

Interim NHS People Plan – national workforce strategy

NHS Improvement, NHS England and HEE have published the interim NHS People Plan (the plan) which sets the national strategic framework for the workforce over the next five years. The plan has been drawn up under the direction of Baroness Dido Harding, NHS Improvement Chair and senior responsible officer Julian Hartley, Chief Executive of Leeds Teaching Hospital NHS Trust. During the first quarter of 2019, a national steering group was set up to support engagement with key stakeholders and ensure wide input into the interim plan from across the sector. NHS Providers contributed significantly to the work of the steering group and its sub-groups. A final people plan will be published in the months following the 2019 spending review.

This briefing provides an overview of the key proposals within the document and a summary of each section within the plan.

Overview of key proposals

- A “new offer” to NHS staff will be developed through consultation this summer to ensure the NHS rapidly becomes a better place to work.
- A consultation on changes to pensions policy has been announced, which includes the proposed introduction of some added flexibility for senior clinicians through a “50:50” option enabling them to halve their pension growth beyond a certain point in exchange for halving their contribution.
- The NHS will engage on a “new leadership compact”, establishing the cultural values and behaviours expected from leaders at all levels across the service.
- The compact will include a review of regulatory oversight frameworks and implementation of 360 degree feedback from providers, commissioners and Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) on support received from regional and national leaders.
- A “new operating model” for increase workforce devolution to regions, ICSs and local organisations will be developed, utilising an ICS maturity matrix to benchmark workforce planning capabilities.
- A series of initiatives will aim to recruit an additional 40,000 nurses to the NHS in the next five years, including a rapid expansion and review of clinical placement capacity; increasing the acceptance rate; and consolidating national recruitment campaigns with a particular focus on learning disability and mental health nurses.
- Funding for CPD should be restored to its previous levels over the next five years, depending on the spending review.
- An independent review of HR/OD best practice in the NHS will be carried out later in 2019.
- NHSE will develop a new procurement framework for approved international recruitment agencies, while STPs and ICSs will implement ‘lead recruiter’ arrangements for staff coming from overseas.
- The NHSI national retention programme will be expanded to all trusts and into primary care.
- The NHS will review its levels of undergraduate medical school places and launch a national conversation on what patients and the public require from 21st century medical graduates.

NHS – the best place to work

A new offer to staff

A key pillar of the plan is its aim to ensure the NHS rapidly becomes “a much better place to work”. This is to be achieved through the development of a “new offer” to staff, the details of which will emerge in full following a period of consultation this summer.

The idea of a new offer comes following an acknowledgement from NHS leaders that the service needs to make significant progress to ensure healthcare careers remain an attractive option. The plan argues that jobs in the sector have become “increasingly demanding”, noting that staff are overstretched and struggling from the impact of poor recruitment and retention. The document also states that the NHS is operating “in a highly competitive employment market with changing generational expectations about careers”.

This reflects widespread concern around the lack of flexibility that NHS organisations – including trusts – are able to provide particularly to younger members of staff in the current environment. [HEE’s draft workforce strategy in 2018](#) first acknowledged the need to consider a different approach for “millennial” staff seeking career breaks and non-linear careers, and this requirement is reflected in the people plan’s goal for the NHS to be a “modern” and “flexible” employer.

The offer will ultimately be made up from a series of new or revised commitments in the NHS Constitution and form the basis of a “balanced scorecard” under the NHS Oversight Framework which will inform future CQC well-lead assessments. It will make explicit commitments around the broad themes of:

- Creating a healthy, inclusive and compassionate culture, with a focus on equality and inclusion, bullying and harassment.
- Enabling development and fulfilling careers, with a focus on CPD, credentialing of expertise and line management.
- Ensuring voice, control and influence for NHS staff, by improving health and wellbeing, work-life balance and conditions for whistleblowers.

The document also calls for an independent review of HR/OD best practice in the NHS, to be carried out later in 2019. The plan’s authors are seeking a greater focus on people issues at board level which it feels is lacking following “a quick survey of board papers” during the development of the plan.

Leadership compact and culture

The plan has placed a heavy emphasis on improving leadership and organisational culture throughout all levels of the NHS. This work comes on the back of the [Developing People Improving Care Framework](#) in 2016 which, according to document, has “not led to the widespread culture change it set out to deliver”. The plan has also noted the impact of greater systems collaboration, which it says introduces new and different leadership challenges.

