Summary of National Documents

March 2018

Improving the experiences of people who use services

NHS Providers | March 9th

This briefing looks at what the vanguards have been doing to improve the way people experience and interact with health and care services, and shares the lessons that other organisations and partnerships can take from the vanguards' experiences.

This final briefing in the *Learning from the new care models* series highlights how the vanguards are improving the experiences of people using services and their families.

The briefing looks at the work of the vanguards in the following areas:

- Coordinating care around peoples' needs
- Ensuring people receive high-quality care wherever they are
- Specialist care closer to home
- Reducing the need to travel
- Directing people to the right care, faster
- Supporting people to manage long-term conditions
- Supporting people to develop self-confidence
- Tailoring care for people with the greatest needs
- Making access to urgent care as simple as possible
- Promoting health and wellbeing among people and communities
- Helping people connect
- Supporting carers to stay well
- Working with people to design services that work for them

Full briefing:
Learning from the vanguards: improving the experiences of people who use services

NHS workforce race equality: a case for diverse boards

NHS England | March 9th

This resource is targeted at NHS boards, especially the chairs of NHS boards. It recognises the important role chairs play in shaping the way members interact, behave, and set priorities – in short, how they establish the *culture* of a board.

The guide is not about how boards become more 'representative'. Instead, it is about how a board uses the talents of everyone who sits round the table. It is about how boards capitalise on their diversity.

Full document: NHS workforce race equality: a case for diverse boards

How is the NHS performing? March 2018 quarterly monitoring report

The Kings Fund | March 2018

The King's Fund has released its quarterly monitoring report (QMR) of NHS performance. Its analysis finds increased numbers of patients are facing long waits for hospital treatment, with those experiencing the longest delay often most in need of treatment. As demand for services is continuing to rise, the think tank finds it unlikely that meeting waiting time targets will become more achievable, with implications for how the NHS protects patients waiting the longest.

The report focuses on four key areas:

- Finance
- Performance
- Waiting times: making the sickest wait longest
- Looking to the future

It is available at the King's Fund

Employee engagement, sickness absence and agency spend in NHS trusts

Dawson, J. & West, M. | NHS England | March 16th

The Workforce Race Equality Standard (WRES) team at NHS England commissioned a report to examine the 'real world' relationship between staff engagement, sickness absence and reliance upon temporary staffing in NHS trusts.

The team had the hypothesis that where: employee engagement is lower, there will be a higher level of sickness absence among staff, and this will necessitate a higher level of spend on agency (and bank) staff. They analysed data from three sources: NHS Staff Survey (employee engagement), NHS Digital (sickness absence), and NHS Improvement (agency and bank staff spend).

The report has now been published and finds clear associations between employee engagement and sickness absence; as well as between employee engagement and agency staff spend (whether or not spend on bank staff was included within this).

It concludes there is clear evidence that trusts with higher engagement levels have lower levels of sickness absence and have lower spend on agency and bank staff.

Simon Stevens, Chief Executive of NHS England said: "that staff engagement is not only good for employees' health but reduces trusts' cost and reliance on agency staffing. So doing the 'right thing' also helps trusts with their budget pressures. As such, this report offers important practical lessons for the whole NHS."

The full report can be downloaded from NHS England

New guidance on shift work

NHS Employers | March 2018

The NHS Staff Council's Health, Safety and Wellbeing Partnership Group works to raise standards of workplace health, safety and wellbeing in healthcare organisations, to promote a safer working environment for all healthcare staff. Its latest guidance *The health, safety and wellbeing of shift workers in health and social care environments* demonstrates

- How shift work can impact on health, safety and wellbeing
- How to manage the risk as an organisation
- How to manage the risk as an individual
- The importance of partnership working

NHS England have produced an infographic which can be downloaded from their website
A press release accompanies the report

The report can be read here

NHS Workforce Statistics, December 2017

NHS Digital | March 2018

Provisional workforce statistics have been published in a report by NHS Digital. The data have been extracted and validated from the NHS's HR and Payroll system. This report shows provisional monthly numbers of NHS Hospital and Community Health Service (HCHS) staff groups working in Trusts and CCGs in England. They include hospital doctors and non- medical staff and are available as headcount and full-time equivalents.

In December 2017

- The headcount was 1,198,238 in December 2017. This is 4,568 (0.4 per cent) less than the previous month (1,202,806) and 20,869 (1.8 per cent) more than in December 2016 (1,177,369).
- The full time equivalent (FTE) total was 1,057,900 in December 2017. This is 4,001 (0.4 per cent) less than the previous month (1,061,902) and 18,835 (1.8 per cent) more than in December 2016 (1,039,065).
- Professionally qualified staff make up over half (54.2 per cent) of the HCHS workforce (based on FTE).

