

Annual Report and Accounts 2019-20

Health Education England
(Executive Non-Departmental Public Body)



Developing people
for health and
healthcare

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(Executive Non-Departmental Public Body)

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About Health Education England

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

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Foreword from our Chair and Chief Executive

As we write this foreword, we are in the midst of the Covid-19 pandemic. It has brought fundamental changes to how we operate but as we reflect on the past year, it is clear that our mission remains the same. HEE is part of the NHS and we work with partners to plan, recruit, educate, and train the health workforce. On 1 October 2020 HEE welcomed Dr Navina Evans CBE, previously Chief Executive at East London Foundation Trust, who replaced Professor Wendy Reid, HEE's interim Chief Executive and Accounting Officer, since March 2020.

This report outlines our progress against our key priorities, including;

Ensure the supply of our future workforce:

We have invested £36 million in advanced practice training and recruited record numbers of General Practitioner (GP) trainees. Due to the pandemic, we did not meet our Mandate target on supporting providers with recruiting 7,500 trainee nursing associates; however we did still achieve recruiting 4,860.

Ensure the supply of our current workforce:

We invested in Return to Practice and invested £18million to support community nurses wishing to undertake the specialist practitioner qualification that will enable them to become district nurses. We also provided hundreds of thousands of hours of training to current staff through our e-Learning for Health programme.

Assure and improve the quality of the learning environment with a focus on the wellbeing of patients:

We have approved the provision of an additional £150 million to NHS Trusts in 2020-21 to help employers to allocate every nurse, midwife and Allied Health Professionals (AHPs) a £1,000 training budget for over the next three years; and worked with all of the medical schools in England on the widening participation agenda, with a view to increasing the flexibility of training to support future expansion.

We have focused heavily on the largest workforce gap, nursing, by developing new accessible routes into education and training through apprenticeships and converting nursing associates after further education and training. We have laid the foundations for an innovative, accessible new digital nursing degree programme and on top of new clinical placements, we are addressing the reasons for attrition through our Reducing Pre-registration Attrition and Improving Retention (RePAIR) programme and playing a key role in the [#WearetheNHS](#) campaign to recruit student nurses and Allied Health Professionals (AHPs).

Perhaps one of the most important things the Board did in 2019-20 was agree an ambition to make HEE the Best Place to Work in the NHS – an ambition that is shared and will be driven by Dr Navina Evans, Executive Sponsor for the programme. We believe that embedding a transparent, diverse and inclusive culture with engaged, enthused and supported colleagues makes HEE better at what it does and therefore delivers better results for front line health and care learners and staff and their patients in this challenging environment. We believe that engaged, enthused and supported colleagues make HEE better at what it does, thereby delivering better results for the NHS.

The voice, commitment, and involvement of HEE colleagues is core to making HEE the Best Place to Work, so aligned to both the Interim NHS People Plan and We Are The NHS: People Plan for 2020/21 - action for us all we have listened and distilled colleague suggestions, aspirations, frustrations and recommendations into key programmes that will aggregate into meeting our collective ambition.

The crucial nature of this ambition was shown when we responded to the Covid-19 outbreak. The national outpouring of admiration and respect for NHS and other key workers proves that people drive what is great about our NHS. They have risen to new and unexpected challenges since the Covid-19 outbreak and on behalf of HEE the Board would like to add our sincere gratitude for their commitment, dedication and adaptability.

Foreword from our Chair and Chief Executive

HEE's people played their role by helping over 30,000 students and trainees offer their services to the front line in partnership with NHS England and NHS Improvement, the Department of Health and Social Care, Higher Education Institutes, employers and professional regulators. The expertise HEE provided enabled detailed workforce modelling to meet the needs of the service at the peak of the pandemic with real-time evidence of the skills and expertise of trainees and students to match the needs of the NHS front line. We also provided global education through our HEE-e-Learning for Healthcare Covid-19 programme, free of charge.

Thanks to the preparations we had in place, including ensuring all our staff were able to work remotely within days of the lockdown being announced, we have been able to deliver rapid changes to established procedures to better support the front line. This pandemic has changed the way, as a nation, we work and HEE is planning, with colleagues across the country, for the 'new different' to reflect how we make even better use of technology in managing our business in the future.

HEE's relationships with stakeholders including NHS England and NHS Improvement and HEIs have never been more important, and we're passionate about ensuring we listen, reflect and have honest conversations about the challenges and pressures we face, as well as the opportunities they present.

None of HEE's achievements would be possible without the contribution made by colleagues, the members of our advisory committees and the many others who contribute to our work. We are very grateful to them all. Including our founding Chief Executive, Professor Ian Cumming OBE, who left HEE at the end of the financial year with our thanks and gratitude for all the work he did in building and leading HEE. We would also like to place on record our sincere thanks to Professor Wendy Reid for her excellent leadership of HEE as Interim Chief Executive from March - October 2020.

We also thank HEE's former Chief Nurse, Professor Lisa Bayliss Pratt for her dedication and welcome Professor Mark Radford following his permanent appointment into this role.

Finally, we would like to thank two of our Non-Executive Directors, Professor Malcolm Morley OBE and Ms Mary Elford, whose term in office ended 31 October 2019, for their contribution to the development of HEE and welcome our new Non-Executive Directors Professor Soraya Dhillon MBE, Mr Andrew Foster CBE, Professor Andrew George MBE, Professor John Latham CBE, Dr Liz Mear and Associate Non-Executive Directors Sir Andrew Morris OBE and Dr Harpreet Sood.



Sir David Behan, CBE
Chair



Dr Navina Evans CBE
Chief Executive

Performance Report

Overview

This overview is to provide a concise summary of HEE's work, its purpose, the key risks to the achievement of our objectives and how we have performed during 2019-20.



Performance Report

Our purpose

Our leaders and structure

HEE is part of the NHS and works with partners to plan, recruit, educate and train the health workforce. We are led by our Chair and Chief Executive, who are part of our Board, alongside our Executive Directors and Non-Executive Directors. We also have seven Regional Directors who take a leadership role in the regions they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation.

We fund and supervise the highest quality education and training to deliver world class health professionals who work effectively in multi-disciplinary teams for the benefit of patients. As well as planning for and training our future workforce, we are committed alongside employers and other stakeholders to the development of the current NHS workforce. The Local Education and Training Boards (LETBs) are responsible for the training and education of NHS staff, both clinical and non-clinical, within their area. Our LETBs are made up of representatives from local providers of NHS services and cover the whole of England. For further information <https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

Over the past year the HEE Board and Executive Team have focused the organisation's role around three strategic goals. These were designed to articulate the outcomes that will make a difference to our stakeholders, to reflect our overarching purpose and to align with our statutory responsibilities. These goals are;

Future Workforce

Ensure the future supply of the healthcare workforce in sufficient numbers and with the skills the NHS needs and reflects the communities it serves.

Current Workforce

Transform the current healthcare workforce to exploit new science and technology and adapt to new ways of working.

Quality and Patient Safety

Assure and improve the quality of the learning environment with a continuing focus on the safety and wellbeing of patients.

To achieve these goals, we recognise, that all parts of HEE need to be highly effective at delivering our core responsibilities. Our core responsibilities are;

- Workforce Planning and Analysis
- Postgraduate Medical and Dental Education
- Clinical Education and Training
- Quality of Education and Training
- Workforce Transformation.

These responsibilities have provided the framework for our business plan deliverables, as well as a strategic line of sight around which team and individual staff objectives can then be aligned.

In addition to a continued focus on supporting 160,000 trainees across the health professions in their education and development, many of the deliverables in the 2019-20 Business Plan were developed in partnership with other NHS agencies as part of the co-operation required to produce the Interim NHS People Plan. As part of this process they were assessed for affordability and have been delivered within HEE's budget.

Our business model is to provide national strategic leadership and policy development, alongside national and international interventions, but also to deliver tailored solutions at regional and local levels in the health system.

There has been an impact from Covid-19 on:

- work due to be delivered in 2019-20 which is detailed later in the report
- areas that were due to carry over from 2019-20 in any event, and
- areas that we had planned, whether in the People Plan or otherwise, to focus on in 2020-21.

The impact of Covid-19 on our 'core business' and new and emergent areas of work from (co) leadership of workforce cells at regional level will be a consideration as we move through 2020-21. These new and emergent areas of work have included maximising effective deployment into organisations (including brand new field hospitals), convening of the health and education systems to ensure rapid and safe systems of deployment for clinical learners into care settings and our own staff volunteering to be deployed on or supporting front line services.

Performance Report

Statement on performance from our Chief Executive

HEE is fully engaged with system partners in delivering changes in healthcare as we plan, recruit and educate the future workforce. Through increasing workforce transformation and educational resources (such as e-learning materials), we support social care and recognise that staff trained within the NHS can and do work in this setting.

Developing our existing and future workforce is at the centre of the forthcoming NHS People Plan, developed in collaboration between NHS England and NHS Improvement and HEE, ensuring staff are front and centre of the way the NHS operates, making it the best place to work, attracting and retaining the very best people. Through aligning HEE's regional structure with that of NHS England and NHS Improvement, we have been able to work more easily in a more joined up, effective and comprehensive system leadership model to the NHS to drive forward this important piece of work.

In addition to ensuring the supply of the NHS workforce by training more GPs during 2019-20 than ever before in the history of the NHS, increasing the number of trainee nursing associates and investing £36 million in advanced clinical practice. HEE continues to grow its focus on the current workforce, supporting initiatives around recruitment, retention, return to practice, workforce development and transformation to make a difference to the frontline quickly and effectively. We deliver this in partnership with other arm's-length bodies (ALBs) and local organisations, through Sustainability and Transformation Partnerships (STPs), Local Workforce Action Boards (LWABs) and Integrated Care Systems (ICS's).

We have a strong track record of delivering on our commitments, as set out in our Mandate from Government. However, the impact of the pandemic has resulted in some delay to specific outcomes. We have recruited 4,860 trainee nursing associates, many of whom are contributing to the care of patients during the pandemic. We will support providers with further recruitment as we enter the next phase of Covid-19, as we meet the 7,500 target. Alongside this, over 1,500 qualified nursing associates joined the Nursing and Midwifery Council register. This important new role sits alongside existing nursing care support workers and registered nurses to deliver hands-on care for patients but also provides a new

career path for those already working in our NHS with an ambition to become registered nurses.

The importance of promoting choice and offering flexibility and adaptability to front line staff, student and trainees is vital, particularly as we have seen such extraordinary responses from them as the NHS faced the surge of Covid-19 cases. Thanks to our now well-established relationships with partners such as NHS England and NHS Improvement, the Department of Health and Social Care and the professional regulators, we are continuing to drive the agenda that will allow present and future staff to deliver high quality care over a life-long career. Collectively, we are steadfastly and diligently looking beyond the 'here and now', focusing on where we need to be and how we reset to 'new normal', where we will all be living with the risk of Covid-19; ensuring that as we re-focus on our core business we do not lose the beneficial changes we have seen as part of our response to the pandemic.

Although these are challenging times, we are proud to work with the providers of NHS services and other organisations including professional bodies, local authorities and higher education providers to look at how we can do things differently to meet growing and changing demands. In addition to continuing with our ongoing support to the system, our collective challenge now is also to maximise digital enablement and ensure that we do not lose the benefits of the innovations and improvements that the pandemic has challenged us to deliver.

This report reflects our achievements to March 2020 and for full details of our plans for next year, please take a look at HEE's Business Plan 2020-21 at www.hee.nhs.uk



Dr Navina Evans CBE
Chief Executive

Date: 07 October 2020

Performance Report

Our Strategic Direction

The HEE Board and Executive Team together has the responsibility for Health Education England's overall future direction and performance. It is through this position that they set the vision, strategy and strategic goals through to the delivery of effective performance on the ground by teams and individuals. Therefore, Directors need to deliver focused strategic leadership and effective scrutiny of HEE's operation in line with its Mandate from the Department of Health and Social Care (DHSC) and our internal Business Plan. Critical interdependencies exist between HEE's strategic direction and the wider health system that we need to take into consideration when determining our workforce priorities for the year that will assist the NHS achieve its service outcomes for the benefit of patients and the population of England. This included:

a. Long Term Plan for the NHS

The NHS Long Term Plan was published on 7 January 2019 to make the NHS fit for the future, setting out key ambitions for the service, yet recognising the need to secure maximum value for patients out of every pound of taxpayers' investment.

Firstly, the plan outlines commitments relating to a group of clinical priorities, chosen for their impact on the nation's health and where outcomes often do not match those of other similar advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neo-natal health, mental health, stroke, diabetes and respiratory care.

Secondly, it includes a number of system priorities such as giving people more control over their own health and the care they receive and encouraging more collaboration between GPs, their teams and wider community services (known as primary care networks), to increase the services they provide jointly.

Finally, the plan continues the policy shift around 'triple integration' of health and care systems, primary and secondary care and mental health and physical health. Integrated Care Systems (ICSs) are confirmed as the preferred delivery vehicle with an expectation that all Sustainability and Transformation Partnerships (STPs) will evolve into ICSs by 2021. Integrated Care Systems place a greater emphasis on place, population and systems. When developed and mature they will be able to take more control of funding and

performance with less involvement from national bodies and regulators.

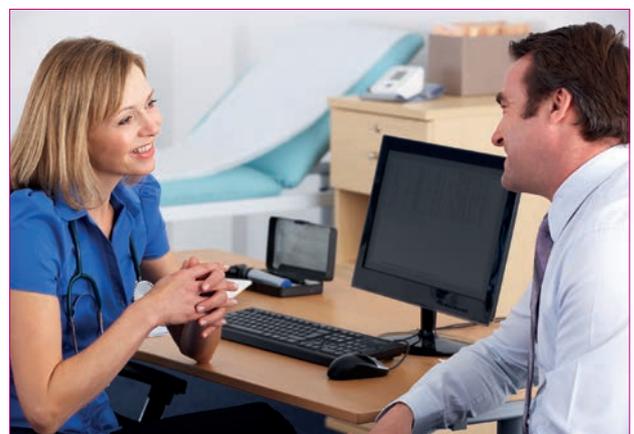
b. NHS People Plan

The Secretary of State for Health and Social Care commissioned the development of a People Plan following the publication of the Long Term Plan (LTP) recognising the critical role the NHS workforce will play in delivering the LTP service objectives, and the need for an urgent focus on tackling shortages in certain groups and taking forward the transformation of the future workforce, with new roles and new ways of working. HEE has played a critical role in the development both of the Interim NHS People Plan, published in June 2019 and of We are the NHS: People Plan 2020/21 - action for us all, published in July 2020.

c. Department of Health and Social Care (DHSC) Mandate to HEE

The DHSC Mandate 2019-20 was developed in close collaboration with NHS Improvement as well as with the Department of Health and Social Care (DHSC) and sets out the key HEE priorities for 2019-20. It included specific workforce targets for HEE to recruit 3,250 trainees to GP training programmes and to deliver the next phase of the national apprentice programme for nursing associates that included recruiting 7,500 new nursing associate apprentices by 31 March 2020.

It also set out what HEE needed to do in 2019-20 to start to address the workforce consequences of the additional service and system priorities in the LTP, as reflected in the Interim NHS People Plan.



Performance Report

Our Strategic Direction

HEE future direction of travel

This is the strategic context within which HEE operates and following a recent stakeholder analysis survey and a desire by the Board to adopt an aligned strategic performance framework, Health Education England has developed a Plan on a Page. This is to help everyone to focus on ‘the big picture’ and guide our work during 2020-21 and beyond. The Plan on a Page provides a new purpose statement, supported by our three long term goals which effectively set out why HEE exists. The purpose, strategic goals, core organisational responsibilities, key internal performance enablers and our values are shown in the diagram below. Extracting value for money for taxpayers is a theme that runs through everything we do.

We need to be mindful of the consequences of Covid-19 on HEE’s strategic vision for education and training and a number of education reform programmes that have been in development since the publication of Framework 15. These programmes were articulated in the Interim NHS People Plan and in detailed proposals in the full People Plan, which would have launched the work at scale and pace. A review is underway which will establish the forward programme for this in the context of a post Covid-19 ‘new normal’ for education and training reform. Additionally we established a ‘Restart Group’, designed to address planning in relation to this, including oversight of scenario planning and coordination of supply recovery, prioritisation of in-year deliverables and impact on commitments and the return of staff to core functions as and when immediate Covid-19 activities can reduce.

Operating Model and the Strategic Performance Framework / Plan on a Page

Purpose	We are part of the NHS and we work with partners to plan, recruit, educate and train the health workforce.					
Strategic Goals	Future Workforce Ensure the future supply of the skilled health workforce to meet NHS needs		Current Workforce Transform the health workforce to use new science, technology and work differently.		Quality and Patient Safety Improve the quality of all learning environments for trainees, prioritising patient safety.	
Core Responsibilities	Workforce Planning and Analysis By analysing data, research and key drivers of change we will plan the future health workforce aligned to finance and service plans.	Postgraduate Medical and Dental Education We will commission high quality medical and dental education and training places, distributing growth in line with specialty and geographical need, reforming programmes for the future.	Clinical Education and Training We will support clinical education and training through clinical placements and the promotion of priority professions.	Quality of Education and Training We will assure and improve the quality of the learning environment for patients and trainees.	Workforce Transformation We will produce new routes, new roles, skills and career paths to support transformation at scale and pace.	
Facilitators	Performance Improvement Culture We will operate a culture of continuous improvement in the delivery of our priorities.	Governance and Decision Making We will be well governed with fair, timely, robust and inclusive decision making.	Science and Technology We will harness new science and technology building a digitally confident workforce.	Organisational Development We will engage and develop colleagues to become one of the best places to work in the NHS.	Working in Partnership We will work with partners to deliver shared priorities to improve the NHS.	
Our values	Working Together for Patients	Compassion	Dignity and Respect	Improving Lives	Commitment to Quality of Care	Everyone Counts

Value for Money

Performance Report

Our Strategic Direction

Our restated purpose, strategic goals and our values are important factors because they set the boundary conditions or guiding principles within which HEE is to operate, determine how we interact with our various stakeholders and provide guidance as to how staff should behave. These factors therefore need to be considered carefully when defining any new strategy or projects as well as shaping the HEE performance framework and metrics that will aid tracking of delivery against what really matters.

Our purpose makes it clear that our key customer is the health workforce employed by the NHS, the doctors, nurses, allied health professionals, healthcare scientists and non-clinical staff, as without them we simply have no healthcare. Educating and training the future and current workforce and equipping them with the right skills, behaviours and competencies and in sufficient numbers to meet increasing patient demand, together with an unrelenting focus on the quality of the learning environment are the key outcomes that HEE is striving to deliver.



Performance Report

Performance Summary

Performance Framework

In line with HEE's revised strategic goals, the 2019-20 performance framework is comprised of the following domains;

Domain 1 - Commitments and Programmes

This domain provides the Board with a high-level summary against each of our Mandate, Business Plan and Programme commitments. Progress against each commitment is rated using a traffic light system and an exception report produced for any commitment that is rated amber (some slippage) or red (significant slippage) to help mitigate further risks to delivery.

Domain 2 - Workforce Planning and Analysis

This domain reflects the work HEE provides to the wider system and health care partners. The role of HEE's Workforce Planning and Intelligence Directorate is to help the wider system to understand their workforce requirements better and help inform planning decisions through data and analysis and research into future drivers of change.

Domain 3 - Postgraduate Medical and Dental Education

A significant element of HEE's budget is spent on commissioning high quality medical and dental education and training places, distributing growth in line with specialty and geographical need, reforming programmes for the future. In addition to programme activities, the performance report focusses on key metrics that demonstrate HEE's delivery against;

- Medical Recruitment Fill Rates
- Trainee Doctor Revalidations
- Code of Practice Compliance and
- Clinical Pharmacists in training to work in General Practice.

Domain 4 - Clinical Education and Training

HEE indirectly commissions clinical education and training through clinical placements and the promotion of priority professions. Recognising the key role that HEE plays to ensure the right supply of skilled staff and supporting workforce transformation, this section of the performance report monitors the delivery of new trainee uptake into key roles such

as Nursing Associates, Reporting Radiographers, Apprenticeships and staff Returning to Practice across a wide range of professions.

Domain 5 - Quality of Education and Training

In addition to attracting people into healthcare training, HEE also plays an active role in monitoring and driving improvements in the learning experience and the quality of education and training to develop the workforce of the future. Within this domain we review the more qualitative information obtained from student and trainee survey feedback.

Domain 6 - Workforce Transformation

HEE also has a responsibility to support provider systems to deliver their workforce transformation plans at scale and pace; accelerate the development and adoption of new roles and new ways of working, enhancing upskilling opportunities and enable meaningful and rewarding careers. In this section we monitor HEE's activities across the five key enablers of workforce transformation as shown in the HEE Star: Supply, Up-skilling, New roles, New ways of working and Leadership.

HEE also has a responsibility to support the wider system to identify and deliver new routes into care, new roles, new skills and new career paths to support transformation at scale and pace. In this section we monitor HEE's activities and the uptake against new roles to support the transformation agenda.

Domain 7 - Organisational Health

HEE's Executive Team and Board have recently announced their bold ambition to make Health Education England one of the best places to work in England. The performance framework includes metrics relating to staff turnover and staff survey results as these are important measures to determine whether the organisation is operating effectively and is attracting and retaining its staff.

Work continues to review and refine HEE's key business questions and metrics to demonstrate delivery against our core priorities and produce dashboards to support performance discussions at all levels within HEE. The future reporting frameworks will be shaped by these developments for 2020-21 and beyond.

Performance Report

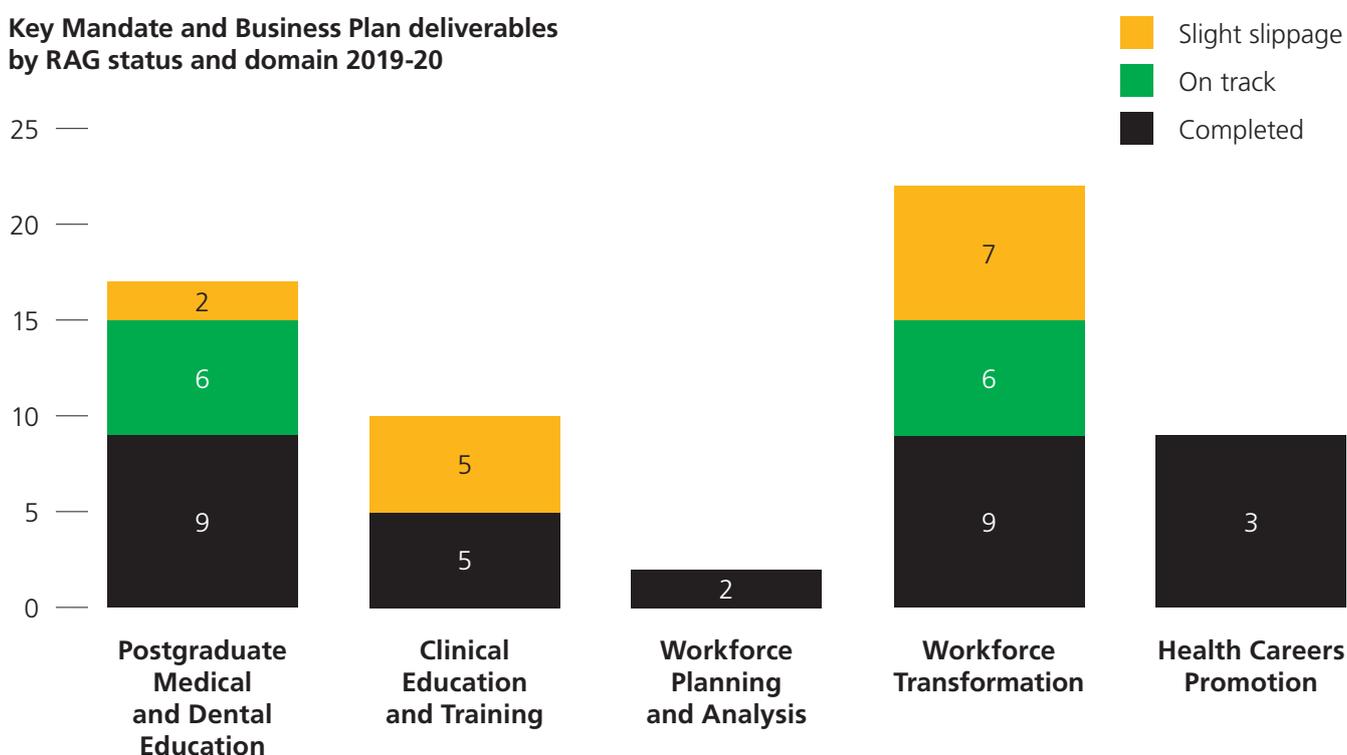
Performance Summary

Overview of Performance

The next section provides an overarching summary of HEE's performance against 54 key Mandate and Business Plan (BP) commitments, assigned by the Finance and Performance Group, as suitable for regular quarterly reporting. The confirmed as at 31 March position is that, 74% (40) of HEE's key BP and Mandate commitments have been delivered or are on track for delivery.

A summary of progress against the 2019-20 business plan priorities which form Domain 1 is illustrated in the table below.

Key Mandate and Business Plan deliverables by RAG status and domain 2019-20



Overall HEE has performed well against its BP and Mandate commitments. Some of the highlights from 2019-20 include;

- Record number of trainees entering General Practice training
- Expansion of placement capacity to increase numbers into nursing and midwifery training
- Continued expansion of the Trainee Nursing Associate (TNA) training programme
- Increases in training numbers to support priority professions in Clinical Endoscopy and Reporting Radiography to support delivery of the Cancer Workforce Plan and
- Flexible Portfolio Career Pathways launched.

HEE continues to monitor and review its priorities as part of its ongoing response to the Covid-19 pandemic. The pandemic has resulted in HEE needing to adapt and respond quickly and in some cases, we have had to divert resources away from our original 2019-20 objectives to quickly re-prioritise where our input can add most value. Some activities have been accelerated, such as developing regional demand models and training materials to support the redeployment and training of staff where they are needed most, others have needed to be paused. The table at the end of this section summarises the detail for each deliverable by domain and a more detailed review of HEE's achievements and the impact of Covid-19 is reflected in the Performance Analysis section of the report.

