From streamlining to a great place to work: the journey of North East and North Cumbria

Read about the North East and North Cumbria’s streamlining journey and how the region has evolved and adapted its model beyond streamlining to refocus as the great place to work delivery board, closely aligning to national priorities as set out in the Interim NHS People Plan.

Case for change
The North East NHS staff population is approximately 74,000 working across two mental health trusts, an ambulance service and seven acute trusts. The concept of regional streamlining programmes began in 2009 with the aim of:

- reducing duplication associated with NHS staff moving around NHS organisations
- streamlining employment and training processes to improve experience
- reducing cost through greater portability across organisations.

All too often staff who began in a new role within the NHS were treated as though they were external to the NHS. Alongside wasting time and money, their experience of recruitment and induction was poor.

Solution
In 2016 when the collective NHS trusts HR directors agreed to formalise a streamlining programme, they signed a memorandum of understanding agreeing that their organisation would fully co-operate with decisions made by the programme for wider regional adoption.

A programme manager was appointed, part-funded by all. The programme board was created to report directly into the HR directors’ network. The programme’s pace was ambitious with both the board and workstreams meeting monthly to report on progress against objectives, highlighting risks and issues to escalate regionally or nationally. The initial commitment was 18 months, but during that time the impact and return on investment, both monetarily and qualitatively, was viewed so positively that the programme continued.

Membership of the board included partners from Electronic Staff Record (ESR), Health Education England (HEE) and the region’s trade union Social Partnership (SPF) chair.
Participation in the programme increased over the duration of the programme to include partners from the region and beyond, including:

- North of England Commissioning Support
- North East Lead Employer Trust
- NHS Business Services Authority
- trusts in Cumbria joining from the former North West programme on account of their alignment to the North East and North Cumbria ICS footprint.

The streamlining programme board met for the last time in May 2019 and reformed in June as the Great Place to Work (GPTW) delivery board. The region’s new ambitions closely align with national priorities with a key theme of the Interim NHS People Plan on making the NHS the best place to work.

The GPTW delivery board incorporates the national streamlining agenda and is now the regional vehicle to take forward streamlining deliverables. There are three new workstreams, health and wellbeing, flexibility of employment and equality, diversity and inclusion, all of which include partners from local authorities and trade unions.

The board is also exploring the feasibility of a region-wide occupational health clinical system, which will need to interface with ESR for national connectivity and benefit.

The GPTW delivery board is one of the key priority areas of the workforce agenda for the North East and North Cumbria Integrated Care System (ICS), which is the largest ICS in the country.

**Addressing the challenges**

**Common language**
A glossary of terms was developed to translate common acronyms and terminology used in the programme. It was used as the basis for a similar document produced by the national Social Partnership Forum. The North East version has now been amended to reflect only local references and the region is now considering developing a version specific to the language used throughout local authorities to help build understanding and to highlight that there are similarities in how we work.

**Memorandum of Understanding (MoU)**
Each HR director signed a MoU, which included agreeing to fully participate in the programme and respond to information requests. The MoU has proven to be valuable in responding to organisational-based queries and in developing attitudes and organisational approaches for the benefit of regional collaboration and consistency.
**Code of conduct**
Challenges arose from organisations working alongside each other with different cultures, working styles, pace and influence. A code of conduct was developed to set the scene in terms of behaviours and work ethics, which proved to be helpful in the early days and also for inducting new members.

**Continued monitoring and support**
Managing the programme across multiple organisational boundaries was challenging. It was difficult to know what support was required, what communication occurs internally or how to monitor progress. This was addressed through several methods including regular newsletters shared widely, north east SPF updates, bi-monthly NHS HR director updates and communication of key messages to local authority workforce leaders.

In the early days workstream members would enthusiastically state their progress, only to discover some time later a slightly different position. On account of this, programme progress position statements are shared with organisations for completion ahead of sharing with the programme board, this helps to ensure that any support needed is identified and concerns are escalated with HR directors as necessary.

**Key successes**

**Networking and connectivity**
There has been a strong HR director network in the North East for many years, however prior to streamlining there were few opportunities for those working in workforce, training and occupational health to network. It took a while to adjust to working together as a wider team, but over time relationships have strengthened and it has become the norm that work can often be directed by managers in another organisation. GPTW allows the region to replicate information sharing and decision making with senior HR leaders in local authorities, ensuring their collective agenda is mutually beneficial.

**Doctors in training**
The streamlining programme board wished to avoid a separate medical staffing workstream. Therefore, [the nationally agreed principles](#) were allocated to each streamlining workstream to progress and for colleagues from medical education or staffing to support them as necessary.

Colleagues from the North East lead employer trust attended the doctors in training streamlining sessions and shared their knowledge and practical advice specific to the life cycle of a junior doctor. This was an effective way to dispel myths as well as reassuring teams that the processes for doctors are not that different to those of other staff groups.
Trade union partnership
Trade union partners have been involved since the streamlining programme’s inception. One of the joint trade union chairs of the North East SPF agreed to be a programme board member. Trade union partners have been vital in helping with staff communication and addressing initial reservations about the purpose of the programme. Regional trade union partners are participants in each of the three new GPTW delivery groups.

A case study was prepared for the NHS Employers April 2019 streamlining comms week which highlighted the benefits of effective partnership working and how the buy-in to streamlining has increased as a result.

Occupational health
The initial meetings for this workstream were challenging, conversations were repetitive, and the complications of medical consent parameters and technology were perceived as sufficient to end the work.

Membership of the workstream was reviewed to include more managerial representation (approximately one third). This dynamic proved to be a key success factor as collectively they articulated clinical concerns in a managerial format, better informing both the regional and national position.

Whilst technology remains a barrier, the interim method of sharing immunisation and vaccinations information (within the given parameters) has had a significant impact on the experience of staff, releasing appointment time and saving unnecessary testing costs. Resources used in the region, with input from physicians are available on the occupational health web page of the NHS Employers streamlining resource hub.

ESR
In recognition that the effective use of ESR is vital, ESR colleagues were invited to be members of both the programme board and the workstreams. This has helped in extending the collective understanding of existing communications and networks but also to provide direction on how to use functionality. The ESR team provided support to individual organisations as well as listening and responding to requests where things had gone wrong.

National connectivity
In addition to membership of the national forums, the connections gained with other regions helped the north east to progress or avoid repeating the same mistakes. The agreement by NHS Employers to coordinate the work nationally was a pivotal moment in terms of being able to know who to contact. As one of the regions involved in the work, the North East was able to play an active role in the national streamlining initiative. This included the coordination of requests to ESR and reaching out to other regions to share their enthusiasm and facts to support the return on investment of regional streamlining both tangible and qualitative.
Next steps

- To utilise the foundations of streamlining, including strong governance, networking and use of systems readily available to strengthen the GPTW delivery ambitions and implement the Interim People Plan as part of the wider Integrated Care System.
- Develop the three new strands of work; equality, diversity and inclusion, health and wellbeing and flexibility of employment.
- To explore the parameters of a region wide occupational health system to be accessible to all providers in our region.

Top Tips

- Consider formal governance.
- Engage regional trade unions through Social Partnership Forums.
- Utilise the influence of the HRD community.
- Ensure ESR colleagues are involved at each level.
- Make links with other region’s streamlining communities, particularly through the national forums.
- Utilise the NHS Employers resource hub – don’t reinvent proven good practice.
- Engage far and wide.
- Don’t overcomplicate.

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