

NHS Pay Review Body

The implementation of the 2018 NHS terms and conditions of service framework agreement

Joint NHS Staff Council submission

2020/21

Background

1. In June 2018 the NHS Staff Council reached agreement on a three-year pay deal that focused on:
 - pay structure reform and pay progression;
 - terms and conditions of service revisions that would support productivity, recruitment and retention.

2. The purpose of these changes was to ensure that the NHS terms and conditions of service continued to deliver *'flexibility, capacity, fairness and value'*. The key aims were to:
 - support the attraction and recruitment of staff by increasing starting pay in every pay band
 - support the retention of staff by increasing basic pay for the 50 per cent of staff who are at the top of pay bands and speeding up progression to the top of the pay band
 - increase staff engagement by putting appraisal and personal development at the heart of pay progression, so that staff are supported to develop their skills and competences in each pay band and are rewarded for this. This will help ensure that all staff have the appropriate knowledge and skills they need to carry out their roles, so make the greatest possible to patient care. It will be underpinned by a commitment from employers to enhance the relationship line managers have with their staff and to fully utilise an effective appraisal process
 - ensure that the pay system can support the growing use of apprenticeships in the NHS
 - ensure that the pay system is supportive of new training pathways and that the health service can deliver on the aspiration to focus on 'careers, not jobs'
 - map out future work that the NHS Staff Council could undertake to encourage consistency of approach e.g. to bank and apprenticeships careers
 - improve the health and wellbeing of NHS staff to improve levels of attendance in the NHS with the ambition of matching the best in the public sector.

3. The agreement is included in Annex 2 with a summary in Annex 1.

4. In year three of the deal, there were several outstanding areas of work, these being:
 - Completing the closing of Band 1 and supporting staff who choose to transfer to Band 2
 - Ensuring access to annual leave and TOIL
 - exploring the scope for a collective framework agreement on bank and agency working.
 - Monitoring the impact of the agreement.
5. With the impact of the Covid-19 pandemic, most of the elements of this work that were not time critical have been paused in order to support the collective Covid-19 response. Capacity across the wider health sector and within the NHS Staff Council has been regularly reviewed to identify when resumption of the outstanding workstreams may be possible.

NHS Staff Council work update – 2020/21

6. The NHS Staff Council has set up several task and finish partnership subgroups which have focused on the following work areas.

Pay progression

7. The 2018 Framework Agreement introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points. The work of the pay progression task and finish group concluded in 2019 and a revised Annex 23, reflecting these changes, was included within the NHS terms and conditions of service handbook on 01 April 2019.
8. Sections one, two and six of the NHS terms and conditions of service handbook require updating to ensure that they align with the new pay progression arrangements set out in Annex 23. This work was initially paused due to the Covid-19 pandemic but was restarted in 2020/21 Q3, with the intention of concluding discussions in 2020/21 Q4.
9. The staff side have also expressed a desire to agree joint NHS Staff Council guidance on the process for implementation of re-earnable pay in bands 8c, 8d and 9. This work was paused pending the outcome of the national work on developing the Very Senior Manager (VSM) pay framework being undertaken by NHS England and Improvement (NHSEI). The NHS Staff Council wanted to ensure that any jointly agreed guidance aligned with the approach being taken for those employed on VSM contracts. To date NHSEI are still to publish their VSM pay framework.
10. The employer preference would be for local flexibility on determining the criteria for re-earnable pay in line with approach taken in the 2013 agreement. The staff

side preference would be for consistent guidance on criteria for the use of the 5% versus 10% deduction in pay.

11. Throughout 2020, a small number of staff in Bands 8 and 9 have been in receipt of a one-off consolidated payment. This consolidated payment was introduced as part of transitional arrangements to ensure that those on legacy pay points were no worse off under the new pay structure during the three years of the pay deal changes. Post the three year pay deal there are still some outstanding issues and it was envisaged that a longer-term solution could form part of any pay negotiations for a pay deal for 2021/22. In the absence of a remit from the DHSC for such negotiations, the NHS Staff Council has agreed that those individuals affected by this issue will continue to receive a consolidated payment pending the outcome of the NHS Pay Review Body report. It was the express intention of the parties to the 2018 agreement that there would be 'no detriment' arising from structural changes during the three years of the deal versus what an individual would have got had no deal been reached, and both parties would like to resolve this issue appropriately.
12. Without a mandate for further structural change, the most feasible option is for the consolidated payment to be continued for an additional two years until the issue is resolved itself by 01 April 2023.
13. The cost of continuing the consolidated payment - with or without increasing the payment in line with any pay award - would add additional unfunded cost pressure to the pay bill above the estimated 0.7% 'carry over' cost pressure already identified.
14. It should also be noted that the Covid-19 pandemic has severely affected implementation of the planned pay progression arrangements. The Department of Health and Social Care has provided the following advice to NHS employing organisations in response to the Covid-19 pandemic:

"For the duration of the pandemic, the usual arrangements that require staff to demonstrate or show that they meet the requirements for the role will be paused. See [Annex 23](#).

Trusts must continue to ensure that staff are appropriately registered, are cleared by the Disclosure and Barring Service (DBS) and safe to work. This means that trusts should arrange to open pay step points when they become due, unless there are concerns that cannot be resolved through, for example, further support/training. Staff have the right to appeal if they disagree with any local decision about pay progression. The presumption is that staff should progress to the next pay step point."

15. Consequently, from 27 March 2020, some of the benefits of introducing the new pay progression framework may have been lost where staff will have automatically progressed to the next pay step point where this was due.

Closing of Band 1

16. Following the closure of Band 1 to new entrants from 1 December 2018, a task and finish group was convened to manage the process of moving existing staff to Band 2.

17. The group reached a national agreement on the process for moving staff from Band 1 to band 2 and this was published in December 2018. This agreement guaranteed all Band 1 staff the option to move to Band 2 with a common effective date of 1 April 2019.

18. During 2020, the Staff Council has continued to monitor the progress of trusts to ensure that the agreement is being implemented as intended. As part of this work, NHS Employers started to run a series of workshops to support employers in the sharing of good practice. These workshops ended prematurely due to the pandemic.

19. Feedback from employers who attended the first workshop has enabled the production of supporting material which has been endorsed by the Staff Council. This includes the development of material which supports conversations on the use of pay protection as part of the transition to Band 2.

20. To remind employers of their obligation to undertake the choice exercise with all Band 1 staff by the deadline of 31 March 2021, partnership communications have been developed and disseminated to the service.

21. The expectation is that all staff who move into Band 2 as part of the initial transition phase will be eligible to move to the top of the band on the 1 April 2021.

22. The NHS Staff Council has been monitoring the numbers of staff transitioning from Band 1 to Band 2 using data from NHS Digital. The total number of Band 1s (FTE) in November 2018, when Band 1 closed to new entrants, was 24,990. As of May 2020, when the last transition data was available, the total number was 7,549. This demonstrates a decrease of 17,441 FTE.

23. The NHS Staff Council will continue to support trusts that have been identified as having a significant number staff remaining in Band 1.

24. The wider benefits realisation work is being led by NHS England and Improvement.

Access to annual leave and TOIL

25. A task and finish group was established in October 2019 to undertake negotiations on developing national guidance for time off in lieu (TOIL) and annual leave, as one of the commitments from the 2018 Framework Agreement.
26. The group decided to develop two separate guidance documents and work was nearing completion when it was decided to pause the work as part of the NHS Staff Council's response to the pandemic. Once circumstances allow, this work will be concluded.

Bank working

27. There was a commitment for the NHS Staff Council to explore what scope there is for a collective framework agreement on bank and agency working. As part of this work, a survey on bank work was put together by NHS Employers with input from NHS Trade Unions. This was circulated to trusts in December 2019. Engagement was positive with 155 employer organisations responding.
28. The survey was in the process of being analysed when the Covid-19 pandemic was declared, and it was jointly agreed to pause this work until further notice.
29. Once circumstances allow, it is the intention to write up the findings of the employer bank survey and share this with the NHS Staff Council. This will then help inform potential future work in this area.

Apprenticeships

30. The Staff Council reported in our last submission to you in the 2019/20 review round that it had not been possible to reach an agreement on pay arrangements for apprentices. This was because... *"both sides concluded that they were unable to reconcile the employer side need for an affordable and flexible outcome with a staff side need for a fair and equality-proof solution integrating pay rates for apprentices into the reformed NHS TCS structure alongside the wider workforce"*.
31. The main constraint was that of... *"funding, and the lack of levy funding flexibility to support backfill costs for clinical apprenticeships,"* which then *"limited the NHS Staff Council's ability to reach a national agreement on apprenticeship pay."*
32. In August 2020, Health Education England announced that additional funding was to be made available to enable employers to apply for additional funding (of at least £8,300) to support Nursing Apprenticeships. This funding had the option for being used for back fill purposes.
33. Following this announcement, NHS Trade Unions made a request to re-open discussions on apprenticeship pay through the NHS Staff Council. This request was not agreed.

34. While employers welcomed the additional temporary funding, they felt it had not changed the landscape significantly enough to enable the apprenticeship pay subgroup to reconvene.

Next steps

35. The priority for the remainder of 2020/21, circumstances permitting, and most likely moving into 2021/22 for any outstanding pieces of work will be to conclude:

- updating the NHS terms and conditions of service handbook to ensure alignment with the 1 April 2021 pay progression changes;
- continuing to support organisations with the transition of Band 1 staff to Band 2 by the 31 March 2020 deadline;
- agreeing a position to address what happens for 2021/22 for those staff in Bands 8 and 9 who do not reach the top of their band and are currently in receipt of a consolidated payment;
- continuing to provide support to organisations with the pay progression arrangements that will apply to all staff effective from 1 April 2021 and working with NHS England and Improvement in relation to their work on the benefits realisation;
- agreeing joint guidance to support staff being able to access annual leave and TOIL;
- exploring a possible bank framework should a remit be given by the Department of Health and Social Care for this work to be taken forward.

36. In addition, the NHS Staff Council will continue to comment on the monitoring of data, especially the equality data, undertaken by the Department of Health and Social Care and other relevant parties.

37. The multi-year deal also identified that the NHS Staff Council could input to future Pay Review Body work to review the High Cost Area Supplement (HCAS). Both parties indicated a need to undertake this work in their evidence to the 2020/21 pay round. It is noted that the Review Body has not received a remit to undertake this work.

38. Looking to the future there were aspects of the joint work which we were not included in the original 2018 agreement which may be considered in future work, these being:

- Re-aligning the mid points in Bands 5 to 7 to equalise the gaps between step points as currently the increase from the mid to top points is greater.
- Considering reducing the time taken to reach the top of Bands 8 and 9.
- Looking at the pay gaps between pay bands and whether these need to be increased in value to better reflect an appropriate rate of promotional pay – currently some of the gaps are relatively small in value, most problematically at the top of Band 2 and bottom of Band 3 where the interaction with unsocial hours compounds the issue.

NHS People Plan

39. In addition to implementing work arising from the multi-year pay deal, the NHS Staff Council continues to deliver its agreed work programme which this year has been added to because of the NHS People Plan published by NHS England and Improvement in September 2020. Of particular relevance to the remit of the NHS Pay Review Body is the work to increase flexible working options for NHS staff. Between September and December, the NHS Staff Council agreed revisions to the NHS Terms and Conditions of Service Handbook (due to be ratified in March 2021) and identified further tools, guidance and advice that will be completed over the course of 2021.

NHS Staff Council secretariat

January 2021

Annex 1

**Summary of the Framework agreement on the reform of NHS Terms and Conditions of Service
(Agenda for Change)**

The key aspects of the agreement

Scope

- It is a three-year deal covering the financial years 2018/29, 2019/20 and 2020/21.
- It covers all NHS employers in England (covered in Annex 1 of the Terms and Conditions of Service Handbook).

Pay

- Starting salaries increased across all pay bands.
- Fewer pay points in each pay band, with overlapping pay points removed, enabling faster progression to pay band maxima.
- New system of pay progression.
- Top of pay bands to be increased by 6.5 per cent over the three years (apart from band 8d and 9 which will be capped at the cash value of the increase of Band 8c).
- Minimum rate of pay in the NHS to be set at £17,460 from 1 April 2018 – which, at that time, was ahead of the Living Wage Foundation rates.

Structural changes

- Band 1 to be closed to new starters from 01 December 2018, with an agreed process for upskilling Band 1 jobs to Band 2 during the three years of the pay deal.
- Bands 2 to 4 and 8 to 9 will move to two pay points in the new structure. Bands 5 to 7 to move to three pay points.
- Staff below band 8 will have the opportunity to reach the top of their pay band more quickly than under the pre-April 2018 pay system.
- The time it takes for bands 8 to 9 to reach the top remains unchanged.
- Re-earnable pay remains for those staff that have reached the top of their pay band in bands 8c to 9.

Other changes

- Terms and conditions amendments to:
 - include enhanced shared parental leave
 - be an early implementer of child bereavement leave, including enhanced pay.
 - a national framework on buying and selling leave.
- Unsocial hours payments while off sick to be paid only to existing staff earning at or below £18,160 (pro-rata).

- Unsocial hours percentage rates for Band 1 – 3 to be adjusted in line with increases to basic pay.

Ambulance sector

- New entrant ambulance staff, and those changing jobs or moving roles internally or moving to a new employer, to be paid unsocial hours under Section 2 rather than Annex 5.
- Voluntary move to Section 2 terms will be offered to all existing ambulance staff.

Future NHS Staff Council work programme

- Programme of work to improve health and wellbeing to support better attendance levels and reduce sickness absence.
- To explore the alignment between the NHS TCS and other senior NHS pay arrangements.
- NHS Staff Council to negotiate provisions for apprenticeship pay as a matter of urgency.
- NHS Staff Council to explore the scope for a collective framework agreement on bank and agency working.
- Monitoring the impact of any deal.

Role of the NHS Pay Review Body

- NHS Pay Review Body retains its standing remit and will look at the progress of implementation and its impact.
- This monitoring role will also consider the future use and values of RRP's and High Cost Area Supplement (HCAS) payment.

Annex 2

**Framework agreement on the reform of NHS Terms
and Conditions of Service (Agenda for Change)**

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

**Framework agreement on
the reform of Agenda for
Change**

27 June 2018

A handwritten signature in blue ink, appearing to read 'Jon Lenney'.

Jon Lenney – Employer side Chair of the NHS Staff Council

A handwritten signature in black ink, appearing to read 'Sara Gorton'.

Sara Gorton – Staff side Chair of the NHS Staff Council

**FRAMEWORK AGREEMENT ON THE REFORM OF NHS PAY STRUCTURE FOR
AGENDA FOR CHANGE STAFF**

27 June 2018

Scope and status

- i. This framework agreement is adopted by the NHS Staff Council following consultation and agreement with constituent parties.
- ii. This Framework is adopted following the confirmation of the relevant funding received from the Department of Health and Social Care on 21 March 2018.
- iii. It is intended that this agreement covers all NHS employers in England listed in Annex 1 of the NHS Terms and Conditions of Service handbook.
- iv. This framework agreement enables partners in Scotland, Cymru/Wales and Northern Ireland to hold discussions about whether, and how, the content of this agreement is implemented, in light of the funding available in accordance with the Barnett formula.

Introduction and context

The introduction of Agenda for Change (AfC) in 2004 was a significant achievement; bringing together several different pay arrangements into one overall structure underpinned by job evaluation.

Whilst this structure has stood the test of time, NHS trade unions and employers have agreed on the need for changes to be made to modernise AfC in a number of areas. The agreement reached in England in 2013 was recognised by all parties as the start of a wider conversation on a refresh of AfC.

