

Recovery and Delivery

HEE Business Plan 2021/22



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Foreword

From our Chair and Chief Executive

Health Education England is part of the NHS and works with partners to plan, recruit, educate and train the health workforce. The COVID-19 pandemic was a massive global challenge impacting across the NHS, including students and trainees. We convened partners at the nexus of education and health to help thousands of learners join the service to fight the virus.

We all had to be agile, innovative, and cooperative. Now we must refocus and recover by learning the lessons, supporting our people, and working together. In our case continuing to support the NHS, helping learners deal with the mental and physical aftermath, and ensuring the graduate pipeline remains open. The impact of COVID-19 will be felt through the year so remains the backdrop to our 2021/22 Business Plan – Recovery and Delivery.

Now is not the time for timidity. The pandemic shows that we must grasp the moment and act, so we have refreshed our organisational goals to be more ambitious and challenging. Our annual objectives move us towards meeting those future workforce, current workforce and quality goals.

Healthcare is people driven. Individual, personal patient and clinician interactions are the beating heart of healthcare. Having the people we need to provide the right care, compassionately and effectively, remains the number one issue for the NHS.

Which is why cooperation, collaboration and partnership are our watchwords. The People Plan provided a great example of how we can work together and throughout this Plan we set out how we help convene partners and stakeholders, including Integrated Care Systems (ICSs), to deliver the results the health and care system needs.

Our objectives reflect the priorities of the NHS. Whether it's growing primary care, more nurses, focussing on mental health and cancer, working with social care, overseeing the wellbeing and progress of 180,000 students and trainees, or reforming education and training, it is because the NHS has told us this is what is needed.

We look forward to working with you to deliver our objectives, the NHS' priorities.



Sir David Behan CBE



Dr Navina Evans CBE

Introduction and context

Health Education England (HEE) is a non-departmental public body accountable to the Secretary of State and Parliament. We are part of the NHS and work with partners to plan, recruit, educate and train the health workforce.

We serve the people of England by educating, training and developing healthcare professionals. We oversee undergraduate and postgraduate health education and training for around 240,000 students and trainees across 350 different roles, including doctors, nurses, midwives, paramedics, healthcare scientists, pharmacists, and physiotherapists. We also provide planning, transformation and development support to the NHS workforce, for now and the future.

We collaborate with others at global, national, regional, system and local levels over the short, medium, and long term. In particular we partner with NHS England and NHS Improvement (NHSE/I) and support both Regional and System People Boards. These boards currently carry out Local Education and Training Board (LETB) functions and bring together stakeholders around workforce, education, leadership and organisational development.

The COVID-19 pandemic fundamentally changed how the NHS operated last year and will continue to have consequences for years, with 2020/21 focussed on recovery and developing a 'new different' operating model. We all came together to face the pandemic and our relationships with trusts, universities, trades unions, professional bodies and regulators strengthened as a result.

The pandemic continues as we plan to deliver the Government's proposed workforce expansion and support record numbers of applications for clinical courses. Our delivery of core education and training this year will be impacted both by catching up for learners and ongoing service demands (including new testing and vaccination). The availability of service staff to support our work will be impacted by their health and wellbeing due to increased absence rates, mental health risks and burnout.

ICs will be vital partners and we will support their transition into statutory bodies and subsequent development, as well as NHSE/I's Operating Model review, developing approach to improvement and emerging System Oversight Framework and planning processes as we learn lessons from the pandemic.

Over 90% of our budget is allocated to educating and training the future workforce through universities and health providers. Over the next 12 months the ongoing impact of the pandemic on the NHS, the nation and the globe will be a factor in how we budget, plan and deliver our priorities. Closer working with social care, cooperation and collaboration with stakeholders and looking after our people and learners will be vital to how we deliver our objectives, including the proposed workforce growth.

HEE priorities

HEE works closely with the Department of Health and Social Care (DHSC) and NHSE/I to agree HEE's priorities. These are set to cover:

COVID-19 response and recovery: In support of the NHS Operational Planning Guidance for 2021/22 HEE will give priority to working collaboratively with its arms-length body partners, and with adaptability ensure a robust and agile response to the impact of COVID-19 on the NHS, its staff and its patients. Through the recovery phase, HEE and NHSE/I should work in partnership to align service redesign and workforce planning, embedding beneficial learning from the pandemic. In parallel, as far as possible, we will ensure future student graduation and trainee progression is restored to the expected academic schedule.

Government healthcare workforce priorities: HEE is expected to contribute to the 50,000 additional nurses programme and towards the Government's ambition to increase the number of GP training places to 4,000 a year.

NHS Long Term Plan (LTP) delivery: HEE will take forward actions to increase the supply of people trained to fill the roles needed to bolster mental health and cancer and diagnostics services as outlined in the LTP. HEE will continue to lead work on implementing our actions set out in the NHS People Plan and on developing future People Plan proposals. This will include recognising the importance of continuing professional development. With NHSE/I we will shape the Operating Model for people and workforce issues in the NHS with a particular focus on the developing role of ICSs.

Long term workforce planning and reform to services: HEE will lead a workforce planning process with NHSE/I which will inform a future health workforce strategy. We will continue to reform professional education and work with NHSE/I on wider system transformation and leading support for workforce design, building capacity and capability to define innovative workforce solutions which optimise the use of resources.

