

Welcome to Midlands and East Social Partnership forum (SPF) conference



Opening address from the chair

Alan Lofthouse, National Officer, UNISON





Midlands and East RSPF

Alan Lofthouse Senior National Officer, UNISON
SPF TU Secretariat

National Update

- SPF and NHS Staff Council structures
- SPF Priorities, including LTWP
- Improving staff experience
- Violence, prevention and reduction
- Parish notices





The SPF structures

Wider Group

Strategic Group

Workforce Issues Group

Violence Reduction Subgroup

Specific workshops and briefings

Regional SPFs

ICS/ICB SPFs

Employer partnership machinery (JCNC)



**NHS
Staff
Council**
WORKING IN PARTNERSHIP

The NHS Staff Council structures (Agenda for Change)

Main NHS Staff Council

Staff Council Executive

Health and Safety Partnership Group

Equality Diversity and Inclusion Group

Non-pay workstreams

Employer partnership machinery (JCNC)



NHS Long Term Workforce Plan

- Engagement through SPF Structures – meetings, presentations, workshops
- 16 health unions, plus employers and national bodies
- Positive start to a conversation about workforce
 - Money
 - Long term
 - Expansion of workforce
- Ambitious
- Challenges

What next – implementation

Local, regional, system, national

ICB running costs

Rapid expansion of training places

Non-pay elements of the 2023 Pay Deal

- Support to nursing staff
- Building a workforce for the future: Agency Spend & Staffing Levels
- Career development and support
- Pay setting process
- Pension abatement
- Cap for redundancy payments
- Tackling violence and aggression

SPF priorities

To improve **staff experience** – supporting the delivery of the Workforce Plan with a focus on retention, violence prevention and reduction, sexual safety, and wider culture change, for example, just and learning.



Support new **ways of working** – transforming people services, new roles and expanding education capacity, collaboration, and the NHS as an anchor organisation/system.



To improve the **equality, diversity and inclusion** of the NHS and its biggest asset – it's staff.

Improving staff experience

Violence Reduction Subgroup (VRS)

Violence commission in the 2023 pay deal

SPF resource – support for NHS staff member if assaulted

The VPR standard and toolkit (in development)

Data collection – the cost of violence

Body worn camera (BWC) pilots

Preventing Violence Against NHS Staff (PVAS) Network

Sexual safety – SPF webpage, policy development, campaign work

Domestic abuse - Belfast Health and Social Care Trust HPMA 2022 winner

Tackling violence and aggression is a priority area

Tackling violence and aggression:

the government will ask the existing groups established in the NHS Social Partnership Forum working on violence reduction to work with the health and wellbeing group of the NHS Staff Council to identify ways to tackle and reduce violence against NHS staff.



**NHS
Staff
Council**
WORKING IN PARTNERSHIP

Violence Plan

Map

Map existing work and understand what measures are already being taken

Oct to Dec 23

Assess

Assess impact of current measures and review evidence base

Jan to Mar 24

Identify

Identify any further measures that can be taken to reduce violence and aggression towards NHS staff

March to May 24

SPF and Staff Council

SPF

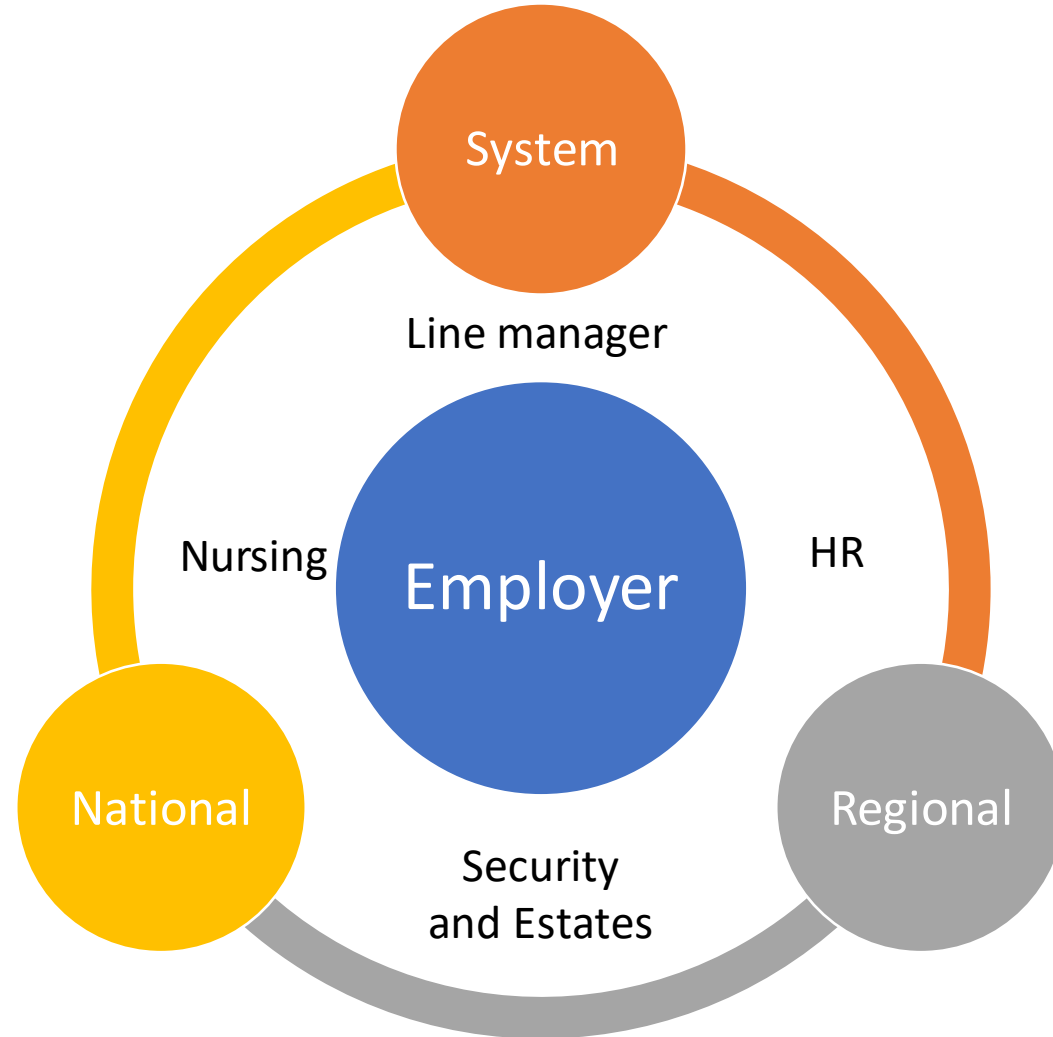
- Workforce Issues Group (WIG)
- Strategic Group Wider Group
- Violence Reduction Sub Group.
- Regional SPFs

NHS Staff Council

- Equality, Diversity and Inclusion Group (EDIG).
- Health Safety Working Group (HSWG).



Who is responsible for violence prevention?



Campaigns and tools



Classification: Official
Publication approval reference: PAR989



NHS violence prevention and reduction standard

NHS Anti-Violence Collaborative
Obligatory responses to violence in healthcare

Uywoodraeth Cymru
Welsh Government

GIG NHS WALES

VICTIM SUPPORT

GMB WALES & SOUTH WEST

Colleg Nysiol Brechinfed Cymru
Royal College of Nursing Wales

UNISON Cymru Wales

unite THE UNION CYMRU WALES

GIG NHS WALES

Partneriaeth Cyffwrdd Cymru a'r Iwerddon
Shared Services Partnership

BMA CYMRU WALES

GIG NHS WALES

Partneriaeth Cyffwrdd Cymru a'r Iwerddon
Shared Services Partnership

@NHSAntiViolence
#EmpowermentThroughPrevention

UNISON
the public service union

It's not part of the job

Each year, across the NHS more than 75,000 staff experience physical violence and aggression.

unison.org.uk/NoNHSviolence



END VIOLENCE AT WORK

UNISON's Violence at Work Charter

Campaigning for an end to violence at work in public services

Partnership working on violence and aggression

- Rights to be consulted
- VPR Standard
- Training and development for union reps
- Expertise and knowledge
- Investment and campaigning support
- Influence (local, system and national)
 - H&S committees, JCNCs, the board
 - System and regional Social Partnership Forums
 - NHS Staff Council and NHS Social Partnership Forum



Parish notices



HPMA partnership award – 14
years and going strong!



winner of the 2023 award was “We
work flexibly delivered through
effective partnership working, Isle
of Wight NHS Trust”



Sign up to the SPF bulletin

Future NHS Workforce Solution Transformation Programme

Enabling Readiness; Supporting People Digital
November 2023

SPF Forum

ESR Transformation Programme

The Department of Health and Social care have commissioned NHSBSA to lead the ESR Transformation programme to identify and deliver the future NHS workforce solution to over 1.8 million NHS colleagues in England and Wales. This will build upon the success of the current Electronic Staff Record (ESR) system in support of the NHS Long Term Workforce Plan, Transforming People Services, Future HR and OD Report and wider NHS England and Wales workforce policies.

