



Department
of Health &
Social Care

Department of Health and Social Care mandate to Health Education England: April 2018 to March 2019

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1. Ministerial Foreword

The NHS Long Term Plan has now been published and it sets out how the additional £20bn investment in the NHS will be used. This investment is solely for the benefit of patients and will help ensure that the NHS and its hard-working staff are supported to provide outstanding care 24 hours a day, 365 days a year.

However, the NHS would be nothing without a high-quality, dedicated workforce and it is vitally important that we not only continue to attract the most caring, brightest and best to take up a career in the NHS; but - given that over half of the staff we have now will be with us long beyond 2030 - that we retain far more of the staff we have now. We need to do this through investment in them, while recognising and publicly championing all that they do.

I want to use my time in office as Minister of State for Health to ensure that staff in health and care feel empowered at work, valued and rewarded for what they do. I want to work across organisations with all staff groups to develop a shared vision about what we're trying to achieve and how my ministerial colleagues and I can help them achieve this.

Put simply, I want staff to feel empowered to innovate, and learn from the innovation of others, with at its heart all of us developing a culture of continuous learning and testing and pushing back the boundaries as we look to improve, and strengthen the pride staff have in their job. This is about supporting a better approach to doing things, and innovating in a way that improves the experience for both those we care for and those who care. We will not achieve this however if, as a truly caring and compassionate employer, we don't all hold ourselves and others to account for embedding in our teams and organisations a culture of support for learning and move away from what, unfortunately, can at times be seen as a blame culture. We will only succeed in any meaningful way by driving this forward together and focus our collective efforts in this endeavour. I will look to achieve this in three ways.

Firstly, from April 2019, the Government has announced that NHS Improvement (NHSI) will work jointly with HEE through the new Chief People Officer Function, to develop and agree the workforce priorities and deliverables to be included within HEE's future Mandates. This new role will in turn have responsibility for providing a cohesive approach to recruiting, retaining, deploying and developing the current NHS workforce. The mandate will need to be reflective of this and have been explicitly agreed with NHSI's board as meeting the requirement of the service before Ministers will sign off the mandate and the funding that goes alongside this.

Following publication of the NHS Long Term Plan, we want to ensure aspiration becomes reality. The Secretary of State for Health and Social Care has therefore commissioned Baroness Dido Harding, working closely with Sir David Behan, to lead a number of programmes to engage with key NHS interests to develop a detailed workforce implementation plan. These programmes will consider detailed proposals to grow the workforce rapidly, including consideration of additional staff and skills required, build a supportive working culture in the NHS and ensure first rate leadership for NHS staff. Baroness Harding and Sir David will present initial recommendations in March.

Secondly, I want to ensure staff representative bodies are deeply involved in all that we do on workforce. I will make it one of my key priorities to work with Trade Union groups and others through the Social Partnerships Forum and ensure that they are actively involved in our workforce developments, both looking at how we attract our future staff to the NHS and retain more of the staff we have now.

Thirdly, I want to ensure we have a workforce that is reflective to the population we serve and that every individual who works in the NHS and care sector or wishes to do so, has the opportunity to better themselves and has access to a career, not just a job. Whilst the NHS has one of the most diverse workforces in the country, which we are rightly proud of, I want us to go 'further, faster' in embedding social mobility and widening participation across all the staff groups we employ – clinical, non-medical and the administrative and support staff across the NHS. I want to see HEE build on the great work we have done so far on areas such as apprentices and further embed this alongside deeper engagement with our local communities through areas such as volunteering and engaging with schools, colleges and universities. I also want the NHS to be at the forefront of developing innovative approaches to education and training so a career in the NHS is accessible to all who want to join, what I believe is the greatest institution in our country.

I have therefore set HEE a number of key priorities which both underpin the areas above and will play a fundamental role in delivering on the Secretary of State's three key priorities of Workforce, Technology and Prevention.

- **Workforce:** HEE has a key role to play in developing the workforce of the future as set out within the deliverables. For example, increasing the numbers of doctors and nurses, designing the roles and training routes we need for the future, as well as the development of the apprenticeship route in the NHS. HEE will also engage with employers, the General Medical Council, medical royal colleges and representative bodies to ensure that the medical curriculum meets the needs of the patients and the NHS going forward. We need to ensure that we are developing the doctors of the future that are equipped with the skills they will need to support patients seeking their help. HEE will also contribute to supporting the NHS to be the best employer in the world to work for, with high morale at all levels.
- **Technology:** For example, HEE is supporting the Topol review which will have important findings on how the roles and functions of clinical staff are evolving alongside the advance of technology, as well as the development of training materials on cyber security.
- **Prevention:** For example, HEE's deliverables include supporting NHS England's programme on childhood obesity and Making Every Contact Count, assessing the workforce needs in relation to infection prevention and control, as well as delivering the Genomics Education Programme to enable this technological advance to be rolled out.

The focus on Workforce, Technology and Prevention are also reflected in the nine specific areas for HEE to focus on and drive forward during the coming months:

1. Driving forward the Government's apprenticeship strategy: (a) support NHS employers to employ 5000 Nursing Associate apprentices in 2018 and a further 7500 in 2019; and (b) HEE will prioritise support to develop an apprentice route into Midwifery by Spring 2019 (c) HEE will work across the sector to explore opportunities and barriers to an expansion in nursing training by FE colleges with the aim to see an expansion in nurse and nursing associate training in the FE sector in 2019.
2. HEE will build on their programme of work for improving social mobility and widening participation to further increase opportunities for people from disadvantaged backgrounds to gain a career in the NHS.
3. Mental Health Workforce: resource and establish 21,000 new posts in mental health filled by 19,000 additional NHS staff by 2020/21.
4. Technology: to deliver and commence the implementation of the 'Topol Review' so that we ensure that the NHS staff have the required technology and technological skills to drive forward the technological enhancements we have in our grasp, and look at areas where technology will improve the working lives of NHS staff (e.g. learning from best practice on the use of AI or robotics etc.)
5. CPD and staff empowerment: The Government will consider the approach to CPD in further detail, current best practice and potential options for the future, during the development of the Workforce Implementation Plan.
6. Ensure we have the workforce available to support community and social care settings; Working with Skills for Care, HEE will support the employment of 100 Nursing Associates in Care by October 2018 and will play a role in supporting a further expansion as appropriate in 2019. HEE continue to lead on the commitment to 1000 Physicians Associates in Primary Care.
7. Leadership: (a) working with NHS Improvement, the NHS Leadership Academy will recruit 200 high calibre graduates to their graduate training scheme in 2018 and, from 2019 onwards, 500 each year; (b) the Academy will also increase the number of NHS Staff participating on its programmes to 24,000 next year and 30,000 in 2020/21; and (c) introduce a new scheme to attract talented mid-career professionals in to the NHS from other sectors.
8. Building on the expansion of undergraduate medical education, HEE must continue to prioritise the focus on producing doctors to work in shortage specialties and geographies through postgraduate medical education. HEE will also conclude its review of supervision of doctors in training to ensure that junior doctors are properly supported through some of the most challenging stages of their career.

9. Cyber security: (a) support implementation of the National Data Guardian's (NDG) 10 Data Security Standards as a core part of the Digital Transformation Portfolio to increase awareness and cyber capability; and, (b) support staff and leaders to help them protect patients and their data from cyber-attacks by providing learning and teaching materials, such as through a review and refresh of the e-learning package on the management of patient data for staff, and targeting Board-level leaders through the Building a Digital Ready Workforce Programme, which is done alongside NHS Digital and NHS England.

Delivering these priorities will be challenging, not only for HEE, but the health system as a whole, and I look forward to working with colleagues out in the NHS in delivering this and supporting our doctors, nurses and Allied Health Professionals to continue to deliver the fantastic and innovative care that the NHS is world renowned for.

