

<b>Meeting:</b>	Board of Directors			
<b>Date of Meeting:</b>	31 January 2018			
<b>Report Title:</b>	Chief Executive's Report			
<b>Status: (tick one box)</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Regulatory <input type="checkbox"/>
<b>Classification</b>	NHS Confidential	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Lead Director</b>	Bridget Fletcher, Chief Executive			
<b>Report Author</b>	Jane Downes, Company Secretary			
<b>Appendices</b>	Appendix 1: National Developments Summary (for information) Appendix 2: NHS Workforce Strategy – NHS Providers summary			
<b>Links to strategic objectives</b>	Board Assurance Framework Reference and description	<b>1.1 2017/18 – 2018/19 funding</b> <b>1.2 Centralisation of decision making</b> <b>2.1 Clinical Strategy: Right Care</b> <b>3.1 Health &amp; Care System</b> <b>4.2 Performance trajectories</b>		
<b>Links to corporate risks</b>	Corporate Risk Register Reference and description	<b>2013-003 4 hour standard</b> <b>2017-032 Cost control</b>		

<b>Purpose of the Report</b>
<p>The purpose of the Chief Executive's report is threefold, namely:</p> <ul style="list-style-type: none"> <li>to highlight key national and local health economy developments that are of strategic relevance to the Foundation Trust and which the Board needs to be aware of;</li> <li>to bring together key messages from the Board papers into a single, high level assurance narrative; and</li> <li>to update the Board on key strategic and operational developments that the Executive Team are leading.</li> </ul> <p>This report covers developments that have happened since the November Board of Directors' meeting.</p>

<b>Key points for discussion</b>
<p><b>National Developments</b> Key national developments to highlight this month include:</p> <p><b>Airedale</b> For the Trust, key points to note from this month's Board pack include:</p> <ul style="list-style-type: none"> <li>o Appointment of Chairman</li> <li>o Retirement of Chief Executive</li> <li>o Forecast plan at month 09</li> <li>o Winter Plan update report</li> <li>o Annual Complaints Update Report</li> </ul>

<b>Recommendation</b>
The Board is asked to receive and note the Chief Executive's update report.

## 1. NATIONAL DEVELOPMENTS AND PUBLICATIONS

National developments of note to draw the Board's attention include the following:

### 1.1 NHS Winter Pressures

The National Emergency Pressures Panel (NEPP) has issued further recommendations in response to NHS winter pressures.

The panel has recommended that a pause of non-urgent surgery continues until the end of January. It reiterated that cancer operations and time-critical procedures go ahead as planned. It has also recommended that sanctions for mixed sex accommodation breaches are suspended.

### 1.2 NHS England Publication '*No hospital is an island – 'learning from acute care collaboration'*

This NHS England report [\*No hospital is an island\*](#) concentrates on horizontal integration, where providers of the same type are working together, to improve their efficiency, tackle real workforce challenges, and ensure care quality.

The report covers the learning from 13 acute care collaborations that were established in September 2015 as part of the new care models programme. It highlights six common strategies that have emerged, including the way clinical practices are being standardised; how vanguards are making better use of clinical support services; and how the skills of healthcare professionals are being used more creatively and flexibly.

Further information relating to national developments are shown in Appendix 1.

## 2. LOCAL HEALTH ECONOMY DEVELOPMENTS

### 2.1 New Models of Care Update

The Trust continues to be involved with new care model programme developments both locally and across West Yorkshire, including:

- Airedale & Partners Enhanced Health in Care Homes Vanguard
- Airedale, Wharfedale & Craven Accountable Care Programmes Board, including:
  - Complex Care proof of concept development in conjunction with partners - Yordales GP Federation and BDCFT
- West Yorkshire Association of Acute Trusts (WYAAT)

### 2.2 Partnership Developments

Throughout December and January, Directors have continued work to develop and strengthen partnerships with key stakeholders across the local and wider West Yorkshire health and care economies. This includes building better relationships with local GP practices, groups of practices and Primary Care Federations, local providers, the local authority and providers across the West Yorkshire.

### **3. AIREDALE FOUNDATION TRUST UPDATE**

#### **Appointment of Chairman**

The Company Secretary will formally report the appointment of Andrew Gold as Chairman with effect from 19<sup>th</sup> January 2017. Andrew Gold was formerly the Trust's Deputy Chairman.

