

COVID-19 AND THE HEALTH AND CARE WORKFORCE SUPPORTING OUR GREATEST ASSET

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About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course. NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic.

Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care. NHS Reset is part funded through sponsorship by Novartis Pharmaceuticals UK Limited.

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About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

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Key points

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- The pandemic has been without precedent in the demands it has placed on health and care staff across all settings and disciplines. It has also magnified long-standing problems, the response to which has become more important.
- Public support for the health and social care sector and its people has been remarkable and humbling. The NHS recognises the role the public played in supporting the lockdown and understanding that some routine treatments would be delayed.
- Organisations focused on the wellbeing of their staff in response to these unique circumstances. This built on long-term practices and programmes but was delivered at a scale that was not achieved before the pandemic. The challenge for our members, the organisations that plan, commission and deliver NHS services, is now how to sustain that work given the emotional toll the pandemic has taken on many of their teams across all settings.
- A number of factors, including faster decision-making, lighter-touch regulation and reduced bureaucracy, have been identified as supporting the response to the pandemic. These reinforce messages previously raised by the NHS Reset campaign regarding collaboration and the enabling (as opposed to performance management role) of national regulators.
- The disproportionate impact of the virus on ethnic minority communities was mirrored in the impact on black and minority ethnic (BME) staff. The long-standing differences in treatment between BME staff and their white colleagues was thrown into stark – and challenging – focus by the virus and the killing of George Floyd. Our members know they must, and are committed to, addressing these long-standing inequities in their workplaces.

- Given the impact of the pandemic on teams, members recognise the steps they must take to support staff and to improve employment practices and culture. The NHS People Promise builds on the lessons learnt through the national retention programmes of recent years and the experience of the pandemic. And members recognise its importance.
- Fair investment in pay and reward is recognised to be part of the response to the immense contribution of health and care staff during the pandemic, but must not be at the expense of other priorities, particularly relating to improving workforce supply.
- NHS leaders need resources and investment to make sustained headway on vacancy levels, especially in areas of highest risk, including mental health and learning disability and some of the smaller allied health professions. This should be a priority in the forthcoming Comprehensive Spending Review.

Introduction

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Health and care staff and the teams they form are the fundamental component of how the nation delivers healthcare. Over the last six months, colleagues across all parts of the health system have mobilised resources, deployed creativity, worked at pace and applied learning to ensure the immediate challenges presented by the pandemic were managed.

In responding to the pandemic, we have seen the commitment, professionalism and compassion of staff shine through. Sacrifices have been made by many, and public support has been both uplifting and humbling. This needs to be harnessed in collective efforts to improve people's experience of work and to build the workforce of the future.

Additionally, it is vital to acknowledge and celebrate the collective efforts of the volunteers; students; current staff stepping up and into other roles; leavers offering to return; and corporate and administrative team colleagues adapting quickly to new ways of working. Managers and leaders have worked together within organisations and across systems to coordinate and lead their people through new and challenging experiences.

“ The pandemic has taken an awful toll in loss of life among health and social care staff and the population as a whole.

Clare Panniker, Chief Executive, Mid and South Essex NHS Foundation Trust

However, the long-standing discrimination experienced by many colleagues has been brought to the fore. As the health and care sector looks to reset how it operates, it is incumbent on colleagues in every part of the system to address inequality and discrimination in recruitment, development and people management practices. This will need to be through leadership behaviour change as well as reviewing transactional processes.

The recently published NHS People Plan for 2020/21 and the People Promise have a focus on creating an environment and underpinning employment practices which create open and inclusive workplaces; improve staff wellbeing, provide development opportunity and flexibility in working arrangements; and continually improve the experience our people have at work.

They reinforce and build on the interim plan published in 2019, but fail to fully address the long-standing supply and vacancy problems facing our members – the organisations that plan, commission and provide NHS services in England. But the plan does help to cement the focus on people at the heart of how we collectively reset.

