Interim NHS People Plan - our summary

Health Policy team
The interim NHS Workforce Implementation Plan, or People Plan, complements the NHS Long Term Plan that was released in January 2019. A full People Plan will be published towards the end of 2019 after the spending review, and will be fully costed alongside a detailed implementation plan for the Long Term Plan.

The People Plan focuses on the challenges that are specific to the health service workforce and is split into five themes: making the NHS the best place to work, improving leadership culture, tackling the nursing challenge, delivering 21st century care and a new operating model for workforce. The five themes outlined in the interim People Plan are summarised below.

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1. Making the NHS the best place to work

The Plan recognises the ‘overstretched’ staff of the NHS, the ‘competitive’ employment market and a problematic history of workforce planning that is disconnected from service and financial planning. Pensions are also briefly touched upon, with the promise of a consultation on new pension flexibility for senior clinicians.

The Plan states that a new offer for NHS employees is in development. This will set out the support that can be expected from the health service and will be developed via engagement with employees, staff representatives and employers to form an overarching national framework. The framework will feed into a scorecard that will reflect national workforce
standards and local priorities, with the aim of assessing progress and target areas of improvement. It will also be a central aspect of the NHS Oversight framework and part of future CQC (Care Quality Commission) assessment, encouraging NHS Trusts, commissioners and systems to better consider staff engagement.

The new offer will be underpinned by action to improve equality, such as embedding the Workforce Race Equality standard and Workforce Disability Equality Standard, along with initiatives to close the gender pay gap and promote equality for women.

In parallel to the development of this new offer a number of immediate actions will be taken, including the implementation of key recommendations from the NHS Staff and Learner Mental Wellbeing programme and the Reducing Violence and Aggression Strategy. An independent review of HR and OD practice in the NHS will also be commissioned, with the aim of bringing the health service up to the level of the best of the public and private sectors.

2. Improving the leadership culture

The Plan sets out an ambition to foster compassionate, inclusive leadership and a supportive culture. This will be achieved by embedding leadership development throughout professional careers and training, starting at undergraduate level.

The Plan acknowledges that national regulatory and oversight bodies must do more to understand local context and support leaders in the most challenging roles, providing them with ‘headroom’ and ‘air cover’ as necessary to make the tough decisions that will most improve their areas.

NHS England and NHS Improvement will work with NHS staff and leaders to agree a standard set of competencies, values and behaviours required in different senior leadership roles. This will challenge the ‘revolving door’ culture of leaders being moved elsewhere within the NHS despite only holding ‘vanilla’ references and the NHS itself holding very limited information about leaders’ qualifications and career histories.

3. Tackling the nursing challenge

The Plan focuses on nursing as this group face the largest number of vacancies and are key to the delivery of the Long Term Plan.

Growing international recruitment in the short and medium term is noted as a key priority to increase the supply of nurses, keep up with rising demand and bring down substantive vacancy levels. Health Education England (HEE) will continue to build global partnerships while NHS England/NHS Improvement (NHSE/I) will be responsible for the co-ordination of local health systems’ recruitment efforts. A new national procurement framework will also be developed alongside a best practice toolkit for employers, setting out how international recruits should be supported in both practical and pastoral terms.

Retention of existing nursing staff is a further priority that is addressed by the Plan in a number of different ways:

- Increasing the supply of undergraduate nurses
- Creating innovative approaches to delivering clinical placements to boost placement
capacity
- Stimulating demand and shifting perceptions, making nursing a more attractive career
- Improving student experience and reducing attrition
- A new return to practice campaign to inspire individuals back into nursing

The full People Plan due later this year will set out further plans to reduce vacancies and the reliance on temporary staff, with the ambition of reducing vacancy levels to 5% by 2028. The Plan will also outline alternative routes into nursing and set out how the transition from education to employment can be better supported.

The issue of financial support for students is touched upon, with a promise to work with the Department for Health and Social Care to improve financial support and raise awareness around what is already available via the Learning Support Fund (LSF). Further along the career pathway, the full Plan is anticipated to contain more information on continuing professional and workforce development, as the interim Plan recognises that this has been neglected in favour of investing in training capacity.

4. Delivering 21st century care

The Plan states that a ‘workforce transformation’ is necessary to provide a richer skill mix, new types of roles and different ways of working within the health service. This is anticipated to facilitate the cross-disciplinary working necessary for the joined-up care set out in the Long Term Plan.

