NHS Pay Review Body data submission

March 2021

Contents

1. Introduction

1.1 Context

1. The NHS People Plan 2020/21[1] describes the central importance of properly supporting NHS staff in order to deliver high quality safe care.

2. It states: “This plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care.”

3. Since the beginning of the coronavirus (COVID-19) pandemic, our staff have demonstrated extraordinary commitment and flexibility as they continue to tackle successive waves of COVID-19, while simultaneously treating non COVID-19 emergency, urgent and elective patients. NHS staff should receive a fair salary, rewarding and recognising their amazing contribution, including during the COVID-19 pandemic.

4. We are building on the work we started before the pandemic struck to support NHS employers improve the physical and mental health and wellbeing of their staff, ensure working patterns are as flexible as possible and that the NHS workplace is a place people want to join, stay in and return to.

5. We want to ensure that the entire healthcare team are supported and engaged and that others want to join and remain in the NHS. We are committed to improving the morale, retention, recruitment and productivity of our people, paying attention to their immediate and longer-term needs.

6. The innovative response to COVID-19 will inform how we restore and improve services. For example, our ambitions for embedding integrated care systems (ICSs)[2] right across England will provide and improve the ‘joined up’ services the public rightly deserve.

[1] https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/
[2] https://www.england.nhs.uk/integratedcare/integrated-care-systems/

7. The outlook for 2021/22 is challenging as we continue to respond to the pandemic, but our aim is to ensure our growing workforce is valued and engaged to better support the long-term delivery of healthcare in England.

1.2 Agenda for Change multi-year pay and contract reform deal (2018 to 2021)

8. The *Framework Agreement on the Reform of Agenda for Change* was published on 27 June 2018.[3] Government agreed to additional pay investment in return for improvements in recruitment, retention and productivity – a 'something for something' deal. The agreement also includes a commitment to supporting implementation:

9. "In addition, the Staff Council will agree a work programme in partnership to monitor the implementation of the proposed deal over the three-year period and ensure all aspects of the agreement are implemented as intended."[4]

10. NHS England and NHS Improvement continue to track, with the support of the NHS Staff Council, the key performance indicators to help ensure a common understanding of the expected benefits of the deal, how success will be measured and how the benefits of the deal are being realised on the ground.

11. During 2018, we introduced new standards for ambulance services to ensure that the sickest patients receive the fastest response, and that all patients get the response they need first time and in a clinically appropriate timeframe.

12. To enable the introduction of these standards, new ways of working for newly qualified paramedics were implemented. All paramedics must acquire the skills, experience and professional development necessary to operate the new models of care confidently. Paramedics need to work in a supportive and enabling environment, with appropriate systems and facilities to fulfil their professional role to its full potential. The 2016 re-banding agreement was implemented and embedded between March 2018 and March 2020. Progress in its implementation continues to be monitored by a sub-group of the Ambulance Improvement

[3] https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/2018-contract-refresh/Framework_agreement_27_June_2018.pdf
[4] FINAL Framework agreement 21 March 2018 (nhsemployers.org)

Programme Workforce and Leadership Workstream, reporting to the Joint Ambulance Improvement Programme Board.

2. Workforce strategies

2.1 NHS People Plan

13. In June 2019 NHS England and NHS Improvement published the Interim People Plan, which forms part of the overall implementation plan for the NHS Long Term Plan. It laid the foundations for the workforce transformation we need to bring about to deliver the new service models and ways of working set out in the NHS Long Term Plan.

14. In July 2020 we published *We are the NHS: People Plan for 2020/21: action for us all*.[5] This builds on the direction of travel set out in the Interim People Plan and describes the action to be taken at every level of the NHS, including by national bodies, to support our staff through the ongoing COVID-19 pandemic, winter pressures and in the lead up to EU exit.

15. These actions contribute to delivering the NHS Long Term Plan through:

    - having more people in training and education, and recruited to ensure that our services are appropriately staffed
    - people working differently by embracing new ways of working in teams, across organisations and sectors, and supported by technology
    - a compassionate and inclusive culture, by building on the motivation at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace, so that our people will want to stay.

16. The NHS People Plan 2020/21 sets out actions that employers and systems should take, as well as those that NHS England and NHS Improvement and HEE will take, over the remainder of 2020/21. It focuses on:

    - Looking after our people, particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.

[5] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

- Belonging in the NHS, highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- New ways of working and delivering care, emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- Growing for the future, particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

17. This plan includes the NHS People Promise,[6] which describes what people should expect from an NHS career and from the NHS as an employer. It sets out how the NHS will support, develop and empower everyone who works or is learning in the NHS – framed around seven key principles– with the clear expectation that all NHS organisations meet these standards within the next four years.

18. The plan also places greater emphasis on the role of ICSs in leading and overseeing progress on the people and workforce agenda, strengthening collaboration among all health and care partners to meet the needs of their population – in 2020/21 and beyond.

19. Systems are at the heart of the route map set out in the NHS Long Term Plan, for health and care joined up locally around population health needs. They have a leading role in bringing together all local providers of NHS services, primary and community care training hubs, local government and social care providers, local education providers and other partners to accelerate collaborative ways of working to deliver strategic workforce priorities.

20. We will work with and through our seven regional teams – and with HEE regional teams – to support systems and organisations to deliver these priorities.

2.2 Response to EU exit

21. The UK left the EU on 31 January 2020 and the transition period ended on 31 December 2020.

[6] https://www.england.nhs.uk/wp-content/uploads/2020/07/Our_NHS_People_Promise.pdf

22. As of January 2020, over 67,000 of the 169,000 NHS staff with non-British nationality were nationals of EU countries.[7]

23. As of June 2020, 5.5% of NHS staff in England are nationals of other EU countries – a figure that has remained stable since June 2016.[8] However, for doctors the proportion is above average at 9% and for nurses it is below at 4%. There are 32 trusts (mostly in London and the South East of England) where over 10% of staff are nationals of other EU countries.

24. Since 2017, the number of (primary and secondary care) doctors and nurses joining the UK workforce from the EU has been steady and the proportion leaving has remained stable.

25. The main changes that may impact on the NHS workforce include:

- The Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020[9] removes the free movement[10] rights of EU, European Economic Area (EEA)[11] and Swiss citizens in the UK that derived from the UK's EU membership. EU citizens who do not hold pre-settled or settled status are subject to the same immigration rules as other nationalities.

- The new points-based immigration system includes criteria such as having a job from an approved employer at an appropriate skill level with a salary of at least £20,480.

- A mutual recognition of professional qualifications statutory mechanism will allow continued automatic recognition of qualifications for key healthcare professions for up to two years following our EU Exit; the Secretary of State will review the case for further extension.

- There will continue to be no limit on the number of international students who can come to the UK to study.

[7] Baker C (2020). Briefing paper: NHS staff from overseas: statistics. Available at https://commonslibrary.parliament.uk/research-briefings/cbp-7783/
[8] Baker C (2020). Briefing paper: NHS staff from overseas: statistics. Available at https://commonslibrary.parliament.uk/research-briefings/cbp-7783/
[9] https://www.legislation.gov.uk/ukpga/2020/20/contents/enacted
[10] https://ukandeu.ac.uk/the-facts/what-is-freedom-of-movement/
[11] https://ukandeu.ac.uk/the-facts/what-is-the-eea/

- The EU settlement scheme allows EU, EEA or Swiss citizens and their families to apply to continue living in the UK after 30 June 2021. Many applications have been made by NHS staff.

26. The impact of EU exit on workforce supply cannot be predicted with certainty, but important points to note include:

    - EU workers make up a relatively small proportion of the NHS workforce in most NHS organisations (compared to the proportion of domestic staff and NHS workers from outside the EU).

    - The immigration surcharge does not apply to registered health and care professionals and their family members – and NHS staff from the EU who are already working here have access to the EU settlement scheme until June 2021.

3. NHS England and NHS Improvement COVID-19 response

27. Health and care staff continue to display extraordinary commitment in responding to the pandemic's unprecedented pressures and challenges. NHS England and NHS Improvement, working across a range of system partners have continued to ensure that critical care capacity is maximised to deal with the very high influx of patients who need this care, while supporting local employers, at pace, to mobilise and re-deploy existing staff and deploy new staff, including volunteers.

28. This has included, for example: local partnership working; guidance to support the retention and deployment of staff and support their physical and mental wellbeing; introduction of a new COVID-19 Life Assurance Scheme (in addition to life assurance available through membership of the NHS Pension Scheme); and new temporary guidance on national terms and conditions of service.[12]

29. The pandemic accelerated our action to deliver more joined-up care which included:

    - video and online consultations
    - faster deployment, skills and competency-based deployment (rather than just professional background)
    - increased roles for volunteers
    - faster clearance processes to ensure staff are legally safe to work with patients
    - new ways of delivering education and health consultations (eg virtual teaching, training, GP appointments)

[12] https://www.nhsemployers.org/covid19

- moving away from traditional working patterns, encouraging much more flexible working to maximise opportunities for staff to join their colleagues on the frontline, and for staff to return to or support the front line.

30. In this section, we explore some of the workforce trends and interventions put in place to support staff, and insights gained during the first wave of the response to COVID-19.

3.1 Workforce supply and trends

31. When a Level 4 National Incident was declared infrastructure was rapidly created to enable former NHS staff to return to the NHS, where they could be deployed to different services to boost the emergency response.

32. Students also stepped out of training to increase their direct support to patient care, and some staff were redeployed to areas experiencing pressure under the 'mutual aid' protocols. We published guidance[13] to support the safe and appropriate deployment of staff, which, alongside changes in emergency legislation, terms and conditions and ways of working, provided greater flexibility for our NHS staff to contribute their skills and expertise.

33. We engaged with returners to continue to match them with opportunities to support priority work across the NHS, as well as retain them in the service on a longer-term basis.

34. We surveyed the returners who were referred to potential employers to get their feedback on the process and understand their intentions to remain in employment in the NHS. Results from October 2020 indicated that around 50% of responders are 'interested in continuing to work in the health and social care system in the medium to long term in some capacity'.

35. During the first and second waves of COVID-19, the NHS saw higher rates of staff absence because of both COVID-related sickness and shielding and self-isolation requirements.

[13] https://www.england.nhs.uk/coronavirus/publication/covid-19-deploying-our-people-safely/

36. However, COVID-19 also played a part in reducing NHS leaver rates in 2020, because many felt committed to support the NHS and patients during this challenging period.

37. During the first wave of COVID-19, public visibility of the work of the NHS increased, with an accompanying surge in interest in NHS careers. Between March and June 2020, visitors to the NHS health careers website looking for information on training to become a nurse rose by 138%, a paramedic by 103% and a diagnostic radiographer by 152%.

38. In March 2020 applications to jobs in the NHS reached 407,000, up by 21,400 compared to the previous month, and up by just over a quarter compared to March 2019.

3.2 Support for staff during the response to COVID-19

39. Throughout the pandemic NHS England and NHS Improvement have worked with DHSC and other national partners to co-ordinate an integrated response across the NHS, as well as to support the service.

40. We also took comprehensive action to support our people. This included:

- Supporting staff health and wellbeing through a comprehensive national health and wellbeing offer for all NHS staff, including a health and wellbeing helpline and text line, free access to mental health and wellbeing apps and self-help modules, and publication of support resources on the #OurNHSPeople health and wellbeing website (www.people.nhs.uk). As of October 2020, the various components of the national support offer have been accessed half a million times, including almost 200,000 visits to the website, over 150,000 app downloads (eg Headspace) – which are free to NHS staff – and self-help modules, and over 6,000 calls to the staff support line. This offer is kept under review and evaluation and is being refined and added to, including with advice from an expert advisory group and a review of emerging evidence and ongoing research. The health and wellbeing offer was awarded 'Best Health and Wellbeing initiative' by Personnel Today in 2020.

- Enabling flexible staff deployment through the implementation of new guidance, developed with trade unions and employers, and acceleration of a staff digital passport to facilitate staff moving between NHS organisations.

- Supporting vulnerable staff through a dedicated programme of work, including to understand and address the impact of COVID-19 on black, Asian and minority ethnic (BAME) communities and staff. As part of this programme, we worked with the Faculty of Occupational Medicine to develop a risk reduction framework.[14]

  The framework was published in May 2020 with accompanying guidance from NHS Employers, which encouraged employers to conduct individual risk assessments and workplace assessments of their staff and consider specific actions to mitigate individual risk, eg redeploying 'at risk' staff to roles suitable to home working. Since its publication we have centrally monitored data collected from primary and secondary care providers about risk assessment implementation, as well as provided regional support to accelerate risk assessment processes and share good practice.

