

NHS Longer Term Workforce Plan 2023

Trust Board Board

28th September 2023

Presented for:	Information
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Previous Committees:	Staff Engagement Group Workforce Committee

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk		Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Towards
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk		Choose an item.	Choose an item	Choose an item.

Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk		Choose an item.	Choose an item	Choose an item.

Key points	
The document provides a high-level summary of the ambitions detailed in the plan together with: 1. a summary of the current local context in LTHT and across the City of Leeds 2. an assessment of opportunities and risks for both LTHT and the City of Leeds	For Information

1. Summary

The NHS Longer Term Workforce Plan was published on 30 June 2023 and builds on the work and recommendations of previous reviews including: the People Promise and NHS People Plan, Our Leadership Way, and the Kark and Messenger reviews which describe the management capabilities and compassionate and inclusive behaviours leaders need to give staff the backing they require to deliver for patients.

This paper was discussed at the Workforce Committee on 13th September 2023. It provides a high level summary of the ambitions detailed in the 151 page NHS Longer Term Workforce Plan and together with a brief summary of the local context and an initial assessment of opportunities and risks for LTHT.

At the Workforce Committee there was a detailed conversation in relation to the on-going assurance framework for the emerging work in relation to the NHS Longer Term Workforce Plan.

It was agreed that the initial assessment will be considered by the sub-committees which report into the Workforce Committee; specifically the:

- Learning Education and Training Committee
- Resource Management Group
- Staff Engagement Group
- Health and Wellbeing Committee
- Equality, Diversity and Inclusion Strategic Group
- Leeds One Workforce Strategic Board

These sub-committees will: incorporate emerging work into their work plans; develop action plans with timescales and identified leads; and provide on-going assurance to the Workforce Committee through the regular planned deep dives into specific areas of work.

The sub-committees will give particular attention to those aspects where the initial assessment has been rated as Red.

The initial assessment will be kept under review by these sub-committees as work progresses and as further details of specific parts of the plan emerge.

The Leeds Health and Care Academy will also take a lead on considering which actions are best taken forward at place level and work closely with the ICB in relation to implementation of the plan.

2. Recommendation

This paper is being presented to the Board for information.

3. Supporting Information

The following papers make up this report: **Appendix 1: 2NHS Long Term Workforce Plan 2023.**

NHS Long Term Workforce Plan 2023

The full version of the plan is available [here](#)

This document provides a high level summary of the ambitions detailed in the plan together with:

- a brief summary of the current local context in LTHT and across the City of Leeds
- an assessment of opportunities and risks for both LTHT and the City of Leeds

This will be an on-going assessment and will be updated as further details become available. Further, due to leave over the summer period, assessments some professions are yet to be completed.

The assessments are RAG rated as follows:

- GREEN** Opportunities greater than risks
- Amber** Opportunities equal to risks
- Red** Opportunities less than risks

The sections and headings in this document replicate those in the NHS Long Term Workforce Plan

The Place Assessment is an emerging piece of work being undertaken by the Leeds Health and Care Academy to identify common issues, themes and opportunities for the wider Leeds H&C system to leverage the Plan for non-NHS partners. Thanks to Chris Tissiman for his contribution to this document.

Section 2. Train – Growing the Workforce

Pages 38 - 57

Medical Training

LTHT Leads Dipesh Odedra

Ambition	Local Context	LTHT Assessment	Place Assessment
<p>Double the number of medical school training places to 15,000 by 2031/32</p>	<p>UoL has smaller number of medical students than may otherwise be expected and is anticipating a significant increase in numbers. LTHT has an Undergraduate Team which co-ordinated placements.</p>	<p>Capacity for placements is a challenge and job plans for consultants may need to be reviewed to reflect increased undergraduate supervision.</p>	
<p>Increase the number of GP specialty training places by 50% to 6,000 by 2033/34</p>	<p>GP school for Y&H has had a significant expansion in recent years and currently at capacity due to availability of placements in GP training surgeries</p>	<p>LTHT can support additional trainees in secondary care, however the Plan indicates all training will be in the community which could be a risk to service delivery in a number of Trust specialties where there is a high number of GP trainees.</p>	
<p>Adequate growth in foundation year placements and expansion of specialty training commensurate with growth in undergraduate medical training. <small>This is in addition to the existing planned growth for mental health, cancer and diagnostics</small></p>	<p>There has been growth across Y&H over recent years and LTHT has benefitted from this.</p>	<p>LTHT can accommodate more FT posts.</p>	
<p>Increase the funding for pilot medical degree apprenticeships from 200 in 2024/25 to up to 400 places in 2026/27 and 850 places in 2028/29</p>	<p>Not currently in place in Leeds</p>	<p>LTHT currently has employer apprentice status only and this would need to change to take on apprentices from UoL. Currently no detail of funding structure and governance. Would need</p>	

		additional resource to expand training capacity	
Reform medical training so there is a better balance between generalist and specialist skills	There is a need to increase generalism across our specialties in the region to serve local population.	As tertiary centre we need to ensure appropriate supply of specialists as well as enough capacity in generalists.	Potential to allow the deployment of medical staff across different settings, increasing system resilience through flexibility and staff portability

Nursing Education and Training

LTHT Lead Katie Robinson

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>Increase adult nurse training places by:</p> <ul style="list-style-type: none"> • 41% to nearly 28,000 by 2028/29 • 92% to nearly 38,000 by 2031/32 <p>Through a combination of undergraduate & postgraduate training and apprentices</p>	<p>Adult nursing currently offered by UoL, LBU and Open University as main providers. Challenges with placement capacity and attrition in year 1.</p>	<p>Currently sufficient placement capacity within the system but with practice placement dates set by each HEI there is often overlap which reduces capacity and can impact on the student experience. This leads to significant peaks in student activity which is difficult to support in clinical practice. There is a need for better placement mapping and opportunities to work with HEI's to provide alternative models of placements – for example moving away from block placements and exploring 1-2 days a week in year 1 which might improve attrition.</p>	<p>Important to build placement capacity in community, PC and mental health settings in order to support the shift in service provision</p>
<p>Increase mental health training places by:</p> <ul style="list-style-type: none"> • 13% by 2025/26 • 38% by 2028/29 • 93% to more than 11,000 places by 2031/32 	<p>Small number of placements supported for students on MH pathways.</p>	<p>Placement capacity and ability to support learners on MH pathway would be limited at present. However, if placement challenges addressed at a system</p>	