#### **Retirement of Chief Executive**

As the Board will be aware, I have announced my intention to retire in May this year. The Board appointments committee ('BART'), led by the Chairman have put in place a recruitment process to appoint a successor and hope to conclude the process by Spring.

#### **3.1 Right Care: Improving Patient Experience**

##### **Patient Story**

This month's story focusses on a patient's experience of the Head and Neck Cancer SLT service.

##### **Annual Complaints Report update**

The Director of Nursing will present a half year update on the Annual Complaints Report.

#### **3.2 Right Care: Improving Quality and Safety**

##### **Scrutiny of mortality and avoidable mortality**

This month's Board pack includes the mortality report from the Executive Medical Director, Karl Mainprize. The data shows the number of observed deaths, the predicted expected deaths and the SHMI for each coded condition.

##### **Endoscopy Department – Accreditation**

The Joint Advisory Group ('JAG') on Gastro-intestinal Endoscopy has audited the Endoscopy Department to demonstrate that they are still compliant with the JAG standards. I am pleased to report that the Endoscopy Department has successfully retained the accreditation.

#### **3.3 Right Care Today: 2017/18 Annual Plan Operational Delivery**

##### **Winter Plan Update Report**

The Chief Operating Officer will present an update on the Trust's performance so far during winter, the delivery against the winter plan and the Emergency Care Standard for Q3 2017/18. The report demonstrates that we have against the performance trajectory submitted to NHSI as part of our overall plan. It also highlights the factors that have prevented delivery of the standard at 95% on a consistent basis and the work that is ongoing to sustain the performance required.

I would like to put on record my thanks to all staff involved in the delivery of patient care during this period of heightened activity, and for their hard work and dedication in continuing to provide safe and high quality care to our local population.

##### **Safe Staffing Report**

This month's Board pack includes the nursing and midwifery staffing exception report for December 2017. The aim of the report is to inform the Board about nursing and midwifery staffing capacity and capability in relation to agreed establishments and to provide assurance that concerns and potentially

unsafe staffing levels are escalated and dealt with promptly. The Board will wish to scrutinise the Report given the CQC Quality Report references to nurse staffing levels.

### Flu Campaign

The Trust continues its flu vaccination campaign for 2017/18. The latest position for uptake of the vaccination is shown below.

Staff Group	Number		Percentage
	vaccinated	Number	
All nurses	488	694	70%
Support to clinical staff	528	704	75%
All other professionally qualified clinical staff	187	251	75%
All doctors	195	269	72%
<b>TOTAL</b>	<b>1398</b>	<b>1918</b>	<b>72.89%</b>

The recent incidence of patients presenting with flu has increased through January and this has encouraged a further take up of the vaccine amongst clinical staff. The Trust wrote to staff who had not taken the vaccine to remind them they continued to be eligible to receive the free vaccine and this initiative did generate interest and created an opportunity for those who received it at their GP to advise Employee Health and Wellbeing and update their records.

### Month 09 financial and service performance headlines

#### Financial performance

The overall financial position at the end of December 2017:

- The underlying position at Month 09 before the release of non-recurrent support is a deficit of £1,932k. After support the position showed a deficit of £726k, £113k better than plan;
- The Control Total position showed a surplus of £1,494k, £3k better than plan;
- STF funding of £1,440k was achieved in full;
- An underlying EBITDA position of £949k worse than plan driven by staffing pressures in nursing, junior doctors and middle grade, income under-trades – offset by non-recurrent support and donated asset income. This position delivers a Use of Resource ('UoR') rating of 1 against a plan of 1; and
- CIP has achieved £7,133k against a plan of £6,502k, £631k better than plan.

Further detail on the actions being taken is provided in the Finance Report.

#### Performance standards

The summary key points to December 2017 are:

- Our NHS Improvement Single Oversight Framework Governance rating is Amber due to the A&E 4 hour standard and Diagnostics 6 week standard being below the national threshold in December. It should be noted that we continue to achieve A&E national STF trajectories, as a result of the hard work of staff across the Trust in dealing with the considerable urgent care pressures over the previous year.
- All other Single Oversight Framework standards were achieved or were within de minimis limits. The current position remains tight for a number of these areas.

