

NHS People Plan

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NHS England/NHS Improvement

Social Partnership Forum

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Overview

- The People Plan is part of the overall implementation programme for the NHS Long Term Plan.
- The first phase of the work has been completed with the publication of the interim People Plan on 3 June.
- We are committed to publishing a full plan within two months of the end of the 2019/20 Spending Review.
- The second phase of the work now underway is to:
 1. Implement the immediate actions for 2019/20 in the interim People Plan
 2. Input into the Spending Review process
 3. Develop national workforce plans built up from system plans
 4. Develop the full People Plan

Objectives

- **Making the NHS the best place to work:** set out action to make the NHS an employer of excellence – valuing, supporting, developing and investing in our people. Carry out extensive engagement with staff, staff representatives and employers to develop a new offer, setting out explicitly the support staff can expect from the NHS.
- **Improving the leadership culture:** including undertaking 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
- **Taking immediate action in 2019/20 to tackle the nursing challenge:** increase numbers of undergraduate nurses, reduce attrition from training, develop additional entry routes through the nursing associate qualification and apprenticeships, improve retention of our current workforce, support return to practice, and increase international recruitment.
- **Delivering 21st century care:** set out action to transform ways of working, releasing more time for care and enabling health professionals to make best use of the full range of their skills, combined with targeted actions to secure the right current and future workforce supply.
- **Developing a new operating model for workforce:** create a cohesive and collaborative approach to leadership and workforce, with clarity about who does what at national, regional, system (STP/ICS) and local levels and with more people activities carried out by integrated care systems.

Principles and ways of working

The development of the full People Plan will build on the positive principles that underpinned the first phase of the work. We ask that all involved will aim to:

- Model inclusive and engaging approaches to working with colleagues across the health and care system
- Behave and communicate in a clear and open manner
- Aim to clarify, simplify and, where appropriate, streamline ways of working to avoid silo working and fragmentation
- Build as far as possible on existing work and good practice
- Empower working groups to develop innovative new solutions
- Keep ways of working under review, including relationships between national and regional teams
- Leverage the expertise and leadership of NHS colleagues/leaders
- Listen to frontline staff, patients and citizens to ensure the People Plan reflects their priorities
- Seek out and take into account diverse and different views.

Programme structure



**NHS People Plan
Advisory Group**
Chair: Dido Harding

**Social Partnership
Forum**

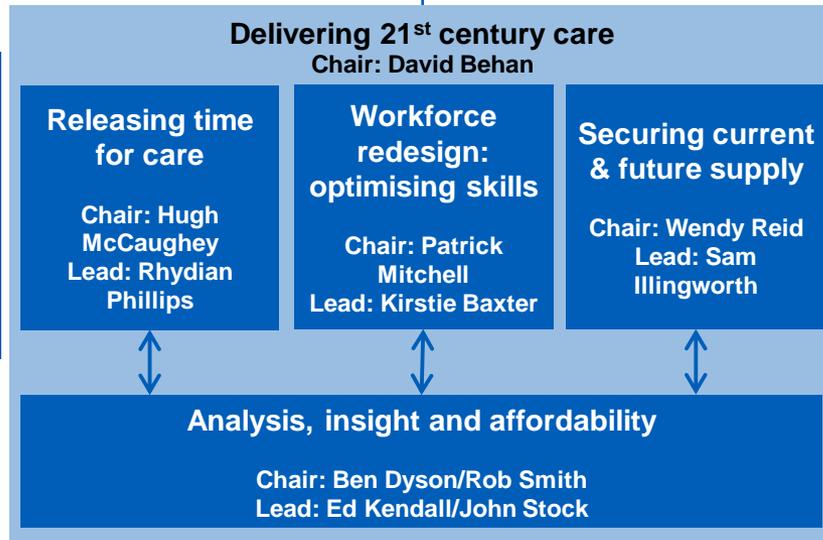
National People Board
Chair: Prerana Issar
SRO for NHS People Plan

**NHS England & NHS
Improvement, Delivery,
Quality and Performance
Committee**

**Health Education England
Board**

Professional workstreams
medical, nursing, allied health professions,
healthcare science, pharmacy and dental