		level this would be a beneficial move for staff and patients.	
Increase learning disability nurse training places by: <ul style="list-style-type: none"> • 16% by 2025/26 • 46% by 2028/29 • 100%, to over 1,000 places by 2031/32 	Not currently offered locally	Placement capacity and ability to support learners on LD pathway would be limited at present. However, if placement challenges addressed at a system level this would be a beneficial move for staff and patients.	
The assessment in the plan is that there is currently a sufficient training places to meet demand for children’s nursing	Planned intake has increased for 2023 with one main HEI from 56 places on average (last 3 years) to 67		
Expand education and training routes into the health visiting workforce by: <ul style="list-style-type: none"> • 17% by 2028/29 • 74%, to over 1,300, by 2031/32 		N/A to LTHT	
Expand education and training routes into the district nursing workforce by: <ul style="list-style-type: none"> • 41% by 2028/29 • Over 150%, to nearly 1,800, by 2031/32 		N/A to LTHT	
Currently 9% of nurses qualify through the apprenticeships and the plan is this will increase to: <ul style="list-style-type: none"> • 20% by 2028/29 (33% of learning disability nurses, 28% of mental health nurses and 20% of adult nurses) • 28% by 2031/32 	Up to 30 Apprentice Nurses supported per year (transfer to nursing for qualified Nursing Associates/Assistant Practitioners). Open University option for those undertaking the full 5years programme.	LTHT offers shortened 2-year nurse apprenticeship as part of a step on, step off, clinical apprenticeship pathway. This allows those that qualify as a Nursing Associate to continue on to become a Registered Nurse. This is part of the workforce plan to offset annual turnover of nurses combined with recruitment of newly qualified nurses (NQN). Turnover currently 9% and NQN recruitment approx. 250 per	The significant increase in apprenticeships as a training route will require a different approach, including potential workforce redesign to address practical issues around this training mechanism. It presents opportunities for shared and rotational roles across the whole H&C system

		year. Financial challenges due to high requirements for off the job learning.	
Increase Nurse Associates (NAs) working in the NHS from 4,600 to 64,000, supported by: <ul style="list-style-type: none"> • 40% increase in the number of training places to 7,000 by 2028/29 • Increase to 10,500 training places by 2031/32 	Currently train 60 TNAs per year, with ability for qualified NAs to progress onto registered nurse apprenticeship (approx. 30-40% continue to full RN apprenticeship after a period of consolidation)	Recruitment to trainee NAs is 50% internal and 50% external offering alternative routes to Universities for school leavers. Not solely reliant on CSW workforce. Role well embedded at LTHT however financial challenges in relation to off the job learning requirements.	The talent pipeline for NAs is expected to largely be HCAs so need to ensure increase entry into these roles across the whole system to avoid exacerbating existing shortages
Increase the number of foundation degree apprentice places for NAs	Programme offered by all local HEIs	In place and scalable.	
Increased opportunities for nurse progression, for example, through a determination to continue to invest in training for nurses who wish to become clinical nurse specialists working with people with cancer	CPD funding, workforce development funding.	CSU led band 6/7 development programmes – more leadership focused. Speciality specific programmes also available and delivered locally by clinical educators or in partnership with HEI's.	This provides an opportunity for clearly identified career pathways across the whole system

Midwifery Education and Training

LTHT Lead Sue Gibson

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Increases in the number of training places for midwives between 2019 and 2022 (including shortened programmes for adult nurses) means the number of anticipated starters in midwifery programmes is 4,270 in 2023/24, a 13% increase compared to 2021/22.	Midwifery students from University of Leeds and University of Hull (short programme) receive clinical placements within all settings of LTHT. Discussions have been held over several years re increasing clinical placements, as well as the potential for introducing 2 cohorts annually instead of just one.	Midwifery clinical placements have increased for the University of Leeds students to approx. 80 per year. This is causing some issues with overloading some clinical areas at times – discussions have been held with the University particularly in relation to the	

		<p>number of normal births each student is required to achieve prior to qualification – this has led to a delay in the completion of the course until achieved.</p> <p>No increase to the placements for Hull as not all places are utilised.</p>	
5% of the annual intake for midwifery training to come through apprenticeship routes (or higher in geographies where there is a need)	University of Huddersfield now offer a midwifery apprenticeship course.	The maternity service is keen to pursue this course of action to respond to local communities' employment and significant interest from existing support staff. 3 places secured to access the midwifery apprenticeship to commence September 2023, and the CSU plans to secure placements annually.	
Maternity support workers and registered nurses to be employed to complement the unique contribution of midwives	The ratio of maternity support workers is guided by the midwifery workforce tool Birthrate Plus alongside Professional judgement and outcomes of care. Work is just concluding regarding the national Maternity Support Worker passport which identifies competencies for band 2 and band 3 MSWs.	The current situation is the ratio of MSW to mw is 10/90 which correlates with national workforce planning guidance.	
New preceptorship for newly qualified midwives to help with retention.	Short term funding was received to aid maternity units to improve the preceptorship offer to newly qualified midwives – a bid was submitted and approved with the appointment of a band 7 midwifery preceptorship lead midwife.	<p>The lead preceptorship midwife has been made substantive following a successful pilot.</p> <p>Centralised recruitment of newly qualified midwives resulted in 80 new graduates wanting to work</p>	

		<p>in Leeds, sadly approx. 20 were unsuccessful as there were not enough vacancies to recruit into, however the preceptorship programme offered in Leeds was cited as one of the reasons for wishing to join LTHT. KPIs currently show the attrition is reducing with 1.8 wte mws now leaving month on month mainly for promotion or other NHS organisations, which is a significant improvement from last year where approx 4 wte mws month on month were leaving.</p>	
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Public Health Training

LTHT Lead Hamish McLure

Ambition	Local Context	LTHT Assessment	Leeds Assessment
13% more training place in 2023/24 for specialist public health training	Service and training delivered through LCC	Requires joined up working with city council	This directly supports the City's ambition around public health and prevention and provides opportunities for collaboration with PH colleagues outside of the NHS.

Allied Health Professional Training

LTHT Leads Becky Vickers, Beth Elias, Penny Dutton

Ambition	Local Context	LTHT Assessment	Leeds Assessment
AHP training places to increase by: <ul style="list-style-type: none"> • 8% by 2024/25 • 13%, to 17,000, by 2028/29 • 25%, to over 18,800, by 2031/32 	Training places restricted by availability in Dietetics, no local provision (Coventry, Sheffield and Teeside). Leeds Beckett no offer of apprenticeships for OT, PT or SALT	Insufficient provision and flexibility from training providers currently and challenges with supporting placements.	

