Dear Dido and Julian,

**Interim Workforce Implementation Plan: emerging priorities and actions**

Thank you for the opportunity to comment on the emerging priorities for the NHS workforce implementation plan shared on 6th March.

We are writing to you as the CEOs of the acute and community provider organisations within the West Yorkshire and Harrogate ICS. For all sectors workforce challenges present one of our biggest risks. We recognise the themes you describe as key to creating the conditions for sustainable high quality care and we wholeheartedly support proposed actions.

We set out below some comments in response to your specific questions. We would also like to stress the importance of ensuring that the Workforce Implementation Plan explicitly addresses the following:

1. Recognition of the fundamental impact of **culture** on recruitment, retention, productivity, absenteeism and most important of all, patient safety. Every part of the WIP needs to be designed to promote compassionate and inclusive leadership within a positive culture.

2. Solutions which work for both **health and social care** sectors, wherever possible including care home/home care providers. Resilience in the care home/home care sector is fundamental to bed occupancy in the acute sector and therefore acute sector workforce pressures. We ask that you do all you can to positively influence the Government’s plans for this sector as they develop the social care green paper.

3. Solutions which promote **retention** of highly skilled clinicians and managers/leaders in the latter part of their careers. The annual and lifetime allowance pensions issue presents an imminent risk to retention; stress and burnout are also impacting on retention at senior levels. This situation presents a serious and escalating risk to service sustainability in some areas.

**Theme 1: We can make a significant difference to our ability to recruit and retain staff by making the NHS a better place to work.**

Careers in the NHS should be some of the most attractive and rewarding careers in the UK and we agree that improvements in this area will improve recruitment and retention.

The vision and priorities you set out feel like the right ones, in particular focussing on engaging all staff, empowering diverse groups and tackling bullying and harassment.

As CEOs we recognise that the primary responsibility for organisational culture rests with us. The WIP presents an opportunity to address the negative impact on workforce of some national policies and the leadership culture within the NHS architecture (see theme 2). We support the potential actions set out in your letter. Specifically we would stress the importance of:

- Prioritising initiatives which value staff and retain skills within the NHS by removing barriers to career progression, for example provision for CPD.
- Freeing up use of the apprenticeship levy funds- to support new roles and upskilling of existing staff.
- We would like to see policy introduced nationally to facilitate the streamlining and passporting of staff to prevent duplication on regional, STP and organisational level
- We must be all encompassing in our desire to make the whole sector a better place to work, where colleagues feel valued and supported for the contribution they make. It is important that this applies to staff working in GP Practices, Community and Primary care, and in Social Care too.
- Reviewing the impact of pension’s policy on retention. Current policy in respect of annual and lifetime allowances is encouraging highly skilled staff to leave the NHS due to the financial disincentives created by pension’s policy. The same policy disincentives staff from undertaking additional work inhibiting the NHS ability to meet key constitutional targets to patients. We would ask that this matter be prioritised within 2019/20

Theme 2: If our workforce plan is to succeed we must start by making real changes to improve the leadership culture in the NHS.

We wholly support the vision described and agree that leadership culture matters as much at middle management level as it does at board level. We also agree that leadership behaviours within national bodies can and does influence behaviours within commissioning and provider organisations. Compassionate leadership needs to be modelled by all NHS leaders.

Regarding potential actions:
- Consider how the QI methods developed in some NHS provider organisations can be part of ‘the way we do it’ in the NHS as a whole
- We would like to see significant leadership development resources (staff in academies and funding) devolved to ICSs/STPs.
- We support proposals to increase the number of graduate management trainees recruited to the NHS each year and would ask that selection processes and training programmes are designed to positively influence culture. Recruitment of GMT’s is another route through which the diversity deficit can be addressed and selection process must be designed to widen participation from all backgrounds.

Theme 3: Although there are workforce shortages in a number of professions, disciplines and regions, the biggest single challenge we currently face nationally is in the nursing and midwifery profession.

