



Department
of Health

Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values

A mandate from the Government to Health
Education England: April 2014 to March 2015

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Presented to Parliament

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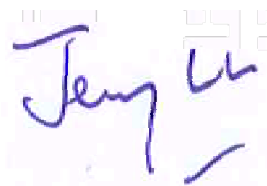
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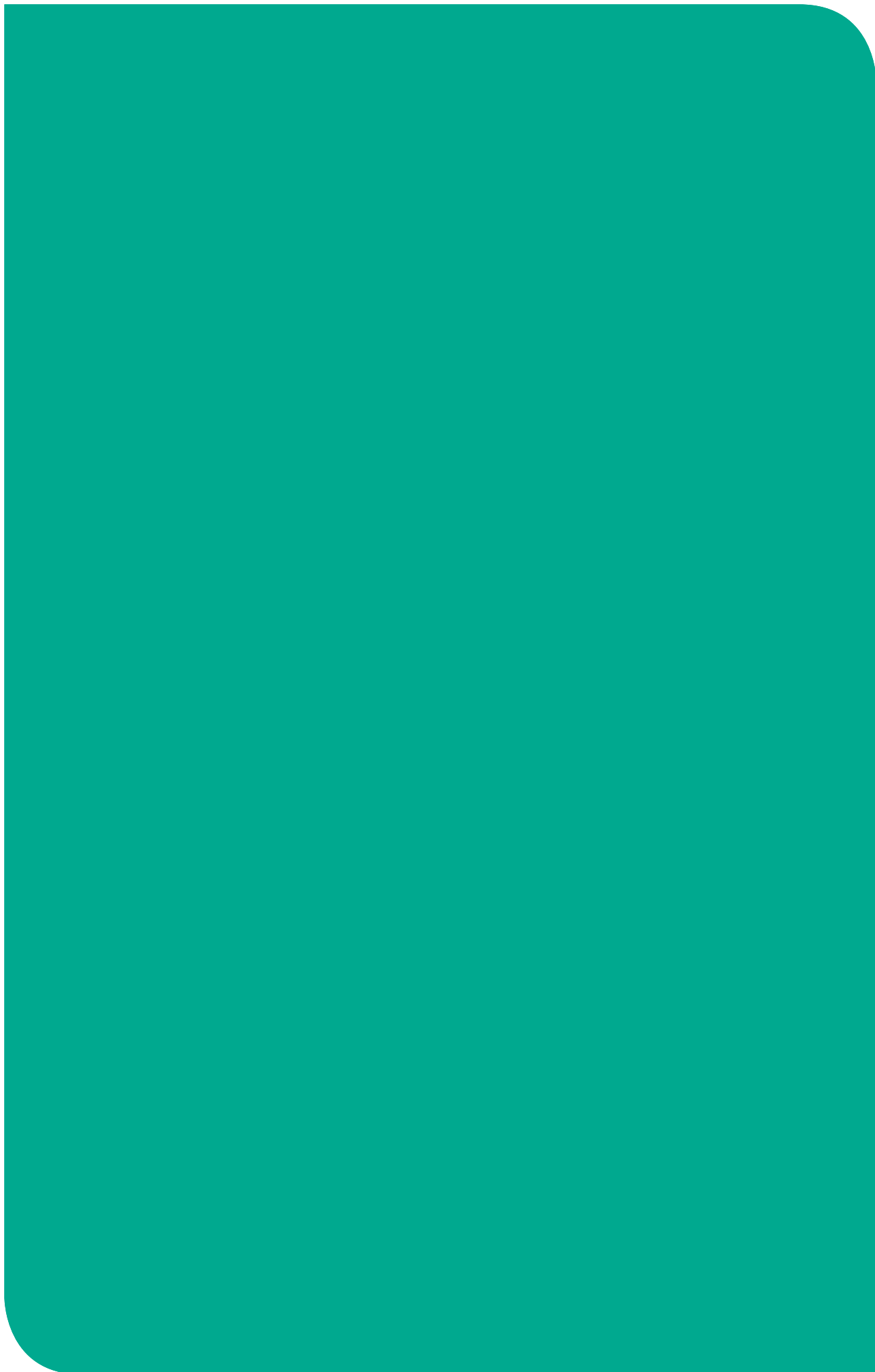
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Rt. Hon. Jeremy Hunt MP
Secretary of State for Health



Dr. Dan Poulter MP
Parliamentary Under
Secretary of State for Health



Foreword – Dr Dan Poulter MP



As both an NHS doctor and a Health Minister, I see the very best of our dedicated and hardworking NHS, public health, and social care workforce. Each and every day, over a million frontline healthcare professionals perform remarkable work by changing and saving lives.

People train to become healthcare professionals because they believe in public service, advocating the needs of the vulnerable, and improving the human condition. In this second mandate to Health Education England (HEE), I have set out how we plan to recruit, train, and retain a healthcare workforce of the highest quality and how we can support healthcare staff to deliver the very best quality care. Central to the recruitment and training of our healthcare workforce will be ensuring parity of esteem between both the physical and mental aspects of health and wellbeing.

The biggest challenge facing every health and care system in the world is the same. People are living longer and have increasingly complicated health and care needs. We must continue to develop a more mobile and flexible healthcare workforce capable of delivering increasingly sophisticated and personalised care across a variety of care settings. The priority is to train and retain a healthcare workforce equipped with the skills to deliver much more proactive care and support for patients in the community, and with the right skills to support people with long-term medical conditions to live

with dignity in their own homes. Increasing the number of General Practitioners and community nurses will be crucial in delivering more proactive and community based care to all and in providing in producing more personalised care for frail older people.

Last year the publication of the Francis Report shone a spotlight on the importance of the continuing professional development of our healthcare staff. We must use what was a very humbling event for those who work in and care about our NHS to ensure that the healthcare workforce of tomorrow is even better recruited and trained to provide dignity in the care of older people and patients with long-term medical conditions and disabilities.

Recognising the recent report, *Prevention Pays – Our Children Deserve Better*, by the Chief Medical Officer, we must also place a stronger emphasis on children's health and early years development and care. Every child deserves to be given the very best start in life, and healthcare staff working with children and young people must have the right knowledge and skills to meet their specific needs and ensure that children receive joined up health and care across both hospitals and the community. Record levels of targeted investment in workforce and training in areas such as midwifery, health visiting and family nurses will ensure more support is available to families and their children.

Our NHS and public health system has a proud record when it comes to promoting equality and diversity across the workforce. However we must ensure that more

progress is made in supporting people from poorer socio-economic backgrounds to enter medical and healthcare careers. This must include helping care assistants and healthcare support workers to break through glass ceilings and to progress into nursing and midwifery careers.

Britain has a strong international reputation for the quality of medical and other health education in this country. Therefore, we must also prioritise working with the education and the life sciences sectors to identify opportunities to contribute to UK economic growth and export the benefits of NHS training and skills to other countries.

A handwritten signature in black ink, appearing to read 'Dan Poulter', with a long horizontal line extending to the right.

Dr Dan Poulter MP
Parliamentary Under-Secretary of State
for Health

1. Introduction

1.1. Building on the publication of the first mandate to Health Education England (HEE) in May 2013, this refreshed mandate reflects the updated strategic objectives of the Government in the areas of workforce planning, health education, training and development for which HEE and the Local Education and Training Boards (LETBs) have responsibility. It sets out HEE's role in responding to the Public Inquiry report¹ by Robert Francis QC into the failures at the Mid Staffordshire NHS Foundation Trust, as well as the requirements to support NHS and public health service priorities, such as to improve health outcomes for children and young people, as highlighted in the Chief Medical Officer's report *Prevention Pays – Our Children Deserve Better*².

1.2. The key principles for the education and training of healthcare workers are set out in the document *Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery*³ and are summarised below:

- greater accountability for all healthcare providers to plan and develop their workforce, whilst being professionally informed and underpinned by strong academic links;

- aspire to excellence in training and a better experience and outcomes for patients, students and trainees;
- support NHS values and behaviours to provide person-centred care;
- support the development of the whole workforce, within a multi-professional and UK-wide context;
- support innovation, research and quality improvement;
- providing greater transparency, fairness and efficiency to the investment made in education and training; and
- reflect the explicit duty of the Secretary of State to secure an effective system for education and training.

1.3. This mandate is not intended to be an exhaustive list of HEE's functions and responsibilities. HEE has a clear duty to ensure an effective system is in place for education and training in the NHS and public health system, as set out in Statutory Instrument 2012 No. 1273: the Health Education England (Establishment and Constitution) Order 2012.⁴

1.4. HEE's Directions set out in detail its remit and range of roles and responsibilities. HEE will receive a budget of £4.9bn in 2014/15 to support delivery of those statutory functions. This mandate outlines the priority areas that the Government, in consultation with partners and stakeholders, has identified for HEE to take forward in the

¹ <http://www.midstaffpublicinquiry.com/report>

² <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

³ <https://www.gov.uk/government/publications/developing-the-healthcare-workforce-from-design-to-delivery>

⁴ <http://www.legislation.gov.uk/uksi/2012/1273/made>

delivery of its functions and when investing its budget allocation. As before, HEE will play a part in meeting other pre-existing Government commitments that fall within its remit, commitments it has signed up to during 2013/14 (such as the *Human Factors in Healthcare Concordat*⁵) and any that may arise during the life of this mandate.

1.5. HEE will work with stakeholders to ensure that there is an appropriate balance between supply and demand of staff in terms of numbers, skills and behaviours to support the delivery of high quality care.

1.6. HEE is responsible for ensuring that our future workforce has the right numbers, skills, values and behaviours to meet patients' needs today and tomorrow. HEE will do this through investing the money provided by the Government in structured education and training programmes for all undergraduate non-medical staff and all postgraduate medical staff. Whilst employers are responsible for continuing professional development of their employees, HEE have a leadership role in ensuring the service continues to invest in the ongoing education and training of all staff and a shared responsibility for investing in continuing professional development to promote service innovation and transformation.

1.7. HEE and the LETBs will play leading roles in delivering the objectives within this mandate. To achieve these objectives will require close partnership working with providers of education and those organisations commissioning and providing front-line NHS and public health services.

1.8. HEE will work with key health and care partners to support and enable greater local responsibility and accountability for decision making in order to build a system that is responsive to the needs of patients and communities.

1.9. HEE will work on a 'no surprises' basis with the Department of Health and other relevant Government Departments, both:

- in the development and implementation of policy; and
- in sharing and consulting on proposals and publications in advance of release.

1.10. HEE will work with the Department of Health in the development of the longer-term workforce strategy for the future health and care workforce. HEE will jointly chair the Health and Care Strategic Forum, to ensure that HEE's workforce strategy aligns with, shapes and supports the strategies of other key system wide partners to ensure future services will meet the needs of patients and wider system goals.

1.11. HEE will be held to account by the Secretary of State for Health and Health Ministers for the delivery of the commitments and priorities set out in this mandate, through regular meetings and other mechanisms such as more formal Quarterly Accountability meetings.

1.12. Demonstrating improved value for money will require greater clarity and transparency in relation to the measurement of the quality of education and training programmes and the costs of those programmes.

1.13. Education and training is often commissioned using different models depending on both locality and the nature of the work. HEE's objective is to improve the comparative information available on the quality of education and training, and the measurement of quality and value outcomes. This should enable the outcomes of education and training commissioned by HEE and the LETBs to be measured and published in a similar way.

1.14. This mandate covers the period April 2014 to March 2015. It will next be reviewed in winter 2014/15.

⁵ <http://www.england.nhs.uk/ourwork/part-rel/nqb/>

2. From pregnancy through to adulthood – ensuring the best start in life for every child and young person

2.1. The health and wellbeing of women is critical to the development of their children both during pregnancy and following the birth. A strong bond between a mother and her baby is crucial in giving every child the best start in life. A focus on the early years and the 1001 critical days – from when a baby is conceived until the age of two – provide an opportunity to prevent problems before they arise and give children and young people a good start in life. Poor maternal mental health is associated with poorer pregnancy outcomes and increased rates of mental ill health in children. Prevention and treatment services from pregnancy through to adolescence and young adulthood need to be high quality, evidence-based and safe. Services need to ensure smooth transitions between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services and health and social care, which will also help thereby to reduce health inequalities.