The biggest single risk to delivering the aspirations outlined in the NHS People Plan is workforce shortage. With finite funding, it is critical to prioritise investment decisions that enable:

- an increase in the number and diversity of people we train and employ
- improvements to the environment in which people work
- improvements in the technology and digital infrastructure to better enable people to do their jobs or access learning opportunities differently
- delivery of a funded, modern total reward package offer for the whole workforce, that encompasses all areas of pay, reward, pensions, benefits and staff recognition.

Collectively, these actions will help employers with the attraction, recruitment and retention of staff and support delivery of the People Plan aspirations beyond 2020/21. There has been concern that the NHS People Plan still needs to go further to bring together health and social care workforce planning.

It is accepted by our members that national action and investment is only part of the response. They understand now more than ever that they must sustain the focus on people within their own organisations. They also better appreciate that collaboration with their neighbours is a vital ingredient in delivering that focus on people.

This report draws on feedback from members to identify best practice and to prioritise further supportive actions for national organisations and government. These will help employers to deliver the actions on the People Plan and will go some way to addressing historic disinvestment in NHS workforce supply across primary, community, mental health and acute care settings. It also highlights the importance members attach to looking at the workforce issues across health and social care, not just the NHS.

We focus on three areas within the report, which form the basis for the recommendations we identify:

1. Workforce inequality

2. Staff experience

3. Workforce supply

Before the detailed discussion of these three areas, we will focus further on the reflections and feedback of members regarding the key workforce policy issues arising from the pandemic.

Reflection and learning

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Across our membership, organisations have highlighted the following key reflections on the pandemic based on the experience for their organisations, systems, teams and people.

Wellbeing

Caring and supporting staff formed a central plank to the approach to dealing with the pandemic in every organisation. There have been significant changes to the way in which people work, additional demands placed on staff and the prospect of a challenging few months ahead.

Spotlight: Supporting workforce wellbeing

Imperial College NHS Foundation Trust developed a comprehensive and stepped approach to supporting workforce wellbeing throughout the pandemic, during recovery and beyond. Focusing on practical support in the initial critical phase, the trust quickly pooled expertise to create a multi-modal offer to cover a 12-month period which will continue to support all staff through the longer-term recovery phase. Additional specific resources are available for managers and teams.¹

Impact

The unprecedented and rapid changes health and social care organisations have gone through since March have taken a toll on the health and care workforce. Whether caring directly for the sickest COVID-19 positive patients or moving to a new way of working, leaders observe a strain on their people. This has been exacerbated across teams by the problems with the availability of personal protective equipment (PPE) and testing in the first half of the pandemic response.

A new NHS Confederation member survey of over 250 healthcare leaders revealed that nine out of ten are concerned about the long-term impact of COVID-19 on the wellbeing of their staff.

// Now is not the time to pack away the wellbeing support available to those across health and care services. Now is the time to redouble our efforts and expand the support, because we should expect unresolved mental health issues are likely to continue to come to the fore over forthcoming months. There is the risk of moral injury to those working in health and care during the pandemic and the long-term impact of this given the number reporting impact to both emotional and physical wellbeing.

Samantha Allen, Chief Executive of Sussex Partnership NHS Foundation Trust and Chair of the NHS Confederation's Health and Care Women Leaders Network

Collaboration

When the climate and conditions are right, individual employers work together to address shared workforce challenges and priorities. As has been seen, cross-team working has flourished within organisations and across traditional boundaries. And collaborations within integrated care systems (ICSs) have provided mutual aid with both equipment and skills.

Members report that moving beyond the transactional elements of these collaborations requires a fundamental shift in relationships and ways of working. If we are to deliver on integrated health and social care delivery, the health and care system needs to retain and build on the foundations created through crisis management.



The COVID-19 response has really propelled forward joint working across the NHS, social care and wider public sector teams. We have seen rapid decision-making and (safe) bypassing of the rule book, which has resulted in more effective up-skilling, such as forward-based staff developing critical care skills or mental health nurses delivering end-of-life care.

