



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 2015 to March 2016

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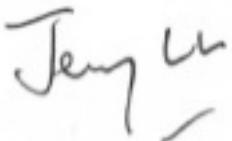
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Rt Hon Jeremy Hunt MP
Secretary of State for Health



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

Foreword – Dr Dan Poulter MP



The ability of our NHS to deliver world-class compassionate care is dependent on the quality of training and education of our staff. During my training to become an NHS doctor, I benefited from inspirational teachers and world class education and training. But education is a never-ending process. Training, both formal and informal, should always continue throughout a healthcare professional's career.

This latest mandate to Health Education England identifies a number of priorities for the future, as well as providing an opportunity to recognise the excellent progress that has been made in meeting the objectives set in previous mandates.

We are committed both to reducing health inequalities and to promoting equality and diversity in our NHS, and in this refreshed mandate there is an additional emphasis on this important work. Our NHS workforce is already richer from its diversity, but it is important that we continue to encourage people from poorer socio-economic backgrounds into the health professions. It is also a core mission of our NHS that our staff continue to develop their understanding of the needs of different and diverse communities who live in our country and continue to improve access to health services amongst minority and ethnic communities.

There are over 7,500 more nurses, midwives and health visitors working in the NHS compared to May 2010. Over 1,300 nurses who had previously left the profession have applied to return to practice through Health

Education England's expanded return to practice programmes, bringing invaluable experience back into the workforce with them. Plans are in place to attract GPs to return to practice, and there is also strong progress in increasing the number of new GPs, with over 1,000 more GPs in work and training in the NHS since September 2010. I am also pleased that we have greatly increased the number of posts for trainee doctors in general practice.

We also maintain a strong commitment to achieving parity of esteem between mental and physical health. It is vital that all healthcare staff have the right skills to support people with mental ill health. There are now more therapists available to bolster the Improving Access to Psychological Therapies programme and we shall continue to increase this important part of our workforce. Improving dementia diagnosis and care is essential. By March, 350,000 staff will have received dementia training, with training to be made available to all NHS staff by the end of 2018.

It is also important that we continue to train and invest in physiotherapists, occupational therapists, speech and language therapists, and other allied health professionals who provide crucial therapeutic support to patients. Allied health professionals have a key role to play in promoting good health outcomes, often providing a vital bridge between primary and secondary care. Health Education England's workforce plan for 2015/16 will deliver over 550 additional allied

health professionals commissions, including 378 more paramedics.

Our commitment to maternity and early years care for children is clear. We have ensured that there are now 22,363 midwives in the health service, 2,231 more than when this Government took office. Health Education England's latest workforce plan sets out the intention to commission a record 2,605 midwifery training places in 2015/16. By increasing numbers to an all time high, we will ensure every woman can have personalised one-to-one care throughout pregnancy, childbirth, and the postnatal period. In recognising the importance of perinatal mental health, it is also right that we ensure the provision of specialist perinatal mental health staff is available to support mothers in every birthing unit by 2017.

Our armed forces veterans deserve the very best possible care. Health Education England will work to ensure this through maintaining its work to ensure GPs can specialise in veterans' health issues. We will also put in place training to support staff in the NHS to become Veterans' Healthcare Champions. These new NHS veterans' champions will work to raise awareness of the specific needs of veterans across the health care system, helping to ensure that our brave service men and women receive the very best possible health care.

But, of course, Health Education England is involved in each and every aspect of health care. It enables our life sciences sector to reach its immense and world leading potential, and is at the forefront of public health. Health Education England not only promotes, but helps to shape NHS values. It is central to training the staff of one of the biggest employers in the world, providing an example to the world of how to deliver high quality healthcare recruitment, education and training.

Above all, Health Education England exists to serve patients. Whether in Whitehall, on a ward, or in a classroom, each of us with responsibility for health and care needs to remember that the needs of our patients must always be the focus of what we do each and every day of our working lives.



Dr Dan Poulter MP

Parliamentary Under-Secretary of State for Health

1. Introduction

1.1. This refreshed mandate reflects the updated strategic objectives of the Government in the areas of workforce planning, health education, training and development for which Health Education England (HEE) and the Local Education and Training Boards (LETBs) have responsibility. It sets out HEE's role in improving the quality of education and training in England as well as the requirements to support NHS and public health service priorities, such as to improve health outcomes for children and young people.

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*¹ 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 the Care Act 2014².

1.4. The Care Act 2014 sets out in detail HEE's remit and range of roles and responsibilities. HEE will receive an allocation of £4.89 billion (£4.81 billion programme and £76.8 million administration funding) in 2015/16 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 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 and any that may arise during the life of this mandate.

1.5. The educational outcomes at Annex A have been developed with HEE and a range

¹ <https://www.gov.uk/government/publications/developing-the-healthcare-workforce-from-design-to-delivery>

² <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

of partners across the health and education landscape. HEE will use these in support of driving improvements in education and training that will have a real impact on the quality of care delivered to patients and service users.

1.6. HEE is responsible for ensuring that our future workforce has the right numbers, skills, values, cultural sensitivities and behaviours to meet patients' needs and deliver high quality care. HEE will do this through investing the money provided by the Government in structured education and training programmes for undergraduate and postgraduate staff, trainees and students. Whilst employers are responsible for continuing the professional development of their employees, HEE has 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 continue to jointly chair the Health and Care Strategic Workforce 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 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 from April 2015 to March 2016.

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 1,001 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. As set out in *Investing in People*³ – HEE's workforce plan for England, HEE has increased midwifery commissions for 2015/16.

2.4. HEE must:

- continue to work with partners to meet the education and training requirements needed to ensure that the workforce will be in place to deliver personalised maternity care; and
- continue to work with key stakeholders, including NHS England, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Nursing and the Royal College of Paediatrics and Child Health in order to deliver personalised maternity care.