Stephen Hammond MP
Minister of State for Health

2. Introduction

HEE's role and responsibilities

- 2.1 HEE was established as a Special Health Authority on 1 April 2013 and became a non-departmental public body from 1 April 2015 under the provisions of the [Care Act 2014](#).
- 2.2 Health Education England (HEE) is responsible for ensuring that our future workforce is available in the right numbers and has the necessary skills, values and behaviours to meet patients' needs and deliver high quality care. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system is in place for education and training in the NHS and public health system.
- 2.3 To do this, HEE will need to ensure that the investment and distribution of clinical placements enables the right levels of supply required by the NHS; that it delivers the geographical spread and range of healthcare graduates required; supports the NHS to only recruit those that will deliver high quality patient care.
- 2.4 Many of the deliverables in the mandate cannot be delivered by HEE alone, but rather depend on strong partnerships with NHS delivery partners, the higher education sector and professional and regulatory bodies who set the standards and curricula for education and training. By working with these bodies in partnership rather than in isolation, cultivating positive relationships and being responsive to feedback, HEE will ensure that the NHS and public health workforce truly meets the requirements for delivering high quality patient care now and in the future.

HEE's mandate

- 2.5 Through the publication of this mandate, the Government is reaffirming its commitment to developing a workforce that has the skills and capability to deliver high quality patient care.
- 2.6 This mandate is based on the shared priorities of Government and its partner organisations for health and care – the priorities we believe are central to delivering the changes needed to ensure the NHS is always there whenever people need it most. As leader of the workforce's education and training system, but working with others, HEE has a central role to play. This mandate sets

objectives for HEE that reflect its contribution to these ambitions to 2020 and are consistent with previous years.

- 2.7 Part of HEE's core role is to provide system-wide leadership and oversight of the workforce's education and training. HEE will work to ensure that healthcare staff are recruited in the right numbers and with the right values and behaviours to support the delivery of excellent healthcare and to continue to drive improvement. This includes meeting the challenge of EU Exit and ensuring healthcare staff acquire the knowledge, skills and competence to meet the needs of the system overall of increased patient safety, preventing ill health and more activity taking place outside a hospital environment.
- 2.8 This mandate does not repeat all of the ongoing deliverables from the previous mandates. HEE is committed to concluding any previous commitments that require multi-year investment. HEE is also committed to completing any outstanding deliverables from the previous mandates. As the system leader for education and training, HEE will play a part in delivering Government commitments that fall within its remit.
- 2.9 HEE will publish a business plan setting out how it will meet its legal duties and deliver the objectives set out in the mandate.
- 2.10 HEE will work jointly with NHS Improvement to develop its mandate for 2019/20 onwards. HEE's board will continue to sign-off the draft mandate, and the mandate will then need to be approved by the NHS Improvement Board to ensure it meets service requirements, before approval by the Secretary of State. This will ensure that workforce plans are more closely aligned with NHS service plans.

Accountability

- 2.11 The [placeholder for link to new FA] between the Department of Health and Social Care (DHSC) and HEE defines how the Department and HEE work in partnership to serve patients, the public and the taxpayer; and how both HEE and the Department discharge their accountability responsibilities effectively. It has been refreshed for 2018-19 to 2021-22 and is published alongside this mandate. Although HEE is not formally accountable to other system partners it should strive to work with other organisations within the spirit of the Framework Agreement, building effective relationships to achieve shared goals. Progress against the objectives and deliverables set out in this Mandate will be reviewed by the Department through regular accountability meetings.

Educational Outcomes

- 2.12 The educational outcomes at Annex A underpin this mandate and have been developed with partners across the health and education landscape. HEE will use these in support of driving improvements in education and training, and will reflect on progress in its annual report.

3. Ministerial Priorities

- 3.1 In the Foreword, the Minister identified nine specific priorities for HEE to focus on and drive forward during the coming months for which they will be accountable for delivery. Together with the deliverables set out in this mandate, and the forthcoming Long Term Plan these priorities will assist the NHS to deliver the best and safest care for patients in acute and community settings by increasing the number of staff, and creating more routes into employment and upskilling the workforce.
- 3.2 The priorities set out below reflect the Secretary of State's priorities of:
- **Workforce:** HEE has a key role to play in developing the workforce of the future as set out within the deliverables. For example, increasing the numbers of doctors and nurses, designing the roles and training routes we need for the future, as well as the development of the apprenticeship route in the NHS. HEE can also contribute to supporting the NHS to be the best employer in the world to work for, with high morale at all levels.
 - **Technology:** For example, HEE is supporting the Topol review which will have important findings on how the roles and functions of clinical staff are evolving alongside the advance of technology as well as the development of training materials on cyber security.
 - **Prevention:** For example, HEE's deliverables include supporting NHS England's programme on childhood obesity and Making Every Contact Count, assessing the workforce needs in relation to infection prevention and control as well as delivering the Genomics Education Programme to enable this technological advance to be rolled out.
- 3.3 In addition, HEE will be working with the Department and NHS Improvement to put in place the new joint working arrangements with NHS Improvement. The immediate priorities are to develop a process for the 2019/20 HEE Mandate (which will be the first under the new arrangements) and the transfer of the NHS Leadership Academy from HEE to NHS Improvement.
- 3.4 **Driving forward the Government's apprenticeship strategy: (a) support NHS employers to employ 5000 Nursing Associate apprentices in 2018 and a further 7500 in 2019; and (b) HEE will prioritise support to develop an apprentice route into Midwifery by Spring 2019.** 2018/19 is an important year where HEE will deliver the first phase of the national apprentice programme for Nursing Associates. Building on the success of the pilot programme, HEE, working

with other ALBs will support NHS employers to employ 5000 Nursing Associate apprentices in 2018 and a further 7500 in 2019. This is an ambitious programme which sees educators and employers work together forming partnerships which provide trainees with experience of learning and working in a range of different health and care settings.

- 3.5 The development of a wide ranging apprentice programme provides local NHS employers with a fantastic opportunity to recruit future colleagues from their local communities and is fundamental to unlocking talent on our doorstep that otherwise could get over looked. We are extremely proud that we now have a complete nursing apprentice pathway from entry level through to advanced clinical practice. For the first time, school leavers can work their way into the registered nursing profession and into advanced clinical practice roles.
- 3.6 Nursing is just the start; HEE will continue to deliver their wider apprentice programme by supporting employers to develop apprentice routes into roles the NHS wants to train, including prioritising support to develop an apprentice route into Midwifery by Spring 2019. It is important we see new routes to becoming a midwife. At present, the only way you can access a career in midwifery is by studying at university. We know the full time university route doesn't suit everyone and I want to allow people from all backgrounds to enter the profession.
- 3.7 The focus of this year's programme shifts from developing apprentice standards to supporting employers to embed these into their workforce. HEE play an important role in supporting the NHS to meet the public sector apprentice target. HEE continually review the available apprentice standards to ensure they match employers' needs. As part of HEE's role in supporting uptake of new apprentice opportunities, HEE will take a leading role in coordinating work between employers and education institutes to support viable cohorts of apprenticeships.
- 3.8 **HEE will build on their programme of work for improving social mobility and widening participation to further increase opportunities for people from disadvantaged backgrounds to gain a career in the NHS.** Health Education England has a commitment to widening participation in apprenticeships. As a member of the nationwide, multi-sector Apprentice Diversity Champions' Network, HEE is helping to drive positive change throughout the NHS so that apprenticeships are seen as opportunities for all sections of the community, particularly underrepresented or disadvantaged groups. Diversity in the NHS workforce means greater quality of patient care as well as helping individuals achieve their potential. Among other activity, the NHS and HEE are delivering programmes to improve access for those with learning difficulties or disabilities. This includes supported internships and now leading the way as a pacesetter for supported apprenticeships, enabling those with particular needs to gain

sustainable employment and delivering benefits to employers who are now able to access a wider talent pool.

