



House of Commons  
Health and Social Care  
Committee

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**Expert Panel: evaluation  
of Government's  
commitments in the  
area of the health and  
social care workforce:  
Government Response**

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**Seventh Special Report of Session  
2022–23**

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## Health and Social Care Committee

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### Contacts

All correspondence should be addressed to the Clerk of the Health and Social Care Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6182; the Committee's email address is [hscocom@parliament.uk](mailto:hscocom@parliament.uk).

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# Seventh Special Report

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The Committee published its Third Special Report of Session 2022–23, [\*Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce in England\*](#) (HC 112), on 25 July 2022. The Government response was received on 12 April 2023 and is appended below.

## Appendix: Government Response

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### 1. Introduction

1. On 25 July 2022, the Health and Social Care Select Committee' Expert Panel published its report 'Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce in England'.

2. This is the government's formal response to the Health and Social Care Committee's Expert Panel report.

3. The Health and Social Care Committee also published their report, Workforce: recruitment, training and retention in health and social care on 25 July 2022. A separate response from the government has been prepared and both responses should be read in conjunction with each other. Responses in both documents have considerable overlap, with the Expert Panel's responses to workforce commitments complementing the recommendations made by the Committee's inquiry into the NHS and social care workforce.

4. The Expert Panel focussed on the following commitments:

- **Planning for the workforce**

- Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.

- **Building a skilled workforce**

- Help the million and more NHS clinicians and support staff to develop the skills they need and the NHS requires in the decades to come.
- Provide £1billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.
- Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.

- **Wellbeing at work:**
  - Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.
  - Reducing bullying rates in the NHS which are far too high.
  - Listen to the views of social care staff to learn how we can better support them – individually and collectively.

5. The Expert Panel has undertaken separate evaluations on workforce commitments relating to the mental health, cancer and maternity workforces. The government responses to these evaluations of the government's progress against its policy commitments can be found at the following links:

- Cancer workforce response
- Mental Health workforce response
- Maternity workforce response

6. The Expert Panel's Care Quality Commission (CQC) style ratings for each of the commitments is summarised below:

### Planning for the workforce

Commitment	A. Commitment met	B. Funding and Resource	C. Impact	D. Appropriateness	Overall
Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate

### Building the workforce

Commitment	A. Commitment met	B. Funding and Resource	C. Impact	D. Appropriateness	Overall
Help the million and more NHS clinicians and support staff to develop the skills they need and the NHS requires in the decades to come.	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement

<p>Provide £1billion extra of funding every year for more social care staff and better infrastructure, technology and facilities</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>
<p>Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&amp;E.</p>	<p>Requires improvement</p>	<p>Requires improvement</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>

## Wellbeing at work

Commitment	A. Commitment met	B. Funding and Resource	C. Impact	D. Appropriateness	Overall
Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Reducing bullying rates in the NHS which are far too high.	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate
Listen to the views of social care staff to learn how we can better support them – individually and collectively	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate

### The Committee's Inquiry into Workforce: recruitment, training and retention in health and social care

7. The Health and Social Care Committee also began its inquiry into workforce; recruitment, training and retention in health and social care in November 2021. The Committee published its report on 25 July 2022.

8. The Committee's report made 73 recommendations. The department has separately responded to the Committee's report.

## 1. Planning for the workforce

### *Commitment 1 – Workforce requirements in the NHS and Social Care*

**“Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals it needs.”**

The expert panel rates the department's progress against this commitment as follows:

- Overall – **Inadequate**
  - i) Commitment met – **Inadequate**
  - ii) Funding and Resource – **Inadequate**

- iii) Impact – **Requires Improvement**
- iv) Appropriateness – **Requires improvement**

### Summary of Response

9. The government shares the view of the panel on the importance of ensuring that the NHS and social care system has the staff it needs, with the skills it requires to deliver safe and quality patient care.

10. We also acknowledge the importance of workforce planning and its interactions across all the workforce commitments that the expert panel evaluated. There are currently several strategic programmes of work to support these aims including:

- the strategy for the social care workforce set out in People at the Heart of Care: adult social care reform white paper
- Health and social care integration: Joining up care for people, places and populations white paper
- the NHS Long Term Plan
- Health Education England's (HEE) Framework 15
- NHS England's (NHSE) Long Term Workforce Plan

11. HEE's Strategic Framework, Framework 15, is designed to ensure the workforce we invest in today is fit for the future, focusing on the upcoming challenges and demands the system will be facing. It aims to ensure the system makes the most of every pound spent through setting out shared, explicit assumptions about the likely impact of key drivers of change on both demand and supply for the health and regulated social care workforce.

12. It is important to note that for workforce planning to be effective it must be integrated with activity and financial planning, all derived from the service delivery model. Framework 15 recognises these interdependencies and will inform the development of integrated workforce planning across the NHS, including within Integrated Care Systems.

13. The Long Term Workforce Plan, commissioned from NHSE, will set out the actions needed to ensure that there are sufficient numbers of staff, with the right skills to meet the vision described in HEE's Strategic Framework.

The Long Term Workforce Plan was commissioned by then Secretary of State on 24 January 2022. It was asked that the plan:

- set out supply and demand scenarios and projections for the short, medium and long term (15 years) for key workforce groups and professions;
- identify the mix and number of staff needed to deliver high quality and productive care in future;
- Give consideration to integrated working between health and social care;

- set out the actions and reforms needed to close supply gaps, through domestic training and international recruitment, improved retention, increased workforce productivity and a modern and inclusive employment culture; and
- think across the range of national policy levers – pay, pensions, professional regulation, contracts, terms and conditions, training, skill-mix, leadership and culture.

### Health Workforce Planning

14. Getting the Long Term Workforce Plan right is crucial for the NHS to deliver ambitions and commitments in the NHS Long Term Plan, to meet population health needs, and to transform and deliver high quality services fit for the future. We know that workload is an important factor driving burnout amongst staff. This workforce plan builds on the work of the NHS People Plan 2020/21, to grow the workforce to meet rising demand for healthcare services, to implement new ways of working which make the best possible use of the knowledge and skills of the workforce we have, and to ensure the NHS is the best possible place to work for all staff, characterised by a compassionate and inclusive culture as set out in the NHS People Promise.

15. The scope for the Long Term Workforce Plan includes:

- National supply and demand scenarios for the next 15 years for key workforce groups and professions, with a higher degree of certainty over the shorter-term projections
- Setting out actions and reforms needed to reduce supply gaps and improve retention

16. This work is being accomplished with input from independent think tanks to test and refine the methodology as well as consulting with many other stakeholders including medical Royal Colleges, trade unions, regulators, system leaders, Patient Voices and representation from the wider workforce.

