- providing continuing support to our people to develop their careers and their skills to respond to the changing needs of patients and citizens
- continuing to focus on safe and effective staffing, building on existing policy and support to boards and staff in making effective decisions.

Given the lead times for training new nurses, we also need to increase international recruitment in the short to medium term to increase supply rapidly.

We consider that these actions will enable the NHS to grow the nursing workforce by over 40,000 by 2024, enabling us to keep pace with rising demand and make initial progress in bringing down substantive vacancy levels. The full People Plan will need to contain further action to enable us to go further in reducing substantive vacancy levels and reducing reliance on temporary staff, with the proposed aim of reducing vacancy levels to 5% by 2028.

What actions can we take now to address the challenge?

Retention

The most immediate action we can take to improve nursing numbers is to improve retention of our current nurses. This is why making the NHS the best place to work, with inclusive and compassionate leadership, is the starting point for this interim People Plan. But we can also take immediate targeted action to improve retention rates.

In partnership with NHS Employers, NHS Improvement launched the Retention Programme in June 2017. The programme is focused on nursing turnover rates in acute and community trusts (given the current scale of nursing vacancies) and clinical turnover rates in mental health trusts (given the challenges associated with delivering the mental health workforce plan). The programme has seen turnover rates reduce from 12.5% to 11.9% nationally.

The programme supports trusts in developing interventions that are known to have the biggest impact in improving retention, including ensuring newly qualified staff are well supported and developing flexible working and career development opportunities. There is support available to all trusts in the form of an online platform for them to share ideas, case studies and guides, and retention

challenge we face. Further actions in the following areas will need to be included in the full People Plan.

Routes into the profession

We have developed a number of alternative routes into the profession over recent years, including the nurse degree apprenticeship and the nursing associate route, which – as well as being a valuable new part of the clinical team in its own right – is also a stepping stone to registered nursing for those who want to develop further.

As set out in the *NHS Long Term Plan*, we are exploring the potential for a **blended learning nursing degree programme** for which the theoretical component is partly delivered online, widening participation by enabling people to learn on their own terms. We will be calling for expressions of Interest from HEIs before the summer and will then work with them and the NMC to develop proposals in the autumn.

These routes all have a key role to play in maximising supply, but it is important that they complement undergraduate and postgraduate expansion, and that they are clearly defined to allow employers and those wishing to enter the profession to make informed decisions on the best route to take.

It is also important that we **support nurses to move from education to employment**, so that we maximise the benefit of newly registered staff. Several NHS organisations already support students through job guarantee approaches, and we have the opportunity to build on this nationally.

Actions to inform the full People Plan

- Develop a clear model that sets out the different entry routes into nursing, highlighting the different approaches and benefits, to inform employer and entrant decisions.
- Expand the pilot programme for nursing associates wishing to continue their studies to registered nurse level.
- Develop proposals for a blended learning nursing degree programme that maximises the opportunities to provide a fully interactive and innovative programme through a digital approach.

- Consider options for how local health systems and employers can use job guarantee approaches, learning from and further developing existing local models.

Ensuring students are supported during their studies

The education funding reforms changed the approach to financial support for students during their studies. Undergraduate students can now access tuition, maintenance and allowances through the standard higher education student support system.

There is also an additional **Learning Support Fund (LSF)**, provided by DHSC and administered by the NHS Business Services Authority. The LSF is currently available to the vast majority of degree students studying pre-registration undergraduate and postgraduate nursing, midwifery and AHP degrees, but funding has not been accessed to the levels expected. Anecdotal evidence suggests this reflects lack of awareness of what support is available to students, together with problems that some students experience with the LSF application process.

Actions to inform the full People Plan

- Work with DHSC to review and identify how to improve the financial support programmes currently available through the LSF, as well as considering how to streamline the process between applications for and awards of LSF payments.
- Work with government and the HEI sector to improve awareness of the overall financial support package, so that all undergraduate and postgraduate healthcare students are aware of the support available when studying and how it can be accessed.

Supporting shortage areas and branches

Action to increase clinical placements, increase successful applications to nursing courses, and reduce attrition during training should deliver growth across all areas of nursing. However, we will also take specific action to help ensure growth in areas of nursing with the greatest shortages, particularly mental health, learning disability, and primary and community nursing. We will work with HEIs to consider how to more rapidly identify and address branches of nursing that risk future shortages.

We will promote nursing roles working with people with mental health needs, learning disability and/or autism, raising the profile of these exciting and rewarding career options and widening access to the professions through apprenticeship programmes. In line with the work of the Chief Nursing Officer (CNO) on the perceptions of nursing, we will work with Health Careers and employers to raise the profile of these roles.

Nursing in the community setting provides a variety of roles for registered nurses providing care in or close to people's own homes. These roles are valued highly by patients and service users, but the 'hidden' nature of this work means the roles are often misunderstood by the profession and the public. We will ensure our work to develop placement capacity for undergraduate nurses provides high-quality learning experience within community settings. Working with Health Careers and the CNO's perceptions of nursing work, we will promote and understand the range of the career options available.

The final People Plan will include full action plans in all these areas.

Actions to inform the full People Plan

- Undertake a detailed review across all branches of pre-registration nursing, including a strong focus on the steps needed in mental health and learning disability nursing to support growth in these areas.
- Work with partners to identify how best to support growth in the primary and community workforce (including district nursing, general practice nursing, health visitors and school nursing).

Continuing professional development and workforce development

Developing the skills of the existing workforce is necessary to enable our people to adapt to the changing demands of the health service and support them in having fulfilling careers. It is also faster and more cost effective than redesigning the workforce or recruiting more newly qualified staff. Continuing professional development (CPD) is also required to maintain professional registration.

Funding pressures have forced some difficult decisions to be made – we have invested less in developing our current people, so that we could invest more in training new staff. National investment in CPD and workforce development

(including, for instance, training of nursing associates and development of advanced clinical practice) has dropped over recent years from around £205 million in 2013/14 to around £120 million in 2018/19. Employers have also been investing less in their people, as pressures on NHS finances have grown.

CPD and workforce development investment is, and must remain, a mixed model – with local employers investing in their people's CPD as well as national investment from Health Education England to support workforce development and service transformation priorities. The current model needs updating to support local health systems to deliver the model of 21st century care in the *NHS Long Term Plan*.

Actions to inform the full People Plan

- Review how to increase both national and local investment in CPD and workforce development with the aim of achieving a phased restoration, over the next five years, of previous funding levels for CPD.

4. Delivering 21st century care

The *NHS Long Term Plan* sets out how we will transform models of care over the next five years to provide more co-ordinated, proactive and personalised care and better health outcomes. These changes include developing fully joined-up primary care and community services, particularly for people with long-term health and care needs, redesigning emergency hospital services, and providing digitally enabled primary and outpatient care. Through integrated care systems (ICSs), the NHS will forge much more effective partnerships with local authorities and other partners to address wider determinants of health and help enhance the health and wellbeing of local communities.

These changes will require continued growth in our overall workforce, but this will not be enough on its own. We will also need a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working.

Our patients and service users increasingly need us to work in a more joined-up, multidisciplinary way. Technology offers the potential to automate some tasks and free up valuable time for health professionals, enabling them to focus on the high-value activities in which they have specialist skills and training. There are significant opportunities to help healthcare teams work more productively, releasing more time for care, helping provide fulfilling working lives and enabling every NHS pound to go further in improving access to – and quality of – care.

This transformation of our workforce is already underway in some parts of the NHS. But we must now accelerate our efforts to create a more flexible and adaptive workforce, further developing our people to make the best use of their talents, as well as getting the most value from critical new roles such as physician and nursing associates and our wider workforce of volunteers, carers and partners. This will mean supporting and enabling health professionals to work in new ways that make better use of the full range of their skills.

To provide more proactive, effective and person-centred care, particularly for people with more complex health and care needs, we need to move more decisively to a model where teams of professionals from different disciplines work

together to provide more joined-up care. This multidisciplinary way of working will become the norm in all healthcare settings over the next five years. This will require changes in training, so that healthcare professionals develop and learn together, and changes to how we deploy health professionals. This must all be underpinned by a culture of mutual trust, respect and understanding across all the different settings in which health services are provided and with our partners in social care.

We will continue to enhance the skill mix of our workforce by scaling up the development and implementation of new roles and new models of advanced clinical practice – and by providing clear career pathways that enable people to continue developing and achieve their maximum potential. This will require further investment in developing these new roles. It will also require the right professional standards and systems of professional regulation to ensure clarity about the scope of new and extended roles and provide patients and the public with the assurance that staff in these roles will meet the highest standards of safety.