	<p>No flexibility in part time training, apprentices have to work full time.</p> <p>Diagnostic Radiography: Local HEIs at UoL for undergrad training. Supervision of clinical placements is the limitation to increasing student numbers.</p>		
<p>Increase apprentice training routes to enable, by 2031/32, the proportion of new entrants joining via an apprentice route to be:</p> <ul style="list-style-type: none"> • at least 80% for Operating Department Practitioners (ODPs), therapeutic radiographers and podiatrists • 25-50% for paramedics, diagnostic radiographers, occupational therapists, dieticians, prosthetists and orthotists • Up to 5% for speech & language therapists and physiotherapists 	<p>Podiatrists in LTHT working at advanced highly specialist level so no Band 5 position or service requirement. Currently issues recruiting OTs nationally. SALT only has two B5s in the service, apprentice course newly designed for Sept 2023 and not locally available. Physio – as above, lacking local provision but high levels of application for B5s from undergraduate route</p> <p>Diagnostic Radiography: 3 apprentices in each of year of a 3 year course in training. In order to increase the number of apprentices, unless further supervised clinical placements can be identified, the total number of trainees would be the same, i.e would need to reduce undergrad places in favour of apprentice places.</p>	<p>Favourable route but significant risks in inability to backfill posts due to finances. Also, conversion of B5 posts to apprentices reduces Clinical capacity during placements and unable to perform significant parts of the role until qualified. Effectively supernumerary during training.</p>	<p>The significant increase in apprenticeships as a training route will require a different approach, including potential workforce redesign to address practical issues around this training mechanism. It presents opportunities for shared and rotational roles across the whole H&C system</p>

<p>Increase the number of advanced practitioners and independent prescribers, and AHPs acting a senior decision makers.</p>	<p>Currently podiatry and physio and Dietetics offering this level. It is led by individuals keen to progress their service.</p>	<p>Need strategic / professional support to develop this further and thus be able to support medics in key services</p>	
<p>These ambitions are important to address shortages, in particular AHPs, such as diagnostic radiography, therapeutic radiography, occupational therapy and speech & language therapy. For example, the assessment is that the paramedic workforce will need to increase by around 14,200-15,600 over 15 years to deliver services and provide a pipeline for advanced practitioners.</p>	<p>OT are a key profession in flow and discharge planning SALT – Critical cover for swallowing service</p> <p>Diagnostic Radiography: Continue to develop advanced practice in all modalities, undertaking work traditionally performed by radiologists. Backfilling these staff will be required for image acquisition which will be a challenge, unless overall workforce numbers increase.</p>		<p>This provides opportunities for collaboration, innovative workforce design and rotational roles across different setting and possibly the whole system</p>
<p>Paramedics to have more rotational training across hospital, community and primary care settings.</p>		<p>N/A to LTHT</p>	

Psychological professions training (Psychologists, psychological therapists and psychological practitioners)

LTHT Lead Catherine Derbyshire

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>Increase in training places for clinical psychologists and child & adolescent psychotherapy by: More than 1,000 for each year up to 2028/29 26% by 2033/34</p>	<p>Leeds university has substantially expanded doctorate of clinical and health psychology training course over the past three years, now providing a cohort of 30 across each of the three year groups.</p> <p>This requires more local placements to be provided across a</p>	<p>Don't receive the national tariff for psychologists in clinical training (£5,193 FTE) which would support staff to provide the increasing numbers of placements required.</p> <p>Physical space can be an issue, particularly on peripheral sites with very limited office and clinical</p>	

	<p>range of settings and is likely to start including non-NHS providers.</p> <p>Nationally, there are a high proportion of vacancies with many posts are unfilled particularly at B7 (newly qualified) and 8a (senior CP) positions which impacts on availability of training placements and supporting more junior staff.</p>	<p>space impacting on both staff morale and retention as well as additional challenges providing placements for trainees.</p> <p>The current level of vacancies impacts on number of placements offered.</p>	
<p>Train 15,000 people as psychological therapists and psychological practitioners over the next 3 years</p>	<p>There may be a potential to link in with courses in supporting the training of psychological therapists and psychological practitioners, though currently very limited spare leadership capacity for this.</p>	<p>We have recently advertised for our first psychological therapist posts as a means of expanding and diversifying our workforce.</p>	

Pharmacy Training

LTHT Lead Helen Silcock

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>Increase training places for pharmacists by: 15% by 2026/27 29%, to around 4,300 places by 2028/29 50%, to around 5,000 places by 2031/32</p>	<p>Locally, the Pharmacy degree is taught at the University of Bradford and the University of Huddersfield.</p> <p>Extra training capacity for the additional number of placements will need to be appropriately funded and resourced. We are already struggling to meet the recently increased requirements for placements as defined by the General Pharmaceutical Council (GPhC).</p>	<p>We welcome the plan to increase the number of pharmacists in training as we are struggling to recruit the right number of people. We would like to see additional infrastructure to ensure that cross-sector training can meet its full potential for professional development and improvements to patient care.</p> <p>We are contributing to a regional project (funded by NHSE) to seek ways to improve the undergraduate placement provision and content.</p>	<p>This provides the opportunity to collaborate on pharmacy roles across acute and community settings, including the potential for shared and rotational roles</p> <p>Staff portability across organisational boundaries is essential to this ambition</p>

<p>Expansion of the pharmacy technician workforce</p>	<p>There are a few different routes to train as a pharmacy technician. In Leeds we currently use the Buttercups apprenticeship training programme and collaborate with other employers to provide experience in more than one healthcare setting.</p>	<p>More city-wide discussions are needed to fully understand the right approach to workforce planning for pharmacy technicians. We also need to collaborate to build a more robust rotational training programme that is fit for increasing numbers. We are also looking at other qualifications and professions to see if they are a suitable alternative to pharmacy technicians. For example, Science Manufacturing Technician (SMT) apprenticeships and the Scientist Trainee Programme (STP) within our Preparative Services team.</p>	<p>As above</p>
<p>The time taken for pharmacists to be independent prescribers will decrease from 8 to 5 years, allowing all newly qualified pharmacists to be independent prescribers.</p>	<p>The number of independent prescribers currently working in community pharmacy is lower than the number of trainee pharmacists so there will be a challenge to find the right number of Designated Prescribing Practitioners (DPP) to provide supervision and assessment. It is anticipated that NHSE will want to involve other pharmacy sectors and other prescribing professions in these discussions.</p>	<p>We are currently working with our local universities and NHSE to explore the impact of moving the independent prescribing training into the degree level training and the trainee pharmacist year. We don't expect this to be a problem unless NHSE ask us to act as DPP for more than our current number of trainee pharmacists.</p>	
<p>Support 3,000 existing pharmacists to be independent prescribers.</p>		<p>We have had a successful campaign to train our pharmacists who are in direct patient contact to be prescribers. We have a very small number of pharmacists who</p>	<p>This is vital to deliver care closer to patients and to develop the DPPs needed to support the trainee pharmacists. However, there are currently no NHS services</p>