Alison Lathwell, Strategic Workforce Transformation Lead, Bedfordshire, Luton & Milton Keynes ICS

Inequalities

The pandemic has highlighted the long-standing issues faced by minority groups in the NHS workforce. A [briefing](#) from the NHS Confederation's BME Leadership Network in April 2020 signalled staff concerns around safety and wellbeing. And a recent Health and Care Women Leaders report² found staff from black and minority ethnic (BME) backgrounds reported feeling traumatised by the disproportionate impact of the virus, compounded by concerns over risk assessments not being performed in a timely manner, if at all.

This disproportionate impact, both in workplaces and for families and communities, has resulted in employers examining the extent of discrimination in their workplaces.

Spotlight: Understanding the issues facing staff

East Sussex Healthcare NHS Foundation Trust has started one-to-one conversations with BME colleagues to improve understanding of the diversity issues they are facing that prevented uptake of wellbeing services and what other support is needed.

Agility and mobilisation

At the onset of the pandemic, rapid decisions were made around managing capacity to prepare for the surge of demand from COVID-19, which set the conditions for the deployment of existing staff both within organisations and from one organisation to another.

Spotlight: An agile approach to deploying resources

To enable staff to move between organisations to meet demand, employers developed and agreed memoranda of understanding between neighbouring organisations. This provided a temporary mechanism to cut through existing administrative processes which would have delayed the movement and transfer of expertise and resource needed to meet the immediate needs created by the virus.

Managing workforce capacity beyond phase one

As services are rightly restored, members have shared that pre-existing workforce shortages are beginning to show. Alongside actions to grow the professional workforce, we are seeing more employers working with partners within their ICS to develop joint approaches to attraction, offering rotational posts and exploring career development opportunities for existing staff, which will also help retention. Hampshire and the Isle of Wight Sustainability and Transformation Partnership, for example, has adopted a collaborative approach to address workforce supply challenges,³ while Lancashire and South Cumbria Integrated Care System has instituted a workforce mobility hub.⁴

Partnership

The positive working at national and local level with staff representative organisations led to the agreement of temporary arrangements which supported the movement of people from one organisation to another, managing students on placement or for people returning to practise.

Spotlight: Managing industrial relations

At the start of the pandemic, the national Social Partnership Forum agreed a statement which set the framework for managing industrial relations. It detailed an agreed approach to partnership working, managing change and handling disciplinary, grievances and other procedures.⁵

Adaptability

Team members have changed their working practices and roles right across the NHS. This, employers recognise, is in light of the unprecedented nature of the pandemic and the required response.

Enablement

Colleagues in national arm's-length body teams and elsewhere in government added significant value by cutting through processes, amending legislation and producing guidance to enable the deployment and employment of people. This included:

- various alternations to the immigration rules to support healthcare workers who were in the country to be able to stay and work

- the creation of a temporary register for retired practitioners to return and overseas nurses waiting for an objective structured clinical examination (OSCE) test date – so both groups could be employed in critically important roles
- introduction of a fast track Disclosure and Barring Service check for eligible workers to accelerate the recruitment process without adversely affecting safeguarding checks
- removal of end-point assessments for apprentices, to allow them to complete on time without compromising on quality standards.

Most importantly, the package of wellbeing support and the national commissioning of additional mental health and support services to enhance local offers was universally welcomed.

Technology

By developing a permissive culture and supporting light and agile working,⁶ innovation and responsiveness have flourished – enabling staff to re-design how some services are delivered.

Technology has been used to change ways of working for both clinical and administrative functions in all settings, but most noticeably in how primary care/GP services are delivered.

It has enabled agile working/home working; interviewing and recruitment processes; and online training, blended learning, simulation and more ‘virtual classroom’ and learning opportunities.

Hitting reset

Workforce inequality

The biggest workforce issue of the pandemic relates to discrimination, and in particular that experienced by BME staff working across teams and services (who make up 20 per cent of the NHS workforce).

