



WELCOME TO

NHS Workforce Conference 2022



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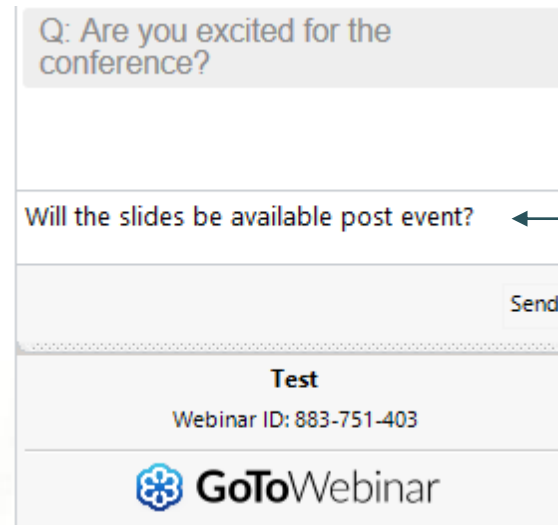
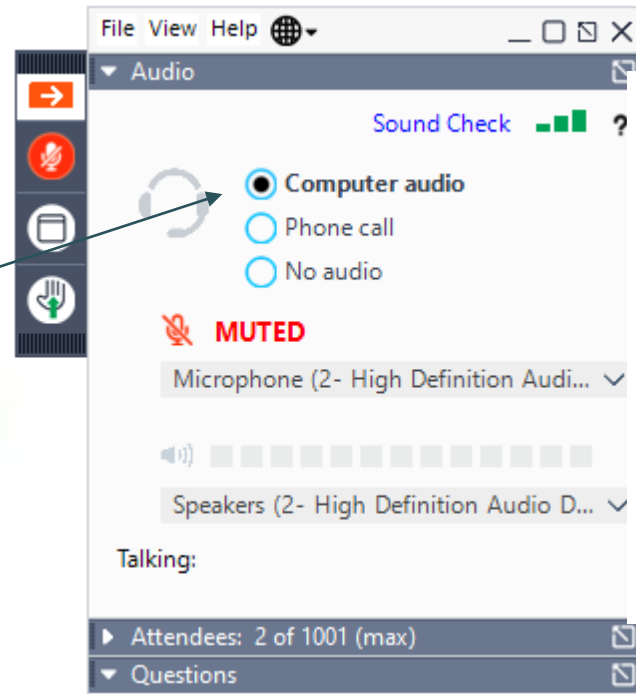
Check Out Our
Agenda Here...



Wednesday 21st September 2022- 10:50am – 15:20pm – Virtual Conference
Conference hosted by Convenzis Group Limited



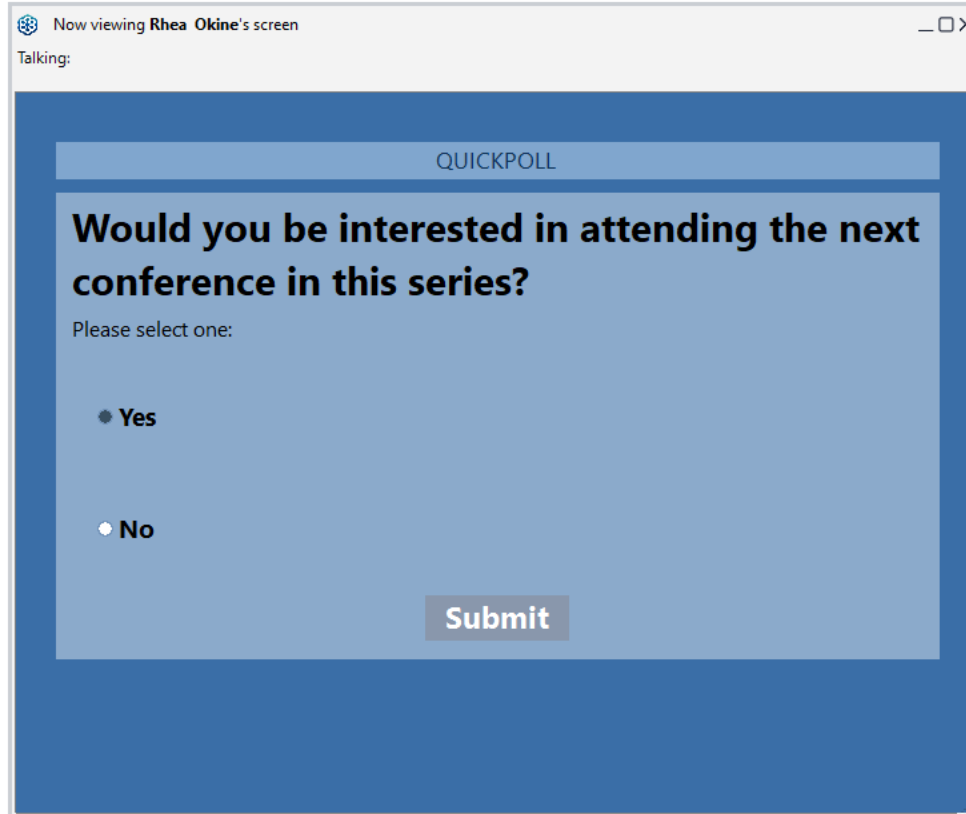
Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.

Wednesday 21st September 2022- 10:50am – 15:00pm – Virtual Conference
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Polls



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

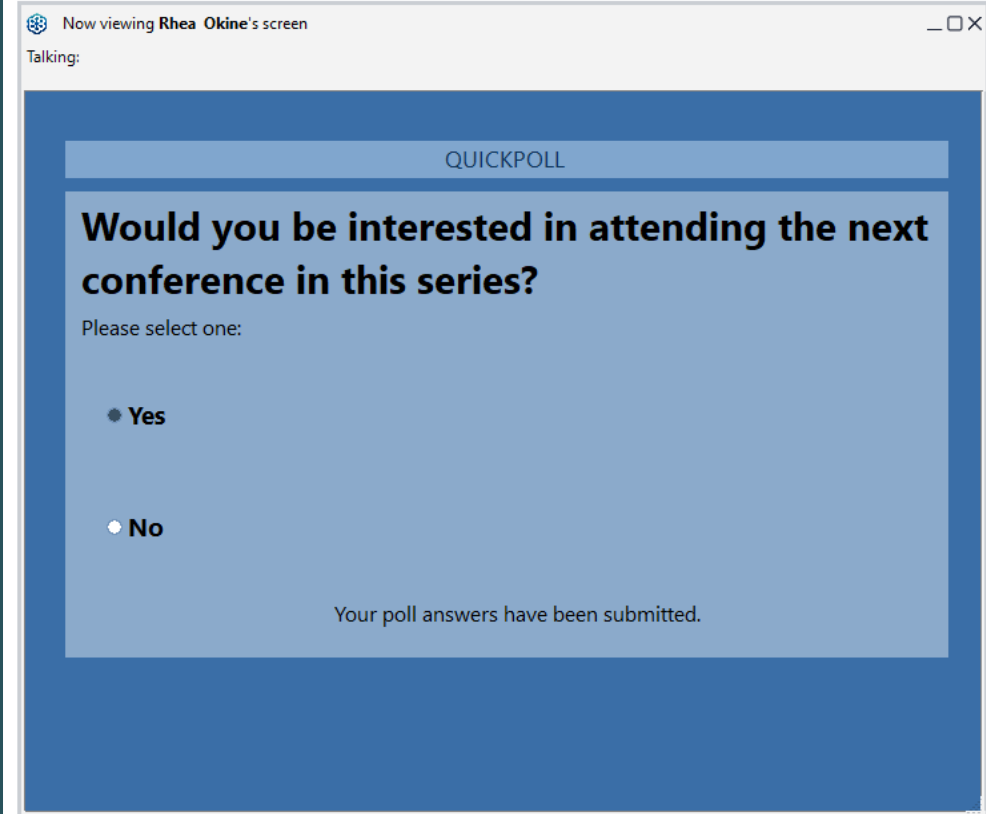
Please select one:

☒ Yes

☐ No

Submit

Click on **one** of the multiple choice options, then press 'Submit'



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

☒ Yes

☐ No

Your poll answers have been submitted.

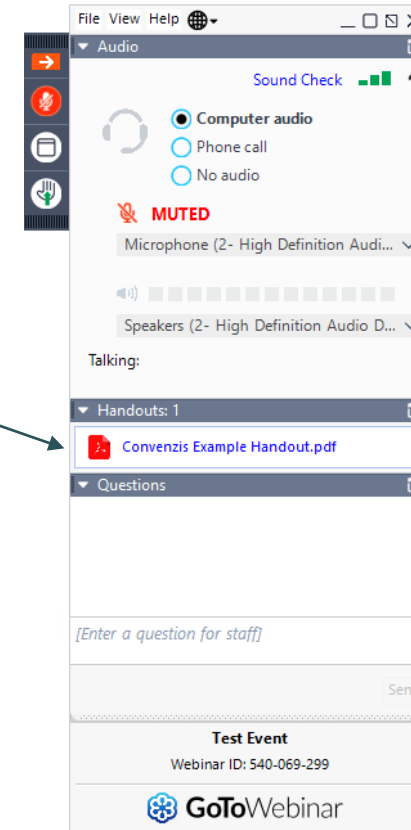
Once **Submitted** your screen will look like this

Wednesday 21st September 2022- 10:50am – 15:00pm – Virtual Conference
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Expand the Handouts tab, and click on the Hyperlinked PDF.

That will then open a document where you can view all of the Sponsor stands. Click on the Sponsor Logo to open their stand. There you will find free demos, downloadable assets and promotional material. You can also arrange meetings with the sponsors.



Wednesday 21st September 2022- 10:50am – 15:00pm – Virtual Conference
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NHS Workforce Conference 2022



SPEAKING NOW



Aimee Robson

Deputy Director of Personalised Care (Clinical,
Workforce & Quality) - NHS England & Improvement

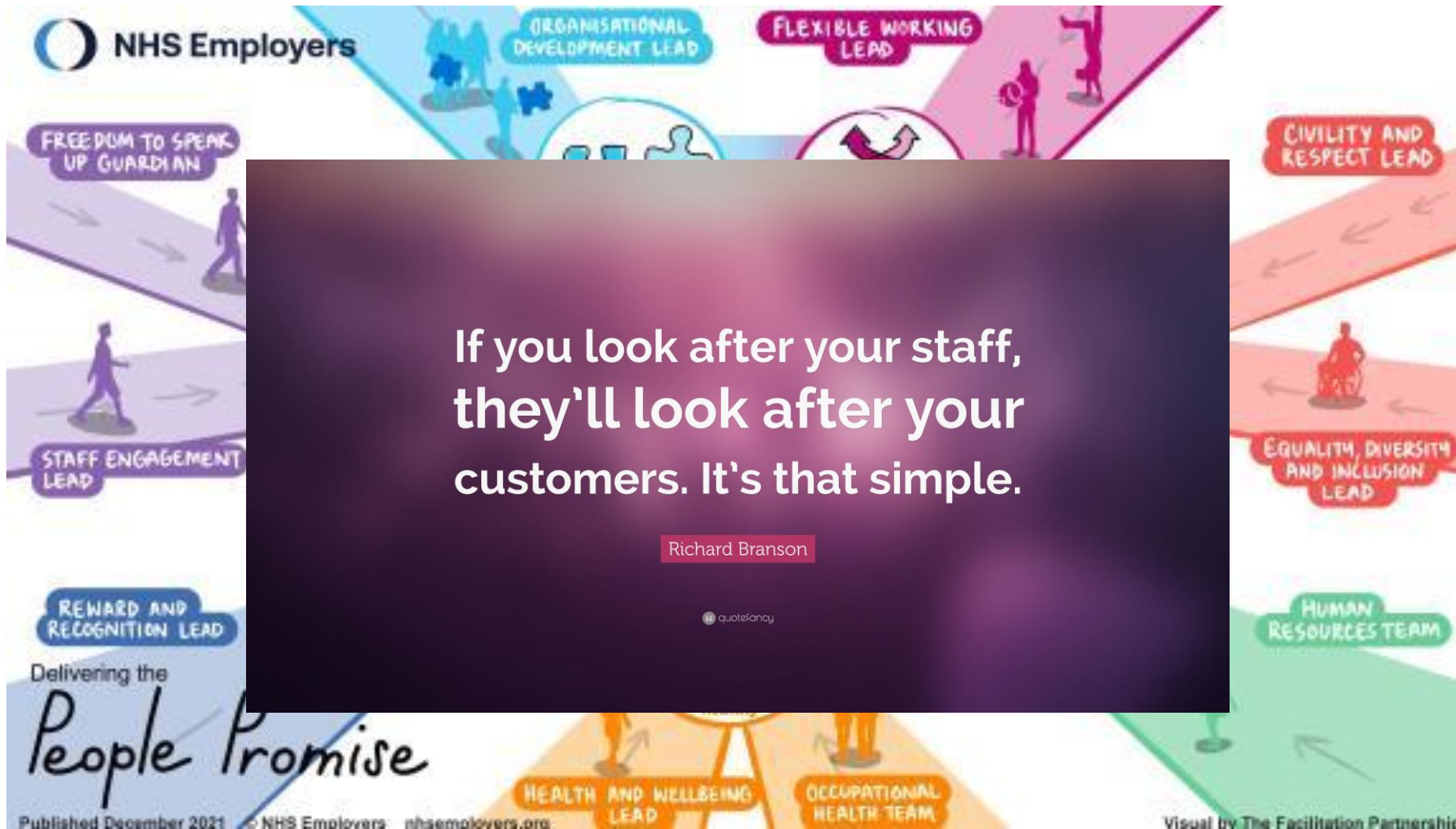
I will be
discussing...
Personalised Care

