



Department
of Health



Education Outcomes Framework Indicators

Technical Guidance 2013/14

August 2013

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Education Outcomes Framework Indicators

Technical Guidance 2013/14

Prepared by Workforce Development Strategy, External Relations Directorate

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1 Introduction

1.1 Background

The Education Outcomes Framework (EOF) published on the GOV.UK website on 28 March 2013 provides details about each of the five EOF domains in terms of definition and outcomes.

The EOF sets the outcomes which the Secretary of State expects to be delivered from the reformed education and training system in support of improving patient care and health outcomes. The EOF is designed to help the integrated health and care workforce meet the outcomes set out in the NHS, Public Health and Social Care outcomes frameworks and is central to the relationship between the Department of Health (DH) and the whole health and public health system.

The introduction of a framework of outcomes and indicators to track the impact of the investment in the education, training and development of the healthcare workforce is an important new development which will evolve over the next few years as the new NHS system develops. The initial indicators for 2013/14 set out in this guidance document will see the start of this journey with the introduction of the EOF for use across the 'whole' system. As importantly it will see the launch of a programme of targeted research and development to improve the evidence base and to refine the indicators to be used to support the EOF as its use matures over the next three or four years.

The education outcomes will be delivered, through partnership working, by a range of stakeholders across the whole health and education system, with Health Education England (HEE) and its Local Education and Training Boards (LETBs) playing leading roles. The objectives to be set out by DH for HEE, in the HEE 'mandate', will be centred around the five domains of the EOF.

The indicators identified here should not be confused with the more detailed performance measures that will be identified to monitor progress in delivering the HEE Mandate.

1.2 Development of EOF Indicators

Measuring outcomes is not an exact science, however to be effective in improving services it is important to develop indicators which will help to measure the benefits and effectiveness of educational provision, linking these, directly where possible, to improved patient experience. These high level indicators will help to evaluate progress of the whole system in meeting the education outcomes and these will be the subject of further work. It is intended that a focus on outcomes will help over time to identify what works, compare results and identify the value of education to patients. In the interim we need some proxy measures to assess the benefits to patient care delivered by the system.

The EOF indicators and technical guidance 2013/14 have been developed by the DH in partnership with a wide range of stakeholders across the health care and education system, including HEE and LETBs.

The principles underlying the development of these indicators are that:

- The EOF applies to the whole system and provides a focal point for the necessary partnership working between the system for the education, training and development of the health and social care workforces.
- Accountability for delivery of these outcomes, in several instances, needs to be shared between the new education, training and workforce development system and the wider NHS, including service commissioners.
- The quality of evidence linking an educational process with quality of care needs to be strengthened. Metrics in this area are less well developed than those available for service outcomes. This will be addressed through an on-going programme to develop better measures to drive improvement, led by an EOF Reference Group.
- The indicators have been designed in such a way as to minimise the need for new data requirements. However, there are gaps in the availability of data for many aspects of the EOF, which will need to be filled as the framework develops.

It is planned to produce a report identifying progress in meeting the identified education outcomes in the Spring of 2014. All of the indicators will be subject to further development to ensure that we develop a range of measures that best enable assessment of the system delivering the identified education outcomes. In this first year some of the indicators will be focused on establishing a baseline and therefore will not be included in the first report.

1.3 How to use the Technical Guidance

This Technical Guidance provides detailed information for each of the EOF indicators to be used during 2013/14, and summary information for indicators which require further development. It should be read in conjunction with the published framework (EOF):

<https://www.gov.uk/government/publications/education-outcomes-framework-for-healthcare-workforce>.

A standard template has been used to explain each indicator in turn and the format is described below (Figure1). The indicators are set out under each of the five EOF domains.

The rest of this technical guidance is split into three sections:

Section 2: Indicators for 2013/14 (to be published in Spring 2014)

Most of the data for the 11 indicators set out in this section of the technical guidance is already in the public domain, is routinely collected and is 'owned' by a variety of different organisations. During 2013/14, DH and HEE will work with the data 'owners' to get a better understanding of the data available, its relevance, the significance of changes to data trends and any additional data requirements, in order to publish a first report on the EOF in Spring 2014.

