

International
Conference “Recruiting
for the Values of the
NHS”
Dr Lisa Bayliss-Pratt



Context



Health Education England



The Mid Staffordshire NHS Foundation Trust Inquiry



Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust: January 2005 - March 2009
Chaired by Robert Francis QC



Introduction

“HEE will provide leadership for the new education and training system. It will ensure that the shape and skills of the future health and public health workforce evolves to sustain high quality outcomes for patients in the face of demographic and technological change.”

“HEE will ensure that the workforce has the right skills, behaviours and training and is available in the right numbers, to support the delivery of excellent healthcare and drive improvement. HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through development of the Local Education and Training Boards (LETBs) which are statutory committees of HEE.”

What HEE is here to do

HEE and our LETBs are the NHS engine that will deliver a better health and healthcare workforce for England.

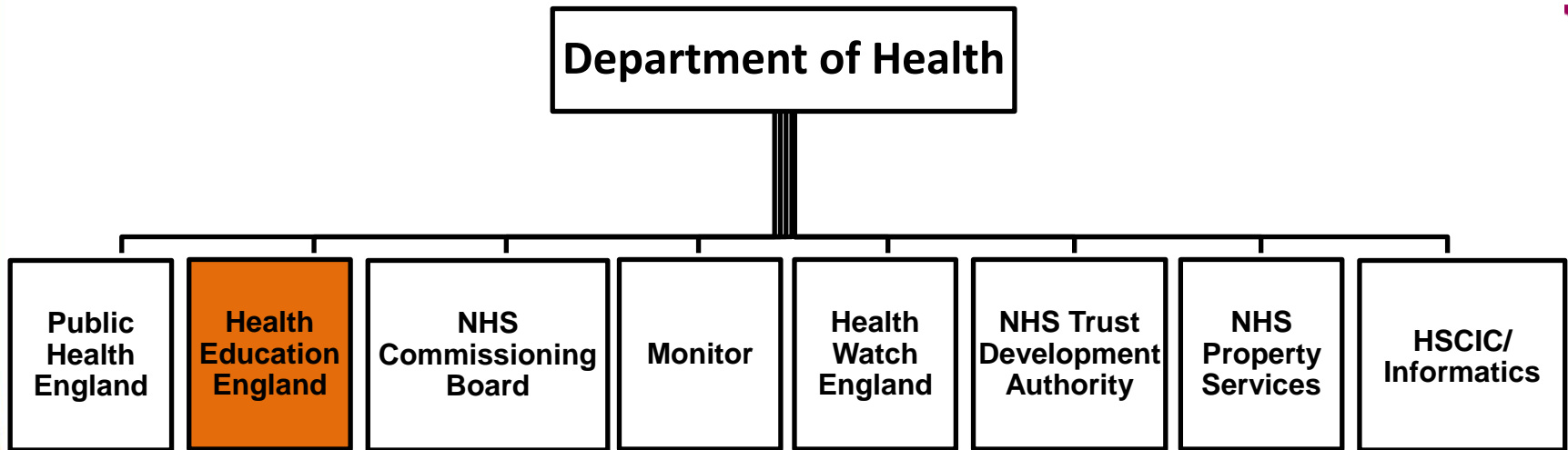
We are responsible for the education; training; and personal development of every member of staff, and recruiting for values from our schools and into our Universities.

We are employer led, to provide the right workforce, with the right skills and values, in the right place at the right time, to better meet the needs and wants of patients.

Our mission is to improve health outcomes for the people of England by developing people for health and healthcare.