		still need training, so this is something we are well placed to support.	commissioned nationally (in England) that use independent prescribers in community pharmacies. There are pathfinder sites which are looking to develop these services and the related commissioning arrangements.
Continue to expand apprentice places for pharmacy technicians and consideration of a pharmacist degree apprenticeship	We have a successful apprenticeship programme for our pharmacy technicians.	The issues relating to expansion are as above. We await national information about the possibility of a pharmacist degree apprenticeship.	

Dentistry training The ambitions below are in addition to plans and funding announced in 2022/33

LTHT Lead Richard Agyekum-Sakyi

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Increase training places for dental therapy and hygiene professionals by: 28% by 2028/29 40%, to 500, by 2031/32	LDI major training provider	TBC	
Increase training places for dentists by 24%, to 1,000, by 2028/29 40%, to over 1,100 by 2031/32	LDI major training provider	Space is a limiting factor and trainees require a dedicated chair to work on which. This determines overall capacity	
Work with dental practices to support the training of dental nurses.	LDI major training provider	TBC	

Healthcare Scientists Training

LTHT Lead David Brettle – To be completed

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Increase training places by: 13%, to over 850. by 2028/29 32%, to over 1,000, by 2031/32			

20% of training places delivered by an apprentice route by 2028/29 and 40% by 2031/32			
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Implications for International Recruitment

LTHT Lead Mark Edwards

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Proportion of new joiners to NHS from international recruitment to fall from current 24% to 9.0-10.5% by 2036/37	International recruitment forms part of our overall workforce plan and is already below the new proposed target levels.	New joiners for Nursing 10% New Joiners for Doctors 3.5%	We have been working collaboratively with our Leeds partners to assist with International recruitment but volumes have been very low.
Proportion of new adult nurse joiners to NHS from international recruitment to fall from 57% in 2022/23 to 15-17% in 2036/37	Large scale international recruitment has now finished with over 800 nurses in post.	International recruitment has been successful in closing the workforce gap. Looking at how this position can now be sustained through alternative options. Still opportunities to support international nurses working as CSW in local area who need support to meet NMC requirements. LTHT has successfully done this through OSCE preparation and English language programmes.	
Significant reduction in international recruitment for doctors from current position of around 6,000 FTEs per year	Current international recruitment is via three routes; 1) Trust coordinated programs 2) Local departmental recruitment via NHS Jobs when a post is advertised, 3) via deanery recruitment into national training programs	Trust coordinated programmes are training programme provided for international partners after which individuals are expected to return to their country of origin. These are only delivered in departments which have sufficient training capacity and as such do not impact local training provision. These are also usually part or fully funded by the parent organisation and as	

		<p>such often are financially viable to support.</p> <p>Local recruitment by departments is dictated by availability of appropriately trained individuals applying for the jobs. In general individuals that have worked in the NHS tend to compete more favourably for these posts and as such individuals that are new to the NHS are only recruited where there is a service need that is not being filled.</p> <p>Deanery recruitment and subsequent working in LTHT is managed fully by the deanery and we have little influence over this locally. Specialties that are not being filled by UK trainees tend to recruit more from overseas, so this is most commonly seen in GP training programs and paediatrics, with more competitive specialties having fewer trainees from overseas. The proportion of this number would be expected to drop as medical graduate numbers increase under the proposed government plans to increase medical school placements.</p>	
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Implications for Temporary Staffing

LTHT Leads Gill Chapman, Julie Sutcliffe

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Reduce reliance on agency staff (whose use would be the exception rather than the norm), while still retaining the ability to utilise bank staff in a cost-effective way. Temporary staffing in FTE terms to decrease from 9% in 2021/22 to around 5% from 2032/33	Establishments agreed for clinical teams, demand for temporary staff managed via eRoster. Nursing: Substantive recruitment closing the vacancy gap for both registered and unregistered staff. Agency spend controls have been implemented – minimal CSW supply. Registered nursing shifts still required and are subject to HoN approval. Additional duties required due to specific circumstances or patient need to be reviewed by Matron. Medical: Agency still required and subject to established approval process.	Plan to utilise bank to close the vacancy gap. Therefore, dependant on recruitment and retention activity	Potential to support this through increased staff portability, using the existing Staff Portability Framework developed by the Academy
Reduce the number of bank shifts undertaken by substantively employed staff	Nursing: All staff to have signed the WTD directive who work bank, restricted to a maximum of 60 per week. Active Recruitment to Bank Only contracts.	Substantive staff working bank to maintain their financial health and wellbeing –it is likely that this will continue	As above

Apprenticeship Expansion

LTHT Lead Michelle Litten / Ronnie Alexander

Ambition	Local Context	LTHT Assessment	Leeds Assessment
NHS England will develop an apprentice funding approach that better supports employers with the cost of employing	LTHT support employers across the system and in the local community through the Levy Transfer process	The current thinking is for LTHT to expand their Employer Provider provision which is exploring and looking at better and effective	Coordination and collaboration of this across the system, potentially through the Academy may allow non-NHS

apprentices and align with wider government apprenticeship funding policy	and in the process of increasing the amount that can be transferred	ways to use the income generated to support the costs of delivering an apprenticeship.	employers to better leverage apprenticeship funding
ICSs to develop local apprenticeship strategies that maximise benefits from changes to funding arrangements.	LTHT currently collaborate with the LHCA on the delivery of Collaborative Apprenticeships – (Team Leader/Data Analyst and Project Management) and have an open, flexible and innovative approach to funding arrangements and delivery of apprenticeships to ensure employers across the system gain maximum benefit.		