- 3.9 HEE's Talent for Care programme will support employers to focus on diversity, inclusion and widening participation from disadvantaged or underrepresented groups as part of developing their local workforce supply. HEE will work with the NHS and other delivery partners such as the Prince's Trust to support initiatives such as schools engagement, volunteering, work experience, pre-employment activity, apprenticeships and access to higher education and the registered professions.
- 3.10 **Mental Health workforce: resource and establish 21,000 new posts in mental health filled by 19,000 additional NHS staff by 2020/21.** Having published [Stepping Forward to 2020/21 - the Mental Health Workforce Plan for England](#) in July 2017, 2018/19 will see us move from planning to implementation of an enhanced mental health workforce. Through working across all system partners our plan is to resource and establish 21,000 new posts in mental health filled by 19,000 additional NHS staff by 2020/21. This will require national leadership from HEE, working alongside NHS England and NHS Improvement. Public Health England will also work closely with HEE to strengthen the focus on prevention. The Five Year Forward View for Mental Health remains a priority commitment for the Government and enhancing the mental health workforce will be at the heart of delivering the improvements planned for this area.
- 3.11 **Workforce to support community and social care settings:** HEE's workforce plans will ensure that there are a sufficient number of community nurses and Allied Health Professionals available to work in adult social care and in the community (including an increase in the number of nursing associates in social care). HEE will conclude its review of community nursing to understand the necessary skills and knowledge required to support adults with physical health needs maximise their independence in care This review will be published later this year. HEE will develop apprenticeship standards to open up new routes into the community setting and to provide new ways for existing staff to develop their skills. Integration of health and social care continues to be a high priority for the Government and HEE will work with social care partners to develop opportunities for planning, recruiting and training the future workforce as a single workforce.
- 3.12 **CPD and staff empowerment:** The Government will consider the approach to CPD in further detail, current best practice and potential options for the future during the development of the Workforce Implementation Plan. In addition, we have heard that some staff, particularly nurses, have undertaken some specific practical/competence skills based training (for example in IV drug administration, venepuncture and cannulation, verification of deaths, use of point of care testing

equipment, use of bedside technology, ECG machines, pumps, infusers etc.) and when they change employer the previous training may not be recognised and they are asked to repeat it. For some training this is entirely appropriate, but for others it may not be. I have therefore asked HEE to help investigate a more proportionate approach and report back by the end of the year. The working principle and starting point has to be that staff transferring between NHS providers have their hard work and previous qualifications recognised and do not need to retake the same test. This is not only good for that individual but for providers in productivity terms.

- 3.13 **Leadership: (a) working with NHS Improvement, the NHS Leadership Academy will recruit 200 high calibre graduates to their graduate training scheme in 2018 and, from 2019 onwards, 500 each year; (b) the Academy will also increase the number of NHS staff participating on its programmes to 24,000 next year and 30,000 in 2020/21 and (c) introduce a new scheme to attract talented mid-career professionals in to the NHS from other sectors.** The NHS Leadership Academy will formally transfer to NHS Improvement in 2019/20 as there is a natural fit with NHS Improvement's responsibilities for executive and non-executive leadership in the provider sector. However, for 2018/19, we expect HEE and the NHS Leadership Academy to continue to progress the Leadership agenda, building on the progress made over the past two years. This year, the NHS Leadership Academy, working with partners in NHS Improvement, will launch a series of new programmes that will, for the first time, see the NHS take a systematic and considered approach to talent management and development for all staff. The core principles of this work include a strong and genuine focus on inclusion, the establishment of strong pipelines of highly capable future leaders, and a highly powered graduate route in to the NHS. The Leadership Academy will also work with NHS I and with local employers to attract talented individuals in to the NHS who might not otherwise consider a career in the sector. And the Academy will also work closely with the medical Royal Colleges and other clinical representative groups to ensure that talented clinicians who can contribute to the operational leadership of the NHS are supported to do so.
- 3.14 **Building on the expansion of undergraduate medical education, HEE must continue to prioritise the focus on producing doctors to work in shortage specialties and geographies through postgraduate medical education.** In 2018/19, this will include HEE working to review the delivery of the Foundation Programme in England to assess how it can best support the development of the doctors of tomorrow.
- 3.15 **Technology - to deliver and commence the implementation of the 'Topol Review' so that we ensure that the NHS staff have the required technology and technological skills to drive forward the technological enhancements**

we have in our grasp: Technology is another of the early priorities for the Secretary of State, where he has a close personal interest. The former Secretary of State (Jeremy Hunt MP) commissioned Professor Eric Topol (facilitated by HEE) to undertake a major independent review of how technological and other developments are likely to change the roles and functions of clinical staff in all professions over the next two decades to ensure safer, more productive, more effective and more personal care for patients and what the implications of these changes are for the skills required by the professionals filling these roles and the consequences for the selection, curricula, education, training, development and lifelong learning of current and future NHS staff.

- 3.16 **HEE will support staff and leaders to help them protect patients and their data from cyber-attacks and to create a network of leaders across the system to drive transformational change.** HEE will lead a review and refresh of an e-learning package for all NHS staff to understand their role in the safe and secure management of patient data to improve digital skills including working with NHS Digital and NHS England, to continue efforts to target Board-level leaders so that they actively ensure their organisation is competent in information governance practice through the Building a Digital Ready Workforce Programme. HEE will also support implementation of the National Data Guardian for Health and Care's (NDG) 10 Data Security Standards, as a core part of the Digital Transformation Portfolio.

4. Objective 1: Develop the workforce to improve out of hospital care

- 4.1 The Government wants to see more services provided out of hospitals, a larger primary care workforce and greater integration with social care, so that care is more joined up to meet people’s physical health, mental health and social care needs.
- 4.2 We expect HEE to continue to support growth in the primary care workforce to enable there to be 5,000 more doctors working in general practice, and an increase of 5,000 other multi-professional primary and community staff with 1,000 of those being Physician Associates. Physician Associates have significant potential to address workload issues in primary care as part of a multi-disciplinary team.
- 4.3 HEE will continue to identify ways to support the development of a more flexible workforce with greater skills in general healthcare that are transferable across all care settings. Working with the social care sector, HEE will also go further and faster in supporting the development of a more integrated health and social care workforce. The partnership sites for the new Nursing Associate role will see trainees being offered experience across a range of health and social care settings. This will help provide the preconditions for integrating health and social care by 2020, as set out in the 2015 Spending Review.

| Sub-Objective 1A: Primary and Community Care | |
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| 2020 goals | <ul style="list-style-type: none"> • Successful implementation of the General Practice Forward View and Primary Care Workforce Commission report The Future of Primary Care: Creating Teams for Tomorrow to enable the delivery of a multi-disciplinary workforce for primary care and the promotion of innovative workforce models. • With NHS England, support the delivery of 5,000 more doctors working in general practice and an increase to other multi-professional primary and community staff of 5,000, including 1,000 Physician Associates. • With NHS England, support the General Practice Forward View to deploy a further 1,500 clinical pharmacists into GP practices. |