  As of 2 September 2020, provider-reported data showed that: 203 of 207 trusts had offered risk assessments to all staff; including 96% of risk assessments had been completed for staff known to be from a BAME background and more than 9 in 10 for other 'at risk' staff, with mitigating steps agreed where necessary.

- Working with national partners to introduce temporary changes to NHS terms and conditions to reflect the pressures placed on staff and give them flexibility and support to maintain their health and wellbeing. New benefits included: full pay during self-isolation and COVID-19 sickness absence; additional flexibility to carry over annual leave; and non-contributory life assurance (introduced by DHSC for the families of staff who die in service due to COVID-19).

3.3 Continuing to support staff

41. As we look forward over the next year, staff morale and wellbeing retention and workforce expansion remain key areas of focus for our work. We are strengthening the health and wellbeing support in response to staff needs and in line with the commitments in the NHS People Plan 2020/21.

42. 2019 NHS Staff Survey results (before the pandemic) showed that 40.3% of respondents had felt unwell as a result of work-related stress in the last 12

[14] https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf

months, with a higher proportion (56.6%) reporting coming to work in the last three months despite not feeling well enough to perform their duties (58.9% of registered nurses and midwives, 61.5% of nursing and healthcare assistants (HCAs) and 65.9% of ambulance staff).

43. We continue to engage with and listen to the NHS workforce during COVID-19, and to monitor their morale, health and wellbeing through regular surveys and the NHS Staff Survey. Earlier in 2020 we worked with experts to develop new questions to include in the 2020 National Staff Survey[15] to capture the impact that the pandemic is having on NHS staff.

44. Ahead of winter, we further invested in mental health and wellbeing support interventions for staff, including:

- setting up system-wide mental health and wellbeing hubs to provide proactive outreach to staff most at risk, offer assessment services, enable staff to rapidly access evidence-based mental health treatment and psychosocial support
- establishing a complex case service to support staff who have been assessed by the hubs as having complex needs, such as complex addictions and co-occurring mental health problems
- delivering psychological and mental wellbeing training for critical care nursing staff over winter.

45. We are also piloting an enhanced occupational health and wellbeing support offer across 14 systems, covering 800,000 NHS staff and, in many cases, extending to social care staff. Each system has designed a package of support tailored to its local workforce health needs, including offers such as targeted support for vulnerable groups, local campaigns to support staff to access the national health and wellbeing offer, and dedicated development support for line managers.

46. We are focused on responding to these challenges based on what we learned from the response to the first wave of COVID-19. We have supported systems to put in place mitigations, such as system-wide deployment of staff, changes in skill mix and upskilling staff, use of returners and volunteers, and focused on health and wellbeing and supporting our people to retain them.

[15] https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2020/

47. We will continue to capture learning about our workforce during the current phase of the response to COVID-19 and aim to embed beneficial changes that have already taken place for the longer term.

4. NHS finances

4.1 The NHS Long Term Plan

48. The NHS Long Term Plan sets out important commitments aimed at putting the NHS back onto a sustainable financial path, including five financial tests described as stretching but feasible:

    - The NHS (including providers) will return to financial balance.
    - The NHS will achieve cash-releasing productivity growth of at least 1.1% per year.
    - The NHS will reduce the growth in demand for care through better integration and prevention.
    - The NHS will reduce unjustified variation in performance.
    - The NHS will make better use of capital investment and its existing assets to drive transformation.

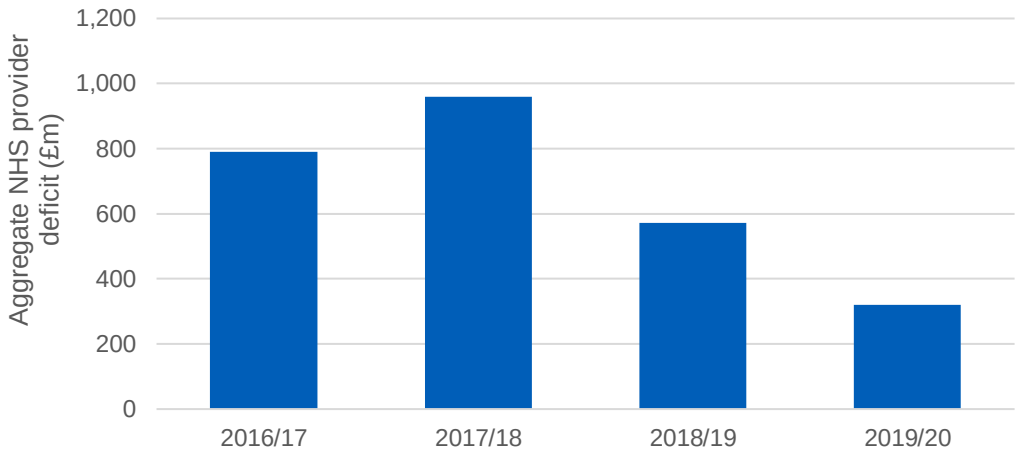
4.2 Progress in 2019/20

49. Progress was made against these tests in 2019/20. The NHS continued to balance the books nationally across providers and commissioners, while the aggregate provider deficit almost halved.[16] The number of individual providers in deficit also halved.

50. Important changes to the NHS payment system moved funding away from activity-based payments.[17] A blended payment approach was introduced for non-elective services that included a fixed and variable element, which provided greater certainty for commissioners and providers.

[16] See: https://committees.parliament.uk/oralevidence/433/html/
[17] See: https://improvement.nhs.uk/documents/4980/1920_National_Tariff_Payment_System.pdf

Figure 1: Aggregate financial deficits of NHS providers[18]



Source: Annual accounts

51. Nonetheless, significant challenges remain. Many NHS providers reported in 2019/20 that their costs exceeded the income they received, even though the total deficit reported was reduced. Some of these organisations have reported financial deficits for several years and they (and their system) may require targeted support in the coming years.

4.3 Impact of COVID-19

52. The response to the COVID-19 pandemic has impacted on NHS costs in 2020/21. In March 2020, temporary financial arrangements were introduced to remove routine burdens on NHS organisations and free them up to devote maximum operational efforts to COVID-19 readiness and response.[19] These included the suspension of usual payment and contract arrangements, with block contract payments for all NHS trusts and foundation trusts. The FRF was also suspended.

53. The national block payments included the expected impact of pay uplifts, as set out in the tariff cost uplift. Arrangements were also made for national top-up payments to reflect differences between actual costs and guaranteed income,

[18] https://www.england.nhs.uk/wp-content/uploads/2017/06/financial-performance-report-q2-2019-20.pdf
[19] This was set out by Sir Simon Stevens and Amanda Pritchard in a letter to the service. See: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200317-NHS-COVID-letter-FINAL.pdf

which included evidence of increases in staffing costs due the COVID-19 pandemic.

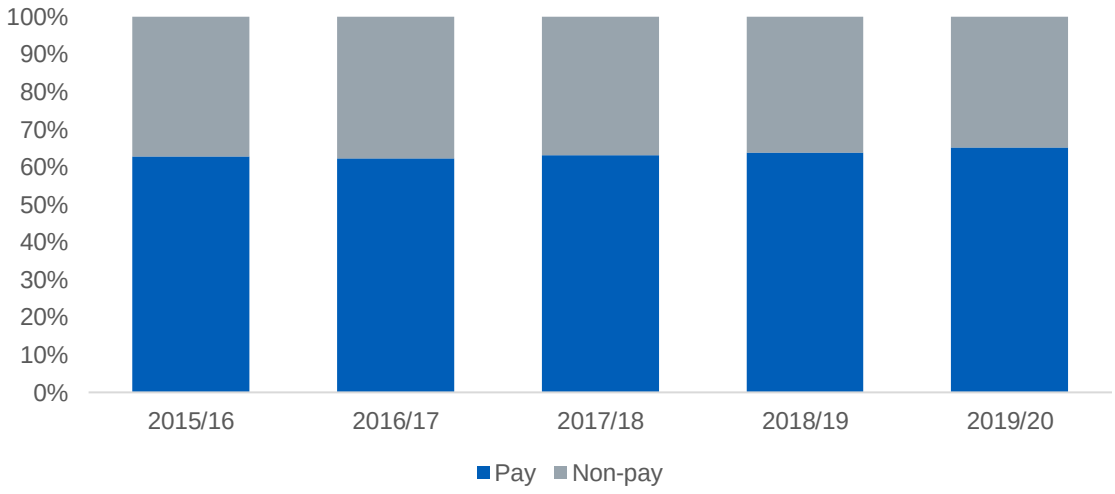
54. From 1 October 2020, systems (STPs and ICSs) have been issued with fixed funding envelopes equivalent in nature to the previous block, prospective top-up payments and a system-wide COVID-19 funding envelope. There is no retrospective payment mechanism for the second half of 2020/21.[20]

55. Overall, the COVID-19 pandemic has required the NHS to have additional resources to maintain and increase capacity. Expenditure has increased significantly in 2020/21 and this has been met on a temporary basis by government on top of the NHS Long Term Plan settlement. The NHS settlement for 2021/22 has not yet been confirmed.

4.4 Staff costs

56. Staff costs are a significant proportion of the total expenditure of NHS providers which has been relatively stable over recent years. Around a quarter of the additional COVID-19 spending in the first half of 2020/21 related to staff costs.

Figure 2: Staff costs and other expenditure of NHS providers, 2015/16 to 2019/20

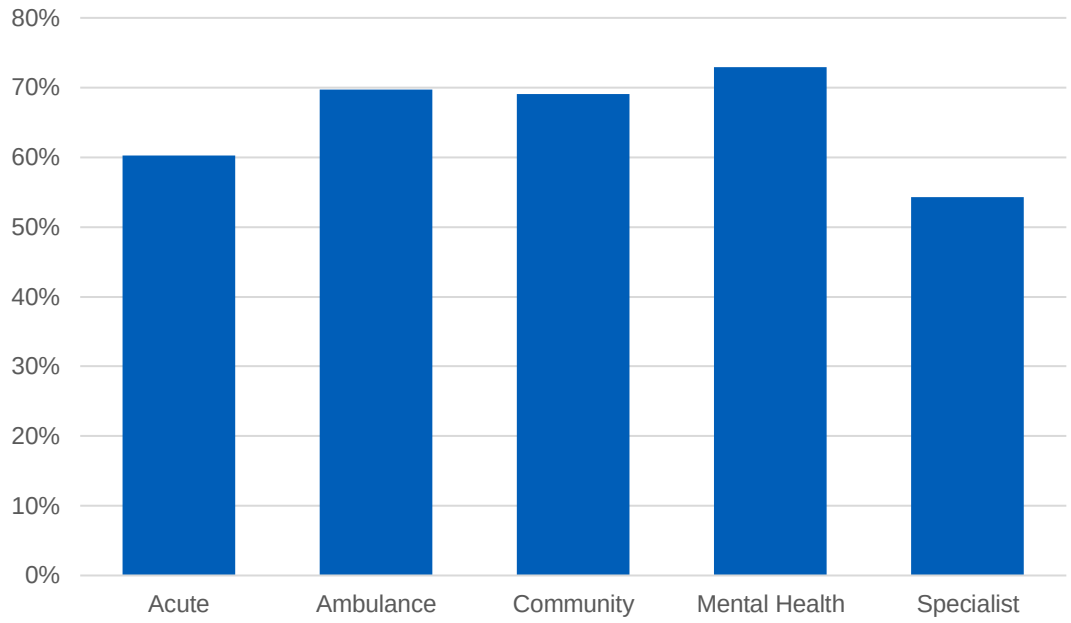


Source: Annual accounts.

[20] See: https://www.england.nhs.uk/wp-content/uploads/2020/09/C0768-finance-guidance-with-annex-3-added-23-september-2020-.pdf

57. Pay as a proportion of total expenditure depends on the type of provider as shown in Figure 3:[21]

Figure 3: Staff costs as a proportion of operating expenditure by provider type



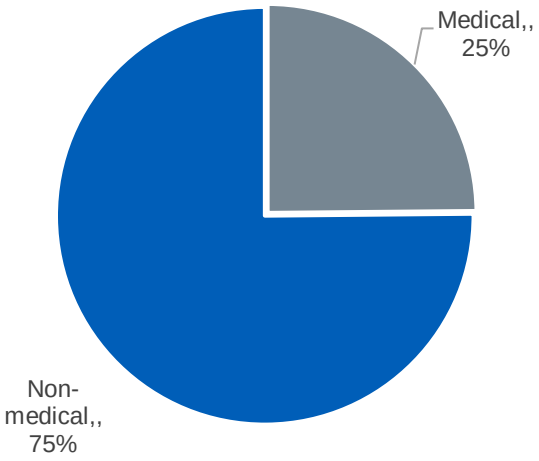
Source: Annual accounts

58. Non-medical and nursing staff account for three-quarters of staff costs. This compares to these staff representing 89% of whole-time equivalents (WTEs), according to annual financial accounts in 2018/19. The proportion of non-medical and nursing staff varies by provider type, with non-acute providers reporting more than 95%.

