

The NHS People Plan:

what is it, what is being promised, what does the BDA think, what are the BDA doing to support it?

Introduction

On 30 July, the [BDA published an initial response to the NHS People Plan](#) welcoming the plan whilst also highlighting some areas that could be improved. We asked members to come forward with any feedback and have taken this opportunity to develop a full response.

What it is

The '[Our NHS people promise](#)' provides promises that should be available to all who work for the NHS by 2024. It focuses on looking after each other, fostering a culture of inclusion and belonging, as well as action to grow and train the workforce, and collaborative working. The annual NHS Staff Survey will be redesigned to evaluate progress towards the people promises. We believe it is necessary that this is done in consultation with trade unions.

The People Plan sets out in more detail what staff can expect from the NHS for the rest of 2020 and into 2021 and how promises may be implemented. Integrated Care Systems (ICS) will lead and oversee progress towards the promises. The systems are encouraged to develop a local People Plan, organisations may also choose to have their own. The local People Plans will then be reviewed by regional and system People Boards (not yet established throughout England). As the third largest clinical workforce in the NHS, it is essential that People Boards include an Allied Health Professions (AHP) representative.

The plan highlighted the energy, creativity and drive that NHS workers have shown throughout the COVID pandemic. At the BDA, we have seen first-hand the dedication that the dietetic workforce has shown and continues to show to the people they serve and their colleagues throughout this time. We identified the importance of greater collaboration between services in our [COVID Discharge Policy Statement](#), we feel this collaboration should become standard practice amongst health and social care services. We want our members to feel included, respected and supported by the organisations they work in and therefore welcome these promises set out by the NHS.

Continuing Professional Development (CPD)

Dietitians highlighted a lack of CPD opportunity to be one of their biggest workload concerns (BDA, 2016). We are therefore pleased to see more funding is being made for CPD and supportive supervision, and feel it is important that this funding is directly accessible to staff. The current figure which is equivalent to £1,000 per person over three years would backfill a band 6 post for roughly 40 hours over three years (equivalent to around 1 day per month), without considering any additional training costs occurred. In order to support staff to develop their research skills and the evidence base, additional funding into NIHR fellowship schemes for all AHP's is required. Staff also need to be encouraged and supported to take these positions.

We believe that newly qualified members of staff require a commitment from the NHS to allow for imbedded preceptorship programmes, not just for those who have stepped up during the COVID pandemic, but for all those that are newly qualified.

To ensure the promise of first-class management and supervision is provided, a nationwide programme promoting supervisory training and preceptorship programmes, as well as the implementation is essential to ensure staff feel supported and nurtured to progress to their potential and to retain staff within the NHS.

Staff wellbeing

As set out in the plan, we believe that staff wellbeing services that were established as a result of COVID – including psychological support, Schwartz Rounds, workplace wobble rooms and free car parking for staff should extend beyond the pandemic.

The COVID response highlighted staff physical and mental health concerns, but we know that staff experienced similar issues prior to COVID. It is therefore important for this support to continue beyond the COVID pandemic.

We welcome the recommendation for all organisations to have a wellbeing guardian to look at the organisation's activities from a health and wellbeing perspective, and for all staff from September 2020 to have a health and wellbeing conversation and develop a personalised plan. 'Physically healthy work environments' acknowledge the importance of activity; however, we are disappointed that the importance of nutrition and hydration was not identified. As suggested in the NICE 'workplace health: management guideline', workplace health promotion programmes should incorporate both physical activity and diet. Therefore, improving nutrition and hydration needs to be an essential component of the health and wellbeing conversation. The [UK Allied Health Professions Public Health Strategic Framework](#) recommend the expertise of AHPs are used to protect and improve the health and wellbeing of the health and care workforce. As the experts in food and nutrition, Susanne Rastrick (NHS England's Chief AHP Officer) previously encouraged the NHS to use its dietetic workforce to assist in the delivery of workplace health initiatives. We would therefore like to see our accredited [BDA Work Ready](#) dietitians programme being implemented across the NHS to support trusts with making and maintaining healthy workplaces.

The people plan acknowledges that employers should ensure people have sufficient rests and breaks. To provide a consistent approach and enable the environment to implement this, we feel it would be helpful to stipulate what the minimum should include and how they will be supported to do this.

New approaches

Where new approaches have worked well, the plan acknowledges that we should adopt these systematically. We would like to see a process to identify these new approaches and then a way of sharing the practice to prevent the current inefficiencies of each trust 'reinventing the wheel'. The movement across organisations plan should be harnessed to share best practice.

More people and role expansion

The plan outlines the need to retain those that have returned to practice throughout the pandemic, support students that have stepped up, and employ additional staff. We welcome this and would like to see a commitment that nobody wishing to work for the NHS would be disadvantaged as a result of the new points-based immigration rules.

We also welcome the expansion of our primary care workforce following the addition of dietitians to the GP contract this year. Dietitians are best placed to support the priority group patients for programmes such as obesity prevention, cardiovascular, hypertension, diabetes and respiratory disease prevention and long-term condition management as outlined in the [NHS COVID response phase 3 implementation](#).