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| | <ul style="list-style-type: none"> The right workforce is in place to support people of all ages with learning disabilities to live well in the community, rather than in hospitals. |
| 2018-19 deliverables | <ol style="list-style-type: none"> 1. Ensure a minimum of 3,250 trainees continue to be recruited to GP training programmes in England in 2019. 2. Continue to work with partners to support 'return to practice' in nursing initiatives with specific emphasis on general practice. 3. Through 2018/19, support Transforming Care Partnerships (TCPs) through specialist advice, guidance and provision of tools and data to enable them to create a workforce that will meet the aims of Building the Right Support by March 2019. 4. Continue through 2018/19 to develop TCP capability to access and utilise adult workforce intelligence data through signposting and advising on existing and potential data sources to support commissioners to be equipped with the skills, competencies and knowledge to sustain new models of care. 5. Explore, via an adult learning disability workforce expert reference group, the key areas and challenges within specialist and generic learning disability workforce for all ages to produce a plan for developing the learning disability workforce. 6. Support all providers in ensuring staff understand how to help people with learning disability access care, <ul style="list-style-type: none"> • by developing e-learning for all new and existing NHS staff by the 31st March 2019 to raise awareness of the needs of people with learning disability (Tier 1); and • assessing the uptake of learning disability awareness e-learning in the NHS. 7. Work with the Mental Health Workforce Board, the Department for Education, providers, commissioners and the Royal Colleges to identify and address the staff skill gaps in respect of caring for children and young people with mental health conditions, autism, challenging behaviour and/or a learning disability. |

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| | <p>8. Develop a core workforce skills framework for health and care staff in relation to autism by the end of March 2019, and stimulate training providers to:</p> <ul style="list-style-type: none">• develop material so that courses are available to all new and existing NHS staff by the 31st March 2019, to give them a general knowledge of the condition (Tier 1), and• develop material so that that courses are available by the 31st March 2019 to health and care staff who have a direct impact on, and make decisions about autistic people, to enable them to have appropriate specialist knowledge of the condition (Tiers 2 and 3). <p>9. From April 2018 HEE will support systems to spread musculoskeletal practitioners in primary care through workforce development and support as NHSE drives pathway commissioning change.</p> <p>10. HEE will support the upskilling, adoption and spread of musculoskeletal (MSK) practitioners in primary care, the work will redeploy existing staff e.g. Physiotherapists from downstream services to the front of MSK pathways in primary care. HEE will</p> <ul style="list-style-type: none">• Develop core capabilities for the role, the framework and infrastructure for assessment;• Upskill primary care musculoskeletal clinicians in key areas e.g. person centred approaches to care, including self-care, prevention, shared decision making, care and support planning, work health, frailty, mental health through the HEE training hubs;• Provide STP level action learning sets to drive continuous improvement and spread alongside the NHSE evaluation; <p>11. Work alongside the Joint DHSC/DWP Work and Health Unit to streamline return to work and fit note development.</p> <p>12. HEE will conclude its review of community nursing to understand the necessary skills and knowledge required to support adults with physical health needs maximise their independence in care. This review will be published later this year.</p> |
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| | <p>13. HEE will consider developing additional occupational routes into the community setting following the consultation on its community nursing review.</p> <p>14. HEE will actively support the development of a District Nurse apprenticeship by working with the established trailblazer group to create the standard.</p> |
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| Sub-Objective 1B: Mental Health | |
| 2020 goals | <ul style="list-style-type: none"> • Successful implementation of Stepping Forward to 2020: The mental health workforce plan for England to support delivery of the Five Year Forward View for Mental Health. The NHS will establish 21,000 posts and employ 19,000 additional members of staff in mental health services by 2021. |
| 2018-19 deliverables | <p>15. Deliver against the commitments set out within Stepping Forward to 2020/21 - the Mental Health Workforce Plan for England through ownership of the programme management office and chairmanship of the Mental Health Workforce Delivery Group.</p> <p>16. With partners develop and publish a Dashboard of metrics measuring progress against the commitments made within Stepping Forward to 2020/21 - the Mental Health Workforce Plan for England and for sharing examples of best practice.</p> <p>17. Continue with the development of competency frameworks aligned with the evidence based treatment pathway development programme, and an older people's mental health competency and career framework. These will include associated workforce planning and development tools and guidance, to be completed by 2020/21.</p> <p>18. Support the development of local mental health workforce plans that are divisible by care and service areas as part of the STP process, and offer bespoke support, addressing ongoing recruitment and training issues locally that sit beyond the confines of employer provided continuing professional development.</p> <p>19. During 2018/19 work with system partners to develop and publish a narrative, agreed with system partners, around careers in mental health (from nursing and therapist roles to peer support staff, to social worker, to consultant psychiatrist) to promote training</p> |

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| | <p>opportunities and entry routes for those considering starting, or changing to, a career in mental health.</p> <p>20. Work with training providers and service providers to ensure quality training placements for mental health nursing and allied health professionals are available across the range of specialist community settings with appropriate mentorship and supervision.</p> |
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| Sub-Objective 1C: Children's Mental Health | |
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| 2020 goals | <ul style="list-style-type: none"> • Support workforce training in awareness and skills required for working with all children and young people, particularly vulnerable groups, to promote early intervention and prevention to support improvements in children and young people's mental health. • At least 3,400 existing and 1,700 new workforce trained to deliver evidence based interventions and implement the whole system approach described in Future in Mind, helping at least 70,000 more children and young people to access high quality effective care each year by 2020. |
| 2018-19 deliverables | <p>21. Continue to support delivery of the Five Year Forward View and Future in Mind commitment to increase access to treatment by a further 49,000 children and young people in 2018/19. This requires</p> <ul style="list-style-type: none"> • current CYP IAPT training structures to be maintained and evaluated with a view to developing them according to the changing needs of service in addition to continuing to commission a Wellbeing Practitioner Programme, • new partnerships supported to join the CYP IAPT programme so that it is available throughout the entire country, and • ensuring that the target of training, by 2020/21, 3400 existing staff and 1700 new staff offering evidence based interventions is on track to be delivered in full. <p>22. Support local workforce planning and training of appropriate staff to enable the expansion in CYPMH crisis and home treatment, youth justice, inpatient and community in line with the current strategy.</p> |

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| | <p>23. In 2018/19, repeat the 2015 baseline audit of the CYPMH workforce, across all statutory and voluntary sector providers.</p> <p>24. Working alongside health and education programme partners support delivery of the Children and Young People’s Mental Health Green Paper proposals, including (subject to consultation and agreement) the introduction of Mental Health Support Teams and four week waiting time standard pilots, in selected trailblazer areas from 2019. This will require additional workforce to be recruited and trained during the 2018/19 academic year.</p> |
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| Sub-Objective 1D: Perinatal Mental Health | |
| 2020 goals | <ul style="list-style-type: none"> • Workforce across the care pathways has access to the right knowledge and skills in perinatal mental healthcare enabling them to deliver the appropriate care, support and treatment for patients. • Work with partners to increase workforce capacity and capability in specialist perinatal mental health services by 2021, to support 30,000 more women a year to receive evidence-based care, as described in Stepping Forward to 2020/21: Mental Health Workforce Plan for England. |
| 2018-19 deliverables | <p>25. Work with the Royal College of Psychiatrists to ensure that peri-natal mental health training is both:</p> <ul style="list-style-type: none"> • embedded in the curricula for all core psychiatry trainees; and • delivers psychiatrists with the specialist skills to meet patient needs through the piloting of credentials for trainees and consultants. <p>26. Develop and deliver a plan to identify existing quality assured training in perinatal mental health and to commission further training for specialist perinatal mental health teams where needed, supported by funding from NHS England.</p> |

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| Sub-Objective 1E: Integration | |
| 2020 goals | <ul style="list-style-type: none"> • Workforce development is able to support better integration of health and social care in the lead up to 2020, considering the effective use |

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| | <p>of wider health and care groups and professionals in service delivery and planning.</p> <ul style="list-style-type: none"> • Through strong partnerships with HEE, local devolution deals able to develop coherent, system wide workforce strategies to meet the needs of their population. |
| <p>2018-19 deliverables</p> | <p>27. Estimate the size and shape of the health and care workforce (including apprenticeships) required to deliver integration, and work with health, social care, local government and other partners to implement a joint plan on how the challenges can be addressed leading up to 2020.</p> <p>28. Working with partners, participate, engage and contribute to an assessment of the main workforce enablers and barriers to health and social care integration, and contribute to a joint plan for how these challenges could be addressed, leading up to 2020.</p> <p>29. Continue to work with the Department of Health and Social Care, other national partners and local areas to agree and support implementation of all local devolution deals which include health, in order to support local workforce development and transformation.</p> |

