

Health Education England Business Plan 2018/19



Developing people
for health and
healthcare

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Foreword and Introduction

Foreword from our Chairman and Chief Executive

The NHS turns 70 this year and together with social care is responding to changing patient needs. New treatments for a growing and ageing population mean that the pressures on the service, particularly the workforce, are greater than they have ever been and Health Education England (HEE) is responding to that challenge.

Health and care staff, who make up 13 percent of all people in employment in the UK, are the single biggest investment we make. The NHS wage bill is almost two-thirds of its entire operational budget. That is why getting the right workforce strategy is critical to the sustainability of high-quality health and care services.

Following extensive consultation, this year will see the launch of a new health and care workforce strategy 'Facing the Facts, Shaping the Future'. This will be the first workforce strategy for 25 years and puts staff front and centre in designing a new health and care system for the next 70 years. A future in which we harness new technology, new medicine and new ways of working to ensure patients continue to get what the Commonwealth Foundation has once again crowned, the best health service in the world.

The draft published last December for consultation also heralded the launch of several reviews such as the Topol Review into how technology and other developments are likely to change roles and functions of clinical staff and education and training. In addition, the Review that I will be leading as Chair of HEE will see a Commission established to look at staff and learner mental health and wellbeing to report by the end of the year.

Our commitment remains to deliver high-quality education and training to support the NHS in ensuring it gets the right people, with the right skills, values and behaviours in the right place, at the right time and in the right numbers. Improving the quality and safety of healthcare stays firmly at the top of our agenda, but in response to a national move to integrated care, a shifting policy landscape and the United Kingdom exit from the European Union we are changing and 2018/19 will be a year of significant development.

Making a difference to the NHS

We continue to be responsible for future workforce supply and will play a central role in supporting local and national organisations in making decisions about their workforce priorities through data, analysis and forecasts.

We will continue to grow our frontline workforce in response to provider demand, especially in priority areas such as nursing, primary care, mental health, urgent and emergency care and maternity services. Achieving this will require more investment in recruitment and training.

A continued focus on the current workforce, supporting initiatives such as better retention, return to practice after time out of the workforce and workforce transformation can also make a difference to the frontline quickly and effectively. This will require increased flexibility as local Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) develop new models of care in accordance with population need in their area. As a result, roles and places of work will evolve in line with changes to clinical practice and the shape of health care.

We will deliver the changes needed to improve the productivity of the workforce in partnership with other Arm's Length Bodies (ALBs) and STPs (and ICSs) through the Local Workforce Action Boards (LWABs) established by HEE.

This Business Plan provides a roadmap for the next year and beyond, strengthening our corporate framework that clearly outlines how HEE adds value to our ultimate outcome of improving the quality and safety of healthcare to the population and patients of England.

This Business Plan also identifies our priorities and the core business areas of HEE that we know, working with partners locally and nationally, we must excel at to achieve our priorities and mission.

It also provides a focus for staff setting their own local plans and objectives and provides greater accountability against which our Executive Team can be held to account by the HEE Board and the organisation can be held accountable by Parliament and the people we seek to serve.

We have followed the six broad priority areas that correlate with the system's aspiration for the NHS in the Five Year Forward View (FYFV) and our Mandate with the Department of Health and Social Care (DHSC), namely, Cancer; Mental Health and Learning Disabilities; Maternity; Primary Care; Urgent and Emergency Care; Population Health and Prevention. There is more detail about the plan to tackle those later in this document.

The priorities described in this Business Plan and the changes we are making to our organisation will ensure we deliver:

- The deliverables in HEE's Mandate 2018/19.
- Our contribution to the DHSC's Single Departmental Plan and the Five Year Forward View (FYFV)
- Support for the Sustainability and Transformation Partnerships and an 'evolved' version of an STP, known as an Accountable Care System (ACS), that is working as a locally integrated health system. This work will be place-based and led locally by the Local Workforce Action Boards (LWABs).

This Business Plan also clarifies HEE's core business areas which now includes 'Leadership Services' as we continue to embed and enhance the role of the NHS Leadership Academy and maintain our focus on high-quality education and training as we continue to take responsibility for the commissioning of clinical placements, postgraduate education, doctors in training and support the trainees who are the future of our NHS on a daily basis.

This year will present even greater challenges, but through a concentration on self-identified enablers of performance, that will enhance our capacity and capability to perform our core business better than ever, we are confident that with the support of the partnerships we have made across the system we will deliver what we have set out to do.