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:

- continue to work with the Nursing and Midwifery Council and the Royal College

³ <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/HEE-investing-in-people-20151.pdf>

- 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 September 2015;
- continue to work closely with NHS England (and from October 2015, with Public Health England and local authorities) to ensure that workforce planning and commissioning of training for 2016/17 reflects commissioning of health visitor services, so as to facilitate sustainable development of the workforce;
 - seek to further reduce attrition rates from training programmes; and
 - with NHS England (until October 2015) and service providers, support transition of newly qualified health visitors into employment, and retention of the current workforce, by providing access to continuing professional development programmes nationally and locally, including opportunities in preceptorship and supervision development.
- 2.9.** Working with Public Health England and local authorities, HEE will support the smooth transfer of commissioning of health visiting services to local authorities from 1 October 2015.
- ### Children and young people's health
- 2.7.** HEE recognises the need to increase the skills and knowledge across the maternity workforce to support women with substance misuse. HEE will continue to work with the Royal College of Midwives and, through its workforce planning process, with LETBs to identify the geographical areas that will benefit from midwives who have undertaken training in substance misuse and have the right skills and knowledge to meet local health needs.
- 2.8.** HEE will continue to commission sufficient health visitor training places across the country to provide the right number of qualified staff in the right place at the right time. Specifically, HEE will:
- 2.10.** HEE will continue to 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, Royal College of Psychiatrists 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 January 2016. 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 continue to pilot a 'life course' approach to workforce planning, looking at whether it is possible to align with the needs of patients. This represents a more strategic and holistic approach to workforce planning. HEE will also work with and through the Taskforce for Child and Adolescent Mental Health and Wellbeing to ensure the priorities for workforce development in mental health are addressed in the life course approach to workforce planning.

2.13. HEE will take account of the Forum's first report⁴, and of the Forum's response⁵ to the Public Inquiry report⁶ by Robert Francis QC in developing its future workforce strategy for children and young people.

2.14. HEE will continue to 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 to ensure high quality training everywhere.

2.15. Effective early years support to mothers, babies and young children is important as 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 outcomes for children and young people*⁷ and is committed to ensuring that services are delivered for children and young people in the right place by a properly planned, educated and trained workforce. This includes providing 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 Act 2014⁸, 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 includes making sure that professionals – including midwives, speech and language therapists, occupational therapists 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 work collaboratively with children, young people and their parents and

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

⁵ <https://www.gov.uk/government/publications/responses-from-children-and-young-peoples-health-outcomes-forum>

⁶ <http://www.midstaffspublicinquiry.com/report>

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

⁸ <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

carers. HEE will build an effective partnership with the Department for Education to ensure that the planning and commissioning of training for educational and clinical psychologists reflects the need for more integrated service delivery to children and young people across health and education. This will include reviewing the scope for jointly delivered training across the two psychology professions.

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

2.19. HEE will continue to 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 continue to 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 and different delivery models, including primary and community 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, misusing substances, at risk of being drawn into gangs, and those vulnerable to sexual exploitation or abuse.

2.21. HEE will work with partners to review its 'safeguarding children' e-learning resource to ensure it clearly sets out how to report actual and suspected abuse both internally and also across agencies, and proactively ensure, through the LETBs that this training is made available for all staff who come into contact with children.

2.22. HEE will continue to work with partners to ensure training in cultural sensitivities is available for those involved in early years care, such as nurses, midwives, health visitors and allied health professionals, enabling minority and ethnic communities to be better supported to access early years care.

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 closer to the home and in the community.

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, including with families who have multiple and complex problems, to break down barriers between primary and secondary care and other local public services, 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. Physiotherapists, speech and language therapists, paramedics and the other allied health professions play a vital role in delivering integrated care.

3.3. Although HEE does not have responsibility for the social care workforce, it should ensure it works 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 continue to identify ways to support the development of a more flexible workforce with greater skills in general healthcare, with a strong focus on the development of the primary care workforce and in supporting community health and preventative services. HEE should consider this as part of the *Shape of Training* and *Shape of Caring* reviews.

3.6. For those staff, such as health visitors, allied health professionals, district/community nurses and midwives, working predominantly within the community and primary care settings, HEE will work with partners to make training available to ensure an awareness of cultural sensitivities. This will include, for example, awareness of cultural barriers among communities and within the NHS which might alter how communities perceive and engage with healthcare systems. HEE's work should address: language barriers, particularly among the elderly; the increased prevalence of specific conditions within communities such as increased levels of

renal disease in Afro-Caribbean communities; and the importance of engagement with grandparents/wider family when delivering mother and baby care in communities, for example, some of the British Asian communities. HEE has set up an advisory committee to ensure that equality, diversity and health inequalities are given proper consideration in taking forward its education and training functions. It will be chaired by the Deputy Chair of HEE and report directly to the HEE Board.

3.7. 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 continue to work with higher education institutions and placement providers to ensure that all pre-registration nursing students in training experience an assessed and dedicated period of time in a community placement setting.

3.8. HEE will continue to 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 Framework*⁹, *Public Health Outcomes Framework*¹⁰ and the NHS England Mandate¹¹.

3.9. 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.

3.10. 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.

3.11. HEE is working with organisations that set curricula, such as the professional bodies and professional regulators, to help shape 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. HEE will also work with partners to ensure that, by September 2015, all undergraduate courses include training in dementia awareness.

3.12. HEE will continue to build on the work already started in 2014/15 to deliver the workforce development commitments required of it in *Transforming Primary Care*¹², working with a wide range of partners across the health and social care system including NHS England, the royal colleges and local authorities. HEE will commission a review of the workforce implications of the ambition for out-of-hospital care by summer 2015 with the broad ambitions to be published in July 2015.

3.13. It is essential that all health professionals caring for older people, be that in hospitals, care homes or in the community, have the

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf

¹⁰ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

¹¹ <https://www.gov.uk/government/publications/nhs-mandate-2015-to-2016>

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf

right skills and values to look after who can often be some of the most vulnerable people in our society. Alongside this, health professionals 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.

