***Tariff and Funding***

***HEE 2016/17 placement tariff guidance***

**Where can we find HEE 2016/17 placement tariff guidance?**

See: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547749/Tariff_guidance_acc2.pdf>

***Funding for existing and new providers***

**If the aim is to have a steady state of funding to support placements will the funding be open to existing and new providers?**

**Will all universities get access to HEE placement funding , including support for new courses and existing non-commissioned courses?**

The Government response to the consultation confirms that there will be no changes to the 2016/17 clinical placement provision arrangements, and similarly the arrangements for clinical placement funding will remain in place for the 2017/18 academic year. Arrangements after that are yet to be finalised. Opportunities for new providers will develop through partnerships between education and placement providers for mutual benefit.

***Cap on Tariff***

**Is there a cap on the tariff?**

**Will the tariff be increased to support 50% learning in clinical environment?**

HM Treasury has responsibility for setting the tariff cap. The Department of Health (DH) sets the policy and tariff level, HEE transacts it. Any future increase in tariff is a matter for DH policy.

***Growth in tariff and tariff for extra placements***

**Will the tariff grow with the numbers of students?**

**How is the tariff for the extra placements that will be required to grow numbers going to be paid if there is no more money available in the system?**

DH allocates funding to HEE to invest in placements. It will be for universities to work as part of their local health economy with placement providers to secure extra placements for the additional students. It is expected that the growth in student numbers will be supported by the system through innovative partnerships and ideas by education and placement providers. The generation of extra places is a mutually beneficial arrangement between the health sector, universities and their students. .

***Bursary removal***

**Will the removal of the bursary result in a reduction in applications rather than an increase?**

**Will fees deter applications, particularly from mature students?**

The government is committed to monitoring, in detail, data regarding application rates, diversity statistics and workforce supply following the implementation of the reforms

**What happens to students starting between 1 August 2016 and 31 July 2017?**

New students starting between 1 August 2016 and 31 July 2017 on a HEE-commissioned place and an NHS bursary will continue on an NHS bursary if there is no change to the study pattern.

Any new students starting between 1 August 2016 and 31 July 2017 on an NHS bursary that **defer** OR **withdraw and restart/re-join after 1 August 2017** will move to the standard student loans system. However, exceptional cases will be considered on a case by case basis e.g. students that take maternity leave / defer on ill-health grounds. This ruling will also apply to students who have withdrawn from previous academic years and are commencing on a course that starts on or after 1 August 2017 (see [gov.uk](http://gov.uk) information below).

***HEE's view on current placement tariff***

**What is HEE's view on current placement tariff and are you sharing your opinions to DH.**

HEE will ensure that the outcomes of the HEE engagement events on the future education funding system are shared with DH. The outcome will contribute to the Government’s second phase response to the health education funding reforms consultation.

***Post-registration development***

**How is the tariff going to affect post-registration development?**

In depends on the exact nature of the post-registration development. Post-graduate continuing professional development is normally the responsibility of the employer.

***Private, Voluntary and Independent (PVI) sector***

**Can we be assured that tariff will continue for the PVI sector?**

Placement tariff applies to any type of organisation that meets the criteria to provide a clinical placement.

***Paramedic undergraduates***

**Will tariff be accessible to paramedic undergraduates?**

Paramedics are currently not included in tariff. The policy belongs to DH. DH and HEE need to think about how other professions might be brought into the tariff and the implications of this within a total fixed financial allocation.

***Medical and non-medical tariff***

**Is there the possibility that medical and non-medical tariff may be merged under the new system?**

**Will inequalities between medical and non-medical tariffs be addressed?**

**What is the plan for closing the gap between secondary care (£1000) and primary care (£500) tariff for medical students?**

The difference between medical and non-medical tariffs is not part of this exercise and was not a subject of discussion at the recent engagement events. DH is responsible for setting the tariffs, including the current differential between medical and non-medical. These questions will therefore be referred to DH.

***Medical students***

**Why are medical students not included in this discussion?**

The funding of medical education remains separate from these reforms.

***Dental tariff***

**What will happen to tariff for dental?**

Current arrangements will continue for undergraduate dental students. HEE will continue to fund the tuition fees for the 2017/18 entry cohorts for dental hygiene and dental therapy programmes.