Section 3: Additional Indicators for 2014/15 (where the baseline will be established in 2013/14)

The 9 indicators set out in section 3 of the technical guidance will require further refinement during 2013/14 before examining the value of existing and potential data sources, developing criteria for data requirements, and

collecting baseline data to finalise the indicators and data requirements for 2014/15. The results for these indicators will be available for the second report expected in Spring 2015.

Section 4: Indicators for further development

The 3 indicators set out in section 4 require further work and may change substantially and therefore a date to finalise the data requirements will be confirmed in due course. The indicators may not therefore be available for the second report.

Since the indicators will be subject to a programme of improvement, the technical guidance will need to change and evolve. The aim is to publish an updated guidance note in the Autumn, with a further update in the Spring if required, in order to allow time for organisations to prepare to meet any new data requirements for the next year.

Figure 1

Unique identifier for each indicator, e.g. EE 1	Title of the indicator as it appears in the EOF
Domain / Outcome	The specific EOF domain the indicator is associated with Each EOF domain has a number of outcomes associated with it, the outcomes listed in this section are specific to: 1. the EOF domain 2. the particular outcome(s) the indicator is intended to measure The number of outcomes listed here will vary from indicator to indicator.
Source data	This box states where the source data originates from. A number of EOF indicators are drawn from existing data collections. Other indicators will be drawn from data provided by HEE and other organisations.
Source Data format / disaggregation	A brief description of the presentation of the source data is provided. A list of the different ways by which the source data can be described (aggregated and disaggregated) may also be provided.
Reporting schedule for source data	This box describes how frequently the source data is generally disseminated – annually or more frequently and as appropriate includes an estimate of when the data will be publicly available.
Indicator definition / interpretation	Describes the indicator, including the format of the data (percentage, RAG rating etc.) and when appropriate provides additional information about relevant survey question(s). Includes definitions of words or terms and any notes on interpretation.
Coverage	Describes which organisations, professional groups or types of care are included in the source data.
Historical comparison available	States the time-periods over which source data has been collected. If specific data has been provided by the data owner this is stated in this section (including the time-period covered by this specific data).
Further guidance	This box provides additional information and links to further guidance relating to the data collections underpinning the measure, including links to websites and published source data.

Other information	This box will contain information about the status of the EOF indicators during the year in question.
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1.4 Additional Definitions

The following terms are used throughout the document:

Providers of NHS services	Service providers of publicly funded NHS healthcare, public health or care services which are commissioned to provide education and training through a Learning and Development Agreement (LDA) and which are in receipt of HEE (MPET) funding above a minimum value (level to be agreed).
Education Providers	Providers of education and clinical education in receipt of HEE (MPET) funding above a minimum value (level to be agreed).
RAG rating	Some indicators use RAG ratings. Unless a definition is given in this guidance, the definitions for the RAG ratings will be finalised in 2013/14.

2 Indicators for 2013/14 (to be published in Spring 2014)

Results for the following indicators will be published in Spring 2014:

Excellent Education (EE) Domain

Domain description: Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

EE 1 Quality of clinical placements and training EE 1a Quality of clinical training	
Domain / Outcome	Excellent Education Outcome 1. Organisations delivering NHS services have an obligation to plan and implement the education, training and development that all their staff need to deliver excellent and safe services, now and in the future.
Source data	HEE through GMC reporting process.
Source Data format / disaggregation	LETB returns are currently published by the GMC on a six-monthly basis and are prepared by provider and specialty. The returns reflect the LETB RAG rating of their assessment of risks and action plans for Trusts and education providers.
Reporting schedule for source data	June 2013 and December 2013 following submission of returns to the GMC in October and April.
Indicator definition / interpretation	This indicator will be a nationally aggregated figure based on the following: <i>The number of Providers of NHS services which provide post-graduate medical training, and which have three or more consecutive 'red' ratings in GMC returns.</i>
Coverage	All providers of HEE (MPET) funded and GMC approved programmes of post-graduate medical training
Historical comparison available	Benchmark data 2012 and 2013
Further guidance	
Other information	This indicator is well established and will be used for 2013/14.

EE 2 Experience of Supervision EE 2a Student experience of supervision on clinical placements	
Domain / Outcome	Excellent Education Outcome 2. The education and training delivered to the future and current health and social care workforce enables them to deliver consistently excellent and safe care.