Anchor Institutions

LTHT Lead James Goodyear
Place Lead

Ambition	Local Context	LTHT Assessment	Leeds Assessment
ICSs will build partnerships to develop a sustainable supply of locally recruited staff, support the health of communities and reduce inequalities.		An Academy lead workstream is currently in place	The Academy is already leading on Narrowing Inequalities across the Leeds H&S system and has an approach which is proven to be successful in supporting this strategic workforce priority

Recruiting Support Worker Roles

LTHT Lead Katie Robinson

Ambition	Local Context	LTHT Assessment	Leeds Assessment
In order to meet service demand and feed development routed for other roles, it is estimated that 204,000-230,000 more staff are needed in support worker roles, including	Huge success with new to care CSW training programme.	Need to focus on increased flexibility for part time workers and family friendly shifts. Huge interest in new to care CSW route	It is essential to factor in the impact across the whole system of this activity and potentially deliver collaboratively,

<p>an extra 47,500-56,500 healthcare support workers.</p>		<p>but long term success requires more flexibility and challenging historic shift patterns as this is a barrier to those with caring responsibilities.</p>	<p>for instance through the Academy's Talent Hub</p>
<p>NHS England will look to run recruitment exercises at scale and work in partnership with Jobcentre Plus.</p>		<p>LTHT experienced of working as part of larger campaign.</p>	<p>Leeds already has experience and learning of such events through the 'Indeed' event in 2022</p>

Attracting Staff

LTHT Lead Mark Edwards

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>NHS systems and organisations to build on the strong reputation and the unique employee value proposition the NHS has to offer.</p>	<p>Guidance about our employee value proposition (EVP) is included in the LTHT toolkit with examples of what we can offer to both external applicants and those already working at the trust.</p> <p>EVP is encouraged as part of writing an inclusive advert to attract a wider audience by highlighting what might be important to them.</p>	<p>We are asking recruiting managers to consider the following</p> <p>External:</p> <ul style="list-style-type: none"> • Job Security • Professional Development • Flexible working hours • Job satisfaction • Diverse workforce <p>Internal:</p> <ul style="list-style-type: none"> • Pride to be part of the organisation • Alignment to organisation values and behaviours • Reward and recognition • Career development opportunities and benefits • Aspirational staff stories • A stretch opportunity such as a secondment or the chance to act up. 	<p>Work already undertaken by the Leeds City Resourcing Group on recognition and reward. Opportunity to build on this collaborative activity across all partners</p>

<p>To overhaul national recruitment practices and systems to ensure it takes no longer than six weeks from the placement of an NHS advert to the completion of a candidate's pre-employment checks</p>	<p>We are working on a new Recruitment and Selection Procedure that will be underpinned by the Recruitment toolkit. This aims to standardise all our processes to ensure consistency across all areas of recruitment.</p>	<p>Work to develop the LTHT Recruitment & Selection Policy is underway, and many aspects are supported with training and guidance, but pending the completion of the Policy there is less assurance of consistent good practice.</p> <p>In addition to the development of a Recruitment & Selection Policy, Standard Operating Procedures will be created to support recruiting managers with compliance with the Trust policy in the recruitment practices in the following areas:</p> <ul style="list-style-type: none"> • Cohort Recruitment (Nursing, Apprentice CSW and E&F) • VSM Recruitment (Including Board positions and Lay representation) • AAC Recruitment • Internal Appointment Applications • Agenda for Change Standard Recruitment <p>Current time is very inconsistent across our CSUs ranging from 45 days to plus of 100.</p>	<p>Important to link to the Academy's Talent Hub collaborative recruitment activity, which already has a significantly reduced time to hire</p>
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Providing flexibility of work through temporary staffing

LTHT Leads Gill Chapman, Julie Sutcliffe

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>Collaborative banks to allow greater mobility of staff across boundaries and sectors</p>	<p>Nursing: Not available currently LTHT Staff Bank scoping opportunities</p> <p>Medical & Dental: Not currently available.</p>	<p>Nursing: Plan to develop and maintain collaborative bank Proof of concept underway with 2023 winter vaccination program and portability arrangements</p> <p>Medical & Dental: We have explored the collaborative bank model and undertaken a risk benefit assessment. LTHT have an established internal bank in place that fulfils over 80% of our bank requirements, we actively recruit to the bank at each rotation point. Other trusts in the region are less well established and lower performing.</p>	<p>This can be supported through the existing system wide Staff Portability Framework</p>
<p>Support NHS providers to develop and implement policy that prevents substantive staff from offering their services back to the NHS through an employment agency, and instead do so through their local collaborative bank.</p>	<p>Nursing: Currently this is active within LTHT</p> <p>Medical & Dental: We have mechanism in place that don't allow substantive and bank staff to undertake work at LTHT through medical agencies</p>	<p>Nursing: Aim to implement policy that prevents substantive staff from offering their services back to the NHS through an employment agency.</p> <p>Medical & Dental: Procedure already in place</p>	

Leveraging the Impact of Volunteers

LTHT Lead Krystina Kozlowska

Ambition	Local Context	LTHT Assessment	Leeds Assessment
<p>ICSs to achieve a more resilient, interconnected and inclusive volunteering infrastructure.</p>	<p>As an anchor organisation we work in partnership with multiple third sector charities and organisations, using Memorandums of Understanding, to ensure the mobilisation of volunteers across the city to provide specialist and appropriate support.</p> <p>We work with HEI's to provide a variety of volunteering opportunities, have a proven volunteer to career pathway, challenge processes that present barriers to volunteering and work with peers locally to share good practice.</p> <p>We use:</p> <ul style="list-style-type: none"> • values-based recruitment to ensure our opportunities are accessible and inclusive. • equal opportunities monitoring information to understand who our volunteers are and to ensure our volunteers are 	<p>In partnership with the ICS and the local VCSE infrastructure organisations we are supporting the development of an ICS volunteering strategy.</p>	

	representative of our local community.		
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Section 3. Retain – Embedding the right culture and improving retention

Pages 58 - 69

The collective impact of the Plan’s proposals is intended to reduce the overall leaver rate for NHS employed staff from 9.1% in 2022 to between 7.4% - 8.2% over the course of the modelling period. This range provides a challenging but realistic trajectory. It falls between the pre-pandemic low and average rates (between 2015 and 2019).

Note: The plan assumes that in the short term, turnover will increase and in the longer term, reductions in turnover are dependent upon a changed culture and more flexible working options.