- There is still a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for seven of the last eight quarters and the continuing pressures regarding the Diagnostics 6 week standard. However as the national A&E standard was achieved in both June and July and the STF trajectories have now been delivered for Quarters 1, 2 and 3 this is probably reduced at this time.
- We are continuing to declare risks on the Clostridium difficile and A&E 4 hour standards for 2017/2018 due to the low threshold and continuing pressures noted in this report.
- Following further details received from NHS Improvement regarding the Sustainability and Transformation Funding, our trajectories for A&E have now been updated and we have achieved the requirements for Quarters 1, 2 and 3. We are awaiting clarification of the exact Quarter 4 STF requirements as a 93.9% threshold has now been applied to A&E performance based on Winter funding we have received.
- For the NHS Improvement Single Oversight Framework, the Foundation Trust has received notification they are currently placed in Segment 2 (on a scale where 1 is highest and 4 is lowest).

Further details on these areas and the actions being put in place to support improvement are included in the Finance and Performance Report.

### **3.4 Right Care Tomorrow: Looking Ahead to 2017/18 and Beyond**

#### **Right Care Programme Report**

This month's Board pack includes an update outlining progress and performance of the Right Care Portfolio of Programmes at Quarter 3 (October to December) 2017/18. It focuses on plan delivery and the financial profile.

#### **Preparedness for Major Incident**

The hospital's preparedness for a major incident was tested in December as part of a regional exercise, led by Public Health England. The scenario was a terrorist attack involving 30+ people, including people from ED, AMU, theatres, bed managers, patient services, therapies, general management, resilience and communications. The exercise tested the hospital's capability to manage its services and patient flow during a real incident, coping with the types of injuries that might be seen from an attack alongside managing our other patients. It was a useful exercise, particularly for the clinical teams.

### **3.5 Good News**

Good news to bring to the attention of the Board this month includes:

#### **Award – Telehealth in Care Homes**

The Trust's Telehealth in Care Homes project won Health Business magazine's Telehealth award at a ceremony in London on 14 December. Staff working from the Digital Hub provide 24/7 clinical advice and support for residents in over 500 residential and nursing homes across the country. The service provides care home residents with specialist medical care and support via a secure two-way video link without them having to go to hospital.

### **Guardian Award – Stammering Therapy Project**

The Stammering Therapy team, working in conjunction with the British Stammering Association, won the Guardian Newspaper Public Service award for their innovative telemedicine work with patients who have a stammer. This is a unique project which is a UK first and aims to deliver a specialist speech therapy service via a video link, to adults who stammer.

### **Pride of Airedale Awards**

Since the last Board meeting, Pride of Airedale Awards have been given to:

- Charlotte Crossley, HODU Staff Nurse
- Nicola Duckworth, Clinical Care Nurse, Palliative Care
- Lynn Stubbington and the Phlebotomy team

## Appendix 1

### National Developments Summary

#### 1. Department of Health

##### 1.1 NHS Workforce Strategy

Health Education England has published a draft health and care workforce strategy for England to 2027. A consultation on the draft strategy will run until 23 March 2018. Health and social care service users, health and social care workers and organisations with an interest in ensuring the NHS has the right numbers of skilled people are invited to have their say on the future of the health and care workforce.

An overview of the draft strategy and next steps published by NHS Providers is attached (appendix 2).

##### 1.2 'Avoidable Deaths'

The DoH has announced that the NHS in England will become the first healthcare organisation in the world to publish data on 'avoidable deaths'.

The data will be published each quarter by individual NHS trusts. Each trust will make its own assessment of the number of deaths. The data will not be comparable and will not be collated centrally. The data will also allow trusts to learn from avoidable deaths, and share lessons across the NHS to better protect patients in the future.

##### 1.3 Cabinet Reshuffle

Under the recent Cabinet reshuffle, the Department of Health has been rebranded to Department of Health and Social Care, whilst Jeremy Hunt became Secretary of State for Health and Social Care.

#### 2. NHS Improvement

##### 2.1 Use of Resources Consultation

NHSI and the CQC have consulted on plans to fully implement the process that both organisations will use to report on how NHS non-specialist acute trusts are using their resources to provide high quality, efficient and sustainable care. This follows the publication of the Use of Resources (UoR) [assessment framework](#) in August. The outcome of the consultation that concluded on 10 January 2018 is awaited.

##### 2.1 NHSI Transactions Guidance

NHSI has published updated transactions guidance to assist Trust and Foundation Trusts considering organisational transactions (mergers and acquisitions, transfers and dissolutions) and non-organisational transactions (significant transactions, joint ventures and PFI's), replacing the previous guidance issued in 2015.