Source data	National Student Survey (NSS), HEFCE – this survey covers students on course from across the whole of the UK.
Source Data format / disaggregation	Data is presented at the education provider level by course. Publically available data is only provided when 50% or 23 individuals answer any one question.
Reporting schedule for source data	Annually, normally published during the summer (data is collected between January and April): 2012 – published August 2012 2013 – expected August/September 2013.
Indicator definition / interpretation	This indicator will be a single aggregated figure for the whole of England described below: – <i>Percentage of university student respondents on health-related courses who agreed with the statement “I received appropriate supervision on my placement(s)”.</i>
Coverage	All students on health-related courses (as defined by DH) which are deemed to include practice placements.
Historical comparison available	2005–2012. The NSS has provided national data for students on health-related courses from 2011 onwards (published data excludes returns from centres with low numbers).
Further guidance	http://www.ipsos-mori.com/researchspecialisms/socialresearch/specareas/highereducation/nss/faqs.aspx http://www.thestudentsurvey.com/index.html NSS results are published on Unistats website http://unistats.direct.gov.uk/
Other information	This indicator is well established and will be used for 2013/14.

EE 2b Trainees experience of supervision during training	
Domain / Outcome	Excellent Education Outcome 2. The education and training delivered to the future and current health and social care workforce enables them to deliver consistently, excellent and safe care.
Source data	GMC Training Survey.
Source data format / disaggregation	The GMC website hosts a dashboard where the results from the survey can be explored in various dimensions to include post specialty or programme group by Trust or site, programme type by deanery and training group by country.
Reporting schedule for source data	Annually: 2012 – published July 2012 2013 – expected June 2013

Indicator definition / interpretation	<p>This indicator is composed of a single aggregated percentage for the UK, broken down by deanery.</p> <p><i>This is a ‘composite score’ provided by the GMC for the ‘Clinical Supervision’ component of the GMC Training Survey. The composite score is based on responses to 5 questions:</i></p> <p>a. How would you rate the quality of clinical supervision in this post? b. In this post did you always know who was providing your clinical supervision when you were working? c. In this post how often, if ever, were you supervised by someone who you felt wasn’t competent to do so? d. In this post how often did you feel forced to cope with clinical problems beyond your competence or experience? e. In this post how often have you been expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?</p>
Coverage	Medical Foundation and Specialty trainees.
Historical comparison available	2012 2013
Further guidance	http://www.gmc-uk.org/education/surveys.asp
Other information	This indicator is well established and will be used for 2013/14.

EE 3 Student satisfaction with training courses	
Domain / Outcome	<p>Excellent Education</p> <p>Outcome 2. The education and training delivered to the future and current health and social care workforce enables them to deliver consistently excellent and safe care.</p>
Source data	National Student Survey (NSS), HEFCE.
Source data format / disaggregation	Data is presented at the education provider level, however publically available data is only provided when 50% or 23 individuals answer any one question.
Reporting schedule for source data	Annually: 2012 – published August 2012 2013 – expected Summer 2013.
Indicator definition / interpretation	<p>This indicator will be a single aggregated figure for England described below:</p> <p><i>Percentage of university student respondents on health-related courses who agreed with the statement “Overall, I am satisfied with the quality of the course”.</i></p>
Coverage	All students on health-related courses (as defined by DH) which are deemed to include practice placements.
Historical comparison available	2005–2012. The NSS has provided national data for students on health-related courses from 2011 onwards (published data excludes returns from centres with low numbers).

Further guidance	http://www.ipsos-mori.com/researchspecialisms/socialresearch/specareas/highereducation/nss/faqs.aspx http://www.thestudentsurvey.com/index.html NSS results are published on Unistats website: http://unistats.direct.gov.uk/
Other information	This indicator is well established and will be used for 2013/14.

Competent and Capable Staff (CC) Domain

Domain description: There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.