[21] Provider type does not account for a specific type of provider providing services outside that type, eg community or mental health services delivered by acute providers.

Figure 4: Breakdown of staff costs by group, 2019/20

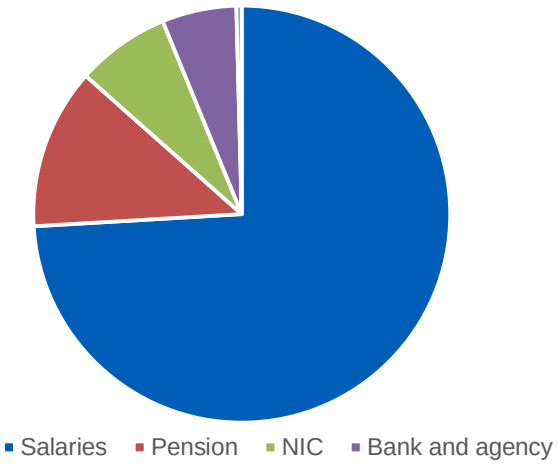
Source: Annual accounts (non-medical includes the nursing workforce)



59. Around three-quarters of NHS provider staff costs relate to salaries. Employer national insurance contributions and pensions costs account for a further 20% of costs. These proportions do not change much by provider type, except for ambulance trusts which spend much less on agency and bank staff, so a higher proportion of their staff costs are on pay and on-costs.

Figure 5: Breakdown of staff costs, 2019/20

Source: Annual accounts



60. Salaries as a proportion of all staff costs vary by provider; range 65% to 83%. This is mostly driven by different proportions of spending on temporary staff.

61. In 2019/20, the NHS Pension Scheme employer contribution rate increased from 14.3% to 20.6%. The additional costs of this change are currently being met centrally by NHS England and NHS Improvement for employers receiving funding from NHS England and NHS Improvement budgets or from the NHS to deliver services. Additional funding was included in the NHS funding settlement and

represents an investment to maintain current benefits from the scheme; it totals a little under £3 billion a year. Employee contributions remained unchanged.

4.5 Funding in 2021/22

62. Government published the outcome from the Spending Review 2020 in November 2020.[22] While agreement is still awaited on extra Covid-19 funding for 2021/22, the November Spending Review confirmed an initial additional £3 billion in 2021/22 to support the NHS recovery from the impacts of COVID-19. This includes:

    - around £1 billion to begin to tackle the elective backlog
    - around £500 million to address waiting times for mental health services, improve access and invest in the NHS workforce
    - around £1.5 billion to help ease existing pressures in the NHS caused by COVID-19.

63. Pay awards for some NHS staff groups in 2021/22 are already committed to. Pay growth for most of the 39,000 doctors and dentists in training in England will increase by 2% (on top of 1% additional investment in other terms) in 2021/22. Some AfC staff in Bands 5, 6 and 7 (c 100,000 staff) will also move to a higher pay step in 2021/22, as part of the remaining implementation of the 2018 deal. A significant number of AfC staff earn below £24,000, and for them the Spending Review committed to provide a £250 pay rise (worth between 1.1% and 1.4% of their salary).

4.6 Efficiency savings

64. Efficiency gains are partly operationalised through the efficiency factor in the National Tariff Payment System (NTPS). Additional efficiency is also agreed by NHS providers in financial recovery plans to access the Financial Recovery Fund (FRF).

65. NHS pay was funded for a 3.2% annual growth in the AfC pay bill on average between 2018/19 and 2020/21. Pay drift, which is pay growth per full-time

[22] See: https://www.gov.uk/government/publications/spending-review-2020-documents/spending-review-2020

equivalent (FTE) after pay awards, was expected to be 0.4% on average during this same period.[23]

66. This means the total adjustments to service contracts within scope of the NTPS for pay awards over the last three years is estimated at 5.2%. During the first two of these years, the NHS has also reported, compared with 2017/18:

    - an additional 881,406 finished consultant episodes each year (a 4.4% increase) in admitted patient care[24]
    - an additional 1.2 million attendances each year (a 5.0% increase) in A&E[25]
    - an additional 5.5 million appointments and attendances each year (a 4.6% increase) in outpatients.[26]

67. Furthermore, NHS England and clinical commissioning groups (CCGs) are expected to have delivered around £3 billion a year of productivity and efficiency improvements in 2018/19 and 2019/20.[27] This is in addition to the provider efficiency delivered through the national tariff.

68. The COVID-19 pandemic response has naturally had an impact on NHS costs and activity. New measures on infection prevention and control place additional burdens on staff and capacity.

69. Furthermore, the NHS is also managing COVID-19 impacts on increased sickness and other absences which has led to up to 50,000 staff off at the peak of COVID-19 hospitalisations.

70. Nonetheless, NHS staff have responded superbly. Many have trained to support the acute COVID-19 response. They are also leading innovations in digital

[23] These figures are described in each relevant NTPS document, available here: https://improvement.nhs.uk/resources/national-tariff/
[24] See: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2019-20
[25] See: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2019-20
[26] See: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2019-20
[27] See: https://www.england.nhs.uk/wp-content/uploads/2019/10/financial-information-4th-quarter-2018-19.pdf and https://www.england.nhs.uk/wp-content/uploads/2017/06/financial-performance-report-q2-2019-20.pdf

technology, supporting people at home and advancing solutions that save clinical staff time.

71. The NHS People Plan also describes how staff can be supported to work more productively.[28] This includes by increasing flexibility and remote working, enabling teams to run virtual multidisciplinary team meetings, case presentations and handovers, and teaching sessions.

72. Further areas where NHS England and NHS Improvement are continuing to support the NHS workforce to improve efficiency include:

- workforce deployment systems[29] – using e-rostering and e-job planning to facilitate better capacity and demand matching
- outpatients[30] – offering a streamlined digital pathway to support patients to manage their own conditions
- pathology and imaging[31] – transforming services by bringing together expertise to deliver better value and high-quality care
- general practice[32] – improving access to GP services, including by providing evening and weekend routine appointments
- electronic prescribing – supporting the roll-out of electronic systems to make the most effective use of medicines
- medicines optimisation[33] – looking at the value medicines deliver, making sure they are clinically and cost-effective.

[28] See: https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf
[29] See: https://www.england.nhs.uk/workforce-deployment-systems/
[30] See: https://www.england.nhs.uk/blog/transforming-outpatient-care/
[31] See: https://improvement.nhs.uk/resources/pathology-networks/ and https://improvement.nhs.uk/resources/transforming-imaging-services-in-england-a-national-strategy-for-imaging-networks/
[32] See: https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/
[33] See https://www.england.nhs.uk/medicines-2/medicines-optimisation/

5. Workforce trends

5.1 Nursing

Context

73. The *We are the NHS: People Plan for 2020/21: action for us all*[34] acknowledges significant staff shortages in the nursing workforce. It sets out a range of actions to address the situation, including:

- encouraging trusts to develop lead-recruiter and system-level models of international recruitment
- NHS England and NHS Improvement working with government to increase ethical international recruitment and build partnerships with other countries
- HEE piloting new English language training programmes for international nurses
- NHS England and NHS Improvement and government developing an international marketing campaign
- working with professional regulators to support nurses who returned to support the COVID-19 response and wish to continue working in the NHS
- additional funding for continuous professional development (CPD) for nurses, midwives and allied health professionals (AHPs)
- using emergency pension rules to make it easier for retired staff (nurses in particular) to return to practice during the pandemic.

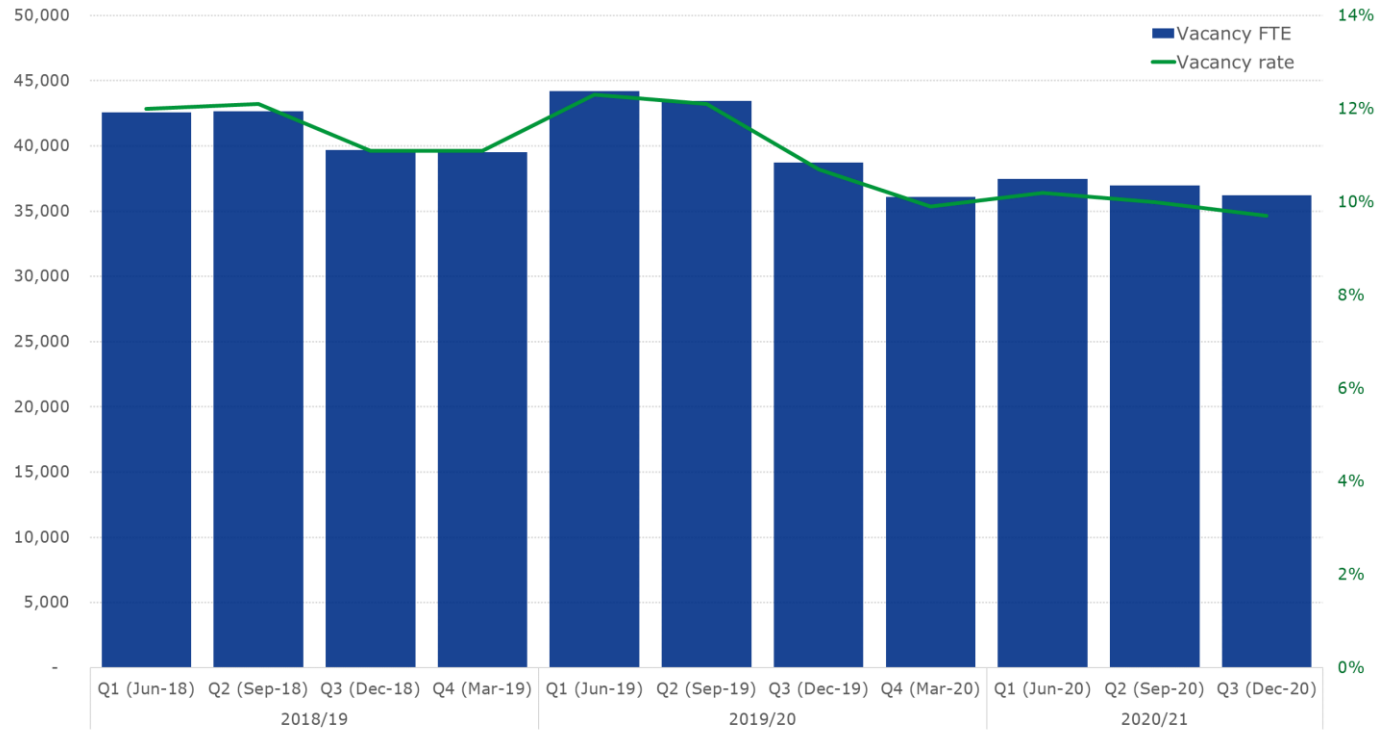
Nurse recruitment trends

74. There have been improvements in the FTE nursing workforce position, and a similar reduction in vacancies. However, shortages remain.

[34] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

75. **Nursing workforce:** Since January 2019, the substantive nursing workforce has increased by c.20,000 WTE, c.6.5%. During the same period, the temporary nursing workforce has increased by c.8,500 WTE, driven by an increase in bank nursing.

Figure 5: NHS provider nursing vacancies



Source: NHS England and NHS Improvement monthly provider workforce return

76. **Nursing vacancies:** Between December 2018 and December 2020, substantive nursing vacancies decreased by c 3,500 to around 36,000 FTE (9.7% vacancy rate). This reduction is the result of substantive nursing workforce growth outstripping the increase in nursing workforce demand. However, the level of nursing vacancies still poses a significant operational challenge to NHS providers, and there is substantial variation in vacancy rates between providers across England.

Nursing workforce

77. Government has committed to increasing the number of nurses by 50,000 by 2024/25. It has also announced a payment of at least £5,000 per academic year,

which will not need to be paid back by pre-registration nursing and midwifery students enrolled on courses at English universities from September 2020.