To accelerate this richer skill mix, we will develop multiprofessional credentials to enable people to widen their knowledge and skills and develop their careers**.** We will also use the Apprenticeship Levy more effectively to provide more routes into healthcare careers.

We will do much more to harness the potential of scientific and technological developments. We will create modern, data-rich and digitally supported health and care services, able to adopt and spread scientific advances rapidly to improve the quality of patient care and health outcomes.

All this requires a much more systematic approach to planning and coordinating workforce transformation. This chapter sets out our vision for that transformation and the immediate work needed to turn that vision into a detailed plan of action in the following areas:

- Agreeing objectives for workforce expansion
- 21st century professions to deliver 21st century care
  - The future medical workforce
  - The future nursing workforce
  - The future allied health professions (AHP) workforce
  - The future pharmacy workforce
  - The future healthcare science workforce
  - The future dental workforce

    - Physician associates
    - Volunteers and carers
- Releasing time to care
- Building a more adaptable workforce
    - Multidisciplinary healthcare teams
    - Advanced clinical practice
    - More flexible working and careers
    - Widening routes into NHS careers
- Enabling scientific and technological developments.

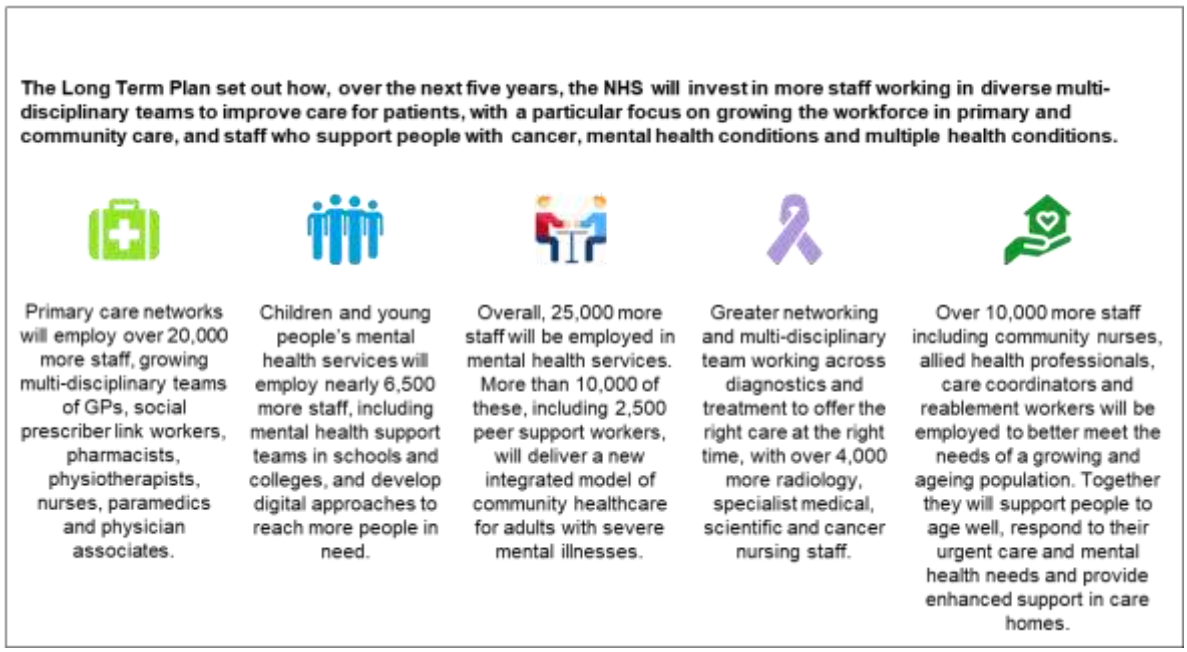
Agreeing objectives for workforce expansion

We know we can't simply rely on doing things differently if we are to develop an NHS workforce able to keep pace with projected growth in health services to meet the needs of a growing and ageing population and deliver the improved health outcomes set out in the *NHS Long Term Plan*. We will also need steady year-on-year growth in the substantive clinical workforce – and much of the additional investment accompanying the *NHS Long Term Plan* will go into meeting the pay costs of these additional staff.

As with nursing, this will require a combination of increasing the number of people joining the workforce, reducing attrition in education and training, improving retention of our existing workforce and, in the short term, increased international recruitment. Without this workforce growth, we estimate that the overall vacancy rate in hospital and community health services would otherwise increase from 10% in 2018/19 to 15% in 2023/24, with similar challenges in other sectors.

Figure 2 illustrates the estimated changes in workforce in different settings that will be needed to deliver some of the major programmes in the *NHS Long Term Plan*.

Figure 2: Estimated changes in workforce in different settings needed to deliver the major programmes in the *NHS Long Term Plan*



We will need to refine our estimates of the number and mix of new posts needed over the next five years – and how they map to the *NHS Long Term Plan* priorities – to reflect the combined service, workforce and financial plans being developed in each local health system (STPs and ICSs) and the national aggregation of these plans. These plans will provide a clear holistic view of how the NHS will use its increasing financial resources over the next five years to improve quality of care and health outcomes – and what this means for workforce growth. STPs and ICSs will produce their first plans this summer but will then keep those plans under regular review and adjust them as necessary through annual operational planning rounds.

These workforce expansion plans will need to take account of the workforce transformation plans set out in this interim People Plan and the new service models they are designed to support. Our workforce expansion plans will also need to take account of future levels of investment in education, training and workforce development, as determined through the Spending Review and wider NHS funding sources, and the range of available interventions to increase workforce supply.

We need an open debate about the level of growth needed in different staff groups, taking account of the pressing need to fill existing vacancies and gaps in workforce ('catch-up'), the additional growth needed to support the service expansion and

service improvements to which we have committed in the *NHS Long Term Plan*, and (as set out above) the likely improvements in skill mix and efficiency that we develop to support new models of care. This will in turn inform the future investment needed in education and training and other forms of workforce development, whether funded by employers or the national NHS bodies.

Actions in 2019/20

- Support local health systems (STPs/ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling us to understand better the number and mix of roles required to deliver the *NHS Long Term Plan* and inform national workforce planning.

21st century professionals to deliver 21st century care

We set out here the key changes we will make in relation to the future medical, nursing and midwifery, AHPs, pharmacy, healthcare science and dental workforces. We are publishing, alongside this interim People Plan, short summaries of our vision for the future workforce in each of these areas. We also set out below specific actions in relation to physician associates and in relation to volunteers and carers.

The future medical workforce

It is essential that we continue to **grow the medical workforce** to address gaps in certain specialties and regions and to deliver our vision for flexible working and training for doctors at all stages of their career. We must **better value and retain our current doctors**, whether they are just beginning their career, managing the challenge of the acute take, or have been a GP or consultant for twenty years. We must also continue to support new service and workforce models, for instance – as set out in the *NHS Long Term Plan* – in smaller acute hospitals.

We have already increased the number of undergraduate medical school places by 1,500, as well as opening five brand new medical schools across England. We will review in the light of STP/ICS plans later in the year what further expansion in undergraduate medical places will be needed. In the meantime, we will increase our efforts to recruit overseas doctors, who play an invaluable role in helping address current service pressures.

As well as needing more doctors overall, the NHS increasingly needs **more doctors who can provide generalist care**, across a range of healthcare settings, to people with multiple long-term health problems. To this end, we will implement the new Internal Medicine Training model for doctors intending to enter specialty training in most medical specialties. Together with the ongoing expansion of GP training programmes, this will mean that from 2019 around two thirds of postgraduate medical trainees have generalist-based training.

We are committed to **increasing the number of doctors working in primary care by 5,000** as soon as possible, reflecting a shared NHS and government commitment to growing a strong and sustainable general practice for the future. With the expansion and transformation of integrated primary and community services described in the *NHS Long Term Plan*, this commitment – and the role of the general practitioner – is now more important than ever.

A huge amount of effort has already gone into recruiting and retaining the general practice workforce, through programmes such as the GP Retention Scheme, GP Career Plus, the Local GP Retention Fund, and the GP Health Service. We need to continue with and build on these programmes. Building on the *General Practice Forward View*,[9] we will take further immediate action to boost GP numbers, including return to practice initiatives to attract experienced GPs back into the NHS. We will also implement a new two-year Primary Care Fellowship Programme that offers newly qualified GPs – and nurses entering primary care –a secure contract of employment, working in a role tailored both to their career aspirations and interests and to the needs of local health services.

At the same time, we will **make general practice a better place to work**, providing more opportunities for mentoring and coaching, widening the availability of portfolio roles to offer GPs greater variety in their careers, and addressing burnout through the Practitioner Health Service. We have committed to fund a package of measures to **tackle workload pressures and improve retention of GPs** and other clinical staff in primary care. This includes practical resources to help establish mentoring/coaching, portfolio roles, and greater flexibilities for GPs and other primary care clinicians at all stages in their careers.

