

Priorities for the NHS workforce: the NHS Trust perspective

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

This briefing provides an overview of the following areas of NHS workforce policy:

- 1 Building an NHS fit for the future
 - The NHS Long Term Workforce Plan (LTWP)
 - Supporting management and leadership
- 2 Pay
 - Very senior manager (VSM) pay framework
 - Chair and non-executive director (NED) remuneration
- 3 Culture and staff wellbeing
 - NHS England's equality, diversity and inclusion (EDI) improvement plan
 - Staff wellbeing and mental health
 - Sexual safety

If you have any queries about the content of this briefing, or would like to discuss these topics further, please contact: publicaffairs@nhsproviders.org.

1) Building an NHS fit for the future

The NHS is the single largest employer in the UK. People are the backbone of the NHS, and caring for staff enables them to care for others.

However, since 2010, the demands of working in the NHS have been compounded by rising staff vacancies, squeezed funding, increases in patient demand, an underfunded social care system, and a health system designed around treatment rather than prevention. The Covid-19 pandemic, the cost of living crisis and the longest period of industrial action in NHS history have exacerbated these

pressures and drive up the rate of staff leaving the service. NHS Staff Survey data shows that almost half of all staff often or always feel worn out at the end of their shift, over a third feel burnt out because of their work, and almost a third often think about leaving their organisation.

The current level of workforce growth is not sufficient to meet the rising demand for healthcare and complexity or level of patient need. Increases in staff numbers are not consistent across roles and the service faces high numbers of vacancies overall. Additionally, in early 2024, NHS England directed NHS organisations to reduce staff costs due to ongoing financial pressures. See our [10 facts about the workforce explainer](#) for further details on the composition of the NHS workforce.

We are urging the government and sector to work together to nurture a thriving health and care workforce through the delivery of the NHS Long Term Workforce Plan and redoubled efforts to ensure equality, diversity and inclusion.

The NHS Long Term Workforce Plan (LTWP)

The [NHS LTWP](#) was published in June 2023, with three core pillars:

- 1 Train** – growing the workforce
- 2 Retain** – embedding the right culture and improving retention
- 3 Reform** – working and training differently.

Of the three, retain is the most important in the short term as it can have the most immediate impact in retaining current staff numbers. The train and reform elements of the plan will take longer to deliver.

NHS Providers had long called for a fully funded and costed workforce plan, and therefore welcomed the plan's publication. We [published more in-depth analysis](#) of the plan in November 2023, outlining areas we are concerned remain unclear. These include:

- 1 Modelling** – the National Audit Office (NAO) was critical of elements of the plan's modelling [in a report](#) published in March 2024. It is important the NAO's concerns are addressed as quickly as possible, and we would like to see the Public Accounts Committee (PAC) inquiry continue within the new Parliament. We would also like LTWP modelling to be published.
- 2 Productivity** – the productivity assumptions included in the plan (1.5% - 2% per year, far exceeding historical trends) are ambitious and reliant on significant capital investment in estates and technology, which has not been forthcoming.

- 3 Training ambitions** – we were concerned to **read** that the former government stalled on the planned expansion of medical school places less than a year after the publication of the LTWP. It is essential that work to develop the domestic pipeline of doctors is not delayed.
- 4 Funding** – the plan was not accompanied by full funding, and has currently received £2.4bn to fund additional domestic training places up to 2028/29. For the rest of the plan’s full 15-year ambitions to be realised, it is essential that the plan is appropriately funded. The plan is clear that to be successful it will require further capital investment in the NHS, as well as further investment in social care. An expansion to the NHS workforce will also require government planning to account for pay growth.
- 5 Managers and non-clinical staff** – the current plan is largely focused on clinical and medical staff. We would like future iterations of the plan to consider vital non-clinical staff who, alongside clinical and medical staff, facilitate the delivery of patient care. As well as the NHS currently being **undermanaged**, it is difficult for the service to attract IT staff and other operational support staff due to the higher rate of pay available for equivalent roles in the private sector.
- 6 Digital workforce plan** – a separate digital workforce plan was expected in summer 2023, but currently remains unpublished. It would be helpful to see the detail of this plan and how it will support digital transformation for the benefit for patients and staff.
- 7 Social care** – NHSE was not commissioned to include social care in the LTWP, but **Skills for Care** has recently published a social care workforce strategy, which was not commissioned or funded by government. It is essential that government engage with this plan as the health and social care sectors are inextricably linked and the LTWP is underpinned by the assumption that social care services will improve, or remain broadly in line with current levels.

The LTWP is due its first update in summer 2025, providing a window of opportunity to address these concerns.