78. Several organisations are involved in delivering government's commitment to recruiting and retaining 50,000 nurses, including:

- **HEE:** responsible for workforce planning, education and training, as well as funding providers to host clinical placements, a key component of nursing degrees
- **NHS England and NHS Improvement:** responsible for NHS trust performance in relation to workforce retention and other workforce responsibilities
- **local trusts:** responsible for recruiting, employing and retaining nursing staff.

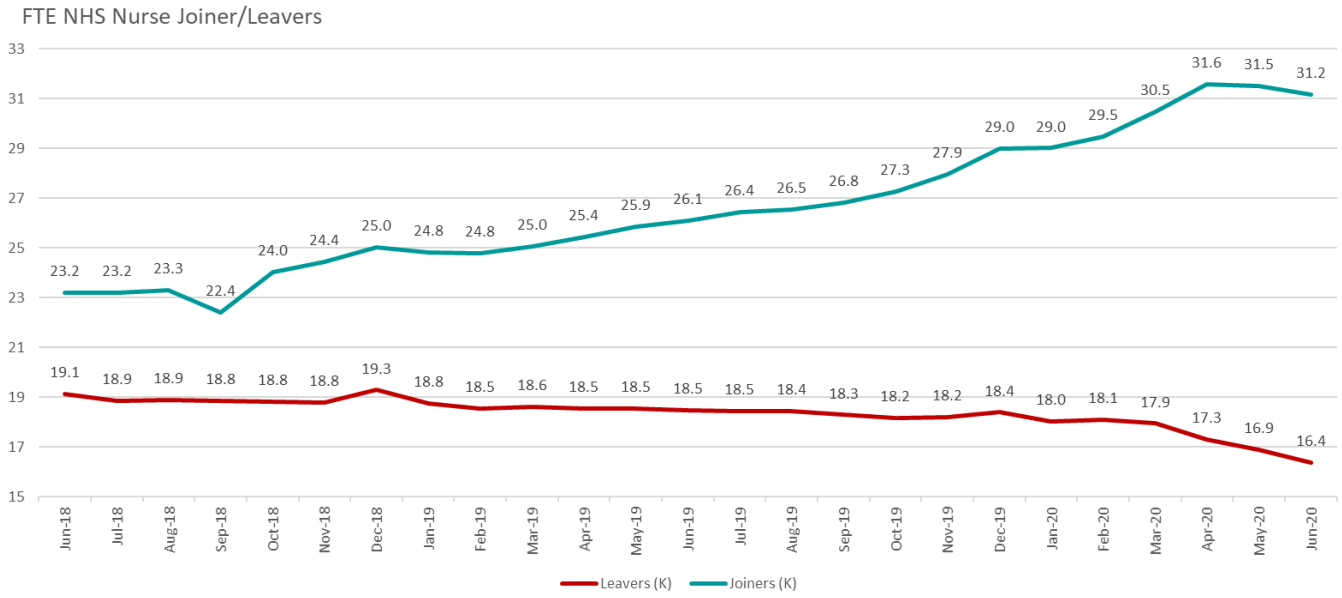
79. To fulfil this commitment by 2024/25, the programme includes nine workstreams that work interdependently to increase supply:

- retaining more registered nurses in the NHS in England
- encouraging Nursing and Midwifery Council (NMC) registered nurses to return to practice
- developing an ethical and sustainable international recruitment model to increase international nursing supply
- increasing numbers of nurses qualifying through undergraduate degrees
- reducing attrition rates for pre-registration nursing students
- increasing the pipeline of trainee nursing associates
- converting more qualified nursing associates and assistant practitioners into registered nurses
- encouraging graduates to undertake postgraduate study to achieve a registered nurse degree
- increasing supply through the registered nurse degree apprenticeship.

80. There are indications that the domestic nursing stock is improving, attrition rates are falling, and overseas joiners were increasing.

81. **Domestic supply:** Electronic Staff Record (ESR) data shows an improvement in domestic nursing stock, with a decrease in UK leavers and an increase in joiners. The reduction in leavers is likely due to staff staying to support the COVID-19 response.

Figure 6: FTE NHS nurse joiner/leavers (excludes GP nurses)



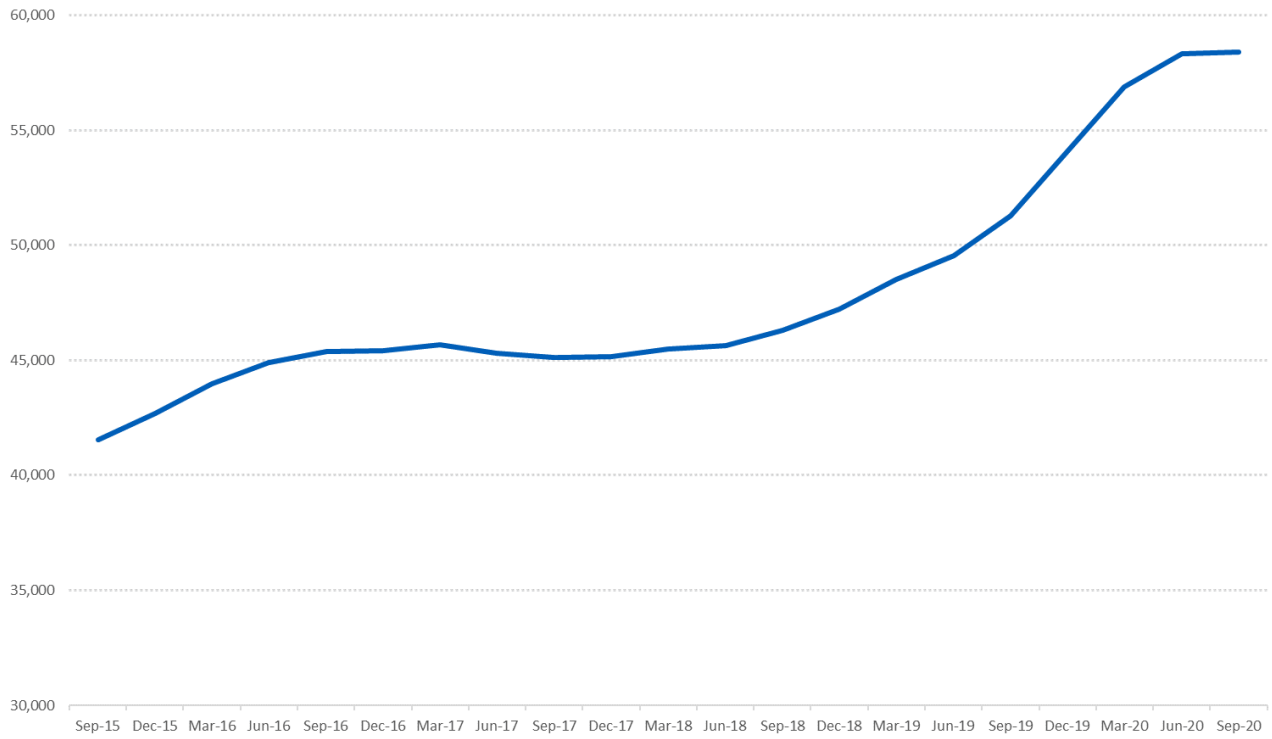
Source: ESR data

82. These trends must be seen in the context of the current state of the UK jobs market. A growing number of people seeking work could increase the nursing pipeline, with both more nurse undergraduates and trainee nursing associates in future.

83. **International supply:** Data also shows that overseas joiners have been increasing as of March 2018, with around 3,200 overseas joiners waiting to take the objective structured clinical examination (OSCE)[35] test so they can join the nursing register. This includes around 2,200 on the temporary register.

[35] https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/overseas-nurses-and-midwives/osce-information

Figure 7: Total number of FTE international NHS nurses recruited – staff in post (excludes GP nurses)



Source: NHS Digital

5.2 Safe and sustainable staffing

84. NHS Improvement previously worked with clinicians and academics to develop safe staffing guidance,[36] and this was further informed by a public consultation.

85. The guidance sets out the key principles and tools to help providers measure and improve their use of staffing resources, how to take a 'triangulated' approach to staffing decisions and how to use measures of quality, alongside the care hours per patient day (CHPPD)[37] metric, to better understand how staff capacity may affect the quality of care.

5.3 Allied health professionals

86. Allied health professionals (AHPs) are the third largest clinical workforce in the NHS. In the main they are degree-level professionals and are professionally

[36] https://improvement.nhs.uk/resources/safe-sustainable-and-productive-staffing-nursing-associates/
[37] https://www.england.nhs.uk/care-hours-patient-day-chppd-data/

autonomous practitioners; 13 of the 14 types of AHPs are regulated by the Health and Care Professions Council,[38] with osteopaths regulated by the General Osteopathic Council.[39]

87. Their work supports the strategic aims of the NHS Long Term Plan to transform care and to improve quality of life and has been vital during the pandemic in critical care (including in the Nightingale hospitals), recovery and rehabilitation. Several types of AHP are also of strategic importance because they contribute to key NHS priorities such as cancer care, primary care, mental health, and rehabilitation of stroke patients. The *Interim NHS People Plan: the future allied health professions and psychological professions workforce*[40] acknowledges AHPs as central to meeting the changing demands faced by the NHS.

88. Over 100,000 AHPs are employed in the NHS and around 3,100 occupational therapists in social care, and play a key role in treating, supporting, and rehabilitating patients across the NHS and social care. The number of AHPs employed in the NHS has increased by almost 12.8% over the past five years, but the substantial growth in the number of posts required to meet demand has increased the number of vacancies; on average 8.5%. There is significant variation in vacancy rates between the 14 professions: highest (>10%) for orthoptists, diagnostic radiographers, and art, music, and drama therapists.

89. AHPs are essential in supporting the COVID-19 response, including in fulfilling acute care, long COVID rehabilitation and COVID recovery requirements. The *Diagnostics: Recovery and renewal – report of the Independent Review of Diagnostic Services for NHS England*[41] makes recommendations to inform the support registered and support staff may need.

Recruitment

90. Between 2012 and 2017 HEE broadly maintained the level of AHP training places, thereby supporting strong growth in the number of registered AHPs: 22% or 35,000 over the period. In 2017, AHP courses were included in the funding reforms, and the cap on the number of training places that universities could offer

[38] https://www.hcpc-uk.org/
[39] https://www.osteopathy.org.uk/home/
[40] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/IPP-future-AHP-workforce_2june.pdf
[41] https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/

was removed, making these courses more responsive to student demand for training places. Government has committed to recruiting additional healthcare professionals by 2024/25, announcing[42] a payment of at least £5,000 per academic year, which will not need to be paid back by pre-registration AHP students enrolled on courses at English universities from September 2020. DHSC also increased the funding available to support clinical placements that students take as part of their course.

91. While this has resulted in an average 5.1% growth in UCAS acceptances across the 14 professions, some have seen significant growth, eg paramedics, and others a retraction, eg podiatry.

92. Despite this growth, significant vacancies remain. Work continues to support increased clinical placement capacity and planned university programme growth, including the ongoing recovery of vital professions such as podiatry and therapeutic radiography, and the smaller and lesser known professions such as orthoptics, prosthetics and orthotics.

5.4 Apprenticeships

93. The Apprenticeship Levy is a UK tax payable by all employers with an annual pay bill of more than £3 million, at a rate of 0.5% of their total pay bill. The levy is held in a 'digital fund' that the employer can use to pay for apprenticeship training costs but not employment costs. The funds are only available for 24 months from the date of payment and any underspend is returned to HMRC. NHS Employers published guidance to support trusts to manage their levy.[43] The NHS has a £200 million levy pot and 97% of trusts state that they are committed to using their levy in innovative ways to address skill gaps.

94. The NHS People Plan states we must seize the opportunity to recruit directly into entry-level clinical roles, apprenticeships and non-clinical roles, refreshing talent pipelines. It is well documented that apprenticeships help develop clear career

[42] https://www.gov.uk/government/news/prime-minister-backs-nhs-staff-with-5000-annual-payment-for-nursing-students
[43] https://www.nhsemployers.org/your-workforce/plan/workforce-supply/apprenticeships/using-the-apprenticeship-levy

pathways and retain staff, develop the existing workforce, attract, and recruit a diverse and representative workforce.[44]

95. Skills for Health has endorsed 16 clinical and 10 non-clinical degree apprenticeships, and 18 masters-level apprenticeships, six of which are clinical roles. All are being actively recruited to.