The Plan states that the plans currently being developed by ICSs (Integrated Care Systems) and STPs (Sustainability and Transformation Plans) regarding workforce, service planning and finance will be used to inform national workforce planning. The Plan also acknowledges the need for an ‘open debate’ about the level of growth needed in different staff groups and hopes that this will inform future investment in education and training.

In terms of the medical workforce, the Plan recognises that there are currently ‘gaps in certain specialities and regions’. It therefore seeks to grow the current medical workforce, noting the increase in medical school places via the upcoming establishment of five new medical schools. International recruitment efforts will be increased to meet demand in the meantime, before the benefits of increased medical students are felt in the clinical setting.

The Plan states that the new Internal Medicine Training model for doctors intending to enter specialty training will help to equip them with the skills necessary to meet a wider variety of patient needs. The roll out of medical credentialing will also complement existing medical career pathways and allow individuals to pursue their interests in a more structured way.
The Plan also acknowledges the importance of flexibility in the retention and growth of the medical workforce. This includes trainees, with the extension of ‘step out step in’ training and wider access to less than full time options. Better support for junior doctors at the start of their careers is also promised, along with increased support and empowerment for speciality, associate specialist and staff grade (SAS) doctors. Senior doctors are also addressed in terms of more structured career progression for consultants, allowing them to undertake increased levels of research, teaching and leadership activities as they wish. Technology is also referred to as a means of allowing more flexible working patterns and to enable home working.

It is anticipated that the allied health professional, nursing and midwifery pipelines will be expanded. Pharmacists will also be encouraged to develop more skills through the introduction of a new foundation training programme and a new healthcare science workforce programme will foster the development of healthcare scientists. These roles are posited to be crucial for the delivery of the Long Term Plan. Relatedly, the interim Plan states that prescribing rights for physician associates will be the focus of an upcoming consultation.

The ‘Releasing Time to Care’ programme will draw together the actions that have been shown to be most effective in releasing time for care and boosting productivity. As part of the programme, clinical teams will take increased ownership of how to plan and deploy the workforce. Technology is a crucial aspect of the programme, as innovations such as digital outpatient appointments are envisaged to create significant productivity gains for the health service. Electronic rostering and job planning systems will also be rolled out by 2021, and all clinical staff will have access to e-rostering and be able to agree their rotas at least six weeks in advance. The programme will also encompass leadership culture and spread good practice within the NHS.

As well as enabling flexible working, the Plan states that technology will be embedded into the health service and digitally supported care will become the norm. Science and technological developments, in fields such as genomics, will be central to the future of the NHS along with a high-quality supply of digital leaders and the service transformation skills necessary to implement digital change.

5. A new operating model for workforce

The Plan states that permanent forums will be established to unite the many national NHS organisations with formal responsibilities for people planning and management, together with key partners.

The Plan emphasises the importance of workforce responsibilities being enacted at the appropriate level, envisaging that ICSs will possess more responsibility as they mature. NHSE/I (NHS England and NHS Improvement) and HEE regional teams will work with ICSs to equip them with the tools and resources necessary for place-based workforce planning and transformation.

The readiness of ICSs to oversee population-based workforce planning for local health services will be determined by a standardised framework.

The Plan sets out high-level guidance for which responsibilities will fall under which level,
noting that ICSs would make decisions across the local labour market that require strong local partnerships, and where regional footprints would be too large to affect change. ICSs would also make short-term decisions, while responsibility would be held regionally for medium time frame decisions and longer time frame decisions would be made at a national level. Some decisions, such as talent management and workforce planning, would be reached across all three levels.

At a national level, a new NHS People Board and People Plan Advisory Group will support the development of the full People Plan set to be delivered later this year.

The interim Plan notes that a single, more timely dataset must be established and available at the national, regional, ICS and organisational level. It is stated that an action plan will be developed for this and will be complete by the publication of the full People Plan.

**RCPCH census 2017: The paediatric workforce in NHS England**

The 2017 RCPCH Workforce Census sets out a number of detailed recommendations necessary to build a sustainable paediatric workforce and to provide consistently high-quality care to children and young people. The recommendations fall under the following five main key areas:

- Plan the child health workforce
- Recruit and train more paediatricians
- Incentivise the paediatric workforce
- Attract more overseas-trained doctors and health professionals
- Plan for and expand the non-medical workforce

Find out more, including the detailed paediatric workforce recommendations

External links
Interim NHS People Plan