

Classification: Official

Publication approval reference: PAR292



Estates and Facilities Workforce Action Plan

Building, developing and engaging our
people

15 June 2022

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1. Foreword

The c100,000-strong Estates and Facilities Management (EFM) team across England, representing 8% of the NHS workforce, are core to delivery of all NHS services. Every day, our EFM teams across the country, which include cleaners, porters, catering, security, engineering, capital delivery and maintenance staff, work alongside clinicians to ensure patients get the care they need.

The EFM workforce rose to the unprecedented challenge of the pandemic, often above and beyond the requirements of their day-to-day roles, by ensuring the existing estate continued to support world-class clinical service delivery, whilst simultaneously designing and building new facilities, including the Nightingale Hospitals, at pace.

The pandemic has highlighted the importance of a well-maintained, resilient estate as the bedrock upon which clinical services are delivered. Significant capital investment has been pledged to support Government plans to deliver 48 new healthcare buildings by 2030 through the New Hospital Programme, as well as to modernise existing hospitals and tackle backlog maintenance issues. This is a once-in-a-generation opportunity to innovate and redefine our estate, service delivery and industry best practice, while working towards decarbonising our estate in line with the [NHS's](#) and the [Government's](#) net zero carbon strategies.

The successful delivery of this ambitious programme of hospital development requires us to review and address our most pressing issue – building a diverse, high-performing workforce, filling skill gaps and providing people with the tools, support and development opportunities to ensure we have a robust and resilient team in place for our future needs.

This action plan sets out how we will fulfil the ambitions of the NHS People Plan and NHS People Promise for our EFM team across England over the next ten years, with a focus on the immediate priorities outlined in the 2022/23 operational planning guidance, including investing in our workforce and strengthening the compassionate and inclusive culture we need to deliver the best possible patient outcomes. It focuses on driving improvements in mental health and wellbeing; training and development; equality, diversity and inclusion; recruitment and retention; career pathways and progression; succession planning; and giving our EFM people the recognition they deserve from their NHS colleagues and the wider public.

Our vision is to inspire a generation to join our team so that together we redefine the industry standard for estates and facilities, while continually improving healthcare experiences for our patients.

It is a great honour for us to publish our first EFM workforce action plan, and we look forward to seeing the progress we have made together towards achieving our goal of becoming the EFM industry leader and employer of choice.



Em Wilkinson-Brice
Acting Chief People Officer for the NHS



Simon Corben
Director of Estates and Head of Profession
for the NHS

2. Executive summary

In July 2020, the NHS published the People Plan 2020-21 which focused on supporting our people through the COVID-19 pandemic and winter period. It set out how staff across the NHS must all continue to look after each other and foster a culture of inclusion and belonging, as well as grow our workforce, train our people and work together differently to deliver patient care.

Statutory Integrated Care Systems (ICSs), expected to be in place from July 2022, present an opportunity to better align action between the NHS, local government and other local partners to deliver shared aims – including to drive an integrated approach to planning, training, recruiting, developing and supporting the ‘one workforce’¹. In August 2021, NHS England and NHS Improvement published guidance on the [ICS People Function](#), which builds on the priorities set out in the People Plan, to help system leaders and their partners to support their ‘one workforce’ across health and care, by delivering key outcome-based people functions.

The EFM workforce will be a key group of the ‘one workforce’ and will help to deliver the four core aims of an ICS: to improve outcomes in population health and healthcare; to tackle inequalities in outcomes, experience and access; to enhance productivity and value for money; and to help the NHS support broader social and economic development. Estates and facilities teams are key partners in how the physical work environment is improved for our workforce, to support health and wellbeing, as set out in *The Future of NHS human resources and organisational development*².

The NHS operational planning guidance 2022/23 highlights the need to accelerate work to transform and grow the substantive workforce and make the NHS a better place to work for all our staff. In addition to this, NHS England is developing a NHS Workforce Plan that will put the workforce on a sustainable footing for the long-term. The workforce plan will build on the forthcoming Long-Term Strategic Framework for Health and Social Care Workforce, which HEE were commissioned to develop in May 2021. Our workforce action plan is aligned to both of these programmes of work and sets out how we will make this a reality for the EFM workforce over the next ten years. We will preserve the great work already being done and address the issues we currently face, so that NHS Estates and Facilities are at the cutting edge of EFM as the industry leader.