CC 1a-c Training and education for staff	
Domain / Outcome	<p>Competent and Capable Staff</p> <p>Outcome 1. Organisations anticipate the numbers and capabilities of the workforce they will need for the future and demonstrate how they work singly and collectively to meet these needs.</p> <p>Outcome 2. High quality care will not be compromised by the lack of available staff with the necessary competence, capability and performance.</p>
Source data	NHS Staff Survey (NHS England).
Source data format / disaggregation	Data is available at an individual trust or organisational basis, including benchmarking information with similar organisations Cluster level reports are also available, by professional group and a number of different demographic definitions, including a number of protected characteristics.
Reporting schedule for source data	Annual usually published in April. 2013 NHS Staff Survey expected April 2014 (responsibility of NHS England).
Indicator definition / interpretation	<p>This indicator is composed of a series of 3 figures (a-c). Each figure is a single aggregated percentage based on the following:</p> <p><i>Staff Survey respondents who agree or strongly agree with the three statements about training and education.</i> [Figures are un-weighted]</p> <p>‘Thinking about any training, learning or development that you have done in the last 12 months (paid for or provided by your trust), to what extent do you agree or disagree with the following statements?’</p> <p>a. Do my job more effectively b. Stay up-to-date with professional requirements c. Deliver a better patient/service user experience.</p>

Coverage	The NHS Staff Survey covers all staff employed by NHS organisations, including some social enterprise organisations, but excluding small organisations such as individual primary care providers.
Historical comparison available	2003–2011.
Further guidance	http://nhsstaffsurveys.com/cms/index.php?page=2011-results
Other information	This indicator is well established and will be used for 2013/14.

CC 2a-d Delivery of nationally agreed commissioning requirements for priority staff group areas	
Domain / Outcome	<p>Competent and Capable Staff</p> <p>Outcome 1. Organisations anticipate the numbers and capabilities of the workforce they will need for the future and demonstrate how they work singly and collectively to meet these needs.</p> <p>Outcome 2. High quality care will not be compromised by the lack of available staff with the necessary competence, capability and performance.</p>
Source data	HEE.
Source data format / disaggregation	HEE and LETB strategic plans.
Reporting schedule for Source data	Annually.
Indicator definition / interpretation	<p><i>This indicator comprises a RAG rating of evidence that appropriate steps have been taken to secure workforce supply for the following priority areas for 2013/14 as set out in HEE's Mandate:</i></p> <ul style="list-style-type: none"> a. shortages in the number of doctors working in emergency medicine (para 2.1.4 in HEE Mandate) b. the commissioning of sufficient numbers of health visiting training places to meet the objective of increasing the health visitor workforce by 4,200 FTEs by April 2015 (para 2.3.4 in HEE Mandate) c. the commissioning of IAPT training places at sufficient levels and numbers to meet service demand and commissioning intentions across all aspects of the IAPT programme to 2015 (para 2.2.1 in HEE Mandate) d. reduction in the number of roles in the Shortage Occupation List (para 5.2.3 in HEE Mandate)
Coverage	Specific priority staff groups.
Historical comparison available	None. The priority groups will be reviewed on an annual basis.
Further guidance	

Other information	This indicator will be further developed by HEE LETBs during 2013/14.
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Flexible Workforce Receptive to Research and Innovation (FW) Domain

Domain description: The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice

FW 1a-d Staff contribution to service improvement activities	
Domain / Outcome	<p>Flexible Workforce Responsive to Research and Innovation</p> <p>Outcome 1. Organisations improve services and modify their delivery to meet new demands. Staff respond to the opportunities to develop their understanding, knowledge, skills and their contribution.</p> <p>Outcome 2. Organisations display a culture, which values research and innovation, and provide the practical support and the leadership to sustain this.</p>
Reporting schedule for source data	Annual published in April. 2013 staff survey expected April 2014.
Source data	NHS Staff Survey (NHS England).
Source data format / disaggregation	Data is available at an individual trust or organisational basis, including benchmarking information with similar organisations Cluster level reports are also available, by professional group and a number of different demographic definitions, including a number of protected characteristics.
Indicator definition / interpretation	<p>The indicator is composed of four figures (a-d). Each figure is a single nationally aggregated percentage based on the following:</p> <p><i>Proportion of Staff Survey respondents who agree or strongly agree with four statements about their ability to contribute to service improvement activities in their work.</i> [Figures are un-weighted]</p> <p>a. There are frequent opportunities for me to show initiative in my role b. I am able to make suggestions to improve the work of my team/department c. I am involved in deciding on changes introduced that affect my work area/team/department d. I am able to make improvements happen in my area of work.</p>
Coverage	The NHS Staff Survey covers all staff employed by NHS organisations, including some social enterprise organisations.
Historical comparison available	2003–2011.
Further guidance	http://nhsstaffsurveys.com/cms/index.php?page=2011-results