The guidance has also been aligned with the review process set out in the integrated support and assurance process which will be used for projects (eg new models of care) involving novel and/or complex contracts.

##### 2.2 Appointment of Chief Executive

Ian Dalton has been appointed NHS Improvement Chief Executive, and took over from Jim Mackey on 4 December.

### 3. NHS England

#### 3.1 Performance Data for December 2017

NHS England has published combined performance data for December 2017. The report shows:

- Emergency admissions in December reached 520,163 – the highest monthly figure on record
- The general and acute average bed occupancy was 95.0 per cent.
- 4 hour performance in major (type 1) A & E departments was 77.3% – the lowest on record.

### 4. Care Quality Commission

#### 4.1 Local Health and Social Care System

The CQC is carrying out a series of targeted reviews of local health and social care systems, focussed on how services meet people's needs and how care providers work together. For example:

- Are older people supported to stay well and to continue to live in their home?
- What happens when someone needs more care, for example, they need to go to hospital?
- Are they supported either to return home safely, or to move somewhere new that meets their needs?

The reviews ask how well people move through the health and social care system, and what improvements could be made. They include services such as:

- NHS hospitals
- NHS community services
- ambulance services
- GP practices
- care homes
- residential care services

The CQC are carrying out the first 12 reviews and will complete these by early 2018. Phase 2 will include a further 8 reviews that will include Bradford. We have been notified that the visit to the Bradford district will be 31 January followed by a site visit to Airedale week commencing 12 February. Each local area review will highlight:

- what is working well
- where there are opportunities for improving how the system works for people using services.

The CQC will report to the local authority area's health and wellbeing board and publish their findings. Once the CQC have completed all the reviews a national report will be published later in the year.

#### 4.2 Chief Executive

Sir David Behan has announced he will step down as chief executive of the Care Quality Commission in the summer.

### 5. National Audit Office

#### 5.1 Publication – Sustainability and Transformation in the NHS

The National Audit Office published a value for money report earlier in the month looking at the financial sustainability of the NHS. The report concluded that additional funding, aimed to help the NHS get on a financially sustainable footing had instead been spent on coping with existing pressures. The [report can be found here](#).

The National Audit Office has made a number of recommendations to the Department, NHS England and NHS Improvement, which includes moving further and faster towards aligning nationwide

incentives, regulation and processes, as well as reassessing how best to allocate the sustainability and transformation funding.

## **6. In the News**

### **6.1 Nurse Staffing Recruitment**

NHS Digital has published new statistics which reveal that the number of vacant nursing jobs reached a new high in the quarter to the end of September 2017. 34,260 vacant NHS nurse and midwifery posts were advertised, an increase of 2,400 on the previous quarter.

The latest data shows the NHS filled one nurse job for every 7 posts advertised across England – while the NHS in the Thames Valley area hired only 5 nurses for 1,957 advertised posts (one in 400).

Additional analysis by NHS Providers analysis found that total vacancies have risen by 5% over the last 2 years but nursing/midwifery vacancies have increased at more than twice this rate (13%). The data also shows that there has been a reduction of over 1,400 community nurse or community health visitors over the last year.

### **6.2 Chief Executive Retirement – BDCFT**

Nicola Lees, Chief Executive of Bradford District Care Foundation Trust has announced her retirement with effect from 29 April 2018.

### **6.3 Carillion plc**

The Trust was not affected by the collapse of construction and facilities management company, Carillion earlier in the month.

## Consultation on draft health and care workforce strategy for England to 2027

Health Education England (HEE) has published *Facing the facts, shaping the future*, a draft health and care workforce strategy for England to 2027. This follows the secretary of state's commitment at the NHS Providers annual conference that for the first time health and care system would have a long-term national workforce strategy, and various reports including our own *There for us: a better future for the NHS workforce*.

A consultation on the draft strategy will run until Friday 23 March 2018. Regional meetings and webinars will be offered by HEE among other ways to contribute. We will submit a formal response and will engage with you on this in the New Year. The final version of the strategy will then be published in July 2018.

In the meantime, if you have any initial views on the draft strategy or on the questions that HEE plans to consult on, please do get in touch as we would be very happy to receive your input. To share your views please contact Paul Myatt, policy advisor (workforce) [Paul.Myatt@nhsproviders.org](mailto:Paul.Myatt@nhsproviders.org)

This On the Day Briefing gives an overview of the draft strategy, our response, and next steps.