LTP national service programmes
maternity, mental health, learning disability/autism, prevention, health
inequalities, ageing well, CYP, cancer, diabetes, emergency care, CVD and
respiratory, genomics, personalised care, planned care, patient safety



Urgent 2019/20 actions on nursing supply
Chair: Ruth May
Lead: Mark Radford

A new operating model for workforce
Chair: Rob Webster
Lead: Gina Naguib-Roberts

Making the NHS the best place to work
Chair: Navina Evans
Lead: Caroline Corrigan

Improving the leadership culture
Chair: Julian Hartley
Lead: Steve Hart

SPF involvement in workstreams

Workstream	SPF contributor(s)
<p>Making the NHS the best place to work</p> <ul style="list-style-type: none">- Overarching project group- Engagement on core offer- Diversity, inclusion and equality- Improving people practice	<ul style="list-style-type: none">- Sara Gorton/Claire Sullivan- Alan Lofthouse- Annette Mansell Green- Martin Furlong
<p>Improving leadership culture</p>	<p>Jon Restell</p>
<p>Releasing time for care</p> <ul style="list-style-type: none">- Overarching project group- Flexible working	<ul style="list-style-type: none">- Sean O'Sullivan- Hannah Reed
<p>Workforce redesign: optimising skills</p> <ul style="list-style-type: none">- Multidisciplinary working- AI and digital skills	<ul style="list-style-type: none">- Jon Skewes/Claire Sullivan- Colenzo Jarrett-Thorpe
<p>Securing current and future supply</p>	<p>Helga Pile/Jon Skewes</p>
<p>New operating model for workforce</p>	<p>Sara Gorton/Jon Skewes</p>

Objectives and commitments for central workstreams

1. Making the NHS the best place to work

Key objectives

- Develop a new ‘core offer’ for NHS staff to set out the support that people can expect from their NHS employers, with a clear and measurable link to overall retention, and particularly focusing on:
 - developing a healthy and compassionate culture
 - enabling flexible and fulfilling careers
 - giving people voice and influence
- Identify what further resources are needed by boards, senior leaders, managers and HR professionals to support their staff.
- Make recommendations on which commitments could replace those currently set out in the NHS Constitution.
- Review the current improvement support programmes and resources on sickness absence, violence, and bullying and harassment.
- Identify how to modernise the NHS Careers website to ensure it is relevant and enables the NHS to compete in the current jobs market.
- Develop, with national partners and regional teams, new and/or reformed metrics on culture and staff experience and embed these in the NHS Oversight Framework.
- Review NHS Staff Survey results and develop plans to address the areas where more urgent action is needed to improve staff retention.
- Identify issues with current pay structures and pension schemes affecting staff retention across professions (particularly in the later years of people’s careers).
- Set out a clear vision for HR in the NHS in the 21st century and identify the resources needed to implement this.
- Agree the key actions needed at national, regional, system and provider level and the specific accountabilities, responsibilities, milestones and timeframes for each action.

1. Making the NHS the best place to work

Workstream actions

Immediate 2019/20 actions

1. Develop new core offer for NHS staff through widespread engagement
2. Develop 'balanced scorecard' to become central part of NHS Oversight Framework and inform future development of CQC's Well-led assessment
3. Include more metrics on staff engagement in NHS Oversight Framework
4. All local systems and organisations to set out plans to make the NHS the best place to work (as part of 5-year plans)

Actions to develop full People Plan

1. Review Health Careers website to ensure it is attractive advertisement for NHS roles
2. Commission independent review of HR and OD practice in the NHS

Other commitments

1. Undertake this work with our own ALB staff
2. Continue to take immediate action on a range of fronts, including sickness absence, mental wellbeing, violence/aggression, WRES and GP Health Service.
3. Significantly increase flexible working through people practices
4. Advertise more roles as flexible
5. Remove practical barriers to movement of staff between organisations; support employers to streamline induction and onboarding processes
6. All trusts to develop tech-enabled staff banks and establish collaborative banks with other trusts

