Developing people for health and healthcare

The Talent For Care

Here’s what you said

Feedback from consultation on the development of the healthcare support workforce

August 2014
The Talent for Care programme partnership

The Talent for Care programme is setting a national strategic framework to develop the healthcare support workforce.

This document is published by Health Education England (HEE) on behalf of the Talent for Care programme partnership, which includes:

- Health Education England and its Local Education and Training Boards (LETBs)
- National Skills Academy for Health
- NHS Employers
- Skills for Health
- Trade union representatives

Cover photo shows Sanchez Ryan, an apprentice at Birmingham Children’s Hospital NHS Foundation Trust, giving her views at the podium of the Talent for Care event in Birmingham.
I rate simple things, like taking an interest in people and working as a team. Why should we invest in this? Because valuing and developing our support staff makes a big difference to patient care.

**Steve Hartman**  
Hospital Porter and Talent for Care Champion
Your involvement making change

Between January and March 2014, we consulted people in health, care and education about having a national agreement to develop the healthcare support workforce.

Our consultation on developing the support workforce attracted over 4,000 individual responses from support staff. The message was clear – let’s get this done.

Stephen Welfare
HEE Lead Director, Talent for Care Programme

Among the many potential gains from developing support staff, the following themes feature in our consultation feedback:

- Continuous improvement in quality of care for patients through a better trained and motivated workforce
- A flexible workforce that can take on innovation and change, and be able to work across professional and organisational boundaries
- Sustainable and affordable health and social care for the future.

Such potential deserves universal recognition, action and investment. What will it take to secure this with organisations, teams and individuals?

I invite you to consider the outcome of the consultation and an early draft of strategic intentions, which are listed in the appendix. I welcome your views on this as part of the next stage of developing a national strategic framework.

Things are already changing.

Stephen Welfare
National Lead Director, HEE Talent for Care Programme
Summary

How we began

Development for the healthcare support workforce is in the national spotlight as an important part of improving quality of care.

Some of the drivers include recommendations arising from the reviews of care failures in Mid Staffordshire, for example (the Francis Report and the Cavendish Review), and the Department of Health’s Mandate for Health Education England (HEE).

The Mandate directs HEE to lead the networks of employers, education providers and workforce representatives in developing the whole workforce involved in healthcare.

In the Mandate of April 2013, HEE was directed to improve training and development for healthcare assistants and increase the number of healthcare apprentices. Working on this, we started with some initial consultation which led us to agree in October 2013 that we would take the opportunity to develop a national strategy for all staff working in NHS roles banded 1-4.

By January 2014, we had talked with staff, trade unions, employers and education leaders and, from these discussions, published proposals for wider consultation.

References for further information:


The consultation

We set out our initial thinking in a consultation document called The Talent for Care published in January and invited feedback by the end of March 2014.

The main aims were:

- To listen to views about developing all staff in roles banded 1-4
- To scope what exists already
- To expose the barriers
- To promote best practice.

Our overall proposal was:

- Nationally agreed recognition of bands 1-4 roles in the healthcare team – delivering high quality, safe patient care
- Formal opportunities for people to improve and progress within and beyond bands 1-4
- Nationally agreed arrangements, standards and certification, where relevant.

The consultation programme offered several ways to get involved with discussions:

- Written feedback via an online questionnaire
- Written feedback via general correspondence
- Meetings with organisations and representative bodies
- Focus groups for staff with experience of working in a bands 1-4 role and for the wider healthcare team
- Four large workshop style events, involving organisational leaders, people from the academic field, those working in HR and education, bands 1-4 staff, trade unions and staff representatives.
- Network meetings, focus groups and internal discussions in Trusts across all thirteen Local Education and Training Boards (LETBs) that are the local arms of HEE.

We received responses from staff at all levels, managers, clinicians, employers, leaders and representative bodies.