3.14. 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.

3.15. HEE, working with the Department of Health and Public Health England and the nursing profession, has developed a bespoke older persons' nurse postgraduate qualification training programme. Completion 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. A one year evaluation of the programme will take place commencing in September 2015. There is an expectation that this will be an annual programme.

Long-term conditions

3.16. 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, the importance of rehabilitation and the supportive roles that wider communities can play. HEE will work with partners to build on its assessment of the extent to which existing

education, training and ongoing development enables staff to support self-care and self-management.

3.17. HEE will continue to support NHS England to ensure that the 5 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

3.18. HEE will continue to support End of Life Care by taking forward its actions detailed in the system-wide response *One chance to get it right*, in particular on developing and influencing education and training on care of the dying, and developing appropriate workforce planning to support good quality end of life care provision. HEE will also contribute to a one year on report scheduled for June 2015.

Improving veterans' health

3.19. 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 will continue to 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.

3.20. To ensure continuing progress on supporting veterans, HEE will continue to ensure that a senior lead continues to work with the Ministry of Defence and Department of Health during 2015/16 and disseminates knowledge to GPs, Clinical Commissioning Groups and other parts of the system.

3.21. 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.

3.22. HEE will design a training programme/e-learning module for Veterans' Health Champions, aimed at training health professionals to recognise, and raise awareness of, veterans' health needs across primary, secondary and community care settings. HEE, through the LETBs, will work with employers and other partners to ensure this training is available for the whole health workforce before spring 2016.

4. Mental health

4.1. All health professionals need to have an understanding of mental health conditions. HEE has developed 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. These programmes 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. HEE will continue to work to increase the numbers of doctors in foundation training undertaking placements in psychiatry.

4.2. HEE will continue to 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, including dementia, and the need for care to address both issues concurrently. It is vital that psychiatric treatments are integrated into existing service delivery and care for people with long-term conditions. As part of the *Shape of Training* review, HEE will explore with relevant stakeholders, including the royal colleges and professional bodies, how education and training can best support clinicians to identify and deal with mental health conditions in patients with long term

conditions, including training in dementia. Focus should also be given to support autism awareness in line with *Think Autism*¹³, the April 2014 update to the 2010 Adult Autism Strategy.

4.4. Continuing to work with the Royal College of General Practitioners, HEE should continue to support the inclusion of compulsory work-based training in mental health (including dementia) in GP training.

4.5. The NHS England mandate for 2015/16 includes a commitment to introduce new access and waiting standards for some mental health services. These are:

- 75% of people referred to the Improving Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral;
- more than 50% of patients experiencing a first episode of psychosis will be treated with a National Institute for Health and Care Excellence approved care package within two weeks of referral; and
- significantly more acute hospitals will have effective models of liaison psychiatry.

4.6. During 2015/16 HEE will work with NHS England and a range of partners to enable the training of staff in order to support these new access and waiting time standards for mental health.

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

4.7. In order to support the continued rollout of the 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.

4.8. HEE will ensure that the impact of any expansion of IAPT workforce arising from the developments in IAPT service is considered as part of the overall workforce and investment planning round in 2015/16. 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.

4.9. HEE will work across the system to ensure the workforce is available in sufficient numbers and possesses the requisite skills and training to deliver National Institute for Health and Care Excellence approved packages of care to more than 50% of individuals experiencing first episode psychosis within a maximum of two weeks.

4.10. HEE will work with NHS England to understand any current shortfall in capacity and skills to deliver Cognitive Behavioural Therapy for psychosis and family interventions, to help ensure that a sufficient number of accredited training programmes are made available. HEE will explore further with NHS England any associated leadership training required to support the new psychological therapy training programmes so that they are translated into clinical practice.

4.11. HEE will work with NHS England and partners to support the establishment of more comprehensive liaison psychiatry services in acute hospitals, supporting particularly the development of the nursing workforce. HEE will also continue to work with NHS England and partner organisations to ensure the workforce (therapists and other healthcare staff) has the right skills and training and is available in the right numbers and appropriate care settings to enable improved access to psychological therapies, including the new waiting time standard for common mental health disorders. HEE will work with partners to support an appropriate skills mix so that early intervention in psychosis, liaison psychiatry and IAPT services enable access to the full range of evidence-based therapies recommended by the National Institute for Health and Care Excellence.

4.12. During 2015/16, HEE will work with NHS England and the Department of Health to consider the workforce and training implications of further access and waiting time standards for 2016/17 and beyond. This work will include supporting NHS England pilots on eating disorders in 2015/16.

4.13. HEE will prepare for the resultant implementation of new models of care for eating disorders and the introduction of an access and/or waiting standard in the next mandate period by developing a skilled workforce capable of delivering the National Institute for Health and Care Excellence accordant interventions for the treatment of eating disorders in line with the access and/or waiting standard that will be introduced in 2016/17.

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

4.15. HEE, working with the Royal College of Psychiatrists and Royal College of General Practitioners has developed an e-learning package to support continuing professional development for GPs 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. This will enable recognition of mental illness and access to the right care pathway including IAPT and specialist mental health services.

4.16. HEE is working with partners to seek to develop a bespoke mental health multi-disciplinary e-learning package for introduction in September 2015, focusing on the mental health awareness and skills required in the accident and emergency team.

4.17. HEE continues to 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.

4.18. A significant proportion of people with mental health issues enter the health system following contact with the criminal justice system. A number also have a drug problem. 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. HEE will ensure that training plans are in place to ensure this increase in coverage can be delivered by 2017.