As provider CEOs we agree that our highest priority for further investment is nursing and midwifery although we would not want this to be at the exclusion of sectors of the workforce where we have long standing pressures.

Many student nurses leave before qualifying and many qualified nurses are no longer working within the NHS. The WIP should include strategies to address both of these losses.
• Nursing and midwifery gaps constitute the biggest deficit in the NHS workforce in terms of WTE and addressing this gap is a fundamental success factor for the NHS. Themes 1 and 2 are key drivers of nursing and midwifery recruitment and retention too.

• Gaps in the medical workforce at specialty level, while smaller in terms of headcount, present very significant challenges in terms of service sustainability and cost disproportionately more. The national WIP needs specific actions to address these gaps too.

• There are other gaps in specific sections of the workforce which also need prioritisation including in the community, specialist speech and language therapists, extended scope physios & community paediatricians.

• In the area of primary care nursing there is a particular challenge to support practice nurse development alongside and integrated with community nursing so that we bring this group of nursing staff in line with A4C terms of conditions and give them the same opportunities for development, career structure and support.

• There needs to be a focus from university onwards about the positive choice to work in the community and that that is the area which will be growing in terms of the 10 year plan, so staff need to be equipped during training to be able to work in that environment and the challenges it brings.

• The NHSI retention programme should be expanded to all staff not just nursing staff.

Theme 4: To deliver on the vision of 21st century care set out in the LTP will not simply require ‘more of the same’ but a different skill mix, new types of roles and different ways of working.

We welcome the emphasis on new roles and new ways of working, to unlock the talent within the Service and improve productivity.

We particularly support the proposal regarding CPD. We know that investing in continuous professional development can mean the difference between retaining skilled staff and losing them, not least in the nursing profession.

The biggest opportunities we have through working within ICS’s is to help accelerate the ability of staff to work across health and social care setting. Greater freedoms around use of the apprenticeship levy would facilitate not only growth in new roles, but also has the potential to offer an economic dividend within local economies with the additional improvement in public health which comes from the creation of local jobs. This should be seen as a key tool for increasing inclusion and diversity in the NHS workforce.

As provider CEOs we would like to have more freedom to create the workforce we require working in partnership with local HEIs, Skills and Leadership Academies. We would ask you to support devolution of HEE funds to ICS’s which can demonstrate robust workforce plans. We would ask you to support strategies to increase medical student growth in the regions which have the greatest medical workforce gaps. We wish to work with Medical Schools to improve student recruitment from local communities as a way of promoting wider participation, diversity and retention.

• We would like to see ICS/STPs having greater control and authority over local resources within HEE to better deploy new roles across the system and at scale.
The purpose and regulatory status new roles needs to be clear, and the potential impact on other segments of the workforce understood where ‘new roles’ are created for the existing workforce, for example, positive support for the value of Nurse Associates will help recruitment; clarity on the prescribing status and regulatory status of Physicians Associates is required to maintain the pipeline and retain those already trained.

Digital technologies are important enablers of new ways of working but their success depends on changing behaviours. As much care is needed in the implementation of new technologies as the choice of software. Any national contracts with Tech companies need to place due weight on implementation and change management plans.

Theme 5: We must look again at respective roles and responsibilities for workforce across the national bodies and their regional teams, Integrated Care System, and local employers, to ensure we are doing the right things at the right level.

We strongly support the vision to devolve more workforce activities to local systems with the accompanying resources (see also theme 4 above).

Consistency of local policy is important and we welcome the proposal to simplify responsibilities.

We believe ICSs/STPs need more than the simple alignment of national resources at ICS level but the responsibility (within a national framework) for the management and deployment of resources currently residing in HEE and local Leadership Academies. We believe (other than when it made sense to be on a bigger footprint), that ICSs/STPs should be the default level to which system-wide workforce decision should be made. This must also include the flow of funding, including but not limited to, medical rotations, CPD placement and other workforce funds within HEE and leadership academy funding.

Yours Sincerely,

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