At the November budget the Chancellor of the Exchequer reconfirmed the intention to end the 1 per cent basic pay policy, and announced that additional funding could be made available for a multi-year pay deal for AfC staff that would support productivity and recruitment and retention.

This framework document sets out a three-year agreement covering the years from 1 April 2018 to 31 March 2021. It sets out both the pay investment that will be made and the reforms that employers, NHS trade unions and the Department of Health and Social Care are agreeing to implement over the period of the agreement and going forward.

The key objectives in the discussions leading to the details set out in this framework agreement document have been to:

- support the attraction and recruitment of staff by increasing starting pay in every pay band
- support the retention of staff by increasing basic pay for the 50 per cent of staff who are at the top of pay bands and speeding up progression to the top of the pay band
- increase staff engagement by putting appraisal and personal development at the heart of pay progression, so that staff are supported to develop their skills and competences in each pay band and are rewarded for this. This will help ensure that all staff have the appropriate knowledge and skills they need to carry out their roles, so make the greatest possible contribution to patient care. It will be underpinned by a commitment from employers to enhance the relationship line managers have with their staff and to fully utilise an effective appraisal process
- ensure that the pay system can support the growing use of apprenticeships in the NHS.
- ensure that the pay system is supportive of new training pathways and that the health service can deliver on the aspiration to focus on 'careers, not jobs'.

- map out future work that the NHS Staff Council will undertake to encourage consistency of approach to bank working (including how the service can better incentivise staff to offer their own time to the bank) and to the development of apprenticeship routes to healthcare careers.
- improve the health and wellbeing of NHS staff to improve levels of attendance in the NHS with the ambition of matching the best in the public sector.

The partners have developed this agreement in full awareness of the Public Sector Equality Duties and recognise that an equality impact assessment will need to be commissioned to support this agreement.

Details

1. To help the NHS attract and recruit new staff

- 1.1. Starting salaries across all pay bands will increase as outlined in Annex A.
- 1.2. The increases to starting salaries are achieved by the following action: points which overlap with a lower pay band will be removed from the bottom of each current pay

band, with one point being removed in 2018/19, and further points being removed in 2019/20.

- 1.3. A new provision detailing pay for apprentices will be negotiated by the NHS Staff Council as a matter of priority, and added to the NHS Terms and Conditions of Service Handbook (the Handbook). This will help employers find affordable solutions, that make maximum use of the apprenticeship levy, to develop a new as well as existing workforce and to increase capacity.

2. To help the NHS retain staff

- 2.1. The intention of the reforms to the pay structure is that by the end of the three-year period - and on 1 April of each of the years covered by this agreement – individuals will have basic pay that is of greater value than under current expectations (which are defined as a 1 per cent pay award per annum plus contractual increments).
- 2.2. The value of the top points of each pay band will be increased by 6.5% cumulatively over the three-year period for Bands 2 - 8c. The value of the top pay points in Bands 8d and 9 will be capped at the level of the increase in value at the top of band 8c.

The value of the top pay points for Bands 2 - 8c will increase each year as follows:

- 3 per cent in 2018/19
- 1.7 per cent in 2019/20
- 1.67 per cent in 2020/21.

The value of the top pay points in bands 8d and 9 will be capped at the level of the increase in value at the top of band 8c.

- 2.3. The effective date for pay awards will remain as 1 April in the relevant year.
- 2.4. In 2019/20 only, a cash lump sum will be made available to deliver an additional 1.1 per cent to the staff employed on the top points in bands 2 – 8c. For the staff employed on the top pay points in bands 2 – 8c on 31 March 2019 the total in year cash value of the award on basic pay and the additional cash sum in 2019/20 will be

2.8 per cent. The lump sum will be paid out to staff in April pay and will be non-consolidated.

- 2.5. For band 8d and 9 the cash lump sum will be capped at the value given to band 8c.
- 2.6. Existing pay bands will be restructured and the number of pay points will be reduced to 2 points for Bands 2, 3, 4, 8a, 8b, 8c, 8d and 9 and 3 points for Band 5, 6 and 7. Restructuring will be completed by 1 April 2021.
- 2.7. Pay Bands 8c, 8d and 9 will continue to include an element of re-earnable pay. In the year after the employee has reached the top of the band, up to 10 per cent of basic salary will become re-earnable subject to performance. This process is described in full in Annex A. Those staff on bands 8c, 8d and 9 with reserved rights from the 2013 AfC agreement will receive protection of reserved rights on a marked time basis.
- 2.8. The new pay structure will enable staff in Bands 2-7 to access the top of the pay band more quickly than in the current system.

	Current system	New system
Band 1	1 year	N/A
Band 2	6 years	2 years
Band 3	6 years	2 years
Band 4	6 years	3 years
Band 5	7 years	4 years
Band 6	8 years	5 years
Band 7	8 years	5 years
Band 8a	5 years	5 years
Band 8b	5 years	5 years
Band 8c	5 years	5 years
Band 8d	5 years	5 years
Band 9	5 years	5 years

- 2.9. For each pay point on each pay band, the detail of the 'individual journey' for staff is detailed in Annex A.
- 2.10. The new pay structure and values for each point in each of the years 2018/19, 2019/20 and 2020/21 is set out at Annex A.
- 2.11. Paragraph 2.1 sets out the policy intention for the reforms to the pay structure. In the unlikely event that transition to the reformed pay structure results in this policy intention not being met, the principle of 'no detriment' will apply to the individual(s) concerned.

3 *To ensure the NHS is better able to recruit and retain staff in the lower pay bands*

- 3.1 A new rate of £17,460 will be introduced from 1 April 2018 as the minimum basic pay rate in the NHS, in order to future proof the pay structure, stay ahead of statutory requirements, and ensure the NHS in England retains a competitive market advantage in the jobs market for staff employed at this level.
- 3.2 Band 1 will be updated to this minimum pay rate with effect from 1 April 2018. Band 1 will be closed to new entrants from 1 December 2018.
- 3.3 The NHS Staff Council will agree a framework to support and encourage provider organisations to upskill roles currently in Band 1 to Band 2 roles. This exercise should be completed by 31 March 2021, in line with a process that will be agreed by the NHS Staff Council.

4 *Pay progression*

- 4.1 A new NHS Staff Council progression framework will be put in place by 1 April 2019, so that within each pay band staff will be supported to make the best use of their skills. The new progression framework is set out in Annex B.
- 4.2 The new pay progression system will help ensure that all staff have the appropriate knowledge and skills they need to carry out their roles, and so make the greatest possible contribution to patient care. It will be underpinned by a commitment from employers to strengthen and improve the appraisal process.
- 4.3 The new pay progression system will:
 - a. enable staff in Bands 2-7 to reach the top of their pay band more quickly

- b. describe minimum periods of time before progression to the next pay-step point
 - c. not be automatic
 - d. give staff the opportunity to demonstrate they have met the required standards, including appraisals
 - e. require line managers and staff to follow the pay-step submission process (described in the pay progression framework document) in order to access the next pay-step point
 - f. require employers to provide information to enable the NHS Staff Council to undertake monitoring of pay progression and re-earnable pay in relation to employees with protected characteristics.
- 4.4. The Staff Council will oversee the implementation of the pay progression system. This will include the amendment of payroll systems from 2018/19.

5. *To help support the service and members of NHS staff*

- 5.1 The partners will work together through NHS Staff Council and Social Partnership structures to improve levels of attendance through a focus on staff health and wellbeing at a national and local level. The ambition is that through positive management of sickness absence the NHS will match the best in the public sector. To identify changes that will support this ambition, a work programme will be set up to include an assessment of the principal factors affecting levels of attendance and a review of the current agreement on absence management. This will include reviewing Annex 26. This will not alter the sick pay provisions set out in Section 14 of the terms and conditions of service handbook.
- 5.2 The NHS Staff Council will explore what scope there is for a collective framework agreement on bank and agency working, including the opportunity to provide cost-effective incentives to encourage staff to offer their own time to internal staff banks to increase capacity.

6. *To encourage greater consistency of terms*

- 6.1 Employing organisations will work in partnership with trade unions to introduce local mechanisms to guarantee access to those annual leave and time off in lieu (TOIL) provisions set out in the NHS Terms and Conditions of Service Handbook.

- 6.2 New provisions will be added to the NHS Terms and Conditions of Service Handbook to give staff access to consistent child bereavement Leave, enhanced shared parental leave (extension of statutory), and a national framework for buying and selling annual leave.
- 6.3 The variation in approach to payment schemes for unsocial hours will be reduced by taking the following steps:
- a. A new provision will be added to the handbook to open Section 2 (maintaining round the clock services) unsocial hours payment arrangements to all ambulance staff. This will apply to all new entrants to the Ambulance Service in England from 1 September 2018 and all changes of roles (including promotion). Existing ambulance staff will be offered a voluntary move to the Section 2 rates with details of how this will be offered and managed to be agreed via the NHS Staff Council.
 - b. Section 14 (sickness absence) paragraph 4 of the NHS Terms and Conditions of Service Handbook will be adjusted to convert the eligibility for payment of unsocial hours during occupational sick leave (currently available to staff on spine points 2-8) to a cash value (basic salary) of £18,160. New entrants to the NHS, appointed with effect from 1st July 2018 onwards, will not have access to payment of unsocial hours during occupational sick leave. This will ensure that over time, the calculation for sickness absence pay is the same for all staff on the NHS terms and conditions of service.
 - c. Section 2 of the handbook will be adjusted to introduce new percentage rates for Bands 1, 2 and 3. The new percentages will reflect the increase to basic salary levels while preserving the value of the current payment tiers. The percentage rates are set out at Annex A. The percentages will stay at the 2020/21 rates going forward.
- 6.4 In conjunction with the ongoing review of senior pay, the NHS Staff Council will explore the scope for further alignment between Agenda for Change and other senior NHS pay arrangements, with a view to achieving greater coherence.

7. *The role of the NHS Staff Council*

- 7.1 The NHS Staff Council will retain its existing role as described in the NHS Terms and Conditions of Service Handbook.
- 7.2 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.

Ends

Annex A

The new pay structure for 2018/19, 2019/20, & 2020/21

		Current	Year 1	Year 2	Year 3
Band	Years of experience	2017/18	2018/19	2019/20	2020/21
Band 1	1	£15,404	£17,460	£17,652	£18,005
TOP	2	£15,671	£17,460	£17,652	£18,005
Band 2	1	£15,404	£17,460	£17,652	£18,005
	2	£15,671	£17,460	£17,652	£18,005
	3	£16,104	£17,460	£17,652	£19,337
	4	£16,536	£17,460	£17,652	£19,337
	5	£16,968	£17,460	£17,652	£19,337
	6	£17,524	£17,787	£17,983	£19,337
TOP	7	£18,157	£18,702	£19,020	£19,337
Band 3	1	£16,968	£17,787	£18,813	£19,737
	2	£17,524	£17,787	£18,813	£19,737
	3	£18,157	£18,429	£18,813	£21,142
	4	£18,333	£18,608	£18,813	£21,142
	5	£18,839	£19,122	£19,332	£21,142
	6	£19,409	£19,700	£19,917	£21,142
TOP	7	£19,852	£20,448	£20,795	£21,142
Band 4	1	£19,409	£20,150	£21,089	£21,892
	2	£19,852	£20,150	£21,089	£21,892
	3	£20,551	£20,859	£21,089	£21,892
	4	£21,263	£21,582	£21,819	£24,157

	5	£21,909	£22,238	£22,482	£24,157
	6	£22,128	£22,460	£22,707	£24,157
TOP	7	£22,683	£23,363	£23,761	£24,157
Band 5	1	£22,128	£23,023	£24,214	£24,907
	2	£22,683	£23,023	£24,214	£24,907
	3	£23,597	£23,951	£24,214	£26,970
	4	£24,547	£24,915	£26,220	£26,970
	5	£25,551	£25,934	£26,220	£27,416
	6	£26,565	£26,963	£27,260	£27,416
	7	£27,635	£28,050	£28,358	£30,615
TOP	8	£28,746	£29,608	£30,112	£30,615
Band 6	1	£26,565	£28,050	£30,401	£31,365
	2	£27,635	£28,050	£30,401	£31,365
	3	£28,746	£29,177	£30,401	£33,176
	4	£29,626	£30,070	£32,525	£33,176
	5	£30,661	£31,121	£32,525	£33,176
	6	£31,696	£32,171	£32,525	£33,779
	7	£32,731	£33,222	£33,587	£33,779
	8	£33,895	£34,403	£34,782	£37,890
TOP	9	£35,577	£36,644	£37,267	£37,890
Band 7	1	£31,696	£33,222	£37,570	£38,890
	2	£32,731	£33,222	£37,570	£38,890
	3	£33,895	£34,403	£37,570	£40,894
	4	£35,577	£36,111	£37,570	£40,894
	5	£36,612	£37,161	£38,765	£40,894
	6	£37,777	£38,344	£38,765	£41,723

	7	£39,070	£39,656	£40,092	£41,723
	8	£40,428	£41,034	£41,486	£44,503
TOP	9	£41,787	£43,041	£43,772	£44,503
Band 8A	1	£40,428	£42,414	£44,606	£45,753
	2	£41,787	£42,414	£44,606	£45,753
	3	£43,469	£44,121	£44,606	£45,753
	4	£45,150	£45,827	£46,331	£45,753
	5	£47,092	£47,798	£48,324	£45,753
TOP	6	£48,514	£49,969	£50,819	£51,668
Band 8B	1	£47,092	£49,242	£52,306	£53,168
	2	£48,514	£49,242	£52,306	£53,168
	3	£50,972	£51,737	£52,306	£53,168
	4	£53,818	£54,625	£55,226	£53,168
	5	£56,665	£57,515	£58,148	£53,168
TOP	6	£58,217	£59,964	£60,983	£62,001
Band 8C	1	£56,665	£59,090	£61,777	£63,751
	2	£58,217	£59,090	£61,777	£63,751
	3	£60,202	£61,105	£61,777	£63,751
	4	£63,021	£63,966	£64,670	£63,751
	5	£67,247	£68,256	£69,007	£63,751
TOP	6	£69,168	£71,243	£72,597	£73,664
Band 8D	1	£67,247	£70,206	£73,936	£75,914
	2	£69,168	£70,206	£73,936	£75,914
	3	£72,051	£73,132	£73,936	£75,914
	4	£75,573	£76,707	£77,550	£75,914
	5	£79,415	£80,606	£81,493	£75,914

TOP	6	£83,258	£85,333	£86,687	£87,754
Band 9	1	£79,415	£84,507	£89,537	£91,004
	2	£83,258	£84,507	£89,537	£91,004
	3	£87,254	£88,563	£89,537	£91,004
	4	£91,442	£92,814	£93,835	£91,004
	5	£95,832	£97,269	£98,339	£91,004
TOP	6	£100,431	£102,506	£103,860	£104,927

Increases in starting salaries

Cumulative change from current (2017/18) starting salaries:

	Current	Cumulative change from 17/18 (£)			Cumulative change from 17/18 (%)		
		2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Band 1	15,404	2,056	2,248	2,601	13.3%	14.6%	16.9%
Band 2	15,404	2,056	2,248	2,601	13.3%	14.6%	16.9%
Band 3	16,968	819	1,845	2,769	4.8%	10.9%	16.3%
Band 4	19,409	741	1,680	2,483	3.8%	8.7%	12.8%
Band 5	22,128	895	2,086	2,779	4.0%	9.4%	12.6%
Band 6	26,565	1,485	3,836	4,800	5.6%	14.4%	18.1%
Band 7	31,696	1,526	5,874	7,194	4.8%	18.5%	22.7%
Band 8A	40,428	1,986	4,178	5,325	4.9%	10.3%	13.2%
Band 8B	47,092	2,150	5,214	6,076	4.6%	11.1%	12.9%
Band 8C	56,665	2,425	5,112	7,086	4.3%	9.0%	12.5%
Band 8D	67,247	2,959	6,689	8,667	4.4%	9.9%	12.9%
Band 9	79,415	5,092	10,122	11,589	6.4%	12.7%	14.6%

Individual pay journeys – 2018 to 2021

Please note a pay calculator is available online at www.nhspay.org.