The full People Plan will set out a broader strategy for a sustainable general practice workforce and how we will meet the commitment to an additional 5,000

[9] www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

doctors working in general practice through both recruitment and retention programmes.

We will establish a national programme board to **address geographic and specialty shortages in doctors**, including developing new staffing models for rural and coastal hospitals and planning for the distribution of the increased numbers of medical graduates entering the NHS from 2022/23. This will include initiatives from Health Education England's Foundation Programme Review, due to be published in the summer of 2019, to introduce 'Foundation Priority Programmes' to attract and retain trainees in the geographies and specialties with the greatest shortages.

During 2019/20, through the next phase of the 'Future Doctor' programme, Health Education England will work with providers, commissioners and local health systems, as well as partners across the UK and experts in the fields of population health, leadership, quality improvement and technology, on a national consultation to establish for the first time **a clear view of what the NHS, patients and the public require from future doctors**. This will support the medical Royal Colleges and the medical schools in their ongoing review of how to educate and train undergraduate medical students and doctors in training to provide a medical workforce for the 21st century. It will also support the General Medical Council (GMC) in shaping educational outcomes and quality assuring all stages of medical education.

We will work with the GMC, the Royal Colleges and the devolved administrations to support the proposed **roll out of medical credentialing**. The ability to gain regulated qualifications in a distinct sphere of work will increase flexibility in medical training and careers, enabling doctors to develop a broader range of skills and more easily adapt to changes in service requirements and patient safety practice. We will encourage the GMC to develop credentials that most directly support *NHS Long Term Plan* service priorities, with the aim of starting in 2019/20 with the development of a mechanical thrombectomy credential to support improvements in the pathway for stroke patients.

We will work with key partners to ensure that medical schools **prioritise and support generalist careers**, and general practice careers, in accordance with the recommendations of the Wass Report ('By choice, not by chance'), and the Royal College of General Practitioners emerging vision for general practice, including ensuring that all professional career choices are presented positively and are valued for the contribution they make to patient care.

We will create **more flexibility in undergraduate and postgraduate medical training and careers**, introducing more options for doctors to step out and step back into the training pathway, expanding less-than-full-time training and expanding opportunities for portfolio careers. This will help promote fulfilling careers and encourage greater participation and greater diversity.

As with other professions, we will provide **better support for junior doctors at the start of their career** by improving their working experiences and paying greater attention to their health and wellbeing. We will ensure they have appropriate and consistent supervision, an improved mental wellbeing support offer, clear and timely rotas, and streamlined induction as they move within and between employers. Health Education England will build on the work of the Enhancing Junior Doctors' Working Lives group, which is overseeing projects that have contributed to some of the most significant changes to improve postgraduate medical training and address the needs of individual junior doctors. Further work for the group includes supporting improvements in educational supervision and mentorship, crucial to supporting and valuing our future senior doctors.

At the same time, we will continue to play our part in growing the skills of doctors from low and lower middle income countries, by providing valuable training opportunities through the Medical Training Initiative. We will ask the government to keep this programme under review.

We will do more to **value our specialty and associate specialist (SAS) doctors** and make these roles more attractive careers for doctors who may not wish to become consultants or GPs and more fulfilling options for those who wish to pause their specialty training. We want to ensure that the pay, terms and conditions of specialty doctors recognise the development of their skills and experience, supporting step out and step back. We will begin to implement the actions from the recent Health Education England report, *Maximising the potential: essential measures to support SAS doctors*.[10] We will go further by negotiating and introducing a reformed associate specialist grade to provide new opportunities for progression within a specialty and associate specialist career. This will better recognise the invaluable contribution made by this part of our medical workforce.

We will do more to **support our most senior doctors**, helping to promote fulfilling careers and to retain them in the service for longer. We will begin work with partner

[10] www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf

organisations and the profession to create more structured career progression for consultants to ensure they can continue to develop and learn, work flexibly and enjoy a diverse career, for example through research, teaching and/or taking up leadership positions. We must better value the key roles and time commitment of academics and educators in supporting the development of our future workforce.

The future nursing and midwifery workforce

Nurses and midwives have made up the largest clinical workforce in the NHS since its inception and play a critical role delivering high-quality care across all healthcare settings. The development of nurses' and midwives' clinical expertise has seen an ever greater role for them leading care teams and as specialists and advanced practitioners. This Plan sets out immediate steps to **increase our pipeline of nurses.** The final People Plan will set out further action, based on the ambition of reducing vacancy levels to 5% by 2028. We must also support nurses to develop in their careers, ensuring a diverse range of options for career progression, for example as advanced practitioners within multiprofessional teams or as academics and educators of the next generation.

We will continue to **develop the new nursing associate role**, as part of our expansion of the nursing workforce. This role acts as a bridge between the unregulated healthcare assistant and the registered nurse. Our new nursing associates will be a vital part of the wider health and care team, providing valuable support to registered nurses and enabling them to focus on more complex clinical duties. They are educated to work with people of all ages and in a variety of settings across health and social care, including in hospices, in community nursing teams and nursing homes, and in acute inpatient, mental health, learning disability and offender health services.

In 2018/19, 5,000 trainee nursing associates started training, building on the nearly 2,000 now qualified, and we are committed to a further 7,500 starting during 2019. The introduction of statutory regulation of nursing associates by the Nursing and Midwifery Council has been an important element in providing assurance that nursing associates meet nationally agreed standards of competence and revalidation. The final People Plan will set out proposals for further sustained growth in this new profession.

We will also develop more programmes to enable **nursing associates who want to go on to become registered nurses** to do so through a two-year part-time course, widening access to the health and care professions.

The future allied health professions workforce

The allied health professions are the third largest workforce in the NHS. In the main they are degree-level professions and professionally autonomous practitioners. AHPs work across all health settings to assess, treat, diagnose and discharge patients, working closely with social care, housing, and education services. Their focus is on prevention and improvement of health and wellbeing throughout the life course, from birth to palliative care, maximising the potential for people to live full and active lives within their family circles, social networks, education and work.

We will need to continue to **develop a pipeline of AHPs** to ensure sufficient numbers of staff to deliver the new service models set out in the *NHS Long Term Plan*, particularly as part of multidisciplinary teams working in primary care networks. We currently project the need for an additional 5,000 physiotherapists and 2,500 paramedics by 2023, together with additional dieticians and occupational therapists among others.

During 2019/20 we will focus on **increasing applications to undergraduate AHP education**, particularly in the shortage professions of therapeutic radiography, podiatry, orthoptics and prosthetics/orthotics, and **developing AHP faculties** to work with healthcare providers to identify how to **expand clinical placement activity**. We will expand the Strategic Interventions in Health Disciplines (SIHED) programme to **bridge the gap between education and employment**. AHP faculties will also play a key role in helping shape the next generation of AHPs, supporting the continuing education and training of AHPs in current practice and helping **develop advanced practice roles**. Our national retention programme will also be expanded to **support AHP retention**.

The future pharmacy workforce

As one of the new roles working in primary care, clinical pharmacists will be a critical part of multidisciplinary teams, reflecting the role they have always had in acute settings. We will help them make maximum use of their skills in general practice, for example identifying people with high risk conditions and reducing

preventable illness, running practice clinics, undertaking structured medication reviews and optimising the safe and effective use of medicines.

We will continue to deploy clinical pharmacists across primary care as set out in the *NHS Long Term Plan*. We will seek to put in place **training to ensure consistent standards of care** across the clinical pharmacy workforce in primary and community care. This will include further upskilling of community pharmacists to provide alternatives for patients who do not need to be seen in general practice or secondary care, building on the prevention and minor ailments services they already provide.

We will begin to develop the infrastructure that will underpin a **new foundation training programme** to ensure all pharmacists are able to work across the full range of healthcare settings to support more integrated 21st century care.

The future healthcare science workforce

Healthcare scientists are critical to delivering the *NHS Long Term Plan*, providing scientific, diagnostic and specialist treatment services to support clinical decision-making and ensuring patients and citizens benefit from cutting-edge technology such as genomics and CAR-T therapy.

During 2019/20 we will establish a **healthcare science workforce programme** to address urgent challenges, underpinned by improved data and analytics and multiprofessional partnership working. This will ensure workforce development activities are fully aligned with service requirements, and it will help fully embed the scientific knowledge and technology-enabled skills of healthcare scientists in multidisciplinary teams.