Collaboration with social care: HEE will continue to develop its work with the social care system at all levels promoting an integrated approach to the health and social care workforce and support ICSs to join up their local workforce planning and development of health and social care.

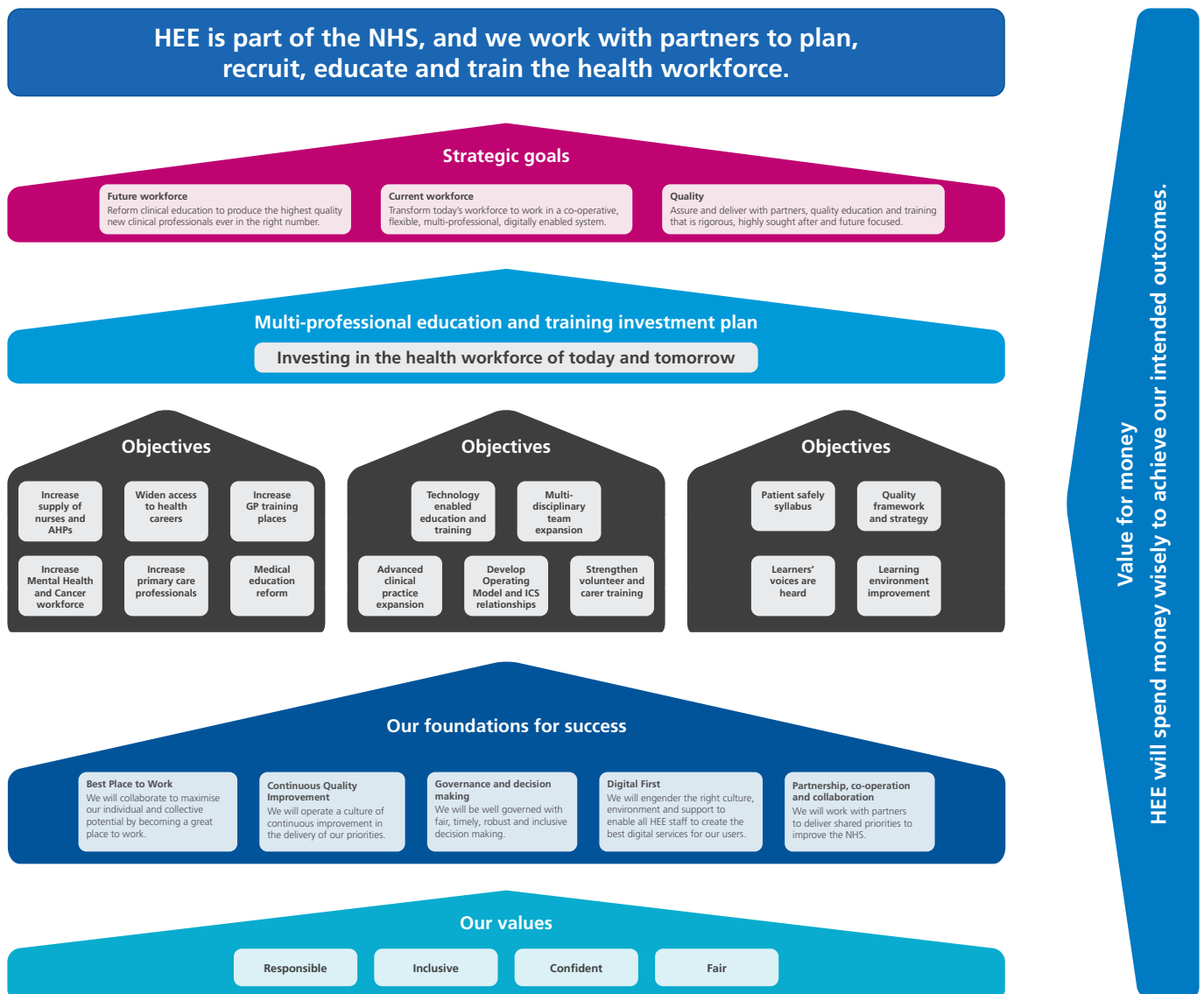
Supply of Information: HEE will provide finance, activity and outcome information to DHSC to support in year financial discussions with DHSC and inform the next spending review.

These are carried through to the objectives in this Business Plan.

Plan on a page

HEE's strategic framework (Plan on a Page) outlines our strategic goals, annual objectives and key foundations of success, mapped into a performance framework.

As part of our annual review of the Plan on a Page we agreed that now is the time to be bolder, more ambitious and aspirational. We have refreshed our strategic goals to better reflect our role as system leaders for education and training and partners across health and care. Our new annual objectives support these three strategic goals. HEE's foundations of success, values and ensuring value for money complete the framework.



The programmes and projects to deliver our objectives will be underpinned by our five foundations of success – Best Place to Work; Digital First; Improved Governance and Processes; Cooperation and Collaboration; and a performance improvement culture.

In early 2021 we engaged colleagues across HEE in defining our own values and behaviours that align with the NHS Constitution, but also reflect our unique role and how we want to work with each other. How we embed them and learning from the pandemic into our future operating model will be a key task. This work will continue through 2021/22 and be reflected in next year's Plan on a Page.