- **Assurance:** A regulated commercial process using competitive procedure with an assurance framework which includes DHSC, HM Cabinet Office, Infrastructure Project Authority (IPA), HM Treasury and additional industry recognised assurance.
- **What do we need:** Three discovery phases have been completed to inform the transformation. User research and stakeholder engagement (15,000+) has helped the team assess the current state of ESR, industry trends and best practice; to develop a future experience vision for the transformed solution, to remain aligned to wider workforce impacting policies and identify and validate user requirements (600+) and business needs for the future solution.
- **Current Contract Timeline:** Contract with IBM (who provide the current ESR service) ends in 2025 and the Oracle e-Business Suite (eBS) platform on which ESR is built moves to is currently scheduled to move to 'end of support' in 2034.
- **Organisations Transformation:** Based on initial market feedback 5 - 7 years is the estimated timeframe for NHS organisations to undertake the transformation to the future NHS workforce solution, however this will be informed by bidders' responses. The plan is for all NHS organisations to transition to the new solution by 2030.
- **ESR Development:** ESR will continue to be developed and enhanced.
- **ESR Support & Decommissioning:** The successful supplier will support the running of the current ESR service, develop and implement the future NHS solution, and decommission ESR.

Our Programme Mission and Vision

Mission

"The solution empowers you to carry out your role effectively and efficiently, supporting you throughout your NHS working life. It is accessible, easy to use, and provides the data and insights to enable better decision-making and planning, as a catalyst for better healthcare."

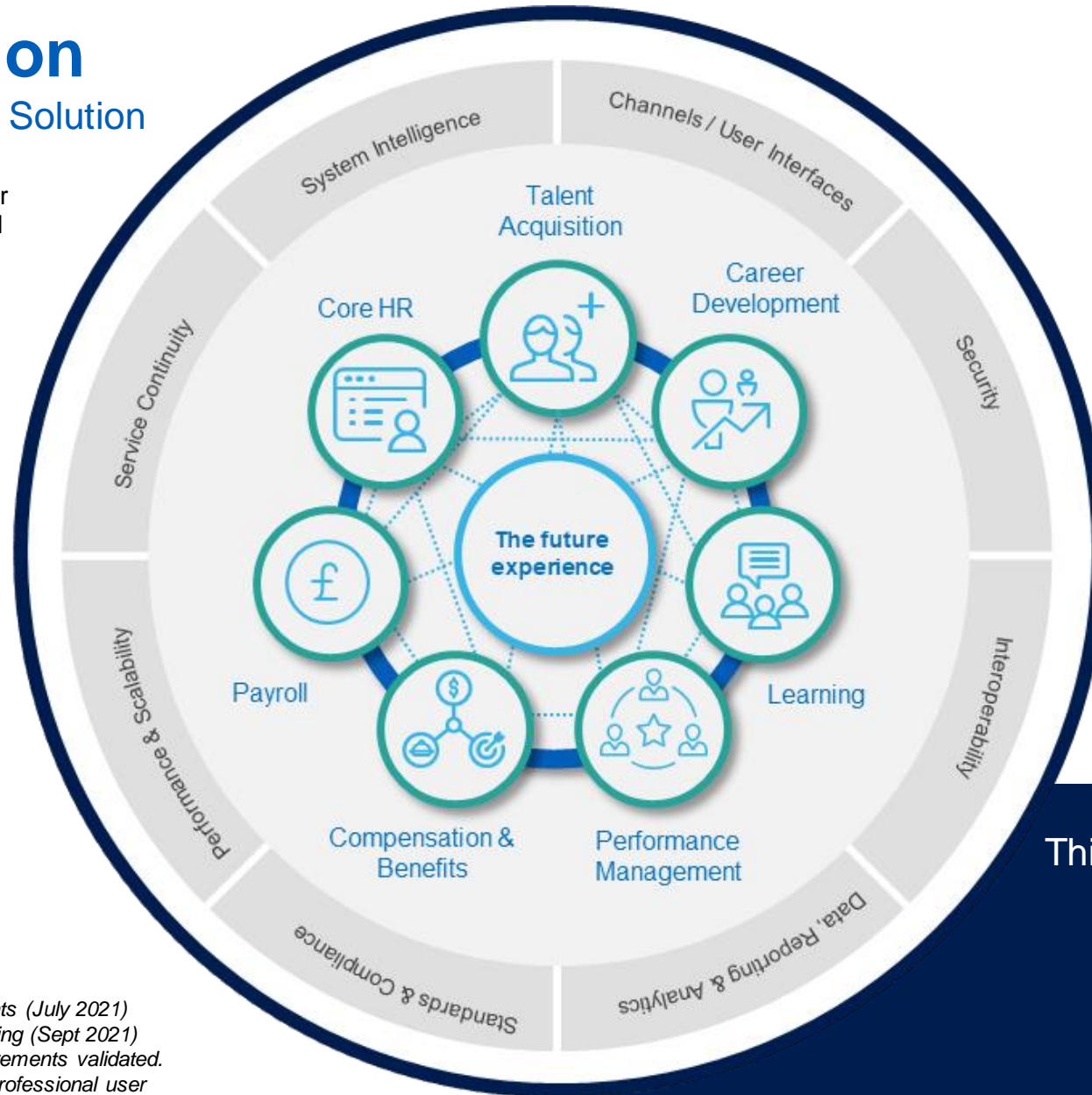
Vision

"Helping you to perform your best every day."

Our Shared Vision

for the future NHS Workforce Solution

Our shared vision is situated within the wider NHS extensive transformation, planning and delivery landscape at national, place and organisational level.



This vision is underpinned by 6 user experience principles:

**intuitive, enabling, connected,
trusted, personal, intelligent.**

Source:
Discovery 1.0 : Current State and future requirements (July 2021)
Discovery 2.0 : Strategic alignment and market testing (Sept 2021)
Discovery 3.0: Functional and non-functional requirements validated.
Based on 3 user personas: individual, manager & professional user

To deliver benefits to the service...

Improved
user
experience

Enabler to
scaling
services

Information
at your
fingertips

Simplify
and
Standardise

Empowering
you and your
workforce

Cultural
transformation

Data
standards &
alignment

System
connectivity

Saving time
to release
back to care

Improve data
quality

Simplify &
speed-up
processes

Enabler to
workforce
mobilisation

Discovery & Stakeholder Engagement

Engagement during discovery

Discovery 1.0

User research: A survey was undertaken to gather current ESR users experience of the ESR service:

circa 12500 employees responded to the employee survey

circa 2500 managers responded to the manager survey

150 users engaged with interviews and focus groups

Strategic users: A survey was undertaken to understand how the current ESR service supports strategic users and what can be done to better support them (Senior workforce policy and strategy leaders):

131 strategic users responded to the survey

51 strategic users and SME engaged with interviews and focus groups

Discovery 2.0

Engagement during this discovery phase focused on workshops with senior workforce policy and strategy leaders from across DHSC, NHSE/I and NHS Wales to develop a shared understanding of the operating context and the range of workforce-impacting strategies, policies and programmes.

24 Senior Workforce Policy and strategy leaders attended strategic alignment workshops

Discovery 3.0

A series of engagement events were held during this discovery phase to help us understand our user and business needs to help finalise the requirements for the future solution.

Business Needs:

Over 700 pieces of feedback received

108 stakeholders engaged

16 engagement sessions

User needs:

29 engagement sessions

2,000 pieces of feedback received

361 engaged with stakeholders from across England and Wales

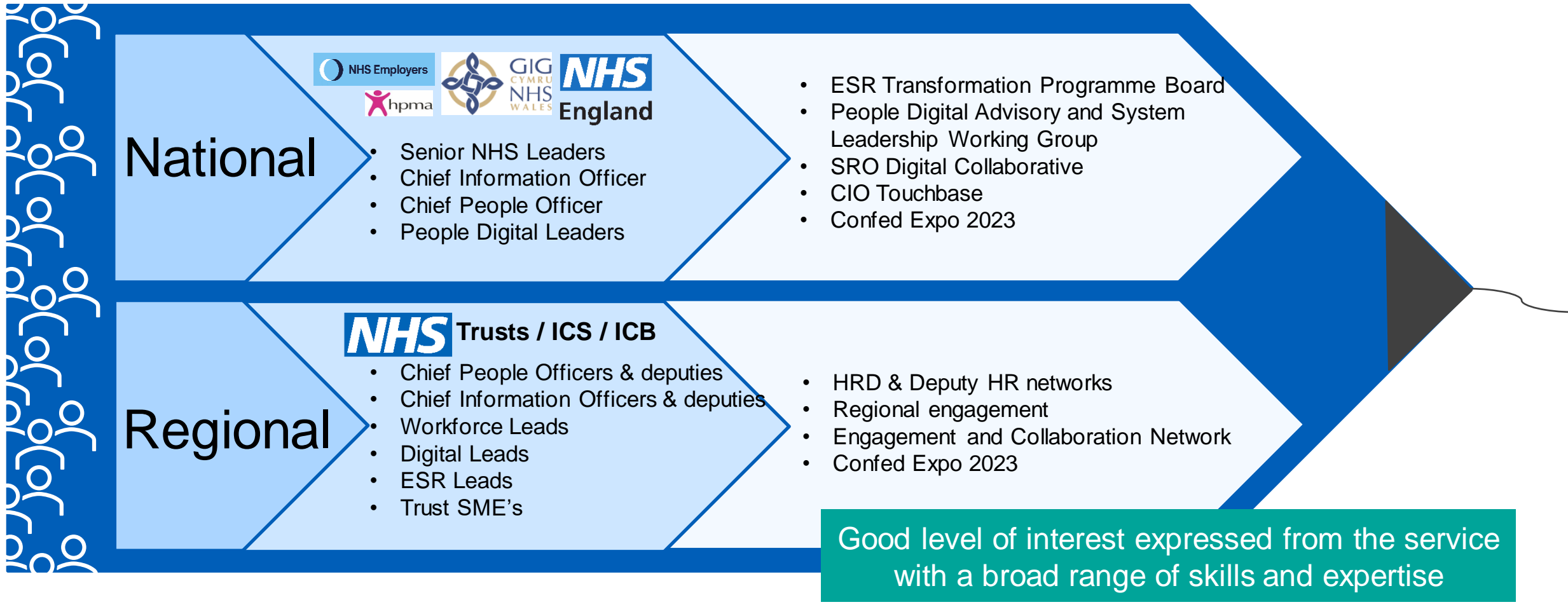


Staff Side Engagement

- The national **Workforce Issues Group** (WIG) have been engaged with the programme, with presentations taking place in December 2022 and May 2023. We are continually seeking feedback and support on the programme from this group
- Engagement with other regional **SPF forums** have also taken place this year
- We have staff side representative on our **Engagement and Collaboration Network** (meetings held every bi-monthly – next meeting 18th December)
- We are fully committed to our ongoing engagement with you throughout the transformation programme.
- **We encourage you to feedback to us at any time:**
 - How you would like us to keep you informed and how best to work with you and stay engaged
 - Which areas of the programme are of particular interest or concern
 - How you can help us share our messaging.

Expertise from the service

The ESR Transformation programme engaged with a wide range of stakeholders to raise awareness of the procurement process and the request for SME support. Engagement has been and will continue to be through a variety of networks and forums to ensure national and regional coverage, supported by our delivery partners.

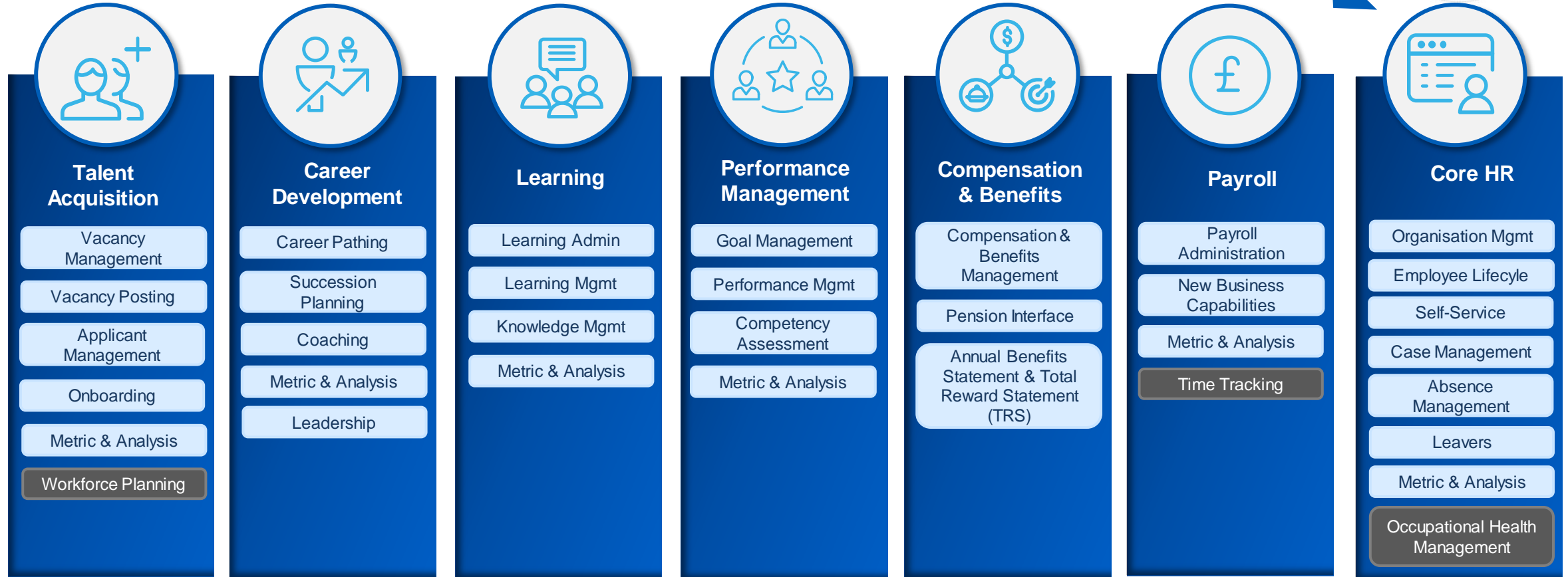


Solution Functionality and Technical Requirement


Functional Domains

These functional domains describe what was identified in discovery as the user needs of the employee, manager and professional for future solution which is included in the ask of the bidders.

Solution Outline



 are **in scope** of the future NHS workforce solution and were identified and documented during Discovery

 are **out of scope** and will not form part of the future NHS workforce solution but were identified as areas needing to provide enhanced interoperability capability with 3rd party systems

These specific user needs will be evaluated within ISIT and be part of the assurance activity at PoC stage.

Technical Capabilities

Beyond high priority and unique requirements encompassed by user experiences and service concepts, assurance is to be sought across a series of Technical Capabilities.

These will be evaluated within the ISIT and PoC stage



 **Solution Outline**

Technical Vision & Architecture

Bidder vision and underlying architecture, incorporating the defined Technical Capabilities



Interoperability – Bidder approach and platform architecture to enable real-time data exchange and open data access with niche systems.



Performance & Scalability –

Bidder approach to product taken on and management of product performance and scalability against fluctuating demand



Channels & User Interface –

Bidder approach to the use of multiple channels with accessibility as a core consideration.



Data, Reporting & Analytics -

Bidder approach to person-centred data management including data aggregation, segregation and storage to enable better insights and better experiences



Service Continuity -

Bidder approach to maintaining and/or restoring service in accordance with the service level requirements of the business.



Security - Bidder approach to cyber-security management and adherence to appropriate security standards including data access and keeping systems up to date



