

in good health



#WeCareTogether People Plan 2020-2025

August 2020



Norfolk and Waveney
Health and Care Partnership

#WE CARE TOGETHER



#WE CARE TOGETHER

“One of the very difficult things was wearing PPE and people not being able to see your facial expressions. What we wanted to do was draw smiley faces on our masks just so everybody knew we were trying to smile, and nine times out of ten we were smiling because there was an incredible sense of spirit and teamwork. We come to work trying to be positive and have a smile on our faces and overall, just to be kind, because if you are kind, kindness comes back to you. I think I’ve become a different person over the last couple of months and I’m liking the person I am now.”

REBECCA WISEMAN - CONSULTANT OF OLDER PEOPLE’S MEDICINE

Norfolk and Norwich University Hospitals NHS Foundation Trust



Foreword

Our vision: to have happy, healthy people providing excellent compassionate care

The greatest crisis experienced

Following an extensive consultation throughout 2019, involving system partners and our workforce, the #WeCareTogether People Plan was finalised and ready for publication in April 2020. Due to the Covid-19 pandemic, which quickly and drastically changed peoples working and personal lives, the launch of this document was paused. This document has since been updated for learnings from Covid-19 and the impact on our people.

The purpose of this document is to set out how we will work towards our vision to have happy, healthy people providing excellent compassionate care which in turn will enable us to achieve our system goal for Norfolk and Waveney (N&W) to be the best place to work. This plan mirrors the aspirations set out in the National People Plan (NHSE/I 2020) and is our local version.

Our system partners urgently responded to this crisis, the likes of which no-one had ever experienced before. With a shared common purpose of urgently delivering care, as a system we pulled together, cutting across

organisational boundaries, collaborating on health and care, with a shared responsibility to work through this crisis. The situation required the re-purposing of local services, adoption of virtual methods and flexible leadership and empowerment. People were rapidly upskilled, trained and deployed to new areas and services across N&W. Changes that may normally have taken months or years were decided, developed and delivered in days and weeks.

The 'A snapshot of a lifetime - N&W workforce Covid-19 Photo Documentary', captures and celebrates our local people working together to deliver compassionate care during this pandemic. People have felt empowered to share their thoughts and learnings from their time responding to this crisis, and a summary of these are included in this document.

Having an existing collaborative approach to our workforce in N&W, prior to the Covid-19 crisis, supported our response to this pandemic as relationships between organisations and people were already established. We will build upon what we have learnt recently to continue this collaboration.

Known workforce challenges

Before Covid-19 there were national, regional and local level workforce challenges. The urgency of delivering rapid health and care with existing workforce shortages was even more evident during Covid-19. Our #WeCareTogether People Plan sets out how we will grow our own workforce, how we will retain our valuable staff and how we will attract new people into N&W now and into the future. We will do this by:

- creating new opportunities;
- promoting health and wellbeing;
- maximising and valuing the skills; and
- creating a positive and inclusive culture, for our people.

These focus areas will be further developed together, and implemented quickly to support our people and to ensure compassionate care is delivered in a more sustainable way.

Over the last six months we have already seen examples of successful innovation at speed such as patient consultations using video

technology, new ways of up-skilling staff through virtual reality platforms and staff working across boundaries with minimum bureaucracy, we will build on this experience together.

The most critical element to our response to the crisis, remains our people. Without them the care delivered could have been delayed and patient care compromised.

Uncomfortable truths

The Covid-19 crisis has also exposed a number of uncomfortable truths, including the health inequalities and disparities of risk and outcomes being higher for ethnic minority groups. Other events over the same period, including the shocking murder of George Floyd in the US shared on social media and the efforts of the Black Lives Matter movement, has brought to the fore the continuing discrimination and racism faced by black people and other ethnic minority groups in all societies. Recognising and addressing these issues as part of equality, diversity and inclusion with our system partners, will give N&W the opportunity to transform our behaviours and work towards creating a positive and inclusive culture, supporting the existing

and future workforce. Having an inclusive and diverse workforce that is open, celebrates differences, acknowledges the alternative perspectives to delivering care will allow for better decisions to be made that will improve patient outcomes.

Working with our system partners

The #WeCareTogether People Plan commits to starting the necessary, potentially difficult conversations with people working within N&W, and those accessing health and care services. Acknowledging that this will not be easy, and co-creating ways to improve and promote a more positive and inclusive culture, will take time and will not happen overnight. Working through the next stages of Covid-19, which continues to be uncertain, will also bring challenges to our workforce.

As the Director of Workforce for Norfolk and Waveney Health and Care Partnership, I am committed to working with you, to make Norfolk and Waveney the best place for our people to work in health and care. I look forward to further engaging with you in the coming weeks and months, to successfully implement the delivery plan for our #WeCareTogether People Plan.



**ANNA MORGAN MBE -
DIRECTOR OF WORKFORCE**

Norfolk and Waveney
Health and Care Partnership

Executive summary (1 of 3)

Norfolk & Waveney Health and Care Partnership (HCP)* – Best place to work by 2025

System wide workforce planning

A strategic goal for the Health and Care Partnership (HCP), which encompasses commissioners and providers of health and care, independent health and care providers and third sector organisations, is to make Norfolk and Waveney (N&W) the **best place for our people to work in health and care.**† Having the best people, supporting them to work well together, and improving their working lives will mean people will receive high quality, personalised and compassionate care. Focusing on making N&W the best place to work will help deal with the on-going workforce challenges for the system.

During summer 2019 a N&W wide dialogue, under the banner #WeCareTogether (#WCT), began engaging with people for their views on current ways of working and how N&W HCP can become the best place to work.

The #WeCareTogether People Plan for N&W sets out how the strategic goals for the workforce will be realised through the development of a more flexible, agile, resilient workforce, that can adapt to how

health and care evolves to meet on-going demands, adopting the lessons learnt from the Coronavirus disease (Covid-19) pandemic. **The key objectives of the plan are:**

1. Creating new opportunities, roles and new ways of working with evolving services and with greater effective use of technology as a system.
2. Promoting good health and wellbeing for our people, so they remain in their current roles, improving retention, and develop into future roles to support the system. Promoting quality psychological and wellbeing services for our people is even more critical since the Covid-19 crisis.
3. Maximising and valuing the skills of our workforce, developing and implementing new roles across the whole system to allow them to work to the top of their license and registration, allowing for other functions to be delivered by supporting roles.
4. Creating a positive and inclusive culture and developing strong leadership at all levels that works collectively for the good of patients and service users across all of health and care in N&W.

Workforce challenges

The combined population for N&W is currently over 1.1 million, with 904,000 living in Norfolk and 118,000 in Waveney. 24% of our population are aged over 65+ years, higher than in other parts of England and this is expected to increase to 31% whilst the local population grows by 12%. By 2037, 1 in 3 will be aged 65+, presenting with more complex conditions and at the same time the percentage of the working age population in the area will have reduced.

Increasing demand, forecast at 25% to acute and emergency and at 41% for day admissions will put significant pressure on both health and care.

Across N&W there are over 55,000 paid staff in health and social care, over 100,000 unpaid carers and an increasing number of volunteers. The workforce needs to grow due to demand, in particular in social care because of the ageing population and also to attract more entrants due to an ageing workforce profile. We need to create a

pipeline of people coming into health and care careers, as well as retaining those already in roles, to meet both of these requirements. We need to attract people into N&W to work in health and care

Our **workforce challenges in N&W** can be summarised as:

- Existing open vacancies that cannot be filled, let alone recruiting for new posts – in N&W 2,000 in the NHS and 1,300 within social care.
- Managing and integrating five different generations within the workforce. Shrinking pool of potential young employees with different expectations (“Generation Z”) and difficulty in recruiting internationally.
- Staff turnover in social care for Norfolk is estimated at 33%, with care workers at 40%. Figures for the NHS providers in N&W are not known but on average the cost of replacing a NHS staff member is nationally estimated at £30,000.
- Significant retirements in known disciplines - e.g. 17% of adult nursing staff are due to retire over the next five years, for adult social care 26% of the workforce are aged 55 years or over. The numbers retiring in the next few years could be higher if

staff choose to retire early due to their pension scheme, ill health or the impacts of Covid-19.

- Ongoing financial deficits, particularly in the acute providers, with potentially radical changes required to prepare for the next uncertain stages of Covid-19.

No one provider within N&W can resolve the workforce challenges. These require all the partners within the system to work together in collective and collaborative ways to address the current and future workforce challenges.

The N&W #WeCareTogether People Plan

The #WeCareTogether People Plan has been developed as a five year strategic document with the goals being the integration of the workforce for all parts of the health and care system, working together to tackle the significant workforce challenges for today, the next stages of Covid-19 and the near future.

In each section it sets out to meet the key aims and focuses on **how staff are recruited, led, directed, supported, developed, retained, kept healthy, listened to and engaged across the system as it keeps changing.**

A summary of each section follows.



**JANE COLES -
CARE CO-ORDINATOR**
PCT Care Services Limited

* Health and Care Partnership will become Integrated Care System before April 2021.

† Care includes social care and other forms of care including the third sector

Executive summary (2 of 3)

Norfolk & Waveney Health and Care Partnership (HCP) – Best place to work by 2025

Overview diagram

The diagram that follows, shows a simplified overview of the Norfolk and Waveney Health and Care Partnership, the strategic health and care goals, along with the key workforce enablers and principles to support our people.

Creating new opportunities for our people

N&W as a system will increase the pipeline of people to meet the current and future workforce projections. This includes meeting increasing demand, reducing vacancies, preparing for retirements in the coming years due to an ageing workforce, and introducing the skill mix required for new models of care that will be introduced as providers continue to work more collaboratively. The focus will be to:

- Grow our own workforce, focusing on promoting people from various stages in their lives to actively pursue careers in health and care with flexible career pathways and working practices.

- Create new roles to help address workforce gaps and make N&W the best place to develop and train. Working collaboratively with local education providers and organisations that deliver placements.
- Increase the number of Trainee Nurse Associates (TNA) and registered Nursing Associates to 3,000 by 2025 and increase at pace the additional supporting roles across N&W.

Promoting good health and wellbeing for our workforce

Improving the health and wellbeing of our workforce encourages people to stay in the system, deliver better and safer care and be more engaged in improving quality and outcomes for our population. The impact of Covid-19 has highlighted the need for additional protection of the health and wellbeing of our people. The emphasis will be to:

- Focus on retention for our workforce as a system, reduce the number leaving N&W organisations by investing, promoting and implementing system wide health and wellbeing programmes that are easily accessible.

- Reduce and mitigate fatigue and ‘burnout’ by engaging with our people across N&W, using a number of different platforms to hear and learn about what impacts their health and wellbeing, in particular since Covid-19, so that we can work together to make the necessary improvements.
- Expand supervision, coaching and mentoring at scale and implement mentoring initiatives for our workforce within and across organisations.

Maximising and valuing the skills of our people

Maximising the skills of our people involves developing and implementing new roles across the system, enabling them to work to the top of their license and registration, and allowing for other functions to be delivered by supporting roles. This involves:

- Working with leaders across the system to change expectations of people during their different career stages. Building the right level of support for this to happen including consistent approaches to supervision, teaching, training, mentoring and coaching.
- Adopting additional new ways of working using and building on the advances in

technology being introduced during the next five years. Encourage routine intervention tasks to be automated and actively retrain people to take on more patient facing activities.

- Designing career pathways to increase options for our people when working, training and moving across N&W organisations during their working lives.
- Actively encourage people to participate in Quality Improvement initiatives to support them to develop new skills, innovate and design new models of integrated working together, and build stronger working relationships across N&W, building on the new ways of working adopted in response to Covid-19.

Creating a positive and inclusive culture for our people

A N&W system culture that is positive, inclusive and engaging for all our people is a must in making the #WeCareTogether People Plan a reality. This requires:

- Collaborative, compassionate leadership, celebrating diverse perspectives – getting leadership to share a common vision across the system and to work together for the benefit of the system as a whole. It is the leadership that helps shape the positive inclusive culture.

- Fostering effective system leadership based on mutual understanding and shared commitments, shifting away from hierarchical single organisational behaviours. Implementing N&W forums to set direction for developing inclusive leadership behaviours at all levels across the system.
- Agreeing workforce principles across the system to enable the streamlining and development of workforces practices, speeding up recruitment and improving retention.
- Developing a systems approach and commitment to inclusion, equality and diversity, ensuring people are treated as equals, and that our workforce is diverse and representative of our population.

Strategy implementation plan

The strategy implementation plan captures the transformational actions that collectively need to be delivered by 2025 for the #WeCareTogether People Plan. This is a live document and will be monitored and updated as progress is made.

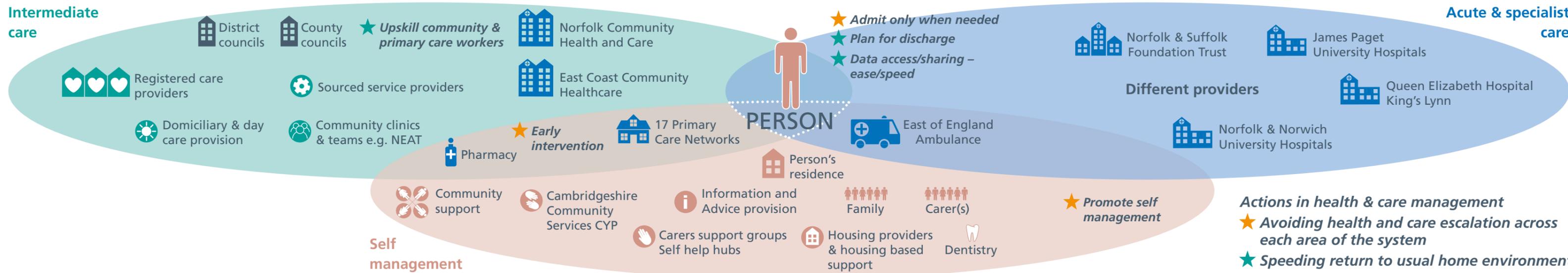


SONNET SHAJI - STAFF NURSE

Norfolk and Norwich University Hospitals NHS Foundation Trust

Executive summary (3 of 3)

Norfolk & Waveney Health and Care Partnership (HCP) – Best place to work by 2025



Workforce enablers - how this will be achieved	Consistent induction/training for same skillsets	Transferability of qualifications	On-going education & training	Growing our own people across the system	Manage patient & public expectations	Culture embracing collaboration, equality, diversity & inclusion	System wide workforce health & wellbeing initiatives	55,000+ staff
Workforce principles – commitments as a system	Develop new skill mix across the system	Adopt agile flexible staff working together as a system	Develop new roles specific to each area of the system	Implement joint roles working across the system	Adopt consistent approaches to retention & recruitment across system	Support the workforce at different stages of their career	Have skilled staff working to the top of their licence and or registration	



- Strategic workforce goals for health and care to 2025**
- Adopt system wide positive new ways of working following the Covid-19 pandemic;
 - Develop our people to support the increased provision of intermediate care to slow down demand at acute & specialist care;
 - Reduce agency WTE by 10% & replace on 1:1 basis with bank or substantive staff;
 - Review skill mix with ongoing service transformation, implementing a number of new associate level roles to broaden the skill mix ratio;
 - Reduce system wide vacancy level to less than 5% by 2025;
 - Changes to skill mix for certain areas with consistent supervision models developed and implemented;
 - Reduce sickness rates by 1%;
 - Increase rotational posts/positions across the system areas;
 - Increase measurable collaborative workforce processes for equality, diversity and inclusion, supporting recruitment and retention;
 - Increase system level support for workforce e.g. coaching, system wide health and wellbeing initiatives, prioritising the less engaged workforce groups initially;
 - Develop our leadership capabilities across the system; and
 - Increase awareness and engagement of the #We Care Together - People Plan across the system areas.

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 Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust

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EMMA JONES - EMERGENCY MEDICAL TECHNICIAN
 East of England Ambulance Service NHS Trust

Cover Bottom Left
BEVERLEY OWEN - INFECTION PREVENTION AND CONTROL NURSE
 James Paget University Hospitals NHS Foundation Trust

Cover Bottom Right
DAN TAYLOR - LEVEL 1 CARER
 Crown Rest Home, Little Dunham

#WE CARE TOGETHER

“I have a strong family history of nursing, with my grandmother, mum and sister all in the profession, so I grew up on the wards and almost became part of the furniture. I think nursing is inherent in me and I really enjoy the job.”

“I’d recommend nursing to others as you get such huge satisfaction from helping people to recover. The fact that so many people have lost their income during the COVID pandemic also brings home the fact that a job in the NHS is incredibly stable.”

**CAT KNIGHT - COMMUNITY TEAM MANAGER
FOR OLDER PERSON'S SERVICE**

Norfolk and Suffolk NHS Foundation Trust, West Norfolk



Section 1: The requirements of a system wide People Plan (1 of 5)

1.1 Why we need a system wide workforce planning approach

Commissioners and providers of health and care services in Norfolk and Waveney (N&W) are facing significant workforce* challenges. The term 'our people' and 'workforce' is used interchangeably to refer to everyone who works in health and care, both paid and unpaid, including the private and independent sector, unpaid carers and volunteers working in N&W Health and Care Partnership (HCP). Having an engaged workforce (paid and unpaid) that is available now and in the coming years, with the right skills and expertise, working in the right areas is essential.

The increasing demands for health and care services and how the workforce will need to change and be supported are against a backdrop of addressing ongoing financial deficits and the tension that this creates. This was clearly evident during the Covid-19 pandemic crisis and required rapid changes to how our people were deployed to support the pandemic.

The N&W HCP strategic direction includes workforce planning across the various providers, recognising that without our workforce there is no health and care system. No one provider within N&W can resolve the workforce challenges and it requires all the partners within the system to work through current and future challenges. One of the strategic goals is to make Norfolk and Waveney the best place for people to work in health and care.

The N&W #WeCareTogether (#WCT) People Plan has been developed to address the known and growing challenges for our local workforce, including:

- Creating new opportunities – developing new skills and roles within and across organisations, and adopting new ways of working to address the demands we face;
- Promoting better health and wellbeing for our people so we retain our vital staff groups, prioritising and working with those staff groups where there is less engagement;
- Maximising and valuing the skills of our

people so that we can grow our workforce and as a system, work together to develop existing and new skills; and

- Creating a positive and inclusive culture for our people at all levels, developing system leaders to work across organisations more effectively.

A system wide strategy implementation plan has been formulated to support these aims and will be further developed as the #WeCareTogether People Plan is shared and discussed across the system. Alongside the plan, a system wide workforce dashboard will be developed to measure how N&W is becoming the best place for our people to work in health and care.

1.2 The importance of our people

N&W, like the rest of England, has a growing demand for hospital, primary, community and social care in the context of an ageing population and an ageing workforce. More people are presenting to health and care services with multiple needs and this increases the complexity of how they are

supported and managed. Our people are critical in how we help the N&W population to live long and fulfilling lives.

Across N&W there are over 55,000 paid staff, an increasing number of volunteers and over 100,000 unpaid carers. We need to enable and support all of our people to deliver quality care across the whole system. We also need to look after our people so that they themselves remain healthy and well when delivering health and care services, and enjoy working within N&W.

