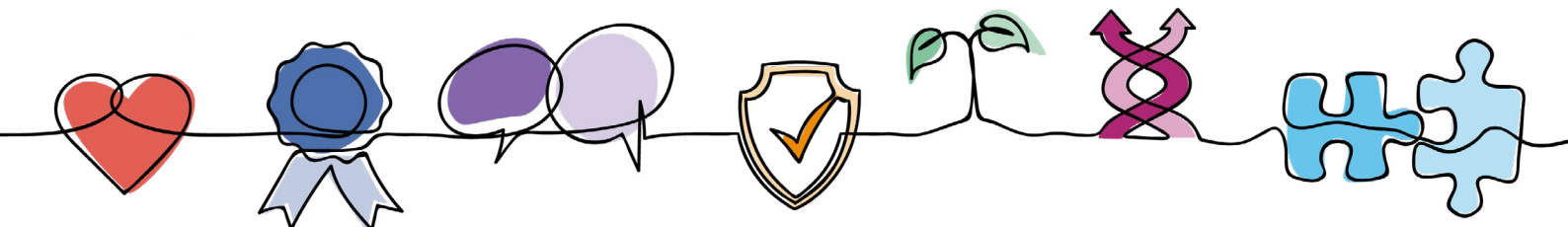


The future of NHS human resources and organisational development

Prerana Issar, Chief People Officer

22 November 2021



Acknowledgments

We would like to thank the members of the people profession and our stakeholders who brought their knowledge, skills and experience to the conversation. Their voices were essential in developing a vision that is grounded in their aspirations to address the key issues and opportunities facing the profession.

Thanks are also due to the partners that supported this work: Lancaster University Management School, the Chartered Institute of Personnel and Development (CIPD), EY and Clever Together.

We are grateful to members of our three advisory groups: chief executives, heads of profession, and directors of human resources or chief people officers. We also thank the Department of Health and Social Care (DHSC), Health Education England (HEE), NHSX, Social Partnership Forum (SPF), NHS Employers, Healthcare People Management Association (HPMA) and the CIPD for their input via the programme's steering committee.



The People Plan, the People Promise and the future of NHS human resources and organisational development

The future of NHS human resources and organisational development report outlines a vision and actions that support the delivery of the four pillars of We are NHS: People Plan for 2020/2021 – action for us all and embeds the seven elements of our People Promise.

The future of NHS human resources and organisational development vision for 2030 has eight themes which are referenced throughout the report. Chapter 3 provides detail on these eight vision statements.

NHS People Plan pillars

to deliver **more** people, working **differently**, in a **compassionate** and **inclusive** culture



Our People Promise



The future of NHS human resources and organisational development 2030 vision



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Foreword

The NHS touches all of our lives at times of basic human need when care and compassion are what matter most. At the very heart of this compassion is our fantastic workforce. Made up of a rich community of professions, experiences and backgrounds, our people truly are our most precious asset.

People professionals – those who lead on all aspects of the people agenda – play a huge part in making the NHS the vibrant, resourceful organisation it is today, and will continue to influence how it will develop in the future.

This report was co-created by those most impacted by our work: NHS staff and their representatives, leaders and members of the people profession itself. It sets out the vision for how the people profession will continue to maximise our collective contribution to the NHS and meet the needs of staff, patients and local communities over the coming decade and beyond – building a brighter future for all.

Underpinning this vision is a shared commitment to enhance capabilities across the profession, to increase our level of intentional collaboration, beyond traditional teams or organisational boundaries and to use our collective resources to make significant progress on the key issues of our day and those we can predict for the future.

At its heart are the ambitions of the NHS People Plan and People Promise, to help support the delivery of the NHS Long Term Plan.

All of this will add up to a more resilient, flexible and sustainable service, attracting people who want to join the NHS, supporting people to remain and develop in the NHS, and facilitating high quality care for our communities.

The pandemic has placed demands on everyone in our NHS, and these are still being felt. But it has also highlighted our many strengths, including an astonishing flexibility in responding to changing needs and expectations. All 16,000 members of our people profession have much to be proud of – they have demonstrated a commitment that has never been stronger and a value to the NHS that has never been clearer.

I have every confidence that the people profession will rise to the challenge set out in this plan and will use its expertise to help the NHS thrive in the years to come. I would greatly appreciate the ongoing efforts of all our people professionals and leaders to get behind our collective vision – and the actions set out in this report – to make it our reality, in service of people professionals, our wider workforce and, of course, patients and local communities.



Best wishes,
Prerana Issar
NHS Chief People Officer

Introduction

The NHS of 2030 will be fundamentally different from the service we work in today – as set out in the [NHS Long Term Plan](#). The world of work is changing at a pace never imagined, with growing evidence of links between staff wellbeing, care quality and retention. This is evolving alongside digital technologies, automating tasks, remote working and new advances based on artificial intelligence. Meanwhile, existing ways of working, models of care and organisational boundaries are being transformed, as the NHS adapts to the changing needs and expectations of our population.

If the NHS is to meet the challenges ahead, the people profession, which comprises human resources and organisational development practitioners, has a key role to play in shaping the future. This includes steering organisations towards the vision set out within the People Plan: more people, working differently, in a compassionate and inclusive culture.

The Government recently announced that additional funding will be invested in the NHS over the next three years, funded by a new Health and Social Care Levy and a rise in dividend tax. The people profession – working alongside other decision-makers in the NHS – will have a key role in optimising available resources and maximising the value of taxpayer investment, to support recovery of routine services, to tackle waiting lists, and to deliver the care that NHS patients need.

This report sets out a vision for how the people profession will develop and work differently over the coming decade. It draws on the diversity of voices from across the profession and beyond. It also sets out a roadmap for action.

A position of strength

The profession is starting from a position of strength. Especially in the past year, the value of NHS people professionals, and their skills, have shone through. The current approach is effective for today's ways of working. But the NHS of 2030 will need something new. This will mean changing the way people professionals and managers, throughout the service support our people.

Meeting the challenges and opportunities of work and healthcare in 2030 will involve working beyond existing organisational boundaries, overcoming barriers and transforming roles. This will mean spreading innovative practice and ensuring widespread adoption, to create a consistently compassionate, inclusive, values-driven culture. This will be fundamental to the NHS that we all want to see, and be part of,

in 2030. The people profession must be at the forefront of this change, leading and supporting this transition. To do this, the profession itself needs far-reaching transformation too.

This transformation involves building on what the profession does best today, through managing and developing people, while building new systems and processes to deliver desired health outcomes – all the while, ensuring our people feel valued and supported. Meeting these future challenges places an increasing importance on the people profession to help leaders move forward, ensuring the very best health outcomes for all.

What is the people profession?

This report uses the term **the people profession** to refer to people at every level across the NHS, including human resources (HR), organisational development (OD) and workforce departments, who alongside managers and trade unions contribute to and improve our NHS people's working experiences.

The vision refers to the people who work in the profession as **people professionals** and refers to the services that they deliver as **people services**.

The report also uses the term **customers** to refer to all our people who interact with, and benefit from, people services – whether directly or indirectly. This includes leaders, line managers and people more broadly who are supported by people professionals.



2 Evolving to meet a changing world

The need for change is set against a backdrop of rapid and widespread change transition across health and care services, and in working lives more generally – especially in three key areas:

- **Integrated care:** The introduction of integrated care systems (ICSs) heralds not just new structures but a new emphasis of openness to working alongside others, ensuring collaboration rather than competition. There will also be increased opportunities to scale up what works, sharing learning and resources. This will include extending people-service support to areas of the health service that have had little access in the past, such as primary care.
- **The nature of healthcare:** The way healthcare is accessed and provided is changing, with new technologies advancing communication and interventions. Our people need to be supported to adapt to these new ways of working.
- **The nature of work:** Ways of working are changing beyond healthcare, too, with major transformation in the nature of work and what people expect from their employment. People want flexible arrangements that enable them to balance their job with other parts of their life. The pandemic accelerated the move towards novel approaches to care and remote working and many of these changes are here to stay.

Trends in healthcare and work

The trends affecting the nature of healthcare form an important context for how people services need to evolve in the coming years. The people profession will need to support the health and care service as it evolves, to meet a number of challenges. For example:

- **There is a rising demand for health services due to an ageing population with increasingly complex healthcare needs.** People are living longer and, as they age, their healthcare needs change. The number of people living with long-term conditions is set to increase, with more individuals managing multiple conditions.
- **Workforce supply challenges are expected to continue as demand rises.** For the past decade, workforce growth has not kept up with the increasing demands on the NHS.
- **Significant inequalities in life expectancy are likely to persist. These are linked to deep-rooted inequalities in how care is accessed, further perpetuating unequal outcomes for our patients.** The COVID-19 pandemic has caused [life expectancy to fall](#), and has further increased [inequalities](#) in mortality and the number of years lived in good health across the population.
- **Health and care will need to be more joined up and co-ordinated, to provide an integrated approach that supports the whole person.** To support the growing number of people with long-term conditions, the NHS will need to focus on breaking down traditional barriers between care organisations, teams and funding streams, rather than viewing each encounter with the health service as a single, unconnected episode of care.
- **The role of the patient is likely to change, with more wanting support for self-care and prevention, and greater personalisation, so that their care focuses on the things that really matter to them.** Individual preferences on type and location of care differ quite widely. With the right support, people of all ages can – and want to – take more control of how they manage their physical and mental wellbeing.
- **Continued technological and scientific innovation is likely to change the nature of care and how it is delivered – including enabling care to be more personalised.** This includes several key areas:
 - Technology is helping health and care professionals communicate better and enable people to access the care they need quickly and easily when it suits them. For example, devices and apps can support [remote monitoring for patients](#).