17. The Expert Panel has referred to the passage of the Health and Social Care Act and the tabling of amendments in both Houses of Parliament that called for the regular publication of projections for workforce numbers to meet demand. We agree that transparency and accountability in workforce planning is crucial. The Plan will include independently-verified projections for the number of doctors, nurses and other professionals that will be needed in 5, 10 and 15 years' time, taking full account of improvements in retention and productivity. We have committed to publishing a Long Term Workforce Plan shortly. This is in addition to the Secretary of State duty in Section 41 of the Health and Social Care Act to publish a report at a minimum of every five years, which will also help to increase transparency and accountability of the workforce planning process.

18. There is already work going on that will link to the findings of the Long Term Workforce Plan. We are investing in workforce expansion and we have seen record numbers of people working in the NHS this year, with over 44,300 more than a year ago and over 135,100 more than in 2019. A substantial programme of work to expand the NHS workforce has been, or is being, delivered. This includes

- delivering the manifesto commitments to secure 50,000 more nurses



- introducing a non-repayable training grant offering at least £5,000 per year for nursing, midwifery, and allied health professional (AHP) students to deliver a strong domestic student pipeline. There were over 57,000 applications for nursing and midwifery courses at English providers starting in 2021, a 21% increase compared to 2020
- increasing the number of government-funded medical school places by 1,500 (25%), and as part of this expansion opening five new medical schools across England. This was completed in September 2020
- increasing and diversifying the general practice workforce in England, including several new schemes to boost GP recruitment, address the reasons why doctors leave the profession, and encourage them to return to practice. Since 2019, over 13,000 additional staff have been recruited into general practice, covering a range of roles, such as clinical pharmacists and social prescribing link workers
- A dedicated programme to support NHS trusts to accelerate the recruitment of Health Care Support Workers (HCSWs) to grow the HCSW workforce and meet increased service demand. The current 22/23 HCSW Programme aims to continue to grow the workforce across at a rate of 300 WTE (net growth) by March 2023.

19. The integration of HEE with NHSE from April 2023 will simplify the national system for leading the NHS, ensuring a common purpose and strategic direction alongside bringing service and workforce planning together within one organisation. It will also enable us to drive the changes we need in education and training both further and faster – to enable employers to recruit the health professionals they need to provide the right care to patients in future.

20. In addition to the development of the Long Term Workforce Plan, NHSE also have responsibility for short term workforce planning and the deployment of workforce to meet service need, with each Integrated Care System (ICS) planning workforce requirements for its own services. Working across health and care organisations, their role is to plan and deliver joined up services and to improve the health of people who live and work in their area, including working to ensure the system is retaining and recruiting its workforce to meet future need. This local and regional work sits alongside national efforts to expand the workforce.

21. Workforce planning is happening at every level of the NHS and continues to be a key area of focus for this government. This can be seen by the extensive amount of work underway to grow and support the workforce to meet the needs of patients and ensure the best value for the national investment.

### **Medical School Places**

22. As the expert panel recognises, the government has funded an additional 1,500 undergraduate medical school places each year for domestic students in England - a 25% increase over three years from 2018 to 2020. In addition, the Government temporarily lifted the cap on medical school places for students who completed A-Levels in 2020 and in 2021 and who had an offer from a university in England to study medicine, subject to their

grades. As a result of the government's action, we have seen record numbers of students accepting a place at a medical school. The government is committed to ensuring that the number of medical school places is in line with England's workforce requirements.

### **Clinical Training**

23. Since September 2020, all eligible nursing, midwifery and allied health professional (AHP) students have received a non-repayable training grant of at least £5,000 per academic year. Additional funding is also available for studying certain courses – for example, mental health nursing and learning disabilities nursing - with further financial support available to students for childcare, dual accommodation costs and travel. This investment has been accompanied by £55 million investment in expanding clinical placement, including simulated learning capacity.

24. For the third consecutive year, over 26,000 candidates accepted places to study undergraduate courses in Nursing and Midwifery. There were 3,700 more acceptances in 2022 than in 2019 – a 16% increase.

25. In 2021/22 there were over 72,000 students' training to be nurses, over 9,000 training to be midwives and over 30,000 training to become AHPs.<sup>1</sup>

### **Nurse 50k Manifesto Commitment**

26. Through the 50,000 nurse manifesto commitment, we are addressing nurse vacancies through action on retention of the existing workforce, boosting domestic training and education routes into nursing and using international recruitment opportunities to supply the NHS with a nursing workforce that is sustainable in the long term.

27. The department published a delivery update on the nurse 50k manifesto commitment on 7 March 2022.<sup>2</sup> This stated the definition of the commitment, including that the baseline for the target is numbers of full time equivalent nurses in the NHS as of 30 September 2019. This reflects the timing of the manifesto commitment.

### **International Recruitment**

28. Regarding the concerns raised about the reliance on international recruitment referred to in the expert panel's report, the department recently republished our Code of Practice for the Recruitment of Health and Care Staff, reaffirming our commitment to supporting health and care workforce globally. The approach aligns with the World Health Organisation's (WHO) Code of Practice on the International Recruitment of Health Personnel. Through this code, we are ensuring the fundamental principles of transparency, fairness and promotion of health systems sustainability are fully embedded in all international recruitment activity undertaken in the UK.

29. Many countries benefit from their citizens having the opportunity to work in our health and social care systems, both through the skills they learn and through the economic benefits it brings to them and their families.

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1 HEE provided

2 [www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update](https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update)

30. The UK government has recognised the potential for mutual benefit in working with and learning from other countries to improve both global and UK outcomes for health and care. Global partnerships are a great way to build bridges with health and care systems across the world and give staff the opportunity to experience and learn from other systems and environments. We support these programmes, including the Medical Training Initiative (MTI), which provides up to 1,500 doctors, predominantly from lower income and lower middle income countries, with a period of training and development in the NHS for up to two years. They then return to their home countries where their patients and colleagues can benefit from the skills and experience they have obtained in the UK.

31. We recognise there are some countries from which it would be wrong to proactively recruit without the agreement of their respective governments. Therefore, our code prohibits the active recruitment of health and care staff from the 47 countries that have the most pressing universal health coverage (UHC) and health and care workforce-related challenges, as identified on the WHO Health Workforce Support and Safeguard list.

32. The prohibition of active recruitment in these countries is balanced against an individual's right to migrate (also protected in WHO guidance). Individuals from these countries can apply for vacancies directly (without the support of an agency or country specific campaigns) this is known as 'direct' or 'passive' recruitment.