### Where we are now

The draft strategy acknowledges the mixed history of NHS workforce planning and seeks to address the fragmented, variable and unanticipated responses. There is recognition that the health and social care system is facing growing care needs, changing expectations, and changing socio-economic, political, governance and technological environments. To address these changes, HEE is proposing a set of six high level principles that will underpin future workforce decisions.

- 1 Securing the supply of staff**, with particular attention on the supply of the UK workforce in order to lessen the need to recruit staff from other countries.
- 2 Enabling a flexible and adaptable workforce through investment in education and training of new and current staff.** While recognising that NHS professionals have distinct roles, HEE has acknowledged there is scope for blending clinical responsibilities which can be rewarding for staff.
- 3 Providing broad pathways for careers in the NHS**, with structured career opportunities to enable staff to progress both within and between professions.

- 4 **Widening participation in NHS jobs**, so that people from all backgrounds have the opportunity to contribute and benefit and the NHS workforce of the future more closely reflects the populations it serves.
- 5 **Ensuring the NHS and other employers in the system are inclusive modern model employers**, with flexible working patterns, career structures and rewards. Part of this involves addressing the changing expectations of all the generations who work in the NHS.
- 6 **Ensuring that service, financial and workforce planning are intertwined**. Alignment across these areas is intended to foster realism alongside creativity in considering what the workforce can contribute to a new or changing service.

The draft strategy sets the scene by outlining changes in the NHS workforce since 2012. For example, overall there are 40,000 more clinicians substantively employed than in 2012. Nevertheless, some profession numbers have decreased. Workforce growth overall since 2012 has also been slower than anticipated with HEE pointing to worsening retention rates and the NHS becoming a relatively less attractive employment offer as part of the explanation. As a result, there are a significant number of posts unfilled. For example the current total NHS vacancies for nurses, midwives and allied health professionals (AHPs) are almost 42,000 (9.4%).

## Growing the workforce

HEE has identified several areas for action to address existing workforce shortages.

- **Recruitment and education.** The number of clinical staff in training has increased over the past three years. Initiatives include: encouraging more young people to consider working in healthcare through the NHS Careers service, increasing the number of clinical placements to allow greater numbers of healthcare students, expanding undergraduate medical school places, reducing student attrition rates, and developing apprenticeships and medical and nursing associate roles.
- **Retention.** HEE is to make a concerted effort to understand the growing levels of staff turnover. For example, the rate at which nurses are leaving trusts has increased from 12.3% in 2012/13 to 15.0% in 2016/17. NHSI has analysed the provider sector to develop a support plan and improve retention – this was launched in July 2017 and is already beginning to show a small reduction in nurses leaving trusts.
- **Self sufficiency.** Over time HEE intends to reduce the NHS' reliance on staff from overseas. However, it also argues for a balanced approach to enabling qualified overseas staff to train in the UK and to develop the NHS as a global learning hub. A global health strategy is to be published by HEE in spring 2018.

- **The Five Year Forward View.** The strategy details the workforce response to the Five Year Forward View. Integrated care, in the form of STPs, ACOs and ACSs, will involve staff working in new environments across traditional institutional and geographical boundaries. Local Workforce Action Boards (LWABs) are the workforce arm of the STPs and it is intended they will grow and develop as part of their health system, providing analysis, data and intelligence.
- **Social care.** The draft strategy also addresses the challenges facing the adult social care (ASC) workforce, which will require growth of between 14% and 31% before 2030. The forthcoming government green paper will build on action to address demand for social care and set out a longer term plan for addressing the challenges.

Appendix 1 includes a summary from the draft strategy of the key new and existing strategic actions.

## Looking to the future

The draft strategy seeks to address the longer term challenges that have been identified.

- **Requirements beyond 2021/22.** In considering future provision, HEE has focused on both affordability and patient/population demand drivers. Beyond the period of the Spending Review, scenarios for demand of healthcare workforce need to consider factors such as: population growth, changes in morbidity and the trend towards societies devoting an increasing share of their resources to health as income rises. HEE's 'do nothing more' modelling scenario suggests potential for workforce demand growth of 17% between 2021/22 and 2026/27 which would result in approximately 190,000 additional posts being required.
- **Shaping the future.** HEE outlines the requirements of the future NHS and the planning process that will help NHS staff deliver in an increasingly complex and changing world. This includes reviewing data requirements for workforce planning, developing the public health workforce, boosting productivity, focusing on digital, and introducing a system of "credentialing".
- **Developing specific workforce groups.** While believing multi-disciplinary working is a priority, HEE seeks to address the specific issues associated with seven specific workforce groups – medicine, nursing and midwifery, dentistry, allied health professionals, healthcare science, pharmacy, and the wider workforce.