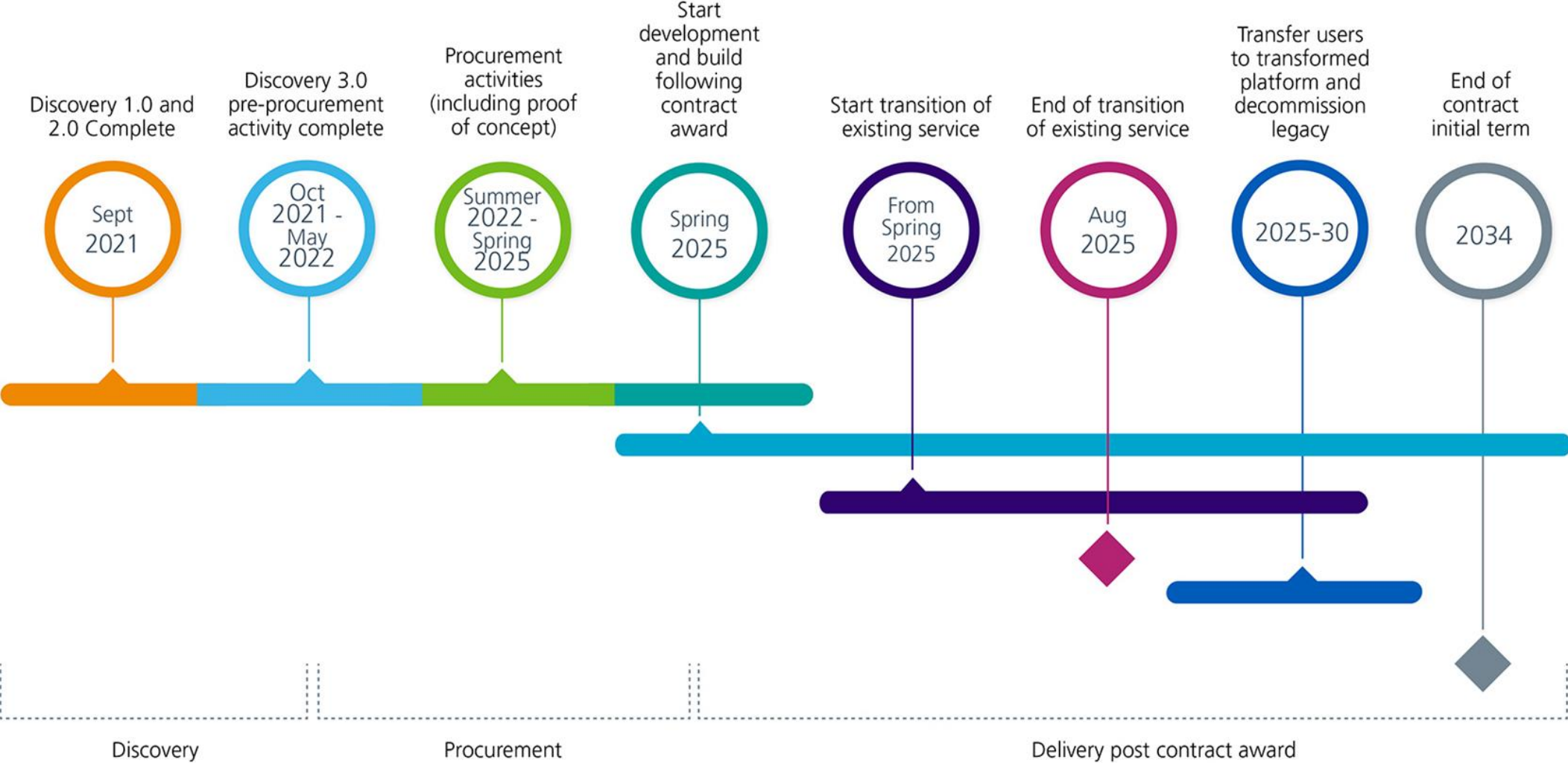
Standards & Compliance – Bidder approach to meeting the NHS, national and international regulations, policies and standards to which the solution and bidder must adhere to



Systems Intelligence – Bidder approach towards building dynamic, future-proof systems that are responsive to change in line with workforce needs and technology advancement.

Timeline

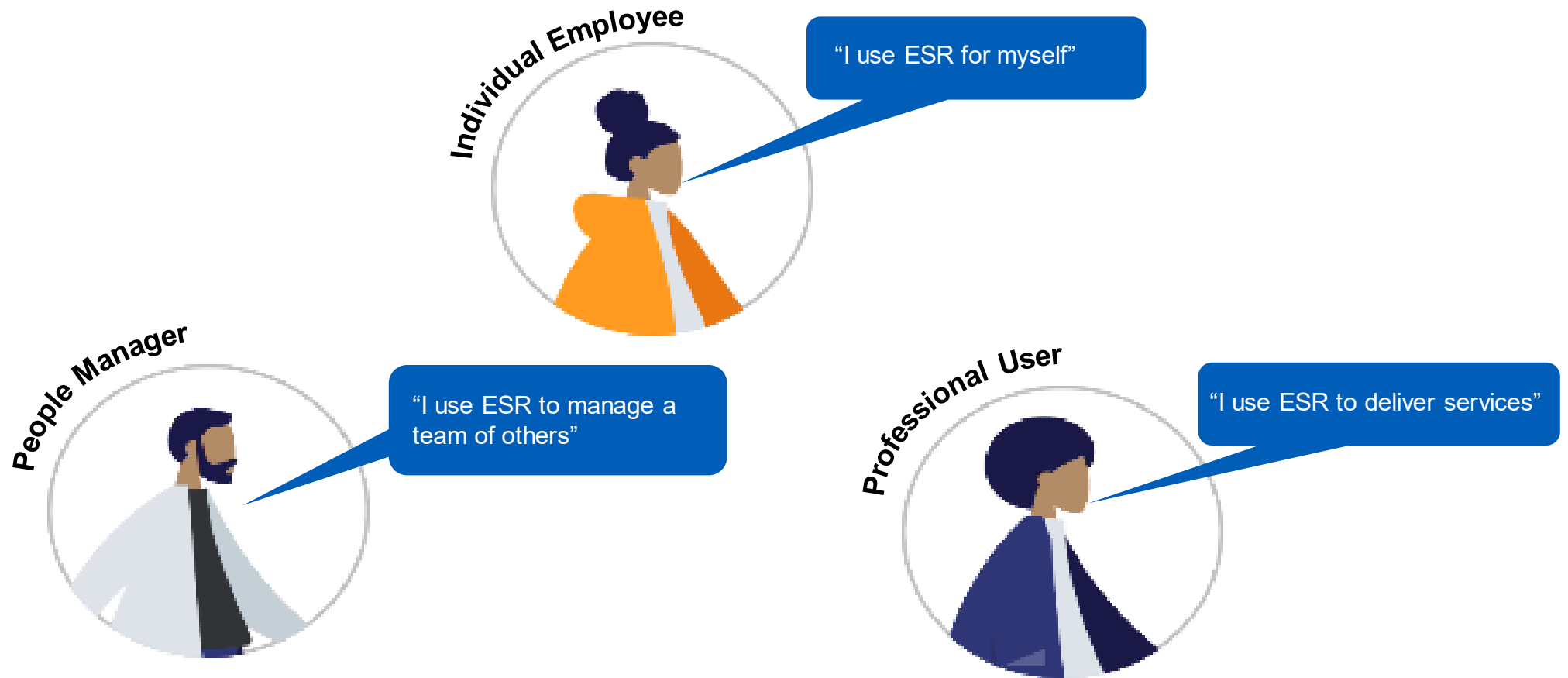
Programme Timeline



Implementation timescales will be informed by the procurement activities.

What does it mean for the workforce?

User Experiences



Empower Employees in ESR



Empower Employees in ESR





View & Update Personal Information

Electronic Staff Record
Business Services Authority

Search Content

Cymraeg/English ▾
Accessibility
JM

Upgrade Access

My ESR

My Pages

- Dashboard
- Portal Content >
- ESR Navigator
- My Personal Information >
- My Pay & Rewards >
- My Learning
- My Compliance & Competency
- My Absence >
- My Appraisals and Reviews
- My Employment >
- My Property Register

My Personal Information

○

You have updated or verified your details in the last 12 months. No further action is required.

Last Updated or Verified: 17 August 2023

Mary Lawrence

▼

Please expand to view your personal information. Where required select 'Update My Information' to amend some of your details or 'Verify My Information' to confirm your details are up to date.

My Equality and Diversity

○

You have updated or verified your details in the last 12 months. No further action is required.

Last Updated or Verified: 19 September 2023

View Details

Ethnic Origin: A White - British

Country Of Birth: United Kingdom

Sexual Orientation: Heterosexual or Straight

Religious Belief: Christianity

Marital Status: Divorced

Disability Details: [Click here](#) to view details

Update My Information

Verify My Information

Team Managers - Listen Up - Elearning

Team Managers - Listen Up - Elearning

All Team Managers are required to complete the Listen Up elearning. Please follow the link below to access this.

[Click for more information.](#)

My e-Learning

Show mandatory learning only YES

000 Speak Up - core training for all workers

▶ Play

Status: Completed



View & Update Personal Information

My Personal Information

○ You have updated or verified your details in the last 12 months. No further action is required.

Last Updated or Verified: 5 January 2023

Name: Mary Lawrence ➔

Address: 56 West Street, Warwick CV34 6AW

Home: 01926 111222

Mobile: 07111 222 333

Work: 01926 444 555

Home Email:

Email:

Contact: John Lawrence ...+

Position: Staff Nurse

i [My Wellbeing Information](#)

Update My Information

Verify My Information

My Personal Information

My Address
My Emergency Contacts
My Wellbeing Information

My Wellbeing Information

Please update your wellbeing information and select the 'Save' button when completed. This will help your organisation to identify and support you where necessary.

Armed Forces Family Member Yes No

Armed Forces Reservist Yes No

Armed Forces Reservist - High Readiness Yes No

Armed Forces Veteran Yes No

Cadet Armed Forces Volunteer Yes No

Working Carer Yes No

Save
Cancel

View & Update Equality & Diversity Information



NHS
Electronic Staff Record
Business Services Authority

Search Content

Cymraeg/English Accessibility

[Upgrade Access](#)

My ESR

My Pages

- Dashboard
- Portal Content >
- ESR Navigator

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Team Managers - Listen Up - Elearning

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View Details [>](#)

Ethnic Origin: A White - British

Country Of Birth: United Kingdom

Sexual Orientation: Heterosexual or Straight

Religious Belief: Christianity

Marital Status: Divorced

Disability Details: [Click here](#) to view details

[Update My Information](#)

[Verify My Information](#)

My e-Learning

Show mandatory learning only

000 Speak Up - core training for all workers

[Play](#)

Status: Completed

View Payslip & P60



my.esr.nhs.uk

NHS

My Payslip and P60

23580234 - Physiotherapist

NEW Pay date: 28-Apr-2020

View My Payslips

View My P60s

My Compliance

Assignments:

All - Assignments

Percentage Compliance: 100%

My e-Learning

NHS My Pay & Rewards

Home Navigator Favorites Settings | Logged In As 503SLANE Help Logout Portal

Search

Assignment Number: 20000237

Position Name: 78272[Staff Nurse Band 5(N6A)]

Year: 2020

Payslip: 25-NOV-2020 - Assignment 20000237 - Run 1

If blank, payslip is not produced for this period. Please contact your payroll administrator.