During the early months of the pandemic, concerns were raised by the British Medical Association and British Association of Physicians of Indian Origin that the NHS staff who were dying of the virus were almost all from ethnic minorities.⁷ Our BME Leadership Network also examined the early evidence and put forward a range of actions to safeguard BME healthcare professionals and communities.⁸ It increasingly became clear that this disturbing development was being seen in the population as a whole and subsequent analysis by Public Health England and the Office for National Statistics confirmed that ethnicity was a risk factor alongside age, weight and underlying health conditions.⁹ This was due to long-standing health inequalities, including within NHS workplaces.¹⁰

BME staff across health and social care were worried. Their distress increased as colleagues, family members and friends fell seriously ill with the virus. NHS England and NHS Improvement committed to a plan to address both the long-standing and immediate issues within the NHS, which, while never widely shared, was outlined to trade unions and covered in some media.

NHS Employers, which is part of the NHS Confederation, published risk assessment guidance for employers at the end of April (updated in May), and various risk stratification and assessment tools were produced by academic and other organisations.¹¹ There was a clear expectation that conversations would take place with BME staff (and other at-risk groups) to understand their concerns and to agree a response.

At the same time, many leaders – national and local – publicly acknowledged the long-standing issues of discrimination in the NHS. The concerns of BME staff were reinforced and magnified by the global response to the killing of George Floyd in Minneapolis on 25 May 2020 and subsequent protests over racial injustice. The NHS Workforce Race Equality Standard (WRES) had for many years pointed out through careful analysis that every organisation in the NHS, national and local, offered much poorer experiences to BME employees relative to their white colleagues.¹² Some progress has been made in some of the WRES indicators, but even prior to the pandemic this felt modest.

In the face of a disease which killed proportionately more people from BME backgrounds than white people, and the anger over the murder of George Floyd, the response of the overwhelmingly white leadership cadre of the NHS was often found wanting.

While many organisations were both redressing the lack of action with regards to race and were focusing on the delivery of risk assessments with and for their BME colleagues, too many were reported by their BME staff to be slow in their response. The subsequent setting of targets by NHS England and NHS Improvement with regards to risk assessment and the focus on addressing underrepresentation and development for leaders and within their 2020/21 People Plan was a response to this concern.

Much of what we have set out in our [NHS Reset reports](#) describe positive examples that our members want to ensure are retained, sustained and enhanced for the future. The evidence regarding discrimination and racism is, however, different. Our members accept that it challenges their privilege, their inaction and the practices, policies and cultures which are manifest in society and in NHS organisations.¹³ A number of themes demand particular action:

- **Senior appointments:** The lack of diversity in NHS boardrooms needs particular attention. As Navina Evans, Rob Webster and Sam Allen, respectively chief executives at Sussex Partnership, East London and South West Yorkshire Partnership NHS

foundation trusts, pointed out,¹⁴ this impairs the effectiveness of organisations and systems, as well as visibly signals the lack of progress for BME employees. The NHS Confederation-commissioned progress report on gender diversity (where the NHS also faces problems) points to the actions that national and board leaders must take to improve diversity in their boardrooms.¹⁵

- **Engagement:** BME colleagues report that there are particular issues with their experiences being properly understood by NHS leaders. Leaders must, they accept, urgently find ways of listening to and learning from the experiences of BME colleagues. This must be done in a manner which does not invalidate what is being said: it must not be defensive, nor explain away what is being said.
- **Speaking up:** It is, however, also the case that BME colleagues report that they find it harder to raise concerns, to speak up, because they believe there will be consequences if they do so. Boards, leaders, freedom to speak up guardians and unions have to work together to create climates where this is no longer the case.¹⁶
- **Action and accountability:** There are actions organisations know they need to do. In HR practices for example, organisations in London are following the example of Barts and the Royal Free and are altering the way they manage disciplinary investigations.¹⁷
- **Health inequalities:** The worse outcomes for BME communities relative to the white population are not restricted to COVID-19. The establishment of the NHS Race and Health Observatory, which will be hosted by the NHS Confederation, will give national and local organisations direction on evidence-based actions which will address inequalities.¹⁸

A forthcoming paper from the NHS Confederation's BME Leadership Network will explore these issues and actions in more detail. It stems from a research study on the impact of COVID-19 on BME communities, involved interviews with BME leaders in the NHS, both clinicians and managers, as well as BME and migrant community organisations and service users.¹⁹

Staff experience

Members report that they have a tired workforce and are worried about the effect of burnout in the short and longer term.²⁰ Staff working across health and social care report concerns about their resilience, and many will have family members affected either by the virus or by the economic consequences of the pandemic.