Performance Report

Performance Summary

Summary of delivery by domain

Postgraduate Medical and Dental Education

Deliverable	Status
5,000 doctors in GP: Support the International GP Recruitment programme	Completed
Address geographical and specialty shortages in doctors, focusing on staffing models for rural/coastal hospitals and GPs	Completed
Deliver the recommendations of the 'Maximising the Potential' report for Specialty and Associate Specialist doctors	Completed
Accelerate shift from highly specialised roles to general ones & roll-out post foundation Internal Medical Training	Completed
Issue guidance on doctors in training/tools/material to deliver improved capacity/quality of supervision across the NHS	Completed
Support medical credentialing (mechanical thrombectomy), enable doctors to develop skills & adapt to service needs	Completed
5,000 doctors in GP: Recruit at least 3,250 trainees to GP training programmes in the year to March 2020	Completed
Review the delivery of the Medical Foundation Prog to assess how it can support the development of future doctors	Completed
5,000 doctors in GP: Develop place-based training model, linked to further development of primary care training hubs	Completed
Develop a range of options for expanding medical degree programmes & part time study, to widen access to medical careers	On track
Lead on the Shape of Training review, including reporting progress & making recommendations to the Department	On track
Develop plans for further expansion of undergraduate medical placements	On track
Support junior doctors - high quality supervision, improved mental wellbeing support, clear/timely rotas	On track
Support junior doctors by streamlining induction as they move within and between employers	On track
5,000 doctors in GP: Support launch of Primary Care Fellowship programme for newly qualified GPs/nurses entering GP	On track
Launch a consultation to establish what the NHS requires from medical graduates and support the GMC in shaping outcomes	Slight slippage
Through educational schemes increase the supply of doctors from outside the UK with an emphasis on 50 emergency medics	Slight slippage

Performance Report

Performance Summary

Clinical Education and Training

Deliverable	Status
Develop funding options to expand workforce, including delivery of a 25% increase nurse training places	Completed
Train 500 clinical pharmacists (CP) in support of the aim for every primary care network to have a dedicated CP	Completed
Develop a rapid expansion programme to increase nursing clinical placement capacity by 5,000 for September 2019 intakes	Completed
Work with the education reform programme/providers to increase student placements in all community nursing teams	Completed
Implement Apprenticeship Specialist Qualification for District Nursing & core capabilities for advanced nursing practice	Completed
Explore flexible entry routes & career pathways HCS workforce, aided by competency-based frameworks	Slight slippage
Support increased international recruitment of nurses by continuing work to build global partnerships and exchanges	Slight slippage
Alternative routes into nursing: Provide training for an additional 7,500 nursing associates	Slight slippage
Train 1,000 physician associates (PA) and help secure increases in the number of PA taking up new roles in primary care	Slight slippage
HEE will lead Return to Practice programme for up to 250 former Health and Care Professions Council registrants	Slight slippage

Workforce Planning and Analysis

Deliverable	Status
Deliver new approaches/products for engaging partners in analysing & publishing workforce information to support planning	Completed
Examine data collections HEE manages & identify any gaps in data that hinder effective workforce analysis	Completed

Performance Report

Performance Summary

Workforce Transformation

Deliverable	Status
Support LTP learning disability & autism priorities, including core workforce skills framework for autism (Tiers 1,2,3)	Completed
Create digital education and learning resources into academic and professional curricula throughout 2019-20 and beyond	Completed
Develop competency MH frameworks aligned with the evidence based treatment pathway development programme	Completed
Train at least 3,400 existing and 1,700 new staff to deliver evidence-based interventions for children/young people MH	Completed
Deliver a plan to quality assure training in Perinatal MH & commission further training for specialist PHM teams	Completed
Roll out education/training & multi-professional workforce development programmes to support the Genomic Medicine Service	Completed
Create a library of education, learning and knowledge resources to aid the current workforce in expanding digital skills	Completed
Deliver the 2019-20 commitments in the Emergency Department's Workforce Plan (NHSI Oct 17)	Completed
Increase capacity/capability in MH settings through commissioning education/training opportunities for wider workforce	Completed
Develop a digital platform 'The Learning Hub' to provide easy access to a wide range of education & training resources	On track
To deliver 300 reporting radiographers	On track
Assure provision of skills & competences to provide a qualified & trained workforce for Proton Beam Therapy service	On track
Contribute to an increase of 1,490 FTE staff across the priority professions (Cancer Workforce Plan)	On track
Supply staff with training to increased genomic testing for children/adults with cancer and changes in cancer screening	On track
Further develop the core skills training framework to reflect up-to-date learning outcomes for all NHS staff	On track
Train a further 200 clinical endoscopists	Slight slippage
Deliver intensive training for boards and senior leaders to build tech and data awareness and capability	Slight slippage
Develop competency frameworks & career pathways/progression for the diagnostic radiography & sonography workforce	Slight slippage

Performance Report

Performance Summary

Workforce Transformation *continued*

Deliverable	Status
Provide multi-professional safety training to support implementation of carer/other safety initiatives in maternity	Slight slippage
Increase the number of midwifery training placements by 650	Slight slippage
Continued focus on IAPT for adults through the training of extra MH therapists & upskilling the current IAPT workforce	Slight slippage
Talent for Care: Work with the health and care system to ensure high quality placements and opportunities for volunteers	Slight slippage

Health Careers Promotion

Deliverable	Status
With system partners, publish narrative around careers in MH to promote training opportunities and entry routes	Completed
Publish a careers in mental health narrative from support staff to consultants	Completed
First flexible portfolio career pilot sites pilots to commence in August 2019	Completed

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During 2019-20, HEE undertook an independent review of its performance maturity to identify how well it was using information to drive decision making and performance improvement. Whilst several areas of good practice were identified, there were also some recommendations in relation to how HEE could optimise its performance. One of the first recommendations HEE adopted was to review its strategic vision and restate its core role and responsibilities in a simplified Strategic Performance Framework, Plan on a Page (PoP) format. The diagram showing the PoP can be found at page 12.

As result of this work HEE has redefined its prime purpose; *to work with partners to plan, recruit, educate and train the health workforce.*

The PoP has continued to develop during 2019-20 and following an engagement exercise with staff in January 2020 there was further refinement with the Board approving the PoP and acknowledging it would continue to evolve in March 2020. The key responsibilities identified in the PoP are also being used as the framework for HEE's Business Plan and Performance Reporting framework. The re-defined responsibilities provide the golden thread running through HEE's plans and reports to show the connectivity between strategy and delivery.

In December 2019 the Board re-established its Performance Assurance Committee, a committee of the HEE Board, to oversee current performance, performance maturity progress and to support further development of Board reporting arrangements.

The quarterly performance report is used to provide assurance to the Board on HEE's performance. The report was reviewed during 2019-20 to ensure that the narrative and metrics reflect HEE's overall Business Plan, Mandate and strategic goals. The domains used to reflect HEE's performance were also revised to mirror the evolving PoP. At a regional level, performance dashboards have been developed. These dashboards are updated as new data becomes available to provide the latest available performance information. They are reviewed in regional finance and performance meetings, occurring every other month.

The dashboards and accompanying narrative reports are used by the Regional Directors, HEE's internal Finance and Performance Group, as well as the Performance Assurance Committee, to develop a deeper understanding of where HEE is performing well, and where there are challenges, to enable constructive challenge and agree priorities for action. Following review within these forums, the report is discussed in HEE's public Board meetings and published on the HEE website.

As many of HEE's in-year deliverables are linked to wider programmes of work, HEE underpins these programmes with a robust portfolio and programme management framework that not only focusses on the delivery and reporting against programmes but also the professional development of staff in project and programme delivery roles.

The governance of programme activities is undertaken by the Portfolio Oversight Board (POB) that was established in 2018. The POB oversees programme delivery as well as exception and escalation reports to allow rapid action to be taken if anything is off track.

During 2019-20 HEE has been moving from quarterly to monthly Board performance reporting cycles and the style of reporting is evolving to have a different emphasis on each report alternating between Mandate and Business Plan delivery; portfolio and programme oversight and a deep dive topic into one of the HEE domains to further understand activities in this area.

In addition to developing and strengthening its internal governance processes, significant work is also under way to develop resources and networks across traditional organisational boundaries to support the system wide objectives developed as part of We are the NHS: People Plan 2020/21 - action for us all. A more detailed overview of HEE's achievements against each of HEE's Plan on a Page domains is included within the next section.

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Domain 2 - Workforce Planning and Analysis

There are two Mandate and Business Plan deliverables aligned to this domain and both have been delivered, a more detailed look into the work in this area is set out below.

The NHS Long Term Plan and NHS People Plan both identify that the health system needs to integrate workforce planning with service and financial planning to support long term system requirements.

The 2019-20 Business Plan recognises that we need to make better use of complex and sometimes imperfect data and turn it into meaningful information that can provide system partners with a greater understanding of and insight into the health and care workforce.

HEE has supported Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop their five-year workforce plans by developing tools to provide a better understanding of the number and mix of roles needed to deliver the NHS Long Term Plan and regional priorities. Three core tools have been developed;

- HEE Electronic Staff Record Flow Tool ('HEFT')
- HEE Employment, Registration and Medical Education Supply tool ('HERMES'), and
- HEE Demand Tools - a suite of tools which bring together population, activity and workforce data.

These tools have been deployed by both HEE and partners in NHS England and NHS Improvement (NHSE&I) to enable STPs to better understand their current workforce and support predictive modelling to inform local decision making and planning for the future. Work continues to further enhance the tools, based on user feedback and to support ongoing deployment.

HEE has also led on the deployment of the e-workforce tool for collection of workforce demand data from NHS Providers in the context of the NHS Long Term Plan and co-leads the pan-system Analysis Insight and Affordability (AIA) workstream established to support delivery of the NHS People Plan.



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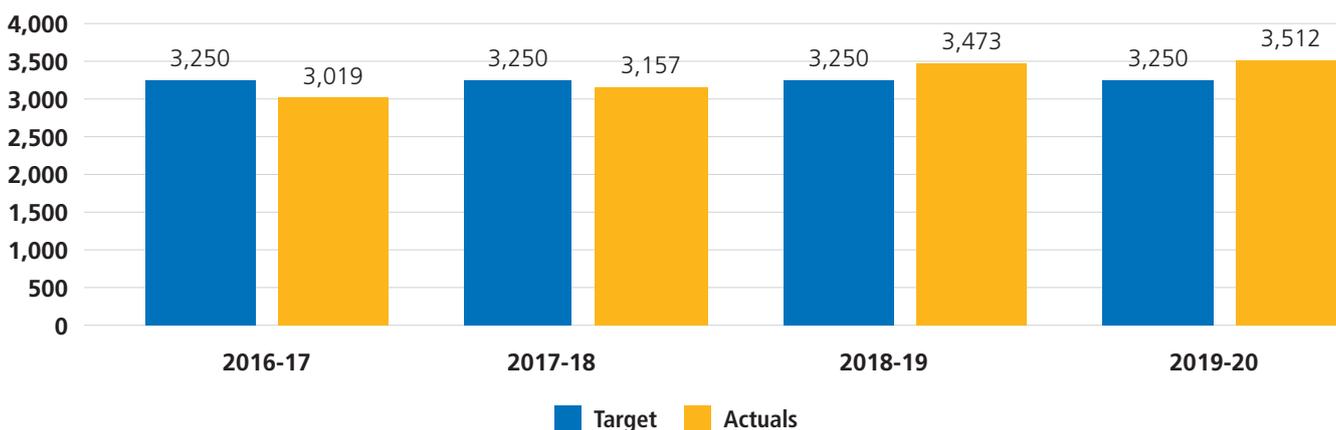
Domain 3 - Medical and Dental Education

The Medical and Dental Education domain (including Global Recruitment) has 17 deliverables associated with it which reflects our core responsibilities in this area. 15 have been delivered or are on track and two have reported slight slippage. HEE has had another hugely successful year in relation to both the expansion of its medical investment and training programme and transformation activities. Highlights from 2019-20 include;

General Practice Training Expansion - while the overall numbers of medical staff are greater than ever before, demand for care is increasing in volume and complexity, with workforce shortages of staff in some areas of England and notably in community and primary care. To respond to this challenge, HEE committed to expand the number of General Practice Trainee places during 2019-20. At the end of October 2019, HEE confirmed that there were 3,512 acceptances for training against a target of 3,250 with an additional 28 Targeted General Practice Training (TGPT) trainees also being accepted.



HEE General Practice Actuals Numbers and Targets



This is a significant achievement for HEE and represents the highest ever number of GP training places accepted in NHS history. The achievement reflects a number of initiatives including HEE's General Practice marketing campaign and the work with partners, including the Royal College of General Practitioners (RCGP), to raise the profile and attractiveness of general practice as a career of choice.

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Medical Education Reform Programme - to ensure that medical training provision is adapting to future requirements, HEE has led a review of the delivery of the Medical Foundation Programme to assess how it can support the development of future doctors.

The Foundation Programme review began in March 2018 and a report along with 16 recommendations was published in July 2019. HEE has since developed an implementation plan for England and is working to ensure the timely delivery of those into the system. Some of the recommendations have already been implemented, for example recruitment to foundation priority programmes (FPPs) has resulted in 1,408 applications and 252 applications to the Psychiatry FPP. Training commenced in August 2020.

Expansion of medical degree programmes and part time study, to widen access to medical careers - HEE has been working with all of the medical schools in England to develop a baseline understanding of their Widening Participation (WP) agenda with a view to increasing the flexibility of training to support future expansion. A call for evidence to identify best practice for widening participation interventions and activities is now underway and will supplement the information gathered from the Medical School meetings.

HEE is also working with the Medical Schools Council to build on the experience of Edinburgh, who have designed a part-time programme specifically for healthcare professionals living and working in Scotland and understand how this model can be applied across England to widen participation in medical education. HEE is in discussions with two sites, one in Cumbria and one in North East London to consider how a medical degree apprenticeship could be developed and modelled in the area.

Flexible portfolio career pilots - The first flexible portfolio career pilots commenced in August 2019. Further work is now underway with the Royal College of Physicians to monitor and deliver this new style of medical training.

Medical and Allied Health Professions International Recruitment: Widening Access to Specialty Training (WAST) - HEE's Global Engagement team has worked with the Directorate of Education and Quality to support a funded expansion in the WAST scheme,

including a formalised educational and pastoral offer, to attract overseas doctors at FY2/CT1 level to GP and Psychiatry posts in geographies where there are shortages. The scheme has been popular with both applicants and Trusts, attracting 1,557 applications in 2019-20, with 145 doctors taking up posts. The scheme has demonstrated good conversion of WAST doctors into GP and Psychiatry training posts and will now be developed at scale, placing 500 doctors per year from 2020-21.

Clinical Radiology, Radiography - HEE's Global Engagement team manages the international recruitment of radiologists and radiographers under the Cancer Workforce Plan (CWP). The Radiology Global Fellows Programme aims to recruit 120 overseas Radiologists to work and learn in the NHS by December 2021. As at March 2020, 53 doctors have been appointed and 14 are in post. A further 6 are being onboarded but unable to arrive in the country due to Covid-19 restrictions on travel. The Global Allied Health Professional (AHP) Radiography Programme interviewed 30 diagnostic radiographers in February 2020 as a pilot. The restrictions on overseas recruitment as a result of Covid-19 is likely to impact on delivery, which was on track prior to the pandemic.

Emergency Medicine - HEE's Global Engagement Team is working with the Royal College of Emergency Medicine and the Society for Emergency Medicine in India to recruit overseas candidates with an Emergency Medicine background. The aim of the Programme is to recruit up to 200 exceptional international candidates between 2019-2023 as identified in Securing the Future Workforce for Emergency Departments in England (October 2017). There is significant interest in the Programme from overseas candidates, with twelve candidates having accepted conditional offers of employment within the East of England Region. The Programme is currently looking to develop and expand its global recruitment options to Australia, New Zealand, the Middle East, Asia, and Canada.

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Domain 4 - Clinical Education and Training

The 2019-20 Business Plan highlighted that perhaps the biggest single workforce challenge the NHS faces is recruiting and retaining staff within the nursing and midwifery profession. There are 10 deliverables associated with this domain: five have been delivered or on track and five are showing slight slippage.

To respond to these challenges HEE committed to: work with providers to increase the number of nursing and midwifery clinical placements to accommodate the Government's intended 25% increase in nurse undergraduate places and midwifery placements; develop new accessible routes into education and training for the nursing profession through apprenticeships; lay the foundations for an innovative, accessible digital nursing degree programme and to understand and address the reasons for attrition from courses.

Expansion of clinical placements

Nursing - to support the nurse expansion programme in 2019-20, HEE committed to fund additional placement capacity and to run a joint promotional campaign with NHS England and NHS Improvement to attract new learners into the profession. Funding for 7,500 placements was secured and as at January 2020, 137 trusts were signed up to provide additional placement capacity with 7,239 additional placements secured by NHS England and NHS Improvement.

Statistics released on the 6 February by UCAS show that applications to study nursing from English residents have risen by 6% from 30,650 in 2019 to 32,490 in 2020 (based on a January 15 application cut-off point). These figures show that applications to start nursing degrees in 2020 have risen for the second year running after a five year decline.

HEE's Health Careers team has been working with NHS England and NHS Improvement on the 'We Are The NHS' campaign towards the aims of the NHS People Plan. Campaign data shows that more than 33,000 career-switchers have signed up to receive information, and more than 9,500 told us that they subsequently applied.

More than 1,500 sixth form and college students also told that they had applied for a nursing degree. The new undergraduate financial support package will also help support those considering a career in nursing.

HEE will continue to play a lead role in delivering the new Government pledge to increase nursing numbers from 280,000 to 330,000 by 2024/25.

Global Learners Programme - The HEE Global Learners Programme on behalf of the NHS and the UK government is working to support nurses from overseas to migrate to the UK through an ethical recruitment route.

The recruitment work aims to solve three key issues;

- Nurses and NHS trusts were often both paying large sums of money to agencies for 'NHS placements' and the supply chains were long and convoluted, resulting in low numbers of nurses actually arriving
- Despite this investment nurses were often unsupported as they tried to reach the standards of the NMC in particular, those related to English language, and
- The reality of working in the NHS was often very different from the description given to them by recruitment agencies.

The programme works directly with overseas governments and in partnership we are providing educational support to help nurses meet the NMC standards. This includes English language preparation training and clinical education support.

The nurses are working in NHS hospitals across England and are provided with pastoral support and education development opportunities while they are here.

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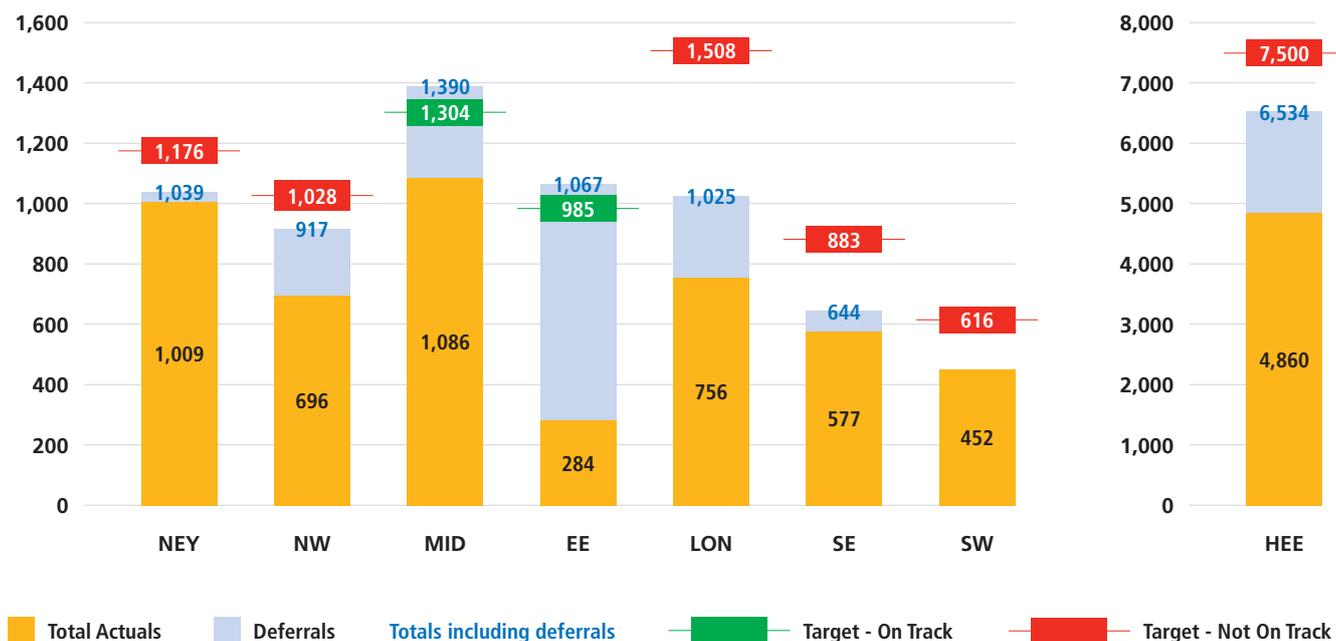
Developing new roles and new routes into nursing

Trainee Nursing Associates - the Trainee Nursing Associate role is intended as a flexible career pathway to enable healthcare support workers to expand their skill set and offer alternate routes into the nursing profession. HEE has within its Mandate a target to support providers with the recruitment of an additional 7,500 TNAs by 31 March 2020.

The Covid-19 impact has resulted in a large number of the March cohorts being deferred. As at 3rd April 4,860 TNAs had started and a further 1,674 had been recruited to start on programmes in March. Included in the 1,674 are 729 (East of England) currently on a preparation 'Bridging programme' and 64 (Midlands) with offer letters to commence a Bridging programme. All are due to commence a full TNA programme in 2020.

The impact of the deferrals is shown in the chart below.

Cumulative TNA Actuals and Projected



Although the overall expansion target of 7,500 has not been reached, two regions exceeded their local targets and this ongoing programme of work has been a significant achievement for HEE. The recently published independent evaluation of the TNA programme highlighted the many ways in which TNAs are making positive contributions to service delivery and patient care. These include improved patient communication, supporting nurses with a greater range of care-giving responsibilities, and identifying and escalating patients with deteriorating health. In addition, the evaluation found that the quality of service was enhanced through the exchange of skills, knowledge and good practice by TNAs across settings.

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Reducing Attrition - HEE has been working with partners to understand and address the causes of attrition through the Reducing Pre-registration Attrition and Improving Retention (RePAIR) programme.

It is recognised that some level of attrition is unavoidable, however, it is important to understand the reasons why people discontinue their training to enable targeted interventions to reduce attrition rates. Reducing avoidable attrition is highly complex with many variables and a complex range of interdependencies with other programmes of work and underpinned by changes in policy across both Health and Higher Education.

The RePAIR programme has been recognised as a significant cultural change programme and during 2019-20 the programme team has been reframing its delivery plan.

Some of the key achievements during 2019-20 have been;

- Raising awareness of the research already undertaken through the RePAIR Report and RePAIR toolkit
- Testing assumptions that the findings from the RePAIR pilot sites were representative of the wider healthcare and HEI systems across the country
- Recruiting the first cohort of RePAIR Fellows - the RePAIR fellow leads are working with the regional quality leads and using HEE's quality framework to review governance arrangements to ensure the consistent delivery of a high quality learning environment whatever the setting, including the use of simulation and
- Development of a preceptorship toolkit - the evidence shows that preceptorship programmes are central to recruiting newly qualified practitioners. A rapid review of Preceptorship programmes across England to ensure alignment to the NMC's Published Preceptorship Principles has been undertaken. The data is currently being analysed with a view to the RePAIR programme producing an early career framework in the Autumn 2020.

The programme team has also been revising its project plan in response to the Government pledge to increase the nursing workforce by 50,000 over the next five years and ensure alignment with wider system expectations, reflecting on the National Audit Office review "*The NHS nursing workforce*" in those plans.

Return to Practice

Nursing - In addition to working with providers to increase the number of new trainees entering nursing, some employers deliver a Back to Floor/Out of Practice programme for nurses with Nursing and Midwifery Council (NMC) registration but out of clinical practice.

The programme continues to make a significant contribution to meeting current NHS workforce demand. As part of HEE's Mandate and in response to the national nursing shortages campaign and Growing Nursing Numbers initiative, 1,000 places are commissioned each year.

Following the success of "We are Returning Nurses" campaign 856 of the 1,000 places have been recruited (to end of Q4), representing 85.6% of the target.

Enhanced offers for Learning Disability, Mental Health nursing and midwifery were launched in Q2, with a target number of 50 for each specialty.

Health Care Professions Council (HCPC) Return to Practice (RTP) - HEE has been delivering a similar scheme to RTP Nursing to support former HCPC registrants to return to the register and therefore back into the NHS.

The HCPC is responsible for regulating 15 different professions and will provide guidelines as to how returnees will meet the regulatory bodies guidance for RTP. HEE counts the number of returnees who have registered and commenced their journey as 'starters' and those who return to the register as 'completers'. Funding was confirmed in June 2019 and over the course of nine months between 14 June 2019 to the 31 March 2020, 120 people returned to the register against the target of 250 for the full year. The programme has received 508 enquiries in the same period as above and there are 165 returners still on programme who are at various stages in their RTP journey. Negotiations are underway to extend the delivery date into 2020-21 as it is anticipated that the 250 target would be reached when monitored over the full 12 month period.

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Systems and processes are being established to convert expressions of interest to formally register with the programme to enable better monitoring, support and guidance.

Building on the success of the recent marketing campaign, a further social media campaign has been launched to attract more applicants and also to support the Covid-19 response.

Clinical Pharmacists in Primary Care - 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), HEE has a Mandate target to train 500 clinical pharmacists to be effective in a primary care setting. This work is being delivered through the Primary Care Pharmacy Education Programme (PCPEP).

Following the January 2020 cohort, 746 pharmacists have enrolled in training during 2019-20, and this number continues to increase. The spring cohorts are expected to be lower than originally planned due to Covid-19 and these places will be deferred until later in the year.

NHS England leads on the recruitment of clinical pharmacists and are aligning recruitment to Primary Care Networks (PCNs). There is an ambition to have at least one clinical pharmacist per PCN; and the Long Term Plan commits to a significant increase over the coming years.

Domain 5 - Quality of Education and Training

HEE's 2019-20 Business Plan recognises that ensuring a workforce dedicated to quality and patient safety is a collective responsibility shared with medical schools and regulators such as the General Medical Council (GMC), together we should understand the risks to patient safety so that action can be taken.

