



Department  
of Health &  
Social Care



# **The Department of Health and Social Care mandate to Health Education England: April 2019 to March 2020**

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# Ministerial Foreword

The Interim People Plan was published on 3 June and we expect the final People Plan to be published in early 2020 once NHS training budgets have been settled. The People Plan will set out detailed proposals to grow the workforce rapidly, including consideration of additional staff and skills required, build a supportive working culture in the NHS and ensure first rate leadership for NHS staff.

This mandate starts to take forward the delivery of our ambitions as we look to transition from the Five Year Forward Plan targets to implementation and delivery of the NHS Long Term Plan. This year the mandate is more concise and sets out the government's top priorities for HEE. It recognises the changed landscape since the 2018/19 mandate:

- NHS England and NHS Improvement have recruited the Chief People Officer to lead the joint People Directorate, part of the NHS executive group.
- The NHS Leadership Academy has transferred from HEE to NHS Improvement to maximise the natural fit between the work of the NHS Leadership Academy and the People function's responsibility for executive and non-executive leadership and talent across the NHS.
- NHS Improvement has contributed to the development of this mandate to ensure that service and workforce planning is more closely aligned with HEE remaining accountable to the Secretary of State.

We continue to invest approximately £4 billion in the education and training of the future and existing workforce.

The top priority for HEE and for NHS improvement is the finalisation of the People Plan. This will set out how we make a reality of the NHS Long Term Plan as without the workforce, we will not have the service we need. The plan will focus on expanding the clinical workforce as well as changing skills requirements and there are specific workforce needs for some clinical priorities – be that increased skills, new skills or increased capacity. We expect HEE to continue to prioritise the delivery of the targets from the Cancer and Mental Health workforce strategies, for example. HEE will be working closely with NHS Improvement, NHS England on the workforce consequences of the new service models being developed and also increasingly closely with Sustainability and Transformation Partnerships and Integrated Care Systems.

We attach great importance to the NHS becoming: “a consistently great place to work,” where there is more flexible working, enhanced wellbeing and career development, and greater efforts to stamp out the scourge of discrimination, violence, bullying and harassment. Within this, it is important to promote and support the wellbeing of NHS staff and those learning in NHS settings.

Stephen Hammond MP

Minister of State for Health

# Chairs' Joint Statement

On 23 October 2018, Health Education England (HEE) and NHS Improvement announced new arrangements for our two organisations to work together to develop the HEE mandate and strengthen collaboration. Now that NHS England and NHS Improvement have come together to act as one organisation, these arrangements extend to the wider relationship between HEE and NHS England/NHS Improvement. This is the first mandate under these new working arrangements, and we are confident that it is more closely aligned with NHS service requirements and with HEE's longer term goals.

The NHS Long Term Plan, published on 7 January 2019, sets out key ambitions for improving the quality of care, health outcomes and efficient use of NHS resources over the next 5-10 years. Following this, the Prime Minister and the Secretary of State for Health and Social Care asked us to work together to develop an NHS People Plan. We published an interim NHS People Plan on 3 June setting out our vision for people who work in the NHS, with a focus on the immediate action we need to take in 2019/20. We have organised this year's mandate in line with the key themes of the interim NHS People Plan and the main deliverables in this mandate reflect how HEE will lead or contribute to specific 2019/20 actions in the Plan.

We will need more people working in the NHS over the next 10 years across most disciplines, with a rich diversity of roles and jobs across all settings. HEE will continue to play a fundamental role in supporting this goal through increased workforce supply. But more of the same will not be enough to deliver the NHS Long Term Plan. We need different people in different professions working in different ways. Healthcare is changing to reflect changing patient needs and to embrace and harness the opportunities presented by science and technology. HEE therefore has a further fundamental role in helping improve the quality of healthcare and create more fulfilling roles and careers for those working in the health service by ensuring that education, training and professional development equip staff with the skills needed for a 21st century healthcare system.

HEE and NHS England/NHS Improvement are committed to working much more closely together at both national and regional levels, building shared partnerships with local health systems and our wider partners and stakeholders to deliver the vision and immediate actions set out in the interim People Plan.

