



Health Education England

Annual Report and Accounts 2020-21

Health Education England
(Executive Non-Departmental Public Body)



www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.



THE NHS
CONSTITUTION
the NHS belongs to us all



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(Executive Non-Departmental Public Body)

Annual Report and Accounts 2020-21

Presented to Parliament pursuant to Paragraph 26 (4) of Schedule 5 of the Care Act 2014

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About Health Education England

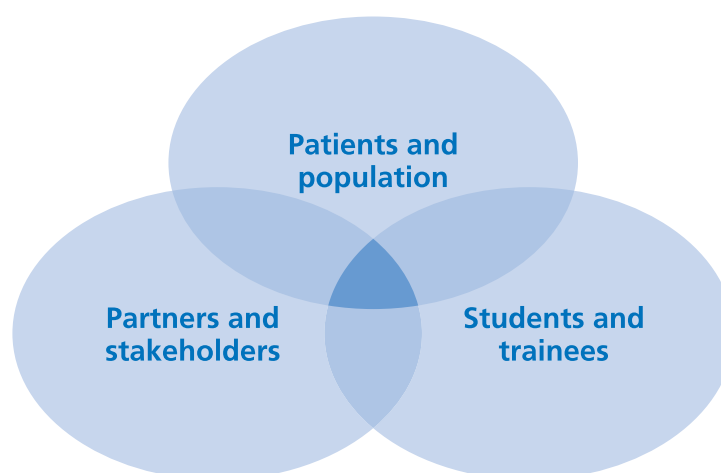
Health Education England exists for one reason only: our **vision** is to help improve the quality of life and health and care services for the people of England by ensuring the workforce of today and tomorrow has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

Our **purpose** as part of the NHS, is to work with partners to plan, recruit, educate and train the health workforce.

We are people centred, committed to the NHS Constitution, and driven by our **values** of responsibility, inclusiveness, fairness and confidence.

Our **goals** are to deliver and reform education to produce the best possible **future workforce**, to transform the **current workforce** to meet tomorrow's health and care needs, and ensure the **quality** of our education and training system.

We serve ...



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Foreword from our Chair and Chief Executive

As we write this foreword, just at the close of the last financial year, more than 30 million people have received their first COVID-19 vaccine dose. Health Education England (HEE) has played a crucial role in making this possible, from our Chief Nurse leading the workforce preparations, communications supporting the cross-NHS campaign and our Technology Enhanced Learning team delivering e-learning.

Whilst responding to the pandemic, we worked closely with partners to continue education and training where possible. We deployed doctors in training flexibly, partnered with ambulance trusts to maintain student placements, ensured student nurses could continue to study, and provided training for the Vaccination Programme.

Our Annual Report & Accounts shows how we delivered during 2020-21, a year in which HEE responded to unprecedented challenges with compassion and agility. We supported patients, learners and the NHS with our unique expertise and system responsibilities.

Key pandemic responses

- supported around 40,000 learners to play key roles including nursing, midwifery, allied health profession (AHP) students and medical student volunteers
- created and implemented a foundation interim year so final year medical students could volunteer as foundation doctors ahead of the usual August start date. Around 3,800 doctors were deployed in England
- launched COVID-19 free global e-learning, used nearly 4.5 million times
- led workforce modelling, providing real time evidence and information about the skills and expertise of learners, enabling matching to NHS need
- supported thousands of colleagues to work remotely supporting the NHS, ensuring the education and training of learners, and protecting the pipeline of new professionals for the NHS. We thank all our colleagues for their extraordinary work in this extraordinary year

Our ability to invest in learners was hugely impacted by the pandemic, leading to a budget underspend at the end of the financial year. Catching up for learners who were disrupted is a significant issue and cost for 2021-22.

Supporting the future workforce

Whilst we played our part in dealing with the crisis, we remained focused on our key priority: ensuring future NHS workforce supply. Investment has been made to increase clinical placements and grow nursing, midwifery, and allied health professions, through our Clinical Placement Expansion Programme. During 2020-21 we also saw a record increase in applications to become nurse students with 32% growth in year. We recruited record numbers of GP trainees, with 3,793 posts, 500 more than our target. We also expanded training places for clinical psychologists and child and adolescent psychotherapists by 25%.

Making HEE the Best Place to Work

Last year the Board identified HEE becoming the Best Place to Work as their key priority, recognising that supported, involved, and engaged colleagues deliver better results. We ensured the pandemic did not marginalise this goal. In many ways the pandemic forced us to move faster towards improving our ways of working and our culture. We continued to implement recommendations from our staff engagement programmes and co-created our values: responsible, fair, confident, and inclusive.

As we embed these values, we will also explore what the future of work should look like. We will gather information, evidence, and intelligence about the possibilities for delivering our priorities in more flexible, agile, sustainable and family friendly ways by harnessing technology and the lessons of the pandemic.

Foreword from our Chair and Chief Executive

Making HEE a Digital First organisation

The NHS further embracing digital technology is vital and preparing a digital ready workforce is key to its success therefore we are committed to building a Digital First HEE; walking our talk. Our Topol Fellows for Digital Healthcare continued with the second cohort, making over 50 fellows to date. We played a key role in creating and implementing the inaugural blended learning nursing degree using current and emerging digital and innovative technologies. Our Digital Boards programme, with NHS Providers, is helping Boards understand the potential and implications of the digital agenda and increasing their confidence and capability to harness it.

The future

We have continued to build on our commitment to cooperation and collaboration with partners such as NHS England and NHS Improvement (NHSE/I), the Department of Health and Social Care (DHSC), Royal Colleges, professional regulators, and providers of NHS services. We worked closely with DHSC to inform the contents of the recent white paper for the Health and Care Bill. We look forward to working with new Integrated Care Services (ICSs) as they develop. We will also work with partners to refresh our strategic workforce planning framework.

Next year will have its own challenges, including recovering from the pandemic and embedding its lessons, but we remain focused on ensuring the NHS has the workforce it needs including key commitments around 6,000 extra doctors in primary care, 26,000 extra primary care professionals, and 50,000 additional nurses.

None of HEE's achievements are possible without our people, our advisory committees, and our partners. We are grateful to them all. In particular we would like to offer our sincere thanks to Professor Wendy Reid for her excellent leadership of HEE as Interim Chief Executive, before Dr Navina Evans started in post.



Sir David Behan CBE
Chair



Dr Navina Evans CBE
Chief Executive

About Health Education England

HEE is part of the NHS and works with partners to plan, recruit, educate and train the NHS workforce. HEE was established by Parliament in 2012 as a Special Health Authority, and in 2015 became a Non-Departmental Public Body through the Care Act 2014¹. The Care Act 2014 sets out HEE's remit, roles and responsibilities, including its duty to ensure an effective system of education and training for the NHS and public health. The Care Act 2014 also places a duty on HEE to have regard to the NHS Constitution².

The NHS Constitution establishes the principles and values of the NHS in England and unites patients, the public and staff in a shared ambition for health and high-quality care for all, now and for future generations. We are committed to putting patients at the heart of everything we do, promoting transparency and equity and ensuring the efficient use of public money.

In 2020-21 Parliament and government entrusted HEE with £4.341bn, to plan, recruit, educate and train the health workforce. The government's annual mandate to HEE is a requirement of the Care Act 2014 and it sets out the government's strategic objectives for HEE in the following areas:

- workforce planning
- education
- training.

HEE provides national strategic leadership and policy development, national and international interventions, and tailored solutions regionally and locally. It is accountable, through its Board, to the Secretary of State for Health and Social Care for the delivery of the mandate.

To reflect that HEE cannot deliver its objectives alone, HEE worked with NHS Improvement (NHSI) to develop an interim mandate in October 2020, issued by the Secretary of State in December 2020. On behalf of both Boards, the Chairs signed off the draft, ensuring it met service requirements, before the Secretary of State gave final approval. This year HEE has sought opportunities to align regional teams with NHSE/I to further develop collaborative working, including as part of the wider NHS response to the COVID-19 pandemic.

The interim mandate³, was expected to be updated once the UK emerged from the COVID-19 crisis. It was developed collaboratively by HEE and NHSI - with People Plan workstream leads, Chief Professional Officers and NHS Long Term Plan service priority leads. Supporting the government to manage COVID-19 was the priority focus. HEE worked with arm's length body (ALB) partners to ensure a robust response to the impact of COVID-19 on the NHS, its staff and patients. It was agreed that adjustments would be made to the expected amount of progress in other areas of the mandate to take account of this. To ensure effective overall alignment, all the deliverables partially or wholly owned by HEE in the NHS People Plan were transposed to both our 2020-21 mandate and Business Plan.

Framework Agreement

The Framework Agreement between the DHSC and HEE for 2018 to 2021⁴ defines how we work together; and how both discharge their accountability responsibilities effectively. It also sets out that HEE will work collaboratively with NHSE/I and other partners, building effective relationships to achieve shared goals.

How we operate

We are led by our Chair and Chief Executive, who are part of our Board, alongside Executive and Non-Executive Directors. We also have Regional Directors who lead locally, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation and working as part of integrated regional teams with colleagues from other ALBs.

About Health Education England

HEE's Board provides strategic leadership and accountability to government, Parliament, and the public. The Board is supported by committees which undertake detailed scrutiny in their areas of responsibility, providing regular reporting, and formal assurance. Further details about our Board, its committees and membership are presented from page 48.

For further information <https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

Over the past year, as HEE responded to and supported the NHS response to the COVID-19, the HEE Board and Executive Team have focused the organisation's role around three strategic goals. These articulate outcomes that will make a difference to stakeholders, reflect our purpose and align with our statutory responsibilities. These goals are:

- **Future Workforce:** ensure the future supply of the healthcare workforce to meet NHS needs
- **Current Workforce:** transform the current healthcare workforce to use new science, technology and work differently
- **Quality and Patient Safety:** improve the quality of the learning environments for trainees, prioritising patient safety

The COVID-19 pandemic caused unprecedented disruption to the deployment, education, training and assessment of learners, who are the future NHS workforce. Throughout 2020-21 HEE engaged with other health and education bodies, regulators, placement providers, professional bodies and learners to develop contingency plans and issue guidance and clarity to learners and education providers. HEE responded to this challenge in four important ways:

- bolstering health services under pressure by maximising the contribution students in the final stages of training could make, and supporting those students as they stepped up; also enabling other students to contribute as assistants or volunteers
- enabling learners to progress with their training as far as possible, by seeking to recognise competences developed even where placement roles changed as a result of the pandemic
- developing new ways to recruit, train and assess students and trainees whose skills the NHS will rely upon in future, while fully complying with measures to combat COVID-19
- working with NHSE/II and others to support Regional Workforce Cells, ensuring cohesive oversight of education, training, and deployment whilst embedding workforce supply, education, and training principles into restoration and recovery

To achieve these goals HEE needs to deliver our core responsibilities which provide our business plan framework and align with team and individual objectives:

- workforce planning and analysis
- postgraduate medical and dental education
- clinical education and training
- quality of education and training
- workforce transformation

In addition to supporting 240,000 health learners in their education and development, many of the deliverables in the Business Plan were developed with partners as part of producing the NHS People Plan. These deliverables were assessed for affordability and delivery within HEE's budget.

¹ <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

³ <https://www.gov.uk/government/publications/health-education-england-mandate-2020-to-2021>

⁴ <https://www.gov.uk/government/publications/dhsc-and-hee-framework-agreement-2018-to-2021>

Our Strategic Direction

The Board and Executive Team have responsibility for HEE's direction and performance. They set the vision, strategy, and goals through to the delivery of effective performance by teams and individuals. Therefore, Directors need to deliver focused strategic leadership and effective scrutiny of HEE's operation in line with its mandate and Business Plan.

The Operating Model outlines how HEE works and adds value, where decisions are made and how it fits into the wider health and social care landscape. It aligns policy and strategy with the implementation and delivery of our priorities through support functions and governance. HEE's Plan on a Page provided a framework to focus everyone on 'the big picture' and guide our work during 2020-21 and beyond. It set out a new purpose statement for 2020-21, supported by three long term goals which effectively set out why HEE exists. Value for money for taxpayers runs through everything we do.

Critical interdependencies between HEE's strategic direction and the wider system are considered when determining our priorities which assist the NHS achieve its service outcomes for patients and the population of England.

HEE is part of the NHS, and we work with partners to plan, recruit, educate and train the health workforce.

Outcomes

Future workforce
Ensure the future supply of the skilled health workforce to meet NHS needs.

Current workforce
Transform the health workforce to use new science, technology and work differently.

Quality and patient safety
Improve the quality of the learning environments for trainees, prioritising patient safety.

What we must excel at

Workforce planning and analysis
By analysing data, research and key drivers of change we will plan the future health workforce aligned to finance and service plans.

Postgraduate medical and dental education
We will commission high quality medical and dental education and training places, distributing growth in line with specialty and geographical need, reforming programmes for the future.

Clinical education and training
We will support clinical education and training through clinical placements and the promotion of priority professions.

Quality of education and training
We will assure and improve the quality of the learning environment for patients and trainees.

Workforce transformation
We will produce new routes, new roles, skills and career paths to support transformation at scale and pace.

Organisational drivers of success

Best place to work
We will collaborate to maximise our individual and collective potential by becoming a great place to work.

Performance improvement culture
We will operate a culture of continuous improvement in the delivery of our priorities.

Governance and decision making
We will be well governed with fair, timely, robust and inclusive decision making.

Science and technology
We will harness new science and technology building a digitally confident workforce.

Working in partnership
We will work with partners to deliver shared priorities to improve the NHS.

Our values

Working together for patients

Compassion

Dignity and respect

Improving lives

Commitment to quality of care

Everyone counts

HEE will spend money wisely to achieve our intended outcomes.

Our Strategic Direction

NHS Long Term Plan (LTP)

The NHS LTP was published on 7 January 2019 to make the NHS fit for the future, setting out key ambitions, whilst securing maximum value for patients out of every taxpayer pound.

The plan outlines clinical priorities, chosen for their impact on the nation's health and where outcomes often do not match those of other advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neo-natal health, mental health, stroke, diabetes, and respiratory care. It also includes system priorities such as giving people more control over their own health and care and encouraging more collaboration between general practitioner's (GPs), their teams and community services (known as primary care networks), to improve services they provide jointly.

Finally, the plan continues the move towards the 'triple integration' of health and care systems, primary and secondary care and mental and physical health. Integrated Care Systems (ICS), which are a key tenet of the forthcoming Health and Care Bill. Integrated Care Systems (ICSs) are the preferred vehicle with an expectation that all Sustainability and Transformation Partnerships (STPs) will evolve into ICSs. ICSs place a greater emphasis on place, population, and systems. When developed and mature they will be able to take more control of funding and performance with less involvement from national bodies and regulators.

NHS People Plan

The Secretary of State for Health and Social Care commissioned a People Plan to follow the publication of the LTP. This recognised the critical role of the workforce in delivering LTP service objectives, the need to tackle shortages in certain groups, and take forward workforce transformation, with new roles and new ways of working. HEE played a critical role in developing We are the NHS: People Plan 2020-21 - action for us all, published in July 2020.

DHSC mandate to HEE

The mandate for 2020-21 was developed in close collaboration with NHSI as well as with the Department of Health and Social Care (DHSC) and sets out the key HEE priorities for 2020-21. Details of the mandate are set out on page 10.

Health and Care Bill

Looking to the future, the Health and Care Bill, proposed in a white paper in February 2021 and addressed in the Queen's Speech proposes removal of the local education and training boards (LETBs) from statute. The proposal emphasises the importance of regional planning and supports HEE in being able to design its own operating model in order to work effectively and without duplication with the regional people and workforce boards, encouraging a holistic approach to workforce at regional levels.

With regards to workforce accountability, the white paper contains proposals to create a duty for the Secretary of State for Health and Social Care to publish a document, once every five years, which sets out roles and responsibilities for workforce planning and supply in England.

HEE's role in relation to Workforce Planning is already set out in the Care Act 2014, and specifically includes responsibilities (delegated from the Secretary of State for Health and Social Care) around commissioning of education and training, ensuring sufficient numbers of health care workers are available to work in the NHS and the annual publication of a document setting out priorities and expected outcomes (a national workforce plan), it is our expectation that HEE will be an integral partner in the delivery of this duty.



Performance Report

Statement on performance from our Chief Executive

In a year of unprecedented challenges, I am extremely proud of my colleagues who responded to the pandemic fantastically. Our agility and relationships were key as we worked more closely than ever with system partners. We responded when the NHS needed us by leading workforce modelling, providing much-needed data and analysis to ensure our learner's expertise and skills were matched to frontline NHS needs.

With partners, we helped around 40,000 students and trainees, including nurse, midwife, allied health profession (AHP) students and medical student volunteers to supplement the clinical workforce. We were proud to develop the Foundation Interim Year resulting in 3,800 final year medical students working as Foundation doctors ahead of the usual UK Foundation start date. We also launched a COVID-19 workforce e-learning programme, as well as vital training resources for a huge number of people delivering the vaccination programme.


We worked tirelessly to protect the future NHS workforce, including increasing clinical placements and supporting growth in nursing, midwifery and AHPs through our Clinical Placement Expansion Programme. We helped deliver record rises in nurse student university applications (up 32%) and the record numbers of GP trainees with 3,793 posts, 500 more than our target. We also expanded training places for Clinical Psychologists and Child and Adolescent Psychotherapists by 25%.

During this difficult period for the whole health system, we also turned our gaze inwards, proving we can work differently, and that challenging times can lead to improvement by working with greater flexibility and collaboration. We continue our ambition to make HEE the Best Place to Work through three 'We Are HEE' online crowd sourcing workshops to hear colleagues' aspirations, frustrations and suggestions. Our staff networks continue to grow in influence, scope and size, playing vital roles in making HEE a space for everyone to thrive. We also continue to have excellent partnership relations with trades unions.

The pandemic proved the need for a digital ready workforce. The NHS is more dependent on digital technology than ever so we must prepare people to embrace technology and apply it more readily. Using current and emerging technology we developed a blended learning nursing degree to widen access to nursing careers. Our second cohort of Topol Digital Fellows brings us to over 50 fellows to date.

We are optimistic and ready for the future. We will support NHS recovery and work with partners to grow the workforce and capture the innovations this unique environment made us deliver.

This report reflects our achievements to March 2021. For details of next year's plans please see [Recovery and Delivery, HEE's 2021-22 Business Plan](#).



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021

Performance Report

Overview

This section outlines progress on HEE's 2020-21 Business Plan and mandate commitments.

The pandemic resulted in HEE adapting and reprioritising where it could add most value. HEE worked with partners to support over 40,000 learners into front line and volunteer roles. HEE led workforce modelling to inform national decisions, support local providers and provided online training for frontline workers. The impact of this work means whilst our long-term priorities remain the same, the phasing of them has and will change.

HEE also maintained, as far as possible, its business-as-usual activities across:

- workforce planning and analysis
- medical and dental education
- clinical education and training
- quality of education and training
- workforce transformation

We continue to work with partners to ensure that opportunities arising from the Britain's exit from the EU particularly in relation to reform or improvement to our clinical education and training systems are realised. This includes, continued monitoring of the clinical workforce from the European Economic Area and working to ensure the continued flow of trained health and care professionals into the UK, and capitalising on opportunities to increase the number of health and care staff, in the context of the response to COVID-19.

We have reported against 63 key Business Plan and People Plan commitments. The tables within Annex 1 provide a comprehensive summary of HEE's delivery against these commitments: 46 are complete, 8 are on track, 7 are slightly off track and 2, (number of Nursing Associates trained by December 2020; working with local health systems to support a cohort of 400 Advance Care Practitioners by March 2021), were significantly off track because of the pandemic. HEE and DHSC have been reviewing the impact of COVID-19 and 2021 trajectories are currently being agreed. The HEE Board and Performance Assurance Committee have been appraised of progress towards delivery of the key Business Plan and People Plan commitments throughout the year.

A more detailed analysis of HEE's performance, including key achievements and challenging areas of delivery, is reflected in the next section of the report.



Performance Report

Performance Analysis



This performance analysis includes an assessment of HEE's response to the COVID-19 pandemic and progress towards the government's manifesto commitments to:

- expand the nursing workforce by an additional 50,000
- expand the primary care workforce by 6,000 extra doctors in primary care and 26,000 extra primary care professionals
- develop primary care training hubs

HEE mapped its 2020-21 deliverables to the core business areas identified in HEE's 2019-20 strategic review. This performance analysis mirrors these areas to provide the golden thread between strategy and delivery. By keeping a clear focus on delivery, HEE expects to be able to support a more sustainable workforce in the future that works differently to provide safe and compassionate healthcare.

Performance Report

Performance Analysis

Workforce Planning and Analysis

Workforce planning is complex and difficult. It requires long term forecasts, considering assumptions such as new models of care, the impact of new technology and new ways of working. In the 2020-21 business plan, HEE committed to supporting a system-wide model of workforce planning for regional, ICS and place-based delivery. There were three deliverables:

- develop sources to inform planning and decision making by increasing data access
- produce regular updates comparing supply and demand, setting out key risks and intervention opportunities
- implement a HEE strategy for data collection

Progress has been made in all areas with more work planned on the impact of the COVID-19 wave. Our Workforce Planning and Intelligence vision is to 'exploit data, information, knowledge and technology to enable health and care partners to take real actions that shape the workforce'.

The events of 2020-21 sharply focused the need to apply data and analytics in 'real-time'. HEE colleagues were seconded directly into COVID-19 workforce cells to deploy their expertise: supporting the early response through to overseeing the establishment of vaccination centres. Other resources, projects and products were redirected and reshaped to support the NHS.

We developed tools to support frontline services during the pandemic. As the virus spread, these tools were adopted and adapted. Critical care staffing models, combining clinical expertise with analytical know-how enabled assessment of bed and staff requirements, considering working patterns and skill mix. These tools - constructed extremely rapidly - informed strategy and delivery plans. Analysis of data from HEE's Trainee Information System (TIS) and the NHS Electronic Staff Record (ESR) identified staff with airways 'management competences to support the COVID-19 response. Other tools drew on ESR to identify latent surge capacity.

We worked with education providers and NHS trusts to support the design and rapid delivery of a bespoke system to enable student deployment into the workforce and extend placements at the height of the first wave. The tools have been repurposed to track disruption to training pathways, support remediation, and enable assessment of the impact of remediation on future supply.

We also continued to support wider work: including translating the 50,000 full time equivalent (FTE) government target for nurse expansion into a programme of interventions with agreed national trajectories and translated into regional plans. Analytical techniques developed by HEE are now used across DHSC, NHSE/I and HEE to commonly monitor progress. These same techniques, combined with the analysis and visualisation of long-term demographic trends are directly informing the distribution of postgraduate medical and dental training posts, and supporting the Multi-professional Education and Training Investment Planning (METIP) process.

Our new national student data collection has provided consistent robust data on student starters, active students, and placement activity. HEE is deploying this data and tools alongside locally nuanced intelligence and interpretation to support ICSs assessing current and future workforce supply and demand to support their place-based workforce plans and strategy. Such intelligence is shared as on-line resources in the newly developed virtual Workforce Observatory ⁵.

Performance Report

Performance Analysis



Medical and Dental Education

The demand for high quality care is increasing in volume and complexity, with shortages of staff in some parts of England and the health and care system. The 2020-21 Business Plan identified the need to shift from the dominance of highly specialised medicine to more generalist skills which can be transferred and extended over a career and improve retention by improving the working lives of doctors in training, through more flexible and relevant training programmes.

Response to COVID-19

HEE's Foundation Interim Year doctor initiative allowed final year medical students to volunteer to work as Foundation doctors ahead of the usual UK Foundation Programme start date in August to support the pandemic response. 3,800 doctors were deployed.

This and other initiatives were clearly going to impact education and training, including financially. To manage this, we took a series of measures in concert with partners like NHSE/I and DHSC. These included paying clinical placement providers 25% of annual cost in Q1 to maintain stability, constant monitoring of data to identify where more support may be needed, and a phased return to the usual practice of paying by activity as the year progressed and it became apparent some trusts were being disadvantaged with the block payment system. We continue to work with DHSC and Her Majesty's Treasury (HMT) on the need for recovery costs to get training back on track for many doctors, recognising that the impact on training pushed our spending need from 2020-21 to 2021-22 which is why we are reporting an underspend this year. More details on this are included in the Financial Review at page 43.

Dental trainees and HEE staff were redeployed into other areas of the NHS to support the pandemic response. Foundation dentists worked in intensive care, haematology, swab testing, occupational health, antibody testing, mortuary, local NHS 111 Dental Clinical Assessment Service, care homes, Pharmacy Prescription Medication Analysis Tool, track and trace and PPE supply chain. In some regions trainees were redeployed to acute settings within their Trusts such as ICU and maternity services whilst others provided an urgent dental care service or worked in the education centres of the Nightingale Hospitals.

⁵ <https://instituteofcoding.org/about/the-observatory/>

Performance Report

Performance Analysis

Delivering Medical and Dental Education commitments

There were 11 deliverables mapped to this area:

Work with GMC, Medical Schools and Medical Royal Colleges to transform education/training of future doctors:

- Following a Call for Evidence and stakeholder events, HEE published the findings which included lessons learned from COVID-19 in July 2020.