Band	Spine Point	2017/18 (current)	2018/19 (Year 1)	2019/20 (Year 2)	2020/21 (Year 3)	Earnings gain (£)	Earnings gain (%)
1	2	£15,404	£17,460	£17,652	£18,005	£2,601	16.89%
	3	£15,671	£17,460	£17,652	£18,005	£2,334	14.89%
2	2	£15,404	£17,460	£17,652	£19,337	£3,933	25.53%
	3	£15,671	£17,460	£17,652	£19,337	£3,666	23.39%
	4	£16,104	£17,460	£17,652	£19,337	£3,233	20.08%
	5	£16,536	£17,460	£17,983	£19,337	£2,801	16.94%
	6	£16,968	£17,787	£19,020	£19,337	£2,369	13.96%
	7	£17,524	£18,702	£19,020	£19,337	£1,813	10.35%
3	8	£18,157	£18,702	£19,020	£19,337	£1,180	6.50%
	6	£16,968	£17,787	£18,813	£21,142	£4,174	24.60%
	7	£17,524	£18,429	£18,813	£21,142	£3,618	20.65%
	8	£18,157	£18,608	£19,332	£21,142	£2,985	16.44%
	9	£18,333	£19,122	£19,917	£21,142	£2,809	15.32%
	10	£18,839	£19,700	£20,795	£21,142	£2,303	12.22%
4	11	£19,409	£20,448	£20,795	£21,142	£1,733	8.93%
	12	£19,852	£20,448	£20,795	£21,142	£1,290	6.50%
	11	£19,409	£20,150	£21,089	£24,157	£4,748	24.46%
	12	£19,852	£20,859	£21,819	£24,157	£4,305	21.69%
	13	£20,551	£21,582	£22,482	£24,157	£3,606	17.55%
4	14	£21,263	£22,238	£22,707	£24,157	£2,894	13.61%
	15	£21,909	£22,460	£23,761	£24,157	£2,248	10.26%

	16	£22,128	£23,363	£23,761	£24,157	£2,029	9.17%
	17	£22,683	£23,363	£23,761	£24,157	£1,474	6.50%
5	16	£22,128	£23,023	£24,214	£26,970	£4,842	21.88%
	17	£22,683	£23,951	£26,220	£27,416	£4,733	20.87%
	18	£23,597	£24,915	£26,220	£27,416	£3,819	16.18%
	19	£24,547	£25,934	£27,260	£30,615	£6,068	24.72%
	20	£25,551	£26,963	£28,358	£30,615	£5,064	19.82%
	21	£26,565	£28,050	£30,112	£30,615	£4,050	15.25%
	22	£27,635	£29,608	£30,112	£30,615	£2,980	10.78%
	23	£28,746	£29,608	£30,112	£30,615	£1,869	6.50%
6	21	£26,565	£28,050	£30,401	£33,176	£6,611	24.89%
	22	£27,635	£29,177	£32,525	£33,176	£5,541	20.05%
	23	£28,746	£30,070	£32,525	£33,779	£5,033	17.51%
	24	£29,626	£31,121	£32,525	£33,779	£4,153	14.02%
	25	£30,661	£32,171	£33,587	£37,890	£7,229	23.58%
	26	£31,696	£33,222	£34,782	£37,890	£6,194	19.54%
	27	£32,731	£34,403	£37,267	£37,890	£5,159	15.76%
	28	£33,895	£36,644	£37,267	£37,890	£3,995	11.79%
	29	£35,577	£36,644	£37,267	£37,890	£2,313	6.50%
7	26	£31,696	£33,222	£37,570	£40,894	£9,198	29.02%
	27	£32,731	£34,403	£37,570	£40,894	£8,163	24.94%
	28	£33,895	£36,111	£38,765	£41,723	£7,828	23.09%
	29	£35,577	£37,161	£38,765	£41,723	£6,146	17.28%
	30	£36,612	£38,344	£40,092	£44,503	£7,891	21.55%
	31	£37,777	£39,656	£41,486	£44,503	£6,726	17.80%

	32	£39,070	£41,034	£43,772	£44,503	£5,433	13.91%
	33	£40,428	£43,041	£43,772	£44,503	£4,075	10.08%
	34	£41,787	£43,041	£43,772	£44,503	£2,716	6.50%
8a	33	£40,428	£42,414	£44,606	£46,518	£6,090	15.06%
	34	£41,787	£44,121	£46,331	£48,519	£6,732	16.11%
	35	£43,469	£45,827	£48,324	£51,668	£8,199	18.86%
	36	£45,150	£47,798	£50,819	£51,668	£6,518	14.44%
	37	£47,092	£49,969	£50,819	£51,668	£4,576	9.72%
	38	£48,514	£49,969	£50,819	£51,668	£3,154	6.50%
8b	37	£47,092	£49,242	£52,306	£55,450	£8,358	17.75%
	38	£48,514	£51,737	£55,226	£58,383	£9,869	20.34%
	39	£50,972	£54,625	£58,148	£62,001	£11,029	21.64%
	40	£53,818	£57,515	£60,983	£62,001	£8,183	15.20%
	41	£56,665	£59,964	£60,983	£62,001	£5,336	9.42%
	42	£58,217	£59,964	£60,983	£62,001	£3,784	6.50%
8c	41	£56,665	£59,090	£61,777	£64,931	£8,266	14.59%
	42	£58,217	£61,105	£64,670	£69,285	£11,068	19.01%
	43	£60,202	£63,966	£69,007	£73,664	£13,462	22.36%
	44	£63,021	£68,256	£72,597	£73,664	£10,643	16.89%
	45	£67,247	£71,243	£72,597	£73,664	£6,417	9.54%
	46	£69,168	£71,243	£72,597	£73,664	£4,496	6.50%
8d	45	£67,247	£70,206	£73,936	£77,863	£10,616	15.79%
	46	£69,168	£73,132	£77,550	£81,821	£12,653	18.29%
	47	£72,051	£76,707	£81,493	£87,754	£15,703	21.79%
	48	£75,573	£80,606	£86,687	£87,754	£12,181	16.12%

	49	£79,415	£85,333	£86,687	£87,754	£8,339	10.50%
	50	£83,258	£85,333	£86,687	£87,754	£4,496	5.40%
9	49	£79,415	£84,507	£89,537	£94,213	£14,798	18.63%
	50	£83,258	£88,563	£93,835	£98,736	£15,478	18.59%
	51	£87,254	£92,814	£98,339	£104,927	£17,673	20.25%
	52	£91,442	£97,269	£103,860	£104,927	£13,485	14.75%
	53	£95,832	£102,506	£103,860	£104,927	£9,095	9.49%
	54	£100,431	£102,506	£103,860	£104,927	£4,496	4.48%

Unsocial hours enhancement rates – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
Band 1 All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	Time plus 49%	Time plus 48%	Time plus 47%
Band 1 All time on Sundays and Public Holidays (midnight to midnight)	Time plus 97%	Time plus 95%	Time plus 94%
Band 2 All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	Time plus 43%	Time plus 42%	Time plus 41%
Band 2 All time on Sundays and Public Holidays (midnight to midnight)	Time plus 85%	Time plus 84%	Time plus 83%
Band 3			

All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	Time plus 36%	Time plus 35%	Time plus 35%
Band 3 All time on Sundays and Public Holidays (midnight to midnight)	Time plus 72%	Time plus 70%	Time plus 69%

Re-earnable process for Bands 8c, 8d and 9

Annually earned pay is already a feature of the NHS terms and conditions of service for Bands 8c, 8d and 9, this was introduced in 2013. Creating an effective link between personal accountability for performance and pay is a key objective of these arrangements, building on the 2013 changes.

The new pay progression framework will apply to bands 8c, 8d and 9, and more detailed guidance will be produced to help employers achieve an effective and consistent use of annually earned pay.

In the year after the employee has reached the top of bands 8c, 8d and 9, up to 10 per cent of basic salary will become re-earnable. Subject to performance, the employee will retain their basic salary or their salary will be reduced by 5 per cent or 10 per cent. The employee will be able to restore their salary at the end of the following year by achieving agreed levels of performance.

Employers will put in place robust monitoring arrangements for the use of annually earned pay. The NHS Staff Council will also evaluate monitoring data to ensure the arrangements are compliant with equalities legislation.

Employees on the top two points of these bands on 31 March 2013 have reserved rights to the relevant point. This reserved right will be retained on a marked time basis. At the end of 2020/21, 5 per cent of pay will become annually earned and then, when annual increases to the top of the band add a further 5 per cent, annually earned pay will apply to 10 per cent of basic pay.

Annex B

Progression within the new pay system

Aims

1. Patients are at the heart of everything the NHS does. The introduction of a new pay system is an opportunity to ensure that, in a patient centred health care system, staff are supported to develop and utilise the skills and behaviours a modern NHS needs. This is crucial whether staff are just starting their NHS career or are long-serving and already at the top of their pay band.
2. The new pay system will help ensure that all staff have the appropriate knowledge and skills they need to carry out their roles. This will be underpinned by a commitment from employers to strengthen and improve the appraisal process.
3. The NHS Management and Health Service Quality report, from Michael West et al. found that good management of NHS staff leads to higher quality of care. It states that:

“The more engaged staff members are, the better the outcomes for patients and the organisation generally. Engagement can be fostered through good staff management. Having well-structured appraisals (where clear objectives are set, the appraisal is helpful in improving how to do the job, and the employee is left feeling valued by their employer) is particularly important”.

The report’s summary concludes that:

“The proportion of staff receiving well-structured appraisals is related to patient satisfaction, patient mortality, staff absenteeism and turnover, and better performance on the Annual Health Check... By giving staff clear direction, good support and treating them fairly and supportively, leaders create cultures of engagement, where dedicated NHS staff in turn can give of their best in caring for patients.”

4. By strengthening the existing national mandatory appraisal system within a new pay structure, and insisting on good quality appraisals between staff and line managers, organisations will be better placed to identify, right across their workforce, ways to improve patient care through staff learning and development. Effective use of

appraisal will enable trusts to identify those staff that would benefit from further development opportunities, and to help develop a culture of continuous learning which in turn will help improve the patient experience. This approach is supported in the CQC's well led guidance, which states that in well led organisations, "the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture".

5. Getting the appraisal process right is an integral part of patient care. The responsibility for patient care does not rest on individuals alone but on how the entire health care team works together. Capability of line managers is critical in ensuring the new pay system operates in a fair and transparent way. All staff should be supported to demonstrate that they have the knowledge, skills, values and behaviours their organisation expects.
6. The aim is to create a partnership approach between staff and line managers where line managers are supported to make the appraisal experience as positive as possible and where staff are supported to take shared responsibility for showing how they meet the required standards.
7. The new pay system is just one part of creating an NHS where staff want to work, where continuous learning and development is encouraged, where work life balance and health and wellbeing is taken seriously, and where bullying, harassment, and violence are not tolerated.
8. The new pay system seeks to:
 - i. create a simple process for assessing the standards for progression through the pay band, where a manager/employee submission process needs to be followed for pay-step points to be achieved
 - ii. help drive consistency across the NHS whilst allowing local flexibility to develop assessments against individual and/or organisational objectives, including values and behaviours
 - iii. allow faster progression to the top of each pay band through fewer pay-step points
 - iv. provide meaningful pay increases at each pay-step point
 - v. encourage staff to take responsibility for showing that they meet the defined standards
 - vi. ensure line managers make available to their staff the appropriate training, support and development opportunities
 - vii. encourage organisations to assess staff against local values and behaviours, agreed in partnership with staff side and informed by the NHS Constitution

- viii. ensure pay-step points are achieved only where managers are satisfied that their staff have met the required standards.

Employer and employee support

9. Further details on how the annual appraisal process, required standards and progression through pay-step points should operate will be agreed in partnership and set out in further NHS Staff Council guidance. The partners will also work closely with colleagues responsible for the Electronic Staff Record to consider how existing functionality (or any new functionality) can best support line managers and staff in the effective delivery of annual appraisals and the new pay system.

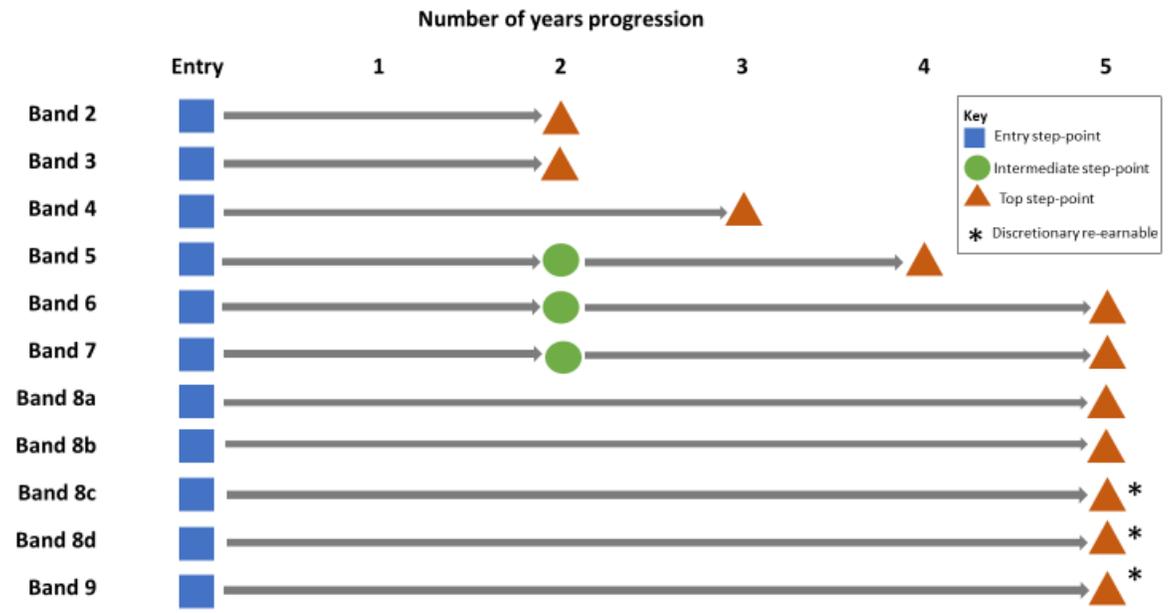
Equality analysis

10. Local NHS organisations are required to demonstrate that they have paid 'due regard' to their Public Sector Equality Duties under the Equality Act 2010. A national equality analysis is being developed in partnership and which will cover any wider changes to Agenda for Change terms and conditions of service. Local organisations will be able to use the national analysis as a basis for carrying out their own local equality analysis.

