

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held in the Council Chamber, County Hall
on 25 July 2019 at 10am

Members Present:

Cllr Margaret Stone (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Richard Price	Norfolk County Council
Cllr Jane Sarmezey	Norwich City Council
Cllr Sheila Young	Norfolk County Council

Substitute Members Present:

Cllr Tim Adams for Cllr David Harrison	Norfolk County Council
Cllr Helen Crane for Cllr Robert Kybird	Breckland District Council

Also Present:

Melanie Craig	Chief Officer, Norfolk and Waveney CCGs
Ross Collett	Director of Commissioning, NHS West Norfolk CCG
Dr Mark Funnell	Partner, Vida Healthcare
Anna Morgan	Director of Workforce, Norfolk and Waveney STP
Dr Tony Palframan	Chair of Norfolk and Waveney STP Mental Health Forum
Melvyn Peveritt	Head of Finance, Vida Healthcare
Jocelyn Pike	Chief Operating Officer, South Norfolk CCG
Cllr Thomas Smith	County Councillor for Gaywood South
Bohdan Solomka	Medical Director, Norfolk and Suffolk NHS Foundation Trust
Alex Stewart	Healthwatch Norfolk
Glyn Watkins	Chairman of Fairstead Patient Participation Group
Fiona Theadom	Contract Manager, NHS England & NHS Improvement East of England
Emma Wakelin	Head of Workforce Transformation, Norfolk and Waveney STP
Prof. Jonathan Warren	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Ana Weston	Head of People and Governance, Vida Healthcare
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Hollie Adams	Committee Officer

1 Apologies for Absence

- 1.1 Apologies were received from Cllr David Harrison (Cllr Tim Adams substituting), Cllr Robert Kybird (Cllr Helen Crane Substituting), Cllr Sue Prutton and Cllr Emma Spagnola.

- 1.2 The Chairman welcomed new Member Cllr Jane Sarmezey and substitute Member Cllr Helen Crane to the meeting.
- 2. Election of Vice-Chairman**
 - 2.1 The Chairman nominated Cllr Nigel Legg, seconded by Cllr Michael Chenery of Horsburgh. Cllr Nigel Legg was duly elected as Vice-Chairman for the ensuing Council year
- 3. Minutes**
 - 3.1 The minutes of the previous meeting held on 30 May 2019 were agreed as an accurate record and signed by the Chairman
- 4. Declarations of Interest**
 - 4.1 Cllr Sheila Young declared a non-pecuniary interest as Chairman of West Norfolk Patient Partnership
- 5. Urgent Business**
 - 5.1 There were no items of urgent business.
- 6. Chairman's Announcements**
 - 6.1 The Chairman had no announcements
- 7. Future of primary care (GP) services for residents of Fairstead, King's Lynn**
 - 7.1.1 The Committee received the consultation from Vida Healthcare supported by West Norfolk Clinical Commissioning Group regarding their preferred option of closure of Fairstead Surgery and expansion of Gayton Road Health Centre and St Augustine's branch surgery.
 - 7.1.2 Officers introduced the report to Members:
 - The Chief Officer, Norfolk and Waveney CCGs, had met with Officers and the practice team at Fairstead Surgery to look at the process and the needs of the local area
 - The Director of Commissioning, NHS West Norfolk CCG, reported there was a national change in the delivery of primary care; branch surgeries tended to be less financially sustainable and did not deliver the best model of support. The proposed model followed clinical best practice
 - Issues related to the Fairstead site dated back to 2012 and a number of options had been looked at since this time
 - The Officer from Healthwatch Norfolk gave feedback about the independent consultation they were running which would end on 30 August 2019:
 - 151 responses had been received, two thirds of which were paper based; a Facebook advert publicising the consultation had received 1200 hits
 - Links to the consultation were sent to parish clerks and an advert was

circulated to partners and published on the Healthwatch and Clinical Commissioning Group websites. The consultation was promoted in local newspapers, the EDP, and on Kings Lynn FM.

- Pop up events were held on the Fairstead Estate to engage with residents, and a specific consultation was held with the West Norfolk Deaf Association

7.1.3 Cllr Thomas Smith spoke as local Member for Gaywood South:

- Statistically, this was one of the more deprived areas in the County; the existing Fairstead surgery was in a prime location in relation to the school and homes, and had good parking facilities; the new location had limited parking and the nearest public carpark was some walk away, and the layout of Gayton surgery was not ideal for wheelchair users
- Cllr Smith noted that the consultation posed only one option for residents and felt closure would impact on local people through increased cost of access via bus, and decreased convenience; he felt the changes may encourage some people to access A&E, which was within walking distance, rather than Gayton road which required a bus journey
- Cllr Smith noted patients were content with the level of care at Fairstead Surgery and that patient choice should be taken into account.