As part of this workforce programme, we will introduce **more flexible entry routes and career pathways**, supported by competency-based development frameworks and more responsive education, training and leadership. We will explore new versatile roles that allow the scientific and diagnostic expertise of healthcare scientists to be deployed in primary and community services.

The future dental workforce

Our dental care workforce plays a vital role in improving health, working primarily to improve oral health especially in the most disadvantaged communities, and has a

wide and deep skillset that we can make better use of. There are distinct benefits to be realised from integrating dental care provision and the dental workforce into primary care networks and integrated care systems. As with so many parts of our workforce, we will need to continue to create innovative training opportunities to enhance recruitment and retention within the NHS, develop new skill-mix models, and address geographical and specialty shortages.

This work has begun under the current Health Education England-led programme, Advancing Dental Care, which is exploring the opportunities for **more flexible dental training pathways**. This programme sits alongside our reforms to dental contracts, as part of our commitment to improve retention and the working lives of dentists and dental care professionals (DCPs).

Physician associates

Physician associates**,** as generalist healthcare professionals trained to a medical model, will increasingly become an indispensable part of our primary and acute care teams. We estimate there will be over 2,800 physician associate graduates by the end of 2020, rising to over 5,900 by the end of 2023. The government's commitment to regulate physician associates is a significant step towards maximising their capability and embedding this critical role in our workforce. We will work with DHSC to launch a consultation on introducing prescribing rights for physician associates within 24 months of their regulation.

Volunteers and carers

Volunteers play a valuable role, providing more time for our professionals to provide the high-quality care they have been trained to give. In the *NHS Long Term Plan*, we set out how we are backing the recently launched Helpforce[11] programme with at least £2.3 million of funding to scale successful volunteering programmes across the country, part of our work to double the number of NHS volunteers over the next three years. The early focus of the Helpforce programme is on developing innovative volunteer roles in hospital settings, providing more impactful roles and ensuring more providers get the most from volunteering. During 2019/20 NHS England/NHS Improvement will identify further ways to integrate volunteering within the NHS more broadly, in partnership with voluntary sector organisations.

[11] www.helpforce.community/

We will improve our support to formal and informal carers as a crucial part of our unpaid workforce. In 2019/20, in partnership with Carers UK, we will establish a portfolio of free online learning modules for those caring for themselves or others, to enhance support provided by professionals. We will also look to include support for those in our own workforce with caring responsibilities at home as part of making the NHS the best place to work.

Actions in 2019/20

- Develop plans for further expansion of undergraduate medical placements.
- Implement post-foundation Internal Medicine Training to expand the number of doctors with generalist skills.
- Launch a national consultation to establish what the NHS, patients and the public require from 21st century medical graduates to inform ongoing review of undergraduate and postgraduate medical education and training and support the GMC in shaping curricular outcomes.
- Establish a national programme board to address geographical and specialty shortages in doctors.
- Publish recommendations for effective supervision of doctors in training, and tools and supporting materials to deliver a measurable improvement in the capacity and quality of supervision across the NHS.
- Begin to implement the conclusions of the *Maximising the potential* report for specialty and associate specialist doctors; negotiate reforms to the associate specialist grade and ensure alignment with flexible training arrangements.
- Roll out a voluntary two-year Primary Care Fellowship Programme for newly qualified GPs and nurses entering general practice.
- Recruit an additional 7,500 nursing associate trainees by December 2019.
- Develop a pipeline of AHPs by increasing applications to undergraduate AHP education and identifying how to expand clinical placement capacity, while supporting continuing education and training of AHPs in current practice including the development of advanced practice roles.

- Establish a healthcare science workforce development programme to address urgent challenges, including improving data and analytics.
- Identify further ways to integrate volunteering within the NHS.
- Establish a portfolio of free online learning modules for carers.

Further actions to inform the full People Plan

- Work with the Department for Education, the devolved administrations, the Office for Students, the GMC and other key partners to explore the options for expanding accelerated degree programmes and part-time study, to widen access to medical careers. Evaluate flexible training programmes, including less-than-full-time and 'step out, step in' postgraduate medical training as part of the managed roll-out of these flexible arrangements.
- Work with colleagues in the devolved administrations on this programme of work to create 21st century medical education and training and careers.
- Explore development of a foundation training programme for pharmacists to help enhance the future clinical workforce for primary care networks.
- Explore new versatile roles for healthcare scientists in primary care and community health services.
- Explore development of more flexible and alternative dental training pathways.
- Progress reforms to the dental contract and support further integration of the profession into primary care networks.

Releasing time to care

There are great examples across the country of health and care teams working innovatively and using continuous improvement methodologies to enable them to provide more efficient and effective services, releasing more time for patient care.

We are establishing a new **'Releasing Time for Care' programme** to draw together what we already know about innovation and good practice, identify actions that are known to have the biggest impact in releasing time for care and – as part of the full People Plan, set out a comprehensive and sustained programme of work to

spread good practice and support continuous improvement. There will be strong synergies between this programme and the work set out in Chapter 1 to make the NHS the best place to work. It will draw on the work described below to build a more adaptable workforce and to embed scientific and technological developments. It will build on successful existing national programmes, including the Time for Care programme in general practice.

As part of this programme, we will support **clinical teams to take increasing ownership of how they plan and deploy the workforce** to ensure the right staff are available to patients at the right time. This will include consistent and effective implementation of electronic rostering systems and electronic job planning systems. We are working with the service to agree plans for completing roll-out of these systems by 2021, so that all clinical staff have access to e-rostering systems and are able to agree rotas at least six weeks in advance. We will support primary care networks to explore the benefits of e-rostering and e-job planning to enable their growing multidisciplinary teams to work efficiently and effectively.

We will promote and enable **wider changes to ways of working** that enable clinical teams to work more efficiently, improve quality and improve working lives, for instance through the action announced in the *NHS Long Term Plan* to increase use of digital outpatient appointments; use of new technology to provide real-time tracking of how hospital beds and equipment are being used to optimise patient care; specialist tele-consultations for people living in nursing and residential care homes; use of clinical speech recognition to deal with rising volumes of clinical documentation; and exploring new uses of digital technology such as automated image interpretation to improve accuracy of breast cancer screening.

Over time, these and other forms of innovation can not only transform quality of care and improve working lives, but also help ensure future workforce expansion is affordable and practically deliverable.

The Releasing Time to Care programme will also encompass:

- building a leadership culture that empowers everyone working in and for the NHS to work collaboratively to generate proposals for continuous improvements in ways of working
- spreading good practice in the use of continuous improvement processes and methodologies, both within clinical teams and working across pathways of care

- developing a richer and more varied skill mix to enable staff to perform at the top of their licence, including greater use of advanced clinical practice roles as described below
- reducing the time that clinicians spend on administrative tasks
- further developing and digitising multiprofessional workforce planning and deployment tools, making them interoperable, and using them in both individual providers and local health systems to deploy clinical teams more effectively to meet patient needs.

As STP/ICSs develop their five-year implementation plans, it will be important that they identify how service transformation and workforce transformation will go hand in hand to enhance both quality and efficiency of care. Delivering significant service improvements and staff productivity gains through substantial reshaping of services will in some cases require upfront capital investment that is prioritised and allocated efficiently, for example to reconfigure estate or introduce technology to automate tasks.

Building a more adaptable workforce

Even medium-term workforce planning can be challenging for a system as large and complex as the NHS. It is intrinsically difficult to predict future NHS funding, patient needs, potential scientific and technological advances, and changes in service models over the time horizon that it takes to train clinical professionals. We need to identify ways of building greater resilience into our future workforce plans, based on the principle of enabling people to develop new skills over the course of their career and enabling them to be deployed more flexibly to help employers address short-term supply challenges. We can do that by defining sets of skills-based competencies that can apply across different professional groups and by developing more advanced clinical roles.

Multidisciplinary healthcare teams

In the *NHS Long Term Plan*, we announced £4.5 billion of new investment to fund **expanded community multidisciplinary teams** aligned with new primary care networks. These expanded teams will include GPs, clinical pharmacists, district nurses, community geriatricians, paramedics, physiotherapists, physician associates, podiatrists and social prescribers, together with social care and

voluntary sector staff. We will also explore new roles for healthcare scientists, integrating skills and expertise traditionally found in hospitals into community settings, bringing rapid diagnostics closer to our patients.

We must now work to ensure that we have enough professionals in these groups to support this new service model. Equally critical will be building understanding of the roles needed in these multidisciplinary teams and building effective teamworking. We will develop **team design and organisational development** principles to underpin development of multidisciplinary teams.

We will make greater use of **training hubs** to develop effective interdisciplinary working, for instance through training in shared decision-making. Over the next two years we will develop specifications for training hubs and guidance on commissioning them. We will also help develop operational tools to support planning and deployment of these new teams.

