

CEO speech to ARC 2017

Introduction

Reflecting on 2016 is almost like having an out of body experience and asking 'Is this really happening?'. I do wonder if Tim Peake actually considered whether he wanted to come back to earth from the space station, given the turmoil the world was – and is – in.

However, I think it is fair to say that what resulted in some of the monumental events last year, actually started many years before through a growing sense of disillusion with 'our lot' and trying to find others to blame whether the politicians, the Church, the BBC, FIFA or our Governments.

I am all too aware of this as CEO of the CSP operation because I have no doubt there are times when you put 'your lot or situation' down to the CSP and what it is or isn't doing! So it is important for an institution or organisation to be transparent about how it works and how it makes decisions about what it does and doesn't do – and this is certainly part of the reason I make this speech every year.

Context

Normally the events of last year such as the devolved assembly elections, a new Prime Minister or the collapse of the power-sharing agreement in Northern Ireland would be as big as it gets but no, all of these were superseded by Brexit and a man called Trump.

Let me start with Brexit. Prior to the 2014 Scottish Independence vote, the CSP Council decided the CSP should not take a position on referenda but should make information available to members to inform their decision-making.

Now, I know that, in light of the result of the Brexit vote, some members felt strongly that the CSP should have taken a position, but Council, elected by you, took the decision to remain neutral in the best interests of the profession.

Which brings me to the first key point of my speech – difference and diversity. One of my main concerns from June 2016 onwards has been the fall-out from the whole exercise in terms of how we regard others,

whether from another EU country, from outside of the EU or from a part of the UK which didn't vote as we did.

We know there has been a significant rise across the UK in hate crime since the Brexit vote and I can remember being horrified at my first Cavendish Coalition meeting – a group of 34 organisations campaigning for the rights of EU workers to remain in the UK post-Brexit – to hear some of the individual stories of NHS and social care staff facing abuse in their work place.

Again, I appreciate that much of the backlash may well be based on historic concerns over issues that have not been tackled by consecutive governments, but what this divisive vote has done is to normalise language and behaviours that are not what one would expect of a tolerant and compassionate society. And the American election made it worse. Once again an outcome that continues to reverberate around the world and fuels a lack of compassion and tolerance.

Which is why I am incredibly proud that the CSP staff have developed four key values that the organisation is now seeking to embed in its work, and one of those values is inclusivity.

You may be aware of the Good to Great Change Programme that I have been leading within the CSP operation for the last two years, and our new set of values is about supporting the change in culture we want to see at the CSP so that we become a really great organisation to serve you, the members.

Inclusivity is critical for all the moral and legal reasons which I don't need to share with this conference, I am sure, but in terms of getting the organisation to perform at its very best, inclusivity is also important in terms of being open to new ideas and seeking out different points of view. This is why UK PLC needs to embrace diversity not reject it and I am proud that the CSP belongs to the TUC which has been an influential and persuasive voice in the fight against racism and xenophobia.

Inclusivity also challenges the 'us and them' mentality which lets me or us off the hook because we locate the blame in someone else. I always say if you hear yourselves pointing a finger at someone else, remember there are three pointing back at you.

The uncertainty that these two big events created is also an issue for us all because it makes the financial markets nervous and affects the economy which is critical. The immediate economic downturn after the Brexit vote has recovered a bit, but we have a long way to go. I can't quite believe that we have Trump to thank for the slight improvement in our economic confidence as his promises of tax cuts and investment in infrastructure improve the markets – this is called the 'Trump Bump' in case you haven't heard the term, not the arrival of another Trump Junior!

And, of course, there are other European elections to come this year which I think those of us who went to bed those nights in June and November with a pretty clear idea of the outcome of Brexit and the American elections, know are going to be unpredictable and could lead to further instability, which is the thing the financial markets like least. The strength, or otherwise, of the economy affects us all, whatever sector we are in, but can have the greatest impact on the public sector since that is where the Government has greatest control.

The other consequence of the Brexit vote to leave is that one would think there is nothing else going on that matters but, of course, there is.