33. We are working with the NHS, local authorities and adult social care provider organisations to help make more effective use of international recruitment, as per the code of practice, to help tackle workforce shortages, alongside the wide-ranging measures set out elsewhere in this response to improve domestic recruitment and retention. Changes to support international recruitment have included:

- launching a Health and Care visa – and extending it to all care workers in February 2022– makes it quicker, easier and cheaper for eligible people working in health and social care to come to the UK with their families
- exempting those working in the health and care sector from paying the Immigration Health Surcharge (IHS), either up front through an exemption or by route of a specific reimbursement scheme

34. The success of these measures can be seen in the increase in numbers of internationally trained staff joining the professional registers in the UK and in the growing use of the Health and Care visa arrangements for care workers. We announced on 22 September that we will be investing £15 million to help local areas set up collaborative arrangements to provide practical support on international recruitment for adult social care providers. Skills for Care estimate that up to 15,000 people have moved to the UK to take up care worker roles since the start of 2022.<sup>3</sup>

35. We acknowledge that there are specific challenges for GP International Medical Graduates in terms of visas, leave to remain and sponsorship. While health and care professionals can bring their spouse and dependants with them, we know many are concerned about the process to bring over adult dependants. We continue to work with both the healthcare system and the Home Office to explore how to address these issues within the government's immigration policy.

## Primary care

36. One of the commitments assessed by the Expert Panel includes the target to recruit an additional 6,000 doctors in general practice. In November 2021, the Department highlighted to the Committee that we are not on track to meet this commitment by 2024, and we acknowledge that there are challenges with growing the number of doctors in general practice. However, there were 1,497 more FTE doctors in general practice in June 2022 compared to June 2019, demonstrating that numbers of doctors in general practice are increasing and we are moving in the right direction.

37. Additionally we are working with NHSE and HEE to explore what more can be done. This includes measures to boost recruitment, address the reasons why doctors leave the profession, and encourage them to return to practice.

38. To secure a future pipeline of GPs, we have increased the number of GP training places. In 2021/22, we saw the highest ever number of doctors accepting a place on GP training - a record 4,000 trainees, up from 2,671 in 2014. Alongside this, we are also retaining the expertise of the existing workforce - the 2020 updated GP contract framework announced a number of new retention schemes alongside continued support for existing schemes for the general practice workforce.

39. The Additional Roles Reimbursement Scheme (ARRS) currently offers reimbursement for more than 15 roles to help GPs provide the best care they can and be as patient centric as possible. The is designed to only be used for reimbursing the salaries and on-costs of roles included in the scheme.

40. As a new scheme, the ARRS is monitored to assess progress in recruiting staff and feedback is sought on the various aspects of administering the scheme for primary care networks and their constituent GP practices. NHSE committed in Investment and Evolution, the five-year contract framework for GP, to undertake a review of the ARRS by 2023, this review will consider the full range of feedback the scheme has received and look to ensure it is fit for purpose into the future.

41. Clinical pharmacists are one of many roles available on the ARRS. Community pharmacies are commercial organisations with responsibility for staff recruitment and retention, however we continue to monitor workforce pressures in community pharmacy. Analysis undertaken by NHSE shows that reported workforce pressures facing community pharmacies is limited to geographical areas and factors contributing to this are complex and multifactorial. NHSE is working with employers to provide support and maintain good access to NHS pharmaceutical services.

42. In addition to the £2.5 billion a year allocated to the sector, HEE is investing a further £15.9 million over the next four years to support the expansion of frontline pharmacy staff in primary and community care.

## Dentistry

43. With regards to dentistry, the government announced a package of initial improvements to the NHS dental system on 19 July 2022 which ensure that dentists are more fairly rewarded for the NHS care that they deliver, making NHS dentistry a more attractive place for dentists and their teams to work. We have taken action to implement

these changes, including through regulations that came into effect on 25th November. We are also working with HEE on a programme to reform dental education to make it more flexible and widen access and participation to help retain staff. In addition, the department has worked with the General Dental Council on legislative proposals which will allow the regulator greater flexibility to expand the registration options open to international dentists. Current arrangements ensure that UK regulators continue to automatically recognise relevant EEA qualifications of dentists and we want to continue to facilitate their vital contribution to the dentistry workforce.

### **Community Health Services**

44. Identifying approaches to safe nurse staffing in community care settings is a key challenge for health service providers. Safe nurse staffing requires that there are sufficient nurses available to meet patient needs, that nurses have the required skills and are organised, managed and led in order to enable them to deliver the highest level of care possible. In the last year NHS England launched the Community Nursing Safer Staffing Tool to help providers understand the staffing they need to meet local demand.

45. To enhance supply of Community Health Nurses, NHS England ran 6 initial pilots within community providers and are now supporting 18 trusts in England to recruit community health nurses from abroad. The Queens Nursing Institute have provided additional support to these trusts by :

- running a Community of Practice with workforce leads
- developing a collection of Case Studies that focus on success stories of recruiting international nurses to work in community settings

46. To enhance the recruitment, pastoral support, and development of health care support workers, NHS England distributed £1.4 million during 2021/22 to community providers as part of the Health Care Support Worker (HCSW) Programme. This programme was launched in September 2019 to support NHS trusts to increase their HCSW recruitment, minimise vacancies, avoid reliance on temporary staff and so provide greater continuity of care for patients, and to support more people to progress into nursing and midwifery roles in the future.

### **Retention**

47. The NHS priorities and operational planning guidance is clear that the wellbeing of the workforce is crucial. The NHS People Plan and NHS People Promise sets out a comprehensive range of actions to improve staff retention. It provides a strong focus on creating a more modern, compassionate and inclusive NHS culture by strengthening health and wellbeing, equality and diversity, culture and leadership and flexible working. Ensuring the NHS People Promise is a reality will improve the experience of work for the NHS workforce. In addition, the NHS retention programme is continuously seeking to understand why staff leave, resulting in targeted interventions to support staff to stay whilst keeping them well.

### **Pensions**

48. The expert panel evaluated the manifesto commitment on the pensions taper allowance. This was delivered on at budget in March 2020 when the government increased

the taper thresholds to remove the vast majority of senior clinicians from scope. From 6 April 2020 the tapered annual allowance thresholds were increased by £90,000 to remove all staff with earnings below £200,000 from scope. Based on NHS earnings at 2020, this removed 96% of GPs and 98% of consultants from the scope of the taper.

49. This commitment was delivered via changes to the pension tax system, implemented by HM Treasury. Raising the taper thresholds was estimated to cost £2.2 billion over a five- year period from April 2020.

50. The commitment reduced very substantially the number of GPs and consultants who were within scope of the tapered annual allowance, which can be a driver for reduced working commitments. An increase in the threshold provides doctors with extra headroom for tax- free pension saving and restores the incentive to take on additional non-pensionable work including overtime.