COVID-19 response and recovery

We will prioritise supporting the system, learners and the graduate pipeline to recover from the pandemic, recognising it will continue to impact on the delivery of our objectives. The NHS coped admirably with the nation's worst crisis in living memory but there is more to do. The pandemic disrupted the learning of doctors, dentists, nurses, midwives, and allied healthcare professionals. Many were redeployed or volunteered to support the NHS in other ways. There is no doubt these thousands of learners made a significant contribution to fighting the virus.

Innovation, agility, and cooperation saw training delivered virtually, specialty recruitment continue, and transformational change delivered at pace. Most trainees and trainers reported positive experiences around teamwork, support and feeling valued in their role, despite severe pressures.

In January 2021 we worked with the Nursing and Midwifery Council (NMC), to reintroduce emergency education standards that enabled most students to continue learning, but created resource for the system, and opportunity for final year students to volunteer if they wished. Temporary changes to the annual review of competency progression (ARCP) process allowed trainees to progress and then catch up with missed curricula and competencies during the next training year.

As we plan service and education recovery, we are already seeing health and care careers proving more attractive so we will capture innovation to deliver supportive and inclusive training environments, cement new training opportunities and embed improved ways of working for new and current students and trainees.

Our Deans will work with the GMC and Royal Colleges to ensure the pandemic does not compromise long-term training needs and progression, recognising the implications of changes made during the pandemic on what is required of trainees in this and subsequent training years. Deans will facilitate additional training whilst continuing to ensure patient safety and avoid over-burdening trainees and trainers.

Through shared ambitions to ensure health education and training is flexible and responsive to changing demands we will improve medical education based on the lessons from the last year and the requirements of a post pandemic world. We will also enhance our modelling and analytical capability as COVID-19 showed our teams are best placed to do this for the system. Multi-professional teams and a primary focus on skills rather than roles served the NHS well during the pandemic and we will further embed this approach through education, training and planning the future workforce.

HEE core business

Every year HEE spends over £4bn educating and training the health workforce – over £11m every day to support 240,000 learners. We part-fund the salaries of most doctors in training. We invest in courses and contribute to clinical placement costs for students. We provide back-fill and salary support monies in some professions. We spend to design courses, buy equipment, support learners and educators and deliver online education. We manage the continuous professional development (CPD) funding for Nurses and Allied Health Professions on behalf of the NHS.

Multi-professional Education and Training Investment Plan (METIP)

HEE has established a new annual investment planning process called the Multi-Professional Education and Training Investment Plan (METIP). The METIP is not a workforce plan, but an investment plan for HEE's 'Future Workforce' and 'Workforce Development' budgets – around 90% of HEE's spending – which includes funding the future workforce supply needed to deliver NHS workforce strategies. It will enable HEE to respond positively to NHS workforce challenges through prioritising its spending to generate the biggest and best impact for patients.

Each year's METIP will set out both the activity intentions and related HEE funding policy for that activity. Only 20% of the 'Future Workforce' budget is amendable annually, so the METIP will also take a longer-term, multi-year view of the investment decisions required to develop the future professional NHS workforce.

The final 2021/22 METIP will be determined by HEE's final budget and the growth of training numbers as a result of increased university applications and admissions. The planning processes will provide transparency and further rigour to HEE's approach, ensuring value for money on behalf of the taxpayer. Over future iterations, the METIP will help HEE align its available funding with service workforce requirements and the desired geographical distribution of activity.

The ongoing impact of COVID-19 on learners will be monitored and mitigated and inform future planning. Immediate funding support will be additional to set budgets.

Full details are included in the METIP, published with this Business Plan. In summary we will spend £2.3bn training post-graduate doctors and dentists; £1.2bn supporting the clinical education of undergraduate Medical, Dental, Nursing, Midwifery, AHPs and Health Care Scientists through clinical placements and £0.8bn educating postgraduate trainees such as Clinical Psychologists and Health Care Scientists.

We will fund education and training for 240,000 learners including 49,000 doctors and dentists, 79,000 student nurses and midwives and 28,000 AHPs. The money is allocated by activity to every NHS Trust and thousands of GP surgeries across England, ranging from £285m in the South West to £793m in London.

HEE strategic goals and 2021/22 objectives

HEE purpose and strategic goals

HEE has refined its purpose and strategic goals to increase the level of our ambition. These goals provide the longer-term perspective, a touchstone from which in-year objectives are constructed. These goals represent what HEE will always reach for; ongoing principles that provide consistency and stability.

Purpose	HEE is part of the NHS and we work with partners to plan, recruit, educate and train the health workforce.
Goal 1	Future workforce - 'Reform clinical education to produce the highest quality new clinical professionals ever in the right number'.
Goal 2	Current workforce - 'Transform today's workforce to work in a co-operative, flexible, multi-professional, digitally enabled system'.
Goal 3	Quality and patient safety - 'Deliver and quality assure with partners, education and training that is rigorous, highly sought after and future focused'.

HEE objectives

Our objectives are stepping-stones towards our goals, where we will focus our efforts during 2021/22. They will also feature in Regional and Directorate Delivery Plans to ensure greater alignment, synergy and focus on shared delivery across HEE.

