appendix 1

Health and wellbeing

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Put in place effective infection prevention and control procedures, including social distancing. | Trust | Completed | IPC Board Assurance Assessment Tool completed. Reported to Trust Board Quarterly. Weekly IPC Assurance meetings.Clear guidance in place in terms of social distancing. COVID secure workplace assessments in place. |
| 2 | Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it. | Trust | Completed | All staff in both clinical and non-clinical areas have access to appropriate levels of PPE. Daily stock control process in place for all areas.Guidance developed to ensure that all staff use PPE in the correct way. Monitored by line managers. |
| 3 | All frontline healthcare workers should have a seasonal flu vaccine provided by their employer. | Trust | Completed | Comprehensive Flu Vaccination Plan in place covering all staff and patients. Approved by Trust Board. 100% of staff offered flu vaccination. There is a national target of 90% for this year. 85% vaccination achieved in 2019/20 against a target of 80%. Flu campaign closed. 81.94% staff vaccinated (83.18% for frontline staff).  |
| 4 | Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed. | Trust | Completed  | COVID Risk Assessment Advisory Group set up. Risk Assessment Decision Aid developed and rolled out across the Trust and amended when national guidance changes.Central Recording of all completed Risk Assessments and those who have declined. Additional support considered on a case by case basis. On-going reviews in place for any changes in circumstances. |
| 5 | Ensure people working from home can do safely and have support to do so, including having the equipment they need. | Trust | Completed | Guidance circulated to staff.  |
| 6 | Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way. | Trust | Completed | Regular communication circulated encouraging staff to take annual leave.To be included in individual Health and Wellbeing conversations.Monitor feedback via staff survey and health and wellbeing analysis. |
| 7 | Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect. | Trust | Quarter 4 | Included in the Collective Leadership Development Programme – completed.Management Skills Training updated – shift from policy focused to behaviours. To be included as part of the RESPECT Campaign which will commence in June 2021. To be monitored through Staff Survey, People Pulse, Exit Questionnaire, Disciplinary and Grievance statistics. |
| 8 | Prevent and control violence in the workplace – in line with existing legislation so that people never feel fearful or apprehensive about coming to work. | Trust | Completed  | Talk First Strategy / initiatives in place.Security Management Strategy in place.On-going review and monitoring of measures in place. |
| 9 | NHS violence reduction standard to be launched. | NHS England and NHS Improvement |  |  |
| 10 | Appoint a wellbeing guardian, e.g. a NED to look at the organisations health and wellbeing activities and act as a critical friend.  | Trust | Completed | Non-Executive Director appointed.Regular Meetings between Executive Director and wellbeing guardian.Attendance at regional networks. |
| 11 | Continue to give staff free car parking at their place of work. | Trust | Completed | Trust does not charge staff for parking on CNTW sites.On-going discussions regarding position for Trust staff working on non-CNTW sites. |
| 12 | Support staff to use other modes of transport and identify a cycle-to-work lead. | Trust | Completed | Cycle to work lead has been identified – Workforce Developments Manager.Cycle to Work Scheme in place.Included in ongoing health and wellbeing promotion/ communication.Wellbeing web page launched. |
| 13 | Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.  | Trust | Completed | Rest spaces available on main sites. |
| 14 | Ensure that all staff have access to psychological support. | Trust | Completed | Psychological support in place via Occupational Health (Counselling) and the Trust’s in-house Psychological Support Service. |
| 15 | Continue to provide and evaluate the national health and wellbeing programme.  | NHS England and NHS Improvement |  |  |
| 16 | Identify and proactively support staff when they go off sick and support their return to work. OH services to provide a wider wellbeing offer to ensure staff are supported to stay well at work | Trust | Completed – ongoing monitoring | Sickness Absence policy reviewed – implemented 1 April 2021.AWish Newsletter. Wellbeing conversations launched.Suite of wellbeing offers for staff.  |
| 17 | Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day. | Trust | Completed | Gyms in place on main hospital sites.Weight Off Your Mind Campaign in place.Viv-up – discounted gym membership.Walking routes on hospital sites.Health Champions across Trust sites.Wellbeing conversations launched.  |
| 18 | Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. Leaders should role-model this behaviour | Trust | Completed  | Health and Wellbeing/Health and Wellbeing conversations launched.Included in the Collective Leadership Development Programme. Ongoing discussions with Trust’s in-house Psychological Service team to coach line managers to manage the Health and Wellbeing of staff - focus on manager’s key role in enabling staff to be well and at work.Management Skills Training updated – shift from policy focused to behaviours. To be monitored through Staff Survey, NHS People Pulse, Exit Questionnaire, absence statistics. |
| 19 | Every member of NHS staff should have a health and wellbeing conversation and develop a personalised plan. To be reviewed at least annually. | Trust | Completed  | Appraisal and Supervision policies updated. Wellbeing conversations launched.On-going monitoring to be put in place. |
| 20 | All new starters should have a health and wellbeing induction.  | Trust | Quarter 3 | Local Induction process and paperwork to be reviewed.  |
| 21 | Provide a toolkit on civility and respect for all employers. | NHS England and NHS Improvement |  |  |
| 22 | Pilot an approach to improving staff mental health by establishing resilience hubs.  | NHS England and NHS Improvement |  |  |
| 23 | Pilot improved occupational health support in line with the SEQOHS standard. | NHS England and NHS Improvement |  |  |