Accountability of HEE

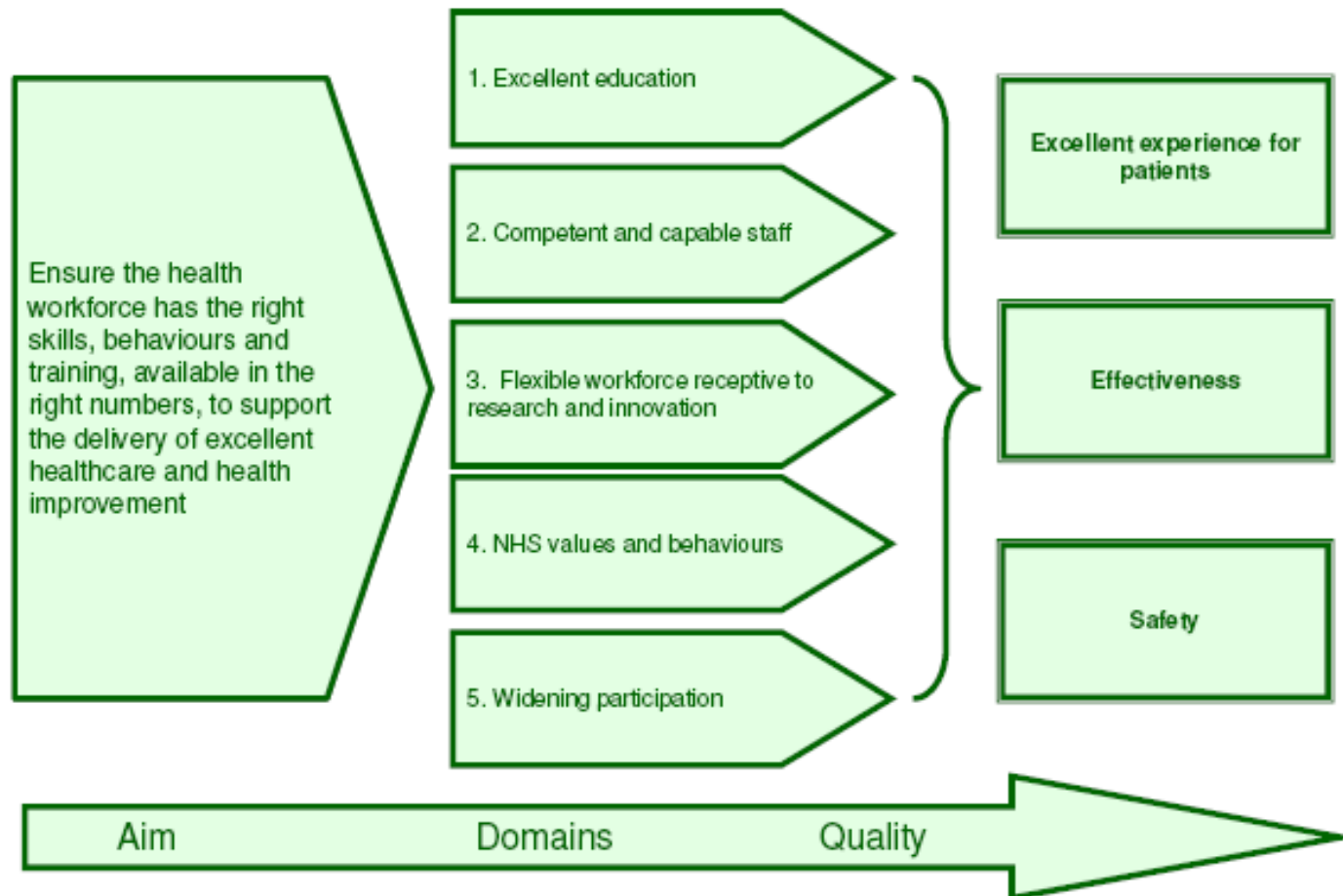


- We are one of 8 ALBs in health
- HEE is accountable to the Secretary of State for Health

Clarity of Purpose

- Quality of care is our organising principle
- We have a whole workforce responsibility
 - Band 1-4
 - CPD
 - Undergraduate and postgraduate education
 - Careers Service
- We will operate through our LETB's and on a principle of distributed leadership

Education Outcomes Framework



Proposed Strategic Priorities

EOF domain	HEE proposed priority
Excellent education	Develop role models for education and training - <i>'make being a trainer a badge of honour'</i> Education for life - <i>'supporting and championing multi-professional CPD'</i>
Competent and capable staff	Support a dementia aware workforce - <i>'ensuring all staff are trained to rise to the challenge on dementia'</i>
Widening participation	Making healthcare the career of choice - <i>'use NHS Careers to reach out into schools for our future workforce;</i> <i>and open to all - encourage more part-time degrees'</i>
Flexible workforce responsive to research and innovation	Making technology central to education - <i>'introduce an app to allow students to access information and feedback on their experience'</i> Realise the potential of research and innovation - <i>'invest in education and training in genomics'</i>
Ensuring a workforce with the right numbers, skills and behaviours	Securing future supply and supporting stakeholders with current problems in <i>'key areas such as emergency care workforce, primary care workforce, 24/7 services'</i>
NHS values and behaviours	Roll out best practice so that healthcare workers are <i>'recruited for values, trained for values, appraised for values and held to account for values'</i>