2.2. Many maternity and child health services are required 24/7. Sufficient numbers of doctors in training from obstetrics and paediatrics are required to ensure high quality care that meets this service and patient demand. HEE will work with the medical royal colleges to ensure a workforce that is able to reduce variations in outcomes across maternity and child health services 24 hours a day, 7 days a week.

2.3. HEE will ensure that sufficient midwives and other maternity staff are trained to

provide every woman with personalised one-to-one care throughout pregnancy, childbirth and during the postnatal period. We have made progress in addressing the historical shortage of midwives but there is still more to do. In order to deliver personalised maternity care, midwifery training commissions should be maintained at their current numbers for 2014/15 and 2015/16.

2.4. HEE must:

- work with NHS England to lead on establishing the 'vision' of personalised maternity care by 2022 across geographical and service settings;
- describe the workforce needed to deliver it;
- gain agreement by September 2014 on the contributions needed from the key organisations in order to develop the workforce to meet the 'vision' by 2022; and
- work with key stakeholders, including the Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health and the Royal College of Midwives to deliver the 'vision'.

2.5. Recognising the importance of maternal mental health during pregnancy and after birth, HEE will ensure post-registration training in perinatal mental health to ensure that trained specialist mental health staff are available to support mothers in every birthing unit by 2017.

2.6. HEE will:

- work with the Nursing and Midwifery Council and the Royal College of Midwives to ensure that midwives in training have a core training module focusing on perinatal mental health, with the intention that this will be in place for those entering midwifery training in 2015;
- develop a continuing professional education framework for the existing maternity and early years workforce by March 2015 so that all healthcare professionals – for example, midwives and health visitors – who come into contact with women using maternity and postnatal services have access to bespoke training to optimise the care and treatment of women with perinatal mental illness; and
- work with the medical royal colleges, in particular the Royal College of General Practitioners, Royal College of Psychiatrists, Royal College of Paediatrics and Child Health and the Royal College of Obstetricians and Gynaecologists that set curricula, to support specific perinatal mental health training being incorporated into the syllabus for doctors in postgraduate training.

2.7. HEE will evaluate the current provision of midwives with additional skills in supporting women with substance misuse by July 2014 and set out plans to increase the skills and knowledge needed to support these women. Working with commissioners and providers, this will include identifying geographical areas which would benefit from more midwives with such skills and identifying the additional numbers of substance misuse midwives required in the NHS.

2.8. The commitment to an additional 4,200 full-time equivalent health visitors by April 2015 will help to ensure vital support to new

families and give children the best start in life. HEE has a key role to play in commissioning sufficient training places across the country to ensure the additional staff are available in the right place at the right time. To achieve this, HEE will work closely with NHS England to:

- set out how health visitor attrition rates and current staff retirement plans are being addressed within workforce modelling plans;
- align local training commissions with local workforce trajectories and service plans;
- ensure sufficient, high quality placements are available for all trainees;
- reduce attrition rates from training programmes;
- contribute to effective planning for the transition of trainee health visitors from training into employment to meet the agreed trajectories;
- ensure newly qualified and existing health visitors have access to high quality support and continuing professional development programmes; and
- support the retention of the current workforce by encouraging experienced health visitors to consider remaining in the workforce through taking up opportunities in, for example, teaching or practice supervision.

2.9. Working with Public Health England and local authorities, HEE will ensure sustainable development of the health visiting workforce, including plans for the numbers of future training places, and to support the smooth transfer of commissioning of health visiting services to local authorities from 1 October 2015.

Children and young people's health

2.10. HEE will work with bodies that set curricula, such as the professional bodies and professional regulators, to seek to include compulsory work-based training modules in child health in GP training.

2.11. HEE will work with the Royal College of General Practitioners and the Royal College of Paediatrics and Child Health to develop a bespoke training course to allow GPs to develop a specialist interest in the care of young people with long-term conditions for introduction by September 2015. In doing so, HEE will work with the Children and Young People's Health Outcomes Forum to identify key training issues to improve the care of young people with physical or mental illness during transition from childhood to adolescence.

2.12. In order to develop a workforce that has the right numbers, skills, values and behaviours to provide high quality care, HEE will pilot a 'life course' approach to workforce planning, looking at whether it is possible to plan for the needs of patients through the different stages of their lives, linked with joint health and wellbeing strategies and Clinical Commissioning Group commissioning plans. Starting with children and young people's health, HEE will work with key partners such as the Children and Young People's Health Outcomes Forum to explore how planning and training the workforce through the eyes of patients rather than individual professions can deliver a more strategic and holistic approach to workforce planning. This should not be just multi-professional, but wrapped around the current and future needs of young patients and their families.

2.13. HEE will take account of the Forum's first report⁶, and of the Forum's response to the Francis Report in developing its future workforce strategy for children and young people.

2.14. By April 2014, HEE will identify and fully resource a senior national clinical lead for maternity, children and young people's health to co-ordinate education, training and workforce development to reduce variability and ensure high quality staff training everywhere.

2.15. The recent annual report on children and young people's health from the Chief Medical Officer and the work of the Children and Young People's Health Outcomes Forum clearly set out the importance of effective early years support to mothers, babies and young children. The evidence base clearly identifies that events that occur during pregnancy and in early life affect health and wellbeing in later life. Therefore early intervention is important to try to impact on the diseases of adult life that make up the greatest burden of disease. To enable children to get the best start in life, prevention and treatment services from pregnancy through to adolescence and young adulthood need to be high quality, evidence-based and safe.

2.16. A workforce that is made up of highly skilled staff with improved training in children and young people's physical and mental health and in communicating and involving children and young people in decisions about their care is an important factor in improving children and young people's health outcomes. HEE will take forward the pledge it signed up to in *Better health*

⁶ <https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

*outcomes for children and young people*⁷ and is committed to ensure that services are delivered for children and young people in the right place by a properly planned, educated and trained workforce. This should include ensuring appropriate support across primary, secondary and community care settings for children with long-term conditions such as epilepsy, diabetes and asthma.

2.17. Building on the principles within the Children and Families Bill, NHS and public health staff across a range of professions will work together and with staff in other agencies to provide an integrated approach for the care and benefit of children and young people. This should include making sure that professionals – including midwives and others – have an understanding of future support for those with special educational needs and disabilities, so they have a positive view of future possibilities, how the transition process between children’s and adults’ services will work, and crucially working collaboratively with children, young people and their parents and carers.

2.18. More needs to be done to provide support for children with mental health problems, particularly during the transition to adulthood. HEE will support NHS England in the service transformation of child and adolescent mental health services through Children and Young People’s Improving Access to Psychological Therapies.

2.19. HEE will review, maintain and promote the e-Portal for children and young people’s mental health, including making amendments to take account of new legislation, case law and evidence on therapeutic interventions.

2.20. HEE will work with Public Health England and local authorities to ensure the supply of a well-educated workforce for school aged children and young people, including school nurses. HEE will continue to work with the Department of Health, NHS England and Public Health England on how school health services could be strengthened to support the extension of the flu vaccination programme to all healthy children aged 2 to less than 17 over the coming years. This work will support LETBs, local commissioners and providers in developing sustainable workforce plans to meet the capacity of this large complex programme, reflecting local situations, including primary care. This work will also explore how a strengthened school health service could better support the needs of vulnerable children and young people such as those suffering from mental health problems and at risk of being drawn into gangs, and those vulnerable to sexual exploitation or abuse.

⁷ <https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

3. Delivering integrated care that meets the needs of people and their families

Integrated care

3.1. The NHS, public health and social care system and the delivery of prevention, treatment and care will continue to change over the coming years. An increased focus on managing complex co-morbidities will place a greater emphasis on the skills of the generalist as will the move towards increased care provision outside of dedicated care settings.

3.2. Over time, the boundaries between NHS, public health and social care will become more blurred. Working in multi-disciplinary teams, staff will need to be sufficiently skilled to enable them to work across sector boundaries and be able to deliver care for preventative and other community health measures. HEE will train and develop a workforce with skills that are transferable between these different care settings.

3.3. Although HEE does not have responsibility for the social care workforce, it will be expected to work closely with the social care sector at local and national level to ensure that workforce plans align with the training and development of the healthcare and public health workforce commissioned by the LETBs.

3.4. To support the development of this integrated approach to NHS, public health and social care systems, HEE needs to work with partners across health and care to develop common standards and portable

qualifications. This must make it easier for staff to work and move between settings and should build on existing work, such as skills passports and national minimum training standards.

3.5. HEE will work with key partners to support the delivery of a more flexible workforce in line with, and in anticipation of, the changing health and care landscape.

3.6. Working with partners, HEE will review undergraduate and postgraduate curricula and training pathways by summer 2015 to identify ways to support the development of a more flexible workforce with greater generalist skills. There should be a strong focus on the development of the primary care workforce and in supporting community health and preventative services.

3.7. In the future, the health and care system will require a greater emphasis on community, primary and multi-integrated health and care. Working in multi-disciplinary teams and work to break down barriers between primary and secondary care is required. HEE will train and develop a workforce with skills that are transferable between these different care settings.

3.8. HEE have committed in their Workforce Plan for England to increase commissions for nursing by 500 in 2014/15. As more care is delivered in community-based settings, it is important that the workforce receives education and training that reflects this. HEE and the LETBs will therefore work with higher education institutions and placement

providers to ensure that, by September 2015, all pre-registration nursing students in training experience an assessed and dedicated period of time in a community placement setting.

3.9. HEE will play a crucial leadership role in bringing an integrated system-wide focus to the workforce to prevent people from dying prematurely, as set out in the NHS Outcomes Framework⁸, Public Health Outcomes Framework⁹ and the NHS England Mandate¹⁰.

3.10. Premature deaths will only be avoided by the whole health and care system working together to improve primary and secondary prevention, early diagnosis and appropriate treatment for the five big killers: cancer, circulatory diseases, stroke, respiratory diseases and liver conditions, as well as any co-morbidities. Integrated care will be particularly important for ensuring inequalities in mortality rates for those with mental illness are addressed.

3.11. HEE will work with key partners to ensure that the NHS has available the right number of trained staff to deliver current and future demand for diagnostic tests. In particular, HEE will work with Public Health England and NHS England to ensure the availability, for example, of sufficient endoscopists to deliver bowel scope screening, while taking account of the wider diagnostic service needs of commissioners and service providers in areas such as the sonography workforce.

3.12. Working with professional bodies, HEE will also review the content of pre-registration

nurse education and undergraduate medical education to seek to ensure all new nurses and doctors have the right skills to work with older people, with a focus on dementia. HEE will also work with the royal colleges to ensure that the skills required by doctors to deliver the Government's 'Whole Stay' Strategy is supported by the training curricular.

3.13. HEE will deliver the workforce development commitments required of it in *Transforming Primary Care*¹¹, which will set out the Government's ambition for improving out-of-hospital care, starting with the most elderly and vulnerable in society. HEE will work with the appropriate health and care organisations to act upon the workforce implications of the ambition for out-of-hospital care, with rapid progress to be made during 2014.

3.14. It is essential that nurses caring for older people, be that in hospitals, care homes or in the community, have the right skills and values to look after what can often be some of the most vulnerable people in our society. Alongside this, nurses need to continually have the most up to date knowledge and skills required to provide high quality care for people with complex care needs across all care settings.

3.15. Older people may be frail and have multiple health problems, requiring varying degrees of support and individualised care: one size does not fit all. The same is also true of nursing knowledge and skills. All registered nurses, upon qualification, need to be competent in managing and delivering care for older people.

3.16. HEE, working with the Department of Health and Public Health England and the nursing profession, will develop a bespoke older persons' nurse postgraduate qualification training programme. Completion

⁸ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

⁹ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

¹⁰ <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

¹¹ <https://www.gov.uk/government/publications/plans-to-improve-primary-care>

of this training programme and demonstrable expertise in working with older people will allow nurses the opportunity to become part of an Older Persons' Nurse Fellowship programme. This will enable nurses in this field to access a clinical academic pathway. The first cohort of students will commence on the postgraduate programme in September 2014.

Long-term conditions

3.17. HEE must ensure that training supports healthcare staff to help individuals and their families better manage their own conditions. In particular, training should reflect the increasing role of carers, the importance of self-management of long-term conditions, and the supportive roles that wider communities can play. HEE should assess the extent to which existing education, training and ongoing development enables staff to support self-care and self-management and report on the current position and any changes needed by October 2014.

