are being negotiated, regional SPFs need to be in a strong position to respond to these issues. Conclusions from the regional stocktake event suggest the following recommendations for the national SPF to further support the regional SPFs:

1. Support further regional road-shows.
2. Regular attendance of national SPF members at regional SPFs.
3. Support and provide the link between the regional Heads of Engagement, the national SPF and the regional networks.
4. A regular regional SPF slot on the national SPF agenda to enable discussion.
5. Identify the most effective means of two way communicating with regional SPFs and a mechanism for regional issues to be escalated.
6. Ensure the national work-plan is cascaded to regional SPFs to support alignment of agendas.

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1. Background

1.1 Social Partnership Forum

The SPF was set up in March 1998. The NHS recognised the positive contribution that partnership working can make to improve care services for patients through the more active involvement of employees and their representatives organisations in the entire decision-making process. In creating a continual dialogue rather than issues being dealt with after they arise, employers and trade unions become part of that process, with policy being determined and shaped by the people who would be most affected by it.

1.2 A review of the Social Partnership Forum 2012 (Taking Stock)

A review of the national Social Partnership Forum was carried out by the UK Work Organisation Network (UKWON) in March 2012. To inform the review, UKWON carried out an online survey which was completed by 62 of the 70 SPF members surveyed. The review was also informed by an additional smaller survey of selected regional SPF members and a stocktake workshop.

The 2012 review found there was wide agreement amongst partners about the nature and functioning of social partnership as it existed in the NHS. Respondents understood that partnership existed at a national level because the early involvement of employers and trade unions was seen to secure better policy decisions and smoother implementation, avoiding obstacles and confrontation associated with top-down policymaking and planning. Successful partnership has been demonstrated through the SPF's work on, for example, the Flu Fighter Campaign, Staff Survey, Whistle blowing and Bullying & Harassment Guidance and Regional Redeployment Frameworks.

The work of the Staff Passport Subgroup, Embedding Partnership Working Group and HR Transition Partnership Forum (subgroups of the national SPF) was also widely perceived as important and effective partnership working. The latter subgroup, in particular, had a significant role in securing staff interests during a critical period of change. Managing the profound complexities of staff redeployment was frequently cited in the review as an example of how partners could co-operate to enhance fairness and transparency, even when the underlying principles of change were contested.

The national SPF role in developments around the NHS Constitution and NHS Staff Survey was seen as providing an important mechanism for responding to frontline concerns, enabling partners' perceptions of possible problems and issues on the ground to be tested against staff experience and subsequently to shape future policy, where appropriate.

As the review focussed on the significant transition that was taking place over that period, the main areas of concern in relation to this were that SPF needed to evolve to remain fit for purpose and the need to engage with new and emerging organisations in the system.

It was also suggested that there was no overall roadmap for the work of the national SPF and little consistent focus on key themes and priorities highlighting the disconnect with the Regional SPFs.

Regional partnership working was perceived by respondents to the review's survey as patchy, in some cases effective and in others tokenistic. Some union officials reported having to juggle SPF activities with other commitments and this was seen as more acute for union representatives at regional and local levels. All parties could see a strong role for regional SPFs as they offered a valuable mechanism for bringing local employers and unions together around policy implementation. The grouping of the four regions could also offer an excellent opportunity to build "two-way connectivity" between local and national organisations.

Respondents believed that properly resourced and led, regional forums could provide a meeting point, which would enable local management and staff side representatives from different organisations to explore the workforce implications of national policies robustly, while at the same time sharing effective practices and discussing shared approaches/ understanding of future workforce challenges..

The review report concluded that SPF had "established a solid evidence base on which to build" but that it was right that it should be "ambitious about its future role in helping the NHS to deliver better outcomes for patients, staff employers and the public interest".

2. The SPF Stocktake - July 2013

2.1 Aims of the Event:

- Stocktake of current regional SPFs including: structure, membership, participation, challenges
- Gather thoughts, ideas and best practice to take regional SPFs forward including: structure, membership, responsibilities, participation and how to overcome new challenges
- Verbalise the link between national SPF and regional SPFs to encourage dynamic working
- Improve communications linkages between the national and regional SPFs and also that between regional and local.

2.2 Benefit to participation:

- Encourage partnership working within the new structure
- Ensure that all relevant departments and organisations are included in the membership of regional SPFs moving forward
- Link the work of national and regional SPFs more clearly to ensure joined-up working to encourage all organisations to be involved
- Identify how partnership working can support organisational objectives and how participating at a regional level will be of benefit to stakeholders.

2.3 Outcomes for the day

- Draw on the data from the pre-event questionnaire and participants' experiences to understand what has been working well across the country and share understanding between different players and organisations about what good partnership working looks like.
- Understand and shape the positive role that regional SPFs could play for the new and existing organisations in the health system at the regional level and reflect on what is best done consistently across all regions and where and when it is important to develop local solutions.
- Develop ideas for membership, structure, priorities and the future ways of working for each of the regional SPFs and share opportunities to accelerate development across all regions or indeed move forward locally.
- Energise participants to feel committed to ensuring their own regional partnership plays its role in supporting staff / employer relationships, which contribute to excellence in treatment and care for patients.

2.4 Pre-Stocktake Event Survey

A pre - event survey was sent to all invited attendees and a total of 24 responses were received - making the results statistically valid. There were some key objectives that people wanted to achieve from the event on 2 July. These included:

- Defining what partnership working actually looks like and how robust relationships can be maintained. Respondents strongly believed that effective partnerships were the key to regional SPF success and could be achieved through encouragement and leadership, supported by employer engagement and commitment to contribute to partnership working.
- Confirmation of how regional and national SPFs sit together and how they can support each other. It was felt that there was insufficient opportunity for regional SPFs to engage with the national SPF and there needs to be a two-way communication flow and information sharing with more opportunity to influence at national level. Overall, the need for shared priorities between national and regional SPFs was seen as crucial.
- Developing membership of regional SPFs and how to encourage participation. Specifically, more commitment from employers could be secured by clarifying membership from the wider health service about who should be involved, with clearer roles and remit for regional SPFs and with governance from the national SPF.

It was clear that the vast majority of respondents had little or no knowledge of the role and remit of the national SPF and an understanding of the remit of the national SPF and its members was required. Aligning regional priorities with those of the national SPF - respondents said the “top three” should include partnership working and building relationships, outcomes of the Francis review and supporting the national agenda.

Given all the recent changes in the new system, respondents felt the role of the SPF included providing a forum and mechanism for bringing together key partners on issues such as the Francis report, service reconfigurations and workforce development.

