

# NHS People Plan 2020/21 - our summary

## [Health Policy team](#)

"We are the NHS: People Plan for 2020/21 – action for us all" builds on the Interim People Plan that was published in June 2019. The Plan, led by NHS England and NHS Improvement (NHSE/I) and Health Education England (HEE), recognises the impact of COVID-19 and sets out what the people of the NHS can expect from their colleagues and leaders for the rest of 2020 and into 2021. This page summarises our response to the report, before discussing the six chapters of the Plan and outlining the commitments that are of greatest relevance for our members.

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## **RCPCH response**

Overall, the emphasis on flexible working and supporting the workforce is positive, alongside actions with clear timelines that span local, regional and national levels. The urgency with which equality, diversity and inclusion work is set to be addressed is important, given the huge impact of inequality and discrimination on NHS staff and patients.

In lieu of the forthcoming spending review, however, this Plan lacks clarity on how many of the actions will be achieved by systems and employers.

Furthermore, a lack of reference to paediatrics and children and young people's health stands in contrast to the Plan's focus on generalist skills and its forward-looking approach.

# 1. Responding to new challenges and opportunities

The Plan notes that the COVID-19 pandemic has led to a greater focus on the health and wellbeing of NHS employees among NHS employers and the public, and has highlighted existing inequalities among staff members. The pandemic has also led to positive changes, including greater local partnership and system working, flexible working, clinicians returning from academia and retirement, plus increased clinical support for care homes and NHS people being part of COVID-19 research activities. Where these changes have worked well, they should be adopted systematically.

The Plan states that, by the end of September 2020, metrics will be published to track the impact of actions contained within the Plan. This focus on measurement, timelines and accountability across all levels of the system is positive and present throughout the Plan.

## 2. Looking after our people

This chapter contains the NHS People Promise, developed by asking people in NHS what matters most to them and what would improve their experience of working in NHS. By 2024, everyone in the NHS should be able to say that:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Being safe and healthy is acknowledged to be especially important in the context of COVID-19. It includes PPE (personal protective equipment), infection control and risk assessment but also home working support, rest and respite, bullying and harassment and violence against staff. The majority of actions are for employers, such as employing a Wellbeing Guardian, providing support for people throughout sickness, ensuring that staff have support to switch off from work and providing spaces to rest when in work.

In terms of flexible working, the Plan states that employers should normalise conversations about flexible working and understand that flexibility means different things to different people. Role modelling by leaders is noted to be important to embed a culture change, allowing NHS staff to work in the way that best suits them without needing to provide a justification for doing so.

Flexibility also extends to junior doctors' training, as Health Education England (HEE) will continue to focus on this area for the rest of 2020/21. This includes initiatives like less than full time (LTFT) training, out of programme (OOP) pauses and opportunities to develop portfolio careers. By 2022/23, all junior doctors should be able to apply for flexibility in their chosen training programme.

NHS staff with caring responsibilities will also be better supported, including the

establishment and protection of flexible working patterns.

### **3. Belonging in the NHS**

This chapter begins by recognising the urgency of NHS leaders taking action and creating an organisational culture where everyone feels that they belong – in particular, improving the experience of people from Black, Asian and Minority Ethnic (BAME) backgrounds.

Responsibility for action here is allocated across the NHS, at local and national levels. For example, by October 2020 employers should overhaul recruitment and promotion practices to make sure their staffing reflects the diversity of their community, regional and national labour markets. Education, diversity and inclusion should also be part of health and wellbeing conversations from September 2020.

At a more local and regional level, every NHS Trust, Foundation Trust and Clinical Commissioning Group (CCG) must publish progress against the Model Employer goals to ensure that at every level the workforce is representative of the overall BAME workforce. Additionally, staff networks should be able to contribute to decision making by December 2021.

Nationally, over 2020/21 the Care Quality Commission (CQC) will place increasing emphasis on equality, diversity and inclusion work and the positive impact of this on staff and patients.

Furthermore, NHS England and NHS Improvement (NHSE/I) will make increased information and resources available to support this action, and will publish competency frameworks for every board-level position in NHS providers and commissioners. These will emphasise the responsibility of the Chief Executive to lead on equality, diversity and inclusion work.

NHSE/I will also adapt the NHS staff survey so that they can better engage with and listen to people, and better support managers and leaders to foster a listening and speak up culture.

### **4. New ways of working and delivering care**

The Plan states that successes in delivering care during the COVID-19 pandemic have been due to good communication, high levels of trust, distributed leadership and rapid decision-making. People have been empowered and bureaucracy "fell away".

To build on this, employers should support deployment and redeployment and focus on upskilling. HEE is working to provide a nationally-recognised critical care qualification, and with Royal Colleges to ensure competencies gained by trainees while working in other roles due to COVID-19 can be recognised and count towards training. Technology-enhanced learning is also being developed, including training on new ways of working such as remote triage. Employers should provide increased support for students and trainees and ensure that clinicians have protected time for CPD.

Developing generalist skills is a major theme of this chapter, following the release of the [Future Doctor report](#) that was published by HEE earlier this year, in July 2020.

The importance of multidisciplinary teams is emphasised, and support from HEE in terms of the expansion of multidisciplinary teams (MDTs) in primary care is explicitly stated.

The Plan also looks to children and young people as tomorrow's NHS workforce. NHS Cadets, a new scheme set up in partnership with St John's Ambulance, aims to enrol 10,000 young people by 2023. Systems are also encouraged to promote NHS Ambassadors, a scheme that encourages NHS people to showcase their role in the NHS to young people and encourage them to consider a career in the health service.

## 5. Growing for the future

The actions in this chapter seek to build on the public's support for the NHS that was highlighted due to COVID-19, and the interest in NHS careers that the pandemic has stimulated.

The Plan states that HEE will address the specialty areas with the most pressing workforce shortages:

- Mental health - In terms of children and young people (CYP), investment will be made in this workforce to support the expansion of therapies for CYP
- Cancer
- Advanced clinical practice
- Expanding shortage specialties, including investment in an extra 250 Foundation Year 2 posts so these trainees can grow into GP, psychiatry and other priority areas; paediatrics is not referred to here
- Increasing undergraduate places; over 5,000 from September 2020 in nursing, midwifery, and allied health professions
- Developing clinical pharmacists

Local and international recruitment is noted to be important, plus encouraging and supporting return to practice. Retention of people is also emphasised, and it is stated that employers should design roles to make greatest use of skills and fit with preferences. Those approaching retirement are specifically mentioned in the context of the ongoing pensions issue, although no new information on this is given by the Plan.

NHSE/I will launch a People Plan delivery programme in summer 2020, which will help employers to value and retain their people. This will comprise a new online portal of resources, master classes and support for systems and organisations.

Systems should align workforce, operational and financial planning within organisations as much as possible, and help design new models of care and service changes. They should also work with HEE and NHSE/I regional teams to develop competency-based workforce modelling and planning for the remainder of 2020/21, and make it easier for staff to stay in system and transfer across organisations. Initiatives like the digital staff passport should help with this – a trial of the COVID-19 passport will occur during winter 2020.

NHSE/I and HEE will also work to improve workforce data collection at employer, system and national level.

## 6. Supporting our NHS people for the long term

This plan is a starting point that builds on the Interim People Plan, as well as the current appetite for change and widespread support for the NHS. It notes that there must be sustained focus and energy to meet the pace and scale of the challenge still to come, as we confront the next phase of the pandemic and the seasonal pressures associated with winter.

External links

[We are the NHS: People Plan 2020/21 - action for us all](#)