View Payslip **Clear All**

ASSIGNMENT NUMBER	EMPLOYEE NAME	LOCATION					
20000237	MISS SARAH LANE						
DEPARTMENT	JOB TITLE	PAYSCALE DESCRIPTION					
Ward 1	Staff Nurse Band 5	Review Body Band 5					
SAL/WAGE	INC. DATE	STANDARD HRS.	PT SAL/WAGE				
25298.00		37.5	25298.00				
TAX OFFICE NAME	TAX OFFICE REF	TAX CODE	NI NUMBER				
Dummy Office Name	999/Z9999	1000L	AB123456A				
PAY AND ALLOWANCES (+ = MINUS AMOUNT)		DEDUCTIONS (R INDICATES REFUND)					
DESCRIPTION	WAGE/EARNED	PAID/DE	RATE	AMOUNT	DESCRIPTION	AMOUNT	BALANCE OF
Basic Pay	162.95	162.95	12.9378	2108.17	PAYE	215.60	
					NI A	172.34	
					NHS Pension 9.3%	196.06	
Year To Date Balances (This Employment Only)				This Period Summary			
GROSS PAY	2108.17	TAXABLE PAY	1912.11	PENSIONABLE PAY	2108.17	TAXABLE PAY	1912.11
NI LETTER	A	TAX PAID	215.60	TAX PERIOD	7	NON-TAXABLE PAY	0.00
NI PAY	2108.17	OTHER NI PAY		FREQUENCY	Monthly	TOTAL PAYMENTS	2108.17
NI CONTRS	172.34	OTHER NI CONTRS		PERIOD END DATE	30 NOV 2020	TOTAL DEDUCTIONS	584.00
PENSIONABLE PAY	2108.17	PENSION CONTRS	196.06	PAY DATE	25 NOV 2020	NET PAY	1524.17
CO REF NUMBER		EMPLOYEE NO.	20000237	PAY METHOD	BACS		

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View Total Rewards Statement



My Total Reward Statements

Tax year:
2022 - 2023

Total Reward Statements

View My TRS

| Home | About | My Statement | Need Help? |
| Logout

Home > My Statement

Employee Statement

[View Statement](#)

Download/Print Statement

Remember to print or save a copy of your statement for your records, otherwise your statement will not be retained upon refresh.

More Information

Where you see ? please click on it for more information.

If you need more help please select [Need Help?](#) at the top of each page.

Did You Know ...

As an NHS Employee you may be eligible to join the NHS Pension Scheme. If you are not already a member, why not visit the [NHS Pension Scheme website](#) to learn more. If you are already a member you can sign up to our [NHS Pensions newsletter](#) by e-mailing us your contact details or find us on [Twitter @nhs_pensions](#)

Total Reward Statement - Mrs. Janet Smith

Personal Details
Employer Benefits
NHS Pension

Personal Details

This statement was generated using information available at the end of the **financial year 2022/2023**

Name: Mrs. Janet Smith **Date of Birth:** 07/03/1969 **NI Number:**

Address: 1 Green Lane
Longsands
Peterborough
PE23 8HU

Financial Summary

This summarises payments you have received and any pension contributions made by your employer for the financial year 2022/2023.

The names used to describe the individual payment types are the same as those on your payslip. If you do not understand the meaning of a payment name, please refer to the [NHS TRS Information website](#) or contact your employer.

■ Final Actual Basic Pay	£55,580.66
■ Basic Pay Arre	£583.30
■ Employer Pension Contributions	£8,076.36
Total Reward Package	£64,240.32

NHS Business Services Authority, a catalyst for better health

ESR Self Service Assessment Tool

In July 2023, the NHSBSA ESR regional teams launched the new **Self Service Standards Assessment Tool**. Every organisation is invited to undertake the assessment which will identify where they are against these 10 standards and outline key recommendations to further optimise current ESR capability.

The early People Digital pilots all sited that utilisation and optimisation of ESR a key enabler stating, “**Increase utilisation to achieve alignment**”. With some pilots specifying optimising ESR and improving workforce data quality a strategic objectives to enable them to reach readiness.

The ESR Self Service Assessment Tool supports organisations to understand and identify action to:

- Deepen knowledge of system capabilities
- Identify areas where ESR could be optimise to deliver greater efficiencies
- Determine ESR usage across systems to aid alignment and opportunities to scale
- Identify opportunities to standardise and simplify processes
- Determine Self Service usage and opportunities for deployment, to empower users & reduce central administration
- Highlight areas to improve data quality
- Identify data and methods for transferring data

Get in touch with your [ESR Regional Team](#) to book your assessment.



The future NHS workforce solution will be predicated on self-service, organisations need to include a self-service approach in their people service functions for the future.

Next Steps

Keep engaging with us

We are fully committed to our ongoing engagement with you throughout the transformation programme.

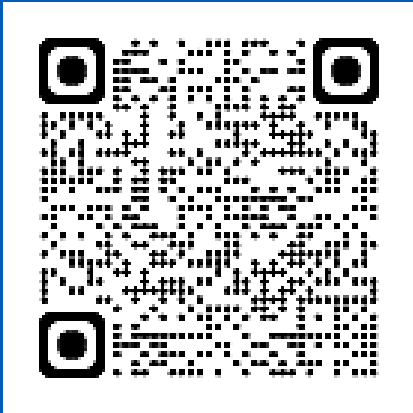
- 1 Ensure you are linked in with your Regional Engagement Lead (REL) to keep informed of the future NHS workforce solution and its progress.
- 2 Ensure your operational teams are engaged with the ESR Functional Account Manager to optimise the current ESR solution and have a new self-service assessment.
- 3 Join the [mailing list](#) to receive programme updates
- 4 **Start getting ready for the future solution...undertake readiness activities and your ESR Self Service assessment**

Keen to take it one step further?

If you are interested in being more involved, please speak to your REL to...

1. Join the ESR Transformation Engagement and Collaboration network (see appendixes for further information)
2. Start conversations and collaborate with your wider system on readiness

Stay in touch



Programme Update

Register online to get periodic updates directly emailed to you.

 www.nhsbsa.nhs.uk

 @NHSBSA

 NHS Business Services Authority



Programme Website

[Future NHS Workforce Solution Transformation programme | NHSBSA](#)



FutureNHS Collaboration Space

[NHS Futures workspace](#)

Where more information about the programme and periodic updates are shared.



Regional Engagement Lead

“Keep-in-touch with your [Regional Engagement Leads](#)”



Regional Engagement Lead Bios

“Learn more about your [Regional Engagement Leads \(Welsh\)](#)”

Apprenticeship Expansion – as described in the NHS Long Term Workforce Plan

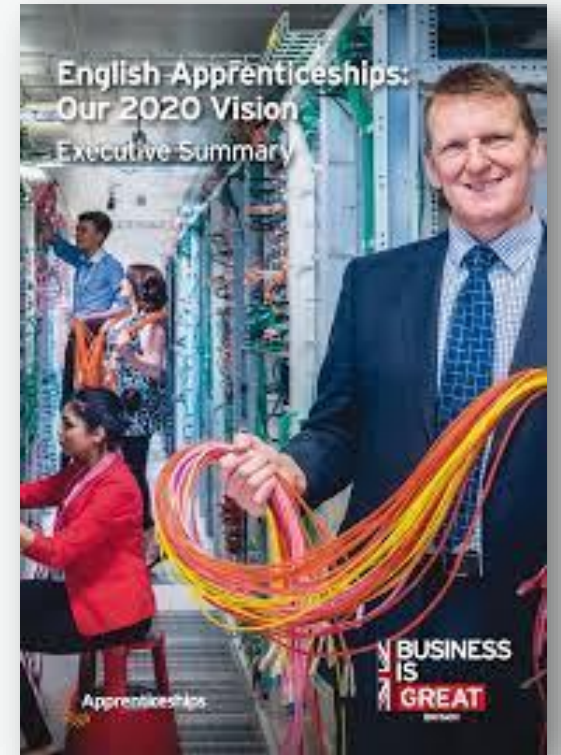
13th November 2023

Presented by:

**Fay Lane, National Programme Manager for Apprenticeships, NHS
England**

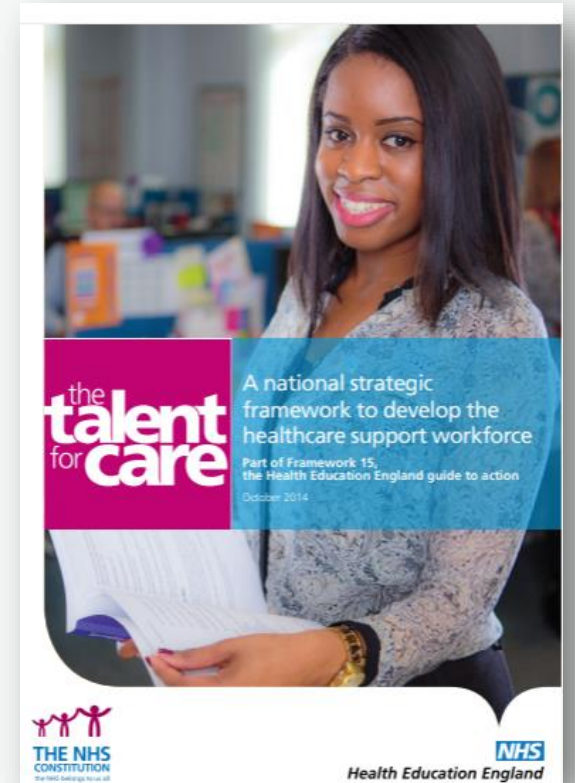
Where did it all begin?

- Apprenticeships have existed in some form since as far back as the Middle Ages.
- Some of you will remember “**modern apprenticeships**” and early apprenticeship policy and reform.
- **Richard Review** of Apprenticeships (Doug Richard 2012)
- The UK Government introduced several reforms in **2017** for apprenticeships in England, with the aim of raising quality.
- English Apprenticeships: Our 2020 Vision
- These reforms also sought to give employers more ownership over apprenticeship programmes.
- Introduction of the **Apprenticeship Levy** and **Apprenticeship Standards**



Talent for Care

- Talent for Care's vision is to support the NHS in England to **widen access and participation**
- Through accessible employment, education, training including apprenticeships
- To improve **socio-economic, health and wellbeing outcomes** in local populations, and to move towards a **workforce that is reflective** of the communities we serve.
- The Talent for Care **national strategic framework** was originally developed and published in 2014
- To improve the education, training and development opportunities available to those in the support workforce (typically those in Agenda for Changes roles **banded 1-4**).
- More recently the scope of Talent for Care has extended to staff at all levels, particularly with the introduction of higher and degree apprenticeships, while also retaining its emphasis on opportunities for the support workforce.



Achievements

- Over **90 health specific** apprenticeship standards have been developed
- **Hundreds of employers** have engaged with trailblazer development
- Level 7 Doctor Degree
- Standards still in Development – Dental Hygienist & Diagnostic imaging pathway (SHCSW)
- AHP standards updated - HCPC standards of proficiency

- **Simplified EPA** where there is already a statutory regulator
- In May, **HASO** celebrated its 5th anniversary!



Achievements



- NHS apprenticeships starts **(24,700) in 2021/22**
- 2021/22 figures show that around **56,100 apprentices** have participated on a course at some point in the academic year (both new starts and on program from previous years). This continues to be the highest number we have seen since the start of the programme and continues to grow.
- **50% increase in Nursing Degree Apprenticeships** in 2021/22. In 2021/22 the number of NDA starts was a historical high. This is the first year NDAs have represented the second largest group of starts.
- Increase in **degree apprenticeships** in 2021/22
- **NAs accounts for 13%** of all apprenticeship starts in this academic year, making it the largest group of starts by apprenticeship type. (although NA numbers have decreased)

Long Term Workforce Plan

The Plan articulates that apprenticeships are an effective way of both growing the workforce and widening participation, as expanding these routes appeals to a broader diversity of applicants and particularly those who have wider life experience.

The size and speed of the increase in delivery of apprenticeships for each profession depends on:

- The student conversion rate for courses; for professions where this is already high, there will be less opportunity to expand via undergraduate routes, and so a greater proportion of the expansion set out would need

to be via apprenticeship routes. These professions include adult nursing, learning disability nursing, mental health nursing, podiatry, operating department practitioners and occupational therapy.

- Whether apprenticeship standards already exist for professions or need to be developed.
- The availability of 'feeder' support professional groups such as nursing associates for the registered nurse degree apprenticeship.

Apprenticeships will provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, up from just 7% today.

To support this ambition, we will reach 16% by 2028/29.



The case for apprenticeships

- Apprentices contribute to **patient care** during the period of their training.
- Apprentice routes support the NHS to build **multidisciplinary teams** with the right skills mix for the future, as well as support staff to advance in their careers by opening routes into enhanced and advanced practice roles.
- Emerging evidence shows that apprentices are **less likely to leave training** compared to those in traditional undergraduate training programmes. For example, attrition rates for all current cohorts of the registered nurse degree apprenticeship programmes are 4%, compared to over 15% for traditional nursing undergraduate and postgraduate courses.
- And there is evidence of **better retention** of apprentices; some trusts have been able to retain 100% of their registered nurse apprentices.



Nursing and Midwifery

Nursing - Currently, only approximately 9% of nurses qualify through apprenticeships. We will work towards this ambition by expanding nursing apprenticeships so that by 2028/29, 20% of registered nurses are qualifying through this route, including 33% of learning disability nurses, 20% of adult nurses and 28% of mental health nurses.

Midwifery - The Plan sets an ambition for 5% of the annual intake for midwifery training to come through apprenticeship routes, and we are supportive of this being higher in geographies where there is a need.



Allied Health Professions (AHPs)

- Education and training places for the AHP workforce are estimated to need to grow by 19–25% by 2030/31. This expansion would need to focus on both apprenticeship routes and traditional undergraduate courses. More than a third of AHPs could train through apprenticeships, compared to 6% now, but this would vary by professional group.
- The Plan sets out the following assessment for proportion of entrants joining the AHP workforce via an apprenticeship route by 2031/32:
 - at least 80% for operating department practitioners, therapeutic radiographers and podiatrists
 - 25–50% for paramedics, diagnostic radiographers, occupational therapists, dietetics, prosthetists and orthotists
 - up to 5% for speech and language therapists and physiotherapists.



Nursing Associates

- We will train more nursing associates (NAs), with 5,000 NAs due to start training in 2023/24 and 2024/25. This Plan estimates a need to incrementally increase that number to 10,000-10,500 per year from 2031/32.
- This expansion is set out alongside the assessment for substantial growth in the registered nursing workforce, detailed earlier in this Plan, and could be achieved via both apprenticeship and direct entry routes



Medical, Pharmacy & Healthcare Science

Medical – we will introduce medical degree apprenticeships, with pilots running in 2024/25, so that by 2031/32, 2,000 medical students will train via this route. We will work towards this ambition by growing medical degree apprenticeships to more than 850 by 2028/29.

Pharmacy - there is potential to continue expanding training via the apprenticeship route for pharmacy technicians and consideration is being given to the potential of a pharmacist degree apprenticeship.

Healthcare Science - apprenticeship routes for healthcare scientists are also being made available, with 20% of training places delivered via an apprenticeship route by 2028/29 (supporting an ambition to have 40% of healthcare scientists starting their training via an apprenticeship by 2031/32).



Advanced Practice

- We will support upskilling the workforce and offering opportunities for enhanced, advanced and consultant practice will help retain NHS staff delivering clinical care, grow the total number of senior clinical decision-makers and enable the delivery of better patient care.
- Traditional career structures for healthcare professionals can be too rigid, with some staff opting to leave clinical practice because they feel they cannot progress their careers.
- Apprentices support staff to advance in their careers by opening routes into enhanced and advanced practice roles.



Enhanced Practice

- There is now an enhanced clinical practitioner apprenticeship standard to enable employers to invest in developing this workforce through the apprenticeship levy.
- For example: an enhanced clinical practitioner apprenticeship with critical care outreach specific content will be launched in 2023, through collaboration with the Intensive Care Society. The two year programme will be aligned to the Critical Care Outreach Practitioner Framework and will be open to both existing and new entrants to critical care outreach. This work is central to the development of the upcoming adult critical care workforce strategy and implementation of the NHS People Plan.



Non-clinical professionals

- non-clinical professionals in corporate services, estates and facilities and general management expanding apprenticeship routes can help address key workforce shortages and particularly benefit those professions that historically lack a consistent route for training and career development
- such as non-clinical professionals in corporate services, estates and facilities and general management.

Implementing the plan



To implement this Plan, NHS England will develop an apprenticeship funding approach that better supports employers with the cost of employing an apprentice.