2.5 The Event

The event was facilitated by Sophia Christie, Director of UKPrime Ltd who opened and welcomed participants to the day.

Dr Dan Poulter MP - Parliamentary under Secretary of State for Health provided an opening address and thanked everyone's shared commitment to improving patient care through partnership working. His full speech can be found in Annex A.

Dean Royles - NHS Employers then joined the event through pre recorded video and panel members, Jon Skewes - RCN on behalf of Unison, Ian Cumming - HEE, Helen Bullers - NHS England and Karen Charman - NHS Employers all gave key messages to the audience.

2.5.1 Delegates

Delegates from across the country attended the event, including employer representatives, trade union representatives, the Department of Health, NHS England and Health Education England (HEE).

A full list of those who attended can be found in Annex B

2.5.2 Agenda

A full copy of the agenda can be found in Annex C

Participants were given a number of tasks to complete within their regional groups. Group work throughout the day included:

1. Regional Raid - what the current state of regional SPFs look like and finding out what had been happening across the country. Groups had discussions on the pre-event survey data and what this told us about existing relationships between regional SPFs and other parts of the system. A period of personal reflection was provided to consider individual experiences of staff and employer partnerships to identify a time when they felt most involved, most excited about the potential and what worked, who was involved and what was the impact. These experiences were then shared across the room through "what does good partnership look like?"

2. Share, Learn and Aspire - Building on all that had been shared, groups were tasked to complete the sentence: "Going forward, we need a regional SPF that can...". They were also asked to agree key principles and design criteria for the future, paying attention to the different perspectives and priorities that had been shared.

3. A Regional SPF that works - within regional groups looking at the 3 key things that each region worked to put into place; the process and metrics including incentives, priorities for the next three and twelve months, and people and structure. These were all captured and presented to other groups for comment and development. These were then refined and presented to regional Heads of Engagement and are presented in Section 3 of this report.

Christina McAnea, UNISON provided the closing speech. She highlighted the importance of keeping things relevant, that challenging issues can be addressed in partnership with the investment of time and the key to success is trust and openness.

2.5.3 Evaluation of Stocktake

33 out of 80 event participants completed the paper based evaluation form at the end of the event. A full copy of the results can be found in Annex D, but highlights include:

- **70 % thought the event had successfully identified what has been working well across the country**
- **77.42% felt they wouldn't have learnt this information from anywhere else**
- **70.96% said the programme delivered what it said it was going to**
- **74.2% thought there was sufficient opportunities to ask questions**
- **67.74% made a new contact that will follow up after the event**
- **60% felt the event was successful in developing local solutions**
- **70% thought it helped them to understand what role SPFs play at a regional level**
- **83.33% found the event successful for sharing of good practice**
- **61.29% felt their objective to discuss, influence and understand the future of SPF was met.**

Final thoughts from participants:

"Shared goals and the need for everyone to be active and responsible"

"An enjoyable event, very positive outcomes, sharing information of what works elsewhere very useful. Final session focusing on future work extremely important and useful partnership works "

"There was a lot of energy in the room"

" A good day, met some useful people, good relationship building. Thought provoking"

"At national and regional level, a view for the SPF needs to be developed before the other issues can be fully addressed."

3. Regional Social Partnership Forums

Throughout the stocktake each of the four regions worked in collaboration with those delegates who attended from their area, to identify how they would like to take forward the development and delivery of their SPFs. The below information is an outline of the background, key actions, challenges and support needed from the national SPF identified by each region to enable them to complete this successfully.

3.1 North Cluster SPF

3.1.1 Background

The North of England Cluster SPF was developed in January 2012 and set out its purpose to:

- Focus dialogue between management and staff side representatives on strategic workforce issues that have a cluster-wide influence.
- Provide a steer to partnership subgroups within the Yorkshire & Humber, North West and North East strategic health authority (SHA) footprints.

The Northern Cluster SPF has continued to meet post transition with revised membership to include the Legacy Team, NHS England, Clinical Commissioning Group (CCG) Operating Officer and NHS Employers, supplemented by the North West sub-group, it has a steering group and its new Terms of Reference are to be developed as new key stakeholders join the forum.

Examples of where partnership working at a regional level has added value:

- NHS Flu campaign
- Increasing Trade Union capacity
- Maximising redeployment opportunities
- Newly-qualified Healthcare Professional sub-group in the North West
- Supporting local partnership forums - behaviour tool
- Transition

3.1.2 Challenges:

- Provider engagement and availability of stakeholders
- Finances and competition, resources to deliver the work
- Forum get drawn into conversations around T&C's
- Access to key issues on the national and other SPF agendas not sufficiently timely

Moving forward the aim is for the Northern SPF to be supplemented by 3 sub-groups: North West, Yorkshire and Humber and North East. They are also currently refreshing membership to include HEE, NHS England, representatives from employers and Local Government and are also giving consideration to patient voice representatives.

Priorities include delivering a clear shared set of objectives, having an annual work programme developed and in place and to all hold a common purpose.

3.1.3 Key Actions:

- Establish SPF in Yorkshire & Humber - robust membership, Terms of Reference, common purpose, work programme in place.
- Review of membership of North East SPF, the common purpose needs emphasising and clarifying and an agreed work programme in place.
- Develop tripartite arrangement in North West SPF - commissioners, employers and unions. Establish steering group.

3.1.4 Support needed from the National SPF:

- Importance of ensuring clear communication between local, North of England and national SPF to avoid duplication and share best practice
- Communication strategy to be designed to raise awareness of each SPF's agenda
- Facilitation of collaborative working across the North of England SPFs on shared areas of work
- Ensuring key issues on national and other SPF agendas are communicated in a timely fashion.

3.2 London

3.2.1 Background

London's SPF works autonomously in relation to the national SPF and recognises there is further work to be done to link with the national agenda. There are strong HR Director and London Health union forums already in place, with a CEO as co-Chair of the London Partnership, and this can be used to build and maintain relationships, trust and consistency to the membership of London SPF. Future improvements to establish partnership's key role could include:

- Publicising work to make regional SPF pertinent to staff
- Gaining membership from new organisations such as CCGs and Clinical Support Units (CSUs)
- Increase communication to Joint Consultative and Negotiating Committee (JCNA's)
- "Francis" related subgroups at regional level reporting to the national Francis subgroup
- Improving communication between London SPF and national SPF
- Clinical senates and clinical care: Pathways link to regional SPFs
- Utilise known expertise and use partnership to build up that expertise

The new purpose of the London SPF will have greater synergy in regional and national agendas, identifying the key strategic priorities. This will support the engagement of all local employers with no opting out available to engage in joint problem solving in an open arena of mutual trust and respect.