This section of the plan builds on the following reports, plans, actions:

- NHS People Plan
- NHS People Promise
- The NHS National Retention Programme
- Our Leadership Way
- The recommendations of the Kark and Messenger reviews
- The future of NHS human resources and organisational development report
- The agreements with the NHS Staff Council to review the support newly qualifies staff receive and ensuring existing staff have who have development plans in place through apprenticeships are not financially penalised.
- Equality, diversity and inclusion (EDI) improvement plan
- The NHS Culture and Leadership Framework
- NHS Health and Wellbeing Framework
- NHS Flex for the Future programme

We are compassionate and inclusive

LTHT Lead Michelle Litten / Ash O’Hara

Ambition	Local Context	LTHT Assessment	Leeds Assessment
We must do more to ensure our staff, learners and volunteers are treated fairly within a compassionate and inclusive culture.	LTHT Free from Discrimination People Priority states that “By working in a way which is inclusive and free from discrimination we will value and recognise the contribution of every employee, volunteer, and student”.	Our EDI Strategic Group steers the activity that LTHT undertakes to address where barriers to inclusion exist. Membership includes the 5 Key Equality Staff Network Chairs, (BME network, LGBT+ network, Disabled Staff Network, The	Activity in place, however improvement in metrics slow in some areas and deteriorating in others.

		<p>Leeds Female Leaders network and the Faith & Belief network). The focus of the group is to follow the LTHT EDI 3 Strand approach of</p> <ul style="list-style-type: none"> • Embedding a culture of inclusion through inclusive conversations • Debiasing our processes (recruitment in first instance) • Taking Positive Action (targeted talent management & development programmes) 	
<p>NHS organisations are encouraged to undertake a cultural review on a regular basis.</p>	<p>The Leeds Way Values & Behaviours outline our expectation for staff to be</p> <ul style="list-style-type: none"> • Accountable • Empowered • Collaborative • Fair • Patient Centred 	<p>The metrics in our staff survey and EDI reporting identified that there are issues in terms of bullying, harassment and discrimination with staff from marginalised groups less likely to progress and more likely to have negative work experiences.</p> <p>Summer 2022, launching the 'What 3 things' at LTHT, supported local action to address workplace issues which impact how it feels to work at LTHT.</p> <p>WDES and WRES data shows that staff from disabled and BME backgrounds continue to be disproportionately affected by bullying & harassment and</p>	<p>Activity in place, however improvement in metrics slow in some areas and deteriorating in others.</p>

		this is a key area to address for the EDI Strategic Group and Trust Board.	
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We are recognised and rewarded

LTHT Lead Chris Jones, Anna Edgren-Davies

Ambition	Local Context	LTHT Assessment	Leeds Assessment
NHS England will modernise the NHS Pension Scheme so staff can partially retire or return seamlessly.	Established workstream in place to maximise opportunities.	Potential to increase retention but also add to operational complexity	
Every staff member should be given the opportunity for regular conversations to discuss their health and wellbeing and what will keep them in work.		Health and wellbeing conversations encouraged to happen regularly for all staff, with LTHT template to facilitate this. Checked annually at appraisal to ensure this work is embedded.	These conversations can be supported by the system wide activity undertaken by the Well-being Community of Practice
From 2023/24 organisations work with system partners to develop a clear employee value proposition (EVP)			Important to link this to the city wider reward and recognition work and system wide offer
ICs to agree plans to implement flexibilities within national terms and conditions (eg recruitment incentives and bank rates) to facilitate a more strategic and aligned approach			Essential to connect this work into wider system workforce planning and activity to understand the impact on other partners

We have a voice that counts

LTHT Lead Michelle Litten, Jane Westmoreland

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Organisations encouraged to assess the effectiveness of communications and ensure they have a listening approach in place, which best engages staff and ensures feedback is acted upon.	Dedicated research, conducted within LTHT, in collaboration with the University of Leeds, has enabled a strengthened and dedicated listening strategy to ensure staff contribute to	The research results are being utilised, as a proof of concept, to drive participation within the 2023 NHS Staff Survey, which in turn aims to inform and measure progress towards	

	<p>engagement campaigns, and understand cause and effect of feedback to improvement.</p>	<p>LTHT's new in-year commitment- to improve retention. Use of the results aim to increase participation to 65%, in line with the highest performing Acute & Community Trust.</p>	
<p>Every organisation to have a clear and regularly communicated Freedom to Speak Up approach</p>	<p>Following LTHT's new Freedom to Speak Up (FTSU) Guardian coming into post, a full review of the FTSU process has been reviewed, with feedback collated from LTHT People. This has resulted in the development of an improvement action plan, now being communicated to staff. A new FTSU policy has come into effect in line with the National Guardian's Office.</p>	<p>Following the process review, the improvement action plan is now being implemented, with an identified focus on a 'Listening Up' culture, to compliment the 'Speaking Up' culture. Regular communication is taking place to engage staff along the way. A newly refreshed network of CSU speak up champions has been established, and further work is underway to triangulate feedback data/themes across the various speak up routes within the Trust including EDI, Dignity at Work Champions and staff networks.</p>	
<p>Organisations to use national tools and to more regularly use engagement metrics to inform improvement plans</p>	<p>The introduction of the new Trust 7 in-year commitments includes the collective commitment to 'Improve Staff Retention'. Improvement has been informed by use of a national retention assessment tool and staff engagement metrics and feedback.</p>	<p>Corporate and CSU Improvement Retention Plans (A3's) have been developed, each informed by engagement metrics such as: the NHS Staff Survey, Pulse Survey, Exit Interviews, Gemba Walks. Actions have been incorporated into local Workforce Plans, which are underway.</p>	

		Governance processes have been established to gain assurance on progression and impact.	
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We are safe and healthy

LTHT Lead Anna Edgren-Davies, Hamish McLure, Katie Robinson

Ambition	Local Context	LTHT Assessment	Leeds Assessment
ICSs to develop and implement plans to invest in occupational health and wellbeing services (OHWB).		LTHT has supported the national review and are working with the ICS as to how the nationally agreed priorities will be implemented.	Important to link to the existing city-wide Wellbeing Community of Practice
OHWB services overseen by a wellbeing guardian and reviewed by boards to assess impact and priorities.		Wellbeing Guardian in place. Health and wellbeing activity regularly reviewed at Workforce Committee and Board.	
Organisations to review the NHS Health & Wellbeing Framework and the National Standards for Healthcare Food and Drink.		Both documents have been reviewed.	
Systems to ensure joint plans to support staff who experience domestic abuse and sexual violence (DASV) and Trusts to appoint a DASV lead.	Well established processes in place with partnership working between Safeguarding and HR	Executive lead to be confirmed	
Government to reform regulation for healthcare professionals. Modernised approach will be first introduced for anaesthesia associates and physician associates in 2024 and wider roll out across professions by 2026.		Further details of this are awaited.	