2. Improving the leadership culture



Key objectives

- Identify practical actions to foster systems-based, cross-sector, multiprofessional leadership and compassionate, inclusive leadership across the NHS.
- Develop a more deliberate approach to talent management, identifying, assessing, developing and deploying individuals with the capacity and capability to make a difference in the most senior positions
- Undertake system-wide engagement on – and launch – a new NHS leadership compact to shape the recruitment, development and appraisal of NHS leaders.
- Put leadership and culture at the core of how we assess the performance of providers, commissioners and local health systems (STPs/ICSs)
- Identify how NHS England/NHS Improvement and other national bodies will visibly model the behaviours we want to see from leaders in our interactions with each other
- Implement agreed recommendations from the Kark review and agree how to address the remaining themes arising from the Kark review, including developing proposals for a transparent, fair and consistent process for appraising and developing senior leaders
- Agree the key actions needed at national, regional, system and provider level to deliver these objectives and the specific accountabilities, responsibilities, milestones and timeframes for each action.

2. Improving the leadership culture

Workstream actions

Immediate 2019/20 actions

1. Undertake system-wide engagement on NHS leadership compact
2. Develop competency, values and behaviour frameworks for senior leadership roles
3. Review regulatory and oversight frameworks to ensure greater focus on leadership, culture, improvement & people management
4. Support NHS boards to set targets for BME representation across their workforce
5. Roll out talent boards to every region, coordinated by national talent board
6. Expand the NHS Graduate Management Training Scheme from 200 to 500
7. Develop central database of directors holding information about qualifications and history

Actions to develop full People Plan

1. Develop resources to support STPs/ICSs and primary care networks to create multi-professional teams that collaborate across traditional boundaries
2. Consider actions to encourage more clinicians and people from outside the NHS to take up senior leadership positions
3. Review NHSE/I regional teams' support to NHS organisations to promote improvement and staff engagement.
4. Implement 360 degree feedback from providers, commissioners and STPs/ICSs

Other commitments

1. Undertake engagement on the recommendations in the Kark report (e.g. mandatory references) and develop options to create a professional registration scheme for NHS managers
2. Develop options for improving assurance of leadership in the NHS

3. Tackling urgent nursing workforce challenges



Immediate 2019/20 actions from interim People Plan

1. Expand retention direct support programme to all trusts, with a focus on early years retention and preceptorship arrangements
2. Increase clinical placement capacity by 5,000 for September 2019 intakes
3. Assess organisational readiness and provide targeted support to develop infrastructure needed to increase placement capacity
4. Consolidate recruitment and perception campaigns into single campaign
5. Develop new procurement framework of approved international recruitment agencies
6. Develop best practice toolkit to support employers with international recruitment
7. Provide training for an additional 7,500 nursing associates
8. Set out different entry routes into nursing to inform employer and entrant decisions
9. Consider how local health systems and employers can use job guarantee approaches
10. Improve awareness of overall financial support package for undergraduate and postgraduate students
11. Identify how to improve financial support programmes available through the Learning Support Fund
12. Undertake a detailed review of mental health and learning disability nursing to support growth in these areas
13. Consider how to support growth in primary and community workforce

Actions to develop full People Plan

1. Extend retention programme into general practice
2. Provide additional retention support in specialised areas, including high secure hospitals and emergency departments
3. Consider incentives to support entry to and return to general practice nursing
4. Undertake more comprehensive review of clinical placement activity, identify outliers and provide support to remove barriers to expansion for future intakes, including options for expanding placements in primary and social care
5. Support improvements to regulatory processes and reduction of recruitment timelines for international recruitment
6. Expand pilot programme for nursing associates wishing to continue their studies to Registered Nurse level
7. Develop proposals for blended learning nursing degree programme
8. Agree standard definition of attrition for all healthcare programmes and ensure appropriate recording and reporting
9. Ensure every learner is well prepared for each placement and every learner reports meaningful placement experience
10. Develop toolkit for supervisors and assessors to enable them to support the wide diversity of learners