Offer mechanical thrombectomy credentialing (30 doctors by 2023/24), and other credentials:

- mechanical thrombectomy - The Royal College of Radiologists and HEE developed a credential for a national workforce able to provide a 24/7 service to treat thrombotic stroke. The credential builds on interventional radiology training. Specialty representatives have been fully engaged in the work. This deliverable was rated amber at the year end due to a delay in discussions with partner organisations including the Royal College of Radiologists (RCR), GMC and UK Medical Education Reference Group (UKMERG) regarding systematisation. The delivery date remains as March 2024 for the target of 30 doctors to have completed the credential. There is also an aspiration to open the credential up to doctors from cardiology and stroke medicine in the future
- obstetric physician - HEE and the Royal College of Physicians designed and implemented a pre-CCT pilot for a higher specialty trainee in obstetric medicine. This is designed to develop a route for trainee physicians from any specialty to develop expertise in obstetric medicine, in most cases through an out of programme period of experience (OOPE).
- breast disease - working with the Royal College of Radiologists, HEE developed and implemented a pilot programme for 10 trainees across 5 training sites to test a credentialed training pathway, delivering independent practitioners in breast disease management

Support more flexible medical training to improve trainee experience and diversity and increase trainee numbers:

- phase 3 of the Out of Programme-Pause (OOPP) started in August 2020, with trainees from all specialties and regions now able to apply to go on "OOPP" for 12 months
- more flexible less than full time training is available for Emergency Medicine, Obstetrics, and Gynaecology and Paediatrics with proposals to expand into other specialisms, such as physician only specialties, anaesthetics, radiology, and Intensive Care Medicine
- the Flexible Portfolio Training pilot with the Royal College of Physicians is continuing with two cohorts currently in training and plans for a third cohort underway
- the evaluation of pilot education/training models for dental professionals to improve content/flexibility and develop careers is scheduled to complete in September 2021. Findings since evaluation began have fed into education and training development

Psychiatry: Increase training posts/support/education, run campaigns, increase recruitment:

- HEE funded the Royal College of Psychiatrists #choosepsychiatry campaign and master classes to support trainees who failed the CASC exam. The fill rate for Core Psychiatry is now at 100%, and 2020-21 applications are up 84% from last year

Performance Report

Performance Analysis

Introduce initiatives to improve experience of Specialty and Associate Specialist (SAS) grade doctors/dentists and improve formal training and reforming training:

- after publishing 'Maximising the Potential' in 2019, HEE supported the development of SAS doctors and dentists by managing a development fund aligned to local workforce priorities and working with the Academy of Medical Royal Colleges to improve flexibility in training, including supporting SAS doctors to step into formal training programmes

Develop the educational offer for generalist training and work with local systems to develop leadership and infrastructure:

- seven regional trailblazers were identified. The first Trailblazer Development Group took place in April 2021. This deliverable was reported as off-track at the year end due to a change in the funding schedule leading to changed priorities. The focus is to continue to develop the core educational offer ready for a 'soft launch' in August and piloting it after this point

Increase training/recruitment opportunities to support 6,000 more doctors working in primary care by 2024:

- HEE is working with NHSE/I to support retention and return GPs to practice as well as multiple integrated workstreams, across all regions, to support the education and training needs of trainees by developing existing and alternative programmes
- HEE is also collating and spreading best practice in reducing differential attainment which negatively impacts both the number and attainment level of primary care professionals
- against an increased target of 4,000 GP trainees, round 1 of 2021 recruitment ended with 7,639 applications - 1866 up on the same time last year
- HEE also finalised allocations for Targeted Enhanced Recruitment Scheme (TERS). The TERS scheme has grown from 105 places in its first year to 285 places in 2020-21 and 500 places have been advertised to deliver the next recruitment round in 2021-22

Support 1,000 Physician Associate (PA) trainees:

- HEE has surpassed its mandate target with 1459 PAs completing training by the end of January 2021, and PAs working in primary care has grown from 17 to 457

Ensure that skills gained by medical trainees while working in other roles during COVID-19 count towards training:

- HEE worked with the Faculty of Intensive Care Medicine to develop self-certified recording of capability gained working in other areas during COVID-19 with the facility for them to be signed off and recognised through Annual Review of Competency Progression (ARCP)

Explore development of Return to Practice (RtP) for doctors, creating a route from temporary professional registration to full registration:

- phase 1 of a programme model for RtP (now called Career refresh for Medicine) went live in November 2020. Extensive communication and engagement took place to introduce the programme to the system with the aim to open access for 100 doctors in 2020-21. Over 130 applications were received from applicants across England, with over 100 eligible applicants now being supported to return to practice

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Clinical Education and Training

HEE highlighted the importance of clinical education and training by making 33 commitments for 2020-21, the most high-profile being delivery of the government's manifesto commitment to expand the nursing workforce by an additional 50,000 nurses, which HEE is taking an "all levers at all levels" approach to meeting as detailed below.

COVID-19 response

In response to the pandemic, the Nursing and Midwifery Council (NMC), introduced emergency education standards in March 2020 which enabled second and third year students to opt into paid placements. HEE worked with universities and placement providers to place 23,000 students in clinical services. As the service need changed the emergency standards were stood down in September 2020. Our focus was then on supporting students back onto their learning programme.

In February 2021 as the number of cases increased the NMC reintroduced emergency standards to enable final year nursing students to opt-in via extended clinical placement. HEE conducted an impact assessment of education programmes to inform and oversee the development of restart and recovery plans and has worked with partners to support students and provide them with the education and training resources wherever they worked or were on placement.

The NMC Recovery Emergency Standards also enabled 300 hours of simulated practice to count towards practice hours which will reduce pressure on placement providers. In response, HEE has invested in universities for new simulated training facilities and technology.



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50,000 Nursing Growth

HEE is working collaboratively with NHSE/I towards our shared commitment to delivering the government's ambition to employ 50,000 additional nurses. Our role is to ensure sustained applicant growth for, and reduce attrition from, nursing degrees. UCAS reported 35% growth in domestic applicants for courses starting in 2021-22.

HEE's efforts to grow undergraduate nurse training were strengthened by the government's additional financial support through a non-repayable grant for nursing, midwifery and most AHP students. HEE also worked with higher education partners, Directors of Nursing and their teams to increase clinical placements including new technology-enhanced placements and more primary care placements.

We are also seeking to encourage graduates into postgraduate study for a Registered Nursing (RN) degree as this enables NMC registration within two years. HEE is qualitatively researching potential motivations and barriers to applying for future marketing and engagement campaigns. HEE has also developed an online blended nursing degree and awarded seven providers a share of £5.6m to develop new access routes for adult nursing.

HEE has developed an education capacity tool to forecast education capacity which assists in understanding possibility for growth. The first collection was launched in May. The Nursing Associate workforce will also support this programme as there is an expectation some NAs will undertake further training to become fully qualified registered nurses.

HEE has made a commitment to deliver 1,400 FTE registered nurses via the registered nurse degree apprenticeship to support the ambition of 50,000. These apprentices will count towards the spring 2024 end date for the 50,000 target if they meet timely start dates in 2020-21 and 2021-22.

HEE is also leading work to reduce attrition from nurse degree course from 11% to 7.7% by 2024. Interdependencies between attrition and all other domestic supply programmes make this integral to achieving the overall 50,000 target. HEE, NHSE/I, DHSC and Department for Education (DfE) are ensuring timely collection of data for forecasting and planning. HEE has also increased emphasis on student wellbeing and pastoral support during placements to address any underlying issues that lead to attrition by developing a supervisor toolkit to improve student experience and support diversity.

Increasing Nursing Associates

HEE supported the recruitment of 2,641 trainee Nursing Associates, which due to the pandemics impact on resources and training opportunities was below the original 5,000 target due to be delivered by December 2020. In the first quarter of 2021 (Jan-Mar), regional intelligence shows delivery of 2,937 against the programme forecast, and target, of 5,000. Full year trajectories and plans across all regions are being worked on alongside close monitoring of whether numbers are recovering. To support the regions to achieve the TNA 5,000 target, a national delivery plan has been produced and agreed with regional TNA leads which includes:

- working in collaboration with 'NHS Employers' to promote the NA role, including a series of webinars for employers
- production of an animated film, showcasing practical examples of deployment of NAs across different settings and specialisms - featuring stories from our TNA/NA national ambassadors
- working with the HEE Primary Care team (PC), PC training hubs and NHSE/I contacts to educate Primary Care Networks on the NA role, encouraging recruitment of TNAs given their inclusion in the Additional Roles Reimbursement Scheme (ARRS)

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HEE has worked with Kings College to survey employers about the Nursing Associate role. The results will inform required training numbers for future years. We are also working with NHS Employers to better understand employers' views of the NA role. A 2021 delivery plan is being formulated which will showcase the National Nursing Associate and Training Nursing Associate ambassadors, and encompass joint working with NHS Employers and NHSE/I.

Midwifery

To help achieve the target to grow midwifery training places by 3,650 by 2022-23; HEE has supported a growth in midwifery training places by 626 in 2019-20 in comparison to the baseline year of 2018-19. The data for 2020-21 will become available in late summer as this is captured through a student data collection which commences in June and allows for the student intake in February/March 2021 to be counted and verified.

HEE implemented the maternity support worker (MSW) Competency, Education and Career Development Framework. Working with the University of West England (UWE) we have developed the MSW Voluntary Curriculum (ready for publication post-COVID-19 restrictions).

HEE has invested £1 million to support local maternity systems (LMS) to map their existing maternity support workforce to the Framework. We have developed an e-Learning bridging programme for existing maternity support workers to support alignment to the Framework.

Allied Health Professionals

HEE planned a phased increase in clinical placement capacity starting with a minimum of 1,500 in 2020-21. A national AHP student practice learning programme was created in November 2020 to increase practice learning capacity and quality. The pandemic affected this expansion but in many cases HEE AHP regional leads have been able to support organisations to stay on track, delivering supported growth, continued investment in continuing professional development (CPD) and the development of a number of apprenticeship programmes across AHP professions.

Delivering 26,000 more primary care professionals

Along with 50,000 nursing growth and increasing GPs, the further investment in new primary care professionals, and the Primary Care Training Hubs to support them, were at the core of HEE's mandate deliverables for 2020-21. Our Workforce Expansion Delivery Group is leading work to meet the educational and training needs of the wider workforce in primary care to deliver this commitment. All aspects of face to face learning and assessments were repurposed for online delivery, securing trainees for all cohorts during the pandemic.

Pharmacy

HEE committed to developing new roles and expanding training for clinical pharmacists in GP settings. In 2020-21, 1,094 clinical pharmacists commenced primary care training, an increase of 477 (43%) on 2019-20, which had already exceeded the deliverable to enrol 500 clinical pharmacists to training. As well as this, primary care training for pharmacy technicians has commenced, with approximately 330 commencing training in 2020-21.

Primary Care Training Hubs (PCTH)

HEE developed delivery plans for PCTHs during 2020-21 as we engaged partners to agree funding for implementation over the next year. Sustainable funding is required to support the expansion of GP and wider workforce undergraduate and postgraduate training capacity.

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Mental Health

Since March 2016 the Mental Health workforce has grown by 14,480 requiring a further 5,910 to meet the growth identified in Stepping Forward to 2020-21: The Mental Health Workforce Plan for England. In 2020-21 Stepping Forward and the LTP overlapped, giving a new combined growth ambition of 9,500. To help meet this need, increase capacity and deliver service transformation, targeted action has included HEE commissioning a further c6,000 training places across the range of the programme. Targeted action has included:

- an extra 650 training places for Children's Wellbeing Practitioner and Improving Access to Psychological Therapies, 465 Education Mental Health Practitioners and supervisors
- upskilling and learning opportunities around caring for people with serious mental health problems, people in crisis, those suffering from eating disorders, and women, babies, and their families during the perinatal period
- an extra 120 core psychiatry training places in key geographical areas, 25% more clinical psychologist and child and adolescent psychotherapist places and over 100 one-year postgraduate courses for clinically experienced psychology graduates considering a mental health career
- Training Associate Psychological Practitioners to manage psychological distress in those with Long Term Conditions (LTC), providing more routes into psychological careers and commissioning adult IAPT LTC top-up training
- the first national Competence Framework and curriculum for Mental Health Peer Support Workers (PSW), the inaugural PSW Benchmarking Report and 15 Trailblazers to train 230 PSWs and 100 supervisors
- funding Responsible Clinician training for 74 senior clinicians and enabling Advanced Practice training for 48 more as part of a new Advanced Practice Mental Health Curriculum and Capabilities Framework
- new eating disorder learning resources for medical students and F1/F2 doctors.
- bursaries for normally self-funded aspiring child and adolescent psychotherapists to undertake mandatory pre-clinical training experience
- a benchmarking exercise and 2,926 adult IAPT training opportunities
- commissioning the Personality Disorder Knowledge and Understanding Framework Hub to enable a nationally coordinated approach to training
- Florence Nightingale Foundation for 3 nurse and nursing associates leadership cohorts
- an interim listening skills and emotional health digital training solution for crisis telephone staff with the Samaritans

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The Care Certificate

Talent for Care was commissioned by NHSE/I to review the Care Certificate (CC). Phase one focused on an 'accelerated' version of the CCs content to link with NHSE/I's Health Care Support Worker (HCSW) 2020 recruitment drive.

Phase two includes reviewing content to ensure its relevance, adding new content if needed, such as mental health and learning difficulties, and ensuring a relevant CPD offer to HCSWs to follow on from the CC itself. This CPD will, ideally, be recognised at level 3 to enable progression and include functional skills development as this has been identified as a key constraint on career and personal progression for many.

Quality of Education and Training

Through our Quality Framework, HEE supports providers to plan placement shape and capacity in response to demand, changing patient need and new service models whilst maintaining high quality training. HEE's quarterly updates highlight supply and demand comparisons and key intervention opportunities.

Postgraduate deans and their teams use insights from our multi-professional National Education and Training Survey (NETS), which covers all healthcare learners in NHS-funded placements or training, to improve the learning environment. The 2020-21 survey received 36,686 student and trainee responses, up 20% from 2019, despite the challenges posed by the pandemic. Over 90% of respondents who took part in the survey said that their overall clinical supervision was positive. Other key survey findings included 89% of students and trainees positively rating the overall educational experience gained in placement, 80% of learners stating they would recommend the placement location to friends and family requiring treatment and that a high proportion (86 per cent) of learners had not experienced instances of bullying and harassment and a similar proportion (85 per cent) had not witnessed any. However, while this is welcome news, we need to do better and it is one of the areas that we will be looking to improve on.

To enhance our role as system leaders for education and training we started a review and refresh of our Quality Strategy and Framework, through engagement with regulators, providers, universities, patients, learners and other partners, and, as part of the NHS Patient Safety Strategy, led the development of the first ever consistent multi-professional NHS Patient Safety Syllabus.



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Workforce Transformation

Workforce Transformation is an essential part of HEE's activities, promoting innovation and support for the NHS workforce to think, work and collaborate differently and funding a range of specialisms to improve skill levels including 400 Clinical Endoscopists, 300 digital change leaders and the continuing professional development of nurses, midwives and AHPs.

As part of the Cancer Workforce Plan, 315 trainees have completed or are in training to increase workforce capacity in earlier diagnosis of cancer. We progressed further training of clinical endoscopists across a range of modalities and developments to HEE's training programme should help to attract new recruits and improve services for patients.

HEE worked with providers to allow doctors, nurses and AHPs to practice at the limits of their licence and promote new roles as technology advances. Our Technology Enhanced Learning (TEL) programme supported the pandemic response by launching the e-Learning for Healthcare (e-LfH) COVID-19 programme, collating a directory of resources from organisations and commercial suppliers, producing and hosting the self-swab lateral flow device instructional film and making e-Learning resources globally available.

HEE also launched the first phase of the new Learning Hub in May 2020, whilst e-LfH saw its biggest year ever, with more than 22 million session launches and the Strategic Vision for Simulation and Immersive Technologies was published, exploring how simulation-based programmes can enhance education, clinical practice and staff wellbeing. Due to the pandemic HEE's support for a cohort of 400 advanced clinical practitioners (ACPs) was not met and rated red at the year end. Although 332 ACPs were recruited through an additional cohort, this was set against the 2019-20 baseline of 2,105. Delivery against the baseline during 2020-21 dropped to 1,700 so the additional cohort helped to make up the shortfall rather than increase overall numbers. The ACP role is intended to provide more efficient and effective use of existing staff with an immediate focus on primary care, older people's services, cancer, mental health and learning disability. The new Learning Disability and Autism pathway was successfully developed during 2020-21. Although the new ACP learners have been inducted onto the programme during the 2020-21 financial year, the formal programme does not commence until September 2021-22.

During 2020-21 HEE strengthened its support to the 'hidden army' of volunteers and carers who make a vital contribution to the health service. We worked with Carers UK to develop an online training and support package which will enhance the development, resilience, and skills of unpaid carers. We also commissioned several practical guides to support multidisciplinary teams.

HEE has supported local systems to make the best use of apprenticeships and the apprenticeship levy, creating new apprenticeships in mammography, diagnostic radiography & therapeutic radiography, sonography, and ACP for nurses.

HEE STAR Tool

The tool is proven to be up to four times more efficient and effective than other approaches to plan workforce change and is built around the five drivers of workforce transformation: supply, new ways of working, up-skilling, new roles and leadership. During 2020-21 it has been updated with new material to support the pandemic response and training has been delivered to over 200 colleagues across 80% of ICSs.

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Innovative Programmes

As well as the STAR tool HEE also promotes and encourages innovation in a strategic relationship with the Academic Health Science Network (AHSN). We have extended that relationship to cover workforce transformation, digital literacy, patient safety and immersive learning. We have also connected our Topol report Artificial Intelligence (AI) recommendation with the government's AI Lab programme and established HEE's role as the lead partner on workforce.

We have identified, trained, and engaged 27 AHSN workforce transformation trainers and facilitators, transplanted the Informatics Skills Development Network to five regions, worked with 10 AHSN facilitators to support Digital Literacy DLS centres and put in place collaborative arrangements with NHSX, the Accelerated Access Collaborative and the AHSN Network. Joint meetings and teams are leading us towards a common aim of joint workforce education, with HEE as the recognised lead partner.

Knowledge for Healthcare

Our key support for libraries has seen NHS staff and learners complete over a million searches on British Medical Journal (BMJ) Best Practice, the HEE funded national clinical decision support for the workforce This is key to our Knowledge for Healthcare strategy, 2021-26 which prioritises enabling staff, learners, and NHS organisations to use the right knowledge and evidence, at the right time. We also had a Parliamentary launch of the Gift of Time showing that NHS knowledge and library services are delivering a net economic annual value of £77m by saving clinician's time.



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Additional Organisational Drivers of Success

The HEE Board's ambition to make HEE the Best Place to Work is supported by our internal drivers of success. These drivers are interdependent and will improve how we operate and assist delivery of our core responsibilities and objectives.

Performance Improvement Culture

HEE continued to strengthen and implement the Performance Maturity Action Plan, designed to develop an enhanced performance culture so we have clarity about whether we are delivering what we said we would. We aligned the performance framework to the Business Plan to ensure a golden thread from strategy to delivery. We reviewed and refined HEE's performance metrics and are planning organisational development activities to support our ongoing improvement journey.

In February, HEE's Portfolio Office held the NHS Project Futures FESTIVAL '21 Programme, bringing together over 650 NHS staff with innovators and experts to promote key skills and the future of the NHS project profession. We launched the NHS Project and Change Capability Framework and four project and programme management apprenticeships for all levels of skill development.

A Benefits Management Framework has also been developed with training to support programme leads define, refine, map and report benefits. This supports our goal to focus more on outcomes by understanding and measuring the benefits of HEE's work.

Governance and Decision Making

Good governance ensures resources are directed in accordance with policy and priorities, that there is sound inclusive decision making and clear accountability for the use of resources to achieve desired outcomes for the NHS.

This year the Board has started to define its Board Assurance Framework, to be introduced in 2021-22 and refined its committee structure, introducing a new People Committee to ensure appropriate focus on HEE's biggest resource, its own people.

HEE supports Regional People Boards with NHSE/I. These boards bring together regional health and care organisations and stakeholders to provide strategic leadership for the implementation of the People Plan and ICS/STP workforce plans. They also deliver the statutory responsibilities of the Local Education Training Boards (LETBs).

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Science and Digital Technology

Science and digital technology help us deliver our priorities more productively and quickly with higher quality whilst improving staff and stakeholder satisfaction. Our Information Strategy advances and progresses digital services, coordinates activity across six work programmes and takes advantage of disruptive technologies to potentially rethink delivery.

HEE's Digital Readiness programme works through the NHS Digital Academy to deliver the Topol Review, which explored how education and training can prepare the workforce for the digital future. The aim is to uplift digital knowledge, understanding, skills and awareness for leaders, digital experts and the wider workforce to improve services. It is delivered with NHSX in four broad areas around the right culture, environment, and development for senior leaders; professionalising the digital workforce; improving workforce digital literacy; and building the future digital workforce.

This year's highlights include very positive responses from the 24 Boards who have completed the Digital Boards' programme we deliver with NHS Providers; establishing the Faculty of Clinical Informatics and the Federation of Informatics Professionals; starting to bring consistency to digital roles and the learning and development to support them; the growth of new collaborative networks, and spreading the Informatics Skills Development Network; benchmarking our workforce against industry standards; improved access via new graduate and apprenticeship programmes; and created development programmes for digital change leaders, ICS teams and aspirant digital change leaders.



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Key Issues and risks to delivery

In 2020-21 the Board reviewed HEE's existing risk exposure, potential future risks and developed a COVID-19 Risk Register alongside the Corporate Risk Register. The register included strategic, reputational, financial, operational and delivery risks, as well as external threats. HEE's principal risks and identification of risks now closed is set out below:

Risk description

Key mitigation(s) in place

Supply of Learning Disability Nurses:

Risk now closed

There is a risk that without sustained growth in Learning Disability Nurse training numbers, who then take nursing posts, we will be unable to meet demand because of multiple years of insufficient recruitment to programmes.

- The residual risk has been significantly reduced due to a second increase of preregistration Learning Disability Nurses entering training and an increase starting on a Trainee Nurse Associate pathway into Learning Disability Nurse training.

Implementation of the Mental Health Workforce Plan:

Risk now closed

There is a risk that HEE may not be able to successfully deliver the Mental Health Implementation Plan to 2024. This is because no single body holds all the levers necessary to produce the required workforce and delays to increasing student numbers or introducing new training pathways or courses (because HEIs aren't operating normally due to COVID-19) will also impact timescale of delivery.

- Providers, commissioners, ALBs (e.g. HEE, NHSE/I), local authorities and the third sector are working together to ensure we recruit, retrain, and retain the staff we need.
- Development of a new cross-system performance and assurance process in line with LTP ambitions to monitor and manage MH workforce growth internally and across the wider system.

Primary Care Workforce:

Risk now closed

There is a risk to the delivery of the additional 26,000 primary care staff in and the implementation of the Primary Care workforce plan due to ongoing uncertainty about funding for Primary Care Training Hubs development.

- Funding for Primary Care Training Hubs in 2021-22 was confirmed as part of our Spending Review discussions with the DHSC.

Spending Review:

Risk now closed

The resources provisionally allocated to HEE for 2021-22 may be insufficient to meet DHSC and NHS priorities.

- The 2021-22 budget, agreed in a tripartite manner with DHSC and NHSE/I gives confidence HEE can deliver its Business Plan which includes DHSC and NHS priorities.

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Risk description

Key mitigation(s) in place

HEE Staff Wellbeing and Longevity and Sustainability of Remote Working:

Risk now closed

There is a risk HEE may be unable to maintain momentum, stability, and sustainability for staff through a prolonged period of remote working resulting in dysfunction, fatigue, stress and illness. There is also a risk that staff may find they don't have the skills to be successful in an extended remote environment.

- A number of actions including: the Health & Wellbeing Hub, the Learning & Development hub, Rapid OH response; regular staff communication focusing on connectivity and wellbeing; online workshops to listen to staff and their ideas; particular focus on key groups likely to feel greater impact e.g. parents and carers, those living alone and BAME staff.
- Access to some offices for those that need it through the COVID-19 secure workplace programme.
- We have not seen an increase in sickness absence nor indicators to suggest dysfunction.
- We are exploring longer term ways of working through the Future of Work.

Fraudulent Activity:

There is a risk of increased fraudulent activity relating to cyber security and data risks that can increase,

- HEE has invested successfully in anti-cybercrime protection software and our approach has been subject to review through the Internal Audit Plan for 2020-21.
- We need to remain vigilant and alert to opportunistic fraud by cyber-criminals, but a recent data exercise showed IT recovery plans are robust.
- Finance staff remain vigilant with updates circulated to HEE colleagues on key awareness levels. The Counter Fraud Panel continually review.

Postgraduate Medical Supply:

Risk now closed

There is a risk to postgraduate trainee progression through the education and training pipeline due to the disruption to college assessments and exams during the COVID-19 pandemic. Changes to the clinical environment to manage the pandemic pose a risk to experiential learning opportunities for trainees to meet the requirements of their specialty curricula. Also, some Medical Royal Colleges have cancelled or rescheduled specialty examinations.

- HEE has worked with the medical royal colleges, the medical regulator, and statutory education bodies to agree derogations to decisions and curricula requirements, accepting alternative evidence and enabling trainees to progress to the next stage of training, where it is safe for them to do so.
- HEE is monitoring changes to trainees' planned placements, capturing trainee and educators' perceived risks; and actual impacts on progression, including outcomes and extensions, to identify and mitigate as needed.

For more about how we manage risks see pages 66 to 67.

Operational risks are managed within programmes, directorates and regions in line with HEE's approach to risk management and the Board's risk appetite for 2020-21, agreed March 2020.

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Addressing local workforce challenges

None of the work in this report is possible without colleagues working together across HEE, with each other and with partners. However, our regions also work closely with local stakeholders to deliver local priorities, recognising the unique characteristics of each. Some highlights are captured in this section.

North East & Yorkshire

In 2020-21 South Yorkshire and Bassetlaw (SYB) ICS was part of an HEE programme to grow the supply of nursing, midwives and AHPs through more high-quality clinical placements. At the same time HEE and NHSE/I introduced programmes to enhance and expand access to placements including Clinical Placement Expansion and Enabling Effective Learning Environments funding.

The SYB ICS 'place based approach' combined these programmes under a single governance structure that included HEE, placement providers and universities - Learning Environment and Placement (LEAP). Working together enabled them to transcend local complexities to ensure consistency in the development and expansion of preregistration practice education.

Despite the demands of the pandemic, SYB introduced placement initiatives and new roles, providing support at place level and helping organisations to achieve the coordination and expansion of placements. These activities included introducing coaching/ratio models, adapting and adopting digital learning and education, wider use of alternative placement experiences such as leadership, blended learning experiences which brought together the practice and simulated environment and the expansion of non-NHS placements through a lead partnership and long arm supervision arrangements.

This enabled the restoration of placements and introduced over 20 new placement providers. This meant local universities did not have to turn away eligible applicants and could welcome record numbers of nursing, midwifery and AHP students. The number entering training grew by 26%. This success can be attributed to a coordinated and collaborative approach that enabled flexibility, supported integration, encouraged transparency, and removed barriers. Whilst the programme has achieved growth, it must remain dynamic and adaptable to support continued innovation.

The success has also led to the formulation of North East and Yorkshire Regional Placement Strategy to continue and share the learning.

South West

HEE South West has been instrumental in establishing innovative projects to address workforce challenges and training priorities across the region.

Clinical Endoscopy provision, for example, has been a major challenge so an Endoscopy Training Academy, initially at two sites, will deliver immersive training for endoscopy learners, support and train administrative staff, providing both additional service and training provision. Another first is establishing a multi-professional generalist school. The Trailblazer, developed with the Gloucester ICS and local universities, will also link to clinical education research opportunities with the Academic Health Science Networks (AHSN).

Welcoming and supporting international medical graduates is a priority so an extended 'Welcome to UK practice' programme has been developed. Supported by fellowships and a working group, it is helping to assist those new to the UK to establish themselves on training programmes and ensure they reach their full potential.

A new Faculty of Advancing Practice, part of the HEE national programme, is a further successful development.

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Embedding advanced practitioners across all healthcare settings is vital as they are integral to the future NHS workforce. Initiatives include an Emergency Care ACP pilot across five sites, support for enhanced practice roles for 74 radiographers, and a developing Reporting Radiographer Training proposal.

Partnership working has been critical to developing oral health training across our health and social care sectors. The South West Mouth Care Matters team worked with NHSE and PHE to develop links with local authorities to support oral health improvement in the care sector and some further education colleges. Targeted virtual training has been delivered to allied health professionals, acute and community adult nurses and care staff. The training, initially aimed at older people, now embraces care for individuals with learning difficulties and physical disabilities.

Raising awareness of small and vital health professions is also helping to address workforce challenges. In North Somerset HEE worked with podiatrists to create a story picture book that introduces children aged five to seven to Penny the Podiatrist, enabling them to learn about the role of podiatrists through the experience of a grandparent. The books have been shared with colleagues for use as part of a ready-made career toolkit for classrooms.

London

In July 2020, a team of interprofessional healthcare specialists formed the London Transformation and Learning Collaborative (LTLC) critical care programme. As part of the wider [London Workforce Hub](#), the LTLC supports the cross-skilling of the workforce to manage existing critical care demand, potential future demand spikes from COVID-19; and longer-term permanent expansion of critical care capacity.

Many of the LTLC team delivered education and training for the London Nightingale Hospital and used this experience to shape the programme, combining new models of care and workforce with education and training needs to rapidly create an agile interprofessional workforce able to deliver care in a wide range of clinical areas.

The LTLC has engaged over 400 stakeholders regionally and nationally to co-develop the programme, working with the five ICSs in the capital, as well as professional and governing bodies such as the Intensive Care Society, British Association of Critical Care Nurses (BACCN) and the Critical Care National Network Nurse Leads Forum (CC3N).