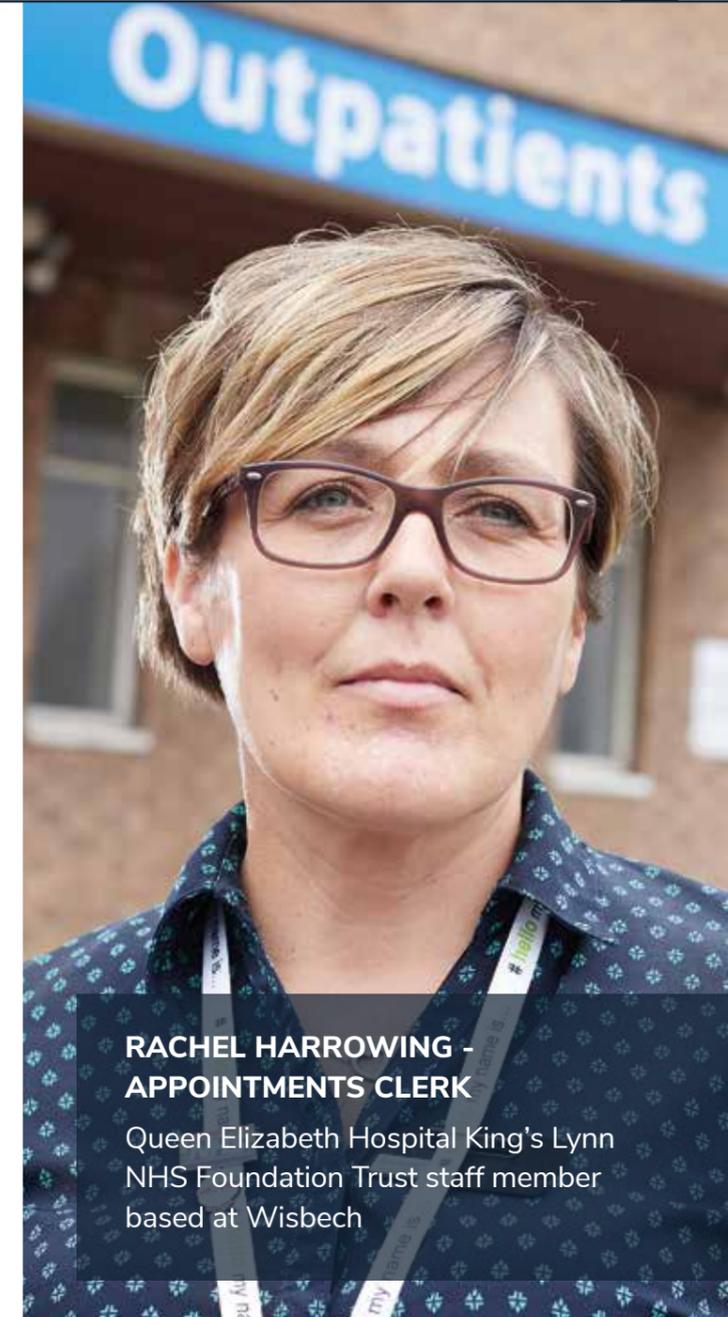
The way people work across health and care is changing and will continue to evolve in the coming years. This means the current ways of working, managing people and services, require a fundamental shift and new ways of supporting our people are necessary. As part of the response to Covid-19 crisis, a number of initiatives that had been planned for the coming years e.g. increasing virtual patient consultations, were rapidly developed and implemented across N&W.

1.3 The development of the

#WeCareTogether People Plan

A number of sources, including the completed N&W system wide demand and capacity reviews, have been used to support the development of this document. A N&W wide on-line conversation called '#WeCareTogether' was initiated during the summer of 2019, open to all across the system, including over 55,000 paid staff. In addition to the on-line conversation, additional focus groups took place to help engage with wider staff groups e.g. social care staff and care homes. There were 91 organisations and over 1,000 people engaged. The insights from the on-line conversations and additional focus groups were used to support the development of the #WeCareTogether People Plan.

This dialogue showed that our people want more clarity on what working together means and the direction of travel for health and social care and the third sector within N&W as a system. They want to work together in a collaborative manner instead of providers working competitively; this would help meet the current and future demands for health and care. This was the working approach in responding together to the Covid-19 crisis.



RACHEL HARROWING - APPOINTMENTS CLERK

Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust staff member
based at Wisbech

* Throughout the document workforce, staff and our people refers to everyone who works in health and social care in N&W, both paid and unpaid.

* Health and Care Partnership will become Integrated Care System before April 2021.

Section 1: The requirements of a system wide People Plan (2 of 5)

1.4 The scale of the problem

Staffing has been described as the ‘make-or-break’ issue for the NHS in England¹. Across NHS trusts there continues to be a shortage of more than 100,000 staff, with around 40,000 reported nursing vacancies and 10,000 reported medical vacancies. Many of the same issues are affecting the social care workforce. For example, vacancies in adult social care are rising, currently totalling 110,000, with around 1 in 10 social workers and 1 in 11 care worker roles unfilled. There are over 3,000 vacancies within the health and care system in N&W. The number of vacancies may increase following Covid-19.

The World Health Organisation (WHO) estimates a global shortfall of up to 18 million health professionals by 2030 and this will make international recruitment increasingly difficult², this is further complicated with Covid-19 and Brexit.

The financial position 2019/20 for the NHS providers within the N&W system was forecasted at October 2019 to be a deficit of around £74 million more than the total income they receive. The deficit position is predicted to increase further over the next 3 years. Major budget cuts to children’s and adult services are being planned by Norfolk County Council as the Local Authority seeks to save an extra £40 million in 2020-21. The plans include a £9 million cut to adult services and £4.5 million to children services. There will be continuing funding issues as more people will require support such as care home provision and home care support. At the time of writing this document, it is unclear what the financial impact will be from the next stages of Covid-19.

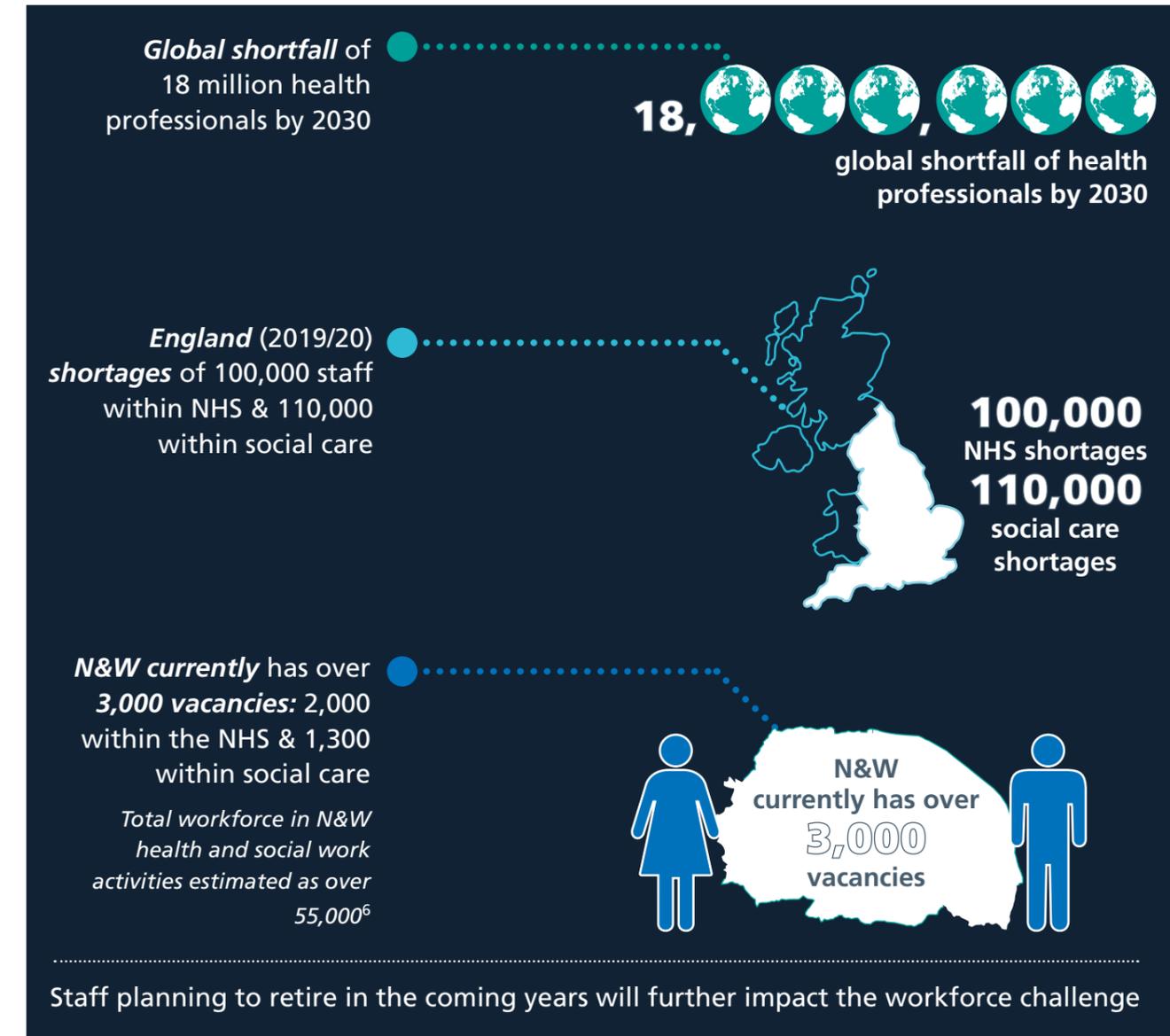
1.5 The immediate and future challenges for N&W

The NHS long term plan³ recognises the significant challenge that both the NHS and social care faces now and in the coming years, with funding cuts, staffing issues and increasing inequalities.

Covid-19 has revealed that certain groups, e.g. older age, ethnicity, men and by geographical area, are more prone to getting the infection, experiencing more severe symptoms and having higher rates of death⁴. N&W already has a greater older population compared with other parts of England. Diversity for N&W in terms of population and workforce, is lower in terms of ethnicity. The N&W HCP has the third lowest non-white British population across the Midlands and East of England. A learning from Covid-19 is for certain patient and workforce groups to be assessed in terms of risk and to support them during the further stages of the pandemic. This will have a direct impact on the capacity of the workforce available.

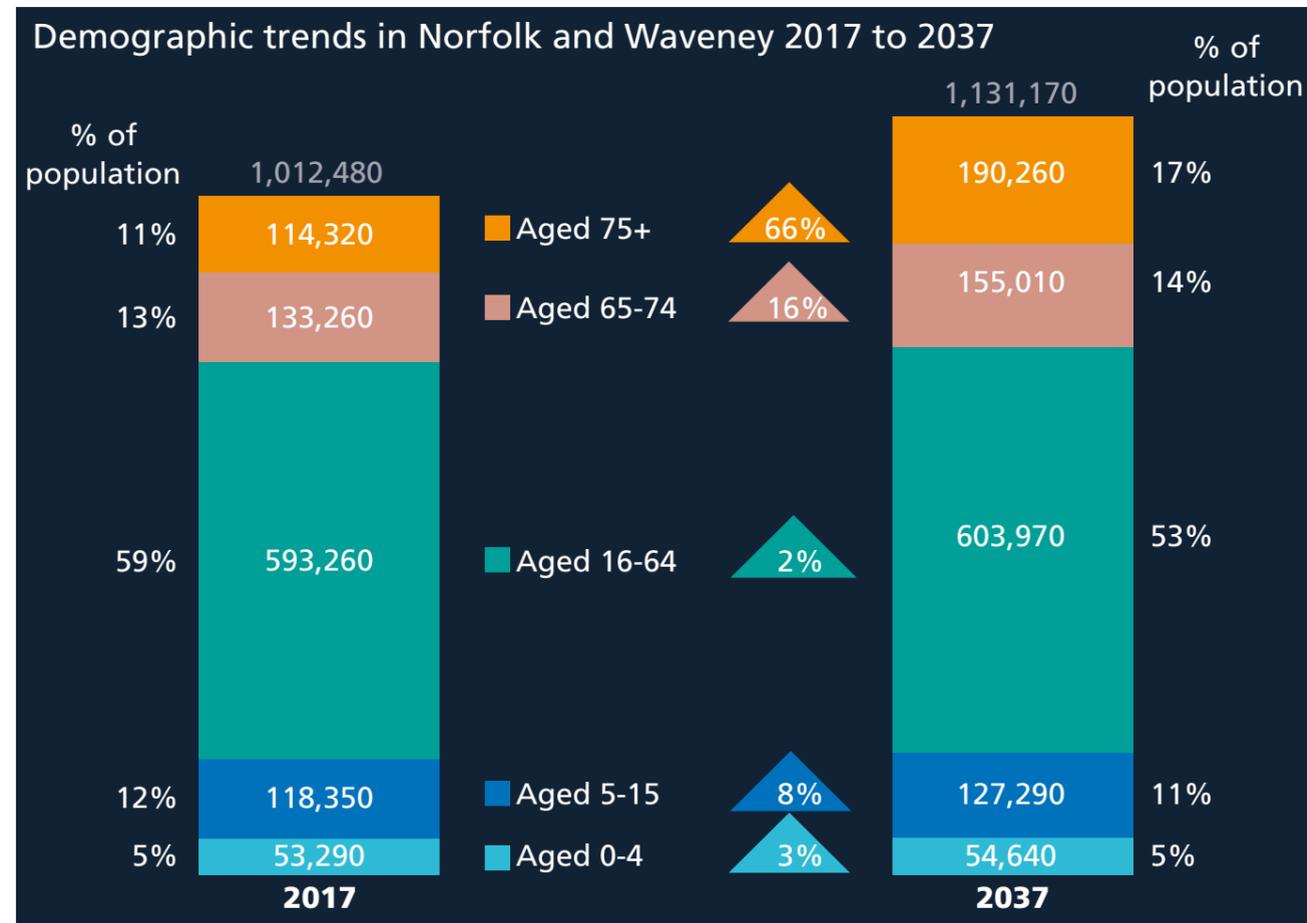
To deliver sustainable services requires a major shift in service delivery, which is further influenced by the significant shortages in the workforce. The ageing population has and will continue to impact both the workforce and the people the system serves, in terms of prevention and meeting acute and chronic health and care needs.

More people are already living with multiple conditions resulting in further complexity in how care is managed and delivered. The UK’s population is ageing more rapidly than ever before⁵. The expectation over the next two decades is that one in every four people (24%) will be amongst the older population (aged 65+).



Section 1: The requirements of a system wide People Plan (3 of 5)

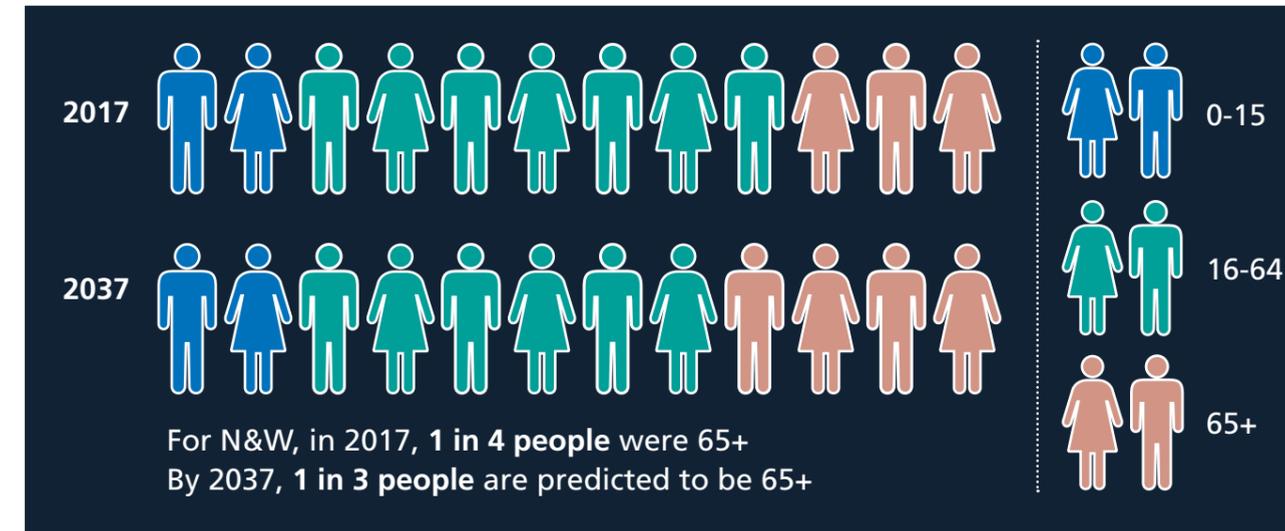
For N&W the demographic trends are shown below^{7,8}.



For N&W, from 2017 to 2037, the population is expected to grow by 12%. Currently 24% of the population is aged 65+, higher than in other parts of England, and by 2037 the share of the population aged 65+ will grow to 31%.

By 2037, compared to 2017, the proportion of people aged 16 to 64 will have reduced, impacting both the available pool for staffing and the number of older working people requiring support with health and care.

The forecast increase in numbers and changes in the proportions of the population for N&W will impact future activity for health and care if no changes are implemented as a system. For example, growth to acute and emergency care is likely to increase by around 25% and day care admissions by 41%. Between 2011 and 2016 the median age for emergency admissions had increased from 62 to 64. The future increasing demand will result in further budget pressures to both health and care. The impact of Covid-19 on the demand for elective and urgent care will add to this pressure for both health and care.



1.6 Current financial and performance position in N&W

N&W has been in significant deficit for the last 3 years⁹ and will remain in deficit for 2019/2020 to 2023/24. Even with current financial recovery plans, the deficit is forecast to remain. 65% of CCG spend during 2018/19 was concentrated in acute providers and primary care. There continues to be demand and capacity mismatches across the system today with too many patients[^] in acute hospitals who could be better supported and cared for in primary and community care.

The forecast growth in demand could result in around a 500 bed deficit by 2023 if nothing changes within the system. Despite the large care home estate for Norfolk, it is anticipated there may not be enough care homes places for those aged 65+ within the next five years¹⁰. The availability of independent providers for health and care may reduce over time due to the impact of Covid-19, with some leaving the sector.

1.7 Demand and capacity – what this means for N&W

Within N&W the greatest challenge in managing demand and capacity for health and care is in the acute sector, which has already been at or over capacity with a forecast to overspend. Primary care has around 9% of unmet demand with the ongoing challenges of a decreasing GP workforce. Community providers do not have the capacity to meet the ongoing demand which then results in continual bed shortages within the acute providers. Patients that are medically fit for discharge are being delayed as they cannot be managed within the community. Successful technology solutions introduced during Covid-19 could result in different ways of delivering services if they are adopted in a sustainable way with system partners.

[^]Patients refers to patients and service users throughout the document.

Section 1: The requirements of a system wide People Plan (4 of 5)

Care home provisions are expected to run out within the next five years or sooner in some areas. Currently there is inadequate supply of care home provision for dementia care and other mental health care needs in N&W. This will be further compounded by the projected increase in dementia prevalence, which will impact both health and care settings. Day care provisions during Covid-19 have reduced and the future of these facilities are unknown; these may impact health and care services, patient groups, families and carers.

The demand and capacity^{9,11} reviews undertaken during 2018 for N&W summarise the various system interventions that can take place within primary and community care, and across the acute providers. Through integration and standardisation to release savings and increase the bed numbers (180 beds), that are required as a system, some of these beds (130 beds or bed equivalents) released will need to be transferred into the community. Despite these interventions and releasing

additional beds, there is still a forecast shortfall of around 140 beds by 2022/23. How beds are used by acute and community providers may change due to the ongoing effects of Covid-19. The use of technology and staff ratios will also need to be considered.

For the last five years, it has been recognised that what used to be a 'winter pressure' across the system is now happening in summer as well⁸. The increasing demands, combined with challenges around the workforce, complications during Covid-19, continue to create significant risk to the system. If further integration does not happen to ensure the right workforce is available to prevent people from ending up in the wrong place, this situation will continue and worsen.

New models of care and agreement in how they are delivered are required as a system. These will need to start immediately to manage the current and future demand and help address the financial deficit. A number of new models have been introduced

since Covid-19 that will help with existing workforce challenges and it is important that they are continued and developed further.

1.8 Social Care settings for N&W

At a national level there is still no consensus on how adult social care should be funded in the future and this continues to influence the increasing demands for healthcare. More expensive care is delivered at a later stage due to delay or no early support being available at the right time and this negatively impacts the patient and family/carer experience.

Looking at capacity, the number of residential and nursing home beds has been falling steadily in all regions across the country over the last five years, which reflects a national and local ambition to support people to remain at home for as long as possible. For N&W the demographic drivers are pulling in the opposite direction.

Norfolk already has a high percentage of older people in care homes. The number of domiciliary care agencies has continued to increase by 23% in the last five years. There needs to be an increase in the availability of community care services as well as increasing the prevention services and low-level community health and care support available within N&W.