Future workforce	Reform clinical education to produce the highest quality new clinical professionals ever in the right number.
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This strategic goal is underpinned by six objectives for 2021/22.

Objective	Increase nursing supply to help deliver 50,000 more nurses in the NHS by March 2024 and tackle AHP workforce shortages in a managed way that supports the NHS LTP.
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To improve patient services, we will increase the number of nurses available to be employed by the NHS. A variety of initiatives such as the conversion of nursing associates and assistant practitioners to registered nurses, direct nursing apprenticeships, the blended learning degree and return to practice as well as improved retention within the NHS will mean an enhanced nursing pipeline. Applications for nursing courses have risen by almost a third to 60,130 with an increase in each age group. This is the third consecutive annual increase, contributing to the Government's 50,000 additional nurses pledge from a September 2019 baseline. Through our Careers Service we will also continue to promote the profession whilst working with Universities to reduce course attrition. **More nursing staff should result in speedier, and better care and increased patient safety.**

In addition, we will tackle allied health professional workforce shortages across the fourteen professions in a way that supports the NHS Long Term Plan. The demand for Allied Health Professions' skills across sectors requires focused support to the professions. Targeted growth of pre-registration training, alongside placement recovery will drive innovative expansion of placements and apprenticeships, support worker development, a national programme of ethical international recruitment and career development. This will **help to retain highly skilled practitioners by enabling them to utilise their full trained capability** and further advance their practice. Educational reform across each of the professions will **support the development of 21st century clinicians to meet the increasingly complex needs of populations to stay well, independent, in work and at home wherever possible.**

Objective

Increase the number of GP training places to 4,000 and make a phased move towards all GP trainees spending 24 months in general practice.

This will help us to meet the Government's commitment to have an additional 6,000 doctors in primary care by March 2024. **More GP trainees will reduce the pressure on GPs resulting in fewer leaving the profession, helping to address GP shortages. More GPs working in wider primary care teams will help to promote population health and wellbeing.** Increasing training numbers, coupled with improved retention, and developing multidisciplinary teams that deploy nurses, clinical pharmacists, physiotherapists and others **will lead to more personalised, proactive care and more rapid access to care.**

Objective

Continue the infrastructure developments of HEE ICS level Primary and Care Training Hubs to support development of colleagues for Additional Roles Reimbursement Scheme (ARRS) roles where funded.

This objective aligns with the LTP and the Government's commitment to **an additional 26,000 primary care professionals.** The further roll out of HEE ICS level Primary Care Training Hubs (PCTHs) will have a critical role in helping to ensure the target is met by March 2024 and matching skills to changing patient needs. HEE has committed to infrastructure development and support. Where funded or commissioned to do so these hubs will support people in new and extended roles as they join primary care teams, for example through preceptorships, and help shape expanded multidisciplinary teams. PCTHs will also develop primary care training capacity with new multi-professional educators, increased clinical placement capacity, and enhanced quality of training and placements. PCTHs will support (CPD) and career development. Finally, PCTHs will work with schools and universities to promote primary care as a great place to work and support workforce planning, working closely with Primary Care Networks (PCNs) and ICSs. HEE will also develop new primary care roles, such as physician associates and clinical pharmacists and continue to expand clinical pharmacists training in general practice, meeting the ambition to have up to six clinical pharmacists in every PCN.

Objective

To help reduce health inequalities, we will widen access to health careers for under-represented groups and develop a 'what works' evidence base.

Reducing health inequalities improves communities, individual lives and the NHS. HEE will play its part by identifying and attracting non-traditional entrants through partnerships with further education colleges and the Prince's Trust. Improved education and training pathways will **boost the availability of community-based health workers**, helping HEE better link health and social care through peripatetic care assistants and other workers straddling both sectors to deliver services in communities, hospitals and homes. A broader-based community approach incorporating access to employment; apprenticeships; and volunteering can **help develop a home-grown workforce reflective of the communities we serve, improve social mobility and further reduce inequalities**. Promoting and developing health workers with less formal training to support doctors and nurses needs to be fully maximised. We will examine the systemic problems and barriers that prevent sufficient career progression for staff from diverse backgrounds as well as providing greater awareness amongst diverse groups of the breadth of roles available within the health and care sector. **The benefits of such an approach will be better links between health and social care, a more diverse and skilled workforce**, and when combined with a focus on preventative work in local communities it can have a big impact on **reducing the demand for NHS services**.

Objective

Increase the supply of people trained to fill the roles to enable delivery of the LTP outcomes for mental health and cancer and diagnostics.

This contributes to wider LTP and People Plan goals. It prioritises investment in training the future mental health workforce, specifically, expansion in psychological therapies for children and young people, boosting advanced clinical practitioner, psychiatrist, and mental health nurse numbers. We will also prioritise the training of clinical endoscopists and reporting radiographers to support cancer and diagnostics. Increasing training places for clinical psychology and child and adolescent education and training should **result in more rapid access to the care and treatment that children and young people require**. Working with our partners through our work with cancer alliances we will take forward the Cancer Workforce Plan and the continued investment in cancer and diagnostic services will increase the numbers of skilled staff which will **enable earlier and faster detection and is a key part of improving survival rates further**.