The plan frequently refers to the need for inclusivity, diversity, compassion and positivity in leadership and culture, stressing that these ideals apply to the NHS arms length bodies as they do to frontline leaders across the country. Its central ambition in this area is to undertake system-wide engagement on a “new NHS leadership compact” establishing the cultural values and behaviours expected from leaders. The compact will be a “gives and gets” agreement, also setting out the type of development and support local leaders can expect from the centre.

Within the leadership compact, the people plan also calls for:

- The development of competency, values and behaviour frameworks for all senior leadership roles (an extension of the [Kark Review's](#) recommendation for board members to meet specified measures of competence).
- A review of regulatory and oversight frameworks to ensure “a greater focus on leadership, culture, improvement and people management”.
- Implementation of 360 degree feedback from providers, commissioners and STPs/ICSs on support received from regional and national teams.
- The roll-out of talent boards to every region and an expansion of the NHS Graduate Management Training Scheme.
- Development of a central database for directors and engagement over the remaining recommendations from the Kark report.

Pensions

The NHS workforce has been hit hard by the impact of the annual and lifetime pension allowances, causing large and unpredictable tax bills for senior doctors and managers in particular over the past year. Increasingly, NHS trusts have been struggling to stem the tide of senior medical staff leaving the NHS pensions scheme, reducing their working hours and – sometimes – leaving the NHS altogether to avoid effective 100% marginal tax rates brought about by a poorly designed taxation system.

Following extensive discussions between all key parties, including DHSC, its arms-length bodies, the Treasury and the British Medical Association (BMA), the government has announced a policy change increasing pensions contributions flexibility for scheme members. The people plan says briefly describes a proposal to allow senior clinicians the option of halving their pension growth beyond a certain point in exchange for halving their contribution. This has been described as the “50:50” option in the sector and is similar to the offer given in local government pensions.

Alongside the release of the interim people plan, the Department of Health and Social Care (DHSC) said it was consulting on new plans enabling senior clinicians to “freely take on additional shifts to reduce waiting lists, fill rota gaps or take on further supervisory responsibilities”. However, it is not clear whether this goes beyond the “50:50” option, which the doctors’ union opposes. Additional funding will come from DHSC, instead of the Treasury.

Tackling nursing shortages

NHSI, NHSE and HEE have identified the nursing workforce as the key group in need of support, with a fear that the current level of vacancies – 40,000 across NHS trusts – is set to rise exponentially without concerted action to address the gap. The plan says shortages in nursing are “the single biggest and most urgent we need to address”, predicting that the policy initiatives outlined in the document can grow the size of the workforce by 40,000 over the next five years “to keep pace with rising demand”. It states that further action will be needed within the final people plan to hit a 5% vacancy rate target by 2028 (currently 11%).

Increasing supply through undergraduate training

Given the time it takes to train a nurse through an undergraduate degree, the plan highlights the need to immediately increase the supply of newly trained nurses through this route. It sets out the ambition to provide capacity for all suitable applicants to secure a place. The NHS will work with higher education institutions (HEIs) to expand their intakes and identify the correct number of corresponding clinical placements by improving coordination between HEIs and trusts.

Alongside this, a more comprehensive review of current clinical placement activity will take place to identify outliers and support the removal of barriers to expanding capacity, including the potential to expand placements in primary and social care.

Further initiatives to increase undergraduate supply include:

- A rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019, with NHSE working alongside trust directors of nursing to assess organisational readiness and provide targeted infrastructure support.
- Increasing the acceptance rate from its 2018 level of 55% to 70%, with a programme of work to understand what is behind the decline, ensuring that intake levels are increased without compromising rigorous standards for entry or patient safety.
- A consolidation of current recruitment campaigns run by different national bodies, including the recent 'we are the NHS' campaign, to develop a single campaign that reflects the realities of a career in modern nursing.
- ALBs working with the Office for Students to agree a standard definition for attrition for all healthcare programmes.
- Further work with DHSC to improve awareness and effectiveness of financial support programmes for trainee nurses through the Learning Support Fund (LSF).

The full people plan will identify concentrated action in areas of nursing with the greatest shortages, including mental health, learning disability, and primary and community nursing. NHSE will work with HEIs to identify and address these shortages by promoting nursing roles in these areas and highlighting the rewarding nature of these career options.