3.18. HEE will support NHS England to ensure that the five million carers looking after friends and family members will routinely have access to information and advice about the support available.

Dignity in death and dying

3.19. HEE will support implementation of the recommendations of the independent review panel on the Liverpool Care Pathway¹², in particular recommendation 35 that highlights the pressing need for more evidence-based education in all settings that care for those who are dying; and will contribute to wider work in this area including the Leadership Alliance for the Care of Dying People.

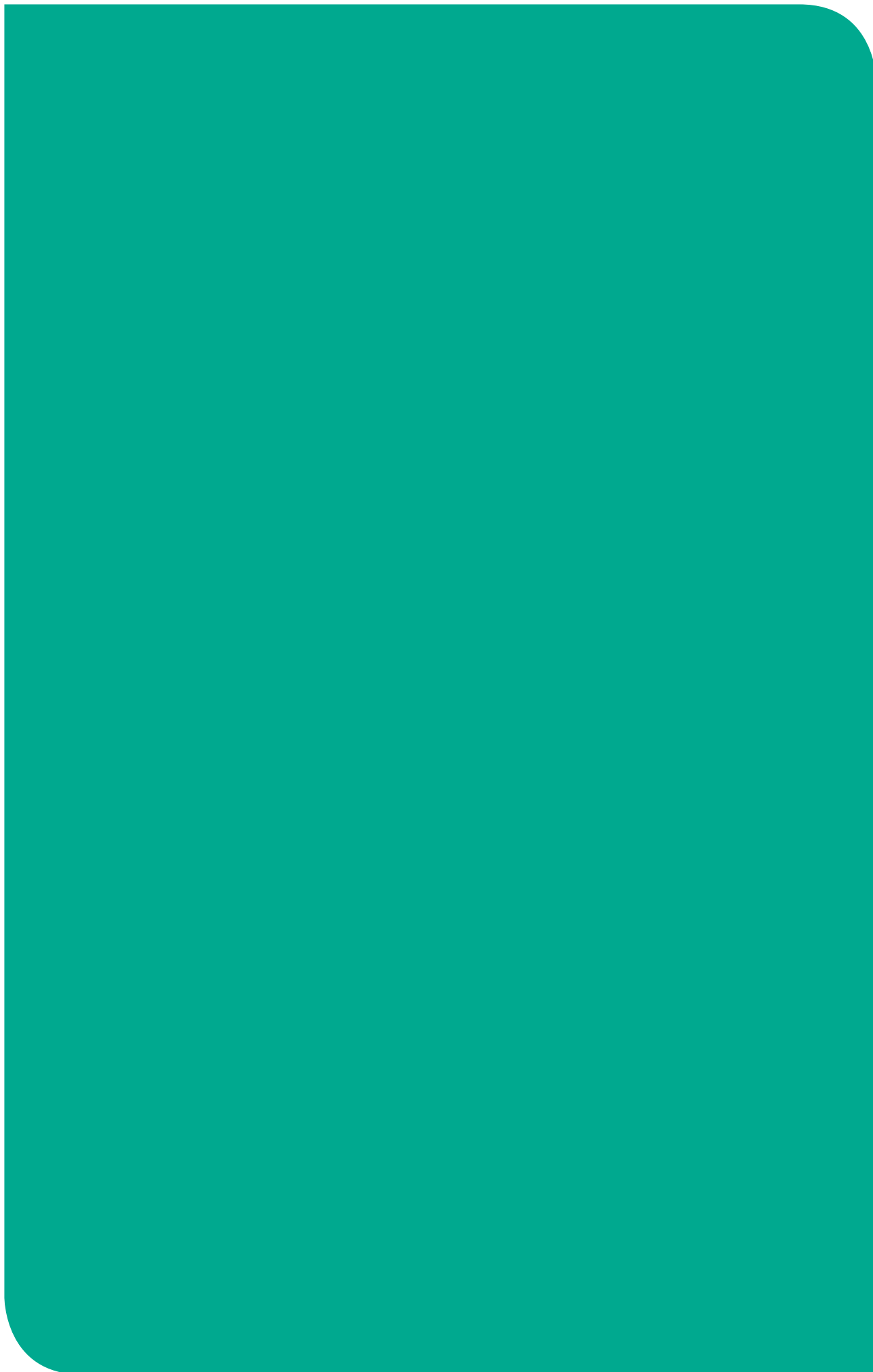
Improving Veterans' Health

3.20. In order to raise awareness of psychological and physical issues which are commonly faced by veterans and their families and the resources which are available to help them, HEE should work with the Royal College of General Practitioners and its partners to explore how the existing e-learning package and uptake amongst GPs can be improved.

3.21. To ensure continuing progress on supporting veterans, HEE should immediately identify a senior lead to work with the Ministry of Defence and Department of Health during 2014/15 and disseminate knowledge to GPs, Clinical Commissioning Groups and other parts of the system.

3.22. HEE should ensure that training is available so that there can be a specialist GP in every Clinical Commissioning Group trained in the physical and mental health needs of armed forces veterans by summer 2015.

¹² <https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients>



4. Mental Health

4.1. All health professionals need to have an understanding of mental health conditions. HEE should develop training programmes that will enable health and care employers to ensure that all staff have an awareness of mental health problems and how they may affect their patients by January 2015. This should include an awareness of the links between patients' mental and physical health and the impact of co-morbidity and the importance of work to health and health outcomes as well as the actions they can take to ensure that patients receive appropriate support.

4.2. By April 2014, HEE will identify and fully resource a senior national clinical lead for mental health to co-ordinate education, training and workforce development to reduce variability and ensure high quality staff training.

4.3. Training should raise awareness of the increased likelihood of mental health problems presenting themselves in those people with long-term conditions and the need for care to address both issues concurrently. Working with the Royal College of General Practitioners, HEE should continue to take forward the objective to include compulsory work-based training modules in mental health (including dementia) in GP training. HEE should also work with the royal colleges and other stakeholders to ensure that staff are aware of the range of mental health conditions so they can provide appropriate care and support. As an example of work-based training, focus should also be

given to support autism awareness in line with the 2010 Adult Autism Strategy¹³ and its forthcoming refresh later this year.

4.4. In order to support the continued rollout of the Improving Access to Psychological Therapies (IAPT) programme for people with depression and anxiety, HEE, working with NHS England, will need to ensure that there are sufficient therapists and other staff with the right skills to support the delivery of the IAPT programme. HEE will need to ensure that there is a good skill mix so that the IAPT programme includes a range of evidence-based therapies. HEE should also set out how it will support future service expansion and how it is supporting the current service provision by tackling attrition and taking account of issues such as workforce retirement in its planning assumptions in support of the Government's commitment to meet the 15% access and 50% recovery target.

4.5. HEE will work with the Royal College of Psychiatrists to develop bespoke training courses to allow GPs to develop a specialist interest in the care of patients with mental health conditions.

4.6. By January 2015, HEE, working with the Royal College of Psychiatrists will look to develop an e-learning package to support continuing professional development for GPs

¹³ http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113405.pdf

in mental health ensuring that GPs have ready access to the most up to date knowledge available in this vitally important area of health care.

4.7. HEE will also work with partners to seek to develop a bespoke mental health postgraduate nursing programme for introduction in September 2015, focusing on the mental health awareness and skills required in accident and emergency nursing.

4.8. HEE should work with the Department of Health, healthcare providers, clinical leaders and other partners to improve skills and capability to respond both to the needs of people who may lack capacity as well as maximise the opportunities for people to be involved in decisions about their care, reflecting the provisions of the Mental Capacity Act.

4.9. A significant proportion of people with mental health issues enter the health system following contact with the criminal justice system. HEE should undertake analysis of the workforce and ensure suitable training programmes are available to enable liaison and diversion services and other service partnerships between health and justice to be appropriately staffed. The Government has committed to significant growth in liaison and diversion services from the current level of population coverage of 25% to 100% coverage by 2017. Subject to further detail on service vision, HEE will ensure that training plans are in place to ensure this increase in coverage can be delivered by 2017.

4.10. HEE will also play its full part in fulfilling pre-existing public commitments. This includes the cross-Government response to the Confidential Inquiry into the Premature Deaths of People with Learning Difficulties, *Transforming care: A national response to Winterbourne View Hospital,*

and the Winterbourne View Concordat¹⁴. The Concordat sets out that HEE will work with the Department of Health, providers, clinical leaders, and other partners to improve the skills and capability of the workforce to respond to the needs of people with learning disabilities and challenging behaviour.

Dementia

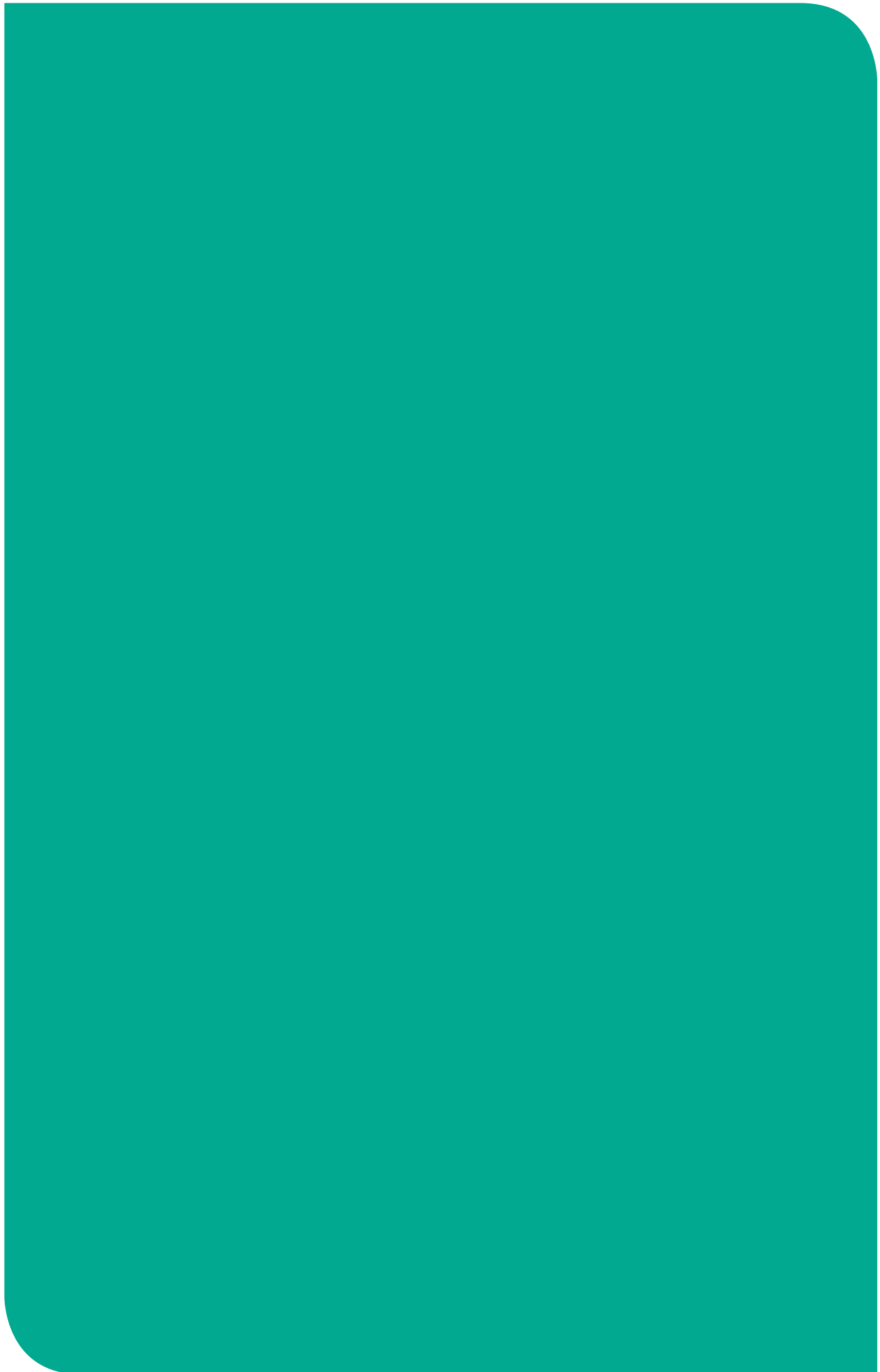
4.11. NHS England has set the first ever national ambition to improve dementia diagnosis rates. By 2015, the aim is that two thirds of the estimated number of people with dementia should receive a diagnosis, with appropriate post-diagnosis support. HEE will provide leadership through LETBs in the development of training programmes setting out the required training needs to support staff to diagnose, where clinically possible, early symptoms of dementia. The training should support staff to be aware of the needs of individuals and their families and carers to enable them to provide safe, dignified and compassionate care.