96. Statistics from the Department for Education (DfE) show that apprenticeships in health and care, and leadership and management have fared slightly better during the first lockdown than those in other sectors.[45]

Figure 8: Start-ups

Academic year	Start-ups in health, public services and care (% of total)	Start-ups in business, administration and law
2018/19	33,970 (31.5%)	33,180 (30.8%)
2019/20	21,040 (36%)	18,590 (32%)

Source: DfE

97. There are 116 apprenticeship standards applicable to the NHS, ranging from Level 2 to Level 7 and covering most roles, from estate management, carpentry, digital and financial as well as clinical occupations.[46]

98. Apprenticeships can be used to target skill gaps. For example, HEE has announced a funding package to support the growth of 2,000 registered nurse degree apprenticeships in the NHS over the next four years.[47]

99. The NHS Leadership Academy is developing a consistent approach to leadership development. It is collaborating with delivery partners to embed either the Edward Jenner programme,[48] designed for aspiring first time leaders, or the Mary Seacole leadership programme,[49] designed for those in their first formal leadership role, in all 116 apprenticeships, which will help realise the NHS People Plan's ambition

[44] https://www.instituteforapprenticeships.org/about/showcasing-apprenticeships/ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800060/Achieving_the_benefits_of_apprenticeships.pdf;
[45] https://www.gov.uk/government/statistics/apprenticeships-and-traineeships-october-2020
[46] https://haso.skillsforhealth.org.uk/standards/
[47] https://haso.skillsforhealth.org.uk/news/registered-nurse-degree-apprenticeship-resources/
[48] https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/
[49] https://www.leadershipacademy.nhs.uk/programmes/mary-seacole-programme/

that 500,000 aspiring and first-time leaders need demonstrable training in management and leadership.

100. Apprentices learn on the job – around 80% exit fully occupationally competent with at least 4,300 hours of practical experience; this is double the practical time in traditional nursing degrees and four times that in traditional AHP degrees.

101. Collaborative approaches to using levy funding are increasingly being adopted by ICSs. Case studies include collaboration between hospitals and primary care across Hampshire to use unspent levy and support apprentices in areas that struggle to access the levy; three NHS trusts in the Gloucestershire ICS jointly procuring the assistant practitioner apprenticeship with positive outcomes;[50] and Manchester Combined Authority's commissioning of the Growth Company to develop and deliver a digital platform that connects levy payers with small and medium size employers to facilitate the transfer of any unspent funding.

Social and economic outcomes, helping in deprived areas

102. The NHS People Plan acknowledges that the NHS plays a significant role in local economy recovery and improving social and economic outcomes, including inequalities. There is evidence that apprenticeships improve social inequalities; more than half of apprentices are women, their ethnic profile reflects that for England, 50% are more likely to come from deprived areas.[51]

103. Apprenticeships increase career agility and flexibility as apprentices can join a pathway at any point depending on their level of work experience, educational background and career aspirations.

5.5 Pay and reward

104. NHS staff should receive a fair salary, rewarding and recognising their amazing contribution, including during the COVID-19 pandemic.

105. NHS staff receive several benefits in addition to base salary rises. These are tailored to specific staff groups and include:

[50] https://haso.skillsforhealth.org.uk/case-studies/
[51] https://www.qa.com/media/13940/qa-the-social-mobility-impact-of-apprenticeships-full-report.pdf; https://www.gov.uk/government/statistics/apprenticeships-and-traineeships-october-2020

- increased employer pension contributions from 2019/20 to support the financial sustainability of future pension drawdown from the NHS Pension Scheme
- in the case of recent contract reform for GPs and junior doctors, multi-year certainty around pay growth
- temporary changes to AfC terms and conditions to NHS staff who are off work through illness, and additional payments under the Government's non-contributory Coronavirus Life Assurance Scheme.

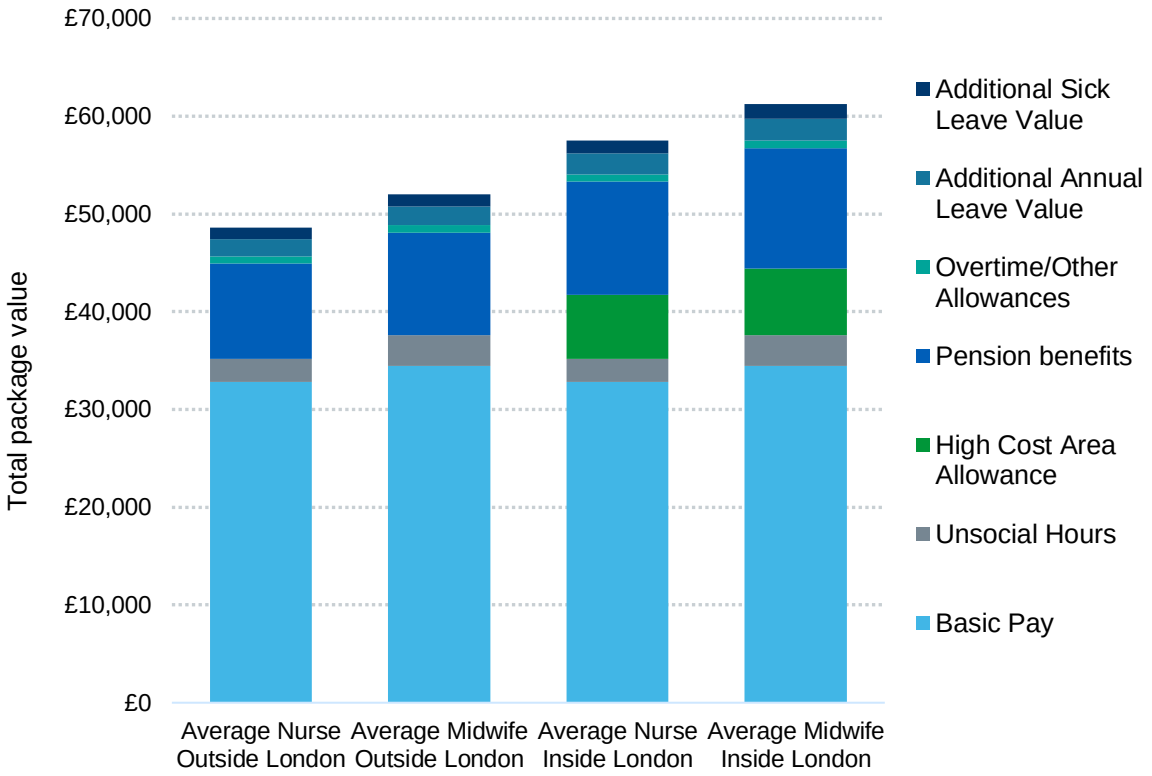
106. DHSC have provided evidence on total reward over several years, which, informed by the Hays model,[52] describes: "the tangible and intangible benefits that an employer offers an employee; it remains central to recruiting and retaining staff in the NHS".

107. NHS Employers established a Total Reward Engagement Network (TREN)[53] to support trusts to take a total reward approach and provide a range of resources to trusts, from support with developing a business case to helping trusts communicate their reward offer.

108. The Government Actuary's Department has, as part of successive written evidence provided by DHSC, provided information on the overall value of NHS employment – pay, pensions and other pay and non-pay benefits.

[52] https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/RST---Hay-Group-total-reward-model-9-Dec.pdf?la=en&hash=0F3A5253A2B800EE88FE19BA39F220793497C576
[53] https://www.nhsemployers.org/pay-pensions-and-reward/reward/total-reward-engagement-network

Figure 9: Value of nurses and midwives' total reward package (£) – 2019



Source: Government Actuary's Department

5.6 Temporary staffing: agency and bank

109. The NHS has made progress in improving the value for money from its agency spend in recent years. A certain level of agency spend is healthy to flexible staffing to meet fluctuations in demand. However, the NHS People Plan sets out further measures to improve the quality and value for money from temporary staffing, including action to ensure that all agency supply is via an approved procurement framework.

110. 'Agency rules' were introduced in April 2016 to support trusts to reduce agency expenditure and move towards a more sustainable level of temporary staffing spend. Since then, trusts have reduced agency spend by over £1.2 billion per year, with this reduced level of spend maintained between 2017/18 and 2019/20

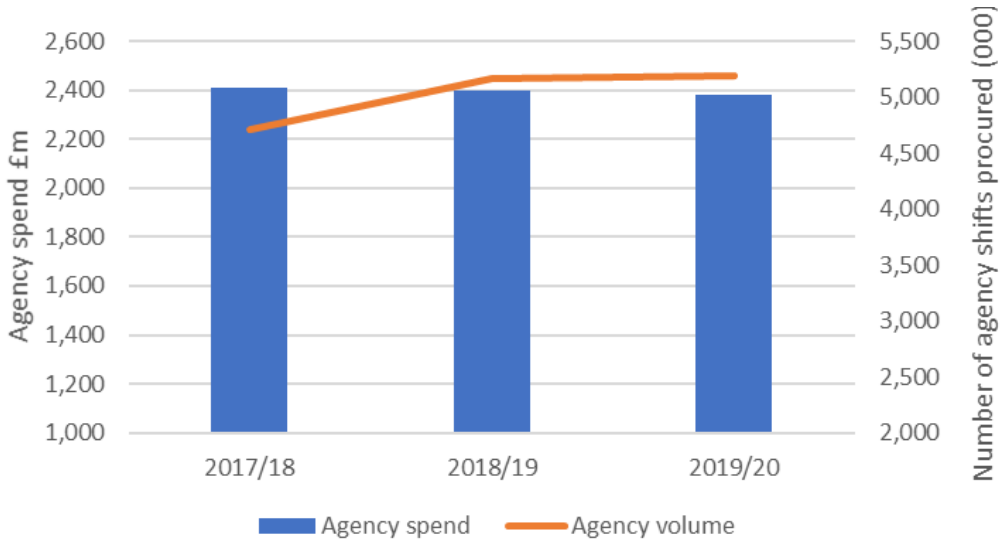
despite inflationary pressures and shift volume increasing by 10%. There has been a significant reduction in agency spend as a proportion of the total NHS pay bill, from 8.2% at its peak in 2015/16 to 4.0% in 2019/20. The average cost of a procured agency shift has also fallen from an average of £511 in 2017/18 to £459 in 2019/20.

111. The proportion of agency shifts as a share of overall temporary staffing has fallen from 29% in December 2017 to 22% in August 2020, which reflects our strategy to procure more of the NHS's temporary staffing needs via staff banks.

112. During the first five months of 2020/21, trusts spent £0.91 billion on agency staff, which is 10% lower than in the same period in 2019/20.

113. NHS staff banks help give flexibility for staff. Bank arrangements are more cost-effective than using agencies and provide better continuity of care for patients. Bank arrangements pay staff at AfC rates. The agency price caps have been calculated using AfC pay rates with an uplift. A lot of progress has been made in promoting the use of 'on framework' agencies, ie those that have signed up to a range of cost and quality assurance measures. As bank staff generally work in the same trust as they normally do, their use increases the likelihood a patient is treated by a healthcare professional familiar with their care.

Figure 10: Agency spend versus volume, April 2017 to March 2020



Source: Internal reporting requirements informed by trusts' monthly finance and staffing submissions

114. Bank staff spend as a percentage of temporary staffing spend has risen from 60% at month 5 in 2019/20 to 65% at month 5 in 2020/21, reflecting the percentage rise in this period of temporary shifts procured through a bank.

115. The NHS People Plan 2020/21[54] states “Staff banks: When recruiting temporary staff, systems, trusts and primary care networks should prioritise the use of bank staff before more expensive agency and locum options and reducing the use of ‘off framework’ agency shifts during 2020/21. Through its Bank Programme, NHS England and NHS Improvement will work with employers and systems to improve existing staff banks’ performance on fill rates and staff experience, aiming by 31 March 2021 to increase the number of staff registered with banks.”

116. The bank pilots run during 2019 tested certain methods of running collaborative banks and improved several measures of bank performance in those areas. This learning is being taken forward in a national programme of work on improving staff banks, in 2021.

[54] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf (26 November 2020), page 49

6. Culture and engagement

117. The NHS Staff Survey remains the world's largest staff survey and is attached as an annex.

6.1 Staff Survey, supporting engagement and the NHS People Plan

118. Our People Promise was published as part of the NHS People Plan 2020/21, is what we should all be able to say about working in the NHS, by 2024. Its content comes from those who work in the NHS, obtained through engagement in 2019.

119. From 2021, the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisations, to see their progress and take action to improve. The 2020 Staff Survey has been adjusted in light of the COVID-19 pandemic, while maintaining the opportunity to understand and compare employee experience during this period.