4.19. HEE continues to play its part in fulfilling pre-existing public commitments including *Transforming care: A national response to Winterbourne View Hospital*, the *Winterbourne View Concordat*¹⁴, *Positive and Proactive Care: reducing the need for restrictive interventions*¹⁵ and the *Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis*¹⁶. The Winterbourne View 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. HEE will also work with partners to encourage and promote access to programmes of education and training which support the aims and objectives of the Positive and Safe programme. As a national signatory to the Mental Health Crisis Care Concordat, HEE will continue to work to promote partnerships between the health and policing workforce as set out in the Concordat and the revised Mental Health Act Code of Practice¹⁷.

Dementia

4.20. NHS England has set the first ever national ambition to improve dementia diagnosis rates. 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

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

¹⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

¹⁶ www.gov.uk/government/publications/mental-health-crisis-care-agreement

¹⁷ www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

continue to 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 supports staff to be aware of the needs of individuals and their families and carers to enable them to provide safe, dignified and compassionate care.

4.21. 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 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. By March 2015, HEE will have ensured that over 350,000 NHS staff have received Tier 1 dementia training and are continuing to roll out the training across the existing NHS workforce. HEE will ensure that the Tier 1 tools and training opportunities are available to all staff by the end of 2018. Tier 1 training is being backed up with more in-depth training of expert leaders and staff working with people with dementia. HEE will continue 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.

4.22. HEE will also, in conjunction with the Department of Health, continue to 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. HEE will continue to work jointly with Public Health England through the English Surveillance Programme for Antimicrobial Utilisation and Resistance oversight group to ensure that 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 are embedded in professional curricula. In addition, HEE will 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 is the key forum for considering the unique challenges facing the public health workforce by concentrating system wide advice 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 continue to work with regulators and royal colleges to finalise the review of the qualifications required for non-surgical cosmetic procedures by autumn 2015.

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 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. HEE must ensure that the principles of safeguarding are integral to education and training curricula for health professionals.

6.4. 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. In addition, employers should be encouraged to adopt evidence based approaches to good recruitment practice using the national core requirements, tools and resources set out in HEE's Values Based Recruitment Framework¹⁸.

6.5. Healthcare providers have a duty to invest in the training and education of their staff. HEE will continue to work

with healthcare providers to ensure that the continuing personal and professional development of staff reinforces NHS values.

6.6. 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, could 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.

6.7. HEE will continue to promote higher education institutions' use of values based recruitment of applicants to nursing degree programmes, which should include providing evidence of commitment and suitability to a career in nursing. In addition to this, HEE will also build into contracts with higher education institutions that within the first year of study, student nurses will attain the Care Certificate, if they have not previously achieved it.

Excellent Education

6.8. 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 health 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

¹⁸ <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/10/VBR-Framework.pdf>

care for patients and the public now and in the future.

6.9. 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.

6.10. HEE and the LETBs will continue to 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 health service and public health needs and reflect changing technologies, delivery systems and the increased emphasis on disease management through the primary and community care sector as well as through health protection and improvement.

6.11. 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 holistic patient care.

6.12. 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

continue to work with stakeholders to support wider government prosperity objectives and ensure the capacity of the system to deliver the required number of professionals.

6.13. Recruiting staff and students into education and training courses requires significant investment. HEE will continue to 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

6.14. 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.

6.15. 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.

6.16. HEE will continue to 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.

6.17. Building on the work already underway, HEE must be responsive to feedback from students on the quality of education and training and must recognise and act to withhold funding from those providers who consistently fail to meet the required standards.

6.18. 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 will continue to 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.

6.19. 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 avoidable attrition from training programmes by 50% by 2017.

6.20. 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.

6.21. HEE will continue to work with the Department of Health and other stakeholders 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

6.22. 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.

6.23. 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.

6.24. Where roles have been 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.

6.25. 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, behaviours and awareness of different cultures to provide safe and high quality care. This includes ensuring that their staff have the

right training to perform their roles efficiently and effectively.

6.26. Tackling historic shortages in emergency medicine is a key priority. Building on the work of the Emergency Medicine Workforce Implementation Group including the report¹⁹ published in December 2013, HEE will continue to work with partners to drive forward the implementation of multi-professional workforce interventions to support accident and emergency and related healthcare services. HEE and the College of Emergency Medicine will report regularly to the Department of Health on progress related to the delivery and any future developments. HEE will continue to 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. Building on the review which it carried out in 2014/15, HEE will continue to explore the potential benefits of up-skilling and developing paramedics further 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.

6.27. 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.

6.28. HEE, working with key implementation partners will continue to take forward the pharmacist education reform programme following consultation on the preferred implementation option in 2014/15 and will include in those considerations issues relating to student numbers emerging from the joint consultation with the Higher Education Funding Council for England.

6.29. 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.

6.30. 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 continue to agree, and monitor the delivery of, key objectives for the UK Foundation Programme Office in conjunction with the Devolved Administrations.

6.31. 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. For these graduates, HEE needs to work with the Devolved Administrations to agree a UK wide approach where it is possible to do so.

6.32. On postgraduate medical education, Professor Greenaway submitted the *Shape*

¹⁹ <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/EM-publication-Nov131.pdf>

*of Training Report*²⁰ 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. A UK-wide Group led by the 4 UK Health Departments has been formed to take forward the work. Reporting to the Department of Health, HEE is the lead for work with respect to *Shape of Training* in England, and, working with key stakeholders, will provide a more detailed feasibility assessment, including an impact assessment for the health system with a cost analysis with respect to elements of *Shape of Training* in September 2015.

6.33. HEE has been working with partners, including the other UK Health Departments, to consider options to reform existing medical education to ensure a clear and sustainable route that allows all suitable graduates to secure full General Medical Council registration. 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. HEE will coordinate a stakeholder engagement process working in partnership with the devolved nations, the General Medical Council, Medical Schools Council and other key stakeholders. A summary report will be submitted to the Department of Health by the end of May 2015. Following submission of the summary report, HEE will continue to contribute to any formal consultation, working alongside the Department to engage with partners, including the General Medical Council, the Department for Business, Innovation and Skills and other UK Health Departments.