Together we created a [microsite](#) with over 500 multi-media education resources and we are piloting [Non-Registered Support Staff and Registered Support Clinician Digital Skills passports](#) before a potential national spread. We produced an interprofessional matrix to map skills required for different professional groups and critical care roles, with aligned education resources as well as a [ICU orientation interactive tour](#) for staff and are working with ICUs on a patients and family member version.

Our [video series](#) addressed how to support those who experienced moral injury, which is when we believe we or others have been responsible for unmet moral or ethical obligations, during the pandemic and our equipment support matrix allows users to find approved training and support resources for specific equipment. Finally, we have delivered just in time training packages covering the pandemic and undertaken deep dives across six surge sites to support workforce redesign at regional and national levels.

South East

In collaboration with our partners and stakeholders, despite the challenge of COVID-19, we have continued to improve the way we educate, train, and develop our workforce, including through the newly established Regional People Board.

We are developing an [AHP Faculty model](#) to provide the infrastructure that facilitates system-wide working and we helped launch the [Kent and Medway Medical School](#) offering a new model of patient focused medical education. Student, NHS staff, and GMC feedback is very positive.

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We are involved in a [virtual reality medicine and surgery training project](#) delivering virtual 360VR cadaveric surgical procedures to delegates and hosting a pre-conference course for the Association of Surgeons in Training. We are also working with NHSE/I and the Charlie Waller Trust to implement Royal College of Nursing (RCN) endorsed [online primary care training](#) supporting staff carrying out physical health checks on people with serious mental illness.

We supported [Perinatal Mental Health Simulation training](#), co-produced with service users which won a coveted award for patient involvement and the new [Psychological Professions Network](#) providing a voice for the professions in workforce planning and excellence in practice.

Our new [Advancing Practice Faculty](#) aims to build an advancing practice workforce of highly experienced clinicians. We also established a [First Contact Practitioner education forum](#) with partners and developed the Kent, Surrey, Sussex (KSS) Public Health Practitioner programme.

Our nursing team, with student nurses, successfully pioneered a nursing student council in the Hampshire and Isle of Wight ICS which we plan to expand with student councils and professional groups to ensure learner perspectives are integral to education and learning. We were also delighted to welcome the first student nurse on regional placement and we supported the Thames Valley Nurse Cadets pilot programme, which was recently shortlisted in the [HSJ Value Awards](#). The programme with trusts, colleges, and universities aims to get young people into nursing.

We have formed stronger relationships with Skills for Care, social care, and local authorities to address adult social care workforce challenges. We are proud of our contribution to the Adult Oral Health Oversight Group's work on improving oral health in care homes. As a result, our dental team led on developing training resources for the new [Adult Oral Health in Care Homes Toolkit](#).

East of England

We work with NHSE/I, PHE, social care and education providers to support systems in developing the workforce to make the East of England NHS a great place to train and work.

We increased fill rates in all our medical specialties, including general practice where we met our expansion targets. This is matched by an improved support offer to our Faculty with initiatives including virtual masterclasses and educator symposia. Our virtual learning platform has been widely used by specialty trainees and now hosts, amongst other topics, training in leadership and quality improvement. We have embraced generalism and established our Faculty of Advanced Practice. We are continuing to develop our approach to addressing differential attainment and actively sharing learning across specialties.

Our part of the 50,000 nurse increase has seen significant international recruitment, an increase of 35% in student nursing applications, and the establishment of a joint NHSE/I/HEE and system workforce Board to take the commitment forward in the coming year. We have integrated processes for demand scoping and commissioning intentions with ICSs/STPs and aligned with People Plan priorities with the principle of subsidiarity. To further support the ICSs, we and NHSE/I are working on a collective approach to strategic system discussions.

In Mental Health we have increased from 15 to 30 Mental Health Support Teams and the IAPT target of 330 was met. We commenced the Peer Support Worker and Supervision programme, appointed 10 accountable officers or responsible clinicians, established the Psychological Professions Network, and started the Clinically Led Workforce and Activity Redesign Programme.

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Midlands

To aid recovery, we worked with NHSE/I to produce the unique Midlands Charter which outlines trusts commitment to prioritise the restoration of Postgraduate Medical Education which has been signed by 17 trusts to date.

Tackling health inequalities is one of our top priorities so we are well advanced with plans for a generalist programme giving professionals the skills to work with other agencies and tackle some of the underlying causes of ill-health. Additionally, we are working with medical schools and universities to widen participation and ensure the professions reflect the population they serve.

We focused on supporting nursing in a social care setting in partnership with social care colleagues, Skills for Care and Directors of Adult Social Care. This started with the launch of the HEE film promoting the breadth and depth of opportunities for students, qualified nurses, and nursing associates. Five pilot sites are helping to grow the nursing associate role in social care.

The Workforce Transformation Team supports systems and leaders to collaborate on programmes and activities around Regional People Board priorities and HEE People Plan deliverables. The focus this year has been nursing, cancer and diagnostics followed by workforce supply, its on-going development as well as the future planning of the workforce. These events have been hugely successful with over 110 delegates joining virtually and feeding back positively.

We host the Genomics Education Programme (GEP) which has continued to work closely with NHSE/I's Genomics Unit to support the workforce elements of the Genomic Medicine Service, including launching a joint workforce steering group. The GEP also continued to develop and deliver high-quality education and in the past year achieved 15,600 course completions and 153,700 views of its learning resources.

North West

The North West (NW) People Programme is the regional implementation of the NHS People Plan, working with NHSE/I and the NW NHS Leadership Academy. We aim to improve population health, reduce health inequalities, deliver safe, effective, inclusive and compassionate care through the growth, development and support of the health and care workforce. We aspire to a joined-up approach to workforce, and people development and support across the NW.

HEE has taken the workforce supply and transformation lead across five specific workstreams. Through strong partnership working we have succeeded, despite the COVID-19 pandemic. In fact, the pandemic has forged new collaborative working and partnership with key stakeholders.

Our workforce supply workstream includes nursing strategy, supply strategies for apprentices, retention, and returners to training, as well as a plan to increase placement capacity. Our workforce transformation workstream includes upskilling and new ways of working, new roles, and digital transformation. HEE colleagues also supported other workstreams through their expertise and connections. This has been underpinned by workforce modelling and intelligence providing products and modelling to support understanding of the current and future workforce. Working under the regional governance structure, our partners have focused on people priorities and had critical input into the NW NHS People Board. This has enabled joint problem solving, enhanced transparency, better coordination, and alignment as well as cross-organisation support. Above all else, we can hold one another accountable for improving the experience of working in the NHS for everyone.

Performance Report

Performance Analysis

Innovative routes to growing the workforce

Whilst HEE's core business is supporting undergraduate and postgraduate learners to join the NHS, we also provide support across a wide range of other routes into the NHS, including overseas, apprenticeships, widening participation and volunteering. In this section we explore the work of our Global and Talent for Care teams.

The University of Keele supplied services to support HEE's Global Unit in 2020/21 through their Faculty of Health and Medicine. The University of Keele now employs Professor Ian Cumming OBE, previously HEE Chief Executive 2012 to 2020. Professor Ian Cumming chairs the NHS International Committee, chairs the Cross Arms Length Body Better Health Programme Advisory Board, mentors the Health Education England Global Director and supports the HEE contribution to the Foreign and Commonwealth Office Better Health Programme.

Global Health Engagement 2020-21

HEE's Global Engagement develops education partnerships which strengthen health systems and services here and overseas. We work with partners to attract, educate, and train an international health workforce to benefit populations around the world.

Global Learners Programme (GLP)

The GLP is four years old offering overseas nurses employment in the NHS as part of an "earn, learn and live" scheme. Working with overseas governments, nurses are supported through in-country education which meet NMC standards, prior to joining the NHS. The programme works with 50 NHS Providers, including Acute, Community, and Mental Health services.

HEE played a crucial part this year towards delivering the government's additional 50,000 nurses commitment by sourcing more nurses than ever before. Despite the global pandemic challenge, 900 nurses arrived in 2020-21 to work in the NHS. This included 180 experienced Intensive Care Nurses who were deployed during February and March 2021.

Clinical Radiology, Radiography

HEE, Royal College of Radiologists (RCR) and Apollo Imaging international pilot recruits Radiology Fellows and the International Recruitment Programme continues to support the Cancer Workforce Plan. The new Apollo education programme and RCR objective structured clinical examination (OSCE) assessment centre supports individuals to undertake relevant college exams to ensure they meet the needs of the NHS.

Emergency Medicine

We continued to work with the Royal College of Emergency Medicine (RCEM) to help the NHS recruit Emergency Medicine doctors into training programmes that develop emergency medicine skills at a range of levels to ensure the best mix of junior and middle grade expertise. This year 16 doctors were deployed to the East of England, with 30 more appointed pending GMC registration, and 57 awaiting interviews.

Performance Report

Performance Analysis

HEE UK English Language Programme

Working closely with NHSE/I, we invested £1.3m to help 2,043 Healthcare Support Workers (HCSWs) with overseas nursing qualifications improve their English language skills. This money, received largely by Black, Asian and Minority Ethnic HCSWs will improve communication for patients and staff in 105 NHS Trusts, and help more HCSWs reach the English language level required to join the UK NMC Register.

HCSWs have worked tirelessly throughout COVID-19 but do not always receive the thanks and recognition they deserve. This programme acknowledges HCSWs contribution whilst improving ward level communications and quality of care.

Technical Collaboration to Strengthen Health Systems

HEE continued to strengthen technical collaboration through partnerships which build capacity and benefit the NHS and the health systems of partner countries. This year we advised the Kyrgyzstan Ministry of Health on medical education reform with the World Health Organisation (WHO). We also worked with the West Bengal health system on re-designing blending learning packages for mental health nurse communication programmes.

Our Technical Collaboration Unit also delivered six workshops on the clinical management of COVID-19 within Ghana's mental health system with the East London NHS Foundation Trust and worked with the UK Defence Medical Service to support the COVID-19 response in Bangladesh.

HEE has also signed a Memorandum of Understanding (MoU) with the Consortium of Thai Medical Schools to create a Managed Education Partnership (MEP) for Medical Fellows which will exchange its first cohorts in 2021-22. The HEE/PHE hosted 'NHS Joint Unit' delivered technical and quality improvement support to the Foreign, Commonwealth & Development Office (FCDO) 'Better Health' Programme - helping it to an 'A' rating in FCDOs' internal evaluation.

International Placements and Learning to support NHS workforce development

The pandemic demonstrated the NHS needs global health workers to support strong, resilient health systems. Normalising and increasing global learning opportunities for staff will only enhance this. Whilst traditional exchange programmes have been limited by the pandemic, new virtual exchange programmes have begun and will be evaluated over the year ahead.

Talent for Care

Talent for Care supports our apprenticeship, volunteering and widening participation work.

Performance Report

Performance Analysis

Apprenticeships

Apprenticeships are included in the People Plan and LTP and are a HEE priority. With 4.5% of our own staff made up of apprentices, more than any other DHSC arms-length body, we lead by example and have extensively promoted apprenticeships to potential NHS recruits.

The NHS pays £200 million annually in apprenticeship levy, which we help the NHS use to create employment opportunities and grow the workforce. This year spent more of that levy with approximately twenty thousand apprentices starting in the NHS. We help improve literacy, IT, numeracy, and functional skills qualifications, which are essential to all apprenticeships.

Our apprenticeship work has continued to promote and develop apprenticeships with over 85 apprenticeship standards now available in health and science. This year we helped employers and apprentices by supporting apprentices with End Point Assessment (EPA) flexibility to stay on their programme during the pandemic and are now ensuring apprenticeships feature strongly in recovery planning. Health and other public sector areas have the highest apprentice retention rates following the pandemic.

The NHS is expected to deliver around one-third of the public sector apprenticeship target, with around 28,000 annually. Talent for Care has supported at system and organisation level towards the 50,000 nurses growth target through the Registered Nurse Degree Apprenticeship (RNDA). The apprenticeship workstream will increase RNDA uptake by 2,000 starts.

The apprentices team also provided support for system-wide procurement, levy transfers for providers, and levy transfer partnering with other industries for primary and social care apprenticeships. We grew our EPA collaboration with universities, national providers and the Education and Skills Funding Agency (ESFA) - the first of its kind - to ensure quality, best practice and EPA access for clinical apprenticeships as well as aligning EPAs for regulated roles with Institute for Apprenticeships and Technical Education (IfATE) policy changes.

On top of this, over 11,000 learners from 130 employers used our functional skills tool to support staff with numeracy, literacy and ICT skills and we ran multiple support sessions supporting employers in Skills for Life planning. Over 300 learners from 20 employers have registered for their functional skills exams before the end of the academic year, a number that is likely to rise significantly.

Our national English for Speakers of Other Languages (ESOL) strategy is informed by our recently refreshed practice group, comprised of practitioners, teachers, ESOL speakers and other colleagues. We are especially proud of our downloadable Top Tips - compiled by practice group member Iolanda Pedrosa, with 50 employers already attending webinars as interest grows.

We also commission access to a tool called ENIC from the UK National Information Centre for the recognition and evaluation of international qualifications and skills allowing employers to check the UK equivalence of overseas qualifications. Over 400 health and social care staff have progressed their career as a result.

Widening Access and Participation

Giving opportunities to those from non-traditional backgrounds helps the NHS maximise its access to talent, improves disadvantaged communities and reduces inequalities in health by making the workforce better reflect those it is designed to serve.

The Talent for Care team's Step into Work programme supported over 300 unemployed people into health and social care roles and now has a fast-track route as a direct response to the economic impact of the pandemic. Through our partnership with the Careers Enterprise Company, we have 16 Cornerstone Employers and over 50 Enterprise Advisors all actively supporting schools and colleges with careers provision.

Performance Report

Performance Analysis

Our widening access work includes growing professional entry from under-represented areas and marginalised groups through diverse partners and initiatives. Future Quest targets the South East, Sutton Trust and the Social Mobility Foundation targets the North West, North East and the Midlands, whilst the Medical School Council targets the South West, South East, London, East of England, the Midlands and the North West.

Results include the Medical Schools Council Access to Medicine programme recruiting 736 students to summer schools, 165 more than the target, with 11 from local authority care and 38 young carers. The Social Mobility Foundation Aspiring Professionals Programme: Medical's cohort was 22% BAME, 26% eligible for free school meals, and 28% living in the worst performing 50% of local authorities - the programme achieved 74% conversion into medicine and the professions. The Sutton Trust's Pathway to Medicine programme's five cohorts showed 82% were accepted into university with 52% going on to study medicine or related discipline, giving a return on investment of £17.70 for every £1 invested in the programme. Future Quest's Routes into Medicine and the Professions started its first cohorts in 2020.

Volunteering

Volunteering has been central to the pandemic response with over 750,000 people volunteering in the NHS. HEE's programmes have been recognised at national and international level for training, upskilling, and supporting volunteers.

This year we have created a new national volunteering team and achievements include 5,500 NHS Ambassadors inspiring future generations to work in the NHS through 4,000 invitations to Inspiring the Future and Primary Futures events. We also radically and rapidly tailored our Volunteer Learning Programme e-Learning content to support volunteers during the pandemic and created new content to highlight national NHS Responder volunteer roles and duties.

We also worked with 22 vanguard pilot sites analysing the impact of volunteer education and supported a Skills for Justice Accredited national Volunteering Certificate and badge.

Corporate Social Responsibility

HEE's primary focus is to support the NHS in having the workforce it needs to provide world class care for all, free at the point of need. Nonetheless, as a public sector body, HEE is keen to support and promote good causes beyond its statutory responsibilities and particularly those that our colleagues are passionate about.

HEE colleagues continue promoting, supporting, and celebrating a wide range of charities and causes. This was particularly difficult due to the pandemic, but it has not stopped colleagues from being creative and inventive, giving their time and raising thousands of pounds for charities.

We continue via the Learning and Development Policy to encourage all HEE colleagues to set aside up to 5 days each year to aid their personal development and make a difference to their local communities. Our 'ABCDE' days allow colleagues to 'do their bit' by volunteering for a charity of their choice for a day in which they would usually be at work.

We are extremely proud of our colleague's philanthropic work and continually celebrate and promote these through internal communications. Many colleagues have made strong connections not only with local charities but have also used this to keep in touch with their colleagues in a social and wellbeing setting throughout the pandemic.

Respect for Human Rights

Over and above our statutory responsibilities and in accordance with the principles of the NHS Constitution, we are committed to respecting and promoting the human rights of all NHS staff, stakeholders, and partners, as well as NHS patients and those communities in which we operate. To achieve this, we are constantly striving to maintain the highest standards of quality in all our work and in the employment and learning environments that we support and provide.

Performance Report

Performance Analysis

Sustainability and Environmental Matters Report

The delivery of HEE's objectives must meet the needs of the present generation without compromising the needs of the next, so it is vital that sustainability is integrated into all we do.

HEE's Sustainable Management Development Plan is clear that as a national NHS system leader we recognise the links between health and the environment, and that climate change and the depletion of finite resources represents a growing threat. We are committed to long-term development and take our responsibilities to the wider community seriously. We acknowledge the potential impact our activities have on the environment, so we aim to ensure that environmental management and sustainable development are integral to our working agenda.

HEE works with other ALBs in the Sustainable Development Group, which includes trades unions and local government. We support the Net Zero NHS and Greener NHS initiatives, and have had early engagement with the first NHS Chief Sustainability Officer. HEE are members of the Net Zero NHS Health and Care Committee.

We support the government's commitment to sustainable development, including the United Nations (UN) 2030 Agenda for Sustainable Development, which HEE directly contributes to through activities linked to Goal 3: Ensure healthy lives and promote wellbeing for all at all ages. We also support the government's endorsement of environmental management as one of the tools to ensure a better quality of life for our staff and communities. This is clearly signalled by recognising the importance of social, economic and environmental impacts in our decision making.

We are implementing our sustainability targets transparently and robustly. Our procurement policies embed sustainability. Wherever possible, we will meet and exceed the Greening Government Commitment targets by minimising our environmental impact and ensuring our purchasing activities are sustainable. We provide opportunities for our own staff to lead a sustainable and healthy lifestyle. Our use of video conferencing, efficient travel and recycling were already increasing prior to COVID-19; our adaptation to different working has shown what is possible with technology, and we seek to retain the benefits of these new ways of working in the future.

Travel and Transport

We have an ongoing aim to reduce our business travel, limiting journeys wherever possible, and encouraging the use of more sustainable modes of transport or technology. Minimising our business travel improves the quality of local environments, reduces carbon emissions, delivers cost savings, and benefits staff health and wellbeing.

As a result of home working throughout the COVID-19 pandemic, in line with government guidance, we have virtually eliminated staff business travel, delivering a huge reduction in travel-related carbon emissions. As part of our response to the pandemic our major assessment and recruitment events were held online to prevent trainees, recruits and panel members having to travel. Hosting events online has also brought non-reliance on external venues, reducing catering costs and food wastage, and further cost-savings.

The Future of Work programme (due to conclude in late summer) will inform HEE's future approach to business travel and support delivery of long term efficiencies.

Waste

Waste can present significant risks to the health and safety of staff, public, and environment leading to prosecution and reputational damage. So, it is essential that we aim to segregate, handle, transport and dispose of all our waste safely. We aim to reduce our total waste, and where the waste is unavoidable, we will aim for the most sustainable route available. We try to manage waste consistently across our estate, whilst recognising that some local variance may be necessary to reflect building arrangements. We will continue to work with our facilities management providers to explore new and innovative ways to reduce the environmental impact of any unavoidable waste we generate. Waste is usually produced within our office environment, with colleagues largely working from home over the last year we have produced very little office waste.

Performance Report

Performance Analysis

Procurement

We aim to realise sustainable development through procurement and contracting. The public sector must demand sustainability from its supply chain as it is responsible for ensuring public money used for goods and services maximises social benefit. Taking responsibility for our actions and decisions contributes to a healthier economy and adds to our attractiveness as an employer.

We adhere to the Chartered Institute of Purchase and Supply (CIPS) ethical code and use the UN guiding principles to promote sustainable growth across supply chains. We pay suppliers fairly, consider labour market practices, human rights, the environment, and the socio-economic community when procuring, and reduce waste. We also seek to procure services ethically, above and beyond our legal obligations and promote traceability and transparency of supply chains.

Our Commercial Team works with key partners and suppliers to promote sustainability and achieve a green supply chain. Sustainable procurement processes ensure we achieve value for money on a whole life basis to generate benefits for HEE, the economy and society.

Relevant legislation, such as the Social Value Act 2012, Equality Act 2010, and Modern Slavery Act 2015 are considered to ensure we use ethical suppliers. All Commercial team members have completed courses on social value in procurement to reinforce best practice.

Built Environment

We operate from a varied leased estate across England in NHS Property Services and other provider managed properties. Where possible, we rationalise our estate by applying our principles of estate management. When making improvements, we aim to provide the best possible working environment for staff, whilst ensuring sustainability. Our Property Asset Management Board oversees all estates activity, sharing best practice to ethically meet the needs of our workforce.

We have improved the sustainability of our physical estate in 2020-21 by closing offices in Lincoln and Norwich; agreeing the consolidation of our two Leeds sites into one; reducing space in Liverpool, Sheffield and Birmingham; installing efficient LED lighting with passive infra-red sensors to ensure lighting turns off when space is unused; and, working with suppliers, including stationery, catering and office supplies companies, to reduce our use of single use plastics.

Lessons learned

The COVID-19 pandemic required HEE, in common with many organisations, to quickly find new ways of delivering objectives. Our pandemic response focused on making agile, remote working our default approach, equipping staff with the right technology to support this.

We are now defining our future ways of working to help embed sustainable practice. By embracing innovation, we will continue to reduce the negative environmental effects of our work.

Performance Report

Financial Review

The key financial performance targets were:

- Revenue Resource Limit for the year: achieved with an underspend of £107.4 million
- Capital Resource Limit for the year; achieved with an underspend of £1.5 million
- Cash Limit for the year: under draw on allocation of £51 million

HEE's core purpose is the education and training of future healthcare staff and 84% of our budget is focused on this purpose. Further budgets support training and development for qualified clinical staff, who need further professional development to meet more complex patient needs and the transformation of NHS patient care models. Most education and training activities are delivered through contracts with providers, these range from hospitals and universities to small and medium sized enterprises.

Education finance is a long term investment by the taxpayer with the key objective of developing the highly skilled workforce the patient and NHS need. During 2020-21 the impact of COVID-19 has continued to feature in the financial performance of the organisation and the operational work of the Finance, Funding and Commercial team.

The team worked throughout the year to meet Cabinet Office best practice for providers in these challenging times. Digital First working has supported our 11,192 providers and maintained payment standards at over 97%. This allowed our key providers to continue to offer the essential services underpinning education activities.

Managing in response to COVID-19 required new styles of working with our providers and students. Through spring and summer 2020, HEE supported the delivery of emergency education standards by providing NHS leadership to introduce new 'paid-placements' for selected nursing, midwifery, allied health profession and healthcare science students. The new 'paid-placements' allowed students to maintain their educational progression, contributing to their required clinical placement hours while supporting the NHS response to the COVID-19 pandemic.

We worked with NHS England, NHS Employers, the Council of Deans for Health, the Nursing and Midwifery Council and the Health and Care Professions Council to support the safe and effective use of this novel scheme. HEE's Heads of Commissioning and Data Leads worked with our provider partners to operate the scheme and we worked with NHS England/NHS Improvement to arrange the salary payments for students with circa 28,000 taking part.

Moving from the operational impact of COVID-19 to the impact on financial performance in some areas training and education were significantly impacted, for example dental training has suffered in close contact situations. Student placements e.g. nursing, physiotherapy were challenging to maintain despite all initiatives in place. The HEE approach was to incentivise providers to continue training wherever feasible for training to continue, maintaining the capacity in year and for future years.

Due to lower activity levels costs to support students and their placements have reduced by 16 percent. When the students now complete their courses in the 2021-2022 financial year this will impact on the expenditure on training and education activity. The potential for higher costs will be monitored by HEE and the Department of Health and Social Care so that all students and trainees can appropriately finish their training. Workforce Development - Postgraduate Medical and Dental investment was sustained and increased by 7 percent for the year. In some instances, trainees engaged in supporting the COVID-19 response, so further costs may again be incurred in 2021-2022 to get them back to the normal training path.

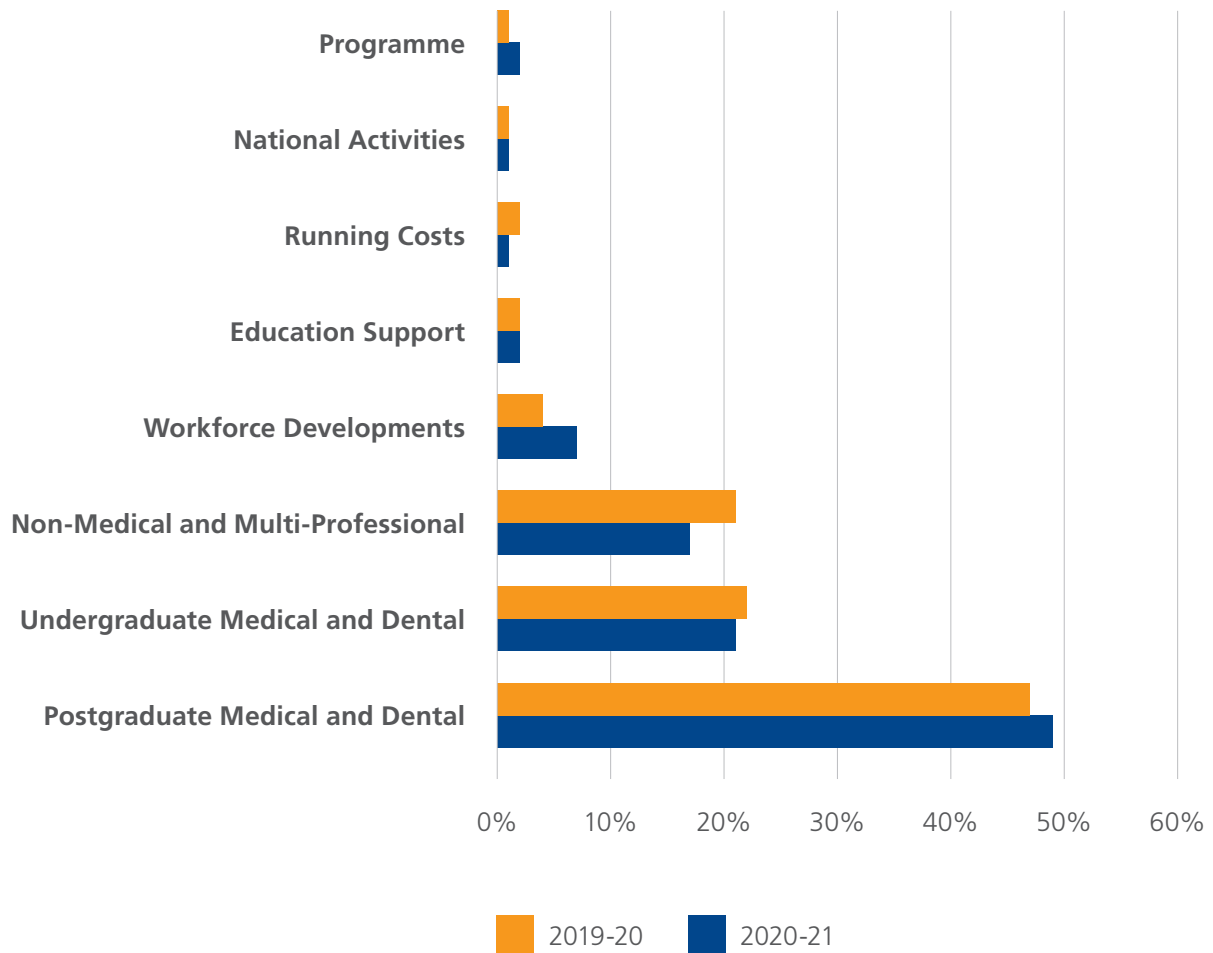
The financing of HEE is met through Grant in Aid funding provided by the Department of Health and Social Care, which is approved annually by Parliament. The Secretary of State for Health and Social Care, has confirmed that Parliamentary funding has been voted to permit the relevant activities to continue. 2021–2022 funding has been agreed for HEE's activities ensuring adequate funding to meet our liabilities. Work is already taking place with the Department of Health and Social Care and HM Treasury to identify the funding from April 2022.