120. NHS England and NHS Improvement have recently launched the NHS People Pulse[55] for all NHS and provider organisations, to understand our NHS people's varied experience through COVID-19 and recovery. To build on this, we will now:

    - explore options to implement this survey in primary care in autumn 2021
    - launch a new quarterly staff survey in the first quarter of 2021/22 to track people's morale, following the results of the 2020/21 National Staff Survey

    Compassionate and inclusive organisational cultures across NHS systems are crucial to ensuring the delivery of high quality, safe and effective patient care.

121. The NHS People Plan states that to make the NHS the best place to work, we need "compassionate and inclusive leadership behaviours coming to the fore" to create a sense of belonging and unleashing potential. Good leaders appreciate that a culture that values our people as individuals is the way we will hold onto our

[55] https://improvement.nhs.uk/news-alerts/nhs-people-pulse/

people and recruit the next generation. It also recognises that “inclusive cultures depend on inclusive leaders”.

122. The evidence tells us that organisations with compassionate and inclusive cultures:

- deliver high quality care and value for money while supporting a healthy and engaged workforce
- enable staff to show compassion, to speak up, to continuously improve and create an environment where there is no bullying, where there is learning, quality and system leadership
- assure their governance on the ‘culture and capability’ domain of the well-led framework and improve their results in governance reviews.

123. Compassionate and inclusive working environments also positively impact staff engagement; a 0.12 increase in staff engagement scores for the NHS Staff Survey correlates with a 0.9% decrease in agency spending, saving on average £1.7 million for each trust.

124. Tools and resources have been developed based on evidence, and tested with NHS organisations so that they can be used independently or with support from the team, including:

- Phase 1 Discover resources[56]
- Phase 2 Design resources.[57]

125. Work is underway on new resources that will enhance an organisation’s ability to use the tools and resources quickly and effectively.

[56] https://improvement.nhs.uk/resources/culture-and-leadership/#h2-additional-resources
[57] https://improvement.nhs.uk/resources/culture-and-leadership-programme-phase-2-design/

7. Leadership development

126. Since its inception, the aim of the Leadership Academy (now part of the Leadership and Lifelong Learning Team) has been to develop compassionate and inclusive leaders at all levels across health and care, to have a positive effect on staff engagement and in turn improve patient outcomes.

127. The NHS People Plan 2020/21 states that "With the right leadership, NHS teams can flourish. That is why we must prioritise support to line managers and leaders to develop their skills".[58] The leadership compact[59] specifies which cultural values NHS leaders need to hold and the leadership behaviours they should display to help shape the recruitment, development and appraisal of NHS leaders.

128. The NHS People Plan sets the following priorities:

- widening access to all first-line manager education
- re-launching our senior leader offer and opening access
- strengthening clinical leadership pipelines
- publishing our Leadership Compact and senior competencies
- updating our talent management offer
- launching the NHS Leadership Observatory[60]
- publishing our recommendations to the Kark review[61]
- building inclusion, diversity and social justice into everything we do.

129. To widen access, increase inclusion and raise standards, the following have been or are being developed:

[58] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf
[59] NHS Long Term Plan » 7. Leadership and talent management
[60] https://www.england.nhs.uk/2020/05/nhs-england-and-nhs-confederation-launch-expert-research-centre-on-health-inequalities/
[61] https://www.gov.uk/government/publications/kark-review-of-the-fit-and-proper-persons-test

- The Executive Suite – to support senior leaders in health and care to meet the challenges of leadership over the coming years. It comprises a range of flexible offers to do so.[62]

- Project M – a place and space for team leaders and managers to connect, share and learn together. The content is based on the emerging themes in feedback from team leaders and managers.[63]

- NHS Leadership Observatory – when established, this will highlight areas of best practice globally, commission research, and translate learning into practical advice and support for NHS leaders. The observatory will build on the results of the forthcoming national leadership development survey.[64]

7.1 Our leadership programmes

130. The programmes are aimed at every level of leadership and provide individual development to allow participants to progress in their career, as well as enabling real positive change in the organisations and systems they serve.

131. The current set of programmes at all levels of leadership includes:

- Edward Jenner Programme[65] – this fully online, free programme is for all who are new to leadership and are exploring what it means, whether new to health and care or an aspiring leader at the start of their journey. It also acts as a preliminary learning programme for newly qualified nursing and clinical staff.

- Mary Seacole Programme[66] – designed and created for those newly in a health and care 'formal' position of leadership with responsibilities for people and services.

- Rosalind Franklin Programme[67] – for mid-level clinical or non-clinical leaders aspiring to lead large and complex programmes, departments, services or systems of care.

[62] https://people.nhs.uk/executivesuite/
[63] https://people.nhs.uk/projectm/
[64] https://www.england.nhs.uk/ournhspeople/online-version/belonging-in-the-nhs/compassionate-and-inclusive-leadership/
[65] https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/
[66] https://www.leadershipacademy.nhs.uk/programmes/mary-seacole-programme/
[67] https://www.leadershipacademy.nhs.uk/programmes/rosalind-franklin-programme/

- Elizabeth Garrett Anderson Programme[68] – a full Masters (MSc) programme for mid to senior leaders aspiring to lead large and complex programmes, departments, services or systems of care.

- Nye Bevan Programme[69] – for aspiring executive directors or equivalent who are able and keen to work on a demanding programme of development with peer assessment.

- Aspiring Chief Executive Programme[70] – aimed at directors aspiring to lead at chief executive level in an NHS accountable role focused on both service provision and system development within the next 12 to 24 months.

- Chief Executive Development Network[71] –designed with and for chief executives and those with accountable officer responsibilities across health and care, to ensure they are the best they can be in these challenging roles, both for themselves and for patient care.

- Ready Now Programme[72] – positive action programme aimed at AfC Band 8a or above BAME colleagues.

- Stepping Up Programme[73] – positive action programme aimed at AfC Bands 5 to 7 BAME colleagues.

132. Our seven regional academies are also delivering many more local programmes, workshops, system leader development and bitesize learning. Together, the national and local programmes reach 40,000 people in a typical year.

133. There is also a comprehensive coaching and mentoring offer. This includes a number of regional and national registers; support and development for both coaches and mentors; and programmes offered to organisations, such as the Reciprocal Mentoring for Inclusion Programme,[74] and to individuals, including

[68] https://www.leadershipacademy.nhs.uk/programmes/elizabeth-garrett-anderson-programme/
[69] https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/
[70] https://www.leadershipacademy.nhs.uk/programmes/aspiring-chief-executive-programme/
[71] https://www.leadershipacademy.nhs.uk/programmes/chief-exec-development/
[72] https://www.leadershipacademy.nhs.uk/programmes/the-ready-now-programme/
[73] https://www.leadershipacademy.nhs.uk/programmes/the-stepping-up-programme/
[74] https://www.leadershipacademy.nhs.uk/programmes/reciprocal-mentoring-for-inclusion-programme/

Return to Work Mentoring[75], Coaching for Inclusion[76] and offers to create a larger and more diverse pool of coaches and mentors at every level.

[75] https://www.leadershipacademy.nhs.uk/programmes/return-to-work-mentoring/
[76] https://www.leadershipacademy.nhs.uk/programmes/coaching-for-inclusion-programme/

8. Health and wellbeing

8.1 Context

134. NHS England and NHS Improvement have led a variety of health and wellbeing programmes to support the development of a health and wellbeing culture across the NHS. The NHS Health and Wellbeing Framework sits at the heart of this work and was published in May 2018 as an evidence-based toolkit to enable NHS organisations to develop a culture of wellbeing.

135. We are now engaging stakeholders to refresh the framework[77] in light of learning over the past two years, with a view to releasing an updated framework early in 2021/22.

8.2 COVID-19 health and wellbeing response

136. In April 2020, NHS England and NHS Improvement launched a staff health and wellbeing offer[78] to support staff through the COVID-19 pandemic.

137. Support includes:

- a dedicated health and care staff support line
- specialist bereavement support
- free access to mental health and wellbeing apps
- suicide awareness resources and support for people affected by suicide
- guidance for key workers on how to have difficult conversations with their children
- group and one-to-one support, including specialist services to support our BAME colleagues
- webinars providing a forum for support and conversation with experts

[77] https://improvement.nhs.uk/resources/workforce-health-and-wellbeing-framework/
[78] https://people.nhs.uk/

- support for our Filipino nursing community via a specific Tagalog speaking service supported by Hospice UK.

138. We have also developed guidance to equip NHS line managers to support and lead their teams during and after COVID-19. This includes:

    - coaching and mentoring support
    - online resources, toolkits and guidance for teams working under pressure
    - REACT mental health conversation training for managers, to enable them to support through compassionate, caring conversations about mental health and emotional wellbeing.

139. The value of our support offer was recognised in 2020 with three Personnel Today Awards: overall winner, HR impact award, and health and wellbeing award; as well as an Occupational Health and Wellbeing Award for being the 'best wellbeing initiative'.

Figure 11: Access and use of health and wellbeing offers (as of December 2020)

▪160,765 app downloads

▪416,691 website sessions

▪9,759 contacts with our dedicated helplines

▪2,750 leadership circle
▪940 common room
▪1,292 coaching & mentoring
▪1,382 REACT participants

▪3,706 primary care coaching sessions
▪(+1,239 booked)

▪16,256 HWB webinar views
▪31m+ Twitter impressions
▪6,246 tweets

8.3 Creating cultures of civility and respect

140. Bullying in the workplace is a significant concern. According to the 2019 NHS Staff Survey, 12.3% of staff have personally experienced bullying and harassment from managers and 19% from colleagues, but only 48.6% of them have reported it. Further analysis and insights into employee experience show that disabled, BAME and LGBTQ+ employees are more likely to experience bullying and harassment in the workplace. The Programme of Civility and Respect aims to develop a national framework to raise awareness of the damaging impact of bullying, harassment and incivility in the workplace, and offer support at organisation and system levels to tackle these issues and promote positive cultures by designing effective interventions to reduce the rates of bullying and harassment across the NHS.

141. The programme's objective is to create an organisational culture of compassionate leadership by ensuring organisations have the right tools to tackle bullying and harassment and improve the working lives of NHS staff.

142. The programme aims to achieve this through:

- developing an understanding around what bullying in the NHS looks like
- raising awareness of the contextual framework of incivility in the workplace and other underlying causes
- exploring the employee experience
- engaging with system partners to align priorities and influence the use of language
- developing an evidence base for improvement interventions
- scoping project support options that can be delivered at scale and pace across the NHS and in line with the new operating model.

143. This programme should be viewed in conjunction with the work of the wellbeing guardians (physical and mental health and wellbeing) to reduce incidents of violence and sickness absence, and to facilitate flexible working. All these programmes are concerned with creating cultures of civility and respect.

144. We aim to provide NHS organisations with a toolkit for addressing bullying and incivility in the workplace. This will use the AIM (Analyse, Intervene, Measure) improvement approach and explore four themes:

    - data and analysis
    - policy and process
    - staff and manager support
    - just and learning culture.

145. Other resources have been developed to sit alongside the toolkit to support organisations:

    - guidance on commissioning external reviews into bullying and harassment
    - a review from a subject matter expert analysing a selection of current NHS interventions and approaches, with the aim of developing an evidence base for effective approaches
    - case studies for evidence-based interventions and support
    - Just and Restorative Culture e-learning package (completed August 2020).[79]

8.4 Safety Violence Prevention and Reduction Programme

146. This programme supports NHS organisations to achieve a cohesive and systematic approach to mitigating and reducing violence against our people, one that makes staff feel supported and safe at work.

147. Our key objectives are to ensure that all organisations prioritise the creation of safety cultures; that staff safety is prioritised in a robust and consistent way; that all staff are protected from physical and verbal abuse.

148. The primary deliverables are:

[79] https://www.merseycare.nhs.uk/about-us/just-and-learning-culture-what-it-means-for-mersey-care/

- Undertake a comprehensive evaluation of the use of bodycams in the ambulance sector; we have invested over £2 million in this to date.
- Build a national data collection tool which captures data in a robust and seamless way, to help inform the design of preventative interventions and evaluation of the impact of violence against our people.
- Develop a comprehensive diploma and degree pathway training programme underpinned by CPD for violence prevention and reduction practitioners.
- Develop a violence prevention and reduction standard to underpin the core requirements for NHS organisations to achieve their duty of care under health and safety legalisation[80] (completed).
- Review and update the Joint Agreement Assaults Against Emergency Workers[81] and create additional memorandums of understanding (MoUs).