- The increasing use of remote phone and video consultations is likely to continue, offering new and flexible ways for clinicians and patients to manage care and treatment together.
- The ability of [artificial intelligence](#) (AI) to analyse large quantities of complex information has the potential to make a significant difference in health and care settings, including speeding up the detection of diseases.
- Continued scientific innovation, including through increased understanding and use of [genomics](#), will enable faster and more accurate diagnoses for inherited and acquired diseases, which can lead to personalised and effective treatments and interventions.
- **There is a continuing need to take a proactive and preventative approach to health.** This includes using [population health management](#) as a way of targeting prevention activity, to better support people to stay healthy and reduce health inequalities across entire populations.

Alongside this, the NHS and the people profession need to respond to the changing nature of work, including people's expectations from their employment. Key trends, identified by external partners based on academic research and international trends, include:

- **Demographics within the workforce are changing.** Working lives are [lengthening](#) as the UK population ages. As the UK state pension age rises, more older people will be in employment. By 2030, the number of economically active people aged 65 and over is [projected](#) to increase by one third. The UK is also now seeing emergence of a four-generational workforce (baby boomers, generation X, millennials and the first of generation Z).

- **There is more competition for the workforce.** The UK faces a labour shortage, linked to the ageing population, which results in [more people leaving](#) the jobs market than entering it. Alongside this, demand for health and care services is growing, also due to the ageing population, so a larger workforce will be needed. For example, [Skills for Care](#) has calculated that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, the number of adult social care jobs will need to increase by 29% (480,000 jobs) – to around 2.16 million jobs by 2035.



There is likely to be increased global demand, too, with expectations that the expansion of global economic activity will [increase the demand](#) for educated labour. For example, the [World Health Organization](#) has stated that six million more nurses will be needed by 2030 to deliver the higher standards of healthcare needed once the COVID-19 pandemic has passed. Most will be needed in middle- and low-income nations, but it notes that some developed nations will require more, as those currently working in the profession grow older.

- **People's expectations of work are changing.** What people value in a job is changing. People increasingly want 'good work' (a term used in the [Taylor review](#) referring to meaningful work where people have autonomy, feel their work makes a contribution and feel listened to). They also want to be able to balance their work more easily with other areas of their lives. These factors may become as important to individuals as levels of pay, reward and potential for career progression.
- **There is an increase in non-linear careers rather than 'careers for life'.** People are continuing to work [later in life](#). This shift is likely to lead to people having more stages in their career and perhaps making changes to new sectors or having 'portfolio careers', where they work in more than one area simultaneously. This, in turn, may lead to higher expectations of employers to make it easier for people to move in and out of roles, to create more opportunities for non-linear progression, and to show that it is still possible to work in health and care in the longer term while still enjoying a career that encompasses different roles and areas.
- **Technological change is likely to reshape job and skills demands.** As technology moves forwards, jobs are more likely to need technology skills. Advances in technology are likely to [take over routine, repetitive tasks](#), allowing workers to reallocate their time

to higher-productivity tasks that machines cannot do. This means that many roles will be reconfigured, rather than eliminated, and most occupations will need to reshape job roles. Technology can also free up opportunities for individuals, including providing greater flexibility in where and how they work.

- **A continuous and agile approach to development and training is needed to keep pace with innovation and changing expectations.** This may include the need for a more flexible training offer (such as modular training, apprenticeships or 'earn while you learn' approaches), as well as increasing training in new areas, such as digital.
- **More is expected of employers on issues of inequalities and social justice.** Organisations, particularly public sector organisations, will be expected to lead the way in tackling injustice and inequalities and demonstrably provide equal opportunities for all. Citizens also expect greater efforts to address [climate change](#), with employers expected to play their part as well government and individuals.

By changing the way we work, the NHS and care partners have a chance to genuinely improve the lives of local populations. We can reach into our communities and reduce inequality, acting as '[anchor institutions](#)' or '[anchor networks](#)'. [Read more](#) about how the NHS can use these strategies to build a healthy, sustainable post-COVID-19 recovery.

- **These changes will affect not only the way the people profession needs to lead and act, but how the whole health and care system will deliver.** Managers across the sector and at every level will need to play their part, to respond to these changes and use them as an opportunity to transform the experience that our people have at work.



The vision for the future of the people profession

This report sets out a vision of where the profession wants to get to by 2030 so it can play its unique part in supporting the health and care system to provide what our patients and citizens will need.

This vision has been co-created through crowdsourcing and networking by the people who are most impacted by people services: staff, leaders and members of the people profession itself.

Photo captured at Do OD Conference 2020

The vision begins with themes that focus on how the profession itself will evolve over time. It then sets out wider, strategic themes where the people profession needs to focus to support the rest of the system.

The vision is aimed at people professionals, wider leaders and champions of people issues at all levels across the NHS, but especially the senior leaders of organisations, systems and regional and national bodies.



Prioritising the **health** and **wellbeing** of all **our people**

We take a positive and proactive approach in supporting the health, safety and wellbeing of our NHS people, ensuring that work has a positive impact. We address health inequalities at work and in our communities.



Creating a **great employee experience**

We understand the diverse needs, expectations and experiences of our NHS people, and use that insight to tailor our people services. We attract and retain people in health and care, creating a positive impact on our communities.



Ensuring **inclusion** and **belonging** for all

We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equity for everyone.



Supporting and **developing** the **people profession**

We support everyone working in the people profession to be their very best and reach their full potential. Together we provide outstanding people practices.



Harnessing the **talents** of all our **people**

We help all our people to fulfil their ambition and potential. We build strong leadership and management capability at all levels.



Leading **improvement**, **change** and **innovation**

The people profession is productive, efficient and responsive. Our operating model delivers transformation and embeds innovation across organisations and systems.



Embedding **digitally** enabled **solutions**

We make best use of technology and digital solutions to deliver great people services. We develop our digital capability to equip ourselves for the future.



Enabling new ways of **working** and **planning** for the **future**

We enable our people to work differently, to support new models of care. We anticipate the needs of the health and care system, and play our part in creating a sustainable supply of workforce which meets the needs our patients now and for the future.

4 Turning the vision into action

This chapter sets out the actions planned to achieve the 2030 vision for the NHS people profession. These actions were co-designed by working groups made up of national leaders, subject-matter experts and directors of human resources. They were refined further through crowdsourced discussion with the people profession and their customers.

The chapter addresses each of the themes of the vision in turn. Many actions are best carried out locally, in organisations and systems, while others will be better carried out nationally or regionally – but always in collaboration and partnership. The actions also reflect growing opportunities to work at scale across health and care, helping standardise approaches, reduce duplication and increase impact.

The delivery of the priorities in this report and the People Plan require senior people professional leadership.

The majority of NHS organisations have a director of human resources or chief people officer (CPO) as a member of their board. The minority of trusts that have not established this role yet are strongly encouraged to do so as soon as possible.

This journey will take time, and different organisations and systems will be at different starting points. Each section outlines actions for the national team, organisation and ICS chief people officers, or boards.

Where actions are for the national team, timescales are set out. Where they are for organisations and systems, timescales are not provided: it will be for them to develop their plans to respond to this report, based on their local priorities and current position.

More detail on this process – and how we can work together to make it happen – is set out in chapter 5.



Supporting and developing the people profession

We support everyone working in the people profession to be their very best and reach their full potential. Together we provide outstanding people practices.

There will be an essential change in the way people professionals develop through their careers, with a strong emphasis on building the capabilities and expertise that support service transformation and cultural change within organisations.

Action 1

The national team will work alongside the profession, CIPD, HPMA and other experts to develop dynamic **professional standards** for the people profession that meet the needs of our NHS people and support the delivery of high-quality patient care. The national team will:

- introduce NHS people profession standards, to create a curriculum of development tailored to the needs of the health and care sector (by 2023)
- develop the infrastructure to support implementation, including a national people profession development board and strong links to the regional people boards (by 2023)
- deliver development programmes and tools to increase organisational development skills, capability and capacity – building on the [‘Do OD’ community resources](#) (by 2023)
- ensure that systems, with support from the national team, adopt standard benchmarking tools, to help teams and organisations understand capability, and ensure tailored development (by 2025)
- ensure that employing organisations demonstrate they are meeting the professional standards set nationally

Action 2

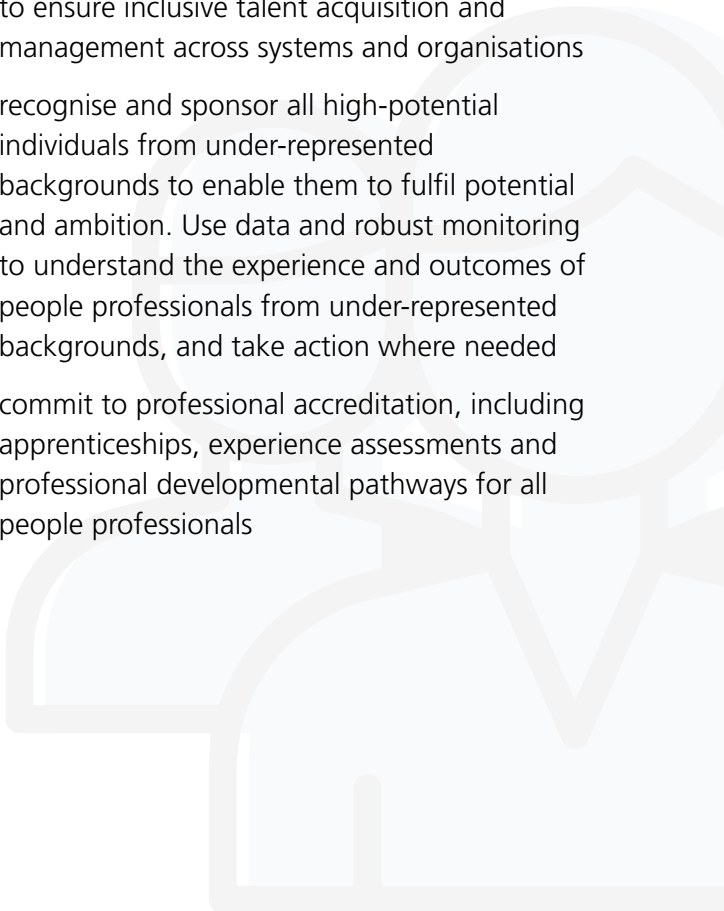
CPOs, or equivalent, need to ensure all people professionals have **professional development plans** aligned to the delivery priorities. Organisation and ICS CPOs should enable all people professionals to:

- undertake continuous professional development and appraisal processes that align to professional standards and incorporate customer feedback, to support development and continuous improvement
- have opportunities to enhance their skills, knowledge and experience through experiential and formal learning, to reach their full potential throughout their career journey
- access a high-quality development support that covers the emerging skills and capabilities needed, such as workforce planning organisation development, digital, equality, diversity and inclusion, transformational change, culture change and design and system thinking
- access apprenticeship programmes to enable CIPD accreditation at all stages of the career journey
- access professional support, such as coaching, mentoring, role modelling and senior sponsorship

Action 3

The **people profession must be representative of the communities they serve and need to lead by example**. Organisations and systems need to develop a representative talent pipeline, using their position in anchor networks. Organisation and ICS CPOs should:

- provide clear and inspiring pathways to address the under-representation of our NHS people with protected characteristics, through improving development support, talent management, recruitment and promotion
- assess proactively the equality, diversity and inclusion (EDI) development gaps in knowledge and upskill people professionals to be the catalysts for change and to positively disrupt the norms
- collaborate with local communities – through multiple agencies, non-profit organisations and academic establishments – to improve the talent supply pipeline for the people profession
- advance the NHS people profession to be representative of the communities that our NHS people serve. Introduce new and comprehensive routes into and within the profession, including through apprenticeships
- create a vibrant and active succession planning framework within the people profession to ensure inclusive talent acquisition and management across systems and organisations
- recognise and sponsor all high-potential individuals from under-represented backgrounds to enable them to fulfil potential and ambition. Use data and robust monitoring to understand the experience and outcomes of people professionals from under-represented backgrounds, and take action where needed
- commit to professional accreditation, including apprenticeships, experience assessments and professional developmental pathways for all people professionals





Leading **improvement,** **change** and **innovation**

The people profession is productive, efficient and responsive. Our operating model delivers transformation and embeds innovation across organisations and systems.

As the NHS innovates and changes, the people profession should innovate and change too, to ensure that it continues to provide high quality support that enables the delivery of high-quality care to our patients, both now and in the future.

Action 4

National bodies and organisations will work together to develop **leading-edge practice for people services, based on robust research** and evidence. The national team will:

- develop frameworks to enable people services to assess alignment of resources with the delivery of the NHS Long Term Plan, People Plan, People Promise and local priorities (by 2023)
- develop a range of new people function service models to support our vision for 2030 (by 2023)
- establish a central repository of best practice to support profession-wide collaboration, knowledge sharing, horizon scanning, collaboration and celebration of successes (by 2023)
- create a clear view on the expectations of line managers in the service in relation to people practice and the implications for provision of people services (by 2023)
- conduct research with academic partners to build the evidence base on core topics, such as health and wellbeing interventions (by 2025).
- ensure the NHS is part of CIPD policy and strategy discussion (by 2025)
- embed research and evidence-based practice in the work and learning activities of the people profession (by 2025)

Action 5

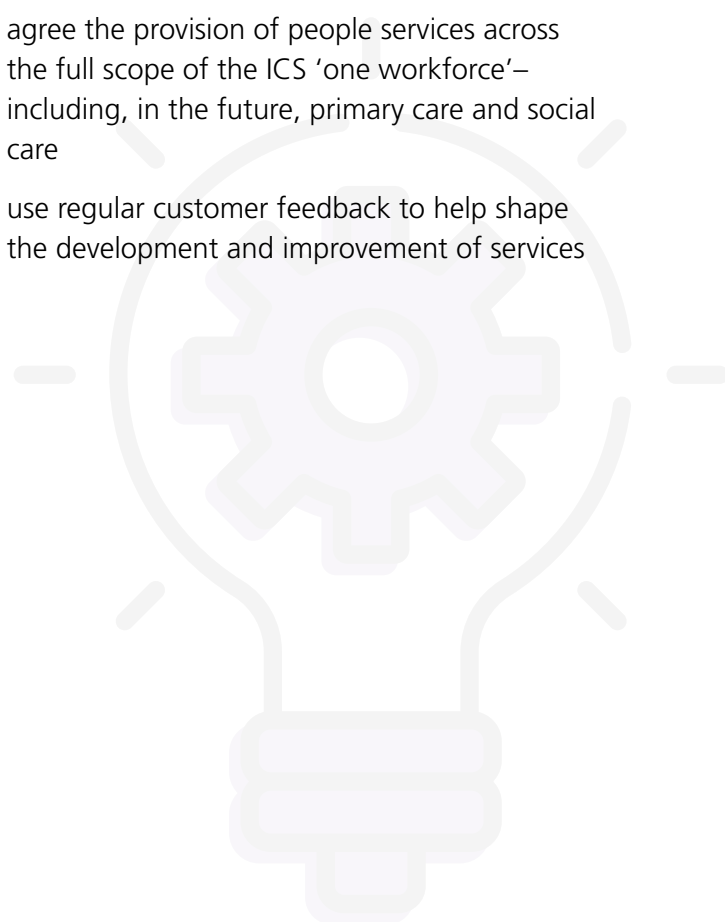
The national team, working with trade unions, systems and organisations, will simplify and standardise **core NHS people policies and processes**, to drive innovation, bring more consistency, support quality improvements, and ensure alignment to the People Plan and Promise. The national team will:

- develop national standards and key performance indicators for people services to support improvement (from 2022)
- develop national toolkits and training that support the people profession to embed these standards for local adaptation (from 2022)
- develop and implement a national framework for collecting customer feedback (by 2025)
- develop in partnership a standard set of simplified national people policies (by 2025)
- create a national guide for scaling transactional services, to enable successful implementation (by 2023)

Action 6

People professionals should deliver services at the level where they benefit most from scale and where they can have the most impact. The people profession needs to take the opportunity of working at scale across systems – particularly on core transactional services – to create a more streamlined, standardised offer. Organisational and ICS CPOs should:

- create system-level consolidated and simplified transactional people services, with a focus on customer service, reducing duplication and the increasing the benefits of digital systems (see 'Embedding digitally enabled solutions', below)
- review the allocation and distribution of people function resources to ensure alignment with the People Plan, NHS Long Term Plan and local system priorities
- build strong organisational development capability across people services, to support cultural change in our organisations and systems
- agree the provision of people services across the full scope of the ICS 'one workforce' – including, in the future, primary care and social care
- use regular customer feedback to help shape the development and improvement of services





Embedding **digitally** enabled **solutions**

We make best use of technology and digital solutions to deliver great people services. We develop our digital capability to equip ourselves for the future.

The people profession will transform the way people access people services – using digital tools and platforms to create a more timely, standardised and intuitive service. This approach will also release more time for people professionals to focus on priorities that improve the working lives of our NHS people, which in turn supports delivery of high-quality care for patients. In making these changes it is essential that they deliver improvements for all and address digital exclusion risks.

Action 7

Improve accountability and clarity on roles, responsibilities and decision making for digital workforce and people programmes at a national level. National organisations will:

- establish a strategic board that effectively prioritises, co-ordinates and agrees the digital people strategic initiatives, aligning them to the NHS Long Term Plan, People Plan and People Promise (by 2022)
- prioritise and actively manage interdependencies between digital workforce programmes and the People Plan (by 2023)
- build digital workforce and business intelligence capability at national, ICS and provider level to support delivery of the People Plan and People Digital Strategy towards enabling improved efficiency and workforce planning (by 2025)
- provide support and tools for providers to undertake reviews of systems and processes, to establish effective routes for automation (by 2025)
- co-design and support the implementation of the new national People Digital Solution (successor to current electronic staff record [ESR]) (from 2024)

Action 8

Organisations and systems should create a **local plan for optimising use of existing digital solutions**. Organisation and ICS CPOs should:

- create a local plan which is aligned to ICS digital architecture, to optimise adoption of current digital solutions (eg ESR, e-rostering) to improve our NHS people, leader and line-management experience, normalising self-service across the NHS
- align and harmonise digital strategies and solutions, across providers wherever possible, to enable more joined-up working (eg harmonised e-rostering systems improve the ability to plan and deploy staff across systems)
- refine and improve digitally-enabled services based on real-time customer feedback
- co-design new people digital systems that optimise how our NHS people interact with people services (such as 'digital in your hand', push notifications, removal of duplicated data entry, and mobility across systems)
- design digital systems to be predictive, intelligent and interoperable to support strategic and operational decision making – for example, enabling data sets to be triangulated to provide new insights; supporting real-time pulse surveys; and analysing EDI trends

Action 9

Collaborate at national, ICS and organisation level to optimise the procurement and the introduction of digital services, creating **more efficient and aligned digital services through using economies of scale** to provide richer, more timely insights to support decision-making. Organisation and ICS CPOs, within a national framework, should:

- ensure that digital services are procured in compliance with national technology standards and commercial digital frameworks (by 2023)
- leverage the use of procurement frameworks to adopt digitally enabled and intuitive transactional processes at all levels, including

the opportunities for efficiency through robotics, which will provide high-quality and responsive services that minimise time spent on administration in areas such as pay and recruitment

Action 10

Organisations and systems should have **high quality reporting of people data and insights**, enabled through the use of digital services to support effective, informed decision making. To support this the national team will:

- establish data standards across multiple people digital systems to enable interoperability and informed decision making (by 2023)
- define a benchmarked set of key performance indicators for people services, with a consistent reporting framework (by 2023)
- create opportunities for organisations to share best practice and support learning and development (by 2025)

Action 11

Organisations, supported by the national team and arms-length bodies (eg HEE), need to **build digital capability, skills and leadership** at all levels of the people profession to enable and support the shift from transactional to transformational people services. Organisation and ICS CPOs should:

- use competencies, training and agreed standards to help build digital capability within the people profession, creating a supportive environment so that staff feel supported and skilled to embed the change to digitally-led services



Prioritising the health and wellbeing of all our people

We take a positive and proactive approach in supporting the health, safety and wellbeing of our NHS people, ensuring that work has a positive impact. We address health inequalities at work and in our communities.