Our priorities now

Core values

- Respect and dignity
 - Commitment to quality care
 - Compassion
 - Improving lives
 - Working together for patients
 - Everyone counts
-
- Pride in working for HEE
 - Pride in being a healthcare professional




Confirmed LETB Geography



- Total of 13 LETBs
- Committees of HEE
- Not Statutory Bodies
- Provider led
- Stakeholder representation
- Core leadership of:
 - Managing Director
 - Independent Chair
 - Director of Education and Quality
 - Head of Finance
- Dispersed HEE leadership
- Deaneries part of LETBs

Compassion in practice

- Care
 - Compassion
 - Competence
 - Communication
 - Courage
 - Commitment
- 

Continuing development of Clinical Academic Careers for Nurses and Midwives

Ensure EOF reflects the 6 Cs

Make multi-disciplinary teams the norm in education

Make employer led planning a reality

Quality, safety and experience

“HEE exists for one reason alone – to improve the quality of care delivered to patients.”

Success criteria

- Improvements in safety
- Improvements in experience
- Improvements in clinical outcomes
- Spreading innovation

Privacy, dignity, respect

Around £4.9bn funding

Around £10,000 a minute

Around 1900 HEE staff supporting..

91,000 non-medical pre-reg

44,600 post grad medical and dentistry

23,000 under grad medical and dentistry


Around 159,000 students in system now

Quality, safety and experience

- £10,000 per minute spent on student education and training
- 1 million face-to-face interactions with patients every 36 hours
- Listen and learn
- Transparency
- Nursing career must be first choice



Recruiting for values

- Situational judgement tests (SJTs) are work-relevant assessments that:
 - Present challenging situations likely to be encountered
 - Require candidates to make judgements about possible responses
 - SJTs focus on values and professional attributes:
 - Integrity
 - Empathy
 - Resilience
 - Team working
 - Reliable, cost effective assessments, popular with applicants and increasingly used for education/development
- 


Recruiting for values

You review a patient on the surgical ward who has had an appendectomy earlier in the day. You write a prescription for strong painkillers. The staff nurse challenges your decision and refuses to give the medication to the patient.

Choose the **THREE most appropriate** actions to take in this situation:

1. Instruct the nurse to give the medication to the patient
2. Discuss with the nurse why she disagrees with the prescription
3. Ask a senior colleague for advice
4. Complete a clinical incident form
5. Cancel the prescription on the nurse's advice
6. Arrange to speak to the nurse later to discuss your working relationship
7. Write in the medial notes that the nurse has declined to give the medication
8. Review the case again

Recruiting for values

1. Instruct the nurse to give the medication to the patient
 - 2. Discuss with the nurse why she disagrees with the prescription**
 - 3. Ask a senior colleague for advice**
 4. Complete a clinical incident form
 5. Cancel the prescription on the nurse's advice
 6. Arrange to speak to the nurse later to discuss your working relationship
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 - 8. Review the case again**
- 

Recruiting for values

Ensuring patient safety is key to this scenario. It is important to discuss the nurse's decision with her as there may be something that you have missed when first reviewing the patient. Therefore it would also be important to review the patient again.

Also relating to this is the importance of respecting the views of colleagues and maintaining working relationships, even if there is disagreement. As there has been a disagreement regarding patient care, it is important to seek advice from a senior colleague.



Recruiting for values

FBI example:

You are shopping when you notice a man robbing the store.

What would you do?

(choose most likely and least likely response)

- A. Leave the store as quickly as possible and call the police.
- B. Try to apprehend the robber yourself.
- C. Follow the man and call the police as soon as he appears settled somewhere.
- D. Nothing, as you do not wish to get involved in the matter.

Making every contact count (MECC)

VISION: Every healthcare professional will use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible, whatever their specialty or the purpose of contact.

- Embedding MECC within widening participation and core training standards for healthcare support workers*
- Maximising benefits of MECC on staff health and wellbeing
- Sustainable roll out of MECC and prevention training for current and future health and social care workforces.