The actions set out here aim to provide everyone, at whatever level, whether directly employed or outsourced, with a sense of pride, excitement and inclusion in being a member of the NHS Estates and Facilities workforce.

¹ The ‘one workforce’ is the totality of staff working together to deliver the four core purposes of an ICS. It includes those employed by and working in NHS organisations (acute, mental health, community and primary care), in social care, in local authorities, in the voluntary, community and social enterprise sector, carers and volunteers, those employed directly by ICS Integrated Care Boards, and those working in sectors other than health and care who contribute to delivering the four core aims of an ICS.

² [B0659 The future of NHS human resources and organisational development report 22112021.pdf \(england.nhs.uk\)](#)

The nine key actions in the EFM Workforce Plan outlined below align to the People Plan themes and will help deliver on these wider NHS priorities:

People Plan Themes	EFM Priorities	Actions
Looking after our people	Improve the health and wellbeing of our people	Boost wellbeing and improve the work environment
Belonging in the NHS	Embed equality, diversity and inclusion	Make NHS EFM an inclusive place to work
New ways of working and delivering care	Develop our people	Create new career pathways
		Future-proof our skills
		Embed data-driven decision-making
Growing for the future	Build the next generation of EFM people	Develop our managers
		Recruit the best talent
		Be the UK's EFM employer of choice
		Invest in what matters to our people

This plan is a call to action for collaboration and positive action within the EFM community and is the result of two years' engagement from subject matter experts, through staff surveys, 1:1 interviews at all levels, reviews of quantitative data, external benchmarking and best practice.

Accountability for the actions and commitments outlined in this plan are broad – some actions will be implemented nationally by the National EFM Workforce Team and others will form frameworks and tools which can be implemented locally by systems and Trusts where appropriate. NHS EFM teams at all levels will be expected to work together and with other professions – such as the [people profession](#) – to deliver these ambitions for those who work in and use NHS services.

Finally, we are committed to delivering equality of opportunity to our people and recognise that to achieve this, our teams should reflect the local communities in which we work. However, to truly embed equality of opportunity we must take positive action to counter unequal starting positions that exist. It is the responsibility of each of us to listen to the lived experiences of others to better understand how we can advance equality and inclusion, creating a truly open and compassionate culture which celebrates diversity.

We are actively supporting the [Core20PLUS5](#) approach to drive health inequality improvements across the system as we recognise that many of our EFM workforce fall within the target population outlined in this approach.

3. Our action plan

Our action plan is focussed on achieving our four priorities over the next ten years, through nine key actions.

The National EFM Team will review and reshape this action plan annually in line with any changes to the People Plan themes, EFM workforce requirements and market conditions.

3.1 Boost wellbeing and improve the work environment

1) CONTEXT

There are some 300 distinct roles within NHS EFM, and the employment arrangements are similarly varied: 66% of people directly employed by the NHS, 27% outsourced to service delivery partners and 7% employed by NHS wholly owned subsidiaries. These are split across Hard Facilities Management (15%), Soft Facilities Management (77%) and Leadership, Management and Support (7%) roles.

The nature of EFM work means most of our people are not office based and work a variety of shifts, creating challenges with engagement and fostering a sense of community. The NHS has already recognised our people's wellbeing as a core focus through the Long Term Plan and People Plan and developed resources to support our people. Action has been taken to address health and wellbeing concerns in response to COVID³ - but we need to ensure that the EFM profession is aware of, and has access to, these resources easily, particularly as the majority of our people do not have work supplied laptops or smartphones, therefore have no regular access to email or intranet. We are working hard to develop alternative platforms to ensure that teams have access to health and wellbeing resources and initiatives.

Sickness absence rates of estates and ancillary staff have remained the second highest among all staff groups since 2018. The latest published data from September 2021 shows an absence rate of 7.5% for this staff group, compared with sickness absence across the NHS of 4.9% for the same period. The data also shows that estates and ancillary staff experience higher than average rates of absence for physical health reasons: 25.5% of absences are due to back/other musculoskeletal problems and injury/fracture compared to the NHS average of 15.1%. Absence rates due to anxiety/stress/depression/other psychiatric reasons remain a concern for our staff group, although lower than average (19.9% compared to the NHS average of 23.7%).