In order to achieve this, additional funding and innovative ways to attract a workforce that reflects the local community is required. Training healthcare professionals takes time and requires the resources of existing staff, including the expansion of placement capacity and access to preceptorship programmes; therefore, trusts will need to be supported to implement innovative ways to meet the needs of additional placements and preceptorship programmes. To acknowledge the supervisors time and expertise, we would welcome additional financial recompense for student training.

To ensure safe and effective patient care now and in the future, we feel it is imperative that we expand the number of roles, and the expertise of our dietetic support worker workforce. We would like to see a commitment to further funding in this area.

HEE will be funding a further 400 entrants to advanced clinical practice (ACP) training, we welcome the developments of the Centre for Advancing Practice in order to support these members in new and innovative roles. We would like to see funding also available for AHPs to develop essential ACP roles within their current area of practice in the NHS.

Advanced dietitians can use supplementary prescribing rights, which have gone a small way to addressing the issue of delayed access to medicines for patients. However, without independent prescribing rights, there can be very little progress towards transforming clinical nutrition services in primary care for patients with long term health conditions, where the interaction between dietary intake and medication is key to optimising treatment – such as diabetes. In order for Dietitians to be able to support patients in the primary care setting, prevent unnecessary admissions and meet the expectations outlined in the new GP Contract, there must be a renewed commitment to expanding work at pace, on non-medical prescribing. Dietitians with supplementary prescribing rights have highlighted their frustrations with this barrier to care on a number of occasions. As well as improving patient care, this legislative change is also likely to increase job satisfaction.

Leadership

As the third largest clinical workforce, AHPs are not currently well represented within trusts. In order to change this, we want to see it made mandatory for all trusts to have AHP leaders (with relevant training opportunities available) on their management boards to provide AHP leadership and representation at all levels of NHS decision making.

Flexible working

Flexibility in primary care and for junior doctors is specifically highlighted. We believe this adds inequality within the NHS and want to see this rolled out to all newly qualified healthcare professionals. As set out in the plan, we believe all staff should have access to flexible working shift patterns as well as flexibility in workplace location.

The current plan does not clearly identify what is meant by flexible work patterns. In order to ensure this is not open to interpretation locally, any work on improving flexibility must be done through the mechanism of the staff council. We believe asking bank staff for feedback on why they chose to take up these positions instead of being directly employed by the trust, may help identify where the issues are and therefore what flexible work patterns should mean.

Flexible and remote working is also included in the people promise. In order to support this, staff must have access to digital resources. Recent BDA member feedback has highlighted the lack of IT provision and ineffective connectivity. To support temporary staff movement between NHS organisations, digital staff passports are being introduced. We would like to see a standardised mandatory training programme across all NHS trusts as this would save time and resources and could be added to digital staff passports.

Ensuring staff have a voice

To ensure staff have a voice, it is important to understand first why some people may not feel able to speak up. We would like to see a commitment to understanding these barriers. We feel patients can be vital in this process. If we consistently encourage patients/carers to speak up and ensure transparency of this when they do, together we can identify issues and resolve these. An example of how to encourage patient feedback may include initiatives to ensure the PALS service is included on every patient leaflet/documentation.

We support the Just and Learning Culture Training, however, we feel that in order to be properly effective, this training must be mandatory.

Although the people promises are to be achieved by 2024, the plan is currently only looking as far ahead as 2021. It is therefore essential that if these promises are to be achieved and provide the necessary outcomes required, more funding is provided within the governments forthcoming spending review specifically ringfenced to address the promises. We await further information on the metrics to accompany and track the impact of the actions in this plan due by the end of September 2020.

Belonging in the NHS

While we welcome the commitment to addressing systemic inequality, it is vital to ensure that in doing so, work is meaningful, sustained and effectively monitored.

What is the BDA doing?

The BDA is committed to supporting the following:

- Establishing an equalities and diversities structure
- Surveying managers to identify workforce issues and gaps so we can look at how we can help address these
- Supporting [Advanced Clinical Practitioners](#) and [Supplementary Prescribers](#) by providing a peer support network (please get in touch edpd@bda.uk.com if you would like to be added to this)
- Investing in our CPD courses to improve accessibility to all members
- Student recruitment and promotion project
- Collaborative working with our HEIs to support the development of innovative student placements
- Development of a preceptorship programme
- Supporting the progression of the [dietetic apprenticeship](#) schemes

As a trade union, we are committed to hold the NHS as an employer accountable to their promises

What can the dietetic workforce do?

- Encourage your managers to respond to the BDA workforce survey coming soon
- Encourage your trust to implement volunteer positions in assisting with nutrition and hydration on wards
- Become an [NHS ambassador](#) and encourage others to consider a rewarding career in dietetics
- Speak to your occupational health team about the Work Ready programme and put them in touch with the BDA
- Campaign for CPD activities to be mandatory, acting out the principles contained within the ['Principles for continuing professional development and lifelong learning in health and social care'](#)