Reviewing workforce issues as a whole for adult social care is supported by the availability of the Adult Social Care – Workforce Data Set, which allows for workforce estimates to be made for areas and regions.

For Norfolk there is a considerable shortage of schemes and places to meet the needs of the population. More places for people with dementia will need to be created as the **projected dementia prevalence** will increase from **13,900 in 2014** to **18,900 in 2025**.

The workforce for social care is growing across England^{12,13}, increasing by 22% since 2009 and by 40% in the Eastern region since 2012. It is anticipated to grow proportionally with the growth in the number of people aged 65+ years. Based on the known ageing profile, this workforce will need to grow faster in N&W. There are already significant workforce

issues for this sector. Staff turnover in all roles has risen over the last six years. The #WeCareTogether People Plan compliments the N&W Adult Social Care Workforce Strategy – Excellence in Care which focuses on developing and supporting the adult social care workforce.

For Norfolk the estimated staff turnover rate is 32.9% which was lower than the region average of 41.5%. Care workers have the highest rate, at 40%.

For social care in Norfolk, there are a number of issues which include: known unmet home care needs in rural, semi-urban and urban areas; quality issues (in particular older people care homes, 68% are good or outstanding) within the home care market; high annual staff turnover and vacancy rates; high percentage of direct care workers on zero hours contracts; high percentage of care workers approaching retirement age; higher percentage of EU workers working in home care, smaller percentage of male carers causing difficulties providing 'male only' care packages; and the need to increase links between formal and informal care.



**DAVID MAYORDOMO FERNANDEZ -
PHYSIOTHERAPIST**

East Coast Community Healthcare CIC

Section 1: The requirements of a system wide People Plan (5 of 5)

1.9 Smarter workforce planning

Smarter workforce planning as a system is required, allowing for greater flexibility of how people work, supporting collaborative approaches in order to meet the greater complex demands, and supporting career planning for existing and new staff working across N&W. These new models include new roles being developed and implemented, co-location of mental health within primary care, increasing community beds and virtual wards, increasing the re-ablement packages, where possible reducing the variation in working practices, system integration and the use of technology to deliver care differently.

N&W as a region had been identified as the least digitally mature in the country.¹⁴ The region has been heavily reliant on paper processes and the manual efforts of staff to keep communication, patient information and care processes flowing. Through Covid-19 there has been an increase in digitally enabled practices e.g. virtual meetings, on-line consultations, and providing leadership remotely through virtual platforms. New

operating processes have emerged, people have come together to work and deliver services adopting existing and new digital solutions in order to respond to the crisis.

System wide workforce planning for the NHS providers in N&W had already begun and was used to support the redeployment of staff across the system during Covid-19. The pre-Covid-19 workforce deficits that were forecast were based on existing working practices and staffing requirements. These will need to be reviewed to understand the impact of the recent changes to the workforce and the working practices.

The system wide workforce planning events were relatively new and shifted how individual providers worked together to meet the system challenges and how the workforce may be employed in future to meet them. With the involvement of social care and other providers, new working practices will be incorporated into this planning to support future workforce forecasts.

1.10 Staff experience core to the Quadruple Aim

The Quadruple Aim¹⁵ for healthcare is i) improving the health of populations, ii) enhancing the experience of care for patients, iii) reducing the per capita cost of healthcare and iv) improving the staff experience of providing care. This approach recognises that the staff experience is core to achieving the other three aims, and perhaps should be the first priority. The full range of the staff experience in providing care needs to be considered in the #WeCareTogether People Plan, from **how staff are recruited, led, directed, supported, developed, retained, kept healthy, listened to and engaged across the system as it keeps changing**. The experience of working through Covid-19 should be included to protect and support the health and wellbeing of our people.

1.11 Structure of the #WeCareTogether People Plan

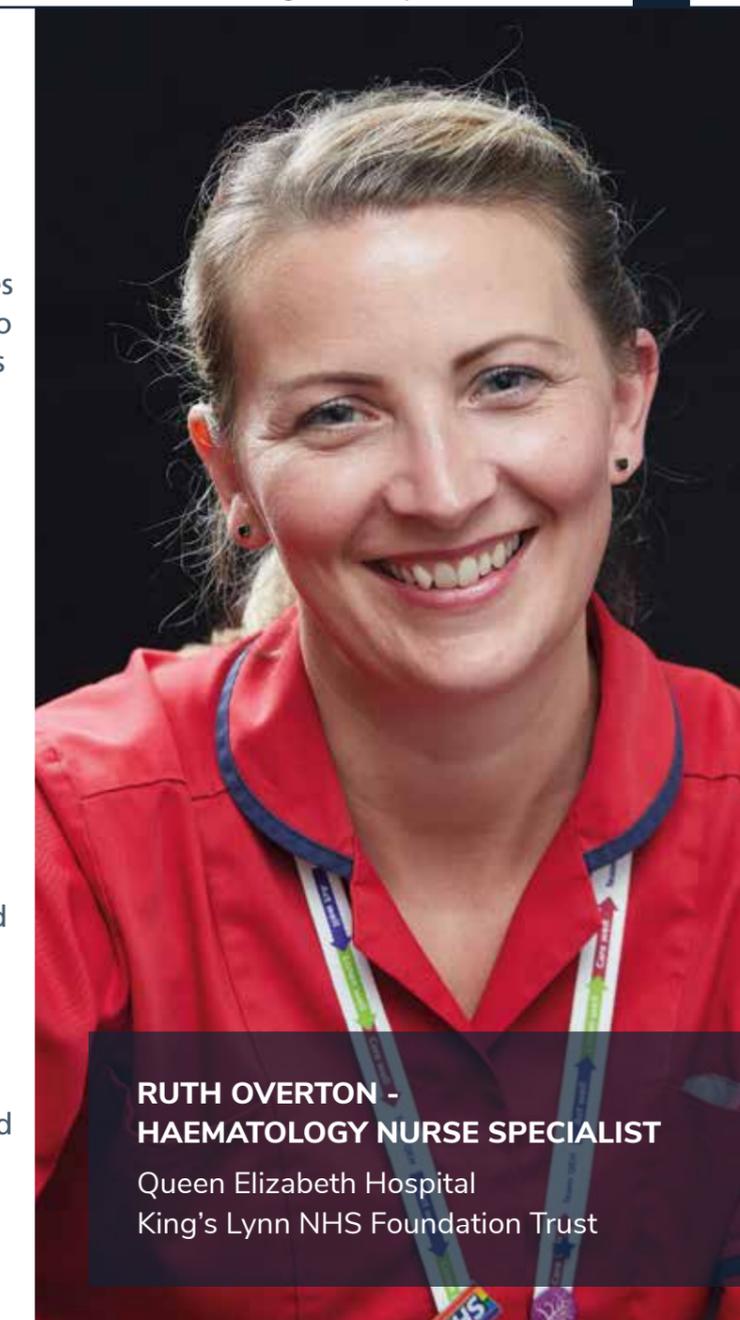
The #WeCareTogether People Plan has been developed as a five year strategic document with the goal being the integration of the workforce for all parts of the health and care system, working together to tackle the significant workforce challenges for today including working through Covid-19, and the near future.

Key aims of the #WeCareTogether People Plan are:

1. Creating new opportunities, roles and new ways of working in health and care. Evolving services with greater effective use of technology as a system to allow for real time data to support decisions in how care is managed is a key enabler. This will allow for the better use of resources as a system and more collaboration to take place. Growing the system wide workforce together to allow for greater economies of scale, encouraging a more flexible, agile workforce to develop, that can adapt with the changes in how health and care evolve to meet on-going demands.

2. Promoting good health and wellbeing for our workforce, having a strategic direction in how staff (paid and unpaid) are supported so they remain in their current roles and develop into future roles to support the system, supporting them to be more resilient, with system wide access to health and wellbeing programmes.
3. Maximising and valuing the skills of our people, developing and implementing new roles across primary, community, acute, social care and in volunteering, with appropriate supervision and governance to allow people to work to the top of their license and registration, allowing for other functions to be delivered by supporting roles.
4. Creating a positive and inclusive culture for our people, developing strong leadership at all levels. This will only be possible with system wide leadership and collaboration taking place.

The system wide strategy implementation plan has been formulated to support these aims and will be further developed as the #WeCareTogether People Plan is shared and discussed across the system. Measurement of these strategic aims will include the use of a N&W HCP workforce dashboard.



**RUTH OVERTON -
HAEMATOLOGY NURSE SPECIALIST**

Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust

#WE CARE TOGETHER

“Being a respiratory physician, I was very much aware that the Coronavirus may have a significant impact on my own speciality and that myself and the other colleagues working in respiratory medicine will need to play a much bigger role in the weeks and months ahead.

“I was asked by the medical director to join a group called the COVID19 Ethical Group which constitutes nursing professionals, senior consultants, and people from management. This group provides the Trust with some ethical advice and based on these discussions, we were able to provide a number of concrete proposals to Senior management which were quickly implemented.”

VENKAT MAHADEVAN - CONSULTANT RESPIRATORY PHYSICIAN

James Paget University Hospitals NHS Foundation Trust



Section 2: Creating new opportunities for our people (1 of 3)

2.1 The requirement for new opportunities

As explained in section 1, there is an insufficient workforce available to meet the increasing demands of the N&W local population for health and care provision. This will continue in the coming years if no changes are made to how our workforce is deployed and how services are delivered. The impacts of Covid-19 will add to the workforce challenges.

The strategic goals for our system are to help people to:

- live as healthy a life as possible; and
- only have to tell their story once to access health and care services.

The third strategic goal is to make N&W the best place to work in for health and care. This section describes a number of ambitions that will be taken forward as part the # WeCareTogether People Plan to create greater opportunities for our people so that they experience the benefits of working within N&W, are supported to be more

resilient and co-create sustainable workforce and service models for the future to meet the increasing demands for health and care.

2.2 Growing our own workforce for N&W

Creating new opportunities for our people is an essential ambition and is already taking place. As system leaders within N&W, it is important to work together to actively encourage local people to consider and start careers in health and care. This includes young people finishing school and college, those wanting a career change later in life or at different stages of their careers, and those wanting to return to practice. There are a number of initiatives that are taking place over the next five years and include the following:

- Develop and implement a collaborative approach for apprenticeships for health and care roles, at different levels, supporting the N&W collective apprenticeship levy being effectively utilised. Actively encouraging local people to apply for the available

opportunities for anyone who wants to work in health and care across N&W.

- Initiatives introduced due to Covid-19 which include: targeted recruitment campaigns e.g. furloughed staff, scoping the development of 'joint bank' between providers, Bringing Back Staff (BBS) and Student redeployments.
- Promote cross-working to develop and retain staff through apprenticeships across health and care providers. Increase formal placement environments to help eliminate skills and workforce gaps. Develop and implement a system level reservist workforce, building on people that were willing to return to practice or provide support during Covid-19.
- Expanding and consolidating the existing volunteering programmes within hospital, community and primary care settings, expanding this to social care environments. Creating new volunteering roles where gaps have been identified, which are informed by current volunteers to make them effective. Across N&W the

system will work together with voluntary, community and social enterprise (VCSE) sectors to enlarge the pool of volunteers and to enable volunteers to easily work across organisations and in different areas. The use of volunteers supported the response to Covid-19, which included processes being managed and deployed through the national RVS GoodSam app.

2.3 Creating new roles

Although there are shortages of many registered professionals, the biggest shortfall is of registered nurses. The NHS Long Term Plan commits to training more nurses, with a 25% increase in the number of undergraduate nurse places. In N&W the priority is to train more nurses as a system. With targeted support to help increase the number of clinical placements so that trainee nurses can get hands-on work experience at the local hospitals, in the community, social care and in GP surgeries. Every nurse or midwife graduating in N&W will be offered a five year NHS job guarantee within the region, to support increasing the nursing workforce.

Across N&W a number of new roles are being created; some of these are linked to significant gaps in the workforce, such as nursing. The key roles that are being increased at scale include:

- **Trainee Nursing Associate (TNA)**, which is a new role within the nursing team, working with healthcare support workers and registered nurses to provide care to patients. Over 280 trainee nursing associates have been recruited in the past two years. The N&W TNA Partnership has been recognised as an exemplar initiative. The TNA programme successfully procured an education provider in 2018 and

supported access to the apprenticeship levy for non-levy paying organisations (e.g. care homes). The programme is working with the Nursing and Midwifery Council (NMC) to align N&W requirements with the new NMC revalidation for programmes locally.



• TNAs increased across N&W



• TNA placements expanded



• Staff completing TNA continue to nursing roles

Section 2: Creating new opportunities for our people (2 of 3)

2.3 Creating new roles continued

- The TNA role will be implemented across health, social care and primary care therefore enabling existing registrants to advance their practice. This programme will expand at pace over the next two to five years. The ambition is to achieve a total of 3,000 TNAs and registered Nursing Associates in the workforce by 2025, including the conversion of Assistant Practitioner (AP) roles to TNAs.
- **Expanding the Advanced Care Practitioners (ACP) roles across N&W.** The ACPs are professionals from a range of backgrounds, including nursing, pharmacy, paramedics and occupational therapy, educated to Masters degree level with advanced skills to care for more complex patients. The alignment of the ACP to the national definition and framework for Advanced Clinical Practice and the requirements for entry are clear. This role enables practitioners to work at the top of their license/registration, in-between a clinical specialist and a medical practitioner. There

was a joint educational commissioning plan during 2019/20 and a growth plan for the future of ACPs across N&W HCP.

- ACP roles in the acute settings are being mapped together with new ways of working for service delivery. In particular areas, where there is a shortage of medical staffing, this includes redesigning pathways to release the medical staff to care for the most complex patients. The ACP will be expanded by one per Primary Care Network (PCN) by March 2023. ACP will be expanded to other health and care settings following a baseline assessment of current and future roles for ACP.
- **Physician Associates (PA)** are new roles created to support doctors in the diagnosis and management of patients, completing tasks such as taking medical histories, performing examinations, analysing test results and diagnosing illnesses. N&W HCP were the first system in the region to commission PA training posts. These will be expanded across acute trusts and primary care. Training places for PAs will

be expanded within local Universities and robust practice placements will be available across acute and community pathways to ensure the required capacity and capability is available. There will be two PAs per PCN by March 2024.

- **New GP Primary Care Assistant** roles are being piloted within N&W to provide a higher level of administrative support to the new primary care teams. N&W HCP is one of seven lead Primary Care Training Hubs across the country.
- Increasing joint rotational **paramedic roles** working across primary and community settings.



- ACPs across N&W
- PAs across primary and acute settings
- Paramedics working across primary & community care

- Increasing the outreach of **Improved Access to Psychology Therapy (IAPT)** in primary care as part of the mental health strategy implementation plan.
- Implementing new roles and new ways of working for the mental health workforce across N&W. This will include the expansion of Clinical Psychology programmes and the introduction of new roles such as the planned Clinical Associate in Psychology and Educational Mental Health Practitioner roles based in schools.

2.4 Primary care networks - expanding at scale

Other additional supporting roles will be expanded across N&W within the next five years. During Covid-19 the new roles were redeployed across the system to respond to the crisis but the planned expansion of these and additional roles below has been delayed. The additional roles include:

- **Clinical Pharmacists** - expanding the number of clinical pharmacists to one per PCN by March 2020. Further expansion of the clinical pharmacist role within primary care networks will increase to an estimated one per practice, subject to the PCN population size.
- **Social Prescribers (SP)** – expanding the number of SP to one per PCN by March 2020. Further expansion of the SP role within primary care networks will increase to three SPs per primary care network by March 2022.
- **Advance Practice Physiotherapists (First Contact Physiotherapists)** – Further expansion of the APP role will increase to three per primary care network by March 2024.



JILL STEBBINGS - SENIOR SISTER – SPINAL NURSE
James Paget University Hospitals
NHS Foundation Trust

Section 2: Creating new opportunities for our people (3 of 3)

2.5 Working with local education providers within N&W

Working collaboratively with local education providers is essential to developing, implementing and reviewing the new roles being introduced across the system. Flexibility will be needed as the effectiveness and relevance of new roles is considered as they are embedded into the various organisations and staff are supported within and outside these roles. As feedback is received the roles may need to be refined or completely new ones introduced.

There also has to be consideration of how students choose and enrol on the various programmes, and remain committed to continue and complete the programmes. Making N&W the best place to train when considering roles in health and care is key for students within the system and for them to remain within the region when they have qualified and not leave to move to other locations outside of N&W.

During Covid-19 the traditional learning methods were changed, using technology and on-line platforms to support the learners, provide them with education, kept engaged and supported along their educational pathway. During this period it was recognised that the use of technology for education was new to some learners and that not all learners had access. Lessons learnt during Covid-19 will support future developments.

N&W will work to encourage more flexible ways for staff/students to enrol on training programmes. These will include:

- Nursing Degree Apprenticeships (2 year NDA courses) – developing flexible entry routes into nursing, including a system wide approach to attracting people onto programmes through coordinated recruitment.
- Explore additional degree apprenticeship programmes and apprenticeship (level 3 and 4) for problem areas for the workforce.

Ongoing engagement and collaboration with the local education providers will help understand the reasons why students in training leave before or shortly after completing their programmes. From this engagement the necessary changes will be made where required, e.g. to actual programmes, to placements and support when in employment.

For example, in the undergraduate nursing course, the attrition rate for 2017-18 was 14.78%, an increase from previous years. One of the actions will be to reduce this over the next five years. N&W HCP will continue to work with the regional group and share practice across the system to support retention of our people.

For N&W HCP, as with other regions, getting the training experience right is key for future workforce supply. The new professional workforce comes from three places; new graduates, returning practitioners or recruitment from elsewhere.

There should be more training posts available in areas where there are more vacancies or there is an unmet need e.g. community and mental health nursing. In addition we will be offering work experience more formally to people of all ages and this will be regularly reviewed.

2.6 Summary – creating new opportunities

N&W as a system will increase the pipeline of people to meet the current and future workforce projections. This includes meeting increasing demand, reducing vacancies, preparing for retirements in the coming years due to an ageing workforce, and introducing the skill mix required for new models of care that will be introduced as providers work together more collaboratively.

The focus will be to:

- a) Grow our own workforce, focusing on promoting people from various stages in their lives to actively pursue careers in health and care. Developing flexible career pathways and working patterns for health and care.
- b) Create new roles to help address workforce gaps and make N&W the best place to develop and train. Working collaboratively with local education providers and organisations that deliver placements.
- c) Increase the number of TNAs and registered Nursing Associates to 3,000 by 2025 and increase at pace the other supporting roles across N&W HCP.



**GARY BALL -
LEADING OPERATIONS MANAGER
(PARAMEDIC)**

East of England Ambulance Service
NHS Trust

#WE CARE TOGETHER

“I have had a lot of anxious patients coming into my clinic. I do the meet-and-greet, and we pre-warn them that we are in our PPE gear because it does look very frightening, particularly with the children that we are dealing with. It is about trying to relax the patients and to make sure that when we do vitals we want the numbers to look good, so we try to relax them and explain as much as we can beforehand. But it's my job to ensure that I manage to get everyone smiling before they leave my clinic room.”

ZENA RILEY - SENIOR HEALTHCARE ASSISTANT

West Pottergate Medical Practice



Section 3: Promoting good health and wellbeing for our people (1 of 4)

3.1 Importance of health and wellbeing - retention

There is substantial evidence showing that happy, motivated people who enjoy their jobs are less likely to leave. The more engaged people are the better and safer the care they deliver and the less likelihood of them being absent or leaving their roles¹⁶.

Retention is crucial and is the most cost-effective way to ensure the continuity of care for our patients. Improving retention allows for greater stability and availability of the workforce which then improves quality of care delivered. This section is about promoting good health and wellbeing and how this will support N&W HCP being the best place to work in health and care. The urgency may be even greater as the impacts of Covid-19 on our workforce emerge.

Replacing staff that leave is also costly. It is estimated that the direct and indirect costs of replacing a NHS staff member is £30,000¹⁷. Retention for the NHS has deteriorated in recent years, this may worsen due to Covid-19.