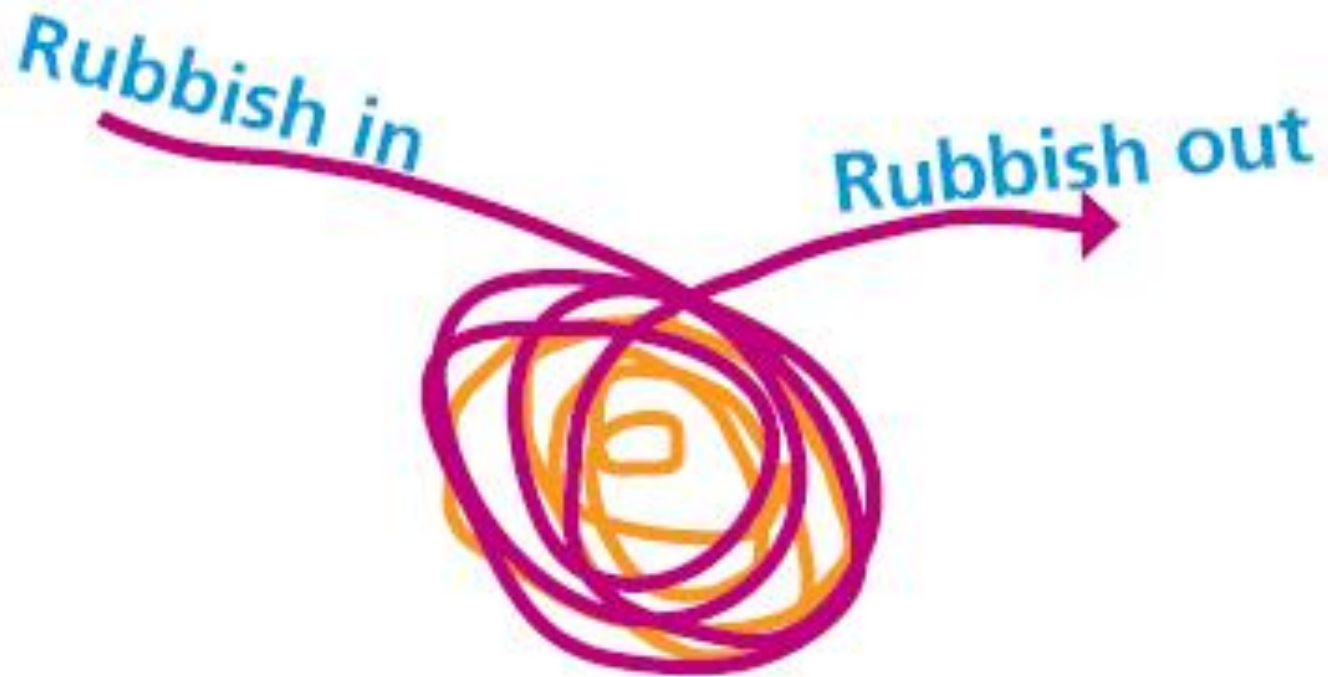
* Bands 1-4

Making every moment count

- Over 15,000 hours available to medical trainees working a 48hr week in a seven year training programme
- These are not all currently being used effectively for training
- Considerable increase in the number of training posts in recent years has continued to support the traditional ways of working
- This dilutes the quality and quantity of training opportunities
- The Better Training Better Care programme is now taking forward work around the implementation of Prof Sir John Temple and Prof John Collins' recommendations.