Performance Report

Financial Review

The graph below shows in summary how HEE invested its funds.

% of net expenditure for 2020-21 compared to 2019-20



Performance Report

Financial Review

Better payment and late payment reporting requirements

HEE is required to adhere to the Better Payments Practice Code (BPPC). This code requires all public bodies to pay suppliers/other NHS bodies within 30 days of receipt of a valid invoice. Currently the target set by the Department of Health and Social Care is 95%.

HEE's achievement in 2020-21 is as follows:

	Number of bills processed			Value of bills processed		
	Total number processed	Number within target	% within target	Total value processed £'000	Value within target £'000	% within target
NHS	7,311	7,059	97%	3,665,360	3,634,098	99%
Non-NHS	48,248	46,584	97%	608,695	599,797	99%



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021



Accountability Report

Corporate Governance Report

This report sets out how we meet key accountability requirements to Parliament. It comprises three key sections:

The **Corporate Governance Report** sets out how we have governed HEE during 2020-21, including membership and organisation of our governance structures and how they support achievement of our objectives. The report includes the Directors' Report, the Statement of Accounting Officer's Responsibilities and the Governance Statement and starts from page 47.

The **Remuneration and Staff Report** sets out our remuneration policies for non-executive directors and executive directors and how these policies have been implemented, including salary information and pension liabilities. It also provides further detail on remuneration and staff and starts from page 72.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability to Parliament, including a summary of fees and charges, contingent liabilities and the Certificate and Report of the Comptroller and Auditor General to the House of Commons. The report starts from page 96.

Accountability Report

Corporate Governance Report | Director's Report

Our Board has a diversity of skill, experience, and approach, which underpins our decision-making. Our Board's purpose is founded on independence and diverse thinking to set strategy and constructively challenge the organisation to perform at its best.

Board Members on 31 March 2021 were:

Chair



Sir David Behan CBE

Was appointed as Chair of Health Education England in December 2018. He provides strategic leadership and ensures proper governance for the Board.

Non-Executive Directors



Professor Soraya Dhillon MBE

Soraya is the Chair of the Remuneration Committee and a member of the People and Performance Assurance Committees. She works in partnership with HEE's Regional Director in London to ensure the Board maintain strong links with our regional activities.



Mr Andrew Foster CBE

Andrew chairs the People Committee and is a member of the Remuneration Committee. He works in partnership with HEE's Regional Director in the South West to ensure the Board maintain strong links with our regional activities.

Accountability Report

Corporate Governance Report | Director's Report

Non-Executive Directors *continued*



Professor Andrew George MBE

Andrew chairs the Performance Assurance Committee and is a member of the Remuneration Committee. He works in partnership with HEE's Regional Director in the North West to ensure the Board maintain strong links with our regional activities.



Professor John Latham CBE

John chairs the Audit and Risk Committee and is a member of the Remuneration Committee. He works in partnership with HEE's Regional Director in the East of England to ensure the Board maintain strong links with our regional activities.



Dr Liz Mear

Liz is the Chair of the People's Advisory Forum, a member of the People and Remuneration Committees and co-chairs HEE's Digital First Task & Finish Group with our Chief Executive. She works in partnership with HEE's Regional Director in the North East & Yorkshire to ensure the Board maintain strong links with our regional activities.



Dr Harpreet Sood

Harpreet is a member of the Audit & Risk, People and Remuneration Committees. He works in partnership with HEE's Regional Director in the South East to ensure the Board maintain strong links with our regional activities.

Accountability Report

Corporate Governance Report | **Director's Report**

Associate Non-Executive Director



Sir Andrew Morris OBE

Andrew is the Vice-Chair of NHS Improvement, he sits on the Board of HEE as part of a reciprocal arrangement regarding Associate Non-Executive Directors.

Chief Executive



Dr Navina Evans CBE

Navina joined HEE on 1 October 2020 from East London NHS Foundation Trust (ELFT) where she had been Chief Executive since 2016.

Executive Directors



Professor Wendy Reid, Director Education & Quality, Medical Director
(Interim Chief Executive, 1 April 2020-30 September 2020)

Accountability Report

Corporate Governance Report | **Director's Report**

Executive Directors *continued*



Calum Pallister
Director of Finance



Professor Mark Radford
Chief Nurse

Directors



David Farrelly
Chief Operating Officer



Lee Whitehead
Director of Corporate Accountability and Engagement

Accountability Report

Corporate Governance Report | **Director's Report**

Directors *continued*



Patrick Mitchell

Director of Innovation, Transformation and Digital



Laura Roberts

Director of Skills Development and Participation



Jo Lenaghan

Director of Strategy



Rob Smith

Workforce Planning and Business Intelligence Director

Accountability Report

Corporate Governance Report | Director's Report

The Chair and non-executive directors are appointed by the Secretary for State for Health and Social Care and executive directors are appointed by the Board in line with the Care Act (2014) and HEE's Standing Orders.

The changes to the Board this year are summarised below:

- from 1 April 2020 to 30 September 2020 Professor Wendy Reid was HEE's Interim Chief Executive
- On 1 October 2020, Professor Wendy Reid returned to the role of Director Education & Quality, Medical Director
- from 1 April 2020 to 30 September 2020 Professor Sheona MacLeod was HEE's Interim Director Education & Quality, Medical Director
- on 1 October 2020 Dr Navina Evans commenced in the role of HEE's Chief Executive
- Professor David Croisdale-Appleby's term of office as a Non-Executive Director ended on 31 August 2020
- The Secretary of State for Health and Social Care appointed Dr Harpreet Sood as a Non-Executive Director on 1 September 2020, Harpreet had previously been an Associate Non-Executive Director on the HEE Board

Details of Board remuneration can be found in the Remuneration and Staff Report at pages 72 to 94.

Register of Members' Interests

HEE is committed to openness and transparency in its work and decision making. Personal interests held by Board and Committee members are managed according to HEE Standing Orders. We maintain and publish a Register of Members' Interests which draws together Board member's declarations of interest. Our Register of Interests is published on our website.

Board members are required to notify and record any interests relevant to their role on the Board. The Register is presented for review at each Board meeting, and in Board and Committee meetings, members are asked to declare any interests in relation to agenda items being considered, abstaining from involvement if required and to advise the Board Secretary of any new interests which need to be included on the register.

Details of related party transactions, where HEE has transacted with other organisations to which a Board member is connected, are set out on page 118.

The Register is available online: <https://www.hee.nhs.uk/about/how-we-work/board-meetings-papers>

Accountability Report

Corporate Governance Report | Director's Report

Our governance structure

The Board

HEE's Board members bring a wide range of experience, skills, and perspectives to the Board. They have strong leadership experience and together set the strategic direction of the organisation and ensure there is robust and open debate during Board deliberations.

The Board comprises the Chair, at least six non-executive directors, the Chief Executive and three executive directors. The number of executive directors on the Board must not exceed the number of non-executive directors. During the year one non-voting associate non-executive director has also attended the Board and six non-voting executive directors regularly attend Board meetings.

Directors who served on HEE's Board and their attendance at this year's Board meetings are listed in the table on Annex 2 and biographical details in summary are at page 48 and may be viewed in detail on the website⁶.

The Board has been supported in its assurance and oversight of HEE by twelve Committees. The Committees are part of HEE's formal governance structure and provide the Board with regular reports to support the Board focusing its time on strategic decision making whilst giving assurance that effective decisions are based on the right information. The Committees are:

- Audit and Risk Committee
- Remuneration Committee
- Performance Assurance Committee
- People Committee
- People's Advisory Forum
- Seven Regional People Boards and Local Education & Training Boards

Committee Chairs report to the Board following each committee meeting and the Board formally receives the approved minutes of all committee meetings. This supports the Board's oversight of committees' responsibilities being discharged effectively.

Board and Committee attendance by members is detailed at page 128 at Annex 2.

The HEE Board and the National People Board resolved to establish seven committees in common, to be known as Regional People Boards (RPBs) and Local Education & Training Boards (LETBs). A common Terms of Reference was developed and adopted by the RPB/LETBs as they became established. The seven new boards have been constituted with RPB Chairs in place, these being senior system leaders within the regions.

The Accounting Officer, as well as being a member of the Board, is informed of committee activity through discussions with the relevant committee chair and lead Executive Directors. The Chair and Accounting Officer reserve and exercise the right to attend all committee meetings.

An overview of the Board and Committee framework is shown on page 55 and individual Committee reports, can be found on pages 58 to 62. The terms of references for each Committee are on the website as part of HEE's Standing Orders⁷.

Our governance and accountability structure for 2020-21 is summarised overleaf:

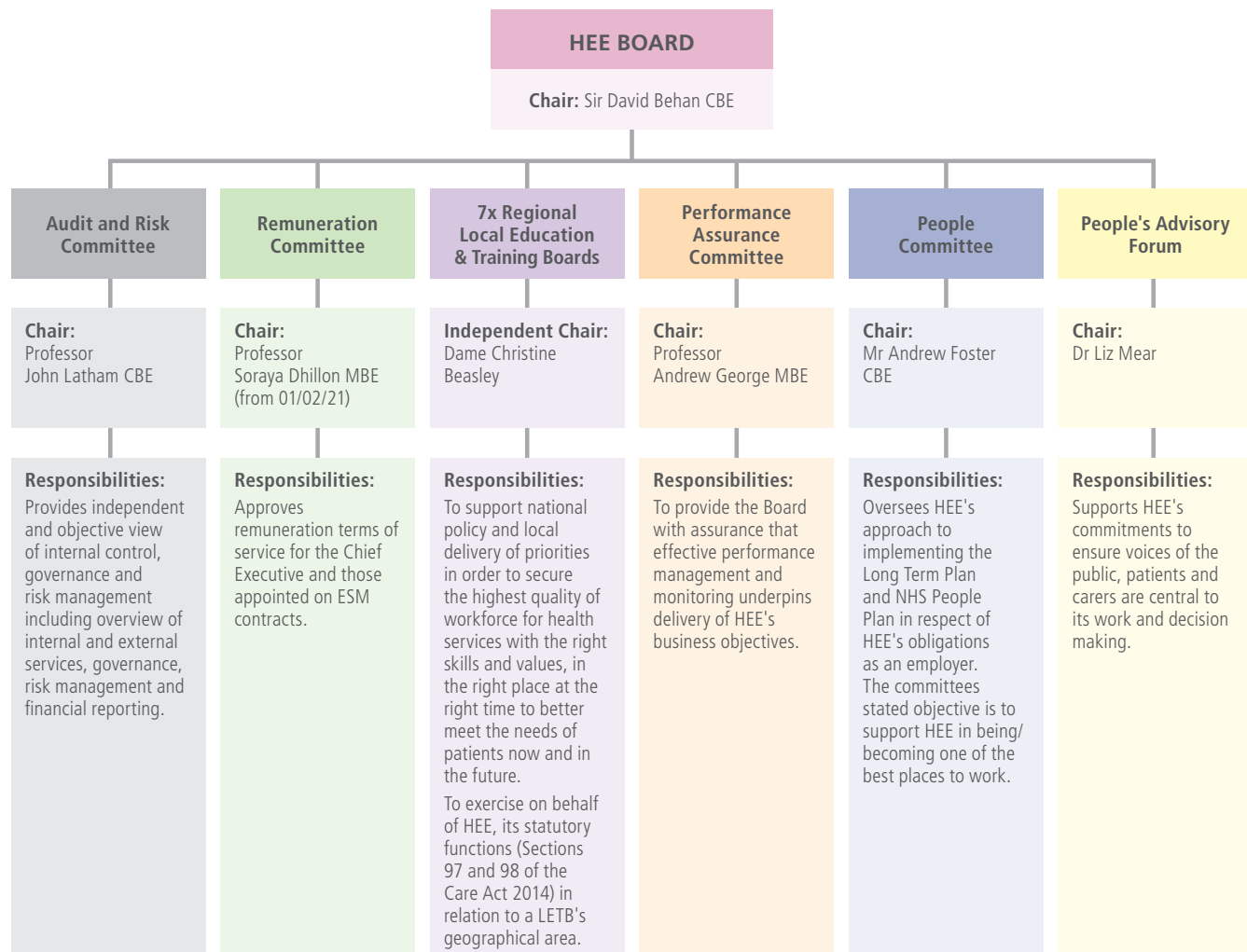
⁶ <https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

⁷ <https://www.hee.nhs.uk/about/how-we-work/board-meetings-papers/hee-board-meeting-17-march-2020>

Accountability Report

Corporate Governance Report | Director's Report

Board & Committee Structure at 31 March 2021



Accountability Report

Corporate Governance Report | Director's Report

The Role of the Board

The Board is HEE's senior decision making forum. It has reserved key decisions and matters for itself, including strategic direction, overseeing delivery of the agreed strategy, the approach to risk, and establishing HEE's culture and values. They are set out in the Scheme of Delegation.

Key responsibilities to support its strategic leadership to the organisation include:

- approving the business plan and monitoring performance against it
- holding HEE to account for performance and its proper running (including operating in accordance with legal and governance requirements)
- determining which decisions it will make and which it will delegate to the Executive via the Scheme of Delegation
- ensuring high standards of corporate governance and personal conduct
- providing effective financial stewardship
- promoting effective dialogue with government departments, other ALBs, and stakeholders

Accountability Report

Corporate Governance Report | Director's Report

Board Activity

Throughout the year the Board has met remotely, for public and private meetings and briefing sessions. In July 2020 to re-open meetings of the Board to the public we commenced recording and placing them on our website for the public and stakeholders to view. In January 2021 we transitioned to live streaming our public board meetings.

Our Board has been actively engaged in HEE's response to the COVID-19 pandemic, in March 2020 a regular briefing for Non-Executive Directors was established to support members in their strategic oversight as we worked at pace in response to the rapidly evolving situation. Over the year, the briefings have been held as required on thirteen occasions. These briefings were in addition to the Board's considerations of matters related to HEE's pandemic response in public meetings, where considerations included:

- HEE's approach to responding to the pandemic
- a strategic review to enshrine learning from the response to the pandemic
- workforce planning
- profession specific updates related to the pandemic's impact on training and education
- approaches to deployment of students and trainees to support the workforce
- the phases of, and activity required to deliver HEE's restart programme

At quarterly intervals, the Board has considered in public the Finance Report, the Performance Report and HEE's Corporate Risk Register. The Board has also:

- maintained focus on its priority of HEE becoming the Best Place to Work, through regular briefings and hearing the voice of staff through staff network presentations on their priorities, objectives and requests of the organisation
- approved the 2020-21 Business Plan, and in the latter stages of the year advised on the development of the Business Plan for 2021-22
- focused on the delivery of HEE's mandate, including considering mitigations where the pandemic has impacted
- heard from HEE's Freedom to Speak Up Guardian about our network of guardians and their priorities, as well as receiving the Freedom to Speak Up Guardian's Annual Report
- considered aspects of Medical Education Reform, including the Enhancing Junior Doctors Working Lives report and the recommendations of the Future Doctor report
- agreed Standing Orders, Standing Financial Instructions, and Scheme of Delegation
- been apprised of progress towards compliance with the Data Security & Protection Toolkit
- agreed HEE's strategic approach to Global activity in view of the importance of delivering specific manifesto commitments and potential wider NHS benefits of global engagement
- given focus to the priorities of the NHS People Plan
- considered the implications and opportunities arising from the UK's exit from the EU
- agreed an approach to, and published statements that show HEE's financial contribution to the education and training delivered, in each of the 42 ICS/STP footprints
- considered opportunities to maximise the potential of workforce transformation activities
- received updates on the Topol Programme for Digital Fellowships in Healthcare
- undertaken Board Assurance Framework development activity
- participated in the Digital Board development programme

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Audit and Risk Committee

The Committee provides independent and objective assurance to the Board on how HEE manages its system of internal control, governance, and risk management. This includes an overview of internal and external audit services and financial reporting.

Committee members

The Committee met seven times. The Chair is Professor John Latham CBE. There are three further Non-Executive Director members and it is supported by the Board Secretary and Director of Finance. Attendance at Audit and Risk Committee is available in Annex 2 at page 129, and additional attendees are invited to assist with Committee business. For 2020-21 these included:

- The Chair
- Chief Executive
- Director of Corporate Accountability and Engagement
- Deputy Director of Finance - Systems
- Director of Human Resources and Organisational Development
- Head of Internal Audit (Health Group Internal Audit Service)
- Director responsible for health at the National Audit Office (NAO).

Committee business

The Committee has provided the Board with regular updates on its key duties which include:

- reviewing HEE's risk profile, the management and mitigation of current and emerging risks and ensuring all corporate risks have an accountable director and delegated risk owner
- evaluating the effectiveness of HEE's control environment
- assessing the integrity of HEE's financial reporting and satisfying itself that any significant financial judgements made by management were sound
- considering relevant reports from the NAO on HEE's accounts and the achievement of value for money
- commissioning and receiving internal audit reports on the adequacy of internal control systems, risk management and corporate governance
- reviewing the activities of internal and external auditors, including monitoring their independence and objectivity
- assuring the Board that management responses to internal and external audit recommendations are implemented
- oversight of the organisation's arrangements for counter fraud

In addition, key activities have included:

- considering areas for review by internal audit, approving the 2020-21 work plan and monitoring delivery of continuing work from 2019-20
- receiving Director updates on outstanding internal audit actions and key risks relating to their respective Directorates
- ensuring delivery of 2019-20 Annual Report and Accounts and preparations for the 2020-21 Annual Report and Accounts
- reviewing NAO updates on progress with their audit work
- receiving reports at each meeting on corporate risks, updates to the status of internal audit recommendations, financial controls and the management of HEE's legal cases

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Remuneration Committee

The Committee's primary aim is to oversee and approve the appropriate remuneration and terms of service for the Chief Executive, Directors and other Executive and Senior Managers (ESM) on behalf of the Board. The Committee has delegated powers to act on behalf of the Board within the approved Terms of Reference.

All our appointments and arrangement for determining the salaries of our senior staff are carried out in accordance with processes set by DHSC and, where required, with the approval of the DHSC Remuneration Committee.

The Committee adheres to all relevant legislation, regulations and policies in all respects including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors and senior staff whilst remaining cost effective. The committee's remit includes (but is not limited to):

- all aspects of salary (including any performance related pay elements) relating to the Chief Executive, Directors, and ESM's
- provisions for other benefits, including pensions and cars
- arrangements for the termination of employment and other contractual terms
- ensuring officers are fairly treated for their individual contribution, having proper regard to HEE's circumstances and performance and any national arrangements for such staff
- proper calculation and scrutiny of termination payments, taking account of relevant national guidance, advising on and overseeing appropriate contractual arrangements
- proper calculation and scrutiny of any special payments
- oversight of the local Clinical Excellence Awards Process

HEE's Remuneration Committee was chaired by Professor David Croisdale-Appleby OBE, until August 2020 when his term of office ended. In January 2021 Professor Soraya Dhillon MBE, was appointed as Committee Chair by the Board. All HEE's non-executive directors are members of the Committee. The Committee met three times during 2020-21. A report of each meeting is provided to the subsequent public Board meeting, and copies of the full minutes are provided to all Non-Executive Directors. The Committee is supported by the Board Secretary and the Director of Human Resources and Organisational Development.

Attendance at Remuneration Committee is available on page 129.

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Performance Assurance Committee

The Committee's primary role is to assure the Board that effective performance management and monitoring underpins the delivery of business objectives. The Committee also highlights to the Board any performance-related issues which would benefit from the Board's consideration and strategic input.

Committee members

The Committee met four times. The Chair is Professor Andrew George MBE and there were three further Non-Executive Director members. Member attendance is available in Annex 2 at page 130. Additional attendees are invited to assist with business. For 2020-21 these have included:

- Director of Performance
- Director of Finance
- Head of Information and Intelligence

Committee business

Over the year the Committee has received reports to be assured of the progress of HEE's performance management framework. It has also focused on the development of HEE's benefits management operating framework, an approach to integrated reporting across aspects of HEE's Business Plan, the People Plan and mandate and reviewed HEE's Performance Maturity Action Plan.

People Committee

The Committee's primary role is to oversee HEE's implementation of the NHS People Plan (and any subsequent system wide strategies or policies deemed appropriate by the Committee with the agreement of the Board) in respect of HEE's obligations as an employer. Its stated objective is to support HEE in becoming an exemplar employer, with the aim of being considered by staff the Best Place to Work. The Committee considers issues relating to all HEE staff.

Committee members

The Committee met once. The Committee Chair is Mr Andrew Foster CBE, and there are three further Non-Executive Director members and four Executive Director members. The Committee is supported by the Board Secretary and Director of Human Resources and Organisational Development. Member attendance at People Committee is available in Annex 2 at page 130.

Committee business

As the Committee has sought to establish itself this year, it has focused on the People Strategy and Organisational Development delivery plan for HEE's staff in line with the ambitions of the NHS People Plan. The Committee has placed emphasis on oversight of HEE's Best Place to Work programme, mirroring the Board's ambition for the organisation and the importance of this programme to the Board. In doing so, as well as receiving programme updates, the Committee has heard from HEE's Black, Asian and Minority Ethnic Staff Networks and HEE's LGBTQ+ staff network, HEEROs. The Committee has also focused on analysis of Workforce reports with a particular focus on the gender pay gap and the action plans linked to the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standard (WDES).

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People's Advisory Forum (PAF)

The past year has been one of change for PAF, in which the group has reflected on its roles and responsibilities. In particular, the group has explored how it may best support the commitment to ensure that public, patient and carer voices are central to HEE's work and decision making. PAF members bring a wealth of knowledge and lived experience to the work of the group and to HEE.

In January 2020, PAF was established as a formal subcommittee of HEE's Board and used this opportunity to review the group's terms of reference. This resulted in the agreement to change the name of the group to the People's Advisory Forum (from the Patient Advisory Forum), nominate a PAF member as co-chair to support the reporting of PAF activity to HEE's Board. Led by Dr Liz Mear the group has subsequently strengthened its leadership with the election of PAF member Phil Hough as co-chair. Phil is a carer of 35 years with significant experience supporting and championing national and local work in the NHS and social care. Professor Mark Radford is the Senior Responsible Officer.

PAF members are initially appointed for three years through an interview and selection process with an option to serve up to a further three years. Several members completed their term of office this year and new members were recruited, with some overlap to ensure a smooth transition. As a result of this recruitment, we have been able to increase the diversity of the group, particularly, strengthening the voice of young people.

PAF has been unable to meet face to face this year, however, has continued with its quarterly meetings via Microsoft Teams and operates as a virtual network. Individual members are recruited to HEE programmes, projects and initiatives. This year PAF provided valuable expertise and leadership in programmes including, Nursing, Blended Learning, Primary Care and Mental Health.

Quarterly meetings include discussion with HEE programme leads and other senior staff. This provides PAF with a strategic overview of the organisation's work and gives workstream leads the chance to seek guidance and advice. This year, topics have included widening access to NHS jobs, Technology Enhanced Learning and Medical and Nursing education.

Dr Liz Mear, HEE non-executive director and co-chair of PAF, said: "HEE's Board is committed to making sure that the voices of the public, service users, patients and carers are central to HEE's work and decision making. The decision to establish PAF as a formal subcommittee of HEE's Board is testament to this commitment. Since its inception, PAF has gone from strength to strength and these new, positive changes will ensure this upward trajectory long continues."

Phil Hough, PAF member and co-chair of PAF, said: "As a carer of 35 years myself, I was thrilled to be elected co-chair. It's an important step that highlights the real value HEE places on the voice of PAF members, in that those very people who are receiving care are also at the heart of shaping the care being provided."

Professor Mark Radford, Senior Responsible Officer for PAF and HEE Chief Nurse, said: "In order to do our best for patients, service users, carers, and the public, it's crucial that they should play a key role in shaping our work. Our PAF members' diverse range of backgrounds, talent and lived experience provide important and valuable insight that directly influences and contributes to the provision of the best quality care."

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Local Education and Training Boards

The LTP set out the vision for a new service model with clear focus on population health, prevention, out of hospital and personalised care, reducing health inequalities, and better use of NHS technology. This transformation requires a whole system approach to achieving the LTP's aims and objectives, with the NHS and ALBs working together regionally across organisational boundaries to provide support, advice, guidance, and assurance to the newly forming ICSs.

The People Plan seeks to ensure that the workforce is well supported and equipped with the skills, knowledge and understanding to deliver these system and service changes. HEE has worked with NHSE/I, PHE and ICSs/STPs to reach broad agreement that the most effective and efficient way to implement People Plan priorities and support ICS/STP workforce plan delivery is to strengthen our workforce infrastructure through ICS/STP People Boards and Regional People Boards; to provide visible, joined up strategic leadership, governance and support.

The HEE Board and the National People Board established seven committees in common, RPBs and LETBs. The seven new boards have been constituted with RPB Chairs in place, these being senior system leaders within the regions.

RPBs met regularly throughout 2020-21. Their focus has been supporting the system and its workforce needs during the pandemic, as well as the delivery and implementation of the People Plan. The LETB element has been covered as an intrinsic part of business as the pandemic required all system partners to respond collectively in a pragmatic and practical way. The appointment of new independent LETB Chairs has been deferred whilst awaiting the development and agreement by Parliament of the forthcoming Health & Care Bill which has implications for the future of LETBs. However, it has been agreed that Dame Christine Beasley will act as Independent Chair, with linkages to all LETBs.

Accountability Report

Corporate Governance Report | Statement of Accounting Officer's Responsibilities

Under the Care Act 2014, the Secretary of State for Health and Social Care, with the approval of the Treasury has directed Health Education England to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Health Education England and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.


In preparing the accounts, the Accounting Officer is required to comply with the requirements of the government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Secretary of State for Health and Social Care including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable

The Secretary of State for Health and Social Care has appointed the Chief Executive as Accounting Officer of Health Education England. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding Health Education England's assets, are set out in Managing Public Money published by the HM Treasury.

As the Accounting Officer, I can confirm that as far as I am aware, there is no relevant audit information of which our auditors are unaware and that I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Health Education England's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware. I will ensure the final Annual Report and Accounts for 2020-21, as a whole, are fair, balanced and understandable. I take personal responsibility for the Annual Report & Accounts and the judgments required for determining that they are fair, balanced and understandable.

As the Accounting Officer from 1 October 2020 I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements.



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021

Accountability Report

Corporate Governance Report | Governance Statement

This governance statement covers HEE's control and management of resources during 2020-21. Details of HEE's background and its operating context, including our mandate from the government and Framework Agreement with DHSC are set out at page 9.