Objective

Deliver medical education reform proposals to improve the efficacy and flexibility of our medical education system.

To **increase the flexibility and responsiveness of medical education and training** we will, depending upon funding, take forward reforms around:

- i. developing plans to enhance the generalist skills of doctors to improve the quality of care and support the ambitions of ICSs:
- ii. ensuring our investment in medical education and training is better aligned to population health need; changing the geographical distribution of training posts to ensure future doctors are more equitably distributed and aligned with demand.
- iii. embedding the innovations brokered during the pandemic by reforming our processes around medical recruitment, progression and assessments.
- iv. working with medical schools to ensure graduates are better prepared for their transition to the Foundation programme.
- v. widening access and participation to medical careers to those with different backgrounds and experiences through the development of a undergraduate medical apprenticeship.
- vi. enhancing the support for doctors as health leaders through CPD, diversity in the profession and leadership as well opportunities for Specialty and Associate Specialist (SAS) doctors to return to training.

The outcome of more flexible training options combined with improving the working lives of doctors **is that medicine is seen as an attractive career option and we can recruit more doctors and dentists that the NHS needs, as well as keep more of those that we already have. This will result in doctors equipped with the skills the NHS needs and patients receiving high quality care.**

Current workforce

Transform today's workforce to work in a co-operative, flexible, multi-professional, digitally enabled system.

This strategic goal is underpinned by five objectives for 2021/22.

Objective

Adapt education and training to accommodate changes in technology and support the workforce to adapt to changes in roles as a result.

The way people interact with digital technology in their everyday lives is being reflected in service delivery so must be rapidly included in education and training. The disruptive innovation caused by COVID-19 has accelerated this need. **The creative application of technology and artificial intelligence for example can result in the reimagining of care delivery if successfully allied with a comprehensive understanding of patient behaviour and greater co-production with healthcare staff.** We will continue to grow education resources and learning opportunities through HEE platforms such as e-Learning for Healthcare (e-LfH). HEE will also lead in building a digitally literate workforce for leaders, digital experts and the wider workforce, utilising the NHS Digital Academy. The implications of digital technology are clear, particularly when combined with the capacity of health workers with much less formal training to support doctors and nurses in driving forward advances in technology – task shifting, protocols for assessing and triaging patients, clinical decision support tools, access to specialist advice, ability to quickly upload still and video images for review are just some of the benefits of a more technologically capable workforce.

Objective

Support the expansion and development of multi-disciplinary teams to achieve a diverse, sustainable skills mix in primary care.

HEE will continue to facilitate the development multi-disciplinary teams with the right skills by expanding the 'HEE Star' training and the practical guide to making the most of multi-disciplinary teams. This will lead to **improved patient outcomes, increased productivity and improved patient and team satisfaction.**

Objective

Through the HEE Centre for Advancing Practice expand clinical practice for nurses, allied health professionals, pharmacists, dental care professionals and healthcare scientists.

Enabling existing staff to continuously advance their practice will lead **to more efficient and effective use of existing staff skills**, enabling staff to realise their full potential within the workforce. This is an essential part of retaining our valued clinicians in clinical roles and enabling patients to access specific skill sets earlier in their pathway. Building strong, modernised, multi-professional teams and recognisable advanced practice capability will support workloads to be safely and respectfully redistributed within teams e.g. within primary care. It essentially represents the intellectual underpinning to strategic workforce planning based on capability and skills rather than traditional roles as we drive **a more flexible workforce** with professionals working at the top of their licence, not the top of their capacity.

Objective

Strengthen the training, learning and development available to volunteers, carers and their families.

We will strengthen the support available to the 300,000 existing and over 750,000 volunteers who stepped forward to support the NHS during the pandemic who make a vital contribution to the health service. Volunteering benefits the volunteer, patients, families and staff. We will scope and design the National Volunteering Portal to speak directly to volunteers, community groups, the voluntary sector and volunteer service managers and their teams. The portal will act as a national gateway to volunteering opportunities, as well as opportunities in education, training and development. We will also drive forward the reach and impact of the National Volunteer Certificate, create new and innovative online learning and training opportunities which will be available to national passporting schemes or a national volunteer reserve scheme as and when they develop. We will promote and develop a toolkit to sustain employer supported volunteer initiatives across the NHS and a national NHS volunteering forum to ensure volunteers have scrutiny over our portfolio and that they are able to fully participate in shaping our future ambitions.

We have developed an online training and support package for carers to enhance the skills, development, and resilience of unpaid carers and we will review this to ensure it is fit for purpose and identify any learning gaps. We are also planning to develop additional e-learning sessions and include a communications campaign to increase awareness. **Increased numbers of volunteers and carers with the right level of support will allow doctors and nurses to spend their time focusing on providing the best healthcare for patients.**

Objective

We will work with NHSE/I to shape the Operating Model for NHS people and workforce issues, including the role of ICSs and the new NHS Bill.

HEE will agree principles to inform our developing relationship with ICSs in delivering recovery and developing resilience through our Operating Model in the transition year to ICSs becoming statutory bodies. HEE's Operating Model development programme will articulate, design and develop HEE's future role in partnership with the health and care system, linked to anticipated statutory change from April 2022.