For the NHS to deliver great patient care, our people need to be safe and healthy. The people profession should lead the development of an organisational culture that prioritises the health and wellbeing of our people.

The people profession should ensure that leaders and managers have the support they need to prioritise their own health and wellbeing so that they, in turn, can prioritise the health and wellbeing of their people.

People professionals need to ensure they understand where there are inequalities in staff health and wellbeing in their systems and organisations and take action to address them.

Action 12

The national team will develop a **standard set of skills, competencies and behaviours for leaders on health and wellbeing**, creating a core curriculum to be embedded locally. It will:

- continue to set out national direction on health and wellbeing, such as through operational planning guidance (by 2023)
- work with the profession to define metrics to be used locally and nationally, to measure and track the health and wellbeing of our people (by 2023)
- define minimum standards for the physical work environment that supports good health and wellbeing, such as access to rest spaces (by 2023)
- formalise an approach to ensure rapid access to core health and care services when our people need it, to enable people to feel well and supported to get back to work quickly, wherever possible (by 2025)

Action 13

Systems and organisations must formalise **governance arrangements** for overseeing the health and wellbeing of its people, which is a core responsibility. Organisation and ICS boards should:

- appoint the CPO, or equivalent, as the accountable lead – working with the board-level guardian for staff health and wellbeing
- consider staff health and wellbeing metrics with the same scrutiny as operational and financial performance
- support the development and sharing of evidence and best practice, alongside ICS and regional people boards

Action 14

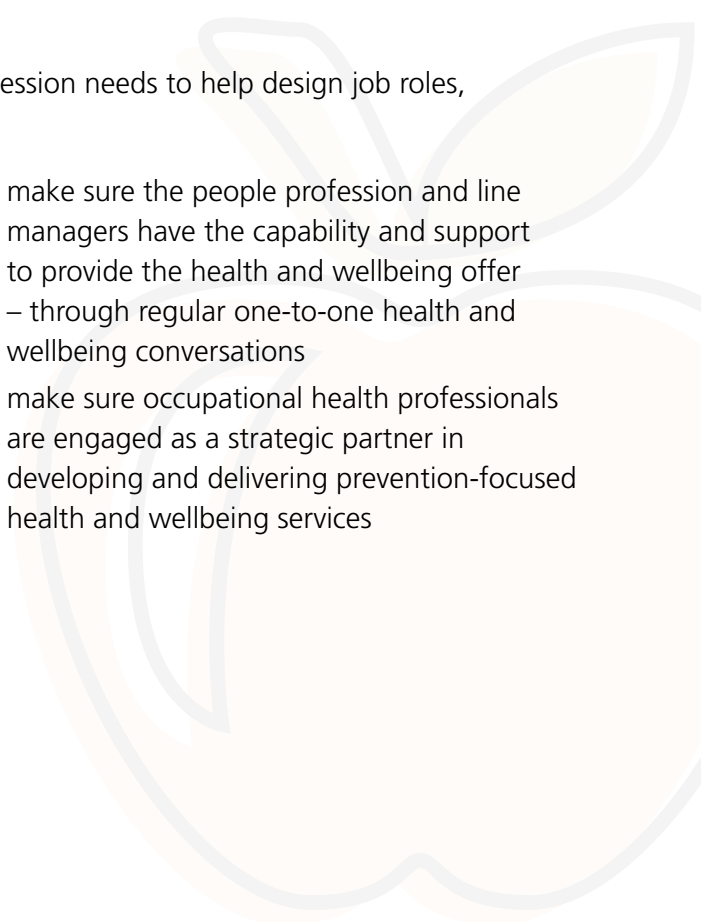
Organisations and systems health and wellbeing plans reflect national plans and local priorities. Organisation and ICS CPOs should:

- embed best practice from the NHS Health and Wellbeing Framework for the whole NHS workforce
- embed a standard set of skills, competencies and behaviours for leaders on health and wellbeing – with shared responsibility between line managers and their people professional team
- ensure that estates and facilities teams are key partners in how the physical work environment is improved for our people, to support their health and wellbeing

Action 15

Prevention is always better than cure. The people profession needs to help design job roles, to provide our people with good work.

- review and baseline their current offer, including identifying which areas to enhance or evolve
- personalise the health and wellbeing offer to reflect the diverse needs of our NHS people, taking into account population health information
- make sure the people profession and line managers have the capability and support to provide the health and wellbeing offer – through regular one-to-one health and wellbeing conversations
- make sure occupational health professionals are engaged as a strategic partner in developing and delivering prevention-focused health and wellbeing services





Ensuring **inclusion** and **belonging** for all

We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equity for everyone.

Our NHS people do their best work in strong teams where they feel that they are valued and that they can make a difference to others. Our People Promise is that all NHS teams, organisations and systems must have a compassionate, inclusive and equitable culture – where everyone feels that they belong.

The people profession will develop leaders and teams to have the capability, skills and understanding to create working environments where all our NHS people prosper, thrive and fulfil their potential – without discrimination – and where there is equity of outcomes for all staff.

Action 16

National bodies will align the approach to national equality, diversity and inclusion policy and set clear standards and competencies. The national team will:

- engage with regulators (such as the Care Quality Commission [CQC] and the Health and Safety Executive) to provide influence and ensure greater emphasis is placed on EDI and employee experience measures when assessing organisational performance (by 2023)
- Identify EDI standards and expertise as core competencies within the people profession, to be tested during recruitment, promotion and appraisal with support provided for development (by 2023)
- work in partnership with the CIPD to develop and accredit standards, competencies and skills in EDI (by 2023)
- support the implementation of the NHS Director Leadership Competency Framework in relation to EDI (by 2023)
- develop resources for leaders and line managers, through co-creation, to help them deliver compassionate and inclusive people practices (by 2023)

Action 17

All organisations must have a **talent management strategy and recruitment and careers pathways that address under-representation** and lack of diversity.

Organisation and ICS CPOs should:

- overhaul recruitment processes to take account of EDI considerations and be responsive to personal circumstances
- provide appropriate developmental support and pathways, including coaching, mentoring and role modelling for staff in under-represented groups
- ensure that all job appointment processes, including promotions, include evidence of the candidate's personal positive impact on equality, diversity and inclusion in the workplace
- ensure that high-potential individuals from under-represented backgrounds have a clear development plan, to help them reach their potential

Action 18

Every team, organisation and ICS must **champion policies and practices that achieve tangible, measurable improvements** to the culture within the NHS – particularly on equality, diversity and inclusion. Organisation and ICS boards should:

- ensure that all individuals, teams and organisations have measurable objectives on EDI, including all board members
- ensure equality impact assessment tools are used to inform decision-making at all levels and periodically reviewed to assess progress
- take account of and explicitly address issues of equality, diversity and inclusion in culture change programmes
- monitor key indicators of impact – to include as a minimum the [Workforce Race Equality Standard](#), [Workforce Disability Equality Standard](#), gender pay gap assessment, and NHS staff survey data to pick up other protected characteristics

Action 19

Every team, organisation and ICS must have a **systematic way of capturing and understanding our people's lived experience** of, and concerns in relation to, equality, diversity and inclusion – and take responsibility for addressing them. Organisation and ICS CPOs should:

- build on existing interventions and develop new mechanisms to support our NHS people to speak up and feel heard, without fear of reprisal – including staff networks, freedom to speak up channels and trade unions
- create an open, productive and learning environment that educates and addresses privilege and everyday bias
- create a continuous improvement process, through seeking regular feedback
- develop skills and capability across the people profession to equip them to connect with staff and communities affected by discrimination and bias, so that they can better effect change

Action 20

The people profession must help develop and embed a 'restorative just culture' across organisations and systems that helps to eliminate cultures that propagate blame or fear. Organisation and ICS CPOs should:

- embed the principles of a restorative just culture into all people practices, for example employee relations, leadership and talent frameworks
- implement healing, compassionate interventions and programmes for staff who have experienced hurt due to people practices, incivility, bullying/harassment and/or discrimination
- develop leaders and line managers at all levels to create psychological safety within teams to enact and sustain consistency of restorative just cultures



Creating a **great employee experience**

We understand the diverse needs, expectations and experiences of our NHS people, and use that insight to tailor our people services. We attract and retain people in health and care, creating a positive impact on our communities.

The people profession will focus on creating a great employee experience, making sure jobs are designed to provide good work, so that people can thrive at work – delivering and supporting high quality patient care and services.