**Sir David Behan**

**Baroness Dido Harding**

**Chair, Health Education England**

**Chair, NHS Improvement**

# Introduction

To coincide with the NHS's 70th anniversary last June, the Prime Minister announced a new five-year funding settlement for NHS services in England, which provides a cash increase to NHS England's budget of £33.9bn a year by 2023-24. This takes the NHS budget in England from £114.6bn in 2018-19 to £148.5bn in 2023-24. In response, the NHS published its [Long Term Plan](#) in January 2019, which sets out ambitious plans for healthcare in England. It sets out a new service model where we take more action on prevention and health inequalities, improve quality of care and health outcomes across all major health conditions, harness technology to transform services, and get the most out of taxpayers' investment.

The Long Term Plan builds on the service priorities in the [NHS Five Year Forward View](#). Workforce plans were developed for the Five Year Forward View covering primary care, cancer, mental health, urgent and emergency care, and maternity services.

The [Interim People Plan](#) published on 3 June sets out a vision for people who work in the NHS to enable them to deliver the NHS Long Term Plan, with a focus on immediate actions to make the NHS the best place to work, improve its leadership culture, address urgent workforce shortages in nursing, develop new ways of working for a 21st century health service and develop a new operating model for workforce. This mandate sets out how HEE will contribute to immediate action in these areas.

## HEE's role

HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement for patients and the public in England, by ensuring that the workforce of today and tomorrow has the right numbers of staff with the right skills, values and behaviours at the right time and in the right place to meet patient needs. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system for education and training for the NHS and public health.

The Care Act also places a duty on HEE to have regard to the NHS Constitution. HEE is expected to ensure that recruitment to and delivery of education and training for the future workforce, and development of the current workforce, support equality and result in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution.

HEE's core business is focused around:

- educating and training the future health and care workforce in sufficient numbers and with the skills they will need when they qualify;
- developing and transforming the current health and care workforce to work effectively in new ways in response to new technologies and changing patient need;
- assuring the quality of the learning environment and, through this, supporting the safety and well-being of current and future patients.

Almost 70% of HEE's overall budget allocation is spent on the clinical teaching costs of some 30,000 medical students and on the clinical placement and part salary costs of more than 50,000 doctors and dentists undertaking postgraduate education. A further 20% plus is committed to the education and training of the wider clinical workforce of the future, involving more than 100,000 students.

## **HEE's mandate**

The Government's approach to setting direction for HEE in 2019/20 reflects that this is a transitional year as the NHS begins to shift to new models of service delivery that will enable it to deliver the ambitions set out in the Long Term Plan within the funding settlement agreed by the Government. HEE has worked jointly with NHS Improvement to develop this mandate, which has now been approved by the Secretary of State. The mandate is based on the shared priorities of the Government, HEE and NHS England/NHS Improvement for improving health services. The mandate sets out key deliverables for 2019/20, as well as setting out the longer-term themes to which these actions will contribute.

HEE is also committed to completing any outstanding deliverables from the previous mandates. This is particularly important since 2019/20 is also the final year of the period covered by the NHS Five Year Forward View, and this mandate includes the workforce deliverables that HEE has developed to support commitments in the Five Year Forward View service priority areas. As the system leader for education and training, HEE will play a part in delivering Government and NHS commitments that fall within its remit. It will also continue to work collaboratively with the devolved administrations on UK-wide priorities for education and training.

HEE's business plan for 2019/20 is based on delivery of this mandate and other key actions to deliver the long-term goals that flow from its statutory functions.

HEE will work jointly with the Chief People Officer to ensure future mandates meet NHS service requirements. The Boards of HEE and NHS Improvement will agree a draft mandate to be presented to the Secretary of State for approval,



## Accountability

The [Framework Agreement](#) between the Department of Health and Social Care (DHSC) and HEE for 2018 - 2021 has been revised for 2019. It defines how the Department and HEE work in partnership to serve patients, the public and the taxpayer; and how both HEE and the Department discharge their accountability responsibilities effectively. Although HEE is not formally accountable to other system partners, HEE will work collaboratively with NHS England/NHS Improvement and other partners, building effective relationships to achieve shared goals.