4.12. To improve the care of people with dementia, all NHS staff that look after people with dementia will go through a dementia awareness programme (Tier 1 foundation level dementia training). This programme will enable staff to spot the early symptoms of dementia, know how to interact with those with dementia, and signpost staff to the most appropriate care. HEE has already ensured that over 100,000 NHS staff have received Tier 1 dementia training and are continuing to roll out the training across the existing NHS workforce. HEE will provide Tier 1 training to a further 250,000 staff by March 2015 and will ensure that the tools and training opportunities are available to all staff

¹⁴ <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

by the end of 2018. Tier 1 foundation level training will be backed up with more in-depth training of expert leaders and staff working with people with dementia. Over the next 24 months, HEE will look to expand this work to support Tier 2 developments in dementia training to ensure that NHS staff continue to receive the most advanced support available.

4.13. HEE will work with bodies that set curricula, such as the professional bodies and professional regulators, to seek to ensure that all undergraduate courses include training in dementia by September 2015. HEE will also, in conjunction with the Department of Health, work with higher education providers and regulators to ensure that newly qualified staff who look after patients with dementia receive Tier 1 dementia training.



5. Public Health

5.1. The NHS has an important public health role in making every contact count. The NHS must focus on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more. As the country’s largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

5.2. Implementing the Public Health Outcomes Framework will require an understanding of the need for partnership between the NHS, the public health system (including Public Health England and local government) and social care. It also requires an understanding of the importance of the ‘life course’ approach and where interventions are needed to make savings down the line. The ‘life course’ approach is an integral part of each domain, reflecting the extent to which action at different ages can contribute to the top-level outcomes and enabling a robust analysis of how outcomes are improving at all ages.

5.3. The health of people in England will only improve in line with other comparable developed countries when the entire NHS, public health and social care workforce genuinely understands how their services together can improve the public’s health. This will be vital in helping to reduce health inequalities. This new focus for education and training is an essential element of the role of HEE.

5.4. HEE plays a critical role in commissioning education and training for public health specialists and other public health staff in Public Health England and local government, as well as in embedding public health capacity across the wider NHS, public health and social care system.

5.5. It is important to ensure that sufficient numbers of staff are available to focus on preventative services. This will include working with Public Health England to commission the appropriate number of public health specialists to meet demand and improve the public health capability of all professional healthcare staff undertaking training. In 2014/15 HEE will work with professional regulators and bodies to embed in professional curricula the competence and principles of prescribing medicines, including antimicrobials, as set out by the National Prescribing Centre and the Antimicrobial Resistance and Healthcare Acquired Infection advisory group, and work with universities, commissioners and employers to ensure workforce capability, capacity and planning mitigates the risk of antimicrobial resistance as set out in the UK Antimicrobial Resistance strategy. HEE will take steps to ensure that training is also available so that healthcare staff are competent in the recognition of, and response to, acute illness such as sepsis as a key factor in preventable mortality.

5.6. The Public Health-Health Education England Advisory Group will be the key forum for considering the unique challenges facing the public health workforce by

concentrating HEE expertise in one place with a single dialogue between HEE and the public health community to address the training and educational needs of the public health workforce.

5.7. HEE will work with regulators and royal colleges to conduct a review of the qualifications required for non-surgical cosmetic procedures and the qualifications required to be responsible prescribers. This work will be delivered by the end of April 2014. Taking the review forward, HEE will make recommendations on accreditation of qualifications and course delivery.

6. The right healthcare workforce with the right skills, values and competencies

Values and Behaviours

- 6.1.** HEE should ensure that recruitment, education, training and development of the healthcare workforce results in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution.
- 6.2.** Quality of care is as important as the quality of treatment. HEE must ensure that the principles of safeguarding are integral to education and training curricula for health professionals. HEE must work with healthcare providers, regulators and educational institutions to ensure both recruitment processes and education and training curricula identify and consistently reinforce these values.
- 6.3.** Building on the work already underway, HEE will work with stakeholders, including employers, professional bodies and education providers, to develop evidence based approaches to recruitment and selection for training programmes based on values and behaviours as well as technical and academic skills. In support of this, HEE will oversee delivery of a national values based recruitment framework and associated tools and resources by October 2014 and ensure that selection into all new NHS funded training posts incorporates testing of values based recruitment by March 2015.
- 6.4.** Healthcare providers have a duty to invest in the training and education of new

staff. HEE should work with providers to ensure that the continuing personal and professional development of staff reinforces these values. Employers should support healthcare professionals to prioritise the quality of care, work effectively in multi-disciplinary teams, be compassionate, safety-conscious and genuinely listen to their patients.

6.5. Every student seeking NHS funding for nursing degrees should gain frontline caring experience and values, as well as knowledge and skills and, subject to the evaluation of current pilots, should first serve up to a year as a healthcare assistant. HEE's objective is to increase the proportion of nurses that have the opportunity to do this and they should continue to work with the Nursing and Midwifery Council, professional leaders and trade unions to develop and implement the two current pre-degree pilots (autumn 2013 and spring 2014) and introduce two further pilot cohorts of similar numbers – one in October 2014 and the second in February 2015.

Excellent Education

6.6. To ensure that excellent education is relevant to the needs of patients and the public, the workforce planning system needs to be based on the way people expect services to be delivered. HEE should ensure that current and future NHS and public health staff receive high quality education, training and development to enable them to deliver

the highest possible quality of prevention and care for patients and the public now and in the future.

6.7. In order to achieve this, HEE and the LETBs will lead the commissioning of education and training for the future workforce based on robust workforce planning and clear quality indicators. HEE needs to work with stakeholders to move the education and training system to one which has a far greater focus on commissioning training courses and student placements based on high quality outputs as opposed to the current input based system. Building in the right incentives, this should be designed to drive up quality and also vastly reduce attrition rates across the country and therefore make better use of taxpayer investment in this area.

6.8. HEE and the LETBs should work with partners, including patient representatives, employers, service commissioners, sector skills councils, professional regulators and professional bodies to 'future-proof' education and training programmes. These programmes should meet future service and public health needs and reflect changing technologies, delivery systems and the increased emphasis on disease management through the primary care sector and health protection and improvement.

6.9. Although it will always be necessary to deliver discrete training programmes for many professions, there will be an increasing need to deliver healthcare in multi-disciplinary teams and the delivery of training should reflect this. Where appropriate, it should incorporate working in multi-skilled teams reflecting care pathways rather than exclusively professional groupings.

6.10. Working within the context of the need to ensure an appropriate balance between supply and demand in terms of staff numbers, skills and behaviours to support

the delivery of high quality care, HEE should work with stakeholders to support wider government prosperity objectives and ensure the capacity of the system to deliver the required number of professionals with the right skills and values to be able to deliver commissioned services is not compromised.

6.11. Recruiting staff and students into education and training courses requires significant investment. HEE should work with relevant partners to strengthen the evidence base to support the most effective approaches to recruitment to health education, the provision of education and training, and the ongoing development of staff to meet patient and public needs.

Improving the Quality of Education and Supporting Students and Trainees

6.12. Students should receive the appropriate level of support to ensure that they are able to provide safe and effective prevention and care as part of their supervised training. The Public Inquiry report by Robert Francis QC into the failings at Mid Staffordshire NHS Foundation Trust highlighted a requirement for HEE to support improvements in education and training that puts quality at the centre. In order to achieve this, any issue regarding quality of training needs to be addressed openly and transparently. Education providers should be given the opportunity to address quality issues but this should not prevent information being shared with regulators and other partners to ensure that the interests of patients are protected. HEE should ensure that it monitors and acts on feedback from students and trainees as this provides an important measure of the effectiveness of their education and training. This should include ensuring that staff and trainee

feedback is passed to the Care Quality Commission within one month of receiving it where concerns have been raised.

6.13. HEE will work with LETBs and healthcare providers to deliver high quality clinical and public health placements that provide trainees and students with sufficient time working with patients to gain experience in relevant and varied clinical and public health settings. Clinical placements should be supported through the engagement of employers and high quality supervision of students and trainees.

6.14. Building on the work already underway, HEE will be responsive to feedback from students on the quality of education and training. HEE will work with LETBs to ensure that all providers deliver excellent education. HEE must recognise and act to withhold funding from those providers who consistently fail to meet the required standards.

6.15. The role of the ‘educator’ or ‘trainer’, in the context of delivering excellent education and training, is of vital importance and must be seen as an essential part of the healthcare professional’s role and responsibilities. HEE should work with the LETBs and healthcare providers to ensure that trainers and educators have access to the necessary support and professional development to allow them to provide excellent education and training.

6.16. Unnecessary attrition from training programmes can result in significant cost and impact on the health and wellbeing of students. HEE’s objective is to reduce unnecessary attrition from training programmes by a third over the next 3 years. HEE will initially focus and pilot approaches to reducing attrition rates in undergraduate nursing and midwifery courses and report back in winter 2014 on early progress.

6.17. HEE, working with NHS England, will need to be assured that preceptorship programmes are designed to provide newly qualified nurses with the support and guidance to grow in competence and confidence, and effectively make the transition from being a student to a professional, practising registered nurse.

6.18. HEE will work with the Department of Health to explore the recommendations resulting from the Royal College of Surgeons of England led review of the impact of the Working Time Directive and will take forward work with stakeholders to explore the detail and options open to the NHS.

Supporting the Development of the Existing Workforce

6.19. The delivery of high quality healthcare can only happen if the staff employed to undertake this work are suitably trained and competent to undertake their roles.

6.20. HEE’s objective is to secure the future workforce to maintain safe staffing levels whilst supporting transformation of services by bringing together medical and non-medical workforce planning. HEE will work, through the LETBs, to lead a process of improved workforce planning to ensure sufficient staff are trained with the right skills in the right locations to enable healthcare providers to deliver their commissioning plans. HEE will ensure that LETB plans and activity are consistent with the national and local NHS workforce requirements.

6.21. Effective workforce planning should reduce the number of health roles on the Home Office’s Shortage Occupation list by March 2015. HEE should work with the Department of Health, the Migration Advisory Committee and other key partners to ensure that a service requirement based

review of health roles is undertaken to meet the Home Office timetable (expected to be November/December 2014). Where roles are recommended for inclusion on the Home Office 2015 Shortage Occupation List a clear action plan should be produced for each role, outlining how HEE will work with stakeholders to remove these roles from the Shortage Occupation List at the next iteration (likely to be spring 2017).

6.22. Healthcare providers are responsible for ensuring that they have the right staff, in the right place, at the right time and with the right values and behaviours to provide safe and high quality care. This includes ensuring that their staff have the right training to perform their roles efficiently and effectively. The Government's response to the Public Inquiry report by Robert Francis QC into the failures at the Mid Staffordshire NHS Foundation Trust emphasises the importance of ensuring this and will lead to changes in some healthcare providers' workforce plans. HEE must work with LETBs and others to ensure that there are sufficient frontline professionals and other care staff being trained to meet the needs of patients.

6.23. Tackling historic shortages in emergency medicine is a key priority. Building on the work of the Emergency Medicine Workforce Implementation Group including the report¹⁵ published in December 2013, HEE will provide an action plan setting out how it is going to tackle historical shortages in doctors working in emergency medicine and report regular progress to the Department of Health: a further joint report from HEE and the College of Emergency Medicine on progress should be submitted in June 2014. HEE should work with the Department of Health and other key partners to help shape future reward arrangements

for doctors, including flexibility for reward incentives to be used, as appropriate from time to time, for shortage specialties. HEE will review the potential benefits of up-skilling and training paramedics to allow them to deliver more treatment in the community, as well as better deliver on-site triage and treatment in emergencies where clinically appropriate. HEE will report back in January 2015.