International recruitment

The plan acknowledges the need to increase international recruitment significantly in the short and medium term to rapidly increase supply. This will involve ensuring the system for overseas recruitment is effective and achieves economy of scale. Specifically, the plan promises that:

- HEE will continue to build global partnerships and exchanges and NHSE/I regional teams will become responsible for the coordination of local health systems' recruitment efforts.
- STPs and ICSs will implement 'lead recruiter' arrangements as part of delivering their five year workforce plans.
- NHSE will develop a new procurement framework of approved international recruitment agencies for these lead recruiters to draw on to ensure consistent operational and ethical standards.
- A best-practice toolkit will be developed with NHS Employers to highlight good practice and improve the experience and retention of international nurses through improved pastoral support. NHSE will work with DHSC and professional regulators to streamline regulatory processes.

Retention and return to practice

NHSI's retention programme launched in 2017 has contributed to minor progress in nursing turnover, with rates reducing from 12.5% to 11.9% in participating trusts. The plan outlines further actions to improve retention, including:

- An expansion of the national programme to all trusts and into primary care, focusing on early years retention and providing hands-on support where the need is greatest.
- Boosting the numbers of nurses with lapsed registration to return to practice, working with Mumsnet to launch a new marketing campaign to inspire nurses to enrol in return to practice courses and make them aware of opportunities and support available.
- Further work in the full people plan to convert participation in return to practice courses into employment for mature staff and filled vacancies in shortage areas.

Continuing professional development and flexible entry

The plan admits that funding pressures on the CPD budget has led the NHS to invest less in developing current staff in order to invest in training new staff. The budget for CPD and workforce development has dropped by almost half since 2013/14. The plan's authors argue that CPD should remain a mixed model with investment from local employers supplementing the national investment from HEE.

In terms of CPD funding, action will be taken to inform the full people plan, reviewing how to increase national and local investment with the aim of achieving phased restoration over the next five years of previous funding levels for CPD. Alongside increased development opportunities for current staff, the plan has identified new entry routes as a priority, proposing:

- That the final people plan explores the potential for a blended learning nursing degree programme with an online theoretical component.
- The development of a clear model that sets out the different routes into nursing and their benefits, and an expanded pilot programme for nursing associates wishing to continue their studies to registered nurse level.
- Consideration of job guarantee approaches at system level to maximise opportunities for nurses using the blended model to qualify.

Workforce devolution

A significant policy shift is offered in the plan through its call for increased workforce devolution from the centre. The document proposes a "new operating model", arguing that a complex architecture at ALB level and a lack of alignment between workforce, service and financial planning at national and local levels has hampered efforts to put forward clear and coherent plans to tackle rising vacancies.

The plan emphasises the need for "honest conversations ... about who needs to do what at which level to increase our chances of success" in workforce planning. Contrary to some reports, it does not simply demand a shift to full control for ICSs, but instead proposes differentiated responsibilities under the following principles:

National workforce activity where:

- it is necessary to meet statutory responsibilities;
- to benefit from economies of scale;

- Planning is needed over a longer timeframe, eg over 15 years;
- There are clear benefits from a national role in standardisation or coordination/implementation; and/or
- National teams have specific and scarce skills/knowledge that it is not possible or desirable to duplicate sub-nationally.

Regional workforce activity where:

- There is a need for an assurance role in delivering national priorities such as international recruitment.
- Planning is needed over a medium-term time frame, e.g. over five years.
- There is demand for improvement support on a large scale.
- There is a need to help foster capacity and capability in local health systems.
- Decisions need to be made across a regional labour market.

ICS workforce activity where:

- Regional footprints are too large to affect change.
- Strong local partnerships are required.
- Planning is needed over a short- to medium-term time-frame, eg in-year or over three years.
- Decisions need to be made across a local labour market.

Local workforce activity to:

- Develop and sustain a clear vision for the organisations aligned to the overall ambition of the ICS.
- Develop and embedding local values, derived from the NHS Constitution.
- Build an inclusive, compassionate and improvement-focused culture.
- Ensure all people are able to do their best work.
- Recruiting and retain people for a local organisation.
- Account for the wellbeing of employees and advance equality of opportunity.
- Develop and implement organisational people plans and contribute to ICS people plans.