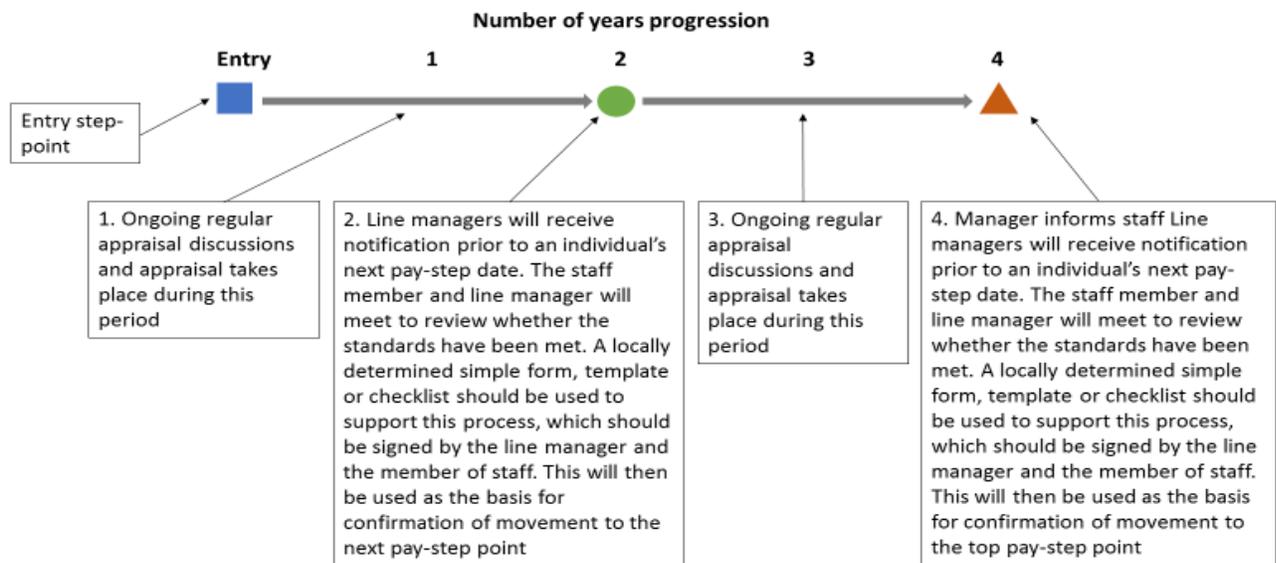
Pay structure and pay-step points

11. The new pay system includes fewer pay points but significant pay increases on average at each pay-step point. To deliver good patient care whether staff work directly with patients or not, there is an expectation that standards must be met. The mandatory annual appraisal process should involve regular conversations between staff and their line manager to ensure the required standards are understood and additional support identified in good time. The expectation is that all staff will meet the required standards and therefore be able to progress.

12. Pay Structure



Example: Band 5



Standards for pay progression

13. Staff will progress to their next pay-step point in their pay band where the following can be demonstrated:
- i. The appraisal process has been completed with outcomes in line with the organisation's standards and no formal capability process is in place
 - ii. There is no formal disciplinary action live on the staff member's record.
 - iii. Statutory and/or mandatory training has been completed.
 - iv. For line managers only - must have completed appraisals for all their staff.
 - v. Any local standards, as agreed through local partnership working.

Progressing through pay-step points

14. The estimated time taken to reach the top of each pay band reflects the minimum period of time staff must remain at each pay-step point before progressing to the next.

Achieving pay-step points

15. It is expected that employees who meet the required standards at their pay-step date will progress to the next pay-step point.
16. Pay-step points will be 'closed' on the payroll system (ESR). Line managers will initiate a meeting to review standards. Once the line manager is satisfied that the required standards as assessed through their local appraisal processes have been met, the pay-step point will be 'opened'.
17. Although staff must have successfully completed the appraisal process to move to their next pay-step point, the date of appraisal is not linked to the pay-step point. The pay-step date is set in relation to the member of staff's start date in their pay band. Further guidance will be developed to ensure clarity and consistency across the service.

The pay-step submission process

18. The following bullet points describe the pay-step submission process:
 - i. Line managers will receive notification prior to an individual's next pay-step date.
 - ii. The staff member and line manager will meet to review whether the standards have been met.
 - iii. A locally determined simple form, template or checklist should be used to support this process, which should be signed by the line manager and the member of staff.
 - iv. This will then be used as the basis for confirmation of movement to the next pay-step point.

If staff do not achieve a pay-step point

19. It is expected that staff will achieve the required standards at the point of their next pay-step date. It is also expected that staff and their line manager should be aware of any problems in reaching the required standards before the pay-step date. This will allow time for issues to be raised and possible solutions found. Guidance on the circumstances when pay-step points are not achieved will be produced in partnership, including appeal processes.

Roles and responsibilities

20. Successful implementation of the new pay system depends on good working relationships between NHS organisations and the NHS Staff Council, and between line managers and their staff, with the support of the regulator (NHS Improvement).

Roles and responsibilities for each of these stakeholders are outline below:

NHS Staff Council responsibilities

- i. Work with NHS Improvement (NHSI) to identify the required mechanisms that they will use to track progress from transition through to full implementation (NHSI to provide progress reports to the Staff Council).
- ii. Post implementation, work with NHSI to establish ongoing monitoring and reporting mechanisms.
- iii. Identify, and produce guidance and advice as required.

Organisation responsibilities

- i. Operate the agreed pay structure fairly.
- ii. Commit to staff development.
- iii. Enable staff to work safely and effectively.
- iv. Value the appraisal process and understand the importance of the line manager/staff relationship to staff development and their positive impacts on recruitment and retention, staff morale and performance, and patient satisfaction and safety.
- v. Operate an agreed appraisal policy with equality monitored processes and consistent outcomes across the organisation.
- vi. Ensure that the pay-step submission process does not have the effect of discriminating directly or indirectly against any member of staff.
- vii. Work with NHSI to report on the initial and ongoing implementation of the pay structure.
- viii. Support line managers in delivering appraisals through training and resources, including, but not limited to, equalities training.
- ix. Enable line managers and staff to participate in the appraisal process, including, but not limited to, facilitating adequate time to prepare and have meaningful discussions.
- x. Ensure staff records are kept accurately so that pay-step dates are shared in advance and line managers alerted to the need for discussion.
- xi. Ensure sufficient statutory/mandatory training is available and accessible to all staff.
- xii. Financially plan and budget on the basis that all staff are expected to achieve their pay-step points.
- xiii. Develop and maintain relevant policies and procedures in partnership with local staff side, including a right of appeal and effective equalities monitoring.
- xiv. Have a comprehensive training and development policy covering all staff.

Line manager responsibilities

- i. Carry out their role as outlined in the local annual appraisal process.
- ii. Undertake annual appraisals for all members of their team and ensure they are fully completed.
- iii. Ensure that all employees have access to, and undertake statutory/mandatory and any essential skills training.
- iv. Hold regular appraisal discussions with staff on the basis of 'no surprises', so that if an individual may not be on track to reach their pay-step point any areas for development or improvement are identified and remedial action taken at the earliest opportunity.

- v. Conduct an objective review of the individual's work against the required standards as part of the annual appraisal process. This should include an assessment of the employee's achievement of any personal and or organisational objectives, including values and behaviours.
- vi. Demonstrate they have encouraged and supported the employee to achieve the standards required during each local appraisal process.
- vii. Ensure that staff understand what evidence they will need and its relevance to achieving the required standards.
- viii. Review submitted evidence to demonstrate that they have met the required standards.
- ix. Undertake a meeting with the employee to review standards and follow the pay-step submission process.

Employee responsibilities

- i. Actively participate in the annual appraisal process, and agree with their line manager their personal and/or corporate objectives.
- ii. Complete the local appraisal process each year, regardless of whether or not their next pay-step date is that year.
- iii. Make their line manager aware of any issues that may be preventing them from achieving their objectives.
- iv. Tell their line manager about anything that is preventing them from undertaking relevant training.
- v. Show through relevant evidence, where it is available, that they have met the required standards and achievement of objectives in line with the local appraisal process.
- vi. Work with their line manager to ensure that all relevant statutory, mandatory and essential skills training is up to date.
- vii. Undertake a review of their standards together with their line manager, completing local documentation as part of the pay-step submission process.

Monitoring transition and implementation

21. To help ensure consistency in how the new national pay system is implemented, the NHS Staff Council and NHSI will consider how, over the period of transition to full implementation, NHS organisations implement the collective agreement as the partners intend. For example, feedback/evidence as part of the existing performance meetings between NHSI and trusts.

22. The NHS Staff Council will work with NHSI to identify the mechanisms which will best measure and track progress and ensure that any barriers to implementing the new pay system are identified and addressed as early as practicable. For example, NHSI will:
 - i. Track progress in implementing the collective agreement from transition to full implementation.
 - ii. Monitor organisations' appraisal processes.
 - iii. Check that appropriate learning and development needs are being addressed.
 - iv. Ensure the new pay progression system is operating as outlined in the agreement.
 - v. Monitor use of the Electronic Staff Record (the payroll system used by most NHS organisations) to unlock pay-step points.
 - vi. Ensure that NHS organisations comply with the agreement or explain why it has not been possible.
 - vii. Work in partnership with the NHS Staff Council and provide progress reports to the NHS Staff Council.

It is hoped that this approach to pay progression will help improve industrial relations, prevent local disputes, and should support improvements in recruitment, retention, and engagement.

Annex 3

**NHS terms and conditions of service handbook –
Annex 23: Pay progression (England)**

Annex 23: Pay progression (England)

Introduction

1. The 2018 [framework agreement on the reform of Agenda for Change](#) introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points. This annex describes the agreed pay progression framework which underpins the pay structure and requires a manager/staff submission process to be followed for pay step points to be achieved.
2. This pay progression framework will be underpinned by local appraisal policies that deliver the mandatory annual appraisal process. It is intended to ensure that within each pay band staff have the appropriate knowledge and skills they need to carry out their roles and so make the greatest possible contribution to patient care. Local appraisal policies will be agreed in partnership with trade unions and may cover issues such as development opportunities and organisational values and behaviours (see also paragraph 54).
3. The expectation is that all staff will meet the required standards (see paragraph 19) and therefore be able to progress on their pay step date. Appraisal processes should involve regular conversations between staff and their line managers to ensure that required standards are understood, and additional support identified in good time.

Timetable for transition to the new pay progression arrangements

4. The provisions in this annex will apply to all staff commencing NHS employment or promoted on or after 1 April 2019. Promotion means moving to a higher banded role.
5. For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021 after which time they too will be subject to the provisions in this annex.
6. After 1 April 2021, pay step submissions for all staff will only take place after two, three or five years depending on pay band. Appraisals will continue to take place annually.
7. From 1 April 2021 all pay bands will have either one or two step points with specified minimum periods before staff become eligible to progress. An employee's pay step point

is set in relation to their start date in that pay band. The exception to this is the re-banding of paramedics to the band 6 job profile in ambulance trusts in England who retain their personal pay step date. It is expected that staff who meet the required standards at their pay step date will progress to their next pay step point.

Arrangements for staff in post prior to 1 April 2019

8. During the three-year transition period ending on 31 March 2021, current organisational pay progression procedures will continue to apply, unless the employee is promoted to a new post. These staff, unless they have received a promotion, will continue to receive incremental progression according to the transitional arrangements and follow the individual pay journeys described in the framework agreement on the reform of Agenda for Change (June 2018). During transition, pay points are removed from the pay structure in April 2018, April 2019, and April 2020. Staff already on a pay point at the time it is to be removed will immediately move to the next available point, even where this does not coincide with their existing incremental date. These staff will not receive a further increase on their incremental date, because they will have received their pay increase early.
9. Staff will retain their existing incremental date throughout transition. On their incremental date, (if they have not already benefited from deletion of a pay point) it is expected that all staff will move to the next pay point reflecting their additional complete year of experience. Pay progression during transition will continue to be subject to any existing locally-agreed arrangements for managing pay progression which may have been implemented locally in accordance with the Staff Council's 31 March 2013 pay progression agreement.

Pay step dates

10. The pay step date is the anniversary of the date the individual commenced employment in their current band.
11. It is expected that staff new to the NHS will be appointed to the bottom of the relevant pay band.
12. Where staff move to a job in a higher pay band, their pay step date will become the anniversary of the date they commenced in that new band. The exception to this is professional roles covered by annex 20 who will retain their original pay step date.

13. Where a post is re-banded to a higher band as a result of a changed job evaluation outcome (see provisions of the [Job Evaluation Handbook](#)), the pay step date will become the anniversary of the agreed date that the new job description is deemed to have taken effect.
14. In all other cases including changing jobs within the same band, and moving to a lower band as part of an organisational change process, pay step dates will remain unchanged.
15. The new pay bands describe the minimum length of service on a pay step point required before staff are eligible to move to the next pay step.
16. Continuous previous service with any NHS employer counts in respect of reckonable service for pay step eligibility (See section 12: Contractual continuity of service).
17. Employers will continue to have discretion to take into account service with employers outside the NHS for this purpose, where this is judged to be relevant (See section 12.2: Contractual continuity of service).
18. There should be clear responsibilities agreed for the appraisal review where an employee is on a secondment to a different role at the time of their pay step date to ensure that they are able to access their pay step point without any detriment.

Pay progression standards

19. Staff will progress to the next pay step point on their pay step date where the following can be demonstrated:
 - vi. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
 - vii. There is no formal capability process in place.
 - viii. There is no formal disciplinary sanction live on the staff member's record.
 - ix. Statutory and/or mandatory training has been completed.
 - x. For line managers only – appraisals have been completed for all their staff as required.

20. 'Capability process' in paragraph 19ii will be defined in the organisation's local policy and covers processes for dealing with lack of competence, including professional and clinical competence, and clear failure by an employee to achieve a satisfactory standard of work through lack of knowledge, ability or consistently poor performance. 'Process' means that there has been an outcome placing the employee in a formal stage of the process. Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard.
21. 'Disciplinary sanction' in paragraph 19iii refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings. It does not include investigations, informal warnings, counselling or other informal activities that may come within a disciplinary policy.
22. If a disciplinary sanction in place at the time of the pay step date is subsequently repealed, for example as a result of a successful appeal, the pay step will be backdated to the pay step date if all other standards have been met.
23. Where factors beyond the individual's control, such as organisational or operational issues, have prevented compliance with any of the requirements in paragraph 19 these should not prevent the employee from progressing. Managers should ensure that they take full account of such factors and staff should bring these to the attention of their line manager as soon as possible (not waiting until the pay step review) so that these can be addressed and remedied.
24. Appraisals should continue to take place as a minimum on an annual basis, regardless of whether it is a year which includes a pay step date.

Pay step submission process

25. The pay step submission process is as follows:
 - v. Line managers will receive notification before an individual's next pay step date and initiate a meeting to review whether the requirements for progression have been met. This meeting will draw on the most recent appraisal outcome and

consider the standards in paragraph 19. It is not necessary to schedule appraisals to coincide with pay step dates.

- vi. A locally determined simple form, template or checklist should be used to support this process, which should be signed by the line manager and the member of staff.
- vii. This will then be used as the basis for confirmation of movement to the next pay step point.

26. Pay step points will be closed on the payroll system. Once the pay step review has been successfully completed the line manager must take the necessary action to open the pay step point.

27. Line managers must ensure that the pay step submission process is completed in a timely fashion to ensure that pay step points can be implemented in time for the staff member's pay step date. This must take account of local payroll timescales.

28. Although staff must have successfully completed their last appraisal to move to their next pay step point, the date the appraisal takes place does not have to be linked to their pay step date.

29. If the last appraisal outcome was not satisfactory but remedial actions have been successfully completed by the time of the pay step date the staff member will be able to progress without delay if they meet the other standards.

Decisions to delay a pay step

30. It is expected that staff will achieve the required standards at the point of their pay step date. It is also expected that staff and their line manager should have regular discussions about any problems in reaching the required standards before the pay step date. This will allow time for issues to be raised and possible solutions found to enable the pay step point to be opened on time.