7.1.4 Glyn Watkins, Chairman of Fairstead Patient Participation Group spoke on behalf of the Group:

- He noted that the merged Vida surgeries would not be inspected unless triggers for inspection were made.
- Mr Watkins raised concerns from the Patient Participation Group, following information gathered from a Freedom of Information request which showed that the premises plan of the Fairstead Surgery used for the renovation drawings by the Cambridge architects in 2015 was not to scale. This had impacted on the costing of renovations.
- Mr Watkins felt that a refurbishment of the current site could be done for around £50,000 and a new build would therefore not be required as suggested by Vida;
- He also felt that no constructive dialogue had been held between Vida, local residents and the CCG;
- The Patient Participation Group had produced a study including the views of 500 patients which they had submitted to HealthWatch highlighting the unwillingness of Vida to engage with the Patient Participation Group
- Mr Watkins felt that Vida had not openly and transparently discussed other options for the Fairstead site

7.2 During discussion the following points were noted

- King's Lynn and West Norfolk Borough Council had offered funding for improvements to Fairstead Surgery; the Chief Officer, Norfolk and Waveney CCGs, thanked the Borough Council and offered to meet them to discuss options for the site. Ongoing revenue costs were usually more challenging than capital costs. An expanded model of care and clinical team to help people manage conditions and address prevention and inequality would only be possible in a much bigger team, possible at Gayton Road surgery
- The Director of Commissioning, NHS West Norfolk CCG, clarified that Vida Healthcare declared Fairstead Surgery non CQC compliant because the building did not meet all of the CQC criteria related to size of rooms for operative procedures, layout of walls, corridor widths for disabled access, and protective covers on radiators; non-compliance did not relate to quality of care.
- Members queried whether accessibility issues caused by closing the surgery and asking Fairstead residents to travel to the other facilities outweigh the accessibility

issues within the Fairstead Surgery building.

- Issues of parking at Gayton surgery were discussed; staff parking had been moved off-site to create an extra 20 patient parking spaces and the expansion plans included more patient parking; moving staff parking off-site had shown positive improvements
- Members asked for assurance that communications would continue with the Patient Partnership Group
- Members queried whether the expanded surgeries would be able to deal with the additional demand and future growth; the Partner, Vida Healthcare, would try to move patients to the most convenient site according to where they lived to increase capacity at Gayton Road
- Cllr Smith reported that car ownership per household in Fairstead was below the national average and the busiest bus route in Kings Lynn was through Fairstead Estate
- The Partner, Vida Healthcare, confirmed there was no financial reason behind the closure of Fairstead Surgery and it was not related to the retirement of Dr Ahmed who owned the site
- The Chief Officer, Norfolk and Waveney CCGs, clarified in response to a question, that the enhanced offer at Gayton surgery could be quantified by increased opening hours and increased availability of daytime and emergency appointments which would help reduce the risk of people going to A&E; the larger site could also provide a wider breadth of services.
- A Member noted that there were Care Homes near the Fairstead Surgery. The Partner, Vida Healthcare, reported that half of those registered at Fairstead Surgery were from local care homes. Gayton Road would listen to patients' concerns about accessing the surgery and come up with solutions, including visiting patients at home if required, and was in contact with Dementia Friends and other organisations to ensure the site was as accessible as possible
- Vida Healthcare was looking at ways to enhance the services offered such as supporting long term conditions out of the community centre and providing services from other sites during transition
- Of all patients who lived in Fairstead, 2100 were registered at Fairstead, and 2400 were registered at Gayton Road

7.3 The Committee **RECOMMENDED** that the CCG and Vida Healthcare meet with King's Lynn and West Norfolk Borough Councillors to explain and discuss the proposed option for the future of primary care service for residents of Fairstead.