Virtual NHS Workforce Summit

Aimee Robson, MSc MCSP, Deputy Director, Personalised Care NHS England

 @AimeeRobson4

Sept 2022



Public perceptions of health and social care: what the new government should know

September 2022

The public's top priorities for the NHS

38%

Improving
waiting times

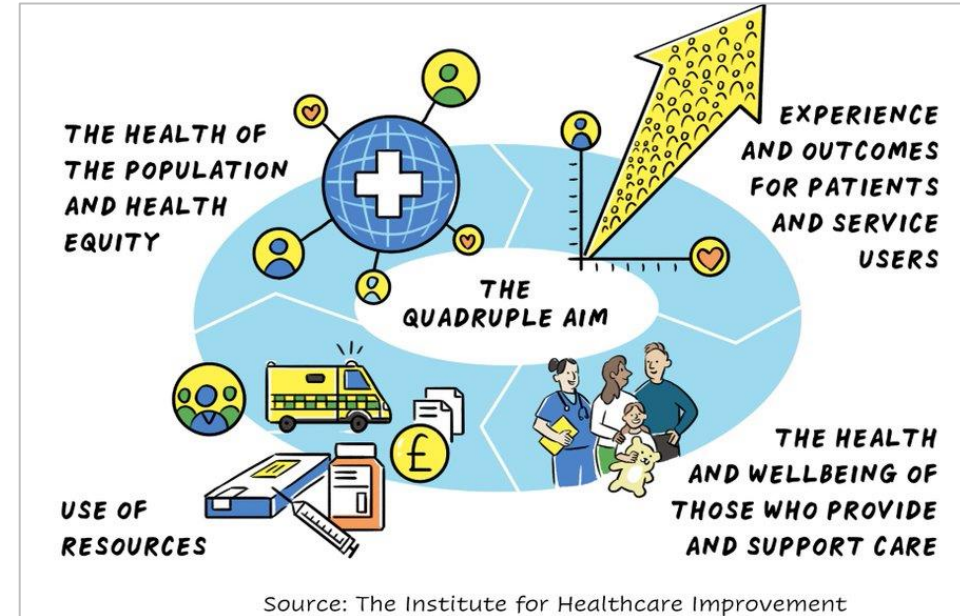
36%

Increasing the
number of staff

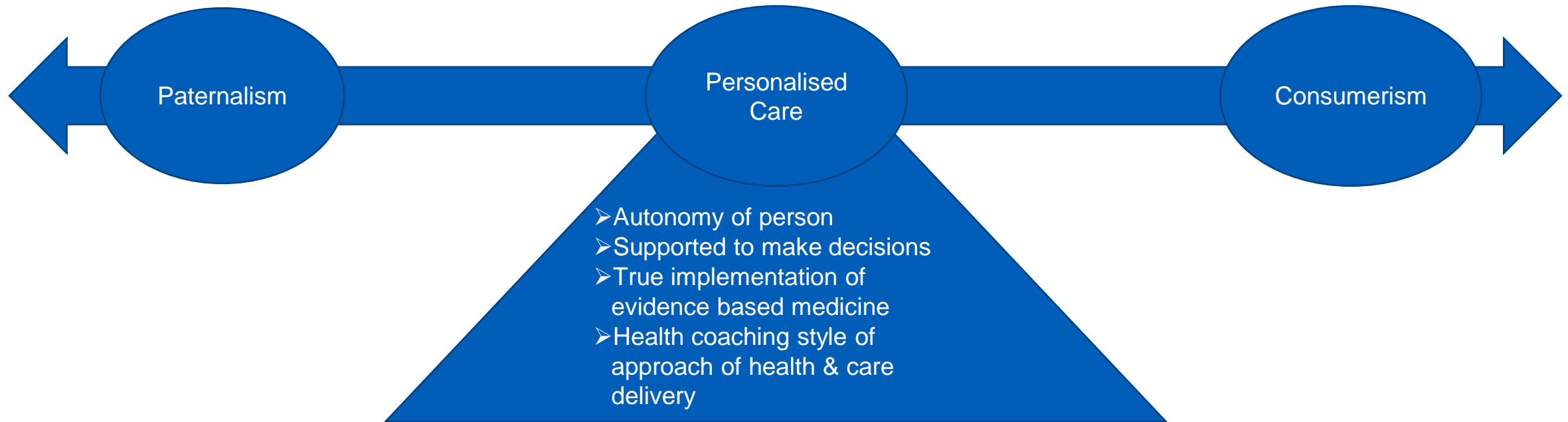
[Public perceptions of health and social care: what the new government should know - The Health Foundation](#)

Outline- some questions we will ponder...

- What is Personalised Care?
- So what?
- How does this help our health & care workforce?
 - Establishment and skill mix
 - Learning & development
 - Culture
 - Winter pressures 2022



What is Personalised care?



“Meeting a person where they are” requires knowledge, skills and confidence as well as culture, infrastructure and ethos of health & care delivery

So what?

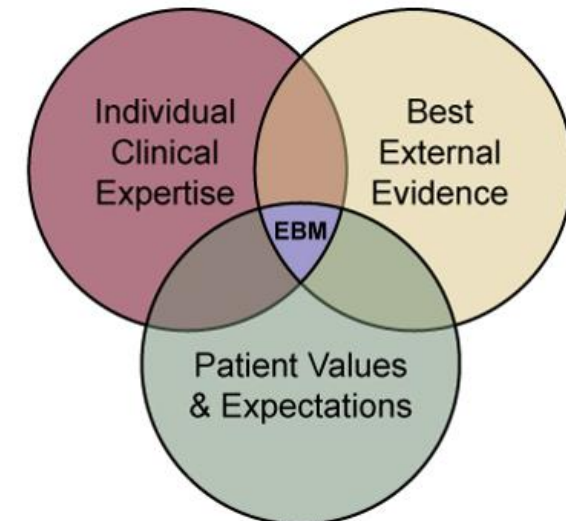
Why? So what?

Moral, ethical and legal imperative for personalised care

1. People/patients want their preferences understood, respected and acted on. **Moral, ethical imperative**
2. **Evidence based healthcare** = evidence + clinical expertise + individual patient preferences
3. **Medico-legal imperative** - with patient “as decider” - Torte law post Montgomery ruling
4. Multimorbidity, treating the person as a whole, **optimises high health & care VALUE** including reducing health inequalities
5. A person who lacks **confidence to self-manage their health and wellbeing, see their GP 10x more per year.** Through health coaching to improve confidence, with time this improves, and GP contacts fall.
6. The workforce find it more rewarding **(greater retention, productivity, less sickness, higher wellbeing)** and links to why we came into healthcare

The Hippocratic Oath (modern version)

1. I swear to fulfill, to the best of my ability & judgment, this covenant
2. I will respect the hard-won scientific gains of those physicians in whose steps I walk & gladly share such knowledge as is mine with those who are to follow
3. I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment & therapeutic nihilism
4. I will remember that there is art to medicine as well as science & that warmth, sympathy & understanding may outweigh the surgeon's knife or the chemist's drug
5. I will not be ashamed to say “I know not” nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery



Isn't this happening anyway?

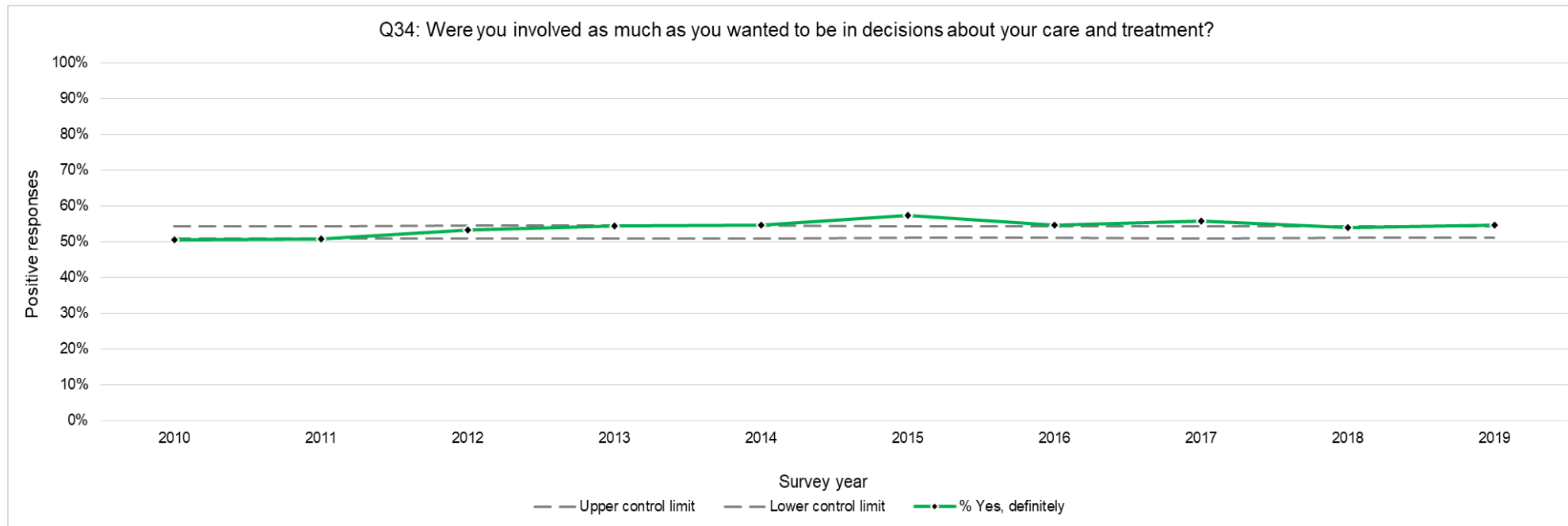
People Context

- 1 in 7 people have “post decision regret” post surgery (England)
- Also a root cause in terms of public inquiries (Paterson, Ockendon)
- 44.6% of people want to be involved more in care decisions (2022 GP survey)

Sharp rise in NHS negligence claims for lack of informed consent

Negligence claims against the NHS due to failure to inform patients before they consent to procedures have spiralled up since a landmark legal ruling in 2015, a new study has found.

19 March 2020



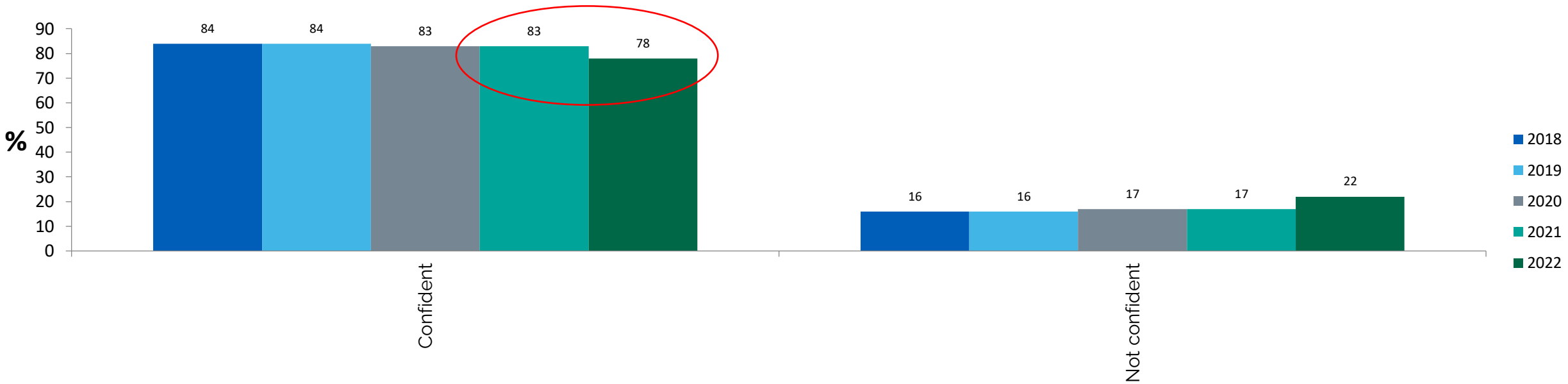
N respondents= 64,794 (2019-acute survey)

[Data library - NHS Surveys](#)

Showing summary results - Q39. How confident are you that you can manage any issues arising from your condition (or conditions)?