DHSC, HEE and NHS England/NHS Improvement will work together to review progress against the themes and deliverables in the mandate and, where necessary, agree additional action to mitigate any risks.

## Educational Outcomes

The Educational Outcomes (in the Annex) underpin this mandate and have been developed with partners across the health and education landscape. HEE will use these to help drive improvements in education and training and will reflect on progress in its annual report.

# 1. Making the NHS the best place to work.

The interim People Plan sets out an ambitious and wide-ranging programme of work to agree how to make the NHS the best place to work, including developing a new offer for all staff working in the NHS, setting out explicitly the support they can expect from the NHS as a modern employer.

Most of the specific actions are for NHS England/NHS Improvement, local health systems (STPs/ICSs) and employing organisations, rather than for HEE, to deliver. HEE will, however, carry out all its work in ways that support, wherever possible, the overall objective of making the NHS the best place to work.

HEE has a key complementary role in working with higher education institutions (HEIs) and other partners to continue to improve the experience of people undertaking education and training, with a particular focus on their physical and mental health including the continued implementation of the recommendations of the NHS Staff and Learner Mental Wellbeing Commission.

## **Making the NHS the best place to work: 2019/20 deliverables**

- 1.1 Review the Health Careers website to ensure it is an attractive advertisement for a wide range of roles, entry points and benefits of working in the 21st century NHS and enables us to compete with other large national employers.
- 1.2 With partners, support and deliver the recommendations for HEE in 2019/20 of the [NHS Staff and Learner Wellbeing Commission](#).
- 1.3 Consider how through education and training more clinicians can be encouraged to take up senior leadership positions (with NHS England/NHS Improvement).

## 2. Increasing the nursing workforce supply

There are significant staff shortages in many parts of our workforce, but shortages in nursing are the single biggest challenge we currently need to address. Nurses form a critical part of the multiprofessional team needed to deliver the NHS Long Term Plan. There are vacancies across all branches of nursing, with the most significant shortages in mental health, learning disability, primary care and community nursing.

As set out in the interim People Plan, it requires a multifaceted and carefully co-ordinated strategy to grow the nursing workforce, including a strong focus on improving retention of our existing workforce. HEE will have a particularly vital role in contributing to action to:

make nursing a more attractive career choice and increase the number of people applying for places on undergraduate degree courses;

provide clear pathways into the profession and further develop additional entry routes through apprenticeships and the nursing associate qualification;

provide continuing support to nurses in developing their careers and skills and meeting their personal aspirations, as well as meeting the needs of the NHS, through the development of new and advanced practice.

Expanding routes into nursing must be accompanied by cross system collaboration to reduce the attrition rate from nurse undergraduate degree courses and improve retention of the existing workforce. To assist with both attrition and retention challenges, HEE will take forward the Reducing Pre-registration Attrition and Improving Retention (RePAIR) initiative.

### **Increasing the nursing workforce supply: 2019/20 deliverables**

2.1 Help stimulate demand and shift perceptions (with NHS England/NHS Improvement) by:

- developing a customer communications programme to encourage those who have expressed an interest in nursing to apply;
- expanding the ambassador network, with a particular emphasis on those aged 15-17, as well as leveraging work experience programmes, the emerging

cadet scheme, and NHS volunteers to further raise the profile of nursing careers;

- working with national partners to consolidate the current recruitment and perception campaigns run by different national bodies into a single campaign that reflects the realities of a career in modern nursing at the cutting edge of clinical practice, focusing on those branches of nursing with the greatest vacancies, addressing demographic issues and supporting those local health systems with the biggest challenges by linking national and local initiatives;
- working with schools and careers officers to maximise A-level choices for those who may wish to consider a career in health.

2.2 Deliver a rapid expansion programme to increase nursing clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity (with NHS England/NHS Improvement).

2.3 Undertake a more comprehensive review of current clinical placement activity, identify outliers and provide support to remove barriers to expansion for future intakes (with NHS England/NHS Improvement). This will include options for expanding the provision of placements in primary and social care and explore how innovative approaches and best practice can support expansion.