5. Objective 2: Create the safest, highest quality health and care services

- 5.1 The NHS should provide the highest quality care for all in primary and community care as well as acute settings. Everyone deserves care that is safe, compassionate and effective, at all times and regardless of their condition. The NHS should meet the needs of each individual with a service where a patient’s experience of their care is as important as their clinical needs and outcomes.
- 5.2 HEE is expected to ensure that recruitment to and delivery of education and training for the future workforce, and development of the current healthcare workforce, supports equality and results in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution. HEE will ensure training supports a culture of continuous learning and improvement in safe services with a focus on reducing the rates of stillbirths, neonatal and maternity deaths and other adverse outcomes such as sepsis and intrapartum brain injuries.
- 5.3 HEE will continue to use its expertise and influence to assure and continuously improve the learning environment by working with providers to deliver high quality clinical and public health placements based on high quality outputs and educational outcomes. HEE, in delivering its functions, should also be mindful of the need to support the Secretary of State in meeting his duty to reduce health inequalities in England.
- 5.4 HEE will also continue to support development of the workforce in the priority areas of maternity, cancer, emergency care and mental health to increase significantly the generalist and specialist skills and availability and supply of staff to work in these care settings as well as continuing to ensure that the right workforce is in place to support people of all ages with learning disabilities to live well in the community, rather than in hospitals.
- 5.5 We expect HEE to work with partners to ensure that the NHS has available the right number of staff to deliver on the Government’s commitment to provide the same quality of care in hospitals for urgent and emergency services seven days a week.

| Sub-objective 2A: 7 Day Services | |
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| 2020 Goals | <ul style="list-style-type: none"> • HEE will continue to work with key partners to ensure the NHS has available the right number of staff to deliver the commitment to roll out of seven-day services in hospital to 100% of the |

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| | <p>population (four priority clinical standards in all relevant specialities, with progress also made on the other six standards), so that patients receive the same standards of care, seven days a week.</p> |
| 2018/19 Deliverables | <p>30. HEE has established LWABs to coordinate and support the workforce requirements for each STP footprint. These LWABs are made up from representatives across health and social care organisations within the STP and are responsible for leading the workforce strand of the programme. If shortages are identified they will be added to the LWAB priority list.</p> <p>31. Health Education England will continue to work with system partners towards fulfilling commitments set out within the workforce plan: Securing the Future workforce for Emergency Departments in England, published in October 2017.</p> |

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| Sub-objective 2B: Urgent and Emergency Care | |
| 2020 Goals | <ul style="list-style-type: none"> The NHS has available the right number of staff to deliver on the commitments to provide the same quality of care in hospitals for urgent and emergency services seven days a week and particularly delivering on the joint workforce project Securing the Future Workforce for Emergency Departments with NHS England on Integrated Urgent Care. |
| 2018/19 Deliverables | <p>32. Increase the number of training posts recruited to within Emergency Medicine.</p> <p>33. Liaising closely with DHSC, regulators, employers and educators continue work on the development of reforms to paramedic education and training.</p> |

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| Sub-objective 2C: Diagnostics | |
| 2020 Goals | <ul style="list-style-type: none"> The NHS has available the right number of trained staff to deliver current and future demand for diagnostic tests. |
| 2018/19 Deliverables | <p>34. Complete the training of the original 200 additional clinical endoscopists and plan to deliver 200 more as set out in the Cancer Workforce Plan (December 2017), along with planning to deliver 300 reporting radiographers as also set out in the plan.</p> |

| Sub-objective 2D: Cancer | |
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| 2020 Goals | <ul style="list-style-type: none"> Sufficient staff are in place and appropriately trained to deliver world-class cancer outcomes as set out by the independent Cancer Taskforce. |
| 2018/19 Deliverables | <p>35. Continue to take forward relevant recommendations set out in the independent Cancer Taskforce's Cancer Strategy for England, including taking forward actions set out in the Cancer Workforce Plan published in December 2017.</p> <p>36. Continue to work with NHS England and wider partners to assure the provision of skills and competences that will provide a suitably qualified and trained workforce for the Proton Beam Therapy service commencing in April 2018.</p> |

| Sub-objective 2E: Quality Improvement and Patient Safety | |
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| 2020 Goals | <ul style="list-style-type: none"> Patient safety knowledge and skills are embedded at all stages and levels of education, training and professional development. |
| 2018/19 Deliverables | <p>37. Deliver the high level patient safety strategy in response to the recommendations of the Commission for training and education for patient safety:</p> <ul style="list-style-type: none"> harness national, regional and local leadership to deliver recommendations from the Commission on Education and Training for Patient Safety by March 2019; identify and share evidence-based good practice of education and training interventions for patient safety. <p>38. HEE should support the Healthcare Safety Investigation Branch (HSIB) when they start their work with providers to develop approaches to ensuring that staff have the capability and capacity to carry out good investigations of deaths and write good reports, with a focus on these leading to improvements in care.</p> <p>39. Continue to support the work of the Freedom to Speak Up Whistleblowing Guardian through supporting the development of training resources and advice.</p> |

| Sub-objective 2F: Maternity | |
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| 2020 Goals | <ul style="list-style-type: none"> Multi-disciplinary training is available and used by maternity services to support the Government's ambition to halve the rates of stillbirth, neonatal and maternal deaths and intrapartum brain injuries occurring during or soon after birth in babies in England by 2030. |
| 2018/19 Deliverables | <p>40. Publish an independent evaluation of the £8.1million investment in maternity safety training to evidence the impact and sustainability of the training and share good practice.</p> <p>41. Lead the workforce transformation Workstream 5 of the Maternity Transformation Programme</p> <p>42. To help support a future workforce for maternal medicine, in conjunction with NHS England, put in place by 31 March 2019 a pilot for a credential for obstetricians to be trained in maternal medicine</p> |

| Sub-objective 2G: End of Life Care | |
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| 2020 Goals | <ul style="list-style-type: none"> All staff delivering end of life care are appropriately trained, especially in the five priorities for care of the dying person and the Ambitions Framework. |
| 2018/19 Deliverables | <p>43. To meet Choice Commitment, and support adoption of the Ambitions Framework, HEE will continue to strengthen end of life care (EOLC) in the medical curricula, support experiential learning and create the conditions necessary to change culture, behaviours and attitudes to EOLC by:</p> <ul style="list-style-type: none"> work with other ALBs and partners to explore means of embedding annual experiential communication skills training in practice. work with its local offices and training hubs to strengthen the asset based community development way of working, this will include access to training packages and competency frameworks for local champions, volunteers, the community, patients and carers. |

| Sub-objective 2H: Sepsis | |
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| 2020 Goals | <ul style="list-style-type: none"> All healthcare staff are competent in the recognition of, and response to, sepsis |
| 2018/19 Deliverables | 44. Take forward the relevant recommendations from the cross-system sepsis board action plan published in September 2017. |