Results showing for National Data
Filters: No filter applied

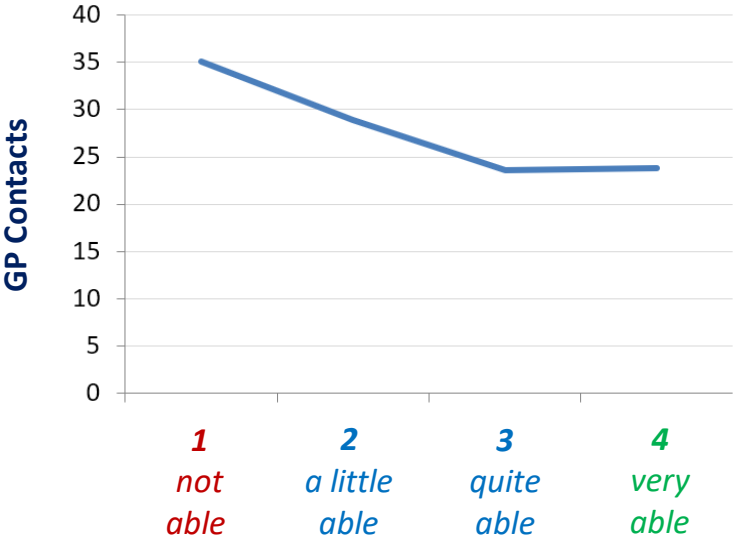
Showing weighted data



Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected "Don't know" have been excluded

Confident = Very confident + Fairly confident. Not confident = Not very confident + Not at all confident
Unweighted Base: 2018 (414,084), 2019 (422,742), 2020 (404,295), 2021 (442,636), 2022 (382,313)
Weighted Base: 2018 (357,889), 2019 (364,684), 2020 (349,711), 2021 (390,598), 2022 (339,295)
Excluding those who said "Don't know" (weighted): 2018 (10,469), 2019 (10,670), 2020 (9,853), 2021 (11,771), 2022 (16,892)
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Improving health confidence is key to improving population health



Patients **not able** to manage their own health and wellbeing see their GP 10 more times a year – a 40% difference, but when confidence improves, then it's only a matter of time before physical health improves and GP contacts fall

Q1: How would you rate your ability managing your own health and wellbeing?

Q2: What one thing do you need to help you improve your health and wellbeing?

You can capture this using the following Snomed code:
Patient Activation Measure Level
962851000000103

“

Variation in care is rarely a problem of recalcitrant doctors and nurses being unwilling to learn or resistant to change, but rather is the result of a system that has evolved to perpetuate variation.”

What are the evidence based, known barriers (and therefore solutions) to a more “people first” approach to care delivery?



How does this help our health & care workforce?

Establishment and skill mix

Learning & development

Culture

Winter planning 2022

Benefits to health & care workforce

National Institute for Health Research
Service Delivery and Organisation Programme

Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing

Annexe: Case studies

Jill Maben,¹ Riccardo Peccei,² Mary Adams,¹ Glenn Robert,¹ Alison Richardson,³ Trevor Murrells¹ and Elizabeth Morrow¹

¹ National Nursing Research Unit, Department of Health Policy and Management, Florence Nightingale School of Nursing and Midwifery, King's College London

² Department of Management, King's College London

³ Faculty of Health Sciences, University of Southampton

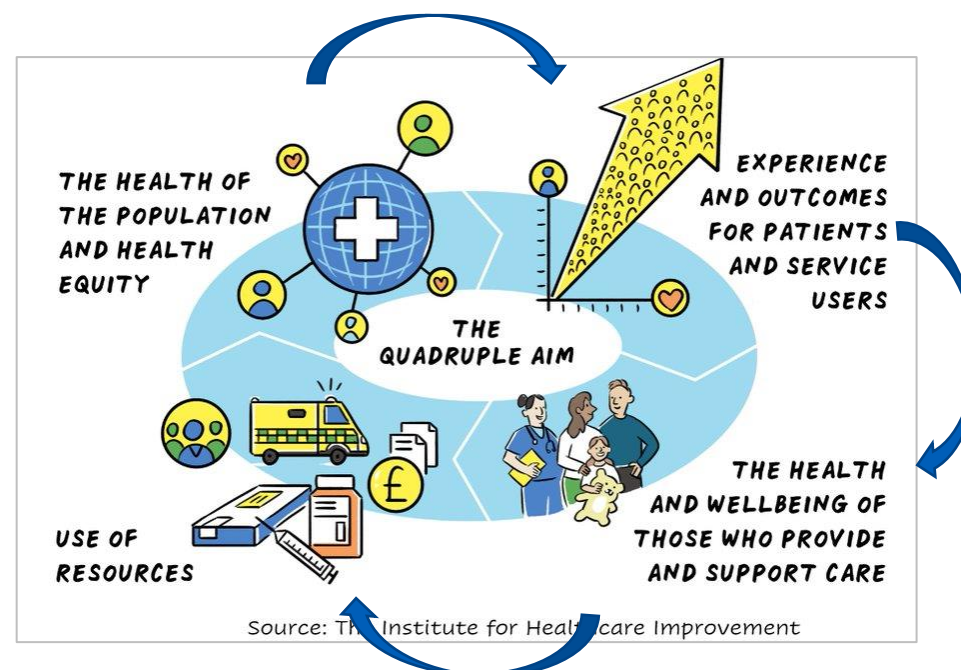


National Institute for
Health Research

Published November 2012

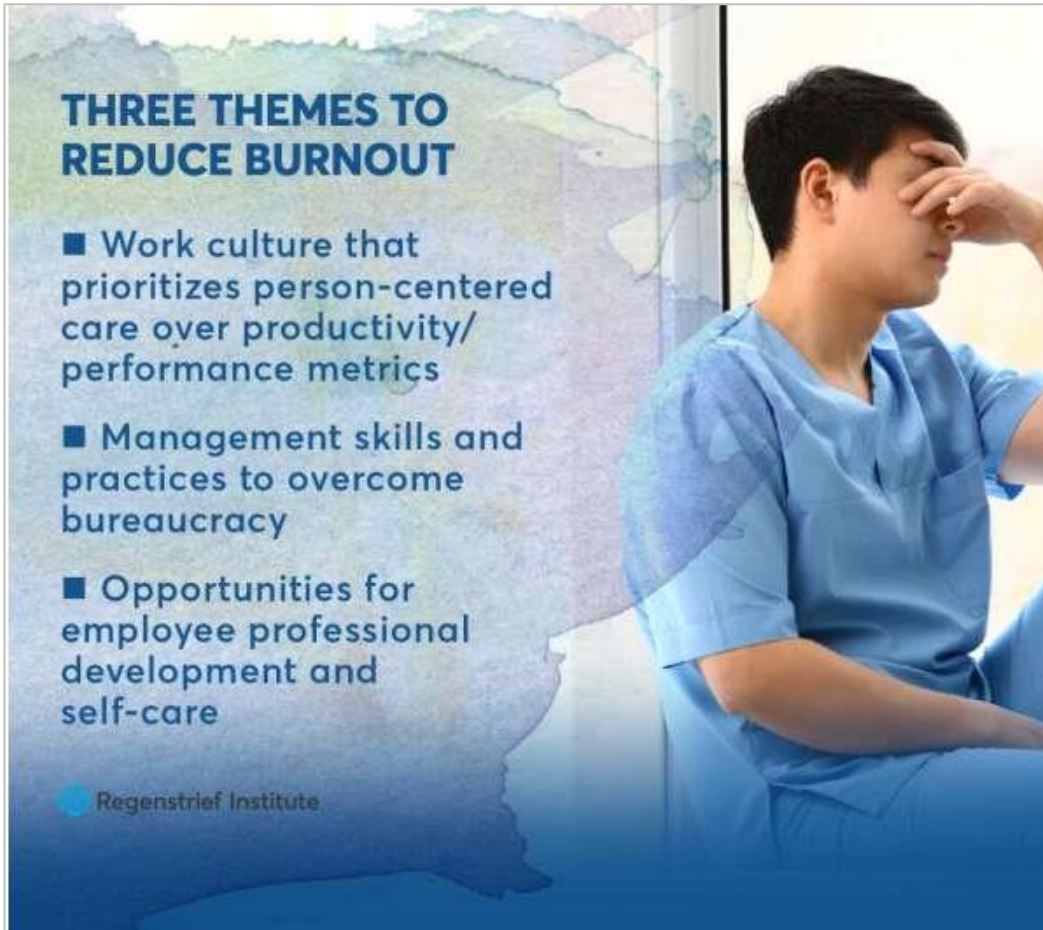
This project is funded by
the Service Delivery and
Organisation Programme

Personalised care aligns us clinicians to our purpose, values and why we came into caring professions and incidentally improves job satisfaction and patient & system outcomes

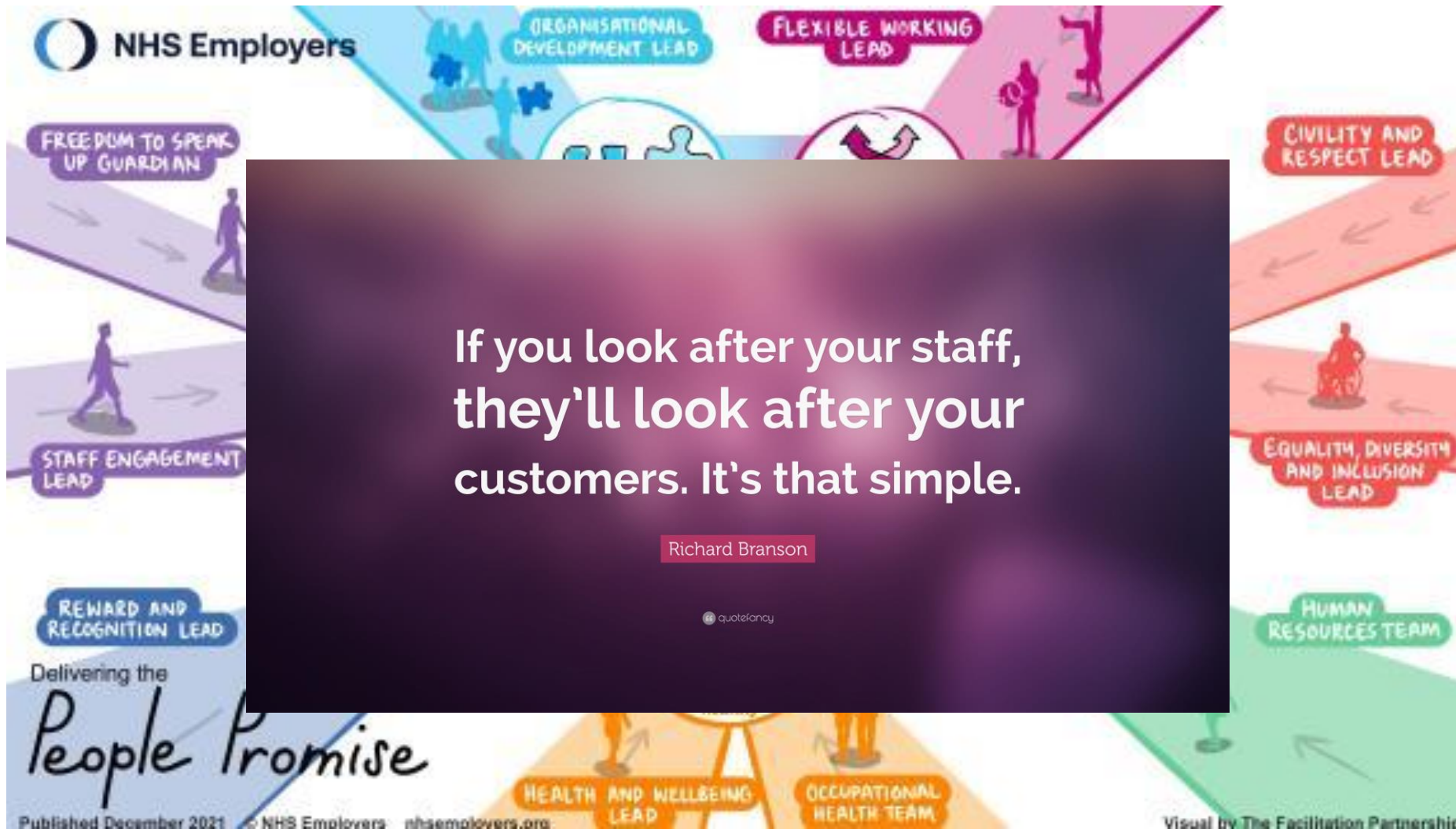


Benefits to health & care workforce

Personalised care aligns us clinicians to our purpose, values and why we came into caring professions and incidentally improves job satisfaction and patient & system outcomes