2.4 Improve student experience and reduce attrition by:

- working collaboratively with HEIs to ensure every learner is well prepared for each practice placement and that every learner reports a meaningful placement experience;
- working with the Office for Students to agree a standard definition of attrition for all healthcare programmes and ensure this is recorded and reported in a way that enables better workforce planning;
- developing a toolkit for supervisors and assessors to enable them to support the wide diversity of learners.

2.5 Support a significant increase in international recruitment of nurses by continuing work to build global partnerships and exchanges and (with NHS England/NHS Improvement) developing a best practice toolkit to support employers.

2.6 Undertake a detailed review of mental health and learning disability nursing to support growth in these areas (with NHS England/NHS Improvement).

- 2.7 Work with partners to identify how best to support growth in the primary and community nursing workforce, including district nursing, general practice nursing, health visitors and school nursing (with NHS England/NHS Improvement).
- 2.8 Promote alternative routes into the nursing profession by:
- developing a clear model that sets out the different entry routes into nursing highlighting the different approaches and benefits, to inform employer and entrant decisions (with NHS England/NHS Improvement);
  - expanding the pilot programme for nursing associates wishing to continue their studies to registered nurse level;
  - developing proposals for a blended learning nursing degree programme that maximises the opportunities to provide a fully interactive and innovative programme through a digital approach;
  - starting training of an additional 7,500 nursing associates.

### **3. Building a 21st century workforce**

If we are to develop an NHS clinical workforce able to keep pace with projected service developments, we need both to transform the workforce – with more varied and richer skill mix, new types of roles and different ways of working – and to achieve steady year-on-year growth in workforce.

The interim People Plan sets out a shared vision and immediate actions to achieve this combination of workforce transformation and workforce growth.

The previous section of the mandate sets out HEE's contribution to tackling the urgent workforce shortages in nursing. This section sets out how HEE will help grow the overall healthcare workforce and support new ways of working, including:

- specific objectives in relation to doctors, allied health professions (AHPs), pharmacists, healthcare scientists, and dentists and dental care professionals;
- developing more multidisciplinary healthcare teams that work across traditional sectoral and professional boundaries;
- building a more flexible workforce, enabling people to develop new skills over the course of their careers and enabling people to maximise their professional competencies, including through advanced clinical practice;
- embedding scientific and technological developments to support better ways of working;
- widening routes into NHS careers, particularly through more effective use of apprenticeships and the Apprenticeship Levy;
- expanding the role of volunteers and providing better support for carers.

#### **Building a 21st century workforce: 2019/20 deliverables**

- 3.1 Launch a national consultation by November 2019 to establish what the NHS, patients and the public require from 21st century medical graduates to inform ongoing review of undergraduate and postgraduate medical education and training and support the GMC in shaping curricular outcomes (with GMC, Medical Schools Council, Royal Colleges, NHS England/NHS Improvement and the devolved administrations).
- 3.2 Develop plans for further expansion of undergraduate medical placements (with DHSC).

- 3.3 Help create more flexibility in undergraduate and postgraduate medical training by:
- developing, with relevant partners, a range of options to widen access to medical careers, including expanding accelerated degree programmes and part-time study;
  - evaluating flexible training programmes, including less-than-full-time and 'step out, step in' postgraduate medical training as part of the managed roll-out of these flexible arrangements (with NHS England/NHS Improvement).
- 3.4 Establish (with NHS England/NHS Improvement) a national programme board to address geographical and specialty shortages in doctors, including planning for the distribution of increased numbers of medical graduates entering the NHS from 2022/23 and supporting NHS England/NHS Improvement in developing new staffing models for rural and coastal hospitals and general practice.
- 3.5 Implement post-foundation Internal Medicine Training for doctors by March 2020 to expand the number of doctors who can provide generalist care across a range of healthcare settings to people with multiple long-term health problems.
- 3.6 Work with key partners to ensure that medical schools prioritise and support generalist careers and general practice careers, in accordance with the recommendations of 'By choice not by chance' (the Wass Report).
- 3.7 Publish recommendations for effective supervision of doctors in training, and tools and supporting material to deliver a measurable improvement in the capacity and quality of supervision across the NHS (with NHS England/NHS Improvement).
- 3.8 Support employers in providing better support for junior doctors at the start of their career and improving their working experiences (with NHS England/NHS Improvement), including:
- ensuring junior doctors have appropriate and high quality supervision, an improved mental wellbeing support offer, and clear and timely rotas;
  - streamlining induction as junior doctors move within and between employers.
- 3.9 Begin to implement relevant recommendations of the [Maximising the Potential](#) report for speciality and associate specialist doctors:
- ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors;