Following an external review of quality processes across the seven regions which was undertaken in 2019, and building on HEE's internal audit review in 2018, the recommendations are now being implemented with the support of the regional Postgraduate Deans and the Heads of Quality.

This will improve the clarity, consistency and transparency of quality processes and enable improved alignment with regulatory partners such as GMC, as well as develop relationships with placement providers by enabling consistent publication of reports following HEE quality interventions.

The National Education and Training Survey (NETS) was first launched in 2018. NETS is designed to better enable HEE to answer business questions relating to identification of risk within clinical placements, as well as to share good practice. The NETS is multi-professional and complements data for medical postgraduate trainees, collected via the GMC National Training Survey.

The 2019 survey yielded 30,500 responses, an increase of 6,500 on the previous year. The National Education and Training Survey (NETS), scheduled for June 2020, was undertaken differently in response to the Covid-19 pandemic. In order to support HEE's quality oversight a shorter 'extraordinary' survey the *Impact of Covid-19 on Students Survey* (ICONS) was administered to all medical, nursing, AHP students as well as dental foundation trainees, who were deployed to support the Covid-19 response. At the close of the survey on the 03 July 2020, 16,800 learners had completed the ICONS survey.

NETS is scheduled to re-run in November 2020, following significant partnership working with HEIs, Council of Deans for Health, NMC and Medical Schools Council to continue to expand the response rates across learners in England. Response rates from junior doctors has been consistently high to date and comprehensive communication plans are in place to expand this further.

The Patient Safety programme continues to work with system partners to enhance the patient safety capability throughout the NHS. The Academy of Medical Royal Colleges (AoMRC) has developed an overarching syllabus for patient safety for the NHS. This syllabus is appropriate for all staff in all roles across the NHS and work is now taking place to develop the appropriate competence levels.

HEE is now widening its engagement activities beyond regulatory bodies and strategic educational institutions, to wider system partners.

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Workforce transformation funds have been made available across regions, in an exercise coordinated through the Patient Safety Programme Board and the associated patient safety leads for each region. The aim is to publish the syllabus in the spring and the AoMRC is currently seeking comments on the proposed syllabus through an open survey to gain stakeholder comments and perspectives prior to release.

Domain 6 - Workforce Transformation

This domain has 22 deliverables from the Mandate and Business Plan reflecting the broad spectrum of work that HEE undertakes in this area. There are 15 deliverables that have been delivered or are on track for delivery and seven showing some slippage. HEE's Business Plan states that having the right mix of competencies and skills across a team improves outcomes for patients, improves clinical productivity, and ensures individual clinicians are empowered to work across their whole scope of practice and showcase the full range of their talents. The creation of a more flexible and adaptive workforce will require the further development and upskilling of our people to enable us to make the best use of their talents, as well as ensuring we can get the most from critical new roles and our wider workforce of volunteers and partners.

HEE continues to support provider systems to deliver their workforce transformation plans at scale and pace; accelerate the development and adoption of new roles and new ways of working, enhance upskilling opportunities and enable meaningful and rewarding careers. The HEE Star is our model for workforce transformation and provides a simple framework to define and prioritise workforce requirements based around five key enablers of transformation: Supply, Up-skilling, New roles, New ways of working and Leadership. In this section we explore the activities that HEE has been undertaking across these areas.

Supply

The Clinically Led Workforce and Activity Redesign (CLEAR) programme is a national pilot funded by HEE. It aims to develop a multidisciplinary cohort of clinicians with the capability to use novel cloud based technologies and a big data approach to design new service and workforce models and improve quality

and efficiency of care. The initial cohort includes doctors, nurses and healthcare scientists.

Clinicians from two trusts have completed their first projects focused on A&E. They explored potential new workforce models including GP triage for walk-in patients, earlier utilisation of senior decision makers in the emergency care pathway, increased use of reporting radiographers and enhanced roles for healthcare assistants and emergency medical technicians. Should these new models be implemented, the trusts have identified potential net savings of £4.9 million across the health economy through reduced emergency admissions and length of stay for both older people and children.

In March 2020, the methodology developed as part of the CLEAR programme was used to inform planning for education and training requirements for the NHS Nightingale hospital in London.

Midwifery Programme - as part of the new Maternity Workforce Strategy, published in March 2019, HEE committed to working with its partners to increase the number of midwifery placements by 25% over the next four years, with a target of 650 places available in 2019. As of April, the forecast year-end position was 554, 84% of the target number and an increase of 20.5% on the baseline figure for 2018-19. The introduction of the government grant, offered from September 2020, to Midwifery Students on all programmes (3 year BSc, 20 month Registered Nurse (RN) to Registered Midwife (RM) conversion and the new RM apprenticeships) is a potential risk to the 2020 Spring cohort numbers, if students that have been offered and accepted places choose to delay until autumn to benefit from receiving the grant.

In addition, some spring 2020 cohorts have been delayed due to Covid-19, which will increase the pressure on clinical placement capacity in 2020-21 (September & Spring) and adversely impact agreed future expansion targets. Modelling work and a scenario planning exercise is underway to assess the impact and required mitigation of the above.

Adult IAPT - HEE's Improving Access to Psychological Therapies (IAPT) Expansion Programme builds on the ground-breaking system-wide IAPT programme that started in 2008. This programme has transformed the

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treatment of adult anxiety disorders and depression in England. IAPT is widely recognised as one of the most ambitious programmes of talking therapies in the world and in the past year alone more than one million people accessed IAPT services for help to overcome their depression and anxiety, and better manage their mental health.

In 2019-20, HEE committed to train 2,600 IAPT trainees (Psychological Wellbeing Practitioners (PWP) and High Intensity Training (HIT core) to meet;

- The baseline replacement requirement of 1,000
- The original expansion target of 1,168
- and 50% of the 2018-19 shortfall (432).

In order to expand the training places at the increased levels, HEE needed assurance that funding was available for salary support no later than October 2018. Confirmation of the additional 60% funding was received in May 2019. Despite this delay, HEE has been able to increase training capacity by circa 125 places this year to 2,300, by requesting that existing Higher Education Institutes deliver increased numbers in their existing cohorts. The total confirmed commissions stand at 2,246 and the total starters as at March 2020 is 1,960.

Up-skilling

Clinical Endoscopists (CE) - HEE has committed within its Mandate to continue to take forward delivery of the Cancer Workforce Plan actions, including training an additional 200 clinical endoscopists, aiming for 400 by December 2021.

As at March 2020, 243 people are in training or have successfully completed the course.

On successful completion of the programme the clinical endoscopists are accredited to perform either upper Gastrointestinal (GI) endoscopy or flexible sigmoidoscopy in a standard diagnostic capacity. These new endoscopists in the short term can free up more experienced endoscopists to perform more complex procedures and in the longer term with additional experience and further in-house training and support, these new endoscopists have the potential to also perform these more complex and therapeutic procedures.

Regional Directors have assigned recruitment leads to prioritise promotion of the clinical endoscopist training amongst Trusts. Work has been undertaken with the HEE communications team to develop and deploy video and written case studies which have been positively received and has led to an increase in applications.

HEE is working with key stakeholders to further develop the training programme to ensure continuous improvement in quality and attractiveness of the programme to Trusts wishing to develop capacity and capability. Most candidates are currently drawn from the endoscopy nurse workforce which is also experiencing shortages. Applications were being received for the April 2020 cohort which has been deferred due to the impact of Covid-19 which is likely to have a significant impact on the delivery of the December 2021 target.

Reporting Radiographers - as set out in the Cancer Workforce Plan, HEE has committed to delivering 300 radiographers trained in image interpretation and reporting by March 2021 to support an increase in the capacity for early diagnosis as part of a national programme to ensure quality and consistency. 150 radiographers starting courses last year and a further 150 in 2019-20 this means the national target of 300 has been delivered.

Apprenticeships - Apprenticeships offer structured training with an employer and lead to nationally-recognised qualifications. They provide a route into hundreds of different careers, including many in organisations that provide NHS healthcare.

HEE is involved in a number of strands of work to promote and develop apprenticeships within the health sector. With HEE support, there are now over 70 apprenticeship standards in health and many others in other routes are now developed and approved in line with the Institute for Apprenticeships and Technical Education quality measures.

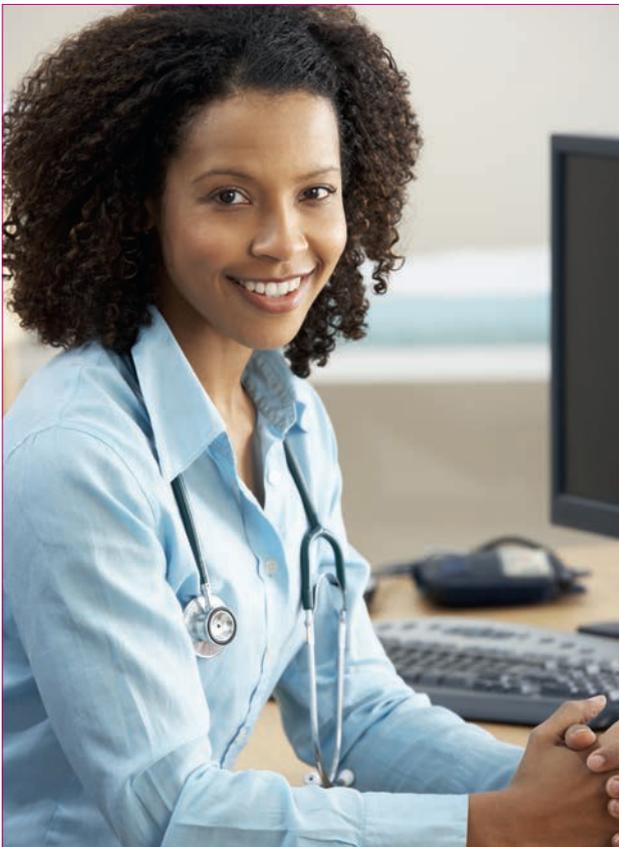
HEE has been working with individual employer groups and professional networks to be ready for implementation of the approved standards and has played a key role launching the Allied Health Professional standards.

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In addition, HEE has recruited to seven new regional relationship manager roles (part of Talent for Care team) to provide continuity of specialist advice to the regional teams and employers, at system and organisational level, in the implementation of apprenticeships and technical education reforms, and also support the broader elements of Talent for Care, including widening participation and volunteering. Key achievements during 2019-20 have been;

- The continuation of system-wide procurement support to support viability of numbers and provider discussions, levy transfers and to support Nursing Associate apprenticeships in primary care; and
- Establishing an End Point Assessment (EPA) collaboration with HEIs, national providers and the Education and Skills Funding Agency (ESFA) - the first of its kind - to enable 'at scale' activity to meet demand, ensure quality and access to EPAs for clinical apprenticeships e.g. Nursing Associate, Advanced Clinical Practitioner.



New roles

Physician Associates (PAs) - Physician Associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. PAs are dependent practitioners working with a dedicated medical supervisor but are able to work autonomously with appropriate support.

PAs increase the numbers of the medical workforce and increase access to quality care for patients. They act in an enabling role, helping to reduce the healthcare team's workload, and bring new talent to the NHS, adding to the skill mix within the teams.

While trainee doctors and surgeons rotate through different specialties, PAs offer continuity and stability both for patients and for the team in which they work. PA's support also provides cover so that trainee doctors can attend training, clinic or theatre.

As at March 2020, funding has been committed and there are approximately 1,740 PAs currently on training programmes, with 330 now working in primary care. A new national collection process for training numbers and placement data has been developed by HEE, to be implemented in 2020-21 in partnership with Higher Education Institutions (HEIs) which will improve the quality of data of numbers in training.

Several initiatives are under way to encourage students to become PAs and to also encourage increases in primary care. The national rollout of the PA Ambassador programme also continues, with 42 having been recruited to posts and the remaining being recruited to. HEE continues to promote the role to all bio-medical science graduates via UCAS. The recruitment programme has temporarily been paused to enable PAs to undertake front-line duties in support of the response to Covid-19.

HEE is also working with the GMC to agree a plan and timetable for the introduction of statutory regulation of PAs.

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New ways of working and Leadership

Building a Digital ready Workforce - Implementing the TOPOL Review

In December 2017, HEE published *Facing the Facts, Shaping the Future* - a draft health and care Workforce Strategy for England to 2027. The Secretary of State for Health and Social Care commissioned the Topol Review, Preparing the healthcare workforce to deliver the digital future, as part of the strategy <https://topol.hee.nhs.uk/>.

The Topol Review led by cardiologist, geneticist, and digital medicine researcher Dr Eric Topol explores how to prepare the healthcare workforce, through education and training, to deliver the digital future. Several recommendations are now being taken forward that will enable NHS staff to make the most of innovative technologies such as genomics, digital medicine, artificial intelligence and robotics to improve services. These recommendations support the aims of the NHS Long Term Plan, and the workforce implementation plan, helping to ensure a sustainable NHS.

During 2019-20 HEE established the Topol programme for Digital Fellowships and the first fellowships were launched in September 2019, quickly followed by the first workshop. A full programme has now been developed for the Fellows and the Topol Fellowship website has been launched, showcasing their digital transformation projects.

The HEE-led Building a Digital Ready Workforce (BDRW) programme aims to improve the workforce (health and care) through creating digitally aware leadership, digital experts and a wider workforce able to use data, information, knowledge and technology better to improve health and care services. We will continue to address the digital readiness recommendations in the upcoming NHS People Plan.

Delivery highlights include;

- **Topol Digital Fellowships in Healthcare;** Launched in September 2019 with Fellows given protected time for developing digital transformation projects

- **NHS Digital Academy;** Diploma in Digital Health Leadership (12 month programme) for senior digital change leaders, being delivered by Imperial College - second cohort (100 delegates) nearing completion and third cohort onboarding for FY20/21. The vision underpinning much of the future in this area being set out will include an expanded Digital Academy with a wider reach, to include specialist workforce areas, with opened-up access and contextualised within career pathways
- **Board digital development sessions;** One-day sessions for boards, understanding how digital change can transform organisations. The pilot was very well received and led to a model offering that is now being taken forward, with NHS Providers, to national rollout
- **Professionalism;** Embedded the Faculty of Clinical Informatics as the professional member body for the digital clinical workforce, with membership now nearing 600. Also progressing with the Federation of Informatics Professionals to set a route to establish as a self-sustaining umbrella body for the digital workforce
- **Digital Futures Programme;** One-year development programme in conjunction with Yale providing training for ICS-affiliated groups of leaders, with significant digital focus
- **Digital Nurse Leadership;** Supporting a cohort of nurses to undertake the Florence Nightingale Foundation Digital Nurse Leadership programme
- **Shuri Network;** (BAME women in digital health roles): Launched and now really picking up pace and presence in the system
- **Digital literacy self-assessment tool;** Delivering a tool to contextualise digital learning needs; this will then signpost to accessible learning content
- **Digital graduate model;** Established, with the Health Innovation Network, a model in London to fill scarce roles. This is now being readied to expand and roll out nationally.

Performance Report

Performance Analysis

Domain 7 - Organisational Health

HEE's performance framework includes a domain for organisational health. Metrics relating to staff attendance and turnover are useful measures to determine whether the organisation is operating effectively and is attracting and retaining its staff. As part of its ambition to make HEE among the best places to work, HEE is intending to increase the number of metrics within this domain, these are likely to include financial metrics and staff surveys outputs.

HR Attendance - attendance targets continue to be met consistently across all areas of HEE. The position at the year end (March 2020) was 97.4% against the 96.6% target. Absences recorded in the final quarter of 2019-20 include absence related to Covid-19. Due to the early implementation of remote working and social isolation the impact of the disease on our workforce has been minimal to date.

HEE's operational development plan seeks to promote an environment that staff wish to work within and supports attendance across several levels. Within this is a health and wellbeing stream that supports staff attendance, which includes the yearly flu vaccination programme that has continually achieved uptake rates of over 60% of staff.

HR Retention - retention has remained stable throughout 2019-20. The position as at March 2020 was 86.4% against the 80% target. Retention is generally more problematic in London where the labour market is extremely competitive.

Further details on HEE's operational development plan and the actions being taken to further HEE's ambition to make HEE be one of the top employers is contained within the HEE's Remuneration and Staff Report.

Key Issues and risks to delivery

Should HEE experience challenges in areas of delivery, exception reports are created for commitments that have been red or amber risk rated. These commitments are reviewed and monitored closely by the Finance and Performance Group and POB. Significant risks are escalated to the HEE corporate risk register.

Risks identified at the end of the year directly impacting on HEE's delivery of its Mandate and Business Plan commitments include the implementation of the Mental Health Workforce requirements and delivery of the mandated target for Trainee Nursing Associates as in the latter stages of the year the impact of the Covid-19 pandemic affected programme delivery in some areas as the pandemic was felt across the globe. HEE was not alone in recognising that a number of its deliverables, either through ability to deliver or collection of data prior to delivery, would be affected as we began to implement new ways of working in response to the pandemic and in line with Government guidance.

The only red rated risk from a programme milestone perspective was in relation to the return to practice target for AHPs, this was reported against Domain 4 - Clinical Education and Training in the earlier section of the report. The reason for slippage was due to delayed funding and the programme is confident that the 250 target will be met in late summer 2020 so this does not pose a significant risk that requires escalation to the corporate register.

Performance Report

Performance Analysis

Apprenticeships and Widening Participation

Apprenticeships remain a key priority for HEE included in the Interim NHS People Plan and Long Term Plan for the NHS.

“Apprenticeships offer important opportunities for widening social participation in the NHS workforce. They also provide career ladders for staff to develop their skills, expand the contribution they can make to patient care and strengthen their commitment to continue working for the NHS.”

The NHS pays £200 million apprenticeship levy with the expectation that the apprenticeship levy is maximised to support local health and care systems (including Social Care) in making greater use of apprenticeships and in creating employment opportunities for future health and care workforce.

The NHS is expected to deliver approximately a third of the public sector apprenticeship target (28,000) including 5,000 nursing associates in 2018-19 and 7,500 in 2019-20. Further focus on apprenticeship delivery is in place to support the 50,000 Registered Nurse expansion to meet the Government manifesto, commencing 2020, part of which will be a substantial apprenticeship expansion.

Progress to date: the 2018-19 Education and Skills Funding Agency (ESFA) published figures show that:

- Approximately 24,000 starts (against Public Sector target c28,000) of which 912 are Registered Nurse apprentices this academic year
- £92.1 million levy spent so far
- Total committed forecast to 31 March 2021 - £202 million (against £200 million levy pot).

Since October 2015 and as part of a 5-year plan, HEE’s Talent for Care team have been developing healthcare-specific occupation apprenticeships (Trailblazers) and facilitating employer engagement to initiate new trailblazer apprenticeship standards, including;

- Influencing the development of apprentice standards following employer interest and workforce plans
- Lead on and support Employer Chairs in healthcare related Trailblazer apprenticeships - especially evident in the area of Degree apprenticeships and

- those for regulated healthcare occupations
- Facilitate, support, engage and implementation support for Trailblazers
- Implementation support such as communications, procurement support, systems and senior leader engagement, supporting implementation challenges such as securing End Point Assessment Organisations
- Facilitate a ‘levy match making service’ for apprenticeship levy transfer e.g. from Trusts to GP practices and social care employers, and from other industries into the NHS to support specific apprenticeships e.g. Nursing
- To date, over 70 health related apprenticeship standards have been developed, with a further 15 standards in development including Level 8 Clinical Academic, and processes are in place to support future standard development and employer support, including Occupational Route review and T Level implementation
- Health sector employers from Primary care SMEs such as GP practices, and Secondary care (Trusts), community services, and PVI sectors, both levy paying organisations have engaged extensively in the development of standards for healthcare occupations ranging from Level 2 to Level 7, in the Health and Science Route and also other non-clinical routes such as Business, Engineering, and Education, and those that can be used for the wider NHS.

Corporate Social Responsibility

HEE’s primary focus is to provide and support the future of the NHS and, ultimately, ensure that patients have a world-class health service available to them across the country. Nonetheless, as a public sector organisation, HEE is keen to support and promote worthy causes beyond its statutory responsibilities and particularly those that directly implicate its staff.

Via the Learning and Development Policy, HEE encourages all staff to set aside up to 5 days each year to aid their personal development and also make a difference to their local communities. Under the ‘ABCDE’ days incentive, staff are encouraged to ‘do their bit’ by volunteering for a charity of their choice for a day in which they would usually be at work.

Fund raising activities for a wide range of charities by groups of staff took place in HEE offices across England, raising many thousands of pounds for good causes during the past year.

Performance Report

Performance Analysis

Respect for Human Rights

Over and above our statutory responsibilities and in accordance with the principles of the NHS Constitution, we are committed to respecting and promoting the human rights of all NHS staff, stakeholders and our business partners, as well as the patients of the NHS and those with the communities in which we operate. In order to achieve this ambition, we are constantly striving to maintain the highest standards of quality in all of our work and in the employment and learning environments that we support and provide.

Fraud Prevention, Anti-Corruption and Anti-Bribery

HEE expects the highest standards of probity from all its staff and suppliers. Public sector principles and standards are set by the Cabinet Office and the Department of Health and Social Care. The Director of Finance leads the proactive awareness and investigative response for HEE. The work programme is monitored by the Counter Fraud Panel and by the Audit and Risk Committee on behalf of the Board. During 2019-20 they have reviewed measures taken including court action, internal disciplinary processes and financial recompense information. Management are held to account to explain control processes and any improvements required after each instance.

Sustainability and Environmental Matters Report 2019-20

The 2030 Agenda for Sustainable Development is a historic global agreement to eradicate extreme poverty, fight inequality and injustice and leave no one behind. The activities of HEE support the UK Government's delivery of the Sustainable Development Goals through our contribution to "Goal 3: Ensure Healthy lives and promote well-being for all at all ages" and the following activities defined in the plan:

- Keeping people safe, leading global health and international relations including EU exit
- Keep people health and independent in their communities, supporting the transformation of NHS primary, community and mental health services, and local authority public health services

Support the NHS to deliver high quality, safe and sustainable hospital care and secure the right workforce.

For the full Sustainability and Environmental Matters report 2019-2020 turn to Appendix 1 on page 101.

Performance on other Matters

Global Engagement - HEE's Global Engagement Directorate exists to make the NHS a global centre of excellence for, international recruitment, health workforce development, Strengthening health systems and services, both in England and across the world.

Health workforce development - Working with healthcare alliances and partnerships, HEE is creating an evidence base for learning in lower and middle-income countries for NHS staff, promoting recruitment and retention and improving NHS morale through the concept of "Global Citizen". This important area continues to gain credibility in the delivery of healthcare.

International Recruitment - Following pilots, HEE's Global Learners Programme is a part of the Governments commitment to increasing the number of nurses in the NHS. This programme has signed agreements with six Indian States and continues to build on an established quality and ethical approach. Increases in Clinical Radiologists achieved through an innovative partnership of HEE, the Royal College of Radiologists, Morecombe Bay NHS Foundation Trust and a major Healthcare provider in India. Widening Access To Specialty Training has delivered new Doctors in Training into General Practice.

Strengthening health systems - HEE puts ethics of Global engagement at the centre of its work and has a Special advisory role to the World Health Organisation on the code of practice for International Recruitment. Working with colleagues across the NHS and Government Departments HEE has developed a successful approach to collaboration providing benefits to the NHS and partner countries' health systems.

Performance Report

Performance Analysis

The Patient Advisory Forum (PAF), is an advisory committee of HEE's Board and supports the organisation's commitment to ensure that voices of the public, patients and carers are central to its work and decision making.

PAF members bring a wealth of knowledge and lived experience to the work of HEE. This year has been one of development and change for PAF with the founding chair Ms Mary Elford finishing her tenure as HEE's Non-Executive Director, and the Senior Responsible Officer, Lisa Bayliss-Pratt, leaving HEE in March 2020. PAF members have been delighted to welcome Dr Liz Mear, HEE Non-Executive Director and Professor Mark Radford, Chief Nurse and Deputy Chief Nursing Officer for England as the new leadership for this important group.

Forum members are initially appointed for three years through an interview and selection process with an option to serve up to a further three years. Some of our founder members are approaching the end of their terms and in 2019 we recruited a number of new members with some overlap to ensure a smooth transition. As a result of this recruitment we have been able to increase the diversity of the group and in particular, strengthen the voice of young people in our work.

PAF meets formally four times a year as a group, but also operates as a virtual network. Individual members are recruited to programmes of work, projects and other initiatives. HEE staff also seek PAF advice on specific issues. This year PAF provided valuable leadership into the Topol Review, supported the development of resources for carers and presented about their work at the NHS Confederation annual conference.

Kiran Bali MBE JP, a member of PAF, said:

"As a member of the Patient Advisory Forum, my contribution has been genuinely embraced and endorsed in equal partnership. This has resulted in a significant incorporation of the patient voice and experience to advance equality, diversity and inclusion by 'seeing beyond compliance' on a collective journey of quality improvement."

The group held a workshop style meeting in January 2020 to focus on the vision of PAF for 2020 and beyond and consider the priorities for the focus for the coming year. This will inform the PAF work plan for 2020/21 and ensure it is closely aligned to HEE's corporate objectives and strategy.

Quarterly meetings include discussion with HEE programme leads and other senior staff on the work they are undertaking. This provides PAF with a strategic overview of the organisation's work and for work stream leads to seek guidance and advise from the PAF. In the past year, topics have included widening access to NHS jobs, technology enhanced learning and medical and nursing education.

Dr Liz Mear, chair of PAF, said:

"Making sure that the voices of, patients, carers and the public are at the heart of our work is essential and one of the ways in which we demonstrate the values of the NHS Constitution at HEE. Our PAF members' diverse range of backgrounds, talent and lived experience mean that they provide unique insight that has a positive influence on everything we do."

Liz Fenton, Deputy Chief Nurse, explains the impact of PAF input:

"The nursing team has benefited from having PAF members involved in all aspects of our nursing work programme. They have provided us with wise counsel, constructive comment and encouragement. Acting as a voice for those that use health care services PAF input ensures that our work remains focused on ensuring high quality care and focussed on what matters to people."

Performance Report

Financial Review

Health Education England (HEE) met all the statutory financial duties set by Department of Health and Social Care in the 2019-20 financial year. The key financial performance targets were;

- Revenue Resource Limit for the year: achieved with an underspend of £10.0 million
- Capital Resource Limit for the year; achieved with an underspend of £0.4 million
- Cash Limit for the year: Fully drawn to limit to maximise cash resources for Covid-19 purposes.