¹⁶ Some workforce information is currently only available for Norfolk areas .

135,000 people left the NHS in 2017/18

For N&W as a system the total number of staff that left both NHS and social care is unknown. Turnover rates are only available for some organisations. In N&W social care, for nurses and direct care staff workers, turnover is around 40%. One of the priorities for the strategy implementation plan is to have robust real time data on the workforce to establish a clear understanding of the retention issues for N&W HCP. This will include vacancy levels, turnover, sickness rates and information on the reasons why staff have left organisations, reviewing and aligning this with other information sources e.g. the NHS staff survey.

Understanding why staff choose to leave can support retention and reduce the turnover rates. For N&W social care, the turnover may be related to pay, development, and career opportunities as 63% of direct care staff¹³ recruited were moving between social care organisations.

In this staff group, 43% hold a recognised social care vocational qualification which is lower than the national average of 52%.

3.2. Profile and workforce challenges

System wide detailed analysis of the total workforce (paid) for N&W HCP is being developed, starting with the NHS provider organisations.

This will allow for a more detailed breakdown of staffing groups, disciplines and give a greater understanding of the workforce profile across N&W¹⁸.

In Norfolk there are an estimated 27,000 jobs in adult social care¹³ split between local authorities (10%), independent sector providers (81%) and jobs for direct payment recipients (9%). Direct care staff and registered nurses are the main areas of social care where there exist significant challenges around recruitment and retention of the workforce.

In Norfolk there are an estimated 99,400 unpaid adult carers¹⁰ who look after a family member or friend. Their contribution to health and care is immense. The value of the care provided in Norfolk by our local adult carers is estimated to be between £500m and £1.9 billion a year¹⁰.

N&W healthcare organisations have an estimated workforce of 30,000 staff. Retirement projections are a significant concern for some known disciplines, e.g. 17% of adult nursing staff are due to retire over the next five years, for adult social care 26% of the workforce are aged 55 years or over. The numbers retiring in the next few years could be higher if staff choose to retire early due to their pension scheme, ill health, or impacts of Covid-19.

Other workforce concerns for N&W include:

- General practices have difficulties recruiting GPs due to higher retirements and lower local training fill rates;
- Social care is facing retention and recruitment problems, especially in domiciliary care where a significant number of posts are vacant and there is a shortfall of registered nurses;

- NHS vacancies are increasing – currently 8.9%, including over 800 nursing and 200 medical posts;
- Based on current service and supply models, nursing and medical workforce supply shortages will continue over the next 5 years;
- Mental health has significant challenges around the retention of staff and recruitment;
- Medical retirement hotspots include: Psychiatry (30%), Obstetrics & Gynaecology (27%) and Medicine (19%) Consultants and GPs (23%); and
- Shrinking pool of potential young employees with different expectations (“Generation Z”). The number of 15-24 year olds is predicted to reduce by 4% over 5 years, whilst the total population is expected to grow by 3%.



**HANNAH RIX -
SENIOR PHYSIOTHERAPIST**

Norfolk and Norwich University
Hospitals NHS Foundation Trust

Section 3: Promoting good health and wellbeing for our people (2 of 4)

3.3 Feedback from our people – how to make N&W the best place to work

Seeking feedback and gaining insight from our people is an important step in improving retention. Engaging directly with our people and other providers as a system allows more insight into areas that can be addressed together as a system. The ‘#WeCareTogether’ on-line conversation started front line engagement with our people.

Key themes that emerged about retention across N&W included:

- Flexibility – staff having the ability to move more easily across organisations. Minimise the exit and recruitment processes required within N&W for staff that want to remain in the area and work for different organisations within the system. Adopting an agile workforce approach and increase the rotations and secondments between organisations.

- Workforce development – have more access to development and training opportunities. Introduce the 360 degree feedback approach more widely.
- Apprenticeships – ensuring permanent roles are available across the system when these are completed to reduce drop outs within the training programme and give staff more certainty. Allowing other staff time to support the apprentices when in training.
- Introduce a N&W Talent Management Programme – to support staff who are wanting to develop to stay within N&W HCP.
- Continuous staff engagement events using a number of formats to allow for front line staff to be involved with the changes being implemented, their voice being heard and sharing ideas across the system to improve staff health and wellbeing and patient care.

During Covid-19 the ‘Snapshot of a lifetime - N&W Workforce Covid-19 Photo Directory’ was developed to capture our people’s experiences, (appendix 2) this will continue during 2020.

3.4. Preventing burnout – retaining our people

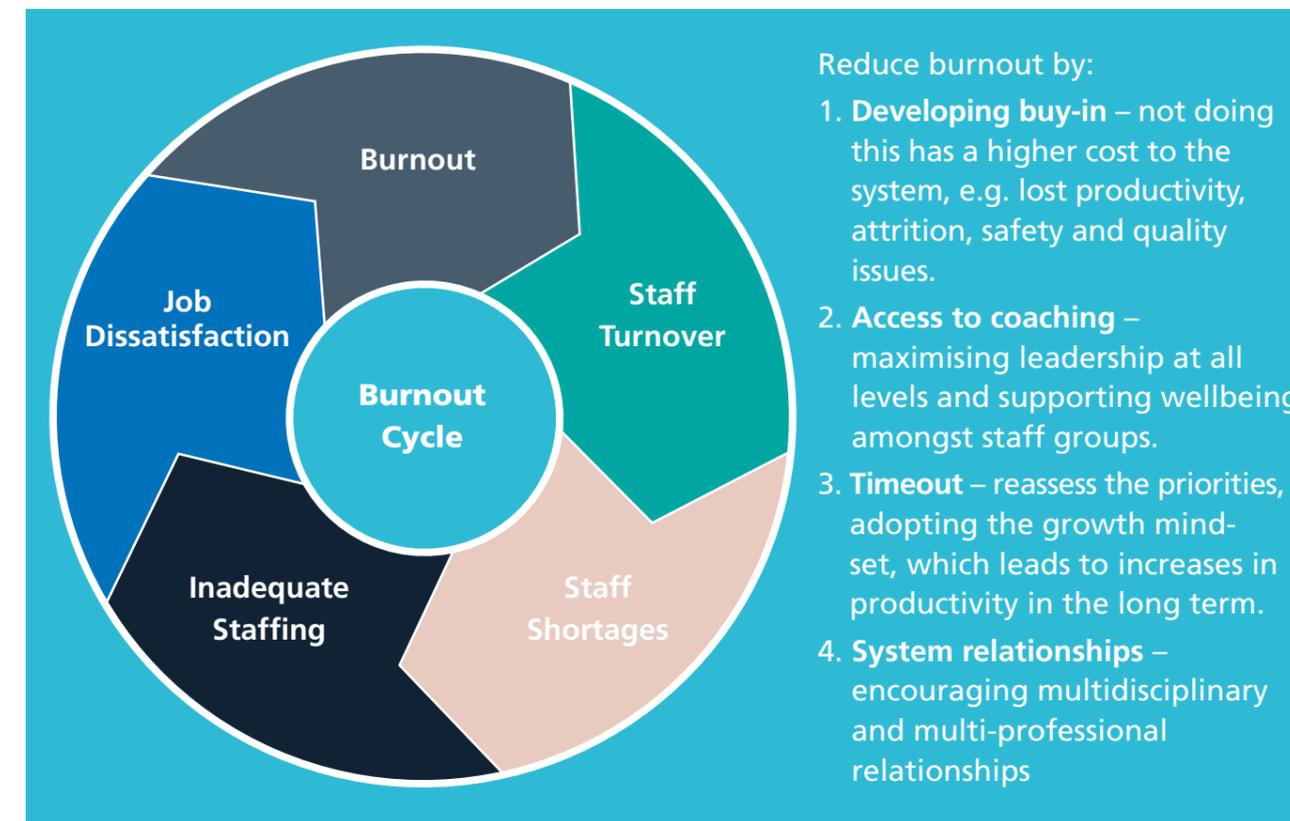
Burnout is recognised internationally and nationally as damaging to staff health and wellbeing and the importance of addressing it is core to retaining our staff. It is characterised as the loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment and is associated with early retirement, alcohol use, and suicidal ideation^{18,19}.

Dissatisfaction amongst professionals within health and care occurs when they experience the inability to provide quality care. This is seen as an early warning sign of a health and care system creating barriers to high quality practice. The burnout cycle (see across), continues as does staff dissatisfaction which directly impacts the care delivered to patients. Organisations in health and care are now seeing the impacts of Covid-19 on their workforce with more visible signs of burnout. People have been delivering care through fear of the

unknown and also the personal risks being taken at work that impact their personal lives. Recognised ways to reduce burnout are shown below, these approaches are already being adopted within N&W HCP.

Reducing and preventing burnout, and focusing on key areas such as staff engagement, turnover, vacancy rate, sickness and why people are or thinking of leaving organisations can support system wide schemes being developed and implemented to improve the retention of our staff in N&W.

Within the NHS, there is already significant variation between organisations in staff engagement and attrition rates. Understanding this for N&W HCP will allow organisations to work together to develop system wide programmes to support retention, introducing good practice initiatives that can be delivered at scale e.g. supervision, coaching, timeout initiatives. This will be taken forward as part of the strategy implementation plan for N&W as the #WeCareTogether People Plan is shared and discussed across organisations and teams.



Section 3: Promoting good health and wellbeing for our people (3 of 4)

3.5 Spreading best practice for supervision

Supervision is a basic fundamental requirement in order to guide the growth, development and good health of our workforce. Our #WeCareTogether People Plan has the ambition to develop and embed a system for supervision for all and we will use the term ‘supervision’ of the workforce flexibly so that it can be used across all health and care settings, including all members of our wider workforce.

From the feedback we have received, we know that there is a mixture of different cultures across the system and that there is still inevitably a tendency to favour individual organisations rather than an ethos of ‘working as one’ across the wider system for the greater good. Creating the right inclusive leadership culture will enable us to improve our ability to form strong relationships through better collaboration, listening, connecting, being proactive and providing clarity.

Supervision is vital in providing guidance and feedback through structured and ad hoc opportunities in the work place. It can help staff to maintain a sense of positivity and to gain the proper perspective on a situation; ultimately it helps to build personal resilience. Ineffective supervision can reduce productivity, increase absenteeism, create or prolong workplace conflict, damage the culture and impact the quality of care being delivered.

Supervision is about sharing, showing and giving support to help another person make progress and feel comfortable in their work. It involves making time and developing a practical structure to provide this support. Effective supervision is important to all, whether a new care worker or an experienced manager. Good supervision enables staff to:

- build effective professional relationships;
- develop good practice in the performance of their work;
- exercise judgement and make good decisions; and
- improve the quality of work.

The benefits of supervision include enhanced accountability, increased feeling of support, development of professional skills and improved efficiency. Supervision is also associated with decreased feelings of isolation and role ambiguity. This will support the workplace where there are now five different generations working together, with different demands, expectations and values. Integrating working practices across generations can support cross-generation partnerships which can create opportunities for working differently when delivering health and care.

Typical supervisory functions include planning and allocating work, making decisions, monitoring performance, providing leadership, building teamwork, and ensuring workforce involvement.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff. As a result, this improves the quality of service provided by the organisation.

There are many models of supervision and many opportunities to give and receive supervision. We will identify good practice for supervision and ensure that it is spread widely across health and care.

3.6 Increasing access to coaching

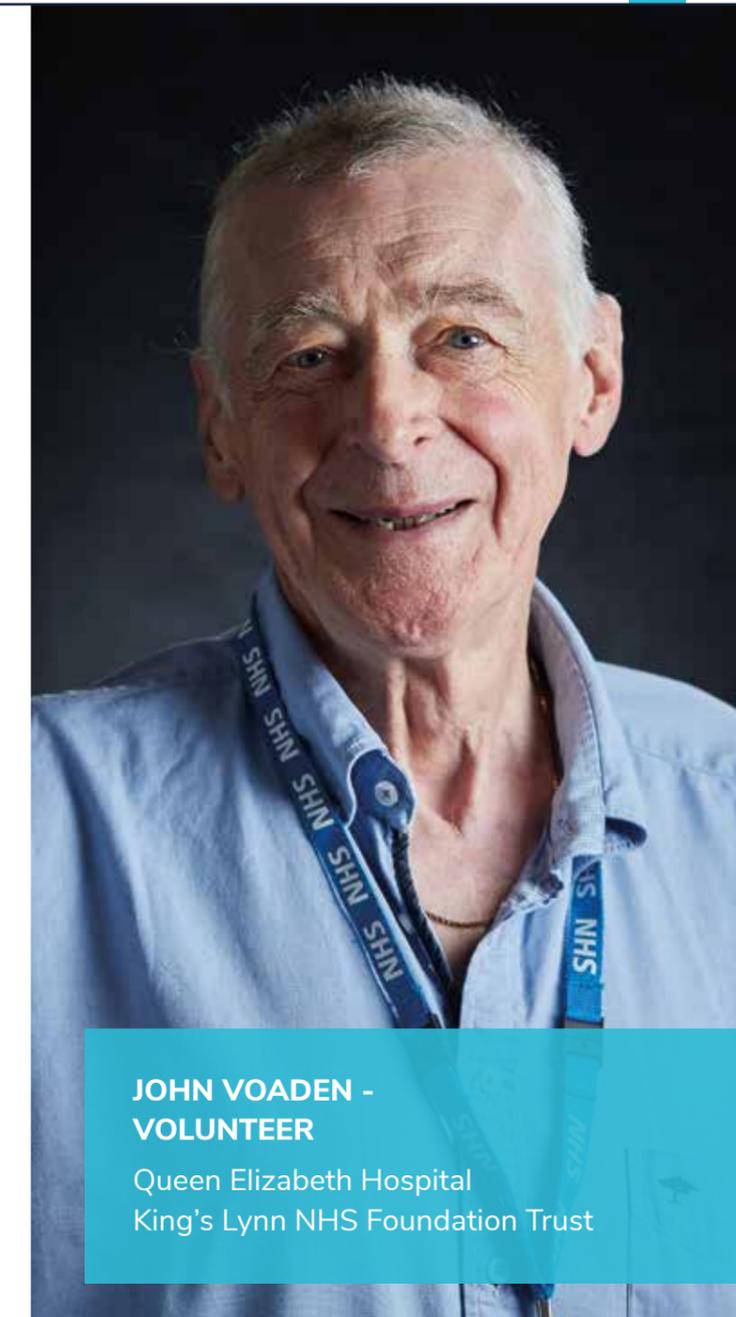
Coaching within organisations has shown a number of benefits. These include: improving patient outcomes; staff health and wellbeing; leadership development and staff engagement.

For staff, coaching allows them to have the safe space to address issues that may arise that impact why certain changes are not happening as expected. This can enhance wellbeing of staff and improve performance for the individuals and the organisation. Through the recent staff engagement events, staff have requested greater access to coaching and mentoring support. Both coaching and supervision has been provided using on-line platforms to support staff during Covid-19.

3.7 Health and wellbeing

Supporting staff with their health and wellbeing also includes financial wellbeing. Research has shown that the number one concern for NHS staff is their finances followed by physical health and later life planning²⁰. Staff concerns about money worries can impact their job performance. Across the system there will be financial wellbeing initiatives available for our people to access.

A number of health and wellbeing initiatives exist and are delivered at a system level. For example, the N&W General Practice Support hub Portal (<https://www.nwgpsupport.org.uk/wellbeing>) available for medical and practice staff, providing support and access to national and local wellbeing services.



**JOHN VOADEN -
VOLUNTEER**

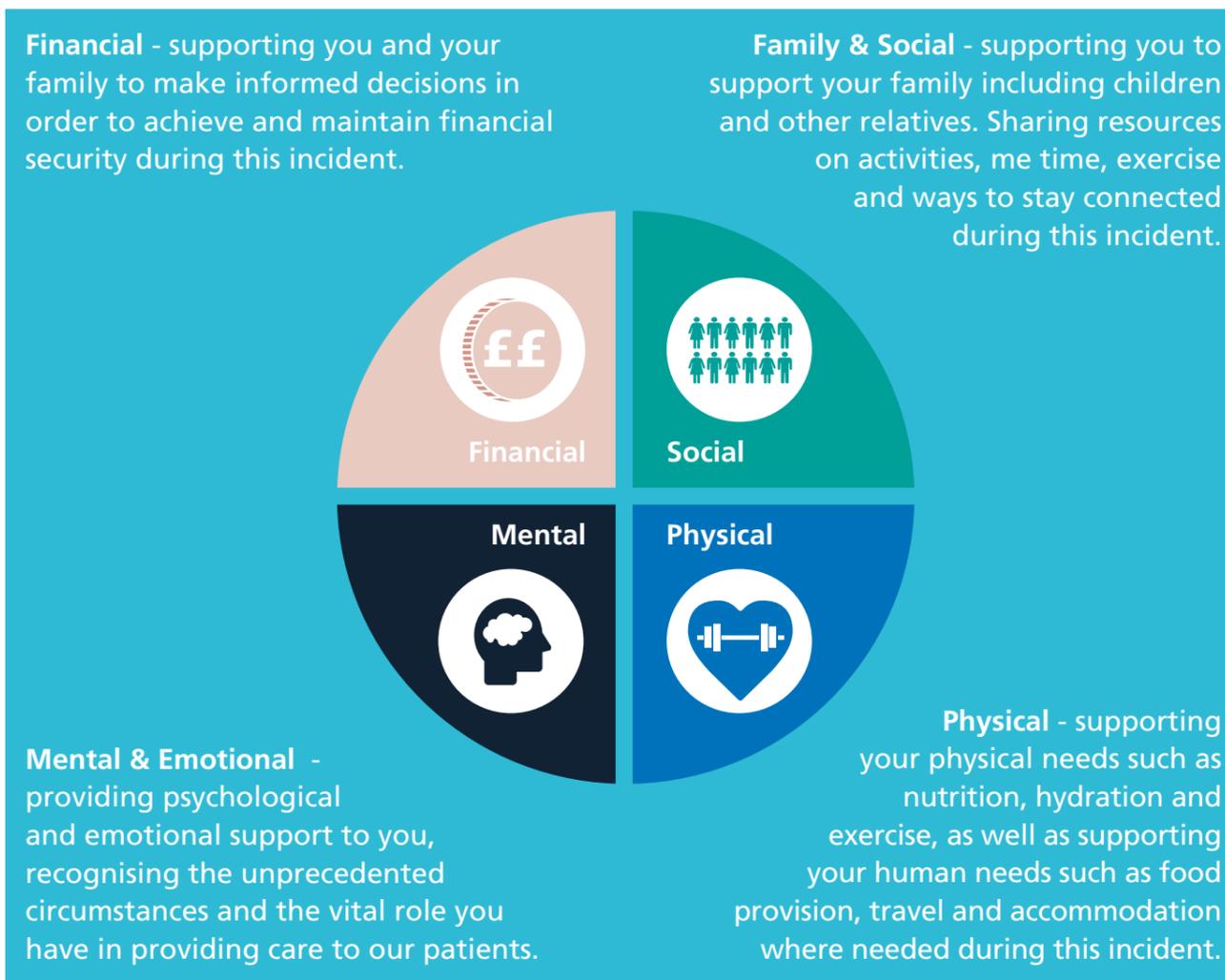
Queen Elizabeth Hospital
King's Lynn NHS Foundation Trust

Section 3: Promoting good health and wellbeing for our people (4 of 4)

3.7 Health and wellbeing continued

There are variations in how effective individual organisations are with health and wellbeing support packages; e.g. some have organised external advice and counselling support. Reviewing how effective these are against workforce data will allow for variations to be analysed and good practice identified and shared. Some of this has happened during Covid-19 to support consistency across N&W and new support programmes have been made available that are linked to supporting staff through Covid-19.

N&W HCP has implemented the Health and Wellbeing (H&W) network to share learning, best practice, and to reduce duplication of resources. The H&W network is centred around the four areas of wellbeing: physical; mental & emotional; family & social; and financial, shown across.