31. In situations where standards have not been met as per paragraph 19, and there are no mitigating factors sufficient to justify this, it is expected that an individual's pay step will be delayed, subject to arrangements outlined in paragraphs 32-38.

32. The line manager must use the pay step review meeting process in paragraph 25 to discuss the standards that have not been met and review previous discussions about these, consider any mitigating factors, and record their decision.

33. The line manager should advise the member of staff of their right to contest any decision using the locally agreed procedure where the required level of performance is deemed not to have been met in line with the local policy (see paragraph 53viii). If this is upheld, the pay step should be applied backdated to the pay step date.
34. The line manager should also discuss and agree a plan with the staff member for any remedial action needed to ensure that the required standards for pay progression are met, including a timescale, and how any training and support needs will be met.
35. The staff member must take all necessary steps to meet the requirements as soon as possible and the line manager must provide the necessary support.
36. A further pay step review meeting should be arranged at an agreed date to review progress and, where satisfactory, initiate the opening of the pay step. The effective date for progressing to the next pay step should be the earliest date that the relevant requirements are shown to have been met. The pay step date for future years will remain unchanged.
37. Where a pay step is delayed due to a live disciplinary sanction, or a formal capability process, the line manager should initiate a pay step review meeting before the expiry of the sanction or capability plan. This should be used to confirm that all other requirements have been met and to ensure that the staff member progresses to the next pay step, effective the day after the sanction expires. The pay step date will remain unchanged.
38. A disciplinary sanction cannot be applied retrospectively to delay a pay step if it comes into effect after the pay step date.

Re-earnable process for bands 8c, 8d and 9

39. The principles and standards for pay progression and then re-earnable pay for staff in bands 8c, 8d and 9 are the same as the principles and standards for all other staff.
40. Once they have reached the top of their band, the expectation is that all staff will meet the required standards and will re-earn the relevant element of pay annually. The first point at which the re-earnable element becomes relevant is 12 months after employees have passed through their pay step point to reach the top of the band.

41. In the year after an employee has reached the top of bands 8c, 8d or 9, 5 per cent or 10 per cent of basic salary will become re-earnable. Where the standards in paragraph 19 are met, salary is retained at the top of the band. If standards are not met salary may be reduced by 5 per cent or 10 per cent from the pay step date, subject to the provisions in paragraph 23. The employee will be able to restore their salary to the top of the band at the end of the following year by meeting the required standards. The employee has the right to contest a decision to reduce their pay using the locally agreed procedure.
42. The standards that apply to staff in these bands are defined in paragraph 19-24. Employers will put in place robust monitoring arrangements for the use of annually re-earned pay in line with the expectations set out in paragraph 50-52.
43. Staff on the top two points of these bands on 31 March 2013 have reserved rights to the relevant point. This reserved right will be retained on a marked time basis. At the end of 2020/21, 5 per cent of pay will become annually earned and then, when annual increases to the top of the band add a further 5 per cent, annually earned pay will apply to 10 per cent of basic pay.

Absent from work when pay step is due

44. If a staff member is absent from work for reasons such as sickness or parental leave when a pay step is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.
45. In the case of planned long-term paid absence such as maternity, adoption and shared parental leave the pay step review can be conducted early if this is reasonable and practical, allowing the pay step to be applied on their pay step date in their absence.
46. If an individual is on long-term paid absence such as maternity, adoption and shared parental leave and a pay step review cannot be conducted prior to the pay step date, the pay step point should be automatically applied in the individual's absence, subject to paragraph 44.
47. If there was a live disciplinary sanction in place at the point the individual went on leave, the pay step point should be applied in their absence if appropriate, effective the day after the sanction expires.

48. If there was an active formal capability process underway at the point they went on leave, the pay step point can be delayed. The improvement process should be resumed immediately upon their return. On satisfactory completion, the period of their absence should be set aside and the pay step point backdated to an agreed date as if they had completed the improvement process without being absent. Employers will need to take particular care to avoid any discrimination or detriment on the grounds of maternity, sex or disability that could arise in relation to staff on maternity/adoption/parental leave or sick leave.
49. Suspension from work on full pay is a neutral act. In order to ensure this is the case, employers should ensure that the pay step point is applied from the pay step review date where an individual is suspended on that date, provided they were meeting the standards in paragraph 19 at the point of suspension.

Monitoring and reporting

50. Data on pay step and re-earnable pay outcomes must be collected, audited, published and monitored locally in partnership with trade unions, including by protected characteristics and contract status, and in line with Staff Council guidance
51. Organisations should have a clear line of accountability for investigating and taking action on any evidence of disadvantage or discrimination in process and outcomes
52. Organisations must also collect and submit the required data necessary to support national monitoring of the pay progression system by and on behalf of the Staff Council.

Local appraisal policies

Principles

53. The following principles will inform the development of local appraisal policies:

- i. policies will need to be consistent with the employer's local objectives and the NHS Constitution for England.
- ii. organisations will budget and plan financially on the basis that all staff are expected to achieve their pay step points on their pay step dates.
- iii. regular appraisal, performance and/or development reviews will continue to play a central role in determining whether an individual has met the standards required of them for pay progression.
- iv. local policies will be developed, monitored and reviewed in partnership with trade unions and include a comprehensive training and development policy covering all staff.
- v. every line manager undertaking appraisal will have access to appropriate time, training and development including training on their equality responsibilities.
- vi. staff will actively participate in appraisal processes and receive time and support to do so.
- vii. performance will need to be monitored throughout the year so that problems are identified and addressed appropriately as soon as possible
- viii. individuals will have the right to contest any decision where the required level of performance is deemed not to have been met.
- ix. local systems will be equality assessed before implementation, and equality monitored once in operation.

Checklist

54. The following is a checklist for local appraisal schemes

- i. Focus on organisational values and objectives, for example those linked to patient care.
- ii. Identify relevant competency frameworks such as the KSF and ensure staff and managers understand how they operate.
- iii. Have clear processes to document objectives and personal development plans.
- iv. Provide guidance for how appraisals will be conducted in atypical situations such as staff on secondment, staff acting up, staff in split roles.
- v. Ensure adequate provision for statutory and mandatory training and for access to continuing learning and development opportunities, including paid time and

appropriate facilities.

- vi. Ensure effective systems for accurately flagging in advance when a pay step date is due.
- vii. Review and improve equality and diversity data held on staff to ensure that monitoring is based on comprehensive information.
- viii. Cross-check and review interaction with the organisation's disciplinary policy to ensure fairness and safeguard against inequity. Key factors to review:
 - Are disciplinary sanctions disproportionately applied to groups with particular protected characteristics?
 - Is there a process of checking dates before disciplinary sanctions are applied to understand and review whether they will have the effect of delaying a pay step point, and whether this would create inequity?
 - Is sickness absence dealt with through a separate absence management process (unless a conduct issue is involved)?
- ix. Develop in partnership with trade unions a procedure which allows staff to contest decisions relating to their pay progression or re-earnable pay and includes clear timescales and processes.

Annex 4

NHS England and Improvement: People Plan

WE ARE THE NHS:

People Plan 2020/21 -
action for us all



**We are 1.3 million strong. We are all walks of life,
all kinds of experiences. We are the NHS.**



Title: **WE ARE THE NHS: People Plan for 2020/2021 - action for us all**

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Thank you

The work to develop We are the NHS: People Plan 2020/21 – action for us all has been led by NHS England and NHS Improvement and Health Education England, with significant collaboration and contributions from people working across the NHS and the wider health and social care sectors. Our sincere thanks go to all those who have engaged in this plan’s development, and we look forward to continuing to work together to bring about the changes needed to support our people, now and for the long term.

Rankin

Rankin, the acclaimed and renowned photographer, captured [12 of our people working in different roles across the NHS](#). He offered to take these powerful portraits as a tribute and thank you to our people for their response to the COVID-19 pandemic, as well as to inspire generations to come.



ADE WILLIAMS
Superintendent
pharmacist



ALI ABDI
Porter



ANNE ROBERTS
District nurse



CLAUDIA ANGHEL
Midwife



EMMA KELLY
Critical care nurse



FARZANA HUSSAIN
GP



**JACK HANNAY
MANIKUM**
111 call handler



**LAURA
ARROWSMITH**
COVID-19 ward cleaner



MARC LYONS
ICU consultant



ROOPAK KHARA
General adult
psychiatrist



SARAH JENSEN
Chief information
officer



**STUART
BROOKFIELD**
Paramedic

Introduction and summary

Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication.

Action from the [Interim People Plan](#) was already being taken to increase the support and recognition for our people. Then the start of COVID-19 changed everything. Colleagues and loved ones were lost, and our people gave more of themselves than ever before. The public responded with appreciation and warmth. The clapping has now stopped, but our people must remain at the heart of our NHS, and the nation, as we rebuild.

This document sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

About this plan

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. The principles underpinning the action through 2020/21 must endure beyond that time.

The NHS is made up of people in many different roles, in different settings, employed in different ways, by a wide range of organisations. Many people providing NHS services work for NHS trusts.



But others are employed by community interest and other companies or partnerships – for example, in primary care across GP practices, dental surgeries, pharmacies and optometrists.

The NHS also works closely with partners in social care and local government, as well as with the voluntary and independent sectors. We benefit from the contribution of those in unpaid roles too – particularly carers and volunteers.

How different elements of the plan are implemented will vary across these different settings, but the principles it sets out apply across all organisations, and to all our people involved in providing or commissioning NHS care.

NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives too, to agree how they support delivery of these principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission.

[Systems](#) have an important role in leading and overseeing progress on this agenda, strengthening collaboration among all health and care partners – particularly with social care – to meet the complex and evolving staffing needs of our services.

What our people need

Our NHS people have been under increasing pressure since the response to COVID-19 began, and there will be further challenges ahead. Workload remains a pressing concern and we have all been reminded how critical it is to look after our people – and that we need to do more.

To address this now, and for the future, the NHS needs **more people, working differently, in a compassionate and inclusive culture:**

- **more people** in training and education, and recruited to ensure that our services are appropriately staffed
- **working differently** by embracing new ways of working in teams, across organisations and sectors, and supported by technology

- **in 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.

This plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England 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.
- **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.

During the COVID-19 response so far, people have shown energy, creativity and drive in finding solutions to new problems. The NHS needs to harness that, as part of our commitment to make real and lasting change for our people.

The way this plan is translated into action will differ for each setting. But its intention and ambition should be carried through into our many different teams, organisations and systems. Each of us has a part to play in making this a lasting change. This is a task not just for human resources teams and senior leaders, but for everyone in the NHS.

Systems have a particularly important role to play, as set out in NHS system planning guidance. As a minimum, all systems should develop a local People Plan in response to 'We are the NHS: People Plan 2020/21 - action for us all'. Many organisations may wish to do one for their individual organisations as well, which we encourage.

The purpose is to make sure that plans for recovery and stepping services back up through the remainder of 2020/21 have a strong focus on looking after our people, are aligned with service and financial plans, and are developed alongside partners – including in social care and public health.

These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly in response to changes in demand or services.

The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes [support plan](#) as well as joint work at national and local level to support staff to return to the health and care sector, although only

a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

Action will need to continue beyond 2020/21

This plan focuses on the national and local steps that need to be taken for the rest of 2020/21 to support our people and help manage the pressures and uncertainty that will continue to be felt. The conversations that inform the local plans will be as important as the plans themselves.

However, transformation is an ongoing process and work will continue beyond 2020/21 in all the areas set out in this plan. In addition, when the government further clarifies the available budget to expand the workforce and make sure that education and training is fit for the future – as expected to be set out in the forthcoming spending review – more details will follow.



ALI ABDI

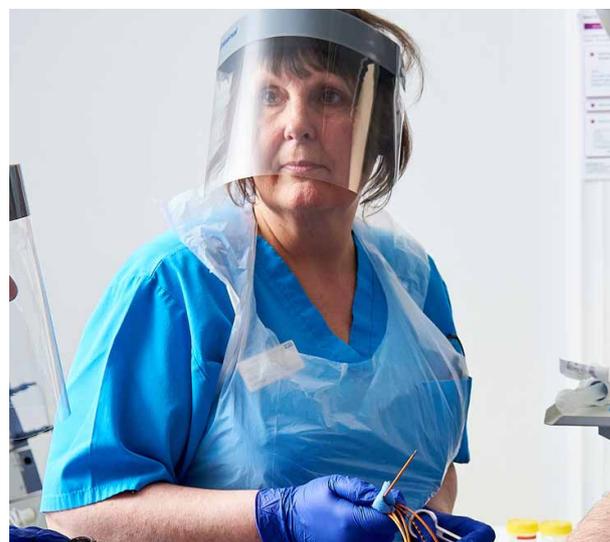
Porter, University Hospitals Bristol and Weston NHS Foundation Trust.

1 Responding to new challenges and opportunities

In June 2019, NHS England and NHS Improvement and Health Education England published the [Interim People Plan](#). Many of the challenges it highlights endure, and many of the actions it set out have been implemented across the country, at pace, in response to COVID-19.

“It doesn't feel like we ever stood back and truly reflected on what we had done; we were just going flat out for several weeks – no weekends, no breaks and no leave. The NHS is the best thing about the UK, hands down. Everyone pulls together in times like this and it's the one place people know they can rely on for help, no matter what their status or background, because that's what it was created for and that's what we do.”

Chief information officer, London



Here are highlights of a small selection of the profound changes that have emerged through the COVID-19 response so far:

+ **Health and wellbeing of our people:** There has been a greater focus on the health and wellbeing of our colleagues, with support offered in teams and organisations. This includes psychological support, [Schwartz Rounds](#), and workplace [wobble rooms](#). Systems have played a key role in providing a co-ordinated approach.

There has also been greater recognition and support for working carers through the launch of the [carers passport](#). The public and the private sector have also made [generous offers to the NHS](#) as well as donating supplies and support – for example, through [‘first class lounges’](#).

- + Shared purpose and permission to act:** Some governance and decision-making has been simplified, with clear outcomes specified, which has helped many people feel empowered to implement changes that have benefited patients, working with more autonomy. COVID-19 has also been a catalyst for [greater local partnership and system working](#), with one forum for partners to agree actions in response to offers.
- + Highlighting existing and deep-rooted inequalities:** The disproportionate impact of COVID-19 on BAME communities and colleagues has shone a light on inequalities and created a catalyst for change. NHS leaders have stepped up, role modelling compassionate, inclusive leadership through open and honest conversations with teams, creating calls to action for boards, and strengthening the role of BAME staff networks in decision-making.
- + Flexible and remote working:** [This has increased significantly in the NHS](#), with the average number of weekday remote meetings rising from 13,521 to 90,253 in weeks 1 to 8 of lockdown. This has enabled teams to run virtual multidisciplinary team meetings, case presentations and handovers, and teaching sessions. Many colleagues across the NHS have noted that this has been more productive, with less time spent travelling (with the additional benefit of reduced air pollution), and better turnout at meetings, as well as improved work-life balance.
- + Remote consultations:** Digital transformation has occurred rapidly across the NHS, with around 550,000 video consultations taking place in primary and secondary care, and 2.3 million online consultation submissions to primary care, in June. Video consultations are now used widely, including in community and [mental health services](#), and in ambulance services. This has enabled staff across [primary](#), community and secondary care to work differently, with some choosing to do part of their work from home.
- + Returning and new staff:** NHS staff numbers have been bolstered by [clinicians returning](#) from academia, retirement and other industries. Students have stepped out of training to increase their direct support to patient care. Staff have been redeployed to areas experiencing pressure.