By providing the necessary support and wellbeing this will improve the experience of EFM staff.

2) THE IMPACT:

All our people will be able to capitalise on available opportunities for development, and feel like they are treated equitably, as individuals, in an organisation that values belonging and trust. The perception of EFM from people both inside and outside of the NHS will improve as we enrich patient experiences and outcomes through our increased engagement and productivity. We will build resilience within our teams enhancing their ability to manage demanding work schedules. As a result, our staff absence rate will decrease, and our retention rate will improve as people are better engaged and supported. Coupled with this, the [Future of HR and OD report](#) sets out an expectation that chief people officers in ICSs

³ <https://people.nhs.uk/>

and other NHS organisations will work with EFM teams to improve the physical work environment to support health and wellbeing.

3) OBSTACLES:

Achieving this requires each of us to have equal access to wellbeing services and support networks and willingly use them. Organisations will need to fill our vacancy gaps to alleviate staffing pressures and actively recognise and support people feeling these pressures. Training and oversight will also need to be provided by organisations to make sure that the cultural experience and support networks are consistently excellent for all our people.

4) KEY ACTIONS:

1. Create pastoral coaching and mentoring forums for the EFM profession, with dedicated time for career and wellbeing conversations
2. Implement systems which support EFM people to understand and improve their mental health, including committing to 20% of EFM workforce trained as mental health first aiders
3. Align the estates and facilities workforce messaging to the themes of the new NHS Health and Wellbeing Framework and amplify the messaging across our workforce
4. Create clear and open communication channels so all our people have access to the same information, can be easily contacted and feel connected with the wider team
5. Raise the profile and status of the EFM workforce within the NHS giving our people the recognition and value they deserve

5) KEY PERFORMANCE INDICATORS:

1. The level of positive feedback in EFM Staff Surveys
2. The % of the EFM workforce using a coaching or mentoring network
3. A reduction in EFM staff absence and turnover rates

6) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate. This will include templates and guidelines as well as reporting and benchmarking tools to track performance and take-up.

3.2 Make NHS EFM an inclusive place to work

1) CONTEXT

The NHS has actively worked to increase its diversity and inclusivity, made steps towards closing the gender pay gap and increasing BAME representation in senior positions (WRES, 2019). Within EFM, women make up 50% of our workforce at bands 2 and 3 but hold just 20% of leadership positions. This contrasts with the overall NHS workforce where 74% of the workforce are female and 64% of Band 7 and above roles are held by women. There is a similar trend in the ethnicity of our workforce; only 5% of our leaders come from a BAME background compared to 23% of our overall workforce. There is, therefore, significant opportunity for us to increase the diversity in both gender and ethnicity within our senior leadership roles.

Some 34% of the EFM workforce is over 55 years old, which is significantly higher than the overall NHS workforce (19%). Only 5% of our EFM people are under 25 years of age which is in line with the rest of the NHS workforce (4.7%). This presents an opportunity for us to focus our efforts on attracting younger people into the NHS as well as developing more

flexible and part time working arrangements to help encourage older members of our team to stay with us rather than retiring.

A coordinated and transparent approach to delivering equal opportunities for the EFM profession includes embedding diversity, equality and inclusivity - not only because this is the right thing to do but also because diverse teams perform better and are more engaged. It will also ensure we are attracting talent into the NHS from the widest possible pool of people.

2) THE IMPACT:

We will embed an inclusive culture where we can each contribute to our individual and collective success, and each feel included, supported and valued. The right talent will be placed in the right roles, and with improved engagement and productivity our service delivery will also be of the highest quality.

3) OBSTACLES:

We all need to have a shared understanding of 'equality of opportunity' for this to work and organisations must have the systems and processes that truly embed equality. We can make this a reality if all EFM organisations collaborate, contribute and buy-in to this process collectively.