Poor workforce planning

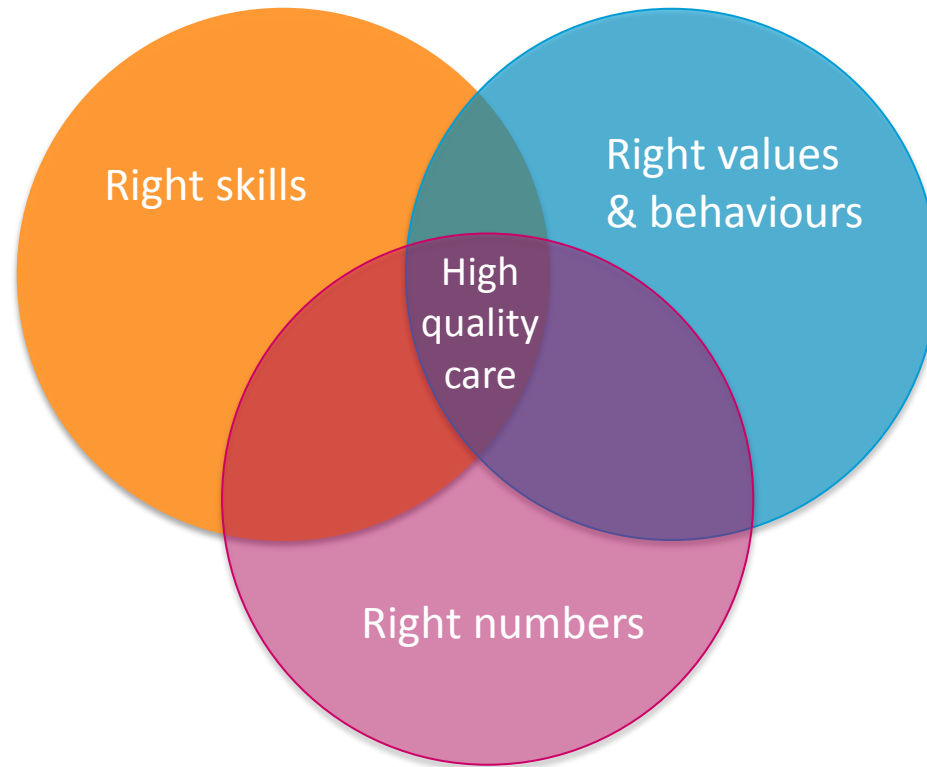


Successful workforce planning

Does it really exist?



