Wednesday 6 March 2019

To:

NHS trust and foundation trust chief executives and chairs

NHS clinical commissioning group accountable officers and chairs

Dear colleague,

Interim Workforce Implementation Plan: emerging priorities and actions

Following the recent publication of the *NHS Long Term Plan*, we have been tasked by the Prime Minister and Secretary of State for Health and Social Care to develop an interim Workforce Implementation Plan, as part of the overall Implementation Plan for the *NHS Long Term Plan (LTP)*.

The Interim Plan will be published in early April and will include a 2019/20 action plan together with a more detailed vision of how our workforce will transform over the next ten years. A full implementation plan will follow within two months of the conclusion of the Comprehensive Spending Review.

At this critical point in our work, we are seeking your views on our thinking so far and potential actions for 2019/20, following the last five weeks of intensive engagement with a broad range of partners from across the NHS, think tanks, regulatory bodies, academia and trade unions. This is consistent with our commitment to an inclusive and collaborative approach to developing the Plan, as well as maximising the value of your contributions in view of the pressing timescale.

To deliver 21st century care for our patients, we will need a transformed workforce – engaged, motivated and supported; with compassionate and inclusive leadership and working in positive cultures; with sufficient nursing staff and the right number of staff across all disciplines and all regions. We know that we don't simply need more of the same, but also a new skill mix which is more responsive to local patient and population needs. Finally, these actions will need to be delivered through a new workforce operating model where the right activities are done at the right level, whether this is employers, Integrated Care Systems (ICSs), regional or national bodies.

This letter sets out the emerging vision, potential 2019/20 actions and some key questions on each of these five emerging themes, on which we would really value your input.

Theme 1: We can make a significant difference to our ability to recruit and retain staff by making the NHS a better place to work.

Our vision: We know many people feel the NHS is a great place to work, but people tell us it could be much better. We know that the added stress from gaps in rotas can cause burnout, while the Pearson report on NHS staff and leaners' mental wellbeing sets out some of the most serious cases of harm to our people's mental health and wellbeing. Similar themes emerge from

the recently published results of the 2018 NHS Staff Survey where worryingly more people have reported experiencing bullying harassment and abuse in their workplace in the last 12 months.

We need to make the NHS an employer of excellence – valuing, supporting, developing and investing in our people. To do this we must create a modern employment culture fit for the 21st century, to meet the expectations of the people joining the NHS now and retain the people currently working in the NHS. This means significantly increasing flexible working through a combination of technology and a change in HR practices, giving people greater choice over their working patterns and helping them achieve a better work-life balance. Our people should expect a varied career and the ability to maintain a portfolio of personal and professional interests.

We need to widen participation in both education and training, and NHS careers, so that the workforce in 10 years' time better reflects the population it serves. It means maximising the contribution of both our clinical and non-clinical workforce, as well as our volunteers and the broader workforce.

We must prioritise the physical and mental health and wellbeing of our staff. All NHS staff should expect to work in an environment where their concerns are welcomed and taken seriously, and they don't suffer any negative consequences if they raise concerns. We must weed out discrimination, violence, bullying and harassment across the NHS, and provide better support for people who have been at the receiving end of unacceptable behaviours and actions.

Much of this starts with good line management practices – focussing on the management basics such as ensuring staff are able to take their breaks, have access to hot food, somewhere to rest and recharge, and a manager who thanks them when they work late.

Potential actions for 2019/20
- Consultation on a new deal with staff, building on the NHS Constitution, setting out what they can expect from the NHS as a world-class and modern employer
- Associated campaign to engage all our people; framework to support Boards on how to engage with their people; good practice case studies of employers that are at the vanguard on this agenda
- Further action to improve health and wellbeing, including implementing the recommendations from the recently published *NHS staff and learners' mental wellbeing commission*
- Next steps on tackling violence and aggression, and bullying and harassment
- Embedding the Workforce Race Equality Standard and consulting on Workforce Disability Standard
- Expanding the NHS Improvement retention programme to all trusts and developing an equivalent program for Primary Care
- Streamlining induction and training processes, and passporting training and qualifications across different employers and settings
- Review of the impact of pensions policy on retention and options to resolve

Key questions
- Have we captured the key areas we need to focus on in 2019/20 to make the NHS a better place to work? Is anything missing or less of a priority?
- We are keen to ensure that this workstream is relevant to all parts of the NHS, are there specific actions we should consider to ensure we capture the needs of staff working in the community and primary care?
- What more can we do nationally to create the right conditions for success?

Theme 2: If our workforce plan is to succeed we must start by making real changes to improve the leadership culture in the NHS.

Our vision: Our ability to continue to recruit and retain the best staff depends on us creating a positive and engaging culture – a culture which needs to start at the very top of the NHS. There is clear evidence that organisations with highly engaged staff deliver high quality and sustainable care for patients. It is no coincidence that these organisations also use established quality improvement methods, which draw on staff and service users' knowledge and experience to continuously improve services.