- Greater job satisfaction
- Reduced sick rates
- Greater retention
- Improved productivity (optics are important)
- Enhanced culture of quality – better outcomes



Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter

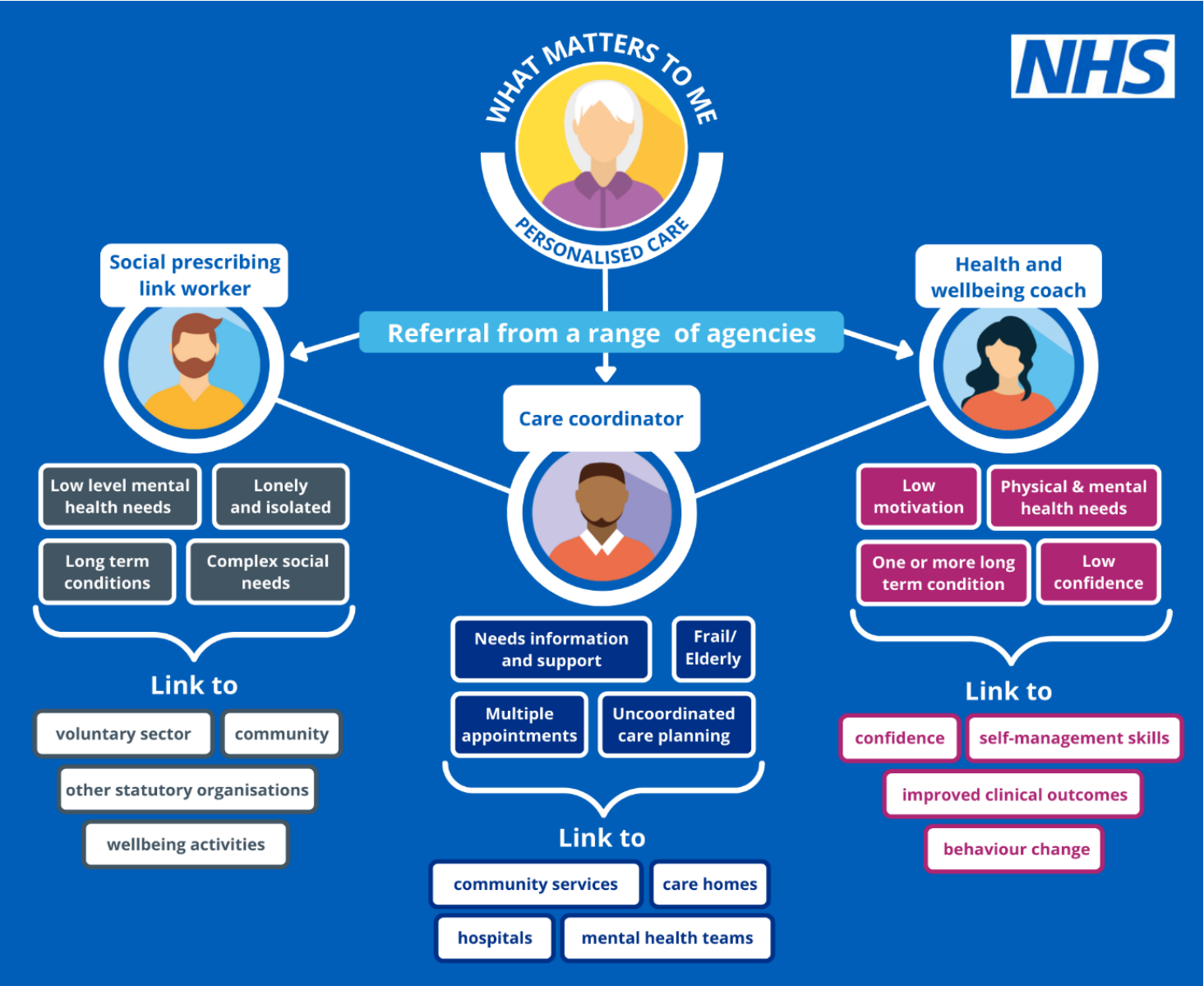
Publication reference: PR1929

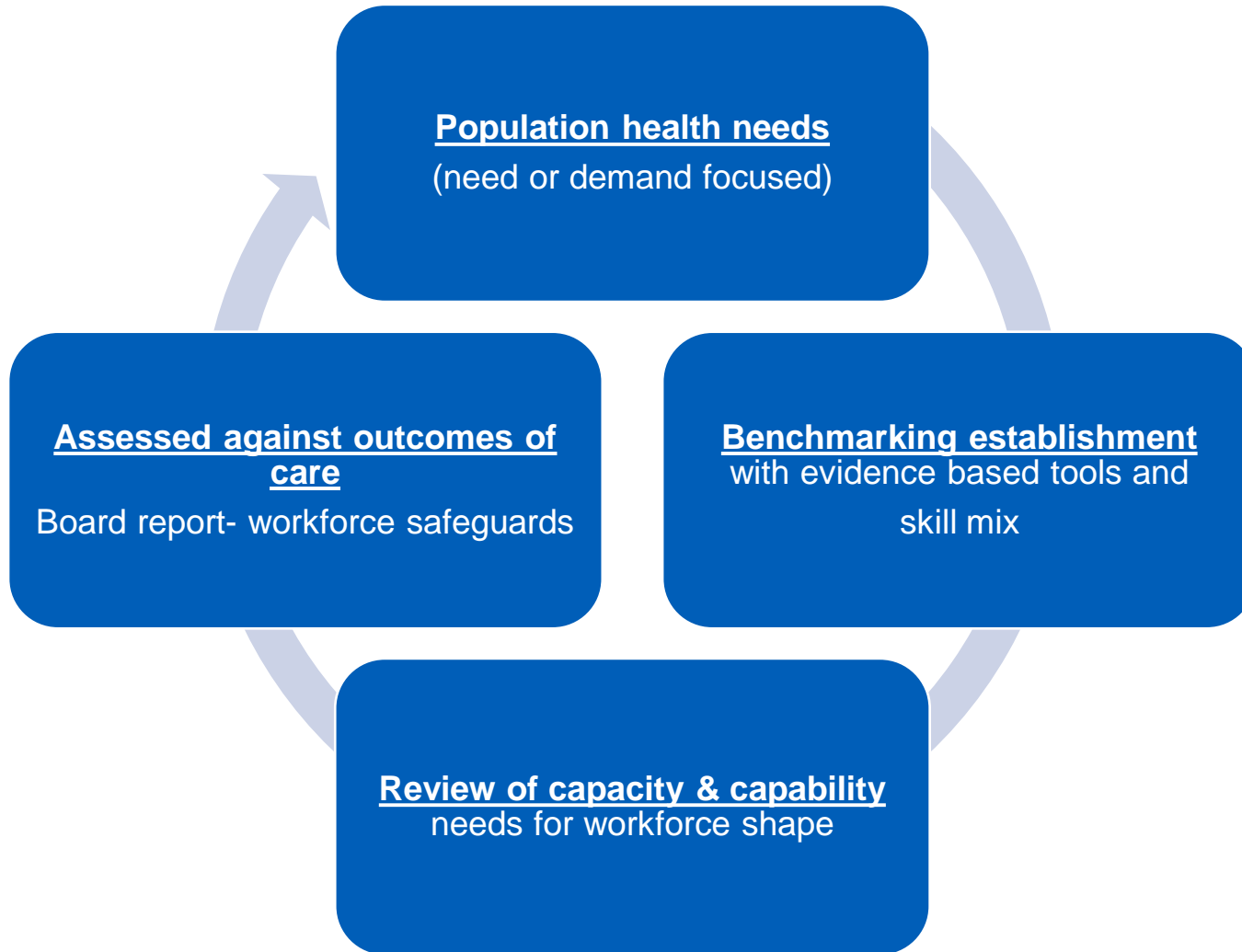
Lack of capacity across the NHS has an impact on all areas of the system. It is essential that ambulance and NHS 111 services have the necessary capacity in place and that access to primary care, community health services and mental health services for urgent patients is sufficient to ensure patients do not need to present to emergency services. We are working with local areas to:

- Open additional beds across England, to match the additional capacity identified by ICS's to be able to deliver against expected winter demand. This should create the equivalent of 7,000 additional general and acute beds, through a mix of new physical beds, scaling up virtual wards and improvements in discharge and flow
- Increase the number of 11 call handlers to 4,800 and the number of NHS 999 call handlers to 2,500
- Increase provision of High Intensity User services
- Support good working relationships with independent sector, building on the success so far, and facilitating patient choice

In primary care

- We will maximise recruitment of new staff in primary care across the winter, including care coordinators and social prescribing link workers
- ICBs to actively support and engage with PCNs to work with each other and other providers to develop collaborative models to manage seasonal preparedness and specific winter pressures (such as oximetry monitoring for COVID-19 patients) alongside the digital development of primary care.



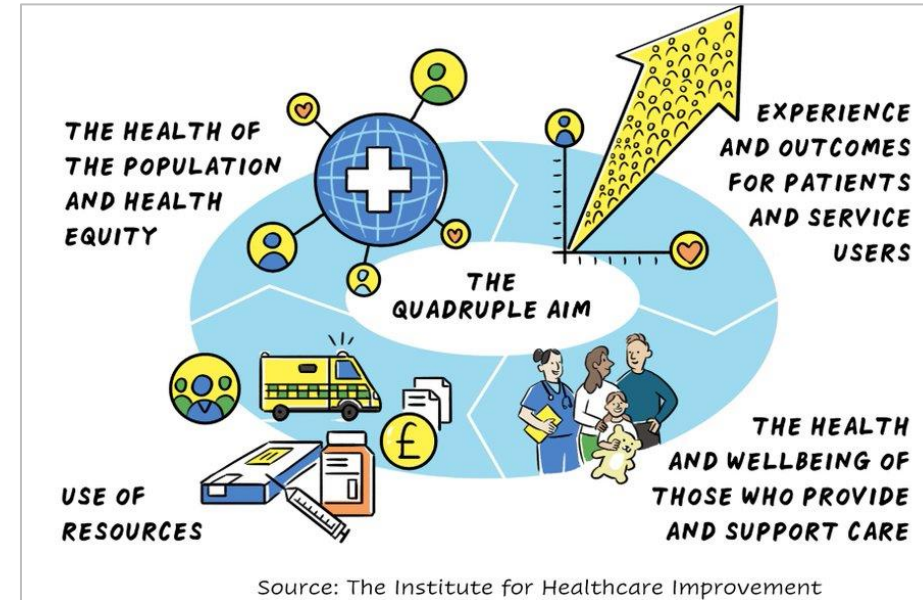


Actions to consider:

- Analyse data on patient reported experience measures with staff survey results to meet populations and staff needs
- Winter pressures workforce plan returns: 31st Oct 2022
- Consider impact of skill mix to support admission avoidance for Winter 2022
- This includes psychosocial skills of workforce (registered and non registered workforce) to improve outcomes of care

Outline- some questions we will ponder...

- What is Personalised Care?
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If you look after your staff,
they'll look after your
customers. It's that simple.

Richard Branson

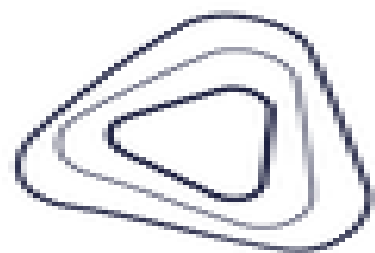
qualtricity



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UP NEXT...