Other information	This indicator will be further developed by DH/HEE during 2013/14.
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FW 2 Participants recruited to studies included on the NIHR CRN Portfolio	
Domain / Outcome	Flexible Workforce Responsive to Research and Innovation Outcome 2. Organisations display a culture, which values research and innovation, and provide the practical support and the leadership to sustain this.
Source data	National Institute for Health Research (NIHR).
Source data format / disaggregation	Data is published on the Guardian website. Data is available by NHS providers, which are allocated to SHA regions.
Reporting schedule for source data	July 2012 – published data for 2011/12 July 2013 – data expected for 2012/13 July 2014 – data expected for 2013/14
Indicator definition / interpretation	The indicator is a composed of a single aggregated number for England based on the following: <i>Number of patients recruited to studies included in the NIHR Clinical Research Network (NIHR CRN) portfolio, by Providers of NHS services</i> [annual figure].
Coverage	All Providers of NHS services who recruit participants and members of the public onto studies registered on the NIHR Portfolio.
Historical comparison available	2011 onwards.
Further guidance	http://www.guardian.co.uk/healthcare-network-nihr-clinical-research-zone/table/2012-trust-research-activity
Other information	This indicator is well established and will be used for 2013/14.

NHS Values and Behaviours (VB) Domain

Domain description: Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.

VB 1 Staff opinion on the standard of care provided by their employing organisation	
Domain / Outcome	NHS Values & Behaviours Outcome 2. Staff, including students and those in training, report that their capacity to deliver care, consistent with the values and behaviours identified in the NHS Constitution, is not compromised, and that their education, training and development positively helps them to do so.
Source data	NHS Staff Survey (NHS England).

Source data format / disaggregation	Data is available at an individual trust or organisational basis, including benchmarking information with similar organisations National and cluster level reports are also available, by professional group and a number of different demographic definitions, including a number of protected characteristics.
Reporting schedule for source data	Annual usually published in April. 2013 NHS staff survey expected April 2014.
Indicator definition / interpretation	The indicator is composed of a single aggregated percentage aggregated at an England level based on the following: <i>Staff survey respondents who agree or strongly agree that the following statement reflects their view about their employing organisation.</i> [Figures are un-weighted] 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'
Coverage	The NHS Staff Survey covers all staff employed by NHS organisations, including some social enterprise organisations, but excluding small organisations such as individual primary care providers.
Historical comparison available	2003–2011.
Further guidance	http://nhsstaffsurveys.com/cms/index.php?page=2011-results
Other information	This indicator is well established and will be used for 2013/14.

VB 2a-f Patient experience of care and treatment	
Domain / Outcome	NHS Values and Behaviours Outcome 1. Patients and carers report a positive experience of services, consistent with the values and behaviours identified in the NHS Constitution.
Source data	Acute Inpatient Survey.
Source data format / disaggregation	National summaries are published on the Care Quality Commission (CQC) Website. Data is also published by provider with reports showing a score out of ten for each scored question, alongside a rating showing whether the result of each question is 'worse', 'about the same', or 'better' than expected when compared with other trusts.
Reporting schedule for source data	Annual normally published April: 2011/12 – published April 2012 2012/13 – expected April 2013 2013/14 – expected April 2014
Indicator definition / interpretation	This indicator is composed of 6 separate figures (a-f), each number being a single aggregated percentage at an England level based on the following: <i>Responses from patients to a series of related questions about</i>

	<p><i>their experience of care and treatment:</i></p> <p>a. When you had important questions to ask a doctor, did you get answers that you could understand?</p> <p>b. When you had important questions to ask a nurse, did you get answers that you could understand?</p> <p>c. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>d. Do you feel you got enough emotional support from hospital staff during your stay?</p> <p>e. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)*</p> <p>f. Overall, did you feel you were treated with respect and dignity while you were in the hospital?</p> <p>*This question is new and will be reviewed after the 2012/13 Survey.</p>
Coverage	NHS Acute and Specialist Trusts providing services to Adults. Children's trusts are specifically excluded.
Historical comparison available	2002–2010 (questions may vary between years).
Further guidance	<p>More information on the programme of NHS patient surveys is available at: www.cqc.org.uk/public/reports-surveys-and-reviews/surveys</p> <p>The results for the adult inpatient surveys from 2002 to 2010 can be found at: www.nhssurveys.org/surveys/292</p>
Other information	<p>This indicator is well established and will be used for 2013/14.</p> <p>The Friends and Family Test: http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft/ is being introduced from April 2013, discussions will take place during 2013/14 to assess if and how this test could be included in future EOF indicators.</p>