8. Norfolk and Suffolk NHS Foundation Trust

8.1 The Committee discussed the report received as a follow-up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) and examination of the Trust and commissioners' response to the report of the Care Quality Commission's (CQC) inspection between 3 and 27 September 2018, published on 28 November 2018

8.2 During discussion the following points were noted

- Officers confirmed there had been 5 serious incidents across the Trust, of which 2 were in Norfolk and Waveney, since the Committee last met. A Mortality Review Group was in place to receive reports from the Serious Incident Review Group. The Mortality Review Group also reported to the Quality Committee and gave quarterly reports to the Board.
- Improvements had been made by making changes to governance structure, informed by the structure in East London Foundation Trust, and looking at

innovative ways of disseminating learning to staff

- Cllr Chenery reported that his visit to the new Samphire ward in West Norfolk had been positive and that positive changes were being seen across West Norfolk
- A discussion was held on how out of area placements would be reduced; the Chief Executive of NSFT reported that out of area placements had now reduced to just over 50 but he acknowledged this was still too high. The Chief Nurse would write to all patients placed out of area to apologise and give her contact number
- A 17-bed ward was due to be opened at Hellesdon Hospital, and enhancements were planned to the community offer. The Chief Executive of NSFT had spent time with the central team and the Medical Director for Sheffield looking at ways to reduce out of area placements
- Money had been identified to invest in the central team and support people with emotional dysregulation to maintain good health in the community. A Community Personality Disorder Officer had been recruited, and personality disorder training was being rolled out across CCG (Clinical Commissioning Group) teams.
- Funding had been agreed through the Sustainability and Transformation Partnership (STP) for a crisis house in Central Norfolk for step up and down provision and to support additional resource for mental health liaison services in acute hospitals. Funding had also been received from a Public Health England homelessness bid
- Measurement of staff morale was queried; the Chief Executive of NSFT replied that staff morale was surveyed yearly by the Trust and the NHS; the Trust would survey a percentage of staff monthly to see if measures to improve morale were working
- Methods used to keep people safe while on the referral waiting list were queried; the Medical Director of NSFT reported that people were now assessed face to face, moving away from phone assessments; this took longer but resulted in a higher quality assessment. Harm reviews of patients on the waiting list were regularly carried out by a multi-disciplinary team to prioritise who was most urgent.
- The Chief Executive of NSFT reported that in order to improve, the Trust would move away from year to year aims and look at realistic stretch aims, such as improving skills, inspiring staff, improving governance, reducing waiting lists, improving staff recruitment and retention and reducing out of area placements
- In future years, the Chief Executive of NSFT hoped to see an increase in staff morale measured by NHS and NSFT staff surveys, a reduction to 0 out of area placements, higher reporting of incidents and lower reporting of incidents of harm, among other outcomes
- A Member queried how staff vacancy rate and stress related absences would be addressed; the Chief Executive of NSFT reported that 200 more clinical staff had been recruited than a year ago and an influx of 30-40 of newly qualified nurses were expected; despite this there were a high number of vacancies to meet and a recruitment strategy was in place. He hoped to reduce stress related absence as much as possible, but was also keen to avoid presenteeism and work to improve morale would be key; the NSFT had held a stand at a recent psychology and psychiatry event to promote vacancies which received some interest
- A Member noted that dementia and later life services had the second longest waits for assessment and asked how Officers would address this; the Chief Executive of NSFT reported that the assessment for dementia was complex and the wait included the time until end of assessment. Primary care were being supported to take on diagnostic support for dementia patients in some cases to help reduce waiting lists
- A Member queried staff caseloads; the Chief Executive of NSFT reported that high caseloads were impacted by the referral rate increasing by around 30-40

more patients every other month than patients being discharged; support at primary care would help reduce the flow into mental health services.

- The Chief Operating Officer, South Norfolk CCG, reported that from October 2019 a primary care model of multi-agency, community based mental health provision would be rolled out, which would support individuals with mild to moderate mental health issues which could be better managed in primary care; it would involve partners involved with wider determinants of health, such as social care and housing, and would be rolled out gradually so it could be refined
- The Medical Director of NSFT confirmed that psychologists on the Samphire Ward were permanent staff; Officers were looking at the wider skill mix of staff, including offering student associateships and psychologist associateships; the University of East Anglia would offer a training course for clinical associate psychologists
- The Chairman queried the delay in discharge in some areas of the County. The Medical Director of NSFT reported that having 7-day decision making, Medical Directors reviewing discharge decisions, addressing risk aversity to discharge, a well-staffed community discharge team and appropriate step-down provision would help support discharge delays
- The provider information request had been received therefore the next CQC inspection was expected around October 2019
- Seclusion and restraints had been reducing; monitoring of patients' health after rapid tranquilisation and during seclusion had improved; this had been implemented using change ideas working with staff

8.3 The Committee:

- **ASKED** NSFT to return to NHOSC with an update after publication of the next Care Quality Commission full inspection report, expected by October 2019.
- **AGREED** that An NHOSC Members' visit to Samphire Ward, the new facility at Chatterton House, King's Lynn, would be arranged

9. Local action to address health and care workforce shortages

9.1.1 The Committee received the report examining the Norfolk and Waveney Sustainability Transformation Partnership workforce workstream's local action to address and mitigate the effects of national workforce shortages affecting health and care services. This report followed on from discussions held at the meeting on 30 May 2019.