4) KEY ACTIONS:

1. Each EFM team to set a diversity target to deliver gender balance and reflect the demographic of their local population
2. Ensure that recruitment panels are diverse and represent the local population
3. Outline an individual employee's responsibility not to discriminate against any colleague because of a protected characteristic and ensure everyone is treated with respect and dignity in all job descriptions. Managers and leaders to be made accountable for this behaviour in their job descriptions.
4. Create national EFM working groups to embed:
 - a. The Workforce Race Equality Standards
 - b. The Workforce Disability Equality Standards
 - c. The Staff and Learner Mental Wellbeing Programme

5) KEY PERFORMANCE INDICATORS:

1. The % increase of disabled, BAME, LGBTQ+ and women employed across EFM and in management and senior management positions in EFM
2. The % of young people (under 25 and 25–34) across EFM workforce
3. The % of EFM teams' diversity targets being met or exceeded

6) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate. This will include templates and guidelines as well as reporting and benchmarking tools to track performance and take-up.

3.3 Create new career pathways

1) CONTEXT

Career progression within EFM has traditionally had a focus on technical expertise and experience, rather than broader considerations such as managerial and leadership

competency. We need to address this ensure we have well rounded compassionate leaders into the future.

We also need to produce career pathways which clearly show progression and mobility. This will support every member of the EFM workforce to shape their own careers and improve retention of staff. It will also provide prospective employees with a clear articulation of career progression and mobility within and across the NHS, and align the NHS with candidates' expectations in a competitive job market.

Only 1% of our people have membership of a professional body. By strengthening our relationship with key professional bodies and ensuring equity of access for all, we can improve the focus on continuous professional development.

2) THE IMPACT:

Each of us will be able to take ownership for driving our own professional development and learning. We will also be able to provide service innovations and improvements through our diverse range of ideas, backgrounds and experiences and instil a strong sense of pride in being a part of our vibrant EFM community.

3) OBSTACLES:

This requires us to provide fair and transparent processes for each of us to manage our careers and feel empowered to discuss our career aspirations with our line manager. By developing career pathways which articulate the training/development/skills needed to progress, we will have a clear framework for the estates and facilities workforce to follow across the country, ensuring we are all aligned to the same framework requirements for roles.

4) KEY ACTIONS:

1. Establish an annual career and learning review process which includes quarterly check-ins
2. Develop career pathways for every EFM role type, showing career mobility within EFM across ICSs, regions and into other roles within NHS
3. Develop policies which provide people with the opportunity to work in other areas of the organisation and geographies
4. Review the Director of Estates role and work to strategically redefine the responsibilities and requirements for this role post-2025, broadening the scope beyond existing geographical boundaries
5. National EFM Workforce Team to promote career pathways nationally through national EFM websites, the Collaboration Hub, careers fairs and events.

5) KEY PERFORMANCE INDICATORS:

1. The number of EFM people completing career or learner reviews
2. The % of people engaged with annual NHS staff survey
3. Year on year increases in the level of professional body membership and apprenticeship programmes for career development

6) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate. This will include templates and guidelines as well as reporting and benchmarking tools to track performance and take-up.

3.4. Future-proof our skills

1) CONTEXT:

The development of our people and addressing the skills gaps within our EFM workforce is critical for engaging and empowering our people and for delivering safe, well maintained clinical environments for our patients. Providing the right depth and breadth of skills through training, tools and innovation will improve and future-proof service delivery.

Recent capital investment in the NHS presents us with a unique opportunity to provide better equipped, technically advanced and efficient new healthcare facilities, and it has also required us to assess current capability in property development expertise, large-scale programme delivery, and strategic estates planning, development and management. To deliver this programme and meet future requirements, including building and operating the NHS estate to net zero carbon standards, NHS estates and facilities teams must strategically invest in development and training, better use our existing expertise and grow skills through coordinated programmes such as apprenticeships.

EFM teams are responsible for maintaining critical infrastructure, such as medical gas, oxygen, water, and electrical systems. We have an opportunity to upskill and retain our existing people, as well as ensure training is provided to remain safe and compliant.

2) THE IMPACT:

By identifying the skills gaps and providing relevant training to fill them, the NHS will avoid the need for significant recruitment and/or restructuring. We will be able to re-shape the way we have historically delivered our services across the estate.

3) OBSTACLES:

This requires strategically developed training, tools and innovation programmes that meet our current and future needs with the right breadth and depth of skills for all role types.