4. Releasing time for care



Key objectives

- Building on the current initiatives to release time for care and improve workforce productivity, identify:
 - actions that will have greatest impact over the next four years in helping release time for care across NHS-funded services, including improvements in clinical workforce deployment and reductions in time spent on administrative tasks
 - key enablers for those actions, including digital and technological enablers
 - opportunities to roll out good practice nationally.
- Set out, as part of the full People Plan, a comprehensive, costed and sustainable work programme to implement these actions, spread good practice and support continuous improvement, including:
 - agreeing the key actions needed at national, regional, system and provider level and the specific accountabilities, responsibilities, milestones and timeframes for each action
 - developing and digitising, with NHSX/NHS Digital, multiprofessional workforce planning and deployment tools and making them interoperable, to enable local health systems to deploy clinical teams more effectively to meet patient needs across care pathways including primary care
 - identifying the training and development needed to support these changes
 - with the Leadership workstream, identifying how changes in leadership culture will empower staff to work collaboratively to deliver continuous improvement in releasing time for care
 - optimising and setting out clearly the national and regional support available to local health systems and providers to implement key actions and realise the intended benefits
- Work through regional teams to support STPs/ICSs to develop stretching but realistic plans for releasing time for care and work with regional teams to reconcile system and national plans.
- Identify and implement, with analytics leads, the actions needed to improve the coverage, quality and timeliness of data, analysis and insight to measure progress in releasing time for care.
- Ensure that progress is tracked in a robust and consistent way at organisational and system level as an integral part of meeting the overall efficiency requirements for the NHS.

4. Releasing time for care

Workstream actions



Immediate 2019/20 actions in interim People Plan

1. Establish a *Releasing Time for Care* programme to spread good practice and support continuous improvement

Other commitments

1. Support clinical teams in providers to take increasing ownership of how they plan and deploy the workforce
2. Consistent and effective implementation of e-rostering systems and e-job planning systems across providers (including expanding to multidisciplinary teams in primary care networks)

5. Workforce re-design: optimising skills

Key objectives

- With national service programmes, agree workforce models for NHS Long Term Plan service priorities (e.g. urgent and emergency care, primary care, mental health, learning disability and cancer services).
- Based on these models, identify which changes in workforce/role design and skill mix will have greatest impact in improving quality of care, efficiency, staff satisfaction and sustainability of workforce supply.
- Develop plans to improve digital and technological skills in the current workforce and strategies to build digital workforce capability over the next five years.
- Identify practical actions and resource requirements needed to implement these changes, including:
 - team design and organisational development principles to underpin development of multi-disciplinary teams across primary and secondary care
 - education, training and professional development requirements, including through workforce development funding, apprenticeships and other enablers
 - working with professional regulators to resolve any issues in relation to professional regulation
 - identifying any relevant new qualifications, including developing multiprofessional credentials
- As part of this programme:
 - agree the key implementation actions needed at national, regional, system and provider level and the specific accountabilities, responsibilities, milestones and timeframes for each action
 - optimise and set out clearly the national and regional support available to local health systems and providers to implement key actions and realise the intended benefits
 - support STPs/ICSs, through HEE and NHSE/I regional teams, to develop stretching but realistic plans for improving workforce design, role design and skill mix and work with regional teams to reconcile system and national plans.
- Identify and implement the actions needed to improve the coverage, quality and timeliness of data, analysis and insight to measure progress in improving skill mix, including ensuring agreed definitions and descriptions of advanced clinical practice are applied and recorded in ESR.

5. Workforce re-design: optimising skills

Workstream actions 1: multidisciplinary working, new/advanced roles, apprenticeships, volunteering

Immediate 2019/20 actions	Actions to develop full People Plan	Other actions
<ol style="list-style-type: none"> 1. Review current models of multidisciplinary working across primary and secondary care 2. Develop accredited multidisciplinary credentials for MH, CVD and older people's services with focus on primary care 3. Help STPs/ICSs establish collaborative approach to apprenticeships and maximise use of Levy 4. Update ESR to reflect advanced roles 5. Establish healthcare science workforce development programme* 6. Identify further ways to integrate volunteering within NHS 7. Deliver youth volunteering opportunities 8. Establish portfolio of free online learning modules for carers 	<ol style="list-style-type: none"> 1. Explore versatile new roles for healthcare scientists in primary care and community services* 	<ol style="list-style-type: none"> 1. Develop team design and organisational development principles to underpin development of multidisciplinary teams 2. Develop specifications for training hubs and guidance on commissioning them to develop effective interdisciplinary working 3. Target investment in development of advanced skills to areas of greatest service/workforce growth 4. Launch consultation on prescribing rights for physician associates