9.1.2 The Director of Workforce, Norfolk and Waveney STP gave a presentation to Members (see appendix A)

- There were over 50,000 people and 3000 vacancies in the Norfolk and Waveney workforce. Nationally, training places had reduced, and there was decreased interest in health and care as a career
- A rise in stress related illness was being seen in staff
- The nursing shortage was one of the main areas of focus in Norfolk and nationally
- A Norfolk and Waveney workforce strategy was being developed and would be finalised by autumn 2019, through engaging with staff
- A partnership was being set up to bring in apprenticeships across organisations

9.2

During discussion the following points were noted

- A Member queried the attrition rate of trainee nurses; the Director of Workforce, Norfolk and Waveney STP did not have the rates but felt it was likely to be worse than last reported as there was a national group focussing on attrition; the Director of Workforce, Norfolk and Waveney STP was due to join this group, and noted that

it was partly to do with cost, related to loss of the bursary, and placement areas not being robust enough; she would bring back learning from group meetings to the local workforce action group

- The James Paget had developed scholarships and carer progression opportunities for students and best practice was being looked at to help prevent drop-outs
- The Director of Workforce, Norfolk and Waveney STP reported in response to a query about steps being taken by Officers to engage with staff; an online conversation had been held and was being analysed. The Head of Workforce Transformation, Norfolk and Waveney STP, reported that the online conversation was live for 4 weeks; 91 organisations across Norfolk engaged, with 4000 visits to the platform, 586 active participants, 117 ideas, 309 comments and 2000 votes. Analysis of the conversation would be fed back to staff for further comment
- The Director of Workforce, Norfolk and Waveney STP, agreed it was important to promote Norfolk and Waveney as an attractive place to live and work; once people moved to Norfolk and Waveney they tended to stay so work on retention, such as developing part time roles, promoting vacancies through good links with national organisations, and growing our own workforce through training and apprenticeships, would be key to addressing vacancies, especially in hard to recruit areas
- A number of nurses had been recruited from the Philippines for the Queen Elizabeth Hospital, and it was queried what would be done to support them; the Director of Workforce, Norfolk and Waveney STP, reported that the hospital had chronic nursing vacancies for some time, so this would support them to address this. Education teams would support the new nurses with the training they would require to register with the Nursing and Midwifery Council and provide them with a thorough induction
- Financial incentives for people to work in hard to recruit areas were queried; the Director of Workforce, Norfolk and Waveney STP confirmed that where there were specific shortages, incentive packages were sometimes used. Officers were currently working with the Queen Elizabeth and James Paget Hospitals to put “grow your own” processes in place and maximise on apprenticeship opportunities
- In response to a query about work with schools, the Head of Workforce Transformation, Norfolk and Waveney STP, reported that there had been a dedicated health ambassador at West Norfolk CCG for the past 3 years working closely with schools, job centre plus, further education colleges, individuals and at careers fairs; a bank of health ambassadors were in place to promote the benefits and variety of roles in the health services. Technical levels were being launched by the Government, and a proposal was being developed for health-based courses
- The Director of Workforce, Norfolk and Waveney STP, reported that learning had been taken from the staff consultation which highlighted a demand for more flexibility. There was no upper age limit for working in the NHS; flexible options needed to be introduced to suit everyone at each point in their life
- The cost of travelling for students was noted; the Director of Workforce, Norfolk and Waveney STP was expecting national support for students and would also be looking at the possibility of training outposts in locations across Norfolk. The Open University already supported students in Kings Lynn
- The Director of Workforce, Norfolk and Waveney STP, clarified that carers were not included in the staff conversation, but Officers were working with the voluntary sector to understand the needs of the unpaid workforce to ensure the strategy reflected their needs
- The Chairman asked about the effect of paramedics being encouraged to take up roles elsewhere in the workforce; the Director of Workforce, Norfolk and Waveney STP, wanted to look into ways for people to stay with their current employers but