GPs will sit at the heart of these broad multidisciplinary teams, providing more proactive and person-centred care for people with more complex health and care needs. Primary care networks will, by 2023/24 be receiving investment **rising to up to £891 million to grow the primary care workforce** and deliver new and expanded services for local communities. As well as supporting new service models, these expanded teams will also help reduce the intense workload pressures currently facing general practice, which will help ensure that more GPs and other primary care staff remain in the profession.

Although multidisciplinary working in secondary care has been a reality for many years, the introduction of new professional roles will bring new opportunities. We will begin work to **review current models of multidisciplinary working** across primary and secondary care to ensure they support the service models outlined in the *NHS Long Term Plan* and meet the needs of providers of different sizes in different geographies. The first stage of this work will focus on developing workforce models for smaller acute trusts and general practice serving rural or coastal populations, which often face marked recruitment and retention challenges.

Advanced clinical practice

It is essential that we realise the full potential of our experienced multiprofessional workforce and enable them to maximise their professional competencies, working safely and effectively at the ‘top of their licence’. This is critical to ensure that we

are using our people's skills in ways that support new service models and continuous improvements in quality of care and health outcomes. It is also a vital way of providing rewarding jobs and careers that value people's skills and help improve retention.

We now have nationally agreed **definitions and descriptions of advanced clinical practice**, which we want to see applied and be recorded in the Electronic Staff Record (ESR). This will ensure that advanced clinical practitioners' skills are consistently recognised and better enable those skills to be deployed across healthcare settings.

As investment in the development of advanced skills and new roles increases, we will **target investment to areas of greater service and workforce expansion**, for instance in primary and community services and in mental health.

We will also extend the skills of our workforce through the development of **multiprofessional credentials**, which formally recognise that professionals have the skills, expertise and competencies to practise in certain areas. We will prioritise the development of multiprofessional credentials to support delivery of the *NHS Long Term Plan* and the development of primary care networks.

More flexible working and careers

Different generations want different things from their working lives. Many people joining the NHS today are aware they will be working for longer than the generation before them and may decide to take breaks from NHS employment. We need to encourage second and third careers within the NHS, offering diverse and flexible opportunities and careers.

We will significantly **increase flexible working** through a combination of technology and a change in people practices, to give people greater choice over their working patterns, help them achieve a better work-life balance, and help the NHS remain an attractive career choice. We will need to advertise more roles as flexible (for example, less than full time, term time only, job shares) and, where possible, enable home working to bring our employment offer into line with other sectors.

As we develop an increasingly multidisciplinary and adaptive workforce who can deliver care flexibly across primary, community and acute care, we will also need to

remove practical barriers to movement of staff between organisations. Over the next five years we will support every NHS employer to streamline their induction and onboarding processes to reduce duplication and to recognise previous training and skills 'passported' from previous employers.

In addition, all trusts will seek to develop tech-enabled **in-house staff banks**, to create greater opportunities for employees to work flexibly. All trusts will also be expected to establish collaborative staff banks with other local trusts, increasing the potential number of shifts visible to those working flexibly.

Widening routes into NHS careers

There is much more that can be done, both to recruit people from the widest possible range of backgrounds, and to offer them satisfying and developing careers in the NHS over their working lives – particularly by developing new roles that enable more productive use of staff time, while providing extra steps on the career ladder. The NHS must use its role as an anchor institution to create employment opportunities in local communities for school leavers, those with disabilities and those looking to switch career. Getting this right has the potential to be a win for patients, staff, employers and taxpayers.

Apprenticeships will continue to be critical in attracting people to the NHS from less well represented groups and supporting the development of new roles. They allow new recruits and existing staff to gain new skills and qualifications while working and they support better career progression. Over the next five years, as more clinical degree-level apprenticeships are introduced, apprenticeships will provide more options for roles, including physiotherapists, occupational therapists, operating department practitioners, healthcare science practitioners, podiatrists, therapeutic and diagnostic radiographers. However, the majority of apprenticeships in the NHS are at levels 2 and 3, and this is likely to continue given they provide valuable entry-level opportunities for a wide range of people.

Apprenticeships enable healthcare providers to use the funds they contribute into the **Apprenticeship Levy** to train staff. There are still challenges with using the levy, including the fact it cannot be used to cover backfill costs. However, there is much more that we can do to use this opportunity to expand our workforce and enhance our skill mix.

In 2019/20, we will support every STP/ICS to put in place **collaborative system-level arrangements to optimise use of the levy**. These collaborative arrangements will better enable local health systems to identify strategic priorities for using apprenticeships to meet local workforce challenges. They will also help the NHS strengthen relationships with local education providers, which have a valuable role in helping potential apprentice candidates meet required numeracy and literacy skills. We will also explore the role of inclusive apprenticeships in widening participation.

We will make volunteering a more attractive option for individuals wanting to contribute to local healthcare services and potentially gain permanent employment in the NHS, helping them develop some of the skills, confidence and experience they need. During 2019/20, NHS England, NHS Improvement and Health Education England will work with a cohort of providers to deliver **youth volunteering opportunities** in partnership with #iwill and the Pears Foundation, and to test a new programme for young people to enable volunteering as a route into careers in the NHS.

Actions for 2019/20

- Begin work to review current models of multidisciplinary working within and across primary and secondary care.
- Develop nationally accredited education and training standards for advanced clinical practice for HEIs.
- Develop accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services, with a focus on multidisciplinary training in primary care.
- Update the ESR to reflect advanced roles.
- Support every STP/ICS to put in place a collaborative approach to apprenticeships and provide further tools and practical resources to help them maximise the use of the Apprenticeship Levy.
- Work with a cohort of providers to deliver youth volunteering opportunities in partnership with #iwill and the Pears Foundation.

Further actions to inform the full People Plan

- Establish a Releasing Time to Care programme to set out a comprehensive and sustained programme of work to spread good practice and support continuous improvement.

Embedding scientific and technological developments

Scientific and technological developments including genomics, robotics and artificial intelligence (AI) will significantly influence how care is delivered in the NHS in the future. Technology will also enable many patients to better access care and allow others to manage their conditions working with clinicians.

Although widespread implementation of technological innovation for some of these developments will be gradual and take time to embed, others such as genomics are already here. We need to ensure that those providing care in the NHS, both now and over the coming years, are equipped with the knowledge and skills to keep up with scientific and technological advances and that we have the right specialist workforce to support the broader multiprofessional team in applying these advances. This will also create opportunities for more efficient and effective deployment of our most skilled people and new roles incorporating data, technology and clinical elements, such as clinical informaticians and genomic scientists.

Our workforce will be supported and enabled by the latest technology and access insights from real-world data. In order that our boards understand the value of data and technology in the delivery of healthcare, we need to have a **high-quality supply of digital leaders** (including chief clinical information officers, chief information officers and chief nursing information officers) with the right technical staff so that people have the digital tools and understanding to meet their needs. Non-technical staff need to have a core level of digital ability, with the tools that they use being built with their needs in mind and with training centred in the processes they need to complete.

Our leaders must create **a culture where digitally supported care is the norm**, where interventions are evaluated using real-world data and evidence. Technology should enhance the lives of those who provide services and be integrated into the design of services. Transformation skills must operate hand in hand with digital enablers to realise the benefits of technology in a wider range of service models. A

key benefit will be the gift of time for our clinicians from efficiencies in developing digitally enabled care pathways. We must ensure that we don't widen the inequalities experienced by our communities through the integration of technology and innovation. Technology must be user-centred, built around patients, including those who self-manage their own conditions, with the service user at the heart of what we do.

The skills required to enable a modern, data-rich and digitally supported health and care service are much sought in many industries. We will need to **attract the best technologists, informaticians and data scientists** by making the NHS a destination employer for people with these skills. We will work to build new and innovative relationships with industry to share and develop scarce and specialist resource. We will undertake a technology skills audit to understand our current position and then explore and address the factors affecting recruitment and retention in the NHS. We will use the Apprenticeship Levy to support the drive to develop specialist talent, as well as put in place mechanisms to enhance the skills of existing staff from a wide range of professional backgrounds.

Our approach will be tailored to the needs of the individual with a balance between generic and more specialist capabilities. The **introduction of cutting-edge genomic technologies** into the NHS Genomic Medicine Service, as signalled in the *NHS Long Term Plan*, will require enhanced capacity-building for both the specialist scientific and more general multiprofessional workforce. This will drive further workforce development and new education and training approaches to help embed genomics and the more detailed understanding of the influence of the genome on health, disease and personalised treatment. There will be a critical relationship between 'real world' clinical evidence and insights from aligned industry and research collaboration for enhanced clinical interpretation of genomic information.