Action 21

The national team will provide support and guidance for systems and organisations to enable them to **improve the experience of current and future staff**. It will:

- establish a range of ways to measure employee experience that complement the staff survey, to be included in performance dashboards across NHS organisations and systems and to be used to benchmark, learn and improve (by 2023)
- provide advice, guidance and support on how to promote the full range of careers in the NHS, including sharing good practice (by 2023)

Action 22

Organisations and systems need to understand the experience of their people to enable them to create great places to work, to enable individuals and teams to thrive, and to deliver great patient care. Organisations and systems need to establish their approach to **board-level accountability for staff experience**, including the People Promise. Organisation and ICS boards should:

- formalise governance and reporting arrangements for overseeing employee experience, by appointing the CPO (or equivalent) as the accountable board-level lead
- build employee experience metrics into performance dashboards so they have the same weight as other forms of performance data

Action 23

Organisations and systems must embed the **People Promise — by building on the strong NHS brand, values and proposition to attract and retain** our NHS people. Organisation and ICS CPOs should:

- review regularly what staff in all parts of the organisation, at all stages of their careers, are saying about ‘what it is like to work here’.
- develop clear plans to improve employee experience, based on evidence and staff suggestions
- understand why people leave the NHS and take systemic action to address the causes, working with leaders and line managers to create a vibrant employment value proposition
- design job roles proactively to ensure they are fulfilling and meaningful and support good staff health and wellbeing

Action 24

Organisations and systems need to develop strategies to make health and care **the first choice for local employment** using our position in anchor networks. Organisation and ICS CPOs should:

- develop plans to capitalise on the strong NHS brand, values and proposition to attract people to a career in health and care.
- communicate the core NHS employment offer with creativity and pride, reaching a wide range of audiences
- develop greater insight, supported by data, into what is attracting people to health and care careers, to enable more tailoring and targeting
- use innovative ways to bring to life the breadth of roles and career opportunities in health and care and diverse routes into employment, including through volunteering, work experience and apprenticeships

Action 25

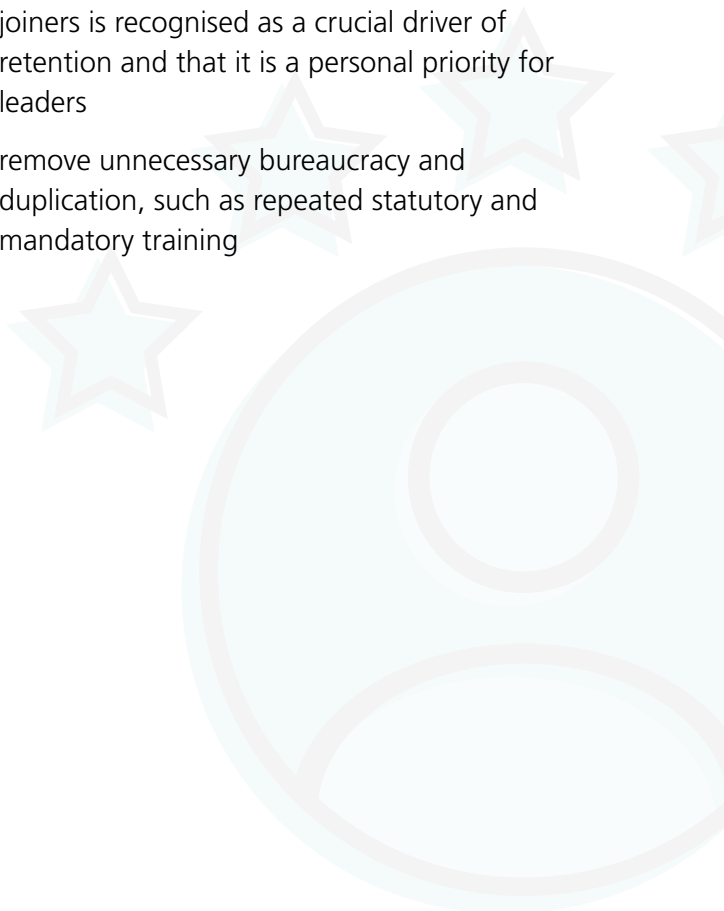
Organisations and systems should use **fair, inclusive and modern recruitment methods** and simple processes to provide a high-quality candidate experience. Organisation and ICS CPOs should:

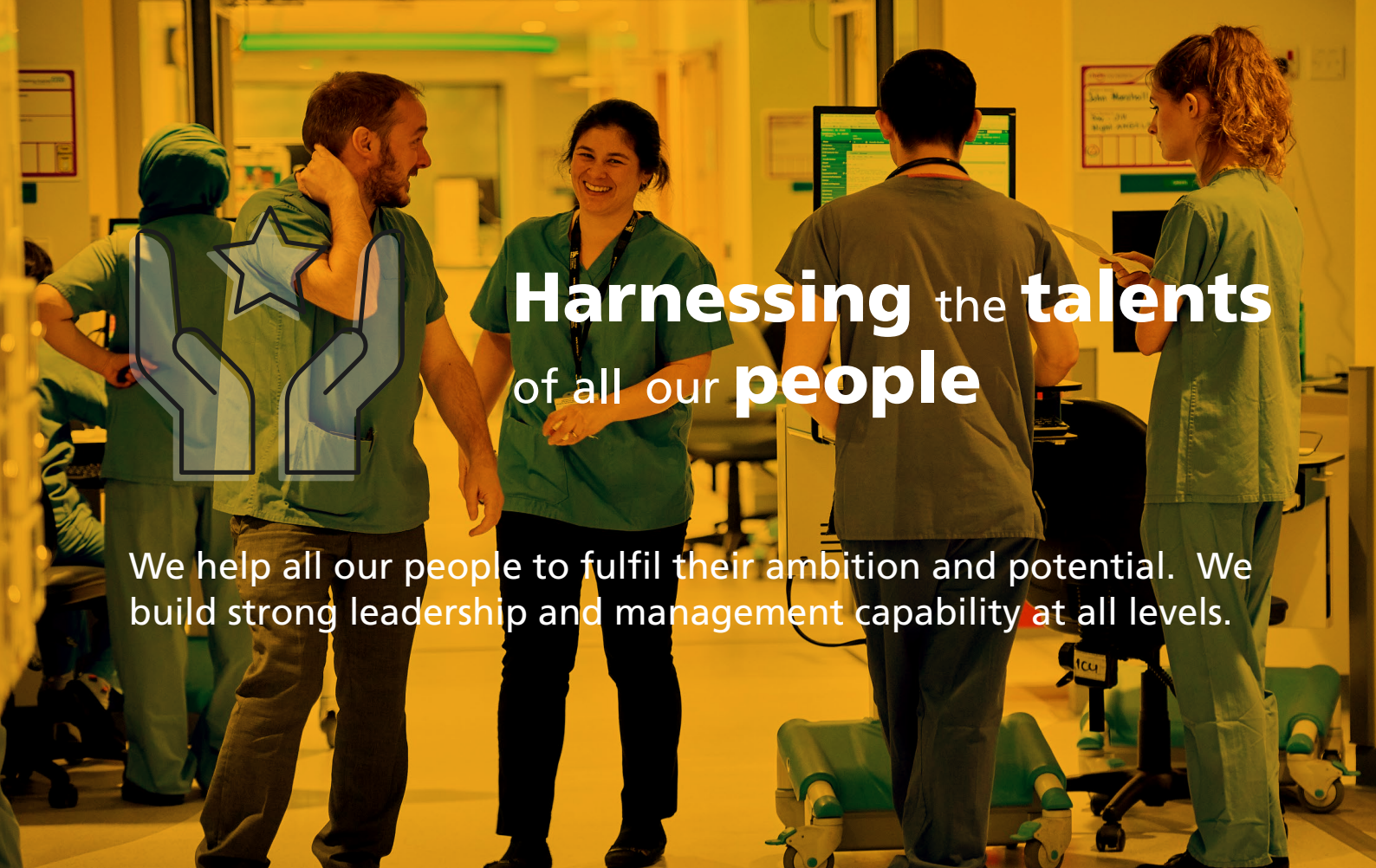
- design recruitment processes to focus on skills and competencies, enabling potential candidates to demonstrate how their skills could best fit with roles
- use technology to create a ‘frictionless’ recruitment pathway that improves the candidate experience
- use the opportunity to recruit at scale across a system, to create a more open and efficient process

Action 26

Organisations and systems should create **strong onboarding processes** that reflect the People Plan and People Promise. Organisation and ICS CPOs should:

- ensure that welcoming and onboarding new joiners is recognised as a crucial driver of retention and that it is a personal priority for leaders
- remove unnecessary bureaucracy and duplication, such as repeated statutory and mandatory training





Harnessing the talents of all our people

We help all our people to fulfil their ambition and potential. We build strong leadership and management capability at all levels.

Everyone should be able to have a fulfilling career and be able to access the right development opportunities for them.

The people profession should lead action to make sure this happens across organisations and systems, supporting line managers and leaders to build their skills at talent management and development. Attracting, developing and retaining talented people from all backgrounds, is a key commitment in our People Promise.

Action 27

The national team will develop a framework for talent management, to set out core elements that should be adopted across all systems, with flexibility for local adaption. The national team will:

- develop clear standards and responsibilities, and practical support for organisations and systems for talent management (by 2023)
- use digital talent-management tools and platforms to enable a single view of talent across the NHS, including skills, experience, progression readiness, talent assessment and mobility preferences (by 2025)

Action 28

Organisations and systems must have **formal governance in place to enable senior involvement and oversight** in talent management, succession planning and development. Organisation and ICS boards should:

- enable CPOs, or equivalent, to chair people boards that adopt and adapt the national framework locally and oversee the approach to apprenticeships, talent development and mobility
- ensure the CPO, or equivalent, is involved in all senior appointments and performance management discussions about senior staff
- engage all professions within talent and leadership strategic planning in designing a common framework and driving the agenda
- ensure that chairs, chairs of the remuneration committee, chief executives and CPOs or equivalent collaborate on talent development
- build non-executive director capability and ensure that a defined board subcommittee owns the talent and leadership agenda

Action 29

Organisations and systems need to **proactively set the direction for talent management**, working collaboratively with all partners across systems to a common framework. Organisation and ICS CPOs should:

- lead the long-term talent strategy – building capabilities for all people leaders with an explicit focus on addressing issues of equality, diversity and inclusion
- set expectations that normalise talent mobility, alongside support programmes that encourage movement
- prepare aspiring leaders through proactive development and stretch opportunities well in advance of being appointed into a leadership or line-management role
- design the approach for consistent succession-planning processes, tools and approaches for key leadership roles across the system
- use data and insights to provide a holistic view of local talent pipeline for talent managers and leaders
- develop a system-level skills recognition and certification programme that facilitates talent mobility
- make sure line managers are developed and supported to achieve their talent management responsibilities
- develop an alumni programme to create an additional, flexible talent supply

Action 30

Organisations need to support leaders and line managers **to understand the needs, expectations and aspirations of their teams**. People professionals will play a leading role in intentionally building capability and space for leaders and line managers to prioritise and effectively lead for talent, enabling them to spot, develop and nurture talent at all levels. Organisation and ICS CPOs should:

- ensure that all professions and staff groups in the NHS are developing talent
- provide support for development that focuses on sideways moves and broad development – not just 'upwards' progression
- create a careers-advice approach within the NHS, using interactive tools and support mechanisms to help our NHS people and potential new joiners understand how to navigate careers in the NHS and what opportunities could be available to them



Enabling new ways of **working** and **planning** for the **future**

We enable our people to work differently, to support new models of care. We anticipate the needs of the health and care system, and play our part in creating a sustainable supply of workforce which meets the needs our patients now and for the future.