HEE's role as strategic leaders for the NHS workforce continues to be at the centre of a sustainable and successful NHS. We will forge ahead in 2018/19, building on our partnerships and our commitment to delivery and so continuing to make a real difference to the NHS and patients across England.



A handwritten signature in black ink, appearing to read 'Keith'.

Sir Keith Pearson JP DL



A handwritten signature in black ink, appearing to read 'Ian Cumming'.

Professor Ian Cumming OBE

1. Priorities and Goals

Our priorities for 2018-19

Our key workforce priorities for 2018/19 have been agreed with our ALB partners to ensure they are mutually reinforcing and support service need.

The priority areas are:

1. Cancer (including diagnostics)
2. Mental Health and Learning Disabilities
3. Primary Care
4. Urgent and Emergency Care
5. Maternity
6. Population Health and Prevention

These priorities align with the FYFV and are also contained in the DHSC Mandate to HEE for 2018/19. They will be delivered at a local and national level. Integrating care will be vital to the delivery of all these priorities and the system vision for healthcare overall in terms of high quality and safe healthcare for all.

The NHS Five Year Forward View Next Steps document wanted to 'make the biggest move to integrated care of any major western country' and Five Year Forward View 'vanguards' saw promising results in terms of lower growth of hospital admissions and emergency inpatient bed days.

HEE's local offer is through the workforce arm of Sustainability Transformation Partnerships (STPs), namely the Local Workforce Action Boards (LWABs) and will be largely based around these priority areas. However, 'one size doesn't fit all' and working with our partners HEE will be flexible and responsive to any priorities that are justifiable and unique to their particular STP footprint and will agree who needs to do what to deliver them.



What we will do in 2018/19

The narrative below provides an overview of what HEE will be doing over the course of 2018/19.

1. Cancer

Local Cancer Alliances need sufficient staff with the right skills to embed new treatments and tests quickly ensuring patients reap the full benefit. The FYFV Cancer Workforce Plan is designed to deliver the Cancer Taskforce Strategy's four key goals by 2021:

- Prevent more cancers
- Increase the rates of early diagnosis
- Improve the treatment and experience of cancer
- Support people to live with and beyond cancer.

The draft Workforce Plan outlines the interventions to increase staff numbers and introduce new skills and productivity measures, recognising that delivery is a collective effort. The plan outlines the need to target clinical radiology, histopathology, oncology, diagnostic and therapeutic radiology. In addition, HEE will act to improve staff retention, working practices and attract qualified staff back to the NHS. The cancer nurse specialist workforce needs to grow, and a new clear training route is being developed by HEE.

HEE will invest in training a further 200 new clinical endoscopists and 300 reporting radiographers to increase the diagnostic capacity, as well as creating the HEE Skills Fund for Cancer. There will be continued system commitments to key cancer professions by increasing the numbers of qualified professionals who work in the NHS.

End of life care is addressed as part of the cancer strategy and in response to the Government's commitments to end variation in end of life care by 2020, following an independent review of end of life care in 2016, HEE will embed how to care for the dying across settings in multi-disciplinary education and training.

2. Mental Health and Learning Disabilities

The FYFV pointed out that one-in-four of us will experience mental health problems and it is the biggest cause of disability. Yet, mental health services remain the poor relation to physical health services. Parity of esteem is law and we must recognise it is time to change.

The Mental Health FYFV set an ambitious vision of improvement by 2021 whilst the Mental Health Taskforce identified four key ambitions to meet the vision:

- Services accessed at an earlier stage
- Accessible services at the right time
- More integrated service delivery
- Mental health capabilities more widely embedded into the NHS.

In response, HEE published Stepping Forward to 2021: the mental health workforce plan for England. This identifies that 21,000 additional posts would be needed to deliver the specified service improvements and laid out actions to support the NHS to employ 19,000 new staff across the system by 2021. Of these 11,000 will be core clinical professions such as nurses, occupational therapists or doctors. The other 8,000 will be new roles such as peer support workers and personal wellbeing practitioners. These new clinical support roles broaden the skill mix as new service models rely on multi-disciplinary teams of qualified professionals and trained support staff. Recruiting newly-qualified staff and keeping our existing mental health workforce is vital to success. HEE will lead a Return to Practice campaign for those qualified mental health clinicians not currently in NHS employment.

HEE will work to expand the numbers of advanced practitioners in nursing and allied health professions (i.e. physician associates and consultant AHPs) and to increase the skill mix and flexibility of teams. To support new team working models the NHS Leadership Academy will deliver bespoke leadership courses to mental health teams.