6. Objective 3: Deliver Value for Money

- 6.1 The Government currently invests over £4.2billion each year in central funding for the training and development of the future NHS and public health workforce. Local service leaders in England have produced Sustainability and Transformation Partnerships (STPs) to transform health and care in the communities they serve. HEE will continue to work with partners to ensure that funding is used effectively and distributed fairly across the country to meet service needs.
- 6.2 Alongside the Department, and all Arm's Length Bodies across the health system, HEE has a valuable part to play in supporting the system to live within its means, in particular, to deliver overall financial balance in the NHS as well as achieving year on year improvements in NHS efficiency and productivity (2-3% each year) including improving the quality of care. At a time of great pressure on public finances, it is therefore vital that HEE delivers this mandate within available resources and continues actively to review its existing expenditure. HEE will continue to support productivity and efficiency initiatives, including Get It Right First Time (GIRFT).
- 6.3 HEE will also continue to work closely with universities to improve attrition rates from healthcare courses, and work with the Chief Nursing Officer for England to improve retention of nurses across the health and care sector, thereby making better use of taxpayer investment.
- 6.4 In addition, HEE will continue to support NHS staff understanding their role in ensuring that overseas visitors are identified and charged appropriately for the NHS healthcare they receive at all stages and levels of education, training and professional development.

| Sub-Objective 3A: Funding Reform | |
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| 2020 Goal | <ul style="list-style-type: none"> • Significant changes in the distribution of the funding for education and training to NHS providers are discussed in advance with the Department and with the relevant group(s) established to consider cross cutting financial issues. • Tariffs for primary care education and training that better reflect the costs and benefits to employers of students and trainees successfully introduced. |

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| | <ul style="list-style-type: none"> Budget policies are adopted which ensure that resources are distributed transparently, in line with the local distribution of education and training places. |
| 2018-19 Deliverables | 45. Consult stakeholders on the proposed introduction of new tariff currencies in secondary care, with a view to introducing these currencies in time for the 2019-20 financial year. |

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| Sub-Objective 3B: Efficiency | |
| 2020 Goal | <ul style="list-style-type: none"> Support national partners across the health and social care system to improve service efficiencies, taking account of Lord Carter's report on operational productivity in English NHS acute hospitals. As part of ensuring that trainees are placed in high quality training environments, HEE take account of "Getting it Right First Time" (GIRFT) evidence alongside the evidence developed through its HEE Quality Framework 2017 and in the context of trainee availability, geographical variation, cost and placement capacity. |
| 2018-19 Deliverables | 46. By March 2019, where relevant, HEE continue to take account of the GIRFT evidence alongside its HEE Quality Framework and Dashboard when monitoring and improving the quality of the clinical training environment. |

7. Objective 4: Prevent ill health and support people to live healthier lives

7.1 The Five Year Forward View has a strong focus on preventing avoidable ill health and premature mortality. HEE plays a critical role in commissioning education and training for public health specialists and other public health staff in the NHS, Public Health England and local government, as well as in embedding public health capacity across the wider NHS, public health and social care system. HEE will continue to support the delivery of the 2020 Dementia Challenge.

7.2 HEE will contribute to realising the potential of research and innovation in healthcare and demonstrate commitment to the UK Life Sciences growth agenda, for example by continued education and training developments for the scientific workforce and more broadly in genomics, bioinformatics and the use of data across all levels of the workforce.

| Sub-Objective 4A: Obesity | |
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| 2020 Goals | <ul style="list-style-type: none"> Reduction in child obesity as part of the Government's childhood obesity plan. |
| 2018-19 Deliverables | 47. Develop and adapt training and workforce guidance to support the programme of activity identified by NHS England on childhood obesity and Making Every Contact Count. |

| Sub-Objective 4B: Antimicrobial Resistance | |
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| 2020 Goals | <ul style="list-style-type: none"> Improvements in the education and training of healthcare workers to ensure that antimicrobial stewardship and good infection prevention and control practices are embedded across the health and care systems. |
| 2018-19 Deliverables | 48. Take forward a prioritised programme of work in support of the Government's ambitions to halve healthcare associated Gram-negative blood stream infections and inappropriate antimicrobial prescribing by 2020/21 making use of effective diagnostic tests. Including assessment of workforce needs in relation to infection prevention and control. |

| Sub-Objective 4C: Dementia | |
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| 2020 Goals | <ul style="list-style-type: none"> Support the delivery of the 2020 Dementia Challenge. |
| 2018-19 Deliverables | <p>49. Ensure that Tier 1 tools and training opportunities on dementia are available to all new and existing NHS staff by the end of 2019.</p> <p>50. Ensure that more in-depth (Tiers 2 and 3) dementia training is available to NHS expert leaders and staff working with people with dementia across England</p> |

| Sub-Objective 4D: Health, Disability and Employment | |
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| 2020 Goals | <ul style="list-style-type: none"> Support the Government's commitment to see 1 million more disabled people in employment over the next 10 years through work and health training for all health professionals. |
| 2018-19 Deliverables | <p>51. Continue to work with the DHSC, DWP and other key partners to ensure that health professionals in the NHS and public health system have the understanding and skills they need to play their part in supporting people to stay in or return to work to contribute to increasing the number of disabled people in employment.</p> <p>52. Review education and training curricula as to whether it has a trauma-informed focus and whether there are any gaps.</p> |

| Sub-Objective 4E: Genomics | |
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| 2020 Goals | <ul style="list-style-type: none"> Embed genomics education at all levels of the current and future workforce. |
| 2018-19 Deliverables | <p>53. Deliver the Genomics Education Programme as part of business as usual, including embedding the commissioning of the MSc in Genomic Medicine into existing HEE quality and commissioning functions and, working with the National School of Healthcare Science, continue STP and HSST training for the genomic specialisms within healthcare science.</p> <p>54. Continue to lead education, training and workforce transformation, ensuring alignment to the new NHS Genomic Medicine Service and recommendations in the CMO's 2016 annual report Generation Genome and the 2017 Life Sciences Industrial Strategy.</p> <p>55. Following the recommendations of the House of Commons Select Committee on Science and Technology: Inquiry into genomics and</p> |

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| | <p>genome editing undertake detailed workforce planning and modelling and work with the Medical Royal Colleges and other stakeholders to embed genomics into relevant curricula and revalidation requirements.</p> |
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| Sub-Objective 4F: Research and Innovation | |
| 2020 Goals | <ul style="list-style-type: none"> • All healthcare staff embrace research and innovation. |
| 2018-19 Deliverables | <p>56. Continue to support clinical academic careers for all health professionals, including launching further cohorts of the HEE/National Institute for Health Research integrated clinical academic programme in 2018/19.</p> <p>57. With NIHR, lead a cross-funder review group to address strategic issues in career pathways for academic non-medical clinicians</p> |

8. Objective 5: Build the workforce for the future

- 8.1 The Government is committed to supporting a world class education and training system to support the delivery of integrated health and related care services which is built on robust workforce planning reflecting the needs of all providers of NHS commissioned services. HEE has been given a clear remit to lead workforce planning across the health system to secure the future supply of the workforce, and will play its part by planning a workforce which can adapt to change. In doing so it will support the social mobility agenda in breaking down barriers and creating ladders of opportunity for people everywhere and from every background. HEE will continue to support the aim to reduce dependence on temporary staffing, supported through the Talent for Care, Widening Participation and Volunteering strategies that support employers to better recruit from their local communities.
- 8.2 HEE will continue to support STPs to build and develop the workforce necessary to deliver the outputs required by STPs and the Five Year Forward View. The focus will be on five points of transformation: supply, new roles, up-skilling, new ways of working and leadership.
- 8.3 HEE will also contribute to supporting EU citizens working in the NHS and social care.
- 8.4 In response to reports of learner (students and doctors in training) distress, mental health problems and self-harm, HEE will form a Commission under its Chair, Sir Keith Pearson, to consider the mental health and well-being of NHS learners. The Commission will report via the HEE Board with a comprehensive set of recommendations to help employers, regulators, other stakeholders and staff, including learners.

| Sub-Objective 5 A: Workforce Supply | |
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| 2020 Goals | <ul style="list-style-type: none"> Secure supply chain of students and trainees, with quality clinical placements underpinning excellent education and training. Successful implementation of the reformed education and training funding system, as set out in the 2015 Spending Review, working with DHSC and education partners. Successful expansion of undergraduate medical training by up to 1,500 additional places by 2020. |