The draft strategy confirms the Leadership Academy will implement the Faculty of Medical Leadership and Management review of clinical leadership. The Leadership Academy will also deliver skills training for management, "enhancing the NHS as a place where careers are forged, rather than merely a place where jobs are done".

## NHS Providers response and next steps

We strongly support the long-term approach in assessing workforce needs ten years from now that this report outlines. Although its publication is long overdue, we welcome the fact that the national bodies have, for the first time, taken the long view on the needs of the health and care system. Appendix 2 sets out our full media response.

HEE has set out eight consultation questions.

- 1 Do you support the six principles proposed to support better workforce planning; and In particular will the principals lead to better alignment of financial, policy, and service planning and represent best practice in the future?
- 2 What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?
- 3 How can we ensure the system more effectively trains, educates and invests in the new and current workforce?
- 4 What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?
- 5 How can we better ensure the health system meets the needs and aspirations of all communities in England?
- 6 What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?
- 7 Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?
- 8 What policy options could most effectively address the current and future challenges for the adult social care workforce?

We will engage with trusts in the New Year to develop our formal response to the consultation on the draft strategy. In the meantime, if you have any initial views on the draft strategy or on the questions that HEE plans to consult on, please do get in touch as we would be very happy to receive your input.

## Appendix 1 – Summary of the key new and existing strategic actions

Objectives	Action	Leads
Increase future workforce supply from education and training	Increase numbers of GP trainees to 3,250 per annum	HEE
	Expand undergraduate medical places by 25%	HEE, HEFCE, HEIs, GMC,
	Expand nursing student places by a further 25%	HEE, HEIs
	Expand AHP student places	HEE, HEIs
	Campaign to maximise recruitment to clinical undergraduate courses	HEE, HEFCE, UUK
	Expand physician associates in training to over 1,000 per annum	HEE, HEIs
	Secure future supply of podiatrists and other shortage professions	HEFCE, HEE, HEIs
	Increase Nursing Associate training places to 7,500 per annum	HEE
	Increase Emergency Medicine trainees	HEE
	Train 400 clinical endoscopists and 300 reporting radiographers	HEE
	Deliver 19,000 new Mental Health staff	HEE, NHSI, NHSE
	Deliver 1,500 clinical pharmacists working in general practice	NHSE, HEE, CPPE
	Review tariff for undergraduate and postgraduate placements	DH, HEE
	Develop and roll out targeted Health Careers campaigns	HEE
	<b>Evaluate</b>	Introducing healthcare science A-level
Increase workforce supply by recruiting experienced staff	Attract 1,000 returning nurses and 300 AHPs back into the NHS per annum	HEE
	Attract 2,000 GPs from overseas	NHSE
	Launch return to practice campaign for GPs	NHSE
Increase workforce	National retention improvement programme	NHSI, NHS

supply through retention and help NHS become the employer of choice		Employers, HEE
	Review reward package	DH, SPF
	Develop flexible working solutions	Trusts, NHSI, HEE
	Pearson review into health and wellbeing of NHS staff and trainees/ students	HEE, GMC, HNS Employers
	Improve working lives of BAME staff; NHS Workforce Race Equality Standard (WRES)	NHSE, NHSI, HEE
	Build on “Improving Junior Doctors Lives” programme	HEE
	Improve flexible working offers for staff nearing retirement	HEE, NHS Employers, NHSI
	Improve career pathway options within and between professions	HEE
	Consider new ring-fenced workforce development funding for priority areas	DH, ALBs
	Extend use of e-rostering and effective job planning	NHS Employers, NHSI
Review and modernise education and training	Consider periodic review of number and allocation of medical school places	HEE, HEFCE, DH, DfE
	Deliver Medical Education Reform Programme – greater flexibility in training, ARCP review, review of foundation training in England	HEE, GMC, AoMRC
	Review distribution of postgraduate medical training places by specialty and geography	HEE, NHSI, NHSE
	Review Clinical Psychologists training route and psychology degree content	HEE, HEIs, Regulator
	Accelerated route to nursing pilot programme	NHSE, HEE
	Review how technology will affect roles, functions, education and training	OH, HEE
	Explore greater use of gamification in training	HEE. Royal Colleges, GMC, HEIs

