

To: NHS Trust and Foundation Trust:

- Chief Executives
- Chief Operating Officers
- Chief Nurses
- Medical Directors
- Chief People Officers/HR Directors

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

**3 May 2022**

Dear colleague,

## **Enabling the workforce for elective recovery**

We would like to thank you and your teams for your collective efforts in increasing elective capacity over recent months. We are beginning to see a reduction in the number of long-waiting patients which is an absolute testament to the hard work and dedication of staff. We recognise that many people, who normally deliver elective care, stepped into different roles in response to the pandemic over the last two years. We want to acknowledge and thank them for that.

Enhancing and expanding the capacity of our workforce, whilst also ensuring staff are protected from burnout, is essential to achieve the ambitions set out in the delivery plan for tackling the COVID-19 backlog of elective care<sup>1</sup>. Initially, we are working with local providers to scope workforce opportunities and solutions in four areas. These include:

- Theatres, anaesthetics, and critical care
- Diagnostics
- Pathway transformation
- Community care

For example, in 2022/23 there is funding to grow the number of anaesthetic associate roles to support these pathways, and to increase the number of training places for anaesthetists and critical care.

As local leaders you know how important it is for staff to take annual leave, ensure they have necessary breaks, and that they have access to health and wellbeing support when needed. We should also give staff who want to (and are able to) the opportunity to work

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<sup>1</sup> [Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care/)

additional hours. Restoring and increasing elective activity in the year ahead, and enabling our workforce to recover, is going to require a number of high impact actions.

We reviewed best practice and the building of outstanding teams in recent engagement with theatre practitioners (including both clinicians and managers) and national leaders. We are writing to you with a suggested set of early enablers which aim to help improve staff experience, productivity, retention, culture, and capacity.

During the pandemic there was significant local innovation and grassroots improvement activity which benefitted patients and often made things simpler for our staff. We want to see that continue. We will support you in taking local action and innovating to deliver elective recovery, and would be keen to capture and disseminate this innovation.

The funding available to systems for 2022/23 includes specific allocations to support elective recovery. The circumstances under which additional funding will be provided have been set out in the planning guidance and supporting financial materials. The enablers set out in this letter will help systems deploy that resource to maximum effect.

### **High impact enablers**

Many systems are already implementing some, or all of these. While we appreciate that you are doing everything you can to ensure workforce stability, we would ask that you revisit or consider the following areas (if you have not already):

- **Removing caps on consultant job plans.** Employers should consider removing PA thresholds to allow all consultants (who wish to do so) to undertake job plans in excess of 10 PAs (and 12 PAs where relevant opt-outs are voluntarily entered into), provided working patterns remain safe. These job plans should be reviewed regularly and should also consider those who may wish to work more flexibly.
- **Support educational, training and leadership roles.** Teaching and training was impacted by the pandemic. This needs protecting across all staff groups to retain and develop the future workforce. Maintaining SPA time may offer some protection against burnout and enable individuals to take on these roles without having to reduce other activities.
- **Encourage recently retired staff across the workforce to return** with contracts that support elective and educational recovery. These colleagues may wish to take up training lists and outpatients, as well as supporting the wider development of the NHS workforce. These options should be considered in the longer-term planning round with contracts that support the employee and organisation (in

agreement with the individual). Recently retired staff should be encouraged to return by ensuring that they are re-employed on arrangements that reflect their experience, skills and their own preferences, as well as the needs of the service (i.e. longer term contracts can be offered).

- **Encourage individuals considering retirement** to return to support and educate the wider elective recovery workforce as the next chapter of their careers, i.e. Legacy Mentor Programmes in nursing. This [link](#) provides worked examples to support providers. Where staff retire after their normal retirement age, they can return safe in the knowledge their pension will not be reduced. Up to 31<sup>st</sup> October 2022, this also applies to staff who retire and return before their normal retirement age. This [link](#) provides further detail to help line managers and staff make informed decisions.
- **Create options for all staff to increase their contracted hours, including through bank shifts.** Where staff would like to work additional hours, trusts should encourage and support staff to increase contracted hours within existing guidelines and to work additional bank shifts, in order to reduce reliance on locum/agency staff.
- **Maximise the use of collaborative staff banks** across systems where possible to create greater staffing resilience across organisations and reduce reliance on agency workers as referenced in the [Future of NHS HR & OD report](#), action 33.
- **Attract paid staff and volunteers that have helped to deliver the vaccination programme in your area.** Consider building on the opportunities for these people to join the NHS on a longer-term basis, in paid roles, to support the delivery of elective recovery.
- **Increase capacity during peak periods of leave** by effective rostering and planning of leave within teams, and further support for staff, e.g. during bank holidays and summer breaks.
- **Use [NHS Reservists](#)** (medical and non-medical) to support with surges and peaks in activity and provide greater resilience to deliver elective recovery.
- **Further innovate with alternative staffing models** that support the increased delivery of care, including opportunities for students, trainees, and support workers – always ensuring that they are well supported within the wider team arrangements and in line with recognised Safe Staffing tools.