Our Governance Framework

HEE operates within a governance framework that includes, the Primary legislation, Statutory Instruments and Directions that describe our core functions and duties, our mandate from the government and Framework Agreement with the DHSC, matters determined by our Board to ensure decision making processes exist and are applied in compliance with Managing Public Money and joint HM Treasury/Cabinet Office Corporate governance in central government departments: Code of Good Practice as this relates to public bodies.

HEE's system of governance is based on the standard element of a statutory integrated board with a single Accounting Officer and national Executive Directors. HEE's key governance and assurance policies include Standing Orders, Standing Financial Instructions (SFIs), Scheme of Delegation, Risk Management Framework and in 2021-22 will introduce the Board Assurance Framework (BAF) to operate as an integral part of the three lines of defence model.

A key feature of our governance framework throughout 2020-21 has been its evolving nature, as Board and Committee activities have adapted to reflect emerging priority areas, including our COVID-19 response and the Best Place to Work Programme.

Information on our Board and its Committees is set out at pages 54 to 62.

Corporate Governance

I have reviewed HEE's corporate governance arrangements against the requirements of the Corporate Governance in Central Government Departments: Code of Good Practice 2017 Compliance Checklist. I am satisfied that the relevant principles and provisions are reflected by the arrangements we have in place, that there have been no departures from the Code and that we continue to introduce measures to strengthen our governance overall. There are a number of provisions within the Code not applicable to HEE, these are set out at Annex 3.

The Harris Review recommended greater assurance at board and departmental level that all statutory functions in the health and social care landscape are being exercised appropriately. The HEE Board has previously considered the recommendations of the Harris Review and its cautionary findings on the delegation of statutory functions. Appropriate guidance has been provided to our senior management to make certain we remain compliant in this area and this will be monitored as we move forward. Our senior management structure, which features all Regional Directors reporting to our Chief Operating Officer, helps us to maintain focused oversight in this area. A detailed register of HEE's core statutory duties and powers to give clarity on the legislative requirements associated with each function, including any restrictions of delegation of those functions forms a part of HEE's planned governance review taking place in 2021-22.

HEE recognises the importance of adequate quality assurance for analytical work. We are aware of the recommendations of Sir Nicholas Macpherson's review of quality assurance of government models and will continue work to ensure robust levels of assurance are in place for our business-critical models, such as those used for national workforce planning.

We are also cognisant of our need to support the Secretary of State's duty to manage health inequalities. Through fulfilling our statutory duties in relation to workforce, HEE has ensured that provision was made for investment in the public health and wider workforce to help deliver both local and national priorities designed to reduce health inequalities.

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Corporate Governance Report | Governance Statement

Board Effectiveness

This has been a challenging year for the NHS, including HEE and the scrutiny of the Board was vital, helping to provide assurance that good governance continued to support our work and underpinned the changes we went through. Non-Executive Directors provided essential constructive challenge and have overseen the application of key organisational stability. Data provided to the Board is subject to thorough scrutiny and review via Executive and Board committee channels and is constantly refined to ensure it develops with organisational needs.

The Board is responsible for holding the Executive Directors to account. One of the ways it achieves this is through regular performance management reports and reviewing plans and progress against them. The Board is also provided with comprehensive finance reports and an integrated performance report. These are informed by dedicated Finance & Performance meetings held with Executive Directors and other senior managers. In addition, the Performance & Assurance Committee scrutinises all finance and performance reports, as well as the minutes of Finance & Performance meetings.

The robustness of this approach has proved effective in maintaining the standard of information required to provide effective oversight. This was beneficial in helping to mitigate the risk of any diminution of oversight standards through the transition to a new Chief Executive.

The Board has overseen measures to further strengthen HEE's governance in 2020-21, by improving assurance through the development of a Board Assurance Framework to be finalised in 2021-22 which identifies key strategic risks and reflects the Board's risk appetite.

Members of the Board have contributed to a Board Effectiveness Review. The findings from this and a resulting action plan are scheduled to be considered in the summer of 2021.

Accountability Report

Corporate Governance Report | Governance Statement

Whistleblowing and Freedom to Speak Up

We are committed to championing the need for openness and transparency. In line with Sir Robert Francis QC's *Freedom to speak up?*, we have focused on whistleblowing as a key priority. We have a 'Raising Concerns at Work' policy and guidance and support materials are available via our intranet and staff portal.

HEE's 'Speak Up' campaign was launched in 2020, led by HEE's Freedom to Speak Up (FTSU) Guardian, Professor Simon Gregory. We also delivered a campaign to upskill HEE's most senior leaders, ensure those raising concerns are treated and responded to well, and that HEE's policies and processes remain effective and continually improve. The Board considered, advised, and supported the establishment of the HEE network of FTSU Guardians, relaunched during FTSU month and confirmed the network's place in HEE's culture.

Fourteen Guardians have now been appointed across HEE with current focus on increasing the diversity and visible manifestation of the network. The remit of HEE Guardians is limited to the work of HEE and its employees. Learners (students and trainees) will fall under their local NHS provider guardian system although HEE seeks to support this through advocacy of the FTSU Guardian role. Guardians are focused on ensuring staff have the capability, knowledge, and skills to speak up for themselves and support others in doing so. The network is a vital part of HEE's safety culture and underpins the aim of making HEE the Best Place to Work.

The FTSU Guardian network and approach are an alternative route for colleagues to raise concerns that sit within a suite of routes including, line management, HR, duty of candour and 'whistle blowing'.

The National Guardian meets monthly with the Chief Executive and reports annually to the Board. Their report for 2020-21 set out progress in establishing the Guardians Network; how HEE supports them; governance and reporting; an activity report, advising of 23 cases brought to the FTSU Guardians; engagement with colleagues to raise the FTSU Guardians profile, engender trust in them; and proposed measures of success. The FTSU Guardians Annual Report can be read here <https://www.hee.nhs.uk/about/how-we-work/board-meetings-papers/hee-board-meeting-16-march-2021>

HEE is also listed as a prescribed person under whistleblowing legislation, meaning individuals can make disclosures to us rather than their employer provided the concerns they wish to raise fall within our remit. As a Prescribed Person, HEE is required to address relevant concerns raised by individuals or to signpost whistle-blowers to the correct organisation to assist if these fall outside our remit. Our Executive Team has agreed governance arrangements that ensure the raising of concerns will continue to receive dedicated support.

Risk Management

During the year our strategic risks (pages 31 to 32) have been reassessed and our Directorate and regional risks are aligned under these. The Board considered and confirmed its refreshed Risk Appetite Statement in March 2020, reaffirming a low risk tolerance across most priority areas, but accepting a greater appetite for risks relating to workforce transformation where these could be safely mitigated to realise reward.

HEE's approach to risk management requires all national and regional teams to identify, manage and report risks at the appropriate level and escalate, where appropriate, to the Executive Team for potential inclusion in the corporate risk register. HEE's risk management framework, operates at all levels across the organisation, ensuring risks on the register are brought to the attention of Directors, the Executive Team, the Board or one of its committees as appropriate.

Our Executive Team reviews our corporate risk register regularly. The register is also considered quarterly by our Board in public meetings and more fully by the Audit & Risk Committee, also quarterly. Directors attend the Audit & Risk Committee to discuss key risks relating to their responsibilities and the effectiveness of mitigations.

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Copies of the register are provided regularly to our DHSC sponsor team and have informed their assessment of our progress at accountability review meetings, as well as risk interdependencies across the system. A copy of the risk register is made accessible to all staff. We have maintained our agreed risk management process consistently. As a result, our corporate risk register is effective in describing our organisational strategic risks.

We continue to apply and develop programme and project management standards across our business to make sure they are managed consistently to further reduce the incidence of risk. At the end of 2020-21 our corporate risk register did not include any red rated risks. A summary of HEE's strategic risks, including those which at points in time have posed significant threat to HEE's objectives is at page 31. Through the Performance Report (pages 15 to 45) we detail activity undertaken to proactively manage our risk profile.

Beginning in November 2020, the Board has undertaken work to identify HEE's Strategic Risks which will inform the Board Assurance Framework to be implemented in 2021-22. The BAF will complement HEE's existing approach to risk management and form an element of the three line of defence model. It is our intention that the BAF will enhance our understanding of the assurances available and shape our thinking to ensure the Board is focused on relevant priorities.

Fraud Prevention, Anti-Corruption and Anti-Bribery

HEE's Director of Finance is lead director for our Counter Fraud and Anti-Bribery culture. HEE investigates fraud allegations relating to our functions where these are not undertaken by NHS Counter Fraud Authority (NHSCFA), as well as ensuring we have the right processes in place.

During 2020-21 HEE worked with DHSC Anti-Fraud Unit (DHSCAFU) and NHS Business Services Authority (NHSBSA) to provide accredited counter fraud specialists to investigate suspected fraud cases. In addition, HEE has a Local Counter Fraud technician (LCFT) to work on Counter Fraud Awareness and take forward initial investigations before passing suspected cases to our Specialists at DHSCAFU for further investigation potentially leading to criminal proceedings.

HEE's Audit and Risk Committee (ARC) receives regular updates regarding the development of HEE's counter fraud plan with the establishment of a Counter Fraud Panel that looks at the organisation's risks. In 2020-21 HEE reviewed potential areas of fraud risk associated with the pandemic. These risks, along with our Counter Fraud Panel reports have been presented to the Audit & Risk Committee, along with reports of any suspected cases and their progress.

HEE's actions against fraud and bribery comprise of:

- establishment of HEE Counter Fraud Panel
- risk review and surveys
- promoting a culture that aims to prevent fraud and bribery
- electronic staff awareness and training
- fraud alert sharing
- organisational policies such as gifts and hospitality
- intelligence sharing with other public sector organisations, including National Fraud Initiative (NFI) led by the Cabinet Office

HEE's policies and procedures guide staff in their work and aim to deter fraud, corruption and bribery as HEE delivers its objectives whilst utilising the resources allocated by Parliament.

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Corporate Governance Report | Governance Statement

Information Governance

The Board has introduced the following roles to help ensure we discharge our information governance (IG) responsibilities in line with best practice: Lee Whitehead, Director of Corporate Accountability and Engagement, is our designated Senior Information Risk Owner (SIRO), with responsibility for managing information risk and the protection and safeguarding of all information assets.

Professor Wendy Reid, Director Education & Quality, Medical Director is our designated Caldicott Guardian, with responsibility for confidentiality of personal data and information sharing.

Andrew Todd, Head of Information Governance is our Data Protection Officer (DPO), with responsibility for advising and informing HEE and its staff about our obligation to comply with the General Data Protection Regulations (GDPR). The DPO and the IG team monitor compliance with GDPR, other data protection laws and internal data protection activities; advise on Data Protection Impact Assessments (DPIAs); conduct internal audits to check legislative and policy compliance to help reduce risk levels; and provide staff training to increase awareness.

Mike Jones, Head of Corporate Affairs chairs our Information Governance Steering Group (IGSG) which coordinates all activity relating to the secure handling of personal information, incidents policies and the Data Security Protection toolkit (DSPT); based on the ten data security standards recommended by the National Data Guardian (NDG) for health and care.

The DSPT draws together the legal rules and central guidance set out by DHSC policy as a standardised set of requirements. HEE submitted an interim DSPT evidence-based self-assessment in February 2021, stating where improvements are to be made. HEE's internal audit service will review our improvement plan in April 2021 to provide third party assurance around HEE's assessment, prior to our final annual DSPT submission in June 2021.

The pandemic forced HEE's workforce to work remotely at home. This has made evidence-gathering for the DSPT more challenging, however alternative mechanisms to gain assurances are in place and all HEE colleagues and services have adapted well to new ways of working.

Additionally, HEE successfully regained Cyber Essentials Plus certification in November 2020 which demonstrates HEE's ability to safeguard and manage its organisational infrastructure effectively and provides confidence our data is managed securely.

HEE's IG team ensure consistent advice and guidance to the whole of HEE regarding all aspects of information handling and security, privacy, GDPR, system developments, incident and information risk management as well as records management, to enhance compliance with required standards to reduce information and cyber security risk.

A range of IG training sessions are available to all staff, designed to enhance staff awareness regarding GDPR, DPIA processes, cyber security, information risk and incident management reporting. Additionally, workshop content is recorded and made accessible via the staff intranet.

HEE manages its information risks using an Information Asset Management System (IAMS). The system records our information assets, information flows and automates risk outcomes. The system provides alerts and reports to those accountable and responsible for information assets ensuring we manage information risk effectively.

This year reported incidents have decreased; there were 168 compared with 233 in 2019-20, indicating HEE colleagues' awareness and knowledge of the secure handling of information is on an improving trajectory. Further detail on information incidents is at Annex 4.

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Corporate Governance Report | Governance Statement

Review of Internal Controls

During 2020-21, HEE continued to evolve in a changing system whilst strengthening as a single statutory organisation focused on its core responsibilities that delivers within its means. HEE's Organisational Development Plan supports us to focus on our values and behaviours providing clarity on our way forward and help ensure HEE remains fit for purpose to deliver our objectives.

We benefit from a well-established regional delivery model that continues to evolve. This allows us to avoid unnecessary duplication to ensure we remain operationally and financially sustainable. We have taken measures to maintain this organisational discipline as our future governance structure adapts to align more beneficially with the wider system.

We have consolidated staff resource across national supporting functions, Human Resources, Communications, Finance, Procurement, Information Technology, Information Governance and Corporate Governance. During the year the Executive responsibility for these portfolios has been reviewed and some elements redistributed to ensure we deliver those services consistently against clear governance standards that are communicated and understood by the whole of HEE.

The global pandemic required HEE to operate fundamentally differently. The demands placed on colleagues have been significant. They have been required to work in different, new, and agile ways, finding innovative solutions to support the NHS in a time of crisis. At the same time the organisation was tasked with maintaining the effective operation of statutory functions and as much core business as possible when pressure was significant on both our people and the entire healthcare system. Fundamental to this has been the Board's decision to concentrate on Best Place to Work as the driving force for how HEE will deliver its business and the establishment of a COVID-19 Oversight Group (COG - acting as gold command), with appropriate support and resource, to ensure decisions relevant to HEE business and effectiveness were made in a timely manner.

As part of HEE's response to the pandemic we rapidly stepped up to increase NHS staff (trainees and returners), upskill and retrain staff and lead workforce modelling to inform and support local providers. HEE and partners dramatically restructured elements of business with significant change to how they have been traditionally delivered. In some areas, education and training systems rapidly adapted innovation and technology and in other areas alternative solutions were developed for maintaining core business such as recruitment, progression and completion.

A high-level advisory review by HEE's Internal Auditors reported a consistent view that HEE had dealt with the pandemic very well, with our approach evolving over time, as would be expected, with much achieved and much learned. They recognised HEE had taken significant steps to adapt its IT environment quickly to accommodate remote working and that prior investment in technology and infrastructure in previous years had enabled HEE to respond at scale. The IT team also worked very hard to update processes, documentation, and technology to detect and defeat Cyber threats prevalent within remote working.

Prompt decisions and actions through COG resulted in limited disruption to service and ensured appropriate steps and measures were taken around the safety and wellbeing of HEE staff. The adoption of alternative working arrangements ensured operations continued without significant delay or disruption.

A number of positive themes emerged during the review, including a clear command structure that oversaw the crisis response and delivered action where needed. Roles evolved as the extensive nature and impact of COVID-19 became clearer with more senior staff and resources delivering new workstreams in key areas. Significant effort was also put into staff communications, which were appreciated at all levels and HEE also worked effectively with key stakeholders, changing our approach, and working more collaboratively.

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Corporate Governance Report | Governance Statement

The review also highlighted that our recruitment programme was updated to account for new risks of remote working, and we also worked closely with NHS Digital to include Cyber Security training within the mandatory IG training. HEE also produced an effective 'working from home package' to help staff adapt to work from home.

As Accounting Officer for HEE, I am responsible for reviewing the effectiveness of the system of internal control. In this, I have been informed by the findings of our internal auditors, as well as managers in the organisation with responsibility for the development and maintenance of a robust internal control framework.

In preparing the 2020-21 Governance Statement, I have also been informed by the findings of the National Audit Office. In addition, I have been advised on the effectiveness of the arrangements in place by Professor Wendy Reid, Interim Chief Executive to 30 September 2020, our Board, the Audit & Risk Committee, and the Executive Team.

Assurance has been provided to the Board by its Committees: Audit & Risk, Performance Assurance, Remuneration, People and the seven RPB/LETBs, with matters flagged as required. The effectiveness of our internal control system has been reviewed by the ARC, which has received a range of reports, including from both Internal and External Audit.

Our internal audit service is provided by PricewaterhouseCoopers (PwC). Our Head of Internal Audit, and the supporting audit resources, are provided directly by PwC.

The programme agreed by the ARC initially identified 13 work areas during 2020-21. Through the year we have reviewed and revisited the Internal Audit Plan with the ARC to ensure we could retain flexibility within the plan and focus on emerging areas of need. Two planned audits have been deferred and will be considered for the 2021-22 Internal Audit Plan.

The results of Internal Audit Reviews are classified as: Critical, High, Medium, Low or Advisory. The infographic at Annex 5 sets out the definitions of these classifications. Of the 11 audits completed in the period one was advisory and two were follow-up reviews for which no opinion is given. Of the remaining 8 reports, 1 was high risk, 4 were medium risk and 3 were low risk.

The high risk review related to Specialty Recruitment. The review was added to the Internal Audit Plan for the year following a number of incidents within the London/KSS recruitment team during the 2020 recruitment cycle, notably issues relating to the incorrect creation of the IMT application form (Nov 19), processing of offers for Palliative Medicine and Plastic Surgery (Apr 20) and a communications error relating to Occupational Medicine and Internal Medicine (Round 2) applicants (Jun 20). The review has focused on understanding the root causes behind the incidents that had occurred and ensuring that any lessons to be learned have been embedded into future process and procedures. The review identified a number of issues that could relate to the cause of the errors seen, a management action plan to be implemented in 2021-22 is in place to address the findings:

- Quality Assurance Checks (High Risk) - we will implement a formal electronic confirmation that quality assurance checks have been completed before offers have been sent out and we will review the current quality assurance layers of review to ensure that the current process has optimum levels of review in place
- Root Cause Analysis (Medium Risk) - we will implement formal root cause analysis on major incidents allowing for the dissemination of key learning points and actions to the relevant specialities across the national practice in a timely manner
- Manual Manipulation (Medium Risk) - prior to 2022 recruitment we will review complex recruitments which use bespoke weightings/uplifts for their scores such as General Surgery and aim to code these weightings/uplifts into the digital scoring solution and remove the need to manipulate any data on spreadsheets

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Corporate Governance Report | Governance Statement

Our Head of Internal Audit's overall opinion for 2020-21 when assessing HEE's governance, risk, and control arrangements in relation to business critical areas is that HEE is generally satisfactory with some improvements required. Assurance is given that adequate and effective systems are in place, however improvements are required a small number of areas reviewed by internal audit to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

Overall, my review confirms that HEE has a generally sound system of governance that supports the achievement of our aims, policies, and objectives, we are committed to continued progress with our organisational governance arrangements.

Throughout 2020-21, we have continued to adapt and evolve to ensure effective partnership working whilst maintaining a disciplined use of resources.



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021

Accountability Report

Remuneration and Staff Report

The development of HEE and our people

Enabling colleagues to do their best work delivering HEE's objectives is our key priority. In 2020-21 we continued to make progress against our organisational development ambitions with a key focus on our six people objectives.

As of 31 March 2021, HEE had a directly employed workforce of 3,261. Our people are employed using the nationally determined NHS Terms and Conditions of Service; the national contracts and terms for medical and dental; or terms agreed for executive and senior managers (ESM) working within ALBs.

Supporting our people during COVID-19 pandemic

Like all organisations HEE was required to adapt our ways of working during the pandemic. Protecting the health and wellbeing of colleagues and providing them with the right tools to socially distance and work from home was paramount. Due to prior investment in cloud-based technology we were able to swiftly adapt to remote working for all our people and quickly introduce new processes and support tools, including providing office and IT equipment to enhance safety and effectiveness for colleagues working remotely.

Communicating frequently to colleagues was another key element. Frequency of communications reflected the fast-changing situation with daily communications during the early months of the pandemic leading to no less than weekly throughout 2020-21. Tools to support our managers in successfully leading teams remotely were provided on our Learning Hub together with wellbeing information and direct sources of support for all colleagues on our newly developed Health and Wellbeing Hub. A micro-site was developed to enable all colleagues to find information and seek advice on COVID-19 and how to work safely, with the site being frequently refreshed in line with government and public health guidance. Our newly launched IT hub offered curated information on IT related issues to support working remotely.

We conducted online colleague surveys and opened an online crowd-sourcing platform to elicit feedback on what physical and emotional support they needed, factoring their response into our plans at each step. Further manager conversations took place in the Autumn to check on wellbeing. Our annual colleague survey will seek feedback on many areas including how they have rated the support they received during the pandemic.

As the initial phase of COVID-19 eased in the summer of 2020, we considered how our offices could be adjusted to comply with COVID-19 safe requirements to offer further flexibility and choice for colleagues. We introduced an online desk booking system which allowed colleagues to access our adjusted office space, with priority for those with most need who had self-identified through personal risk assessments. Additional Fire Warden and First Aid volunteers were identified and trained.

We continue to keep our office space under review ensuring guidelines are met and focusing on our requirements of office space both now, in pandemic conditions, and into the future.

Making HEE the Best Place to Work

At the beginning of 2020, the Board set out their ambition to ensure that HEE was the Best Place to Work in the NHS. To deliver this ambition we conducted a broad-based staff engagement exercise in February 2020. "We are HEE" was the first in a series of engagement activities that have taken place during 2020-21. An external partner produced and managed an online platform that was accessible for staff to generate feedback and ideas. This first workshop, held prior to the pandemic, was supplemented with a second one in April so initial feedback on the changed ways of working could be factored into our plans. Over these two workshops, 44.8% of HEE staff participated, contributing 478 ideas, 2,151 comments and nearly 20,000 votes. An independent report on the findings produced 46 staff recommendations.

Accountability Report

Remuneration and Staff Report

The publication of this report and the launch of the NHS People Plan in July 2020 enabled HEE to develop six strategic outcomes for our Best Place to Work people strategy:

- we will have a culture that nurtures positivity, is inclusive, and offers visible, compassionate, and inspiring leadership
- we will regularly recognise and reward colleagues for their contribution to HEE
- we will retain our talent, welcome new colleagues, improve diversity, and offer flexibility in how and where our work is done
- we will give every colleague opportunities to learn, develop and achieve
- we will regularly 'Ask, Listen, Act' so that the voice of our colleagues has influence, and adds value and direction to our work
- we will offer a working environment that is safe, well maintained and healthy, allowing everyone to do their best work

These outcomes address the 46 recommendations and respond to the employer actions in the NHS People Plan. Our programme is consolidated into 9 workstreams:

- **One HEE** - focuses on how we engage and work with one another, to deliver the best possible outcomes for our learners, and ultimately the patients and public of England
- **Management Development** - our managers are critical to cultural improvement, so we seek to develop capability for inclusive and compassionate leadership in high performing teams
- **We are HEE** - is about colleague engagement, it shapes and informs the other workstreams and benchmarks our progress through regular opportunities for colleagues to feed back
- **Future of Work** - During the pandemic, we were fast-forwarded into a very different way of working. For the future we must learn what worked and what we can improve by harnessing our people and technology around a new different
- **Stay Well** - focusses on physical, emotional, and financial wellbeing through a balanced and comprehensive approach to holistic wellbeing
- **Learning at Work** - HEE's core purpose is excellent education and training. This workstream enables HEE colleagues to focus on their learning, offering CPD and other learning to support all aspects of their working life
- **Resourcing and Talent Attraction (HEE Careers)** - Attracting and retaining talent is vital to our success. This workstream looks at how we recruit, induct and support people in HEE
- **Equality, Diversity, and Inclusion (EDI)** - HEE cannot be the best place to work just for some people, we must be able to bring our whole selves to work so this focus is embedded into all that we do, focusing on the 9 protected characteristics Under the Equality Act
- **Digital First** - This recognises that work is changing so seeks to use data and technology to harness innovation. This workstream works hand in hand with the Future of Work

All activity is tested against one or more of our desired outcomes to ensure progress is made and adds value to our Best Place to Work ambitions. Good and continuing progress has been made during 2020-21.

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Remuneration and Staff Report

A culture that nurtures positivity, is inclusive, and offers visible, compassionate, and inspiring leadership. Our Staff Networks continue to grow and increase their visibility, aided by an Executive diversity and inclusion lead, regular Board sessions, promotion through corporate inductions and the commitment of individuals. Our Management Development Programme includes managing with compassion and inclusion and developing cultural competence as managers.

Our Chief Executive hosts monthly webinars with internal and external speakers on a range of topics. These are supplemented with weekly messages, offering insight and bringing attention to lived experience. Each webinar offers opportunities to ask questions and comment.

Our most recent We are HEE workshop co-created our values and behaviours. 36% of colleagues contributed 1,365 ideas and comments, and over 13,000 votes.

We will regularly recognise and reward staff for their contribution to HEE. Our staff recognition awards continue to flourish. This year 199 nominations translated into 31 individual staff awards and seven team awards. Awards are independently judged by a diverse panel against NHS values and advancement of HEE objectives. The Chief Executive announces winners within the all-staff webinar. Our commitment to recognising dedicated NHS service saw 13 staff awarded for over 25 years NHS service, recognising their dedication and commitment.

We provide many facilities and schemes to improve the working lives of colleagues, including flexible and agile working options, and access to a broad range of staff benefits including salary sacrifice schemes for car leasing and childcare vouchers, eyecare, season ticket loans and access to subscription leisure and health services. These benefits are outlined in the marketplace of our corporate induction to ensure new joiners are aware of the benefits HEE offers.

We will retain our talent, welcome new colleagues, improve diversity, and offer flexibility in how and where our work is done. Including its launch in January 2020, 650 delegates have joined five Corporate Inductions, most virtually during the pandemic. The Chief Executive and Chair lead welcome sessions and a live Q&A at each event. A marketplace enables new colleagues to learn more about the benefits of working at HEE; Staff Networks, Trades Unions, and key corporate functions.

Following successful pilots, we introduced our HEE Graduate and Student Placement Scheme in 2020. Despite the challenge of the pandemic and introducing graduates and students to the scheme virtually, the programme has been a huge success. Over 500 applications led to us welcoming 23 graduates and students, our largest ever intake, in July 2020. Our Apprenticeship Programme continues to be successful with 94 apprentices at 31st March 2021. The programme offers support to existing colleagues as well as those new to work, HEE or both.

HEE's 'time to hire' (advert to appointment) was 48.1 working days in 2020-21. We received over 41,200 applications (65% up on the previous year) and 84% of respondents were satisfied with the service provided and found the recruitment process and platform easy to follow.

We will give every member of staff opportunities to learn, develop and achieve. We responded to our 2019 Learning Needs Survey with a Learning Platform, catalogue and a Managed Learning Provider in June 2020 to offer colleagues opportunities to fill gaps identified in the survey. The Learning Hub has been accessed 133,563 times with popular courses focusing on project management, diversity and inclusion, coaching, leadership and management.

Our Managers' Hub has received 36,821 visits since its launch in August 2020. Its resources support manager's work and development and supplements our Management Development Programme which launched in September 2020. The virtual programme contains classroom style workshops, 360-degree feedback, action learning sets and professional coaching. The intention is that all managers will attend the programme by 2023 and new managers as they join.

