



Interim NHS People Plan

Introduction

The document has been produced to summarise the recently published Interim NHS People Plan, which has been developed collaboratively to set a vision for how people working in the NHS will be supported to deliver care. The plan is short term and intended to provide actions that we can start working towards prior to the release of the full plan which will take into account the funding agreement and the STP workforce plans.

This summary highlights the five key themes that make up the plan, and where possible, identifies opportunities for STPs, providers, etc. to take immediate action.

1. Making the NHS the best place to work

The NHS staff survey has highlighted that the NHS needs to be a better place to work if we want to ensure we are able to recruit and retain people in an increasingly competitive market. For example: to reduce sickness, bullying and harassment, and reinforce the NHS as a flexible employer.

Key actions:

- There will be a new offer which explicitly sets out the support NHS staff can expect from their employer. This requires engagement between NHS leaders, clinical supervisors and line managers. The offer will be a series of commitments to compliment/replace those currently set out in the NHS Constitution.
- Improving equality will run through all elements of the offer. It will embed the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard and action to close the gender pay gap. Experts within local areas in these fields should engage with the HR Directors network to ensure this is implemented.
- A balanced scorecard will be produced to allow NHS employers to assess progress against the commitments and target areas for improvement.
- All local NHS systems and organisations to set out plans to make the NHS a better place to work as part of their NHS Long Term Plan implementation plans, to be updated to reflect the people offer published as part of the full People Plan.

2. Improving leadership culture:

We must work rapidly to produce a positive, inclusive and people centred culture that engages and inspires. *Developing People – Improving Care* has made some impact, but we need more than a framework to instil a wider culture change. There should be a clear focus on improving equality of opportunity through systems-based, cross-sector, multi-professional leadership and collaboration. Staff should be motivated to work more efficiently and effectively in a compassionate, inclusive and diverse environment.

Key actions:

- Successful talent management is underpinned by collaboration, matching talent to service need, rather than competition.
- Develop resources to support the leadership teams of local health systems (STPs and ICSs) and primary care networks to enable them to create high performing multi-professional teams.
- Support NHS boards to set targets for BME representation across their workforce, including at senior levels, and develop robust implementation plans.
- Undertake system-wide engagement on a new 'NHS leadership compact' that will establish the cultural values and leadership behaviours we expect from NHS leaders together with the support and development leaders should expect in return.

3. Addressing urgent workforce shortages in nursing:

We have vacancies across all areas of nursing, with the most significant shortages in mental health, learning disability, primary and community nursing. We need to build the nursing workforce through retention, development, and recruitment (national and international), that is fit for the future. Our ambition must be to drive towards a supply balance for nursing that meets the demands of health and care services, centred on a domestically grown workforce.

Key actions

- Increasing supply through training, development and undergraduate nursing degrees and providing clear pathways into the profession (In London, CaptialNurse are doing some of this already).
- There is a Direct Support Programme available to all Trusts to help improve their retention strategies, supporting newly qualified staff, and career development opportunities.
- Encouraging nurses to return to practice and allowing more flexible/part time working – this is an opportunity to work with NHS Employers to understand best ways to promote nursing role. A new campaign, in conjunction with mumsnet is also on the way for release in 19/20.
- Undertake a more comprehensive review of current clinical placement activity, expanding the provision of placements in primary and social care and explore how innovative approaches and best practice can support expansion. Working directly with the Directors of Nursing on strategies for this is key.
- Develop a procurement framework of approved international recruitment agencies for 'lead recruiters' to draw on, and develop a best practice toolkit. This would be done with NHS Employers and national partners.

- 2020 is the year of the Nurse and Midwife, and an opportunity to use the ambassador network to target 15-17 yr olds. (Note - CapitalNurse has been working to promote the roles of nursing, and together we could do more to engage with schools and colleges to influence and attract young people into nursing roles in London.)
- Expand the pilot programme for nursing associates wishing to continue their studies to registered nurse level.
- Consolidate the current recruitment and perception campaigns run by different national bodies, to develop a single campaign that reflects the realities of a career in modern nursing at the cutting edge of clinical practice.
- Increase access to the Learning Support Fund, provided by DHSC and available to all pre-reg undergrad/postgrad students. The lack of uptake has been mainly due to lack of awareness, together we can do more to promote this.

4. Delivering 21st Century Care:

The NHS needs a flexible, adaptive workforce with different skill mix, and a stronger link between health and social care, forging more effective partnerships with local authorities and other partners to address wider determinants to health.

There also needs to be a more transformed workforce with new roles e.g data, science, digital skilled workers.

Key actions:

- Need to push for a more flexible and adaptive workforce – digital/automated services can carry out task to free up resources to carry out more skilled work
- We will need to refine our estimates of the number and mix of new posts needed over the next five years.
- Support local health systems (STPs/ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling us to understand better the number and mix of roles required.
- National consultation on 'Future Doctor' programme to gain clear view of patient and public requirements from doctors. There is an opportunity here to be part of conversations and highlight the needs in London
- Nurses/ Nursing associates skills mix allows them to work across variety of settings and with all ages
- Introduce more flexible entry routes and career pathways for the scientific and diagnostic expertise of healthcare
- Helpforce programme to support volunteers in programmes across the country
- Creating multi-disciplinary teams (PCNs) using team design and OD principles, as well as training hubs to ensure effective interdisciplinary working.
- Streamlining induction and on-boarding processes over next five years to reduce duplication (passporting)
- In 2019/20, we will support every STP/ICS to put in place collaborative system level arrangements to optimise use of the (apprenticeship) levy.
- We will use the Apprenticeship Levy to support the drive to develop specialist talent – e.g. Digital.

5. New operating model for workforce:

We need improved people planning and management; at the optimal level be it national, system or organisation wide; being mindful of integrated care systems. This will need to be dynamic to respond to changing capacity, capability and needs at these different levels, as they evolve

- We need to work with Integrated Care Systems (ICS), as they mature, to help equip them with the tools and resources needed for place-based workforce planning and transformation
- 3 levels of decision-making principles for the activities mentioned through the Interim People Plan:
 - National – long term, statutory, large scale
 - Regional – medium term time frame, need for coordination/assurance
 - ICS – local partnership, short – medium term planning
- Some activities, such as developing people strategies, talent management and workforce planning, will need to be carried out at all or most levels.

Key actions

- We need to prioritise the people agenda at every board and senior level leadership across every organisation providing or commissioning NHS care. Numerous people-related reports and initiatives compete for NHS boards' attention and are often displaced by operational and financial issues.
- 'Releasing Time for Care' programme is set out to draw on what we already know and spread good practice and support continuous improvement .

The full people plan is to follow later in the year after development of the five year STP implementation plans is consolidated and there is further clarity from the spending review.