Our online questionnaire attracted 5,764 responses, which is a significant volume compared with other national consultation processes. Of these, a striking 4,143 respondents (nearly 72%) were from people employed in a bands 1-4 role.

What people told us

The headlines

Overwhelming support

From the thousands who responded to the consultation and throughout discussions across the country, there was clear support for a national strategic framework.

Include all support staff, not just clinical

Much of the feedback was emphatic that the national strategic framework should include all staff, from back office to frontline, clinical and corporate. There was some debate about the practicalities of extending our scope to social care and the independent sector.

Not all staff want career progression

While acknowledging the advantages of opening up progression routes to higher roles or formal training, there was a strong message that this was not necessarily the way for all support staff.

The online questionnaire showed 35% of the 3,990 responses to a question about career progression chose the option of, “remaining in my current role and developing within it.”

What a national strategic framework would look like

There was general agreement from all groups of respondents about what was needed nationally and locally, including support for more investment at all levels.

Culture change needed

Common themes arising from the feedback included attitudes, tradition, behaviour, confidence and leadership. People talked about support staff being valued as part of the “whole team” within the workplace and learning environments. This included issues about education and training style, the importance of face-to-face development, learning on the job and not just academic style education.
There was a striking pattern from all feedback channels and from national leaders as well as from individual employees:

- Current development is inconsistent – needs national standards
- Barriers to access – need to change and become more open
- Lack of transferable standards – needs agreement between service provider organisations and higher education
- Workplace culture gives low priority to development for support workers – needs leadership and commitment

**Barriers to development**

Frequently, the current picture was presented as inconsistent, where some support staff had access to excellent development opportunities while many others experienced little more than mandatory training. The perception was that there was no shortage of training and development opportunities but there were significant barriers for support staff to be able to access it.

A major theme was the lack of transferable standards. People may develop competencies and skills in one organisation or department, but these may not be recognised by another when it comes to applying for jobs or training.

Some of the main barriers to development for support staff included:

- No time for training – tight staffing levels, no backfill, employers concerned with costs
- Lack of investment, nationally and locally
- Lack of support from managers
- Lack of confidence within support staff themselves
- Training tends to be based more on academic study, which is not for everyone
- Educational institutions don’t recognise vocational training
- Staff can’t afford to leave paid employment for full time education
- Hard to see progression pathways
- Inconsistent appraisals
- Numeracy, literacy and IT skills and access to IT

Underlying the current picture was a strong theme about support workers frequently feeling under valued and that training and development was given a much lower priority for this staff group compared with managers and registered clinicians.

At discussion events and focus groups, many people articulated the benefits of well trained, motivated support staff creating a positive impact on patient care and service capability. It was felt that there ought to be an explicit business case for this that would raise awareness and change attitudes towards investment.

**People’s main expectations of a national strategic framework:**

- Nationally agreed transferable standards
- A framework that would offer guidance for local implementation
- Funding and support for protected time
- Support for local training schemes as well as formal education
- Recognition and development of work experience and vocational training, including acceptance for progression to professional training
- Development of resources and tools to support employers and staff
- A national campaign to promote support roles, raise awareness and support the implementation of the national strategic framework.

**For further details**

In the section that follows, we summarise the major themes from consultation. If you would like to see a more detailed summary of feedback, please visit our website. http://eoe.hee.nhs.uk/our-work/1to4/
Main points from feedback

In each section below, we list the main themes, followed by a summary explanation under each theme heading.

General themes

“This is an opportunity to improve care for patients”
“Yes, we need a national strategic framework”
“Development for all support staff”
“Stop calling people bands 1-4”
“Not everyone wants to train for career progression”
“We need more investment”
“We need wider acceptance of the validity of experience and vocational qualifications, particularly by higher education institutions”

“This is an opportunity to improve care for patients”

Patient care was high in the minds of respondents to the consultation. Their views and comments often made a direct link between improving development for support staff and delivering consistent high quality patient care.