The role of NHS 111 has increased significantly, with more than 500 GPs returning to work alongside 1,000 locums and other GPs to support the Coronavirus Clinical Assessment Service (CCAS) – a new pathway within 111 for callers with more serious symptoms who did not need immediate acute referral but did require further assessment and follow up. This has been possible because our people, past and present, wanted to contribute to the NHS effort, supported by [new arrangements and agreements](#) devised behind the scenes.

+ Innovative roles: Our existing NHS people have taken on new roles. For example, healthcare scientists have been deployed into critical care roles in Nightingale hospitals.

Physiotherapists supporting intensive care units (ICUs) have been upskilled to carry out respiratory-related assessment and treatment – improving relationships across multidisciplinary teams and increasing appreciation of each other’s skills. Advanced clinical practitioners have also stepped up, contributing valuable clinical support in critical care and emergency medicine.

+ Support for care homes: The NHS rolled out a clinical support package which provided a named clinical lead for every care home, as well as wider NHS primary and community support including weekly virtual check-ins, care plans, and medication reviews.

+ Volunteering: There has been a huge surge in people volunteering to support those in need of help. Thousands have signed up to [national and local initiatives](#), including Rapid Responders through the GoodSAM campaign. This has brought great opportunities and also challenges to make sure that volunteers are deployed safely and effectively.

+ Research: Our NHS people have also played a key role in COVID-19 research – in particular, supporting the Recovery (Randomised Evaluation of COVID-19 therapy) programme. This is the [world’s biggest randomised clinical trial](#) and pools the resources and skills of the NHS with those of our world-leading life sciences sector.

Teams of research nurses and clinical trial assistants have been rapidly assembled to provide a seven-day service to identify and recruit patients. Its success is already improving patient care.

Not everything that happened in the first phase of the COVID-19 response will have been successful for every individual, team and organisation. Our learning from the pandemic is only just beginning. But already, we have seen dramatic changes across the NHS.

Where new approaches have worked well, we should not roll them back but adopt them systematically. Where they haven't, we must all learn and find other, better ways.

To successfully innovate, we need to measure the impact to see what works. This will ensure that the NHS rebuilds in a way that is even better than before.

To turn this plan into reality, metrics to accompany and track the impact of the actions in this plan will be developed in partnership with systems and stakeholders by the end of September 2020.

Accountability for delivering outcomes will be at all levels of the system and NHS England and NHS Improvement will continue to track progress on people and workforce issues using the [NHS Oversight Framework](#), providing support and challenge to systems and organisations to make progress across this agenda.





FARZANA HUSSAIN

GP, Project Surgery,
Newham.

② Looking after our people



The NHS achieves extraordinary things for patients, but safety and health and wellbeing matter just as much for our people. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. COVID-19 has spurred the NHS on to put much greater focus on this, which we must continue and build on.

The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors.

Our NHS People Promise

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The themes and words that make up Our People Promise have come from those who work in the NHS. We asked people working in different healthcare roles and organisations to tell us what matters most to them, and what would improve their experience of working in the NHS.

The descriptions in Our People Promise are what we should all be able to say about working in the NHS, by 2024. For many, some parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must pledge as colleagues, line managers, employers and central bodies to work together to make these ambitions a reality for all of us, within the next four years.

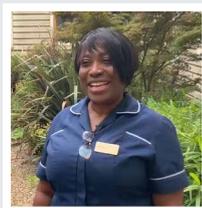
The people best placed to say when progress has been made are those who work in the NHS. From 2021, the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisations, to see their progress and take action to improve.

Only by making Our People Promise a reality will the NHS become the best place to work for all of us – where we are part of one team that brings out the very best in each other.

The rest of this plan sets out actions that we must all focus on through 2020/21.

PEOPLE IN ACTION...

Milton Keynes University Hospitals NHS Trust: looking after our people



Since the introduction of a staff benefits programme, more people from the 4,500-strong workforce have wanted to stay on at Milton Keynes University Hospital NHS Trust and fewer people have left. Adelaide Atu, Senior Sister, commented: “No matter what grade you are, it’s easy to get the support you need.”

» FIND OUT MORE...

Support during COVID-19 so far

Through the COVID-19 response to date, individuals and teams have done a huge amount to support each other, including regular team check-ins, and making space available for colleagues to rest and recuperate. There has also been a widespread outpouring of support from the public and businesses.

Nationally, NHS England and NHS Improvement built on this with an offer made to all NHS staff on people.nhs.uk with:

- a dedicated health and care staff support service, including confidential support via phone and text messages
- specialist bereavement support
- free access to mental health and wellbeing apps
- 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 black, Asian and minority ethnic (BAME) colleagues
- mental health resources and support, including for people affected by suicide
- a series of webinars providing a forum for support and conversation with experts.

NHS England and NHS Improvement also developed guidance to equip NHS line managers to effectively support and lead their teams during and after the COVID-19, including

- [coaching and mentoring](#) support
- online [resources, toolkits and guidance](#) on topics such as maintaining team and individual resilience; managing stress and maintaining routines; compassionate

leadership in a crisis; and creating time and space to support teams working under pressure. [REACT](#) mental health conversation training was also provided to enable managers to support staff through compassionate, caring conversations about mental health and emotional wellbeing.

These interventions helped our people feel more valued and supported. Now, we must build on this, so they continue to feel this way.

We are safe and healthy

The safety and health of our people is paramount. In the early response to COVID-19, when so little was known about the disease, coming to work required the courage associated more with roles in the military than healthcare. Employers across the NHS must now continue to take all necessary measures and redouble their efforts to keep people safe, or risk them leaving.

Employers' focus should be on the following areas, which are the ones staff say they care most about:

➔ **Infection risk:** Employers should put in place effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.

➔ **Providing PPE:** Employers should make sure all their people have access to appropriate personal protective equipment (PPE) and are trained to use it.

 **The introduction of a wellbeing room has been brilliant and more focus on staff wellbeing going forward is paramount.** 

Physiotherapist, Midlands

➔ **Flu vaccination:** Frontline healthcare workers involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. All frontline healthcare workers should have a vaccine provided by their employer. Public Health England will continue to monitor performance on uptake.

➔ **Risk assessment for vulnerable staff:** All NHS organisations will complete [risk assessments for vulnerable staff](#), including BAME colleagues and anyone who needs additional support, and take action where needed. Organisations are encouraged to expand this to all staff.

➔ **Home-working support:** Employers should make sure people working from home can do so safely and that they have the support they need, including suitable equipment.

➔ **Rest and respite:** Employers should make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.

PEOPLE IN ACTION...

Norfolk and Waveney STP: from kindness to innovation

Kindness, team work, flexibility and innovation are some of the emerging themes from the stories of people like community pharmacist Gregory Arthur through the new health and wellbeing network set up by Norfolk and Waveney STP in response to the pandemic.



>> [FIND OUT MORE...](#)

➔ **Bullying and harassment:** All employers are responsible for preventing and tackling bullying, harassment and abuse against staff, and for creating a culture of civility and respect. By March 2021, NHS England and NHS Improvement will provide a toolkit on civility and respect for all employers, to support them in creating a positive workplace culture.

➔ **Violence against staff:** Leaders across the NHS have a statutory duty of care to prevent and control violence in the workplace – in line with existing legislation – so that people never feel fearful or apprehensive about coming to work. NHS England and NHS Improvement have developed a [joint agreement](#) with government to ensure action in response to violence against staff. By December 2020, an NHS violence reduction standard will be launched, to establish a systematic approach to protecting staff.

We invest in our physical and mental health and wellbeing

As a good employer, it is our moral imperative to make sure our people have the practical and emotional support they need to do their jobs. Each of us must build on the support given during the COVID-19 response and make sure it continues.

Staff should expect their employers to address the following areas:

➔ **All organisations to have a wellbeing guardian:** NHS organisations should have a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with chief executive officers or other accountable officers.

→ **All staff supported to get to work:** NHS organisations should continue to give their people free car parking at their place of work for the duration of the pandemic. Organisations should also support staff to use other modes of transport, and hospitals should identify a cycle-to-work lead so that more staff can make use of this option.

→ **Safe spaces for staff to rest and recuperate:** Employers should make sure that staff have safe spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues.

→ **Psychological support and treatment:** Employers should ensure that all their people have access to psychological support. NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response.

NHS England and NHS Improvement will also pilot an approach to improving staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs.

→ **Support for people through sickness:** Employers should identify and proactively support staff when they go off sick and support their return to work. NHS England and NHS Improvement will pilot improved occupational health support in line with the [SEQOHS](#) standard. Working in selected pilot areas, in partnership with the resilience hub and local mental health services, occupational health services will provide a wider wellbeing offer, to ensure that staff are supported to stay well and in work.

→ **Physically healthy work environments:** Employers should ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary.

→ **Support to switch off from work:** Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour.

PEOPLE IN ACTION...

Gloucestershire Hospitals NHS Trust: an essential nutrient for staff wellbeing

“Rather than being seen as the ‘cherry on the cake’, we hope that psychology can act more like yeast and salt in the trust, present throughout; enriching, enhancing, preserving and an essential nutrient.” Dr Polly Ashworth explains how collaborative support for staff wellbeing is proving its worth at Gloucestershire Hospitals NHS Trust.



[FIND OUT MORE...](#)

Health and wellbeing conversations and personalised plans

From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually.

As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion. From October 2020, employers should ensure that all new starters have a health and wellbeing induction.

We work flexibly

To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS. Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason. We cannot afford to lose any more of our people.

Many people in the NHS go on to bank rotas, become locums, or leave us altogether because they are not offered the flexibility they need to combine work with their personal commitments. The NHS has a higher-than-average proportion of [people with caring responsibilities](#) and COVID-19 has also changed the responsibilities for many – particularly those with significant caring duties.

Flexible working means different things to different people and can relate to when, where and how we work. It can also include the need for greater predictability, to help people manage their different responsibilities and broader interests.

Getting this right requires managers and leaders to take the time to understand what each person needs. That way, employers can help them incorporate work more easily into the rest of their lives. Making flexible working a reality for all our people will need compassionate conversations between employers and staff representatives.

Employers are encouraged to make progress for their people in the following areas:

- **Flexibility by default:** Employers should be open to all clinical and non-clinical permanent roles being flexible. From January 2021, all job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns. From September 2020, NHS England and NHS Improvement will work with the NHS Staff Council to develop guidance to support employers to make this a reality for their staff.
- **Normalise conversations about flexible working:** Employers should cover flexible working in standard induction conversations for new starters and in annual appraisals. Requesting flexibility – whether in hours or location – should not require a justification, and as far as possible should be offered regardless of role, team, organisation and grade.

- **Flexibility from day one:** NHS organisations should consider it good practice to offer flexible working from day one, as individual circumstances can change without warning.
- **Role modelling from the top:** Board members must give flexible working their focus and support. NHS England and NHS Improvement will add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.
- **E-rostering:** NHS England and NHS Improvement will support organisations to continue the implementation and effective use of e-rostering systems, accelerating roll-out where possible. These systems promote continuity of care and safe staffing, enable colleagues to book leave and request preferred working patterns up to 12 weeks in advance, and can also be used to support team rostering.

→ **Management support:** Working with the national NHS Staff Council, NHS England and NHS Improvement will develop online guidance and training on flexible working by December 2020. This will be aimed at staff and managers alike, reinforcing the benefits and providing the tools to develop and assess applications for flexible working, with a view to supporting flexibility as a default.

→ **Flexibility in general practice:** NHS England and NHS Improvement will work with professional bodies to apply the same principles for flexible working in primary care, which is already more flexible than other parts of the NHS. Building on pilots, it will encourage GP practices and primary care networks to offer more flexible roles to salaried GPs and support the establishment of banks of GPs working flexibly in local systems.

→ **Flexibility for junior doctors:** During the rest of 2020/21, Health Education England will continue to increase the flexibility of training for junior doctors, such as less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.

→ **Supporting people with caring responsibilities:** Employers should roll out the new [working carers passport](#) to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns. We encourage employers to learn from best practice in this area.

HR and OD professionals have a key role to play

Human resources (HR) and organisational development (OD) professionals are critical to the NHS and will play a unique professional role in driving the implementation of this plan, whatever the size of organisation they work in.

They can help the NHS attract and retain more people, embed a compassionate and inclusive culture, create an increasingly multidisciplinary and adaptive workforce, and drive different and more flexible working practices. Professionals leading HR and OD work also play a crucial role in smaller organisations and in primary care.

To enable people professionals to maximise their contribution in this transformation, NHS England and NHS Improvement will establish a diverse steering group of senior NHS leaders and experts from a range of sectors to support the Chief People Officer's review of HR and OD, which will report by the end of 2020/21.



EMMA KELLY

Critical Care Nurse,
Manchester University
NHS Foundation Trust.

3 Belonging in the NHS

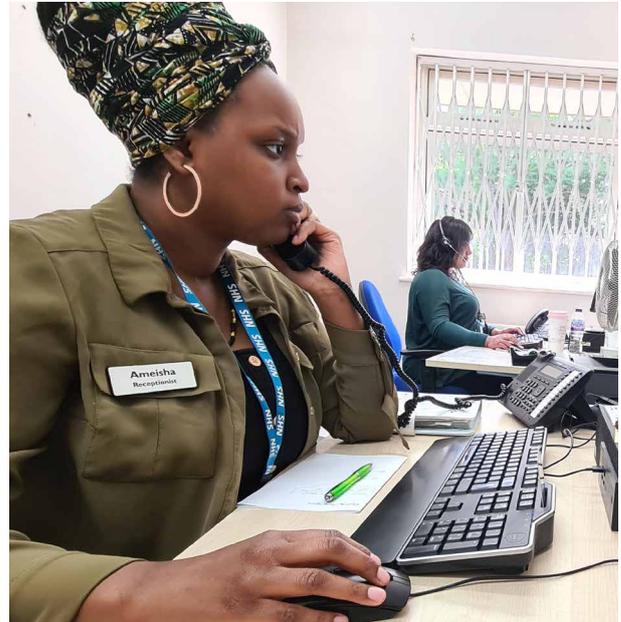
NHS staff have been challenged by the response to COVID-19 on a scale and at a pace not previously seen. These pressures have, on the whole, brought out the very best in our leaders – with compassionate and inclusive leadership behaviours coming to the fore. Clinical leadership and distributed leadership have also proved to be more critical than ever in recent months.

We must continue our efforts to make the culture of the NHS universally understanding, kind and inclusive, through the testing times that lie ahead.

The NHS will be open and inclusive

The NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but the treatment of our colleagues from minority groups falls short far too often. Not addressing this limits our collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using our best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve population health.

Given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.



All our jobs have become more difficult and we have to take extra special care to look after our patients, ourselves and each other. It's a difficult time but we are pulling together as a team. Everyone is pushing themselves and doing an amazing job. I couldn't be prouder of them all.

That's probably why, even after 15 years, I still love and would recommend my job. The NHS has a way of attracting so many different people from all walks of life – and making them all feel they belong.

Hospital porter, South West

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place. If we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?

A time of national awakening

COVID-19 has intensified social and health inequalities. The pandemic has had a disproportionate impact on our BAME colleagues, families, and friends; on older people; on men; on those with obesity; and on those with a disability or long-term condition.

The NHS is the largest employer of BAME people in the country and BAME colleagues have lost their lives in greater numbers than any other group. We must take seriously our responsibility to look after at-risk staff, prioritising physical and psychological safety.

Systemic inequalities are not unique to the NHS. Each of us must listen and learn – from our colleagues, and from society – and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve.