Supporting management and leadership

‘Leadership for a collaborative and inclusive future’ review

General Sir Gordon Messenger and Dame Linda Pollard¹ were commissioned by former health secretary Sajid Javid to deliver a review of NHS leadership and management. We welcomed the

¹ General Sir Gordon Messenger was formerly Deputy Chief of Defence Staff at the Ministry of Defence and was appointed Constable of the Tower of London in April 2022. Dame Linda Pollard has been the chair of Leeds Teaching Hospital NHS Trust since February 2013, she co-chairs NHS England’s Management and Leadership Group and is also a member of NHS Providers’ board.

review's acknowledgement of many of the concerns raised by trust leaders when it **published** with seven recommendations in June 2022:

- 1** Targeted interventions on collaborative leadership and organisational values
- 2** Positive equality, diversity and inclusion (EDI) action
- 3** Consistent management standards delivered through accredited training
- 4** A simplified, standard appraisal system for the NHS
- 5** A new career and talent management function for managers
- 6** More effective recruitment and development of non-executive directors
- 7** Encouraging top talent into challenged parts of the system.

The review acknowledged the need to better support NHS leaders, both existing and future, and the importance of building a diverse talent pipeline. Since its publication, progress on the **implementation of the review's recommendations has been slow and we would like to see their implementation accelerated**. This is important to ensure a sustainable pipeline of highly capable NHS leaders.

Manager regulation

In considering a system of regulation for NHS managers, it should seek first and foremost to improve patient safety and quality of care, and provide greater accountability for NHS services. Any form of regulation should set consistent standards and expectations of NHS managers, invest in leadership support and development, and increase the trust and confidence of staff, patients and the public in the quality of NHS leadership.

We are exploring the models which could be progressed, as well as the alternatives available – such as a code of conduct – as we believe policymakers must be clear about the purpose and form of manager regulation, and that they understand the potential benefits as well as the limits of what it can achieve. We are also working with trust leaders to understand the potential benefits and challenges of introducing regulation which would encompass those outside the trusts' board and under the remit of another professional regulator, like the General Medical Council (GMC) or Nursing and Midwifery Council (NMC). See [our blog setting out the considerations](#) in more detail.

As set out in the [Messenger review](#), greater support and professional development for managers and leaders is important, and consideration of a regulatory framework must have this at the core and not be focused only on sanctions.

2) Pay

The Chancellor **announced** the details of the public sector pay awards on 29 July 2024, accepting the recommendations of the review bodies. NHS Providers **welcomed** these and the Chancellor's acknowledgment that there is a cost, both financial and on the experience of patients and staff, to not resolving ongoing industrial disputes. **After the longest period of industrial action in the NHS' history, rebuilding industrial relationships at a national level is vital.**

In her announcement, the Chancellor **outlined** that funding for the 2024/25 pay awards will be supported by all government departments finding a cumulative minimum of £3bn in efficiency savings, as well as 2% savings on their back office costs. **While it is positive that NHS England and trusts will not be asked to reprioritise their current funding, there is a risk that the Department of Health and Social Care (DHSC) will need to curtail spending on longer-term projects that would have benefited patients, service users and staff.**

As part of the **negotiated** pay deal accepted by the majority of the **NHS Staff Council** in May 2023, there were a number of non-pay elements, including **reform of the NHS Pay Review Body (NHSPRB)**. We are concerned that progress is slow. The former government also committed to reforms of the Doctors' and Dentists' Remuneration Body (DDRB) as part of the deal accepted by **consultant** members of the British Medical Association (BMA). **We would like both of these reforms to be completed ahead of the 2025/26 pay around.**

NHS Providers, alongside other stakeholders, has called for the timeline of the three NHS pay review bodies' processes to be re-aligned with the financial year to ensure that staff and their employers enter each new financial year with clarity on their pay for that period. **We welcome the Chancellor's commitment to reform the timeline for responding to pay review bodies.**

For more information, see our **briefing** on the three independent pay review bodies with a remit for NHS staff.

Very Senior Manager pay framework

Currently, decisions on Very Senior Manager (VSM) pay within trusts are made based on a set of outdated requirements: the **2018 NHS Improvement guidance**, a **2013 DHSC framework**, and a ministerial approval requirement for salaries over £150,000. To remedy the situation, there is due to be an update to the overall VSM pay framework. This will clarify the national structure, move us away

from a system which differentiates between different types of service delivery, and assist local leaders to make appropriate pay decisions.

We understand that the new framework is ready, pending DHSC approval. We would urge that approval is given, reflecting recent pay awards, to support the service to attract, retain and reward the NHS leaders who play a key part in provision of high quality services.