3.2.2 Challenges

- Engagement of employers and their senior team, and getting those who aren't as enthusiastic to engage. Ensuring all new organisations are participating in the partnership.
- The alignment of priorities of management and a regional wide work programme where management issues/policy and Terms and Conditions crossover can be discussed.
- Messages from national partnership not filtering through to regional to align agendas and inform regional discussion.

3.2.3 Key Actions:

- Review Terms of Reference, work-plan and priorities
- Review membership to include all new organisations including CCGs, Clinical senates, Local Education and Training Boards (LETBs), Local Area Teams (LATs), Any Qualified Provider (AQP)
- Begin re-launch process of London Redeployment Service
- Focus on the crossover between the role of national negotiations on T&C's and management practices e.g. appraisal, developing best practice and education
- Supporting the development of local partnership
- Reinforcing the relationship between the subgroup and accountability to the partnership.

3.2.4 Support needed from the National SPF:

- National SPF updates at London SPF partnership meetings and vice versa
- Sharing examples of good partnership working T&Cs, appraisals, disciplinary policies, shared training for managers
- Communicating the new structures in the new NHS architecture
- Seeking funding for staff side and management training e.g. managing change
- Engaging the wider community e.g. politicians, media - but exercising caution.

3.3 Midlands and East SPF

3.3.1 Background

The state of the 3 SPFs in the Midlands and East varies between well established good links into the Human Resources Directors (HRD) networks, to not having met for 6 months and unclear whether the SPF has a purpose. Work is needed to utilise those who are engaged in the regional SPF and HRD networks to re-engage old and new stakeholders. Trade unions are clear on the purpose but without the HRDs it is not a partnership and they recognise this.

3.3.2 Challenges:

- Lack of engagement from all HR Directors and private sector providers and knowing the correct contacts within newly formed organisations.
- The national SPFs structures preventing more meaningful, detailed briefs for discussion and debate at regional SPF being issued.

3.3.3 Key Actions:

- To develop and have in place an annual work plan agreed in partnership
- To review and develop membership to include private sector providers.

3.3.4 Support needed from the National SPF:

- Briefings delivered at the regional SPFs from national representatives
- Meaningful, detailed briefs from national SPF for discussion and debate at regional SPF
- Develop a mechanism to feedback questions to national SPF
- How members of regional SPFs can attend the national SPF

3.4 South West and Joint South East Coast /South Central RSPFs

3.4.1 Background

There are two Regional Social Partnerships in the South area, the West RSPF and the Joint South Central and South East Coast RSPFs.

The South West RSPF has delivered against key streams e.g. Regional Redeployment Frameworks, National transition and T&C's but has lost focus on other issues more recently. In partnership with the Joint RSPF delivered a successful programme to monitor and evaluate the implementation of the Equality & Diversity Public Sector duties, through a sub-group of both RSPFs which proved inclusive, representative and successful, enabling information to be provided to the DH at National level.

Each RSPF are in the process of reviewing and determining its work programme going forward with its new membership, which will be underpinned by the discussion at the National SPF stock-take event in July. Prior to the completion of the National Transition programme, Provider attendance and engagement with both SPFs in the South area have been poor, with the majority of attendance through commissioners involved in the National transition programme. This has since been rectified for both groups, and employer engagement through providers is strong..

Historically, having joint/Co- chairs has been very successful for both RSPFs.

The ability to work in partnership with both RSPFs was successful during its sub-committee work on implementation of the Public Sector Duty through the Equality and Diversity Sub-Group seeking assurance across the previous Cluster regional employer organisations on their progress and plans, and through its work collectively

as a Transition sub-group reporting to both RSPFs on the national transition agenda.

3.4.2 Challenges:

- Appropriate membership - who is engaged, who will attend and who is able to make decisions
- Defined and agreed work-plan - agree common areas for partnership working
Setting subgroups to deliver work programmes. An executive in place to provide senior leadership and to inform agenda and work plans for the RSPF. Work plans delivered and outcomes communicated
- Effective communications in place - Gap between national, regional and local forums bridged. Sharing of information, and using technology solutions for communications.
- Resources to deliver developed work plan activities.

The new purpose of the both South RSPFs is going to be a culture of real partnership working where issues are reviewed and solutions are found. An initial Chatham House session to explore new ways of working has already been undertaken following the National Stock-take in the West and planned for taking place at the Joint RSPF, to discuss ground rules, future meeting format, membership and the scope of meetings and a work-plans.

The existing two Regional SPFs have confirmed they wish to remain working as two separate RSPFs which fits with the large geographical area, but will be considering a South Partnership conference to support greater partnership working, bridge the gap between national and regional, and boost the links at the local level.

3.4.3 Key Actions:

- Re-launch of both South RSPFs
- Revise Terms of Reference and membership
- Partnership working on issues such as Francis, workforce planning and workplace learning, Policies
- Mechanism for future 'Chatham house' discussions Partnership Summit for all health organisations
- 12 month work-plan in place.
- Establishing a South Partnership Conference to promote engagement and partnership at the National, Regional and local areas

3.4.4 Support needed from the national SPF:

- Bridging the gap between national and regional SPFs
- Early information on key issues and the opportunity to influence
- Involvement of the National SPF annual plan and how to engage/influence
- Guidance on RSPF membership.

3.5 Common Themes from all 4 Regions

Whilst each Regional SPF are at varying stages of establishment and levels of engagement, there are some common themes in their current issues:

- Reviewing Terms of Reference and engaging the right membership at the right level from those organisations to be involved
- Agreeing annual work plans that are aligned to the national SPF agenda
- Communication between national and regional need to be more timely, meaningful for discussion at regions and also a mechanism to share regional work at the national SPF and ability to influence
- Still lots more engagement and development to ensure full regional SPFs are in place
- Regional SPFs should continue to promote and support partnership working locally.
- How activity will be resourced needs to be discussed and agreed

4. Next Steps

4.1 Current Activity

Regional SPFs are now working with the regional Heads of Engagement to further consult and develop membership, Terms of Reference and work plans; and in some cases establishing regional SPFs and their structures.

Engagement from HR Directors, private sector, employers and their senior teams and stakeholders availability and commitment to the partnership is going to be fundamental to the process.

Ensuring messages, developments and communications to align national and regional agendas are going to be crucial in ensuring engagement from those stakeholders who need to be involved in the new regional partnerships.