- NHS England is committed to working with NHS employers, ICSs, providers and other partners to develop a national policy framework that can be used locally to guide the use of funding, targeting those apprenticeship schemes that would have the greatest impact on patient outcomes.
- NHS England will work jointly across government to ensure that any changes to NHS England's apprenticeship funding approach are supported by, and align with, wider government apprenticeship funding policy.
- Working collaboratively will help us deliver a joined-up apprenticeship funding approach that more effectively supports employers and ICSs to plan and deliver apprenticeships strategically across their local footprint.
- This Plan commits to supporting ICSs to develop local apprenticeship strategies that maximise benefits from changes to funding approaches and to focus on workforce shortfalls and the deployment of roles that enhance patient outcomes.
- A system-level apprenticeship strategy – with system-level oversight and planning – would better support organisations to grow and recruit their own staff, and enable ICSs to collaborate on their approaches to using apprenticeships with education providers both nationally and locally.
- System-level working would help employers engage their local population, schools and colleges to improve access to apprenticeship programmes and maximise innovative approaches to delivery. NHS England is committed to supporting ICSs

The Future?



- **Priority areas?** Decrease in healthcare support worker apprenticeship starts?
- Advise on the development and **impact of government technical education reforms** and represent the **view of health employers** back to government
- Lead **health trailblazer development**
- Revision of existing apprenticeship standards, as part of **review cycle**
- Work with **national stakeholders** e.g. Department for Education (DFE), Department for Health and Social Care (DHSC), Institute for Apprenticeship (IfATE) and Education Skill Funding Agency (ESFA)
- Subject matter and technical expertise to support apprenticeship expansion as detailed within the **Long-Term Workforce Plan (LTWFP)**
- Lead the implementation of apprenticeships where this is required **at scale** for priority professions
- Ensure employer led and **responsive procurement**
- Advise on and provide **technical expertise** to regions and systems as they develop their apprenticeship workforce plans
- Embedding apprenticeships at the **heart of workforce plans**
- Continue to support **sustainable and diverse entry points** and careers in the NHS



Considerations

- Regional – operational support for the implementation of system apprenticeship plans
- Priority areas and targeting
- Monitoring and reporting progress against LTWP
- Training spaces
- Faculty and teaching staff capacity
- Placement capacity
- Pipelines and feeder professions
- Mix of learners
- Funding

Thank you

[Email - Fay.Lane@nhs.net](mailto:Fay.Lane@nhs.net)

<https://haso.skillsforhealth.org.uk/>



A Restorative, Just & Learning
culture at DPT



We aim to:

Be a Great Place to Work

- Improve staff engagement and moral
- Shift our focus towards restorative, supportive language
- Enable all staff to feel confident and safe to speak up
- Encourage learning at all levels from what went well with as well as learning from what didn't go as planned
- Reduce the number of formal procedures our colleagues go through unnecessarily; so that ultimately...



We provide excellent care and treatment

Closed cultures

A poor culture that can lead to harm, which can include human rights breaches such as abuse.

The CQC has set up a dedicated team to ensure improved regulation and focus on closed cultures.





What happens in a blame culture?

THING'S DON'T CHANGE



WILFUL HARM IS EXTREMELY RARE

HARM IS NOT REPAIRED



PATIENT CARE QUALITY DECLINES

SPEAKING UP FEELS SCARY





HOW DO WE REPAIR ANY HARM?

WHO ELSE HAS BEEN AFFECTED?

WHAT HAPPENED?

ARE YOU OK?

WHAT DO WE NEED TO DO RIGHT NOW?

WHAT DO WE NEED TO LEARN?

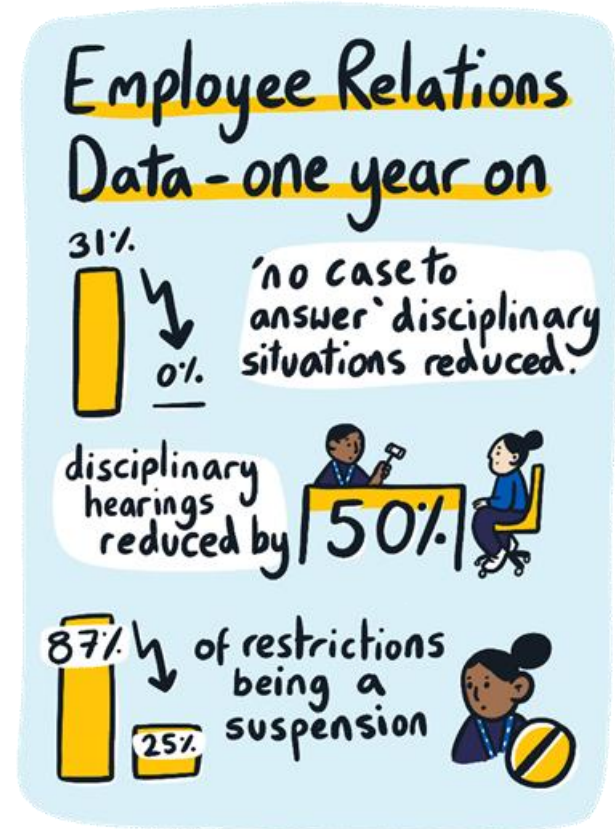
Restorative, just
& learning





Why is this so important?

It's the right thing to do.



Where have we started?



EXCEL | **2023**
hpma | EXCELLENCE IN PEOPLE AWARDS

FINALIST

Social Partnership Forum award for partnership working between employers and trade unions

social partnership forum

social partnership forum



‘Promoting a Positive Working Environment’ policy

Patient Safety Incidence Report Framework

Ensuring DPT is ‘a great place to work’



Promoting a positive working environment

Changes in language and process



Supporting guidance updated to match RJLC principles



Greater emphasis on informal resolution, involvement and learning – 4 step process



Four step process



Four step process

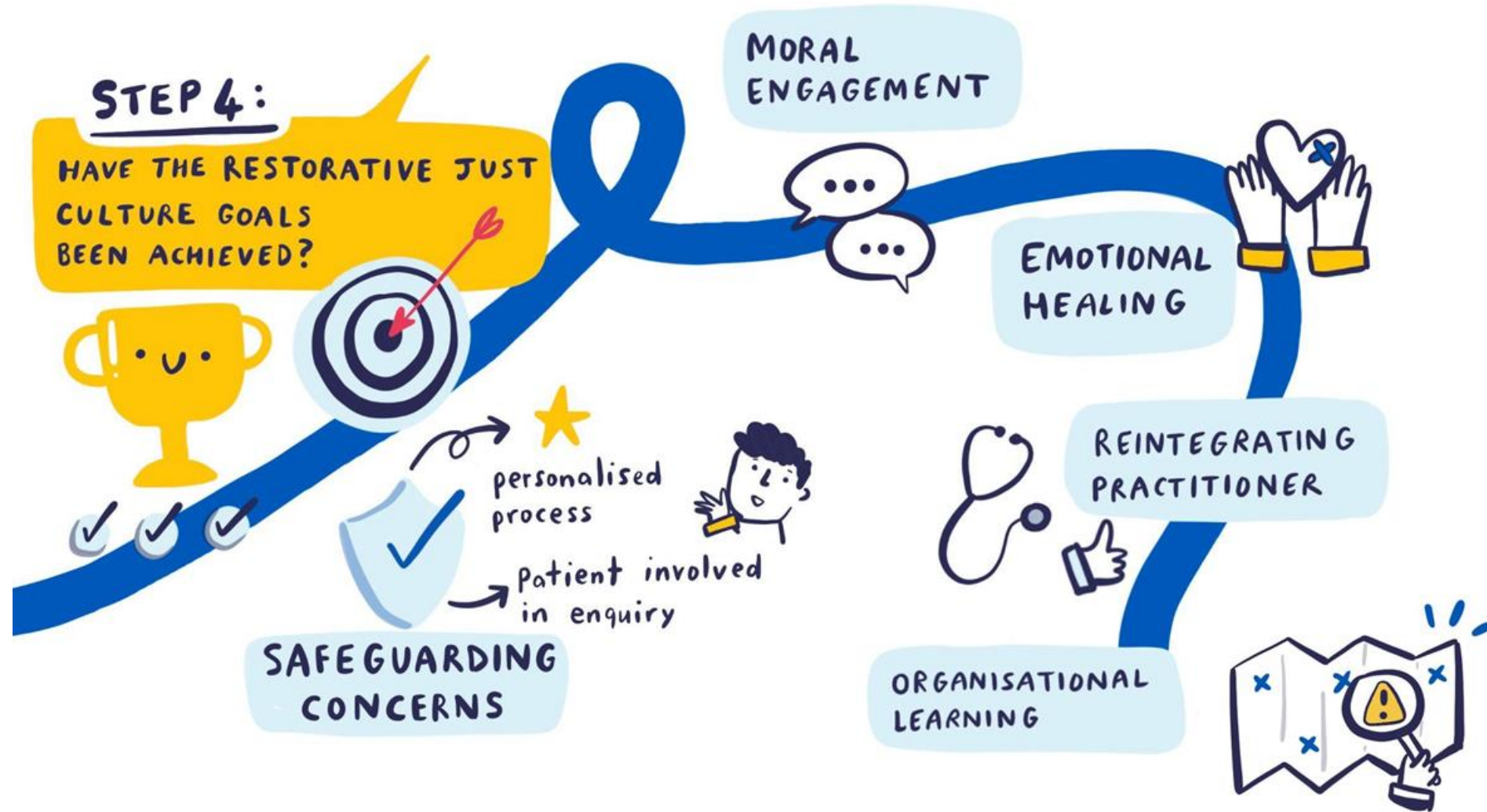
STEP 3: GATEWAY

- RULES AVAILABLE?
- RULES WORKABLE?
- RULES KNOWINGLY DEPARTED FROM?
- EXCEPTION TO PEERS?
- TRAINING AVAILABLE?
- SUFFICIENT SUPERVISION?