The H&W network includes working together across our NHS provider organisations, CCG, Norfolk County Council, and social care. Local leaders will be able to access peer support and to share resources. The network supported our people during Covid-19 by being a central point to access resources and provide useful information such as the availability of PPE. The H&W network will be further developed to support the implementation of the #WeCareTogether People Plan.

System wide initiatives introduced to support the frontline workforce to become more physically active will be introduced. Active Norfolk (<https://www.activenorfolk.org/>) will support the development and delivery of focused programmes to increase the health and wellbeing of the health and care workforce across the system, including for those approaching retirement.

Working with Active Norfolk appropriate NHS and care sector frontline staff can also be trained to support, engage and deliver physical activity programmes to key population groups.

3.8 Other resources to promote health and wellbeing

A number of resources are available to support NHS organisations with workforce retention, including clinical retention.^{18,19} For social care, Skills for Care provides useful resources to support managers to retain and recruit and promote health and wellbeing initiatives for front line staff.

3.9 Accessibility for our people across N&W

It is important that all organisations in N&W HCP are aware of and are able to make use of all the programmes and resources to promote health and wellbeing to foster resilience in our people. It is the N&W HCP ambition for all our people to be able to access these in their localities.

3.10 Summary – promoting good health and wellbeing

Improving the health and wellbeing of our people encourages them to stay in the system, deliver better and safer care and be more engaged in improving the delivery of care. Covid-19 has further emphasised the importance of looking after our people and supporting them.

A number of the larger providers are delivering a range of health and wellbeing programmes. How these impact staff in terms of sickness, retention (turnover) and feedback from staff surveys across the system has not yet been collated. This will happen and best practices will be shared to support N&W HCP being the best place to work for health and care.

The emphasis will be to:

- a) Focus on retention for our workforce as a system, reduce the numbers leaving N&W organisations by investing and implementing system wide health and wellbeing programmes that are easily accessible.
- b) Reduce and mitigate ‘burnout’ by engaging with our people across N&W HCP, using a number of different platforms to hear and learn from them about what impacts their health and wellbeing so that we can work together to make improvements.
- c) Expand supervision, coaching and mentoring at scale and implement mentoring initiatives for our people at all levels within and across organisations.

#WE CARE TOGETHER

“As we are making our way through the pandemic it is hard to ignore the deaths among BAME patients and especially among BAME health professionals. Not only are we a minority but many of us are far from home; miles away from our traditional support networks and families.

At the James Paget, I’ve been fortunate enough to be in a team that has provided the much-needed support to work through the peak of the pandemic.

“In addition to dealing with the challenges of a new disease, this situation has unmasked racial health disparities and inequalities. There is no better time to begin the conversation about how we address the health inequalities faced by black people and those from other ethnic minorities.”

MPHATSO WIRIMA - RESPIRATORY REGISTRAR

James Paget University Hospitals NHS Foundation Trust



Section 4: Maximising and valuing the skills of our people (1 of 4)

4.1 Importance of maximising our workforce skills

As in section 3, retaining our workforce and making N&W the best place for them to work in, is the most cost-effective way to ensure quality care is delivered by our staff and received by our patients. This section sets the ambitions on how to maximise and value the skills of our people which will support and keep our staff whilst growing and developing our future workforce.

A number of new roles will be created within N&W HCP to address the system wide workforce challenges and existing roles will be introduced into new environments, e.g. clinical pharmacists and social prescribers supporting GP practices. To allow this, new and existing staff will need to have easily accessible supervision and support which is consistent across organisations. This will help reduce work related stress which is reported^{21,22} as being around 40% and improve care being delivered by our staff.

4.2 Valuing experienced staff to develop others

As the new apprenticeship roles are introduced at an increased pace into health and care environments, the activities performed by registered staff will need to be reviewed and updated. The new employees will be able to deliver existing tasks under the direction of qualified staff and over time take over certain routine tasks and activities from them. This will mean a 'rethink' of the types of activities and direct patient facing contacts that are expected for certain registered staff, releasing them to deliver increased supervision, train, teach, mentor and coach other staff. This should reduce the tasks that are currently delivered by professionals that are at times overqualified to deliver them, e.g. doctors, nurses, and release them to care for patients with the most complex care needs.

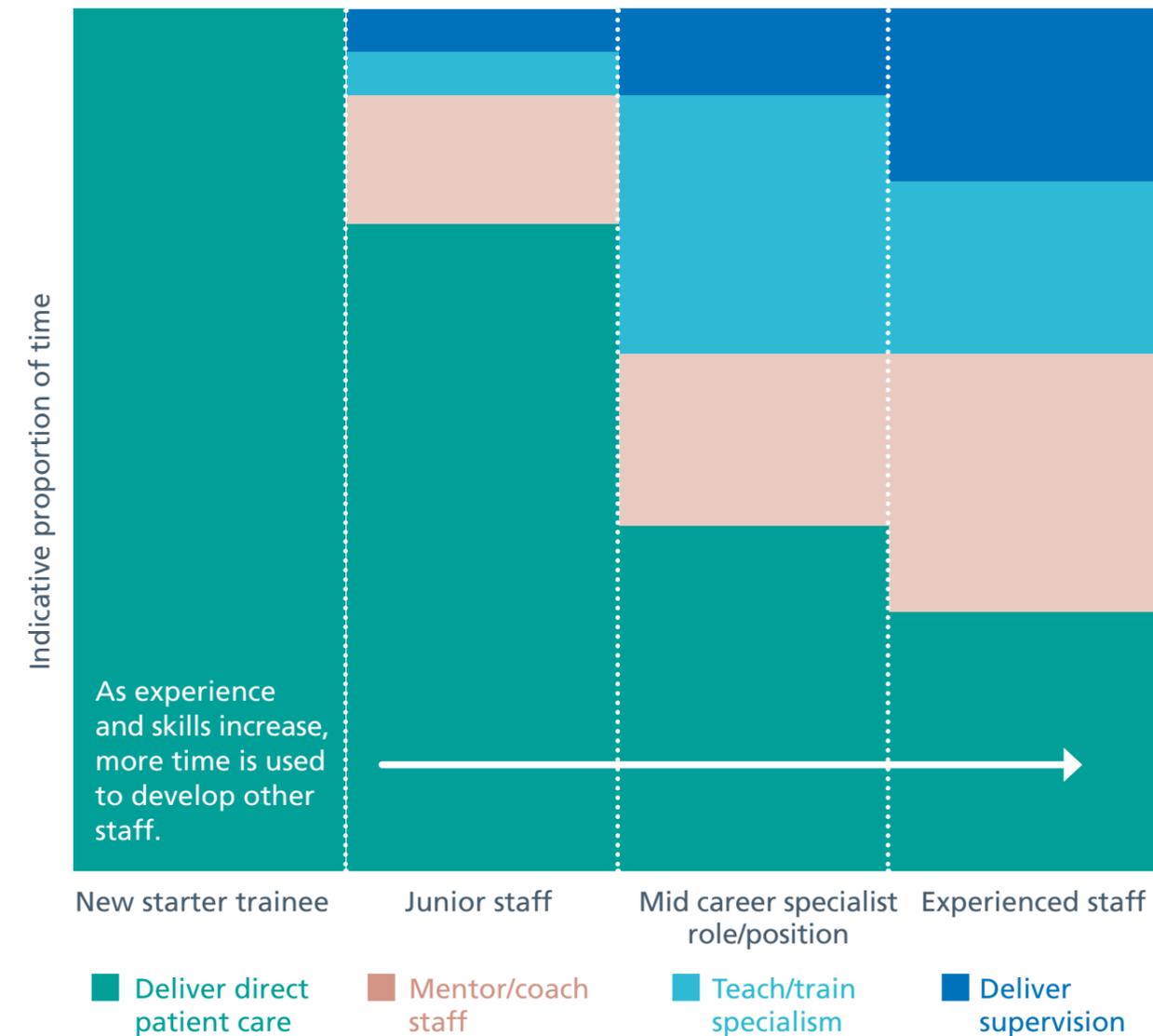
Changing working practices will require collating and reviewing performance information and how this is used within and outside of organisations for management

purposes. Expanding the scope of practice for certain roles, redesigning pathways of care and increasing the adoption of supporting technology will further develop staff, increase the sense of fulfilment and better utilise the skills staff have.

Our people have fed back that they need the capacity to support the apprenticeships introduced within N&W HCP. Having time to supervise, train, teach and support new roles and more junior staff can be dependent on where staff are in terms of their careers.

The proposed model across for clinical staff sets an indicative proportion of time to deliver these activities depending on career stages for staff. A similar approach can be applied for non-clinical roles within health and care settings. This will be reviewed further as the #WeCareTogether People Plan is shared and discussed across N&W HCP. Changing the mind set of senior staff from managers to primarily a teaching/mentoring and supervisory role is one of the most important ways to retain the best people. More senior staff providing real time constructive feedback helps motivate and develop our people.

From delivering care to developing others during different career stages



In addition to this approach of time responsibilities, staff have expressed through the recent N&W engagement events (similar to the feedback from the NHS staff survey), the desire to be able to influence and share ideas on how care delivered can be improved. Working as a system will allow for the recent roles introduced to be better understood by others across health and care organisations. This can then support consistency in new models of care and releasing more time to care and having the right skills available to be engaged in more complex meaningful work to make a difference.

Section 4: Maximising and valuing the skills of our people (2 of 4)

4.3. Adopting new ways of working using technology

Over the next five years, through the implementation of the N&W HCP digital strategy (Connect, Together, Innovate), there will be a big drive to increase the use of technology to improve the working lives of staff, deliver enhanced care and reduce the pressure on our services. Pre-Covid-19 N&W as a region was considered to be the least digitally mature and requiring investment of resources and time to address this. Significant rapid work has taken place during Covid-19 to take forward the digital agenda, for example online consultations, meetings in acute, primary and community care.

Further developments will continue to support the strategic goal for patient/carers having to tell their story once and save staff time. Reducing duplication, paperwork and risk, will allow for the necessary interventions to support the patient, delivered readily in the right environment by the right person, improving the outcomes.

The key areas include aligning the computer systems so that staff can work better together and across organisations as more teams collaborate, e.g. the acute N&W clinical urology team. This will support the wider role and use of Population Health Management and enable staff to provide more proactive care.

The N&W digital team will continue to spend time and resources to develop apps, online support and technology to help patients and carers manage their health and care needs. The learnings from Covid-19 will support this. The main benefits to modernising health and care services using technology and different staffing models will allow:

- Creation of a single digital care record for all health and care organisations so more coordinated care is delivered and staff can work in a more agile way across organisations and teams.
- Access and delivery of services to the hard to reach patient/carer groups with the use of technology and remote ways of working.

- Improving the working lives of staff as there is less duplication of tasks, improved communication amongst colleagues in health and care and to actively access support quickly when required.
- Reducing the time patients have to wait to receive care.

Some of this has already been achieved during Covid-19 for parts of N&W HCP.

The adoption of technology for smaller organisations may be more difficult than larger organisations e.g. care homes and there may be additional barriers for staff to embrace the solutions. Staff and patient/carers need to be engaged with how these solutions are implemented, particularly due to higher turnover of care workers. The technology solutions should not be seen as replacing staff but as ways to reduce the time spent on non-patient activities e.g. filling paperwork, freeing time to deliver care, particularly for complex patient groups.

4.4. Designing career pathways to increase options for our people

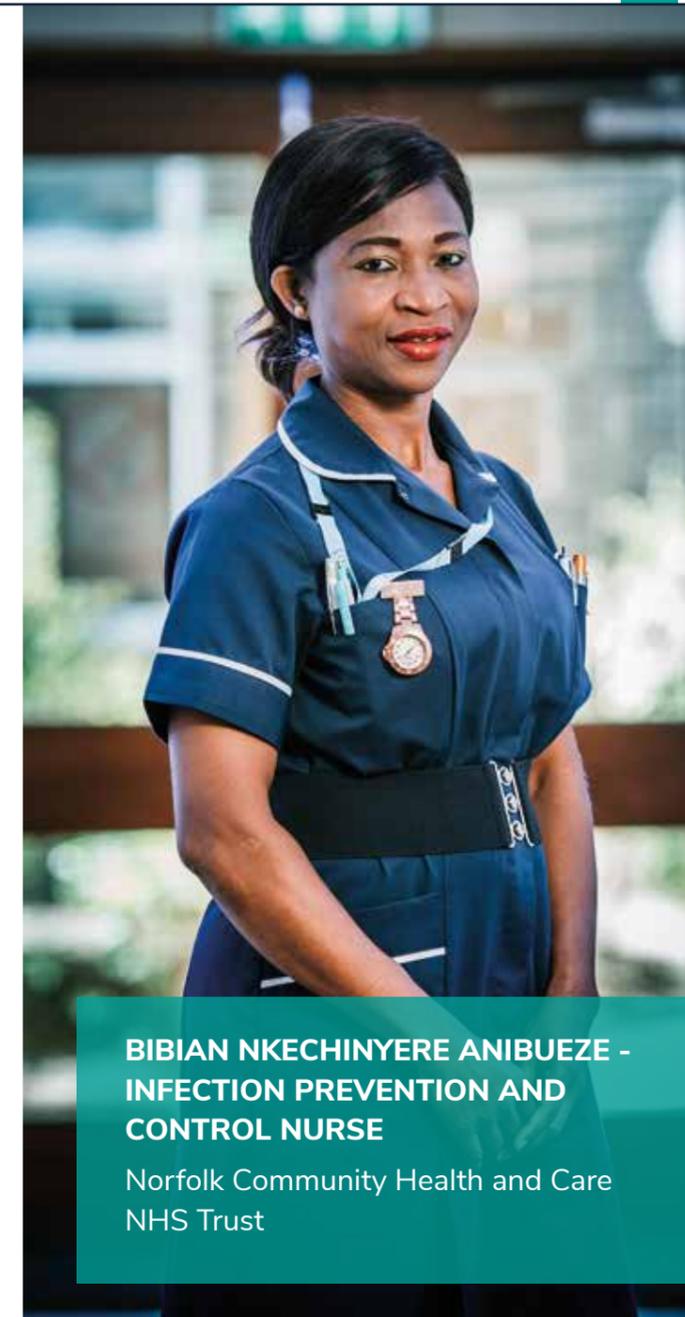
2020 onwards will see the most number of generations in the workforce at the same time, greater diversity than seen before, and an increasing mix of skills, experiences, values and motivations. These will have both different expectations and requirements at different stages of their careers. It is important to understand, cultivate and manage this in maximising and developing the skills of our people.

For N&W HCP to be the best place to train and work in health and care a variety of career and progression pathways will be designed to allow people to have a number of options to consider at different stages of their careers. This will allow for them to take time out from working, or to flex their hours and working patterns when required, for example caring for family or travelling. People that leave knowing there are different career pathways available are more likely to return to the same areas. More people may start, stop and restart careers.

Staff that have progressed within the chosen career pathways should be recognised for acquiring new skills and capabilities

and how these will benefit their career progression in the long term. A number of N&W organisations already do this e.g. staff awards, celebration events when completing apprenticeships. These promote the individual and the organisation as they are perceived to have a learning environment and so entice other people to consider working within these areas.

In addition to career pathways, staff will require the development of cross functional skills to be able work effectively across health and care organisations and boundaries. Staff should also have an appropriate level of digital literacy throughout their careers and have different ways to support them to make this easy to apply in their work. Retraining non-clinical staff for patient facing roles as well as releasing clinicians to use their skills at the top of their license/registration is essential to keeping our workforce. This is at the same time as realising that 36% of healthcare work could be automated²³, losing staff to other industries instead of retraining them could reduce the workforce pool for the system in the long term.



**BIBIAN NKECHINYERE ANIBUEZE -
INFECTION PREVENTION AND
CONTROL NURSE**

Norfolk Community Health and Care
NHS Trust

Section 4: Maximising and valuing the skills of our people (3 of 4)

4.5 Changing expectations to maximise the skills of our people

Traditional service models supported with traditional staffing models are no longer sustainable due to staffing shortages. Advances in technology are both having an impact in how services are delivered and the information and tools available to patient and carers, increasing their expectations.

There is a need to change the understanding and acceptance of both staff and patients and carers as to the different activities that are delivered by different roles. For example, patients may expect to see a doctor for a particular issue but a suitably trained advance care practitioner is more than capable of providing the necessary care. Equally, there are situations where a nurse consultant should hand over more routine tasks to a supporting role in order to concentrate on those activities and input into patient care where there are more complex needs.

It is essential, that as consideration is made of how more routine interventions can be delegated at each role level, importance should be given to delivering **complete compassionate care in a timely manner rather than a focus on just completion of specific tasks.**

Patients and carers need to be involved and appropriately consulted in designing changes to grow and develop the N&W workforce. Their ongoing feedback and response to changes should be shared with our people in order to help them understand the patients and carers perspective when delivering care.

For our people, the automation of routine interventions for patients with predictable needs, should be encouraged and not seen as a threat to roles e.g. AI radiology reporting in cancer care. Some routine intervention clinical activities will be undertaken by apprenticeship roles under clear sustainable and easily accessible supervision models.

More emphasis needs to be placed on retraining non-clinical staff to deliver more patient facing roles using coaching tools and population health management to support the prevention and self-management agenda.

Our staff's approach to training and learning needs to change, introducing the concept of a 'growth mind-set' that is applied in other industries e.g. finance and education. The requirement is for our staff to learn and relearn continuously, due to technology advances replacing routine intervention tasks and new ways of delivering services and as new working practices are introduced. Multiple generations working together and learning from one another can support this.

This also enables staff to be more resilient and become more aware of the changes introduced at a system level to how care is being delivered. The use of technology can support decisions being made quickly, and shared in a more collaborative manner resulting in better patient outcomes.

The greatest impact will be when the harmonisation of a number of different clinical and care systems across N&W areas has been completed. The digital disruption that is happening and will continue across clinical and non-clinical fields will require leaders across N&W HCP to review and redesign how services and working practices are delivered. This will include working with our people to ensure they are engaged and involved with the changes. Responding to Covid-19 has been the catalyst for the acceleration of digital disruption to how and where services are delivered and how patients and carers interact with the system.

There will need to be system wide learning from any mistakes, failures and errors that happen as more staff work in a more collaborative manner, in order to reduce patient harm and adapt through a continuous learning environment. These activities will help to further develop a sustainable, resilient, agile and flexible workforce across N&W HCP.

4.6 Taking time out – delivering quality improvement initiatives

Quality Improvement (QI) methodologies have made healthcare safer, more effective, patient-centred, timely, efficient and equitable. These types of initiatives allow for staff to take a step back and review how services are being delivered, further developing critical thinking skills to support improvements and changes to be delivered. The N&W HCP ambition is to build on our current successes and embed a system wide culture for QI across health and care, with our people being encouraged to take time out to improve the services that are delivered, and challenge the status quo to improve patient experience. Working together with other staff across organisations to develop and implement quality improvements and build stronger relationships to improve patient outcomes. This includes identifying and taking on board learnings during Covid-19.

Our people who have participated in the QI training have shared that they value the time out from their roles to learn key skills in quality improvement to take back to their roles to improve tasks they do every day and ultimately improve care for patients.



**KRIS BRAY -
EMERGENCY CARE PRACTITIONER**
Norfolk and Norwich University
Hospitals NHS Foundation Trust

Section 4: Maximising and valuing the skills of our people (4 of 4)

Acute and community trusts have implemented a variety of approaches for QI and N&W HCP are aligning the offer so that people from all organisations across health and care can access training in their local area and have the opportunity to train with multi-professional staff. Staff have fed back that working across and within multi-professional groups develops stronger relationships and allows them active insight in how others work which supports holistic care being delivered.

4.7 Extending existing Quality Improvement programmes

NCH&C and IC24 both use a bespoke Quality Champions Programme. Having trained over 200 staff, they delivered the programme jointly for the first time in September 2019. Primary care staff and volunteers have also been able to join this programme.

NSFT enable service users to access their Institute of Healthcare Improvement QI training programme and have trained 180 staff (with a further 100 under way). They also

have three QI coaches and have developed a pocket QI programme. NSFT will be training an additional 400 staff during 2020.