It is also clear that this positive leadership is not consistently demonstrated across the system in national bodies, providers or commissioners. If we are to deliver the promise of the LTP we need to acknowledge this and improve our leadership culture and capacity. We need to support and encourage our very best leaders to take on the most difficult roles, and create a pipeline of clinical and non-clinical talent ready to take on Board leadership positions in future.

We all recognise the increased need for system collaboration and service transformation means new and different leadership challenges, in particular for our most senior people. These challenges also apply to the senior leaders of the national bodies as we come together to establish new structures and ways of working. This provides a valuable opportunity to co-produce a new deal with our leaders that sets out the 'gives and gets'.

This is not just about Board leadership. Middle management often sets the culture of our organisations for our front-line staff. We need to do more to embed strong management skills and support and develop our middle managers to lead through engagement and improvement, rather than command and control.

Potential actions for 2019/20
- Review of the support provided to challenged organisations by NHSI/E to ensure it reflects the inclusive and compassionate leadership we know delivers
- Develop a consistent, whole system approach for identifying, assessing, developing, deploying and supporting our talent to include:
  o rolling out regional talent boards
  o resources to support development of system leadership skills
  o consulting on common job descriptions, competency, values and behaviour frameworks for board level roles and other recommendations from recent reports by Tom Kark QC and Sir Ron Kerr
  o reviewing investment in talent management programs for all our staff
- Co-production of new 'leadership compact' between NHS Improvement/NHS England and Chief Executive Officers/Accountable Officers and Chairs which will set out the, values, behaviours and competencies expected of senior leaders, and the support and development those senior leaders should expect in return
- Review of the national oversight frameworks to ensure they are reflecting the inclusive and compassionate leadership we know delivers, specifically the Care Quality Commission/NHS Improvement well-led framework, NHS Improvement Single Oversight Framework and NHS England Improvement and Assessment Framework to enable measurement of culture, leadership, inclusion and organisational health

Key questions
- Do you agree that improving the leadership culture in the NHS is critical if we are to address our workforce challenges? If so, have we got the right immediate actions to create the conditions for local systems and organisations to improve? Is anything missing or less of a priority?

Theme 3: Although there are workforce shortages in a number of professions, disciplines and regions, the biggest single challenge we currently face nationally is in the nursing and midwifery profession.

Our vision: We currently have vacancies across all branches of nursing, with the most significant shortages in mental health, learning disability and community nursing. We have also seen a decline in mature students choosing to train as nurses. Our initial analysis suggests that this position is unlikely to improve in the near future without a serious focus on the supply, development and retention of the nursing and midwifery workforce.

We recognise the urgent need to boost entrants to nursing and midwifery courses, and we are examining all available options. In addition, there are actions that we can take in 2019/20, within existing budgets, including a focus on improving retention, reinvigorating the undergraduate nursing pipeline, and recruiting overseas nurses.

In parallel, we must increase our efforts to make nursing a more attractive career choice, so we have more entrants to the profession. We will also need to maximise system capacity by more actively engaging with our Higher Education Institutions (HEIs) to ensure there are enough places for those wanting to enter education and training.

We must explore the routes into the profession, focussing on maximising the contribution of the apprenticeship and new Nursing Associate routes. We know we also need to bridge the gap from education to employment by supporting our nurses better to manage this transition. We will explore an expansion of Health Education England's RePAIR initiative to stem attrition during training; the role of a job guarantee scheme to match graduates with employers; increase the focus on newly qualified nurses in NHS Improvement's retention programme; and enable our nurses to move within and between employers and sectors, so they can have fulfilling careers.

Finally, we must foster a culture of continuous development that supports our nursing and midwifery staff to meet their personal aspirations, as well as meeting the needs of the NHS through the development of new and advanced practice.

Potential actions for 2019/20
- 5,000 expansion of clinical placements for impact September 2019 intake
- New annual campaign and targeted approaches to school leavers, in particular 15 to 17-year olds (linked to volunteering and work experience programmes to maximise opportunities for exposure to health careers)
- Review of current Return to Practice processes to determine whether these can make a further contribution to increasing supply
- Details of the job guarantee offer, and an approach to preceptorship and early career support as part of an expanded retention programme

Key questions
- Do you agree that our highest priority for further investment is nursing and midwifery?
- Are these the right actions in the short to medium term and is this the right direction of travel? Have we missed anything critical?

Theme 4: To deliver on the vision of 21st century care set out in the LTP will not simply require 'more of the same' but a different skill mix, new types of roles and different ways of working.

Our vision: To deliver the model of care set out in the LTP will require the transformation of our workforce. While this is already underway in some parts of our workforce, with the introduction of critical new roles such as Physician Associates and Nursing Associates, we must accelerate our efforts to bring about a different skill mix and new ways of working to meet patient and population need. The creation of a more flexible and adaptive workforce will require the further development and upskilling of our people to enable us to make the best use of their talents, as well as ensuring we can get the most from critical new roles and our wider workforce of volunteers and partners.