Our workforce will also require the right **service transformation skills to implement digital change**. We will work with professional regulators to help them understand the implications of digital technology for our workforce and ensure that professional regulatory bodies are clear about the expectations of the workforce.

Actions in 2019/20

- Deliver intensive training for boards and senior leaders to build tech and data awareness and capability.
- Provide an accreditation/credentialing framework for digital leaders working at regional, system and local levels.
- Start to develop a library of education, learning, knowledge and best practice resources to support the current workforce in expanding their digital skills (generic and specialist technology).
- Work to develop and integrate digital education and learning resources into academic and professional curricula.
- Building on the Topol Review, carry out an audit to assess and plan for future digital roles and skills required.
- Set out plans for an expanded NHS Digital Academy to develop digital leadership capability.
- Establish the Topol Programme for Digital Fellowships in Healthcare.
- Develop flexible career pathways, particularly for scarce roles, and establish early pathway initiatives for future digital talent.
- Ongoing roll-out of education and training interventions and multiprofessional workforce development programmes to support the NHS Genomic Medicine Service.

5. A new operating model for workforce

It has proved difficult to ensure we have the right numbers of staff with the right skills in the right place to meet patient need. As recent reports have highlighted, this vital task has been made more difficult by:

- the lack of alignment between workforce, service and financial planning at national and local levels
- a complex architecture where the levers for change are distributed across multiple organisations, and a lack of clarity about what is best done locally and what needs to be done once
- incomplete data on both NHS and non-NHS sources of supply
- the impact of staff shortages and vacancies
- historic neglect of workforce planning, with funds to train future staff often diverted into funding staff for today.

Our best chance of making progress on these long-standing problems is that we all now recognise the central importance of people issues and honest conversations have begun with the service about who needs to do what at which level to increase our chances of success.

We are committed to developing a new operating model for workforce – one that ensures activities are happening at the optimal level, whether this is in individual organisations, local health systems, regionally or nationally, and where roles and responsibilities are clear. This will need to be dynamic to respond to changing capacity, capability and needs at these different levels, as they evolve.

The *NHS Long Term Plan* is clear that integrated care systems (ICSs) should be the main organising unit for local health service and that we will support all local health systems in becoming ICSs by 2021. Although there are many common challenges across the country, specific workforce priorities can differ significantly by area, depending on local population health needs, service models and skill-mix requirements, current workplace leadership cultures and system relationships, current workforce supply and other factors. It is, therefore, vital for local health and

care organisations to collaborate to shape their local workforces. This is why we expect ICSs to take on greater responsibility for people planning and transformation activities, in line with their developing maturity.

One of the intended benefits of ICSs is to provide opportunities for local providers of healthcare services to pool capacity and expertise and more rapidly spread good practice in recruiting, retaining, developing and deploying their local workforce. At the same time, we envisage ICSs taking on greater responsibility for some workforce and people functions that have traditionally been carried out at regional or national level, or potentially groups of ICSs supported by regional teams carrying out functions traditionally carried out at national level.

The extent to which workforce and people functions are devolved to regions or ICSs will depend on several factors and will vary between functions. It makes sense for some aspects of workforce policy, such as professional regulation, credentialing, and prescribing rights, to be standardised at a national level to enable staff to move easily around the NHS. The government has overall responsibility for pay policy because of its wider economic impacts. The NHS Pension Scheme, as a taxpayer backed pension scheme, will also continue to be the responsibility of government. For medical trainees, providing the right educational opportunities and support for junior doctors needs to be overseen at a more regional level to work optimally. But for many workforce activities, such as non-medical education, relationships with HEIs and bank staff rates, ICSs will be well placed to lead planning and implementation, leveraging their strong system partnerships and innovating according to local needs.

NHS England, NHS Improvement and Health Education England regional teams will work with ICSs, as they mature, to help equip them with the tools and resources needed for place-based workforce planning and transformation. Workforce roles and responsibilities will evolve – and will vary across the country in the short term – as ICSs mature. We will develop changes in resourcing and accountability arrangements to enable ICSs to take on greater responsibilities for these activities, while ensuring we do not push ICSs to take on greater responsibility than they are ready to do.

We have developed the following principles to underpin decisions about which workforce activities should normally be carried at which level:

- Activities will be carried out **nationally** where:

    - it is necessary to meet statutory responsibilities
    - it is more efficient and effective because of economies of scale
    - planning is needed over a longer timeframe, eg over 15 years
    - there are clear benefits from a national role in standardisation or coordination/implementation
    - national teams have specific and scarce skills/knowledge that it is not possible or desirable to duplicate sub-nationally.

- Activities will be carried out **regionally** where:
    - there is a need for a co-ordination and/or assurance role in delivering national priorities such as international recruitment
    - planning is needed over a medium-term time frame, eg over five years
    - there is demand for improvement support on a large scale
    - there is a need to help foster capacity and capability in local health systems
    - decisions need to be made across a regional labour market.

- Activities will be led by **ICSs** where:
    - regional footprints are too large to affect change
    - strong local partnerships are required
    - planning is needed over a short- to medium-term time-frame, eg in-year or over three years
    - decisions need to be made across a local labour market.

- Activities will be led by **local employing organisations** where they relate very directly to the employment or wellbeing of an organisation's people.

Some activities, such as developing people strategies, talent management and workforce planning, will need to be carried out at all or most levels.

We therefore propose the following distribution of responsibilities which will underpin an integrated operating model for NHS workforce planning and development, based on four levels: national, regional, system and organisation.

National

At national level we will continue our single, joined-up approach to people planning. This will be supported by the recent actions to ensure full alignment of Health Education England's mandate with NHS England/NHS Improvement's service plans, introduce much stronger working arrangements between Health Education England and NHS England/NHS Improvement, appoint a Chief People Officer for the NHS and transfer the NHS Leadership Academy to NHS England/NHS Improvement. Critically, the *NHS Long Term Plan* and this supporting People Plan provide a shared strategy which we will work together with common purpose to deliver.

A new National NHS People Board, chaired by the Chief People Officer, will convene organisations nationally, first to develop the full People Plan to be published when the Spending Review has concluded and then to assure individual and collective progress against the interim and full People Plan. We will also convene a People Plan Advisory Group which will include the national bodies, alongside partners from professional bodies, trade unions, professional regulators, patient groups, think tanks and the Local Government Association, to support the continuation of this work and the development of the full People Plan. We will work with the Social Partnership Forum through the development and implementation of the Plan.

Regional

The alignment of NHS England/NHS Improvement and Health Education England's regional teams presents a significant opportunity to establish much closer working. It is envisaged that the new Health Education England Regional Directors will work alongside the new NHS England/NHS Improvement Directors of Workforce and Organisational Development. This will enable NHS England/NHS Improvement and Health Education England to have a much more comprehensive view of the workforce requirements and priorities across each region and how these complement service and financial plans.

The role of regional teams in relation to people planning and development will be as light touch as possible, while recognising their important role in oversight and improvement. Key activities at regional level will evolve over time, as ICSs mature, but are likely to include:

- supporting the developing maturity of primary care networks and ICSs and overseeing the safe delegation of resources and responsibilities
- setting the cultural tone by leading by example and supporting the development of the new leadership compact
- helping improve joint working with local government on people issues
- oversight and, where appropriate, the transaction of HR processes for people working in NHS England/NHS Improvement and in ICSs
- regional succession planning for executive director and other senior leadership roles
- greater engagement at STP/ICS level with postgraduate medical deans and dental deans to support recruitment, rotations and retention.

Integrated care systems

As part of the wide engagement undertaken during the development of the interim People Plan, there was considerable support for the idea of ICSs taking on greater responsibility for workforce and people-related activities, with the appropriate resources and when ready. The NHS Confederation recently published *Defining the role of Integrated Care Systems in workforce development: A draft manifesto*,[12] which argues for ICSs "to be the default level at which accountability for system-wide workforce decision making is based". This is a view echoed by NHS leaders who were clear that giving meaningful workforce functions to ICSs relied on them having the necessary resources (people and funding).

STPs/ICSs vary in both size and maturity, and the nature of their workforce and people functions – and the speed at which they take on new functions – will vary accordingly. However, we are clear that over time, and within a national framework, ICSs will take on the leading role in developing and overseeing population-based workforce planning for local health services. This will mean that ICSs become responsible for some activities currently undertaken by national bodies, while recognising that some activities will always need to be carried out nationally.