6.34. HEE will ensure a minimum of 3,250 trainees per year (equating to approximately half of the annual number of trainees completing foundation training and moving into specialisations) are recruited to GP training programmes in England by 2016.

6.35. GP training must produce practitioners with the required competencies to practice in the new NHS. Medical Education England accepted the educational case to extend GP training to four years and the Department of Health is supportive of this in principle subject to further consideration of the economic case and affordability. However, this analysis should now be undertaken as part of the *Shape of Training* review which provides the opportunity to develop broader based training to enhance GPs awareness of and expertise in, for example, mental health conditions and child health care. Working with the General Medical Council and the four UK Health Departments, the first new programmes should be piloted in the training year commencing in August 2016.

6.36. 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.

6.37. 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

²⁰ <http://www.shapeoftraining.co.uk/reviewssofar/1788.asp>

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 December 2015.

6.38. 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 continue to explore 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 work will 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.

6.39. 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 action is taken to continue 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;
- 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; and
- ensure that training courses are in place to support nurses returning to work to take up community nursing positions.

6.40. 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 be supported in making this switch. Where necessary, provision and availability should be increased.

6.41. 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. Following this evaluation, HEE will look to roll this programme out across the NHS.

Competent and Capable Staff

Defining safe, high quality care

6.42. In response to the findings of the review led by Don Berwick, *Improving the Safety of Patients in England*²¹, HEE will continue to 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. During 2015, HEE's Commission on Education and Training for Patient Safety will make evidence based recommendations about the education and training interventions needed to improve patient safety. These will cover such areas as raising and responding to concerns about patient safety and the use of mandatory continuous professional development to improve safety.

6.43. HEE will continue to work with NHS England to support the systematic development of clinical audit and patient-reported outcome and experience measures.

6.44. 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. Healthcare providers need to become more consistent in the approach taken to the delivery of mandatory training to the healthcare workforce. HEE will continue to review how mandatory training is provided in different specialisms across the country, in order to 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.

Care Certificate

6.45. Healthcare assistants and adult social care support workers are the backbone of the health and care workforce. All care assistants must inspire public confidence and they must be skilled and motivated to provide high quality patient care. Employers are responsible for ensuring these staff have the right training to undertake the tasks required of them. However, working with Skills for Care and other partner organisations, HEE should play a leadership role in improving the capability of this workforce by continuing to implement the relevant recommendations of the Cavendish Review²². These include:

- ensuring there is a robust career development framework for this workforce, linked to simplified job roles and core competencies;
- developing the training and education of this part of the workforce, supporting progress into nursing and midwifery, the allied health professions and social care for those who seek it;
- developing a rigorous system of quality assurance for training across both health and social care; and
- implementing, promoting and maintaining the Care Certificate and associated guidance.

6.46. A career development framework has been developed covering: job roles, simplified core competencies, recruitment (including values based recruitment), testing skills, values and behaviours, induction,

²¹ <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

²² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

training standards and transparency, as well as identifying opportunities for career progression. HEE will now implement the career development framework, ensuring that it is robust and fulfils staff needs. HEE should explore with Skills for Care how this career development framework could be enhanced to be applicable to individuals currently working in social care settings and to those seeking to enter the health and care sectors.

6.47. 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, 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.

6.48. HEE should also continue to improve 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.

6.49. To help ensure that the training of the health and care support workforce is effective, HEE will work with delivery partners to implement a system of quality assurance for the training of support workers across both health and social care. This should incorporate rigorous mechanisms to identify and reduce spend on ineffective, poor-quality training across the sector.

6.50. HEE, working with its partners across the health and social care sector will lead on

the implementation of the Care Certificate for healthcare assistants and adult social care support workers. In implementing the Care Certificate, they will promote its uptake by workers new to the sector and investigate how the commissioning process may be used to encourage adoption. Where workers have existing experience, HEE will ensure that employers have a mechanism that allows it to be taken into account.

6.51. HEE, with its partners, will maintain the Care Certificate standards and supporting guidance, ensuring they are fit for purpose. To ensure the Care Certificate is widely valued and recognised, they will support employers to maintain robust quality assurance systems. Along with delivery partners and LETBs, HEE has a role in overseeing the training provided to healthcare assistants and social care support workers. Building on learning from the development of the Care Certificate, they will also consider how best to meet the intent behind the Cavendish proposal for a Higher Care Certificate. They should work with stakeholders to develop and progress a delivery plan by the end of 2015.

Developing a workforce skilled for research and innovation

6.52. 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.

6.53. 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 continue to 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.

6.54. 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 continue to 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.

6.55. HEE and the NHS Leadership Academy will continue to work 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.

6.56. It is crucial that clinicians are fully engaged as leaders of the future. NHS England and HEE will continue 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.

6.57. HEE will continue to ensure that 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 Review²³. HEE will work with partners to build on its assessment of 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.

6.58. HEE will continue to 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.

6.59. 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 continue to 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.

6.60. HEE should continue to 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

²³ <http://www.england.nhs.uk/publications/ind-rev/>

to explore opportunities for students to intercalate BSc's as part of their education.

6.61. HEE will continue to work with NHS England and wider stakeholders including the Modernising Scientific Careers programme, the Society and College of Radiographers, the Institute of Physics and Engineering in Medicine and the Royal College of Radiologists to assure the provision of skills and competencies that will provide a suitably qualified and trained workforce for the Proton Beam Therapy service commencing in April 2018. This will be supported by academic and professional networks that will seek to innovate and develop new ways of working, to improve patient experience and outcomes, and to enable greater career flexibilities and progression.

Supporting our armed forces

6.62. There are clear advantages for the NHS, its staff and the armed forces in 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.

6.63. HEE should continue to work closely with key stakeholders, including the Department of Health, the Ministry of Defence, 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*²⁴.

6.64. 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.