To deliver truly population-based care we will need to change the way we work, with multidisciplinary team models across professions, care settings and organisations becoming the norm. We will need to facilitate this movement of staff by recognising relevant skills and training acquired in different settings, and removing barriers to integrated care provision. We will also need to harness the potential of technology to enable our people to work more flexibly and spend more time with patients, as well as equip them with the skills needed to operate in a world constantly evolving as a result of digital and genomic innovation.

The Apprenticeship Levy represents an important opportunity to widen participation and secure valuable new skills for our workforce, and ICSs will need to work together to use the levy funding available to them to secure the skills required locally. The newly established National Academy of Advancing Practice will also lead development of and agree the standards for multi-professional credentials, which are another means of safely and effectively widening the skill mix of our workforce.

We must ensure that we fully embed and maximise the contribution made by new roles, such as Nursing Associates and Physician Associates, including by planning for a sustainable pipeline and clarifying career pathways. We now have a shared national definition of advanced level practice. During 2019/20 we will support employers to identify and fully utilise this part of our workforce, including by updating ESR so that we are able to track numbers of advanced practitioners and better plan their deployment.

It is clear that we have not been investing sufficiently in Continuing Professional Development (CPD) and the development of our workforce more broadly. We know that this has an important bearing on the morale, and ultimately the retention, of our people. It is also a critical enabler of new and extended practice which will enable our people to adapt to the changing skill mix that will be required in the future. This is why we want to review how current funding is being targeted to ensure it is being used to upskill our people.

Finally, our people will need to be equipped to make the most of the digital age. We will use a range of learning programmes to drive digital skills leadership for system and organisational leaders through both the established Digital Academy and other education providers, providing the development for change leaders and aspiring leaders. We will launch an easy to use learning hub where content on everything from robotics to genomics will be easily accessible to all.

Potential actions for 2019/20
- Tools and good practice case studies to support systems to maximise the use of the apprenticeship levy
- 4 new multi-professional credentials and details of the next set for development
- Review of priorities areas for CPD investment

- Establishment of sustainable NHS Digital Academy; plans to ensure new areas such as AI are included in curricula; establishment of a board level leadership development model; and a digital workforce planning exercise

Key questions
- Are these the right actions in the short to medium term and is this the right direction of travel?
- What other actions could we take to transform the skill mix of our workforce and enable new ways of working?

Theme 5: We must look again at respective roles and responsibilities for workforce across the national bodies and their regional teams, ICSs, and local employers, to ensure we are doing the right things at the right level.

Our vision: The LTP is clear that the main organising unit of our health system will be ICSs, and all local health economies will move to become ICSs over the next 5 years. It is clear that different organisations and geographies have different workforce demands, different cultures and different local labour markets, so the way we recruit, retain and develop our people is going to be critical to the success of ICSs.

We will clarify the respective roles and responsibilities of the national bodies, aligning these under a shared strategic vision, to eliminate duplication and provide an enhanced support offer for local systems. This will mean supporting the development of more robust local workforce plans, that together inform national plans, and are more than a product of simply reconciling activity and finances. We must equally equip systems to transform their workforce, helping them to identify skills gaps, think creatively about how to address these and remove any barriers to new ways of working.

We will therefore seek to devolve more workforce activities to local systems, with the accompanying resources, as they are ready. These decisions will be informed by a framework that allows for benchmarking to determine whether the necessary enablers are in place and codifies the support that emerging ICSs can expect from NHS Improvement/NHS England and Health Education England regional teams.

Finally, we understand that to plan our workforce effectively we need a single, real time, workforce dataset available to national, system and local bodies. We must also take steps to address the gaps in our workforce data, beginning with Primary Care.

Potential actions for 2019/20
- Clarity about the roles and responsibilities of the national bodies and their regional teams, STPs/ICSs and local employers on workforce, with a roadmap for greater devolution of responsibilities and resources to STPs/ICSs and the support offer from regional teams
- Details of the critical path to establish single, real time, workforce dataset available to national, system and local bodies, built up from local systems

Key questions
- Do you agree we should devolve more responsibility for workforce to regions and STPs/ICSs?
- What activities would best be done at STP/ICSs level, and what enablers are required to make this a reality?

How you can feedback to us

We are very keen for your rapid input on all the areas outlined by 15th March, and you can feedback by:
- Emailing the team on nhsi.ltpworkforce@nhs.net
- Posting a question or comment on TalkHealthandCare
  https://dhscworkforce.crowdicity.com/category/browse

Our people are the NHS's greatest asset. We believe that we can achieve significant change in the coming financial year working with everyone who wants to make a difference on the people agenda – unleashing creativity to make better use of the financial resources we have currently and providing support to address challenges at the right level of the system.

Thank you in advance for making the time to respond.

Yours

Baroness Dido Harding
Chair, NHS Improvement
Chair, Workforce Implementation Plan

Julian Hartley
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Hospitals NHS Trust
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