NNUH have trained QI experts in Quality, Service Improvement and Redesign (QSIR) training and are launching a QSIR Academy. James Paget University Hospital are implementing the 'Model for Improvement' methodology with an ambition to build capability across clinical areas during 2019/20 by sharing existing projects and training 80 staff during 2019/2020.

N&W HCP has committed to delivering QI projects across the system to improve patient care and pathways and to increase staff satisfaction, involving primary, community, secondary and social care organisations. Digital platforms will be used to develop a community of different professions and organisations to help learn from each other and develop a common understanding. There will be a system wide integrated QI faculty to train staff and share best practice across the providers within N&W HCP. This will include patients

and carers, some of this will be shaped by the learning from Covid-19 from both the workforce and patient/carer perspective.

4.8 Role specific and system wide mentorship and support programmes

Formal and informal mentoring, e.g. preceptorships, to support new staff joining specific roles such as nursing or management positions, will be developed and implemented across the system. This will involve understanding the important factors staff are looking for when starting new roles. Our staff at different stages of their careers will require different types of support working across N&W HCP.

This includes understanding the needs and support that the younger generations and ageing workforce will require across the system, including flexible retirement options and rotations. As a system there will be flexible support available within and outside of individual organisations to keep staff working well within N&W HCP.

4.9 Summary – maximising and valuing the skills for our people

Maximising and valuing the skills of our people involves developing and implementing new roles across primary, community, acute, social care and in volunteering, with appropriate supervision and governance to allow staff to work to the top of their license and registration, allowing for other routine functions to be delivered by supporting roles.

This involves:

- a) Working with leaders across the system to change the expectations of staff during their different career stages. Building the right level of support for this to happen including consistent approaches to supervision, teaching, training, mentoring and coaching.
- b) Adopting new ways of working using advances in technology introduced within the next five years. Encourage routine intervention tasks to be automated and actively retrain our people to take on more patient facing activities.

- c) Designing career pathways to increase options for staff when working, training and moving across N&W organisations during their working lives. This will involve changing the expectations and mind-sets of our people, encouraging and integrating cross generational partnerships .
- d) Actively encourage staff to participate in Quality Improvement initiatives to support them to develop new skills, innovate and design new models of integrated working together, and build stronger working relationships across N&W HCP.



**MELISSA WILLIS -
REABLEMENT SUPPORT WORKER**
Norfolk First Support,
Norfolk County Council

#WE CARE TOGETHER

“The hardest thing honestly for me has been dealing with the rapid deaths of end-of-life patients. On one night shift there was probably three patients that passed so that was a huge increase in the number of deaths. That was probably the hardest bit for me.

“I think things are going to change massively. We are going to have social distancing for some time and we shall be wearing masks for quite a long while.

“I think I have grown quite a bit. We had to do a lot of additional training and fit masks training, so it’s all useful and I can progress further with those skills learnt.”

ROSEANNA FARROW - HEALTHCARE ASSISTANT

Norfolk and Norwich University Hospitals NHS Foundation Trust



Section 5: Creating a positive and inclusive culture for our people (1 of 4)

5.1. Norfolk and Waveney overall vision

The overall vision through the #WeCareTogether People Plan is for Norfolk and Waveney to be the best place to work in for health and care. The development of the document has been influenced by the national and regional drivers such as the NHS interim People Plan, Long Term Plan, the N&W Local Workforce Action Board (LWAB) ambitions, We are the NHS: People Plan 2020/21 action for us all, and through active engagement with our people through the #WeCareTogether system engagement on-line platform.

We Are The NHS People Plan

focusing on:

- 1) Looking after our people;
- 2) Belonging to the NHS;
- 3) New ways of working and delivering care; and
- 4) Growing for the future.

Local Workforce Action Board*

- 1) Implement new roles & new ways of working
- 2) Improve leadership development
- 3) Upskill our workforce
- 4) Increase, improve supply & retention of our workforce

#WeCareTogether People Plan

For our people through the strategy implementation plan:

- 1) Create new opportunities;
- 2) Promote good health & wellbeing;
- 3) Maximise and value the skills; and
- 4) Create a positive and inclusive culture

Norfolk & Waveney to be the best place to work in for health and care 2025

This section is about the areas of change required to make the #WeCareTogether People Plan a reality. Recognising that the document alone is not enough to deliver the changes required to meet the current, in particular next stages of Covid-19 and future workforce challenges - organisations, providers and our our people have to take

action to make change happen. A N&W HCP culture that is positive, inclusive and engaging to all our people is a must. A #WeCareTogether culture needs to be formed, based on our people behaviours within and across organisations, to work together to make the biggest difference to the current and future workforce.

As a system there will be workforce performance metrics that can be used to evidence if the #WeCareTogether culture is developing positively, in an inclusive, diverse way and is making a difference to our people, and as a result to our patients.

5.2. The importance of collaborative and compassionate leadership

Evidence related to compassionate leadership²⁴ demonstrates that paying attention and listening to our people, truly empathising, helping and taking action to support the areas of concern will result in compassionate care being delivered for the people being cared for in health and care services.

This includes giving permission to challenge the status quo with how services are delivered, the staffing models in place to provide effective care, and questioning if this is making a difference in people's lives. If not, why are the same practices still taking place? What if changes were made? Will they make a positive difference to all the people involved?

The #WeCareTogether People Plan is for all organisations, providers and our people both paid and unpaid and is dependent on strong, compassionate leadership to be in place at all levels. This includes encouraging supportive teams and collaboration across organisations and structures which is dependent on collective leadership, so as a system we support, value and respect each

other's perspective in what is working well and areas that can be even better.

Developing relationships and trust across organisations and teams, working collaboratively, and moving away from competitive relationships will allow for workforce challenges to be addressed together. Even if a particular organisation has no issue with recruitment, it still needs to be supportive of the wider system. For example, acute may need to supply resource into community intermediate care working closely with care providers to help shift and manage demand earlier in the system. During Covid-19, organisations across N&W HCP have worked better together and this needs to continue and develop.



SARAH AMBROSE -
HEAD OF NURSING AND
CLINICAL GOVERNANCE

OneNorwich

* LWAB will be N&W People Board.

Section 5: Creating a positive and inclusive culture for our people (2 of 4)

5.3 Developing collective competencies and effective system leadership

Creating new opportunity for our people will require the development of new and refinement of existing leadership competencies. A new system leadership model for health and care will see us shift away from hierarchical single organisational behaviours. We will work together to develop behaviours

and a culture which enables systems leadership, using influencing skills and recognising the power of trust and relationships rather than management direction.

Features of effective systems leadership²⁵ that will support a thriving positive culture developing across N&W HCP are shown below. These are much more person/patient centred and do require time to embed.

Working across single organisations

- Hierarchical
- Fixed, prescriptive
- Power-centred
- Focused on individual organisations
- Territorial, proprietary, centralised
- Professional-driven
- Transactional
- Primarily accountable to regulators and policy-makers
- Self-centred
- Short-term, task-focused
- Avoids conflicts
- Competitive, conflict-prone

Across many organisations/boundaries

- Horizontal, multidirectional
- Adaptive, comfortable with chaos
- Seeks to influence, altruistic, surface conflicts
- Place-based, whole system, solution-focused
- Complementary, diffused, distributed, participatory
- Person-centred, inclusive, co-productive
- Relationship-based, personal
- Primarily accountable to people and communities
- Long-term, focused on transformation of whole system
- Consensus seeking, builds a shared vision and narratives

The N&W HCP has collective responsibility for resources, which include our people, to deliver better and more integrated care for our patients. The system does not have a contract across organisations and does not require structural changes for integrated working practices to take place. It relies on shared commitments to achieve integration, manage our resources and services differently and establish the right governance arrangements.

For leaders at all levels within N&W HCP, this requires a greater span of influence, increased engagement with front line staff to co-create and co-produce services differently to meet the demand challenges with our known capacity. This also involves partnership working with voluntary, community and social enterprise (VCSE) sectors and other organisations, such as district councils, to develop services that local people want and focus on wellbeing, prevention and self-management. A number of new models of care have been adopted during Covid-19 and can be expanded further.

Understanding our population health management information is important so that local teams can proactively manage care, delivered in an holistic way, moving away from silo teams and working collaboratively together for better long term patient outcomes. A supportive learning culture of testing and learning, making changes to the relevant pathways and workflows and continually engaging with our people will help ensure that the right sustainable changes are made to practice.

Our people need to feel psychologically safe sharing suggestions and raising concerns when they arise, knowing that these will be acted on to improve patient care. This will require a culture of trust, openness and mutual respect, recognising at the same time that there will be differences across the organisations and professions. The culture of trust across N&W HCP will take time to develop and there will be 'tricky situations'^{22 & 24} arising as more teams and people collaborate to improve patient care. This will improve as stronger relationships are formed.

As different parts of the system come together to collaborate and work together within N&W HCP, the more diverse and inclusive the working environment becomes, the greater the staff satisfaction and the better outcomes for our patients. Our N&W people should represent the local population they care for. Currently there are variations across our organisations in relation to equality, diversity and inclusion. As a system this representation will be continuously reviewed in line with local population changes. This will also be linked to international recruitment to ensure the right level of induction and support programmes are in place to ensure people joining teams from overseas feel welcomed and supported to adjust to new ways of working and roles in N&W. For primary care there are national and local support programmes in place and these will be expanded to other working environments.



**REBEKAH ANDERSON -
TRAINEE NURSING ASSOCIATE**
Norfolk and Norwich University
Hospitals NHS Foundation Trust

Section 5: Creating a positive and inclusive culture for our people (3 of 4)

5.4 Achieving a positive and inclusive culture for our people

Over the next five years N&W HCP will launch development programmes to support our leaders at all levels to develop their skills, confidence and the relationships required to deliver system change including promoting improved equality, inclusion and diversity of the existing and new workforce. This will be through the implementation of N&W System Leadership Forums bringing together local experts to design and deliver system leadership programmes to motivate, inspire and support staff to be the best that they can be regardless of job title or hierarchy, embracing equality, inclusion and diversity. There will be active engagement and support to involve staff from ethnic minority groups.

Together we will set the direction for how we will develop leadership behaviours at all levels across the system. To do this we will:

- Ensure that our people feel safe and secure in their roles. Local leaders at all levels to be equipped with relevant tools and have the confidence to address bullying, harassment, violence and abuse.
- Have system wide accessibility for staff via Freedom to Speak up and Speak up Guardians.
- Positively recognise our differences, embrace our uniqueness by increasing awareness of equality, inclusion, diversity and widening participation into roles.
- Develop talent internally and work across organisations to provide our people with development opportunities such as shadowing, mentoring and coaching, access to training, and support people to move across organisations to further their careers.
- Further develop relationships with staff working in different roles and in different organisations through access to multi-professional training, networks, and open forums such as #WeCareTogether to share views and debate with others.
- Develop clear communications channels to share best practice, celebrate success, and ensure that better, timely information is available.
- Actively support line and team managers so that they are better equipped to support staff professionally and personally and to be able to work effectively across organisations.
- Encourage positive role modelling in the values and behaviours expected of leaders in N&W HCP.
- Support bottom up innovation and creativity from our workforce at the front line, helping to create a deeper connection with the wider system. Encouraging inter-team and cross-boundary working.

5.5 Pro-actively supporting equality, inclusion and diversity as a priority

When finalising the #WeCareTogether People Plan ready for publication, the issues of health inequalities and additional risks to ethnic minority and at risk groups for both our people and patient groups, were further highlighted by Covid-19. In addition, tragic events and the response of the #BlackLivesMatter (BLM) movement, have further highlighted inequalities that black people and other ethnic minorities face everyday.

Recent NHS surveys, and additional reports and data e.g. Workforce Race Equality Standard (WRES), continue to show that people from ethnic minority groups are more likely to face continued discrimination, bullying and harassment or abuse from other staff and the people they provide care for and other members of the public when working. These instances have long-term impacts to their health and wellbeing.

N&W HCP in early 2020 led system wide workshops to understand the current situation in our system and start developing an inclusive and diverse culture for our people, for the existing and future

workforce. We will take inspiration from national, regional, and local leaders who are making a difference in promoting positive and inclusive cultures. Together we will continue to make positive changes across the system.

The following are examples of recent work being undertaken:

- Sharing and understanding the trends and areas of concern using the WRES and Workforce Disability Equality Standard (WDES) data at a systems level. Linking this information with data/information available from social care.
- The use of themes - Raising our Ambition, and shaping this wider than the inclusion heading e.g. ambition and improvement covers the following workforce processes - attraction, recruitment and accelerated development opportunities.
- Engaging our Equality, Diversity and Inclusion (EDI) leads across N&W, and working together to better understand lived experiences and implementing the changes required.



VIPIN VIJAYAN -
CLINICAL EDUCATOR

James Paget University Hospitals
NHS Foundation Trust

Section 5: Creating a positive and inclusive culture for our people (4 of 4)

5.5 Pro-actively supporting equality, inclusion and diversity, continued

- Reviewing workforce processes to identify and remove any bias.
- Use staff’s lived experiences, sharing perspectives to support the development and initiatives for ethnic minority groups.
- System level workshops and the use of online platforms to start the conversations and develop system wide action plans.

N&W already has a larger older population compared with other parts of England. Diversity for N&W in terms of population and our people, is lower in terms of ethnicity. The N&W HCP has the third lowest non-white British population across the Midlands and East of England. The ethnicity profile (2018/19) for adult social care sector working in local authority and independent sector for N&W was 6%, for East of England 18% and for England as a whole was 21%. For N&W health organisations, workforce data for ethnicity is being collated.

To continue to deliver sustainable health and care services within N&W the workforce pool will need to expand to people that currently live outside of the area. Active recruitment campaigns to encourage people to move to N&W for work are already being implemented. Younger generations, in particular, are more interested in working for organisations that are inclusive and actively embrace diversity. As Covid-19 has shown the feasibility of working from home, more people are considering moving to areas that offer a better work life balance in terms of space and other activities. Over time, the diversity of both the workforce and population will change in N&W.

N&W HCP’s commitment is to eliminate any form of discrimination and bias within our system. This will include working with members of our workforce who represent the nine protected characteristics: race; age; disability; gender reassignment; marriage, same-sex marriage and civil partnership; pregnancy and maternity; religion or

belief; sex; and sexual orientation to understand, act and implement permanent changes. Through the engagement events and feedback, additional protected characteristics may be added for N&W HCP. N&W HCP is committed to and supportive of diversity and ensuring our people feel included and achieve full psychological safety, have access to opportunities, feel empowered, protected and supported throughout their careers. This will improve patients outcomes, encourage innovation and creativity in how services are delivered, and support our overall ambition of making N&W the best place to work in for health and care.

5.6 Streamlining workforce practices

To support a positive inclusive culture to develop across N&W HCP a number of workforce principles will be agreed across organisations, taking into account the learnings from Covid-19. These will include:

- New staffing skill mix fully embracing the ability of new assistant and associate level roles;

- Adopting agile flexible staffing to work together as a system;
- New roles developed specific to each area of the system;
- Joint roles working across organisations;
- Consistent approaches to retention and recruitment across the system;
- Support for our people through the different stages of their careers;
- Develop programmes to support positive cross-generation partnerships; and
- Enabling skilled staff to work to the top of their licence or registration.

These principles, and others as agreed, will be used to streamline current workforce practices and to develop new ones that will speed up and improve recruitment and retention processes.

5.7 Summary – creating a positive and inclusive culture for our people

A N&W system culture that is positive, inclusive and engaging for all our people is a must in making the #WeCareTogether People Plan a reality. This requires:

- a) Collaborative and compassionate leadership – getting leadership to share a common vision across the system and to work together for the benefit of the system as a whole. It is the leadership that helps shape the positive, inclusive culture.
- b) Fostering effective system leadership based on mutual understanding and shared commitments, shifting away from hierarchical single organisational behaviours. Implementing N&W forums to set direction for developing inclusive leadership behaviours at all levels across the system.
- c) Agreeing workforce principles across the system to enable the streamlining and development of workforces practices, speeding up recruitment and improving retention.
- d) Developing a systems approach and commitment to inclusion, equality and diversity, ensuring people are treated as equals, and that our people are diverse and representative of our population.



HANNAH TYE - CARE WORKER

Doughty’s - Norwich charitable supportive living service for older people

#WE CARE TOGETHER

“Before COVID my main role was a cleaner but now I go out twice a week and do shopping for the residents here as now they can’t go out – all the staff here at Doughty’s are just mucking in like a family.

“I have my grandparents living here as well – my grandfather is 97 and grandmother is 95 and mum is here also and she is 73, but none of them can come out. But I can still go and see them through the window and give them a wave.”

DENISE HUNT - CLEANER

Doughty’s - Norwich charitable supportive living service for older people



Section 6: Strategy implementation plan 2020 to 2025 (1 of 7)

6.1 Background to the strategy implementation plan

The #WeCareTogether People Plan has had input from across the system, including our people from councils, social care, NHS acute, specialist, primary and community care providers, community, social enterprise organisations and the voluntary sector.

The #WeCareTogether People Plan supports the delivery of the three N&W strategic goals, 1) *'support people to live as healthy a life as possible'*, 2) *'only have to tell their story once to access health and care services'*, and in particular 3) *'to make Norfolk and Waveney the best place to work in for health and care'*. The document 'The healthier N&W – Our five year plan for improving health and care' should be read alongside this People Plan.

For N&W to be the best place to work in for health and care to become a reality, all organisations need to go further and everyone will be required to come together to make this happen.

Some workstreams are already underway with a significant number of activities being delivered, some accelerated due to Covid-19. The strategy implementation plan does not include all details of these actions and they can be found in other sources.

The strategy implementation plan captures the transformational actions that collectively need to be delivered by 2025 for the #WeCareTogether People Plan. This is a live document and will be monitored and updated as progress is made in achieving the actions and ambitions for the #WeCareTogether People Plan. The N&W People Board will be responsible for monitoring and updating the document as

progress is made.

6.2 Expectations for the strategy implementation plan

The successful delivery of this Strategy Implementation Plan will mean that by 2025, in Norfolk and Waveney:

- Through changes to services and workforce models, there is increased provision of intermediate care services, and slowing down of demand to the acute and specialist care, this is for both health and care areas.
- Organisations have reduced the use of agency staff by 10% or more. Staffing is made up of substantive and or bank staff, incorporating new roles.
- There is a robust career structure for first level registrants so they can move to advanced roles and a career structure for associate level practitioners, with advanced skills, able to move to first level registrant careers.

- The vacancy level overall will be 5% or less.
- New workforce skill mix models will be fully implemented in some pathways and teams for acute care, and those requiring ongoing needs in the local population, including the prevention and self-management agenda.
- There is a measurable reduction of staff sickness across the system.
- There is a measurable increase in rotational staff posts, roles and positions across N&W HCP working across health and care.
- There are embedded collaborative workforce processes, particularly for the retention and recruitment of staff.
- Workforce supporting initiatives such as systematic supervision, coaching and mentoring are in place and accessible to all people.
- Workforce health and wellbeing programmes are fully embedded and easily accessible to all our people.
- All our people working in N&W are aware and engaged with the #WeCareTogether People Plan.

6.3 Responsibility and monitoring of the strategy implementation plan

The strategy implementation plan will be supported by a workforce dashboard which will capture data for key indicators for the #WeCareTogether People Plan and to monitor whether the collective actions of all involved are having the desired impact. The strategy implementation plan will be updated bi-monthly and will be easily accessible to anyone to review via the N&W HCP website.