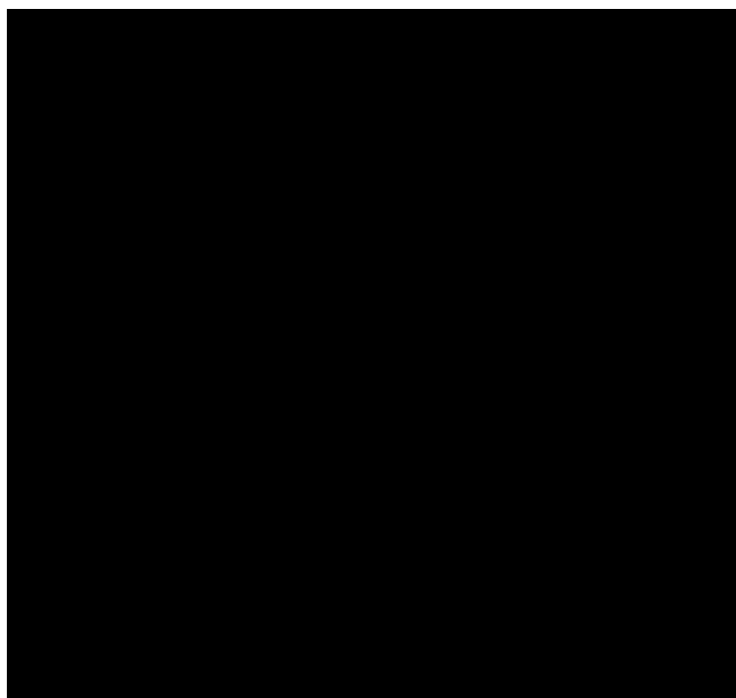
Acacium Group



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SPEAKING NOW



Speaker

Title

I will be
discussing...

Title



Total Workforce Solutions

Acacium Group – the first global solutions provider

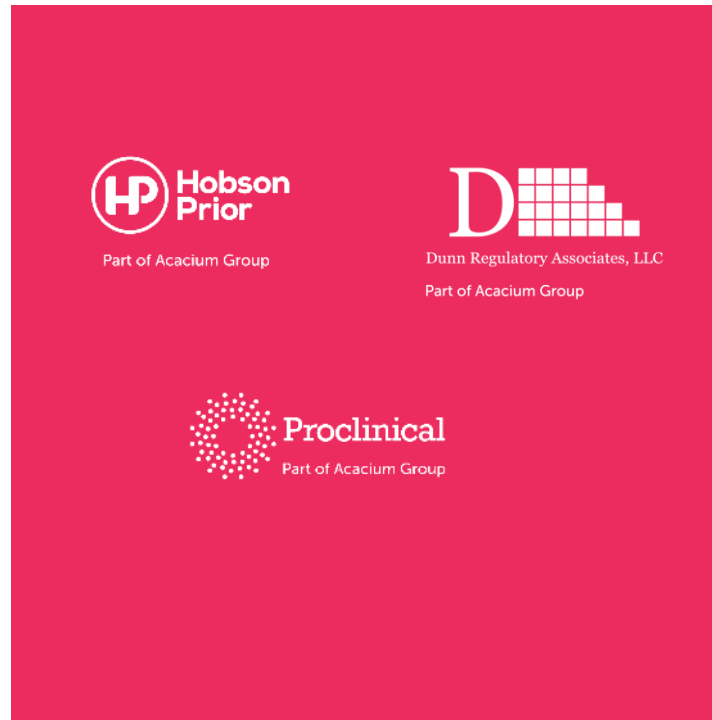
Helping clients worldwide to deal with the challenges of rising demand and constrained workforce supply

Health and social care workforce solutions



Focus on health & social care staffing solutions:
100,000 workers worked in the last 12 months

Life science solutions



Focus on staffing solutions every stage of the life sciences process:
2000 permanent placements in the last 12 months

Health and social care managed services



Focus on prevention:
164,000 users on our Type 2 diabetes prevention programme



Acacium
Group

Workforce challenges

Systematic and social



c. 100,000
vacant posts

Competition
between NHS
Trusts

Limited national
workforce strategy

Ageing
workforce

Challenges in
collaborative
workforce solutions

Increasing attrition,
sickness and
'burnout'

Political



Restrictions in funding

Limitations in new workforce growth –
nationally and internationally

Policy preventing evolution

Increasing demands on healthcare
services

Economical



Workforce cost
£56.1b / 46% of
NHS expenditure

COVID-19 response

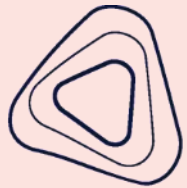
Global nurse
economy

Increased demands
on funding

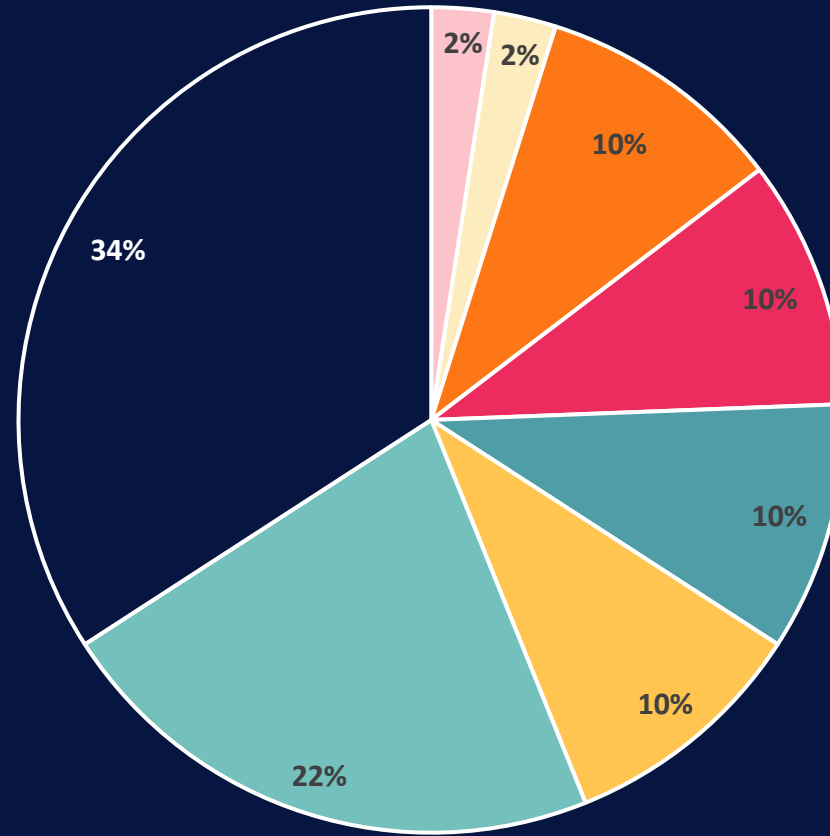
Rising cost of living

Key challenges impacting the NHS workforce

Patient flow is the most worrisome challenge for NHS workforce leaders, followed by staff recruitment, retention and morale. Together, workforce challenges make up the biggest cause for concern



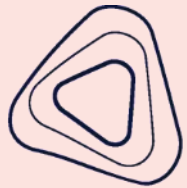
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Group



■ Covid-19 ■ Staff sickness ■ Elective backlog ■ Patient discharge
■ Staff morale ■ Staff retention ■ Staff recruitment ■ Patient flow

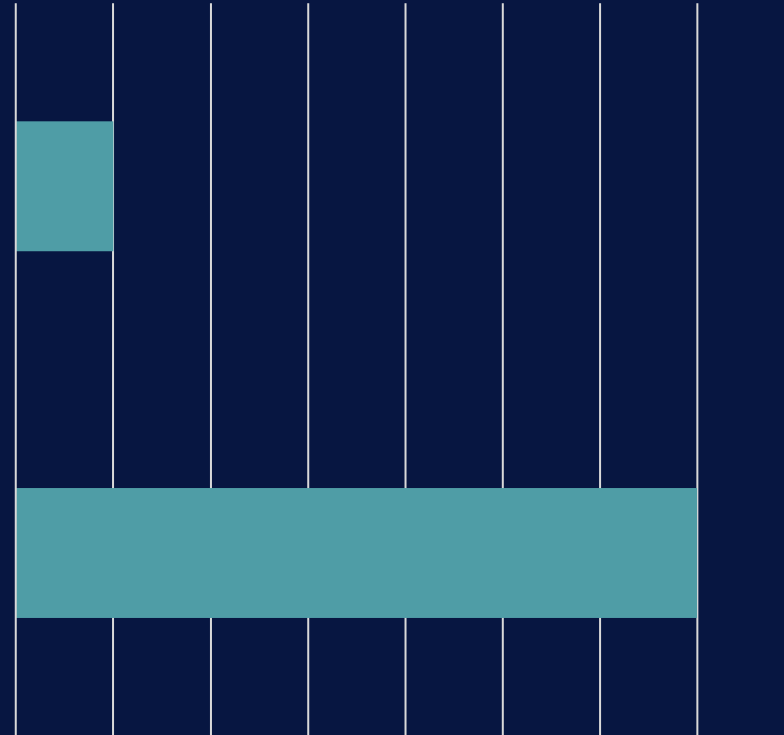
Workforce Priorities

When asked which was the greater priority right now, the vast majority of people surveyed said that permanent recruitment was being prioritised over temporary staffing gaps



Acacium
Group

Recruiting to fill gaps in the temporary
workforce

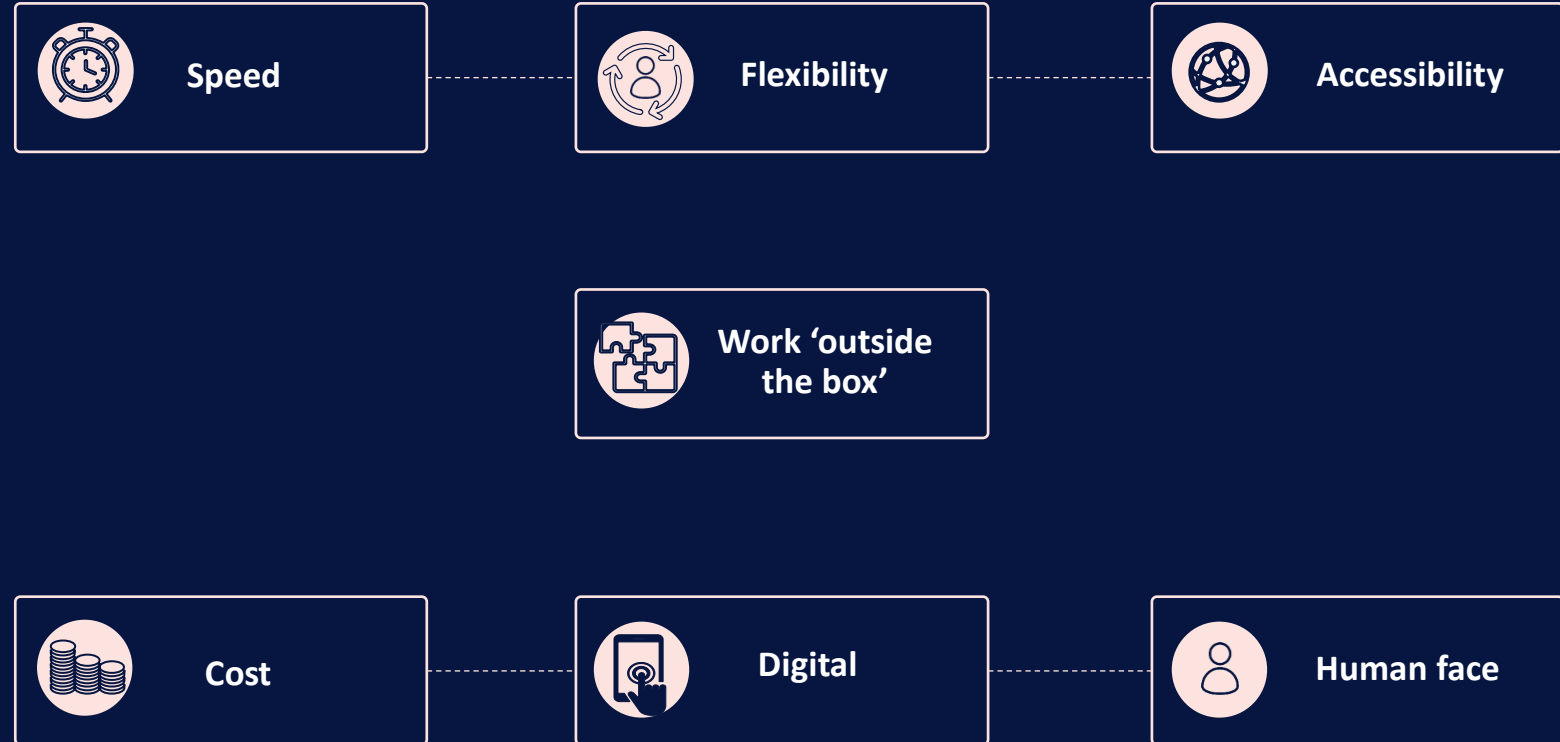


Recruiting to fill gaps in the permanent
workforce

Recruitment is still being reviewed in isolated groups – does this need to change?