4.2 New Website

To support and enhance the regional SPF development, a review of the SPF website is currently being undertaken. The aim is to provide a dynamic and engaging website aimed at SPF national, regional and local members that drives and shares authoritative and practical information on workforce-related (i.e. social) partnership working. It will also provide updates from partnerships across the country and will support engagement between members.

Provides clarity around national SPF and sub groups and campaigns

This will be a central tool in bridging the communication gap and sharing of best practice clearly highlighted throughout this report. We are aiming to increase the average amount of returning traffic to the website, alongside increasing the time spent on the website by those visiting the site.

4.3 Next Stocktake

The next annual stocktake event is due to take place in 2014 and its focus will be the national SPF. Therefore, the momentum and enthusiasm created following this event should be drawn upon to ensure the lessons are learnt and the follow-up actions expedited.

5. Recommendations

At this time of challenge for the NHS, regional SPFs need to be in a strong position to respond to the issues raised. The following recommendations have been summarised to address the challenges and to identify the support requested of the national SPF from the regions following the stocktake:

1. Support further regional road-shows. Partners are committed to support these through time and venue space.
2. Regular attendance of national SPF members at regional SPFs.
3. Support and provide the link between the regional Heads of Engagement, the national SPF and the regional networks.
4. A regular regional SPF slot on the national SPF agenda to enable discussion.
5. Identify the most effective means of two-way communication with regional SPFs and a mechanism for regional issues to be escalated, if necessary.
6. Ensure the national work-plan is cascaded to regional SPFs to support alignment of agendas.

Social Partnership Stocktake 2013: “Better Together – improving patient care through regional social partnerships”

2 July 2013

Introduction

Good morning. Thank you for inviting me to open this event. I am very pleased to be here.

I have only travelled a short distance to be here today but it is great to see so many faces from all over the country here demonstrating our shared commitment to improve patient care through partnership working.

Context

Today marks a very important moment for partnership working. It is 3 months since the formal transition to the new healthcare system and less than 5 months since Robert Francis published his report into the failings at Mid-Staffordshire Hospitals.

Last year was a hard year for those working in the NHS, I know; for the very many staff who day-in, day-out give their best for patients and who have retained focus on their day jobs through transition.

Social Partnerships at all levels played a vital role in helping to steer us safely through transition and into the new healthcare system. I know, for instance, that SPF members were instrumental in negotiating and securing the terms of transfer agreements between the old system organisations and the new. So many thanks to all of you who played a part in what was a difficult process.

It might have been difficult and challenging at times, but the success of partnership working around the transition agenda is something of which you all should be very proud.

Patient care

This year is another big year for the NHS. I know it feels like we are always saying that but as we approach the 65th birthday of the NHS we should reflect on what has been achieved - and there is no doubt there is much to celebrate - but we must look to the future, learn the lessons from Mid-Staffordshire and refocus our collective efforts around improving patient care.

Now is the time for partnership working because patients cannot and must never again be failed as they were at Mid-Staffordshire. That means all of us being “in it together”, redoubling our efforts to make a positive difference for patients. That’s why I am here, not only in my role as one of the Department of Health’s ministerial team, but also as a clinician with first-hand experience of the challenges faced in our NHS, together with the immense reward I get from caring for patients. And of course it’s precisely because we all care about patients that we do the jobs we do .

Staff engagement

I certainly know, as a doctor, the impact on the whole team of good staff engagement. In my experience, when good, supportive leaders and managers listen to and work in very strong partnership with frontline professionals, the results are patients receive the high quality care that they deserve from motivated staff.

And this is now backed up by the growing body of evidence – from leading researchers such as Michael West – of the link between good staff engagement and improving patient outcomes.

This absolutely critical connection is referenced in relation to the staff engagement pledge in the NHS Constitution, and the national Social Partnership Forum – which I chair – is cited as a primary vehicle for achieving that at national level. In the past year I've hugely welcomed and valued the engagement that we have carried out at National SPF, and at regional and local level, the work you do is even more vital. Developing positive and trusting relationships in the new system with new and existing partners will be essential in ensuring whole system focus on improved patient outcomes.

I am particularly pleased to see Ian Cumming here today. I know he values partnership working very highly and as Chief Executive of Health Education England, he and his organisation will be responsible for training and developing the NHS workforce.

Alongside HEE and NHS England, SPF has been working with NHS Employers and “Staff Side” to increase workplace learning and to improve staff health and well-being as these are keys to motivating, empowering and engaging staff. And we already know that good staff experience leads to positive patient experience. If you look after your staff then, from an employer perspective, they become more productive and, from a patient perspective, they provide better care.

“Culture”

There is, at times, a lot of focus in the media on negative aspects of the NHS. It isn't that surprising when you read the shocking accounts of what happened at Mid-Staffordshire Hospitals and, more recently, at Morecambe Bay Hospitals

Although that represents a low point for the NHS, it is, thankfully, not typical. The vast majority of staff right across the NHS, from top to bottom, work tirelessly to ensure patients get the very best care.

But we must never again lose sight of why we are here, why we are doing what we do and we must ask ourselves constantly: “how will this benefit patients?”

At national level we have set up a sub-group of the Social Partnership Forum specifically to address some of the workforce elements in the Francis recommendations, particularly “culture”.

Through employers and staff working together in a spirit of partnership, focused on high quality patient care, we hope to re-orientate the culture of the NHS to ensure that everyone can see it is based on the best of us not the worst.

NHS Constitution

Important to developing the right culture is, of course, the NHS Constitution. That culture should embody what the NHS was always meant to be and that is why we will be refreshing the NHS Constitution in light of Francis – to ensure that the values, rights and responsibilities enshrined in it are central to all that we do.

SPF members, at all levels, have been instrumental in developing the NHS Constitution. It is an important document and I must thank everyone involved in social partnerships for their contribution to this.

What we need now is greater traction for it – it needs to have real impact and the values set down in it must be those that everyone in the NHS lives and breathes, routinely.

At local, regional and national level, Social Partnerships must continue to shape and influence the NHS Constitution but they can also make a real difference to the impact it has by helping to embed it in all organisations and with all NHS staff.

Regional partnership

At a recent meeting of the national SPF, I heard from the northern regional cluster partnership about how they have been building on the positive partnership working that was embedded through transition and they are now beginning to work more closely with Clinical Commissioning Groups.

I know there is a lot of good will and commitment out there in other parts of the country too but different regions and localities will be at different stages, and may face their own unique challenges, in building constructive partnerships with new organisations.