Specifically, people highlighted the possibility that development could be better shaped to create a more flexible workforce. With agreed transferable standards, it would be easier for staff to work across organisational and professional boundaries in integrated teams across health and social care. Development could be better designed to anticipate service transformation, such as the creation of integrated teams delivering personalised care away from the hospital setting.

“Yes, we need a national strategic framework”

Throughout the consultation in both written feedback and discussion, people agreed that there should be a national strategic framework for developing support staff. In fact, there was no indication that a national strategic framework was not needed.

The only negative message about a proposed national strategic framework was one of sceptism. Trade union representatives and others talked about similar national initiatives that had come and gone. Discussions raised the complexities of the challenge, given the breadth and diversity of this staff group.

However, the overwhelming response from all parties was one of willingness and determination. People recognised the worth of the support workforce in delivering patient care and that this was not always acknowledged in the workplace. There was a feeling that some form of national standards and the personal development to achieve them would give tangible value to support workers.

A measure of competence and status would build confidence, not just for support staff, but in the rest of the workplace team and in patients as well.

Healthcare assistant,
London
“Development for all support staff”

It was felt by some that the consultation document was biased towards healthcare assistants. One of the earliest responses to the consultation was to urge that the proposed national strategic framework should cover all support staff, and not just those on the healthcare frontline.

What remained in question was how broad the scope could be. Should it include social care, given the strategic shift towards integrated health and social care? Could it include the independent sector workforce, such as GP practices, care homes and health services provided under contract to the NHS?

“Stop calling the staff bands 1-4”

The consultation document referred to the target staff group as “people working in an NHS role banded 1-4”, but “bands 1-4” has been used frequently as shorthand for this staff group.

At every event held, there was a plea for a change in the language so that people may be recognised as people and not a salary grade. Furthermore, the term bands 1-4 is meaningless to social care and the independent sector.

However, feedback has not delivered a perfect alternative. The main suggestion was “healthcare support workforce”.

“We need more investment”

Funding came high up on the list of common concerns. This included the need for investment in training and in service capacity and capability to develop and train support staff.

At the national discussion events, we asked the direct question, “should there be more, the same, or less investment in development of support staff?” To which, all participants responded, “more”.

Comments referred to investment at all levels; locally within service providers as well as at national level. At national level, people talked about investment in resources and tools to support employers and individuals.

“Not everyone wants to train for career progression”

Respondents welcomed the aspirations in the consultation to widen the routes to formal training; but there was also an emphasis on the value of development and training for people who did not necessarily want to move out of the job they do into nursing or other registered roles.

In the online feedback, for example, of the 4,000 staff that answered the question, over a third indicated that they would use development opportunities to remain in their current role and do the job to the best of their abilities. 30% said they were interested in progressing to a professional role and 27% were interested in management.

We need a well-articulated business case for employers that shows measurable returns on investment in development and training. Improved staff retention and succession planning, for example, flexibility and integration, efficiency and care quality.

Workforce Lead, Birmingham

There must be potential economies of scale from organisations working together on this, making joint investments.

Staffside representative, Bristol
“We need wider acceptance of the validity of experience and vocational qualifications, particularly by higher education institutions”

Work experience and vocational qualifications were strongly supported by most respondents to the consultation and preferred over academic study by some staff who responded.

We heard from apprentices and from training managers about the challenges of gaining entry to higher education through the vocational route. Many universities, for example, require a bridging qualification to approve entry to formal training, which creates a long period of training before entry to higher education.
Barriers to development for support staff

The following themes about barriers to development are broadly in order of the weight given to the issues by respondents, based on a combination of the responses to the online questionnaire and discussions at the events and focus groups.

“Getting time away from the job”
“Concerns about costs”
“Hard to know how to progress”
“Managers don’t support”
“Feeling under valued - more confidence needed”
“Getting the right kind of training - more than academic”

“Getting time away from the job”

Most people talked about there being plenty of training opportunities available, but that there were a number of barriers to accessing these opportunities.