HEE's core purpose is the education and training of future healthcare staff and 90 percent of our budget is focused on this purpose. Further budgets support training and development for qualified clinical staff, who need further professional development to meet more complex patient needs and the transformation of NHS service models. Most education and training activities are delivered through contracts with suppliers. Health Education England did business with circa 15,000 suppliers in 2019-20. The suppliers range from universities to small and medium enterprises. Expenditure includes contribution to salary cost of future health care professionals, direct tuition, and provision of clinical placement experiences with patients.

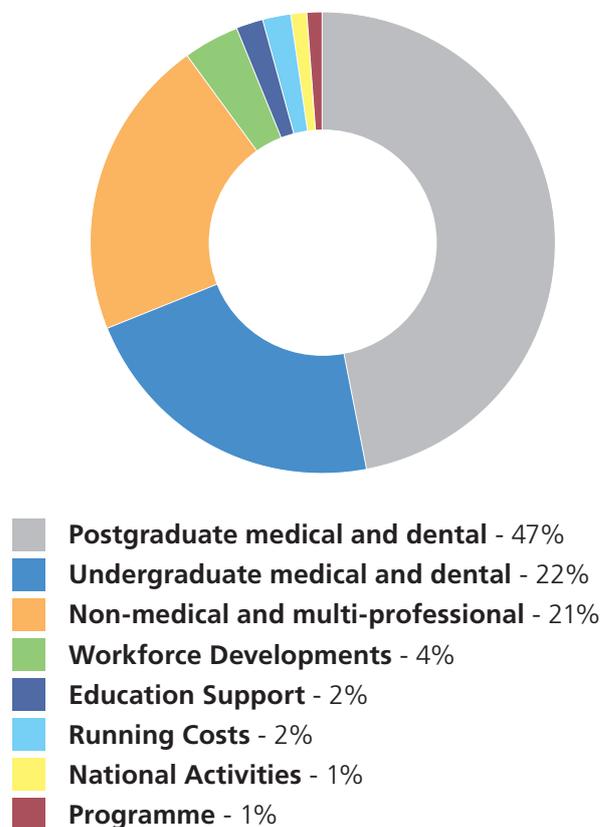
HEE's overall budget continues to reduce this year owing to the Government's policy change to move to a student loan model for undergraduate healthcare courses. The policy change was announced by the Chancellor of the Exchequer in autumn 2015, and was implemented on a phased basis. These student loans are not managed and funded by HEE. This replaces the original student bursary and tuition funding model which was funded by HEE.

Education finance is a long term investment by the taxpayer with the key objective of developing the highly skilled workforce the patient and NHS need. In 2019-20 the HEE finance function has focused on three key areas. We worked with NHS England and NHS Improvement finance teams to increase coordination of intelligence across the healthcare system to enhance the longer term financial planning and investment models. We have introduced the Education Funding Reform and the Commercial teams to manage our business with stakeholders and suppliers more transparently and effectively.

During March 2020 the finance function contingency planning arrangements came into action to meet the Covid-19 challenge. Staff have successfully managed the change to remote working whilst maintaining service to the organisation and suppliers. Robust financial arrangements were put in place in March to maintain business as usual with suppliers in the short term. Work has commenced to update the financial planning models in response to the Covid-19 virus.

The financing of HEE is met through Grant in Aid funding provided by the Department of Health and Social Care, which is approved annually by Parliament. The Secretary of State for Health and Social Care has directed that Parliamentary funding has been voted to permit the relevant activities to continue, this is sufficient evidence of going concern. 2020-21 funding has been agreed for HEE's activities ensuring adequate funding to meet our liabilities. The Board of HEE has prepared these financial statements on a going concern basis.

Summary of our net expenditure for 2019-20



Performance Report

Financial Review

Better payment and late payment reporting requirements

HEE is required to adhere to the Better Payments Practice Code (BPPC). This code requires all public bodies to pay suppliers/other NHS bodies within 30 days of receipt of a valid invoice. Currently the target set by the Department of Health and Social Care is 95%.

HEE's achievement in 2019-20 is as follows;

	Number of bills processed			Value of bills processed		
	Total number processed	Number within target	% within target	Total value processed £'000	Value within target £'000	% within target
NHS	10,384	10,056	97%	3,496,886	3,489,201	99%
Non-NHS	68,291	64,983	95%	675,548	662,359	98%



Dr Navina Evans CBE
Chief Executive

Date: 07 October 2020



Accountability Report

Corporate Governance Report

Directors' Report

Board members in 2019-20:

Non-Executive Members:

Sir David Behan CBE, Chair

Professor David Croisdale-Appleby OBE,
Non-Executive Director

Ms Mary Elford, Non-Executive Director (to 31.10.19)

Professor Malcolm Morley OBE, Non-Executive
Director (to 31.10.19)

Ms Jacynth Ivey, Associate Non-Executive Director
(to 31.12.19)

Professor Soraya Dhillon MBE, Non-Executive Director
(from 01.09.19)

Professor Andrew George, Non-Executive Director
(from 01.09.19)

Dr Harpreet Sood, Associate Non-Executive Director
(from 01.09.19)

Professor John Latham CBE, Non-Executive Director
(from 01.11.19)

Mr Andrew Foster CBE, Non-Executive Director
(from 01.11.19)

Sir Andrew Morris OBE, Associate Non-Executive
Director (from 01.11.19)

Dr Liz Mear, Non-Executive Director (from 01.11.19)

Executive Members:

Professor Ian Cumming OBE, Chief Executive

Calum Pallister, Director of Finance

Professor Wendy Reid, Director of Education & Quality
and Medical Director

Professor Lisa Bayliss-Pratt, Chief Nurse and Interim
Director, London (to 30.09.19)

Professor Mark Radford, Interim Chief Nurse
(from 01.10.19).

Professor Ian Cumming OBE, stepped down as Chief
Executive on 31.03.20 and was replaced by Professor
Wendy Reid as Interim Chief Executive on 01.04.20.

Professor Sheona MacLeod was appointed as Interim
Director of Education & Quality and Medical Director
from 01.04.20 to replace Professor Wendy Reid until
Dr Navina Evans took up the role of Chief Executive on
01.10.20.

Directors in attendance:

Rob Smith, Director of Workforce Intelligence

Lee Whitehead, Director of People & Communications

David Farrelly, Director of Performance

Patrick Mitchell, Director of Workforce Transformation

Laura Roberts, Director of Skills Development &
Participation

Register of Members' Interests

HEE is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a Register of Members' Interests which draws together Declarations of Interest made by our Board members. Our Register of Interests is a public document which is published on our website. Board members are required to notify and record any interests relevant to their role on the Board. The Register is presented to the Board for review bi-annually and at each meeting of the Board, or its Committees, members are asked to declare any interests in relation to agenda items being considered, abstaining from involvement if required and to advise the Board Secretary of any new interests which need to be included on the register.

The Register is available online via this page: <https://www.hee.nhs.uk/about/how-we-work/board-meetings-papers>

Biographies

Biographies of all HEE's Board members are made publicly available. These can be viewed here: <https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

Personal data-related incidents

For full details of HEE's approach to information governance and personal data-related incidents, see the Governance Statement and Appendix 3.

Accountability Report

Corporate Governance Report

Statement of Accounting Officer's Responsibilities

Under the Care Act 2014, the Secretary of State for Health and Social Care, with the approval of the Treasury, has directed Health Education England to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Health Education England and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to;

- Observe the Accounts Direction issued by the Secretary of State for Health & Social Care, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Secretary of State for Health & Social Care has appointed the Chief Executive as Accounting Officer of Health Education England. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding Health Education England's assets, are set out in Managing Public Money published by the HM Treasury.

As Accounting Officer, I can confirm that as far as I am aware, there is no relevant audit information of which our auditors are unaware and that I have taken all necessary steps to make myself aware of any relevant audit information and to establish that our auditors are aware of that information. I will ensure that the final Annual Report & Accounts for 2019/20, as a whole, are fair, balanced and understandable. I take personal responsibility for the Annual Report & Accounts and the judgments required for determining that they are fair, balanced and understandable.

As Accounting Officer for HEE from 1 October 2020, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements.

Accountability Report

Corporate Governance Report

Governance Statement 2019-20

This governance statement covers Health Education England's (HEE) control and management of resources during 2019-20. It reflects the position as of 31 March 2020.

Background and operating context

HEE is responsible for ensuring that our future workforce is available in the right numbers with the necessary skills, values and behaviours to meet patients' needs and deliver high quality care.

This includes providing national leadership for the planning and development of the whole healthcare and public health workforce, as well as promoting high quality education and training that is responsive to the changing needs of patients and communities.

HEE was originally established as a Special Health Authority in June 2012 and by the provisions of the Care Act 2014 became a non-departmental public body in April 2015. Responsibility for the regional delivery of our core functions lies with our Local Education Training Boards (LETBs).

On establishment, HEE operated from thirteen local offices, with thirteen Managing Directors and thirteen Independent LETB Chairs. In 2016, we revised our operating structure, reducing the number of our LETBs from thirteen to four, to align better with the wider system's changing architecture. This change continued to fulfil HEE's statutory requirement to have LETBs with coterminous boundaries covering all of England.

From April 2019, NHS England and NHS Improvement and Public Health England revised their operating models based on a common seven region footprint. HEE also adopted this model at the start of 2019-20 appointing seven Regional Directors who, in conjunction with NHS England and NHS Improvement Regional Directors, are connected to combined Regional Leadership Teams, have jointly agreed objectives, and report direct to our national Director of Performance.

The benefits of effective cross-system working were illustrated by the publication of Facing the Facts, Shaping the Future; a draft health and care workforce strategy for England until 2027 in September 2017. The feedback on the draft workforce strategy was used to inform the workforce specifics of the NHS Long Term Plan, which was published in January 2019.

As a complement to the Long Term Plan, the Interim NHS People Plan was published in June 2019. HEE has played a pivotal role in the work to develop a full People Plan via the National People Board; HEE Executive Directors have led workstreams on workforce redesign, current and future supply, and analysis, insight and affordability.

The ongoing collaborative work to develop what will be the world's largest workforce strategy has been mirrored by the development of a new HEE operating model throughout 2019-20.

Our Operating Model work has been informed by comprehensive stakeholder survey and staff engagement exercises. The model is based on the need for continuous improvement, utilising an 'understand, plan, do, review, improve' methodology. We have developed Strategic and Delivery Frameworks to show clearly what we are here to do and align our resources to our core responsibilities. We have introduced regional structure changes complemented by augmented national executive structures with more focused portfolios to facilitate better delivery.

Using the opportunities afforded by the Interim NHS People Plan, we have organised our work in a way that connects us to the system delivery model more clearly and gives greater clarity to our unique purpose and responsibilities.

Throughout 2019-20, our Board has been kept fully apprised of all key system changes.

Accountability Report

Corporate Governance Report

Government Mandate to Health Education England

Health Education England (HEE) is accountable, through its Board, to the Secretary of State for Health and Social Care for delivery of the Mandate. The Mandate reflects the priority objectives of the Government in the areas of workforce planning, education, training and development for which HEE is responsible and is issued annually. New Mandate arrangements were agreed for 2019-20 onwards, to acknowledge that many of its deliverables cannot be delivered in isolation.

HEE worked jointly with NHS Improvement to develop the Mandate. Both Boards signed off the draft, ensuring it met service requirements, before the Secretary of State for Health and Social Care gave final approval. This new step introduced in 2019-20 aims to ensure that plans for NHS service and workforce are better aligned. Throughout the year HEE has sought to identify opportunities for its regional teams to align with those of NHS England and NHS Improvement to further develop the collaborative working that already occurs in support of local health systems.

The draft Mandate 2019-20 was discussed and agreed by HEE and NHS Improvement Board members in June 2019 before subsequent approval by DHSC. The Mandate was developed collaboratively by teams from HEE and NHS Improvement - with the input of People Plan workstream leads, Chief Professional Officers and leads for the NHS Long Term Plan's service priorities.

To ensure effective overall alignment, all the deliverables partially or wholly owned by HEE in the Interim NHS People Plan were transposed to both our 2019-20 Mandate and Business Plan. The Business Plan also reinforced our purpose by focusing on key strategic goals developed via a cross-organisational senior management workshop.

Framework Agreement

Health Education England maintains a Framework Agreement with the Department of Health and Social Care to define the critical elements of our working relationship. The document focuses on how we work in partnership to serve patients, the public and the taxpayer, as well as how we both discharge our accountability responsibilities effectively. The most recent version of the Framework Agreement was published in February 2019. It is due for renewal in 2021, though there were minor amendments made in June 2019. These were focused on better describing processes for agreeing HEE's Mandate and business plan, taking account of wider system planning and referencing quarterly finance and performance meetings as part of the DHSC/HEE accountability process.

Our governance framework

Health Education England operates within a governance framework that includes, the Primary Legislation, Statutory Instruments and Directions that describe our core functions and duties, our Mandate from the Government and Framework Agreement with the Department of Health and Social Care, matters determined by our Board to ensure decision-making processes exist and are applied and compliance with the requirements of *Managing Public Money* and *HM Treasury's Corporate Governance in central government departments: Code of Good Practice* as this relates to public bodies.

Health Education England's system of governance is based on the standard element of a statutory integrated board with a single Accounting Officer and national Executive Directors. In addition, our four regional Local Education Training Boards (LETBs), responsible for overseeing the planning and delivery of our services regionally across England, are constituted as committees of our Board. These have independent Chairs and operate with HEE's regional teams led by Executive Senior Managers.

A key feature of our governance framework throughout 2019-20 has been its evolving nature, as Board and committee activities adapt to reflect changing system requirements.

Accountability Report

Corporate Governance Report

Our Board

Health Education England's Board structure comprises the Chair, six Non-Executive Directors, two Associate Non-Executive Directors, the Chief Executive and four other Executive Directors.

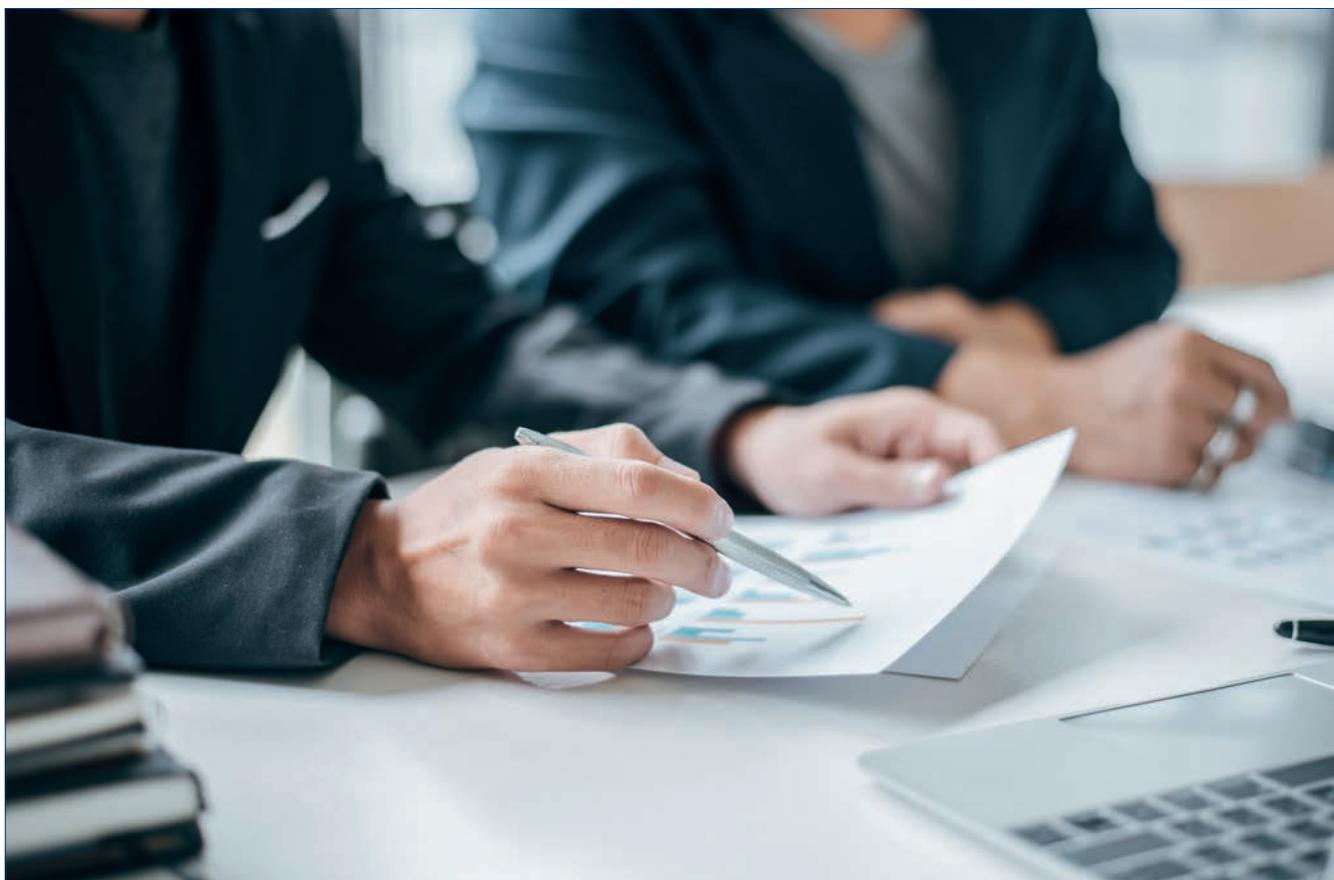
The Board is supported by eight committees (four regional Local Education Training Boards (LETBs), Audit & Risk, Remuneration, Performance Assurance and Equality, Diversity and Inclusion) which underpin the Board's assurance and oversight of the organisation. The committees are part of HEE's formal governance structure and provide the Board with regular reports. This helps the Board to focus its time on strategic decision-making, whilst giving assurance that effective business decisions are based on the right information.

Committee Chairs report to the Board following each committee meeting and the Board formally receives

the approved minutes of all committee meetings. This ensures the Board is kept informed of how its committees' responsibilities have been discharged.

The four LETBs provide the Board exception reports where appropriate in relation to their compliance with the standards of the LETB Assurance Framework. In addition, until the Summer of 2019 a Non-Executive Director of the Board had been linked to each LETB to ensure continuity of dialogue and information flow between both Board and LETBs. This arrangement will be reviewed with the establishment of LETBs and Regional People Boards as Committees in Common during 2020-21.

The Accounting Officer, as well as being a member of the Board, is informed of each committee's activities through discussions with the relevant Chair and lead Executive Directors. The Chair and Accounting Officer reserve and exercise the right to attend all committee meetings.

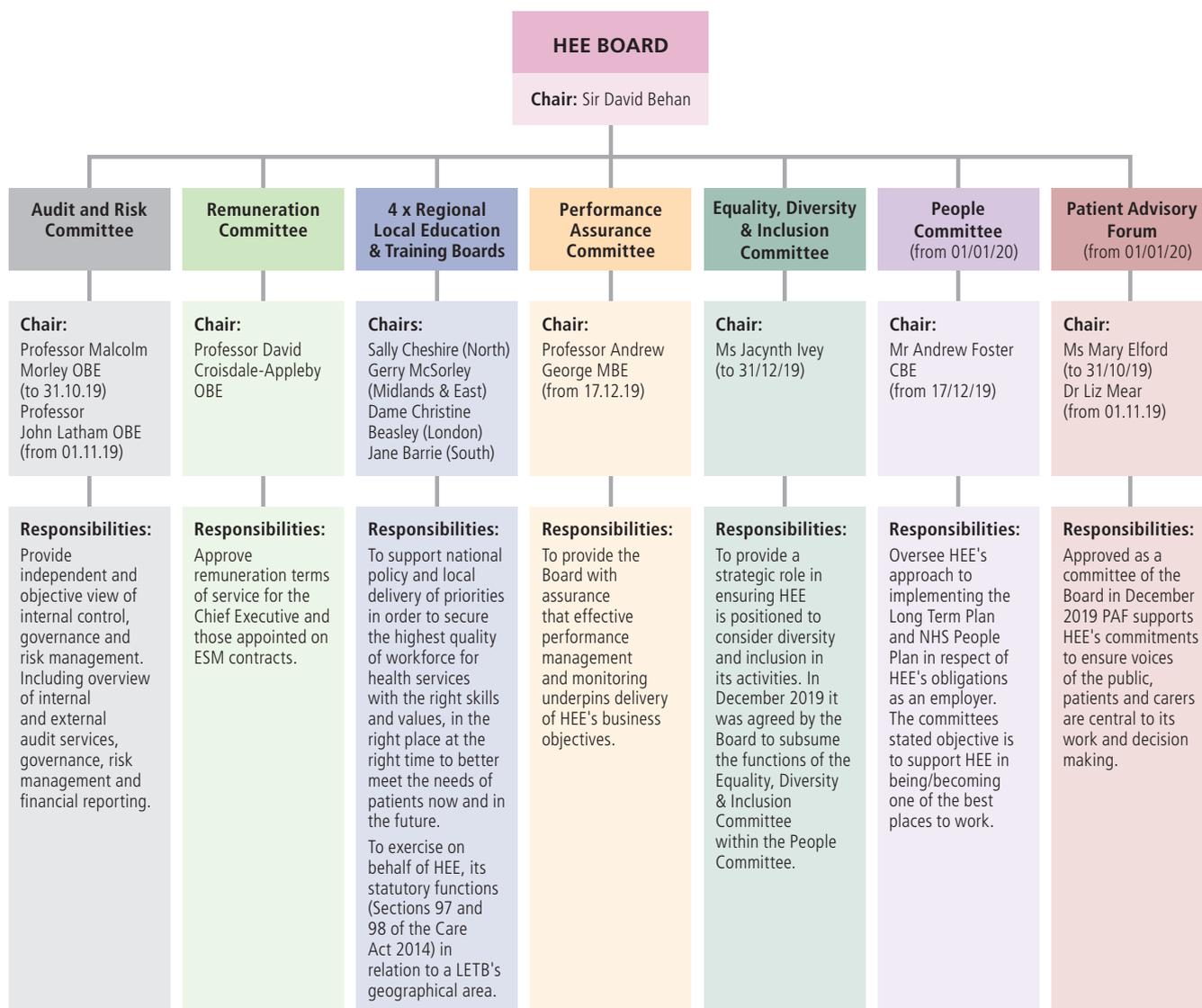


Accountability Report

Corporate Governance Report

Our committee structure, details of committee responsibilities and the work carried out in 2019-20 are as follows:

Board & Committee Structure at 31 March 2020



Accountability Report

Corporate Governance Report

Board Activity

Our Board has been actively engaged in matters stemming from the draft Workforce Strategy - predominantly the Topol Review of technology in medicine, the Commission into the Mental Health and Wellbeing of NHS Staff and Learners, plus in recent months the development of the NHS Long Term Plan. At each of its public meetings, the Board has considered Finance and Performance Reports and HEE's Corporate Risk Register. The Board has also;

- Been apprised of matters concerning business continuity incidents the learning from which has informed our revised Business Continuity Policy and implementation plan
- Considered recommendations regarding the continued authorisations of HEE's LETBs and approved the 2019-20 LETB Assurance Framework
- Agreed the move from four to seven LETBs in 2020-21, with these aligned to Regional People Boards
- Approved a programme of activity to support future needs of the Learning Disability workforce and the supply of Learning Disability nursing courses across England, targeting resources at areas of greatest need
- Considered the work programme of the Health Careers programme to help HEE support and meet aspirations of the Long Term Plan
- Approved several reports under the Medical Education Reform Programme: Supported from the Start, Ready for the Future: The Post-Graduate Medical Foundation Programme Review; Enhancing Supervision for Postgraduate Doctors in Training; and The Enhancing Junior Doctors Working Lives report
- Considered the Maternity Transformation Workforce Strategy Delivery Plan
- Engaged with those appointed to clinical fellowships, including the Topol Fellows and Population Health Fellows
- Been briefed on the education, training and development activities that are taking place to promote patients safety throughout the NHS
- Engaged with the Talent for Care and Apprenticeships programme, including approving the Talent for Care action plan
- Received and considered briefings on the impact of the UK's Exit from the European Union on HEE's key functions and deliverables. Over the course of

the year, this included consideration and mitigation of risk identified associated with the UK's exit from the European Union

- Received the output from HEE's Stakeholder Engagement programme; determining a next sets course of action for both staff and stakeholder engagement, initially focussed on HEE's role and purpose
- Heard from HEE's Freedom to Speak Up Guardian on their work across the organisation, requesting an annual report from the Guardian direct to the Board
- Approved the publication of the evaluation of Nursing Associates
- Engaged with HEE's disability networks from the London and Midlands & East Region, agreeing to hold an annual meeting with all staff representation networks, commencing in June 2020
- Considered and approved HEE's Risk Appetite Statement for 2020-21
- Engaged with the Building a Digital Ready Workforce programme
- Focused on delivery of HEE's Mandate deliverables
- Agreed Standing Order, Standing Financial Instructions and Scheme of Delegation for 2020-21
- Been apprised of progress towards compliance with HEE's 2019-20 Data Security & Protection Toolkit submission
- Agreed the 2019-20 Business Plan framework and interim arrangements for the 2020-21 budget.

The scale of the Covid-19 global pandemic began to emerge between the Board's February and March 2020 Board Meetings. As preparations began for the Board's March meeting the agenda was leaning heavily towards ensuring the Board were sighted on and shaping HEE's response to Covid-19. Overnight as travel restrictions from the Government were announced the format of the meeting and shape of the agenda were rapidly reconfigured to deliver a virtual meeting, with the majority of members and attendees joining remotely by Skype and the agenda focused heavily towards HEE's response both for the wider NHS workforce and HEE's own staff. During March 2020 a weekly briefing for Non-Executive Directors of HEE's Board was established to support members in their strategic oversight of the organisation as we worked at pace to the rapidly evolving situation we have been faced with.

[Attendance at Board Meetings is available in Appendix 2 at page 103.](#)

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Corporate Governance Report

Audit & Risk Committee

Role of the Committee

The Audit & Risk Committee provides independent and objective assurance to the Board on how Health Education England manages its system of internal control, governance and risk management. This includes an overview of internal and external audit services and financial reporting.

Committee members

The Committee met four times during the year. The Committee Chair until 31 October 2019 was Professor Malcolm Morley OBE. From 1 November 2019 Professor John Latham CBE has held this position. There are three further Non-Executive Directors and an Associate Non-Executive Director as members.