Workforce planning needs to be rooted in understanding of the future health and care needs of the population at local, system and national level. This understanding can be used to drive workforce, service and financial planning.

The people profession has a leading role to play in workforce planning, both in the short and longer term, including in designing roles that provide good work and supporting its implementation.

Action 31

Systems need to lead **comprehensive 'planning for the future'**: developing workforce plans, based on service planning, to meet population health needs – with clear actions for meeting the plans through new ways of working and growing the workforce. System and organisation CPOs should:

- develop governance and infrastructure that enables workforce plans to align with local service and financial planning, HEE plans and the responsibilities set out in guidance on the [ICS people function](#)
- take account of the needs of the whole health and care sector and its workforce in planning for the future, taking a 'one workforce' approach across the NHS (primary and secondary care), social care and the independent and charity sectors
- use workforce plans to help shape the local and national education and training needs, recruitment and retention and workforce transformation
- continue to evolve the approach to workforce planning, to take account of new ways of working and workforce transformation
- support the embedding of new roles into multidisciplinary teams, to make the most of the available skill mix

Action 32

DHSC, HEE and NHS England and NHS Improvement national and regional teams will work together to support further **development of workforce planning capacity and capability**. The people profession should be supported and developed to carry out planning directly, and through convening and facilitating other key partners (including clinical leaders, finance and service planners). National and regional teams will work together to:

- help develop and promote tools that support clinical, people professionals and other specialist leaders, to plan for workforce needs (by 2023)
- consolidate training materials and a programme of development to support the people profession grow and evolve its skills and capacity in workforce planning (by 2023)

Action 33

Organisations and systems need to ensure that planning for the future, including workforce planning, is **digitally enabled** and draws on **more robust and timely data**. Organisation and ICS CPOs should:

- ensure that digital planning tools (such as e-rostering and e-job planning) are fully implemented, to support the day-to-day deployment of staff across the ICS
- ensure better use of digital planning tools, to improve data quality – making it more accurate and timely, supporting more accurate medium-term and long-term planning
- work with systems to understand their planning needs, then develop common data standards to allow data to be shared. This will enable them to build workforce planning platforms that use improved existing data and integrate across existing tools

Action 34

Organisations and systems need to **support our people to work differently and more flexibly** to support action to deliver care to patients in new and different ways. This will mean actively designing teams around the full range of experience and capabilities of their clinical and non-clinical staff, including those in partner organisations and volunteers. Organisation and ICS CPOs should:

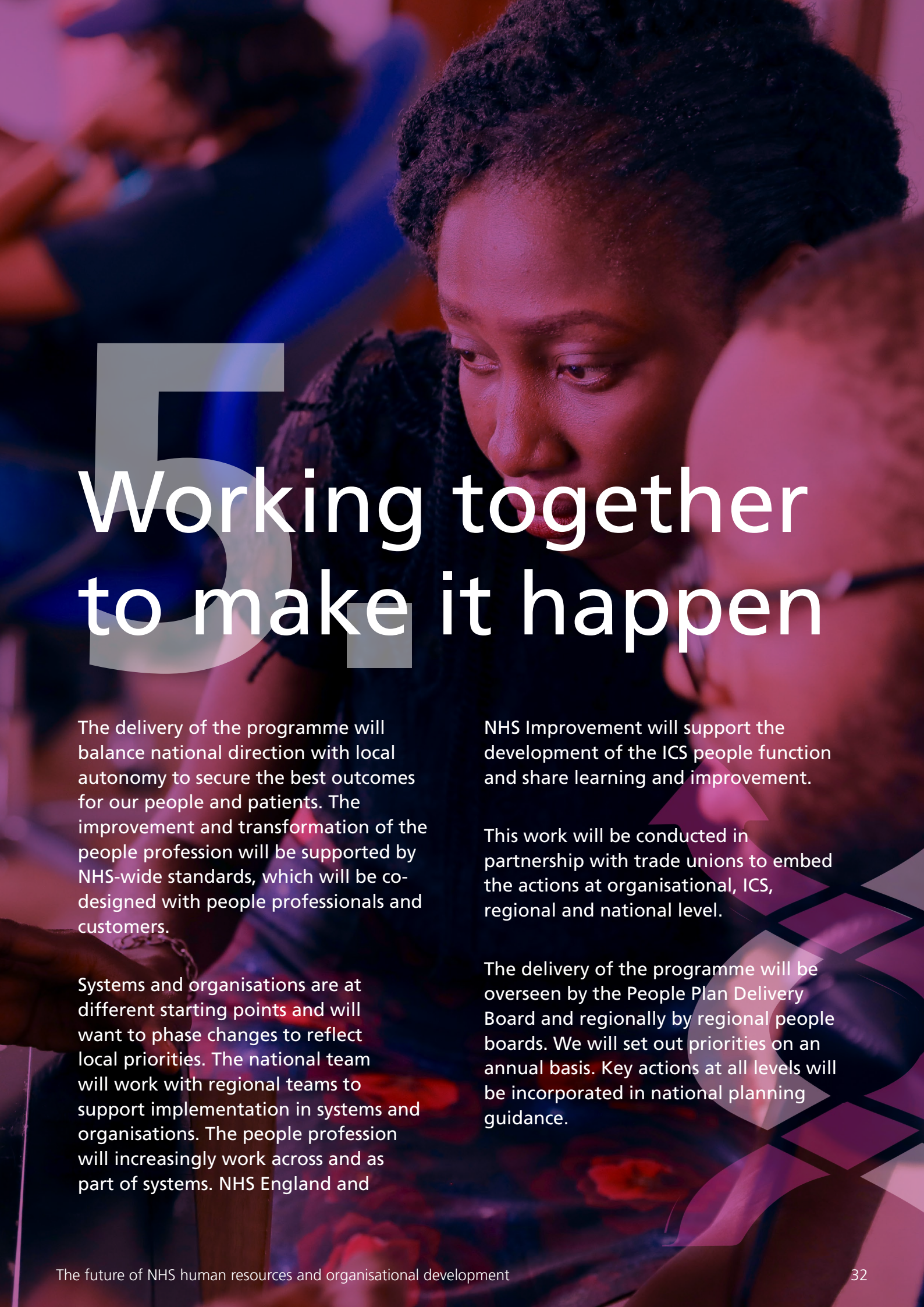
- lead planning on the opportunities of new ways of working and new roles to transform service delivery and achieve sustainable workforce supply
- enable our people to access wider opportunities across the system, supporting their development and helping them gain wider experience
- consider different employment models, to enable more flexibility in the movement of staff across the system to work in different teams
- implement digital staff passports, to enable seamless moves between teams and organisations
- use the benefit of scale to develop shared bank and temporary staffing arrangements
- ensure the benefits from remote and virtual working are carefully considered and benefits realised for the long term

Action 35

Organisations and systems should continue to lead action to **address local supply issues, using the benefit of scale** wherever possible and innovative approaches that broaden access to roles for the local community. Organisation and ICS CPOs should:

- support the introduction and embedding of new roles and new ways of working into the service – such as advanced clinical practitioners
- build strong relationships with local communities to share the opportunities working in the NHS and wider health and care service can bring, encouraging social mobility
- implement approaches that use the benefit of scale, such as running larger-scale recruitment rounds that cover multiple providers
- adopt a wide range of supply approaches, including those that may only provide benefit in the longer term, including traineeships, work experience and volunteers
- embed the use of apprenticeships across different settings (clinical and non-clinical), such as locally commissioned apprenticeships
- establish, or become part of, volunteer services that make sure volunteers receive appropriate support and training and are made to feel a true part of the team support schemes such as the NHS cadets and NHS reservists, to support people from under-represented groups to embark on health and care careers





5 Working together to make it happen

The delivery of the programme will balance national direction with local autonomy to secure the best outcomes for our people and patients. The improvement and transformation of the people profession will be supported by NHS-wide standards, which will be co-designed with people professionals and customers.

Systems and organisations are at different starting points and will want to phase changes to reflect local priorities. The national team will work with regional teams to support implementation in systems and organisations. The people profession will increasingly work across and as part of systems. NHS England and









NHS Improvement will support the development of the ICS people function and share learning and improvement.

This work will be conducted in partnership with trade unions to embed the actions at organisational, ICS, regional and national level.

The delivery of the programme will be overseen by the People Plan Delivery Board and regionally by regional people boards. We will set out priorities on an annual basis. Key actions at all levels will be incorporated in national planning guidance.

The full implementation of the recommendations in this report will support the delivery of the People Plan and embed the People Promise for all staff.

Alongside the above priorities for the national team, organisations and ICSs will wish to develop their response to this report. The immediate priorities for organisations and systems are set out below.