Related:

NHS Sickness absence rates for November 2017 are accessible here
NHS Staff Earnings Estimates December 2017 can be found here

New data protection legislation affecting all NHS organisations

The General Data Protection Regulation (GDPR) is set to replace the existing Data Protection Act on 25 May 2018. It will require all organisations, which process personal data – including CCGs, to meet higher data protection standards.

Some of the new requirements of GDPR will be appointing a data protection officer, the ability to demonstrate that you are complying with the new law and higher penalties for those not following the rules.

The Information Commissioners Office has produced a package of tools and resources to help you get ready. These resources include:

- a guide to the GDPR;
- a getting ready for the GDPR self help checklist;

- a GDPR FAQs document;
- a new advice service helpline for small organisations; and
- a '12 steps to take now' infographic.

Further information can be found on the Information Commissioner's Office's website

System change through situated learning: Pre-evaluation of the Health Innovation Network's Communities of Practice

RAND Corporation | 2018

Communities of practice (CoPs) often develop organically through shared interests or are created as a means of sharing best practice, disseminating knowledge and experiences as well as developing professionally or personally. According to the RAND Corporation the impact of CoPs can be difficult to quantify and there is incomplete evidence about the value they add. For CoPs to support current ambitions to transform UK health and social care a deeper understanding of their operation and consequences was required. For this reason a scoping review was undertaken, it had two primary research questions:

1. How do the CoPs operate and how can their work be explored in more depth?
2. How, when and why can the knowledge generated within CoPs lead to improved work?

The review intended to gather data to determine the best approach to a full-scale evaluation of CoPs, as well as to provide immediate evidence to help the CoPs improve their effectiveness.

Some of the CoPs covered in this review include medicines safety; maternity; duty of candour; medicines optimisation; sepsis; acute deterioration; and delirium. CoPs members include NHS non-medical and medical staff from a range of professional groups, and academics. (RAND Corporation)
Key findings

If the knowledge necessary to resolve or explore a problem is in the CoP there is the opportunity for change, but if this is not the case then the CoP must be adapted or modified to engage senior leadership, change national mandates or work with commissioners.

The report identified a number of future evaluation questions along with associated subsidiary questions. The key overarching questions are:

- (How) is the momentum towards transformation sustained and what are the wider dependencies that are needed for this to happen?
- (How) is progress and value-added measured?
- (How) is the rhythm of learning sustained?

- (How) are cultures and principles nurtured and sustained? (RAND Corporation)

The eBook can be read online here

Alternatively it can be downloaded from the RAND website

Managing the hospital and social care interface: Interventions targeting older adults

The Nuffield Trust | March 2018

This research report examines the relationship between the health and social care sectors, particularly the tensions between the two due to rising pressures on hospitals, when the think tank calls for increased collaboration between the two.

It explores the actions and strategies that providers and commissioners have put in place to improve the interface between secondary and social care, with a focus on what hospitals can do.

It uses seven case studies and makes five recommendations for national policy-makers. In conjunction to this, the think tank makes seven recommendations for hospital leaders, derived from discussion with hospitals, integrated care organisations and local authorities throughout the course of this research.

These are:

1. **Think imaginatively about the workforce. We have already set out the recruitment and retention challenges facing the social care sector, and the way national policy needs to change to help address them. But there are also things that local providers can do.**
2. **Do not make decisions about social care, without social care**. Hospitals that make decisions about providing or commissioning social care without consulting their local authority or social care providers may risk destabilising the social care market.
3. **Think carefully about different types of integration**. Organisational, service-level and patient-level integration all have their own strengths and weaknesses.
4. **Consider pooling budgets to facilitate progress**. Most of our case studies benefited from a shared budget to initiate and sustain integration efforts. Some of this came from 'vanguard' funding, but most of the case study sites also drew on the Better Care Fund.
5. **Make sure that integrated teams have appropriate processes to support them.** Where integrated teams work effectively, they have appropriate

processual and managerial support. Shared governance and accountability processes mean that everyone is working to the same set of standards.

6. **Make sure that commissioners are on board.** Collaboration and buy-in from all local commissioners and providers, including primary and community care, was a key factor in successful implementation for most of the case study sites.

7. **Collaborate with housing partners.** There are good examples of collaboration with housing partners at the local level.

Full report available here