### **Elective Recovery**

51. More than £8 billion funding has been committed for elective recovery from 2022 to 2025. It is being spent on delivering additional activity in an innovative way, enabling the NHS to carry out more checks, scans, out-patient appointments, operations, and other procedures up to March 2025. A significant part of this will be invested in staff – both in terms of capacity and skills. The elective recovery plan identified the NHS need to recruit more staff and take additional measures to retain existing staff. In 2022/23 there is additional funding to increase workforce capacity in theatres, anaesthetics and critical care. To further support trusts to deploy the resources they have to the maximum effect, NHSE wrote out in May 2022 with details of some high impact enablers trusts may wish to implement. These include attracting staff who delivered vaccinations into the workforce, using NHS reservists and encouraging those who have recently retired or are considering retirement to take up out-patient lists or support education and training.

52. As part of the development of the community diagnostic centre (CDC) plans, detailed modelling of the workforce required to deliver these has been conducted. NHSE and HEE have formed a collaborative programme to support systems to ensure that the required workforce capacity is in place to deliver CDCs, and the wider diagnostic transformation agenda. This includes developing new roles, clearer pathways for progression, better utilising the existing workforce and improving workforce retention.

### **Adult Social Care**

53. In terms of the adult social care workforce, we welcome that HEE's Strategic Framework will incorporate regulated professions in adult social care, and that the Long Term Workforce Plan will further support integrated working between health and social care. Local Authorities have responsibility under the Care Act 2014 to meet care needs and statutory guidance directs them to ensure there is sufficient workforce to do so. Local authorities are best placed to understand their local labour markets, the care provider delivery landscape, and address overall staffing pressures. Government will always stand behind councils to enable them to deliver. At the 17 November Autumn Statement we announced a significant funding settlement, making available up to £2.8 billion of increased funding in 2023–24 and up to £4.7 billion in 2024–25 for adult social care and discharge. Of this funding, £600 million will be distributed in 2023–24 and £1 billion in 2024–25 through the Better Care Fund. On top of this, to provide additional support for

this winter 2022, we are making £500m available in funding for local areas to support discharge from hospital into the community which can be used flexibly including for recruitment and retention.

54. In the longer term, the *People at the Heart of Care White Paper* (December 2021) sets out our vision for the future of the care system and includes workforce commitments designed to enable career development and progression. This will begin to transform what it is like to work in adult social care. These policies will support and enable local authorities and care employers to better recruit and retain skilled staff.

55. The government is committed to this 10-year vision for adult social care, created and shared with people who draw on, work in, and provide care and support.

56. We have made good progress on implementing this vision since the white paper was published, including by increasing workforce capacity through domestic and international recruitment. The government will shortly publish a plan for adult social care system reform that will build on our progress so far. This will have support for the adult social care workforce at its core, and will enable care workers to develop their skills, progress in their careers and get the professional recognition they deserve.

57. Integrated Care Systems also have a key role to play in ensuring joined-up workforce planning. They should be working with local authorities and independent care providers, to ensure effective system-wide coordination of recruitment and development. The Government's July 2022 (updated in November) ICS Strategy Guidance recommended ICSs take forward joint workforce planning with LAs as a next step toward integrated workforces. Through our Integration white paper we have committed to continue to work with national and local partners to identify opportunities to remove barriers to collaborative planning.

## 2. Building the Workforce

### *Commitment 2 – Building the workforce– Skills development*

**“Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.”**

The expert panel rates the department's progress against this commitment as follows:

- Overall – **Requires Improvement**
  - i) Commitment met – **Requires Improvement**
  - ii) Funding and Resource – **Requires Improvement**
  - iii) Impact – **Requires Improvement**
  - iv) Appropriateness – **Inadequate**

### **Summary of response**

58. Over the last year, the total workforce has increased by over 44,300 full time equivalents, including over 4,900 more doctors and almost 11,100 more nurses. The

government continues to grow the workforce and we outline in our above response to commitment 1 on Planning for the Workforce the steps that are being taken to encourage workforce growth and improve longer term workforce planning.

59. Training and development is important for improving the capability of the workforce; it is also an important factor for driving the recruitment and retention of staff. A significant programme of work is underway to help deliver on the ambitions of the NHS People Plan and the recent social care white paper - People at the Heart of Care.

60. The department continues to work closely with HEE to increase flexibility in postgraduate medical training. We have also provided every nurse, midwife and allied health professional with a £1,000 personal development budget over three years as part of a £210 million funding boost announced in 2019. This funding offer runs from 2020–21 to 2022–23. In 2021 to 2022 the NHS had the largest number of apprenticeship starts of any public sector employer in England, providing new routes for existing staff to develop their skills and knowledge and advance their careers.

61. HEE has also invested in courses and continuing professional development initiatives to support skills development for staff working in primary care networks to achieve their learning goals and further enhance the delivery of patient care.

62. We acknowledge the importance of Technology Enhanced Learning (TEL) in supporting skills development and work continues to offer an increasing number of e-learning opportunities available to NHS staff to support blended learning and further skills development.

63. HEE continues to take wider action to embed training and development in plans to rebuild clinical services following the pandemic, including establishing the Centre for Advancing Practice. As we work to recover from the challenges of the pandemic, NHSE and HEE are also working to build capacity in the workforce through the development and extension of staff skills to optimise innovation in skills mix.

### **Medical training**

64. The department and HEE are committed to increasing flexibility in postgraduate medical training. A key theme of HEE's Enhancing Junior Doctors Working Lives programme of work has always been increasing flexibility within postgraduate medical training to prevent burnout and support wellbeing. However, service pressures are such that we know that many departments are concerned about their ability to cover the workload and allow the less than full time flexibility. This has affected access to the initiative so in January 2022, HEE held a series of meetings with doctors in training to raise awareness of less than full time training (LTFT) and to enquire about challenges faced when applying for or undertaking LTFT training. HEE is working with partner organisations across the education landscape to review the challenges and identify solutions.

65. To improve the ability of doctors to work with patients with multi-morbidities and make sure the workforce is built to manage the needs of the population, there is a continued focus on building multi-disciplinary teams of medics and clinicians. New roles are being created to support these teams and address shortages in specialties such as anaesthetics and general practice. These roles are , anaesthesia associate (AA), physician associate (PA),



surgical care practitioner (SCP) and advanced critical care practitioner (ACCP). Further growth of the PA position is a key part of the government's policy to develop a more effective and strong general practice workforce to meet future patient need.

66. Alongside this, the General Medical Council (GMC) is developing a framework to approve medical credentials along with proposals for a phased introduction. Medical credentials are certified course that support doctors to understand and work within other areas of medicine such as interventional neuroradiology, liaison psychiatry and pain medicine. Credentialling will help standardise and recognise the training of clinicians in specialist areas across the UK and upskill the existing workforce, as well as supporting career development and flexibility.