[Attendance at Audit & Risk Committee is available in Appendix 2 at page 103.](#)

Additional attendees are invited to attend meetings to assist with Committee business. For 2019-20 these have included:

- The Chair
- Chief Executive
- Director of Finance
- Director of People & Communications
- Deputy Director of Finance - Systems
- Director of Human Resources & Organisational Development
- Head of Internal Audit (Health Group Internal Audit Service)
- Director responsible for health at the National Audit Office.

Committee business

The Committee has provided regular progress reports to the Board on its key duties which include:

- Reviewing the organisation's risk profile and the management and mitigation of current and emerging risks and ensuring that all corporate risks have an accountable national director and delegated risk owner
- Developing the framework for agreeing and implementing HEE's risk appetite
- Evaluating the effectiveness of HEE's control environment
- Assessing the integrity of HEE's financial reporting and satisfying itself that any significant financial judgements made by management were sound
- Considering relevant reports from the Comptroller and Auditor General (National Audit Office (NAO)) on HEE's accounts and the achievement of value for money
- Commissioning and receiving internal audit reports on the adequacy of internal control systems, risk management and corporate governance
- Reviewing the activities of internal and external auditors, including monitoring their independence and objectivity
- Assuring the Board that management responses to internal and external audit recommendations are implemented
- Oversight of the organisation's arrangements for counter fraud.

In addition, key activities have included;

- Considering areas for review by internal audit, approving the 2019-20 work plan of work and monitoring delivery of continuing work from 2018-19
- Receiving Director updates on outstanding internal audit actions and key risks relating to their respective Directorates
- Ensuring delivery of 2018-19 Annual Report and Accounts and preparations for the 2019-20 Annual Report and Accounts
- Reviewing NAO updates on progress with their audit work
- Receiving reports at each meeting covering corporate risks, updates to the status of internal audit recommendations, financial controls and the management of HEE's legal cases.

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Corporate Governance Report

Remuneration Committee

Role of the Committee

The Remuneration Committee's primary role is to approve the appropriate remuneration and terms of service for the Chief Executive, Directors and other Executive Senior Managers. In addition, the Committee considers some issues, such as calculation and scrutiny of termination or special payments, in relation to all staff employed by Health Education England.

Committee members

The Committee met four times during the year. The Committee Chair is Professor David Croisdale-Appleby OBE and all Non-Executive Directors are members of the Committee.

[Member attendance at Remuneration Committee is available in Appendix 2 at page 103.](#)

Additional attendees are invited to attend meetings to assist with Committee business. For 2019-20 these have included:

- Chief Executive
- Director of Human Resources and Organisational Development.

Committee business

Over the year the Committee has considered succession planning arrangements made by the Chief Executive, overseen and approved the recruitment of HEE's Chief Executive, Dr Navina Evans who came into post on 1 October 2020 and approved decisions relating to the targeted allocation of consolidated and non-consolidated pay awards to this group of senior staff for the financial year. Additionally, the Committee have considered and endorsed HEE's Clinical Excellence Awards and considered matters on Gender Pay Gap reporting across the organisation.

Performance Assurance Committee

Role of the Committee

The Performance Assurance Committee's primary role is to provide the HEE Board with assurance that effective performance management and monitoring underpins the delivery of business objectives. The Committee also highlights to the Board any performance-related issues which would benefit from the Board's consideration and strategic input.

Committee members

The Committee met once during the year. The Committee Chair is Professor Andrew George MBE and there were three further Non-Executive Director members.

[Member attendance at Performance Assurance Committee is available in Appendix 2 at page 103.](#)

Additional attendees are invited to attend meetings to assist with Committee business. For 2019-20 these have included:

- Director of Performance
- Director of Finance
- Head of Information & Intelligence.

Committee business

Over the year the Committee has received reports relating to HEE's performance management framework to be assured of progress.

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Corporate Governance Report

Equality, Diversity and Inclusion Committee

Role of the committee

In February 2020 it was agreed that the remit of the Equality, Diversity & Inclusion Committee would become an element of focus for the People Committee, which met for the first time in February 2020. The Committee provided a strategic role to ensure that HEE is better positioned to consider diversity and inclusion in the priority areas of:

- Our People - HEE as an employer of choice with a workforce that is sensitive to the diversity of the communities that it serves
- Our Business - HEE as an organisation that takes an inclusive approach to the development and delivery of its work and its way of working
- Our Influence - HEE as a national body supporting the advancement of diversity and inclusion for the benefit of the health system.

The Committee was responsible for providing assurance to the Board on the implementation of HEE's Diversity and Inclusion Strategic Framework 2018-2022.

Membership

This consisted of:

- Chair: Jacynth Ivey, Associate Non-Executive Director, as the Non-Executive lead for diversity and inclusion
- Board Senior Responsible Officer for diversity and inclusion
- LETB Chairs x 4
- Chair - National AHEAD Group
- Regional Director x 1
- Director of Human Resource and Organisational Development
- Director of Finance
- Postgraduate Dean
- Diversity and Inclusion Manager
- Patient Advisory Forum (PAF) representative x 2
- Staff side representative x 2
- Senior Communications Manager
- Stakeholder Engagement Manager.

The Committee met three times during the year. The Committee Chair was Jacynth Ivey.

[Non-Executive Director attendance at the Equality, Diversity & Inclusion Committee is available in Appendix 2 at page 103.](#)

Committee Business

Over the year the Committee has received reports relating to the Diversity and Inclusion Strategic Framework 2018-22 to oversee developments and progress, including regular updates from Regional AHEAD groups. Other matters considered included, NHS Workforce Race Equality Standard, gender pay gap reporting and the results of the 2018 HEE staff survey.

In December 2019 it was agreed by the Board to subsume the functions of the Equality, Diversity & Inclusion Committee within the People Committee.

People Committee

The Board agreed in December 2019 to establish a People Committee to oversee HEE's approach to implementing the Long Term Plan and NHS People Plan, in respect of HEE's obligations as an employer. The Committee's stated objective to the support HEE in being/becoming one of the best places to work. The Chair of the Committee is Mr Andrew Foster CBE, and there are four Non-Executive Directors and four Executive Directors as members. In addition, the Director of HR & OD attends the meetings.

The Committee has met once during 2019-20, when it agreed its Terms of Reference for recommendation to the Board and considered information relating to the staff survey, HEE's People Objective Priorities, Workforce and HEE's Organisational Design and Development Framework to inform it's 2020-21 workplan.

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Corporate Governance Report

Local Education & Training Boards

The overall aim of Health Education England (HEE) and its Local Education & Training Boards (LETBs) is to support national policy and local delivery of priorities, in order to secure the highest quality of workforce for health services with the right skills and values, in the right place at the right time to better meet the needs of patients now and in the future. LETBs work as part of HEE to inform national strategy and priorities and play a crucial role in bringing together providers covering the whole local health economy to review and agree local workforce priorities and the quality of education and training, applying scrutiny to and approving local plans.

There are four regional LETBs which cover the whole of England, they are:

- North: Chair, Sally Cheshire
- Midlands & East: Chair, Gerry McSorley
- London: Chair, Dame Christine Beasley
- South: Chair, Jane Barrie (to 31.12.19)

In line with the requirements of the Care Act 2014, HEE must formally appoint its LETBs annually and in doing so, be assured that each can fulfil the LETB appointment criteria as defined in the LETB Assurance Framework. The LETB Assurance Framework aligns to four development domains;

- Developing a shared vision
- Aligning structures, systems and processes to our shared vision
- Bringing our values to life
- Developing an improvement-driven culture.

The LETB Assurance Framework operates on the basis of prior Board agreement (December 2018) that the LETB Chairs would be asked to submit exception reports as necessary setting out any areas of non-compliance. No exception reports were received for the year 2018-19 and in July 2019 the HEE Board agreed to award LETBs substantial assurance ratings for 2018-19, authorising them to continue, on an exception reporting basis in 2019-20. There were no exception reports provided to the Board during 2019-20.

The HEE Board also confirmed that it was satisfied

that a further LETB appointment criterion was fulfilled, that essential LETB membership requirements are met. These comprise, Chair, Regional Director, Regional Director of Education and Quality, Regional Head of Finance plus as specified in legislation, a minimum of three members with clinical expertise; one from a profession regulated by the Medical Act 1983, one from a profession regulated by the Nursing and Midwifery Order 2001 and one from another regulated profession. Provider representation on LETBs was in line with requirements also.

Throughout the year LETBs have continued to;

- Represent and advocate for local needs within the national context
- Advise on the development and transformation of the whole health, care and public health workforce so that those staff deliver the best possible care and outcomes possible
- Engage collaboratively with local and national stakeholders to support, monitor and evaluate the development of a confident, competent, multi-professional workforce, fit for the changing landscape and able to meet the needs of patients and service users
- Identify and agree local priorities for education and training to ensure security of supply of the skills and people providing health and public health services
- Inform the planning and commissioning of education and training on behalf of the local health community in the interests of sustainable, high quality service provision and health improvement
- Gain assurance of the effective delivery against local and national priorities and compliance with the relevant governance framework, including local management of risk within a robust assurance framework
- Assure and promote continuous improvements in the quality and outcomes of education and training.

The HEE Board also agreed a move to seven LETBs for 2020-21 to align with regional workforce arrangements across Arms Length Bodies (ALBs) and governance arrangements to support delivery of the Long Term Plan and the Interim NHS People Plan. In March 2020, the Board approved terms of reference to establish seven committees in common, to be known as Regional People Boards and Local Education & Training Boards (RPB/LETBs).

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The governance and decision-making arrangements have been crafted to ensure that HEE retains full oversight of LETB statutory responsibilities, whilst allowing pragmatic adaptation to wider system changes.

Corporate Governance

I have reviewed Health Education England's corporate governance arrangements against the requirements of the *Corporate governance in central government departments: Code of Good Practice*. I am satisfied that the relevant principles and provisions are reflected by the arrangements we have in place, that there have been no departures from the Code and that we continue to introduce measures to strengthen our governance overall.

Board Effectiveness

2019-20 has been another year of change for Health Education England (HEE) and the scrutiny of the Health Education England Board was vital during this time, helping to provide assurance that good governance continued to support our work and underpinned the change management processes we went through.

Non-Executive Directors provided essential constructive challenge to assist with this objective and have overseen the application of key organisational improvements in 2019-20. The data provided to the Board is subject to thorough scrutiny and review via both Executive and Board committee channels and is constantly refined to ensure it develops with organisational needs.

The Board is responsible for holding the Executive Directors to account. One of the ways it achieves this is through regular performance management reports and reviewing plans and progress against them.

The Board is provided with comprehensive finance reports and receives an integrated performance report. These are informed by dedicated Finance & Performance meetings held with all Executive Directors. In addition, the Performance & Assurance Committee scrutinises all finance and performance reports, as well as the minutes of Finance & Performance meetings.

The robustness of this approach has proved effective in maintaining the standard of information required to provide effective oversight of the organisation. This was beneficial in helping to mitigate the risk of any diminution of oversight standards through a period where there was significant transition in HEE's Non-Executive Director Board appointments.

The most recent internal audit review report on HEE's governance (March 2018) gave a substantial audit opinion. The Board has overseen measures to further strengthen HEE's governance in 2019-20, relating to, succession planning; training and development for Non-Executive Directors and improving assurance on progress towards implementation and activity relating to, any recommendations agreed, approved or endorsed by the Board. Owing to significant change in Board Membership in 2019-20 it was agreed with the Chair to undertake a Board Effectiveness Review exercise in 2020-21

Appointments to the Board

Board members bring a range of complementary skills and experience in areas such as the patient and public voice, finance, governance and health policy, as well as ensuring that HEE's statutory duty to include a medical professional, registered nurse and allied health professional amongst its board membership is met. New appointments take account of the skills the Board already has and recognise where the areas in which knowledge could be strengthened. The Chair and Non-Executive Directors are appointed by the Secretary of State for Health and Social Care, executive members are appointed by the Board.

In 2019-20 appointments to the Board included;

- Five new Non-Executive Directors
- Interim Chief Nurse
- Two Associate Non-Executive Directors.

Early dialogue has been established with the Department of Health and Social Care to manage the one Non-Executive Director board appointment we have that is due to end during 2020. This will help to ensure that vacancy recruitment is efficient to minimise disruption to the Board.

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Further, following the resignation of Prof. Ian Cumming as Chief Executive on 31 March 2020 Prof. Wendy Reid took the position as interim Chief Executive and Accounting Office until 30 September 2020. They are succeeded by Dr Navina Evans who came into post on 1 October 2020.

Other responsibilities

The Health Education England Board has previously considered the recommendations of the Harris Review and its cautionary findings on the delegation of statutory functions. Appropriate guidance has been provided to our senior management to make certain we remain compliant in this area and this will be monitored as we move forward. Our senior management structure, which features all Regional Directors reporting to our Executive Director of Performance, helps us to maintain focused oversight in this area.

Health Education England recognises the importance of having adequate quality assurance in place for all analytical work. We are aware of the recommendations of Sir Nicholas Macpherson's review of quality assurance of government models and will continue ongoing work in this field to ensure robust levels of assurance are in place for our business-critical models, such as those used for national workforce planning.

We are also cognisant of our need to support the Secretary of State for Health and Social Care's duty to manage health inequalities. Through fulfilling our statutory duties in relation to workforce, Health Education England has ensured that provision was made for investment in the public health and wider workforce - to help deliver both local and national priorities designed to reduce health inequalities.

Health Education England previously worked with NHS England and other leadership bodies on the development of cross-NHS guidance for managing conflicts of interest. The Board has agreed a Managing Conflicts of Interest policy that aligns with cross-system guidance and we will continue to monitor developments to ensure it remains fit for purpose.

Whistleblowing

We understand the need for openness and transparency that has been highlighted in recent years. In line with recommendations from the *Freedom to speak up?* Review led by Sir Robert Francis QC, we have focused on whistleblowing as a key priority. We have a 'Raising Concerns at Work' policy for the whole organisation. Access to guidance and support materials via our intranet and staff portal has been provided to all employees.

In October 2019, the HEE Board reaffirmed its commitment to the Freedom to Speak Up agenda by agreeing that the organisation's Freedom to Speak Up Guardian would be supported by a network of regional guardian roles to ensure staff are supported in raising concerns. In addition, work has taken place alongside the National Guardian's office to provide supportive raising concerns mechanisms for junior doctors.

A 'Speak Up' campaign to improve staff wellbeing was launched in February 2020, led by HEE's Freedom to Speak Up Guardian, Professor Simon Gregory. A Board development programme is planned as part of this campaign to upskill HEE's most senior leaders, ensure those raising concerns are treated and responded to well, and that HEE's policies and processes remain effective and continually improve.

HEE is also listed as a prescribed person under whistleblowing legislation, meaning individuals can make disclosures to us rather than their employer provided the concerns they wish to raise fall within our remit. As a Prescribed Person, HEE is required to address relevant concerns raised by individuals or to signpost whistle-blowers to the correct organisation to assist with their concerns if these fall outside our remit. Our Executive Team has agreed governance arrangements that ensure the raising of concerns will continue to receive dedicated support.

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Corporate Governance Report

Risk management

HEE's Risk Management Framework was reviewed by Internal Audit in July 2018, receiving a Substantial assurance rating. Work to embed the Board-approved framework for considering risk through the lens of the Board's risk appetite has taken place throughout the year. In March 2019, the Board's Risk Appetite Statement and Framework was approved for 2019-20, as well as further refinements to the HEE Risk Management policy to reflect the continuing maturity of the organisation's approach to risk management. The HEE Board considered its Risk Appetite in February 2020 and confirmed its refreshed Risk Appetite Statement in March 2020, reaffirming a low risk tolerance across most priority areas, but accepting a greater appetite for risks relating to workforce transformation where these could be safely mitigated to realise reward.

All national and regional teams are required to identify, manage and report risks at the appropriate level and escalate, where appropriate, to the Executive Team to be considered for inclusion in the Corporate Risk Register. HEE's risk management framework, operates at all levels across the organisation, ensuring risks on the register are brought to the attention of Directors, the Executive Team, the Board or one of its committees as appropriate.

Our Executive Team reviews our corporate risk register monthly. The register is also considered by our Board at each public meeting and more fully by the Audit & Risk Committee on a quarterly basis. National Directors attend the Audit & Risk Committee to discuss key risks relating to their areas of responsibility and the effectiveness of mitigations. Copies of the register have been provided regularly to our Department of Health and Social Care sponsor team and these have informed their assessment of our organisational progress at our regular accountability review meetings. A copy of the risk register is made accessible to all staff. We have maintained our agreed risk management process consistently. As a result, our corporate risk register is effective in describing our organisational strategic risks.

We continue to apply and develop specific programme and project management standards across the range of our business activities to make

sure they are managed consistently to further reduce the incidence of risk. Our corporate risk register at year-end 2019-20 featured one red-rated risk relating to the supply of learning disability nurses and the prospect of the gap between demand and available workforce remaining problematic. This risk is being mitigated through HEE working with system partners to ensure that recruitment and retention issues are addressed, and that supply is covered in the forthcoming People Plan. In addition, HEE has committed funding for 150 Training Nursing Associates, up to 230 RNLD apprentices, plus a range of workforce development initiatives.

In addition, HEE's corporate risk register featured a range of lower-rated risks relating to the recruitment of enough high-quality trainees to meet future NHS workforce requirements. Individually, none of these risks were classed as critical.

As the scale of the Covid-19 pandemic began to emerge, the Board requested a focussed Covid-19 Risk Register be compiled to ensure they retained a strategic overview of emerging risks, and mitigation strategies. This review identified 18 risks which would be recorded on the Covid-19 Risk Register. The Covid-19 Risk Register reported to the Board holds the same status as the Corporate Risk Register and over the course of 2020-21 the two will be merged. Significant risks identified in relation to Covid-19 include:

- Supply vs Demand where Trusts fail/choose not to employ/deploy additional workforce (returners, interim Foundation Year 1s, nursing and allied health profession undergraduates) because the system is felt to be coping at this point in time
- That HEE will be unable to fulfil its role in meeting the government's Manifesto commitment to 6,000 extra doctors in primary care by 2025 if a solution, financial or otherwise, cannot be found to address the funding gaps as a result of GP Specialty Trainees/ Registrars (GPSTs) due to complete training in coming months now being unable to gain their certificate of completion of training (CCT) as a direct result of the impact of Covid-19.
- That HEE will be unable to fulfil its role in meeting the government's Manifesto commitment to 26,000 extra primary care professionals

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- That HEE will be unable to fulfil the domestic supply ask of the government's Manifesto commitment to deliver 50,000 WTE additional nurses by September 2025
- HEE's contracts requiring review for applicable termination delay, notice provisions and "force majeure" clauses.

HEE was well prepared for the implementation of the IFRS 16 accounting standard in 2020-21. As part of the preparatory work for this, our national estates budget will be consolidated and managed by a central estates team in 2020-21 to improve oversight of our operating lease commitments. A report on the adequacy of our IFRS 16-related control measures was scheduled for our Audit & Risk Committee meeting to be held in April 2020. However, we have now been advised by DHSC that the implementation of IFRS 16 has been deferred by the Financial Reporting Advisory Board until 2021-22 owing to the advent of the Coronavirus pandemic and the need to address its impact.

Information Governance (IG)

The Board has introduced the following roles to help ensure we discharge our information governance responsibilities in line with best practice:

Senior Information Risk Owner (SIRO): Lee Whitehead, Director of People and Communications is our designated SIRO, with responsibility for managing information risk and the protection and safeguarding of all information assets.

Caldicott Guardian: Professor Wendy Reid, Director of Education and Quality and Medical Director (until 31 March 2020) was our designated Caldicott Guardian, with responsibility for confidentiality of personal data and information sharing. On 1 April 2020 when Wendy Reid became Interim Chief Executive of HEE, Professor Sheona MacLeod, Interim Director of Education & Quality and Medical Director assumed this role.

Data Protection Officer (DPO): Andrew Todd, Head of Information Governance is our appointed DPO, with responsibility for advising and informing the organisation and its staff about our obligation to comply with the General Data Protection Regulations (GDPR). The DPO and the Information Governance Team monitor compliance with GDPR, other data

protection laws and internal data protection activities; advise on Data Protection Impact Assessments (DPIAs); conduct internal audits to check legislative and policy compliance to help reduce risk levels; and provide staff training to increase awareness.

Our Information Governance Steering Group (IGSG) coordinates all activity relating to the Data Security Protection toolkit (DSPT); this is based on the ten data security standards recommended by Dame Fiona Caldicott, the National Data Guardian (NDG) for health and care. The DSPT draws together the legal rules and central guidance set out by Department of Health and Social Care policy as a standardised set of requirements.

HEE completed an interim DSPT baseline self-assessment in October 2019, collating evidence-based information to support our compliance evaluation. This process was augmented by HEE's internal audit service reviewing our interim DSPT submission, to provide third-party assurance and validation that the submission represented an accurate assessment of compliance. This advisory review produced no high-priority recommendations for action. We have maintained progress in line with our agreed improvement plan for 2019-20.

The year-end DSPT submission would ordinarily have been made by 31 March 2020. However, in line with guidance from NHSX, the submission has been deferred to enable organisations to focus operational efforts on their Coronavirus pandemic responses. We have noted the new deadline of 30 September 2020 and will ensure this is met. For now, our Information Governance focus is on dealing with any issues resulting from having a newly home-based workforce. Once we are satisfied that a steady state has been achieved, we will resume our regular improvement plan activities.

Our internal audit service has conducted reviews of both GDPR and Cyber security during 2019-20, providing Moderate assurance ratings to the Board on both areas. HEE successfully acquired Cyber Essentials Plus certification in November 2019. This certification demonstrates HEE's ability to safeguard and manage organisational infrastructure effectively and provides confidence our data is managed securely.

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Corporate Governance Report

We have also strengthened our information governance resource by introducing two new senior manager posts into the national Information Governance Team. These specialist roles will provide consistent advice and guidance to the whole of HEE, regarding all aspects of information handling and security, privacy, system developments, and incident/ records management, to enhance compliance with required standards to reduce information and cyber security risk.

A range of IG training sessions are available to all staff across the organisation, designed to enhance staff awareness regarding GDPR, DPIA processes, cyber security, information risk and incident management reporting. Additionally, the content of the workshops is recorded and accessible via the staff intranet.

HEE manages its information risks using a centralised Information Asset Management System (IAMS). The system records our information assets, information flows associated with those assets and automates risk outcomes. The system provides alerts and reports to those accountable and responsible for information assets ensuring we manage information risk effectively. The IAMS provides evidence-based information to aid DSPT and GDPR compliance. A review of the system is scheduled to assess the impact of organisational change and staff movement. The system has recently been upgraded to ensure all recorded information assets provide relevant information required to deliver assurance and confidence our information processing activities adhere to HEE's legal obligations.

HEE had 87 incidents reported in 2018-19. This year has seen an increase to 233 reported incidents. Our assessment indicates that this reflects a greater awareness of reporting mechanisms, rather than any diminution of information security. However we recognise that further work is required to reduce information incidents to a minimum and to ensure all incidents are reported within strict timescales.

Our Information Governance Team leads on raising staff awareness about incident reporting, using various channels available as well as monitoring and auditing any information handling activities. This provides assurance that our business operations are underpinned by the application of sound governance.

Review of internal controls

During 2019-20, HEE has continued to evolve in a changing system whilst strengthening as a single statutory organisation that is focused on its core responsibilities and delivers within its means.

HEE's Organisational Development Plan supports us to focus on our values and behaviours providing clarity on our way forward and will help to ensure our organisation remains fit for purpose to deliver our objectives.

We benefit from a well-established regional delivery model that continues to evolve. This allows us to avoid unnecessary duplication across the organisation to ensure we remain operationally and financially sustainable. We have taken measures to maintain this organisational discipline as our future governance structure adapts to align more beneficially with the wider system.

We have consolidated central staff resource across national supporting functions, Human Resources, Communications, Finance, Procurement, Information Technology, Information Governance and Corporate Governance to ensure we deliver those services consistently against clear governance standards that are communicated and understood by the whole of HEE.

As the Coronavirus began to emerge as a threat and eventually become classed as a global pandemic, Health Education England put in place measures to support its preparedness to respond. Our existing Business Continuity Plans considered the impact of a pandemic on both staff and our ability to deliver critical functions. However, the scale and pace of the Coronavirus pandemic resulted in adjustment to many of these plans, particularly as Government restrictions first on travel and then social distancing began to take effect. The management of our response was escalated to a Covid-19 Oversight Group/Gold Command established in March 2020 to provide senior leadership, oversight and management to the response, taking over from the Coronavirus Preparedness & Action Group established in February 2020. The Board of HEE has been fully engaged with HEE's response and received appropriate assurances of our management of the response both on our critical functions, cross system engagement and support for our own staff.

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Corporate Governance Report

As Accounting Officer for Health Education England, I am responsible for reviewing the effectiveness of the system of internal control. In this, I have been informed by the findings of our internal auditors, as well as managers in the organisation with responsibility for the development and maintenance of a robust internal control framework.

In preparing the 2019-20 Governance Statement, I have also been informed by the findings of the National Audit Office. In addition, I have been advised on the effectiveness of the arrangements in place by Prof. Ian Cumming, Chief Executive to 31 March 2012, Prof. Wendy Reid, Interim Chief Executive to 30 September 2020, our Board, the Audit & Risk Committee and the Executive Team.

Assurance has been provided to the Board by its Committees: Audit & Risk, Performance Assurance, Remuneration, Equality, Diversity & Inclusion and the four LETBs, with matters flagged as required. The effectiveness of our system of internal control has been reviewed by the Audit & Risk Committee, which has received a range of reports, including those from both Internal and External Audit.

Health Education England's internal audit service is provided under a Government Internal Audit Agency framework contract, through the Health Group internal audit function. Comprehensive action plans are agreed to address all audit report recommendations. We maintain an online management system which enables action owners to provide their own updates; these then form the basis of a comprehensive update report provided at each Audit & Risk Committee meeting.

There were 15 specific audits and a Follow Up Review included in our 2019-20 Internal Audit Plan. Of these, four reports received substantial assurance ratings; these related to Governance (Patient Advisory Forum), Trainee Expenses System, Oriel - Project Assurance Review and HR, eight received moderate assurance rating and two received a limited assurance rating, these related to the review of dental contracts and non-payroll staff and websites management. In each case, a management action plan has been agreed to deal with specific issues. There was one Advisory Report and one Follow Up Review undertaken during the year.