[80] Health and Safety at Work etc Act 1974 – legislation explained (hse.gov.uk)
[81] https://www.cps.gov.uk/publication/joint-agreement-offences-against-emergency-workers

9. Staff retention and progression

9.1 Retention Programme

Overview

149. The new Retention Programme, which builds on the success of the former Nursing Retention Programme, is part of government's programme to deliver an additional 50,000 nurses by 2024. The programme aims to improve the experience, engagement and morale across all staff groups. National and system-level action, with targeted support for the most challenged systems, aims to improve morale and experience across the NHS to boost retention.

150. Our aim is to reduce leaver rates, particularly in nursing, through our work to make the NHS one of the best places to work.

151. To maximise the impact of our interventions through the People Promise we will continue to:

- target support early, in the middle and late in careers
- develop tailored support for groups most at risk of leaving – including BAME staff, international staff, returners
- identify interventions that can have quick impact across the workforce, in particular for flexible and remote working and line manager support
- provide intensive support to the most challenged organisations and systems with the biggest gains to make. Average leaver rates for nursing range from 3.5% to over 11%. We are beginning with acute providers, but will move on to the mental health, community and primary care sectors
- iterate and tailor our approach over time as the needs and capacity of staff and organisations change.

Work to date

152. We are developing appropriate interventions to stem leaving at three nursing career points:

- **students/early years** (21–30): 20% of the nursing workforce or c 76,000
- **middle years** (31–50): 52% of the nursing workforce or c 202,000
- **late career** (51+): 28% of the nursing workforce or c 110,000.

Figure 12: Nursing workforce by age profile

Age band	NEY	NW	Mids	EoE	Lon	SE	SW	England
Under 25	2,680	2,542	2,289	1,029	2,151	1,371	1,383	**13,449**
25 to 49	31,825	29,556	35,384	19,555	37,184	26,367	18,338	**198,753**
50 and over	15,634	13,661	16,567	7,997	15,507	11,644	9,097	**90,498**
All ages	**50,139**	**45,759**	**54,240**	**28,581**	**54,842**	**39,383**	**28,818**	**302,700**
Under 25	5%	6%	4%	4%	4%	3%	5%	**4%**
25 to 49	63%	65%	65%	68%	68%	67%	64%	**66%**
50 and over	31%	30%	31%	28%	28%	30%	32%	**30%**
All ages	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: ESR

153. Motivations for leaving and staying vary at these different career points. While action on flexibility/work–life balance, reward and recognition, and career progression will have a significant **impact across many staff (breadth)**, targeted interventions in early years/late career could have significant **depth** of impact.

Figure 13: Reasons for leaving (all clinical leavers)

All clinical leavers 2018/2019		Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	Over 60	Grand Total
Retirement	Community	0.0%	0.0%	0.0%	0.1%	0.5%	1.2%	6.2%	61.0%	76.4%	20.3%
	National	0.0%	0.1%	0.1%	0.2%	0.4%	1.1%	8.0%	66.1%	80.7%	16.8%
Work Life Balance	Community	9.8%	16.2%	23.8%	24.5%	25.1%	24.7%	26.1%	10.8%	8.0%	18.5%
	National	12.8%	12.3%	14.7%	16.7%	17.4%	17.8%	17.6%	6.9%	4.4%	13.0%
Pay/Reward	Community	15.4%	24.6%	20.5%	22.1%	22.3%	23.8%	20.6%	5.2%	2.2%	16.7%
	National	12.0%	15.7%	16.5%	16.6%	16.5%	16.9%	13.5%	3.6%	0.9%	12.6%
Unknown	Community	19.2%	17.3%	16.3%	16.5%	21.5%	15.8%	17.6%	6.7%	5.0%	14.3%
	National	27.7%	26.2%	27.6%	28.4%	28.9%	28.3%	25.7%	9.9%	6.5%	23.2%
Relocation	Community	23.6%	21.6%	17.8%	13.6%	10.3%	11.7%	10.1%	7.0%	1.8%	12.3%
	National	23.9%	29.7%	24.7%	20.0%	19.4%	17.5%	15.1%	4.8%	1.7%	18.7%
Progression/CPD	Community	23.8%	11.5%	7.4%	9.8%	7.5%	7.3%	7.2%	1.8%	0.4%	7.3%
	National	14.3%	9.2%	7.1%	6.4%	5.7%	5.1%	4.3%	1.1%	0.3%	6.2%
Flexibility	Community	4.8%	6.6%	10.3%	10.7%	7.8%	9.7%	5.8%	3.6%	3.1%	6.8%
	National	5.4%	4.6%	6.3%	7.7%	6.6%	6.6%	6.4%	3.1%	2.2%	5.3%
Dismissal	Community	1.0%	1.1%	2.6%	1.0%	3.7%	3.2%	5.0%	2.5%	2.6%	2.6%
	National	2.8%	1.6%	2.2%	2.8%	3.8%	4.9%	7.3%	3.7%	2.9%	3.2%
Incompatible Working Relationships	Community	2.4%	1.0%	1.2%	1.8%	1.2%	2.7%	1.3%	1.3%	0.5%	1.4%
	National	1.0%	0.7%	0.8%	1.2%	1.4%	1.9%	2.0%	0.7%	0.5%	1.0%

Source: ESR

154. The Retention Programme will provide different levels of support, informed by, for example, leaver rates. These are:

- **Universal component:**
  - delivery of the NHS People Promise, and the 'making the NHS the best place to work' and 'improving leadership culture' workstreams of the NHS People Plan
  - masterclasses, online resources and strategic diagnostic analysis for all NHS organisations and systems.
- **Universal plus – system collaboratives:** communities of practice to engage every ICS/STP in improving retention.
- **Intensive support:** targeted support for our most challenged systems and organisations, focusing on those that improved least during 2017 to 2019.

155. Since September 2020, we have been piloting the programme with three pathfinders:

- North East and Yorkshire region (NEY)

- Bristol, North Somerset and South Gloucestershire STP (BNSSG)
- North Central London STP (NCL).

156. These pathfinders have been given detailed data to enable them to identify key retention drivers.

157. Reasons for leaving appear to vary across the three pathfinders, but common themes are seen, and these are the focus for improvement:

- flexible working opportunities
- health and wellbeing of staff
- equality and diversity for staff.

Figure 14: Looking After Our People Retention Programme: top reasons for leaving in the three pathfinder organisations

Source: ESR

158. We have developed national trajectories to reduce leaver rates by 0.5pp to help deliver improvements in retention. They rely on judgements about the likely impact of staff experience and engagement initiatives on the leaver rate, informed by observing their impact, and will be reviewed annually to ensure alignment across the nine interdependent workstreams as part of the commitment to deliver 50,000 more nurses by 2024.

159. We are working with various stakeholders to pilot initiatives that can help systems and organisations to reduce duplication of effort at a local level, before national rollout:

- standardised/confidential exit interview pilot with business support services
- working with ESR to ensure flexible working patterns and health and wellbeing conversations can be recorded
- working with pathfinders and national bodies to identify ways to improve data quality, including in primary care
- working with the NMC to identify commonality of purpose and ways to collaborate to reduce the number of nurses and midwives leaving both the health and care system and the professional register
- commissioning research into the reasons for staff choosing to stay or leave the NHS.

160. In August 2020 we launched the new Retention Hub.[82] This promotes the key learning points from the Nursing Retention Programme and provides a range of resources aligned with the People Promise themes and learning from COVID-19. We will continue to build the content with toolkits, guidance and case studies to highlight best practice from across the NHS and beyond.

161. A retention element in the Model Hospital will be launched in 2021 that brings together retention focused data and makes it possible to look at the demographic profile of leavers across trusts and systems.

[82] https://www.england.nhs.uk/looking-after-our-people/

9.2 COVID-19

162. We do not know what the long-term impact of COVID-19 will be, but there is already evidence of increasing burnout and mental health issues among nurses and other staff.

163. Non-UK leaver rates have been held down, but we expect them to rise as travel restrictions lift.

Figure 15: Yearly (September to September) NHS leaver rates by professional group, 2014/15 to 2019/20

Staff Group	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
AHPs	7.1%	7.1%	7.1%	6.8%	6.5%	5.4%
HCS	9.5%	6.6%	6.7%	6.5%	6.8%	5.6%
Medical and Dental	10.7%	10.7%	10.5%	10.2%	10.1%	9.0%
NHS Infrastructure and Support	9.5%	9.2%	9.3%	8.8%	8.2%	6.8%
Nursing & Midwifery	7.2%	7.2%	7.6%	7.1%	6.9%	5.6%
Support to AHPs	7.7%	7.8%	8.4%	8.4%	7.2%	6.6%
Support to HCS	10.5%	8.8%	9.0%	9.1%	9.4%	8.0%
Support to Nursing & Midwifery	9.5%	9.6%	9.7%	9.3%	8.7%	7.5%
All	8.7%	8.6%	8.7%	8.3%	7.9%	6.7%

Source: ESR/HEE

164. The consistency of falling leaver rates between December 2019 and June 2020 across professions and regions suggests that COVID-19 has had a significant impact:

- **restrictions on travel** reducing non-UK nurse leaver rates
- **economic downturn** reducing alternative employment options
- **brand NHS** at an all-time high, eg surge in interest in NHS jobs
- **focus on supporting our NHS people** nationally and locally during COVID-19, eg free car parking and access to rest rooms
- **intelligence from HR directors (HRDs) and directors of nursing (DONs)** tells us staff are promising to ‘stick it out’ during COVID-19, even putting off retirement in some cases.

9.3 Evidence to support our approach to nurse retention

165. Based on our data analysis, there are two specific 'career stage' groups that are being prioritised for further interventions: those in their early career (within 1-2 years) and those in their later career (ie those 50 years old and above who are approaching retirement). This is important to ensure we maintain the already positive attrition levels for nurses compared with other public sector workers (ONS 2017: One-year review of retention in the public and private sector[83]).

166. In a qualitative study,[84] intention to leave in senior nurses was motivated by workload (12-hour shifts), health issues, life circumstances and a perceived lack of flexible working options. Intention to stay was driven by financial stability, teamwork and peer support, commitment to professional experience and opportunities for mentoring. Contextual factors related to both nursing identity and organisational culture indirectly affected nurses' decisions.

167. Nurses say the following help reinforce their sense of value:

- **skills and training development** – with examples of individual career style coaching and training for emergent clinical leaders
- **culture** – support to create strong teams and responsive management
- **health and wellbeing** – particularly around working conditions and breaks as key good foundations
- **benefits** – with flexible working and ability to achieve work life balance important.

9.4 Retaining staff at the early and late stages of their career

168. Based on our data analysis, two specific 'career stage' groups are being prioritised for further interventions: those in their early career (within 1-2 years) and those 50 years old and above who are approaching retirement.

[83] https://www.ons.gov.uk/economy/governmentpublicsectorandtaxes/publicspending/articles/isstaffretentionanissueinthepublicsector/2019-06-17

[84] Rafferty AM, Boiko O (2018) *Retention of older nurses: a focus group study in English hospitals*. NHS Improvement

169. The nursing workforce has been slowly 'ageing' for several years (see Figure 25). Currently, 30% of the nursing workforce is aged 50 or over. The leaver rate for nurses aged 50 and over has been decreasing.

170. Most nurses in this older age group work in the acute sector, with a significant number also working in mental health. Nurses aged 50 to 54 (4%; 10,000) may have more than 25 years' NHS experience and as such have 'special class status' – the right to retire with a full pension at 55.

171. Nurses earlier in their career (with two years or less of service) also have a relatively high likelihood of leaving the NHS. In 2018/19 and 2019/20, 35% of the nurses who left did so after only two years or less NHS service.

172. Our national offer (available from April 2021) will be informed by organisations' best practice. It will include flexible working, tailored mentorship and focused health and wellbeing conversations regarding issues such as menopause, as well as conversations that include pension advice.

9.5 Interventions to improve retention

173. According to NMC's Leavers' Survey 2019 of nurses who left the NMC register,[85] the top three reasons for leaving that are within a providers' control (so not, for example, retirement or relocation) centre on lack of staff, weight of workload and feeling unable to deliver the care to patients that they would like to. This strengthens the need for holistic action to address morale across workforce growth, transformation and culture change as set out in the NHS People Plan.

174. NHS England and NHS Improvement carried out a detailed thematic review of all cohort 1 to 4 trust retention plans as part of the Nursing Directorate Retention Direct Support Programme, which ran between 2017 and 2019. They identified the 10 most effective interventions trusts can make to improve retention.