***Supporting development of new roles that are not registered***

**Can the tariff be used to support development of new roles that are not registered?**

Tariff for non-medical placements is currently restricted and not available for new roles.

***Costs for uniforms, DBS, Occupational health and travel***

**Will tariff pay for costs such as uniforms, DBS, occupational health costs, ongoing OH costs, inoculations etc?**

**How will this affect the placement travel expenses for individual students?**

The tariff does not currently fund the costs associated with uniforms, DBS, occupational health checks etc and these will not be included in the tariff going forward.

Arrangements for funding additional expenses as a result of students attending pre-registration clinical placements was set out in the Government’s consultation response. The Government will make additional funding available and will include provision for travel, dual accommodation and childcare allowances.

<https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

***Efficiencies***

**Where are the efficiencies going to come from - the providers (academic and health) or from all the other agencies surrounding this?**

From across the system and not just from one organisation.

**How confident are we that the loan repayment terms will be protected over time?**

This is not a subject of this exercise and not a matter for HEE

***Administration costs***

**Will there be any funding for administration costs?**

The tariff covers funding for all direct costs involved in delivering education and training by the provider. There will be no new funding for administration costs.

***Tariff guidance***

**Why is there limited guidance on the use of tariff this causes variation and often allows trust to add to bottom line?**

DH is responsible for setting the Education & training tariff policy and guidance. See:

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547749/Tariff_guidance_acc2.pdf>

***Monitoring of funding***

**Is placement funding monitored for where and how it is spent ...i.e. as it is intended?**

Placement funding is monitored through the Quality Framework and Learning & Development Agreements with placement providers, against the DH policy for tariff.

***CAP Removal***

***HEIs student recruitment***

**With the cap removal what measures will be in place to ensure HEIs do not recruit more students than providers can accommodate?**

It is the responsibility of universities to ensure that they have sufficient placements available to support the students they recruit.

**With the removal of the cap is there not only the concern on numbers but also the quality of potential students?**

## Universities will still need to meet NMC and HCPC standards for recruitment. The HEE National Values Based Recruitment (VBR) framework helps ensure that all students recruited to NHS funded training programmes are recruited for the values of the NHS Constitution. The framework also encourages NHS employers to do the same when recruiting employees to help bring about a standardised approach to recruitment. The VBR framework sets out a number of national core requirements that HEIs are expected to embed into their current recruitment processes to ensure that for all new recruitment rounds, all students are recruited for values as well as skills and aptitude. The framework also includes practical tools and resources to support the effective embedding of VBR in HEIs and employers.

***Placements***

***Length of placements***

**Are 4 to 6 week placements long enough to get the benefit from learning opportunities available, leading to too many short placements?**

Length of practice placements are a matter for professional and regulatory bodies as students have to achieve the required learning outcomes and competencies.

***Multidisciplinary shared core learning***

**Are there plans to maximise the limited resources to undertake multidisciplinary shared core learning at undergraduate level?**

Universities and education providers are best placed to determine how resources to undertake multidisciplinary core learning can be shared but are encouraged to explore where economies of scale and added value can be made for inter-professional learning. For example, simulation based training is a good opportunity.

***Community placements***

**How will competing demands for community placements be managed to ensure equity and meet demands of educational curriculums?**

This is a matter for local negotiation and partnerships.

***Geographical variations in workforce demand***

**How will you manage population needs if you haven't got control over where trainees end up studying, which may be disproportionate, based on HEIs recruitment success?**

The government acknowledged the issue of geographical variations in its consultation. They stated that there are arrangements to support any areas that are experiencing difficulties meeting their workforce demands and that they would be working with delivery partners to ensure that there are appropriate arrangements in place to take account of geographic variations.

***Managing cross border 'encroaching'***

**What role does HEE see itself having in playing the referee in terms of managing cross border 'encroaching'?**

The crossing of local borders is already managed by HEE and will continue to be so. The crossing of national borders is not a matter for HEE.

***Supporting increased demand***

**How will you support organisations to increase clinical placements to cope with the increased demand?**

HEE will continue, within the finite resources available to it, to work with local partnerships as it does now to effect change and to ensure provision of sufficient clinical placement funding for those places needed to meet the workforce planning needs of the NHS. HEE is only responsible for the NHS workforce.