53% of 4,626 people who responded online ranked this in their top three barriers to development. The issue featured frequently in discussions with focus groups, at the national events and in written feedback from stakeholders.

The general view was that in a working environment where there are pressures on costs and limited staff resources, departments had little capacity to allow protected training time. There was also a perception that managers prioritised the day-to-day workload over investing time in development for support staff.

“Concerns about costs”

Concerns about costs came up in relation to several different issues, the main ones being:

- Costs to the employee who, on a relatively low income, could not afford to pay for their own training
- Some employees would have difficulty in taking up formal training if it required time off work and a loss of earnings
- Costs to the employer to be able to fund training and/ or backfill, given that most organisations in the NHS are facing major financial challenges.

“Hard to know how to progress”

Staff representatives in focus groups and at discussion events described the difficulties they had in understanding any progression opportunities that might be available to them. Many individuals told about their personal experience of finding that there were few job opportunities within their local organisation (particularly at band 4) for which they could apply after completing training or an apprenticeship.

Respondents from workforce and education concurred with this view, reporting that progression routes for support staff were not clear in the same way as those for registered clinical staff.

58% of 4,626 people who responded online ranked the lack of progression routes in their top three barriers to development.

“Managers don’t support training and development for support workers”

The issue about a lack of support from managers came mainly from focus group discussions with staff, linked to the issues about costs and getting time away from the job.

The picture is one of inconsistency. There are many examples of good practice and innovation in some areas, while in others, line managers of support staff may not have the development and support they need to be able to support their staff.

Repeatedly, people talked about this issue in connection with culture and tradition, as well as the pressure on managers to keep services running and costs low.

Strong leadership from the top of the organisation was seen as vital. This was complemented by the online response, where nearly 60% of 4,128 respondents ranked the importance of being valued by your employer in their top three best ways to be as good as they can be in their job.

“Feeling under valued - more confidence needed”

Mainly from discussions in focus groups and events, there was a sense from all types of respondents that support staff frequently felt under-valued and lacking in confidence.

Over 50% of 4,626 people who responded online ranked funding in their top three barriers to development.
Support workers don’t have the same status as managers or clinicians, when it comes to training. For managers and clinicians, development is part of the job. I think it should be the same for support staff.

Team assistant, East Anglia

In some of the anecdotes that we heard, there were examples of terms such as “untrained” and “non-qualified” being used in a negative way. In group discussion and in comments to our online questionnaire, there was a view that many support staff do not pursue training actively because they presume that it is not for them.

“Getting the right kind of training - more than academic, and not all about clinicians”

Throughout all of the feedback there were continual references to style and approach to development for support staff.

In focus groups and events there was frequent discussion about how many support workers would tend to favour on-the-job training as part of team development over an academic approach. Since many aspects of funded training require elements of study, this was considered another possible barrier to development for support staff.

A people-to-people theme ran through much of the feedback to consultation. In the online responses, for example, 45% of 4,128 respondents ranked coaching and mentoring in their top three ways to support progression; while just 11% of 3,965 that answered the question ranked study skills courses in their top three needs for progression.

At the same time, in discussions and in stakeholder written feedback, there was frequent mention of how numeracy, literacy and IT skills needed greater attention in the development of support staff.

Where people talked about examples of good practice, particularly in feedback from the Local Education and Training Boards (LETBs), these were often examples of local development schemes that were designed specifically around service needs and which promoted the sense of working as a team.

Get in – Helping people to start their career in a support role

Consultation discussions quickly adopted a shorthand phrase to sum up the proposed national strategic framework - Get in, Get on, Go further.

We used this to divide the subjects for discussion in breakout workshops at the four national events in Birmingham, Bristol, Leeds and London.