Flexible working

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Be open to all clinical and non-clinical permanent roles being flexible. | Trust | Completed | Flexible Working policy in place.Consideration to be given to the balance between service provision and individual flexibility for staff for all posts. |
| 2 | All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns. | NHS England and NHS Improvement |  |  |
| 3 | Develop guidance to support employers on flexible working. | NHS England and NHS Improvement |  |  |
| 4 | Cover flexible working in standard induction conversations for new starters and in annual appraisals. | Trust | Quarter 3 | Induction policy and paperwork to be updated.Local Induction to be reviewed.Included in the Management Skills and Collective Leadership Development Programmes. |
| 5 | Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade. | Trust | Completed  | Flexible Working Policy in place.  |
| 6 | Role-modelling from the top. Board members must give flexible working their focus and support. | Trust | Completed | Flexibility in place. |
| 7 | Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks. | NHS England and NHS Improvement |  |  |
| 8 | Support organisations to continue the implementation and effective use of e-rostering systems. | NHS England and NHS Improvement |  |  |
| 9 | Roll out the new working carers passport to support people with caring responsibilities.  | Trust | Completed | Included in Flexible Working policy.To further raise awareness of carer’s passport. |
| 10 | Work with professional bodies to apply the same principles for flexible working in primary care. | NHS England and NHS Improvement |  |  |
| 11 | Continue to increase the flexibility of training for junior doctors e.g., less than full time, out of programme pauses etc. | Health Education England |  |  |

Equality and diversity

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.  | Trust | Quarter 3 | Four day recruitment workshop took place in January/February 2021. Feedback from the session 31 March 2021. Task and Finish Group set up to implement recommendations.Trust involved in NHSEI Inclusive recruitment pilot |
| 2 | Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described above.  | Trust | Completed  | Included in the Management Skills and Collective Leadership Development Programmes.Health and Wellbeing conversations launched. |
| 3 | Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.  | Trust | Completed | Included in EDI Annual Report. |
| 4 | 51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes.  | Trust | Evaluate following Q4 | New Disciplinary Triage process in place.Introduction of Cultural Ambassadors.Training for further Cultural Ambassadors took place in February 2021. A further cohort being arranged.On-going awareness raising of the role.Included in relevant training. |
| 5 | Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks. | NHS England and NHS Improvement |  |  |
| 6 | Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics. | NHS England and NHS Improvement |  |  |