	Investigate areas, such as population health, that should be taught across curricula	HEE, Royal Colleges, GMC
	Expand distance, online, blended learning to a broader number of areas	HEE, HEIs
	Investigate possible changes to Point of Registration	GMC, DH, HEE
	Ensure curricula across all professional groups contain Mental Health content	HEE, Royal Colleges, Regulators, HEIs
<b>Widen participation in the workforce</b>	Support clinical and non-clinical apprenticeships by ensuring access to levy – review of first year use	DH, HEE
	Target non-traditional schools via Health Careers campaigns	HEE
	Improve employment opportunities for people with learning disabilities including the NHS learning disability employment programme	HEE, NHSI
<b>Improve skill mix in workforce</b>	Produce system wide approach to agreed investment in CPD	HEE, NHSI, Trusts
	Develop credentialing across all professions	HEE, GMC, NMC, HCPC
	Explore introduction of nationally consistent postgraduate nursing qualifications	NMC, HEE
	Development and implementation of the Advanced Clinical Practice framework	HEE, NHSI, NHSE
	Ensure Training Hubs available to all GP practices	HEE
	Ensure appropriate regulation of clinical professionals	DH, HEE
<b>Position NHS as a centre of global excellence for health workforce, education and training</b>	Develop, promote and facilitate innovative, ethical and mutually beneficial educational placements in the NHS and overseas	DH, HEE
	Offer ethical earn, learn, return programmes	HEE
<b>Leadership</b>	Implement WRES and leadership scheme	NHSE, HEE

development	Implement Developing People, Improving Care Framework	ALBs, DH
	Increase numbers on Leadership Academy Schemes to 20,000 per annum	HEE, NHSI
	Expand GMTS to 500 places by 2020 with an ambition to go further	HEE, NHSI
Workforce planning solutions	Review of learning disability workforce	HEE, NHSE, NHSI
	Review of community nursing qualifications	HEE, NHSI, NHSE, NMC
	Create demand modelling process for all professions post 2021	HEE, NHSI, NHSE, DH, PHE
	Explore better alignment of workforce, finance and service planning	National ALBs, DH
	Review of the workforce responsibilities of all ALBs	DH, ALBs
	Publish intelligence reports by profession and geography	HEE
	Review data needs across system including reinstatement of vacancy data collection	NHS Digital, HEE, NHSI, NHSE, DH
Improve support for patients, carers and volunteers through education and training	Series of work streams with Independent leadership to promote volunteering and consider training needs of individuals managing their own conditions, informal carers and volunteers	HEE PAF, DH, ALBs,

## Appendix 2 – NHS Providers media response

Responding to the drafted workforce strategy, the chief executive of NHS Providers, Chris Hopson, said:

“We strongly support the long-term approach in assessing workforce needs ten years from now that this report outlines. This is the first time the NHS has taken such a long term view, but it’s one that’s definitely needed.

“In our recent workforce report we called for a coordinated workforce strategy with clear goals in sight that match the realities of demographic pressures and new approaches to care. Addressing staff shortages and having the right quality and supply of staff for the future is the number one concern for NHS trust leaders. This consultation document is a sensible and constructive start to addressing these concerns.

“It is particularly encouraging to see that Health Education England has recognised the scale and urgency of staff and skills shortages across both health and social care – highlighting the fact that patients and service users often do not distinguish between the two, and emphasising the importance of high quality social care services to the NHS.

“And we are pleased that the national NHS bodies will consult widely in developing these plans. It is vital that the concerns of NHS trusts, including community, mental health and ambulance services as well as hospitals, are heard and heeded.

“It is important that the final strategy - to be published next summer – is clear about where responsibilities lie nationally and at local level, recognising the key role of NHS trusts as employers.

“There are significant omissions which must be addressed, including a much clearer commitment to overseas recruitment so trusts can fill posts that can not be taken – at least for the time being – by the domestic workforce.

“We also want to see more on helping people with valuable skills who have left the health service to return to the NHS.

“We will need to fully work through the obvious consequences of these proposals, including the linked financial and funding requirements.”