Workforce Priorities

However, key priorities in workforce systems are focussed on:





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Group

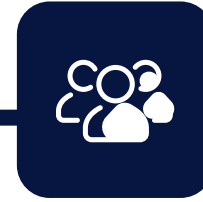
Developing solutions

Collaboration is key –
but what are the
barriers?



Technology

Finding and using the best
solutions



Flexible staffing management

Making the most of a
contingent workforce



Workers

Management, rotation
and retention

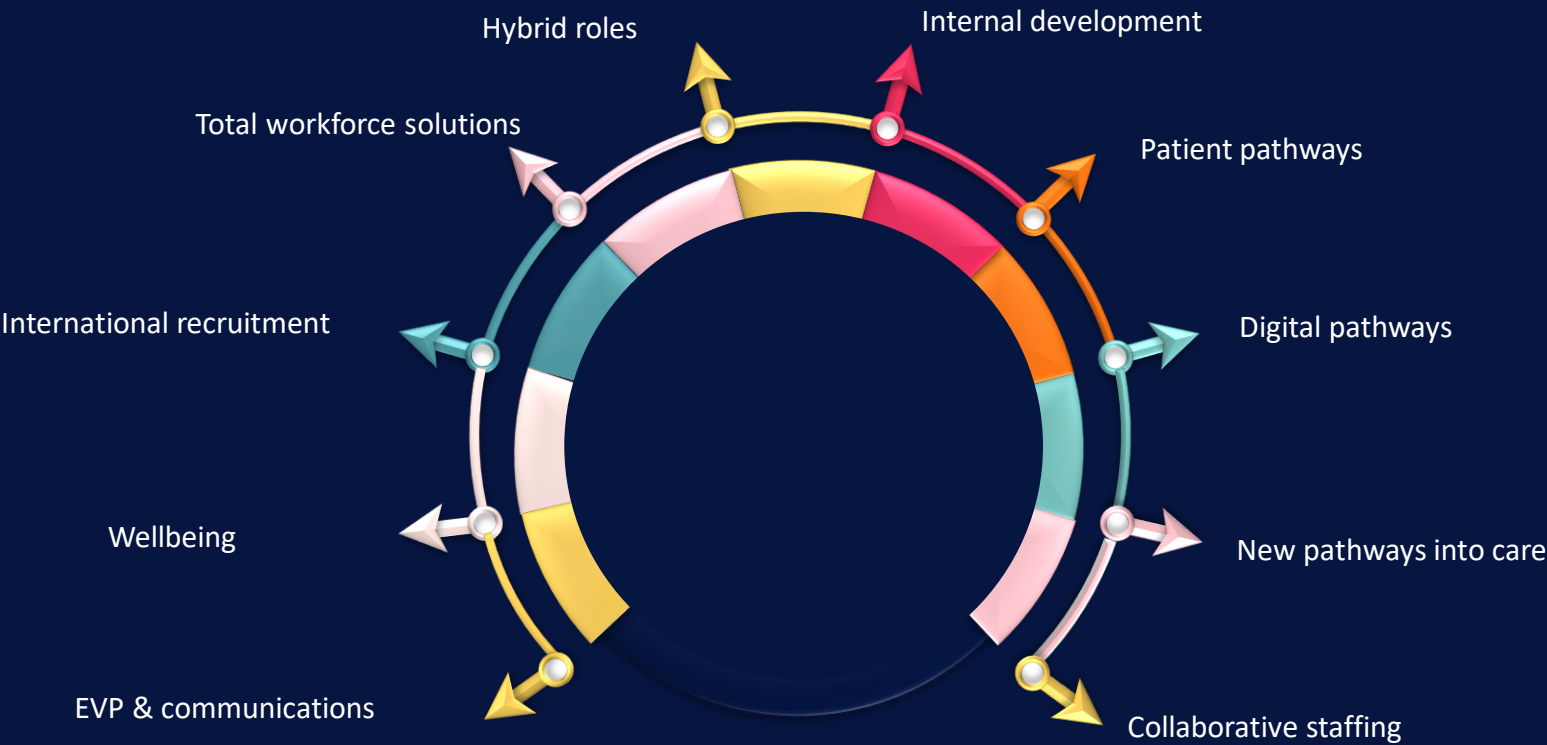


Harmonisation

Pay, practices and
processes

Total Workforce Solutions – the key to closing the gap

ICS solutions



Total Workforce Solutions – the key to closing the gap







Acacium Group



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SPEAKING NOW



Anton Emmanuel

Head of Workforce Race Equality Standard (WRES)
NHS England

I will be
discussing...
“What next for the WRES?
Moving towards local
accountability”



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UP NEXT...



Piota



NHS Workforce Conference 2022



SPEAKING NOW



Chris Elkin

Head of Healthcare
Piota Healthcare Apps

I will be
discussing...

“Case Study – Piota Healthcare
Apps”

Comfort break, We will be back in 10.



How do you take your brew?



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SPEAKING NOW



Dr Adam Harrison

Physician-Leadership Coach
Dr A M Harrison Coaching and Training Ltd

I will be
discussing...

“The benefits of kindness in the
workplace”



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UP NEXT...





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SPEAKING NOW



Richard Peachey

Consultant
CMP



Dr. Adrian Wright

Deputy Head of the School of Management and
Director of Institute for Research into
Organisations, Work and Employment (iROWE)
University of Central Lancashire

I will be discussing...

**“The Line Manager Challenge –
moving forward from the
CMP/HPMA Research”**



University of
Central Lancashire
UCLan

Effectiveness of employee relations in the NHS

Dr Adrian Wright

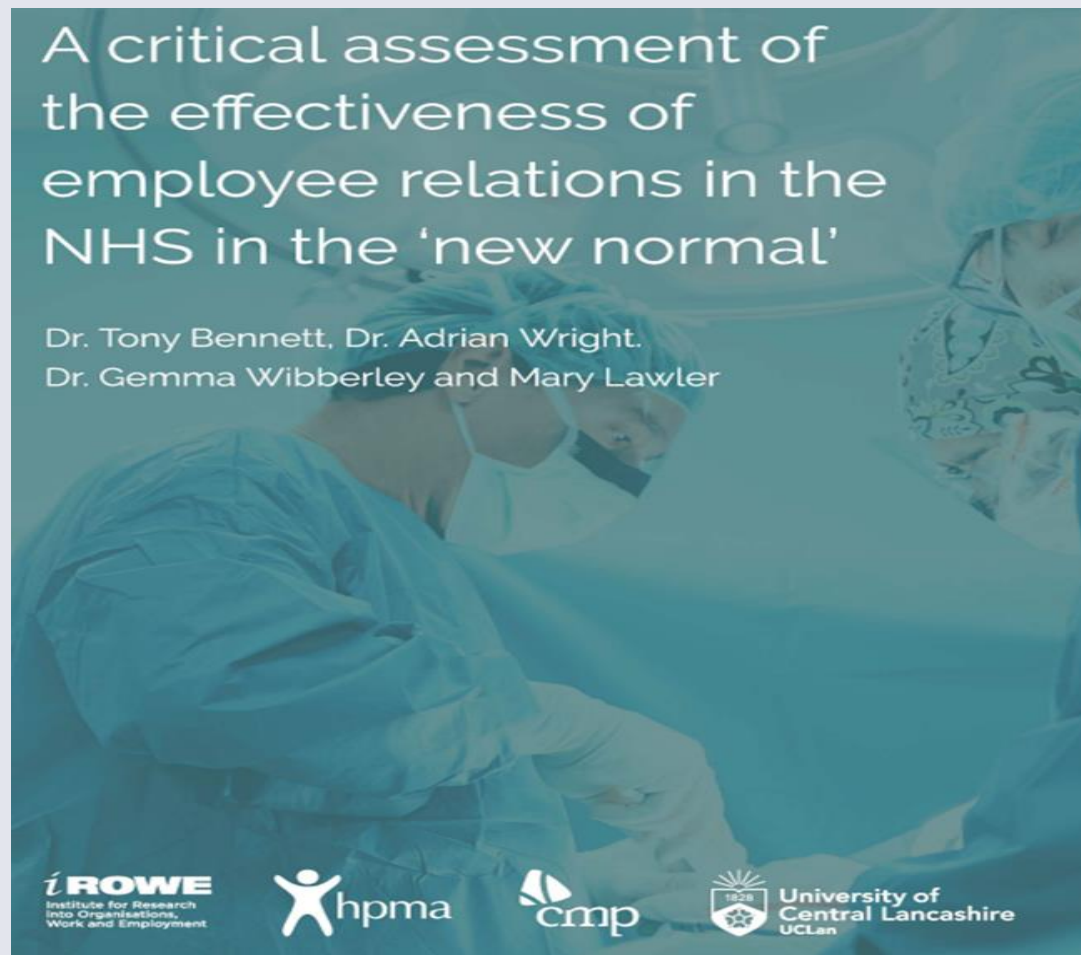
Deputy Head of School of Management

Director, Institute for Research into Organisations Work and
Employment, Deputy Head of School of Management

Where opportunity creates success

Effectiveness of employee relations in the NHS

- The Institute for Research into Organisations, Work and Employment (iROWE) aims to engage with stakeholders to help build a fair and equitable future of work.
- The research funded by CMP and the HPMA builds on research undertaken by Richard Saundry in 2020.
- The research a detailed analysis of the state of employment relations in the NHS across the UK, as the Service emerged from the height of the pandemic and into a 'new normal' for people management.
- Survey responses and interviews from senior managers, line managers, HR practitioners and trade unions representatives across the service.
 - Carried out between November 2021 and March 2022.



Key themes

Managing Employment
Relations

Conflict Management

**The Line Manager
Challenge**

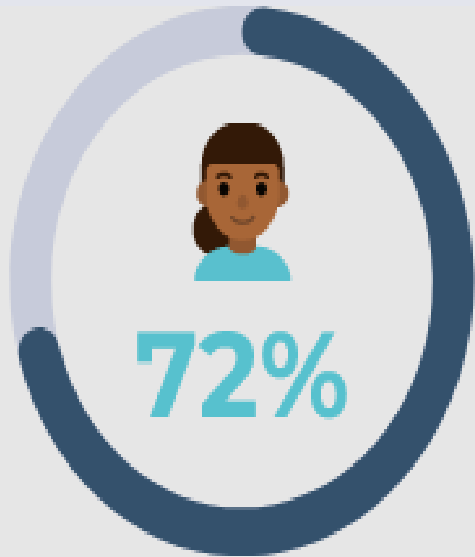
Staff Wellbeing

The Challenge for HR

Equality, Diversity and
Inclusion

The Impact of Cultural
Change

Key Aspects of Employment Relations



felt focus on EDI was
either good or very
good



reported a good or
very good
relationship between
management and
the unions



reported a good or
very good
relationship between
staff



reported a good or
very good
relationship between
management and
staff

Effectiveness of employee relations in the NHS



67%

Don't think line managers are well equipped to identify and resolve difficult issues



44%

think most managers **will not deal with difficult issues fairly and effectively**



40%

think Employment relations will **remain adversarial**



72%

Disciplinary and grievance issues will remain bogged down in lengthy procedures



47%

Bullying and harassment will remain **(a further 25% unsure)**

The Challenge for HR



74%

thought it likely or highly likely that further HR innovations will impact positively on employee relations



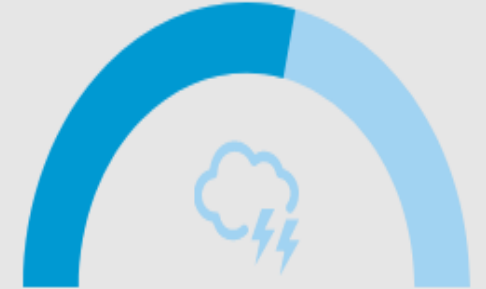
77%

think HR influence on ER strategy and practice will continue to increase



72%

think home and hybrid working will continue to cause problems within the workforce