6.65. HEE should continue to 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.

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

Supporting economic growth and the NHS in global healthcare

6.67. Recognising the strong international reputation of medical and other health education in this country, HEE will continue to work with the Department of Health, the Devolved Administrations, the education sector, and overseas administrations as opportunities arise in making a contribution to the growth agenda through, for example, playing an active part both in the review of the current overseas cap for medicine and dentistry which applies to overseas students and any outcome of that review, or through encouraging the international reputation of NHS education and training and supporting international initiatives that bring benefit to NHS workforce planning and training.

6.68. 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.

6.69. Recognising the benefits of out of programme experience, HEE will positively encourage and support staff wishing to engage in out of programme experience –

²⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210470/Cm8655-web_FINAL.pdf

such as overseas work placements, research placements and leadership training – forming part of doctors' postgraduate training.

6.70. 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.

Widening Participation

6.71. 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. HEE has developed a national strategy and action plan for widening participation, *Widening Participation – It Matters*²⁵, and through this will look to drive improvements in representation from minority and ethnic groups across the health professions.

6.72. 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.

6.73. HEE will continue to 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 will continue to work with healthcare and public 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.

6.74. HEE should implement the shared strategy to promote access to higher education which it developed in 2014 with the Medical Schools Council, Council of Deans of Health, Higher Education Funding Council for England and the Office for Fair Access and continue to aim to maximise the impact of spending on widening participation.

6.75. HEE should work closely with the Medical Schools Council to implement the recommendations of the *Selecting for Excellence* report²⁶. Furthermore, HEE should ensure that LETBs work with higher education institutions, relevant education charities 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.

6.76. The NHS has already seen significant progress in the development of apprenticeships over recent years. As set out in the *Talent for Care* strategic framework²⁷, HEE will support flexible methods for entering training and employment and double the number of new apprenticeships in healthcare. HEE will continue to work with the Nursing and Midwifery Council and the Department for Business, Innovation and Skills to contribute to the development of proposals for nursing apprenticeships.

²⁶ <http://www.medschools.ac.uk/SiteCollectionDocuments>Selecting-for-Excellence-Final-Report.pdf>

²⁷ http://oeo.hee.nhs.uk/files/2014/11/HEE_Talent-for-Care-A-National-Strategic-Framework-Nov-2014.pdf

²⁵ http://nw.hee.nhs.uk/files/2014/08/r-HEE-Widening-Participation-Strategy_Consultation-Draft-20180821.pdf

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

6.78. Reflecting the priorities set out in this chapter, HEE should implement the strategy for widening participation which it developed in 2014.

Working in partnership – patient and public voice and local accountability

6.79. HEE will need to work with a wide range of partners, including patient and public representatives, 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.

6.80. 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.

6.81. LETBs, now well established as committees of HEE, play a crucial role in enabling local healthcare providers to shape and influence the workforce they need to deliver high quality services and safe patient care. HEE will continue to support LETBs to ensure they are empowered to develop and implement workforce plans that are tailored for local needs, but reflective of national priorities. HEE will ensure that greater responsibility and accountability for workforce development is 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.

6.82. HEE will continue 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 Association 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;
- working 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;
- 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 and 2014 saw the introduction of transitional tariffs for clinical placements in the hospital sector.

7.3. The implementation of these tariffs was 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 will continue to review how financial incentives and payment mechanisms can assist in its goal to reduce attrition.

7.6. 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 2013/14 cost collection.

7.7. 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.

7.8. 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.

7.9. 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. HEE will aim to implement this policy for the 2016/17 financial year.

7.10. 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.

7.11. 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.

Annex A – Educational Outcomes

I. The educational outcomes below have been developed with HEE and a wide range of partners across the health and education sectors. HEE will use these in support of driving improvements in education and training that will have a real impact on the quality of care delivered to patients and service users.

Excellent education

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

Competent and capable staff

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

Flexible workforce, receptive to research and innovation

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

Widening participation

V. Talent and leadership flourishes free from discrimination with fair opportunities to progress and fulfil potential, recognising individual as well as group differences, treating people as individuals and placing positive value on diversity in the workforce. This will include opportunities to progress across the five leadership framework domains.

NHS values and behaviours

VI. Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular continuing personal and professional development, that instils respect for patients.

VII. Chapter six specifies deliverables that the Government has prioritised for HEE in these areas to support improved outcomes. HEE will develop its own indicators to track progress and will report on progress annually through the publication of its annual report.

Annex B – Summary of objectives and deliverables for 2015/16

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 continue to be made in 2015/16.

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

Annex A: Educational Outcomes

HEE will:

- use the educational outcomes in support of driving improvements in education and training (I).
- develop its own indicators to track progress (VII).
- report on progress annually through the publication of its annual report (VII).

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).
- in line with the Workforce Plan for England, increase midwifery training commissions in 2015/16 (2.3).
- continue to work with partners to meet the education and training requirements needed to ensure that the workforce will be in place to deliver personalised maternity care (2.4).
- continue to work with partners to develop pre-registration and post-registration training in perinatal mental health, and ensure delivery of the continuing professional education framework developed in 2014/15 for the maternity and early years workforce (2.6).
- set out plans to increase the skills and knowledge needed by the maternity workforce across England to support women with substance misuse (2.7).

Health visitors

HEE will:

- continue to commission sufficient health visitor training places to ensure the right number of qualified staff are available at the right time and in the right place (2.8).
- work with PHE, NHS England and local authorities to ensure workforce planning and commissioning of training for 2016/17 reflects commissioning of health visitor services, so as to facilitate sustainable development of the workforce, addressing issues such as attrition rates, transition of newly qualified health visitors into employment, retention of current workforce, 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 continue to:

- 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 January 2016 (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).
- 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).
- build an effective partnership with DfE to ensure the planning and commissioning of training for educational and clinical psychologists reflects the need for more integrated service delivery, including reviewing the scope for jointly delivered training (2.17).
- 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).