During the latter part of the year and into 2017, we have seen extensive coverage of the financial situation facing the NHS and social care system and the implications for the public, patients and carers as well as the implications for staff working hard to keep things afloat. Whilst it is helpful, in the main, to see the coverage across all media, I do sometimes wonder how it feels for staff in the middle of dealing with it. Criticism of the NHS, when the NHS is essentially the staff, can feel very personal and demotivating. Once again, this is not a sudden 'Winter Crisis', this is the gradual build-up of a situation across the UK when funding has not increased sufficiently to meet the growing demand on the system and, indeed, where social care in England has seen a 20% cut.

And while the drive for more and more efficiencies is right and proper; while new care pathways may deliver savings and each profession has a duty to look at itself in terms of skill mix, there is now no doubt in my mind that there either has to be a serious public conversation about what to expect and not to expect from the health and care system, and/or for the Government to address the shortage of sustainable funding.

And the CSP continues to lobby on your behalf on this issue, whilst at the same time, continuing to highlight how physiotherapy can be safe, effective and efficient in solving many of the demands on the system.

This is a fine balance to strike and I understand when we are criticised for not going further and also criticised for going too far! There was no better example of striking this balance than when Natalie Beswetherick gave evidence to the House of Lords committee looking at the future sustainability of the NHS last year.

The Westminster Government can no longer continue to bury its head in the sand on the funding issue, however inconvenient it is. And trying to deflect the criticism onto another 'them', in this case those from overseas who access the NHS, only serves to demonstrate their desperation not to tackle what is self-evident to most. Whilst we are seeing individual catastrophic incidents as the result of the pressure on the system, I fear it will take something more widespread before anyone in Government takes notice. And what about the hidden disasters where people are at home or in the community where their daily struggle goes completely un-noticed?

As I say, we will continue to lobby on this issue and our position as both a professional body and Trade Union provides the added advantage of being able to do so through so many more routes than if we were just one or the other, whether it be through the Social Partnership Forum, through the AHP Federation, the NHS Confederation Partnership or, increasingly, with other medical Royal Colleges.

Work done

Normally the thank you's come at the end of a speech, but before I rattle through some of last year's achievements and activity, I want to say them now because none of this work would have happened without it being a team effort.

So, for what I am about to say, thank you to you, the membership representatives, for all your hard work and sustained effort for and on behalf of this profession and organisation. I know it gets tougher every year, but very little would have been delivered without you.

I would like to thank Council for their leadership at a time of immense change; for putting the profession first and for the personal sacrifices they make.

In particular, I would like to thank Catherine Pope, your Chair and my boss, for her courageous leadership. She is a woman I greatly admire for her steadfast pursuit of doing the right thing for this profession rather than just doing things right, which would be so much easier.

Of course, I have to thank the CSP staff. While none of what I am about to go onto say would have happened without you, the members, nor would it have happened without the sheer dedication and hard work of my staff on your behalf. The diversity of talent and skills that are at your service is amazing and, of course, they are led by my brilliant Leadership Team.

So together, what did we deliver last year and what sort of impact did we have?

First of all the work we did to gain access to the corridors of power and exert influence:

With elections last year in Scotland, Wales and Northern Ireland, we launched the Backing Rehab campaign, an exclusively social media campaign for the first time. 38% of the elected members in the Welsh assembly, 33% of the Scottish Parliament and 20% of Northern Ireland Assembly members signed up to support improved rehab for patients which has given the CSP staff a great 'in' to further conversations about physiotherapy in general.

Then, of course, Natalie was invited to give evidence to the House of Lords Committee looking at the sustainability of the NHS and we await that report. Her evidence was a masterclass in showing how you sometimes achieve more influence by talking about the change this profession needs to make rather than focusing on the 'them' or others.

I was unable to attend the event at Stormont, but I have heard from Catherine and what a powerful occasion this was as Northern Ireland members, through the LaMPS network, enabled patients to tell their

stories about the value of physiotherapy. I gather there wasn't a dry eye in the house!

Of course trying to influence politically in Northern Ireland is particularly difficult right now, with the collapse of the power-sharing executive and a snap election being called. This causes even greater instability when the agreement heralded a stable government for a period of years that would allow progress on a range of issues, including health and all the in-roads we had made on self-referral and physiotherapy in primary care. We call on the elected representatives to deliver a functional government as soon as possible so that we can work with you again!