There is [strong evidence](#) that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.

The [Workforce Racial Equality Standard \(WRES\)](#) has led to progress across a number of areas; for example, increases in the proportion of BAME very senior managers. [The Workforce Disability Equality Standard \(WDES\)](#) has begun to shine a light on the difficulties that colleagues with disabilities and long-term health conditions face.

Other staff groups also face significant challenges. For example, we know that a large number of staff who identify as LGBTQ+ do not feel confident enough to report their sexual orientation or gender expression on their employment record. And we know the weathering effect that microaggressions have on our people.

NHS England and NHS Improvement, with the NHS Confederation, has now established the [NHS Race and Health Observatory](#). This body will bring together experts from this country and internationally, to provide analysis and policy recommendations to improve health outcomes for NHS patients, communities and our people. This will be crucial for building evidence and driving progress.

To realise urgent change, we must work systematically and give these issues the same emphasis as we would any other patient safety-related concern. We must

act with integrity, intelligence, empathy, openness and in the spirit of learning. To do this, we each need to first examine our personal track record on, and commitment to, equality, diversity and inclusion.

Staff should expect their employers to take action on the following areas:

➔ **Recruitment and promotion practices:** By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients.

Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).

➔ **Health and wellbeing conversations:** From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the previous chapter, to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.

➔ **Leadership diversity:** Every NHS trust, foundation trust and CCG must publish progress against the [Model Employer](#) goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.

➔ **Tackling the disciplinary gap:** Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in [A Fair Experience for All](#), NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.

➔ **Governance:** By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.

Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.

➔ **Information and education:** From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.

➔ **Accountability:** By March 2021, NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.

➔ **Regulation and oversight:** Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients.

➔ **Building confidence to speak up:** By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

PEOPLE IN ACTION...

West Yorkshire and Harrogate Partnership: moving diverse leadership forward

“The experience of BAME colleagues, like my own, is important to how we move forward.” Fatimah Khan-Shah explains how West Yorkshire and Harrogate Partnership is putting diverse leadership at the heart of its ICS workforce strategy, to address the disproportionately high poor experiences in the workplace for BAME staff.



[FIND OUT MORE...](#)

Ensuring staff have a voice

We all need to feel safe and confident when expressing our views. If something concerns us, we should feel able to speak up. If we find a better way of doing something, we should feel free to share it. We must use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.

We also need to take the time to really listen, helping one another through challenges and during times of change, and making the most of new opportunities. Many staff have felt unable to speak up, or that they have been ignored. This is another area in which BAME staff have been particularly affected. We need to look beyond the data and listen to the lived experience of our colleagues. When our people speak, we must listen and then take action.

The experience of COVID-19 has thrown into even sharper relief the need to engage with and listen to our people. NHS England and NHS Improvement have recently launched the [NHS People Pulse](#) 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:

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

But using surveys is just one important way to hear from our people. Networks and digital spaces are also important ways to convey staff experiences. Making sure staff are empowered to speak up – and that

when they do, their concerns will be heard – is essential if we are to create a culture where patients and staff feel safe. We must all make sure our people feel valued, and confident that their insights are being used to shape learning and improvement.

NHS England and NHS Improvement will work with the [National Guardian's office](#) to support leaders and managers to foster a listening, speaking up culture. Board members of NHS trusts and foundation trusts already have specific responsibilities under the NHS Improvement board [guidance](#) published in July 2019.

We will also promote and encourage employers to complete the free online [Just and Learning Culture training](#) and [accredited learning](#) packages to help them become fair, open and learning organisations where colleagues feel they can speak up.

As employers, NHS England and NHS Improvement and Health Education England will also take demonstrable action to model these leadership behaviours.

Compassionate and inclusive leadership

Inclusive cultures depend on inclusive leaders. Powerful leadership can be found at all levels, across all roles, and in all teams in the NHS. In the first phase of the response to the COVID-19 pandemic, the power and significance of clinical leadership came to the forefront. We have also heard that people felt they were given licence to exercise their leadership, irrespective of title and grade.

The NHS must build on this distributed leadership that has emerged in recent months. All leaders in the NHS, particularly those who hold formal management and leadership positions, are expected to act with kindness, prioritise collaboration, and foster creativity in the people they work with.

 **The most important thing has been giving power to front line teams... In the past, many barriers were in place to making changes, with centralised decision-making that stifled innovation. In COVID-19 early stages, national oversight stepped back in response to the emergency, and clinical teams were able to self-govern, innovate and collaborate to implement changes that met the immediate needs of their patients. My main urge would be to remember that NHS staff have moved mountains to reply to the pandemic. Leaders please trust frontline staff to do what is needed and empower them to deliver the best for their own patients.** 

Hospital doctor, Midlands

With the right leadership, NHS teams can flourish. That is why we must prioritise support to line managers and leaders to develop their skills. This new approach to NHS leadership will be codified in a leadership compact that will be published shortly.

The following actions will be taken in 2020/21 to support leaders to continue building more compassionate and inclusive cultures in their teams:



- ➔ **Leadership development:** From September 2020, NHS England and NHS Improvement will provide refreshed support for leaders in response to the current operating environment. This will include expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care.
- ➔ **Clinical leadership by March 2021:** NHS England and NHS Improvement will work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. These roles will be based in systems, and will focus on improvement projects across clinical pathways.
- ➔ **Talent management:** By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress.
- ➔ **Digital line management training:** By January 2021, NHS England and NHS Improvement will launch an updated and expanded free online training material for all NHS line managers. For those who seek to progress, a management apprenticeship pathway will be launched.
- ➔ **Online leadership resources:** All central NHS leadership programmes will be available in digital form, and accessible to all, by April 2021. The curriculum will be updated to be underpinned by the principle of inclusion. It will include practical resources on team effectiveness, crisis management, retention and talent management.

- ➔ **Accountability:** In October 2020, NHS England and Improvement will publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised, the frameworks will underpin recruitment, appraisal and development processes for these crucial leadership roles.
- ➔ **Response to Kark review:** Ensuring high standards of leadership in the NHS is crucial – well-led organisations and better-led teams with strong teamwork, translates into greater staff wellbeing and clinical care. NHS England and NHS Improvement have completed the engagement exercise commissioned by government in response to Tom Kark QC’s review of the [Fit and Proper Persons Test](#), and are working with the Department of Health and Social Care to finalise a response to the review’s recommendations, which will be published shortly.
- ➔ **Developing our evidence base:** By March 2021, NHS England and NHS Improvement will have launched a new NHS leadership observatory which 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.



**JACK HANNAY
MANIKUM**

111 call handler,
West Midlands
Ambulance Service.

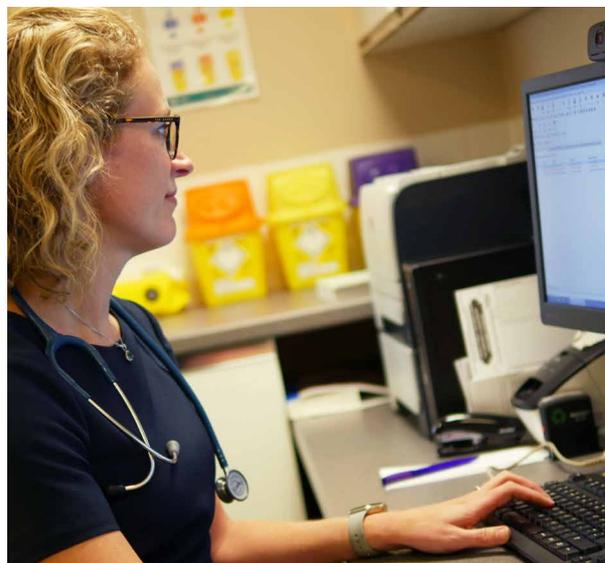
4 New ways of working and delivering care

The challenge of COVID-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable – with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people's experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

A remote 'Ask the Medical Reg' service was run by doctors unable to work in face-to-face contact for a number of reasons. This was a 24-hour service for GPs, surgical doctors and paramedics to call for help and support, follow-up of results of discharged patients, and so on, to ease the workload of the medical registrar on call, managing issues that require face-to-face contact. It worked really well.

Hospital doctor, South West



Support during COVID-19 so far

During the first phase of the COVID-19 response, the whole NHS – including employers and our people – needed reassurance that whatever new roles they took on were legal and covered by employers' indemnity. So NHS England and NHS Improvement worked with a wide range of key partners to develop [guidance](#) and establish a framework to ensure that our people were safely and legally deployed.

For example, [staffing ratios in critical care](#) were reviewed to ensure that there were enough staff in place to respond to the unprecedented demand for these skills. NHS bodies also worked in close partnership with other sectors, including supporting social care with infection prevention and control training. Meanwhile, academia and industry developed solutions to enable mass testing, technological advances and widescale remote working across the NHS, in response to the pandemic.

PEOPLE IN ACTION...

East Kent: sharing knowledge for a different mindset in health and social care

“We all started working with more collaboration, with a really different mindset emerging.” Dr Rakesh Korla, GP lead for the Acute Response Team (ART) service in Thanet, East Kent describes how they have been able to give extra support to health and social care and enabled colleagues to increase their skills through virtual knowledge-sharing sessions.



>> [FIND OUT MORE...](#)

Health and care systems deployed staff and students across organisations and sectors. Voluntary sector organisations of all sizes stepped forward to help the NHS – for example, supporting with hospital discharge – to free up our people to focus on other aspects of the response.

Making the most of the skills in our teams

The NHS’s response so far to COVID-19 has shown how quickly and effectively our people can adapt to meet the needs of patients. Staff working and learning together in new multiprofessional teams was critical in meeting the new challenge. We must build on this, actively designing multi-professional teams around the full range of experience and capabilities of their clinical and non-clinical members, keeping patient and staff safety at the forefront.

“ In response to pandemic surge demand, a rolling programme of clinical skills education enabled a cohort of ‘B’ nurses to be clinically prepared to support the critical care ‘A’ nurses in bedside delivery. More than 100 additional professionals were upskilled with critical care essentials and proning techniques. On return to their normal area of practice, they have taken their additional skills to enhance their practice, plus a collaborative appreciation of organisational services and ability and willingness for future redeployment. ”

Intensive care nurse South East

Staff should expect organisations and employers to focus on the following areas:

➔ **Supporting deployment and redeployment:** Employers should use [guidance](#) on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside the existing [tool](#) to support a structured approach to ongoing workforce transformation.

➔ **Upskilling staff:** There should be continued focus on upskilling – developing skills and expanding capabilities - to create more flexibility, boost morale and support career progression. Systems should keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions.

There is wide recognition of the need for a nationally-recognised critical care qualification which is open to different professions. HEE will work with professional and regulatory bodies to provide this to offer continuing professional development opportunities for people wishing to specialise in this area. HEE is also working with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can be recognised and count towards training.

➔ **Technology-enhanced learning:** Employers and organisations should use HEE's [e-Learning for Healthcare \(e-LfH\) programme](#) and a new online [Learning Hub](#), which was launched to support learning during COVID-19. They include resources and training on new ways of working, including GP remote consultations and remote triage; remote learning for colleagues being redeployed to ICU; and content for nurses, midwives, allied health professionals, radiographers, pharmacy staff and those working in the independent and social care sectors.

➔ **Developing generalist skills:** In July 2020, HEE published the [Future Doctor report](#), which sets out the reforms needed in education and training to equip doctors with the skills that the future NHS needs and which have been much in demand during the COVID-19 response so far. During 2020/21, HEE will develop the educational offer for this generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.

➔ **Primary care teams:** By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.

PEOPLE IN ACTION...



Digital Nurse Network: supporting nurses across the NHS to use and promote digital services

“Little did we realise the impact that a global pandemic would have on the network. Almost overnight, nursing life changed and there was inevitably fear – but the nurse ethic to step up and make change at pace remained.” Helen Crowther (left) and Ann Gregory explain how the Digital Nurse Network has been supporting nurses working within general practice and other care settings to use and promote digital services.

[FIND OUT MORE...](#)

Making the most of the skills and energy in our wider workforce

Volunteers have played a vital role in supporting patients during the pandemic. Between April and July, in an unprecedented response, more than 360,000 members of the public volunteered through the NHS Volunteer Responders programme, offering their time and energy to support the NHS.

We must build on this incredible movement to support a renewed focus on increasing longer-term volunteering opportunities in the NHS. This is already being done, for example with the launch of the [NHS Cadets](#) - a new scheme set up with St John Ambulance, providing a chance to support patients and a new route into a future in the NHS. By 2023, NHS England and NHS Improvement aims to enrol 10,000 young people.

Organisations and systems are encouraged to focus on the following:

- **Training volunteers:** [The National Learning Hub for Volunteering](#) has been launched by HEE, and should be used to support the learning, training and development of volunteers across health, social care and the third sector.
- **Routes into employment for volunteers:** Systems and employers should review how volunteers can help support recovery and restoration, and develop plans to enable and support volunteers who wish to move on to employment opportunities across the NHS to do so. This must include a focus on providing opportunities for hard-to-reach groups, such as people with learning disabilities.
- **Inspiring the next generation:** Systems and employers should promote the [NHS Ambassadors](#) programme to their people and allow them time to do this valuable outreach work. The scheme supports NHS people to volunteer their time to connect with school children and young people, to showcase what we do and attract them into future careers in the NHS.

Educating and training our people for the future

In the first phase of the COVID-19 response, the NHS had to put many formal training pathways and placements on hold so that everyone could focus on the immediate priority of supporting patients. Now employers, line managers and supervisors must once again create the time and space for the training and development of our people, and our future colleagues, with a renewed emphasis on the importance of flexible skills and building capabilities rather than staying within traditionally-defined roles.

 **I'm a second-year medical student at Birmingham University, and when coronavirus hit earlier this year, like many other students, we were told our exams were cancelled. We were, however, offered the chance to train as an NHS 111 call assessor – and I'm very pleased I did. It's a massive reward when you know you've helped someone, especially when they thank you at the end of the call. Even as doctors in training – all we want to do is help people to the best of our ability.** 

Medical student & 111 call handler,
West Midlands

This is expected to include:

- ➔ **Maintaining education to grow the future workforce:** Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.

For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.
- ➔ **Continuing professional development:** During 2020/21, employers must make sure our people have access to continuing professional development, supportive supervision and protected time for training. Employers have received new funding to support the continuing professional development of nurses, midwives and allied health professionals, equivalent to £1,000 per person over three years. Employers will need to support this investment through backfilling staff time during training.
- ➔ **Support for clinical placements:** To support employers in educating and training the next general of professionals, HEE is establishing a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.
- ➔ **Expanding e-learning:** In 2020/21, HEE will further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.

➔ **Investing in online education:** From January 2021, several universities across England will start delivering a pre-registration blended learning nursing degree programme, commissioned by HEE. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies. HEE will also pursue this blended learning model for entry to other professions.

An additional starting point for nursing degrees – making a total of three intakes per year – responds to the surge in interest in, and applications to, nursing degrees as well as the demand from the NHS.

PEOPLE IN ACTION...

London Nightingale healthcare science workforce: working together differently

“The whole experience was exhausting but very rewarding. It has taught me a lot about the value of individuals who are both technically minded and clinically trained.” Healthcare scientist Becky East describes her experience of being redeployed to the Nightingale Hospital in London.



➔ [FIND OUT MORE...](#)



CLAUDIA ANGHEL

Midwife, University
Hospital Coventry and
Warwickshire.

5 Growing for the future

The NHS is experiencing significant and high-profile public support. We must build on this urgently, to recruit across our workforce, maximise participation and reverse the trend of early retirement.