Get in was the title of discussion workshops on widening participation and related matters, in other words, helping people from all ages and backgrounds to start their careers through entry into support roles. The following summarises the key themes of feedback in this area.

“Promote the value of support roles”

“The NHS needs to employ more younger people”

“Recognise the potential of a diverse workforce”

“Improve information and access to information”

“Improve opportunities to experience the NHS”

“Make the most of partnerships and links to other programmes”

Workshop participants were enthusiastic about the need to promote the value of support roles as gateways to a fulfilling career.

There were reports of good practice, but it was felt that the NHS could do more by way of pre-employment and work experience programmes. There were various ideas about using ambassadors and champions and support for a more formal national approach with associated investment.
"The NHS needs to employ more young people"

In workshops at the national events there was a common view that the NHS had traditionally tended to employ people of 25 years or over in support roles. In fact, currently only 5% of young people aged 16-24 work in the non-medical workforce of the NHS, compared to the population figure of 18.3%.

Recent experience, through pre-employment and work experience schemes had shown the value of encouraging younger recruits who brought a richness and enthusiasm to the workplace.

It was felt that there was further scope for work in local communities, schools and colleges.

"Recognise the potential of a diverse workforce"

Diversity in the workforce was considered by workshop participants as important to improving patient care and an important consideration in recruitment.

The main topic of discussion was the complexity of current application processes, which could present a barrier for some people, who might otherwise be the best for the job. In particular, it was felt that there could be improvements to NHS Jobs and NHS Careers websites, or other more flexible approaches to attracting people into support roles in the NHS.

"Improve opportunities to experience the NHS"

Participants in workshop discussions were very supportive of all types of schemes that would let people into the NHS to discover their career potential. There was an impression of a lot happening in terms of apprenticeships, pre-employment schemes and volunteering, but that the national picture was inconsistent.

"Make the most of partnerships and links to other programmes"

Building on examples of successful schemes, workshop participants were supportive of partnerships with, for example, Jobcentre Plus schemes, The Prince’s Trust and other national initiatives. It was felt that healthcare partners could be more innovative with links to Local Enterprise Partnerships, local education authorities and diverse local communities.

Donna Addison
Healthcare Assistant

"Improve information and access to information"

The message from workshop discussions was that there was no shortage of information about development and training, but that complexity was an issue, as was the ability to access the information.

This led to broader discussions about the need for more and better advice and guidance on a personal level, through, for example, careers advisory services and through development support for individuals.

In the online response, 86% of the 3,774 that answered the question, recommended briefing and support from line managers, employers and trade unions at a local level as the best means of helping staff to know about the national strategic framework.
Get on – Helping people to be the best that they can be in a support role

Get on was the title of discussion workshops on training and job standards. The following summarises the key themes of feedback in this area.

“We need consistent and transferable standards – recognisable identity for support roles”

“Build in existing qualifications and allow for local needs”

“Employers and training organisations to sign up”

“Protected time for development”

“Assurance and monitoring”

“Being involved and part of the whole service”

Opinions varied as to the degree to which consistency was achievable. The introduction of a Care Certificate arising from the national Cavendish Review was noted with positive interest.

“Build in existing qualifications and allow for local needs”

In discussing the possibility of a national standard there were concerns that this should not attempt to replace existing qualifications, such as National Vocational Qualifications (NVQs) and those recognised by the national credit transfer system, Qualifications and Credit Framework (QCF).

Workshop participants were also keen that local and service-specific schemes should be accommodated as part of a national standard.

“Employers and training organisations to sign up”

Throughout discussions and in written feedback, respondents to the consultation emphasised the need for delivery of a national strategic framework through partnership and especially with the collaboration of employers, trade union and training organisations.

Among the suggestions for securing commitment from employers were:

• Written commitment from senior leaders
• The requirement for an advocate at board level
• Workforce planning that had built in capacity for backfill
• Regulators to include training in quality performance monitoring
• Requirements of health and care systems to agree joint training across professional and organisational boundaries, as part of integrated plans
• Link to national leadership skills development to include recognition of the importance of developing the support workforce.