6.24. HEE will need to take a strategic role in relation to those healthcare professions where number controls are, or may in the future be, determined nationally, including medicine, dentistry and pharmacy. HEE's objective is to take a leading role in working with partners in higher education to keep medical, dental training and other healthcare numbers under review. Where number controls are determined nationally, HEE will need to agree any changes with the Department of Health in discussion with other relevant Government Departments, such as the Department for Business, Innovation and Skills. On undergraduate pharmacy places, HEE will take forward discussions with NHS Employers and other key stakeholders following conclusion of the joint consultation with the Higher Education Funding Council of England on pharmacy student numbers. HEE will also take forward the reform programme for pharmacist education following the consideration and consultation on the Impact Assessment on the preferred option during 2014/15 and submit proposals to Ministers by March 2015.

6.25. In the case of smaller specialties and professions, planning for smaller specialties will be led on a national basis by an individual LETB, with HEE ensuring that overall training numbers in the plans reflect the national demand. HEE should use the consolidated responses from all the LETBs to inform the production of a national 5-year workforce plan.

¹⁵ <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/EM-publication-Nov131.pdf>

6.26. HEE has an objective to continue the delivery of national medical recruitment programmes, including the UK-wide foundation programme in partnership with the other UK Health Departments and oversight of specialty recruitment in England. HEE will need to agree, and monitor the delivery of, key objectives for the UK Foundation Programme Office in conjunction with the Devolved Administrations.

6.27. Ahead of any wider reforms to medical education, HEE also needs to ensure for the duration of this mandate that plans are brought forward to ensure that future medical students graduating in England who are competent and who have completed undergraduate training programmes successfully are supported to secure full registration at the point of graduation.

6.28. On postgraduate medical education, Professor Greenaway submitted the *Shape of Training Report*¹⁶ to the 4 UK Health Departments in October 2013. The 4 UK Health Departments have said that they are broadly supportive of the direction set out by the review. They have agreed that a UK-wide Group led by the 4 UK Health Departments should be formed to take forward more detailed and fully costed work including impact assessments during 2014/15 and to report back in summer 2015. Working with the Department of Health, HEE should take the lead in England, liaising with the General Medical Council, their counterparts in the Devolved Administrations and other key stakeholders.

6.29. HEE have been working with partners, including the other UK Health Departments, to consider options to reform the existing medical education pathway to ensure a clear and sustainable route that allows all suitable graduates to secure full General

Medical Council registration at the point of graduation from medical school. The *Shape of Training Review* recommends moving full registration to the point of graduation from medical school, provided there are sufficiently robust measures in place to demonstrate graduates are fit to work as fully registered doctors to ensure quality and patient safety. The Department of Health and HEE will work with partners, including the General Medical Council, the Department for Business, Innovation and Skills and other UK Health Departments, to set out proposals for reform and develop robust plans for implementation of an agreed way forward by June 2014 at the latest. This work should link to the objective for HEE to promote greater social mobility into medical training courses, recognise the strong international reputation of medical and other health education in this country, and support the education sector in making its contribution to the growth agenda by reviewing the foreign (non-European Economic Area) medical and dental student cap.

6.30. HEE will ensure that 50% of trainees completing foundation level training enter GP training programmes by 2016. As part of the 2013/14 mandate commitment to ensure GP training produces practitioners with the required competencies to practice in the new NHS, HEE will be working with the Devolved Administrations and the Department of Health on the response to the recommendations on postgraduate specialty training outlined in the *Shape of Training Report* and the provisional findings of NHS England's review of primary care services. Medical Education England accepted the educational case to extend GP training to four years. The Department of Health is supportive of this in principle subject to further consideration of the economic case and affordability. We recognise that an additional year of training could offer an opportunity to enhance GPs' awareness of and expertise in mental health

¹⁶ <http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>

conditions, learning disabilities and autism and paediatric care. The case for a fourth year of GP training and enhancements to GP training will be explored further as part of that response, and building on the work done to date as part of the original 2013/14 mandate commitment. HEE will engage with the General Medical Council as the professional regulator and other key stakeholders on required amendments to the training curricula to ensure competence in these new areas by the end of 2015, with the first new programmes beginning in summer 2016.

6.31. HEE have an objective to lead a process to ensure sufficient staff are trained with the right skills in the right locations to enable healthcare providers to deliver their commissioning plans. It is often the case that healthcare students have in the past taken up work close to the areas where their training was undertaken, leading to workforce imbalances across many areas of the country. Training will need to take place across the whole of England to reflect the service needs both now and in the future and HEE should work with LETBs to understand geographical imbalances and take action to correct them.

6.32. HEE have an interest in the impact of work by employers to improve recruitment and retention of staff, as this has an impact on the overall picture of the demand for staff and the supply of trained staff. The health service also needs to recognise that with the current age profile of staff, and the increasing retirement age, there is a need to support a workforce that is aging well and is being asked to carry out appropriate responsibilities. HEE should work with NHS Employers and the trades unions to support this, for example in supporting staff in taking on education and training responsibilities as part of their portfolio. HEE and NHS Employers should provide broad recommendations on how to improve recruitment and retention by winter 2015.

6.33. HEE will provide leadership and work with LETBs and healthcare providers to ensure professional and personal development continues beyond the end of formal training to enable staff to deliver safe and high quality healthcare and public health services both now and in the future. This will include supporting the development and training of existing NHS and public health staff. HEE should work with stakeholders to review the incentives, accountabilities and transparency for employers in supporting the ongoing development of the existing workforce, covering both keeping existing skills up-to-date and developing new skills to respond to changing patient needs. This review should reflect the responsibility of employers to provide the right support in terms of funding and time which reflects their responsibility to develop their own staff. HEE should make recommendations to the Department of Health by summer 2014.

6.34. HEE will work with NHS Employers, the NHS Trust Development Authority, Monitor and other key partners including the Royal College of General Practitioners and the Royal College of Nursing to support 'return to practice' initiatives through campaigns and bespoke training courses across the healthcare workforce but with specific emphasis on nursing and general practice. Recognising the importance of delivering care in the community and the central role of GPs in the delivery of this care, HEE will work with the Royal College of General Practitioners and the General Medical Council to ensure that by September 2014 action is taken to:

- support an increase in the number of GPs returning to work after a career break for family and other reasons;
- proactively support GPs in training to be able to work part-time for family or other reasons; and

- allow doctors from other specialties changing to a career in general practice to have accreditation and recognition of their prior training, experience and, expertise and therefore facilitate a more rapid progression to becoming a GP. Places on GP training courses will be created over and above current numbers specifically to facilitate this initiative.

6.35. HEE will work with the Royal College of Nursing and universities to ensure that nurses currently working in the acute sector, and wishing to work in the community have ready and easy access to conversion courses to enable them to do so and are supported in making this switch. Where necessary provision and availability should be increased. They should also build on HEE's existing work on return to practice initiatives in order to ensure that training courses are in place to support nurses returning to work to take up community nursing positions. This work should be complete by March 2015.

6.36. The Government is committed to enabling current NHS staff who wish to become nurses and who demonstrate the right caring and compassionate skills to join the nursing workforce. HEE will use its unique position within the NHS to support staff who wish to do this part-time in order to meet family needs or working patterns. In doing so, HEE will continue its work with education providers to establish a course to support staff to enter the nursing workforce through this route. HEE is committed to completing this work by October 2014, to have enrolled up to 100 staff on this course and, subject to evaluation, look to roll it out across the NHS.

Competent and Capable Staff

Defining safe, high quality care

6.37. HEE's objective is to ensure that the right numbers of staff with the right values are being trained and developed and that they have the right competence, capability and performance to meet future needs.

6.38. In response to the findings of the review led by Don Berwick, *Improving the Safety of Patients in England*¹⁷, HEE will ensure that there is an increased focus on delivering safe, dignified and compassionate care in the education and training of healthcare professionals. In the longer term, HEE will contribute to continual improvements in scores from patient surveys on questions relating to staff behaviours and compassion in care and in the proportion of staff, patients and the public who recommend friends and family.

6.39. HEE should work with NHS England to support the systematic development of clinical audit and patient-report outcome and experience measures. It will need to ensure that implications for staff awareness and training can be addressed and should report back by summer 2014.

6.40. Recognising the importance of supporting continuing professional development in the interests of both staff and in delivering safe, high quality care for patients, HEE will set minimum standards of mandatory training across different aspects of health and care. Across England, recognising the importance of delivering the safest possible care, healthcare providers need to become more consistent in the approach taken to the delivery of mandatory training to the healthcare workforce. HEE will review how mandatory training is provided in different specialisms across the country, in order to

¹⁷ <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

develop a consistent national approach to minimum mandatory training requirements – for example, in maternity and medical emergencies – and covering key issues which help support a culture of safety including how to raise concerns about patient care and safety. HEE will complete this work by November 2014 and will work with employers to ensure it is delivered across the NHS.

6.41. Healthcare assistants (HCAs) and adult social care support workers are the backbone of the health and care workforce and their capability is of increasing importance. All care assistants must inspire public confidence and they must be skilled and motivated to do a good job. Employers are responsible for ensuring these staff have the right training to undertake the tasks required of them. However, working with its partner organisations, HEE should play a leadership role in improving the capability of this workforce by implementing the relevant recommendations of the Cavendish Review¹⁸. These include:

- ensuring there is a robust career development framework for this sector, linked to simplified job roles and core competencies;
- developing the training and education of this part of the workforce, especially setting the induction standards which will be embodied in the Care Certificate;
- developing a rigorous system of quality assurance for training across both health and social care;
- supporting the workforce to deliver compassionate care through supporting Skills for Health to work with Skills for Care to review the code of conduct for staff; and

- supporting the progression of their careers into nursing and midwifery and social care for those who seek it.

6.42. A robust career development framework should cover: job roles, simplified core competencies, recruitment (including values based recruitment), testing skills, values and behaviours, induction, training standards and transparency, as well as identifying opportunities for career progression. HEE should deliver a strategy to achieve this, building on the work already completed by Skills for Health and Skills for Care, by April 2014.

6.43. HEE and its partners across the health and adult social care sector will lead on the development of a 'Care Certificate' for healthcare assistants and adult social care support workers. This will build on the National Minimum Training Standards in order to improve the consistency and quality of the induction training of this workforce, especially those providing care as part of a regulated activity. With pilots and their evaluation in spring/summer 2014, it will be rolled out to new care assistants from March 2015. Subject to the passage of the Care Bill and subject to regulations, the Care Certificate will be based on the standards set by HEE and Skills for Care. HEE will also consider how the Cavendish proposals for a Higher Care Certificate can be developed.

6.44. Once the standards have been developed and launched, there will be an ongoing role for HEE and the sector skills councils in maintaining the standards, ensuring they are fit for purpose and developing robust quality assurance systems. Along with the sector skills councils and LETBs, HEE will continue to have a role in overseeing the training provided to healthcare assistants and social care support workers.

¹⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

6.45. HEE should support Skills for Health to work with Skills for Care to implement the Cavendish recommendation to refine the existing code of conduct for staff, so that there is a revised code applicable to all workers, with a complementary code of practice for employers.

6.46. Many members of the care support workforce have a track record of caring that deserves to be recognised by supporting their career progression into more senior roles and into the nursing, midwifery and social care professions. HEE should facilitate this by working with partners to support the development of clearer and more effective career paths for healthcare assistants and maternity support workers. HEE should also improve the access to fully funded part-time degree courses for healthcare assistants and maternity support workers in order to ensure that staff with strong caring experience can access higher education and that caring remains a prerequisite to starting such a course. New courses to support greater social and workplace mobility for health support workers should be introduced by September 2015.

6.47. HEE, leading its delivery partners, should also ensure that, where possible, training in the health and care sector is transferable and comparable, and consider the development of new bridging programmes into professional training in health and care. They should also explore other proposals for a Higher Apprenticeship, including whether this could lead directly to entry into a nursing, or other care professional, degree.

Developing a Workforce skilled for Research and Innovation

6.48. HEE's objective is to develop a more flexible workforce that is able to respond to the changing patterns of service. It will

need to develop a workforce that embraces research and innovation to allow it to adapt to the changing demands of public health, healthcare and care services where staff are at the forefront of implementing the Innovation Health and Wealth Strategy.