- 9.3 have placements with other employers, for example through part time placements
- The Committee **ASKED** for:
- (a) Information from a national study on where healthcare professionals choose to work and why to be shared with NHOSC Members (i.e. the reasons why so few from the study were choosing East Anglia as the place they wished to live and work), so that County and Borough Councillors can consider what more their councils can do to attract people to the area.
 - (b) Representatives from the STP workforce workstream to return to NHOSC next year (2020) with an update on local actions to mitigate the effects of national workforce shortages

10. Forward Work Plan

- 10.1 The Committee considered and discussed the forward workplan
- 10.2.1 Cllr David Harrison was standing down from his role as link member with Norfolk Community Health and Care NHS Trust; the Committee **CONFIRMED** appointment of Cllr Emma Spagnola to this role
- 10.2.2 The Committee **APPOINTED** Cllr Robert Kybird as substitute link member with South Norfolk CCG.
- 10.2.3 It was agreed that the next meeting of the Committee, due to be held on the 10 October 2019, would be held at 2pm.
- 10.3 The forward workplan was **AGREED** with the following additions:
- a) 23 Jan 2020
 - The Queen Elizabeth Hospital NHS Foundation Trust – response to the CQC report
 - b) To be scheduled in 2020
 - Norfolk and Suffolk NHS Foundation Trust – response to the CQC report
 - Local action to address health and care workforce shortages
 - c) Items for NHOSC Briefing
 - Update on the process around provision of healthcare infrastructure
 - Update on NHS medicines shortages
 - *Potentially* include information arising from a UEA wellbeing event in November 2019
 - Information on public health role in relation to air pollution.
 - d) Visits to be arranged
 - Cromer Hospital – Norfolk and Norwich University Hospitals NHS Foundation Trust
 - Samphire Ward (new facilities), Chatterton House, King's Lynn – Norfolk & Suffolk NHS Foundation Trust

Chairman

The meeting ended at 13:05

Workforce Update

21st June 2019

By Anna Morgan
STP Director of Workforce

Workforce - What's the problem?

National Picture

- Staffing is the make-or-break issue for the NHS in England...and Social Care
- Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, the projected gap between staff needed and the number available could reach almost 250,000 by 2030.
- Many of the same issues are affecting the social care workforce: for example, vacancies in adult social care are rising, currently totaling 110,000, with around 1 in 10 social worker and 1 in 11 care worker roles unfilled.
- National picture is 33% of Registered Nurses (RNs) due to retire shortly

Local Picture

- 100K unpaid carers
- Social Care – establishment = 24,500 (including direct care/nursing)
 - 1,200 direct care vacancies
 - 50 Registered Nurse vacancies
- Health – establishment = c30,000 (Acute/Community/Primary Care/Mental Health/CCG/East of England Ambulance Service EEASt)
 - c2,000 + vacancies (800+ Registered Nurses/200 medical)
- Retirement projections – nearly a quarter of paid Carers and 17% of adult nurses are due to retire in the next 5 years based on a retirement age of 60 years. The actual figure might be even higher due to early retirements, especially for nurses and midwives with a special class status (e.g. up to 35% for midwives)

How did we get here?

- Fragmentation of responsibility for workforce issues at a national level;
- Poor workforce planning based on establishments and roles rather than on person centered care and the skills and competencies required;
- Cuts in funding for training places (central investment in education and training has dropped from 5% of health spending in 2006/7 to 3% in 2018/19, had the previous share of health spending been maintained, investment would be £2bn higher).
- Investment in workforce and organisations has been focused on secondary care and not primary care (historically)
- Restrictive immigration policies exacerbated by Brexit;
- High numbers of doctors and nurses leaving their jobs early (work/life balance, lack of flexibility, and increasing demand are main contributors)
- Impact of cost improvement programmes on Provider organisations, uncertainty of contracts and tendering has led to significant reductions in workforce and a lack of confidence and ability to plan for the future.

What's the impact?

- Current workforce shortages and increasing demands are taking a significant toll on the health and wellbeing of staff
- Growing waiting lists
- Deteriorating care quality
- Health and Care roles are unattractive therefore we are unable to recruit or we attract people with insufficient qualifications, values and behaviors
- Risk that some of the £20.5bn secured for NHS front-line services will go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it
- The close interrelationship between the NHS and social care is highlighted and in particular to ensure that addressing shortages in the NHS must not come at the expense of the already stretched social care workforce.