Culture and leadership

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture. | NHS England and NHS Improvement |  |  |
| 2 | Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages to help them become fair, open and learning organisations.  | NHS England and NHS Improvement and Health Education England |  |  |
| 3 | Provide refreshed support for leaders in response to the current operating environment (e.g., expert-led seminars on health inequalities and racial injustice, action learning sets) | NHS England and NHS Improvement |  |  |
| 4 | Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. | NHS England and NHS Improvement |  |  |
| 5 | Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. | NHS England and NHS Improvement |  |  |
| 6 | Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who seek to progress. | NHS England and NHS Improvement |  |  |
| 7 | All central NHS leadership programmes to be available in digital format and accessible to all. | NHS England and NHS Improvement, Health Education England |  |  |
| 8 | Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes. | Trust | Quarter 3 | Executive sponsors in place.Network of Network Event took place in March 2021 with follow up June 2021Governance arrangements to be reviewed with Network Chairs.Network members involved in Inclusive Recruitment work. |
| 9 | Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. | NHS England and NHS Improvement |  |   |
| 10 | Publish competency frameworks for every board-level position in NHS provider and commissioning organisations. | NHS England and NHS Improvement |  |  |
| 11 | Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment. | Care Quality Commission |  |  |
| 12 | Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles. | NHS England and NHS Improvement |  |  |
| 13 | Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised the frameworks will underpin recruitment, appraisal and development processes. | NHS England and NHS Improvement |  |  |
| 14 | Finalise a response to the Kark review. | NHS England and NHS Improvement |  |  |
| 15 | Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders. | NHS England and NHS Improvement |  |  |

New ways of delivering care

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.  | Trust | Completed | Trust used guidance to support returners, new staff, internal staff redeployment and students through COVID.  |
| 2 | Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression. | Trust | Quarter 4 | CNTW Academy to support development.Implementation of Talent Management Framework |
| 3 | Use HEE’s e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19. | Trust and organisations | Completed | Trust uses the HEE e-learning for Healthcare programme for statutory and Mandatory Training – completed.Additional e-learning to supplement Collective Leadership and Management Skills programmes as required via self-directed learning. |
| 4 | Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training. | Health Education England |  |  |
| 5 | Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.Linked to the 2020 HEE published future Doctors report which set out the reforms needed in education and training to equip doctors with the skills that the future NHS needs. | Health Education England |  |  |
| 6 | Support the expansion of multidisciplinary teams in primary care through the full roll out of primary care training hubs. | Health Education England |  |  |

Growing the workforce

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.  | Health Education England |  |  |
| 2 | Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).  | Health Education England |  |  |
| 3 | Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.  | Health Education England |  |  |
| 4 | Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.  | Health Education England |  |  |
| 5 | Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses. | Health Education England |  |  |
| 6 | Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.  | Health Education England |  |  |
| 7 | HEE is funding a further 400 entrants to advanced clinical practice training.  | Health Education England |  |  |
| 8 | Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas. | Health Education England |  |  |
| 9 | Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions. | Health Education England |  |  |
| 10 | Provide a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills. Reform current pre-registration year with a foundation year and enhancing clinical experience in initial education and training. | Health Education England |  |  |
| 11 | Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.  | Trust  | Completed  | Increased support for trainees and students put in place during pandemicReviewed as part of workforce planning work/ Long-Term Plan. Workforce Planning toolkit. |
| 12 | For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties. | Trust | Completed | For Mental Health and Disability Trusts most of procedure-based work continued through the pandemic along with appropriate supervision and training.Our training strategy is closely linked to the medical workforce strategy which supports the wider agenda of consultant recruitment and retention. |
| 13 | Ensure people have access to continuing professional development, supportive supervision and protected time for training.  | Trust | Completed  | Comprehensive CPD programme for all professional groups.Clinical / Management Supervision in place.Monitor take up via training reports, CWD funding, supervision rates. |
| 14 | Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.  | Health Education England |  |  |
| 15 | HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19. | Health Education England |  |  |
| 16 | Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.  | Health Education England /Universities |  |  |
| 17 | HEE to pursue this blended learning model for entry to other professions.  | Health Education England |  |  |