- work with NHS provider organisations to ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations.
- 3.10 In collaboration with the devolved administrations, support the proposed roll-out of medical credentialing, enabling doctors to develop a broader range of skills and more easily adapt to changes in service requirements and patient safety practice. Support the GMC in developing credentials that most directly support NHS Long Term Plan service priorities – with the aim of starting in 2019/20 with the development of a mechanical thrombectomy credential to support improved care for stroke patients.
- 3.11 In support of the commitment to an additional 5,000 doctors working in general practice:
- recruit at least 3,250 trainees to GP training programmes in the year to March 2020;
  - support NHS England/NHS Improvement in rolling out a voluntary two-year Primary Care Fellowship programme for newly qualified GPs and nurses entering general practice;
  - manage the Induction and Refresher Scheme for GPs;
  - support the International GP Recruitment Programme, providing input to the interview process, design and delivery of the educational elements of the programme, clinical and educational supervision and training, and input into GPs' first appraisals;
  - develop a place-based training model for GP trainees, linked to the further development of primary care training hubs.
- 3.12 In support of the wider expansion and transformation of primary care, including the objective for every primary care network to have a dedicated clinical pharmacist (in addition to those already working in general practice):
- train 500 clinical pharmacists to be effective in a general practice setting;
  - produce 1,000 newly qualified physician associates and help secure increases in the number of physician associates taking up new roles in primary care.
- 3.13 Develop the infrastructure that will underpin a new foundation training programme for pharmacists to ensure all pharmacists are able to work across the full range of healthcare settings.



- 3.14 Start to implement the recommendations set out in the Advancing Dental Care Review report by producing a robust evidence base to understand the dental workforce required for the future NHS by:
- undertaking quantitative and qualitative research to understand the skills and composition required in the future dental workforce;
  - reviewing the effectiveness of existing training models and propose future options;
  - engaging with trainees, dental professionals, other stakeholders and partner organisations in exploring the development of more flexible and alternative dental training pathways.
- 3.15 Develop a pipeline of AHPs by increasing applications to undergraduate AHP education and developing AHP faculties to work with providers to identify how to expand clinical placement capacity, whilst also supporting continuing education and training of AHPs in current practice, including the development of advanced practice roles.
- 3.16 Support the new healthcare science workforce programme, including exploring more flexible entry routes and career pathways, supported by competency-based development frameworks and more responsive education and training.
- 3.17 Begin work to review current models of multidisciplinary working within and across primary and secondary care (with NHS England/NHS Improvement).
- 3.18 Develop accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services, with a focus on multidisciplinary training in primary care.
- 3.19 Enable nurses, AHPs, healthcare scientists and other clinical staff to maximise their professional competencies by:
- agreeing education and training standards for advanced clinical practice programmes, including standards for equivalence and specific frameworks for individual branches of nursing;
  - developing nationally accredited education and training standards for advanced clinical practice programmes for HEIs.
- 3.20 Review how to increase both national and local investment in continuing professional development (CPD) and workforce development with the aim of

achieving a phased restoration, over the next five years, of previous funding levels for CPD (with NHS England/NHS Improvement).