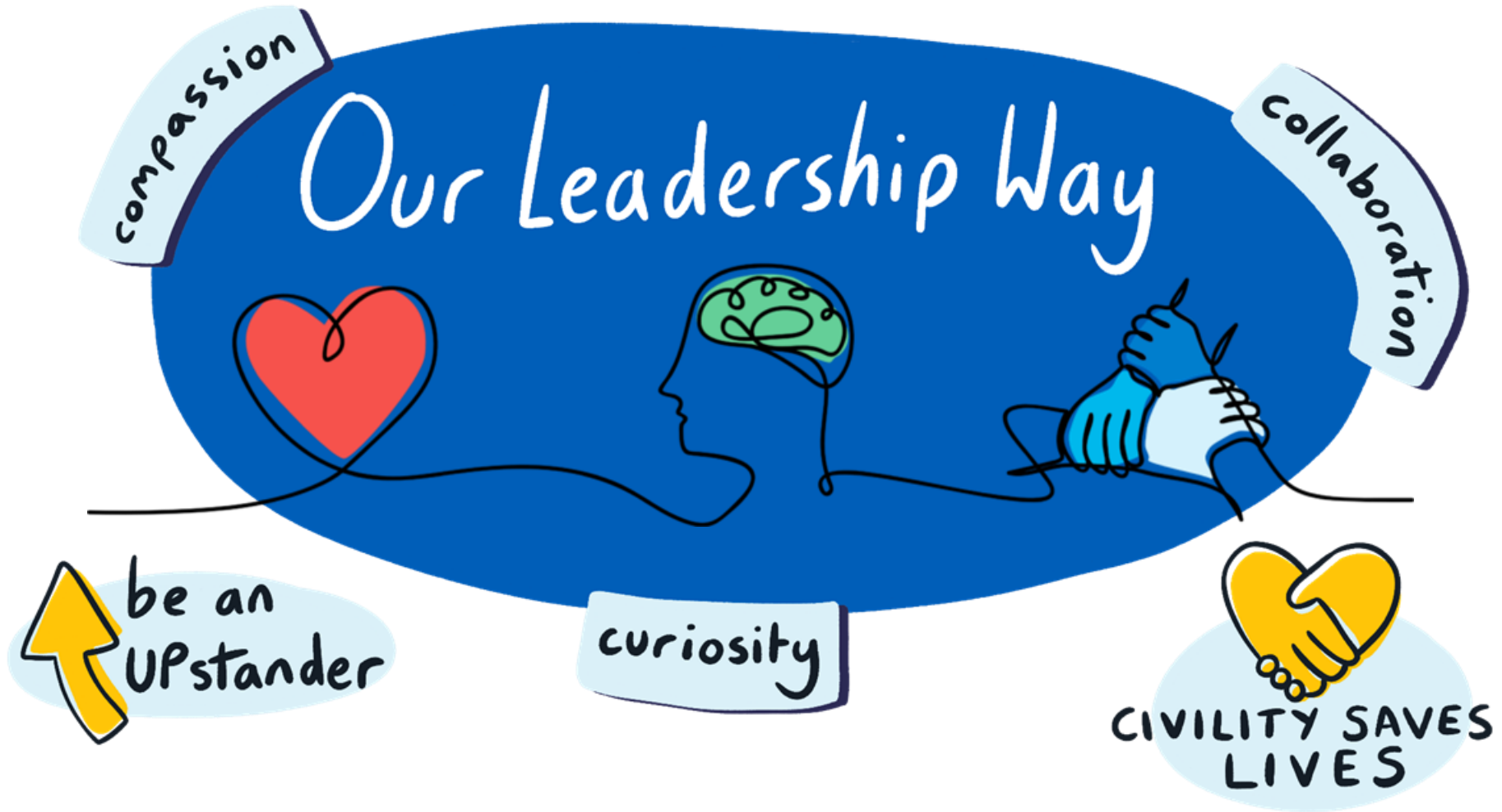
ONLY IF ALL ARE TRUE...

...FORMAL ACTION
TO BE TAKEN.

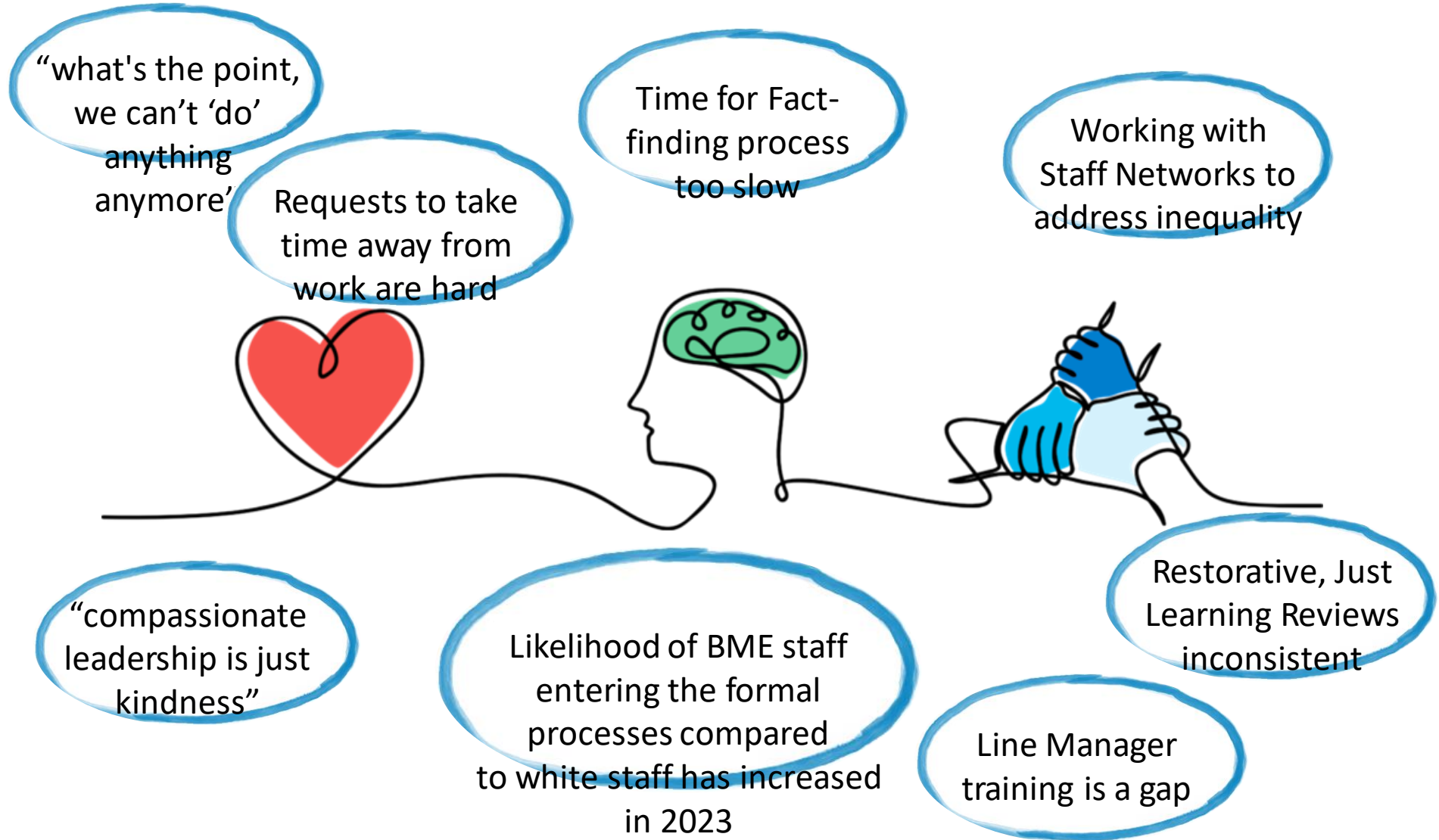
Four step process



Where next?



We are always learning



Thank you



Katie Chappell
LIVE ILLUSTRATION