Working with NHSE/I and ICSs we will seek to agree operating models that make it as easy as possible for us to align planning, finance and delivery. This will include NHSE/I's four pillars of change (i) the NHSE/I operating model; (ii) NHSE/I system oversight framework; (iii) ICS implementation and development including a people operating model and proposed workforce duty preparation and finally (iv) NHSE/I approach to improvement.

Quality

Deliver and quality assure with partners, education and training that is robust, highly sought after and future focused.

This strategic goal is underpinned by four objectives.

Objective

Create the first system-wide and consistent NHS patient safety syllabus and education and training framework to improve NHS patient safety.

Working with education providers HEE will introduce the new national patient safety syllabus and the associated educational modules for staff in England. Patient safety training must be core to health education and training. Consistency across professions will aid multi-disciplinary working and the safety of patients. An e-learning programme will also be developed, available to all 1.4 million staff, in the fundamentals of patient safety to create a culture of safety across the NHS. **Ultimately this should result in improvements to patient safety throughout the NHS** as training is provided to all staff who contribute to the system of patient care.

Objective

Set out our clear expectations for the quality of healthcare learning environments by embedding our refreshed HEE Quality Framework and Quality Strategy for 2021 - 2024.

NHS quality depends on the capacity, capability and competence of our healthcare workforce, which is ultimately secured through their selection, training and regulation. Patient safety will be compromised if any of these components fail. We will embed our revised Quality Framework and Strategy during 2021/22. **This will signal the standards we expect of providers planning placement shape and capacity in response to demand, changing patient needs and new service models** whilst maintaining high quality training.

Objective

Ensure the learner voice is heard and acted upon by using data and insight to measure, monitor and improve the quality and experience of education and training.

We have recently published the analysis of the feedback from the latest multi-professional National Education and Training Survey (NETS) which captured feedback from a record number of healthcare learners about the quality of their placement learning environment. **The bi-annual survey, triangulated with other data and insight, will enable us to seek improvements in areas of concern and promote good practice more widely across the system.**

Objective

Work with health and care systems, system partners and regulators to regulate and improve the quality of clinical learning environments.

This is core business for us so we will work closely with providers and emerging ICSs to review quality and actively support them to meet or exceed our quality standards. We will use a risk-based approach to identify which organisations need the greatest amount of support and work with partners in local quality forums as necessary to ensure we fulfil our statutory duties to improve the quality of the learning environment, education in clinical placements and the wellbeing of students and trainees.

Regional priorities

Most HEE colleagues work closely with the local health, care and education partners in our seven regions which mirror those of NHSE&I. A key focus for our regions over the coming year is supporting the birth of new statutory ICSs as they begin to take shape, outline their structures and identify their core responsibilities.

HEE has a core role to play with ICSs in supporting workforce planning, transformation and quality at a place and system-based level. Regional clinical leadership via postgraduate deans and heads of nursing are key to delivering both our core business of supporting learners and meeting our objectives for medical education reform and workforce growth. The objectives in this Business Plan are priorities for our regional teams, although they might well be implemented in ways that are specific to that region. Regional teams will also have priorities driven by their own unique geography, populations and culture and these are described in detail in each Regional Delivery Plan.

HEE regions will work with and through ICSs via a series of managed projects and programmes and recognising the continued contractual partnerships directly with providers and universities. All ICSs and their providers are asking themselves two key business questions relating to the workforce:

1. Do we know where our future workforce is going to come from?
2. Will our staff have the skills they need?

To enable ICSs to answer 'yes' on behalf of their constituent providers, regions will work with each ICS through all the programmes in their regional delivery plan to:

- **Plan ahead, rethink design** – combining both planning the demand for and supply of all clinical roles and skills with the potential for new roles and new ways of working, linked to service transformation and redesign.
- **Manage and assure the education supply pipeline** – including working with universities and placement providers on predominantly undergraduate supply and working with employers on the education and training and progression of postgraduate doctors, dentists, pharmacists, and scientists, including education and placement reform and skills development, ensuring all trainees have a great place to learn.
- **Support the transition from education to employment** – working with those involved to maximise opportunities for getting the right people in the right place and providing them with a great place to work in the region.

As we deliver our HEE programmes we will work through our ICS-aligned Workforce Transformation teams to connect with programme capacity that is operating at ICS level, ensuring we work in a way that is supportive of ICS priorities, is connected with what partners are doing and maximises collective impact on the workforce challenge.

How we will use our money

Delivering quality education and training from initial supply to further development of the workforce has to be achieved within the financial resources provided by DHSC and income from other sources for specific projects.

HEE is responsible for £5.01bn including an additional £250.25m for ongoing cost pressures from expansion that cannot be avoided and meeting £189m to deliver HEE's contribution to the Government's manifesto commitments.

Expenditure reflects anticipated activity, national tariffs and local prices, triangulated with expansion plans agreed as part of the spending review. Funding has been increased by £232.8m to accommodate postgraduate changes as we expand GP trainee numbers to 4,000 and uplifts for medical and dental pay awards.