- 3.21 Further develop the core skills training framework to reflect the future service needs of the NHS.
- 3.22 Support STPs/ICSs to put in place collaborative arrangements to use apprenticeships better and provide further tools and practical resources to help them maximise use of the Apprenticeship Levy (with NHS England/NHS Improvement), including:
- providing leadership and brokerage in developing partnerships between provider organisations and education providers for T level students to facilitate future talent pipeline into the NHS;
  - developing standards for apprenticeships and assuring quality;
  - helping to harmonise the approach to Apprenticeship Levy spend to support STPs/ICS workforce plans, including support for procurement, levy transfers and system approaches to joint cohorts;
  - increasing employability programmes with a focus on integration with social care in the most needed areas that will assist young people being placed in apprenticeships or employment (with the Prince's Trust);
  - support NHS organisations to gain the national Work Experience Quality Standard accreditation and increase the quality and quantity of work experience provision (with the Prince's Trust and Fair Train).
- 3.23 As part of the [Talent for Care](#) framework, continue to promote, develop, support and expand the role of volunteers and NHS ambassadors, including:
- improving opportunities and mentoring for NHS ambassadors;
  - working with the health and care system to ensure high quality placements and opportunities for volunteers;
  - developing a fully cohesive digital learning and development offering for trust-based Volunteer Service Managers, to be piloted and operational by March 2020 (in conjunction with the Helpforce programme and e-Learning for Healthcare).
- 3.24 Establish a portfolio of free online learning modules for carers.

3.25 Help ensure the NHS workforce of the future is prepared to maximise the benefits of technological and scientific advances by:

- rolling out education and training interventions and multi-professional workforce development programmes to support the NHS Genomic Medicine Service;
- delivering intensive training for boards and senior leaders to build tech and data awareness and capability;
- providing an accreditation/credentialing framework for digital leaders working at regional, system and local levels;
- starting to develop a library of education, learning, knowledge and best practice resources to support the current workforce in expanding their digital skills (generic and specialist technology) by December 2019;
- working to develop and integrate digital education and learning resources into academic and professional curricula throughout 2019/20 and beyond;
- carrying out an audit to assess and plan for future digital roles and skills requirements, building on the Topol review;
- setting out plans for an expanded NHS Digital Academy to develop digital leadership capability by December 2019;
- establishing the Topol Programme for Digital Fellowships in Healthcare by September 2019;
- developing flexible career pathways, particularly for scarce roles, and establish early pathway initiatives for the future digital talent.

## 4. Supporting Long Term Plan service transformation programmes

Building on the Five Year Forward View, the NHS Long Term Plan sets out specific further action, among other areas, to prevent ill-health; improve patient safety; transform services for people with mental health problems, learning disability and/or autism; improve cancer outcomes; transform maternity services; and transform urgent and emergency care services.

This section of the Mandate sets out how HEE will contribute to these objectives in 2019/20. HEE will work with NHS England/NHS Improvement, STPs/ICSs and other partners across all these service areas on plans to help match supply with increased demand, taking account of projected efficiency improvements and new ways of working.

### Supporting Long Term Plan service transformation programmes: 2019/20 deliverables

- 4.1 Working with DHSC, Public Health England, NHS England/NHS Improvement and other partners, contribute to improving population health and preventing ill health by helping improve the capability of the future and existing public health workforces and by developing and promoting innovative approaches to training and education on public health for the wider health and healthcare workforce, including:
- commissioning guidance by March 2020 to increase learning on population health within curricula;
  - producing a directory of effective training courses on mental wellbeing, mapped to a quality framework and a gap analysis;
  - producing a competency framework to support training in effective interventions to prevent obesity and improve nutrition.
- 4.2 In support of the new [UK 5-year action plan for antimicrobial resistance \(AMR\)](#) and the cross-system sepsis action plan:
- explore training needs for pharmacists working in primary care networks and community settings to review the dose, duration and appropriateness of antimicrobial prescriptions;

- increase awareness of sepsis among health and care workers including pharmacists working in primary and community settings, health visitors, community nurses, and domiciliary and care home workers;
- commission projects to fulfil specific education and training gaps in antimicrobial resistance and sepsis.

4.3 Develop and deliver a national patient safety syllabus, with associated educational resources and infrastructure, aligned to the NHS Patient Safety Strategy (with NHS England/NHS Improvement, Royal Colleges, and professional regulators), including:

- creating the first national syllabus by the end of March 2020;
- conducting an evaluation of current education and training packages to inform plans (to be established by the end of March 2020) for implementing patient safety training in all relevant training and education.