Successful workforce planning

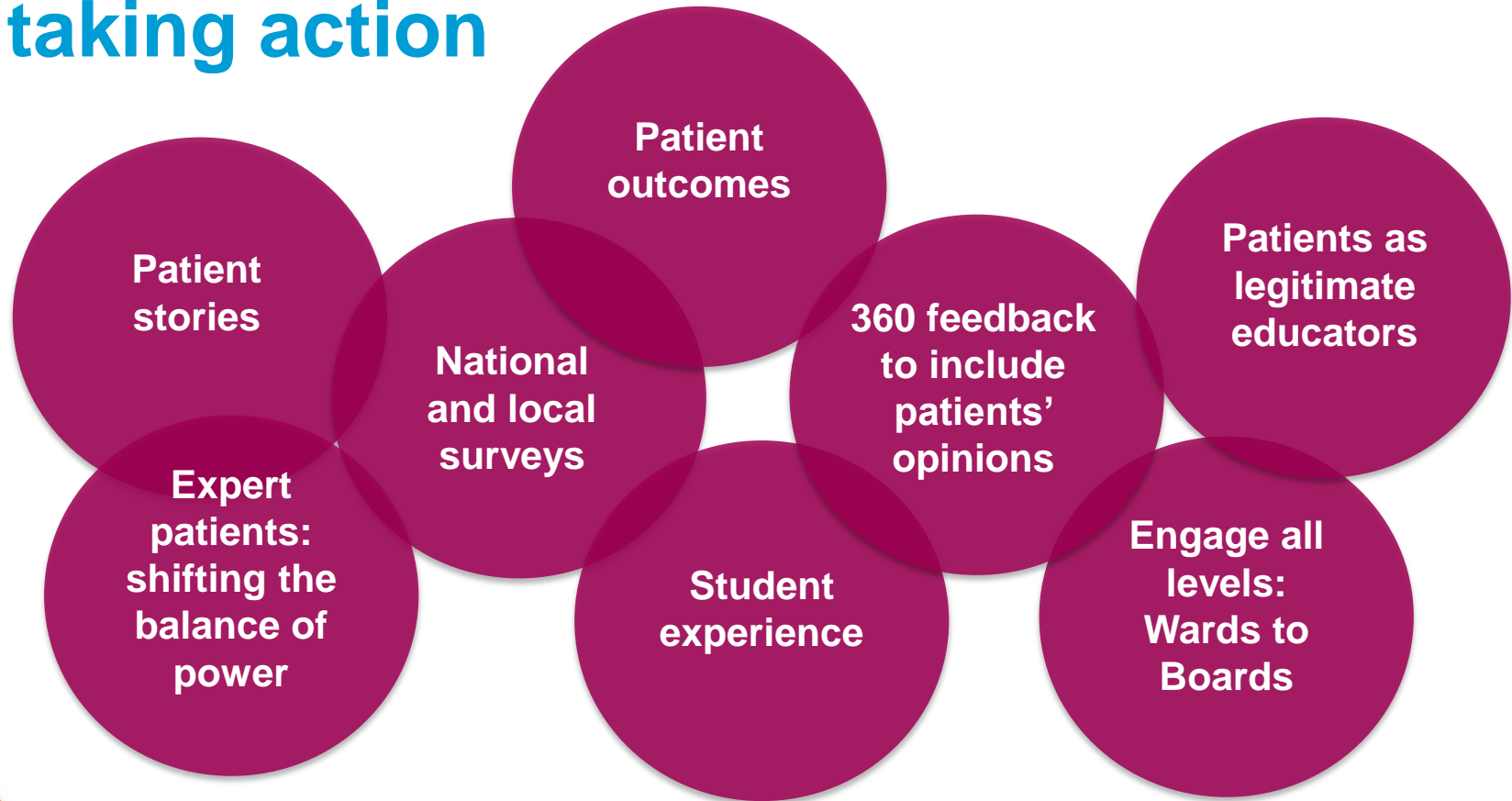


Pledges and promises

- Programme to ensure improved dementia care
- Making healthcare the career of choice
- Recruiting for values and behaviours –
situational judgement testing
- Promoting multi-professional working



Listening, learning and taking action



Make time to listen, learn, reflect, and take thoughtful action

Promoting a culture of lifelong learning

- We recognise that we might not always get it right
- It's a two way process – we all need feedback
- We will ensure that CPD is clearly linked to improving the patient journey and experience challenges

“My fellow Americans, ask not what your country can do for you, ask what you can do for your country.”

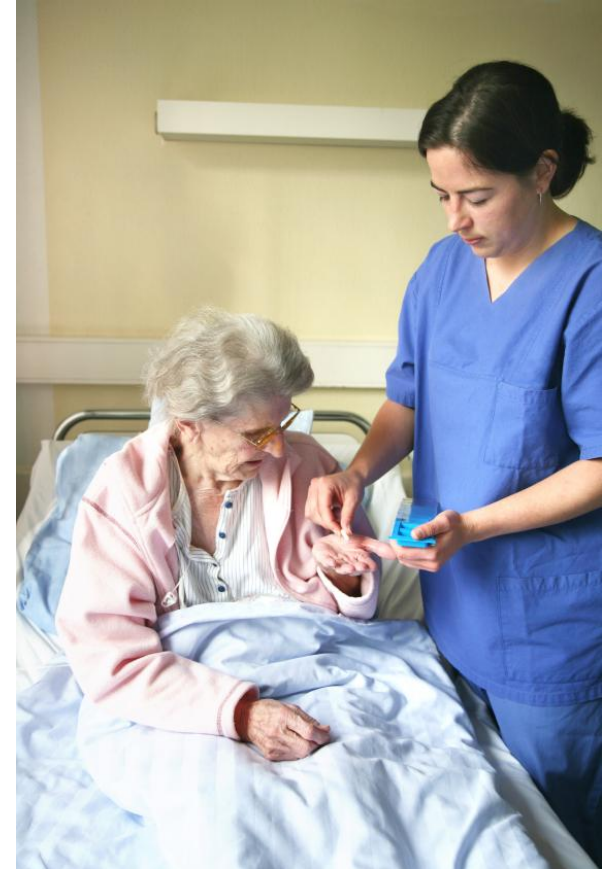
- John F. Kennedy

CPD should demonstrate personal/professional development and improvements in patient care, treatment and experience.

Teams are pivotal

- Committed to multiprofessional learning and working – no one is exclusive
- Teams need to constantly think about the patient being at the heart of all we do – our investment in bands 1-4

We are as strong as our weakest link



What good looks like

“Starting with the receptionist, a welcoming smile and a lovely helpful attitude making me feel relaxed and comfortable straight away. I then had a short wait before a friendly member of the team showed me into the surgery.

I have been suffering with a painful condition called plantar fasciitis. He examined my feet and discussed the negatives and plusses, after 30 minutes in his company I walked out of his surgery with a better understanding of my complaint and, more important, a positive attitude that as long as I follow his instructions, in time my pain will go.

Thank you. A very good experience. Please do not change a thing.”

Find time to listen, reflect, learn

Improving care

- Use patient experience to continually improve and see this data as a key to any improvement initiative
- E.g. Does a high net promoter score correlate with an absence of pressure ulcers and/or patient restraints/seclusions?
- Conundrum: Can we ever get it 100% right, all of the time?

Find time to listen ,reflect and learn

For further enquiries

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