We are always learning

LTHT Lead Michelle Litten, Stuart Haines

Ambition	Local Context	LTHT Assessment	Leeds Assessment
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Continuing national CPD funding for nurses, midwives and AHPs	This forms an important contribution currently	This is welcomed and presents no risks.	Potential for collaboration through the emerging Leeds Place Learning Needs Analysis
Organisations and systems are encouraged to identify inequalities in learning and managers should hold regular conversations with individuals about learning and development opportunities and career progression.	Leading the Leeds Way Toolkit in place	Part of the ongoing implementation of Leading the Leeds Way.	

We work flexibly

LTHT Lead Michelle Litten, Rachael Meal

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Consider flexible working opportunities for every job and clearly communicate these to staff.	The Flexible Working Procedure has been fundamentally re-written, to demonstrate the opportunities available for all roles across LTHT. Activity is underway to promote the use of the new procedure and advocate positive change at local levels.	<p>Facilitated support sessions, case studies, videos, guidance, and communications are being utilised to advocate and support local improvement to flexible opportunities across all teams and roles.</p> <p>A Flexible Working Steering Group is supporting 4 CSU's/teams where solutions to flexibility are more challenging. These areas will form case studies to in turn support more widely across the Trust.</p> <p>Flexible Working is also a focus of many CSU Retention Improvement Plans (A3's) to improve Retention of staff as part of LTHT in-year commitment.</p>	Significant activity already undertaken by the Leeds City Resourcing Group on this issue and opportunity to use this work to support these considerations

From Autumn 2023, all recently retired consultant doctors will be able to sign up to a new digital platform to offer their time back to the NHS.		Further details awaited and the potential on local supply mechanisms to be assessed.	
ISCs responsible for developing integrated career pathways and development opportunities across health and social care.			Direct links to the Career Exploration Tool in development by the Academy and opportunity to build on this work Collaborative workforce planning essential to identifying and developing career routes across partners
Subject to completion of the pilot phase, ICSs will be encouraged to adopt the NHS Digital Staff Passport at pace.	Established LTHT workstreams in place	This has the potential to speed up recruitment if implemented consistently	

We are a team

LTHT Lead Michelle Litten / Rich Ellis

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Organisations should consider how they best support team development, using tools such as the Do OD Team Toolkit		The Trust is dedicated to fostering team development by offering a variety of tailored support and interventions. This encompasses the utilisation of specialised resources like the OD Team Toolkit, as well as the implementation of team and individual psychometric assessments and structured OD programs, including the Affina OD Team Journey.	
NHSE will continue to deliver talent, leadership and management improvement interventions and will focus on the related Messenger recommendations, as well as ensuring the		The Trust is committed to nurturing colleagues in their leadership development journey by providing a range of programs tailored to their	Opportunity to support some of this activity through the Academy and collaboratively deliver across the whole system

<p>continued success of the NHS Graduate Management Training Scheme.</p>		<p>needs. These programs span short, medium, and long-term durations, accommodating colleagues at all levels. Notably, these initiatives align with the Trust's objectives for Equality, Diversity, and Inclusion (E,D&I). The Trust actively promotes national programs to ensure that the latest learning methodologies are delivered, as highlighted in the Messenger report. Moreover, we remain a proactive host for the Graduate Management Scheme, reinforcing our dedication to developing the next generation of leaders in healthcare.</p>	
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Section 4. Reform – Working and training differently

Pages 70 - 105

This section focusses on the need for staff to work in different ways in order to move care upstream, delivering care closer to home, with more staff in new and enhanced roles. Productivity recovery in the short-term and continued improvements in the medium to long term are projected to help mitigate the scale of workforce growth that would otherwise be required. The plan explicitly states though that productivity recovery is not about staff working harder and notes that NHS staff put in an incredible effort in enormously challenging circumstances.

This section of the plan builds on the following:

Topol Review (2019)

Data Saves Lives Strategy (2022)

A Plan for Digital Health and Social Care

Educator Workforce Strategy 2022/23

Phillips Ives Review (nearing completion)

Shift skill and capacity into community

Ambition	Local Context	LTHT Assessment	Leeds Assessment
The plan will deliver a material impact on the size and proportion of NHS staff working in non-acute settings.		This will need to be considered as part of our future workforce plans.	Directly supports strategic direction of the Leeds H&C system. Able to monitor impact through the City Workforce Profile being developed by the Academy.

Digital and technological innovations

Ambition	Local Context	LTHT Assessment	Leeds Assessment
It is expected that Artificial Intelligence (AI) and Robotic Process Automation (RPPS) can free up staff time and improve efficiency in areas such as: diagnostic support, remote monitoring, robotic assisted surgery, automated dispensing, and administration. In the medium to longer term the impact will be greater including areas such as predictive health analytics; patient triage, preventative healthcare and accelerated drug	A considerable amount of work has been undertaken on this with examples of good practice, for examples within Outpatients.	In conjunction with the use of LIM, it is expected that this will become increasingly important to help improve productivity .	Potential to work with and build on work already undertaken by the West Yorkshire Workforce Observatory.

discovery. NHSE will convene an expert group to develop next steps.			
In 2023/24 NHSE is procuring a Federated Data Platform (FDP) to better connect staff and allow them to work more productively.		Further details of this are awaited.	

Bringing people into the workforce more efficiently

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Promote uptake by education institutions of the opportunity for newly qualified nurses to join the NMC register at the end of their third academic year, allowing them to enter employment 4 month earlier.		Further details of this are awaited.	
In order to allow more flexible training and increase placement capacity, NHSE will work with the NMC to make changes to nursing degrees, including looking to reduce placement hours from 2,300 to 1,800.		Further details of this are awaited but this will help with capacity for placements.	
Continue funding for the shortened midwifery course in 2023/24		Further details of this are awaited.	
Ensure funding for MSc two-year paramedic programmes which allows student to enter the workforce as a registered clinician within 2 years rather than the traditional 3.		N/A to LTHT	
Develop the medical support worker programme for permanent UK residents who hold a non-UK medical qualification and support in the short to medium term in order to support the medical workforce.	Have a number of people locally who would benefit from this.	Have done this previously when funding available and could be supported subject to appropriate funding.	
Encourage qualified dental professionals to spend a greater proportion of their time delivering NHS dental care, for example, by incentives and/or tie in periods.		Potential to increase workforce supply to LTHT but further detail awaited.	
Explore contractual or other mechanisms to incentivise doctors and other health	Whilst Leeds not underserved, the region is	Potential to explore joint contracts/appointments	

professionals to work in underserved geographical areas.			
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Educating and training the workforce differently