67. The coronavirus pandemic caused significant disruption to postgraduate medical education, impacting the recruitment, rotation, assessment and progression of doctors in training. During the initial waves of the pandemic, many trainees were redeployed or had elective learning opportunities cancelled, with up to 50% of trainees' progression identified as being at risk.

68. In April 2021 HEE, with NHS England & NHS Improvement, NHS Employers, the Department of Health and Social Care, the General Medical Council, the Academy of Medical Royal Colleges established the postgraduate medical education (PGME) training recovery programme to reset, recover and reform postgraduate medical education. The programme has been investing into PGME training recovery interventions, tailored to specialty-specific and regional training needs. As a result of HEE and partners' interventions, extension rates are currently significantly lower than original projections.

69. We continue to address the impact of the pandemic on doctors in training and their educators, while supporting service recovery, planning for winter pressures and locking in the innovations developed during the pandemic to deliver long-term improvements to training structures and delivery.

70. HEE is committed to supporting medical trainees post COVID-19 by ensuring mechanisms are in place to support trainees' wellbeing and educational provision, which forms a key part of our training recovery strategy. To help support trainees, we are providing an enhanced, suite of flexibility offers which includes extending less than full time training category 3 to all postgraduate medical specialities.

### **Primary Care**

71. The creation of primary care networks (PCNs) builds on the core of current primary care services and enables a greater provision of proactive, personalised and more integrated health and social care. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 26,000 additional roles to create bespoke multi-disciplinary teams, diversifying the skill mix in general practice.

72. HEE invest in courses, professional development, and e-learning to support ARRS staff. HEE has invested in courses and continuing professional development initiatives for all staff directly employed to support in their learning and development goals and to improve their skillset to deliver the best possible patient care. As the expert panel recognises, since 2020 £210 million has been funded every year for nurses, midwives and

allied health professionals across the health sector providing them with access to £1,000 each over a 3-year period to support their personal learning and development needs including those working in primary care.

73. Technology Enhanced Learning (TEL) recognises that access to online learning resources is paramount in the development of staff and improving patient care. TEL offers educational resources to the health and social care workforce across 3 platforms; e-learning for healthcare (ELFH), Digital Learning Solutions (DLS) and the learning hub. Educational resources provided by TEL can support a blended learning approach which compliments clinical and face to face training. TEL also offers several simulation-based programmes to those in health and social care roles. These resources are available in the ELFHhub and the learning hub. TEL continues to explore how simulation-based education can help to address system-wide challenges being faced within the health and care sector.

74. E-learning for healthcare offers over 500 e-learning programmes to the health and care workforce to more than 2 million registered users. Educational resources include statutory and mandatory learning, plus specialist training for support roles and disciplines within health and social care. Additionally, DLS provides practical training resources to staff and students in NHS organisations via their technical teams. The learning hub is the newest platform, developed to provide easy access to a wide range of education and training resources for the health and care workforce.

75. For general practice, we recognise that recruitment and retention of general practitioners (GPs) in certain areas of the country can be challenging. We launched the Targeted Enhanced Recruitment Scheme in 2016, which has attracted hundreds of GP trainees to train in hard to recruit locations, including many rural areas, by providing a one-off financial incentive of £20,000. A total of 550 places were available in 2021 and through additional government investment, there were 800 places in 2022.

### **Community Health Services**

76. Investment of £8 million in 2022/23 is helping provide additional training so that Community Health Service staff can deliver new models of care and use their enhanced skills more effectively.

77. Professional Nurse Advocates - The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. The programme launched in March 2021 and NHSE trained more than 700 community nurses to be Professional Nurse Advocates. The role is designed to support nurses to deliver safe and effective practice by discussing aspects of good care and reflecting on poorer aspects of care to consider improvements. The aim is to enable nurses to release the emotional burden of work before they go home. Key benefits include improved staff satisfaction, better patient care and reduced staff sickness.

### **Clinical Training**

78. A £1,000 personal development budget has been made available to every nurse, midwife and allied health professional working in the NHS to support their personal learning and development needs over a 3-year period. Between April 2020 and March 2023, almost £500m has been distributed by Health Education England (HEE) to NHS organisations.

79. HEE has also taken wider action to promote skills development. They have established the centre for advancing practice to oversee the workforce transformation of advanced level practice, by:

- establishing and monitoring standards for education and training
- accrediting advanced level programmes
- supporting and recognising educational and training equivalence
- growing and embedding the advanced and consultant practice workforce

80. Apprenticeships play a key role in ensuring the NHS has a future workforce which draws on a diverse range of backgrounds. They also play a key role in providing a pathway for existing staff to develop their skills and knowledge and advance to higher levels. Around 20,900 apprenticeships started in the NHS over the 2021 to 2022 academic year, the largest number of apprenticeships starts amongst public sector employers in England. We have developed and driven the implementation of 97 apprentice standards across Health and Science.

81. One example is nursing, which now has a complete apprenticeship pathway from entry level to postgraduate advanced clinical practice. A person can join the NHS as an entry level healthcare support worker apprentice with a view to eventually qualifying as a registered nurse.

82. The Blended Learning nursing programme aims to address national shortages in clinical expertise by offering predominantly online remote-access study to those people who may have the aptitude and values to join the nursing profession, but currently are unable to learn in traditional ways. Contracts have been awarded to seven universities who began delivering their blended learning nursing programmes between January and May 2021. There are also four universities delivering the new degree blended learning midwifery degree programmes. This year, following a competitive tendering process, Health Education England have commissioned three new providers to deliver an additional blended learning adult and mental health nursing pathway which will aim to provide a sustainable pipeline into first destination employment in community, primary care and social care. The first students will commence on programme by the end of January 2024.

### **Elective Recovery**

83. NHSE and HEE are seeking to scale up existing cross-professional workforce good practices to free up capacity. This will be achieved through optimisation of roles so that staff are able to extend their skills taking on new and additional tasks and through building teams around innovative skill-mix.

84. We recognise the impact workforce pressures continue to have on the NHS. Strengthening the skills of our workforce, and ensuring we are making the most out of them and working in the most optimal way, will support the NHS to deliver more care. NHSE and HEE are seeking to scale up existing cross-professional workforce good practices. Examples of good practice include:

- optimising roles so that staff can and are encouraged to work at the top of their banding

- extending skills of staff so they can take on new and additional tasks
- building teams around innovative skill mixes to enable our workforce to do more.

85. NHSE is also taking forward some nationally led actions such as enabling more opportunities for training and supporting workforce redesign and innovation.