Decisions on what activities should be devolved to ICSs and at what pace will be underpinned by a framework to gauge ICS readiness. We envisage that ICSs could

[12] www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Defining-the-role-of-integrated-care-systems-in-workforce-development-A-draft-manifesto.pdf

undertake the following indicative activities where they have an appropriate population size and the necessary capacity and capability are in place:

- developing long-term population-based workforce plans, working closely with primary care networks, providers, commissioners and local authorities
- contributing to Health Education England and HEI decisions over allocation of activity (such as doctor rotations) to reflect local service needs, as well as meeting educational needs
- taking responsibility for current placement infrastructure to manage educational capacity in services, improve the quality of learning environments and align educational supply with local service capacity
- ensuring system-wide leadership development and supporting regional talent boards
- coordinating action to reduce temporary staffing spend across local provider organisations, including the establishment of tech-enabled collaborative staff banks across trusts
- developing initiatives to make the local NHS a better place to work and improve recruitment and retention, working closely with local government on shared priorities for health, social care and public health services
- overseeing the employment implications of the development of primary care networks and ensuring these networks have appropriate leadership and management
- maintaining and improving partnership working with trade unions at system level and building and fostering relationships with those responsible for HR and workforce in wider public services.

Local organisations (trusts, clinical commissioning groups, primary care networks)

An employee's primary experience of work will be set by their line manager, the culture of the department and the organisation, and the organisation's policies and procedures. To be successful, all organisations need a clear purpose and vision, and their people need to be able to work to a set of clear values, be engaged in the success of the organisation, and have the tools and knowledge to be able to

improve the work they do. The following activities will remain important for all NHS organisations:

- developing and sustaining a clear vision for the organisation aligned to the overall ambition of the ICS
- developing and embedding local values, derived from the NHS Constitution
- building an inclusive, compassionate and improvement-focused culture where all people are able to do their best work
- recruiting and retaining their people
- taking accountability for the wellbeing of their people and advancing equality of opportunity
- developing and implementing organisational people plans and contributing to ICS people plans.

To plan our workforce effectively we need a single, timelier workforce dataset available at national, regional, ICS and organisational level and capable of being interrogated and analysed through these different lenses. We must also take steps to address the gaps in our workforce data, beginning with primary care. This will remain a focus for 2019/20 and beyond.

Action in 2019/20

- Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support that STPs/ICSs can expect from NHS England/ NHS Improvement and Health Education England regional teams and informs decisions on the pace and scale at which ICSs take on workforce and people activities.
- Regional teams and ICSs to agree respective roles and responsibilities, associated resources, governance and ways of working.
- Implement a collaborative system-level approach to delivery of international recruitment and apprenticeships.
- Agree development plans to improve STP/ICS workforce planning capability and capacity.

Actions to inform the full People Plan

- Develop an action plan to ensure more comprehensive and timely workforce data, available across national, regional, system and organisations.

Other resources

The table below contains a summary of all the actions set out in this interim People Plan, both to make immediate progress on people and workforce priorities during 2019/20 and to inform the full People Plan.

We are also publishing alongside this interim People Plan:

- short summaries of specific action we are taking in relation to developing the future medical, AHP, pharmacy, healthcare science and dental workforces, alongside the action set out in this interim People Plan to improve multiprofessional working across all areas of the healthcare workforce[13]
- a short document[14] summarising the engagement carried out to date in developing the Plan and the organisations involved
- a selection of resources and case studies showing examples of good practice across the country.[15]

We will also publish in due course an interim Equality and Health Inequalities Impact Assessment (EHIA) which explains how NHS England, NHS Improvement and Health Education England have considered and addressed equality duties in developing the interim Plan.

[13] https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan
[14] https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan
[15] https://improvement.nhs.uk/improvement-offers/interim-nhs-people-plan-case-studies-and-resources

Table of actions

Action	Owner	Timescale
2019/20 actions		
Making the NHS the best place to work		
Develop a new offer for all NHS staff, through widespread engagement with our people and staff representatives, over the summer of 2019 for publication as part of the full People Plan.	NHS England/ NHS Improvement	By publication of the full People Plan
Develop a 'balanced scorecard' to become a central part of the NHS Oversight Framework and work with the Care Quality Commission (CQC) so that this balanced scorecard can inform the future development of the CQC's Well-led assessment.	NHS England/ NHS Improvement	By March 2020
All local NHS systems and organisations to set out plans to make the NHS the best place to work as part of their *NHS Long Term Plan* implementation plans, to be updated to reflect the people offer published as part of the full People Plan.	STPs/ICSs	By November 2019
Include more metrics on staff engagement in the NHS Oversight Framework to improve oversight of NHS trusts, commissioners and systems.	NHS England/ NHS Improvement	By March 2020
Improving the leadership culture		
Undertake system-wide engagement on a new 'NHS leadership compact' that will establish the cultural values and leadership behaviours NHS we expect from NHS leaders together with the support and development leaders should expect in return.	NHS England/ NHS Improvement	By September 2019
Develop competency, values and behaviour frameworks for senior leadership roles.	NHS England/ NHS Improvement	By September 2019
Review our regulatory and oversight frameworks, starting with the NHS Oversight Framework and (with CQC) the Well-led Framework to ensure there is a greater focus on leadership, culture, improvement and people management.	NHS England/ NHS Improvement	By March 2020
Support NHS boards to set targets for Black and Minority Ethnic (BME) representation across their workforce and develop robust implementation plans, as part of their *NHS Long Term Plan* implementation five-year plans.	NHS England/ NHS Improvement	By November 2019

Roll out talent boards to every region, co-ordinated and overseen by a national talent board.	NHS England/ NHS Improvement	By October 2019
Expand the NHS Graduate Management Training Scheme from 200 to 500 participants.	NHS England/ NHS Improvement	By October 2019
Engage widely on options for improving assurance of leadership in the NHS. Start to develop a central database of directors holding information about qualifications and history.	NHS England/ NHS Improvement	During 2019/20
Tackling the nursing challenge		
Significantly expand our Direct Support Programme to all trusts to improve retention, with a focus on supporting early years retention and reviewing best practice in preceptorship arrangements.	NHS England/ NHS Improvement	Immediately
Work with primary care to extend the retention programme into general practice, in addition to incentives to support entry to and return to general practice nursing.	NHS England/ NHS Improvement	By March 2020
Provide additional support in specialised areas where the need is greatest, including high secure hospitals and emergency departments.	NHS England/ NHS Improvement	By March 2020
Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.	NHS England/ NHS Improvement, Health Education England	By September 2019
Undertake a more comprehensive review of current clinical placement activity, identify outliers and provide support to remove barriers to expansion for future intakes. This will include options for expanding the provision of placements in primary and social care and explore how innovative approaches and best practice can support expansion.	NHS England/ NHS Improvement, Health Education England	By March 2020

Work with national partners to consolidate the current recruitment and perception campaigns run by different national bodies, to develop a single campaign that reflects the realities of a career in modern nursing at the cutting edge of clinical practice. This will focus on those branches of nursing with the greatest vacancies, address demographic issues, and support those local health systems with the biggest challenges by linking national and local initiatives.	NHS England/ NHS Improvement	Campaign developed by June 2019; campaign run through to March 2020.
Work with the Office for Students to agree a standard definition of attrition for all healthcare programmes and ensure this is recorded and reported in a way that enables better workforce planning.	Health Education England	By March 2020
Work collaboratively with higher education institutions (HEIs) to ensure every learner is well prepared for each practice placement and that every learner reports a meaningful placement experience	Health Education England	Ongoing
Develop a toolkit for supervisors and assessors to enable them to support the wide diversity of learners.	Health Education England	By March 2020
Develop a new procurement framework of approved international recruitment agencies for 'lead recruiters' to draw on, ensuring consistent operational and ethical standards.	NHS England/ NHS Improvement	By publication of the full People Plan
Develop a best practice toolkit for international recruitment, with NHS Employers and other national partners, to support employers by highlighting good practice in terms of practical and pastoral support to improve experience and ultimately retention.	NHS England/ NHS Improvement, Health Education England	By publication of the full People Plan
Work with the Department of Health and Social Care (DHSC) and professional regulators to support improvements to regulatory processes in relation to international recruitment, exploring where changes may help facilitate streamlining of registration processes and reduction of recruitment timelines.	NHS England/ NHS Improvement	Ongoing