5. Workforce re-design: optimising skills

Workstream actions 2: building digital and technological skills

Immediate 2019/20 actions	Actions to develop full People Plan	Other commitments
<ol style="list-style-type: none"> 1. Develop a library of education, learning, knowledge and best practice resources to expand the digital skills in current workforce 2. Set out plans for an expanded NHS Digital Academy to develop digital leadership capability 3. Establish the Topol Programme for Digital Fellowships in Healthcare 	<ol style="list-style-type: none"> 1. Deliver intensive training for boards and senior leaders to build tech and data awareness and capability 2. Provide an accreditation/credentialing framework for digital leaders at regional, system and local levels 3. Start to develop and integrate digital education and learning resources into academic and professional curricula 4. Undertake a technology skills audit to assess and plan for future digital roles and skills required 5. Develop flexible career pathways and establish early pathway initiatives for the future digital talent 	<ol style="list-style-type: none"> 1. Significantly increase flexible working through technology 2. Work with professional regulators to help them understand the implications of digital technology for our workforce

6. Securing current and future supply



Key objectives

- Agree which measures will have the greatest impact to secure increases in the clinical workforce in the immediate (current - 4 years), medium (5-10 years) and long-term (10+ years) future, including:
 - working with HEIs and medical schools to identify key actions to: (a) increase number of people applying for and being accepted onto student courses (b) increase the number of places available, including increasing and improving clinical placement capacity (c) reduce attrition from training (d) widen participation in and access to undergraduate degrees and training programmes e.g. through part-time courses and accelerated degrees
 - identifying levers and potential incentives (e.g. to HEIs, students, graduates, employers, systems) to attract people to shortage professions, specialties and geographies.
 - setting out clear pathways into clinical roles and identifying new potential entry routes e.g. through associate roles and apprenticeships
 - making more effective use of international recruitment
 - identifying the most effective and efficient ways to encourage and support return to practice.
- Assess future need for medical graduates (taking account of changing service models, skill mix and productivity) and make recommendations on the required scale of expansion for medical school places.
- In support of these objectives:
 - agree key implementation actions needed at national, regional, system and provider level, including the specific accountabilities, responsibilities, milestones and timeframes for each action
 - through HEE and NHSE/I regional teams, optimise and clearly signpost the support available to local health systems and providers to implement key actions and maximise the intended benefits
 - support STPs/ICSs through regional teams to ensure their workforce supply plans are based on realistic supply trajectories and reconcile with national plans
 - identify and implement the actions needed at national, regional, system and provider level, to improve the coverage, quality and timeliness of data, analysis and insight to measure progress on workforce supply against agreed plans.

6. Securing current and future supply

Workstream actions

Immediate 2019/20 actions

1. Develop plans for expansion of undergraduate medical places*
2. Implement post-foundation Internal Medical Training*
3. Launch a national consultation on 21st century medical graduates*
4. Set up national programme board to address geographic & specialty medical shortages*
5. Publish recommendations for supervision of doctors in training*
6. Implement *Maximising the potential* for SAS doctors*
7. Roll out a two-year Primary Care Fellowship Programme
8. Recruit 7,500 nursing associate trainees†
9. Develop pipeline of AHPs‡

Actions to develop full People Plan

1. Explore options for expanding accelerated medical degree programmes & part-time study*
2. Evaluate flexible medical training programmes.*
3. Explore development of foundation training programme for pharmacists**
4. Explore development of more flexible and alternative dental training pathways††