Policy Direction

- The NHS long-term plan sets out the ambitions for the health service in the context of the recent funding settlement. Local plans must be clearly linked to a strategy to address the workforce crisis; a credible workforce strategy will need to plan for a degree of oversupply of NHS staff.
- Five key tests – address workforce shortages in the short term; address workforce shortages in the long term; support new ways of working; address race and gender inequalities in pay and progression; strengthen workforce and service planning at all levels of the system.
- The NHS Interim People Plan was launched on 3rd June 2019 to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

People Plan Themes –

- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Developing a new operating model for workforce
- Delivering 21st century care

5

What do we need to do?

.....National Workforce Strategy

- Increase the number of nurses joining the NHS from training, reduce the drop-out rate during training by a third
- Increase the financial support to nursing students with 'cost of living' grants of around £5,200 a year on top of the means-tested loan system
- Covering the costs of tuition fees, to triple the number of nurses training as postgraduates
- The availability and quality of clinical placements is another key priority for reform
- International recruitment will need to play a substantial role in the NHS workforce implementation plan
- Increase the number of GPs
- Make substantial progress towards a new model of general practice with an expanded multidisciplinary team drawing on the skills of other health care professionals
- Attention to equality & inclusion, pay, pension and work life balance
- Invest in the development of existing staff, CPD and Appraisal
- Prioritise compassionate and inclusive leadership

6

What should we be doing? Development of vision and long term plan for Workforce in Norfolk and Waveney

Development of system strategy and plan for transforming our workforce

- In development – seeking views of multiple stakeholders
- Draft for consultation in Autumn
- Will align to national workforce strategy themes BUT will prioritise innovation, new ways of working and be driven by the needs of our local population

Strategy must be

- Brave, innovative & forward thinking
- Inclusive of the broad spectrum across health and care
- Inclusive of paid and unpaid workforce
- Realistic and solutions focused, what is within our gift to influence and challenge?
- Move away from traditional workforce planning to one driven by patient centered care and population health management data
- Seek organisational and stakeholder commitment to stand together and invest in our future workforce
- Inclusive of prevention, embrace non medical models of care particularly for mental health
- Committed to embedding fully inclusive models of supervision/handover for our workforce paid and unpaid

7

What are we already doing?

- c150 Trainee Nursing Associates completing 1st year of 2 year training programme
- c56 Advanced Care Practitioners in training
- Joint posts for Advanced Nurse Practitioners (ANPs) in Primary Care in progress
- Rotational programme pilot for specialist paramedics in community settings commences in July (phase 1)
- Systems Leadership programmes in place and established Organisational Development (OD) network
- Staff engagement methodology launched - #WeCareTogether
- TNA partnership developing Trainee Nursing Associate (TNA) growth trajectory for next 3-5 years
- Nursing & Midwifery Council (NMC) approval gained for our TNA programme
- Project Manager appointed to strengthen TNA placements
- Development of system approach to increasing Clinical Psychologists and implementing a Trailblazer for the new CAP (Clinical Associate Psychologist) role has commenced working with Provider organisations and UEA
- Workforce Strategy in development, engagement activities in place – draft for consultation (Sept/October)
- Primary Care Workforce plan in place and delivering against retention targets

8

Actions July onwards



- Develop a workforce dashboard across health & care to give Norfolk and Waveney Health and Care Partnership Exec clear sight of workforce performance
- Form a workforce operational steering group & workforce governance structure
- Launch workforce strategy in Autumn and monitor action plan
- Workforce Director Objectives:
 - ✓ Develop workforce strategy – clear deliverables in next 2-5 years
 - ✓ Chair Local Workforce Action Board (LWAB) and deliver the 4 ambitions – all health & care organisations represented and make joint decisions on Workforce Development Fund spend
 - ✓ Provide workforce leadership to Executive team – connect local and national strategy to STP/ICS
 - ✓ Expand Trainee Nursing Associate Programme at scale and pace – building our next generation of nurses
 - ✓ Support the success of the Clinical Care and Transformation Group – building momentum of clinical leadership/engagement
 - ✓ Chair the Social Partnership Forum (SPF) – co-production with unions
 - ✓ Work with Directors of Nursing (DoNs) to review safer staffing & education support – setting local benchmarks
 - ✓ Deliver stories on peoples experience of health & care to the oversight group – building momentum and engagement with service users/patients...our people
 - ✓ Lead the development of a business case to support Population Health Management in Norfolk and Waveney – enabling workforce transformation around the needs of our population