Action	ICS and organisation priorities to March 2023
<ul style="list-style-type: none"> All trusts to ensure that they have appointed a director of human resources/chief people officer as a member of their board. 	
<p>Supporting and developing the people profession Actions 2 and 3</p> 	<ul style="list-style-type: none"> Develop professional development plans for their teams, optimising use of apprenticeship levy
<p>Leading improvement, change and innovation Action 6</p> 	<ul style="list-style-type: none"> Review allocation and distribution of people function resources to ensure alignment with the People Plan, NHS Long Term Plan and local system priorities Create plans for system-level consolidated and simplified transactional people services
<p>Embedding digitally enabled solutions Action 8</p> 	<ul style="list-style-type: none"> Optimise the adoption of current people digital solutions Create plans and commence action to align and harmonise digital strategies and solutions, across providers wherever possible, to enable more joined-up
<p>Prioritising the health and wellbeing of all our people Actions 13 and 15</p> 	<ul style="list-style-type: none"> Build health and wellbeing metrics into performance dashboards and consider them with the same scrutiny as operational and financial performance Review and baseline the current health and wellbeing offer, including identifying which areas to enhance or evolve
<p>Ensuring inclusion and belonging for all Actions 17 and 18</p> 	<ul style="list-style-type: none"> Embed the overhauled recruitment processes to take account of EDI considerations Ensure that all individuals, teams and organisations have measurable objectives on equality, diversity and inclusion, including all board members
<p>Creating a great employee experience Actions 21 and 24</p> 	<ul style="list-style-type: none"> Build employee experience metrics into performance dashboards Develop strategies to make health and care the first choice for local employment
<p>Harnessing the talents of all our people Action 29</p> 	<ul style="list-style-type: none"> Proactively set the direction for talent management and start embedding the approach
<p>Enabling new ways of working and planning for the future Actions 31 and 35</p> 	<ul style="list-style-type: none"> Develop system workforce plans that align with local service and financial planning, HEE plans and the responsibilities set out in the guidance on the ICS people function Lead action to address local supply issues, using the benefit of scale wherever possible and innovative approaches that broaden access to roles for the local community



Annex A: Developing the report

Both the Interim NHS People Plan (June 2019) and We Are The NHS: People Plan for 2020/21 – action for us all (July 2020) committed to a review of NHS HR and OD. The programme to develop a future vision for HR and OD was commissioned by the NHS Chief People Officer in 2020, and the programme began in January 2021.

The programme had three aims:

- to produce a baseline of people services across the NHS and understand what the people profession needs to fully implement the People Plan and People Promise
- to determine a shared vision for the future
- to recommend how the vision can be realised by 2030

The work was developed in line with the following principles:

- engage the people profession, and the customers they serve, to co-design the vision and plan for realising it
- consider external perspectives, external benchmarks and wider contextual realities for the people profession
- explore the role of the people profession in improving health, and health care
- better understand and address challenges related to equality, diversity and inclusion for and within the people profession
- understand the development needs of the people profession required to meet health and care needs – both today and in the future
- collect and share examples of good practice from across the people profession

The senior responsible officer for the programme was Thomas Simons, Chief HR and OD Officer for NHS England and NHS Improvement, supported by a dedicated team in the People Directorate.

The programme had input from a steering committee comprising the NHS Chief People Officer and members of her senior team, DHSC, HEE, NHSX, NHS Employers, HPMA and the CIPD.

The programme was also actively supported by three advisory groups made up of chief executives, heads of profession and HR directors.

The HR Directors Advisory Group members, which met every two weeks, was critical to ensuring that the programme connected with the service regularly (through regional networks) and provided advice from senior people professionals and led the working groups in developing recommendations.

The team worked with three external partners: Lancaster University Management School, CIPD and EY. They provided global experience, best practice, academic rigor and evidence, as well as thought leadership in human resources, organisational development, digital technologies and talent management. They were also supported by Clever Together – specialists in facilitating digital crowd conversations and co-creative processes – who brought the voices of stakeholders from across the NHS to the fore in two 'Big Conversations'.





Methodology

The programme had two phases of work: the research phase and the development and testing phase (described below). At each stage, the work was co-created and tested with the people profession and key stakeholders.

Phase 1: Research

The research phase aimed to gain a qualitative and quantitative understanding of the key issues, challenges and ambitions of the people profession.

Extensive engagement was carried out with people professionals and their customers, along with organisations working with them across national, regional, system and local boundaries.

External partners, including CIPD, used several evidence-based diagnostic tools and surveys to build up a clear picture of the key issues. This was supported by desk-based research, using available data such as the [NHS Model Health System](#), and working sessions.

Phase 2: Development and testing

This phase of the programme concentrated on developing recommendations to realise the vision for 2030. This was done by working groups comprising senior leaders from the NHS England and NHS Improvement People directorate, chief people officers and subject experts, through weekly meetings.

The vision and recommendations were tested back with members of the people profession and their customers through a second programme of engagement events, including another Big Conversation. The project steering group, CEO group and HR Advisory Group also provided feedback, along with further scrutiny and challenge.

Annex B: Summary of research findings

An independent review of the people profession¹ revealed that its capabilities are above average compared with other sectors, with strong functional maturity in individual provider functions. Meanwhile, in the research for this report,² colleagues across the NHS said they strongly valued the contribution of the people profession.

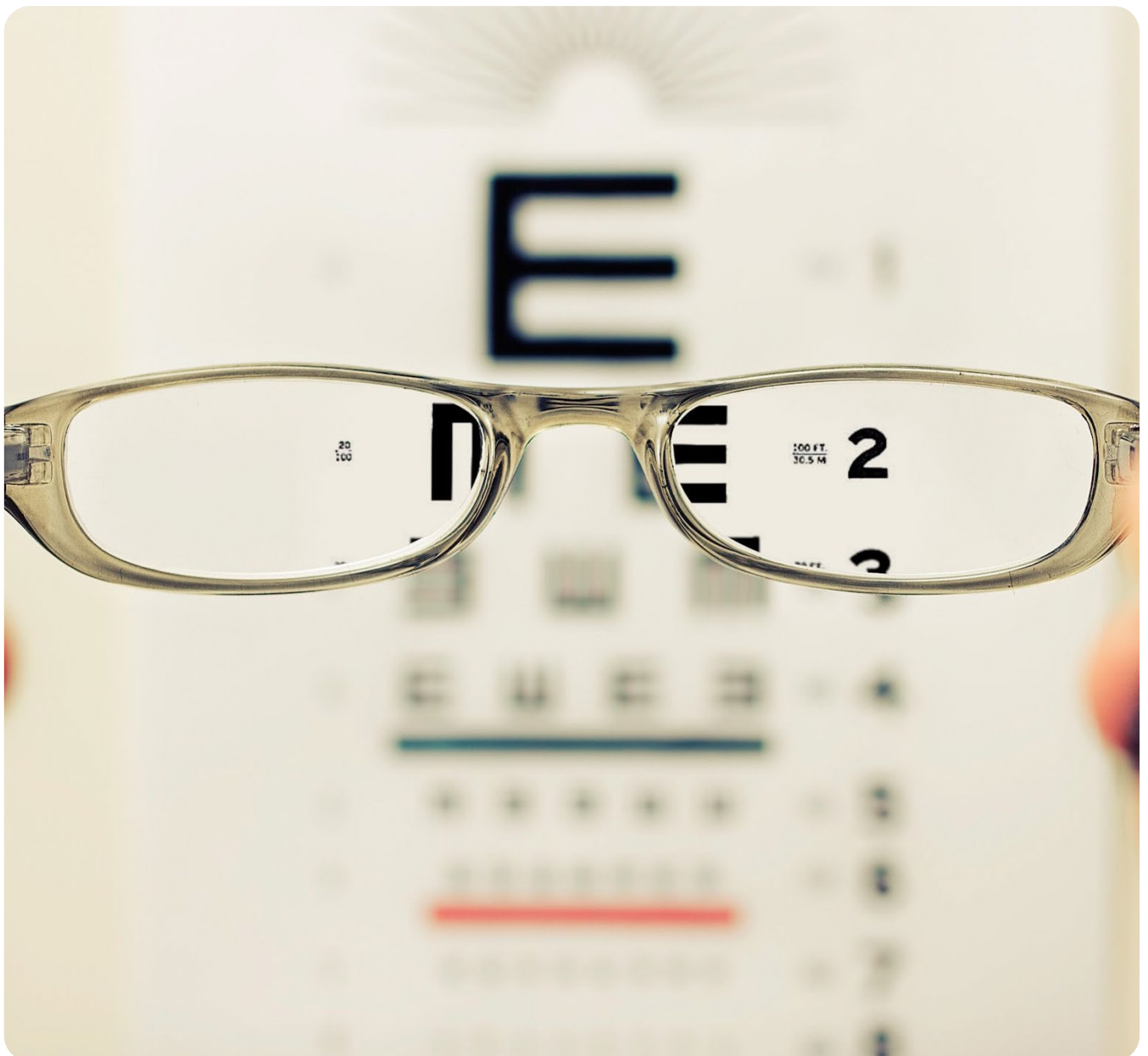
This annex sets out the research findings that underpin the vision.

¹ See research undertaken for the purposes of this report (CIPD Impact Tool).

² See outputs of the Big Conversation and research undertaken for the purposes of this report.

The research for this vision highlighted some areas of excellence in the NHS people profession:

- The first ever NHS People Plan provided clarity, focus and a common set of goals to align local strategies and national initiatives. This provided a more consistent focus on delivering what matters to our NHS people
- The pandemic provided significant opportunity for the people profession to play a strong role and demonstrate added value, by responding to the needs of our NHS people
- Respondents cited examples of strong collaboration and an excellent array of HR and OD networks and forums, such as regional networks and the Chief People Officer webinar, to share good practice
- Respondents highlighted a strong a co-ordinated response to national initiatives, such as mental health support and access to employee health and wellbeing apps



How people services are currently delivered within the NHS

A detailed review of people services for this report³ found an above average capability of people functions. If work processes and practices were standardised and shared, we could build on these instances of high-quality and use our resources more effectively.

³ See research undertaken for the purposes of this report (CIPD Impact Tool).

Most NHS organisations arrange and deliver their people services separately, with each employing its own people professionals and developing its own strategy, and the research identified significant variation in the way these are provided. Organisations employ many different work processes, using a wide array of software to deliver different functions. Some outsource parts of the service, while in primary care there is little access to these services at all. Most have a senior people professional within the executive team, or around the board table – but not all. Neither do all organisations make sure line managers take sufficient accountability for their people management responsibilities.