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| | <ul style="list-style-type: none"> • HEE, working closely with system partners, including DHSC and other ALBs, uses the latest research and evidence to inform long-term workforce strategies. |
| <p>2018-19 Deliverables</p> | <p>58. Lead the commissioning of education and training, where appropriate, for the future workforce based on robust workforce planning which takes account of the demands of other sectors and equalities duties, and uses clear quality indicators.</p> <p>59. Lead the development of future delivery models and funding options that can be aligned with the clinical placement system for students that was introduced in August 2017, to ensure the supply of qualified health care professionals continues to meet the needs of the health service. This includes working with providers to building on the expansion that started in 2017/18 to deliver a 25% increase in nurse training places meaning there will be at least 5,000 extra nurse training places every year from 2018/19.</p> <p>60. Work with DHSC to review more generally the various funding approaches used for other non-medical education and training, and consider how these can be better aligned with the move of non-medical pre-registration courses to the higher education student support system.</p> <p>61. Lead communications, in collaboration with education partners and healthcare providers, to promote a career in the NHS and support recruitment onto healthcare programmes for the 2018-19 academic year and beyond.</p> <p>62. Working with the Office for Students, complete the allocation of the additional undergraduate medical places in England.</p> <p>63. Design an innovative and quality focused training pipeline, which embraces delivery priorities at a local level and empowers individual employers to take greater ownership.</p> <p>64. HEE, working with the Office for Students and DHSC, will develop a plan to ensure small and specialist healthcare courses continue to attract a sufficient number of applicants for the 2018 academic year to deliver the required number of graduates.</p> <p>65. As part of the Government Equalities Office's Public Sector Returners Programme, HEE will continue leading a Return to Practice programme enabling 300 former Allied Health Professionals</p> |

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| | (AHPs) and Healthcare Clinical Scientists (HCS) to re-join the Health and Care Professions Council (HCPC) register by March 2019. |
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| Sub-Objective 5B: Raising the Bar | |
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| 2020 Goals | <ul style="list-style-type: none"> Establishment of the Nursing Associate role in health and care after widespread piloting and evaluation. Successful delivery of the recommendations arising from the Shape of Caring report, Raising the Bar and the Shape of Training review. |
| 2018-19 Deliverables | <p>66. Building on the work of the Nursing Associate pilots, HEE will support the establishment of new cohorts of pilot partnerships to train up to 5,000 in 2018, and 7,500 in 2019, new Nursing Associates through the apprentice route – enabling NHS employers to use the apprentice levy for their education and training.</p> <p>67. Continue to work with NHSI on national adoption of the common framework and curriculum for Advanced Clinical Practice - to support individuals, employers, commissioners, planners and educators in the transformation of their services to improve patient experience and outcomes.</p> <p>68. HEE will continue to support the establishment of the Nurse Degree Apprenticeship, including leading design work with stakeholders on enabling career progression from the Nursing Associate role to a Registered Nurse. HEE will actively support provision of shortened nurse degree apprentice programmes and ensure availability of programmes in 2019.</p> <p>69. HEE will support the review of the Nurse Degree Apprenticeship.</p> |

| Sub-Objective 5C: Developing the Workforce | |
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| 2020 Goals | <ul style="list-style-type: none"> Education and training supports the development of a highly skilled and flexible workforce that meets the needs of service providers. Lead the health system to transform the workforce and ensure it is available in sufficient numbers and possesses the right skills, values and behaviours to deliver outcomes and support for people with learning disabilities, autism, mental health problems and multiple, and complex needs. |

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| | <ul style="list-style-type: none"> • Improved working life/experience of being a doctor in training. |
| <p>2018-19 Deliverables</p> | <p>70. Review the emerging findings of the pilots of improved surgical training programmes that foster supportive relationships within multi-disciplinary teams constituting a ‘modern firm’.</p> <p>71. Continue to provide the lead in England on the Shape of Training review, including reporting progress and making recommendations to the Department with a particular focus on the UK-wide position on credentialing.</p> <p>72. Allocate in 2018/19 the £10m recurrent funding to support doctors returning from time out of training in line with the agreed HEE SupportTT Investment Strategy.</p> <p>73. Secure pilot sites by Summer 2018 for the first flexible portfolio career pilot sites and recruit trainees in November 2018 for the pilots to commence in August 2019.</p> <p>74. Working with partners, implement the recommendations of the review of the mechanisms by which doctors receive feedback to progress through training, including the Annual Review of Competence Progression (ARCP) to improve the training processes.</p> <p>75. Following the review of postgraduate medical training placements against the agreed principles for underpinning programme design that will reduce unnecessary movement of doctors, implement plans where possible by March 2019.</p> <p>76. By March 2019, evaluate the national mechanism for recruiting and selecting HEE commissioned training places for pre-registration pharmacists through integration into wider systems applied in medicine, dentistry and healthcare science.</p> <p>77. HEE, with partners, will review the delivery of the Foundation Programme in England during 2018 to assess how it can best support the development of the doctors of tomorrow.</p> <p>78. Carry out a scoping review that reports to the HEE Board and formally institute the Commission led by the HEE Chair to consider the mental health and well-being of NHS learners to report by the end of the year.</p> |

| Sub-Objective 5D: Workforce Transformation | |
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| 2020 Goals | <ul style="list-style-type: none"> • Ensure the service is supported through practical solutions to build and develop the workforce necessary to deliver Sustainability and Transformation Plans and the Five Year Forward View. • The future workforce better reflects the population it serves. |
| 2018-19 Deliverables | <p>79. Continue to work with STPs, through Local Workforce Action Boards (LWABs), to identify workforce challenges to meet existing priorities and emerging service models, including further developing HEE's five point transformation to provide practical solutions to workforce challenges.</p> <p>80. HEE continue to implement recommendations set out in It Matters.</p> <p>81. Provide opportunities for placements in a range of Care Settings – Mental Health Settings and Social Care Environments.</p> |

| Sub-Objective 5E: Leadership | |
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| 2020 Goals | <ul style="list-style-type: none"> • The NHS has the right number of leaders with the knowledge, skills, attitudes and behaviours that are required to deliver high quality services, improve health outcomes and continually improve patient care. |
| 2018-19 Deliverables | <p>82. Through the network of Local Leadership Academies, provide system leadership, coaching and mentoring, and organisational development support and interventions to enable teams, organisations and systems of health and care to collaborate in order to realise the ambitions of the five-year forward view.</p> <p>83. Establish 5 pilot sites to test innovative programmes and policies to increase the pace of change on inclusion and create a sustainable legacy of inclusion. Publish learning from these pilot sites, along with recommendations for increasing the scale of the interventions, by March 2019.</p> <p>84. By March 2019 establish Regional Talent Boards in every region of England and provide an aligned in-organisation talent management support offer, to include collating and sharing talent management data that can support local, regional and national talent strategy, in order to enable a whole system approach to talent management.</p> |

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| | <p>85. Continue to train the future senior leaders of health and care through the NHS Graduate Management Training Scheme (recruiting 200 graduates in 2018, 350 graduates in 2019 and 500 graduates in 2020).</p> <p>86. By March 2019 design and implement an NHS High Potential Scheme to support the development of talented leaders, across all health and care professions, up to executive director level.</p> <p>87. In partnership with NHS England develop a strategy to support systems primary care to develop the leadership capacity and capability in order to realise the ambitions of the five-year forward view.</p> <p>88. Implement an endorsement framework, supported by a digital platform, that supports organisations and individuals to select high quality and good value leadership development and support interventions.</p> <p>89. Continue to ensure the provision of a range of inclusive, high quality leadership development programmes for staff working at all levels, and across all professions, in the health and care system. These programmes are to support staff to gain the skills, knowledge and behaviours required to lead people and are to be delivered at a scale and reach that matches the needs of the service.</p> <p>90. Build partnerships and alliances across the country, and internationally, in order to curate, create and share knowledge on leadership, leadership development, and talent management in health and care.</p> <p>91. In partnership with stakeholders across health and care prepare and implement a strategy that supports clinicians to move into senior leadership roles in health and care.</p> |
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| Sub-Objective 5F: Apprenticeships | |
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| 2020 Goals | <ul style="list-style-type: none"> • A broad menu of NHS apprentice standards are available for NHS employers to use to employ apprentices. • Work with employers to develop, apprentice standards available to provide a career pathway into the regulated healthcare professions. |