Our Head of Internal Audit's overall opinion for 2019-20 assessing HEE's governance, risk and control arrangements, is that moderate assurance is provided that adequate and effective systems are in place.

Overall, my review confirms that Health Education England has a generally sound system of governance that supports the achievement of our aims, policies and objectives.

We are committed to continued progress with our organisational governance arrangements.

Throughout 2019-20, we have continued to adapt and evolve to ensure effective partnership working whilst maintaining a disciplined use of resources.



Dr Navina Evans CBE
Chief Executive

Date: 07 October 2020

Accountability Report

Remuneration and Staff Report

The development of HEE and our people

Enabling our staff to deliver HEE's overall business strategy is our key priority. In 2019-20 we continued to make progress with our organisational development ambitions and seek to improve on our 2018 staff survey outcomes.

As at 31 March 2020, HEE has a directly employed workforce of 2,952. We use the nationally determined NHS Terms and Conditions of Service and the national contracts and terms for Medical and Dental and Executive and Senior Manager (ESM) staff.

People Committee

Established in January 2020 as a Board sub-group and chaired by Mr Andrew Foster CBE, HEE Non-Executive Director, the Committee provides assurance that HEE's organisational development plans are being furthered across HEE's functions. The Committee also has accountability for ensuring that HEE demonstrates compliance with the Equality Act 2010 and Public Sector Equality Duty.

HEE's People Objectives are;

- Creating clarity of purpose, vision, values and behaviours
- Rewarding and recognising and providing clear roles and responsibilities
- Effective Resourcing and Induction
- Developing staff and managing our talent
- Visible Leadership
- Happy, Healthy and Engaged Staff.

Key achievements in 2019 were presented to the People Committee in February 2020 together with a proposal for the development of HEE Organisational Development Framework for 2020-22 which will fully align to the NHS People Plan due for publication in April 2021.

Creating Clarity of Purpose, vision, values and behaviours

During February and March 2020 HEE undertook a series of engagement events with its staff to gain feedback on a proposed revised purpose and refreshed operating model. Both physical and online events were undertaken with feedback collated and

a final version of the HEE purpose statement and Operating Model were presented to Board in March. A second engagement event took place at the beginning of March 2020 via the use of an online engagement platform that sought to bring together all HEE's workforce into one digital workshop. Participants were invited to contribute their ideas in response to challenge questions about the organisation's collective future, leading and managing better, making time at work more meaningful and making the workplace fit for purpose. Collectively, participants shared 317 ideas and 1,516 comments and voted over 12,000 times. The feedback given will be used to actively create organisational development plans for 2020 and beyond to ensure that our staff voice is placed at the centre of the organisation's approach to improving its offer to staff and realising our ambition to become one of the best places to work.

Effective Resourcing and Induction

HEE has an established corporate induction programme and the 2018 staff survey reported 80% of staff finding this useful to them. During 2019 this was enhanced to include a physical corporate induction event. The first event took place on 9th January 2020 and was attended by the HEE Chief Executive and HEE Chair. The event held in London and hosted by HEE London Regional Director supported by HEE's Director of HR&OD was attended by 118 new starters and included a marketplace event showcasing the range of benefits available to staff with many of our partners and providers attending. The evaluation of the event was very positive with an overall satisfaction score of 87.5% with the most popular element of the day being an interactive session which enabled each attendee to consider their 'seven steps to the patient' and highlighting how we as an organisation and as individuals demonstrate adherence to the NHS Constitutional and core values.

HEE improved its time to hire period to 38.1 working days in 2019, demonstrating a reduction of 6.3 days from the prior year 2018. HEE received over 25,000 applications for vacancies and 85% of survey respondents were satisfied with the service provided and found the recruitment process and platform easy to follow. A pilot of using social media platforms for recruitment activity was undertaken in 2019 with some successes being achieved in this area. Developing a more consistent presence in this area will be considered in plans for 2020 onwards.

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Rewarding and recognising our staff

Our staff recognition awards, which were founded in 2018, continue to be well supported across the organisation. During 2019 a total of 229 nominations for staff awards were received. We celebrated 40 staff being recognised within the individual award category and 8 teams recognised within the team award category. The awards are independently judged by a diverse panel against criteria that seeks to demonstrate application of NHS values and advancement of HEE's business plans. Award winners are announced by the Chief Executive each quarter within the all-staff webinar.

Our continued commitment to recognise dedicated NHS service saw four staff celebrate awards for NHS service in excess of 25 years and recognition of the value their dedication and commitment has brought to HEE and the wider NHS.

Developing staff and managing our talent

We recognise that the development of our staff is of paramount importance to the health of the organisation. The results of the HEE Learning Needs Survey, undertaken in early 2019 informed the procurement of a Managed Learning provider and the development of a Learning Platform to ensure a broader offer to staff in developing their skills and a corporate learning offer which will be available to staff from April 2020.

The survey indicated a need for a consistent line management development programme across HEE. A supplier has been procured and the content of the programme is now in the design stages. Implementation will take place in 2020 with the first cohort undertaking a 6-month development programme during the Autumn 2020.

During 2019 our apprenticeship programme was extended to offer an internal apprenticeship programme. Over 100 HEE staff are now enjoying an apprenticeship programme ranging from level 2 in Business Administration to Masters in Business Administration (MBA's) in Leadership and Management. We welcomed 15 new apprentices to HEE in 2019-20 who joined 20 from prior years who were completing their programmes. HEE has

been able to successfully retain around 90% of our apprentices within HEE or the wider NHS. We are now forecast to have approximately 5.7% of our workforce on apprenticeship programmes.

Following successful pilots, HEE launched its Graduate and Student Placement Programme in January 2020. 27 bids were received from across the organisation to host a graduate or student in their team and over 600 applications were received. Shortlisting took place during March 2020 and April 2020 and we anticipate that following selection, successful placements commenced in Summer 2020.

In November 2019, HEE announced that a Continuing Professional Development Fund (CPDF) would be made available to all directly employed staff. The fund is in place from June 2020, over a 3-year period and equates to £1,000 per employee.

During 2019, HEE developed an Appraisal Policy and implemented a programme to ensure all staff received an annual appraisal. As a result, appraisal rates have increased to 81% (as at February 2020) an improvement of 47% on the previous year.

We continued to improve our staff mandatory training compliance rates, which provide the foundations for a safe workplace that promotes positive behaviours. HEE's compliance rates have consistently ranged between 90%-95% throughout 2019-20.

Visible Leadership

During 2019-20 the Chief Executive held regular vlogs and all-staff webinars. During 2019 a programme of delivering the webinars from a range of sites across HEE was implemented with events to date having been held in Liverpool, Bristol, and London. As a result of HEE's changed organisational structure and the development of seven regions, Regional Directors were appointed in April and May 2019.

These Directors have joined the Chief Executive at webinar events during 2019 and in addition, have implemented regular newsletter and drop-in sessions across their regions.

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We continue to review how greater connectivity at all levels can be made across the organisation. HEE's Chairman, appointed in 2018, completed a programme of visits to HEE sites during 2019 and all Non-Executive Directors have now been attached to one of HEE's seven regions and will be undertaking a number of visits during 2020-21.

Happy, Healthy and Engaged Staff

The health and wellbeing of our staff continues to be of paramount importance to HEE's Board and senior managers. We aim to keep staff well and support them if they have become unwell. Collingwood Health is used for occupational health advice and our staff also have access to a confidential Employee Assistance Programme, which is available 24 hours a day, 7 days week.

We provide a wide range of facilities and schemes to improve the working lives of our staff, including flexible and agile working options, support during parental leave and information about carers and statutory rights; access to Childcare Vouchers, a salary sacrifice car leasing scheme, eyecare vouchers, long service awards, season ticket loans and access to subscription leisure and health services.

We once again provided a successful flu vaccination campaign to all our staff through the winter. Staff were offered the option of receiving a vaccination via an on-site clinic, or alternatively utilising a voucher at a convenient location and time. Our 2019 flu jab campaign saw the highest ever uptake of vaccinations for the organisation, with 68% of our staff receiving an on-site vaccination or voucher.

HEE appointed Professor Simon Gregory, as its Freedom to Speak Up Guardian (FtSUG) in February 2020 and began a programme of work to increase our regional guardian network and offer existing Contact Officers an opportunity to convert their role to FtSUG Guardian. HEE now has 10 regional guardians who support the national guardian in their work and offer a valuable source of confidential support to staff who feel that they have concerns which need to be raised and have not been able to successfully raise them with their managers. The FtSUG will help to protect patient safety and the quality of care, improve the experience of workers and promote learning and

improvement. They will be an independent contact, with direct access to HEE's Board, for any non-personal or whistleblowing issues, in line with HEE's Raising Concerns Policy. An outline of the FtSUG role is provided by the National Guardian's Office [here](#).

To strengthen our commitment to the working lives of our staff, HEE has been successful in securing a number of important alliances and accreditations. These include Tommy's Pregnancy at Work and Working Families.

The overall sickness absence rate for 2019-20 has remained low at 2.94% albeit this is an increase of the previous year and as a result, the average sick days per employee has risen by 1.4 days.

	2018-19	2019-20
Days available during the period (full time equivalent)	738,509.69	782,621.89
Days lost due to sickness during that period	17,089.16	22,978.87
Sickness absence rate	2.31%	2.94%
Average sick days per WTE	5.2 days	6.6 days

Partnership Working

We have continued to build on our established relationship with our trade union partners throughout 2019-20. Our Partnership Forum met quarterly throughout the year, with attendance including representatives of the Executive Team, the HR & OD function and organisational managers, alongside national officers and internal staff representatives from our recognised trade unions, these include;

- British Dental Association
- British Medical Association
- Managers in Partnership
- Royal College of Nursing
- UNISON
- UNITE.

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The Partnership Forum has two formal sub-groups. Information on the Gender Pay Gap Group is contained under the Equality, Diversity & Inclusion section below. The Policy Working Group met on 6 occasions throughout the year, reviewing and establishing effective policies and procedures. The following policies were developed and/or reviewed during 2019-20;

- Appraisal Policy
- Mandatory Training Policy
- Starting Salaries Policy.

Our fourth annual Partnership Engagement Conference was hosted by UNISON on 14 January 2020. The event was well attended by national and internal trades union representatives, members of our staff network groups, as well as our Chief Executive and colleagues from the Executive Team. This year, the Conference provided an opportunity for joint consideration of HEE's revised role and purpose and HEE's plans to commence a period of engagement with its workforce focussed on how we might develop and improve as an employer and become one of the best places to work.

Promoting the NHS Constitution

We are fully committed to the NHS Constitution and to broadening awareness and support of the Constitution among staff and learners. HEE is required by statute to promote the NHS Constitution within our workforce, ensuring the NHS Values within it are understood and presented in the care that patients receive.

The NHS Constitution sets out seven key principles, which are underpinned by core NHS values. They are derived from extensive discussions with staff, patients and the public. They are as follows;

- The NHS provides a comprehensive service, available to all
- Access to NHS services is based on clinical need, not on individual's ability to pay
- The NHS aspires to the highest standards of excellence and professionalism
- The NHS aspires to put patients at the heart of everything it does
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population

- The NHS is committed to providing best value for taxpayers' money and the most effective and sustainable use of finite resources, and
- The NHS is accountable to the public, communities and patients that it serves.

The NHS Constitution Delivery Group, which is chaired by David Farrelly, has been established to ensure continual improvement against our delivery of NHS constitution standards and behaviours and to maintain best practice in instilling the NHS values and behaviours through all aspects of our work. The group will develop a place to deliver a number of objectives and an annual timeline of events and reviews to ensure momentum is maintained and monitored throughout the year.

The group focused on the following areas in 2019

- The facilitation of a session between the HEE national NHS Constitution Delivery Group plus regional HEE champions, the Patient Advisory Forum members and the DHSC Policy team on the NHS Constitution. This was an opportunity to engage with and influence the NHS Constitution Handbook and considerations regarding future amendments to the NHS Constitution. Key points taken on board by the DHSC were the use of PAF in testing further iterations of the NHS Constitution documentation and it was good to see HEE being an exemplar employing organisation demonstrating the NHS Constitution in practice.
- NHS Values Week. HEE leads both internal and external activities including HEE Heat Award. HEAT awards were presented in 13 categories, ranging from Inspirational Trainee and Inspirational Leader to Champion of Diversity, Champion of the NHS Constitution and Inspiring Return To Practice. Winners were announced at the end of HEE's 2019 Conference 'People Where It Matters - Taking Forward The NHS People Plan.
- HEE Corporate Induction. The introduction of HEE Corporate Induction Event aligns both national and regional activity and allowed new starters to make the connection with direct patient care, and ensuring values of the NHS Constitution are woven through as a golden thread from application to induction and onward into continued staff development.

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Remuneration and Staff Report

Remuneration

During 2019-20, we continued to work with the DHSC, ALB and staff-side colleagues in all matters regarding our pay policy. We are clear about the need for continued pay restraint in the NHS.

The NHS Staff Council reached an agreement on a refresh of the NHS Terms and Conditions of Service (formerly known as Agenda for Change) on 27 June 2018. As a result of the refresh, HEE implemented the reformed pay structure throughout a 3-year transition period. The new pay structure increases starting salaries, reduces the number of pay progression points and shortens the amount of time required to reach the top of pay bands for most staff. More information on the 2018 contract refresh is available via the [NHS Employers website](#).



Pay Median - Fair Pay Disclosure (subject to audit)

HEE is required to disclose the relationship between the remuneration of the highest paid Director in the organisation and the median remuneration of the organisation's workforce.

The highest paid Director was the Chief Executive who served until 31 March 2020, whose banded remuneration in the organisation in the financial year 2019-20 was £225,000 to £230,000 (2018-19, £215,000 to £220,000).

Total Remuneration ranged from £17,652 to £281,249. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind. It does not include severance payments or employer pension contributions and the cash equivalent transfer value of pensions.

	2018-19	2019-20
Band of highest paid Director (£000s)	215-220	225-230
Median Total	42,414	44,606
Remuneration Ratio	5.1	5.1

The above disclosure includes all staff employed by HEE on a permanent, agency or interim worker basis. The calculation of higher paid Director remuneration includes the cash value of any benefits in-kind.

There are a small number of individuals employed by HEE whose full-time equivalent salary exceeds the highest paid Director. These individuals hold senior clinical posts. In 2019-20, 3 (2018/19, 7) employees received remuneration in excess of the highest paid Director. Remuneration ranged from £244,417 - £281,248 (2018/19 £221,000-£292,320).

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Remuneration committee

The Remuneration Committee is a formal Committee of HEE's Board. Its primary aim is to oversee, and approve where necessary, the appropriate remuneration and terms of service for the Chief Executive, Directors and other Executive and Senior Managers (ESM) on behalf of the Board. The Committee has delegated powers to act on behalf of the Board within the approved Terms of Reference.

All of our appointments and arrangement for determining the salaries of our senior staff are carried out in accordance with processes set by our colleagues in the DHSC and where required, with the approval of the Department's Remuneration Committee.

The Committee adheres to all relevant legislation, regulations and policies in all respects including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors and senior staff whilst remaining cost effective.

The committee's remit includes (but is not limited to):

- All aspects of salary (including any performance related pay elements) relating to the Chief Executive, Directors and ESM's
- Provisions for other benefits, including pensions and cars
- Arrangements for the termination of employment and other contractual terms
- Ensuring that officers are fairly treated for their individual contribution, having proper regard to HEE's circumstances and performance and to the provisions of any national arrangements for such staff
- Proper calculation and scrutiny of termination payments, taking account of relevant national guidance as appropriate, advising on and overseeing appropriate contractual arrangements for all staff
- Proper calculation and scrutiny of any special payments, and
- Oversight of the local Clinical Excellence Awards Process.

HEE's Remuneration Committee is chaired by Professor David Croisdale-Appleby OBE, Non-Executive Director, and is comprised of all HEE's Non-Executive Directors. The Committee met on four occasions during 2019-20 in order to discharge its duties in relation to the terms of reference. A report of each meeting is provided to the subsequent public Board meeting, and copies of the full minutes of the meetings are provided to all of the Non-Executive Directors. The Committee is supported by the Board Secretary and the Director of Human Resources and Organisational Development.

[Attendance at Remuneration Committee is available in Appendix 2 at page 103.](#)

Clinical Excellence Awards

HEE manages a local Clinical Excellence Award (CEA) process. This process is overseen by the Remuneration Committee and each year's process is agreed by the Committee in advance of its opening. Submissions are considered by the CEA panel, whose membership is comprised of independent lay representatives alongside HEE staff.

In 2019, the CEA panel reviewed each application and made a recommendation to the Remuneration Committee to approve two awards. These awards were approved on 15 July 2019.

Pay Review Bodies

HEE has again worked closely with the Office of Manpower Economics (OME) to submit reports to the NHS Pay Review Body and the Doctor's and Dentist's Review Body, as part of its national process for gathering evidence from interested parties to inform the recommendations for 2019-20. HEE was also pleased to be able to attend oral evidence sessions for both review bodies at the request of the OME.

The production of each report is managed by the HEE Corporate Affairs team, with the support of the Directorate of Workforce and Planning. The reports for 2019-20 are available via HEE's website.

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Off-payroll Engagements

Reform of legislation underpinning the off-payroll regulation known as IR35 came into effect from 1 April 2017. The key change under these regulations is the need for HEE to determine the employment status of all off-payroll workings and to make pay overs directly to HMRC where appropriate.

The tables below present the information required for HEE from 1 April 2019 to 31 March 2020 for those engaged for more than £245 per day and for a period lasting longer than six months.

	Number
Number of existing engagements as of 31 March 2020	5
Of which:	
Number that have existed for less than one year at the time of reporting	5
Number that have existed between one & two years at the time of reporting	0
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	9
Of which:	
Number assessed as caught by IR35	3
Number assessed as not caught by IR35	6
Number engaged directly (via PSC contacted to the entity) and are on the departmental payroll	6
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0
For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020	
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	Nil
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year.	22

Note; One board member was seconded from another NHS organisation. He was on the payroll of that organisation and formally seconded to HEE to cover a vacancy in the existing Board structure. Due to his employment status within another NHS body reporting to the Department of Health and Social Care he is classified as on payroll for this table.

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Remuneration and Staff Report

Salaries and allowances

Those identified within the annual report are those Senior Staff and Non-Executive Directors who make up the organisation's governing body, the HEE Board. This is in accordance with the Government's Financial Reporting Manual for 2019-2020.

Diversity and Inclusion

Our first Diversity & Inclusion Framework was published in June 2018. It builds upon much of the excellent work already in place and demonstrates our commitment to our people, the way we manage our business and our influence with stakeholders.

This live Framework sets out our ambitions and priorities at an organisation-wide level, which will then be translated into measurable outcomes through our new governance and accountability structures, particularly through the following three key groups:

[Diversity & Inclusion Operational Group](#)

As a sub-group the Board's People Committee this operational group provides assurance that diversity and inclusion is being furthered across HEE's functions.

[AHEAD \(Advancing HEE's Equality and Diversity\) Groups](#)

The four AHEAD Groups ensure that each of HEE's regions are engaged in the diversity and inclusion agenda. HEE's LETB Chairs and Regional Directors are committed to leading the work that the groups deliver.

These groups are supported by diversity and inclusion staff members at regional and national level with plans to further enhance this team in 2020-21.

In the past year, existing team members have been working hard to embed a series of initiatives to include;

- Differential attainment workshops that address support for international medical graduates and around the broader race agenda in response to workforce needs that are likely shared by students or potential students, in terms of accessing educational and clinical environments and team cultures
- Reverse mentoring programmes for BME staff
- Staff engagement sessions across a number of topics, Intersectionality, Trans awareness, Menopause and Race
- Campaigns that look at microaggressions and how these can be avoided.

HEE has retained its Disability Confident Employer (Level 2) and has seen the creation a Disability Staff Network during 2019-20 with a growing membership across HEE.

HEE staff policies applied during the financial year in relation to recruitment and selection and learning and development ensured that we apply the Disability Confident guidelines on offering guaranteed interview scheme, and making reasonable adjustments at interview and appointment and throughout the employment cycle.

Our learning and development programme is open and inclusive to all and we offer a blended learning approach with adjustments where needed, to ensure that learning is appropriate to need and fully inclusive.

The NHS's Workforce Race Equality Standard (WRES) has also enabled us to build data across nine indicators and implement targeted interventions from the information collected. In 2019-20 we saw an improved performance in a number of the indicators and in particular an improvement in the diversity of our Board members; improved diversity in the staff recruited to HEE; and the overall diversity of our workforce. There is much still to do and improving our diversity at senior levels in the organisation and ensuring equality of access to learning and development opportunities is a key objective for 2020-21.

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During 2019 our BAME staff network groups have continued to grow in size and profile with both groups having spent time with our HEE Board to highlight some of the issues faced and how we might collectively make improvements. To further formalise support from senior members of staff, a reverse mentoring programme has begun in many parts of the organisation.

We are due to publish our Gender Pay Gap Report later this year (2020-21), and have been working to reduce the gap, which has decreased steadily (27% - 2017, 23% - 2018, 22% - 2019 (mean hourly rate)). We continue to promote the use of our range of policies that support the aim of equality of opportunity within HEE ensuring we are a modern and exemplary employer. Our policies include our Maternity, Paternity, Adoption and Shared Parental Leave Policy, Flexible Working Policy, and Agile Working Policy. Staff are able to access flexible working opportunities from their first day of employment with HEE.

During our annual Social Partnership Conference in January 2020, an opportunity for our Trades Union partners to meet with our HEE Executive, the group received presentations from the Trades Union Congress (TUC) on their Dying to Work Charter, which focuses on giving staff with terminal illness to make choices on how they stay in work or how they choose to leave; and Unison's 'Bridge the Gap' gap campaign working with trailblazers to work on improving the Gender Pay Gap. The HEE Board subsequently signed up to the Dying to Work Charter in March 2019 and The Social Partnership Forum are taking the learning from 'Bridge the Gap' into our established Gender Pay Gap working group (a sub-group of the Forum).

Recognising the ambition to have a workforce that is sensitive to the diversity of the communities that we serve we regularly review our workforce profile. As at March 2020, the gender breakdown of our staff is 1916 female and 1033 male. Of our Non-Executive Directors, 2 are female, and 7 are male; of our Executive Directors 3 are female, 7 are male. Within our senior staff (Agenda for Change Bands 8d and 9 or equivalent medical grades), 477 are female and 472 are male.

Grade	Female	Male	Total
Band 8 - Range D	29	12	41
Band 9	20	11	31
Medical and Dental	416	437	853
ESM	12	12	24
Grand Total	477	472	949

In the coming year we will look to build on these achievements by implementing a number of programmes and initiatives. These include;

- Capturing more accurate workforce data and developing our diversity dashboard, which will in turn identify opportunities for the organisation
- Further expanding and supporting our staff network groups
- Creating visible role models and allies at all levels
- Ensuring that all learning and development opportunities receive a consistent approval process and analysis of data undertaken to ensure equality of access is maintained
- Reviewing our appraisal and talent management approach.



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Remuneration and Staff Report

Director's Service Contracts

Name and title	Date of appointment	Notice period	Provision for compensation for early termination
Professor Ian Cumming Chief Executive	28-Jun-12	6 months	Option to provide taxable pay in lieu of part or all of the notice period
Mr Calum Pallister Director of Finance	21-Sep-18	6 months	
Professor Lisa Bayliss-Pratt Chief Nurse	01-Apr-13	6 months	
Professor Wendy Reid Director of Education and Quality	01-Apr-13	6 months	
Mr Lee Whitehead Director of People and Communications	01-Apr-13	6 months	
Mr Robert Smith Director of Workforce Planning and BI	01-Oct-17	6 months	
Ms Laura Roberts Director of Skills Development and Participation	01-Oct-14	6 months	
Mr Patrick Mitchell Director of Innovation and Transformation	09-Jan-17	6 months	
Mr David Farrelly Director of Performance	26-Jan-17	6 months	
Professor Mark Radford Chief Nurse	01-Oct-19	1 month	

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Remuneration and Staff Report

Director's Remuneration 2019-20 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £1,000)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Professor I Cumming Chief Executive	215-220	6,500	Nil	Nil	225-230
Mr Calum Pallister Director of Finance	135-140	1,500	Nil	36	170-175
Professor Lisa Bayliss-Pratt Chief Nurse	60-65	Nil	Nil	Nil	60-65
Professor Wendy Reid Director of Education and Quality	165-170	Nil	35-40	Nil	200-205
Mr Lee Whitehead Director of People and Communication	125-130	6,800	Nil	18	150-155
Mr Robert Smith Director of Workforce Planning and BI	140-145	Nil	Nil	20	160-165
Ms Laura Roberts Director of Skills Development and Participation	130-135	Nil	Nil	Nil	130-135
Mr Patrick Mitchell Director of Innovation and Transformation	135-140	Nil	Nil	1	135-140
Mr David Farrelly Director of Performance	135-140	Nil	Nil	99	235-240
Professor Mark Radford Chief Nurse	65-70	Nil	Nil	Nil	65-70

Director's Remuneration - Disclosures 2019-20 (subject to audit)

- Professor Ian Cumming OBE - Left the organisation on 31.03.20. The salary disclosed includes annual leave paid in lieu as planned annual leave was cancelled due to Covid-19 requirements without opportunity to take prior to leave date
- Professor Ian Cumming OBE taxable expenses included a refund of £10.50, this is due to incorrect tax application against a proportion of lease car business miles in 2018-19 which created the refund position
- Professor Lisa Bayliss-Pratt - an overpayment of £19,516 (gross) relating back to April 17 was identified in 2018-19. During 2019-20 £10,656 was recovered. The remaining £8,860 will be recovered via invoice in 2020-21
- Professor Lisa Bayliss-Pratt - has been seconded to Coventry University as acting Pro Vice-Chancellor from 01.10.19. Her salary has been recharged to the University from this date. Salary included is for 6 months
- Professor Lisa Bayliss-Pratt - Left the organisation on 31.03.20
- Professor Mark Radford - has been seconded in from NHS England from 01.10.19. 50% of his salary is being recharged from NHS England to HEE. Only 6 months salary and pension information is provided
- Professor Wendy Reid - an underpayment totalling £2,472 (gross) in relation to Professor Reid's performance pay element has been identified. The total underpayment has accumulated over the last 4 years, dating back to 2016-17. The amounts disclosed within the Director's Remuneration tables for these years do not include this underpayment. The value of the underpayment in 2019-20 is £708. The total underpayment will be reimbursed in 2020-21.