6.49. To continually drive up the standards of healthcare, clinical decision making must be supported by the best available evidence and good practice. The NHS and public health system needs to get better at combining the latest clinical knowledge with cutting-edge technology. To support this ambition and help introduce greater standardisation in dealing with common medical emergencies, HEE will work with partners such as the National Institute for Health and Care Excellence, NHS England, the royal colleges and professional bodies to explore the scope for creating an online repository (or enhancing a current NHS product) that can fast-track the sharing of good practice and knowledge amongst clinicians, including trainees and students. HEE will report on progress by the end of December 2014.

6.50. In order to positively influence the culture and values of the NHS from 'ward to board' and ultimately lead to better patient care, experience and outcomes, it will be essential to develop the leadership skills, capabilities and behaviours of staff at every tier of the NHS. It is important that HEE should work with healthcare providers, regulators, educational institutions and the NHS Leadership Academy to ensure that relevant leadership training and development, including quality improvement methodology, is delivered both in formal curricula and as part of the continuous professional development of staff.

6.51. Building on the effective work to date, from April 2014, HEE and the NHS Leadership Academy need to work far

more closely and jointly together at national and local level so that there is a seamless, coherent and systematic approach to leadership development for health professionals from undergraduate training onwards, such that future health professionals are equipped to undertake leadership roles where the focus is on improving quality.

6.52. It is crucial that clinicians are fully engaged as leaders of the future. NHS England and HEE will need to work with the NHS Leadership Academy to ensure more clinical staff get the right development opportunities to enable them to move into leadership roles. This should include supporting the implementation of a new bespoke executive fast-track programme for clinicians including leading UK based and international business schools and leadership programmes.

6.53. HEE will also ensure specific and targeted education and training in quality systems management and outcomes is introduced across the whole workforce, for example to support developments for the pathology workforce as a result of the Barnes Review¹⁹. HEE should assess the extent to which existing education, training and ongoing development equips staff across the range of professional groups with the right skills in quality systems management and outcomes to enable them to drive improvement. HEE should report on the current position and any changes needed by October 2014.

6.54. HEE will work with LETBs to develop education strategies to ensure future professional staff are more technologically literate and able to promote the adoption and spread of new technologies and innovation, particularly in respect of long-term conditions and their prevention.

6.55. HEE will achieve a significant increase in the use of technology in the education, training and development of staff including through e-learning. HEE will also work with NHS England, NHS Employers and professional bodies to support all staff throughout the NHS in bringing forward ideas on how to improve services either in their organisation or wider. Where appropriate these ideas should be driven through to delivery.

6.56. HEE should support clinical academic careers for health professionals and also seek to increase numbers of staff across all clinical and public health professions with a proper understanding of research and its role in improving health outcomes, including an ability to participate in and utilise the results of research. This will include working with medical schools to explore opportunities for students to intercalate BScs as part of their education. In 2014/15, HEE will undertake work to help better understand current levels of intercalation, including a review of the application and selection processes; the types and numbers of students who are intercalating and what they are choosing to study; the benefits to students and impact on their studies and future career. HEE will also communicate the current financial support arrangements for students who undertake an intercalated degree.

Supporting Our Armed Forces

6.57. There are clear advantages to the NHS, its staff and the armed forces of healthcare professionals and other staff contributing to the armed services as reservists. There are benefits which accrue to the NHS, its staff and the hosts and recipients of volunteering at home and overseas.

6.58. HEE should work closely with key stakeholders, including the Department

¹⁹ <http://www.england.nhs.uk/publications/ind-rev/>

of Health, the Ministry of Defence, LETBs, NHS England, NHS Employers and others to develop close links with the Ministry of Defence to support the aims and objectives of the *Future Reserves 2020 White Paper*²⁰.

6.59. HEE should work with NHS Employers, NHS England and other stakeholders to promote commitment to a 'covenant' that supports reservists to have time off for training and any deployment.

6.60. HEE should work with the Ministry of Defence to support activity to enhance the existing capability of the Defence Medical Service either through up-skilling of the existing workforce or by supporting the training of new entrants. HEE should develop a plan by summer 2014.

6.61. HEE should work with stakeholders to support other charitable and volunteering activity (by health and care workers) including out of programme experience overseas and to maximise learning benefits to the NHS of such activity.

6.62. HEE will continue to have a named senior lead who works with the Ministry of Defence and Department of Health during 2014/15 to ensure continuing progress on supporting veterans, volunteers to the 'forces', Ministry of Defence and other volunteering.

Supporting Economic Growth and the NHS in Global Healthcare

6.63. Recognising the strong international reputation of medical and other health education in this country, HEE will work with the Department of Health, the Devolved Administrations and the education sector in making a contribution to the growth agenda through, for example, playing an active part

in the review of the current overseas cap for medicine and dentistry which applies to international students.

6.64. 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.

6.65. Recognising the benefits of out of programme experience, HEE will positively encourage and support staff wishing to engage in out of programme experience – such as overseas work placements, research placements and leadership training – forming part of doctors' postgraduate training.

Widening Participation

6.66. As a system leader, HEE will ensure that principles of equality and diversity are integral to education, training and workforce development and, as an employer, it will promote equality and diversity.

6.67. There has been significant progress in increasing the diversity of the NHS and public health workforce in recent years. However, progress in encouraging people from poorer socio-economic backgrounds to pursue a career in healthcare has been more limited. This is particularly the case in relation to medical training.

6.68. HEE must monitor and report on recruitment to all NHS-funded courses against all equality strands and socio-economic groupings in order to demonstrate ongoing improvements in levels of applications to NHS funded courses from groups that are currently under represented. HEE should work with healthcare and public

²⁰ <https://www.gov.uk/government/consultations/future-reserves-2020-consultation>

health providers and other partners, such as the Selecting for Excellence Group and the Office for Fair Access to identify and support existing good practice and develop evidence-based approaches to widening participation.

6.69. HEE should work with the Medical Schools Council, Council of Deans of Health, Higher Education Funding Council for England and the Office for Fair Access, as they develop a shared strategy for promoting access to higher education, and should aim to maximise the impact of spending on widening participation in higher education by June 2014.

6.70. A key part of this is for HEE is to work with the Medical Schools Council to develop ways of assessing aptitude for medical careers that will support a broader approach to admissions policy and have international credibility. Furthermore, HEE should ensure that LETBs work with higher education institutions and NHS organisations to forge links with local schools so that a wide range of students are encouraged to consider a career in health as a rewarding option and are supported into relevant work experience.

6.71. The NHS has already seen significant progress in the development of apprenticeships over recent years. HEE should support flexible methods for entering training and employment and double the number of apprenticeships in healthcare.

6.72. HEE should work also with the Department of Health to ensure that student support arrangements are effectively targeted to support widening participation objectives.

6.73. Reflecting the priorities set out in this chapter, HEE should develop a strategy for widening participation by April 2014, with the intention of implementing in 2015.

Working in partnership – patient and public voice and local accountability

6.74. HEE will need to work with the wide range of partners involved to ensure they effectively support the aim of having the right numbers of staff, with the right skills and values, to deliver the high quality healthcare and public health expected by patients and the public now and in the future.

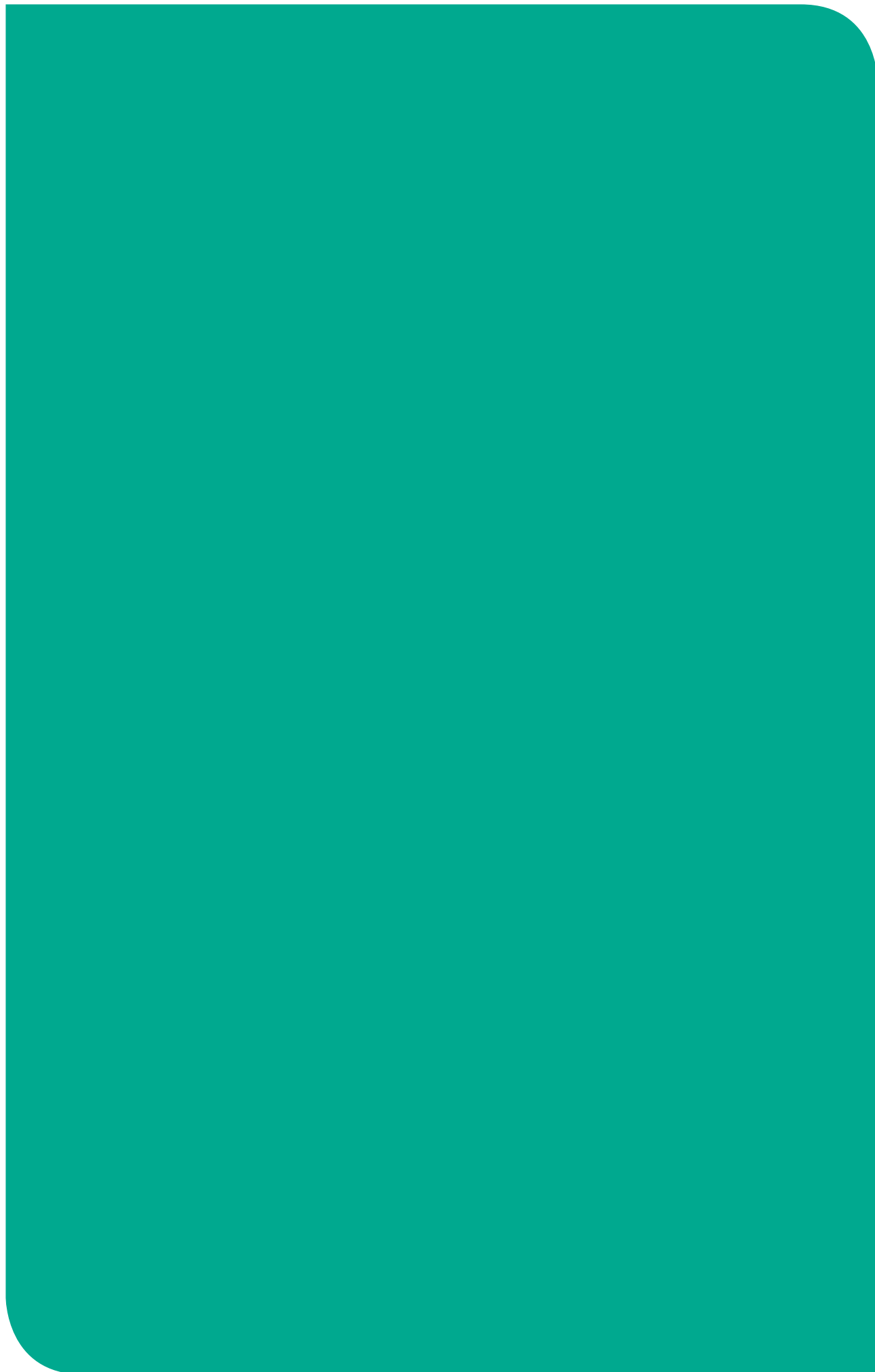
6.75. A key objective of the health reforms is to ensure the NHS is more responsive to patient and public needs and the changing service models such that the investment in the workforce reflects the needs of patients, carers and local communities. Healthcare and public health providers will take greater responsibility and accountability for planning and developing the workforce that they employ.

6.76. The creation of LETBs as committees of HEE is an important aspect of decentralising power. HEE should work with LETBs to support more autonomous local decision-making on behalf of local communities. HEE will continue to support the development of LETBs and encourage the development of close working relationships with the full range of healthcare and public health providers, including local government organisations in their areas. This should result in greater responsibility and accountability for workforce development being taken by employers at a local level. In turn, this should allow LETBs to produce high quality workforce plans as the basis for education and training investment decisions that reflect the requirements of the communities they serve and the whole health and public health workforce. An increasing proportion of LETB plans should be accepted by HEE at national level without modification as LETBs develop.

6.77. An effective voice for patients, service users and the public is needed to ensure that safe, dignified and compassionate care is delivered. HEE should ensure that they and the LETBs seek advice on proposed reforms from patient and public representatives.