Widening Participation (WP) Domain

Domain description: Talent and leadership flourishes free from discrimination with fair opportunities to progress and everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

WP 1 Education providers demonstrate their approach to equality and diversity	
Domain / Outcome	Widening Participation Outcome 2. Those commissioned to deliver education and training for the health and social care workforce meet or exceed their equality and diversity obligations.
Source data	HEE.
Data format / disaggregation	To be confirmed.
Reporting schedule for Source data	Annually, timing to be confirmed.
Indicator definition / interpretation	This indicator will be a single aggregate percentage based on the following: <i>Proportion of Education Providers able to demonstrate that their student recruitment and selection processes are fair, inclusive and transparent. In addition they demonstrate that their recruitment processes support the delivery of a diverse future workforce within all occupations for which they provide education programmes.</i>
Coverage	Education providers.
Historical comparison available	None. Data submitted during 2013/14 will form the baseline for this indicator.
Further guidance	
Other information	This indicator will be further developed by HEE and the LETBs during 2013/14.

3 Additional Indicators for 2014/15

The baseline for these indicators will be established during 2013/14.

Excellent Education (EE) Domain

EE 1 Quality of clinical placements and training EE 1b Quality of clinical placements	
Indicator definition / interpretation	<p>This indicator will be based on:</p> <p><i>The overall national RAG rating of the processes used by LETBs to work with education providers to monitor and manage the quality of HEE funded clinical placements.</i></p> <p>During 2013/14 there will be discussions with LETBs about other indicators covering placements. This will include the placement standards found in Annex J in the Education Commissioning for Quality (ECQ) framework:- http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110778.pdf and the requirement that course content and delivery is continuously enhanced through evaluation in partnership with service providers and in response to service provider, service user and student feedback.</p>
EE 4 Provider plans EE 4a Providers of NHS services assess education and training needs	
Indicator definition / interpretation	<p>This indicator will be a single nationally aggregated percentage based on the following:</p> <p><i>The percentage of Providers of NHS services producing integrated workforce plans which contain an explicit assessment of the training and development needs of their existing staff, demonstrate Board engagement and include appropriate actions to meet these needs for inclusion in education, training and development plan.</i></p>
EE 4b Implementation of provider plans / Assurance of provider E&T delivery planning	
Indicator definition / interpretation	<p>This indicator will be a single nationally aggregated percentage based on the following:</p> <p><i>The percentage of Providers of NHS services able to demonstrate that they have resources in place and are implementing their education, training and development plan.</i></p>

EE 5 Induction to clinical placements and training	
Indicator definition / interpretation	<p>This indicator will be a single nationally aggregated percentage based on the following:</p> <p><i>Percentage of all Providers of NHS services who are able to confirm that they ensure that all students and trainees receive an appropriate induction to all clinical placements and training settings.</i></p>

Competent and Capable Staff (CC) Domain

CC 3a-c Delivery of plans to address three major workforce challenges	
Indicator definition / interpretation	<p>This indicator will be composed of overall national RAG ratings for each of three workforce challenges and will be based on:</p> <p><i>RAG rating of evidence that LETBs have taken action to ensure that the workforce has the right skills, behaviours and training to address three workforce challenges in 2013/14:</i></p> <ol style="list-style-type: none"> Transform the capability of the health workforce to identify and support people with dementia and their carers (para's 2.4.2 and 2.4.3 in HEE Mandate) Delivery of a workforce to meet the changing needs of the service, with particular focus on preventative measures (para 5.2.5 in HEE Mandate) Support development of apprenticeships and develop clearer more effective career paths for Healthcare Assistants (Bands 1-4) (para's 5.3.1, 7.2.2 and 7.2.4 in HEE Mandate).