### **Commitment 3 – Building the workforce – Extra funding for social care staff**

**“£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.” (pages 44 – 52 of the report)**

The expert panel rates the department’s progress against this commitment as follows:

Overall – **Inadequate**

- i) Commitment met – **Inadequate**
- ii) Funding and Resource – **Inadequate**
- iii) Impact – **Inadequate**
- iv) Appropriateness – **Inadequate**

86. The Government created the Social Care Grant in 2020–21 to fulfil the 2019 manifesto commitment to dedicate £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities. Subsequently, we have increased the value of this grant further, which is now worth over £2.3 billion. The savings announced from delaying charging reforms will also be added to this grant, this will see the grant increase by £1.3 billion in 2023–24 and £1.9 billion in 2024–25.

87. As well as increasing the Social Care Grant, the Government also announced at the Autumn Statement, on 17 November, £1 billion of new grant funding in 2023–24 and £1.7 billion in 2024–25. Councils were also provided with additional council tax flexibilities. In total, the Autumn Statement provided up to £7.5 billion of additional funding over the next two years to support adult social care and discharge. This is the largest increase in funding for social care in history and will put the adult social care system on a stronger financial footing, improving the quality of and access to care.

88. This additional funding will build on earlier efforts the government has made to fund local adult social care services. Through sustained investment over many years, we have helped local authorities increase their annual spend on adult social care to £21.4 billion in 2021–22. This is an average increase of 2.5% per year in real terms between 2014–15 and 2021–22.

89. On 22 September we also announced that we are putting in place £500 million of extra funding for social care for this winter to speed up the safe discharge of patients from hospital and recruit and retain more care workers to support people who no longer need to be in hospital.

90. We are taking forwards our system reform programmes and progressing the proposals in the People at the Heart of Care white paper, including in training and technology. We recognise that reforms to the adult social care system will be crucial to building long-term resilience in the sector to increasing demand. The department is reviewing spending plans and more detail will be announced in due course. We will continue to engage with the sector to understand how else we can make our vision for adult social care a reality; but it is only right that we prioritise support for the sector that addresses the most immediate pressures.

#### ***Commitment 4 – Prevention and support for community-based staff***

**“Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient’s care record and plan, that will help them perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that the need to reduce avoidable conveyance to A&E.” (pages 52 – 57 of the report)**

The expert panel rates the department’s progress against this commitment as follows:

Overall – **Inadequate**

- i) Commitment met – **Requires Improvement**
- ii) Funding and Resource – **Requires Improvement**
- iii) Impact – **Inadequate**
- iv) Appropriateness – **Inadequate**

#### **Summary of response**

91. As defined in the NHS [Long Term Plan](#), ensuring people receive care by teams that can access the same information is essential for the delivery of joined-up and personalised care. We have further outlined these ambitions in [Health and social care integration: joining up care for people, places and populations](#) and most recently in [A Plan for Digital Health and Social Care](#).

92. These publications describe the support we are providing to achieve this key commitment, which ensures that constituent organisations of an Integrated Care System (ICS) are connected to an integrated life-long health and social care record by 2025, enabled by core national capabilities, local health records and shared care records, giving individuals, their approved caregivers and their care team the ability to view and contribute to the record.

93. To achieve this critical objective, we have consolidated support to the healthcare system under three pillars:

#### **(1) Digitising NHS and social care providers:**

94. We have invested significantly in supporting the adoption of electronic patient records (EPRs), primary care records (GPIT) and shared care records (ShCRs), and more recently digital social care records. This includes the extension of shared care records to community staff, including the general practice connect solution. Currently, every ICS has a basic shared care record solution - this milestone was achieved in 2021 to 2022 through national investment of c. £50 million.

95. Moving forward, we will provide multi-year funding to ICSs of approximately £2 billion, based on need (starting with those without an EPR). Our aim is that all NHS trusts will have an EPR system by March 2025 (90% by December 2023 and 100% by 2025). We are currently at 86% coverage and remain on track to meet this aim.

96. We will publish technical requirements for IT suppliers serving pharmacy, optometry, dentistry, ambulance and community health sectors, alongside an offer of support for ICSs to implement requirements by March 2023.

97. Suppliers who have engaged with the digital community pharmacy, optometry, dentistry, ambulance, community care (PODAC) programme are able to build capabilities in line with NHSE supplier toolkit since September 2022.

98. We invested £250 million funding in 2021/22 through the frontline digitisation unified tech fund to support levelling up of digital maturity for all trusts and £3 million through the [Digital PODAC Unified Tech Fund](#) to support local digital innovation and tech projects in nine community health service organisations. For example, we are trialling 53 smart goggles to give nurses more time with patients in [North Lincolnshire and Goole](#).

99. As part of our wider ambitions to drive rapid digitisation in the adult social care sector we are supporting the adoption of digital social care records. Our target is to increase usage to ensure at least 80% of CQC-registered providers, and 80% of people in receipt of care, have a digital social care record by March 2024. We have made good progress, increasing provider uptake to 52% from a starting point of 40% in December 2021. We are building core national 'connect' capabilities, including enabling more frontline staff to access and update health records. For example, rolling out a new, more accessible, web-based version of the summary care record application (which currently comprises GP record data) that can be used by ambulance and social care staff wherever they are.

100. The NHS Priorities and Planning Guidance for 2022 to 2023 set ambitions for shared care records to extend access to local authority social services and to independent NHS commissioned providers and to integrate digital social care records into the shared care record. It also sets out the need to deliver national interoperability across shared care records by 2024 which is being taken forwards through Project Emerald.

101. GP practices already have digital records in place. However, to ensure GP services are fit for the future, their digital records need to be based on open standards and use cloud native architecture.

#### **Setting and enforcing clear standards for interoperability:**

102. We have strengthened legal powers to enforce the adoption of technical standards among healthcare providers and IT suppliers through the [Health and Care Act 2022](#). We

are also working with the Department for Digital, Culture, Media and Sport to include, in the current Data Reform Bill, further changes to Section 250 of the Health and Social Care Act 2012.

103. We are developing guidance and services to support people buying systems that meet standards, including Who Does What, [What Good Looks Like, Standards Roadmap](#), Draft Standards and Interoperability Strategy Draft Standards and Interoperability Strategy.

104. We will set out our policy on how we will encourage appropriate convergence of electronic patient records (EPRs), especially within an Integrated Care System, to ease the interoperability challenge for day-to-day care. The uplift of these connector capabilities are central to the delivery of Project Emerald.

105. We are building core national 'connect' capabilities, for example, redeveloping the [National Record Locator](#) (NRLS) and [National Events Management services](#) (NEMS) and moving them to the cloud, to support interoperability from a broader range of care settings.

### **(3) Putting tools in patient's hands to support prevention, including:**

#### **National Digital Channels:**

106. Over the last few months, we have made improvements in access to information on women's health and mental health information for children and young people.