- work with partners to review its 'safeguarding children' e- learning resource (2.21).
- continue to work with partners to ensure training in cultural sensitivities is available for those involved in early years care (2.22).

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

Integrated care

HEE will continue to:

- 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).
- continue to identify ways to support the development of a more flexible workforce with greater skills in general healthcare. HEE should consider this as part of the *Shape of Training* and *Shape of Caring* reviews (3.5).
- work with partners to make training available to ensure an awareness of cultural sensitivities, building on work already undertaken in this area (3.6).
- work with higher education institutions and placement providers to ensure that all pre-registration nursing students in training experience an assessed and dedicated period of time in a community placement setting (3.7).
- 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 (3.10).
- work with organisations that set curricula to help shape 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 and ensure that, by September 2015, all undergraduate courses include training in dementia (3.11).
- deliver the workforce development commitments required of it in *Transforming Primary Care*, working with the appropriate health and care organisations and commission a review of the workforce implications of the ambition for out-of-hospital care, with broad ambitions to be published in July 2015 (3.12).
- commencing in September 2015, undertake a one year evaluation of the older persons' nurse postgraduate qualification training programme developed by HEE, DH and PHE (3.15).

Long-term conditions

HEE will:

- work with partners to build on its assessment of the extent to which existing education, training and ongoing development enables staff to support self-care and self-management (3.16).
- continue to 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 (3.17).

Dignity in death and dying

HEE will:

- continue to support End of Life Care by taking forward its actions detailed in *One chance to get it right* and contribute to the one year on report by June 2015 (3.18).

Improving veterans' health

HEE will:

- continue to work with the RCGP to explore how the existing e-learning package and uptake amongst GPs can be improved (3.19).
- 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 (3.21).
- design an e- learning module for Veterans' Health Champions and work with employers and other partners to ensure this training is available for the whole health workforce before spring 2016 (3.22).

Chapter 4: Mental health

HEE will continue to:

- work to increase the numbers of doctors in foundation training undertaking placements in psychiatry (4.1).
- explore how education and training can best support clinicians to identify and deal with mental health conditions, including dementia (4.3).
- support autism awareness in line with *Think Autism*, the April 2014 update to the 2010 Adult Autism Strategy (4.3).
- work with the RCGP to support the inclusion of compulsory work-based training in mental health (including dementia) in GP training (4.4)

- 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 and the targets of 75% of people treated within 6 weeks and 95% within 18 weeks of referral (4.5, 4.7 and 4.8).
- work with NHS England and partners to enable the introduction of the new access and waiting time standards (4.6).
- work with employers to ensure the workforce is available to deliver care to more than 50% of individuals experiencing first episode psychosis within a maximum of two weeks (4.9).
- work with NHS England to understand any current shortfall in capacity and skills to deliver CBT for psychosis and family interventions (4.10).
- explore with NHS England whether associated leadership training may be required to support the new psychological therapy training programmes to translate these into clinical practice (4.10).
- work with NHS England and partners to support the establishment of more comprehensive liaison psychiatry services in acute hospitals (4.11).
- work with NHS England and partners to ensure the workforce has the right skills, behaviours and training and is available in the right numbers to enable improved access to psychological therapies (4.11).
- work with partners to support an appropriate skills mix so that early intervention in psychosis, liaison psychiatry and IAPT services enables access to the full range of evidence based therapies recommended by NICE (4.11).
- work with NHS England and DH during 2015/16 to consider the workforce and training implications of further access and waiting time standards for 2016/17 and how it will support future mental health service expansion, including supporting an NHS England pilot on eating disorders (4.12).
- prepare for the implementation of new models of care for eating disorders and the introduction of an access and/or waiting standard by developing a skilled workforce capable of delivering NICE accordant interventions (4.13).
- work with partners to further enhance bespoke training courses to allow GPs to develop a specialist interest in the care of patients with mental health conditions (4.14).
- work with partners to seek to develop a bespoke multi-disciplinary e-learning package for introduction in September 2015, focusing on mental health awareness and the skills required across the A&E team (4.16).
- 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 (4.17).

- 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 (4.18).
- play its full part in fulfilling pre-existing public commitments, including *Transforming care: A national response to Winterbourne View Hospital, the Winterbourne View Concordat, Positive and Proactive Care and the Mental Health Crisis Care Concordat* (4.19).
- work with partners to encourage and promote access to programmes of education and training which support the aims and objectives of the Positive and Safe programme (4.19).

Dementia

HEE will continue:

- to 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 (4.20).
- ensure Tier 1 tools and training opportunities are available to all staff by the end of 2018 (4.21).
- 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 (4.21).
- in conjunction with DH, to work with education providers and regulators to ensure that newly qualified staff who look after patients with dementia receive Tier 1 dementia training (4.22).

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).
- continue to 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 (5.4-5.5).
- continue to work with PHE and partners to embed in curricula the competence and principles of prescribing medicines, including antimicrobials (5.5).
- continue to 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).

- continue to 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).
- continue to work with regulators and royal colleges to finalise the review of the qualifications required for non-surgical procedures by autumn 2015 (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 (6.3).
- work with providers to ensure that CPD reinforces these values, including encouragement to adopt evidence based approaches set out in the VBR framework (6.4-6.5).
- continue to work with the NMC, professional leaders and trades unions to increase the proportion of nurses that have the opportunity to first serve up to a year as a healthcare assistant (6.6).
- continue to promote higher education institutions' use of values based recruitment of applicants to nursing degree programmes (6.7).
- HEE will build into contracts with HEIs that within the first year of study, student nurses will attain the Care Certificate, if not already held (6.7).

Excellent Education

HEE will continue to:

- lead the commissioning of education and training for the future workforce based on robust workforce planning and clear quality indicators (6.8-6.11, 6.21, 6.23 and 6.36).
- 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 (6.13).
- monitor and act on feedback from students and trainees, and where appropriate, pass feedback to the CQC (6.14-6.15).