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Remuneration and Staff Report

We will regularly ‘Ask, Listen, Act’ so that the voice of our colleagues has influence, and adds value and direction to our work. We are HEE is our engagement channel. In 2020, we developed a new approach to colleague feedback using interactive webinars, colleague surveys, online workshops, and a dedicated microsite that updates colleagues on our progress and has been viewed 12,691 times. Nearly half of colleagues participated in our “We are HEE” workshops contributing 689 ideas, 3305 comments and over 32,000 votes.

We will offer a working environment that is safe, well maintained and healthy, allowing everyone to do their best work. Our wellbeing offer includes occupational health advice and access to a confidential Employee Assistance Programme, available 24/7. Our Stay Well workstream also offers colleagues a financial wellbeing package with insight and tools for budgeting and saving.

November 2020 was our ‘Stay Well’ month and offered spotlights on Breast Cancer awareness, Movember, the NHS Confederation’s Health and Care Women Leaders festival of wellbeing event, as well as focus pieces on our expanded and refreshed Health and Wellbeing Hub which has received 50,172 site visits since its launch.

A Health and Wellbeing session is also now part of the Corporate Induction, including information on our FTSU Guardian network. The overall sickness absence rate for 2020-21 has remained low at 1.77%, a decrease of 1.17% from the previous year and as a result the average sick days per employee has decreased by 2.59 days.



	2019-20	2020-21
Days available during the period (full time equivalent)	782,621.89	866,051.65
Days lost due to sickness during that period	22,978.87	15,329.80
Sickness absence rate	2.94%	1.77%
Average sick days per WTE	6.6 days	4.01 days

Staff Turnover for 2020-21 was 9.47%, a decrease of 4.25% from the previous year.

Partnership Working

We continued to build on our established relationship with trades union partners. Our Partnership Forum met quarterly, with representatives of the Executive Team, the HR & OD function and organisational managers, alongside national officers, and internal staff representatives from our recognised trade unions. These include:

- British Dental Association
- British Medical Association
- Managers in Partnership
- Royal College of Nursing
- UNISON
- UNITE

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The Partnership Forum has three formal sub-groups on the Gender Pay Gap; Policy; and the Best Place to Work. Information on the Gender Pay Gap Group is contained under the Equality, Diversity & Inclusion section below and Best Place to Work activity is set out above. The Policy Working Group met seven times, reviewing and establishing effective policies and procedures. The following policies were developed and/or reviewed:

- Capability Policy
- Flexible Leave Policy
- Data Protection Impact Assessment Policy
- Incident Reporting Policy
- Acceptable use of Information Communication Technologies Policy
- Information Security Policy

Promoting the NHS Constitution

We are committed to the NHS Constitution and broadening awareness and support among staff and learners. The Constitution sets out seven key principles, underpinned by NHS values. They are derived from extensive discussions with staff, patients and the public:

- the NHS provides a comprehensive service, available to all
- access to NHS services is based on clinical need, not on individual's ability to pay
- the NHS aspires to the highest standards of excellence and professionalism
- the NHS aspires to put patients at the heart of everything it does
- the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- the NHS is committed to providing best value for taxpayers' money and the most effective and sustainable use of finite resources, and
- the NHS is accountable to the public, communities and patients that it serves

HEE leads NHS Values Week annually. As a result of the pandemic this year we postponed Values Week until October with a primarily internal focus and toolkits made available to all NHS organisations. Our Corporate induction includes an interactive session which helps map 'seven steps to the patient' and demonstrate how the NHS values are woven through our work.

Remuneration

During 2020-21, we continued to work with DHSC, other ALBs and Trades Unions in all matters regarding our pay policy. We are clear about the need for continued pay restraint in the NHS.

The NHS Staff Council reached an agreement on a refresh of the NHS Terms and Conditions of Service (formerly known as Agenda for Change) on 27 June 2018. As a result of the refresh, HEE implemented the reformed pay structure throughout a 3-year transition period, culminating on 31 March 2021. The new pay structure increased starting salaries, reduced the number of pay progression points and shortened the amount of time required to reach the top of pay bands for most colleagues. More information on the 2018 contract refresh is available via the [NHS Employers website](#).

Accountability Report

Remuneration and Staff Report

Pay Median - Fair Pay Disclosure (subject to audit)

HEE is required to disclose the relationship between the remuneration of the highest paid director in the organisation and the median remuneration of the organisation's workforce.

The highest paid director was the Interim Chief Executive, whose banded remuneration in the organisation in the financial year 2020-21 was £215,000 to £220,000 (2019-20, £225,000 to £230,000).

Remuneration ranged from £17,890 to £215k - £220k. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments or employer pension contributions and the cash equivalent transfer value of pensions.



	2019-20	2020-21
Band of highest paid Director (£000s)	225-230	215-220
Median Total	44,606	45,780
Remuneration Ratio	5.1	4.8

The above disclosure includes all staff employed by HEE on a permanent, agency or interim worker basis. The calculation of higher paid director remuneration includes the cash value of any benefits-in-kind.

The highest paid Director was the Interim Chief Executive.

The remuneration ratio has decreased due to a change in the highest paid Director as a result of the previous Chief Executive leaving the organisation. The salary of the appointed was lower than that held by the prior Chief Executive.

Clinical Excellence Awards

HEE manages a local Clinical Excellence Award (LCEA) process. This process is overseen by the Remuneration Committee and each year's process is agreed by the Committee in advance of its opening. Submissions are considered by the LCEA panel, whose membership is comprised on independent lay representatives alongside HEE staff.

Pay Review Bodies

HEE has again worked closely with the Office of Manpower Economics (OME) to submit reports to the NHS Pay review Body and the Doctor's and Dentist's Review Body, as part of its national process for gathering evidence from interested parties to inform the recommendations for 2020-21. HEE was also pleased to be able to attend oral evidence sessions for both review bodies at the request of the OME. The reports for 2020-21 are available on [HEE's Website](#).

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Remuneration and Staff Report

Off-payroll Engagements

Reform of legislation underpinning the off-payroll regulation known as IR35 came into effect from 1 April 2017. The key change under these regulations is the need for HEE to determine the employment status of all off-payroll workers and to make pay overs directly to HMRC where appropriate. The tables below present the information required for HEE from 1 April 2020 to 31 March 2021 for those earning £245 per day or greater.

	Number
Number of existing engagements as of 31 March 2021	65*
Of which:	
Number that existed < 1 year	14
Number that have existed for between 1 and 2 years	16
Number that have existed for between 2 and 3 years	35
Number that have existed for between 3 and 4 years	0
Number that have existed for 4 or more years	0
Number of temporary off-payroll workers engaged during the year ended 31 March 2021	5
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	2
Subject to off-payroll legislation and determined as out-of-scope of IR35	3
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: Number of engagements that saw a change to IR35 status following the consistency review	0
For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021	
Number of off-payroll engagements of board members, and/or senior officials with a significant financial responsibility, during the financial year.	0
Total number of individuals on and off payroll that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year.	20

*Included within table 1 above are 56 existing engagements for which the contract end-date is 30/09/2021, in advance of this date, these individuals will be assessed for off-payroll obligations under IR35. With regards to any re-engagements, HEE will take the necessary steps to ensure compliance to the legislation for any individuals deemed 'in scope' of IR35.

HEE had no off-payroll engagements of board members, and/or senior officials with a significant financial responsibility between 1 April 2020 and 31 March 2021.

Accountability Report

Remuneration and Staff Report

Consultancy Fees and Contingent Labour

During 2020-21 HEE has incurred expenditure totalling £3.3m (2019-20 £4.2m) in relation to contingent labour. HEE has not incurred any expenditure in relation to furloughed workers or consultancy fees.

Salaries and Allowances

Those identified within the Annual Report are those senior staff and Non-Executive Directors who make up the organisation's governing body, the HEE Board. This is in accordance with the Government's Financial Reporting Manual for 2020-21.

Diversity and Inclusion

Our first Diversity & Inclusion Framework was published in 2018. It demonstrates our commitment to our people, the way we manage our business and our influence with stakeholders. This live Framework sets out our ambitions and priorities which are then translated into measurable outcomes through our new governance and accountability structures, particularly through the following three key groups:

The Diversity and Inclusion team provide assurance to Board via the People Committee, that our aims and ambitions for diversity and inclusion improvements are being furthered. This year we relaunched regional AHEAD Groups to ensure each region is actively engaged and consulted on diversity and inclusion matters. We bolstered our commitment further through enhancement of our Diversity, Inclusion and Participation team to support and embed our framework.

HEE staff policies, particularly those relating to recruitment and selection, learning and development ensure that we continue to enable a culture of inclusion and diversity. In the past year, team members have been working to embed a series of initiatives including:

- developing EDI modules within our Managers Development Programme
- supporting Corporate and Regional induction sessions
- evaluating our Enabling a Productive and Inclusive Culture (EPIC) programme.
- refreshing the HEE Equality Impact Assessment tool

HEE has retained its Disability Confident Employer (Level 2) which focuses on creating a supportive and inclusive environment for those with disabilities to thrive in our organisation. Our Learning and Development programme is open and inclusive, and we offer blended learning with adjustments where needed, to ensure learning is appropriate to need and fully inclusive.

We undertook our first reporting against the NHS's Workforce Disability Equality Standard (WDES) in 2020-21 using the information to co-create with our staff network groups our action plans to improve performance against the Standards indicators.

The NHS's Workforce Race Equality Standard (WRES) also enabled us to build data across nine indicators and co-create, with our staff networks, targeted interventions. In 2020-21 we have improved performance in the diversity of our workforce, in diverse levels of recruitment, particularly at senior grades, improving evidence of equality across learning and development opportunities, and diversity within our Board.

During 2020-21 our staff network groups have continued to grow in size, and profile, with groups spending time with the Board to highlight issues and how we might collectively improve. We now have six thriving networks across race, disability, gender, LGBTQ+, carers and cancer.

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Remuneration and Staff Report

Following successful pilots, a reverse mentoring programme has been created with over 90 expressions of interest as mentees and 35 as mentors. The programme aims to improve insight and perspective to enable more inclusive decision and people centric approaches.

We published our Gender Pay Gap Report in July 2020 and have been working to reduce the gap, which decreased steadily to 20% (27% - 2017, 23% - 2018, 22% - 2019 (mean hourly rate). We continue to promote our range of policies that support the aim of equality of opportunity within HEE and ensuring we are a modern and exemplary employer. Our policies include our Maternity, Paternity, Adoption and Shared Parental Leave, Flexible Working, and Agile Working Policies. Staff can access flexible working opportunities from their first day of employment with HEE.

Recognising the ambition to have a workforce that is sensitive to the diversity of the communities we serve we regularly review our workforce profile. As at March 2021, the gender breakdown of our staff is 2,134 female and 1,127 male. Of our Non-Executive Directors, 2 are female, and 6 are male; of our Executive Directors 4 are female, 6 are male. Within our senior staff (Agenda for Change Bands 8d and 9 or equivalent medical grades), 515 are female, and 490 are male.

Grade	Female	Male	Total
Band 8 - Range D	35	20	55
Band 9	22	11	33
Medical and Dental	445	447	892
ESM	13	12	25
Grand Total	515	490	1,005



Accountability Report

Remuneration and Staff Report

Director's Service Contracts

Name and title	Date of appointment	Notice period	Provision for compensation for early termination
Dr Navina Evans Chief Executive	01-Oct-20	6 months	HEE has the sole and absolute discretion to provide taxable pay in lieu of part or all of the notice period subject to the approval of the Remuneration Committee
Professor Wendy Reid Interim Chief Executive	01-Apr-20	N/A	
Mr Calum Pallister Director of Finance	21-Sep-18	6 months	
Mr Lee Whitehead Director of Corporate Accountability and Engagement	01-Apr-13	6 months	
Mr Rob Smith Workforce Planning and Business Intelligence Director	01-Oct-17	6 months	
Ms Laura Roberts Director of Skills Development and Participation	01-Oct-14	6 months	
Mr Patrick Mitchell Director of Innovation, Transformation and Digital	09-Jan-17	6 months	
Mr David Farrelly Chief Operating Officer	26-Jan-17	6 months	
Professor Mark Radford Chief Nurse	01-Apr-20	6 months	
Professor Wendy Reid Director Education & Quality, Medical Director	01-Apr-13	6 months	
Professor Sheona MacLeod Interim Director Education & Quality, Medical Director	01-Apr-20	N/A	
Ms Jo Lenaghan Director of Strategy	01-Apr-20	6 months	

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Remuneration and Staff Report

Director's Remuneration 2020-21 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £1,000)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Dr Navina Evans Chief Executive	95-100	Nil	Nil	Nil	95-100
Professor Wendy Reid Interim Chief Executive	175-180	Nil	35-40	Nil	215-220
Mr Calum Pallister Director of Finance	135-140	1,400	Nil	32	170-175
Mr Lee Whitehead Director of Corporate Accountability and Engagement	125-130	5,100	Nil	27	155-160
Mr Rob Smith Workforce Planning and Business Intelligence Director	140-145	Nil	Nil	8	150-155
Ms Laura Roberts Director of Skills Development and Participation	130-135	2,700	Nil	1	130-140
Mr Patrick Mitchell Director of Innovation, Transformation and Digital	135-140	Nil	Nil	Nil	135-140
Mr David Farrelly Chief Operating Officer	140-145	Nil	Nil	18	155-160
Professor Mark Radford Chief Nurse	140-145	Nil	Nil	49	190-195
Professor Sheona MacLeod Interim Director Education & Quality, Medical Director	85-90	200	25-30	Nil	110-115
Ms Jo Lenaghan Director of Strategy	140-145	Nil	Nil	Nil	140-145

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Remuneration and Staff Report

Director's Remuneration - Disclosures 2020-21 (subject to audit)

Dr Navina Evans CBE was appointed as Chief Executive on 01/10/2020. Equivalent annual salary is £190-195k.

Professor Wendy Reid was appointed Interim Chief Executive on 01/04/2020 to 30/09/2020. She reverted to her original post Director Education & Quality, Medical Director from 01/10/2020. Salary shown is total paid for both contracts.

Professor Wendy Reid - an underpayment totalling £2,472 (gross) in relation to Professor Reid's performance pay was identified in 2019-20. The amounts disclosed within the Director's Remuneration tables for 2020-21 include this reimbursement within the figure as Interim Chief Executive.

Professor Sheona MacLeod was appointed Interim Director Education & Quality, Medical Director from 01/04/2020 to 18/10/2020. Salary shown is for 6 months and 18 days. Equivalent Annual salary is £160-165K. From 19/10/2020 she reverted back to her role as Deputy Medical Director.

Ms Jo Lenaghan, Director of Strategy, resumed attending Board Meetings from 01/04/2020. Prior to this she was on secondment or working on special projects.

Mr Patrick Mitchell ceased to contribute to the NHS Pension scheme on 30/06/2020.

Ms Laura Roberts - HEE made contributions to the NEST pension scheme on behalf of Ms Laura Roberts to the value of £1k.

Performance related payments paid to Professor Sheona MacLeod and Professor Wendy Reid were based on Clinical Excellence Awards that are awarded externally to Clinicians.

Professor Mark Radford was appointed substantively as HEE's Chief Nurse on 01/04/2020 following the resignation of Professor Lisa Bayliss Pratt and a recruitment campaign to appoint her successor. The role and salary of Chief Nurse was reviewed ahead of the recruitment to the role and reflected the changed accountabilities within the portfolio held. Mark also appeared on HEE's 2019-20 accounts and remuneration table for a period of 6 months as a result of his secondment to HEE during that period to cover the post of Chief Nurse whilst the substantive post holder was on secondment. The salary declared in the prior years accounts represents 6 months salary at the rate agreed and remunerated by his substantive employer and recharged to HEE.

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Remuneration and Staff Report

Director's Remuneration 2019-20 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £1,000)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Professor Ian Cumming OBE Chief Executive	215-220	6,500	Nil	Nil	225-230
Mr Calum Pallister Director of Finance	135-140	1,500	Nil	36	170-175
Professor Lisa Bayliss-Pratt Chief Nurse	60-65	Nil	Nil	Nil	60-65
Professor Wendy Reid Director Education & Quality, Medical Director	165-170	Nil	35-40	Nil	200-205
Mr Lee Whitehead Director of Corporate Accountability and Engagement	125-130	6,800	Nil	18	150-155
Mr Rob Smith Workforce Planning and Business Intelligence Director	140-145	Nil	Nil	20	160-165
Ms Laura Roberts Director of Skills Development and Participation	130-135	Nil	Nil	Nil	130-135
Mr Patrick Mitchell Director of Innovation and Transformation	135-140	Nil	Nil	1	135-140
Mr David Farrelly Chief Operating Officer	135-140	Nil	Nil	99	235-240
Professor Mark Radford Chief Nurse	65-70	Nil	Nil	Nil	65-70

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Remuneration and Staff Report

Directors Remuneration - Disclosures 2019-20 (subject to audit)

Professor Ian Cumming OBE - Left the organisation on 31/03/2020. The salary disclosed includes annual leave paid in lieu of notice as planned annual leave was cancelled due to COVID-19 requirements without opportunity to take prior to leave date.

Professor Ian Cumming OBE - taxable expenses included are a refund of £10.50, this is due to incorrect tax application against a proportion of lease car business miles in 2018-19 which created the refund position.

Professor Lisa Bayliss-Pratt - an overpayment of £19,516 (gross) relating back to April 17 was identified in 2018-19. During 2019-20 £10,656 was recovered. The remaining £8,860 was recovered via invoice in 2020-21.

Professor Lisa Bayliss-Pratt - has been seconded to Coventry University as acting Pro Vice Chancellor from 01/10/2019. Her salary has been recharged to the University from this date. Salary included is for 6 months.

Professor Lisa Bayliss-Pratt - Left the organisation on 31/03/2020.

Professor Mark Radford - has been seconded in from NHS England from 01/10/2019. 50% of his salary is being recharged from NHS England to HEE. Only 6 months salary and pension information is provided.

Professor Wendy Reid - an underpayment totalling £2,472 (gross) in relation to Professor Reid's performance pay has been identified. The total underpayment has accumulated over the last 4 years, dating back to 2016-17. The amounts disclosed within the Director's Remuneration tables for these years do not include this underpayment. The value of the underpayment in 2019-20 is £708. The total underpayment was reimbursed in 2020-21.

Accountability Report

Remuneration and Staff Report

Director's Pension Table 2020-21 (subject to audit)

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2020 (to the nearest £1,000)	(f) Real increase in Cash Equivalent Transfer Value (to the nearest £1,000)	(g) Cash Equivalent Transfer Value at 31 March 2021 (to the nearest £1,000)	(h) Employer's Contribution to stakeholder pension
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Dr Navina Evans CBE Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Professor Wendy Reid Interim Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mr Calum Pallister Director of Finance	2.5-5	Nil	15-20	Nil	185	14	223	N/A
Mr Lee Whitehead Director of Corporate Accountability and Engagement	0-2.5	Nil	30-35	0-5	380	17	423	N/A
Mr Rob Smith Workforce Planning and Business Intelligence Director	0-2.5	Nil	65-70	190-195	1,465	28	1,543	N/A
Ms Laura Roberts Director of Skills Development and Participation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
Mr Patrick Mitchell Director of Innovation, Transformation and Digital	Nil	Nil	20-25	40-45	1,340	Nil	428	N/A
Mr David Farrelly Chief Operating Officer	0-2.5	Nil	50-55	115-120	1,021	25	1,085	N/A
Professor Mark Radford Chief Nurse	2.5-5	0-2.5	50-55	105-110	789	42	868	N/A
Professor Sheona MacLeod Interim Director Education & Quality, Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ms Jo Lenaghan Director of Strategy	0-2.5	Nil	35-40	60-65	595	21	646	N/A

Those with values of N/A are not pension scheme members.

Mr Patrick Mitchell ceased to contribute to the NHS Pension scheme on 30/06/2020.

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Service Contracts

Name and title	Date of appointment	Unexpired term @ 31 March 2021	Notice period	Provision for compensation for early termination
Professor David Croisdale-Appleby OBE Non-Executive Director	01-Sep-17	0	None	None
Sir David Behan CBE HEE Chair	01-Dec-18	8 months	None	None
Professor Andrew George MBE Non-Executive Director	01-Sep-19	5 months	None	None
Dr Harpreet Sood Associate Non-Executive Director	01-Sep-19	0	None	None
Dr Harpreet Sood Non-Executive Director	01-Sep-20	29 months	None	None
Professor Soraya Dhillon MBE Non-Executive Director	01-Sep-19	17 months	None	None
Mr Andrew Foster CBE Non-Executive Director	01-Nov-19	32 months	None	None
Dr Elizabeth Mear Non-Executive Director	01-Nov-19	7 months	None	None
Professor John Latham CBE Non-Executive Director	01-Nov-19	20 months	None	None
Sir Andrew Morris OBE Non-Executive Director	01-Nov-19	20 months	None	None

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Remuneration 2020-21 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	d) All pension- related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Professor David Croisdale-Appleby OBE	0-5	1,500	Nil	Nil	0-5
Sir David Behan CBE	60-65	Nil	Nil	Nil	60-65
Professor Andrew George MBE	5-10	Nil	Nil	Nil	5-10
Professor Soraya Dhillon MBE	5-10	Nil	Nil	Nil	5-10
Mr Andrew Foster CBE	5-10	Nil	Nil	Nil	5-10
Dr Liz Mear	5-10	Nil	Nil	Nil	5-10
Professor John Latham CBE	10-15	Nil	Nil	Nil	10-15
Dr Harpreet Sood	5-10	Nil	Nil	Nil	5-10
Sir Andrew Morris OBE	Nil	Nil	Nil	Nil	Nil

Non-Executive Directors Remuneration - Disclosures 2020-21 (subject to audit)

Professor David Croisdale-Appleby OBE ended his term on 31/08/2020. Salary shown is for 5 months. Equivalent annual salary is £5-10k.

Dr Harpreet Sood was appointed as a Non-Executive Director on 01/09/2020. Prior to this he held the role of Associate Non-Executive Director from 01/09/2019-31/08/2020. Salary shown is for 12 months. Salary for both roles was the same.

Sir Andrew Morris OBE has waived his right to receive remuneration for his appointment.

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Remuneration 2019-20 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	d) All pension- related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Ms Mary Elford	0-5	Nil	Nil	Nil	0-5
Ms Jacynth Ivey	5-10	Nil	Nil	Nil	5-10
Professor Malcolm Morley OBE	5-10	100	Nil	Nil	5-10
Professor David Croisdale-Appleby OBE	5-10	200	Nil	Nil	5-10
Sir David Behan CBE	60-65	Nil	Nil	Nil	60-65
Professor Andrew George MBE	0-5	Nil	Nil	Nil	0-5
Professor Soraya Dhillon MBE	0-5	Nil	Nil	Nil	0-5
Mr Andrew Foster CBE	0-5	Nil	Nil	Nil	0-5
Dr Liz Mear	0-5	Nil	Nil	Nil	0-5
Professor John Latham CBE	5-10	Nil	Nil	Nil	5-10
Dr Harpreet Sood	0-5	Nil	Nil	Nil	0-5
Sir Andrew Morris OBE	Nil	Nil	Nil	Nil	Nil

Non-Executive Directors Remuneration - Disclosures 2019-20 (subject to audit)

Ms Mary Elford (left) on 31/10/2019 salary shown is for 7 months. Full year salary would be £5k-£10k.

Ms Jacynth Ivey (left) on 31/12/2019 salary shown is for 9 months. Full year salary would be £5k-£10k.

Professor Malcolm Morley OBE (left) on 31/10/2019 salary shown is for 7 months. Full year salary would be £10k-£15k.

Professor Andrew George MBE was appointed on 01/09/2019 salary shown is for 7 months. Full year salary would be £5k-£10k.

Professor Soraya Dhillon MBE was appointed on 01/09/2019 salary shown is for 7 months. Full year salary would be £5k-£10k.

Mr Andrew Foster CBE was appointed on 01/11/2019 salary shown is for 5 months. Full year salary would be £5k-£10k.

Dr Liz Mear was appointed on 01/11/2019 salary shown is for 5 months. Full year salary would be £5k-£10k.

Professor John Latham CBE was appointed on 01/11/2019 salary shown is for 5 months. Full year salary would be £10k-£15k.

Dr Harpreet Sood was appointed on 01/09/2019 salary shown is for 7 months. Full year salary would be £5k-£10k.

Sir Andrew Morris OBE was appointed on 01/11/2019, he has waived his right to receive remuneration for his appointment.

Accountability Report

Remuneration and Staff Report

Payments to Past Directors (subject to audit)

2020-21

2 payments were made to Professor Ian Cumming OBE

£12,014.13 Gross pay for Annual Leave not taken.

£1,419 Reimbursement for buying equipment whilst undertaking work for HEE as part of a contract with Keele University (see page 37).

2019-20

N/A - No payments made during the financial year

Exit Costs (subject to audit)

	2020-21			2019-20		
	Number of compulsory redundancies	Number of agreed other departures	Total number of Exit packages	Number of compulsory redundancies	Number of agreed other departures	Total number of Exit packages
Less than £10,000	0	5	5	0	1	1
£10,000 to £25,000	2	3	5	1	3	4
£25,000 to £50,000	0	1	1	0	4	4
£50,000 to £100,000	0	1	1	0	1	1
£100,000 to £150,000	0	1	1	0	0	0
£150,000 to £200,000	0	0	0	0	0	0
Over £200,000	0	0	0	0	0	0
Total Numbers	2	11	13	1	9	10
Total Cost (£000's)	29	339	368	22	229	251

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are accounted for in full in the year of departure where there is a legal obligation. Where the organisation has agreed early retirements, the additional costs are met by HEE and not by the NHS Pension Scheme.

Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year.

Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

There were no special payments made within exit packages during 2020-21.

Accountability Report

Remuneration and Staff Report

Analysis of Other Departures

	2020-21		2019-20	
	Number of agreed other departures	£000's	Number of agreed other departures	£000's
Voluntary redundancies including early retirement contractual costs	7	286	9	229
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	8	53	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	15	339	9	229

A single exit package can be made up of several components, each of which will be counted separately in this table. The total number above will not necessarily match the total numbers in the earlier table, which will be the number of individuals.

HEE had no "non-contractual payments requiring HMT approval" above.

Nil non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

The tables above includes exit payments relating to 3 individuals that were agreed but not reported in 2019-20.

Accountability Report

Remuneration and Staff Report

Staff Numbers (subject to audit)

The average number of whole-time equivalent persons employed during the year.

	Total	Permanently employed staff	Others
	Number	Number	Number
2020-21	2,432	2,156	276
Of which number engaged on capital projects	-	-	-
2019-20	2,259	1,884	375

Staff Costs (subject to audit)

Staff costs comprise:

			2020-21	Re-presented 2019-20
	Permanently employed staff	Others	Total	Total
	£'000s	£'000s	£'000s	£'000s
Wages and salaries	104,892	50,341	155,233	*142,134
Social security costs	10,979	1,028	12,007	10,242
Other pension costs	17,611	1,646	19,257	17,052
Termination benefit	396	0	396	256
Apprentice Levy	558	0	558	480
Total Gross Pay	134,436	53,015	187,451	170,164
Less income in respect of outward secondments	(2,091)		(2,091)	(1,495)
Total net costs	132,345	53,015	185,360	168,669

*see note disclosed on Statement of Comprehensive Net Expenditure on page 102.