***Support for non-NHS Placements***

**How will placements outside the NHS be managed?**

HEE will continue to support the placement of students required to meet the workforce needs of the NHS and placements will be supported in all sectors of healthcare, both within and outside the NHS, so long as the provider meets the necessary criteria.

***Creative use of placements***

**Could we perhaps have some examples of the 'creative use of placements' that we are apparently seeing?**

**Is the Bolton model documented so we can understand how it works?**

Creative use of placements can be profession specific such as in Orthotics where placements have taken place within the community, MIND charity and refugee services. It may involve flexibility in terms of how placements are supervised and/or use of different providers. In nursing programmes, various forms of the ‘Hub and Spoke’ model are in place enabling students to experience a wider range of practice. A hub is the main base for practice learning where the mentor is based. Spoke placements connect to the main Hub provide additional learning experiences in different settings and with different clinicians not offered in the hub placement. There is a useful press release and other information on the Bolton model on the Bolton University website ([www.**bolton**.ac.uk/MediaCentre/Articles/2015/Jan2015-02.aspx](http://www.bolton.ac.uk/MediaCentre/Articles/2015/Jan2015-02.aspx) and [www.**bolton**.ac.uk/subjects/healthsocialcare/home.aspx](http://www.bolton.ac.uk/subjects/healthsocialcare/home.aspx))

***Two- tier system***

**Won’t there be a 2 tier system?**

Placement providers will need to deliver the Quality Framework across all learners.

***Money saved under these reforms***

**Will any money saved under these reforms be used to fund innovations in placements?**

It is not expected that there will be savings but if savings are made local providers can consider using the tariff to develop innovative approaches.

***Placement Quality***

***Measures of quality***

**What would be the measures of quality?**

The HEE Quality Framework sets out the standards expected from high quality clinical learning environments. The metrics and measures that will be used to evidence these are currently being refined and will be published early in 2017. Details of the Quality Framework can be found [here](https://hee.nhs.uk/our-work/planning-commissioning/commissioning-quality). <https://www.hee.nhs.uk/our-work/planning-commissioning/commissioning-quality>

***Systems for notifying concerns about placement quality***

**How can systems for notifying concerns about placement quality be made more effective?**

**How will quality concerns be handled?**

HEE recognises and promotes the significance of local relationships and the capture of soft intelligence. In order to monitor and manage quality effectively, a consistent HEE quality Monitoring Regime and Quality Cycle based on a risk-based, proportionate approach to quality assurance and quality management arrangements is key. A multi-professional, consistent approach will allow HEE to undertake more effective and efficient monitoring arrangements. The National Educations and Training Survey (NETS), which sits under HEE’s Quality Framework, and is currently being piloted and accredited, will give a broad view of quality from all learners. HEIs should also have clear systems and processes in place to identify and resolve issues with regard to concerns within clinical placements.

HEE is piloting and testing a model for an early warning system. The process will be clear and used across all providers in England

***Quality Framework***

**What is the timescale on developing quality framework before implementation?**

**How confident are you that the Quality Framework is sufficiently valid and reliable for us to rely on it as the framework that should inform/set the new system?**

**How truly inter professional are the standards? They are often based on nursing terminology for the non-medical professions.**

**How much more work will the assurance framework be for placement provider? Concerns over it being another barrier to placing students?**

The framework was developed in 2015/16. It is currently being tested and implementation planned, with the support of an Academic partner (Newcastle University), and will be rolled out formally across England in 2017/18.

The Quality Framework was developed in co-production across HEE with the involvement of providers and learners across professions, as well as engagement with HEIs and professional regulators. HEE has appointed Newcastle University as an academic partner to evaluate the framework and it will continue to evolve as education and training evolves.

One of the guiding principles of the framework is to reduce the burden on providers. Moving to one framework across England as opposed to many different frameworks will help with this. In addition, many of the measures and metrics to support the framework will be drawn from existing data and information sources, meaning providers are not being asked to gather yet more data returns.