6.78. HEE will need to establish mechanisms to ensure that ongoing engagement takes place with a wide range of partners including:

- students, trainees and staff representing the health and care workforce;
- local government, who have significant resources and responsibilities with regard to public health and the development of Directors of Public Health in their locality; Local Government Authority to support relationships between LETBs and local government; and Public Health England for matters relating to public health on a national basis;
- social care employers to ensure improved health and care integration;
- professional and system regulators to ensure that any significant problems relating to education and training can be shared and addressed as soon as they are identified;
- the Department of Health and the health departments of the devolved administrations to ensure that UK-wide and EU aspects of training and workforce planning are fully understood;
- royal colleges and professional bodies particularly in relation to developing curricula;
- the Care Quality Commission to ensure that staff and trainee feedback is acted upon where issues relating to safety are raised;
- universities and other higher education institutions on the planning and delivery of education and training programmes to ensure sufficient high quality clinical placements are made available to maintain the stability of the education and training system;
- NHS England and Clinical Commissioning Groups to ensure that workforce planning reflects strategic commissioning intentions;
- work seamlessly and jointly with the NHS Leadership Academy to ensure that leadership training is embedded into curricula for all healthcare professionals;
- health and social care sector skills councils, for example in relation to their development of training material and the creation of national occupational standards;
- relationships should be developed with academic health science networks and academic health science centres to align education with research and innovation; and
- providers of wider public health related qualifications such as the Royal Society for Public Health.



7. Value for money, transparency and reforming education and training funding

7.1. The NHS invests almost £5 billion each year in central funding for the training and development of its workforce and that of the public health system.

7.2. The Government is committed to the principle of tariffs for education and training as the foundation of a transparent and fair funding regime. 2013 saw the introduction of transitional tariffs for undergraduate clinical placements in the hospital sector. From April 2014, HEE will oversee the introduction of transitional tariffs for postgraduate medical training programmes in secondary care. These tariffs will result in a sliding scale of funding with employers picking up more of the costs as doctors progress through their training programme and begin to make a greater contribution to service.

7.3. HEE will ensure that implementation is carefully managed in order not to destabilise NHS provider organisations through unmanageable changes in the level of funding for education and training.

7.4. Alongside the roll-out of transitional tariffs, work is underway to develop a more permanent set of tariffs – which, over the next few years, will replace these transitional arrangements. The intention is for these tariffs to better reflect the true cost of education and training, and to cover all types of clinical placement. This will mean that, by 2017, tariffs will better reflect the training and service delivery split of trainees. The basis of these tariffs will be a comprehensive cost collection.

7.5. HEE's objective is to work with the Department of Health in supporting the hospital sector in calculating the true cost of delivering clinical placements. HEE will work with the Department of Health to develop proposals for Education Resource Groups to form the basis of future tariffs, using the data from the half-year cost collection.

7.6. For the end-of-year cost collection – and for other future collections of this sort – HEE will be required to analyse the costing data, and to create and refine the Education Resource Groups in light of the findings. The Department of Health will then set the tariff price. The aim of this work is to ensure that funding is distributed more fairly across the hospital sector, and to better explore the relationship between service and training spend and the overall quantum of costs.

7.7. In addition to work on the tariffs in the hospital sector, an objective for HEE is to work with stakeholders including the Department of Health to develop tariffs for primary care medical education and training, which better reflect the costs and benefits to employers of trainees.

7.8. HEE should inform LETBs of the breakdown of programme funding retained centrally and implement plans to ensure that all LETBs receive an equitable share of the funding provided for education and training. This will require the development of a transparent long-term allocations policy.

7.9. HEE should ensure that significant changes in the distribution of the funding

for education and training, which may affect the stability of NHS providers, are discussed in advance with the Department of Health and with the relevant group established to consider cross cutting financial issues, in order to seek broad agreement and enable changes to be carefully managed.

7.10. Education and training funding is predominantly provided to support the next generation of clinical and professional staff, with the level of flexibility to invest in innovative approaches to education and training for the existing workforce agreed by the Department of Health. It is the responsibility of employers to invest in the development of their own staff and this should not be compromised by HEE's investment in innovative approaches to education and training for the existing workforce. As set out earlier, HEE should reduce student attrition rates.

Annex A – Summary of objectives and deliverables for 2014/15

This Annex is intended to be a summary of the deliverables set out in the mandate. Delivery dates are not always expressed in the text or Annex. Where this is the case, the expectation is that good and evidenced progress will be made in 2014/15.

Please refer to the relevant chapter for full details on objectives and deliverables.

Chapter 2: From pregnancy through to adulthood – ensuring the best start in life for every child and young person

Maternity workforce

HEE will:

- strive to develop a workforce that is able to reduce variations in outcomes across maternity and child health services (paragraph 2.2).
- maintain midwifery training commissions at 2014/15 levels (2.3).
- work with NHS England to establish the vision for personalised maternity care by 2022, describing the workforce needed to deliver it and gaining agreement by September 2014 on the contributions needed from the key organisations in order to meet the vision by 2022 (2.4).
- develop pre-registration and post-registration training in perinatal mental health, and support continuing professional education for the maternity and early years workforce (2.6).
- evaluate the current provision of midwives with additional skills in supporting women with substance misuse by July 2014 and set out plans to increase the skills and knowledge across England (2.7).

Health Visitors

HEE will:

- commission sufficient training places to ensure the additional staff are available to meet the commitment for an additional 4,200 FTE health visitors by April 2015 (2.8).
- work with PHE and NHS England to ensure sustainable development of the health visitor workforce beyond April 2015 ensuring workforce planning addresses issues such as attrition rates, current staff retirement plans, continuing professional development etc (2.8).
- work with PHE to support the smooth transfer of commissioning of health visiting services to local authorities from 1 October 2015 (2.9).

Children and young people's health

HEE will:

- work with partners to seek to include compulsory work-based training modules in child health in GP training (2.10).
- work with partners to develop a bespoke training course to allow GPs to develop a specialist interest in the care of young people with long-term conditions for introduction by September 2015 (2.11).
- pilot a 'life course' approach to workforce planning for children and young people (2.12).
- take account of the Children and Young People's Health Outcomes Forum's first report, and of the Forum's response to the Francis report in developing its future workforce strategy for children and young people (2.13).
- identify by April 2014 a senior national clinical lead for maternity, children and young people's health (2.14).
- take forward the pledge it signed up to in *Better health outcomes for children and young people* to ensure that services are delivered for children and young people in the right place by a properly planned, educated and trained workforce (2.16).
- support NHS England in the service transformation of child and adolescent mental health services through Children and Young People's IAPT (2.18).
- review, maintain and promote the e-Portal for children and young people's mental health (2.19).
- ensure the supply of the workforce for school aged children and young people, including school nurses, working with DH, NHS England and PHE to consider how school health services could be strengthened to support the extension of the flu vaccination programme to all healthy children aged 2 to less than 17 over the coming years (2.20).

Chapter 3: Delivering integrated care that meets the needs of people and their families

Integrated care

HEE will:

- work closely with the social care sector at local and national level to ensure an integrated approach to workforce planning (3.3).
- train and develop a workforce with skills that are transferable between different care settings, working with partners across health and care to develop common standards and portable qualifications (3.4).
- work with partners to review undergraduate and postgraduate curricula and training pathways by summer 2015 to identify ways to support the development of a more flexible workforce with greater generalist skills (3.5-3.6).

- work with higher education institutions and placement providers to ensure that, by September 2015, all pre-registration nursing students in training experience an assessed and dedicated period of time in a community placement setting (3.8).
- work with key partners to ensure that the NHS has available the right number of trained staff to deliver current and future demand for diagnostic tests (3.11).
- work with partners to review the content of pre-registration nurse education and undergraduate medical education to seek to ensure all new nurses and doctors have the right skills to work with older people, with a focus on dementia (3.12).
- work with the royal colleges to ensure that the skills required by doctors to deliver the Government's 'Whole Stay' Strategy is supported by the training curricula (3.12).
- deliver the workforce development commitments required of it in *Transforming Primary Care*, working with the appropriate health and care organisations to act upon the workforce implications of the ambition for out-of-hospital care, with rapid progress to be made during 2014 (3.13).
- develop a bespoke older persons' nurse post graduate qualification training programme, with the first cohort of students commencing in September 2014 (3.16).

Long-term conditions

HEE will:

- assess the extent to which existing education, training and ongoing development enables staff to support self-care and self-management and report on the current position and any changes needed by October 2014 (3.17).
- support NHS England to ensure that the five million carers looking after friends and family members will routinely have access to information and advice about the support available (3.18).

Dignity in death and dying

HEE will:

- support implementation of the recommendations of the independent review panel on the Liverpool Care Pathway, in particular recommendation 35 that highlights the pressing need for more evidence-based education in all settings that care for those who are dying (3.19).
- contribute to the wider work of the Leadership Alliance for the Care of Dying People (3.19).

Improving Veterans' Health

HEE will:

- explore how the existing e-learning package and uptake amongst GPs can be improved (3.20).
- identify a senior lead to work with the MoD and DH (3.21).
- ensure that training is available so that there can be a specialist GP in each CCG trained in the physical and mental health needs of armed forces veterans by summer 2015 (3.22).

Chapter 4: Mental Health

HEE will:

- develop training programmes that will enable health and care employers to ensure that all staff have an awareness of mental health problems and how they may affect their patients by January 2015 (4.1).
- identify by April 2014 a senior national clinical lead for mental health to co-ordinate education, training and workforce development (4.2).
- continue to take forward the objective to include compulsory work-based training modules in mental health (including dementia) in GP training (4.3).
- work with partners to ensure that staff are aware of the range of mental health conditions so they can provide appropriate care and support (4.3).
- support autism awareness in line with the 2010 Adult Autism Strategy and its forthcoming refresh later this year (4.3).
- support delivery of the IAPT programme, working with NHS England to ensure that there are sufficient therapists and other staff with the right skills to achieve future service expansion in support of the Government's commitment to meet the 15% access and 50% recovery target (4.4).
- work with partners to develop bespoke training courses to allow GPs to develop a specialist interest in the care of patients with mental health conditions (4.5).
- by January 2015, work with partners to develop an e-learning package to support continuing professional development for GPs in mental health (4.6).
- work with partners to seek to develop a bespoke mental health postgraduate nursing programme for introduction in September 2015, focusing on mental health awareness and the skills required in A&E nursing (4.7).
- work with partners to improve skills and capability to respond to the needs of people who may lack capacity as well as maximise the opportunities for people to be involved in decisions about their care, reflecting the provisions of the Mental Capacity Act (4.8).
- subject to further detail on service vision, ensure that training plans are in place to support the expansion in liaison and diversion services and other service partnerships between health and justice by 2017 (4.9).
- play its full part in fulfilling pre-existing public commitments, including the cross-Government response to the Confidential Inquiry into the Premature Deaths of People with Learning Difficulties, *Transforming care: A national response to Winterbourne View Hospital* and the Winterbourne View Concordat (4.10).

Dementia

HEE will:

- provide leadership through LETBs in the development of training programmes setting out the required training needs to support staff to diagnose, where clinically possible, early symptoms of dementia (4.11).

- provide Tier 1 training to a further 250,000 staff by March 2015, ensuring that the tools and training opportunities are available to all staff by the end of 2018 (4.12).
- over the next 24 months, look to expand this work to support Tier 2 developments in dementia training to ensure that NHS staff continue to receive the most advanced support available (4.12).
- work with bodies that set curricula to seek to ensure that all undergraduate courses include training in dementia by September 2015 (4.13).
- in conjunction with DH, work with education providers and regulators to ensure that newly qualified staff who look after patients with dementia receive Tier 1 dementia training (4.13).

Chapter 5: Public Health

HEE will:

- strive to ensure that education and training supports staff to deliver improvements in public health in England (5.3).
- in delivering its functions, be mindful of the need to support the Secretary of State in meeting his duty to reduce health inequalities in England (5.3).
- work with PHE to commission the appropriate number of public health specialists to meet demand and improve the public health capability of all professional healthcare staff undertaking training (5.5).
- work with partners to embed in curricula the competence and principles of prescribing medicines, including antimicrobials (5.5).
- work with universities, commissioners and employers to ensure workforce capability, capacity and planning mitigates the risk of antimicrobial resistance as set out in the UK Antimicrobial Resistance strategy (5.5).
- take steps to ensure that training is available so that healthcare staff are competent in the recognition of, and response to, acute illness such as sepsis as a key factor in preventable mortality (5.5).
- work with regulators and royal colleges to conduct a review of the qualifications required for non-surgical cosmetic procedures and the qualifications required to be responsible prescribers, reporting by the end of April 2014, and making recommendations on accreditation of qualifications and course delivery (5.7).