Accountability Report

Remuneration and Staff Report

Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Accountability Report

Remuneration and Staff Report

Trade unions and Trade Union Facility Time

HEE supports social partnership and actively promotes trade union membership amongst our staff. We regularly invite national trade union colleagues to staff events, alongside local representatives. We aim to have representatives within each of our regions and national functions, in order to provide support and representation for staff. In addition, trade union representatives play an important role in working with managers and HEE's Human Resources (HR) & Organisational Development (OD) function in developing our employment policies and procedures, and in promoting best practice.

Senior managers within HEE meet regularly with national trade union officials and staff representatives of those unions that have members within our staff. HEE recognises all of the NHS trade unions, but works in close partnership with those listed below via our national Partnership Forum and its sub-groups:

- British Dental Association
- British Medical Association
- Managers in Partnership
- Royal College of Nursing
- UNISON
- UNITE.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 require employers in the public sector to publish trade union 'facility time', which is granted by employers for staff undertaking recognised trade union activity, as follows.

a) Trade Union representatives - the total number of employees who were trade union representatives during the relevant period.

	2019-20	2020-21
Number of employees who were relevant union officials during the relevant period	18	15
FTE employee number	17.01	13.7

b) Percentage of time spent on facility time - the number of employees who were trade union representatives employed during the relevant period.

Percentage of time	2019-20	2020-21
0%	7	6
1-50%	9	9
51%-99%	0	0
100%	0	0

c) Percentage of pay bill spent on facility time - the percentage of the total pay bill spent on paying employees who were trade union representatives for recognised trade union facility time during the relevant period.

	Re-presented 2019-20	2020-21
The total cost of facility time	£10,095.95	£5,976
Total pay bill	*£170,164,000	£187,451,000

The percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100

	0.006%	0.003%
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d) Paid trade union activities -

the percentage of total paid facility time hours spent by employees who were TU representatives during the relevant period on other paid TU activities (such as internal trade union matters).

	2019-20	2020-21
Time spent on paid TU activities as a percentage of total paid facility time hours is calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	8.77%	14.88%

*see note disclosed on Statement of Comprehensive Net Expenditure on page 102. This has resulted in a revised percentage of 0.006% (previously 0.007%)



Parliamentary Accountability and Audit Report

Regularity of Expenditure (subject to audit)

The total number of losses and special payments cases and their total values was as follows:

Losses	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Administrative write-offs	0	0	5	13
Fruitless payments	82	242	2	18
Bookkeeping losses	0	0	0	0
Constructive loss	0	0	0	0
Cash Losses	1,590	1,034	1,936	586
Claims abandoned	0	0	1	4
Stores Losses	0	0	0	0
Equipment Losses	8	6	10	8
Special payments	18	34	0	0
	1,698	1,316	1,954	629

Fruitless payments relate to bookings made in advance to hire venues for events which did not take place due to COVID-19, as a result cancellation charges were incurred.

The Cash Losses above for both years relate to "low value" individual bursary payment debts which have been written off once all efforts to recover these amounts have been exhausted. The NHS BSA recommend the level of write off to HEE. Included within the cash losses are 20 administrative debts written off totalling £4k.

The Special payments included above relate to ex-gratia payments made in relation the Global Health Fellowship programme. Eighteen fellows who had entered into commercial agreements with AHP, a South African business specialising in clinical recruitment and placements, were unable to obtain refunds following AHP's bankruptcy in December 2019. These payments were made to affected fellows for any amounts that were irrecoverable.

Fees and charges (subject to audit)

Income arising from fees and charges is immaterial and therefore the relevant disclosure is not required.

Remote Contingent Liabilities (subject to audit)

HEE does not have any remote contingent liabilities (2019-20 £nil)



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021

Parliamentary Accountability and Audit Report

The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament

Opinion on financial statements

I certify that I have audited the financial statements of Health Education England for the year ended 31 March 2021 under the Care Act 2014. The financial statements comprise: Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes, including the significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. The financial reporting framework that has been applied in their preparation is applicable law and International Accounting Standards as interpreted by HM Treasury's Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion, the financial statements:

- give a true and fair view of the state of Health Education England's affairs as at 31 March 2021 and of Health Education England's net expenditure for the year then ended;
- have been properly prepared in accordance with the Care Act 2014 and Secretary of State directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's Revised Ethical Standard 2019. I have also elected to apply the ethical standards relevant to listed entities. I am independent of Health Education England in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Health Education England's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Health Education England's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Board and the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

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The going concern basis of accounting for Health Education England is adopted in consideration of the requirements set out in International Accounting Standards as interpreted by HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises information included in the annual report but does not include the parts of the Accountability Report described in that report as having been audited, the financial statements and my auditor's certificate thereon. The Board and the Accounting Officer are responsible for the other information. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my certificate, I do not express any form of assurance conclusion thereon. In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Secretary of State directions made under the Care Act 2014; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of Health Education England and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept or returns adequate for my audit have not been received from branches not visited by my staff; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Parliamentary Accountability and Audit Report

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Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Board and the Accounting Officer, are responsible for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the Board and the Accounting Officer determine is necessary to enable the preparation of the financial statements to be free from material misstatement, whether due to fraud or error.
- assessing Health Education England's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board and the Accounting Officer anticipate that the services provided by Health Education England will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Care Act 2014.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included the following:

- Inquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education England's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including Health Education England's controls relating to the Care Act 2014;
- discussing among the engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, posting of unusual journals and bias in management's estimates;

Parliamentary Accountability and Audit Report

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- obtaining an understanding of Health Education England's framework of authority as well as other legal and regulatory frameworks that Health Education England operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education England. The key laws and regulations I considered in this context included the Care Act 2014, Managing Public Money, employment law, tax and pensions legislation.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit and Risk Committee concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.


A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the income and expenditure reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.



Gareth Davies
Comptroller and Auditor General

Date: 13 July 2021

National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP



Annual Accounts 2020-21

Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000s	Re-presented 2019-20 £'000s
Staff costs	2	187,451	*170,164
Other operating expenditure	2	4,240,881	*4,072,578
Total operating expenditure		4,428,332	4,242,742
Operating revenue	3	(144,680)	(139,551)
Comprehensive net expenditure for the year		4,283,652	4,103,191

The notes on pages 106 to 119 form part of these accounts.

*Prior year comparatives have been re-presented to include a reclassification of £19,150k of Education Support training costs from other operating expenditure to staff costs to ensure consistency with the current year presentation to better reflect the underlying nature of these costs across all regions and going forward. There is no impact on total operating expenditure and comprehensive net expenditure for the year as a result of this reclassification.


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Statement of Financial Position as at 31 March 2021

	Note	31 March 2021 £'000s	31 March 2020 £'000s
Non-current assets:			
Property, plant & equipment	5	2,219	2,453
Trade & other receivables	6	198	258
Total non-current assets		2,417	2,711
Current assets:			
Trade & other receivables	6	44,993	27,487
Cash & cash equivalents	7	125,756	28,234
Total current assets		170,749	55,721
Total assets		173,166	58,432
Current liabilities:			
Trade & other payables	8	(299,759)	(242,672)
Provisions	9	(685)	(15)
Total current liabilities		(300,444)	(242,687)
Total assets less current liabilities		(127,278)	(184,255)
Non-current liabilities:			
Provisions	9	(1,327)	(1,792)
Total non-current liabilities		(1,327)	(1,792)
Total assets less total liabilities		(128,605)	(186,047)
Taxpayers' equity			
General fund		(128,605)	(186,047)
Total taxpayers' equity		(128,605)	(186,047)

The notes on pages 106 to 119 form part of these accounts.

The financial statements on pages 102 to 105 were approved by the Board and signed on its behalf by:



Dr Navina Evans CBE
Chief Executive

Date: 09 July 2021

Annual Accounts 2020-21

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000s	2019-20 £'000s
Cash flows from operating activities			
Comprehensive net expenditure for the year		(4,283,652)	(4,103,191)
Adjustments for non-cash transactions:			
Depreciation and amortisation	2	766	429
Other non-cash movements in Statement of Financial Position item*		0	5,212
(Increase) Decrease in trade and other receivables	6	(17,446)	9,967
Increase/(Decrease) in trade and other payables	8	57,087	(5,675)
Capital creditors		473	(615)
Provisions reversed unused		(275)	(22)
Increase in Provisions	9	480	91
Net cash outflow from operating activities		(4,242,567)	<u>(4,093,804)</u>
Cash flows from investing activities			
Purchase of property, plant and equipment		(1,005)	(942)
Net cash outflow from investing activities		(1,005)	<u>(942)</u>
Net cash outflow before financing		(4,243,572)	<u>(4,094,746)</u>
Cash flows from financing activities			
Grant in Aid Funding from Department of Health and Social Care		4,341,094	4,115,120
Adjustment for non-cash items*		0	(5,212)
Net cash flow from financing activities		4,341,094	<u>4,109,908</u>
Net increase / (decrease) in cash and cash equivalents in the year	7	97,522	<u>15,162</u>
Cash and cash equivalents at the beginning of the year		28,234	13,072
Cash and cash equivalents at year end	7	125,756	28,234

*See disclosure on Statement of Changes in Taxpayers' Equity. The notes on pages 106 to 119 form part of these accounts.

Annual Accounts 2020-21

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

	General Fund	Taxpayers' Equity
	£000s	£000s
Balance at 1 April 2019	(197,976)	(197,976)
Changes in taxpayers' equity for 2019-20:		
Comprehensive net expenditure for the year	(4,103,191)	(4,103,191)
Grant in Aid funding from Department of Health and Social Care*	4,115,120	4,115,120
Balance at 31 March 2020	(186,047)	(186,047)
	General Fund	Taxpayers' Equity
	£000s	£000s
Balance at 1 April 2020	(186,047)	(186,047)
Changes in taxpayers' equity for 2020-21:		
Comprehensive net expenditure for the year	(4,283,652)	(4,283,652)
Grant in Aid funding from Department of Health and Social Care*	4,341,094	4,341,094
Balance at 31 March 2021	(128,605)	(128,605)

The notes on pages 106 to 119 form part of these accounts.

*Included within the 2019-20 Grant in Aid funding is non-cash funding from DHSC of £5,212k, this offset the increase of 6.3% in employers pension contribution rates, included within the Statement of Comprehensive Net Expenditure for the Year. The increased cost was paid directly to the NHS Pension scheme on our behalf by DHSC.

Annual Accounts 2020-21

Notes to the accounts

1. Statement of accounting policies

1.0 Accounting policies

The financial statements have been prepared in accordance with the Government Financial Reporting Manual (FRoM) issued by HM Treasury. The accounts have been prepared in accordance with The Care Act 2014 and Secretary of State for Health and Social Care direction there under. The accounting policies contained within the FRoM apply International Financial Reporting Standards as adapted or interpreted for the public sector context. Where the FRoM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of Health Education England (HEE) for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. They have been applied consistently in dealing with items that are considered material to the accounts.

1.01 Accounting convention

These accounts have been prepared under the historical cost convention.

1.02 Going concern

The going concern basis of accounting for HEE is adopted in consideration of the requirements set out in International Accounting Standards as interpreted by HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

The functions and purpose of HEE are delivered in accordance with the Care Act 2014 and the Framework Agreement between the Department of Health and Social Care (DHSC) and HEE which sets out HEE's role to work with partners to plan, recruit, educate and train the future and current healthcare workforce. HEE has no reason to assume that its current functions and purpose within the NHS, public health and social care services will not continue. The financing of HEE is met through Grant in Aid funding provided by the Department of Health and Social Care, which is approved annually by Parliament. The Secretary of State for Health and Social Care has directed that Parliamentary funding has been voted to permit the relevant activities to continue. As a result, 2021-22 funding has been agreed for HEE's activities ensuring adequate funding to meet our liabilities. Work is underway with the Department of Health and Social Care and HM Treasury to determine appropriate funding for the 2022-23 financial year.

As an arms-length body sponsored by DHSC, HEE has no reason to assume that future funding will not be forthcoming. Our going concern assessment is made up to 09 July 2022. This includes the first quarter of the 2022-23 financial year. DHSC operating and financial guidance is not yet issued for that year, and so HEE has assumed that funding will continue beyond the 2021-22 financial year broadly in line with current levels. As a Non Departmental Public Body responsible to DHSC, interim financial support can be accessed from DHSC if it were required, but there is currently no such identified requirement. HEE does not consider there to be any material estimation uncertainty over the valuation of assets and liabilities at the reporting date as disclosed within the financial statements. Due to the long term nature of HEE's education and training activities, and the anticipated continuation of future provision of services in the public sector, the Board of HEE has prepared these financial statements on a going concern basis.

Annual Accounts 2020-21

Notes to the accounts

1.03 Critical accounting judgements and key sources of estimation uncertainty

In the application of HEE's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. None of HEE's areas of judgement or estimation are individually material.

1.04 Revenue

The main source of funding for Health Education England (HEE) is Parliamentary Grant in Aid, this is received from the Department of Health and Social Care. HEE is required to maintain expenditure within this allocation. This funding is received with an approved cash limit for the period and HEE is required to draw down cash up to this limit in accordance with business need. Grant in Aid is drawn down and credited to the general fund. Parliamentary funding is recognised in the financial period in which it relates.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation in accordance with the contractual arrangements.

The majority of HEE's income is generated through contracts with customers. The two largest sources of income are with NHS England and National Institute for Health Research (NIHR), these are both annual contracts. Income is recognised when HEE's performance obligations have been met. All other contract income is recognised in revenue when the performance obligations in contracts with customers are satisfied in line with IFRS 15.

Where income is received for a specific performance obligation that is to be satisfied in the following year income is deferred.

1.05 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

HEE employees that are not eligible to join the NHS Pension Scheme are enrolled in the National Employment Savings Trust (NEST). The scheme is accounted for as if it were a defined contribution scheme. The cost to HEE of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme.

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Notes to the accounts

The full amount of the liability for the additional costs is charged to expenditure at the time HEE commits itself to the retirement, regardless of the method of payment.

1.06 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. Training and education expenditure that HEE commits to frequently spans more than one financial year due to course being run in an academic year and sometime over several years. Expenditure is mapped to trainee and student activity during the NHS financial year. Expenses are recognised in the financial year which they relate to. They are measured at the fair value of the consideration payable.

1.07 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to HEE
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has cost of at least £5,000 or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control or
- Items form part of the initial equipping and setting-up cost of a new building irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Depreciation and Amortisation

Depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits. Non-current assets are depreciated on a straight-line basis. The estimated useful life of an asset is the period over which HEE expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

HEE's range of estimated useful economic lives:

Buildings	1-5 years
IT equipment	1-5 years
Furniture and fittings	1-4 years
Medical Equipment	1-7 years

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Notes to the accounts

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are recorded subsequently at depreciated historic cost as a proxy for current value in existing use; this is acceptable for assets with short lives and immaterial values. HEE does not revalue its assets on the basis that the values involved are immaterial and historic cost is not considered materially different.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.08 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. HEE does not hold any finance leases.

HEE as lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

HEE as lessor

Operating lease receipts are recognised as income on a straight-line basis over the lease term.

1.09 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the HEE's cash management.

Cash, bank and overdraft balances are recorded at current values.

1.10 Provisions

Provisions are recognised when HEE has a present legal or constructive obligation as a result of a past event and it is probable that HEE will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

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Notes to the accounts

1.11 Non-clinical risk pooling

HEE participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which HEE pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.12 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of HEE, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.13 Financial assets

Financial reporting standard IFRS 9 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

HEE is financed through parliamentary funding, and therefore is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk.

Financial assets are recognised when HEE becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered.

Financial assets are initially recognised at fair value. Fair value is taken as the transaction price.

HEE assets are classified at amortised cost. Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows. After initial recognition, these assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset.

Financial assets are derecognised when the contractual rights have expired, or the asset has been transferred.

HEE impairs its financial assets by reviewing each individual balance at the point of recognition based on previous performance where known. No impairment is provided for any financial assets within the DHSC group.

1.14 Financial liabilities

Financial liabilities are recognised on the statement of financial position when HEE becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. HEE's financial liabilities are classified at amortised cost using the effective interest rate method.

1.15 Taxation

HEE is liable to pay corporation tax, however the organisation does not currently have any qualifying activities. Expenditure is shown net of recoverable VAT. Irrecoverable VAT is charged to the relevant expenditure heading or capitalised if it relates to an asset.

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Notes to the accounts

1.16 Foreign currencies

HEE's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in HEE's Statement of Comprehensive Net Expenditure in the period in which they arise

1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HEE not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 Statement of operating costs by operating segment

Management has determined that HEE operates as one operating segment with results reviewed by the Chief Executive and the Board as the chief decision makers for the whole organisation.

1.19 Accounting standards that have been issued but have not yet been adopted

IFRS16 - Leases was issued in January 2016. In light of COVID-19 pressures, HM Treasury and the Financial Reporting Advisory Board (FRAB) agreed that IFRS 16 implementation in the public sector will be deferred for two years to 2022-23. HEE continued to make progress during 2020-21 by reviewing their lease arrangements to assess the impact of this new standard, however it is not expected to make a material change.

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Notes to the accounts

2. Staff costs and other operating expenditure

	2020-21	Re-presented 2019-20
	£'000s	£'000s
Staff costs:		
- Wages and salaries	155,233	*142,134
- Social security costs	12,007	10,242
- Other pension costs	19,257	17,052
- Termination benefits	396	256
- Apprentice Levy	558	480
Total staff costs	187,451	170,164
Training and education activities:		
Future workforce:**		
- Undergraduate medical & dental	908,142	887,080
- Postgraduate medical & dental	2,079,341	1,943,268
- Clinical Education and Training ***	712,030	849,369
Total future workforce	3,699,513	3,679,717
- Workforce development	296,369	147,985
- Education support	5,854	*6,897
- National activities	195,454	190,622
HEE Chair & Non-Executive Directors	127	123
Supplies and services	294	882
Establishment	15,878	22,333
Premises	20,220	17,553
Operating lease rentals	4,356	3,774
Depreciation & amortisation	766	429
Provisions arising	480	91
Provisions reversed unused	(275)	(22)
Statutory audit fees (NAO)	170	185
Internal audit and assurance services	240	261
Education and training	816	1,375
Other operating expenses	619	373
Total other operating expenditure	4,240,881	4,072,578
Total operating expenditure	4,428,332	4,242,742

* Prior year comparatives have been re-presented to include a reclassification of £19,150k of Education Support training costs from other operating expenditure to wages and salaries to ensure consistency with the current year presentation to better reflect the underlying nature of these costs across all regions and going forward. There is no impact on total operating expenditure as a result of this reclassification.

** The majority of HEE's expenditure is focused on supporting the NHS's workforce for the future. This investment develops the healthcare professionals of the future. Undergraduate students must gain experience in clinical settings through placements for which placement fees are paid to the clinical service providers. In the postgraduate environment salary and further training support is paid for to ensure relevant trainees can achieve full professional registration. Our experience also includes tuition fees paid to universities for undergraduate programmes and the related bursary support for the individual students. Future Workforce expenditure has reduced on undergraduate degree courses due to a policy change by DHSC and HM Treasury as these courses are now funded through the student loan model which is not managed by HEE. This reduction has been offset by increased expenditure relating to GP expansion and increased training in secondary care and other disciplines, resulting in a net overall increase compared to the prior year.

*** Description changed from 'Non-medical' (2019-20) to 'Clinical Education and Training' to more accurately reflect the nature of these costs.

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Notes to the accounts

3. Operating revenue

	2020-21	2019-20
	£'000s	£'000s
Revenue from contracts for education & training activities:		
NHS England	64,481	66,300
NHS Providers	500	2,499
Department of Health and Social Care including National Institute for Health Research	64,533	61,120
NHS other	517	329
Non - NHS	8,400	7,162
Total revenue from education & training activities	138,431	137,410
Other revenue:		
Income in respect of seconded staff	2,091	1,495
NHS*	3,775	586
Non-NHS	383	60
Total other revenue	6,249	2,141
Total operating revenue	144,680	139,551

This represents all HEE income except the funding it receives as Grant in Aid from the Department of Health & Social Care.

* During the year HEE has recognised £3m of income from NHS Providers, this is where HEE facilitates Global recruitment to support NHS organisations.

4. Financial instruments

As the cash requirements of HEE are met through the estimates process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with HEE's expected purchase and usage requirements and HEE is therefore exposed to little credit, liquidity or market risk.

Annual Accounts 2020-21

Notes to the accounts

5. Property, plant & equipment

	Buildings excluding dwellings	Information technology	Furniture & fittings	Total
	£'000s	£'000s	£'000s	£'000s
2020-21				
Cost or valuation:				
At 1 April 2020	3,307	1,992	535	5,834
Additions	169	0	363	532
Transfers	23	66	(89)	0
At 31 March 2021	3,499	2,058	809	6,366
Depreciation				
At 1 April 2020	1,552	1,502	327	3,381
Charged During the Year	504	207	55	766
At 31 March 2021	2,056	1,709	382	4,147
Net book value at 31 March 2021	1,443	349	427	2,219
2019-20				
Cost or valuation:				
At 1 April 2019	1,995	1,855	427	4,277
Additions	1,312	137	108	1,557
Transfers	0	0	0	0
At 31 March 2020	3,307	1,992	535	5,834
Depreciation				
At 1 April 2019	1,358	1,330	264	2,952
Charged During the Year	194	172	63	429
At 31 March 2020	1,552	1,502	327	3,381
Net book value at 31 March 2020	1,755	490	208	2,453

Annual Accounts 2020-21

Notes to the accounts

6. Trade & other receivables

	2020-21	2019-20
	£'000s	£'000s
Amounts falling due within one year:		
Trade receivables	27,862	13,005
Expected credit loss allowance - receivables	(4,494)	(5,587)
Other receivables	2,270	2,170
Prepayments and accrued Income	19,355	17,899
Total amounts falling due within one year	44,993	27,487
Amounts falling due after more than one year:		
Trade receivables	2,152	2,641
Expected credit loss allowance - receivables	(1,954)	(2,383)
Total amounts falling due after more than one year	198	258

7. Cash & cash equivalents

	2020-21	2019-20
	£'000s	£'000s
Balance at 1 April	28,234	13,072
Net change in cash and cash equivalent balances	97,522	15,162
Balance at 31 March	125,756	28,234
The following balances at 31 March were held at:		
Government Banking Service	125,756	28,234
Balance at 31 March	125,756	28,234

A large volume of invoices was received in the final days of March 21, resulting in an increase in the year end payables (see note 8). The closing cash balance for 2020-21 was maintained at a high level to ensure these financial obligations were met in accordance with Cabinet Office payment standards.

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Notes to the accounts

8. Trade & other payables

	2020-21	2019-20
	£'000s	£'000s
Amounts falling due within one year:		
Payables	142,968	78,431
Accruals - revenue & capital	133,042	147,890
National insurance & statutory maternity pay	1,881	1,540
Tax	1,701	1,367
Other	20,167	13,444
Total amounts falling due within one year	299,759	242,672

9. Provisions

	Dilapidations	Total
	£000s	£000s
Balance at 1 April 2020	1,807	1,807
Arising during the year	480	480
Utilised during the year	0	0
Reversed unused	(275)	(275)
Balance at 31 March 2021	2,012	2,012

	2020-21	2019-20
	£'000s	£'000s
Expected timing of cash flows:		
No later than one year	685	15
Later than one year and not later than five years	1,126	1,353
Later than five years	201	439

All the provisions held relate to building dilapidation costs. Actual costs are provided for where known, where there is a need to estimate, a standard cost per m2 is used.

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Notes to the accounts

10. Commitments under leases

HEE has entered into leasing arrangements to secure property for conducting the business of training and education and associated administration. All arrangements have been assessed individually and determined to be operating leases with reference to IAS 17.

HEE occupies accommodation under varying agreements. The note relates to formal leasing arrangements only.

Health Education England as lessee	Buildings	Other	2020-21 Total	2019-20 Total
	£'000s	£'000s	£'000s	£'000s
Payments recognised as an expense in year				
Minimum lease payments	4,278	78	4,356	3,774
Total	4,278	78	4,356	3,774
Future commitments payable:				
No later than one year	4,246	44	4,290	2,404
Between one and five years	7,114	92	7,206	5,269
After five years	801	0	801	1,231
Total	12,161	136	12,297	8,904

Health Education England as lessor	Buildings	Other	2020-21 Total	2019-20 Total
	£'000s	£'000s	£'000s	£'000s
Payments recognised as income in year				
Minimum lease receipts	54	0	54	54
Total	54	0	54	54
Future commitments receivable:				
No later than one year	54	0	54	54
Between one and five years	65	0	65	118
After five years	0	0	0	0
Total	119	0	119	172

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Notes to the accounts

11. Contingent Liabilities

HEE has legal claims unlikely to be successful for an estimated £82k (2019-20 £50k) to be disclosed in these accounts as contingent liabilities.

With regards to the contingent liabilities disclosed in 2019-20, the legal claims have been either withdrawn or settled during the year and all historic liabilities relating to GP Trainee expenses have been settled with providers via HEE's funding mechanisms; therefore do not require further disclosure in these accounts.

12. Related Party Transactions

The compensation paid to key management personnel can be found in the remuneration and staff report on pages 72 to 94.

Health Education England is a body corporate established by order of the Secretary of State for Health and Social Care.

The Department of Health and Social Care is regarded as a related party. During the year Health Education England has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department, including:

- NHS England and NHS Improvement
- Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- NHS Business Services Authority

In addition, Health Education England has had a number of material transactions with other central and local government departments to commission training and development of the healthcare workforce.

Professor John Latham, Sir David Behan, Professor David Croisdale Appleby sit on the HEE Board as Non-Executive Directors, they are also Board members for Coventry University, HC-One Ltd and Royal College of Physicians respectively.

Patrick Mitchell is a member of the HEE Board and is also a Board member for E-integrity E-Learning Community Interest Company and was appointed to the Board for Framework Housing Association in November 2020.

During the year HEE entered into a number of transactions with these organisations, the values including closing balances as at the 31 March 2021 and the 2019-20 comparatives, are provided in the tables below:

Annual Accounts 2020-21

Notes to the accounts

2020-21 Name of Organisation	Trade and other receivables	Trade and other payables	Operating revenue	Operating expenditure
	£'000s	£'000s	£'000s	£'000s
Coventry University	0	1,372	0	1,845
Royal College of Physicians	14	317	0	441
HC-One Ltd	0	13	0	23
E-integrity E-Learning Community Interest Company	0	0	50	0
Framework Housing Association	0	1	0	1

2019-20 Name of Organisation	Trade and other receivables	Trade and other payables	Operating revenue	Operating expenditure
	£'000s	£'000s	£'000s	£'000s
Coventry University	69	4,520	69	4,517
Royal College of Physicians	33	466	0	374
HC-One Ltd	0	14	0	14
E-integrity E-Learning Community Interest Company	0	0	50	0
Framework Housing Association	0	0	0	0

Review of the register of interests in 2020-21 identifies that both Sir David Behan and Sir Andrew Morris sit on both HEE Board and NHS England and NHS Improvement joint Board. HEE has material transactions in the year with NHSE. These joint appointments have been made to assist in the development of closer working relationships between the organisations and require disclosure in these accounts.

Other than that disclosed in the remuneration and staff report no board member or key manager undertook any material transactions with HEE during 2020-21 or 2019-20.

13. Events After the Reporting Period Date

There are no adjusting or non-adjusting events at the time of signing the accounts.

The accounts were authorised for issue by the Accounting Officer on the date they were certified by the Comptroller and Auditor General.

Annual Accounts 2020-21

Accounts Direction

ACCOUNTS DIRECTION GIVEN BY THE SECRETARY OF STATE FOR HEALTH IN ACCORDANCE WITH SCHEDULE 5, PARAGRAPH 25 (2) OF THE CARE ACT 2014.