These differences mean that our NHS people have a range of experiences depending on which part of the health service they work in and the expectations and accountability of their leaders and line managers. It is not unusual for NHS organisations to compete for talent and resources.

Nevertheless, there is growing collaboration across organisational boundaries and some vertical and horizontal integration. So far, this

has been locally led, with varying models across the country, but the development of integrated care systems will accelerate this collaboration across organisations and providers. The people profession will need to adapt and work differently to make sure people services are properly aligned across systems.

Key themes to address include:

- equality, diversity and inclusion
- culture and strategic positioning
- technology and data
- employee experience and wellbeing
- workforce planning
- professional development
- structure and process
- integrated care systems
- talent, leadership and line management
- organisational development



Where we are: evidence, by theme

The remainder of this annex summarises the evidence gathered for the purposes of this report to provide a snapshot of people services in early 2021. The findings are set out within each of the key themes shown in the box above.

Equality, diversity and inclusion

- **Strategic direction:** While there are examples of good work data such as WRES, WDES and staff survey results show a lack of strategic impact.⁴
- **Governance and quality standards:** There is a lack of emphasis on EDI and other staff experience metrics in assessments of organisational performance by regulators such as the CQC.
- **Accountability:** Ownership of the EDI agenda by boards, senior NHS leaders and people functions is inconsistent, perpetuating inequality at all levels.
- **Experience:** The EDI indicators within the National NHS Staff Survey show wide gaps between the worst- and best-performing trusts. Our NHS people, leaders, and everyone we work with need to do more to treat BAME, disabled and LGBTQ+ colleagues in an equitable manner.⁵
- **Access to learning:** There is limited training on offer to enable people professionals to become role models for EDI, to guide

and support leaders. As the training that is available has not been evaluated, the impact has not been measured.

- **Belonging:** People professionals identified creating a sense of belonging and an inclusive environment as a key priority and felt there was significant work needed to achieve it.
- **Networks:** There are excellent staff and professional networks, using lived experience to inform action. These represent opportunities to build on good practice, encourage collaboration as well as learn and share from each other.
- **Impact:** Data⁶ and lived experience shows that the NHS and the people profession have much more to do to reduce bias and discrimination and improve experience in the workplace.

⁴ WRES and WDES data – supported by consecutive NHS staff survey results.

⁵ HPMA London Academy. Experience of HR and OD professionals from BAME communities in the NHS. 2020. [cited 2021 June 08]

⁶ WRES, WDES and NHS Staff Survey results

Cultural and strategic positioning

- **Increased profile:** The people profession has risen to the challenge of COVID-19, demonstrating the value it adds to the service and the importance of the people agenda.
- **Strategic positioning:** Not all people professionals have a seat at the executive or board table and the people profession is still sometimes seen as a cost centre rather than a strategic partner to drive transformation and change.
- **Impact:** Much resource at provider level is spent on transactional activities rather than activities that improve patient care and outcomes. There is a need to measure the people profession on its impact on culture and behaviour as well as on transactional effectiveness.
- **Reporting requirements:** The multiple reporting requirements at national and system level are not joined up and limited reporting capabilities. As a result, this is often a time-consuming manual process.
- **Leaders and managers:** Capabilities of leaders and managers are highly variable, impacting on the experience of staff.

Technology and data

- **Data systems:** Out-of-date systems make it difficult to gain a snapshot of core people data across the NHS, impeding cross-organisational working.
- **Procurement:** The lack of a consistent framework for procuring people systems has led to a situation where multiple systems are being deployed by providers, duplicating efforts to secure funding. This results in lost opportunities to share purchasing power and learning.
- **Interoperability:** Limited interoperability between systems makes it difficult to analyse people data to measure and improve performance and increases the amount of manual work involved in reporting on key metrics.

- **Self-service:** Frequent challenges with managing self-service and people analytics through core HR information systems create a poor user experience and prevent systems being used to their full potential.
- **Digital capability:** Levels of digital capability across the workforce result in missed opportunities to optimise the experience of the NHS (as an employer and provider of health services) and to improve our responsiveness and efficiency.
- **Integration:** Better integrated systems analytics would save time and money and further support the people profession to deliver better services to our customers.

Employee experience and wellbeing

- **Prioritising wellbeing:** The COVID-19 pandemic has brought the importance of employee experience and wellbeing into sharp focus and the NHS has been responding to this need.
- **People initiatives:** There are excellent examples of people initiatives in EDI and wellbeing. However, because these are delivered inconsistently and line management is variable, the lived employee experience varies greatly across the NHS.
- **Surveys:** The NHS Staff Survey provides an excellent opportunity to benchmark employee experience, but employers need access to real-time data so they can be more responsive to need.
- **Value proposition and brand:** The NHS employee value proposition should be strengthened. There is a strong NHS brand, but it is not always used to best effect, to attract new talent into the NHS.

- **Employee offerings:** Competition between trusts has led to a divergence in the use of rewards and benefits and much is dependent on local organisations' reward strategy and available budgets.
- **Partnership working:** There is strong collaboration and working with trade unions. However, much time is spent reviewing, negotiating and updating policies.
- **Just and restorative culture:** Some trusts have reorientated their people policy and working practices towards a just and restorative culture, reducing systemic discrimination, but there is a need for all people functions to implement this approach.

Workforce planning

- **Real-time data:** The NHS needs a cross-organisational view of talent and a centralised capability database to enable people to move between organisations and systems. This will help the people profession plan and deploy the workforce, to meet patient needs.
- **Systems-level planning:** Incomplete data and a lack of interoperability – coupled with a lack of alignment between local, system and national workforce planning – make it difficult to plan services across different parts of the health and care infrastructure.
- **Alignment:** Nationally, there is a disconnect between long-term workforce supply predictions, education and commissioning and the workforce numbers needed to meet health and care demand.

Professional development

- **Development:** There is some excellent HR and OD development but no consistent approach. Delivery is often siloed and not offered universally. The profession does not have a clear view of the capabilities that must be developed to meet the future needs of the NHS.
- **Standards:** There is no consistent approach to applying a clear set of professional standards and competencies.

- **Equity:** There is an under-representation of people with protected characteristics in the people profession – especially in senior roles.
- **Continuous learning:** The people profession lacks the infrastructure required to build a culture of continuous learning across the NHS or for OD capability to systemically help form and develop high-performing teams.
- **Investment:** There is inconsistent commitment to the development of people professionals in different parts of the service. For example, some NHS organisations sponsor CIPD qualifications, while others do not.
- **Professionalism:** Connection to professional bodies and adoption of evidence and research from academia could be strengthened.
- **The future generation:** Currently, there is no coherent talent pipeline into, or within, the profession.

Structure and process

- **Process and delivery:** There is considerable variation in different organisations' process and delivery, leading to duplicated efforts and an inconsistent user experience.
- **People policies:** Each organisation has multiple, complex people policies that are cumbersome and labour intensive to interpret, implement, administer and update. Work is duplicated among different local employers.
- **Core processes:** Core processes are too complex. Our NHS people and their line managers waste time doing simple things that could be simplified and automated – particularly as they move across and within systems.
- **User experience:** People services do not consistently canvass the views of their customers to continuously build and improve the service. There is no regular customer feedback mechanism to track progress.
- **Initiatives and programmes:** Colleagues across the NHS have developed multiple people-related initiatives and programmes – for example, in wellbeing, EDI and workforce planning.

Integrated care systems

- **ICS strategy:** Integrated care systems are not yet statutory bodies, so in some areas the strategy for integrated, collaborative working is still in its infancy. The extensive benefits of system working for the people profession and the wider workforce are yet to be fully realised.
- **System working:** Often, competition between providers remains and there are missed opportunities to collaborate, leading to a lack of productivity.
- **Silos:** Primary and social care are often siloed within systems and excluded from key initiatives. Often, systems cannot access a view of the entire workforce. The provision of people services to primary and social care is variable and, in many cases, does not exist at all. This hampers work across the profession, including efforts to create workforce plans and talent pipelines.

Talent, leadership and line management

- **Line managers:** There is no universal expectation or standard for leaders and line managers at any level in the NHS. This means there is no agreed standard in the ability to create and sustain a compassionate and inclusive culture. Neither is there a mechanism for spotting or nurturing promising potential leaders.
- **Capability:** The NHS has invested in building strategic leadership capability, but the employee experience of leadership and line management depends on individual skills. Leaders who lack the skills to effectively manage the people issues for which they are responsible do not always get access to the development they need.
- **Talent management framework:** There is no agreed talent management framework used in the NHS and this makes it difficult to effectively mobilise talent within and across systems.

- **Accountability:** There are few consequences for line managers and leaders who do not fulfil their people responsibilities. This results in people professionals spending extended time focusing on tasks that affect the few, rather than those that affect the many.
- **Team development:** Although the evidence linking high-performing teams to patient safety is clear, there is no consistent approach in the NHS to developing teams and those who lead them. Some OD teams offer team development, but many do not. Where they do, the approach is seldom systematic.

Organisational development

- **Understanding:** There is a lack of shared understanding of what OD means, both within the profession and among stakeholders. 'People development' is often confused with 'organisational development'. Both are important and necessary.
- **Value and potential:** Limited value is placed upon OD compared to other aspects of the people profession. However, the potential of OD is increasingly apparent as the focus shifts towards addressing our organisational cultures and integrating services across organisations.
- **Capacity:** Although many members of the people profession contribute to developing our organisations, national benchmark data shows that only 6.2% of our resources are dedicated to OD. Increased capacity is needed to meet current and future demand.
- **A profession in itself:** The skills required to be an effective OD practitioner often mean that these staff have not come through the traditional HR route and are not fully integrated with the wider people profession. There is much to be gained from sharing and learning from each other.

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