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Director's Remuneration 2018-19 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £1,000)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Professor Ian Cumming Chief Executive	200-205	5,300	10-15	Nil	215-220
Mr Calum Pallister Director of Finance	125-130	1,600	Nil	52	180-185
Professor Lisa Bayliss-Pratt Chief Nurse & Interim Director, London	140-145	Nil	5-10	Nil	145-150
Professor Wendy Reid Director of Education & Quality and Medical Director	140-145	Nil	35-40	Nil	175-180
Mr Lee Whitehead Director of People and Communications	125-130	5,900	5-10	18	155-160
Mr Robert Smith Director of Workforce Planning and Intelligence	135-140	Nil	Nil	Nil	135-140
Ms Laura Roberts Director of HEE North	120-125	Nil	5-10	Nil	125-130
Mr Patrick Mitchell Director of HEE South	135-140	Nil	Nil	Nil	135-140
Mr David Farrelly Director of HEE Midlands and East	120-125	Nil	Nil	5	125-130

Director's Remuneration - Disclosures 2018-19 (subject to audit)

- Mr Calum Pallister was previously Acting Director of Finance and was appointed substantively on 21 September 2018.
- Professor Lisa Bayliss-Pratt, an overpayment of £19.5k (gross) relating back to April 2017 was identified in February 2019. The relevant amounts were included as salary in the 2017-18 Remuneration Report and in this 2018-19 report. This will be recovered over the two future financial years 2019-20 and 2020-21.

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Director's Pension Table (subject to audit)

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2019 (to the nearest £1,000)	(f) Real increase in Cash Equivalent Transfer Value (to the nearest £1,000)	(g) Cash Equivalent Transfer Value at 31 March 2020 (to the nearest £1,000)	(h) Employer's Contribution to stakeholder pension
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Professor Ian Cumming OBE								
Chief Executive	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A
Mr Calum Pallister								
Director of Finance	2.5-5	Nil	15-20	Nil	146	16	185	Nil
Professor Lisa Bayliss-Pratt								
Chief Nurse	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A
Professor Wendy Reid								
Director of Education and Quality	Nil	Nil	N/A	N/A	0	0	0	0
Mr Lee Whitehead								
Director of People and Communications	0-2.5	Nil	25-30	0-5	344	10	380	0
Mr Robert Smith								
Director of Strategy and Planning	0-2.5	2.5-5	60-65	185-190	1,359	48	1,465	0
Ms Laura Roberts								
Director of Skills Development and Participation	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A
Mr Patrick Mitchell								
Director of Innovation and Transformation	0-2.5	Nil	60-65	165-170	1,272	17	1,340	0
Mr David Farrelly								
Director of Performance	5-7.5	7.5-10	50-55	115-120	881	99	1,021	0
Professor Mark Radford								
Chief Nurse	0-2.5	Nil	45-50	100-105	740	6	789	0

- Those with values of 'N/A' are not pension scheme members
- Professor Wendy Reid is no longer a member of the NHS Pension Scheme

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Service Contracts

Name and title	Date of appointment	Unexpired term @ 31 March 2020	Notice period	Prov for comp for early termination
Ms Mary Elford Non-Executive Director	01-Nov-16	NIL	None	None
Ms Jacynth Ivey Associate Non-Executive Director	21-Dec-15	NIL	None	None
Professor Malcolm Morley OBE Non-Executive Director	01-Nov-16	NIL	None	None
Professor David Croisdale-Appleby OBE Non-Executive Director	01-Sep-17	6 months	None	None
Sir David Behan CBE HEE Chair (from 1.12.18)	01-Dec-18	20 months	None	None
Professor Andrew George MBE Non-Executive Director	01-Sep-19	17 months	None	None
Dr Harpreet Sood Associate Non-Executive Director	01-Sep-19	29 months	None	None
Professor Soraya Dhillon MBE Non-Executive Director	01-Sep-19	29 months	None	None
Mr Andrew Foster CBE Non-Executive Director	01-Nov-19	44 months	None	None
Dr Liz Mear Non-Executive Director	01-Nov-19	19 months	None	None
Professor John Latham CBE Non-Executive Director	01-Nov-19	32 months	None	None
Sir Andrew Morris OBE Associate Non-Executive Director	01-Nov-19	32 months	None	None

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Remuneration 2019-20 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Ms Mary Elford	0-5	Nil	Nil	Nil	0-5
Ms Jacynth Ivey	5-10	Nil	Nil	Nil	5-10
Professor Malcolm Morley OBE	5-10	100	Nil	Nil	5-10
Professor David Croisdale-Appleby OBE	5-10	200	Nil	Nil	5-10
Sir David Behan CBE	60-65	Nil	Nil	Nil	60-65
Professor Andrew George MBE	0-5	Nil	Nil	Nil	0-5
Professor Soraya Dhillon MBE	0-5	Nil	Nil	Nil	0-5
Mr Andrew Foster CBE	0-5	Nil	Nil	Nil	0-5
Dr Liz Mear	0-5	Nil	Nil	Nil	0-5
Professor John Latham CBE	5-10	Nil	Nil	Nil	5-10
Dr Harpreet Sood	0-5	Nil	Nil	Nil	0-5
Sir Andrew Morris OBE	0-5	Nil	Nil	Nil	0-5

Non-Executive Director's Remuneration - Disclosures 2019-20 (subject to audit)

- Ms Mary Elford left on 31.10.19. Salary shown is for 7 months. Full year salary would have been within salary band £5,000-£10,000.
- Ms Jacynth Ivey left on 31.12.19. Salary shown is for 9 months. Full year salary would have been within salary band £5,000-£10,000.
- Professor Malcolm Morley OBE left on 31.10.19. Salary shown is for 7 months. Full year salary would have been within salary band £10,000-£15,000.
- Professor Andrew George MBE was appointed on 01.09.19. Salary shown is for 7 months. Full year salary would be within salary band £5,000-£10,000.
- Professor Soraya Dhillon MBE was appointed on 01.09.19. Salary shown is for 7 months. Full year salary would be within salary band £5,000-£10,000.
- Mr Andrew Foster CBE was appointed on 01.11.19. Salary shown is for 5 months. Full year salary would be within salary band £5,000-£10,000.
- Dr Liz Mear was appointed on 01.11.19. Salary shown is for 5 months. Full year salary would be within salary band £5,000-£10,000.
- Professor John Latham CBE was appointed on 01.11.19. Salary shown is for 5 months. Full year salary would be within salary band £10,000-£15,000.
- Dr Harpreet Sood was appointed on 01.09.19. Salary shown is for 7 months. Full year salary would be within salary band £5,000-£10,000.
- Sir Andrew Morris OBE was appointed on 01.11.19. He has waived his right to receive remuneration for his appointment.

Accountability Report

Remuneration and Staff Report

Non-Executive Director's Remuneration 2018-19 (subject to audit)

Name and title	(a) Salary (bands of £5,000)	(b) Non-cash benefits including taxable expenses to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) All pension- related benefits (bands of £2,500)	(e) TOTAL (a to d) (bands of £5,000)
	£'000s	£'s	£'000s	£'000s	£'000s
Ms Mary Elford	5-10	Nil	Nil	Nil	5-10
Ms Kathleen Nealon	5-10	Nil	Nil	Nil	5-10
Sir Keith Pearson JP DL	35-40	100	Nil	Nil	35-40
Professor David Croisdale-Appleby OBE	5-10	Nil	Nil	Nil	5-10
Dr Anna Van der Gaag	5-10	Nil	Nil	Nil	5-10
Ms Jacynth Ivey	5-10	Nil	Nil	Nil	5-10
Professor Malcolm Morley OBE	10-15	Nil	Nil	Nil	10-15
Sir David Behan CBE	20-25	Nil	Nil	Nil	20-25

Non-Executive Director's Remuneration - Disclosures 2018-19 (subject to audit)

- Sir Keith Pearson JP DL left the post of HEE Chair 30.11.18. The full year allowance for his post was £55,000
- Sir David Behan CBE was appointed HEE Chair on 01.12.18. The full year allowance for his post is £63,000
- Sir Stephen Moss voluntarily resigned from the post on 01.04.18, so is not included in the tables above.

Payments to Past Directors (subject to audit)

2019-20

No payments made during the financial year.

2018-19

Sir Keith Pearson JP DL (previous Chairman) was paid £6,666 for the period 01 December 2018 - 31 January 2019 to complete the Commission into the Mental Health and Wellbeing of NHS Staff and Learners.

Accountability Report

Remuneration and Staff Report

Exit Costs (subject to audit)

	2019-20			2018-19		
	Number of compulsory redundancies	Number of agreed other departures	Total number of Exit packages	Number of compulsory redundancies	Number of agreed other departures	Total number of Exit packages
Less than £10,000	0	1	1	6	0	6
£10,000 to £25,000	1	3	4	0	3	3
£25,000 to £50,000	0	4	4	2	0	2
£50,000 to £100,000	0	1	1	0	0	0
£100,000 to £150,000	0	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	1	9	10	8	3	11
Total Cost (£000's)	22	229	251	118	42	160

- Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are accounted for in full in the year of departure where there is a legal obligation. Where HEE has agreed early retirements, the additional costs are met by HEE and not by the NHS Pension Scheme
- Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the table
- This disclosure reports the number and value of exit packages agreed in the year
- Note: the expense associated with these departures may have been recognised in part or in full in a previous period
- There were no special payments made within exit packages during 2019-20.

Accountability Report

Remuneration and Staff Report

Analysis of Other Departures

	2019-20		2018-19	
	Number of agreed other departures	£000's	Number of agreed other departures	£000's
Voluntary redundancies including early retirement contractual costs	9	229	3	42
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	9	229	3	42

- A single exit package can be made up of several components, each of which will be counted separately in this table.
The total number above will not necessarily match the total numbers in the earlier table, which will be the number of individuals
- HEE had no contractual payments made in lieu of notice
- HEE had no "non-contractual payments requiring HMT approval" above
- Nil non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary
- The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Accountability Report

Remuneration and Staff Report

Staff Numbers (subject to audit)

The average number of whole-time equivalent persons employed during the year.

	Total	Permanently employed staff	Others
	Number	Number	Number
2019-20	2,259	1,884	375
Of which number engaged on capital projects	-	-	-
2018-19	2,320	1,850	470

Staff Costs (subject to audit)

			2019-20	2018-19
	Permanently employed staff	Others	Total	Total
	£'000s	£'000s	£'000s	£'000s
Wages and salaries	90,180	32,804	122,984	122,062
Social security costs	8,999	1,243	10,242	9,319
Other pension costs	14,986	2,066	17,052	10,958
Termination benefit	256	0	256	171
Apprentice Levy	480	0	480	475
Total Gross Pay	114,901	36,113	151,014	142,985
Less income in respect of outward secondments	(1,495)	0	(1,495)	(760)
Total net costs	113,406	36,113	149,519	142,225

The increase in the pension cost in 2019-20 relates to an increase in the NHS employers contribution from 14.38 per cent to 20.68 per cent from 1 April 2019.

Accountability Report

Remuneration and Staff Report

Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows;

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Accountability Report

Remuneration and Staff Report

Trade unions and Trade Union Facility Time

HEE supports social partnership and actively promotes trade union membership amongst our staff. We regularly invite national trade union colleagues to staff events, alongside local representatives. We aim to have representatives within each of our regions and national functions, in order to provide support and representation for staff. In addition, trade union representatives play an important role in working with managers and HEE's Human Resources (HR) & Organisational Development (OD) function in developing our employment policies and procedures and in promoting best practice.

Senior managers within HEE meet regularly with national trade union officials and staff representatives of those unions that have members within our staff. HEE recognises all of the NHS trade unions, but works in close partnership with those listed below via our national Partnership Forum and its sub-groups:

- British Dental Association
- British Medical Association
- Managers in Partnership
- Royal College of Nursing
- UNISON
- UNITE.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 require employers in the public sector to publish information trade union 'facility time', which is granted by employers for staff undertaking recognised trade union activity, as follows.

a) Trade Union representatives - the total number of employees who were trade union representatives during the relevant period.

	2018-19	2019-20
Number of employees who were relevant union officials during the relevant period	12	18
FTE employee number	11.5	17.01

b) Percentage of time spent on facility time - the number of employees who were trade union representatives employed during the relevant period.

Percentage of time	2018-19	2019-20
0%	0	7
1-50%	12	9
51%-99%	0	0
100%	0	0

c) Percentage of pay bill spent on facility time - the percentage of the total pay bill spent on paying employees who were trade union representatives for recognised trade union facility time during the relevant period.

	2018-19	2019-20
The total cost of facility time	£10,215.88	£10,095.95
Total pay bill	£142,985,000	£151,014,000
The percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.007%	0.007%

d) Paid trade union activities - the percentage of total paid facility time hours spent by employees who were TU representatives during the relevant period on other paid TU activities (such as internal trade union matters).

	2018-19	2019-20
Time spent on paid TU activities as a percentage of total paid facility time hours is calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	9.57%	8.77%



Parliamentary Accountability and Audit Report

Regularity of Expenditure (subject to audit)

The total number of losses and special payments cases and their total values was as follows:

Losses	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Administrative write-offs	5	13	41	34
Fruitless payments	2	18	0	0
Bookkeeping losses	0	0	0	0
Constructive loss	0	0	0	0
Cash losses	1,936	586	3,558	2,693
Claims abandoned	1	4	0	0
Stores losses	0	0	16	5
Equipment losses	10	8	0	0
	1,954	629	3,615	2,732

The cash losses above for both years relate to bursary payment debt which we have written off. These are large volume of low value debt. All efforts to recover these amounts have been exhausted. The NHS Business Services Authority recommend the level of write off to HEE.

HEE have not made any special payments during either 2019-20 or 2018-19.

Fees and charges (subject to audit)

Income arising from fees and charges is immaterial and so disclosure on fees and charges is not applicable.

Remote Contingent Liabilities (subject to audit)

HEE does not have any remote contingent liabilities and nil in 2018-19.

Dr Navina Evans CBE
Chief Executive

Date: 07 October 2020

Parliamentary Accountability and Audit Report

The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament

Opinion on financial statements

I certify that I have audited the financial statements of Health Education England for the year ended 31 March 2020 under the Care Act 2014. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes, including the significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion:

- the financial statements give a true and fair view of the state of Health Education England's affairs as at 31 March 2020 and of net expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the Care Act 2014 and Secretary of State directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my certificate. Those standards require me and my staff to comply with the Financial Reporting Council's Revised Ethical Standard 2016. I am independent of Health Education England in accordance with the ethical requirements that are relevant to my audit and the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I am required to conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Health Education England's ability to continue as a going concern for a period of at least twelve months from the date of approval of the financial statements. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern. I have nothing to report in these respects.

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Parliamentary Accountability and Audit Report

The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Care Act 2014.

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK), I exercise professional judgment and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Health Education England's internal control.
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the income and expenditure reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Other Information

The Board and the Accounting Officer are responsible for the other information. The other information comprises information included in the annual report, but does not include the parts of the Accountability Report described in that report as having been audited, the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon. In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Parliamentary Accountability and Audit Report

The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Secretary of State directions made under the Care Act 2014;
- in the light of the knowledge and understanding of Health Education England and its environment obtained in the course of the audit, I have not identified any material misstatements in the Performance Report or the Accountability Report; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept or returns adequate for my audit have not been received from branches not visited by my staff; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Report

I have no observations to make on these financial statements.

Gareth Davies

Gareth Davies
Comptroller and Auditor General

National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP

Date: 13 October 2020



Annual Accounts 2019-20

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20	2018-19
		£'000s	£'000s
Staff costs	2	151,014	142,985
Other operating expenditure	2	4,091,728	4,426,869
Total operating expenditure		4,242,742	4,569,854
Operating revenue	3	(139,551)	(134,693)
Comprehensive net expenditure for the year		4,103,191	4,435,161

The notes on pages 87 to 98 form part of these accounts.

Annual Accounts 2019-20

Statement of Financial Position as at 31 March 2020

	Note	31 March 2020 £'000s	31 March 2019 £'000s
Non-current assets:			
Property, plant & equipment	5	2,453	1,325
Trade & other receivables	6	258	298
Total non-current assets		2,711	1,623
Current assets:			
Trade & other receivables	6	27,487	37,414
Cash & cash equivalents	7	28,234	13,072
Total current assets		55,721	50,486
Total assets		58,432	52,109
Current liabilities:			
Trade & other payables	8	(242,672)	(248,347)
Provisions	9	(15)	(168)
Total current liabilities		(242,687)	(248,515)
Total assets less current liabilities		(184,255)	(196,406)
Non-current liabilities:			
Provisions	9	(1,792)	(1,570)
Total non-current liabilities		(1,792)	(1,570)
Total assets less total liabilities		(186,047)	(197,976)
Taxpayers' equity			
General fund		(186,047)	(197,976)
Total taxpayers' equity		(186,047)	(197,976)

The notes on pages 87 to 98 form part of these accounts.

The financial statements on pages 83 to 98 were approved by the Board and signed on its behalf by:



Dr Navina Evans CBE
Chief Executive

Date: 07 October 2020

Annual Accounts 2019-20

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20	2018-19
		£'000s	£'000s
Cash Flows from Operating Activities			
Net Operating Expenditure		(4,103,191)	(4,435,161)
Adjustments for non-cash transactions:			
Depreciation and amortisation	2	429	352
Other non-cash movements in Statement of Financial Position item*		5,212	0
(Increase)/Decrease in Trade and Other Receivables	6	9,967	(16,847)
Increase/(Decrease) in Trade and Other Payables	8	(5,675)	4,260
Capital Creditors		(615)	0
Use of Provisions	9	0	(420)
Provisions reversed unused	9	(22)	(792)
Increase in Provisions	9	91	1,168
Net Cash Outflow from operating activities		(4,093,804)	(4,447,440)
Cash flows from investing activities			
Purchase of Property, Plant and Equipment	5	(942)	(467)
Net Cash Inflow/(Outflow) from Investing Activities		(942)	(467)
Net cash outflow before financing		(4,094,746)	(4,447,907)
Cash flows from financing activities			
Grant in Aid Funding from Department of Health and Social Care		4,115,120	4,438,733
Adjustment for non-cash items*		(5,212)	0
Net Cash flow from financing activities		4,109,908	4,438,733
Net increase / (decrease) in cash and cash equivalents in the period	7	15,162	(9,174)
Cash and Cash Equivalents at the beginning of the Period		13,072	22,246
Cash and Cash Equivalents at year end	7	28,234	13,072

*See disclosure on Statement of Changes in Taxpayers' Equity.
The notes on pages 87 to 98 form part of these accounts.

Annual Accounts 2019-20

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

	General Fund	Taxpayers' Equity
	£000s	£000s
Balance at 1 April 2018	(201,548)	(201,548)
Changes in taxpayers' equity for 2018-19		
Comprehensive net expenditure for the year	(4,435,161)	(4,435,161)
Grant in Aid funding from Department of Health and Social Care	4,438,733	4,438,733
Balance at 31 March 2019	(197,976)	(197,976)
	General Fund	Taxpayers' Equity
	£000s	£000s
Balance at 1 April 2019	(197,976)	(197,976)
Changes in taxpayers' equity for 2019-20		
Comprehensive net expenditure for the year	(4,103,191)	(4,103,191)
Grant in Aid funding from Department of Health and Social Care*	4,115,120	4,115,120
Balance at 31 March 2020	(186,047)	(186,047)

The notes on pages 87 to 98 form part of these accounts.

*Included within the Grant in Aid funding is non-cash funding from DHSC of £5,212k, this offsets the increase of 6.3% in employers pension contribution rates, included within the Statement of Comprehensive Net Expenditure for the period. The increased cost was paid directly to the NHS Pension scheme on our behalf by DHSC.

Annual Accounts 2019-20

Notes to the Accounts

1. Statement of accounting policies

1.0 Accounting policies

The financial statements have been prepared in accordance with the Government Financial Reporting Manual (FRM) issued by HM Treasury. The accounts have been prepared in accordance with The Care Act 2014 and Secretary of State for Health and Social Care direction there under. The accounting policies contained within the FRM apply International Financial Reporting Standards as adapted or interpreted for the public sector context. Where the FRM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of Health Education England (HEE) for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. They have been applied consistently in dealing with items that are considered material to the accounts.

1.01 Accounting convention

These accounts have been prepared under the historical cost convention.

1.02 Going concern

The financing of HEE is met through Grant in Aid funding provided by the Department of Health and Social Care, which is approved annually by Parliament. The Secretary of State for Health and Social Care has directed that Parliamentary funding has been voted to permit the relevant activities to continue, this is sufficient evidence of going concern. As a result, 2020-21 funding has been agreed for HEE's activities ensuring adequate funding to meet our liabilities, as such the Board of HEE has prepared these financial statements on a going concern basis.

1.03 Critical accounting judgements and key sources of estimation uncertainty

In the application of HEE's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical

experience and other factors that are considered relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. None of HEE's areas of judgement or estimation are individually material.

1.04 Revenue

The main source of funding for Health Education England (HEE) is Parliamentary Grant in Aid, this is received from the Department of Health and Social Care. HEE is required to maintain expenditure within this allocation. This funding is received with an approved cash limit for the period. HEE is required to draw down cash in accordance with this limit. Grant-in-aid is drawn down and credited to the general fund. Parliamentary funding is recognised in the financial period in which it relates.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.

The majority of HEE's income is generated through contracts with customers. The two largest sources of income are with NHS England and National Institute for Health Research, these are both annual contracts. The NHS England income is invoiced annually in arrears. The National Institute for Health Research income is invoiced quarterly in arrears. The recognition of the income corresponds with the period the work is undertaken by HEE in meeting performance obligation.

All other contract income is recognised in revenue when the performance obligations in contracts with customers are satisfied in line with IFRS 15.

Where income is received for a specific performance obligation that is to be satisfied in the following year income is deferred.

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Notes to the Accounts

1.05 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

HEE employees that are not eligible to join the NHS Pensions Scheme are enrolled in the National Employment Savings Trust (NEST). The scheme is accounted for as if it were a defined contribution scheme. The cost to HEE of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time HEE commits itself to the retirement, regardless of the method of payment.

1.06 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. Training and education expenditure that HEE commits to frequently spans more than one financial year due to courses being run in an academic year

and sometimes over several years. Expenditure is mapped to trainee and student activity during the NHS financial year. Expenses are recognised in the financial year which they relate to. They are measured at the fair value of the consideration payable.

1.07 Property, plant and equipment Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to HEE
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has cost of at least £5,000 or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control or
- Items form part of the initial equipping and setting-up cost of a new building irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Depreciation and Amortisation

Depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits. Non-current assets are depreciated on a straight-line basis. The estimated useful life of an asset is the period over which HEE expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

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Notes to the Accounts

HEE's range of estimated useful economic lives:

Buildings	1-5 years
IT equipment	1-5 years
Furniture and fittings	1-4 years

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are recorded subsequently at depreciated historical cost as a proxy for current value in existing use. This is acceptable for assets with short lives and immaterial values. HEE does not revalue its assets on the basis that the values involved are immaterial and historic cost is not considered materially different.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.08 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. HEE does not hold any finance leases.

HEE as lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

HEE as lessor

Operating lease receipts are recognised as income on a straight-line basis over the lease term.

1.09 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the HEE's cash management.

Cash, bank, and overdraft balances are recorded at current values.

1.10 Provisions

Provisions are recognised when HEE has a present legal or constructive obligation as a result of a past event and it is probable that HEE will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

1.11 Non-clinical risk pooling

HEE participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which HEE pays an annual contribution to NHS Resolution and in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

Annual Accounts 2019-20

Notes to the Accounts

1.12 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of HEE, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.13 Financial assets

Financial reporting standard IFRS 9 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

HEE is financed through parliamentary funding, and therefore is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk.

Financial assets are recognised when HEE becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered.

Financial assets are initially recognised at fair value. Fair value is taken as the transaction price.

HEE assets are classified at amortised cost. Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets are derecognised when the contractual rights have expired, or the asset has been transferred.

HEE impairs its financial assets by reviewing each individual balance at the point of recognition based on previous performance where known. No impairment is provided for any financial assets within the DHSC group.

1.14 Financial liabilities

Financial liabilities are recognised on the statement of financial position when HEE becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

HEE's financial liabilities are classified at amortised cost using the effective interest rate method.

1.15 Taxation

HEE is liable to pay corporation tax, however the organisation does not currently have any qualifying activities. Expenditure is shown net of recoverable VAT. Irrecoverable VAT is charged to the relevant expenditure heading or capitalised if it relates to an asset.

1.16 Foreign currencies

HEE's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in HEE's Statement of Comprehensive Net Expenditure in the period in which they arise.

1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Annual Accounts 2019-20

Notes to the Accounts

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HEE not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 Statement of operating costs by operating segment

Management has determined that HEE operates as one operating segment with results reviewed by the Chief Executive and the Board as the chief decision makers for the whole organisation.

1.19 Accounting standards that have been issued but have not yet been adopted

IFRS16 - Leases was issued in January 2016. In light of Covid-19 pressures, HM Treasury and the Financial Reporting Advisory Board (FRAB) decided that IFRS 16 implementation in the public sector will be deferred for a further year, to 2021-22. HEE made progress during 2019-20 by reviewing their lease arrangements to assess the impact of this new standard, but it is not expected to make a material change.

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Notes to the Accounts

2. Staff costs and other operating expenditure	2019-20	2018-19
	£'000s	£'000s
Staff costs:		
- Wages and salaries	122,984	122,062
- Social security costs	10,242	9,319
- Other pension costs	17,052	10,958
- Termination benefits	256	171
- Apprentice Levy	480	475
Total staff costs	151,014	142,985
Training and education activities:		
Future workforce:*		
- Undergraduate medical & dental	887,080	893,659
- Postgraduate medical & dental	1,943,268	1,896,190
- Non-medical	849,369	1,233,433
Total future workforce	3,679,717	4,023,282
- Workforce development	147,985	119,424
- Education support	26,047	30,475
- National activities	190,622	165,674
- Leadership programme	0	36,184
HEE chair & non-executive directors	123	125
Supplies and services	882	1,068
Establishment	22,333	22,670
Premises	17,553	20,563
Operating lease rentals	3,774	4,233
Depreciation & amortisation	429	352
Provisions arising	91	1,246
Provisions reversed unused	(22)	(792)
Statutory audit fees (NAO)	185	170
Internal audit and assurance services	261	278
Education and training	1,375	1,582
Other operating expenses	373	335
Total other operating expenditure	4,091,728	4,426,869
Total Operating expenditure	4,242,742	4,569,854

Note: Leadership Programme expenditure nil in 2019-20. The Leadership Academy function and staff transferred to NHS Improvement on the 01.04.19.