Recruitment

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.  | Trust | Completed | Continuous development of roles in line with workforce plans.Partnership with local universities and the Open University.Peer Supporters. |
| 2 | Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.  | Trust | Completed | A wide range of apprenticeships is in place via CNTW Academy. Accredited learning centre.Cadet scheme for 16+ learners. |
| 3 | Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money. | Systems |  |  |
| 4 | Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24. | Systems |  |  |
| 5 | Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. | NHS England and NHS Improvement and Health Education England |  |  |
| 6 | HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.  | Health Education England |  |  |
| 7 | Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.  | NHS England and NHS Improvement |  |  |
| 8 | Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response. | Trust and systems | Completed | Ongoing communication with retired staff to encourage return to the Trust.Alumni of leavers developed. |
| 9 | Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.  | NHS England and NHS Improvement and Health Education England |  |  |
| 10 | Review how volunteers can help support recovery and restoration and develop plans to support those who wish to move into employment opportunities across the NHS | Systems and Trusts | Completed | Trust - comprehensive recruitment and induction process in place. Over 300 volunteers appointed.Further work to be developed at system level.  |
| 11. | Promote the NHS Ambassador Programme and allow people time to do this valuable outreach work. | Systems and Trusts | To be confirmed | Timescale and approach to be agreed across the system. |

Retaining staff

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Design roles which make the greatest use of each person’s skills and experiences and fit with their needs and preferences. | Trust | Completed | Flexible Working policy.Workforce Planning Tool.Discussions as part of Long Term Planning process – on-going.Comprehensive CPD Programme and opportunities to develop skills.  |
| 2 | Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health. | Trust | Completed  | Appraisal Policy reviewed – Implemented 1 April 2021. Includes Career conversations.Training rolled out.On-going monitoring and links with Talen Management Framework. |
| 3 | Ensure staff are aware of the increase in the annual allowance pensions tax threshold. | Trust | Completed | Communications circulated. |
| 4 | Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities. | Trust | Completed | Regular communication of pension changes.Included in Temporary Terms and Conditions published during COVID. |
| 5 | Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. | Health Education England |  |  |
| 6 | Develop an online package to train systems in using the HEE star model for workforce transformation. | NHS England and NHS Improvement |  |  |
| 7 | Produce an on-line portal of resources, masterclasses etc to support retention | NHS England and Improvement |  |  |
| 8 | Improve workforce data collection at employer, system and national level. | NHS England and NHS Improvement |  |  |
| 9 | Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020. | Systems |  |  |
| 10 | Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently. | Systems |  |  |
| 11 | Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it. | Systems |  |  |

Recruitment and deployment across systems

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|  | **Action** | **Who** | **Timeline (where provided)** | **Current position** |
| 1 | Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers. | Systems |  |  |
| 2 | Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles. | Systems |  |  |
| 3 | Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities. | Systems |  |  |
| 4 | When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of ‘off framework’ agency shifts during 2020/21. | Systems, Trust and primary care networks | Completed | Robust arrangements in place. Current situation to be reviewed on an on-going basis. |
| 5 | Work with employers and systems to improve existing staff banks’ performance on fill rates and staff experience. | NHS England and NHS Improvement |  |  |
| 6 | Supporting the trial of COVID-19 digital passport. Simplifies the high volume of temporary staff movement between NHS organisations. | Systems |  |  |

 Appendix 2

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| System and Employer Priorities in 2020/21 | System and Employer Priorities for Recovery 2021/22 (as set out in the Planning Guidance) | National Actions for Recovery 2021/22 |
| Looking After our People |
| **Supporting our people to be physically and mentally healthy and well during the pandemic through**:* Ongoing risk assessments
* Covid/flu vaccinations
* Access to psychological and physical support
* Health and wellbeing conversations.
 | **Supporting our people to recover and promoting proactive health and wellbeing (HWB):*** Time off to recover in Q1 and Q2
* Individual HWB conversations and wellbeing plans, including: staff safety and protection, risk assessment, flexible working and access to preventative HWB support
* Enhanced Occupational Health and wellbeing and psychological support.
 | **Staff safety and protection programme support including:*** Testing, PPE, vaccination and long COVID support