***Placement capacity and*** ***hours of practice required by the EU/NMC***

**One way to release quality placement capacity would be to reduce the 2300 hours of practice required by the EU/NMC. Is the DH working with the NMC on this?**

Any proposed changes to regulation are a matter for the regulatory body who work within EU legislation.

***Role of the regulators in managing the quality of placements***

**What is the role of the Regulators in managing the quality of placements?**

**Will regulators accept the HEE Quality Framework?**

**Will NMC accept the outcomes of the HEE Quality reviews? So this replaces learning environment audit?**

HEE is engaging with the regulators on the Quality Framework. The Quality Framework was developed in co-production across HEE, with the involvement of providers and learners as well as engagement with HEIs and professional regulators.

***Authority to remove non-medical students***

**What authority do you have to remove students?**

HEE does not have the authority to remove non-medical students but does work in partnership with Professional Regulators, commissioners and service providers to address quality concerns where they arise. Where quality issues are identified and improvements are not made, HEE can and will remove funding for programmes.

***HEE and assurance of placements***

**All of the quality measures are met by HEI & PSRB frameworks so why is HEE needed for assurance of placements?**

**If HEE ceased to exist wouldn't all these quality assurance functions still be carried out by other existing organisations e.g. placement providers, HEIs CQC etc?**

HEE’s 24 quality standards align to professional regulators standards. HEE provides insight and soft intelligence across a multi-professional view to Quality Surveillance Groups and CQC for quality summits and inspections and works, increasingly, with NHSE and NHSI to support challenged providers and systems. Findings suggest that HEE is able to provide an ‘Early Warning System’ – to support HEE and wider partners to ensure proportionate and timely interventions and support providers to prevent critical incidents and create sustainable quality improvement.

HEE provides a strategic connection with other ALBs to the wider patient safety and quality agenda and crucially, the clinical learning environment and workforce planning. HEIs and CC cannot provide this function. HEE also has the ability to pick up issues earlier, see where programmes may be becoming fragile and the ability to look across the professions and provides support to improve the clinical learning environment.

***Role of HEIs***

**Does this mean HEI's will no longer need to audit placements or collect evaluation, Data as NETS will do this?**

While HEIs are not being asked to gather yet more data returns, HEIs will need to continue with the current auditing of placements and collection of evaluation data to support the quality framework.

**Will the future quality monitoring focus on placement providers rather than HEI's?**

The HEE Quality Framework mainly focuses on the clinical learning environment.  However, HEE will still be commissioning healthcare programmes until the existing commissioned programmes complete.  During this time, HEE will continue to monitor the quality of these programmes in partnership with HEIs using the HEE Quality Framework and the existing contract management processes.

***Linking quality indicators to organisations board level quality dashboards***

**What is the plan for linking quality indicators to organisations board level quality dashboards?**

There are Board level standards within the framework and HEE is currently working with the NHS Leadership Academy to ensure that education and training is highlighted in provider board development.

***Providers’ awareness of the framework***

**Are providers aware of the framework and when in 2016 will it be introduced?**

Yes. Local teams in HEE have been working with their stakeholders and partners to support the testing of it and preparing for implementation. The Framework will be rolled out formally across England in 2017/18.

**Mentoring**

***Ensuring sufficient mentors***

**What is being put in place to ensure there are sufficient mentors to support students in clinical environment with all staffing issues (i.e. shortages in staff supply)?**

The national tariff aims to support provision of mentoring. HEE has historically paid for mentor training for the planned numbers. The dialogue between universities and providers on the additional student places will need to take account of how the appropriate clinical and mentoring support can be ensured.

***Training requirements for mentors and supervisors***

**Will the training requirements for mentors and supervisors be standardised across the non -medical workforce?**

The HEE Quality Framework sets out the expectations for a consistent, approach to improving quality within the work-based learning environment across the multi-professional workforce. This includes standards expected for the outcomes and support from mentors and supervisors. It will provide some level of consistency but ultimately it is for individual regulators to set out requirements.

***Support for qualified staff***

**Will there be on-going support for qualified staff to ensure they are as up to date academically as new students will be and to meet future needs of patients?**

Post registration qualifications and Continuing Professional Development is the primary responsibility of the employer.

***Student experience facilitators***

**Will funding for student experience facilitators continue?**

Student experience facilitators may be funded from the tariff allocation and continuing funding for such posts will be a matter for local decision.