The idea of a consistent national standard or standards for support roles in the NHS was prominent in discussions at events, focus groups and in feedback from individual organisations.

The issue of identity is clearly important and links to other issues raised in terms of people feeling valued. If standards and status could be recognised by all then this would lead to greater confidence for:

• the support worker
• the workplace or healthcare team
• the employer or training establishment
• the service user, their carers and the general public.

Ideally, people should be able to recognise ability and talent in more ways than through academic qualifications. People should be able to reach standards through vocational training that would be acceptable and transferable between employing organisations and educational bodies.
“Protected time for development”

The ability of managers to release staff for development or training remained a challenge throughout discussions during the consultation.

Ideas included:

- Managers being more accountable for development of support staff, and supported by the organisation to deliver this
- Adopting for support staff a model of supervision similar to that in clinical roles
- Improving the quality and consistency of appraisals
- Funding additional capacity to enable mentorship.

“Assurance and monitoring”

Many people were keen to see assurance and monitoring processes built into the national strategic framework. This included local assurance to guarantee the achievement of competencies and standards; and a national evaluation process to determine the progress of implementing a national strategic framework.

It was noted that the electronic staff record (ESR) does not currently include reliable information on training and development for each individual member of staff, although it was suggested that the ESR would be an obvious place for this and so needs further development.

“I have had fantastic support from my manager and from everybody in the team that I work with. They include me in decisions. I don’t think I could have progressed without this.”

Business Administration Apprentice, Leeds

“Being involved and part of the whole service”

Staff engagement was a feature of discussions, in relation to developing an understanding and awareness of the corporate business. Where support workers could be part of service and organisational issues, development and hence performance would benefit.

Ideas such as having staff forums to learn about and discuss service issues overlapped with views on how people training together was important to the development of a high performing team.
Go further – Helping people to gain promotion through formal training, including for registered professions

Go further was the title of discussion workshops on career progression and entry to formal training. The following summarises the key themes of feedback in this area.

“Easy to grasp progression routes and promotion opportunities”
“Work-based learning”
“Support and promote talent”

“Easy to grasp progression routes and promotion opportunities”

There was wide agreement in consultation discussions that there was a lack of clarity for support staff about career progression routes that could be available to them, although answers to this issue remained elusive.

Where people felt there could be a tangible improvement was in access to personal support, information and advice that could proactively identify potential progression and support an individual in following up.

“Work-based learning”

Throughout the feedback from LETBs, individual organisations and focus groups there was a view that the main emphasis in development of support staff should be on work-based learning and vocational experience and qualifications. The challenge was to find a way to standardise this, such that measures could be transferable between organisations and accepted by higher education institutions.

Taking this further, it was suggested in more than one discussion that higher education institutions could deliver more programmes in the workplace, recognising the value of the workplace as a place of learning.

“Support and promote talent”

The concept of talent management is generally applied to senior management or clinical staff and not generally to support staff. Within a national strategic framework, there should be a commitment to finding and promoting talent within the support workforce.
Making it happen

"Communications campaign for sustainable engagement"
"Partnership working"

The consultation invited views on how a national strategic framework could work. The following summarises the main themes from written feedback and face-to-face discussions.

"Communications campaign for sustainable engagement"

Communications and information was a common theme in the feedback and emphasised by many as vital to the success of a national strategic framework. There was an overall view that change would require a significant shift in behavioural cultures.

There was strong support for a communications and promotional campaign that would reach different audiences:

- A persuasive campaign to gain employer sign up to the commitments in the strategic framework
- A campaign to reach agreement about standards of training and education among our key partners
- A campaign for staff to raise awareness of what is contained within the strategic framework
- A promotional campaign for staff, patients and the wider public on the value of support roles in the NHS.