Shifting responsibility for planning and other workforce activity will not happen immediately, particularly in respect to ICSs, with the document announcing plans for a co-produced ICS maturity framework to benchmark workforce activities at system level. This will both inform the support that systems can expect from HEE and NHSI and their regional teams, and influence decisions on the pace and scale at which systems can take on additional responsibility.

The plan underlines consistent and timely data as a key to enhanced workforce planning while – at a national level – a new People Board, chaired by the new NHS Chief People Officer Prerana Issar, and its advisory group, will oversee the development of the full people plan later in 2019/20.

Transformation and skills mix

While the headline announcements for healthcare professionals relate mostly to the nursing workforce, the document sets out its expectations for the development of other professions towards the goal of “delivering 21st century care”.

The people plan calls for a “transformed workforce with a more varied and rich skills mix” to support the move towards new care models and better multidisciplinary working. This ambition reflects a drive to ‘do things differently’ in workforce planning: not simply relying on linear and inflexible staffing models of the past.

A vision for the future of various medical and clinical professionals outside of nursing is provided, with an acknowledgment of the need to “refine our estimates of the number and mix of new posts needed over the next five years”. Further work will need to take place in this space to ensure these estimates reflect priorities set out in the Long Term Plan, and within local and national implementation plans due to be published this financial year. An “open debate” will take place on the level of growth needed in different staff groups, closely coinciding with discussions on education and training funding through the spending review.

Specific proposals around workforce transformation include:

- Recruitment of an additional 7,500 nurse associate trainees by December 2019.
- The establishment of a national programme board to address geographic and specialty shortages in doctors.
- A review of undergraduate medical school places, with potential to expand beyond the recent addition of 1,500 places.
- Work with the GMC and medical colleges to roll out credentialing.
- Expansion of the NHSI national retention programme to include allied health professional (AHP) support.
- Support for every STP/ICS to put in place a collaborative approach to apprenticeships and maximise levy use.
- Developing infrastructure for a new pharmacy foundation training programme.
- More flexible career entry routes for healthcare scientists;
- Training to ensure a core level of digital ability for all non-technical NHS staff.
- A new internal medicine training model for junior doctors, with the aim of increasing generalist expertise.
- The launch of a national consultation on what the NHS, patient and the public require from 21st century medical graduates.

NHS Providers View

Trust leaders tell us that the range of workforce challenges they face, centred on recruiting and retaining the right number of staff, and building a positive culture, are their number one concern. The interim people plan is the first, clear, public recognition from our national system leaders of the severity of this issue.

As such, it is a welcome statement, containing an important acknowledgement that solving our workforce challenge isn’t just about future workforce planning and more money, important though these are. We welcome the focus on making the NHS a great place to work, changing its leadership culture and training a workforce equipped for the future. Trust leaders have a key role to play on each of these issues.

The plan also seeks to pull all of the NHS together behind this single, clear, approach: a unity of purpose that's been sadly lacking for far too long. Government, arms length bodies and front line leaders all have a vital part to play here, with more responsibility and resource rightly being devolved towards local systems. We particularly welcome the much more inclusive way this plan has been developed and the speed of the work, which have genuinely felt different.

However the publication of the interim plan also makes clear how far the NHS has to go to stabilise the workforce challenges we face. We are conscious that the development of some of the solutions helpfully flagged in the interim plan will take time and that we remain dependent, to some extent, on the publication of the final document later this year, after the 2019 spending review, and on a sustainable approach to recruitment and retention of the social care workforce.

The interim plan promises several consultations and significant further work to inform the final strategy. It is important the positive and inclusive approach of the national steering group continues under new structures in the coming months to ensure new proposals and solutions deliver maximum benefit as they are implemented at the frontline. Consultations on leadership behaviours, HR/OD practice, and systems maturity are particularly important areas for which NHSI and NHSE must receive wide input and where there will be learning for leaders across the system, nationally, regionally at system and individual organisational levels.

Colleagues in the national bodies must also continue to work closely with national stakeholders to come to a sector-wide consensus on future workforce design and the levels of funding necessary for education and training. We cannot ignore the significance of the upcoming spending review. Priorities include a clear increase in funding for CPD; clarity over financial support and targets for international recruitment; and a revision to the currently unworkable apprenticeship levy.

NHS Providers will continue to engage closely with the work of the new National People Board, ensuring that the provider voice is heard and the momentum we have helped to create is maintained in addressing both the short, and longer term, challenges facing workforce planning for health and care