**JANE HARRISON -
REABLEMENT SUPPORT WORKER**

Norfolk First Support,
Norfolk County Council

Section 6: Strategy implementation plan 2020 to 2025 (2 of 7)

6.4 Actions by priority area

This table summarises the key actions and deliverables for the priority areas of the #WeCareTogether People Plan

Priority areas	Actions and deliverables	Leads	Timeline
Covid-19 specific workforce initiatives	<ul style="list-style-type: none"> • Develop system wide approaches to support staff working through Covid-19, using Covid-19 workforce data/information to identify areas that require specific support programmes. Linking this to the N&W HCP workforce restoration plan. • Continue to develop and implement specific guidance (e.g. NHS leadership compact), for managers, team leads to support front line staff through Covid-19 using a number of different communication methods. • Rapidly expand the Health and Wellbeing forum to share best practice, identify quickly issues and concerns and collectively implement solutions as and when required. • Foster resilience by further developing the system offer to support our people, advertised via the N&W HCP website e.g. system virtual coaching, health and wellbeing initiatives including counselling programmes. • Leadership and Organisation Development Strategy (which includes health and wellbeing) for 2020/21 adapted to include learnings from Covid-19 and development of programmes, offers, and support for staff as reintegration of services and recommencement of routine activity. • System Workforce Groups will continue to support the development of opportunities to build workforce capacity across the system both during Covid-19 and for future system pressures. This will include the development of a 'collaborative bank' approach and a Reservist programme. • Build and scale up the N&W Covid-19 volunteer response including the Community Resilience hubs for young volunteers. • Scale up the system recruitment campaigns, targeting specific groups e.g. people furloughed within N&W. 	HCP workforce team Involve HR/OD and Finance provider leads	2020 to 2021

Priority areas	Actions and deliverables	Leads	Timeline
System wide Programme - Inclusion and Diversity	<ul style="list-style-type: none"> • Work with our people to develop a system commitment to Equality, Diversity and Inclusion (EDI). Raising awareness of EDI through role modeling from our leaders and establishing a greater understanding of local challenges through the provision of more opportunities for people to learn through forums, networks, reverse mentoring and training. Ensuring decisive actions is taken to address discrimination and bias. • Work with system partners to establish and enhance EDI networks for our communities focusing on key areas following feedback from engagement events. Support our EDI leads to develop their roles through access to peer support, coaching, and personal development.. • Review the education and training offer for our workforce and increase awareness, engagement and conversations around important topics such as discrimination, anti-racism, and civility. • Review our talent pipeline and develop more opportunities/access for members of our ethnic minority groups to take on senior leadership positions. • Review policies and processes across N&W HCP to eliminate any bias, particularly for recruitment, progression, and access to development for all staff. • Develop tailored programmes to support multi-generational working - encouraging cross-generation partnerships. 	HCP workforce team involve HR provider leads	2020 to 2021

Section 6: Strategy implementation plan 2020 to 2025 (3 of 7)

Priority areas	Actions and deliverables	Leads	Timeline
Develop system wide workforce performance metrics	<ul style="list-style-type: none"> • Build on the NHS workforce dashboard created to support the NHS Long Term Plan. • Work with other providers in health and care to capture a N&W system wide perspective for key workforce metrics e.g. vacancy, sickness, turnover, skill mix. This may be more difficult initially for smaller providers in the care sector and over time will improve. • Ensure the workforce dashboard is accessible and easy to manage and update. • Review data/information related to retention as a first priority. 	HCP workforce team Involve HR, Business Intelligence and Finance provider leads	2020 to 2021
Creating new opportunities through apprenticeships	<ul style="list-style-type: none"> • Using existing N&W HCP apprenticeship networks, establish a task and finish sub group that focuses on the apprenticeship agenda for N&W and develop a collaborative approach to how the apprenticeship levy is spent and how non-levy paying organisations are supported e.g. care homes and general practice. • Develop and implement the N&W Health and Care Academy enhancing the Talent for Care (T4C) and health/ I Care Ambassador agenda to promote health and care careers. Deliver across three hub sites within N&W, embedding Junior and Senior programmes; integrated pre-employment programmes; and developing an offer to support people from disadvantaged backgrounds. • Redefine and remodel the workforce to accommodate new roles, trainee roles and training posts required and support career progression through apprenticeships. • Develop blended learning opportunities to enhance our reach to future workforce including virtual work experience. • Enhance our Health Ambassador networks, providing new ways of engaging with young people (eg on-line platforms) and enhancing opportunities to discuss health and wellbeing promotion. 	HCP workforce Health Ambassador and Apprenticeship and Talent for Care Leads	2020 to 2022 2020 to 2025 2020 to 2025

Priority areas	Actions and deliverables	Leads	Timeline
Creating new opportunities through volunteering	<ul style="list-style-type: none"> • Establish an integrated volunteering steering group to review volunteering across the system, undertaking a baseline review of current capacity, and developing a plan to expand and enhance the roles of volunteers across the system. • Work with VSCE and NHS organisations to develop and implement a N&W approach to volunteer training which eliminates duplication and supports access to smaller VCSE organisations. • Increasing and enhancing opportunities for volunteers across health and care, through increased awareness of the impact volunteering can have, with a particular focus on: <ul style="list-style-type: none"> - primary and social care to address the prevention agenda in our most deprived areas; - growing and supporting existing community assets, recognising and supporting the contribution of 'informal' volunteers; - improved access to volunteering opportunities for young people and those with protected characteristics; - supporting young people affected by mental health issues to co-produce rewarding, appropriate and supportive volunteering opportunities; and - developing more roles across health and care which are attractive to future volunteers. 	HCP workforce team, Trust volunteering leads, and Voluntary Sector Health and Social Care Assembly	2020 to 2022

Section 6: Strategy implementation plan 2020 to 2025 (4 of 7)

Priority areas	Actions and deliverables	Leads	Timeline
Creating new opportunities through new roles	<ul style="list-style-type: none"> Expand the TNA programme to have a total of 3,000 plus TNAs and registered Nursing Associates within N&W working across health, social care and primary care. Reduce the attrition of training roles e.g. TNA, by working with the regional group of National RePair programme and sharing practice across N&W on Reducing Pre-registration Attrition and Improving Retention for our healthcare students. Complete the baseline assessment on the number of ACPs within N&W. Expand the ACP – by one per PCN by 2023. Complete the ACP mapping within acute settings, prioritising areas where there is and will be medical shortages. Designing new patient pathways to incorporate ACP roles. Expand ACP roles in acute and community settings. Expand PA roles in acute and primary care settings. Work with clinical leads within the acute settings to agree how these roles will make the most impact. Expand training places for PA and placements across N&W. Develop a system wide reservist workforce model 	HCP workforce team working in partnership with Primary Care Workforce team, EEAST, and education providers	2020 to 2024
	<p>Increase PA in primary care – two per PCN by March 2024.</p> <ul style="list-style-type: none"> Review GP PCA role pilot within N&W to evaluate the benefits and risk of the new roles and how to expand at scale depending on the evaluation. Review and expand the joint paramedic roles across primary and community care with EEAST. Increase the outreach of Improved Access to Psychology Therapy (IAPT) in primary care as part of the mental health strategy implementation plan. Implement new roles and new ways of working for mental health workforce – working with UEA to increase existing programmes and developing new training programmes. 	As above	2020 to 2024

Priority areas	Actions and deliverables	Leads	Timeline
Creating and expanding new roles in primary care	<ul style="list-style-type: none"> Expand the number of clinical pharmacists in PCN – one per PCN by March 2020. Expand primary care mental health practitioner role Expand clinical pharmacy roles to one per GP practice depending on PCN population size. Expand Social Prescribers to one per PCN by March 2020. Increase Advance Practice Physiotherapists to three per PCN by March 2024. Clinical pharmacists and pharmacy technicians – increase to three per PCN by 2025, depending on practice size increase to one per practice. 	Primary care workforce	2020 to 2024
Creating flexible routes to training programmes	<ul style="list-style-type: none"> Further expand the Nursing Degree Apprenticeships programme, reviewing the attrition rates for this and other health and care programmes, involving the education providers. Review, develop and implement additional training programmes across N&W to increase the number of students being trained for health and care roles. 	HCP workforce team and education providers	2020 to 2025

Section 6: Strategy implementation plan 2020 to 2025 (5 of 7)

Priority areas	Actions and deliverables	Leads	Timeline
Promoting good health and wellbeing practices to retain our staff	<ul style="list-style-type: none"> • Develop and implement system wide mentoring across N&W. • Identify appropriate supervision models and spread best practice ensuring that supervision is available and utilised by all. • Quality Improvement programme – expand at scale within and across organisations. • Utilise existing and new digital platforms to share good practice initiatives and lessons learnt e.g. Covid-19. • Implement the system wide QI faculty to train staff and share best practice across different providers. Include virtual learning sets using technology e.g. MS Teams/ Zoom to support smaller organisations. • Enhance our N&W health and wellbeing network to ensure all people have access to tools, resources and support to improve their health and wellbeing. • Review workforce data via the dashboard, adopt and spread best practice on sickness reduction. This programme will include: prevention strategies, early intervention reducing stigma with mental health prevention initiatives and making it easier to process referrals for staff requiring occupational health support, rehabilitation ensuring staff requiring rehabilitation from a physical or mental health condition access support quickly, and return to work ensuring a consistent offer for people returning to work, to include phased returns, flexible working and re-engagement with teams. 	HCP workforce team, HR/OD/ QI provider leads	2020 - ongoing

Priority areas	Actions and deliverables	Leads	Timeline
Promoting good health and wellbeing – to access external support	<ul style="list-style-type: none"> • Review, further develop and implement tailored support for the workforce at different stages of their career, focusing on difficult to engage staff groups e.g. paramedics and front line staff. • Review current N&W retirement initiatives, identify and share best practice. Identify any gaps and develop system wide initiatives to address. • Review and develop system wide emergency services health and mental health wellbeing initiatives. Involve a number of specialities, in particular paramedics, that are difficult to engage due to nature of their roles, and shown to have high prevalence of PTSD, that is related to prolonged or repeated trauma leading to more complex symptoms. Best practice care to be available that can be accessed as early as possible when required. • Develop consistent employment assistance schemes for N&W. This will include assistance for financial wellbeing. • Develop and promote effective health and wellbeing strategies with initiatives targeted at different age groups/generations within the workforce. 	HCP workforce team HR/OD provider leads, CCG	2020 to 2025

Section 6: Strategy implementation plan 2020 to 2025 (6 of 7)

Priority areas	Actions and deliverables	Leads	Timeline
Maximising and valuing the skills of our people and creating new opportunities – for health and care staffing Aligning with organisation specific workforce strategies	<ul style="list-style-type: none"> • Work with independent providers of care to increase the number of staff with Level 2 training (currently 41% compared with the national average of 53%). • Utilise the European Social Funding (ESF) secured for Norfolk and Suffolk to deliver: <ul style="list-style-type: none"> - An entry level health and care qualification which embeds the functional skills that often present a barrier to skills development and progression. - Level 2 and Level 3 qualifications tailored to meet skills gaps across the sector. - A career progression mentoring programme to support staff onto progressively higher qualification programmes. - An Aspiring Leadership programme which is bespoke to the specific needs of the care sector. • Transforming Care Partnership (TCP) action plan – extend the Positive Behaviour Support for paid and unpaid workforce. Co-produce and co-deliver tailored training programmes. • Work with system partners to co-launch the #WeCareTogether People Plan and the Adult Social Care Workforce Strategy - Excellence in Care. Both strategies are for 2020 to 2025, there are synergies with both strategies and can support growing and developing adult care workforce across health and care. 	NCC - lead NS Care Support Ltd HCP workforce team	2020 to 2022
		N&W Learning Disability and Autism TCP programme board NCC - lead NS Care Support Ltd HCP workforce team	

Priority areas	Actions and deliverables	Leads	Timeline
Maximising and valuing the skills of our people – talent management across N&W	<ul style="list-style-type: none"> • Work with system HR and OD leads to review existing talent management pools and develop a N&W talent management pool – offering permanent and temporary job opportunities across health and care organisations. 	HCP workforce team and HR/OD network group	2020 to 2023
Maximising and valuing the skills of our people – integrated training programmes	Develop and deliver more collaborative formal and informal integrated training programmes to support system pressures e.g. nursing staff working in care homes. <ul style="list-style-type: none"> • In addition to the QI programme create opportunities for professionals from multiple settings and agencies to learn from each other and plan solutions and interventions together. • Introduce a consistent approach for how staff are supported through supervision, teaching/training and mentoring/coaching at different career stages for clinical and non-clinical teams. 	HCP workforce Skills for Care NS Care Support Ltd LWAB and CCTG LWAB and CCTG	2020 to 2022 2020 to 2025 2020 to 2025
Maximising and valuing the skills of our people – career pathways	<ul style="list-style-type: none"> • Actively work with teams to review pathways and processes that have been changed due to automation and how the workforce impacted can be retrained across N&W. • Review existing career pathways and design new career and progression pathways with flexible working options for staff at different stages of their careers 	HCP workforce Skills for Care NS Care Support Ltd	2020 to 2025

Section 6: Strategy implementation plan 2020 to 2025 (7 of 7)

Priority areas	Actions and deliverables	Leads	Timeline
Workforce enablers – positive and inclusive culture for our people to thrive	<ul style="list-style-type: none"> Joint processes and systems for advertising and recruitment of posts, and promoting living and working in Norfolk across the system to be developed. Suitable candidates that are appointable (e.g. NHSjobs) to be placed in a shared pool for other providers to consider or approach. Develop multi-disciplinary induction processes across teams to enable new starters to better understand the various care pathways across health and care when relevant. Create a cross-sector agreement for staff to work across organisations and traditional boundaries e.g. staff working for both care homes and domiciliary care settings 	<p>HCP workforce team, NS Care Support, NCC</p> <p>CCTG</p> <p>HCP workforce team & TCP board</p>	2021
Workforce principles – positive and inclusive culture for our people to thrive	<ul style="list-style-type: none"> Develop, establish and promote training passports for staff working for N&W providers. Develop consistent induction/training for key areas for all staff to support the 'single clinical/care team' implementation. For example, staff with same skill sets can work across the acute providers for the urology service, and ENT (ear, nose and throat) working across the three acute hospital trusts. Develop career pathways for staff on how they can progress across the sectors they work in and the wider N&W HCP system. Staff starting their career pathway within N&W adds to their marketability so they are encouraged to stay within the region. Establish a 'free transfer approach' allowing health and care staff to work across sectors and organisations. Continue with the on-line platform to communicate and engage with the workforce. Create a N&W portal for staff to access key information about workforce opportunities and how to access support. 	<p>HCP workforce team, HR provider leads</p> <p>CCTG</p> <p>HCP workforce team & TCP board</p>	2021 to 2022

Priority areas	Actions and deliverables	Leads	Timeline
Workforce enablers - clear and effective communication – for our people to engage and feedback	<ul style="list-style-type: none"> Development of a communication and engagement plan to support the launch and delivery of the #WeCareTogether People Plan Utilisation of the #WeCareTogether online platform to enable staff to communicate with the HCP Workforce team and their own organisations on hot topics Work with communication leads in organisations to provide clear and consistent messaging so that people are kept up to date about the development of the ICS Better use of internal and external channels (including social media) to promote, praise and celebrate best practice within our workforce 	<p>HCP workforce team, N&W provider communication leads</p> <p>HCP Communications Team</p> <p>Organisational Communication Leads</p>	2020 - 2021

#WE CARE TOGETHER

“I think people will become more caring. I’d like to see that happen still because I am a very caring person. It would be lovely if that stays, but you just don’t know. I’ve felt very, very supported by the hospital and when it was VE day, we actually made little flags and I decorated the Suite for the patients. We bought in cakes because a lot of our patients are of that generation and would have been children at that time, so we had lots of laughs.”

RACHEL GRIEVESON - WARD CLERK

Norfolk and Norwich University Hospitals NHS Foundation Trust



Appendix 1: Example case studies addressing workforce challenges

The simple case studies below are examples where teams and services within N&W have experienced workforce challenges, with growing demand and shortages of staff and how new practices were introduced. As the #WeCareTogether People Plan is shared and discussed across the system additional case studies will be collated and shared.

Community consultant led service

- Significant problems recruiting consultants, long term use of locums resulting in continuous cost pressures;
- Increasing demand, RTT not met, resulting in breaches and fines;
- Low staff morale with increases in staff leaving;
- Loss of focus on what the service was meant to deliver e.g. increasing inappropriate referrals received & accepted;
- Patient expectation wanting to be seen by a consultant only;
- Duplication of activities and inappropriate use of resources;
- Silo working for specific teams within the larger service; and
- A number of corporate teams supporting the service without real success.

Community health provider

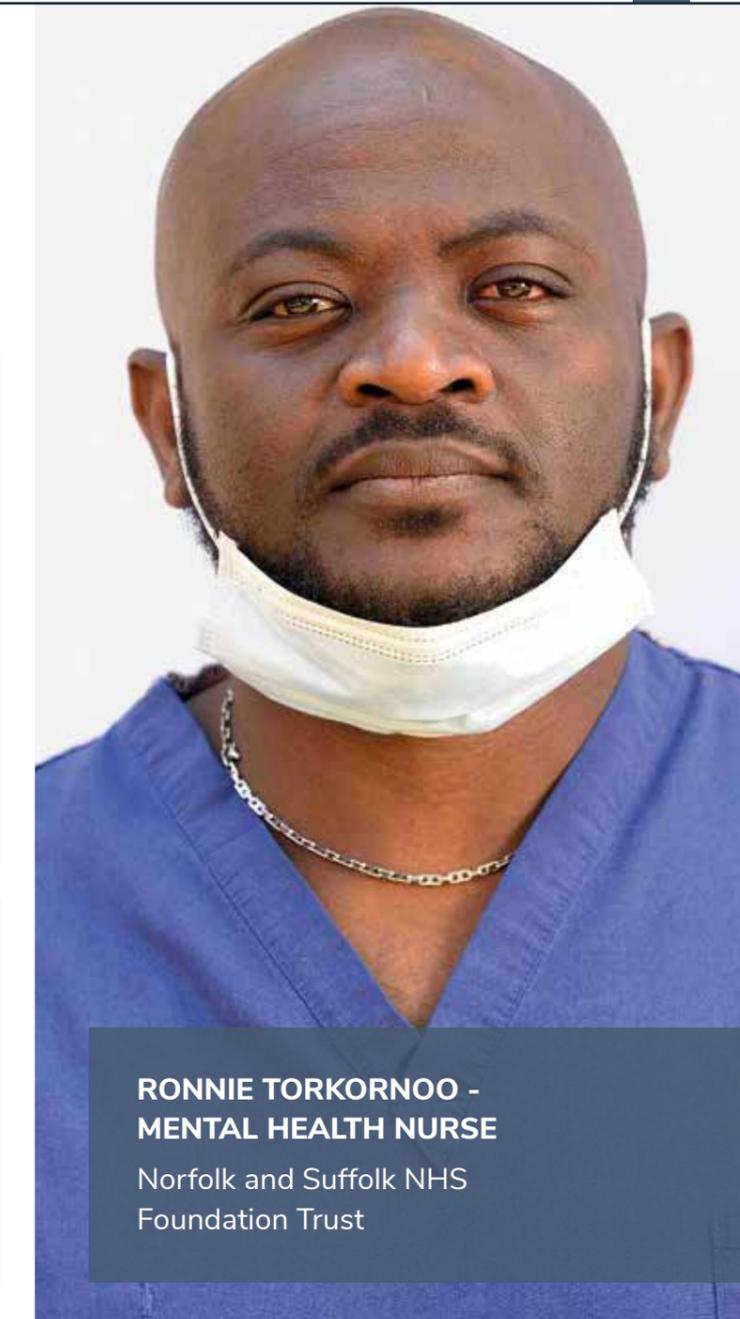
- Significant problems with recruiting and retaining staff;
- Low level of skill mix for certain teams and services;
- No direction on how to meet the demands and increasing complexity of care required over the next five years; and
- Silo working with a number of different teams visiting the same patient resulting in the patient and carer having to repeat their story.

After changes introduced

- Changes started from the service - clinically led;
- New criteria for service developed and implemented working closely with CCGs and primary care and other stakeholders;
- New pathway developed for non-consultant led referrals;
- New leadership structure;
- RTT met within 6 months of service changes;
- Increased use of technology;
- Skill mix introduced for both consultant and non-consultant led pathways;
- Successful sustainable large scale change achieved - which did take time.

After changes introduced

- 'Levels Of Care' model introduced for clinical services;
- Implemented a 'grow your own' workforce strategy and new career structures from bands 1-8;
- Skill mix now 50:50;
- In-patient units that were medically led and reliant on locum doctors are now nurse led with Advanced Nurse Practitioners releasing doctors to support the more complex patients.