Chapter 6: The right workforce with the right skills, values and competences

Values and Behaviours

HEE will:

- ensure that recruitment, education, training and development of the healthcare workforce contributes to patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution (6.1).
- ensure that the principles of safeguarding are integral to education and training curricula for health professionals (6.2).
- oversee delivery of a national values based recruitment framework and associated tools and resources by October 2014 and ensure that selection into all new NHS funded training posts incorporates testing of value based recruitment by March 2015 (6.3).
- work with providers to ensure that the CPD reinforces these values (6.4).
- continue to work with the NMC, professional leaders and trades unions to develop and implement the two current pre-degree care pilots (autumn 2013 and spring 2014) and introduce two further pilot cohorts of similar numbers – one in October 2014 and the second in February 2015 (6.5).

Excellent Education

HEE will:

- lead the commissioning of education and training for the future workforce based on robust workforce planning and clear quality indicators (6.7-6.10, 6.20, 6.22 and 6.31).
- work with relevant partners to strengthen the evidence base to support the most effective approaches to recruitment to health education, the provision of education and training, and the ongoing development of staff to meet patient and public needs (6.11).
- monitor and act on feedback from students and trainees, and where appropriate, pass feedback to the CQC (6.12 and 6.14).
- work with LETBs and healthcare providers to deliver high quality clinical and public health placements, recognising and acting to withhold funding from those providers who consistently fail to meet the required standards (6.13-6.14).
- work with the LETBs and healthcare providers to ensure that trainers and educators have access to the necessary support and professional development to allow them to provide excellent education and training (6.15).
- reduce unnecessary attrition from training programmes by a third over the next 3 years, initially piloting approaches in undergraduate nursing and midwifery courses and reporting back in winter 2014/15 on early progress (6.16).

- work with partners to ensure preceptorship programmes are designed to provide newly qualified nurses with the support and guidance to grow in competence and confidence, and effectively make the transition from being a student to a professional, practising registered nurse (6.17).
- work with DH to explore the recommendations resulting from the RCS led review of the impact of the Working Time Directive, taking forward work with stakeholders to explore the detail and options open to the NHS (6.18).
- work with DH, MAC and other key partners to ensure that a service requirement based review of health roles is undertaken to meet the Home Office timetable – expected to be November/December 2014 (6.21).
- ensure that where roles are recommended for inclusion on the Home Office 2015 Shortage Occupation List a clear action plan is produced for each role outlining how HEE will work with stakeholders to remove these roles list (6.21).
- provide an action plan setting out how it is going to tackle historical shortages in doctors working in emergency medicine and report regular progress to DH: a further joint report from HEE and the College of Emergency Medicine on progress should be submitted in June 2014 (6.23).
- review the potential benefits of up-skilling and training paramedics to allow them to deliver more treatment in the community, as well as better deliver on-site triage and treatments in emergencies, where clinically appropriate, reporting back in January 2015 (6.23).
- take a leading role in working with partners in higher education to keep medical, dental and other healthcare numbers under review, and where number controls are determined nationally, agree any changes with DH in discussion with relevant Government Departments, such as BIS (6.24).
- take forward discussions with NHS Employers and other key stakeholders following conclusion of the joint consultation with the Higher Education Funding Council of England on pharmacy student numbers (6.24).
- take forward the reform programme for pharmacist education following the consideration and consultation on the Impact Assessment on the preferred option during 2014/15 and submit proposals to Ministers by March 2015 (6.24).
- continue the delivery of national medical recruitment programmes, including the UK-wide foundation programme in partnership with the other health departments of the UK and oversight of specialty recruitment in England (6.26).
- ensure for the duration of this mandate that plans are brought forward to ensure that future medical students graduating in England who are competent and who have completed undergraduate training programmes successfully are supported to secure full registration at the point of graduation (6.27).

- work with DH, take the lead in England on the response to the *Shape of Training* review, liaising with the GMC, the Devolved Administrations and other key stakeholders (6.28).
- work with partners, including the GMC, BIS and other UK health departments, to set out proposals for reform of the point of full medical registration and develop robust plans for implementation of an agreed way forward by June 2014 (6.29).
- ensure that 50 per cent of trainees completing foundation level training enter GP training programmes by 2016 (6.30).
- engage with the GMC and other key stakeholders to enhance competence in GP training by the end of 2015, with the first new programmes beginning in summer 2016 (6.30).
- engage with the GMC and other key stakeholders to enhance competence in GP training by the end of 2015, with the first new programmes beginning in summer 2016 (6.30).
- work with NHS Employers and the trades unions to support efforts to improve recruitment and retention of staff, providing broad recommendations by winter 2015/16 (6.32).
- provide leadership to ensure CPD continues beyond the end of formal training to enable staff to deliver safe and high quality healthcare and public health services both now and in the future (6.33).
- work with stakeholders to review the incentives, accountabilities and transparency for employers in supporting the ongoing development of the existing workforce, making recommendations to DH by summer 2014 (6.33).
- work with partners to support 'return to practice' initiatives, with a specific emphasis on nursing and general practice (6.34-6.35).
- work with the RCN and universities to ensure that nurses currently working in the acute sector and wishing to work in the community, have ready and easy access to conversion courses to enable them to do so and are supported to making this switch (6.35).
- support staff who wish to train on a part time basis in order to meet family needs or working patterns, continuing its work with education providers to establish a course to support staff to enter the nursing workforce through this route. HEE is committed to completing this work by October 2014, to have enrolled up to 100 staff on this course and subject to evaluation, look to roll it out across the NHS (6.36).

Competent and Capable Staff

HEE will:

- ensure that there is an increased focus on delivering safe, dignified and compassionate care in the education and training of health care professionals (6.38).
- in the longer term, contribute to continual improvements in scores from patient surveys on questions relating to staff behaviours and compassion in care (6.38).
- work with NHS England to support the systematic development of clinical audit and patient-report outcome and experience measures, ensuring that implications for staff awareness and training can be addressed and reporting back by summer 2014 (6.39).

- help support a culture of safety by reviewing provision of mandatory training and ensuring minimum standards are set for training across different aspects of health and care, completing this work by November 2014 (6.40).
- play a leadership role in improving the capability of the care assistant workforce by implementing the relevant recommendations of the Cavendish Review (6.41-6.46). These include:
 - ensuring by April 2014 there is a strategy for a robust career development framework for this sector, linked to simplified job roles and core competencies (6.42).
 - developing the training and education of this part of the workforce, especially setting the induction standards which will be embodied in the Care Certificate, with pilots in spring/summer 2014 and roll out to new care assistants from March 2015 (6.43).
 - developing a rigorous system of quality assurance for training across both health and social care (6.44).
 - supporting the workforce to deliver compassionate care through supporting SfH to work with SfC to review the code of conduct for staff, and (6.45).
 - supporting the progression of their careers into nursing and midwifery and social care for those who seek it (6.46).
- ensure that, where possible, training in the health and care sector is transferable and comparable, and consider the development of new bridging programmes into professional training in health and care (6.47).
- explore proposals for a Higher Apprenticeship, including whether this could lead directly to entry into a nursing, or other care professional, degree (6.47).

Developing a Workforce skilled for Research and Innovation

HEE will:

- develop a more flexible workforce that is able to respond to the changing patterns of service and embraces research and innovation (6.48).
- work with partners to explore the scope for creating (or enhancing a current NHS product) an online repository that can fast track the sharing of good practice and knowledge amongst clinicians, including trainees and students, reporting on progress by the end of December 2014 (6.49).
- work closely with the NHS Leadership Academy and other partners to ensure that there is a coherent and systematic approach to leadership development for health professionals, including quality improvement methodology, delivered both in formal curricula and as part of the continuous professional development of staff (6.50-6.51).
- work with the NHS Leadership Academy to ensure more clinical staff get the right development opportunities to enable them to move into leadership roles, supporting the implementation of a new bespoke executive fast-track programme for clinicians (6.52).

- assess the extent to which existing education, training and ongoing development equips staff across the range of professional groups with the right skills in quality systems management and outcomes to enable them to drive improvement, reporting on the current position and any changes needed by October 2014 (6.53).
- work with LETBs to develop education strategies to ensure future professional staff are more technologically literate and able to promote the adoption and spread of new technologies and innovation, particularly in respect of long-term conditions and their prevention (6.54).
- achieve a significant increase in the use of technology in the education, training and development of staff including through e-learning (6.55).
- work with partners to support all staff throughout the NHS in bringing forwards ideas on how to improve services either in their organisation or wider (6.55).
- support clinical academic careers for health professionals and also seek to increase numbers of staff across all clinical and public health professions with a proper understanding of research and its role in improving health outcomes (6.56).
- work with medical schools to explore opportunities for students to intercalate as part of their education, undertaking work to help better understand current levels of intercalation and the benefits (6.56).
- work closely with key stakeholders to develop close links with the MoD to support the aims and objectives of the *Future Reserves 2020* White Paper (6.58).
- work with NHS Employers, NHS England and other stakeholders to promote commitment to a 'covenant' that supports reservists to have time off for training and any deployment (6.59).
- work with the MoD to develop a plan by summer 2014 to support activity to enhance the existing capability of the Defence Medical Service either through up-skilling of the existing workforce or by supporting the training of new entrants (6.60).
- work with stakeholders to support other charitable and volunteering activity including out of programme experience overseas, maximising learning benefits to the NHS of such activity (6.61).
- continue to have a named senior lead who works with the MoD and DH to ensure continuing progress on supporting veterans, volunteering and development of the Defence Medical Service (6.62).
- work with partners to support the growth agenda, through for example, playing an active part in the review of the current overseas cap for medicine and dentistry which apply to international students (6.63).
- 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 (6.64).

- positively encourage and support staff wishing to engage in out of programme experience – such as overseas work placements, research placements and leadership training (6.65).

Widening Participation

HEE will:

- ensure that the principles of equality and diversity are integral to education, training and workforce development and, as an employer, it will promote equality and diversity (6.66).
- monitor and report on recruitment to all NHS-funded courses against all equality strands and socio-economic groupings in order to demonstrate ongoing improvements in levels of applications to NHS funded courses from groups that are currently under represented (6.68).
- work with partners such as the Selecting for Excellence Group and OFFA to identify and support existing good practice and develop evidence-based approaches to widening participation (6.68).
- work with partners in the education sector as they develop a shared strategy for promoting access to higher education (6.69).
- work with the MSC to develop ways of assessing aptitude for medical careers (6.70).
- forge links with local schools so that a wide range of students are encouraged to consider a career in health as a rewarding option and are supported into relevant work experience (6.70).
- support flexible methods for entering training and employment, doubling the number of apprenticeships in healthcare (6.71).
- work with DH to ensure that student support arrangements are effectively targeted to support widening participation objectives (6.72).
- develop an overarching strategy for widening participation by April 2014, with the intention of implementing in 2015 (6.73).

Working in partnership – patient and public voice and local accountability

HEE will:

- continue to support and develop LETBs to ensure local workforce development reflects the needs of local communities (6.76).
- ensure that they and the LETBs seek advice on proposed reforms from patient and public representatives (6.77).
- forge strong partnerships across the health, care, education and research sectors (6.78).

Chapter 7: Value for money, transparency and reforming education and training funding

HEE will:

- from April 2014, oversee the introduction of transitional tariffs for postgraduate medical training programmes in secondary care (7.2).
- ensure that implementation is carefully managed in order not to destabilise NHS provider organisations through unmanageable changes in the level of funding for education and training (7.3).
- work with DH to develop proposals for Education Resource Groups to form the basis of future tariffs (7.5).
- for the end-of-year cost collection – and for other future collections of this sort – be required to analyse the costing data, and to create and refine the Education Resource Groups in light of the findings (7.6).
- work with stakeholders including DH to develop tariffs for primary care medical education and training, which better reflect the costs and benefits to employers of trainees (7.7).
- develop a transparent long-term allocations policy that informs LETBs of the breakdown of programme funding retained centrally and implement plans to ensure that all LETBs receive an equitable share of the funding provided for education and training (7.8).
- ensure that significant changes in the distribution of the funding for education and training, which may affect the stability of NHS providers, are discussed in advance with DH and with the relevant group established to consider cross cutting financial issues (7.9).
- ensure that education and training funding is predominantly provided to support the next generation of clinical and professional staff, with the level of flexibility to invest in innovative approaches to education and training for the existing workforce agreed by DH (7.10).



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