Undergraduate medical and dental expenditure will increase by £45.8m primarily to cover clinical placement fees and additional maintenance resulting from higher student numbers due to COVID-19 exam measures. Clinical expenditure will also increase by £204m due in part to increased training of Advanced Clinical Practitioners in Mental Health and Primary Care and increased IAPT training. HEE will also invest £168m in supporting CPD across the NHS, an increase of £18m (12%) on last year.

Alongside the postgraduate training increase our education support budget will increase by £28.2m, £22m of which will fund PCTHs. HEE will continue to reduce running costs with a £3m saving to £60.2m.

This budget provides 'business as usual' activities, investment of the priorities of the NHS and discussions continue with DHSC and HMT regarding costs resulting from the impact of the COVID-19 pandemic on education and training activities.

2021/22 business planning/budget setting

1. Sources of Income

	2020-21 Budget	2021-22 Budget	Difference	Difference
	£ million	£ million	£ million	% Change
Allocation and other income				
DH Programme baseline	3,960.0	3,960.0	0.0	0.0%
Non-recurrent development funding	60.0	0.0	(60.0)	
Agreed changes:				
Unavoidable cost pressures		260.3	260.3	
50k Nursing manifesto funding		77.0	77.0	
50 million Primary Care manifesto funding - GP training		73.0	73.0	
50 million Primary Care manifesto funding - 26k other professionals		39.0	39.0	
Continuing Professional Development	150.0	168.6	18.6	
Mental Health LTP funding		111.0	111.0	
Cancer and Diagnostic LTP funding		46.0	45.9	
Allied Health Professionals and Advanced Care Practitioners		41.0	41.0	
Reduce / reprioritise WD funding		(50.0)	(50.0)	
Additional workforce pressures		12.0	12.0	
DH Programme - Clinical Excellence	0.2	0.2	0.0	0.0%
Subtotal DH Programme	4,170.2	4,738.1	567.8	13.6%
Contributions to programmes				
Mental Health Expansion	103.0	121.6	18.6	18.1%
Primary Care GP Expansion	38.6	0.0	(38.6)	-100.0%
Other Primary Care	16.4	22.4	6.0	0.0%
Pharmacy Integration	8.4	0.0	(8.4)	-100.0%
Devolved administrations	1.2	1.2	0.0	0.0%
NIHR	61.1	65.6	4.5	7.4%
Subtotal Contributions	228.7	210.9	(17.8)	-7.8%
Total Programme Funding	4,398.9	4,948.9	549.9	12.5%
DH Admin - non-ring-fenced	62.1	59.1	(3.0)	-4.8%
DH Admin - non-recurrent Clinical Excellence	0.1	0.1	0.0	0.0%
DH Admin - ring-fenced DEL	1.0	1.0	0.0	0.0%
Subtotal Admin funding	63.2	60.2	(3.0)	-4.7%
Subtotal Grant in Aid from DH	4,229.1	4,798.3	564.8	13.4%
Total Income	4,457.8	5,009.1	546.9	12.3%

2. Expenditure (Business Plan)

	2020-21 Budget £ million	2021-22 Budget £ million	Change	% Change
Expenditure				
Future workforce - post graduate M&D	2,063.7	2,296.6	232.8	11.3%
- undergraduate medical and dental	900.8	946.6	45.8	5.1%
- clinical	775.4	986.3	210.9	27.2%
- tariff and local inflation on FW	34.5	27.6	(6.9)	- -
Subtotal future workforce	3,774.4	4,257.1	482.7	12.8%
Education support	98.2	126.4	28.2	28.8%
Workforce development	272.2	287.4	15.1	5.6%
Transformation fund	5.8	5.8	0.0	0.0%
National activities	127.2	206.6	79.4	62.5%
Development Fund	60.0	0.0	(60.0)	- -
NIHR Expenditure	61.1	65.6	4.5	7.4%
Subtotal Programme Expenditure	4,398.9	4,948.9	550.0	12.5%
Admin Expenditure	63.2	60.2	(3.0)	-4.7%
Total Expenditure	4,457.8	5,009.1	547.0	12.3%

Our foundations for success

Achievement of our goals, objectives and core business requires HEE to be as effective an organisation as possible. Our purpose, goals and objectives are reflective of feedback from stakeholders and colleagues; our priorities are the NHS' priorities.

To underpin these five foundations, we will embed an improvement culture with the Institute of Health Improvement (IHI) to help deliver our objectives and goals.

Best Place to Work

In line with People Plan expectations, the HEE Board has committed to HEE becoming the best place to work with a particular focus on equality, diversity and inclusion. We believe that happy, healthy, supported and engaged staff will have a greater connection to HEE, be more productive and better place us to meet our mission. As part of a comprehensive and ongoing staff engagement process - 'We are HEE' - we identified six strategic outcomes.

These outcomes relate to our culture; rewarding staff; talent and diversity; staff development; staff engagement; and work environments. These were the areas colleagues identified in We are HEE as those requiring improvement if we are to become the Best Place to Work. However, HEE cannot be the best place to work just for some people - if anyone feels excluded, marginalised, or discriminated against, then everything else is for naught.