**National health and wellbeing programme support for**:* Wellbeing Guardians
* Line Managers/teams
* Mental health hubs in each system
* Enhanced health and wellbeing evaluation
* Aligning the NHS Staff Survey with the People Promise and launching a new quarterly survey to understand employee experience.
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| System and Employer Priorities in 2020/21 | System and Employer Priorities for Recovery 2021/22 (as set out in the Planning Guidance) | National Actions for Recovery 2021/22 |
| Belonging in the NHS |
| **Enabling diverse staff to have a voice during the pandemic and continuing to support their development by:*** Putting staff networks in place and ensuring they are prominent in decision-making
* Delivering model employer goals
* Eliminating disciplinary ethnicity gap
* Overhaul of recruitment practices.
 | **Developing an inclusive and compassionate culture and addressing inequalities though:*** Developing improvement plans based on the latest WRES and WDES findings, including to improve diversity through recruitment and promotion practices
* Accelerating the delivery of the model employer goals.
 | **EDI support, including:*** Trust level model employer support on 1-2 identified actions
* Targeted support on 6 high impact actions to overhauling recruitment and promotion practice
* Establishing staff network governance frameworks and best practice guidance
* Leaders and line managers support to hold productive discussions on race, health and equality within their organisation
* Freedom to Speak Up – guidance for boards and refreshed national FTSU policy.

**Leadership guidance support, including:*** New Leadership Compact and Competency framework for Boards
* Widening access leadership development for all managers at every career stage
* Launching a new, more inclusive approach to talent management
* Reviewing how leadership has changed during Covid and engaging the service in a national conversation on the support leaders need
* Report on the future vision of HR and OD.
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| System and Employer Priorities in 2020/21 | System and Employer Priorities for Recovery 2021/22 (as set out in the Planning Guidance) | National Actions for Recovery 2021/22 |
| New Ways of Working and Delivering Care |
| **Making the most of the skills in our teams in response to the pandemic by:*** Ensuring safe staffing and training to support critical care and Covid vaccination
* Increasing digital and remote working
* Workforce sharing agreements to support flexible deployment.
 | **Supporting new ways of working:*** Review ways of working across pathways and organisational boundaries for recovery and service improvements
* Enable e-rostering and support between providers
* Remote working plans, technology-enhanced learning and option of staff digital passports.
 | **National support on:*** Releasing capacity in outpatients, diagnostics and patient pathways and general practice
* Implementing innovations from the National Beneficial Changes Network
* E-rostering
* E-learning materials
* Flexible working and supporting working carers
* Covid-19 digital staff passport and development of strategic digital staff passports
* Expanding clinical practice for nurses, AHPs, pharmacists and healthcare scientists.
* Delivering proposals for medical education reform.
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| System and Employer Priorities in 2020/21 | System and Employer Priorities for Recovery 2021/22 (as set out in the Planning Guidance) | National Actions for Recovery 2021/22 |
| Growing for the future |
| **Recruiting and retaining our people during the pandemic by:*** System-level recruitment and retention
* Competency-based workforce modelling and planning.
 | **Continuing to attract and retain our people during recovery by:*** System level workforce supply plans on recruitment, retention, widening participation and economic recovery
* System-level aligned supply interventions, including medical and health care support workers and international recruitment
* Support the recovery of the education and training pipeline
* Develop and implement robust postgraduate (medical and dental) training recovery plans
* Ensure workforce plans cover all sectors – mental health, community health, primary care and hospital services.
 | **National support on:*** Capability and capacity in NHS workforce planning, including identifying any potential staff shortages and required interventions
* Increasing healthcare support workers programme to raise the profile of the role and attract new candidates
* Continued delivery of ethical and sustainable international nursing recruitment programme
* Increasing nursing supply to help deliver 50,000 more nurses by March 2024
* Increasing retention, including generational retention programme
* Supporting returners to the NHS into the vaccination recruitment pipeline and other frontline settings
* Introduction of the new role of medical support worker
* NHS cadets scheme and volunteering in the NHS.
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