- 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 (6.16-6.17).
- 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 (6.18).
- reduce unnecessary attrition from training programmes by 50% by 2017 (6.19).
- 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 (6.20).
- 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 (6.21).
- 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 from the list (6.24).
- work with partners to drive forward the implementation of multi-professional workforce interventions to support the accident and emergency and related healthcare services. HEE and the College of Emergency Medicine will report on progress regularly to DH (6.26).
- explore 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 (6.26).
- 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 (6.27).
- work with key implementation partners to take forward the pharmacist education reform programme following consultation and will include in those considerations issues relating to student numbers (6.28).
- ensure the delivery of national medical recruitment programmes continues, including the UK-wide foundation programme in partnership with the other health departments of the UK and oversight of specialty recruitment in England (6.30).
- 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 (6.31).

- [reporting to DH] be the lead for work with respect to *Shape of Training* in England and, working with key stakeholders, provide a more detailed feasibility assessment with respect to elements of *Shape of Training* in September 2015 (6.32).
- working in partnership, co-ordinate a stakeholder engagement process. Following submission of a summary report at the end of May 2015, continue to contribute to any formal consultation (6.33).
- ensure that a minimum of 3,250 trainees per year are recruited to GP training programmes in England by 2016 (6.34).
- work with the GMC and the UK health departments to ensure new training programmes for primary care practitioners are piloted in the training year commencing in August 2016 (6.35).
- work with NHS Employers and the trades unions to support efforts to improve recruitment and retention of staff, providing broad recommendations by December 2015 (6.37).
- 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 (6.38).
- work with stakeholders to continue to explore the incentives, accountabilities and transparency for employers in supporting the ongoing development of the existing workforce (6.38).
- work with partners to support ‘return to practice’ initiatives, with a specific emphasis on nursing and general practice (6.39).
- 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 (6.40).
- 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, following evaluation, will look to roll this programme out across the NHS (6.41).

Competent and capable staff

HEE will:

- continue to ensure that there is an increased focus on delivering safe, dignified and compassionate care in the education and training of health care professionals (6.42).
- in the longer term, contribute to continual improvements in scores from patient surveys on questions relating to staff behaviours and compassion in care (6.42).

- ensure its Commission on Education and Training for Patient Safety makes recommendations about the education and training interventions needed to improve patient safety (6.42).
- continue to work with NHS England to support the systematic development of clinical audit and patient-report outcome and experience measures (6.43).
- 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. HEE will also work with employers to ensure it is delivered across the NHS (6.44).
- play a leadership role in improving the capability of the care assistant workforce by continuing to implement the relevant recommendations of the Cavendish Review (6.45-6.51). These include:
 - ensuring there is a robust career development framework for this workforce, linked to simplified job roles and core competencies (6.46).
 - supporting the progression of their careers into nursing and midwifery and social care for those who seek it (6.47).
 - continue to improve access to part-time degree courses, with new courses introduced by September 2015 (6.48).
 - work with partners to implement a system of quality assurance (6.49).
 - working with partners, lead on the implementation and maintenance of the Care Certificate and support the uptake of robust quality assurance systems for training across both health and social care (6.50-6.51).
 - consider with partners how to meet the intent behind the Cavendish proposal for a Higher Care Certificate and produce a delivery plan by the end of 2015 (6.51)

Developing a workforce skilled for research and innovation

HEE will continue to:

- develop a more flexible workforce that is able to respond to the changing patterns of service and embraces research and innovation (6.52).
- 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 (6.53).
- 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 (6.54-6.56).

- work with the NHS Leadership Academy to ensure more clinical staff get the right development opportunities to enable them to move into leadership roles (6.56).
- work with partners to build on its assessment of 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 (6.57).
- 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 (6.58).
- achieve a significant increase in the use of technology in the education, training and development of staff including through e- learning (6.59).
- 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 (6.59).
- 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 (6.60).
- work with medical schools to explore opportunities for students to intercalate as part of their education (6.60).
- work with stakeholders to assure the provision of skills and competencies that will provide a suitably qualified and trained workforce for the Proton Beam Therapy service (6.61).
- 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 (6.63).
- 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 (6.64).
- work with the MoD 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 (6.65).
- 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 (6.65-6.66).
- work with partners to support the growth agenda, through for example, playing an active part both in the review of the current overseas cap for medicine and dentistry which apply to overseas students and any outcome of that review (6.67).

- 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 (6.68).
- positively encourage and support staff wishing to engage in out of programme experience – such as overseas work placements, research placements and leadership training (6.69).
- 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 (6.70).

Widening participation

HEE will continue to:

- 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 (6.71).
- 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 (6.73).
- 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 (6.73).
- implement the shared strategy to promote access to higher education which it developed in 2014 (6.74).
- work with the MSC to implement the recommendations of the *Selecting for Excellence* report (6.75).
- 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 (6.75).
- support flexible methods for entering training and employment, doubling the number of new apprenticeships in healthcare (6.76).
- work with the NMC and BIS to contribute to the development of proposals for nursing apprenticeships (6.76).
- work with DH to ensure that student support arrangements are effectively targeted to support widening participation objectives (6.77).
- implement the overarching strategy for widening participation which it developed in 2014 (6.78).

Working in partnership – patient and public voice and local accountability

HEE will:

- continue to support LETBs to ensure they are empowered to develop and implement workforce plans tailored for local needs but reflective of national priorities (6.81).
- forge strong partnerships across the health, care, education and research sectors (6.82).

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

HEE will continue to:

- ensure that implementation of transitional tariffs 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).
- continue to review how financial incentives and payment mechanisms can assist in its goal to reduce attrition (7.5).
- work with DH to develop proposals for Education Resource Groups to form the basis of future tariffs (7.6).
- be required to analyse the costing data, and to create and refine the Education Resource Groups in light of the findings (7.7).
- 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 (7.8).
- 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 (7.9).
- 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 (7.10).
- 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 (7.11).



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