That doesn't mean we should be designing a one-size-fits-all approach to partnership working because what works in one area may not be right for another.

It will and should be structured around what local patients need. But it will also involve embedding the right behaviours on all sides – and, like the values in the NHS Constitution, they need to become second nature.

Purpose

There may be a good history of local employer-level partnership working but the focus for Regional SPFs should be about the added value of working across organisations – and for this to be successful there needs to be a clear purpose.

This may be around service redesign or tackling a common issue across the region, such as the culture change envisaged in Francis, but you don't need me to tell you that.

The purpose of today's event is to design and develop regional social partnerships in light of the new landscape and the clear direction of travel towards safer patient care and better outcomes for patients.

Today is about you determining what partnership working for improved patient outcomes will look like in your localities. Be creative; learn from past legacies; shape the future together.

Communication

As we move forward and look at how the national Social Partnership Forum should evolve to remain fit for purpose in the future, we will keep you informed and listen to you as you develop and support partnership working in your regions and local areas.

We will seek to improve two-way communications between national and regional SPFs so that you are sighted on national developments and we can learn from, and take account of, your views and experiences on the ground.

Conclusion

Finally, I wish you very well in your endeavours today. Thank you for your energy and commitment now and in the future. I must also thank NHS Employers for organising what I hope will prove to be a hugely productive and enjoyable event.

We are here because we care about patients and we value staff. It is only by valuing staff that we can secure high quality care for patients and I look forward to hearing what comes out of today at a future national Social Partnership Forum meeting.

Annex B - Delegate List

First Name	Last Name	Organisation	First Name	Last Name	Organisation
Humayoun	Akhtar	NHS Employers	Trevor	Johnston	UNISON
Francine	Allen	Royal College of Midwives	Glyn	Jones	British Medical Association
Graeme	Armitage	Queen Victoria Hospital NHS Foundation Trust	Steven	Keith	NHS England
Sally	Baines	NHS England	Madeleine	Knight	British Medical Association
Andy	Ballard	The Chartered Society of Physiotherapy	Tracey	Lambert	UNISON
Andrew	Barton	British Medical Association	Lynn	Lane	Royal Berkshire NHS Foundation Trust
Maureen	Bignall	Northern Devon Healthcare Trust	Neil	Lark	The Chartered Society of Physiotherapy
Nick	Bradley	UNISON	Nicki	Latham	Health Education England
Ian	Brandwood	East Lancashire Hospitals NHS Trust	Denise	Linay	Royal College of Midwives
Steve	Brazier	UNISON	Alan	Lofthouse	UNISON
Paul	Bromley	Society of Radiographers	Janine	Lutz	North of England Commissioning Support Unit
Lianne	Brooks	Managers in Partnership	Victoria	Maher	Royal Shrewsbury Hospital
Barrie	Brown	Unite	Jeannett	Martin	RCN
Helen	Bullers	NHS England	Christina	McAnea	UNISON
Bernell	Bussue	Royal College of Nursing	Peter	Mitchell	British Medical Association
Claire	Campbell	UNISON	Stephen	Moir	NHS England
Jane	Carter	Managers in Partnership	Danny	Mortimer	Nottingham University Hospitals Trust
June	Chandler	UNISON	Kevin	Moynes	Leeds Community Healthcare NHS Trust
Karen	Charman	NHS Employers	Barry	Mussenden	Department of Health
Katie	Collins	Society of Chiropractors and Podiatrists	Deborah	O'Dea	HR for London
Tony	Crabtree	London Ambulance Service	Pam	Okuns-Edokpayi	UNISON
Ian	Cumming	Health Education England (HEE)	Gary	Owen	Unite
Lynn	Davis	HR Business Partner, Surgical Services	Richard	Pembridge	Society of Radiographers
Rob	Demaine	UNISON	Jo	Perry	NHS Employers
Karen	Didovich	Royal College of Nursing	Robert	Pickard	Department of Health
Jacqueline	Docherty	West Middlesex University Hospital	Cathy	Pitcher	Kent and Medway Commissioning Support
Sarah	Dodsworth	Royal College of Nursing	Dan	Poulter MP	Government
Janet	Doran	Aintree University Hospital NHS Foundation Trust	Jane	Raven	NHS Employers
Bernadette	El-Hadidy	NHS Employers	Jon	Restell	Managers in Partnership (MiP)
Steve	Flanagan	Royal College of Nursing	Arthur	Richardson	Society of Chiropractors and Podiatrists
Dorothy	Fogg	Unite	A	Roberts	British Medical Association
Paul	Foley	UNISON	Amanda	Rose	NHS Employers
Peter	Forster	BMA	Ursula	Ross	BMA
Liz	Gambrell	NHS Employers	Eddie	Saville	Hospital Consultants & Specialist Association (HCSA)
Lesley	Gaskell	Royal College of Midwives	Corrin	Shepherd	NHS Employers
Steve	Godecharle	Royal College of Nursing	Carol	Shorter	UNISON
Karen	Godfrey-Edwards	Royal College of Midwives	Jon	Skewes	Royal College of Midwives
Claire	Gore		Roger	Smith	Burton Hospitals NHS FT

Sara	Gorton	UNISON	Rebecca	Smith	NHS Employers
Sandra	Grant	Southern Health NHS Foundation Trust	David	Smith	Gloucestershire Hospitals NHS FT
Elspeth	Griffiths	Associate Director of HR	Ian	Smith	Hospital Consultants & Specialists Association (HSCA)
Marisa	Howes	Managers in Partnership (MiP)	Jo	Spear	Managers in Partnership
Pam	Johnson	UNISON	Philippa	Spicer	Health Education Kent Surrey Sussex
Claire	Sullivan	The Chartered Society of Physiotherapy	Phil	Thompson	UNISON
Harriet	Taylor	NHS Employers	Karen	Webb	Royal College of Nursing
			Claire	Wood	Royal College of Midwives

SOCIAL PARTNERSHIP STOCKTAKE 2013



Better Together - improving patient care through regional social partnerships

Agenda

10.00	Registration & Refreshment
10.30	Welcome Dr Dan Poulter MP - Parliamentary Under Secretary of State for Health
10.35	Dean Royles - Video welcome
10.40	Panel conversation - with Q&A opportunity
11.00	Regional Raid <ul style="list-style-type: none"> • Group work to reflect on survey data • Sharing our own experience of regional social partnerships • Finding about what has been happening across the country
13.00	Lunch
13.45	Share, Learn and Aspire Group work to share learning and agree key principles and design criteria for future
14.30	Coffee break
14.45	A Regional SPF that works for us Recommendations for a Regional SPF that works for us, session to include: <ul style="list-style-type: none"> • priorities • people and structure • operations and incentives • Testing understanding and make commitment
15.50	Summary and close