4) KEY ACTIONS:

1. All organisations to complete a full EFM workforce skills audit (to be reviewed at local, ICS and regional level)
2. Develop a skills action plan and corresponding training programmes to develop our social, technical and digital skills, for example Net Zero Carbon skills
3. Develop a technical career pathway that rewards continued technical skill development for all EFM people
4. Ensure 100% of EFM teams have formally approved succession plans

5) KEY PERFORMANCE INDICATORS:

1. The EFM enrolment level in social, technical, and digital skills training programmes
2. The % of skill gaps, identified through the EFM skills audit, that are subsequently filled

6) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate. This will include templates and guidelines as well as reporting and benchmarking tools to track performance and take-up.

3.5 Embed data-driven decision making

1) CONTEXT

Those managing the NHS estate need consistent, accurate data to inform decision-making, strategic planning, and EFM oversight and coordination.

Despite improvements to systems such as the Estates Return Information Collection (ERIC), the NHS Model Health System, and Electronic Staff Record (ESR) there is still room to improve and standardise data reporting across EFM. This would enable EFM teams to conduct effective analysis and make strategic workforce planning decisions by benchmarking their performance against regional/national trends.

2) THE IMPACT:

EFM teams will improve the accuracy of data reporting enabling better assurance in estates and facilities decision-making. We will be able to triangulate data to more effectively manage our resources and estate. This will include rigorous strategic workforce planning including retention, recruitment, succession planning and performance management.

2) OBSTACLES:

Redefining EFM standards through data-driven decision-making requires NHS estates and facilities to improve our digital capability through dedicated training programmes. We must view digital as the norm rather than the add-on and combine data with our wealth of technical expertise to ensure our decisions are made holistically.

3) KEY ACTIONS:

- Hold each organisation accountable for capturing and accurately reporting essential data, achieving a minimum 95% confidence level
- Request all EFM teams have access to or make adequate provision for Data Analyst within their team

4) KEY PERFORMANCE INDICATORS:

- An increase in use of the Model Health System among EFM staff to inform decision making.
- The % accuracy of EFM data reporting and level of essential data captured
- The % of EFM teams employing a data analyst or apprentice

5) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate for data reporting and data capture.

3.6 Develop our managers

1) CONTEXT

We need equip our first and middle managers (bands 7-8D) with the leadership skills to lead the culture change across the EFM workforce. This includes setting a compassionate and positive cultural tone for their teams. Funding for training within EFM is low and therefore we need to invest in our managers to give them the skills they need to effectively manage and develop their teams.

2) THE IMPACT:

Each first and middle manager will have the means and ability to perform an effective leadership role. Through a coordinated approach to embedding positive cultural change, each of us will witness an improvement in our day-to-day experience. Both managers and the people they are responsible for will feel better equipped and supported in these key relationships.

3) OBSTACLES:

We will need to provide the right capability support to ensure that first and middle managers can apply their leadership training to truly embed cultural change across their teams in a consistent way. Some managers may require more support than others to develop their leadership capabilities.

4) KEY ACTIONS:

1. Provide all first and middle managers in EFM with leadership training, coaching and mentoring training, management support, and an opportunity for job-shadowing at the centre
2. Create a process for EFM manager feedback, and career and learning reviews, with a system for self-selecting areas for personal professional development

5) KEY PERFORMANCE INDICATORS:

1. The % of first and middle managers completing EFM leadership training
2. The % of people citing coaching and mentoring support as positive in feedback reviews

6) OWNERSHIP

National EFM Workforce Team to develop frameworks which could be used by local/regional EFM teams to implement key actions, where appropriate. This will include templates and guidelines as well as reporting and benchmarking tools to track performance and take-up

3.7 Recruit the best talent

1) CONTEXT

To concentrate on strategic estates management and workforce planning we need to fill our vacancies and advertise to prospective candidates the benefits of joining the NHS, including providing information on our values, work environment, training, career progression and benefits packages. These are necessary to appeal to candidates' expectations in a competitive job market which is seeing increased emphasis on an employer's purpose and values, green and corporate social responsibility activities, flexible working environments, development opportunities and people's wellbeing.

There is work to be done to make sure our EFM roles are more attractive and promoted widely. The physical nature of some roles, such as healthcare cleaning, can be off-putting when candidates would be able to earn a similar wage in less physically demanding jobs in a sector such as retail, so the NHS needs to better articulate the benefits of joining the NHS. There is much more we can do to offer flexible working patterns and continuing professional development, as well as to raise the profile of the range of roles available within EFM through national and local recruitment campaigns.