Now some of our priority areas:

Possibly our biggest priority this year has been workforce in light of the removal of the student bursary in England and the imbalance between demand on the healthcare system and the supply coming through – something which, I know, affects each and every one of you. We have continued our work to lobby Health Education England and the Department of Health about the inaccuracy of their workforce data and our workforce modelling tool has been invaluable in demonstrating the

need to increase the number of physiotherapy training places by 500 each and every year until 2020 just to stay still.

With the lifting of the bursary cap on the number of training places, there is the potential for this 500 to be delivered but the limiting factor is likely to be placements for the essential practice based learning. This is why your Council has been leading the Call to Action to members to increase the number and diversity of placements you provide. I appreciate how hard this is to contemplate, but with evidence showing that a service's productivity increases by taking students combined with the fact that the shortage will continue if we don't do something plus the fact there is no one in another room who will do this, it really is an imperative.

And, of course, last year saw the growing agenda on Apprenticeships which, on the one hand provides yet another route into the profession, also carries a number of risks which we are very mindful of. This is one of those areas which is not going away and so it is critical we stay close to influence nationally and locally – you are best placed to do the latter while me and my staff can do much of the former.

Of course educating the prospective workforce is one thing, but it is critical that we support your ongoing professional development and we worked hard last year to develop the new e-portfolio which is fully integrated with an easy to use virtual learning environment. I have discovered that I was not the only one who struggled with the old pebble pad!

Probably our second biggest priority is moving the narrative on from self-referral to a Physiotherapist being the first point of contact in primary care. Whilst routine in many areas, it is an innovative pilot in others and nowhere to be seen in yet more.

With the crisis in primary care having profound effects on the whole system, we will continue with the RCGP to call for more GPs, but we are also seeing considerable success in our influencing about physiotherapy being part of the primary care solution with the RCGP and BMA supporting our guidance last year in all four countries, launches timed for maximum impact across the UK. In England, we actually saw NHS England directing CCGs to include primary care physiotherapy in their STPs.

The Sustainable Transformation Plans, or STPs, are now seen as the vehicle to addressing the considerable financial deficit in the NHS in England. In my experience, anything held up as the solution to all the NHS's problems needs to be regarded with caution but, equally, we have been working hard to influence and assess what the plans look like.

Which, I have to say, has been difficult when from one day to the next, one can never be quite sure whether a plan is draft and for consultation or not. The local clinical engagement in most of the plans has been limited at best, largely because of the time frames set, and the same goes for consultation with the local population. Nevertheless, as the plans have come in, my staff have been working through them to analyse the information and implications for you the membership, but that work can never supersede the local intelligence that you bring. I draw your attention to the stand at the back where you will find our latest briefing on STPs and CSP staff to discuss your local STP with.

Lastly on STPs, I was invited to join a Health Service Journal roundtable a few weeks ago to discuss the workforce implications of STPs where my main message was the need to focus the workforce on enabling people to self-manage and maximising independence through better rehabilitation. Claire Sullivan, too, has been active in looking at the workforce issues through her involvement on the national Social Partnership Forum.

Of course, as a backdrop to these priorities, are the numerous campaigns that you have worked with us on: Members generously gave their time to support the numerous Older People's Day activities in October; you took part in a whole range of Workout@Work activities to raise awareness of the value of exercise as part of daily work; and, together we have busted some myths about back pain!

We have now launched the year-long 'Pinpoint the Pressure' campaign which aims to support stewards, safety reps and members to organise locally to respond to current workload pressures.

But for every big campaign, there have been many more, less high profile, successes:

All members on maternity leave in the NHS now have the right to accrue Bank Holidays as a result of some fantastic collaboration between members, stewards and CSP full-time officers;

Financial compensation secured for CSP members exceeding £300,000, including £114,000 for a redundancy following a re-organisation;

80 of our members in the east of England are now benefitting from fairer and better sickness absence arrangements;

And, of course, we continue to campaign for fair pay because we know the economic situation for CSP members employed across the UK is tough. We have submitted persuasive evidence to the Pay Review Body on the impact of 8 years pay restraint but, to date, the public sector pay cap of 1% remains.

It is also important to mention the critical work of supporting individual members with ensuring they are on the correct pay band, over-turning unfair dismissals and supporting those subject to capability procedures to ensure they receive the proper training and support; responding to your professional and employment queries; and keeping you informed

through the website, social media, Frontline, the e-bulletin and the journal.