SOCIAL PARTNERSHIP STOCKTAKE 2013



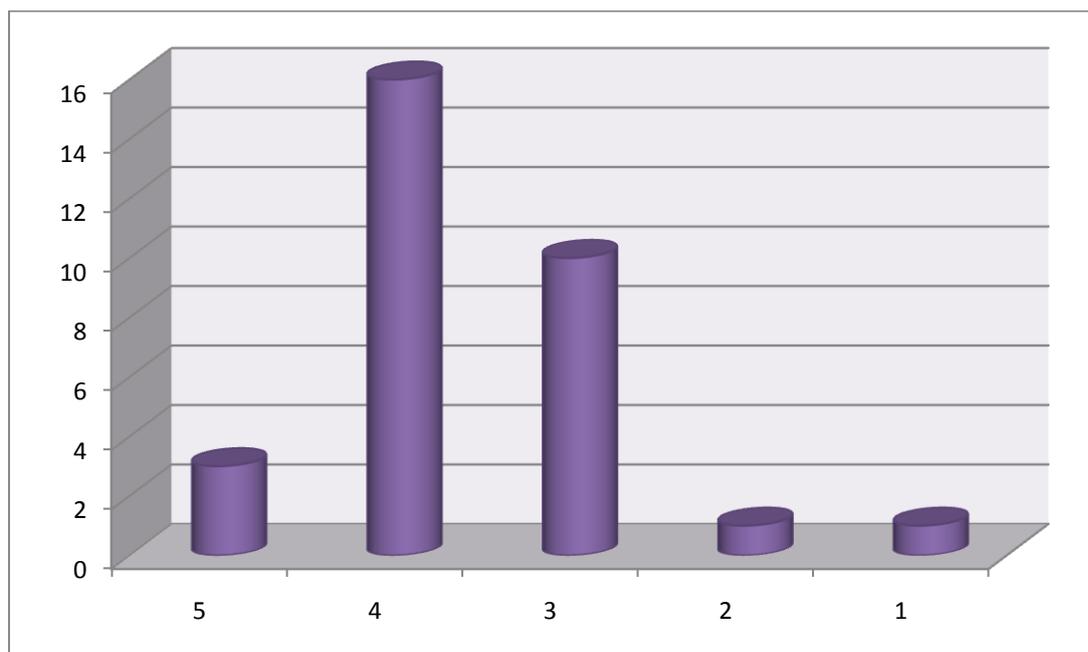
Better Together - improving patient care through regional social partnerships

Evaluation results

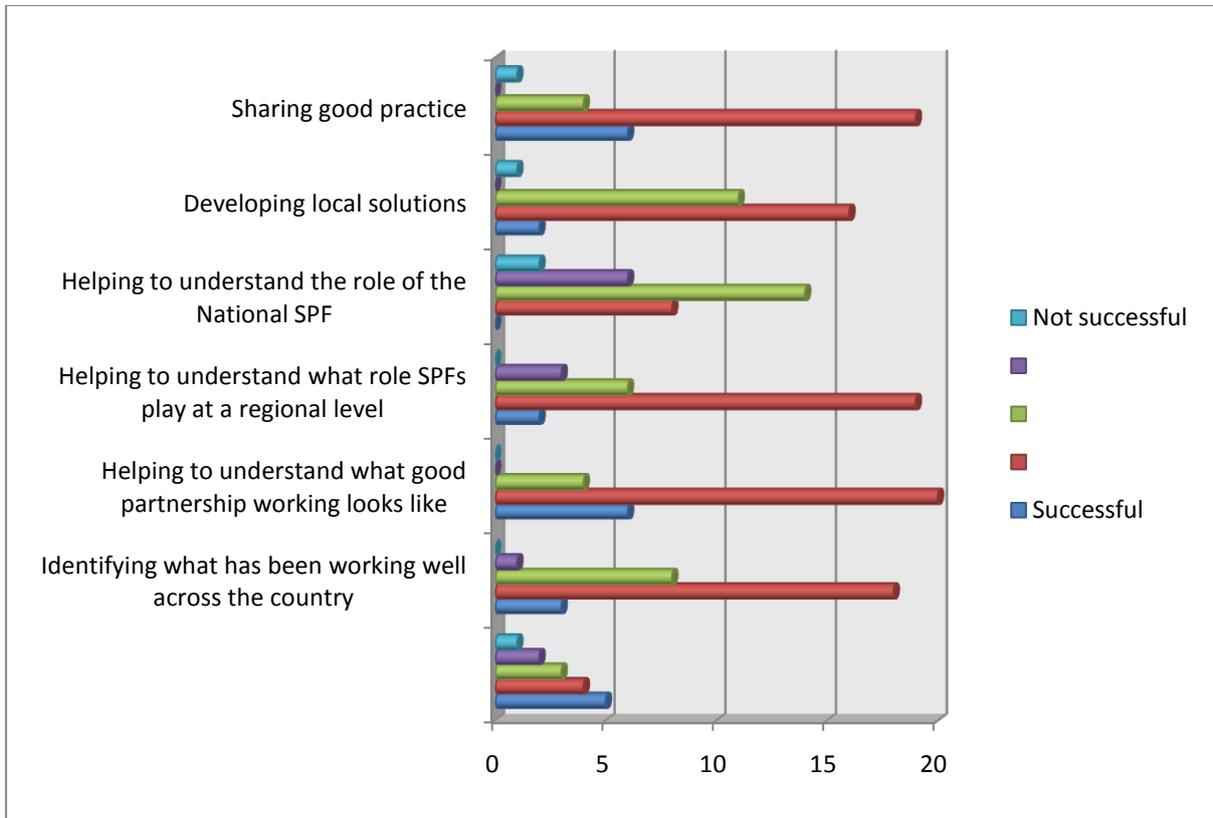
1. What was your key objective for attending this conference?