CC 4 Integrated Workforce Plans	
CC 4a Providers of NHS services integrated workforce plans	
Indicator definition / interpretation	<p>This indicator is a single figure aggregated at a national level based on the following:</p> <p><i>The percentage of all Providers of NHS services who submit an integrated provider plan to their LETBs.</i></p> <p>A service provider's integrated workforce plan in this context will include:</p> <ul style="list-style-type: none"> A description of the planned workforce for the year ahead, integrated with the finance, activity, and standards planned by the provider in response to their commissioner's requirements and the requirements of service regulators. A forecast of the future demand for workforce, again integrated with the providers future service and financial plans as informed by commissioning strategies.

CC 4b LETB review of Providers of NHS services integrated workforce plans	
Indicator definition / interpretation	<p>This indicator will be an overall national measure based on the following:</p> <p><i>RAG rating or alternative method for assessing the process used by each LETB to review the future workforce demand forecasts within providers' integrated workforce plans and aggregate the workforce needs expressed in these plans to actively inform their decisions about investment priorities for funding of education, training and development.</i></p>

NHS Values and Behaviours (VB) Domain

VB 3 Values based component of recruitment processes	
Indicator definition / interpretation	<p>This indicator will be a single percentage aggregated for England based on the following:</p> <p><i>Percentage of all Education Providers which are able to provide appropriate evidence that their recruitment and selection processes include an assessment of values that promote compassion, dignity and respect in line with the NHS Constitution.</i></p>

Widening Participation (WP) Domain

WP 2 Providers of NHS services produce action plans to meet or exceed the Public Sector Equality Duty of the Equality Act 2010	
Indicator definition / interpretation	<p>This indicator will be a single nationally aggregated percentage based on the following:</p> <p><i>Percentage of providers of NHS services which publish a RAG rating demonstrating they meet the public sector Equality Duty of the Equality Act 2010 in respect of the following components of the NHS Equality Delivery System (EDS):</i></p> <p><i>Goal 3 Empowered, engaged and well-supported staff (The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs) –</i></p> <p>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades</p> <p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</p> <p>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</p>

	<p>Goal 4 <i>Inclusive leadership at all levels (NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions) -</i></p> <p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</p> <p>4.3 The organisation uses the ‘Competency Framework for Equality and Diversity Leadership’ to recruit, develop and support strategic leaders to advance equality outcomes</p> <p>All public bodies are required to publish information which demonstrates that they meet the Public Sector Equality Duty of the Equality Act 2010. The NHS EDS is a tool kit which supports NHS organisations to do this.</p>
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4 Indicators for further development

Competent and Capable Staff (CC) Domain

CC 5a-d Workforce Assurance	
Indicator definition / interpretation	Further work is required with relevant stakeholders to identify the most appropriate indicators to help measure the education outcomes. During 2013/14 DH will work with those responsible for the National Quality Board Database, NHSE Intelligence Tool and the Workforce Assurance Tool (NHS Trust Development Authority) in order to develop this indicator.

Flexible Workforce Receptive to Research and Innovation (FW) Domain

FW 3 Providers use education and training initiatives to support the use of NICE Clinical Guidelines	
Indicator definition / interpretation	<p>This indicator will be a single figure, aggregated at a national level based on the following:</p> <p><i>Proportion of Providers of NHS services whose integrated workforce plan describes education and training initiatives to support the following:</i></p> <p><i>NICE CG50 – Acutely ill patients in hospitals</i> OR <i>NICE CG21 – The assessment and prevention of falls in older people</i> OR <i>an alternative NICE Clinical Guideline relevant to the work of the organisation.</i></p>

FW 4 Integrated provider workforce plans include case studies linking CPPD activities to improvement in outcomes for patient or client care	
Indicator definition / interpretation	<p>This indicator will be a single figure, aggregated at a national level based on the following:</p> <p><i>Proportion of Providers of NHS services whose integrated workforce plan includes a case study example which:</i></p> <p><i>a. Links an improvement / training need identified through patient feedback; and</i> <i>b. Describes the training commissioned through Continuing Personal and Professional Development (CPPD) (both locally and/or LETB resourced) which leads to a demonstrated positive outcome for patient or client care.</i></p>