Chair and non-executive director remuneration

In order to align their remuneration with NHS trusts, foundation trust chairs and non-executive directors (NEDs) have effectively experienced a pay freeze since 2019. While it is positive that there is alignment, it is now time for a review of the **NED and chair remuneration structure**. In its current form, it could begin to foster difficult environments within trust and foundation trust boards, discouraging applicants to these vital roles and slowing down efforts to ensure greater board diversity, which is essential to robust decision making and effective challenge.

We have supported NHSE in the collation of **evidence** and have suggested that remuneration uplifts for this group could mirror uplifts given to the Senior Salaries Review Body (SSRB) going forward. We would like DHSC to support this proposal.

3) Culture and staff wellbeing

Supporting staff wellbeing, including through fostering open and inclusive cultures, is central to the quality of patient experience and outcomes.

Trust leaders have been working hard to support their staff and their wellbeing at a local level, as outlined by the case studies in our *Providers Deliver – Enabling wellbeing within trusts report*. It is also promising to see the most recent **NHS Staff Survey results** show that 71% of respondents feel their immediate manager takes a positive interest in their health and wellbeing.

Trusts also make use of data from the annual **NHS Staff Survey**, Workforce **Race** and **Disability** Equality Standards (WRES and WDES) to gain an in-depth analysis of staff experience and target and tailor their approaches.

There are also important national actions that can help support staff wellbeing.

NHS England's equality, diversity and inclusion (EDI) improvement plan

NHSE's EDI improvement plan was **published** in June 2023 and contains six high impact actions for NHS organisations to implement by 2026. NHS Providers has **supported** NHSE and trusts to assess successes, challenges and barriers to implementation and recently **hosted a peer learning event** on staff health inequalities (high impact action four).

NHS Providers' **race equality programme** supports trust boards to identify and challenge structural race inequality as a core part of the board's business, with a wide range of resources available on our website. It is crucial that NHSE's EDI team are appropriately resourced, both in terms of team capacity and financially, to support regions and providers with the delivery of this plan and the evaluation of its impact. Key to this is supportive government messaging on the role and importance of EDI in the NHS, both for staff and patients.

Staff wellbeing and mental health

Stress, anxiety and depression remain the most common reasons for staff sickness absence in the NHS. The latest **NHS Staff Survey** shows that many staff are at risk of burnout and experience a poor work/life balance. **This will be essential to consider alongside any plans for weekend and/or evening working to tackle backlogs.**

NHS Staff Survey results show that staff at ambulance trusts often have worse experiences compared to their colleagues at acute, community, mental health trusts. A review of ambulance trust culture **published** in February 2024 contained six recommendations for NHSE, integrated care boards (ICBs) and trusts:

- 1** Balance operational performance with people performance at all levels
- 2** Focus on leadership and management culture and develop the ambulance workforce
- 3** Improve the operational environment, line management and undergraduate training
- 4** Translate NHSE's EDI improvement plan into a bespoke plan for ambulance trusts
- 5** Target bullying and harassment, including sexual harassment and enable freedom to speak up
- 6** Prioritise, support and develop human resources and organisational development functions.

NHS Providers sits on the implementation board for these recommendations. We would have liked to have seen a specific recommendation targeted towards call handlers, due to the nature and volume of their work, and their high turnover rate.

NHSE **reversed its recent decision** to cut funding for new referrals to NHS Practitioner Health and announced 12 months of interim funding for the programme while committing to a review of service provision for staff during this period, which runs until April 2025. **It is essential that this is conducted in a timely manner to ensure staff are supported with their mental health needs via a national programme.** This is particularly important as trusts are under significant local financial pressure, which makes it difficult to balance need with financial constraint. This balance has been under increasing challenge since the **removal of national funding for the Staff Wellbeing Hubs** which were set up during the Covid-19 pandemic.

Sexual safety

In 2023, the **NHS Staff Survey** included questions on incidents of unwanted sexual behaviour experienced by staff. Data showed 8.7% of staff reporting experiences of unwanted behaviour of a sexual nature from patients, relatives and the public, rising to 27.3% for staff in ambulance trusts. When asked about their experience of unwanted behaviour of a sexual nature from colleagues, 3.9% of staff reported that an incident had taken place in the last 12 months, with this rising to 9.4% for operational ambulance staff.

These results are deeply concerning, and trust leaders are working hard to tackle these unacceptable behaviours. NHSE launched its **Sexual Safety Charter** in September 2023, a voluntary set of commitments for NHS organisations, which has been signed up to by 373 organisations. **Operational Planning Guidance 2024/25**, published in March 2024, called for all trusts in England to commit to the Sexual Safety Charter, while NHSE's EDI improvement plan calls for trusts to take action on ensuring sexual safety at work. From October 2024, all employers will have a new legal duty to take reasonable steps to prevent sexual harassment at work.