As part of this, senior leadership support was considered one of the most important factors in achieving national ambitions for sustainable development of the support workforce.

“Partnership working”

The consultation process raised the profile of partnerships to deliver a strategy to develop the support workforce. It connected with a range of organisations, many of whom offered to assist with the next stage of development through pilot programmes, presenting case studies and helping to build the case for developing the support workforce.

Trade unions were frequently highlighted as an important resource, given their experience with training and development specifically through union learning agreements, for example; and more generally in terms of the strong champion role played by the trade unions for this particular staff group.

Kai-Zhun Leong
Technician
Our response

The consultation feedback, including a significant response from support staff, suggests a clear need for a national strategic framework.

The framework and supporting information will be published on the HEE website later this year by the Talent for Care programme partnership, which currently comprises Health Education England, National Skills Academy for Health, NHS Employers, Skills for Health and trade union representatives drawn from the national Social Partnership Forum.

Our consultation discovered many examples of excellent training and development opportunities for support staff that we can build on. The problem, particularly for services as they aim for integrated care, is inconsistency. In the absence of a national framework, even where people have good access to training and development, their qualifications and experience may not transfer from one organisation to another or into higher education.

The purpose of a national strategic framework is first and foremost to improve patient care provided by a well-trained support workforce. We’re also investing in standards that are transferable and a learning culture that will enable services to adapt quickly to the changing needs of future health and care services.

This will rely on implementation through partnerships at national, regional and local levels. Part of this is to recognise and promote the examples of excellent practice that are already happening throughout the country. We will publish these alongside the national strategic framework later this year.

We very much welcome the strategic approach to developing the healthcare support workforce and we are proud to be playing our part as a partner within these vital developments.

Candace Miller
Director of National Skills Academy for Health

Our vision is to create a strong, capable and proud support workforce, where every member of staff is recognised, valued, has a clear identity and every opportunity, through education, training and support, to develop and use their talent for care.

Dean Royles
Chief Executive of NHS Employers and Talent for Care programme partner
Appendix

Ten strategic intentions - an initial draft for development

The following list of strategic intentions shows our initial thinking in response to consultation. We welcome further views and advice on this as part of the development of a national strategic framework to develop the support workforce.

We are particularly interested in what people think is needed to secure the commitment nationally and locally, from organisations, teams and individuals, that will put the following intentions into practice.

The draft strategic framework will be available for consultation during September, before approval by the HEE Board in October.

Get in – Helping people to start their career in a support role

1. Promote and expand opportunities for work experience, both for new and existing support staff, across all jobs in the NHS and healthcare sector.

2. Provide flexible methods and values-based recruitment for entering training and employment in the NHS, especially to attract more young people and improve diversity within the workforce.

3. Invest in the Inspiring the Future initiative to encourage existing staff to act as ‘NHS Ambassadors’ and promote jobs and careers in schools and colleges etc.

Get on – Helping people to be the best that they can be in a support role

4. Develop certificated standards of care for frontline staff, using the forthcoming and mandatory national Care Certificate as recommended by the Cavendish Review, and building on this with a new Higher Care Certificate to be universally available for those who want it.

5. Double the number of HEE funded apprenticeships by March 2016, make the most of the “Trailblazer” opportunities offered by the Department for Business, Innovation and Skills (BIS) and launch an NHS Apprenticeship Scheme to rival the best in the country.

6. Encourage every NHS employer to have an effective programme for support staff that is over and above annual appraisals and mandatory training.

Go further – Helping people to gain promotion through formal training, including into registered professions

7. Simplify career progression for those that want it whilst developing more innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.

8. Introduce agreements with employers and education providers to include wider and universal acceptance of vocational training and qualifications.

9. Implement a talent management approach for all support staff considering further qualifications, especially for those wanting to move into professional and registered roles.

Making it happen

10. Continue to engage staff to ensure they are involved and their voice heard in the development and implementation of the strategic framework.