Delivering 21st century care

Support local health systems (STPs/ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling us to understand better the number and mix of roles needed to deliver the *NHS Long Term Plan* and inform national workforce planning.	Health Education England, NHS England/NHS Improvement	By November 2019
Develop plans for further expansion of undergraduate medical placements.	Health Education England, DHSC	By March 2020
Implement post-foundation Internal Medicine Training to expand the number of doctors with generalist skills.	NHS England/ NHS Improvement, Health Education England	By March 2020
Launch national consultation to establish what the NHS, patients and the public require from 21st century medical graduates to inform ongoing review of undergraduate and postgraduate medical education and training and support the General Medical Council in shaping curricular outcomes.	Health Education England	By November 2019
Establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.	NHS England/ NHS Improvement, Health Education England	By March 2020
Publish recommendations for effective supervision of doctors in training, and tools and supporting materials to deliver a measurable improvement in the capacity and quality of supervision across the NHS.	Health Education England, NHS England/NHS Improvement	By December 2019
Begin to implement the conclusions of the *Maximising the potential* report for specialty and associate specialist doctors; re-open and reform the associate specialist grade and ensure alignment with flexible training arrangements.	NHS England/ NHS Improvement, Health Education England	By March 2020
Roll out a voluntary two-year Primary Care Fellowship programme for newly qualified GPs and nurses entering general practice.	NHS England/ NHS Improvement, Health Education England	By March 2020
Provide training for an additional 7,500 nursing associates.	NHS England/ NHS Improvement, Health Education England	By December 2019

Develop a pipeline of AHPs by increasing applications to undergraduate AHP education and identifying how to expand clinical placement capacity, while supporting continuing education and training of AHPs in current practice including the development of advanced practice roles	NHS England/ NHS Improvement/ Health Education England	By March 2020
Establish a healthcare science workforce development programme to address urgent challenges, including improving data and analytics	NHS England/ NHS Improvement	By September 2019
Identify further ways to integrate volunteering within the NHS.	NHS England/ NHS Improvement	By March 2020
Establish a portfolio of free online learning modules for carers.	Health Education England	By March 2020
Begin work to review current models of multidisciplinary working within and across primary and secondary care.	NHS England/ NHS Improvement, Health Education England	By March 2020
Develop nationally accredited education and training standards for advanced clinical practice programmes for HEIs.	Health Education England, NHS England/NHS Improvement	By March 2020
Develop accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services, with a focus on multidisciplinary training in primary care.	Health Education England, NHS England/NHS Improvement	By March 2020
Update the Electronic Staff Record to reflect advanced roles.	NHS England/ NHS Improvement	By March 2020
Support every STP/ICS to put in place a collaborative approach to apprenticeships and provide further tools and practical resources to help them maximise the use of the Apprenticeship Levy.	NHS England/ NHS Improvement, Health Education England	By March 2020
Work with a cohort of providers to deliver youth volunteering opportunities in partnership with #iwill and the Pears Foundation.	NHS England/ NHS Improvement	By March 2020
Identify further ways to integrate volunteering within the NHS.	NHS England/ NHS Improvement	By March 2020
Deliver intensive training for boards and senior leaders to build tech and data awareness and capability.	Health Education England	By March 2020

Provide an accreditation/credentialing framework for digital leaders working at regional, system and local levels.	Health Education England	By March 2020
Start to develop a library of education, learning, knowledge and best practice resources to support the current workforce in expanding their digital skills (generic and specialist technology).	Health Education England	By December 2019
Work to develop and integrate digital education and learning resources into academic and professional curricula.	Health Education England	Throughout 2019/20 and beyond
Building on the Topol Review, carry out an audit to assess and plan for future digital roles and skills required.	Health Education England	By March 2020
Set out plans for an expanded NHS Digital Academy to develop digital leadership capability.	Health Education England	By December 2019
Establish the Topol Programme for Digital Fellowships in Healthcare.	Health Education England	By September 2019
Develop flexible career pathways, particularly for scarce roles, and establish early pathway initiatives for the future digital talent.	Health Education England	By March 2020
Continue roll-out of education and training interventions and multiprofessional workforce development programmes to support the NHS Genomic Medicine Service.	Health Education England, NHS England/NHS Improvement	Throughout 2019/20 and beyond
A new operating model for workforce		
Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support that STPs/ICSs can expect from NHS England/NHS Improvement and Health Education England regional teams and informs decisions on the pace and scale at which ICSs take on workforce and people activities.	NHS England/ NHS Improvement, Health Education England	By May 2019
Regional teams and ICSs to agree respective roles and responsibilities, associated resources, governance and ways of working.	NHS England/ NHS Improvement, Health Education England	By March 2020
Implement a collaborative system-level approach to delivery of international recruitment and apprenticeships.	NHS England/ NHS Improvement, Health Education England	By March 2020

Agree development plans to improve STP/ICS workforce planning capability and capacity.	NHS England/ NHS Improvement, Health Education England, STPs/ICSs	By April 2020

Actions to inform the full People Plan

Making the NHS the best place to work

Review the Health Careers website to ensure it is an attractive advertisement for a wide range of roles, entry points and benefits of working in the 21st century NHS and enables us to compete with other large national employers.	Health Education England, NHS England/NHS Improvement	By March 2020
Commission an independent review of HR and OD practice in the NHS with recommendations about how to bring it in line with the best of the public and private sectors.	NHS England/ NHS Improvement	By March 2020

Improving the leadership culture

Develop resources to support the leadership teams of STPs/ICSs and primary care networks to enable them to create high-performing multiprofessional teams that collaborate across traditional boundaries.	NHS England/ NHS Improvement	By December 2020
Consider actions to encourage more clinicians and people from outside the NHS to take up senior leadership positions.	NHS England/ NHS Improvement, Health Education England	By March 2020
Review the support provided to NHS organisations by NHS England/NHS Improvement regional teams to ensure it is promoting genuine improvement and staff engagement. Implement annual 360 degree feedback from providers, commissioners and STPs/ICSs on the support they receive from both regional and national teams.	NHS England/ NHS Improvement	By December 2019

Tackling the nursing challenge

Develop a clear model that sets out the different entry routes into nursing, highlighting the different approaches and benefits, to inform employer and entrant decisions.	NHS England/ NHS Improvement, Health Education England	By September 2019

Expand the pilot programme for nursing associates wishing to continue their studies to registered nurse level.	Health Education England	Ongoing
Develop proposals for a blended learning nursing degree programme that maximises the opportunities to provide a fully interactive and innovative programme through a digital approach.	Health Education England	Ongoing
Consider options for how local health systems and employers can use job guarantee approaches, learning from and further developing existing local models.	NHS England/ NHS Improvement	By September 2019
Work with DHSC to review and identify how to improve the financial support programmes currently available through the Learning Support Fund (LSF), as well as considering how to streamline the process between applications for and awards of LSF payments.	NHS England/ NHS Improvement	In line with Spending Review
Work with government and the HEI sector to improve awareness of the overall financial support package, so that all undergraduate and postgraduate students are aware of the support available when studying and how it can be accessed.	NHS England/ NHS Improvement, DHSC	By September 2019
Undertake a detailed review of mental health and learning disability nursing to support growth in these areas.	Health Education England, NHS England/NHS Improvement	By September 2019 to inform Spending Review
Work with partners to consider the needs of the primary and community workforce (including district nursing, general practice nursing, health visitors and school nursing) to understand how we can support growth in these areas of practice.	Health Education England, NHS England/NHS Improvement	By September 2019, to inform Spending Review
Review how to increase both national and local investment in continuing professional development (CPD) and workforce development with the aim of achieving a phased restoration, over the next five years, of previous funding levels for CPD.	Health Education England, NHS England/NHS Improvement	In line with Spending Review
Delivering 21st century care		
Develop, with relevant partners, a range of options for expanding accelerated degree programmes and part-time study, to widen access to medical careers.	Health Education England	By March 2022

Evaluate flexible training programmes, including less-than-full-time and 'step out, step in' postgraduate medical training as part of the managed roll-out of these flexible arrangements.	Health Education England, NHS England/NHS Improvement	By 2024
Work with colleagues in the devolved administrations on this programme of work to create 21st century medical education and training, and careers.	Health Education England	Ongoing
Explore development of a foundation training programme for pharmacists to help enhance the future clinical workforce for primary care networks.	Health Education England, NHS England/NHS Improvement	By March 2020
Explore new versatile roles for healthcare scientists in primary care and community health services.	NHS England/ NHS Improvement, Health Education England	By March 2020
Explore development of more flexible and alternative dental training pathways.	Health Education England	By March 2021
Progress reforms to the dental contract and support further integration of the profession into primary care networks.	NHS England/ NHS Improvement	Ongoing
Establish a Releasing Time to Care programme to set out a comprehensive and sustained programme of work to spread good practice and support continuous improvement	NHS England/ NHS Improvement	Immediate
A new operating model for workforce		
Develop an action plan to ensure more comprehensive and timely workforce data, available across national, regional, system and organisations.	DHSC, NHS England/ NHS Improvement, Health Education England	By publication of the full People Plan