*The majority of HEE's expenditure is focused on supporting the NHS's workforce for the future. This investment develops the healthcare professionals of the future. Undergraduate students must gain experience in clinical settings through placements for which placement fees are paid to clinical service providers. In the postgraduate environment salary and further training support is paid for to ensure relevant trainees can achieve full professional registration. Our expenditure also includes tuition fees paid to universities for undergraduate programmes and the related bursary support for the individual students. The reduction in Future Workforce expenditure is due to a policy change by DHSC and HM Treasury. The amount of expenditure on undergraduate degree courses continues to reduce because of this change. These courses are now funded through the student loan model which is not managed by HEE.

Annual Accounts 2019-20

Notes to the Accounts

3. Operating revenue

	2019-20	2018-19
	£'000s	£'000s
Revenue from contracts for education & training activities:		
NHS England	66,300	62,608
NHS Providers	2,499	1,858
Department of Health and Social Care including National Institute for Health Research	61,120	60,620
NHS other	329	261
Non - NHS	7,162	8,313
Total Revenue from Education & training activities	137,410	133,660
Other revenue:		
Income in respect of seconded staff	1,495	759
NHS	586	127
Non-NHS	60	147
Total Other revenue	2,141	1,033
Total Operating Revenue	139,551	134,693

This represents all HEE income except the funding it receives as Grant in Aid from the Department of Health & Social Care. HEE do not have any trading income over £1 million.

4. Financial instruments

As the cash requirements of HEE are met through the estimates process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with HEE's expected purchase and usage requirements and HEE is therefore exposed to little credit, liquidity or market risk.

Annual Accounts 2019-20

Notes to the Accounts

5. Property, plant & equipment

	Buildings excluding dwellings	Information technology	Furniture & fittings	Total
	£'000s	£'000s	£'000s	£'000s
2019-20				
Cost or valuation:				
At 1 April 2019	1,995	1,855	427	4,277
Additions	1,312	137	108	1,557
At 31 March 2020	3,307	1,992	535	5,834
Depreciation				
At 1 April 2019	1,358	1,330	264	2,952
Charged During the Year	194	172	63	429
At 31 March 2020	1,552	1,502	327	3,381
Net Book Value at 31 March 2020	1,755	490	208	2,453

	Buildings excluding dwellings	Information technology	Furniture & fittings	Total
	£'000s	£'000s	£'000s	£'000s
2018-19				
Cost or valuation:				
At 1 April 2018	1,602	1,781	427	3,810
Additions	393	74	0	467
At 31 March 2019	1,995	1,855	427	4,277
Depreciation				
At 1 April 2018	1,263	1,166	171	2,600
Charged during the year	95	164	93	352
At 31 March 2019	1,358	1,330	264	2,952
Net Book Value at 31 March 2019	637	525	163	1,325

Annual Accounts 2019-20

Notes to the Accounts

6. Trade & other receivables

	2019-20	2018-19
	£'000s	£'000s
Amounts falling due within one year:		
Trade receivables	13,005	16,492
Expected credit loss allowance - receivables	(5,587)	(6,634)
Other receivables	2,170	1,675
Prepayments and accrued Income	17,899	25,881
Total Amounts falling due within one year	27,487	37,414
Amounts falling due after more than one year:		
Trade receivables	2,641	3,048
Expected credit loss allowance - receivables	(2,383)	(2,750)
Total Amounts falling due after more than one year	258	298

7. Cash & cash equivalents

	2019-20	2018-19
	£'000s	£'000s
Balance at 1 April	13,072	22,246
Net change in cash and cash equivalent balances	15,162	(9,174)
Balance at 31 March	28,234	13,072
The following balances at 31 March were held at:		
Government Banking Service	28,234	13,072
Balance at 31 March	28,234	13,072

The increase in the cash balance for 2019-20 is due to the cash limit being fully drawn down to maximise cash resources for Covid-19 purposes.

Annual Accounts 2019-20

Notes to the Accounts

8. Trade & other payables

	2019-20	2018-19
	£'000s	£'000s
Amounts falling due within one year:		
Payables	78,431	106,523
Accruals - revenue & capital	147,890	121,043
National insurance & statutory maternity pay	1,540	1,416
Tax	1,367	1,311
Other	13,444	18,054
Total amounts falling due within one year	242,672	248,347

9. Provisions

	Total	Dilapidations
	£000s	£000s
Balance at 1 April 2019	1,738	1,738
Arising during the year	91	91
Reversed unused	(22)	(22)
Balance at 31 March 2020	1,807	1,807

Expected timing of cash flows:	2019-20	2018-19
No later than one year	15	168
Later than one year and not later than five years	1,353	1,570
Later than five years	439	0

All the provisions held relate to building dilapidation costs. Actual costs are provided for where known, where there is a need to estimate a standard cost per m² is used.

Annual Accounts 2019-20

Notes to the Accounts

10. Commitments under leases

HEE has entered into leasing arrangements to secure property for conducting the business of training and education and associated administration. All arrangements have been assessed individually and determined to be operating leases with reference to IAS 17.

HEE occupies accommodation under varying agreements. The note relates to formal leasing arrangements only.

Health Education England as lessee	Buildings	Other	2019-20 Total	2018-19 Total
	£'000s	£'000s	£'000s	£'000s
Payments recognised as an expense in year				
Minimum lease payments	3,581	193	3,774	4,233
Total	3,581	193	3,774	4,233
Future Commitments Payable:				
No later than one year	2,240	164	2,404	3,267
Between one and five years	5,021	248	5,269	5,812
After five years	1,231	0	1,231	1,864
Total	8,492	412	8,904	10,943

HEE entered into a sub-lease agreement whereby the lessee is operating part of their business from a HEE leased property. All arrangements have been assessed individually and determined to an operating lease with reference to IAS 17.

Health Education England as lessor	Buildings	Other	2019-20 Total	2018-19 Total
	£'000s	£'000s	£'000s	£'000s
Payments recognised as income in year				
Minimum lease receipts	54	0	54	0
Total	54	0	54	0
Future Commitments Receivable:				
No later than one year	54	0	54	0
Between one and five years	118	0	118	0
After five years	0	0	0	0
Total	172	0	172	0

Annual Accounts 2019-20

Notes to the Accounts

11. Contingent Liabilities

HEE has two Contingent Liabilities as follows;

Legal claims notified to HEE but unlikely to be successful amount to an estimated £50k.

There is a potential cost to HEE in relation to GP Trainees expenses for home to workplace mileage. This has been brought about by changes to the GP Contract in August 2019, and relates to changes to Terms & Conditions in Schedule 11, paragraph 16. Paragraph 16 states - Doctors working in a GP practice setting who are required to use their own vehicle on the expectation that home visits may be required to be undertaken shall be reimbursed for the cost of mileage from home to principal place of work, and any associated allowances and any associated allowances. The British Medical Association and NHS Employers are working together to understand what is meant by the word expectation, the range of expenses that can be claimed and the mileage rate to be applied. The decision will not be made by HEE. Quantification of timescale and possible £ value against HEE budgets is unclear; with an estimated range of impact between £nil and £23 million.

HEE had contingent liabilities of £35k in 2018-19 this was in relation to legal claims.

12. Related Party Transactions

The compensation paid to key management personnel can be found in the remuneration and staff report on pages 56 to 76.

Health Education England is a body corporate established by order of the Secretary of State for Health and Social Care.

The Department of Health and Social Care is regarded as a related party. During the year Health Education England has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department, including;

- NHS England and NHS Improvement
- Clinical Commissioning Groups
- NHS Foundation Trusts

- NHS Trusts
- NHS Business Services Authority.

In addition, Health Education England has had a number of material transactions with other central and local government departments. Most of these transactions have been with Higher Educational Institutes to commission training and development of the healthcare workforce and Department for Business Innovation and Skills that relate to the administration of student loans. The profile of related party transactions is the same as reported for 2018-19.

Review of the register of interests in 2019-20 identifies that both Sir David Behan CBE and Sir Andrew Morris OBE sit on both HEE Board and NHS England and NHS Improvement joint Board. HEE has material transactions in the year with NHS England and NHS Improvement. These joint appointments have been made to assist in the development of closer working relationships between the organisations. These are individual disclosures requiring disclosure.

Other than that disclosed in the remuneration and staff report no board member or key manager undertook any material transactions with HEE during 2019-20 or 2018-19.

13. Events After the Reporting Period Date

There are no adjusting events at the time of signing the accounts.

The accounts were authorised for issue by the Accounting Officer on the date they were certified by the Comptroller and Auditor General.

Annual Accounts 2019-20

Accounts Direction

**ACCOUNTS DIRECTION GIVEN
BY THE SECRETARY OF STATE
FOR HEALTH IN ACCORDANCE
WITH SCHEDULE 5,
PARAGRAPH 25 (2) OF THE
CARE ACT 2014.**

1. This direction applies to Health Education England.
2. In accordance with the legislation that establishes Health Education England as an Executive Non-Departmental Public Body, it shall prepare accounts for the year ended 31 March 2016 and for subsequent financial periods. The accounts shall be prepared in compliance with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual issued by HM Treasury ("the FReM") which is in force for that financial year, together with any additional disclosure or other requirements as agreed with the Department of Health and Social Care.
3. Health Education England shall provide accounts Data, in the format specified by the Department, for the periods 31 March 2016 to enable consolidation of the group wide position.
4. The accounts shall be prepared so as to;
 - a. give a true and fair view of the state of affairs at 31 March 2016 and subsequent financial year ends and of the net operating costs, recognised gains and losses and cash flows for the financial year then ended; and
 - b. provide disclosure of any material expenditure or income that has not been applied to the purposes intended by Parliament or material transactions that have not conformed to the authorities which govern them.
5. Compliance with the requirements of the FReM will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM is inconsistent with the requirements to give a true and fair view, the requirements of the FReM should be departed from only to the extent necessary to give a true and fair view. In such cases informed and unbiased judgement should be used to devise an appropriate alternative treatment, which should be consistent with both the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Department of Health and Social Care.
6. This direction supersedes any previous directions.

Signed by the authority of the Secretary of State for Health and Social Care.

Andrew Baigent
Director, Group Financial Management
11 March 2016



Appendices

1. Sustainability and Environmental Report

Sustainability and Environmental Matters 2019/20

Health Education England (HEE) is the NHS body that works with partners to plan, recruit, educate and train the health workforce. The delivery of our objectives must meet the needs of the present generation without compromising the needs of the next. So, it is essential that sustainability is integrated into all we do.

HEE's current Sustainable Management Development Plan, published in May 2017, aims to give our organisation a lead role in the sustainable development agenda. As a national system leader within the NHS, we recognise the links between health and the environment and that climate change and the depletion of finite resources represents a growing threat to the global population.

We are committed to long-term development and take our responsibilities to the wider community seriously. We acknowledge the potential impact that our activities may have on the environment, so we aim to ensure that effective environmental management and sustainable development are integral to our working agenda.

HEE works alongside other Arm's Length Bodies as part of the national Cross System Sustainable Development Group, which also includes partners from the national trades unions and local government.

We support the government's commitment to sustainable development including the UN 2030 Agenda for Sustainable Development which HEE directly contributes to through activities linked to Goal 3: Ensure healthy lives and promote well-being for all at all ages. We also support the government's endorsement of environmental management as one of the tools we can use to ensure a better quality of life for our staff as well as the communities that we serve. This is clearly signalled by recognising the importance of social impact, in addition to economic and environmental impacts, in our decision making.

We are implementing our sustainability targets in a transparent and robust manner that will ensure that we deliver environmental, economic and social benefits. We also provide opportunities for our own staff to lead a sustainable and healthy lifestyle. We

now make much wider use of video conferencing, efficient travelling and recycling. Equally, HEE's procurement policies now have sustainability embedded as a core component.

Wherever possible, we will meet and exceed the Greening Government Commitment targets by minimising our environmental impact and ensuring our purchasing activities are sustainable. Equally, we will prepare for, and respond to, the health-related impacts of climate change in providing our core responsibilities.

Travel and Transport

Throughout 2019/20, we aimed to achieve a reduction in our business travel, limiting journeys where possible and encouraging the use of more sustainable modes of transport. Reductions in our business travel not only improve the quality of local environments, but also support HEE to reduce carbon emissions, benefit the organisation financially, as well as reducing the impact on staff and supporting improvements in their health and well-being.

Business travel undertaken by HEE staff is monitored on a quarterly basis by the corporate management team. Departmental managers are responsible for ensuring that the most cost-effective and sustainable use is made of any essential spend on travel and transport.

Waste

Unless properly managed, waste can present significant risks to the health and safety of staff, the public, and the environment. Poor management of waste could therefore lead to the risk of prosecution and loss of reputation. We therefore aim to ensure the safe segregation, handling, transport and disposal of all our waste. We aim to reduce our total waste - and where the production of waste cannot be avoided, we will continue to aim to use the most sustainable route available.

We aim to manage waste consistently across our estate, whilst recognising that in some circumstances local arrangements will be needed. Where the generation of waste cannot be avoided, we will continue to explore new and innovative ways to reduce its environmental impact, working together with our facilities management providers.

Appendices

1. Sustainability and Environmental Report

Procurement

Our aim is to further our business by realising opportunities for sustainable development through procurement and contracting, to ultimately deliver sustainable value for the taxpayer.

There are specific reasons the public sector must demand a greater level of sustainability from its supply chain: it is directly and explicitly responsible for ensuring the public money used for goods and services is spent in a way that maximises benefit to society. We recognise that taking responsibility for our actions and decisions is a positive step which contributes to a healthier economy and adds to HEE's attractiveness and value as a business. We adhere to the ethical code of the Chartered Institute of Purchase and Supply (CIPS) and utilise UN guiding principles with the aim of promoting sustainable growth across our supply chains.

We are driving our activities to:

- Pay suppliers fair prices to allow them to operate sustainably
- Further consider market labour practices, human rights, the environment and the socio-economic community when making procurement decisions
- Reduce waste to both save money and minimise our environmental impact
- Procure services ethically, above and beyond our legal obligations, to improve sustainability
- Promote traceability and transparency of supply chains to support ethical and sustainable decision making across the wider health family.

We are working with key partners and suppliers to promote sustainability values and environmental policies, encouraging the adoption of common policies to achieve a 'green' supply chain.

Sustainable improvement may include a requirement to pay more than the lowest available price or make investments over a longer time period. HEE adopts a total cost or life cycle costing approach, where appropriate, to drive sustainability and improve supply chain resilience. This is key in our approach to risk management and clearly links to the global supply situations caused by the Covid-19 pandemic.

As a recent example, we are moving towards embedding sustainable development and reporting into contracts with Higher Education Institutions, in line with the wider approach taken in the NHS standard contract.

Built Environment

We operate with a varied leased estate across England in properties managed by NHS Property Services and other providers. Wherever practicable, we aim to rationalise our estate by applying our agreed principles of estate management. When making facilities improvements, we aim to provide the best possible working environment for staff, whilst ensuring that we act sustainably.

Our Property Asset Management Board oversees all estates activity across the organisation, sharing best practice across the country to meet the needs of our workforce ethically. During 2019/20, we have introduced a range of measures to improve the sustainability of our built environment, including: consolidation with NHS partner organisations at our Manchester site to reduce our physical footprint by 20%; installed more energy efficient LED lighting in many of our buildings, together with passive infra-red sensors to ensure lighting is turned off when staff are no longer in the office; and worked with landlords and contractors to set up building time profiles to regulate cooling and heating efficiently to save energy.

Lessons learned

The Covid-19 pandemic has required HEE, in common with all NHS bodies, to adapt quickly to find new ways of delivering its objectives. Our pandemic response required an accelerated programme of making agile working our default setting, with staff equipped with the right technology to support this.

We are now in the process of reviewing what new ways of working have emerged from unexpected circumstances; there are clear opportunities to embed new practices across our estate, travel and the way we use technology to have a positive impact on sustainability. By embracing modernisation, we will reduce the negative effects of our work on the environment.

Appendices

2. Attendance at Board and Committee Meetings 2019-20

	Board Meetings	Audit & Risk Committee	Remuneration Committee	Performance Assurance Committee	People Committee (from 01.01.20)	Equality Diversity and Inclusion Committee	Patient Advisory Forum (from 01.01.20)
Non-Executive Director Members							
Sir David Behan CBE Chair	10 of 10	3 of 4 (observer)	4 of 4	-	-	2 of 2	-
Professor David Croisdale-Appleby OBE Non-Executive Director	10 of 10	4 of 4	4 of 4	1 of 1	-	-	-
Professor Malcolm Morley OBE Non-Executive Director (to 31.10.19)	2 of 5	2 of 3	0 of 1	-	-	-	-
Ms Mary Elford Non-Executive Director (to 31.10.19)	5 of 5	-	1 of 1	-	-	-	-
Ms Jacynth Ivey Associate Non-Executive Director (to 31.12.19)	5 of 7	-	1 of 2	-	-	1 of 2	-
Professor John Latham CBE Non-Executive Director (from 01.11.19)	5 of 5	1 of 1	3 of 3	1 of 1	-	-	-
Dr Liz Mear Non-Executive Director (from 01.11.19)	5 of 5	0 of 1	3 of 3	-	1 of 1	-	1 of 1
Mr Andrew Foster CBE Non-Executive Director (from 1.11.19)	5 of 5	-	3 of 3	-	1 of 1	-	-
Dr Harpreet Sood Associate Non-Executive Director (from 01.09.19)	6 of 7	0 of 1	3 of 3	-	0 of 1	-	-
Sir Andrew Morris OBE Associate Non-Executive Director (from 1.11.19)	4 of 5	-	3 of 3	-	-	-	-
Professor Soraya Dhillon MBE Non Executive Director (from 01.09.19)	7 of 7	-	3 of 3	1 of 1	1 of 1	-	-
Professor Andrew George MBE Non-Executive Director (from 01.09.19)	7 of 7	1 of 1	3 of 3	1 of 1	-	-	-

Appendices

2. Attendance at Board and Committee Meetings 2019-20

	Board Meetings	Audit & Risk Committee	Remuneration Committee	Performance Assurance Committee	People Committee (from 01.01.20)	Equality Diversity and Inclusion Committee	Patient Advisory Forum (from 01.01.20)
Executive Director Members and Attendees							
Ian Cumming Chief Executive	10 of 10	1 of 4 (observer)	-	-	1 of 1	-	-
Wendy Reid Director of Education & Quality	10 of 10	-	-	-	-	-	-
Rob Smith Director of Workforce Intelligence	9 of 10	-	-	-	-	-	-
Lisa Bayliss-Pratt Chief Nurse (to 30.09.19)	4 of 4	-	-	-	-	1 of 2	-
Calum Pallister Director of Finance	10 of 10	4 of 4	-	1 of 1	-	-	-
Lee Whitehead Director of People & Communications	8 of 10	3 of 4	-	-	1 of 1	-	-
Patrick Mitchell Director of Workforce Transformation & Innovation	8 of 10	-	-	-	-	-	-
David Farrelly Director of Performance	9 of 10	-	-	1 of 1	1 of 1	-	-
Laura Roberts Director of Skills Development & Participation	9 of 10	-	-	-	1 of 1	1 of 2	-
Professor Mark Radford Interim Chief Nurse (from 01.10.19)	6 of 6	-	-	-	-	-	0 of 1

Appendices

3. Information Governance Data Incidents - 1 April 2019 to 31 March 2020

HEE has reported six incidents via the Serious Incident Requiring Investigation (SIRI) reporting tool, one of which qualified as reportable to the Information Commissioner's Office. It related to the intermittent availability of HEE's SharePoint sites; the assessment indicated this may have been caused by a malicious attack within Microsoft's Office 365 environment, details below .

Date of Incident (Month)	Nature of Incident	Number affected	How individuals were informed	Lessons Learned
April-May 2019	Intermittent availability of approximately 250 classic SharePoint sites across HEE's Office 365 platforms.	Approximately 1,000 HEE staff	All staff communications were issued	The incident was outside the control of HEE

Other SIRI incidents that did not qualify as reportable to the ICO were;

Date of Incident (Month)	Nature of Incident	Number affected	How individuals were informed	Lessons Learned
June 2019	Availability of personal data on a historic unsecure public facing website.	Approximately 80 medical trainees.	N/A	Ensure old pages are taken down and proper access controls are present
September 2019	Targeted phishing attack. Mimecast had been set to 'monitor' detecting the malicious activity but not preventing it entering into HEEs systems.	75 members of staff clicked the link. More may have received it, including external stakeholders.	N/A	Ensure systems and technologies have the appropriate settings in place. Ensure staff are educated in how to recognise malicious attacks and what to do if they suspect a malicious email.

Continued overleaf >

Appendices

3. Information Governance Data Incidents - 1 April 2019 to 31 March 2020

Date of Incident (Month)	Nature of Incident	Number affected	How individuals were informed	Lessons Learned
September 2019	Email relating to one trainee was sent to the wrong trainee in error, this data set included special category data	One	By phone with a follow up in writing.	Staff awareness on data sharing should be increased to utilise readily available, secure methods e.g. SharePoint for sharing confidential data.
September 2019	153 trainee details were accidentally emailed to each of the 153 trainees rather than being attached to an internal email	153 medical trainees	The Head of School has written to the affected trainees	Staff awareness on data sharing should be increased to utilise readily available, secure methods e.g. SharePoint for sharing confidential data.
October 2019	Potential medical trainee data exposure when a development site containing elastic search data was exposed to the internet	Nil	N/A	Given the vulnerability was in place for a couple of years and neither the incident nor the vulnerability were noticed by the third party (Transform), IT, DevOps engineers, developers or Solutions Architect, hence detection mechanisms are under review. Initial response was to lock down the port and to check all other vms in the TIS Azure estate. Routine security checks of vms is ongoing to ensure they are sufficiently protected.

Appendices

3. Information Governance Data Incidents - 1 April 2019 to 31 March 2020

HEE reported incidents 2019-20 (April 2019 to March 2020 inclusive)

Financial Year 2019-2020

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Disclosed in error	8	18	11	9	8	16	14	10	12	14	16	9	145
Lost in transit	0	0	0	0	0	0	0	0	1	0	0	0	1
Lost or stolen hardware	2	2	3	5	2	3	2	3	1	4	1	2	30
Lost or stolen paperwork	0	0	0	0	0	0	0	0	0	1	0	0	1
Non-secure Disposal - paperwork	1	1	0	0	0	0	0	0	0	0	0	0	2
Non-secure Disposal - hardware	0	0	0	1	0	0	0	0	0	0	0	0	1
Technical security failing (including hacking)	4	0	2	7	3	4	2	1	2	0	0	0	25
Unauthorised access / disclosure	1	2	1	4	2	0	4	1	6	2	1	2	26
Corruption or inability to recover electronic data	0	0	0	0	0	0	1	0	0	0	0	0	1
Uploaded to website in error	0	0	0	0	0	0	0	1	0	0	0	0	1
TOTAL	16	23	17	26	15	23	23	16	22	21	18	13	233

Glossary

AHEAD Advancing HEE's Equality and Diversity	ILETS International English Language Testing System
AHP Allied Health Professional	IP Intellectual Property
AIA Analysis Insight and Affordability	IPR Integrated Performance Report
ALB Arms Length Body	LCFS Local Counter Fraud Service
AoMRC Academy of Medical Royal Colleges	LETB Local Education Training Board
BAME Black Asian and Minority Ethnic	LTC Long Term Condition
BDRW Building a Digital Ready Workforce	LTP Long Term Plan
BP Business Plan	MBA Master of Business Administration
BME Black and Minority Ethnic	MH Mental Health
CCG Clinical Commissioning Group	NA Nurse Associate
CE Clinical Endoscopists	NDP Non-Departmental Body
CEA Clinical Excellence Award	NDG National Data Guardian
CPDF Continuing Professional Development Fund	NED Non-Executive Directors
DHSC Department of Health and Social Care	NETS National Education and Training Survey
DPIA Data Protection Impact Assessment	NHS National Health Service
DPO Data Protection Officer	NHS E&I NHS England and NHS Improvement
DSP Data Security and Protection	NMC Nursing and Midwifery Council
DSPT Data Security and Protection Toolkit	OD Organisational Development
EDI Equality, Diversity and Inclusion	OME Office of Manpower Economics
EM Emergency Medicine	PAC Performance Assurance Committee
EMIT Emergency Medicine International Training	PA s Physician Associates
EPA End Point Assessment	PAF Patient Advisory Forum
ESFA Education and Skills Funding Agency	PCN Primary Care Network
ESM Executive and Senior Manager	POB Portfolio Oversight Board
F&P Finance and Performance	POP Plan on a Page
FtSUG Freedom to Speak Up Guardian	RCEM Royal College of Emergency Medicine
FY Foundation Year	RePAIR Reducing Pre-registration Attrition and Improving Retention
GDPR General Data Protection Regulations	RNLD Registered Nurse for people with Learning Disabilities
GEO Government Equalities Office	RPB Regional People Board
GI Gastrointestinal	RTP Return to Practice
GLP Global Learners Programme	SFIs Standing Financial Instructions
GMC General Medical Council	SIRI Serious Incident Requiring Investigation
GP General Practice	SIRO Senior Information Risk Owner
HCPC Health Care Professions Council	SRO Senior Responsible Officer
HEE Health Education England	STP Sustainability and Transformation Partnerships
HEI Higher Education Institute	TGPT Targeted General Practice Training
HEFT HEE Electronic Staff Record Flow Tool	TNA Trainee Nurse Associate
HERMES HEE Employment, Registration and Medical Education Supply	TUC Trades Union Congress
HMRC Her Majesty's Revenue and Customs	UCAS Universities and Colleges Admissions Service
HR Human Resources	UK United Kingdom
HR&OD Human Resources and Organisational Development	WAST Widening Access to Specialty Training
IAMS Information Asset Management System	WHO World Health Organisation
IAPT Improving Access to Psychological Therapies	WRES Workforce Race Equality Standard
I&E Income and Expenditure	WTE Whole Time Equivalent
ICS Integrated Care Systems	
ICO Information Commissioners Office	
IFRS The International Financial Reporting Standards	
IGSG Information Governance Steering Group	

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