4.4 Support delivery of the Long Term Plan priorities for maternity and neonatal services and the Secretary of State's ["halve it"](#) ambition, including:

- providing multiprofessional safety training;
- developing a new obstetric physician role;
- working with system partners to increase numbers of midwifery training placements by 650;
- supporting the implementation of the competency, education and career development framework for maternity support workers;
- working with partners to ensure a sufficient and skilled obstetric ultrasound workforce in line with NICE guidance and the Saving Babies Lives' Care Bundle version 2;
- supporting implementation of the Neonatal Critical Care Transformation Review by implementing a career pathway for neonatal nurses, including development of the advanced neonatal nurse practitioner role, considering scope to increase access to Qualified in Service training programmes, and working with training providers to ensure training meets all the elements of the core syllabus.

4.5 Deliver the training milestones for 2019/20 both in Mental Health Workforce Plan: [Stepping Forward to 2020/21](#), contributing to the target of the NHS establishing

21,000 posts and employing 19,000 additional members of staff in mental health services by 2021, and in the Green Paper Transforming children and young people's mental health provision. To include:

- continued focus on Improving Access to Psychological Therapies (IAPT) for adults through the training of additional mental health therapists and upskilling the current IAPT workforce, including increasing the number of IAPT practitioners working in general practice to allow adults with common mental illness timely access to IAPT services known to support recovery;
- supporting the delivery and expansion of innovative new roles in mental health by implementing agreed priority workstreams which have been identified as having the greatest impact in transforming the mental health workforce;
- increasing workforce capacity and capability in children and young people, adult and perinatal mental health services by driving up the quality of education and training opportunities for the wider workforce and supporting new ways of working for people working in mental health services;
- further developing the education mental health practitioner role within the mental health support teams set out in the Green Paper to support improved access to mental health services for children and young people.

4.6 Train at least 3,400 existing staff and 1,700 new staff to deliver evidence-based interventions for children's and young people's mental health and implement the whole system approach described in [Future in Mind](#) by March 2020.

4.7 Support the development of the Long Term Plan priorities for people with learning disability and/or autism, including developing a core workforce skills framework to give new and existing NHS staff awareness and essential knowledge and skills in relation to autism (Tier 1) and give health and care staff who make decisions in partnership with autistic people essential specialist knowledge (Tiers 2 and 3).

4.8 In support of Long Term Plan priorities for community health services:

- work with the education reform programme and providers to increase student placements in all community nursing teams;
- implement, with providers, the new Apprenticeship Specialist Qualification for District Nursing and the core capabilities for advanced nursing practice in the community;
- work with providers and HEIs to prepare for the increases in the community workforce aligned to the Ageing Well priorities.

- 4.9 Continue to take forward delivery of the [Cancer Workforce Plan](#) phase one actions to 2021 including:
- contributing to an increase of 1,490 whole time equivalent staff across the priority professions by March 2021;
  - training an additional 200 clinical endoscopists by December 2021;
  - training 300 reporting radiographers by March 2021.
- 4.10 In support of the cancer services commitments in the Long Term Plan, work with NHS England/NHS Improvement and other partners to:
- ensure all cancer patients have access to the right expertise and support including a clinical nurse specialist or other support worker;
  - bring about the workforce, training and education changes needed to develop and deliver Rapid Diagnosis Centres, targeted lung health checks and changes in national screening programmes;
  - develop competency frameworks and standard career pathways/progression routes for the diagnostic radiography and sonography workforces, working with cancer patients;
  - develop credentials for cancer care, starting with a credential in breast disease management for breast clinicians;
  - develop suitable training, in conjunction with the Genomics Education Programme to deliver increased testing for children and adults with cancer.
- 4.11 Deliver the HEE objectives for 2019/20 arising from the [emergency department workforce plan](#) and (with NHS England/NHS Improvement) develop strategies to help address multi-professional workforce challenges in wider urgent and acute care settings.