107. Over the next 3 years we will continue to increase the functionality of the NHS App and website to offer features that help people stay well, get well, and manage their health. This will enable record access by allowing people to:

- see new information in GP records and request historical information directly from practices from December 2022
- start to access hospital correspondence, including clinical letters and pre-consultation questionnaires (if local hospital is participating) from March 2023
- access their child's health record online if they are a parent or legal guardian from March 2023

#### **Digital health technologies**

108. We are supporting the rapid uptake across the health and social care sectors of proven, high-quality, easy-to-use, safe, and effective digital products that offer value for money. These products include tools that will support people to access and collaborate on their care planning and use digital, remote monitoring tools linked to their records.

109. Community nursing and therapy services are benefiting from optimisation of the electronic roster and implementation of electronic job planning giving them access to digital tools and information to ensure more efficient workforce planning.

110. Wearable medical devices are being rolled out in care homes which will enable remote monitoring and recording of patient's data relating to blood pressure and oxygen levels.

111. We distributed 11,000 iPads to 9,000 care homes in England so that residents could stay connected to loved ones and worked with care system suppliers to allow approved social care staff to view appropriate information directly from the GP record.

112. The Queen's Nursing Institute (QNI) submitted evidence to the panel giving the interim results of how around 500 district nurses responded to their Nursing in the Digital Age survey carried out in the 2022. The department has compared these results with the previous comparable survey in 2018. The evidence shows a mixed picture in terms of improvements over time for district nurses and their use of technology. For example, while more district nurses can access the GP electronic record and more report that their mobile device is compatible with other software, there was also an increase in district nurses experiencing the need for multiple data entry and in those reporting that the reliability of IT systems has reduced.

113. There is still room for improvement where district nurses are continuing to experience poor connectivity when seeing their patients, and issues around the battery life of their mobile devices.

### **Directory of Services**

114. The NHS plan for winter resilience sets out that the directory of services should be used by staff to direct patients to the most appropriate place, and commits to increasing the number and breadth of services profiled on the directory of services to ensure only patients with an emergency need are directed to A&E.

### **Elective Recovery**

115. Digital transformation will support recovery of services in part by supporting NHS to make better use of clinical workforce, and diagnostic workforce capacity. This will include:

- investment in digital technology can, for example, enable clinicians in pathology and imaging services to have access to the latest technology for primary diagnosis. This can reduce turnaround times with scans shared electronically via nationwide networks, enabling rapid access to a specialist opinion
- investment in improving digital diagnostics is projected to deliver around a 10% uplift in workforce productivity as well as speeding up testing and sharing results across the NHS via digital patient health records. These reduce duplication to speed up clinical care

## **3. Wellbeing at Work**

### ***Commitment 5 – Quicker access to mental health and musculoskeletal services***

**“Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services”. (pages 58–69 of the report)**

The expert panel rates the department's progress against this commitment as follows:



## Overall – Requires Improvement

- i) Commitment met – Requires Improvement
- ii) Funding and Resource – Requires Improvement
- iii) Impact – Requires Improvement
- iv) Appropriateness – Requires Improvement

### Summary of response

116. If healthcare staff are to provide excellent care to patients, they need to receive excellent support themselves. Through the NHS People Plan and People Promise we are working to modernise NHS working cultures and make the NHS the best place to work with a much stronger focus on staff health and wellbeing.

117. NHSE continue to deliver a comprehensive programme of support, including:

- ensuring wellbeing guardians are supported in their role to champion health and wellbeing consistently within NHS organisations
- equipping line managers to ensure that compassionate wellbeing conversations take place routinely
- improving attendance by addressing the root causes of sickness absence through using the refreshed health and wellbeing framework

118. NHSE have also been focussing on developing a more preventative approach that is owned at system or organisational level to create bespoke action plans based on the needs of their staff. The revised NHS health and wellbeing (HWB) framework provides guidance on how organisations can create a sustainable wellbeing culture for their workforce, including a focus on healthy environments to allow staff to rest, recover, and to stay hydrated.

119. The main referral routes to musculo-skeletal (MSK) services are through occupational health and the staff member's own GP. NHSE have launched a national programme – Growing Occupational Health and Wellbeing – to support occupational health to become an integral part of a preventative health and wellbeing management system.

120. NHSE established a national programme in 2020 to enhance health and wellbeing support at ICS level. This has included supporting ICSs to address MSK concerns across their workforce, in a way that takes account of local needs and context.

### Elective Recovery

121. We have set out above the importance of workforce to delivering elective ambition. Health and wellbeing of workforce is important both to reduce absences but also to support staff to deliver innovations in care to meet the elective recovery ambitions.

122. Regression modelling has shown impact of staff sickness on elective recovery

- A one percentage point increase in staff sickness absence is associated with a:

- 3 percentage point reduction in recovery of elective ordinary admissions ('other staff' sickness absence only)
  - ◆ 2.19 percentage point reduction in recovery of admitted completed pathways (consultant sickness absence only)

### **Commitment 6 – Reduction in bullying rates**

**“Reduce bullying rates in the NHS which are far too high” (pages 69 – 78 of the report)**

The expert panel rates the department's progress against this commitment as follows:

Overall – **Inadequate**

- i) Commitment met – **Inadequate**
- ii) Funding and Resource – **Inadequate**
- iii) Impact – **Requires Improvement**
- iv) Appropriateness – **Requires Improvement**

### **Summary of Response**

123. Bullying and harassment is unacceptable in any workplace and has no place in the NHS. The NHS can be a highly pressurised environment where staff face unusual and challenging circumstances, but that only makes it more important that staff promote cultures of kindness, compassion and respect.

124. NHSE's commitment to creating positive, safe and inclusive working cultures and work environments for all staff is delivered through its national programmes for Civility and Respect and Violence Prevention and Reduction.

125. The NHS violence prevention and reduction standard provides a risk based framework to promote and support safer working environments for staff. All providers and commissioners of NHS services are required to review their status against this twice a year. Further guidance was published in June 2022 around the standards to help the implementation of a data-driven method focused on staff health and wellbeing.

126. NHSE are delivering targeted interventions to support ambulance staff who experience high levels of negative behaviours. £8.4 million has been invested into the body worn camera trial across all 11 services as part of a 3-year trial, which is being independently evaluated. Over £700,000 has been invested into work with the Association of Ambulance Chief Executives (AACE) to review restraint and de-escalation training, develop a central violence prevention hub to improve consistency of approach nationally, and to support work on the #workwithoutfear campaign.