57%

think unlikely the current 'good will' between staff and management will continue

Support from HR for Line Managers

- Policy formation and guidance on its interpretation:
 - *‘Policy... to get them to be realised, you need to hook in with the line managers. I think after having been a nurse. What I think often doesn't happen with people, perhaps, that are writing these policies, procedures, the people leaders, is that they've never worked in a 24-hour service’*
- Experience/understanding of the operational demands on the line manager, Informal approach and the Location of HR vs staff
 - *‘HR are now working from home are therefore not approachable for staff who do not have access to computers, can I suggest that HR have a least one member of staff in the office this way staff can drop in and get their questions answered, this may prevent grievances having to go in at a later date’.*
- HR is under-resourced versus HR colleagues must develop ‘resilience’ in these challenging times:
- “Resilience for the HR, training, OD and OH functions are crucial in supporting the positive improvement in employment relations. Focus on this support is also crucial”

The Line Manager Challenge

1. Capacity
2. Promotion was a financial reward
3. What support can/do HR give
4. Capability and need for training and development to do the job
5. The synergy of hard v soft management that line managers need to master to deliver effective patient care – ‘what we are contracted to do’
6. Intransigence and other staff issues

Line Management – Key findings

- Squeezed line managers - with regard to the **capacity** of line managers to reconcile different areas of their role.
- Managers sometimes promoted as a financial reward for their operational efforts as a practitioner.
 - Actual leadership skills and organisational and emotional insight are not taken fully into account and also resulting in ***reluctant managers***.
 - A concern that applicants for managerial roles are not always fully aware of what that role entails.
- Line managers need greater support, both in terms of training and development and support.
 - One respondent summarised this as an issue of **confidence** and therefore **capability** of line managers to carry out people management tasks.
- Response → need for greater line manager support and development, but this presents an important cross sectional challenge.
 - More resources to deliver training and development and the need for more capacity in line management to undertake that training.

To summarise

- One of the key areas we focused on today was the central role of the line manager in achieving effective management of employee relations was the most pressing issue raised by respondents and, crucially, the support that they receive from HR colleagues.
- We summarise the line manager challenge focuses around 3C's
 - Capacity
 - Capability
 - Confidence
- To support the what we have termed the 'Reluctant Manager'.
- Therefore we are asking you
 - What we need to do in your organisations to address these issues?

- Launch Poll 1-5

A critical assessment of the effectiveness of employee relations in the NHS in the 'new normal'

Dr. Tony Bennett, Dr. Adrian Wright,
Dr. Gemma Wibberley and Mary Lawler



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SPEAKING NOW



John Lodge

CEO
Hexitime

I will be
discussing...

“Hexitime – the skill exchange
and time bank for improving
health and care services”



NHS Workforce Conference 2022



SPEAKING NOW



Mark Lever

Chief Executive
Helpforce

I will be
discussing...

**“The Importance of Volunteers
Within The National Health
Service”**

Convenzis NHS Workforce Conference September 2022

The value of volunteers to the NHS and the
Helpforce Volunteer to Career Programme

Mark Lever
CEO, Helpforce



Mission

Accelerate the growth and impact of volunteering in health and care



What we do

Co-create innovative solutions with health and care organisations

Enable organisations to maximise the potential of volunteering to improve outcomes for people and services

Connect the people leading volunteers to improve quality together



How we work

Partner with you to grow impactful volunteering opportunities

Capture and share the insights & impact to build the case

Persuade leaders to invest in volunteering



Strategy: Helpforce partners with health and care organisations to increase volunteering opportunities and accelerate their impact

Volunteers help to free up nurse time

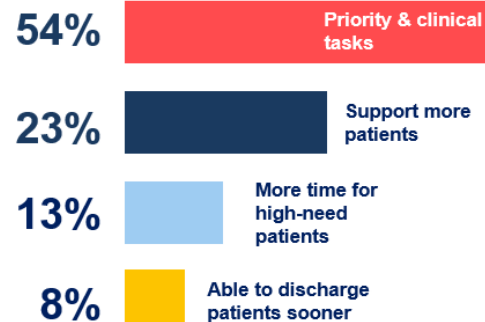
Nurses estimate that volunteers free up an average of

26 mins

per nurse per day

based on nurses surveyed across the programme (n=81). Time saved varied from no time saved to one hour or more saved. Standard deviation = 18 minutes

What did nurses do with the time saved (n=52)?



Volunteers help patients with nutrition and hydration

100% of patients with dining companion support say that they always receive enough to drink during their meals



compared to only 93% of patients responding to the trust's adult inpatient survey (n=18) (Salford Royal NHS Trust)

There is promising evidence to suggest that volunteers are improving **patient experience**, and potentially reducing **length of stay**



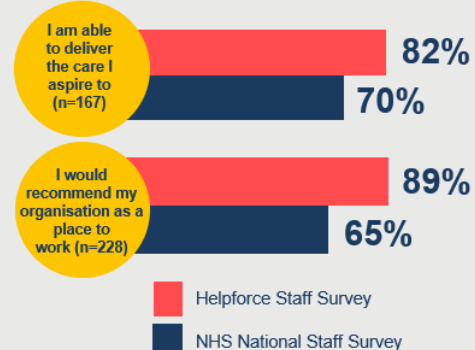
when compared to a period when there was no volunteer support (Salford Royal NHS Trust)

Volunteers help the wellbeing of NHS staff

71% of nurses agreed that receiving support from volunteers **helped them feel less stressed**



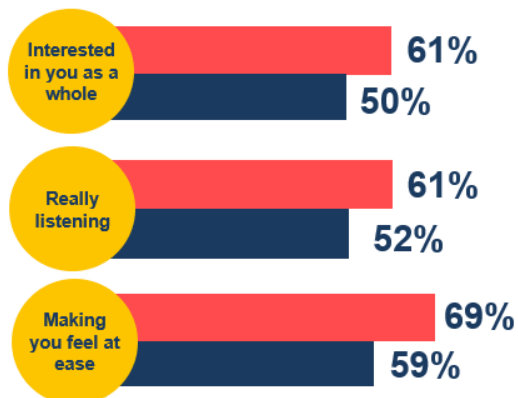
Based on nurses surveyed in all participating NHS trusts. 12% disagreed or strongly disagreed (n=92)



Based on staff responses (across all participating NHS trusts) to an identical question asked in the context of the volunteering programme.

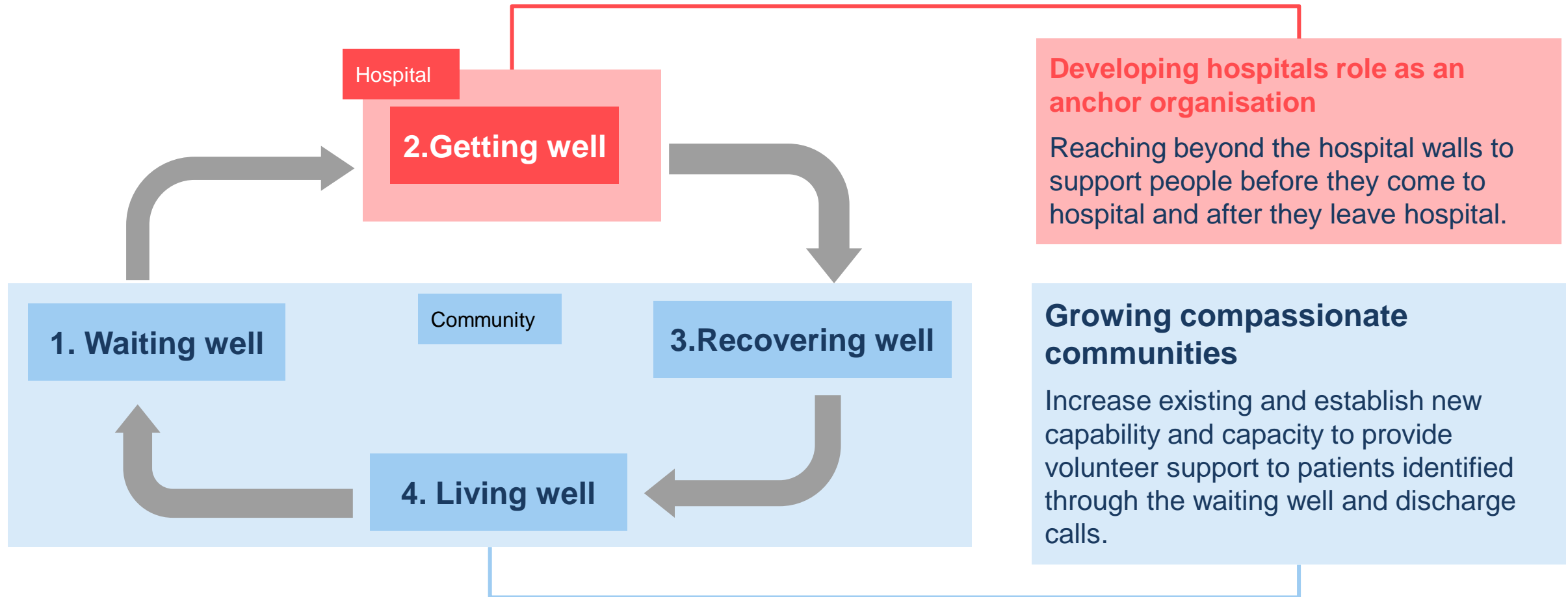
The view of patients when supported by volunteers

Patients feel that their healthcare provider is...

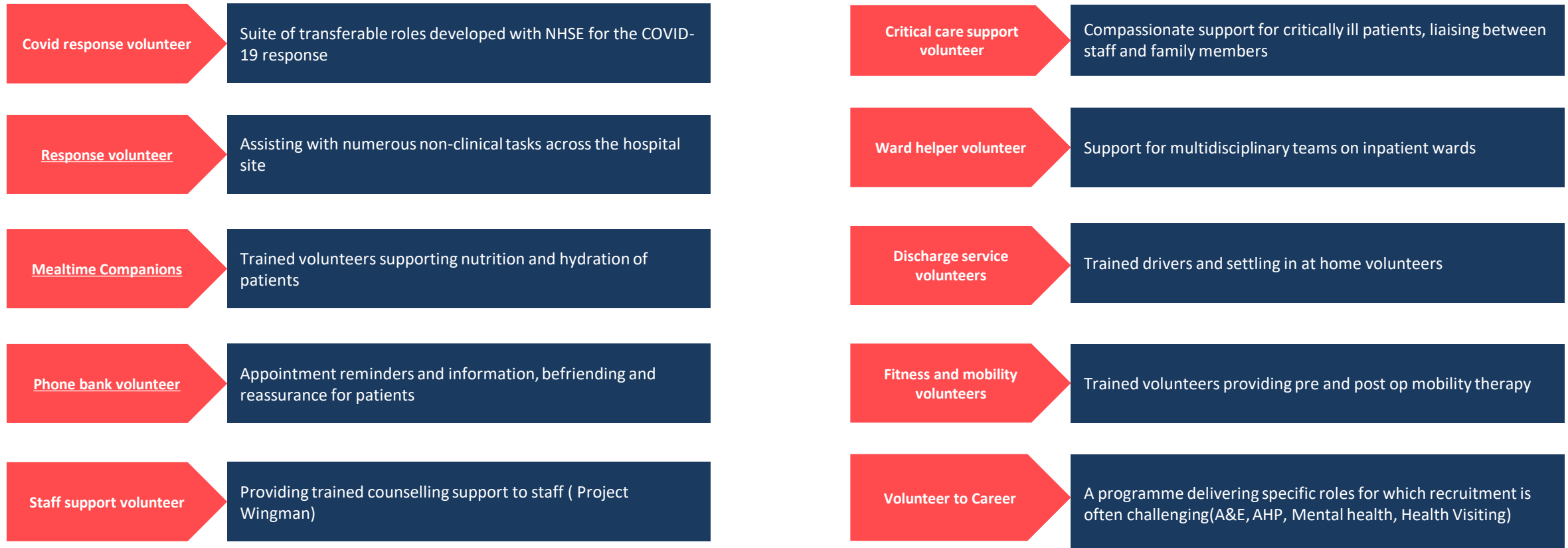


Supported by a volunteer (n=121)
Not supported by a volunteer (n=44)

Back to Health Pathway - overview



There are many specific volunteer roles already designed and packaged to tackle some of these challenges , for example



The emergence of the Volunteer to Career pathway

- Volunteers in intelligently designed roles can have a significant impact on the health and wellbeing of patients , staff and volunteers themselves
- We need to design volunteer roles into health and care pathways
- We need to invest in local volunteering management and infrastructure
- AND - we need to create a pathway from volunteering to careers in health and care

The ambition of the Helpforce VtC programme

The strategic aim of the programme is to positively impact NHS workforce recruitment needs at a local level through the design of Volunteer to Career VtC initiatives.