Other commitments

1. Incentives to attract students to shortage professions

* With medical workstream

† With nursing workstream

‡ With AHP workstream

** With pharmacy workstream

†† With dental workstream

6. Securing current and future supply

Sub-workstreams

Current and immediate supply (with impact over next four years)	Medium term supply (impact in 5-10 years)	Long term supply (impact in 10+ years)
<ul style="list-style-type: none"> • Efficient and effective return to practice • Working with HEIs/medical schools to: <ul style="list-style-type: none"> ○ increase applications and acceptance to student courses ○ increase places, including clinical placements ○ reduce attrition from training ○ widen participation in to undergraduate degrees • Effective international recruitment • Geographic and specialty (re)distribution of current workforce • Pathways into clinical roles and new entry routes (e.g. associate and new roles, apprenticeships) [with workstream 5] 	<ul style="list-style-type: none"> • Expansion of medical school places • Distribution and allocation of a proportion of medical school places across England • Geographic and specialty distribution of foundation and postgraduate medical training places • Levers and incentives to attract people to shortage professions, specialties and geographies. 	<ul style="list-style-type: none"> • The future clinician and future clinical team • Reforms to education and training

The workstream has established bespoke reference groups for each of these workstreams

7. Analysis, insight and affordability



Key objectives

- Use data, modelling, analysis and insight to:
 - refine our understanding of the number/mix of staff that the NHS is planning to reflect service/activity requirements and financial affordability (workforce demand) – by profession, service area and geography – after taking account of new ways of working and improvements in workforce efficiency (including skill mix and reduced sickness absence) and allowing for reasonable vacancy rates
 - understand the optimal and realistic respective contributions of retention, domestic supply, international recruitment, return to practice – and other means of increasing flows in and reducing flows out – to closing the gap between demand and current supply. Identify what can be delivered in the short (1-2 years), medium (3-5 years) and long term (5+ years) and the lead times required for each intervention
 - improve our understanding of how the NHS is planning to improve workforce efficiency (in support of the wider requirement for 1.1% increases in overall NHS efficiency)
 - reconcile STP/ICS, regional and national assumptions/projections on workforce productivity, demand and supply
 - provide analysis which supports organisational, STPs/ICSs, regional and national needs, including primary care.
- Ensure an agile, iterative approach to understanding the optimal relationship between the factors above to provide the right number of people with the right skills in the right place.
- Ensure we have clear metrics, data and processes to track progress on productivity and supply by employer, system, region and nationally – and identify actions to improve coverage, quality and timeliness of workforce data collection, reporting and analysis.
- With workstream 3 (releasing time for care), develop workforce productivity metrics capable of measuring regional and local variation.

7. Analysis, insight and affordability

Workstream actions

Immediate 2019/20 actions

1. Support local health systems to develop five-year workforce plans as integral part of service and financial plans

Actions to develop full People Plan

1. Develop an action plan to ensure more comprehensive and timely workforce data, available across national, regional, system and organisations

Further work

- Input to SR
- Develop single shared model for understanding demand and supply
- Quantify costs and benefits of proposed interventions for full People Plan

8. A new operating model for workforce

Key objectives

- Test the principles in the interim People Plan about subsidiarity, particularly around the activities that should be undertaken by STPs/ICSs.
- Undertake work to identify what practical enablers (e.g. capacity, capability and financial resources) would be needed by both aspiring ICSs and established ICSs to undertake more workforce activities.
- Agree the support to be provided by NHSE/I and HEE regional teams, and codify ways of working.
- Understand what good partnership working and governance looks like in STPs/ICSs and how the current governance and roles and responsibilities may need to evolve.
- Test the ICS workforce development tool to understand how it could further evolve and be applied both by STPs/ICSs and regional teams.

8. A new operating model for workforce

Workstream actions

Immediate 2019/20 actions from interim People Plan

1. Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support they can expect from NHSE/I and HEE regional teams, and informs decisions on the pace and scale at which ICSs take on workforce and people activities

Actions to develop full People Plan

1. Regional teams and ICSs to agree respective roles and responsibilities, associated resources, governance and ways of working
2. Implement a collaborative system level approach to delivery of international recruitment and apprenticeships
3. Agree development plans to improve STP/ICS workforce planning capability and capacity