Having enough people in teams to make the job feel doable long term is an important factor. We explore the continued impact of the skills gaps in supply in the next section.

While there is no immediate precedent for how to support staff through a pandemic, and it feels different and unknown, which can in itself create a level of anxiety, we know that the experience staff have of work is largely generated from within the immediate environment in which they work. Therefore, there are also actions members can all take as employers.

Employers can reflect on what they can do to create a working environment and culture which supports staff to do the best job they can do, using the evidence base and learning from each other before and during the crisis.

Over the last six months we have seen members use existing models and frameworks,²¹ coupled with feedback from staff, to build on what they were doing already and go further. This was done in a conscious, deliberate and consistent way across organisations and has created a positive sense that prioritising wellbeing and staff experience is core business.

What we've heard from members

- There has been widespread **commitment** from senior leaders to staff wellbeing.
- **Visibility** from senior leaders around the importance of wellbeing and provision of more opportunities for staff to **engage** with their senior leaders.
- Really **practical actions** make a big difference. For example, having dedicated and accessible space to take breaks has been valued by staff.
- Managers have **prioritised conversations** around wellbeing, helping to build trust.
- **Resourcing of local services**, such as staff counselling and access to specialist services to support people with their mental, physical and financial wellbeing.

A lot of attention has been given to the importance of continuing provision of the appropriate mental health, psychological support or other services for staff at local and national level and that access is timely – we whole-heartedly support this.

In addition, the feedback has shown that these four things are equally as important:

1. The continued ability to be able to take a break during the working day/shift.
2. Being able to have somewhere to go to take the break.
3. Being able to have an open conversation with a manager.
4. Having the resources to be able to do the job to best of their ability.

They are remarkably similar to findings from work NHS Employers has previously undertaken with employers on factors which affect staff experience and in turn can improve retention.

Supporting staff

Our guide for employers contains examples from employers and practical guidance to support planning, reviewing improvement and evaluation.²² It describes the importance of:

- senior leadership commitment and actions to create the conditions for an open and supportive culture
- building line manager confidence, capability and capacity to be able to best support individuals and teams
- tailoring responses based on staff data, feedback and pulse surveys so that action meets the needs of individuals or groups, for example, new starters, those looking to consolidate and then progress their careers and valuing the talent of more experienced colleagues
- providing opportunities for input into job design and delivery – having autonomy and input on the hours people work to offer flexibility and/or predictability is important (research undertaken by Timewise shows an approach to conversations around work-life balance for shift workers).

We would also add that there is a valuable opportunity to share ideas, learning and collaborate on solutions from the emerging relationships between organisations in their local systems.

Much of the above is also echoed in the recently published NHS People Plan. While the plan describes a number of actions for employers, members have told us that much of this work is underway. We have seen this from our engagement with employers pre-COVID-19 and during the height of the pandemic.

The critical action needed is to hardwire the approaches beyond initiatives and programmes to business as usual, which is reviewed and tailored to the changing context that teams are working within.

Moving forward and sustaining the focus on people

There is a risk that as competing priorities emerge for board leaders to manage and address, the significant focus placed on staff during the immediate response to the pandemic will drift away from being central to decision-making.

There are testing times ahead. Members will need the support of colleagues in regional and national functions to play their part in taking forward work that improves the way team members can do their jobs.