This would provide an opportunity to demonstrate that EFM is an exciting place to work and attract required specialist skillsets, such as engineers, which are in high demand across the public and private sectors.

There is also room to streamline our recruitment processes, which can be more time-consuming for candidates compared to our competitors, particularly for roles at Band 2 which comprises 70% of our workforce.

Creating a proactive, standardised, streamlined and effective recruitment process, including the development of an EFM apprenticeship programme, will help the NHS to attract talent that has historically not joined our EFM community, removing recruitment barriers and improving our engagement with people from diverse backgrounds and under the age of 25.

Implementing standardised job titles will enable us to strategically plan our workforce and help organisations to see which roles and levels need additional resource. We need a real-time view of the workforce including how many individuals we have for each role type and level if we are to truly understand which roles to recruit the best talent for.

2) THE IMPACT:

We will improve candidates' recruitment experience and perception of working within NHS EFM by reducing our time to hire and improving our acceptance rate. We will be able to deliver high quality job advertisements and source candidates with non-traditional backgrounds and skillsets through new recruitment channels. Employers will also be able to fill priority vacancies by adapting the recruitment process to meet their needs.

3) OBSTACLES:

To deliver this we will need to balance the recruitment process and capability requirements across EFM with local needs, taking into account organisational diversity targets. We will need to review the metrics for determining 'quality' talent and define the people we are looking to attract now and in the future. Central coordination cannot unnecessarily slow down recruitment, and we need to provide equal pay and benefits package between new recruits and the current team.

4) KEY ACTIONS:

- Establish a national EFM apprenticeship programme to drive the recruitment of young talent into the NHS.
- Coordinate, standardise and streamline the EFM recruitment process from advertising to hiring to secure the highest quality talent and meet diversity targets
- Establish a comprehensive and diverse set of job routes into EFM, including a robust apprenticeship and young person's recruitment programme
- Carry out a comprehensive pay and benefits review to ensure NHS EFM is highly competitive in the marketplace
- Undertake work to identify and remove unconscious bias from the recruitment process as well as other barriers to recruiting people from diverse backgrounds

5) KEY PERFORMANCE INDICATORS:

- The number of skilled graduates, apprentices and non-traditional candidates joining EFM
- The average time-to-hire across all EFM role types
- 95% offer to acceptance rate
- 95% of vacancies advertised with flexible working options

6) OWNERSHIP

National EFM Workforce Team to lead the development of an EFM apprenticeship programme and streamlined recruitment processes for EFM.

3.8 Be the UK's EFM employer of choice

1) CONTEXT

The EFM workforce is core to delivery of healthcare within the NHS. However, high demand for skilled workers in the private sector, combined with a lack of understanding of the scope of roles available in the NHS, means that the NHS is sometimes overlooked as an employer. There is a huge opportunity to boost the visibility of NHS EFM roles within the sector, and positively redefine EFM's role within the wider NHS.

There is also a need to ensure the EFM workforce retains – and develops - its best talent. With evidence of increasing burnout and mental health issues across the NHS, the [national retention programme](#) is supporting groups within our workforce who may be more likely to leave. This includes a generational retention programme which provides support to organisations to retain their most experienced people as well as people starting out in their career. Promoting opportunities like flexible working and reduced hours for staff considering retirement are some of the ways we can demonstrate that the NHS package is competitive and help to retain staff.

Our ambition is to demonstrate that EFM within the NHS is an exciting place to work and can be a lifelong career, with a view to the NHS being the employer of choice among the EFM community in England.

2) THE IMPACT:

We will attract the best talent with non-traditional backgrounds and skillsets to join our workforce. We will also be able to extend our relationships and influence across our external network including within academia, government and across the wider NHS. Our pride will also increase as the importance of our roles are externally recognised.

3) OBSTACLES:

The perception of EFM services both within the NHS and more widely is of a back-office support function, rather than integral to frontline service delivery. We will need to review how we position our services internally, including structural hierarchies and decision-making authorities, to raise our profile and help counteract some of these misconceptions. We also need to ensure that redefining this perception is a goal we each aspire towards achieving and can objectively measure through an external authority, such as our staff's sense of belonging and value, measured as part of the annual NHS staff survey. Much of the success here will depend on us effectively delivering the other actions outlined in this plan.