[85] Nursing and Midwifery Council (2019) *Leavers' survey 2019: Why do people leave the NMC register?* https://www.nmc.org.uk/globalassets/sitedocuments/nmc-register/march-2020/nmc-leavers-survey-2019.pdf

Figure 16: Ten most effective interventions

9.6 Supporting recruitment, retention and return

175. The programme of activity is divided into three areas (but is part of a wide range of programmes, including, for example, health and wellbeing and retention described earlier):

- flexible working
- enabling staff movement
- pay and reward.

Flexible working

176. Our aim is to support delivery of the commitments in the NHS People Plan by addressing cultural, process and technological barriers at a national level.

Flexibility from day one

177. NHSBSA and TRAC[86] (an online recruitment system) are working to enhance the functionality of their recruitment systems. The changes will allow organisations to advertise their roles as flexible on both the NHS Jobs and TRAC recruitment systems, and enable applicants to search and apply for flexible opportunities more easily.

178. The Retention and Flexible Working Programmes are also exploring opportunities to develop broader data capture with external partners (such as recording flexible working in health and wellbeing conversations in the ESR) and to align the internal reporting of flexible working outcome measures.

Flexibility by default

179. A common definition of flexible working is being developed for the NHS with support from the NHS Staff Council during 2021/22. This will be supported by a national policy template and set of principles to guide employers in creating and refreshing local flexible working policies. The principles will be tested with stakeholders, including the pathfinder sites and Flexible Working Reference Group ahead of publication in March 2021. The NHS Staff Council has agreed to include additional information on flexible working in section 33 of the Agenda for Change handbook.[87] NHS Employers will help signpost organisations to relevant resources and information on flexible working.

Role modelling from the top

180. From April 2021, an options appraisal will be conducted to identify national ways to celebrate success. A performance indicator – the percentage of roles advertised as flexible – will be included in the oversight framework.

Normalising conversations about flexible working

181. The Flexible Working Programme is working with NHS England and NHS Improvement's Health and Wellbeing Team to embed discussions about flexible working as part of an annual health and wellbeing conversation.

[86] http://trac.jobs/about/
[87] https://www.nhsemployers.org/pay-pensions-and-reward/nhs-terms-and-conditions-of-service---agenda-for-change/nhs-terms-and-conditions-of-service-handbook

Management support

182. The Flexible Working Programme is working with the NHS Staff Council to develop webinars to support individuals and managers in having balanced and compassionate conversations on flexible working (including how to say 'yes' and 'no'). Complementary guidance will be developed in parallel and will be published from April 2021/22.

Supporting people with caring responsibilities

183. NHS England and NHS Improvement have established a Working Carer's Reference Group and are working with Employers for Carers (part of Carers UK[88]) to roll out the new working carers passport referenced in the NHS People Plan. The passport facilitates timely, compassionate conversations about the support needed to balance caring and work responsibilities, including flexible working patterns.

184. To support carers during the COVID-19 pandemic, 'Employers for Carers – Plus' membership was secured for all ICSs/STPs for a period of 12 months. This provides access to a range of resources for employers, line managers and working carers. Outcomes and learning from the resources will be evaluated over the coming year.

185. The Flexible Working and Primary Care Teams will co-host a roundtable event as soon as possible in 2021 with relevant professional and national bodies to explore how flexible working opportunities can best meet the needs of those working in primary care.

Flexibility in general practice

186. The Flexible Working and Primary Care Teams will co-host a roundtable event as soon as possible in 2021 with relevant professional and national bodies to explore how flexible working opportunities can best meet the needs of those working in primary care.

[88] https://www.carersuk.org/

E-rostering

187. During 2021/22, the flexible working programme will support NHS England and NHS Improvement's Clinical Productivity Team in embedding e-rostering by providing guidance on wider flexible working.

Enabling staff movement

188. The overall aim of the Enabling Staff Movement Programme is to enable the movement of staff around the NHS safely and with ease. Several technological, process and cultural barriers to this have been identified during the scoping and discovery phases of the programme. Many barriers can only be overcome with national interventions and policy.

189. NHS staff move around for several different reasons and it typically involves form filling, repeating employment checks and mandatory training. During COVID-19, there has been a particularly urgent need for staff with the right skills to move quickly between NHS organisations without such barriers, delays or unnecessary administration.

190. Movements include:

- **permanent staff movements** – over 100,000 movements between NHS organisations each year, including doctors who typically move eight times during 10 years of training; a further 100,000 join the NHS each year
- **internal staff movements** – an estimated 200,000 to 300,000 internal movements each year
- **bank workers** – over 800,000 workers are registered on trust banks, 300,000 of whom are actively undertaking bank shifts at different NHS organisations. The easier we can make the registration and movement processes, the less the NHS will need to rely on agency workers to fill gaps.

191. The programme's focus is helping overcome these barriers at a national level and setting best practice standards and policy, so that local systems (ICS/STPs) can adopt and enable this movement. The work programme areas set out below represent the interlinking initiatives and priority actions to achieve our aim.

Enabling staff movement toolkit

192. The Enabling Staff Movement Toolkit[89] was published in August 2019. The toolkit, developed with partners, provides NHS organisations with practical help, sample 'warranty' text, case studies and signposting to help remove barriers to movement of staff between NHS organisations.

193. The toolkit was widely used by NHS trusts and ICSs in the development of their workforce sharing agreements (WSAs)[90] and MoUs to enable the sharing of NHS staff to support the response to the COVID-19 pandemic throughout March, April and May 2020.

194. A review of the MoUs and WSAs implemented by systems during the first wave of the COVID-19 pandemic is currently taking place. The Enabling Staff Movement Toolkit will be updated following consideration of the review findings.

COVID-19 digital staff passport

195. The Enabling Staff Movement Programme team have worked with NHSX and Blackpool Teaching Hospitals NHS Foundation Trust to design and develop the first NHS digital staff passport to enable the safe movement of staff across the NHS in response to COVID-19.

196. The COVID-19 digital staff passport system and service went live to testing on 11 May 2020 and was thoroughly tested with 20 NHS trusts. The service is now being offered for implementation at scale and pace to up to 200 NHS trusts during 2021.

197. The COVID-19 digital staff passport removes the need to repeat NHS employment checks for NHS staff who are temporarily moving or being shared to support the COVID-19 response. This saves valuable time, reduces the administrative burden on NHS staff and the HR departments, which facilitate the moves and ensures staff move with the right safeguards to where patients need them most.

Doctors in training and collaborative bank passport(s)

198. The programme team is working with HEE and NHSX to scope the detailed requirements that would enable doctors in training and bank workers to use digital

[89] https://improvement.nhs.uk/resources/enabling-staff-movement-toolkit/
[90] https://www.nhsemployers.org/case-studies-and-resources/2019/02/staff-mobility-guide

staff passports. This will improve the experience of staff and reduce reliance on agency workers, again ensuring that staff are able to move to where patients need them most.

199. Building on the lessons from the COVID-19 digital staff passport, detailed requirements and business cases for the development and delivery of such passports long term are planned to be completed in early 2021.

Trusted frameworks

200. In 2019, the programme team stabilised the Core Skills Training Framework (CSTF) by securing its future management within the NHS; this is now included in the mandate to HEE.[91] The nationally agreed framework has been refreshed and an updated version was published for NHS trusts in England in February 2020. All NHS employers will be asked to declare and align to the new framework by 31 March 2021.

201. An external route and branch review of the CSTF subjects will also be conducted and recommendations incorporated into a revised version planned for September 2021.

202. A core list of NHS new starter immunisations and vaccinations has been agreed and was published via the Health at Work network in September 2019.[92]

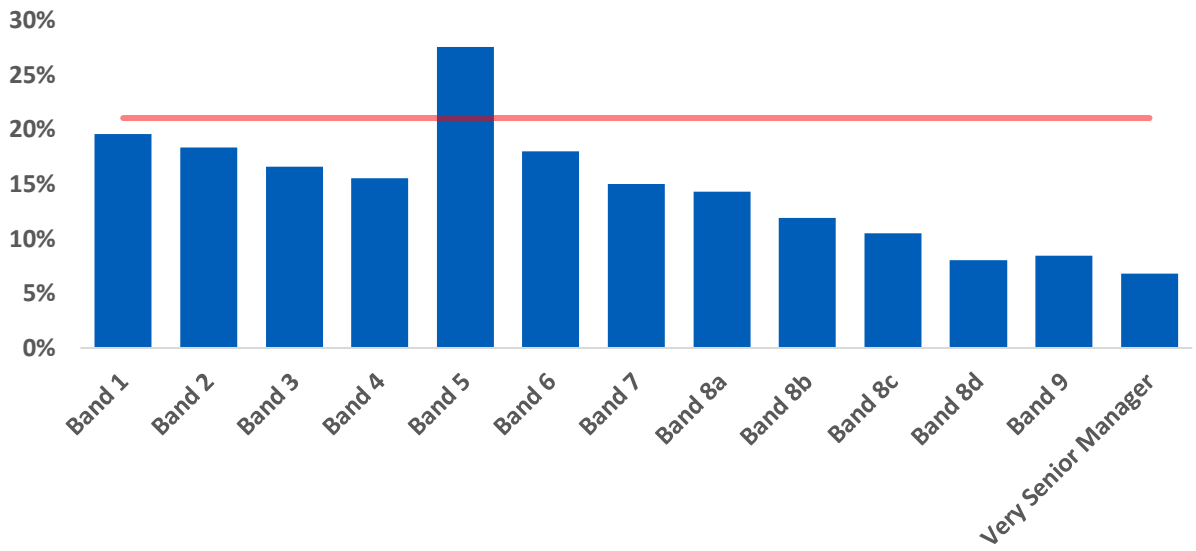
203. Work on developing standard processes to support the core list began with occupational health specialists and will be developed into a new starter immunisation and vaccination framework, which trusts will declare alignment to in the same way they do for the CSTF. The NHS Employment Checks Standards will be reviewed to ensure they best support the movement of staff across NHS settings, considering changes to practice because of COVID-19 and digital/technological advances. Cabinet Office work on digital identity will lay important foundations for wider adoption of digital staff passports.

[91] https://www.skillsforhealth.org.uk/services/item/988-core-skills-training-framework-cstf-and-enabling-staff-movement
[92] http://www.nhshealthatwork.co.uk/news-latest.asp?info=Immsandvaccs

9.7 Workforce Race Equality Standard (WRES) ambitions

204. At 31 March 2020, 21.0% (273,359) of staff working for NHS trusts and CCGs in England are from a BAME background; their number and proportion have increased year on year. As the pay bands increase, the proportion of BAME staff within those bands decreases: from 27.5% at Band 5 to 6.8% at VSM level.

Figure 17: Percentage of BAME staff by AfC band for all NHS trusts and CCGs, 2020 (average in red)



205. The Model Employer Strategy[93] sets out the aspiration for the NHS to reach equality in BAME representation across the workforce pipeline by 2028. This is the recommended model; it aligns with the government announced timeframe on this aspiration for the public sector and the NHS Long Term Plan.

206. Most NHS trusts received a bespoke document setting out the trajectory for recruitment required to achieve this in all senior pay bands by 2028.

207. The letter[94] on implementing phase 3 of the NHS response to the COVID-19 pandemic requires providers to publish a five-year action plan that shows how they will ensure that their BAME representation (a) at AfC Band 8a and above and (b)

[93] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf
[94] https://www.england.nhs.uk/coronavirus/publication/third-phase-response/

on their governing body, matches that across their entire workforce or local community, whichever is the higher, by the end of that period.

208. Priority areas are London, nursing and doctors. The following strategies and documents highlight the work being done in each of these areas.

209. **London:** The London Workforce Race Strategy[95] recognises the long-term commitment to addressing race inequality, while outlining the challenge and complexity of doing so. It makes 15 evidence-based recommendations.

210. **Nursing:** The WRES team's report[96] outlines where BAME progression into senior nursing, midwifery and health visitor positions is improving in the NHS; work underway and the planned next steps to support organisations in delivering the 2028 commitment.

211. NHS England and the NHS Confederation have established the NHS Race and Health Observatory,[97] hosted by the former, to identify and tackle the specific health challenges facing people from BAME backgrounds.

[95] https://mcusercontent.com/ec5dea9536bde16d5a3153530/files/3a95fd88-c47b-43de-983e-3dead58398ee/LWRS.pdf
[96] https://www.england.nhs.uk/wp-content/uploads/2019/03/wres-nursing-strategy.pdf
[97] https://www.england.nhs.uk/2020/05/nhs-england-and-nhs-confederation-launch-expert-research-centre-on-health-inequalities/

NHS England and NHS Improvement

Skipton House

80 London Road

London

SE1 6LH

Publication approval reference: PAR379