National leadership has a particular contribution in helping increase workforce supply and developing intuitive patient information systems which are more akin to how people manage administration outside of work. Clarity on investment in pay will also be needed, though any additional pay award for NHS staff will need commensurate additional investment into NHS and public health budgets.

Our members understand and largely support the importance of this recognition for the workforce, given the enormous contribution they have made since the pandemic hit. They are mindful, however, of the wider economic impact of the pandemic and of the importance of ensuring that the long-term supply and vacancy issues described below can be addressed.

In considering their approaches to the lessons learned for the longer term, our members are reflecting carefully and will have tough decisions to take. This includes, for example, whether to use the space they have available to create more clinic rooms, patient or visitor space, which is so desperately needed, or retain staff rest areas, which are valued and needed by staff as part of helping to manage the job.

The model shown below by Ian Burbridge and the RSA provides a framework which colleagues could use with their own teams and with colleagues across local systems to identify what reset looks like in each place, to best support improving the experience all staff have at work, ensuring it is fit for purpose for the local place.

What practice are we seeing in communities, institutions, policies?

Understanding crisis-response measures

Collective sense-making

During crisis

STARTED

| End | Amplify |
|--|---|
| We've done these things to respond to immediate demands but they are specific to the crisis. | We've been able to try these new things and they show some signs of promise for the future. |
| Let go | Restart |
| We've been able to stop doing these things that were already/are now unfit for purpose | We've had to stop these things to focus on the crisis but they need to be picked up in some form. |

➔ NEW PRACTICE

➔ OLD PRACTICE

Post crisis



RSA (2020) www.thersa.org

Workforce supply: skills and workforce shortages

Prior to the outbreak, it had been acknowledged at all levels of the health and social care system and by government that there were profound workforce shortages in need of action across primary care, mental health, community, social care and hospital settings. The NHS workforce was already carrying over 90,000 vacancies prior to COVID-19. Much attention was focused on the 40,000 reported nurse vacancies in the English NHS, but the shortages are replicated in adult social care which has in excess of 120,000 care worker vacancies in England. The Conservative Party manifesto of December 2019 committed to address these issues, with 50,000 additional nurses pledged to be in place by the end of the parliament.

Prior to the pandemic, some plans had been put in place to increase the GP and nursing workforce, which should start to bear fruit in the next couple of years, coupled with a commitment to increase other parts of the clinical workforce further from 2020. There had also been significant investment in long-term pay deals for non-medical and junior doctor staff in the NHS.

The welcome investment in supporting undergraduates while studying and increasing the places available to them to be educated will take more than three years to be translated into additional domestic graduates entering the workforce. It was clear before the pandemic that international recruitment would continue to play an important (and most likely increasing) role prior to the increase in domestic supply being felt. The impact of the pandemic in the UK, as well as in countries which traditionally supply staff, will therefore have impacted on the recruitment planned or assumed for 2020/21. This will have a particular impact in London and the South East where there is a greater reliance on non-UK/ European Economic Area (EEA) workforce.

These underlying vacancies were mitigated in the first phases of the pandemic by the concentration on COVID-19 activity and the most urgent cases. Non-urgent work was cancelled or rescheduled in the private sector, and patient attendances for emergency or primary care review declined markedly.

However, as members rightly start to restore other services, pre-existing gaps are starting to show – and bite. Linked closely to members' ability to maintain staff confidence, improve staff experience and retain colleagues, is the ability to recruit, train and develop extra people to fill vacancies.

As the NHS starts to restore services and prepare for a potential second wave of COVID-19, we do not expect to see the same response in terms of reduced activity to ensure focusing on the response to the virus. Therefore, we fully expect to see the pre-existing shortages continuing to cause issues to both the capacity to deliver service plans and the knock-on impact this has on our current workforce in the months to come.