- **Continued focus to accelerate recruitment of substantive nurses and midwives, administrative staff, healthcare support workers and medical support workers.** All eligible NHS providers may access the national support available via the national nursing & midwifery IR and HCSWs programmes, including [medical support workers](#).

## **Nationally led actions**

As well as the actions we are asking systems and trusts to consider, we are also taking forward several actions at a national level. These have been identified via our ongoing dialogue with systems and other stakeholders:

### **Pensions**

We have already seen the extension of the temporary pension rules to encourage those who are retired or partially retired to return or increase their working hours without impacting their pensions. We also continue to work with Government on ways to address concerns about barriers within the NHS Pension Scheme. In addition, we continue to roll out our pension information sessions to ensure that those impacted by pension tax issues receive the best possible information to aid decisions.

NHS Employers have published further [guidance](#) to help organisations develop contracts and policies to address staff anxieties over large charges due to pension tax (annual allowance and lifetime allowance). We would strongly encourage you to engage with your consultant body to ensure they are aware of the [Scheme Pays](#) facility (which means staff do not have to pay the annual allowance tax charge immediately) and to explore how any anxieties about pension tax could be addressed through different working arrangements.

### **Training**

Innovations in maximising education and teaching opportunities (including within the independent sector) are key to enabling training. We would ask for your help in developing opportunities for new roles, new national training numbers, as well as support for those wishing to attend recruitment, teaching, assessment, and training sessions. Without this we will continue with service gaps across the workforce. Training and service needs must be equally prioritised across the admin, nursing, AHP and medical workforce, with educational recovery linked to elective recovery.

### **Workforce redesign**

We need to describe the workforce models needed within elective hubs to optimise and maintain patient flow. This includes potentially rostering additional anaesthetists or theatre staff to provide flexible cover to maximise delivery in an all-day list. In addition, moving simpler low risk procedures to an enhanced procedure room, rather than theatre setting, could help to reduce the strain on a stretched theatre workforce. The Getting It Right First Time (GIRFT) programme will be taking this work forward.

### **Workforce innovation**

We want to partner with local systems to develop and scale workforce redesign interventions, to both increase and support our workforce. As a national team we will be supportive of organisations who are innovative in this area. We will work with you where we can to provide support. We seek to remove barriers to support the aims of the changes you are planning.

### **Challenges**

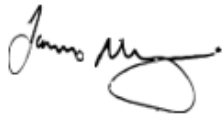
We absolutely understand that the impact of the COVID-19 pandemic is not limited to elective care, and that infection levels are still high. This can be seen across urgent and emergency care, mental health, primary care, and in the community. It will be important to give these areas the same focus as elective care and for the challenges in these areas to be tackled in unison. We believe that the models and lessons learned from supporting workforce improvement in elective care will be transferable. An example of this is Virtual Wards, where the opportunities that they bring to improve flow by utilising technology and new staffing models are set out in the [2022/23 Operational Planning Guidance](#).

### **Collaboration**

We will support collaborative networks to enable the rapid sharing and implementation of best practice. We would also encourage providers to use the [#SolvingTogether](#) platform (launched on 4th April) to enable this collective learning.

We look forward to working with you over the coming months and years to deliver the desired outcomes of the plan. This will bring benefits for patient care in ways that make the workload sustainable for all of our staff.

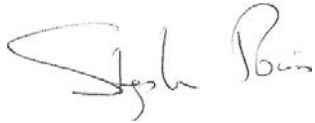
Yours sincerely



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