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| <p>2018-19 Deliverables</p> | <p>92. Develop a proactive Communications Campaign for NHS apprenticeships, for example in key NHS apprenticeships such as the nursing associate role.</p> <p>93. Undertake a review, by September 2018, of approved apprentice standards and those in development which can be used in the NHS and care sectors, assessing any standards which are still required. The review should set out HEE plans to increase apprentice take up across organisations in scope to meet the public sector apprentice target</p> <p>94. Continue to take a strategic approach in embedding the apprenticeship training route into workforce planning in the health and care workforce, including working with NHS England and NHS Improvement to ensure the appropriate links with STPs and inclusion in HEE’s own Workforce Plan.</p> <p>95. HEE will support NHS employers to meet their public sector apprentice target. Using data from the first full year of the apprentice target coming into effect, HEE will work with employers who have not reached their target and develop plans on how to meet it in future years. As part of this work, HEE will seek feedback from employers on the barriers to uptake of apprenticeships and will work with partner organisations to overcome these barriers.</p> <p>96. Work with the Leadership Academy to encourage up-take of the Leadership and Management apprentice standards in the NHS and report to the Workforce Steering Group on the most effective delivery model for these apprenticeships across the NHS.</p> <p>97. Lead on stakeholder management, including HEE Apprenticeship Strategic Oversight Group and Talent for Care Trade Union Sub-Group.</p> <p>98. Incorporate plans to target particular groups for apprenticeships and monitor take up by these groups (e.g. BAME, older workers, unemployed, those who have completed a traineeship).</p> <p>99. Take a strategic approach in embedding the Technical Education reforms as set out in the Post 16 Skills Plan, published in July 2016.</p> <ul style="list-style-type: none"> • raise awareness of the potential value and Implications of the technical education reforms for healthcare employers. |
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| | <ul style="list-style-type: none"> • support the implementation of T Levels including the support for the development of standards and qualification content, and to understand how we can support the education sector in their preparation for delivering T levels. • to assess and help test how T levels might change potential career paths linked to occupational maps, and act as a recruitment path to employment and apprenticeships. • to support the education sector engage with the health and care sector in developing the approach to career guidance and industry placements • to understand the implications of the industry placement component of the T level programme in relation to placement capacity, the impact on delivery of clinical care, support of young people in the work place. <p>100. Help identify and assess any potential risks associated with the implementation of T levels as they might apply to the healthcare employers and propose appropriate mitigations.</p> |
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| Sub-Objective 5G: International | |
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| 2018-19 deliverables | <p>101. Consider the opportunities for global health activity by:</p> <ul style="list-style-type: none"> • Working closely with DHSC, the Foreign and Commonwealth Office, Department for International Development, Home Office and other relevant government departments as part of a strategic approach to global health activity; • ensuring DHSC are kept apprised of HEE international activity in agreed countries; • supporting government global health activity and objectives where relevant to HEE's aims and objectives and/or to support broader Government aims and objectives in international engagement; • supporting and complementing DHSC strategy on international workforce. |

9. Objective 6: Improve services through the use of digital technology, information and transparency

- 9.1 Better use of data and technology has the power to improve health, transform quality, increase efficiency and contribute to financial sustainability in the delivery of health and care services. It can also reduce the administrative burden for care professionals. Furthermore, technology is key to enhancing training and learning across the health and social care workforce. HEE will continue to work with partners to support care professionals to make the best use of data and technology.
- 9.2 HEE, as a partner of the National Information Board, will support successful delivery of the vision set out in [Personalised Health and Care 2020: a framework for action](#), and contribute to the system meeting the recommendations of the National Data Guardian on cyber security.
- 9.3 HEE will facilitate the review, carried out by Professor Eric Topol, into how technological advances (including in genomics, pharmaceutical advances, artificial intelligence, digital medicine and robotics) are likely to change the roles and functions of clinical staff in all professions over the next two decades to ensure safer, more productive, more effective and more personal care for patients.

| Sub-Objective 6: Digital | |
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| 2020 goals | <ul style="list-style-type: none"> As a key partner of the National Information Board, support successful delivery of the vision set out in Personalised Health and Care 2020: a framework for action, in particular to support care professionals to make the best use of data and technology through delivery of the Building a Digital Ready Workforce programme. Options explored for the promotion, adoption and spread of technologies and techniques for training and education, in line with the Digital by Default Service Standards and spend controls set out by the Government's Digital Service. |
| 2018/19 deliverables | 102. ALBs should make the best use of available data to derive insight to contribute to the delivery of priorities. HEE should ensure that data are held and made available to others (where appropriate), safely, securely and legally and should encourage the same in other organisations. |

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| | <p>103. As a key partner of the NIB, support successful delivery of the vision set out in 'Personalised Health and Care 2020: A framework for action', in particular to support health and care professionals to make the best use of data and technology through delivery of the Building a Digital Ready Workforce programme.</p> <p>104. In partnership with other ALBs explore the options for sharing learning and best practice about digital technologies (e.g. adoption of EHRs and EPRs) and techniques in health and care, in line with the Digital Service Standards and spend controls set by the Government Digital Service.</p> <p>105. HEE to work with the Cyber Programme's engagement and leadership activity to improve public trust in the use of health and social care data by:</p> <ul style="list-style-type: none">• Supporting implementation of the National Data Guardian for Health and Care's (NDG) 10 Data Security Standards, as a core part of the Digital Transformation Portfolio.• Supporting staff and leaders to help them protect patients and their data from cyber-attacks through leading the review and refresh of the e-learning package on management of patient data for staff; and, targeting Board-level leaders through the Building a Digital Ready Workforce Programme, alongside NHS Digital and NHS England. <p>106. Ensure awareness and compliance of GDPR (which came in to effect on 25 May 2018) and data Protection Act 2018 within HEE.</p> <p>107. Facilitate the Topol Review into the impact of technology on the future workforce producing and a final report by the end of the year.</p> |
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10. Annex A: Educational Outcomes

10.1 The educational outcomes below support improvements in education and training that have a real impact on the quality of care delivered to patients and service users. HEE has developed its own indicators to track progress and report on progress annually through the publication of its annual report.

- 1. Excellent education:** 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.
- 2. Competent and capable staff:** 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 reflective of the changing demography of the population they serve, properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.
- 3. Flexible workforce, receptive to research and innovation:** 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.
- 4. Widening participation:** Sourcing talent and providing leadership that flourishes free from discrimination with fair opportunities to access careers, progress and fulfil potential, recognising individual as well as group differences, treating people as individuals and placing positive value on diversity in the workforce and where role models are promoted and encouraged. This will include opportunities to progress across the five leadership framework domains.
- 5. Volunteering:** Consult fully on the HEE Volunteering Strategy for the NHS and the options for further progress contained therein. Following the consultation, deliver proposed products to support the recruitment and enhanced experience of volunteers across the NHS. Additionally, encourage and support NHS staff themselves, to take advantage of volunteering opportunities within health and social care, and ensure senior clinical and managerial leadership value the vital contribution volunteers make to the service.
- 6. NHS values and behaviours:** 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, that instils respect for patients.

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