Members recognise that the impact of the pandemic on the economy will increase the potential interest in working within health and social care. They tell us that they will continue to play their part for the longer term by doing the following:

- **Supporting colleagues to feel valued and stay at work:** Retention of staff is a vital component of the action to address supply. NHS Employers and NHS England and NHS Improvement worked together to support action for recruitment and the lessons drawn from our members.
- **Engaging with their local community to raise the profile of jobs and careers:** Increasingly this is being done in collaboration between employers at a system level.
- **Offer pre-employment, training and development programmes:** NHS Employers is working with the Prince's Trust, for example, to promote a programme for the NHS targeted at young people.

- **Increasing training and apprenticeship places to support medium-longer term workforce growth:** The Health Education England support for degree apprenticeships announced in August 2020 is an important response to the desire to use this educational route to improve supply.
- **Developing the anchor institution model:** Work together with partners across local systems to use the opportunities to provide employment and careers across health and social care to support local economic growth and contribute to addressing health inequalities in communities. The NHS Confederation report *The Role of Health and Care in the Local Economy* outlines how local systems can approach this.²³
- **Engaging with national programmes to support increasing workforce supply:** For example, NHS Employers delivers the Step into Health programme, supported by NHS England and NHS Improvement, which works with 100 employers to connect them with the Armed Forces community to attract veterans into the NHS.
- **Continue with international recruitment:** Building on the additional 5,876 nurses who joined the Nursing and Midwifery Council register between April 2019 and March 2020 from outside of the UK/EEA.²⁴

However, members need help and leverage of national resource and investment to make sustained headway on the workforce vacancy levels, especially for those roles in mental health, learning disabilities and smaller professions which are so critical to the delivery of services for large parts of our population.

The 2020 Comprehensive Spending Review will be important in clarifying government support for the education of health and care workers. There would be significant benefit gained from investment to:

1. commit to the increased support for undergraduate study, particularly in areas of shortage such as mental health and learning disability nursing and therapeutic radiography
2. support the workplace placements of additional healthcare professionals, especially in mental health, learning disabilities and smaller professions
3. continue to lead national attraction and recruitment campaigns for health and social care which attract people into both employment and university healthcare training places.

Recommendations

The response to the pandemic from NHS staff, whatever their role and wherever they work, has been outstanding.

In this report, we highlight that a combination of individual employer action with targeted support in specific areas from the Comprehensive Spending Review is needed to help address historical disinvestment in the healthcare workforce and improve the workforce position.

As services are restored and demand begins to increase, a national investment narrative which speaks to the longer-term improvement in supply of vital clinical roles will give those working in the NHS some hope that the gaps in their rotas and teams will be filled before too long. Without that hope, the steps to support wellbeing and retention will only achieve so much.

The recent funding announced to support workforce growth was welcomed, but we need to see sustained action to profile the sector for the years to come. Fair investment in pay and reward is also recognised to be part of the response to the immense contribution of NHS staff during the pandemic, but must not be at the expense of other priorities, particularly relating to improving supply.

While members will need to address the inequality and discrimination in workplaces and will be the lead influencer in improving the experience people have at work, we also recommend national investment to:

- continue investment in staff mental health and wellbeing services to supplement local initiatives
- grow the clinical workforce and address long-standing and critical workforce challenges, particularly in mental health and learning disability nursing, and smaller allied health professions
- continue to deliver national attraction and recruitment campaigns for health and social care which attract people into both employment and university healthcare training places

- deliver a pay and reward offer that is funded and sustainable, which recognises the skills and talents of the workforce.

We also want to work with government to identify what new flexibilities for managing and growing pensions savings can be developed to reflect individual circumstances and preferences for all of our staff, particularly for those employed in lower earning roles.

The NHS People Plan and its planned successor documents are important components of the response to the workforce challenges highlighted by the pandemic.

It is imperative that the relationship between local providers, the local system, regional and national teams works, has clarity and strikes the right balance of autonomy, agility and regulation. The People Plan provides an opportunity to wrap a framework around this and provide the much-needed clarity around who is doing what.

For our part, we will continue to support members through the work of NHS Employers:

- providing practical advice, guidance and opportunities to share learning
- giving voice to members' views with policymakers and in the forthcoming Spending Review.

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