**RONNIE TORKORNOO -
MENTAL HEALTH NURSE**
Norfolk and Suffolk NHS
Foundation Trust

Appendix 2: System wide learnings from Covid 19 Pandemic (1 of 3)

Impacts of working through Covid-19 crisis

At the time of #WeCareTogether People Plan, there were 540 deaths²⁶ of health and social care workers from Covid-19 recorded in England and Wales between 9 March and 25 May 2020. The impact on people working in areas seen to be at higher risk and at the same time supporting and delivering compassionate care has been difficult for all people working within health and care organisations, independent providers of health and care, and Third Sector organisations.

People working in Acute, Primary, Community and within Social Care organisations have not previously experienced the volume of death and trauma that the Covid-19 crisis pandemic has presented in such a short time. This has had an emotional impact on all people working in these environments, both worrying about their loved ones and trying not to pose a risk when with their families after work.

The family working lives have been impacted with children/young people being at home. People who have lost colleagues, loved ones, and friends and not being able to visit or support them during the last stages has also been extremely difficult to process.

There will be a need for health and wellbeing support in the coming months and perhaps longer, as it is unclear the long term impacts that Covid-19 will have on our people. It is uncertain whether this may drive more people to leave health and care organisations or whether there will be an increase in attraction and retention of people with the profile of health and care careers being celebrated nationally. The N&W HCP will work with system partners to quickly work on the impacts of Covid-19 on our people and what support will be required. This will also involve understanding any other learnings that have come out during Covid-19.

Covid-19 transformation workshops/ task groups

The system level on-line meetings have focussed on bringing together the opportunities for and challenges to our workforce due to Covid-19. This has been recognised as the catalyst to bring forward the planned changes to how people and services operate. The meetings have included clinical meetings, reflections from Workforce Task and Finish group, and social care registered managers meetings. N&W HCP also collated valuable insights from our people captured through our @WeCareTogetherNW photo documentary on Instagram. The involvement in these virtualised discussions has been higher than for normal meetings pre-Covid-19. The following are a snapshot of points raised in these meetings, grouped as changes and challenges noted and priority areas for focus.

Changes noted during Covid-19

- Delivery of care remotely – changing people's perception;
- Exposing issues for recruitment (e.g. overseas nursing, national supply);
- Making cross boundary working happen quickly, decisions made quickly for social care, on-line assessments supporting care homes, new process for shared medications for end of life;
- Streamlined bank recruitment processes – working towards joint bank;
- Shortened recruitment process times by removing red tape;
- #NorfolkNeedsYou campaign was more successful than national BBS campaign;
- Shortlisted candidates who weren't offered jobs were shared with other organisations;
- Increased skill development in infection control in care sector;
- Utilising digital, IT skills and home working practices;
- Cross system working to support discharge from acute to community;
- Less travel and more efficient use of time;

- Virtual meetings have encouraged higher number of attendees due to ease of access, increasing integration and collaboration across teams, organisations;
- Meeting colleagues in other teams and working together – really positive experience and a great willingness to help each other;
- Improved integrated working with primary care, agreed priorities of care and shared care with practices in preparation for PCN working;
- Covid-19 has also involved collaborative research between Trusts on urgent public health studies;
- Improved innovation, creativity in decision making on how to deliver services;
- Wider system recognition of the value of the social care workforce and the skills they bring to the system;
- Taking services into patients home with the use of Attend anywhere;
- In developing rehab for post Covid-19 patients liaison with other services that are not normally involved;

- Using technology such as WhatsApp for families to communicate with loved ones in community units, including care homes;
- Generosity received from the community with gifts, treats, messages for staff;
- #COVIDKindness – enhanced care, support, and enhanced relationships in teams;
- Successful and efficient use of technology for recruitment processes;
- Training delivered virtually e.g. Care Certificate induction course, infection control, verification of expected death. This also helped people living in more rural areas to access training. Shared folders established for people to access when working from home;

Appendix 2: System wide learnings from Covid 19 Pandemic (2 of 3)

Changes noted during Covid-19 continued

- Good staff morale, working together to support each other, private Facebook accounts set up to provide positive support e.g. outstanding managers group;
- Integrated working with Social Services enhanced discharge planning and placement of patients access to short term beds or residential placements;
- Regular supervision delivered to people to support them including using Zoom calls for supervision;
- Access to the new adult social care infection control fund;
- Improved faster joint working with health colleagues including CCG on various programmes to support care homes; and
- Acknowledgement of the amazing but exhausted workforce.

Challenges noted during Covid-19

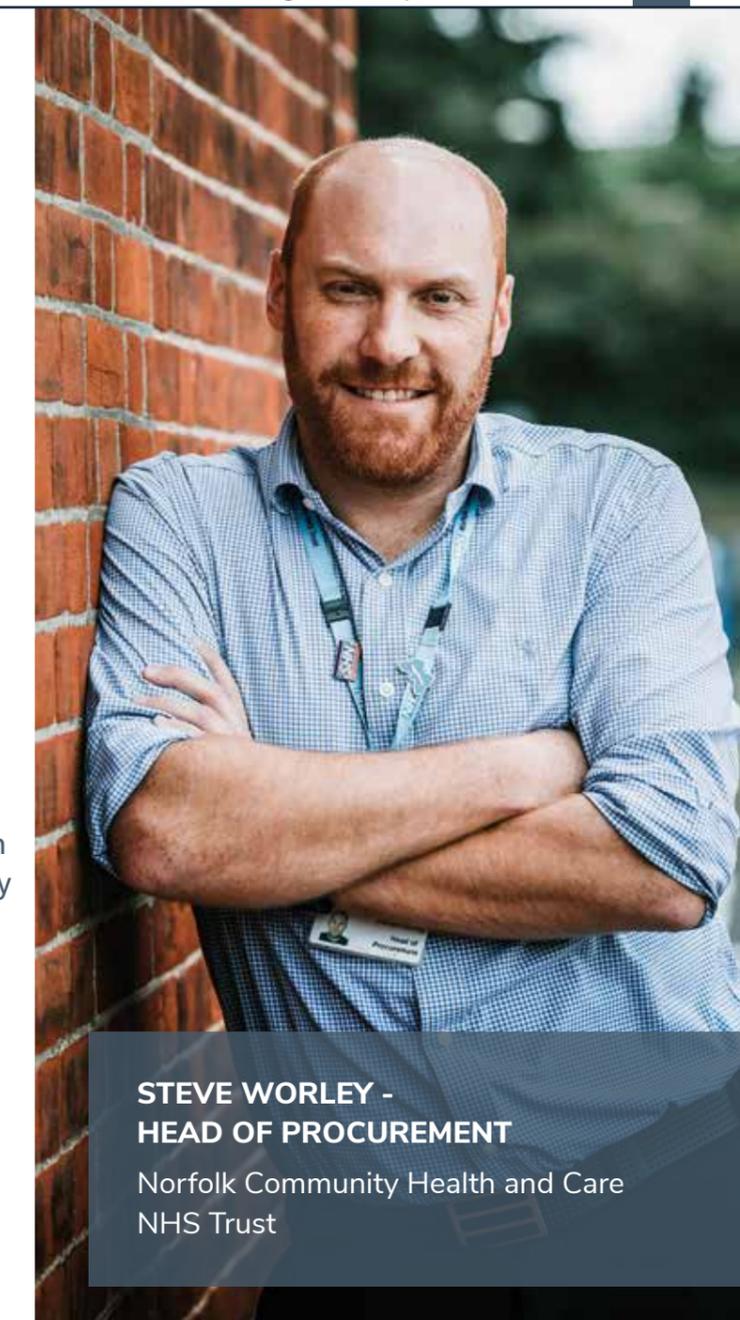
- Ensuring we have the right skills in the right place at the right time;
- Recruitment of people to health and care from the wider economy in N&W;
- Encouraging people to support health and care organisation via the Furlough scheme with local economies – principle was good but programme didn't work because people preferred to be furloughed and claim 80% salary than get a secondment to a health organisation, this may change when the furlough scheme is stopped;
- Workforce are exhausted and traumatised, not experienced this type or volume of trauma before as a system;
- Lack of structure for certain virtual meetings;
- People not taking annual leave – knock on effect later;
- Track and trace may close a whole business (care site) if there is a positive outcome – what impact is there on the wider system and the residents?

- Staff have been upskilled to be redeployed – some weren't redeployed in the end – how do we retain this training and skills development?
- Increase in Musculoskeletal issues;
- Missing direct face to face contact;
- Overwhelming amount of and often conflicting information;
- Additional pressure on Mental Health services and colleagues;
- Not taking breaks, increasing burn out;
- Not being able to utilise volunteers effectively in community care settings;
- Conversations about insurance premiums going up for some care homes, antibody testing may be a problem in terms of coverage;
- People working from home continue to work extended hours as they find it difficult to switch off in the evening;
- Frequency of testing needs to be reviewed;
- Broadband issues in some areas;

- Support managers to understand how to support and manage a remote workforce;
- Back to back meetings overwhelming;
- Organisation rather than system focus (how do I get the staff I need) remains;
- Reduced visible leadership;
- Perceived unfairness of front-line, exposed to risk versus home-working;
- Supporting patients and relatives with limitations on visiting;
- Supporting isolated team members who missed face to face communication;
- Healthcare science – across STP need to increase this area;
- Reduction of head space when back to back virtual meetings; and
- Reduction in creativity – corridor, tea room type conversations.
- Variations in how GP practice provide on-line consultations some use Zoom, Teams or others;
- Problems with cost and securing PPE, uniforms, scrubs for people working in care organisations; and
- Duplication of information requests e.g. national capacity tracker.

Priority areas for focus

- Health and wellbeing of workforce – starting to see warning signs of exhaustion, fatigue, stress, etc. – all organisations need to address this quickly;
- Need for continued and enhanced recruitment to the system – building on the marketability of the health and care sector now. Understand what the opportunities are to target a campaign at other industries in Sep/Oct when furlough ends;
- Maintaining skills and competency (more generic training to enable people to work across sectors);
- Consistency across primary care on how on-line consultations will be delivered, reduce the variation to minimise confusion for those being cared for in the community setting e.g. care homes;
- Consistency in how and when information is shared, more clarity required;
- Development of reservist workforce programme to support the restoration plans.



**STEVE WORLEY -
HEAD OF PROCUREMENT**

Norfolk Community Health and Care
NHS Trust

Appendix 2: System wide learnings from Covid 19 Pandemic (3 of 3)

A snapshot of a lifetime, a Norfolk and Waveney Workforce Covid-19 Photo Documentary

The photo documentary is a social campaign (started 18th May) that highlights and celebrates our systems workforce in light of Covid-19. This captures images of our workforce along with quotes and emotional sound bites of people's experiences. The overall aim is capture through recording and sharing these images and stories, an honest portrayal of what is happening across N&W health and care during these unprecedented and difficult times.

Empowering people to express themselves - focusing on how they feel, what they are experiencing, what has been good, what has been bad and what are their hopes for the future. As a system, thanking appreciating and recognising peoples contribution and efforts during these difficult times. The same brand of WeCareTogether (used to engage with system partners and workforce through the on-line platform during 2019) was used

to help further market the #WeCareTogether People Plan. The Photo Documentary is available on Instagram @wecaretogetherNW

The style of the campaign has been well received and we have adopted this style to publicise the #WeCareTogether People Plan and supporting documents. This approach will continue to build the brand recognition of WeCareTogether so that people start to recognise # WCT as a symbol of workforce celebration and transformation in N&W.

The Photo Documentary will continue and we are now planning the evolution of the campaign to keep it live, focusing on topics such as #BlackLivesMatter, flu vaccinations and welcoming our first cohort of nursing associates who will complete training in September 2020. This will help our people to engage, reflect, share their stories and also promote a positive and inclusive culture.



#WE CARE TOGETHER

"At first everyone was scared and needed a lot of reassurance. We are an amazing team, however, and everybody has really stepped up. I hope that this virus will be beaten, anti-body testing to be rolled out and a vaccine provided. My hope is that the care industry will be recognised and better appreciated."

TRACY - REGISTERED MANAGER
PCT Care Services Limited




#WE CARE TOGETHER

"My husband works at the Trust as well in procurement, but we made the decision that I would come to work, and he and the children would go and stay with his parents. So he moved out and I lived at home by myself for over a month. That was difficult as my children are only two and four."

RACHEL - CLINICAL EDUCATOR
James Paget University Hospital NHS Foundation Trust




#WE CARE TOGETHER

"Because the relatives have not been able to come in the home, we have tried to be more like a family to our residents, we are a family but we have tried to make it more."

JANET - SENIOR CARER
The Crown Rest Home, Little Dunham




#WE CARE TOGETHER

"I started a new role once the COVID crisis started, working in the Home Visiting service which OneNorwich started in response to when the crisis started. So, it is a group of half a dozen of us who are GPs who are doing visits. Patients are very grateful and happy to see us."

HUGH, GP
One Norwich



Appendix 3: Glossary

A&E	Accident and Emergency	H&W	Health and Wellbeing	PCN	Primary Care Networks
ACP	Advanced Care Practitioners	IAPT	Improved Access to Psychology Therapy	PPE	Personal Protective Equipment
AP	Assistant Practitioner	IC24	Integrated Care 24	QEHKL	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
APP	Advance Practice Physiotherapists	ICS	Integrated Care System	QI	Quality Improvement
Carer	is used throughout to indicate family or friends who provide social care or health support, as distinct from social care or health workers.	JPUH	James Paget University Hospitals NHS Foundation Trust	RTT	Referral To Treatment
CCG	Clinical Commissioning Group	N&W	Norfolk and Waveney	SP	Social Prescribers
CYP	Children Young People	N&W HCP	Norfolk and Waveney Health and Care Partnership	TNA	Trainee Nurse Associate
Covid-19	Coronavirus disease	NHS	National Health Service	VCSE	Voluntary, Community and Social Enterprise
ECCH	East Coast Community Healthcare CIC	NMC	Nursing and Midwifery Council	WHO	World Health Organisation
EOE	East Of England Ambulance	NNUH	Norfolk & Norwich University Hospitals NHS Foundation Trust	WDES	Workforce Disability Equality Standard
HEE	Health Education England	NSFT	Norfolk and Suffolk NHS Foundation Trust	WRES	Workforce Race Equality Standard
		PA	Physician Associate		



**LESHARO PIRTHEESINGH -
RADIOLOGY DEPARTMENT
ASSISTANT**
Norfolk and Norwich University
Hospitals NHS Foundation Trust

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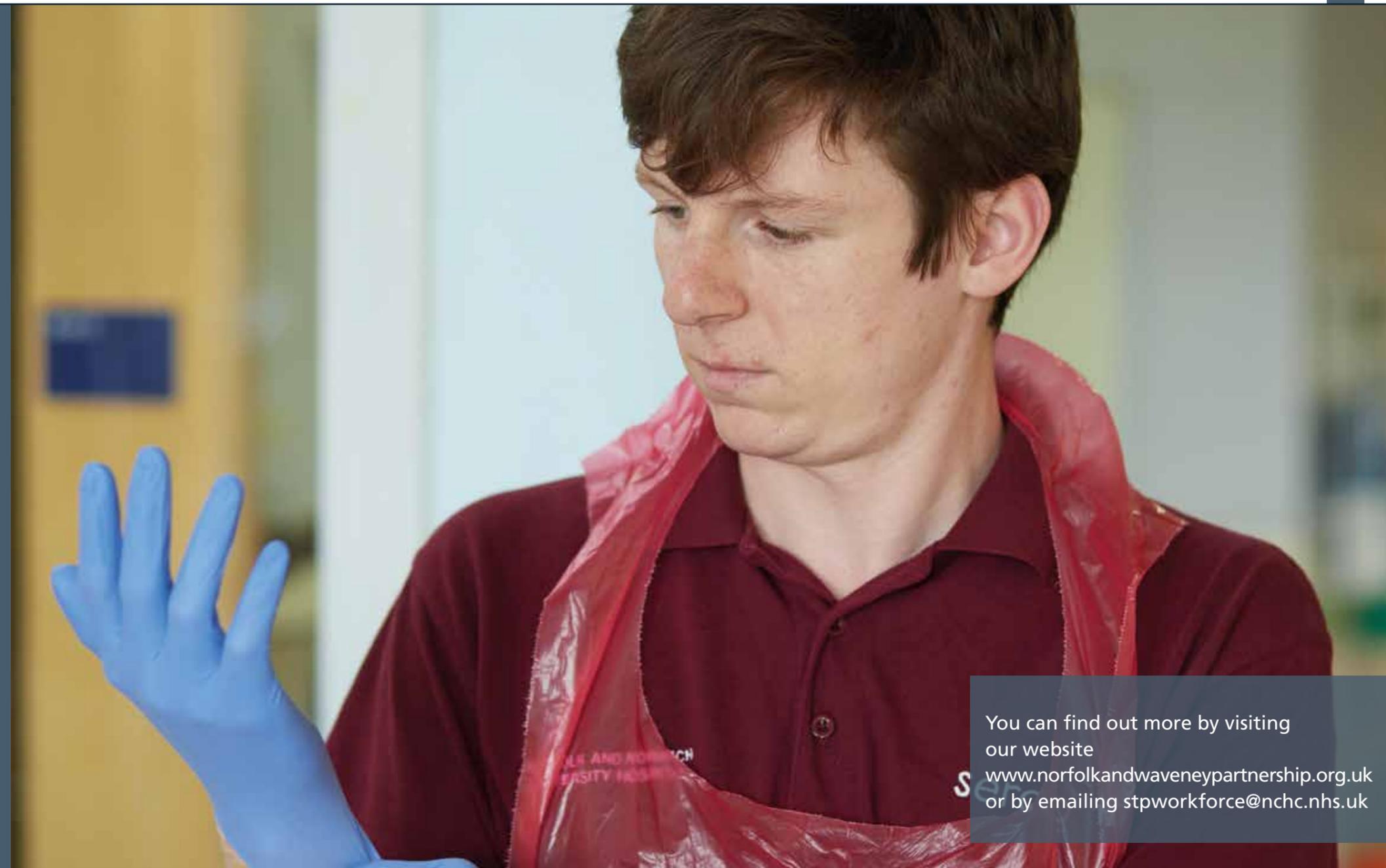
#WE CARE TOGETHER

“I recently started this job as an agency cleaner about three months ago because I lost my other job at the start of the virus outbreak. I was put on Brundall (Ward) with the team here and I immediately went into a 100% COVID environment. I was there for about six weeks and learnt it all. Then I got COVID myself and had two weeks off with COVID and now I’ve come back on to the ward.

“The staff on the wards deserve the respect, particularly those who are on the frontline battling to help sick people with COVID. I think, particularly this team, the way that they’ve worked together and helped each other out, they deserve the credit as do everybody around the country. This is a position I never thought I’d see myself in.”

ROBERT THURBON - CLINICAL / WARD CLEANER

Norfolk and Norwich University Hospitals NHS Foundation Trust



You can find out more by visiting our website
www.norfolkandwaveneypartnership.org.uk
or by emailing stpworkforce@nchc.nhs.uk



#WE CARE TOGETHER

“During this pandemic people have come together and helped one another and put their differences aside and they had a common goal which is just to make life better for everybody else.”

EMMIE Y MWEMBO - HEALTHCARE PRACTITIONER -ENDOSCOPY

Norfolk and Norwich University Hospitals NHS Foundation Trust



#WE CARE TOGETHER

“With the virus you can’t see what you are dealing with and worry so much. I have got people who are vulnerable in my family so you are always afraid that something is going to happen to them or something you have done has put them at risk unintentionally.”

SHENNA COLLISON-COOK - CARE WORKER

Doughty’s - Norwich charitable supportive living service for older people



#WE CARE TOGETHER

“I’ve had to be a bit more dynamic than I have been in the past – consider the bigger picture in a lot of things as well. I have had to get in contact with more in terms of a network of key stakeholders and try to make sure we can work best around each other.”

GREGORY ARTHUR - PHARMACY MANAGER

Lloyds Pharmacy, Colman Road, Norwich