The key measure will be to see an increase in the number of volunteers who have an interest in pursuing a career in health and care after their volunteering experience.

This will be achieved through the delivery of a series of projects led by selected clinical leaders. Each clinical lead will design a VtC project based on their local clinical workforce needs.

Scaling and spreading through the development of resources, tools, learning, case studies and evidence based models/ initiatives developed within the projects and shared with other organisations.

We start with a self assessment

- The Helpforce VtC Self Assessment Tool (VtC SAT) has been developed with a mix of people experienced in the VtC agenda e.g. HR and workforce, clinical staff, volunteer leaders.
- The SAT is designed to help organisations;
 - identify where they can improve and grow career pathways for volunteers
 - positively influence the organisational value placed on volunteers as a future workforce
 - understand how to embed VtC practices into business as usual
- The VtC SAT is used at the beginning of all VtC projects and the individual organisation report generated shares actions needed to be captured as part of the VtC project design process. By completing this self-assessment, each organisation will:
 - Gain a cross-organisational strategic view of the VtC agenda strengths and development areas
 - You will also be given guidance to strengthen your organisations VtC agenda
 - Personal learning and networking with potential key stakeholders needed for this project

Some of the headlines

A total of **43 clinicians** holding a variety of roles completed the sub survey

- All scored particularly well for clinicians reporting that they recognise and value volunteers as a potential future workforce
- Scores for clinicians having supported volunteer induction or training is low - this was identified as a key VtC marker by all experts within the semis structured interview.
- Demonstrates an appetite for volunteering but don't have plans in place.

A total of **40 Volunteers** completed the sub-survey.

- Volunteers score high in all questions relating to job satisfaction
- In relation to career questions, all score low and highlighting where the project can have most impact.
- On average **65%** of the volunteers were interested in a career in Health & Care and would want to work in the organisation they are volunteering for.

On average;

- **65%** of the volunteers have **not** told anyone in their organisation
- **68%** of the volunteers have **never** been asked if they'd be interested in a career

Survey insights

We know that where clinicians are involved there are more impactful volunteering opportunities, and we know that **clinicians are interested in the volunteering agenda**, but don't have plans in place for the following reasons:

- They need support
- Lack of knowledge
- Lack of buy in from their team
- Lack of capacity

It's worth noting that nobody cited budget to be issue.

VTC Project Stakeholders Overview - June 2021- March 2023

	June 2021	April 2022	Sept 2022
Funding available	100K	£191 K	£338 K
Total number of organisation	5	10	10
Total number of volunteers	0	65	250 - 300
Burdett funded projects	5	7	
HEE funded projects		3	10
Breakdown	Mental Health Trusts x1 Hospital Trusts x 4	ICS x2 Hosp Trusts x5 MH x1 Comm Trusts x2	TBC

Project overview cohort 1

	Bradford District Care NHS Trust	South Tees Hospitals NHS Foundation Trust	Alderhey Children's Hospital NHS Foundation Trust	Camden and Islington NHS Foundation Trust	The Leeds Teaching Hospital NHS Trust
Volunteer role/Identified workforce need	Support at 4 health visiting baby clinics in Bradford. Role, support with: clinic set up, meet and greets, growth measurements, health promotion, sharing details of local groups.	Wellbeing volunteers providing support strategies for people with mental ill health, learning disabilities and Autism presenting in A&E.	Play Specialist Support Volunteer. Delivering support to play specialists working with children, learning guided play techniques.	Increase our number of Peer Debrief Volunteers as part of our Covid recovery and service to expansion into our Health Based Place of Safety/section.	Support clinical ward teams by helping safeguard patient's wellbeing thought: Deep breathing exercises, cognitive stimulation, fulfilling the role of a conduit between the patient and their identified relatives.
Career pathway	Career clinics with specific opportunities within BDCFT clinics e.g. 0-19 support worker role.	Career clinics covering opportunities across the hospital.	Skills towards level 3 childcare course + foundation degree Healthcare Play Specialism support worker	Mapping of volunteer role description. Providing peer worker training Worker training slots for peer debrief volunteers leading to paid peer support work.	Career clinics Signposting the volunteer towards appropriate career opportunities both with the Trust and wider healthcare organisations, accessing other volunteering roles or accessing further study.

VtC - Types of Volunteering Roles

- Eye Clinic -Theatres & Ward support
- Patient and staff enhancement (PASE)
- Community based MIU - Leg Club Volunteer (Changing leg wound dressings)
- A&E welcome Volunteers
- Dementia friends
- Baby Clinic
- Ward Support
- Play Specialist Support
- Peer Debrief (supporting Patients with severe Mental Health)
- Wellbeing Volunteer in the Emergency Department (ED)

Volunteer to Career (VtC) Programme - Impact

Interim findings Cohort 1 (March 2022)

65 Volunteers in Cohort 1

Of those who have left the programme, 67% have gone on to employment or further education related to health and care

24%
further education /Training
Courses applied for

11 Jobs secured in Health &
Care

Bradford VtC project

Health visitor led project -5 volunteers running baby clinics

Volunteer Outcomes

- 1 Volunteer has secured a place to study dietetics in September.
- 1 Volunteer has secured a job in housing
- 1 Volunteer is applying for a job in 0-19 service when advertised,
 - 1 volunteer is applying for nursing and is currently retaking her maths and English.
- 1 Volunteer has secured a job in a GP practice part time
- 6 new volunteers currently in recruitment for the baby clinic role.

Signs of Systemic Change

- VtC has now been built in as part of this years workforce Strategy for all Trusts in Cohort 1, with Bradford District Care Trust Board , funding a full time VtC Clinical Lead to expand the service across Children Services.
- Culture of volunteering embraced by clinical teams- AHPs as well as Nursing teams joining the project
- Career Pathway interventions, are now been offered to all volunteers on VtC.
- Clinical lead role has been instrumental to the success
- VSM have welcomed the contribution of Clinical Leads :

“Having a clinical lead has meant the project rolled out and embedded much quicker, she was truly able to create a meaningful volunteer role in a clinical area, There is no way we could have delivered this if we had put in a volunteer coordinator from the volunteer service who was not embedded in the service”

Next Steps

- Secured funding from HEE £312 k to be allocated to 10 more VtC projects by September 2022.
- Volunteer to Career Conference October 2022.
- Continue to evaluate projects and share findings
- Adopt and Adapt with organisations who will resource VtC projects locally.
- Volunteers become integral part of all workforce strategies.

Contact me

ml@helpforce.community

help*force*

Thank you

help@helpforce.community
www.helpforce.community



NHS Workforce Conference 2022



SPEAKING NOW



Paul Wood

Health & Well-Being
Programme Manager
Rugby League Cares



Dr. Adrian Wright

Head of OD, Learning and Culture
Warrington and Halton Teaching
Hospitals NHS Foundation Trust

I will be discussing...

“Rugby League Cares in the
NHS – Partnership working for
staff wellbeing and
engagement”

RUGBY LEAGUE CARES FOR THE NHS

Paul Wood, NHS Programme Manager

&

Ruth Heggie, Head of
Organisational Development, Learning and
Culture

Warrington and Halton Teaching Hospital



The RFL's long term vision

- *Rugby League is more than a sport.*
- *It is a cultural identity, a passion, a way of life and a practical, powerful force for good in communities*
- *Since 1895, we have delivered a sport that delights fans across the country. We are proud of who we are, the value we add to sport and society, and the difference we make, together*
- This vision will be delivered through the five strategic objectives, those being:
- *High Performing Sport, Social Impact, World Class Competitions, International Success, Diversity & Inclusion and Growth*



EXISTING PROGRAMME

- Pilot launched in 3 trusts in August/September 2021:
 - Warrington & Halton
 - St Helens & Knowsley
 - Bridgewater
- NW Extension Started May 2022
 - Liverpool Heart & Chest
 - Liverpool University Hospitals Foundation Trust
 - Walton Centre
 - Cheshire West and Wirral Partnership

Group mental
health/wellbeing
education

121 mental
health/wellbeing
education

Group Physical
Activity

121 Physical
Activity

Warrington and Halton Priorities

- Focus on hard to reach areas of the organisation
- Started at point of workforce crisis but now part of ongoing workforce recovery wider programme and supporting getting from good to even better
- Mix of off load, one to one and physical activity sessions

EXISTING PROGRAMME

Departments Supported with Off Load:

- Accident and Emergency department
- Urgent care
- Care assistants and porters
- Domestics and facilities
- Procurement
- I.T department
- People Directorate



Existing Programme –

Off Load Sessions

- What is mental fitness
- Stress and coping
- Positive mindset
- Analysing negative thinking
- Managing emotions
- Building resilience
- Positive influences
- Mindfulness
- Nutrition
- Sleep
- Financial Wellbeing

Physical Fitness Sessions

- Weekly training session at the Warrington Wolves Stadium
- Walking Touch Rugby
- National day events

RUGBY LEAGUE CARES DELIVERY UPDATE

WARRINGTON AND HALTON NHS TEACHING HOSPITALS NHS TRUST

Presenting Issue

- Feeling overburdened at work
 - 11%
- Stress / Anxiety
 - 20%
- Work Life Balance
 - 25%
- Problems at home
 - 2%
- Other
 - 43%



RUGBY LEAGUE CARES DELIVERY UPDATE

WARRINGTON AND HALTON NHS TEACHING HOSPITALS NHS TRUST

- Number of staff attendances since September 2021 – August 2022 for Off load sessions

840

- Number of off load sessions delivered since September 2021 -

147

- Types of other interventions provided to date:
 - Coproduction meetings (getting to know managers and staff to develop thorough understanding of need)
 - Group mental health/wellbeing education
 - 121 mental health/wellbeing education
 - Group physical activity
 - 121 physical activity



EXISTING WORK – WHOLE PROGRAME OUTCOMES

Measure	<i>% that either agree or strongly agree:</i>
Improve overall wellbeing	67.28%
Feel Happier	73.64%
Feel Less Stressed/Anxious	63.64%
Feel more in control of emotions	71.82%
Feel more valued as a staff member	71.73%
Improved relationship with colleagues	81.45%
Found the intervention useful	90.91%

EXISTING WORK – A&E DEPT OUTCOMES (Feb – Apr 22).

Measure	<i>% that either agree or strongly agree:</i>
Improve overall wellbeing	89.3%
Feel Happier	85.4%
Feel Less Stressed/Anxious	82.1%
Feel more in control of emotions	82.1%
Feel more valued as a staff member	83.1%
Improved relationship with colleagues	83.5%
Found the intervention useful	91%

"Very helpful sessions especially in A&E environment where you get a lot of stressful emotions and negative thoughts that affect us in our roles."

"Great work! Always opens up conversations between staff in a safe place."

"Loved the way today's session was delivered, Thank you, Lee and Paul Can't wait for next week."

"Brilliant to be supported by someone external. I felt they really got me. U could have an honest conversation."

CHALLENGES & KEY LEARNINGS

Access:

- Staff access to settings
- COVID-19
- Differences between trusts and settings within trusts

- Senior Management buy-in
- Significant time at the beginning of project building relationships
- Delivery to Executives and Senior Management
- Clear priority areas set by each Trust, and supported by Trust execs

Delivery Scheduling:

- No time for staff / staff shortages
- Last minute cancellations
- Differences in provision across trusts and trust settings
 - Medical settings high need but difficult to access

- Senior Manager buy in & valuing of programme
- Strict scheduling timetable
- Flexible approach
- Safe spaces / environments
- Allocated time – education drop downs etc.

Wellbeing Team Engagement:

- Understanding of programme
- Lack of connection to other trust services

- Understanding that this is a complimentary programme
- Joint delivery
- Close working with other services, e.g. counselling

Other:

- Staff communications
- Other work outstanding

- Understanding that this is a complimentary programme
- Joint delivery
- Close working with other services, e.g. counselling





THANKS FOR ATTENDING



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NHS Workforce Conference 2022