***Growing mentors and supervisors***

**How are we going to grow mentors and supervisors?**

It will be part of growing the capacity amongst staff.

***Nursing Apprenticeships***

***Nursing apprenticeships***

**Nursing apprenticeships are on the horizon, how will tension for placements for them and University students be managed?**

Universities and placement providers are expected to have a mutual interest in working together to balance placements for both.

**Will HEE support the use of apprenticeship levy for salary support of apprentices if the national drive for nurse recruitment is via apprenticeship route?**

The apprenticeship levy is not for salaries but for the sole use of education and training.

**Learning and Development Agreements (LDAs)**

**What about LDAs in the new system?**

There is on-going work looking at this. HEE will continue to need an LDA with placement providers as it covers more than placement funding.

**Workforce Planning**

**Do you think workforce planning is sufficiently well developed?**

"Workforce planning" covers a range of activities at a range of scales; from a ward manager filling a shift rota through to the macro-level Horizon Scanning previously done by the Centre for Workforce Intelligence and now with DH. Workforce planning is, about assessing supply, assessing demand and planning and taking action to reduce risks.

HEE's original focus was on planning for the mitigation of risk by education. We took demand forecast from employers and made supply forecasts which informed our investments. Workforce planning at a team or organisational level may involve other types of action.

Our approach to date has meant that there were hundreds of people involved in the development of plans, thousands of lines of data - and variation in the quality both at the organisation, local and national level.  Some of this variation is caused by data gaps - which we are working to address through the Workforce Information Strategy Group. Some of the vulnerabilities are caused by 'system shocks' that are hard to predict - either that they will occur or what the impact will be. Some is from a gap in knowledge and skills.

HEE works constantly to improve its forecasting models and processes. There are a number of changes to planning underway this year including:

* alignment with the wider Sustainable Transformation Plans and operational planning rounds; including triangulation with activity and finance plans
* creation of Local Workforce Action Boards (which will be the local forum to align and develop plans)
* development of standardised models and frameworks for workforce planning which can be used at a range of scales and are fed by national data sets
* the development of the 'Star' and its five pillars of workforce transformation (new supply, new roles, new ways of working, new skills and new ideas - enabling leaders to think differently about their workforce).

Local offices run networks to support workforce planning within organisations to develop skills and knowledge.

**If numbers of students are based on workforce plans isn’t that still a cap?**

HEE is responsible for ensuring that the numbers in the workforce plan for the NHS are delivered. It will be for HEIs and providers to make the necessary arrangements for any extra placements.

**What is the difference between the workforce plan and the real expected numbers?**

The Government anticipates that there will be an excess of students over that required by workforce plans.

**Other**

***Educating the next generation***

**Isn't it part of a professional’s responsibility to educate the next generation? Perhaps we should promote the collaborative approach?**

This is certainly desirable. HEE will encourage professional leadership bodies to reflect on this.

**Has the question of contract variation being required for the HEE Quality Framework been implemented for NMET?**

The Quality Framework will be part of new LDAs for 2017/18 onwards.

***Learner Survey***

**When will the learner survey be available? In what year will this be applied?**

The learner survey will be available from 2017/18 onwards.

***HEE accountability***

**Who is HEE accountable to?**

HEE is accountable to Parliament. It publishes annual reports and accounts and its performance is managed by DH.

***Nurse training***

**Will there be a reduction in hours required for nurse training?**

The NMC set requirements for time on clinical placement.

**As HEE have a vested interest in the outcome how can they fairly conduct the consultation which will inform the decision made by DH?**

A cross-section of stakeholders including professional bodies, trade unions, health care and social care providers, commissioners of healthcare, and student’s representatives were invited to take part in the engagement events to enable the views and opinions of different stakeholders to be gathered. Four regional events and a series of local events were held. At each stage of engagement, HEE made clear to stakeholders why and how the engagement events were being run and, as far as possible, what could be expected after the engagement events.

The slides used at the events and the placement funding options considered have been made available on the HEE website and are publicly available. At the regional events, delegates were encouraged to raise questions and these were answered at the event by a HEE panel undertaking the engagement. These questions were captured and will be made publicly available as FAQs.