127. The government has doubled the maximum sentence for assault on an emergency worker to two years through the Police, Crime, Sentencing and Courts Act 2022. A Joint Agreement on Offences Against Emergency Workers, is in place between NHSE and the Crown Prosecution Service. This underpins the provisions around assaults on emergency

workers, provides a framework to ensure more effective investigation and prosecution of cases where staff are the victim of assault – verbal or physical – and sets out the standards that victims of these crimes can expect.

128. NHSE is working with Integrated Care Systems and NHS organisations to implement the NHS Civility and Respect Framework. This programme aims to support and promote cultures of civility and respect in the NHS, creating positive working environments that are kind, compassionate and inclusive for all. It uses a preventative approach, with practical resources and evidence-based approaches, to raise awareness of what bullying looks like in the NHS and consider how to reduce it.

129. Leadership is a key determinant of organisational culture. The review into leadership across the NHS – Leadership for a Collaborative and Inclusive Future – was accepted in full by the government, and includes seven recommendations to improve leadership and management throughout health and social care. The review recommended targeted interventions on collaborative leadership and organisational values for health and social care staff, and positive equality, diversity and inclusion (EDI) action. Implementation is being taken forward by NHSE, in partnership with Skills for Care.

130. The Committee rightly highlights the role of workplace conditions in driving poor behaviours. NHSE have developed a comprehensive package of health and wellbeing support offer to support NHS staff. This includes the revised NHS Health and Wellbeing (HWB) framework, which provides guidance on how organisations can create a sustainable wellbeing culture for their workforce, including a focus on healthy environments to allow staff to rest, recover, and to stay hydrated.

### **Commitment 7- Views of social care staff**

**“Listen to the views of social care staff to learn how we can better support them – individually and collectively (p.78–85). The Panel rates the commitment as follows**

The expert panel rates the department’s progress against this commitment as follows:

Overall – **Inadequate**

- i) Commitment met – **Inadequate**
- ii) Funding and Resource – **Inadequate**
- iii) Impact – **Requires Improvement**
- iv) Appropriateness – **Requires Improvement**

### **Response**

131. We recognise that collaboration is vital to achieving the outcomes that we want to see for the adult social workforce. In developing the white paper, People at the Heart of Care DHSC worked with over 200 stakeholders, including unions and representatives of the social care workforce and people with lived experience of care and support. We are currently considering how we work with stakeholders to evaluate the impact of these reforms.

132. Our commitment to engagement has continued, and we have been working closely with representatives from across the adult social care workforce, including care workers, personal assistants, registered managers and regulated professionals, to hear their views on a variety of issues facing the workforce as we develop our policies. This includes establishing a Care Worker Forum.

133. We value the role of our workforce advisory group, a forum originally set up in response to the COVID-19 pandemic made up of sector representatives, including employers, employees, and local authorities, and since continued as a group where we work with sector partners and engage with workforce representatives to help us to understand and address ongoing issues faced by the adult social care workforce. Beyond the workforce advisory group, our engagement includes working with local authorities and their staff networks, including the Association of Directors of Adult Social Services and the Local Government Association, to hear the views of individuals working in adult social care.

134. We fund Skills for Care to deliver the Adult Social Care Workforce Data Set (ASC-WDS), our key source of data regarding the care workforce. Around 20,000 care providers currently use the ASC-WDS service to record details of the workforce which we use to inform policy development to support the sector. This includes demographic data, skills and qualifications, and recruitment and retention. In addition, Skills for Care's local, regional and national engagement networks support us to understand the views and needs of the sector's workforce.

135. The department and the NHS Digital transformation directorate have also worked with Skills for Care on the Adult Social Care Digital Skills Review. This has included engagement with registered managers and wider care staff, helping us to gain insight on the care workforce's digital understanding, as well as talk through the review. Further engagement has focused on digital in adult social care, the support available, and how registered managers and other care staff can start their digital leadership journey. This will provide insight on the main concerns and questions from the workforce on technology and help guide further engagement opportunities.

#### 4. Inequalities

136. In addition to the evaluation of commitments in the area of the health and social care workforce in England, the expert panel identified issues around inequalities and their impact across the workforce.

137. The government welcome the views of the panel on these issues and recognises their importance for the workforce. Work is underway to tackle these issues, addressing both the NHS and social care workforces.

138. We want to ensure that the workforce have the acknowledgement and appreciation they deserve. Through the work of the People Plan, the retention programme, the measures being taken to increase the size of the workforce and the work around longer term workforce planning through Framework 15 and the Long Term Workforce Plan, we are taking significant steps to address current challenges and ensure we have a workforce fit for the future. In social care, we are committed to supporting our adult social care workforce as highlighted by our programme of reforms to develop and support the workforce, with plans outlined in our recent adult social care reform White Paper

139. The NHS is one of the most diverse organisations in the country and we hugely value the contribution that all staff make to delivering care and supporting patients. We know that the experiences and opportunities that ethnic minority staff and colleagues with other protected characteristics have in the NHS are not always in line with staff from other backgrounds. The government is committed to tackling these through improving culture and leadership in the NHS.

140. We are building an evidence base on inequalities in the workforce through the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS Staff Survey, which empower employers to take targeted target action in their own organisations.

141. In social care, we are committed to tackling inequalities that the workforce faces. We are currently reviewing the lessons from the initial pilot of the SCWRES. We encourage all local authorities to create plans to ensure staff from ethnic minority backgrounds are treated equally, feel included and valued, their health and wellbeing are prioritised, and have access to culturally appropriate support.

142. There are a range of targeted initiatives to foster inclusive workplace cultures across the NHS, including:

- implementation of the Health and Social Care Leadership Review, which includes positive equality, diversity and inclusion (EDI) action to address inequalities in the workforce and to ensure inclusive leadership becomes the responsibility of all
- a stronger focus on embedding equality, diversity and inclusion in the NHS Health and Wellbeing Framework
- strengthening recruitment and promotion practices to ensure staffing reflects the diversity of community, regional and national labour markets
- action to close the ethnicity gap in entry to formal disciplinary processes.
- training for Freedom to Speak Up Guardians which aims to support proactivity in seeking out input from ethnic minority staff who may be more reticent in volunteering their views, with a refreshed a range of freedom to speak up materials for leaders in NHS organisations and those providing NHS services to deepen understanding about healthy speaking up cultures
- stronger collaboration between employers and their staff networks to ensure that they can more effectively contribute to and influence decisions in NHS organisations

143. In response to the 2020 'Mend the Gap' report on the gender pay gap, there is a programme of work to address structural barriers to the career and pay progression of women in medicine and make senior jobs more accessible to women. This includes championing flexible working, transforming models of care to enable more flexible working, and tackling bullying and promoting speaking out cultures.

144. Creating greater workforce equality is a clear ambition set out in the NHS Long Term Plan and NHS People Plan, and we continue to take steps to make it a reality.