4) KEY ACTIONS:

- Coordinate a nationally championed campaign about EFM roles in the health sector which engages beyond industry and into school programmes (e.g., STEM ambassador network)
- Establish an NHS EFM identity for all people working in EFM including outsourced providers
- Establish programmes which encourage people to become active members of their professional bodies, and which lead to the NHS featuring in industry literature outside of healthcare
- Commission a piece of work to evaluate why people leave EFM
- Form better alliance and allegiance with the professional institutes

5) KEY PERFORMANCE INDICATORS:

- The number of interactions with EFM best-practice publications to raise our profile with these professional audiences
- The NHS EFM ranking in the Institute of Workforce and Facilities Management (IWFM) survey
- The % of EFM people who are a member of their professional body

6) OWNERSHIP

National EFM Workforce Team to lead the development of national campaigns for EFM recruitment and work with wider NHS campaigns team to ensure that EFM is included in future activity.

3.9 Invest in what matters to our people

1) CONTEXT

By investing in programmes of work which our people are passionate about for example a Greener NHS, our workforce will become further engaged and invested in the work that is undertaken across the system. This will also enable us to highlight these priorities to the wider market, attracting new and diverse talent into our workforce who share the same passion and values.

This will encourage the right talent to join the EFM workforce whose values and purpose align to current workforce.

2) THE IMPACT:

By actively investing in areas that are appealing and valued we will deliver a targeted approach for improving the overall diversity and skill of the workforce through an internal and external focus. We will succeed in attracting and retaining a wider candidate base by appealing to their expectations, and we will improve our service delivery through the diversity of skills, thinking and backgrounds that they provide.

3) OBSTACLES:

Achieving this requires us to develop a plan that tracks the areas of investment we have identified and tracks the investment area to avoid any unnecessary spend. We will also need to periodically review the success of our investments to determine whether they are still the most appealing and valued.

4) KEY ACTIONS:

- Establish a periodic survey of our people and talent to understand if we are investing in the correct areas of work
- Include individual accountability for achieving net zero carbon in all job descriptions
- Actively invest in:
 - The green agenda
 - Flexible and remote working
 - Digital development
 - Mental health / personal wellbeing
 - Pride of work and identity
 - Diverse job routes and apprenticeships
 - A supportive culture and working environment

5) KEY PERFORMANCE INDICATORS:

- The % reduction in the NHS estate's carbon footprint

- The number of applicants citing the appeal of specific EFM programmes

6) OWNERSHIP

National EFM Workforce Team to lead the development of national frameworks to be implemented locally.

4. Accountabilities

We each have a role to play in realising the actions set out for the EFM workforce. Though the specifics will vary depending on each role, we have set out below an overview of the accountabilities at different levels. These are intended to help illustrate that achieving our goals depends on the contributions of everyone in the NHS EFM community.

1) NATIONAL EFM WORKFORCE TEAM:

- Manage the implementation of the National EFM Workforce Action Plan across NHS England
- Responsible for communication with and updating all stakeholders on activity, performance and outcomes
- Facilitate feedback and review prioritisation of activity depending on outcomes and market conditions

2) TRUST/SYSTEM DIRECTOR OF ESTATES:

- Contributes to policy design and oversees the interpretation and rollout of new policies, frameworks, systems and processes
- Oversees the experience, support and skillset of their workforce and measuring and reporting the progress against targets

3) SENIOR/MIDDLE MANAGER:

- Coordinates the implementation, and uptake of, policies, frameworks, systems and processes
- Encourages staff engagement with, and use of, development programmes and support networks
- Attends training on leadership development
- Responsible for modelling behaviours and working styles which set a compassionate, supportive and inclusive culture

4) SUPERVISOR:

- Supports implementation, and makes use, of new policies, frameworks, systems and processes
- Encourages team to take up development programmes and to use support networks
- Engages in training and development work themselves
- Actively supports their team to create a compassionate and inclusive culture

5) OPERATIONAL WORKFORCE:

- Makes use of, and feeds back on, new policies, frameworks, systems and processes
- Engages with available development programmes and support networks
- Uses systems and platforms to suggest improvements to service delivery, employee experience and professional development

- Takes responsibility for their own learning and development, using coaching and mentoring forums to shape their careers
- Contributes to, and takes pride in, being a part of an inclusive culture

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Publishing approval reference: PAR292