Discuss/influence/understand the future of regional SPF	16
Engage/network with colleagues	4
To improve/revitalise regional SPF	2
Understand regional experiences of social partnership following transition	2
Greater insight into SPFs	2
Involvement and understanding as an employer representative	1
Hear best practice	1
Understand SPFs and how they perform in the changing and developing scene	1
To get buy in for social partnerships from EOE management	1
Clarity about national Vs regional SPF and the role of new organisations	1
Update on thoughts re: new architecture and SPF involvement	1
Better engagement between national and regional SPF	1
Developing London NHS partnership	1

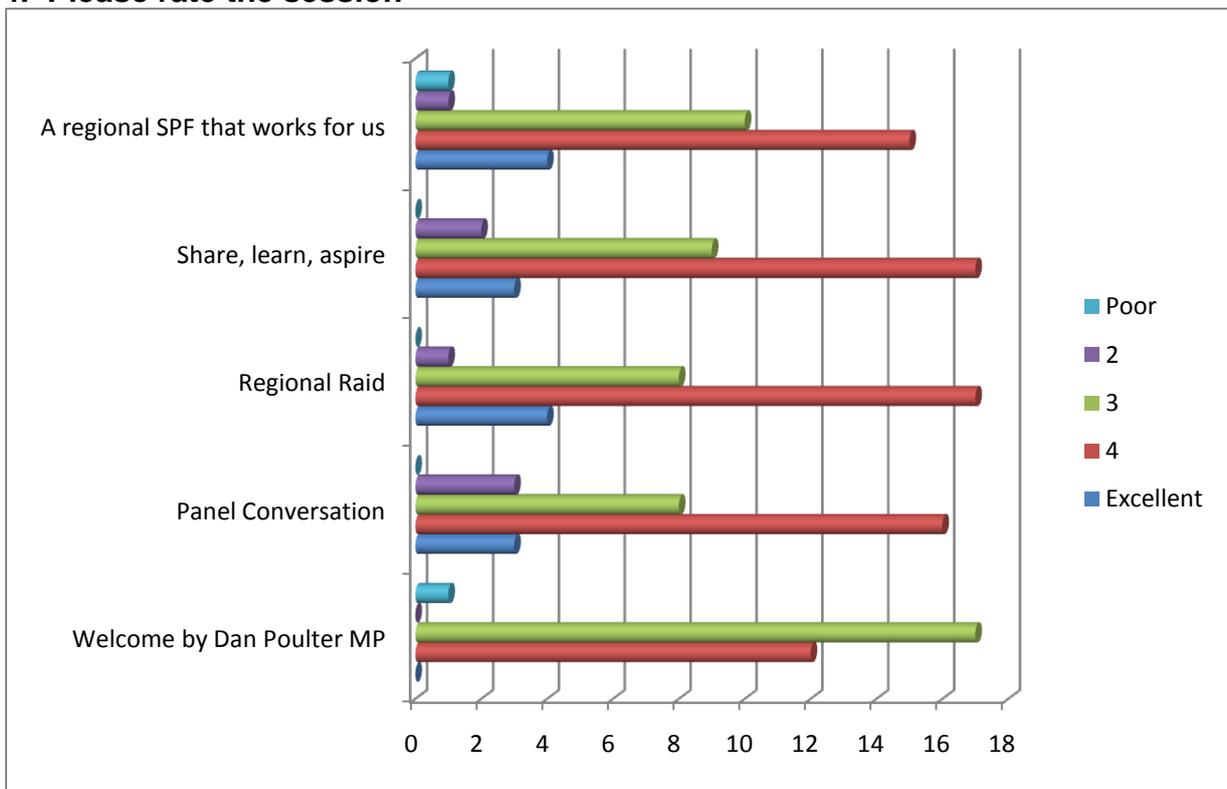
2. To what extent was this (your key objective of attending) met? (5 = fully met, 1 = not met)



3. How successful was this event in:



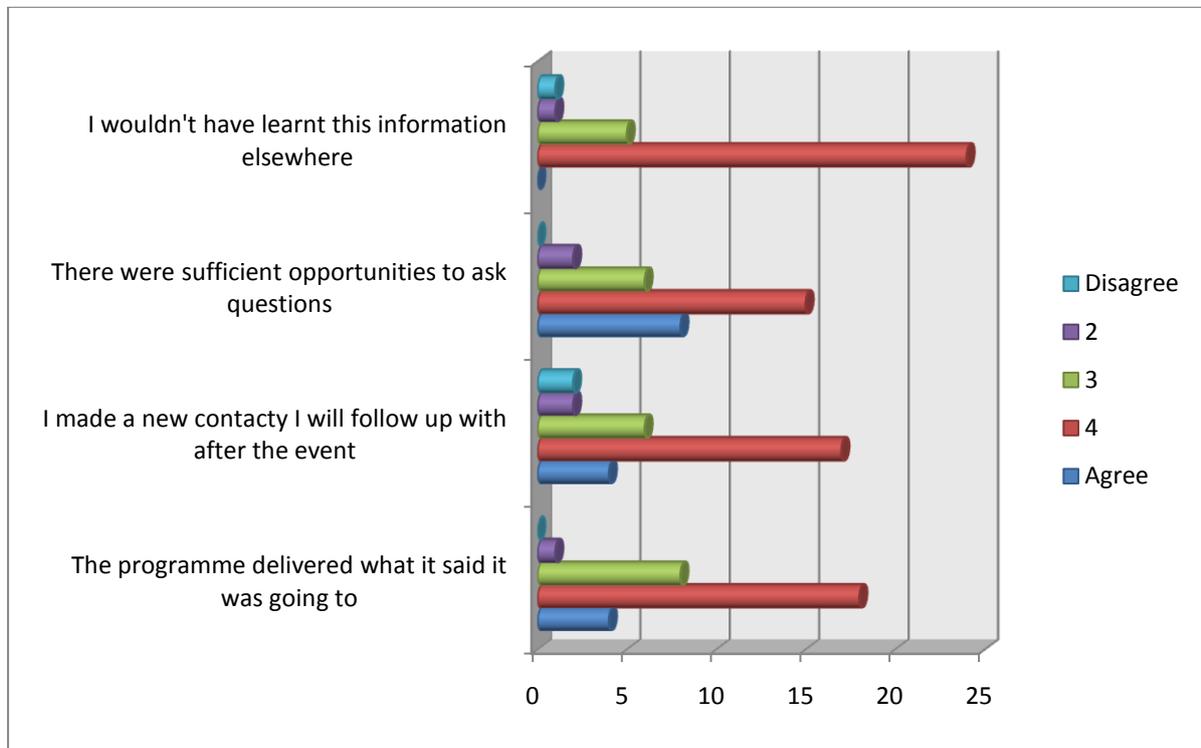
4. Please rate the session



If you rated a session 3 or less please indicate why

Too complicated in discussion and output. Facilitator gave too much complicated information, needed bite size chunks. Bit rushed. Overall quite useful
A bit of confusion over the 'share, learn, aspire' task
Dr Dan - He came, he spoke, he went! Last one - too rushed - lots more to discuss and seek agreement on
Working in a national organisation, the focus on the regional SPFs were helpful, but not always as relevant for me to engage with
Not enough time - we have not really asked if SPF is the way forward. We have tinkered around the edges - we need something different
Management of these sessions was too complex
The last two items seemed rushed with no clear direction
Objectives unclear