1. This direction applies to Health Education England.
2. In accordance with the legislation that establishes Health Education England as an Executive Non-Departmental Public Body, it shall prepare accounts for the year ended 31 March 2016 and for subsequent financial periods. The accounts shall be prepared in compliance with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual issued by HM Treasury ("the FReM") which is in force for that financial year, together with any additional disclosure or other requirements as agreed with the Department of Health and Social Care.
3. Health Education England shall provide accounts Data, in the format specified by the Department, for the periods 31 March 2016 to enable consolidation of the group wide position.
4. The accounts shall be prepared so as to;
 - a. give a true and fair view of the state of affairs at 31 March 2016 and subsequent financial year ends and of the net operating costs, recognised gains and losses and cash flows for the financial year then ended; and
 - b. provide disclosure of any material expenditure or income that has not been applied to the purposes intended by Parliament or material transactions that have not conformed to the authorities which govern them.
5. Compliance with the requirements of the FReM will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM is inconsistent with the requirements to give a true and fair view, the requirements of the FReM should be departed from only to the extent necessary to give a true and fair view. In such cases informed and unbiased judgement should be used to devise an appropriate alternative treatment, which should be consistent with both the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Department of Health and Social Care.
6. This direction supersedes any previous directions.

Signed by the authority of the Secretary of State for Health and Social Care.

Andrew Baigent

Director, Group Financial Management

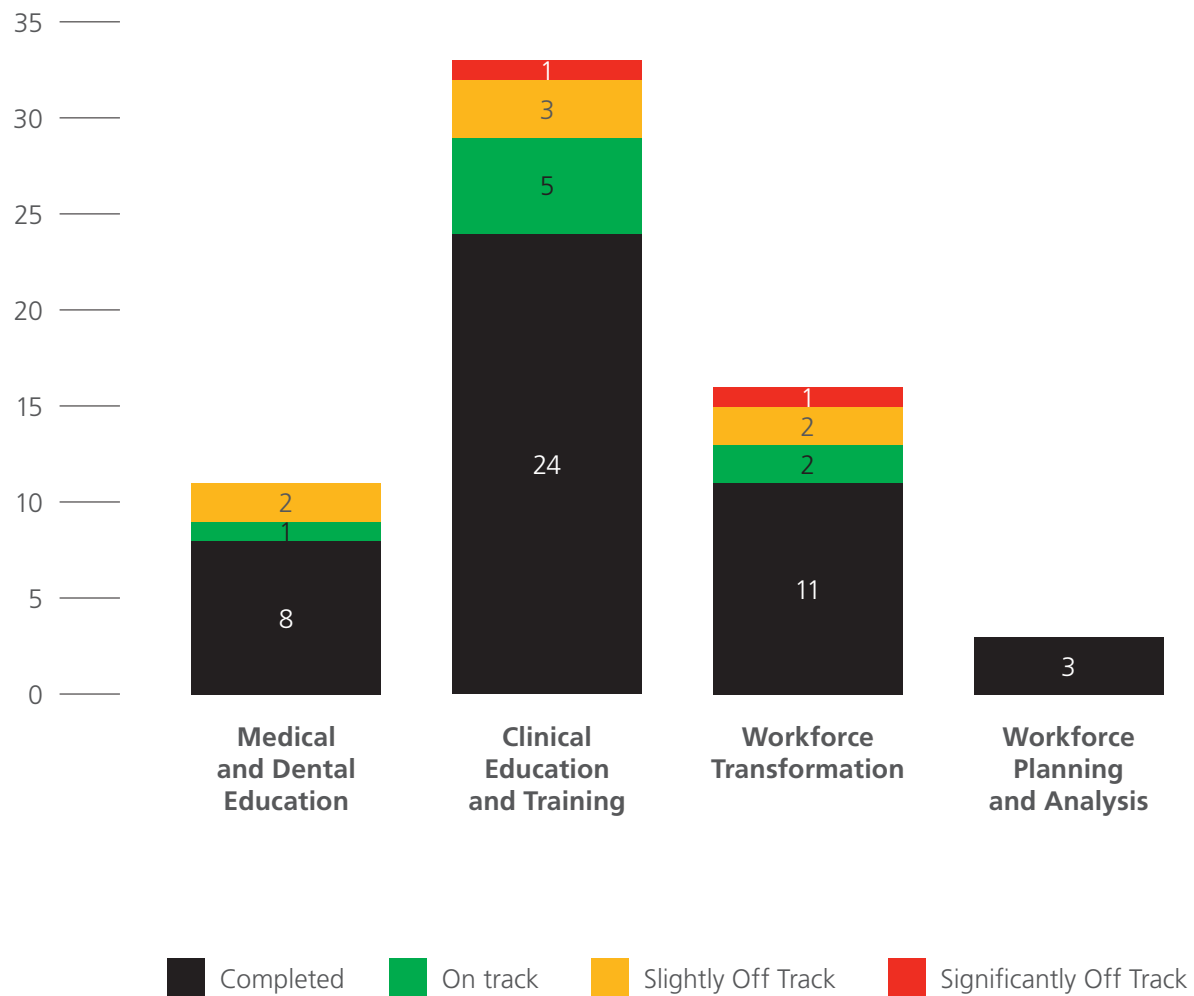
Date: 11 March 2016



Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 1 - Key mandate and Business Plan deliverables - RAG status by priority 2020-21



Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 2 - All deliverables

Medical and Dental Education

Description	Delivery Date	RAG
Ensure that skills gained by medical trainees while working in other roles during COVID-19 count towards training	March 2021	B
Pilot & evaluate education/training models for dental professionals to improve content/flexibility & develop careers	30 September 2020 and 31 March 2021	B
Offer mechanical thrombectomy credentialing (30 doctors by 2023/24), and other credentials	March 2024	A
Support more flexible medical training to improve trainee experience and diversity and increase trainee numbers	March 2022	B
Introduce initiatives to improve experience of SAS grade doctors/dentists and improve formal training & reforming training	Mainly delivered within 19/20 apart from a few moving to BAU actions	B
Develop the educational offer for generalist training & work with local systems to develop leadership and infrastructure	July 2021	A
Explore development of RtP for doctors, creating a route from temporary professional registration to full registration	March 2021	B
Psychiatry: Increase training posts/support/education, run campaigns, increase recruitment.	1 - 2020-21 2 - 2020-21 3 - 2020-21 4 - 2021-22 5 - 2021-22 6 - 2020-21	B
Work with GMC, Medical Schools & Medical Royal Colleges to transform education/training of future doctors	TBC	B
Increase training/recruitment opportunities to support 6,000 more doctors working in primary care by 2024	March 2024	G
Support a 1,000 Physician Associate trainees	March 2021	B

Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 2 - All deliverables

Clinical Education and Training

Description	Delivery Date	RAG
Provide a critical care qualification to offer CPD for people wishing to specialise in this area	September 2021	G
Development across all range of AHP disciplines pre-reg apprenticeships and 15 new healthcare specific trailblazers	March 2021	B
Increase AHP clinical placement expansion for 1,500 starting for those with most shortages	March 2021	B
Develop an innovative blended learning nursing degree using digital technologies to attract diverse student nurses	March 2021	B
Ensure 150 additional reporting radiographers undertake advanced postgraduate training	March 2021 and March 2024	B
Cancer: Develop a national education and training support offer for Specialist Cancer nurses	March 2021	B
At least 3,000 students each year entering paramedic training in 2020-21 and 2021-22	March 2021	B
Recruit 58 biomedical students over the next three years to undertake the histopathology postgraduate qualification	March 2022	B
Widen access & offer more flexible options to attract potential students	March 2021	B
Complete a review of community specialist practitioner programmes, including the district nursing qualification	September 2020	B
Community Nursing: Determining future funding models for community nursing training, including apprenticeships	July 2021	G
Establish a £10m fund for nurses, midwives & AHPs to drive increase placement capacity	March 2021	B
Pilot new English language training programmes for around 800 nurses	March 2021	B
Global Learners Programme - recruit up to 700 adult general nurses	March 2021	B
Implement the maternity support worker competency, education and career framework to release 10% of a midwife's time	March 2021	A

Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 2 - All deliverables

Clinical Education and Training

Description	Delivery Date	RAG
A further 1,000 annual midwifery training places	March 2024	A
Increase the number of mental health nurses by over [7,000] FTEs by 2024	March 2024	B
Boost the number of MH Peer Support workers through recruit-to-train programme & investment in educational supervisors	December 2024	B
MH: Expand the psychological professions, including increasing training commissions.	March 2021	B
MH: Deliver training to enable an increased number of Responsible Clinicians	March 2024	B
Invest in MH: Adult IAPT trainees, CYP PWP trainees, recruit to train CYP IAPT practitioners	March 2021	B
MH Nursing: Work with HEIs to secure clinical placements for pre-registration nurses in September & January	September 2020 and January 2021	B
Increase support for MH nurses during their preceptorship through the RePAIR programme	September 2025	B
Increase training/recruitment opportunities to support 50,000 more nurses (inc global, RTP, TNAs, reducing attrition)	September 2025	B
Commence training of 50 specialist mental health pharmacists	March 2022	G
Convert 3,000 nursing associates to become registered nurses	March 2025	B
HEE will train 5,000 nursing associates by December 2020	December 2020	R
Expand GP nursing by increasing primary care placements for pre-registration nurses & trainee nursing associates	March 2021	B
Provide at least 1,000 places each year on RTP programmes for nurses, midwives and AHPs	March 2021	A
Develop and implement the interim foundation pharmacist programme	September 2020	B

Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 2 - All deliverables

Clinical Education and Training

Description	Delivery Date	RAG
26,000 more primary care professionals: Develop new roles, expand training for clinical pharmacists in GP	2025	G
Additional investment to ensure effective, sustainable infrastructure for primary and community care training hubs	March 2022	G
Continue to support returners who wish to continue working in the NHS and move onto the permanent register	March 2021	B

Workforce Transformation

Description	Delivery Date	RAG
Maximising HEE STAR	March 2021	B
Improve ethical international recruitment through four new migration partnerships	March 2021	B
Work with local health systems to support a cohort of 400 ACPs in 2020-21 year and 1,000 each year for the next 2 years	March 2021	R
To produce 400 clinical endoscopists & support people working towards the screening endoscopists accreditation	December 2021	B
Create new apprenticeships in mammography, diagnostic radiography and therapeutic radiography, sonography & ACP for nurses	March 2021	B
Complete a review & streamline the statutory and mandatory training modules set out in The Core Skills Training Framework	September 2021	G
300 digital change leaders to complete the PG Diploma in Digital Health Leadership	August 2021	G
Completed the first cohort of the Topol programme for Digital Fellowships in Healthcare & launch the second cohort	January 2021	B
Provide additional LD apprenticeships & clinical placements to enable TNAs to spend half their time in LD service	March 2021	B
Funding for CPD for nurses, midwives, AHPs	March 2021	B

Annexes

Annex 1: Summary of HEE's delivery against the 63 commitments

Table 2 - All deliverables

Workforce Transformation

Description	Delivery Date	RAG
Develop a digital platform 'The Learning Hub' to provide easy access to a wide range of education and training resources	October 2020	B
Support the provision of Simulation-Based Education by publishing a simulation strategic overview	October 2020	B
Develop an Imagery Training Platform with Royal College of Pathologists, to support histopathology reporting	August 2021	A
Develop a high-level three-year strategic plan for HEE Technology Enhanced Learning	June 2021	A
Expand the CLEAR programme in the seven regional hubs to cover 20 projects across clinical settings & system priorities	March 2021	B
Support workforce redesign with practical guides to making the most effective use of multidisciplinary teams	December 2020	B

Workforce Planning and Analysis

Description	Delivery Date	RAG
Develop availability of data sources to inform planning and decision making by increasing access to data	March 2021	B
Produce regular updates to highlight comparison of supply and demand highlighting key risks & intervention opportunities	March 2021	B
Implement an HEE strategy for data collection	March 2021	A

Annexes

Annex 2: Attendance at Board and Committee Meetings 2020-21

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
HEE Board	<p>Our Board brings a diversity of skill, experience and approach, which underpins our decision-making. Our Board's purpose is founded on independence and diverse thinking, and using that to set strategy and constructively challenge the organisation to perform at its best. The Board is the senior decision-making structure for Health Education England. It has reserved key decisions and matters for its own decision, including strategic direction, overseeing delivery of the agreed strategy, the approach to risk, and establishing the culture and values of the organisation.</p>	<p>Non-Executive Directors Sir David Behan CBE (Chair) Professor John Latham CBE Dr Liz Mear Mr. Andrew Foster CBE Dr Harpreet Sood Sir Andrew Morris OBE Professor Soraya Dhillon MBE Professor Andrew George MBE</p> <p>Executive Dr Navina Evans CBE Professor Wendy Reid Rob Smith Professor Mark Radford Calum Pallister Lee Whitehead Patrick Mitchell David Farrelly Laura Roberts Jo Lenaghan</p> <p>Former Board Members Professor Sheona MacLeod <i>(Appointment ended 30 September 2020)</i> Professor David Croisdale-Appleby <i>(Appointment ended 31 August 2020)</i></p>	<p>11 of 11 11 of 11 11 of 11 11 of 11 11 of 11 10 of 11 11 of 11 11 of 11 11 of 11 11 of 11 11 of 11 10 of 11 11 of 11 10 of 11 11 of 11 10 of 11 11 of 11</p> <p>5 of 5</p> <p>4 of 4</p>

Annexes

Annex 2: Attendance at Board and Committee Meetings 2020-21

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
Audit and Risk Committee	Provides independent and objective view of internal control, governance and risk management. Including overview of internal and external audit services, governance, risk management and financial reporting.	<p>Non-Executive Directors Professor John Latham CBE (Chair) Dr Liz Mear Dr Harpreet Sood Professor Andrew George MBE Sir David Behan CBE (observer)</p> <p>Executive Professor Wendy Reid Calum Pallister Lee Whitehead David Farrelly</p> <p>Former Committee Members Professor David Croisdale-Appleby <i>(Appointment ended 31 August 2020)</i></p>	<p>7 of 7 6 of 7 7 of 7 6 of 7 2 of 7</p> <p>1 of 1 7 of 7 7 of 7 1 of 1</p> <p>2 of 2</p>

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
Remuneration Committee	Approves remuneration terms of service for the Chief Executive and those appointed on ESM contracts	<p>Non-Executive Directors Sir David Behan CBE Professor John Latham CBE Dr Liz Mear Mr. Andrew Foster CBE Dr Harpreet Sood Sir Andrew Morris OBE Professor Soraya Dhillon MBE (Chair from 19/01/2021) Professor Andrew George MBE</p> <p>Executive Dr Navina Evans CBE</p> <p>Former Committee Members Professor David Croisdale-Appleby <i>(Appointment ended 31 August 2020)</i></p>	<p>3 of 3 2 of 3 3 of 3 3 of 3 3 of 3 3 of 3 2 of 3 2 of 3</p> <p>1 of 1</p> <p>2 of 3</p>

Annexes

Annex 2: Attendance at Board and Committee Meetings 2020-21

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
Performance Assurance Committee	To provide the Board with assurance that effective performance management and monitoring underpins delivery of HEE's business objectives.	<p>Non-Executive Directors Professor John Latham CBE Professor Soraya Dhillon MBE Professor Andrew George MBE (Chair) Sir David Behan CBE (observer)</p> <p>Executive Dr Navina Evans CBE Calum Pallister David Farrelly</p> <p>Former Committee Members Professor David Croisdale-Appleby <i>(Appointment ended 31 August 2020)</i></p>	5 of 6 6 of 6 6 of 6 1 of 6 1 of 6 5 of 6 6 of 6 2 of 6

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
People Committee	Oversees HEE's approach to implementing the Long-Term Plan and NHS People Plan in respect of HEE's obligations as an employer. The committee's stated objective is to support HEE in being/becoming one of the Best Places to Work.	<p>Non-Executive Directors Dr Liz Mear Mr. Andrew Foster CBE (Chair) Dr Harpreet Sood Professor Soraya Dhillon MBE Sir David Behan CBE (observer)</p> <p>Executive Dr Navina Evans CBE Professor Wendy Reid Lee Whitehead David Farrelly Laura Roberts</p>	3 of 3 3 of 3 3 of 3 3 of 3 2 of 3 2 of 2 1 of 1 3 of 3 3 of 3 3 of 3

Annexes

Annex 2: Attendance at Board and Committee Meetings 2020-21

Committee	Role/Responsibilities	Membership	Attendance (Number of eligible meetings attended)
People's Advisory Forum	Approved as a committee of the Board in December 2019. PAF supports HEE's commitments to ensure voices of the public, patients and carers are central to its work and decision making.	Non-Executive Directors Dr Liz Mear (Chair) Sir David Behan CBE (observer) Executive Dr Navina Evans CBE Laura Roberts	4 of 4 1 of 4 1 of 4 1 of 4

Annexes

Annex 3: Corporate Governance in Central Government Departments: Code of Good Practice 2017 Compliance Checklist

In reviewing HEE's corporate governance arrangements against the requirements of the Corporate Governance in Central Government Departments: Code of Good Practice 2017 Compliance Checklist we have identified that there are a number of provisions within the Code not applicable to HEE, these are set out below:

Reference	Requirement and reasons provision not applicable
1	Parliamentary Accountability <i>Relevant to departments, not ALBs</i>
2.2	Focus of departmental board <i>Relevant to departments, not ALBs</i>
2.3	Board relationship with Ministers <i>Relevant to departments, not ALBs</i>
2.11	Requirement of the Permanent Secretary <i>Relevant to departments, not ALBs</i>
3.3	Composition of the Board <i>Relevant to departments, not ALBs. HEE's Board composition is set out in The Care Act 2014</i>
3.4	Composition of the Board <i>Relevant to departments, not ALBs. HEE's Board composition is set out in The Care Act 2014</i>
3.6e	Non-Executive Director role <i>Relevant to departments, not ALBs</i>
3.7	Lead Non-Executive Director role <i>Relevant to departments, not ALBs</i>
3.8	Non-Executive Director role <i>Relevant to departments, not ALBs</i>
3.9 3.14	Lead Non-Executive Director role <i>Relevant to departments, not ALBs</i>
	Composition of the Board <i>Relevant to departments, not ALBs. HEE's Board composition is set out in The Care Act 2014</i>
4.3 – 4.7	Committee structures <i>Relevant to departments, not ALBs. HEE's succession planning is led through the Remuneration Committee for executive management and by the Chair, alongside DHSC for Non-Executive Director appointments made by the Secretary of State for Health and Care</i>
4.13	Composition of the Board <i>Relevant to departments, not ALBs. HEE's Board composition is set out in The Care Act 2014</i>
5.7	Departmental responsibilities for ALB risk management <i>Relevant to departments, not ALBs</i>
5.8	Departmental responsibilities for internal audit within ALBs <i>Relevant to departments, not ALBs</i>
6	Arms Length Bodies <i>Relevant to departments, not ALBs</i>

Annexes

Annex 4: Information Governance Annual Incident Summary

Financial year 2020-21

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Disclosed in error	9	6	13	12	10	5	7	12	7	11	9	11	112
Lost in transit	0	0	0	0	0	0	0	1	0	0	0	0	1
Lost or stolen hardware	0	2	0	0	0	1	0	1	2	0	0	1	7
Lost or stolen paperwork	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-secure Disposal - paperwork	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-secure Disposal - hardware	0	0	0	0	0	0	0	0	0	0	0	0	0
Technical security failing (including hacking)	0	0	0	0	2	0	0	0	2	0	2	1	7
Unauthorised access / disclosure	2	0	3	0	5	1	4	5	5	4	3	4	36
Corruption or inability to recover electronic data	1	0	0	0	0	0	0	0	0	1	0	0	2
Uploaded to website in error	0	0	0	1	1	0	0	0	0	1	0	0	3
Total	12	8	16	13	18	7	11	19	16	17	14	17	168

Annexes

Annex 4: Information Governance Annual Incident Summary

Serious incidents reported to the Information Commissioners Office

Date of Incident (Month)	Nature of Incident	Number affected	How individuals were informed	Lessons Learned

To date, no serious incidents have been reported to the ICO this financial year.

Serious incidents recorded on the DSPT but not reportable to the Information Commissioners Office

Date of Incident (Month)	Nature of Incident	Number affected	How individuals were informed	Lessons Learned
November 2020	Accidental disclosure of data when the wrong document was attached to a calendar invite for a training session	185	Emailed data subject notification letter	TBC - investigation ongoing
December 2020	Personal data was made available on a website	150	By letter	Changes made to the way documents are checked prior to being uploaded to our website

Our assessment indicates that this reflects a greater awareness of reporting mechanisms, rather than any diminution of information security. However, we recognise that further work is required to reduce information incidents to a minimum and to ensure all incidents are reported within strict timescales. Our Information Governance Team leads on raising staff awareness about incident reporting, using various channels available as well as monitoring and auditing any information handling activities. This provides assurance that our business operations are underpinned by the application of sound governance.

A Privacy Group has been established to monitor compliance with the Data Protection Act 2018 and GDPR. This group's work is ongoing but has already had a positive impact on HEE's DSPT submissions, as well as giving assurance to our colleagues, learners, and partners that HEE manages and handles personal and sensitive information correctly.

Our process for managing Data Privacy Impact Assessments (DPIA) is managed by the IG team, and we continue to see increased DPIA volumes; the IG team processed 288 DPIAs in 2020-21.

Annexes

Annex 4: Information Governance Annual Incident Summary

Annual DPIA Summary - Financial year 2020-21

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Screening Questions / DPIA	14	9	32	31	31	21	31	29	22	21	27	20	288

This is a combination of screen questions and DPIAs received within this period.

Annexes

Annex 5: Internal Audit Review Classifications

Individual findings ratings

Critical	}	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Critical impact on operational performance; or • Critical monetary or financial statement impact; or • Critical breach in laws and regulations that could result in material fines or consequences; or • Critical impact on the reputation or brand of the organisation which could threaten its future viability
High	}	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Significant impact on operational performance; or • Significant monetary or financial statement impact; or • Significant breach in laws and regulations resulting in significant fines and consequences; or • Significant impact on the reputation or brand of the organisation
Medium	}	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Moderate impact on operational performance; or • Moderate monetary or financial statement impact; or • Moderate breach in laws and regulations resulting in fines and consequences; or • Moderate impact on the reputation or brand of the organisation
Low	}	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Minor impact on the organisation's operational performance; or • Minor monetary or financial statement impact; or • Minor breach in laws and regulations with limited consequences; or • Minor impact on the reputation of the organisation
Advisory	}	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice</p>

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings Rating	Points	Report classification	Option	Points
Critical	40 points per finding	●	Low risk	6 points or less
High	10 points per finding	●	Medium risk	7-15 points
Medium	3 points per finding	●	High risk	16-39 points
Low	1 points per finding	●	Critical risk	40 points



Glossary

AHEAD Advancing HEE's Equality and Diversity	HGIAS Health Group Internal Audit Service
ACPs Advanced Clinical Practitioners	HMRC Her Majesty's Revenue and Customs
AHP Allied Health Professional	HR Human Resources
AHSN Academic Health Science Network	HR&OD Human Resources and Organisational Development
AI Artificial Intelligence	ICS Intensive Care Society
ALB Arm's Length Body	IAMS Information Asset Management System
AoMRC Academy of Medical Royal Colleges	IAPT Improving Access to Psychological Therapies
ARCP Annual Review of Competence Progression	I&E Income and Expenditure
BACCN British Association of Critical Care Nurses	ICS Integrated Care System
BAF Board Assurance Framework	ICO Information Commissioners Office
BAME Black Asian and Minority Ethnic	ICU Intensive Care Unit
BME Black and Minority Ethnic	IFATE Institute for Apprenticeships and Technical Education
BMJ British Medical Journal	IFRS The International Financial Reporting Standards
BPW Best Place to Work	IGSG Information Governance Steering Group
CASC Clinical Audit Support Centre	IP Intellectual Property
CC Care Certificate	ISDN Informatics Skills Development Network
CC3N Critical Care National Network Nurse Leads Forum	KMMS Kent and Medway Medical School
CPD Continuing Professional Development	LCEA Local Clinical Excellence Award
CPER Clinical Placement Expansion Programme	LCFS Local Counter Fraud Service
CYP Children and Young People	LCFT Local Counter Fraud Technician
DDAT Digital Data and Technology	LETB Local Education Training Board
DENCAS Dental Clinical Assessment Service	LMS Local Maternity Systems
DfE Department for Education	LTLC London Transformation and Learning Collaborative
DHSC Department of Health and Social Care	LTP Long Term Plan
DPIA Data Protection Impact Assessment	MEP Managed Education Partnership
DPO Data Protection Officer	METIP Multi Professional Education and Training Investment Planning
DSP Data Security and Protection	MH Mental Health
DSPT Data Security and Protection Toolkit	MOU Memorandum of Understanding
EDI Equality, Diversity and Inclusion	MSC Medical School Council
e-LfH e-Learning for Health	MSW Maternity Support Worker
EPIC Enabling a Productive and Inclusive Culture	NA Nurse Associate
ESM Executive and Senior Manager	NAO National Audit Office
ESOL English for Speakers of Other Languages	NDP Non-Departmental Body
ESR Electronic Staff Record	NDG National Data Guardian
ET Education Training	NED Non-Executive Director
FCDO Foreign, Commonwealth & Development Office	NETS National Education and Training Survey
F&P Finance and Performance	NFI National Fraud Initiative
FREM Financial Reporting Manual	NHS National Health Service
FTE Full Time Equivalent	NHSCFA NHS Counter Fraud Authority
FtSUG Freedom to Speak Up Guardian	NHSE NHS England
FY Foundation Year	NHSE/I NHS England and NHS Improvement
GDPR General Data Protection Regulations	NHSI NHS Improvement
GEP Genomics Education Programme	NMC Nursing and Midwifery Council
GLP Global Learners Programme	NRSS Non-Registered Support Staff
GMC General Medical Council	OD Organisational Development
GP General Practice	OME Office of Manpower Economics
HCPC Health Care Professions Council	OOPP Out of Programme Pause
HCSW Health Care Support Worker	OPPE Out of Programme Period of Experience
HEE Health Education England	PAs Physician Associates
HEI Higher Education Institution	
HERMES HEE Employment, Registration and Medical Education Supply	

Glossary

PAF Patient Advisory Forum
PHE Public Health England
PMART Pandemic Multi-Agency Response Team
PPE Personal Protective Equipment
PSW Peer Support Worker
PwC PricewaterhouseCoopers
RCEM Royal College of Emergency Medicine
RCR Royal College of Radiologists
RN Registered Nurse
RNDA Registered Nurse Degree Apprenticeship
RNLD Registered Nurse for people with Learning Disabilities
RPB Regional People Board
RSC Registered Support Clinician
RtP Return to Practice
SAS Specialty Associate Specialist
SFIs Standing Financial Instructions
SIRI Serious Incident Requiring Investigation
SIRO Senior Information Risk Owner
SIW Step Into Work
SRO Senior Responsible Officer
STP Sustainability and Transformation Partnerships
TEL Technology Enhanced Learning
TERS Targeted Enhanced Recruitment Scheme
TfC Talent for Care
TIS Trainee Information System
TNA Trainee Nurse Associate
TU Trade Union
TUC Trades Union Congress
UCAS Universities and Colleges Admissions Service
UK United Kingdom
UN United Nations
UWE University West of England
WHO World Health Organisation
WRES Workforce Race Equality Standard
WTE Whole Time Equivalent

Get in touch

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