Ambition	Local Context	LTHT Assessment	Leeds Assessment
To support the existing commitment to reduce the proportion of students who leave nurse training from 16% in 2019 to 14% by 2024. Also, the bring attrition rates down to 14% for paramedics and Operating Department Practitioners (ODPs)	Establish work streams in place to improve student experience during placements	Continuing priority to improve student experience	There is emerging work by QPEC to look at student placement experience and attrition rates amongst H&C students
Introduce a single, consistent policy for funding excess travel and accommodation cost incurred by students.		This would be welcomed but further details awaited.	
In 2023/24, continue the development of the national learning hub, providing a single point of access for training.			Opportunity to further develop collaborative learning through the Academy, including the existing system wide Learning Management System
ICBs to work with system partners to maximise how the NHS works as an anchor institution to widen participation in education and training.	LTHT works as an anchor organisation		Collaborative WP work is already underway across the system, led by the Academy
Foundation doctors can have at least one four-month placement in primary care and GPs in training can spend the full three years of training in primary care settings.		Potential to lose up to 36 foundation doctors but could be offset by expansion overall. Loss of GP trainees could impact the following specialties: ED; O&G; Stroke & Paeds.	
Support SAS doctors to have a better professional experience, by improving equitable promotion and options for career diversification.		Opportunity to open up leadership posts to these doctors	
Review medical career pathways and identify better career progression for Locally Employed Doctors (LEDs)		At departmental level nothing to stop this happening and examples of good practice, for example, in anaesthetics	

Building on the Out of Programme Pause (OOPP) pilot so that taking out of programme opportunities becomes accepted as part of the training pathway.	Deanery control changes to rotations	Potential to add operational complexity but also improve retention.	
Create a broader range of career pathways for the medical workforce and ensure that doctors other than GPs are more easily able to work in primary care.		Need further information	Potential to allow the deployment of medical staff across different settings, increasing system resilience through flexibility and staff portability
In 2024/25 pilot an internship for newly qualified doctors allowing them to graduate six months earlier and enter a six-month remunerated internship.	Experience of this during pandemic regionally and nationally but seeing a large numbers of doctors taking time out after FT citing burnout	Potential to explore this but internships could impact on capacity for other placements eg PAs, ACPs & MSWs	
Introduction of Medical Licensing Assessment so that in future, a substantial proportion of students undertake a shorter medical degree.	To be led by GMC	Awaiting further details	
Focusing new medical schools and additional student places in geographical areas with the greatest staff shortfalls, so that in 2024/25 a greater proportion of the additional medical students will be trained in areas with the greatest staff shortfall.	Bradford seeking to become medical school.	Potential to provide more placements	
Encourage HEIs to adopt – at pace – the NMC’s new standard allowing up to 600 hours of practice to be undertaken via simulation.		This has the potential to reduce pressure for clinical placements.	
Review the structure of undergraduate degrees to provide greater commonality of training and address unwarranted variation in clinical placement hours		This has the potential to impact the design of clinical placements.	

Enablers supporting education and training expansion and reform

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Expanding the physical estates capacity for supervision to take place, particularly in primary care.	This is an issue in primary care locally	N/A to LTHT	

Clinical academics provide a bridge between healthcare providers and academic institutions and as the number of training places increases, more clinical academic posts will be needed.	Good partnership work in place with UoL in relation to Clinical Academics.	LTHT well placed to support this.	
To review the NHS education funding policy and deliver the Education Funding Reform Programme (EFRP)		Further details awaited.	

Enablers supporting education and training expansion and reform

Ambition	Local Context	LTHT Assessment	Leeds Assessment
To support ICSs, a commitment to move to a position where nationally, education and training plans are formulated at least three years in advance.		This would be welcomed.	Collaborative tactical workforce planning over a 5-year time horizon will support the identification of training requirements over these timelines and beyond

Optimising multidisciplinary teams

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Increase the number of physician associates trained from 1,300 a year, to 1,400 in 2027/8 and 1,500 by 2031/32, focussing the expansion on primary care and mental health.		The number of LTHT Physician Associates is expected to increase and we are able to support this	
Increase anaesthesia associate training places to 250 by 2028/29 and to 280 a year by 2031/32.		Well placed to be able to support this.	
Train 150 enhanced practitioner radiographers per year and support every GP practice to have a musculoskeletal first contact practitioner by 2032/33		This will need to be considered as part of our workforce plans but there is the potential for joint working with primary care	
Increase the number of clinicians starting an advanced practice pathway from 3,000 per year to 5,000 by 2028/29 and 6,300 by 2031/32		Further information required	
Train around 150 advanced paramedics a year from 2023/24.		Locally this will be led by YAS	

Extend the Additional Roles Reimbursement Scheme (ARRS) in primary care to increase the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37		Further details awaited and consideration as to how this will impact the Trust workforce is required.	Collaborative activity already underway around AARS roles
10,000 virtual ward beds by 2023 and longer-term, 40-50 virtual beds per 100,000 population, covering a broad range of conditions. This would require an estimated 8,500 new staff.	It is anticipated virtual wards will become increasingly common	This will require investments in technology and staffing.	
Boost occupational health coverage through a multi-disciplinary workforce.		LTHT already utilising staff from a wide range of professional backgrounds	
Pool specialist workforces across systems, for example, in imaging networks.	Yorkshire Imaging Collaborative in place	Further collaboration expected in future in order	
Work with regulators on reforms to the Medical Performers List to allow doctors other than GPs to work as part of a general practice team.		Further details awaited and consideration as to how this will impact the Trust workforce is required.	

Upskilling the workforce

Ambition	Local Context	LTHT Assessment	Leeds Assessment
Harness technological advances and utilise the NHS Digital Academy to prepare staff for the digital future.	The Trust has a well-established digital capability workstream in place.	Further details of this are awaited	
Explore the future of genomics training for the wider workforce in order embed genomics in the NHS over the next five years		Further details of this are awaited	
Enhance the skills of the wider workforce to embed personalised care and public health across the NHS		Further details of this are awaited.	
Upskill workforce skills to be more active in research and education		Further details of this are awaited.	