What is pleasing to see is how we have been able to support you through with these campaigns and issues because of the evidence we are amassing about the impact physiotherapy has, both clinically and economically.

We now have many tools that will enable you to influence decision-makers locally and they have largely come through the highly successful Physiotherapy Works programme. We have the workforce data model, the falls prevention economic model and the physiotherapy cost calculator and we now have the case studies database.

At last we are seeing economic evidence of our value alongside the clinical evidence and we have the data to prove it. In an age of 'alternative truth' we must dispel the myth that physiotherapists do not collect data and have no way of measuring outcomes or impact. You do. The CSP staff are supporting you in being able to translate this data into information through our work on the SNOMED CT subsets which will

enable you to get the data from health records to show the value and impact of physiotherapy – and last year Steve Tolan was invited to present this work in New Zealand as a world-leading productive approach.

But all these tools, information and evidence is of no use if you are not using them to influence locally which we know is difficult to do. So, again as part of Physiotherapy Works, we have launched the Leadership Programme pilot, working in partnership with Connect Oxford, to assist members with developing the necessary skills to do that important local influencing. Alongside this, we also have the mentoring scheme.

I cannot emphasise enough the importance of influencing others, whether at a country, regional or more local level. I hear time and time again from decision-makers that they want to hear more directly from physiotherapists in the frontline and that includes those who are making local decisions about workforce planning. This is something that those members in the independent sector are possibly more comfortable with and so it is critical that we share our expertise across sectors in order to advance the profession.

Of course there is also the other extreme of influencing and that is on the world stage. Last year, the CSP hosted the European Region conference of the World Confederation of Physiotherapy. This highly successful international scientific conference brought together 1,200 physiotherapists from 62 countries and provided a platform for learning, networking and collaboration. And, of course, the lessons learnt from Liverpool have already started informing Physiotherapy UK 2017 in Birmingham.

Organisation and ways of working

As I said earlier, none of what I have described would have been achieved without a huge collaborative effort, led by the CSP Council. What is clear to me about last year's work is how much was delivered through a collaborative effort across the CSP. At times it is often unclear whether a piece of work fits under professional practice, employment relations or policy.

That collaboration was never more visible than in the successful campaign of 'No physio. No way' last year which saw CSP staff

supporting members to organise in order to sway the outcome of controversial budget cuts in Essex and Worcestershire and we are using the same approach in Glasgow.

This emphasis on an organising approach and a more local focus is another strand of the Good to Great Change Programme where I want you to feel the CSP is supporting you locally in the issues that matter most to you where you work. Our campaign and regional engagement team, established last year, is really making a difference across the regions of England and the decision to make permanent the professional officer for Scotland and to pilot a similar post in Wales provides yet more capacity for these virtual teams across the CSP to support you.

Of course, we engage members in a whole variety of ways in our work. Clearly there is Council to provide leadership and governance and oversight can be provided by the various committees, but much of the actual work is done with members through professional networks, the country Boards, the regional stewards and safety reps and through small task and finish groups. As well, of course, as the ad hoc calls for help and attendance at influential meetings and conferences. I cannot think of

a single piece of work that is not led by members and involves members. That is the nature of a member-led organisation.

Conclusion

So, to conclude. I don't think 2017 is going to be any easier than 2016, but I remain positive.

We now have a new three year strategy that takes us up to 2020 and provides a framework to ensure we are all, wherever we work, pulling in the same direction to deliver the vision for the profession – to transform lives, maximise independence and empower populations.

We not only have a vision, a mission for the CSP and a strategy, we also have a set of values which we want to embed in our work this year. I have talked about being inclusive. The other values are about learning, courage and integrity.

Learning from our mistakes and not being afraid to try new ideas; having the courage to challenge each other to do our best, to stand up for

members, to make decisions and to lead; and to have integrity by earning trust through our honesty and taking responsibility for our decisions.

I believe these are values that will take the CSP from being a good organisation to it being a really great organisation and I also believe it will see this profession go from strength to strength and start to thrive in these difficult times.

I am heartened by the report I received from Connect Oxford about the first cohort going through the new leadership programme. They told me, and I quote, 'we have worked with a whole range of clinical and non-clinical professions, but we have never seen such inspirational potential in one group of people that excites us so much we want give of our very best'.

Our task, as a collective, is to make sure we release that potential.

Thank you.