Building on momentum

There is much more to be done to address the gaps in our workforce across various roles, professional groups and geographies. But if we are to address the pressures of workload and deliver the care patients need, we cannot delay in identifying what we need to do to grow our workforce. This is all the more critical as we face challenging times for international recruitment.

Since COVID-19 came in to our lives, there has been an unprecedented interest in careers in the NHS. Already, this interest has translated into higher numbers of applications to education and training (see box on the right). We must seize the opportunity to recruit directly into entry-level clinical roles, apprenticeships and non-clinical roles, refreshing our talent pipelines. We have also seen an overwhelming response to the call to recently retired and former staff to join the COVID response (see 'Focus on recruitment' section below). This suggests there is more we could do to encourage previous members of staff to rejoin the NHS.

Renewed interest in NHS careers

Interest in careers within the NHS continues to soar, with unprecedented hits on the newly revamped [Health Careers website](#). The overall number of page visitors looking for information on training to be a nurse rose by 138% between March and June, with a 103% increase in people seeking information on becoming a paramedic. There was a 152% increase in interest in diagnostic radiography and a 218% rise in interest on becoming a high-intensity therapist.

This has already translated into healthy numbers of applications for a range of healthcare courses. We have seen more applications from UK-domiciled applicants than ever before, an increase in 18-year-old applicants in England, and the highest proportional growth in applicants from the most disadvantaged groups. In particular, nursing-related courses have seen a 17% rise in applicants and an increase in applicants from more mature age groups – reversing recent worrying trends – with a 32% increase in applicants for mental health nursing.

NHS England and NHS Improvement and HEE will continue to work with the government to achieve their commitments to expand the primary care workforce, including GPs and nurses. Work will happen over the rest of 2020/21 to determine the priorities.

Expanding and developing our workforce

HEE will make progress through 2020/21 in addressing the most pressing workforce shortages in those service areas with the highest demand and those professions that require urgent focus:



➔ **Mental health:** HEE is prioritising continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. In 2020/21 this will include enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce, including over 100 additional responsible clinicians, 50 community-based specialist mental health pharmacists, nearly 3,000 adult IAPT practitioners, 245 children and young people's psychological wellbeing practitioners and 300 children and young people's IAPT practitioners.

HEE is also increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (with 734 starting training in 2020/21) and investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.

➔ **Cancer:** In 2021, HEE is prioritising the training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.

- ➔ **Advanced clinical practice:** In 2020/21, HEE is funding a further 400 entrants to advanced clinical practice training, supported by the Centre for Advancing Practice – to build on the success already seen in using advanced clinical practitioners to greater effect in multidisciplinary teams, both in primary and secondary care.
- ➔ **Expanding shortage specialties:** In 2020/21, HEE is investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas – notably cancer, including clinical radiology, oncology and histopathology.
- ➔ **Increasing undergraduate places:** HEE is working with universities to support an increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.
- ➔ **Developing clinical pharmacists:** To provide even more patient-centred care, a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills will be created. The key elements of the reform will be replacing the current pre-registration year with a foundation year, and enhancing clinical experience in initial education and training. This continuous, educational programme for pharmacists will still be five years in duration, and will link into advanced practice and research training. Working with stakeholders, and under the leadership of the General Pharmaceutical Council, the aim is to start this new approach from Summer 2021, building on HEE's Interim Foundation Programme that will commence in September 2020.

Focus on recruitment

While retaining our current workforce remains a priority, the NHS need to also renew efforts to rapidly recruit across all roles and professions. The significant surge in interest in careers in the NHS has been accompanied by wider changes to the labour market that have increased the pool of potential candidates. There is an urgent need to recruit new people to NHS Test

and Trace, and to run an unprecedented winter flu vaccination campaign, as well as potentially a COVID-19 vaccination campaign.

We need to make the most of the current high profile of the NHS to recruit at pace and scale, focusing on domestic recruitment, international recruitment and encouraging staff to return to practice:

Local recruitment

- ➔ **Increasing local recruitment:** Employers must increase their recruitment to roles such as [clinical support workers](#) and, in doing so, highlight the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.
- ➔ **Growing apprenticeships:** Employers should offer more [apprenticeships](#), ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications.
- ➔ **Expanding the primary care workforce:** Primary care networks, supported by systems and CCGs, should take immediate action to recruit additional roles funded by the [Additional Roles Reimbursement Scheme](#), which will fund 26,000 additional staff until 2023/24.

International recruitment

- ➔ **Building local hubs:** Health systems have a key role in helping to resume international recruitment by supporting local international recruitment hubs. As part of NHS England and NHS Improvement's international recruitment nursing programme, we will incentivise trusts to develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.
- ➔ **Increasing international recruitment:** NHS England and NHS Improvement and HEE are working with government to increase our ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. This will include work to remove barriers to recruitment and increasing capacity for induction and support.
- ➔ **English language training:** Recognising the high standards required by UK regulators, Health Education England will pilot new English language training programmes for international nurses. These will offer high-quality and cost-effective language training and include new models for online education and assessment, enabling nurses to more rapidly achieve the necessary standards.
- ➔ **Co-ordinated international marketing:** NHS England and NHS Improvement will work with the government to establish a new international marketing campaign through 2020/21, to promote the NHS as an employer of choice for international health workers.

➔ **Health and care visa:** In July 2020 the Government announced the introduction of a new [Health and Care Visa](#), which will launch in August 2020. This visa will make it quicker, cheaper and easier for registered health staff to come from overseas to work in the NHS, the social care sector or for an organisation providing NHS commissioned services.

Those applying will be exempt from the Immigration Health Surcharge, benefit from 50% visa fee reductions and can expect a decision within three weeks of their application, following biometric enrolment. Anyone else working in health or social care, who has paid the Immigration Health Surcharge on or after 31 March 2020 will be able to claim reimbursements for time they have worked in the sector, from October 2020.

Return to practice

➔ **Encouraging former staff to return to the NHS:** Employers and systems, in partnership with social care, should encourage our former people to return to practice as a key part of their recruitment drive during 2020/21, building on the interest of some of the clinical staff who returned to the NHS to support the COVID-19 response, and have now expressed an interest in staying on in the health and care system (see box below).

NHS England and NHS Improvement and HEE will continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register. This will include providing support to staff – to help meet revalidation requirements and ensure they feel confident when returning to practice – as well as helping find placements for them with employers. We will continue to work in partnership with social care to ensure that the thousands of nurses and other healthcare staff who temporarily returned to employment during COVID-19 can continue to support the health and care system.

➔ **Supporting return to practice:** HEE is exploring the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. This would build on existing return to practice schemes for nurses, allied health professionals, GPs and pharmacists.

Encouraging return to clinical practice

In March 2020, the professional regulators for doctors, nurses and midwives, pharmacists and pharmacy technicians, and allied health professionals contacted over 65,000 former clinicians who had been out of practice for the last three years to invite them to join their temporary registers to support the NHS during the pandemic. This was followed up a few weeks later with a similar communication to former doctors, nurses and midwives who had left their professional register a few years earlier or whose licenses were no longer current.

There was an overwhelming response. At the time of publishing:

- **15,245** had completed pre-employment checks
- **8,755** had been deployed to acute services for employment
- **2,140** had been employed across NHS 111, NHS Test and Trace, acute trusts and social care.

The NHS was able to manage demand during the COVID-19 peak, so not as many of this group were needed as anticipated. But we cannot turn our back on this critical opportunity to boost our workforce with many experienced former clinicians.

A recent survey of returners revealed that around 50% were 'interested in continuing to work in the health and social care system in the medium to long term in some capacity'. Almost half of this group – 49% – are aged below 60.

PEOPLE IN ACTION...

Leeds Teaching Hospitals NHS Trust: new career pathway widens employment opportunities

Now a qualified nursing associate, Jenny Hiorns is ready to take the next step in her career thanks to the Future You model of step-on step-off clinical apprenticeships at Leeds Teaching Hospitals NHS Trust. The programme has helped LTHT to exceed the public sector apprenticeship target and provide employment to the local community.



[» FIND OUT MORE...](#)

Retaining our people

The NHS needs to be bold and commit to offering more flexible, varied roles and opportunities for remote working. It is not always immediately easy to accommodate individual work preferences.

But if we do not take radical action to become a flexible and modern employer in line with other sectors, we will continue to lose people entirely or see participation rates decline. Staff should be able to expect their employers to focus on:

→ **Varied roles:** Employers should design roles which make the greatest use of each person's skills and experiences, and fit with their needs and preferences. The NHS offers many varied opportunities with non-patient facing roles, including in NHS 111, clinical coaching and mentoring, teaching, research and much more. Systems and employers must make greater efforts to design and offer more varied roles to retain our people.

→ **Retaining people approaching retirement:** Employers must do more to retain staff aged 55 years and over – who comprise over 19% of our workforce. Employers should ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to financial advice – in particular on pensions.

Employers must make their people aware of the increase in the [annual allowance pensions tax threshold](#), made in March 2020, which means that clinicians can earn an additional £90,000 before reaching the new taper threshold. This was designed to address the issue that some people in the NHS felt disincentivised from taking on additional work and leadership opportunities.

→ **Facilitating opportunities to retire and return:** Employers must make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.

Under the current emergency rules, retired nurses and doctors are allowed to return to the NHS without impacting on their pension, and abatement for special class nurses between aged 55 and 60 years is suspended. This means they can do as much work as they like even after they have taken up their pension. The requirement that people work no more than two days a week for a month after taking their pension has also been suspended.

- ➔ **Retaining people in primary care:** Systems should ensure that they are supporting their GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.
- ➔ **Support for retention:** NHS England and NHS Improvement's People Plan delivery programme (launching in summer 2020) will help NHS employers to value and retain their people by making their organisations a better place to work and being a modern and model employer. This will comprise a new online portal of resources, masterclasses and support for systems and organisations.

Alignment and collaboration across health and care systems

Our systems will be the key units in planning for recovery. They should support local health and care employers, as well as wider partners, with a concerted focus on people and workforce issues. This begins with greater alignment across workforce, operational and financial planning, with a bigger role for systems in understanding the numbers and skills of their workforce, and deploying them effectively to meet service requirements and local health needs.

Systems will have a central role in helping design new models of care and major service changes, to deliver better population health outcomes. They will need to work with HEE regional teams to understand the workforce requirements, any gap between demand and supply, and what needs to be done to address this.

Systems will also need to support the focus on retaining our people, including returners, as well as driving rapid, large-scale recruitment into a range of entry-level roles across the NHS. It will be critical to ensure a collaborative approach to recruitment, supporting primary and community care, as well as social care, to secure the skills and people they need.

The NHS has worked in partnership with social care during the pandemic so far, to provide support and to share workforce where possible. This was underpinned by the government's care homes support plan as well as joint work at national and local level to support staff to return to the health and care sector, although only a small number were deployed into care homes. In order to ensure that social care has the support it needs in preparation for winter and future outbreaks, the NHS and social care should continue to work in close partnership at every level. In particular all systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability.

In addition to the returners and young professionals' scheme, there have been some very good examples of programmes developed by local systems across health and care that have increased the supply of nurses and reduced movement.

All systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability. The government's [Infection Control Fund](#) can be used to support such initiatives.

In a wider context, the NHS can play a significant role in local economic recovery and improving social and economic outcomes, including reducing inequalities. Health and care systems, in particular, can build on the role of NHS organisations and large social care employers as anchor institutions, to bring those furthest from employment into meaningful employment and to target recruitment, volunteering and apprenticeship opportunities in areas of greater deprivation, for example.

Workforce planning and transformation

- ➔ **Systems planning:** Systems must strengthen their approach to workforce planning to use the skills of our people and teams more effectively and efficiently. This includes playing a greater role in planning, fully integrating this with service and clinical strategies and financial plans, and reviewing these plans in-year in response to changes to demand or services. In developing their plans, systems may find it helpful to consider key [workforce planning](#) questions.
- ➔ **Support for planning:** Systems should work with HEE and NHS England and NHS Improvement regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it. During 2020/21, HEE will develop an online package to train systems in using the [HEE Star model](#) for workforce transformation. This training will equip workforce leads with the capability to lead complex workforce conversations across care pathways, provider organisations and systems.
- ➔ **Data collection:** In 2020/21, NHS England and NHS Improvement and HEE will begin urgent work to improve workforce data collection at employer, system and national level.
- ➔ **Transformation tools:** In 2020/21, NHS England and NHS Improvement and HEE will refresh tools to support workforce planning and transformation and establish communities of practice for workforce analytics and modelling, workforce design and workforce planning.

Recruiting and deploying staff across organisations and geographies

- ➔ **Recruitment:** Systems should make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles. Systems should also make much greater use of secondments and rotational roles across primary and secondary care to improve integration and retention.
- ➔ **Recruiting across communities:** Systems should actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.
- ➔ **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.
- ➔ **Movement across organisations:** Systems should develop workforce sharing agreements locally, to enable rapid deployment of our people across localities where appropriate or where possible. NHS England and NHS Improvement has developed [guidelines](#) to make it easier, enabling the sharing of information such as HR records and statutory and mandatory training.
- ➔ **Digital staff passport:** Systems are supporting the trial of the COVID-19 digital staff passport during winter 2020, which simplifies the high volume of temporary staff movement between NHS organisations, saves time by providing a verified record of identity and employment, and allows colleagues to carry their credentials and professional registration on their smartphone.



**LAURA
ARROWSMITH**

**COVID-19 Ward
Cleaner, Leighton
Hospital, Crewe.**

6 Supporting our NHS people for the long term

This plan sets out the areas where everyone in the NHS has a part to play in making a difference for the rest of 2020/21. The starting point will differ across parts of the NHS. But all of our actions need to keep behaviour and culture change at their heart – and there is a strong appetite and need to do things differently.

The [Interim People Plan](#) was published in June 2019 when the world, and healthcare, looked very different. However, the central themes – more staff, working differently, in a compassionate and inclusive culture – are just as valid in today's NHS.

We were already starting to see change emerging. But the arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation. It also brought the work that everyone does in the NHS into the spotlight. Key workers have rightly been recognised for the enormous contribution that they make.

The NHS must build on this momentum and continue to transform. The best way to deliver change rapidly is to mobilise a 'movement for improvement'. To create this, health and care systems across the NHS should engage with their people and employers to develop system people plans that deliver the ambitions set out in this document, recognising that the uncertainty we all face makes this an even more pressing priority. These plans should align with system implementation plans being developed for the next phase of the response to COVID-19.

More work is still needed to increase the number of people in key specialty areas, and to reform the way we educate and train clinicians for a more flexible modern NHS. Further action for 2021/22 and beyond is expected to be set out later in the year, once funding arrangements for future years have been confirmed by the government.

We must sustain our focus and energy to meet the pace and scale of the challenge that is still to come through the next phase of the response to COVID-19 and through the winter period. The NHS and its partners have shown grit and determination over the last few months. We must now continue to support each other, as we do our best for our patients.

Stay involved in the conversation

Hearing your feedback is crucial. NHS England and NHS Improvement and HEE will continue a programme of engagement, with webinars, discussion groups and roundtables running throughout the rest of this year and beyond on the topics covered in this plan. Find out more about how to get involved at:

www.england.nhs.uk/ournhspeople



St Thomas' Hospital was one of the NHS and landmark buildings to be lit up in blue on 5 July to mark the NHS' birthday.

Photo: Paul Wigfield, QED Productions.

If you would like this information in an alternative format, please contact nhsi.peopleplancomms@nhs.net

www.england.nhs.uk/ournhspeople