## **5. Developing a new operating model for the workforce**

The interim NHS People Plan articulates a key role for local health systems – sustainability and transformation partnerships (STPs) and, by April 2021, a comprehensive network of integrated care systems (ICSs) – working with local health and care providers to ensure a more collaborative approach to training, recruiting, retaining, developing and deploying their local healthcare workforce.

Through Local Workforce Action Boards (LWABs), HEE is already working with these local health systems to help them understand their current workforce position, identify gaps/needs and develop system workforce plans. HEE will provide expertise and dedicated resources to help STPs/ICSs develop their five-year strategic plans.

HEE will work more closely with national, regional and system partners to develop a more coherent approach to workforce policy and planning.

### **Developing a new operating model for the workforce 2019/20 deliverables**

- 5.1 Work with DHSC and NHS England/NHS Improvement to develop an action plan to ensure more comprehensive and timely workforce data, available across national, regional, system and organisational levels.
- 5.2 Support STPs/ICSs to develop five-year workforce plans, as an integral part of service and financial plans, providing a better understanding of the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning by November 2019 (with NHS England/NHS Improvement).
- 5.3 Work with NHS England/NHS Improvement to support the development of STPs/ICSs by:
  - co-producing an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support that STPs/ICSs can expect from NHS England/NHS Improvement and HEE regional teams, and informs decisions on the pace and scale at which ICSs take on workforce and people activities;
  - regional teams agreeing respective roles and responsibilities, associated resources, governance and ways of working with STPs/ICSs;



- agreeing development plans to improve STP/ICS workforce planning capability and capacity.

5.4 Work with NHS England to develop proposals so that every STP/ICS has access to the core services of a HEE Training Hub.

## 6. UK Exit from the European Union

As the national leadership organisation for education, training and workforce development in the health sector, HEE has a key role in monitoring and managing the potential consequences of EU Exit for the availability of an adequate and skilled workforce.

It is essential that exiting the EU does not deter the clinical workforce from the European Economic Area (EEA). This includes approximately 2,000 qualified doctors who come to the UK from the EEA each year and contribute to the NHS and wider health and care system. The biggest risk identified for HEE is in relation to medical training recruitment and the continued flow of qualified doctors and dentists from the EEA to UK training posts.

According to the General Medical Council (GMC), qualified doctors from the EEA make up 9% of licensed doctors in the UK. Whilst the status of qualified doctors, dentists and all other regulated healthcare professionals already in the UK is guaranteed, it is essential that this continues after EU Exit. HEE has an important role to ensure we do not turn off the tap in enabling the clinical workforce from the EEA to come and work in the UK in the future.

HEE is fully engaged and working collaboratively with DHSC and the wider system to ensure appropriate contingency plans are in place to protect the NHS and wider health and care workforce. These plans support health and care providers to adapt to demand nationally and regionally, after EU Exit.

To help ensure the continued flow of trained health and care professionals into the UK, DHSC has put in place legislation that maintains the recognition of EEA and Swiss qualifications under existing arrangements as far as practically possible. This will ensure that EEA and Swiss qualified professionals have a route to recognition in any EU Exit scenario. This ensures qualified health and care professionals can continue to live and work in the UK and support our health and care system.

## Annex: Education Outcomes

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

- **Excellent education:** Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.
- **Competent and capable staff:** There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are reflective of the changing demography of the population they serve, properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.
- **Flexible workforce, receptive to research and innovation:** The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.
- **Widening participation:** Sourcing talent and providing leadership that flourishes free from discrimination with fair opportunities to access careers, progress and fulfil potential, recognising individual as well as group differences, treating people as individuals and placing positive value on diversity in the workforce and where role models are promoted and encouraged. This will include opportunities to progress across the five leadership framework domains.
- **Volunteering:** Following the production of the HEE Volunteering Strategy, deliver proposed products to support the recruitment and enhanced experience of volunteers across the NHS. Additionally, encourage and support NHS staff themselves, to take advantage of volunteering opportunities within health and social care, and ensure senior clinical and managerial leadership value the vital contribution volunteers make to the service.
- **6. NHS values and behaviours:** Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular continuing personal and professional development, that instils respect for patients.

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