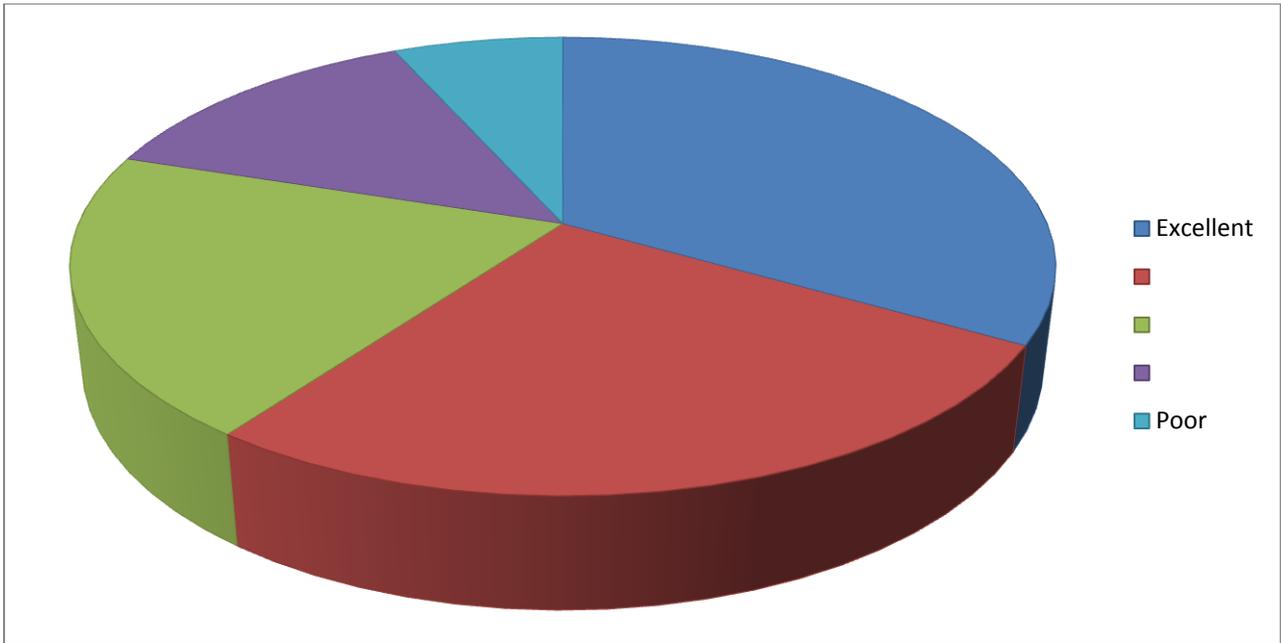
5. To what extent does the following apply?



If you rated a statement 3 or less, please indicate why

Ask which questions of who? I can't remember this being encouraged at any time.
Not sure there is shared understanding of how SPF developing across regions

6. How satisfied were you with the event overall?



7. As a result of today, what 3 key things will you take back for further progression within your local RSPF?

Leading and development of agenda
Need to establish structure
Objectives/Terms of Reference
Attend as often as possible to contribute and support the agenda Link regional work to local work
Secure buy in
Owned seats
Co-Chairing
Engage those not already engaged
Define membership
Transform - do things differently
To look out for website
Promote CCGs
Communicate and influence providers by talking about positives of SPF
Relevance of local issues - engagement - events with CCUs and CCGs
Emphasis on importance of partnership and bottom up influencing
Focus on joint problem solving
Shape the priorities
Action plan - review outcomes
Engage with local SPF
Get more involved regionally
Talk to my executive colleague about the relevance
Ensure the staff side chairs are connected
Keep going, keep learning
Try to improve 2 way conversation between regional/national SPF
Work to improve SPF website to make it accessible and more user friendly

Take back priorities for partnership and agree time out with new HRDs on partnership
Developing the link HR4 London reinforcing subgroup structure and support
Getting appropriate input from employers including new organisations
Identify themes for forthcoming meetings
Re-instate regional newsletter to spread outcomes/explain RSPF role to staff and HRDs
Areas where we can improve joint working
Encourage more involvement from stakeholders especially providers, CCGs
Better linkage with national SPF
Discussion with own organisation about links with RSPFs
Follow up attendance at RSPFs
agree attendance of CCGs
Set priorities
Update a SPF
Idea of 2 summits per year on key issues
Positive agenda and quick wins
Need for good communication, openly and honestly. Generating a level of trust and informal problem solving
Involving new providers
The role in the future will have to change
Engagement with the wider players
Need to engage providers at a high level
Engagement of potential partners
Discussion about linking national with local
Further discussions about priorities
Better sharing information with NSPF
Re launch
Understand who needs to come along
Agree 12 month programme is important
Discussion with key leaders within the region i.e. The benefits of partnership working

8. Final thoughts

A good day, met some useful people, good relationship building. Thought provoking
Very good event but I would have liked to have seen more CEO level attendance
Good to understand SPF and network. Day could have been a little shorter
At national and regional level, a view for the SPF needs to be developed before the other issues can be fully addressed.
There was a lot of energy in the room but I think this dissipated a little due to the number of groups
The cost of the event - I believe is hard to justify. I am committed to partnership working but I think we need to do it differently
Need national engagement to employers to participate in RSPFs
A useful and focussed event. Good use of time and discussion
The facilitation style was at times unhelpful and did not engage with the tasks.
It was rather confusing at times about moving tables and who was going where

Facilitation complex instructions, rushed in afternoon
Very well organised, vice venue and well structured agenda
Shared goals and the need for everyone to be active and responsible
Networking etc was positive - it was unclear how the outputs from the day would be taken forward until Karen spoke at the end of the session
Overall helpful. Exercised/facilitation could have benefitted from more structure. Would have been useful to have a positive example of good partnership beyond the NHS and how that works. E.g. Local government, regional structures
An enjoyable event, very positive outcomes, sharing information of what works elsewhere very useful. Final session focusing on future work extremely important and useful partnership works we not need to deliver it.
We need to consider CCGs and how they can be involved when some are only 15 employees and others 150+