Our [Diversity and Inclusion Strategic Framework](#) is core to Best Place to Work. This framework is structured around the key themes of: our people; our business; and our influence. HEE is committed to systemic change to enable an inclusive culture which recognises differences and celebrates diversity. HEE will ensure that diversity and inclusion is being furthered through organisational, directorate, team and individual objectives, as well as business planning and performance management processes. We will use our influence with stakeholders to further diversity and inclusion in the wider healthcare system.

The pandemic has had a significant physical, mental and psychological impact on our people that will continue for some time to come so supporting people to stay well is a priority. The 'staying well' workstream focusses on physical, mental and financial wellbeing. Other workstreams include 'Learning at Work', 'Management development', 'Resourcing and attracting talent' and 'The future of work'. [More detail can be found here.](#)

Digital First

HEE is committed to becoming a 'Digital First' organisation, walking the walk we started for the NHS with our [Topol Review](#). Digital competence, investment and literacy must be central to how we work, including our use of data and intelligence, ability to demonstrate value and influence on wider service and health improvement.

We have rapidly accelerating opportunities to use technology to work differently, linking with our Future of Work agenda. We will consider how, what, why and when we use technology and develop new HEE roles to support our changing needs and the changing nature of our service users.

Our ambition in delivering services 'Digital First' will mean we can achieve more benefit, faster and in a more personalised way for the users of all services we provide for learners, employers, educators, system partners and of course our own staff.

Governance and processes

Good governance allows people to do their jobs safely and securely in the knowledge they are protected and supported by the organisation. It sets the environment for inclusive, dispersed and accountable decision making. This includes how we align and coordinate across directorates, regions and Postgraduate Medical and Dental Education (PGMDE), and better understanding how and where decisions are made and how we improve transparency and accountability.

The pandemic reset phase, allied to a relatively new Board, presents us with the opportunity to recalibrate the assurance element of our governance. We are working with the Good Governance Institute (GGI) to agree a Board Assurance Framework.

We are working with NHSE/I on Regional People Boards which bring together key stakeholders around People Plan implementation and ICS workforce plans. They also currently carry out our LETB functions which are set for abolition in forthcoming legislation which we support.

Partnership, co-operation and collaboration

Collaborative working between HEE, DHSC, and NHSE/I on the NHS People Plan, our Mandate and setting of workforce budgets has proved beneficial for all.

COVID-19 accelerated the pace of collaboration across health and care, at strategic and operational levels. We will continue to strengthen our key relationships to help us understand what matters to stakeholders. We will specifically strengthen cooperation at place and system level to support integration, clarify responsibility for workforce planning and transformation and improve the workforce with ICSs.

We will also work with Arm's Length Bodies (ALBs) and DHSC to ensure integrated arrangements for the delivery and oversight of manifesto commitments and other shared priorities.

Continuous Quality Improvement

We will further develop and embed performance maturity, continuing our journey to embrace a performance culture that turns information into intelligence and supports evidence-based decision making. We need the right information to determine whether we are delivering what we promised by aligning our performance and accountability frameworks with this Business Plan. We will define key business questions (KBQs) to shape metrics allowing us to track performance and correct if needed. It also provides accountability to key stakeholders.

These five foundations are critical to HEE to improve our processes, governance, alignment, transparency and culture. They set the foundation for HEE's improvement journey and are vital to meeting our objectives and becoming the best place to work, thereby embedding improvement over years to come.

Measurement and accountability

HEE is accountable to DHSC, our learners, patients and colleagues, for the delivery of our Mandate and Business Plan. HEE's performance framework will therefore be structured around the Business Plan to demonstrate how we are delivering against our strategic goals and objectives.

An initial suite of indicators has been identified, however, these are based on existing indicators in use within HEE. During 2021, HEE is undertaking the next steps in its performance maturity journey to redefine the KBQs and reshape the indicators we use to reflect our performance. This will allow us to better reflect our goals and the expectations of our partners, our own staff and the healthcare professionals of today and tomorrow.

Core indicators will be designed with a greater focus on outcomes, continuous quality improvement and transformational change. They will be developed robustly by examining our existing indicators for continued suitability and asking KBQs to trigger new indicators more closely aligned to our objectives, core business and internal drivers of success. This will ensure greater consistency and transparency with information available regionally and nationally. Performance will be reported to the Performance Assurance Committee and Board with the necessary frequency and timeliness to support an agile approach to tracking progress. This process has already started and a final set of KBQs is expected to be approved at the end of May 2021, following which, key performance indicators (KPIs) will be aligned, and development work to design any new indicators commenced.

A new performance framework outlining all key performance indicators will be added as an addendum to the Business Plan in the summer of 2021.

The internal assurance processes are also being strengthened with a new Regional Assurance Framework in development. The Chief Operating Officer will oversee performance and accountability via the Finance, Performance and Portfolio Group, regular one-to-ones and the Operational Delivery Group. The Director of Corporate Accountability and Engagement will lead communications and engagement around the business plan to aid understanding amongst stakeholders and improve both our transparency and broader accountability.

Contact information

For any further information please email: businessplanning@hee.nhs.uk

Website: www.hee.nhs.uk

Twitter: [@NHS_HealthEdEng](https://twitter.com/NHS_HealthEdEng)

Facebook: [Health Education England NHS](https://www.facebook.com/HealthEducationEnglandNHS)