HEE will support the growth in psychiatry by running campaigns to promote psychiatry as a career choice and ensure medical student places are allocated to medical schools which encourage placements in psychiatry.

We will also seek to support children and young people with mental ill health in response to Future in Mind and more latterly the Transforming Children and Young People's Mental Health provision: A Green Paper. This will see the national Mental Health team commission the new Mental Health Support Worker programme for 210 students, which will commence in January 2019. In addition, we will improve NHS delivered services by developing new roles such as the personal wellbeing practitioner and improve and better-integrate children's social care services and school's mental health services.

Learning disability and autism

The work for people with learning disabilities focuses upon 'Transforming Care and Building the Right Support' to deliver the National Service Model. We support each of the 48 partnerships at local, regional and national levels to ensure the right workforce is in place to support people of all ages with learning disabilities to live well in the community, rather than in hospitals. We continue to develop Transforming Care Partnerships (TCPs) to access and utilise workforce data through signposting, advice and the development of relevant data sources where necessary.

Support is provided to TCPs through specialist advice, guidance and provision of tools to enable them to create a workforce that will meet the aims of 'Building the Right Support'. As well as supporting commissioners with the skills, competencies and knowledge to build and sustain new models of care we also offer specialist advice, competency frameworks, learning needs analysis and role templates to employers.

We will develop a core workforce skills framework for health and care staff in relation to autism. This will stimulate training providers to develop material so that courses are available to all new and existing NHS staff. Our focus now is to enable TCPs to produce robust workforce plans and concentrating our attention on those who are most challenged. The steep decline to Learning Disability Preregistration Nursing courses is a significant risk to the sustainability of the programme and we are leading a system response to address this need.

3. Primary Care

The FYFV confirmed the importance of primary care to patients, communities and the NHS's long-term sustainability. The General Practice Forward View set out a detailed, costed package of investment and reform for primary care through to 2020 which will include more GPs and a wider range of practice staff, operating in more modern buildings, and better integrated with community and preventive services, hospital specialists and mental health care.

The key workforce aim is to double the growth rate for doctors in general practice, to ensure by 2020 there would be 5,000 more doctors alongside an additional 5,000 other staff working in primary care. As part of this HEE is providing education support to NHS England's International GP Recruitment scheme which has a target of 2,000 GPs and to the Clinical Pharmacists in General Practice scheme which has a target of one pharmacist per 30,000 population for all practices in England by 2020 or around 1,900 pharmacists (whole time equivalents). Not only will patients benefit from pharmacy services, but the introduction of clinical pharmacists will free up GP time to focus on those patients who need it most.

In addition, through the Pharmacy Integration Fund, and informed by the emerging NHS England evaluation, we will provide postgraduate training and workforce packages for pharmacists and pharmacy technicians across a range of care settings by March 2021.

To support flexible multi-disciplinary teams, led by a GP, HEE has developed 'Training Hubs'¹ to deliver multi-disciplinary team training and support local recruitment, retention and return to practice programmes.

HEE has also published findings on how to improve the future of general practice nursing and will deliver the plan which calls for improved training capacity; more pre-registration training placements in the community; retention schemes and a return to work programme.

¹'Training Hubs' is the collective term for Advanced Training Practices (ATP), Enhanced Learning Practices (ETPs) and Community Education Provider Network (CEPN) and is used interchangeably.

4. Urgent and Emergency Care

In October 2017 an Emergency Department Workforce Plan was published by HEE, the Royal College of Emergency Medicine (RCEM), NHS England and NHS Improvement. Developing multi-disciplinary teams is core to this plan with roles such as advanced clinical practitioners, pharmacist clinicians and physician associates being developed. These roles increase the skill mix, flexibility, resilience and sustainability of today's emergency care workforce.

We will grow the physician associate role to give scope for further deployment within emergency medicine. Advanced clinical practitioners will also grow as part of the emergency team.

HEE is also committed to reducing attrition from Emergency Medicine training through initiatives such as a new leadership training programme for every trainee and an evaluation of the part-time training pilot to apply to future cohorts.

5. Maternity

Having a baby is the most common reason for hospital admissions in England. Implementing the 'Better Births' vision across STPs (via Local Maternity Systems) will lead to the transformation of maternity services through more personalised, safer maternity services with women having access to unbiased evidence-based information. Women will be better able to make choices about their care and have more continuity of carer during the antenatal, birth and postnatal periods.

The transformation of maternity services is led by 44 Local Maternity Services (LMS) across England but each one will require significant national support to deliver the improvements required. The Maternity Transformation Programme (MTP) has brought together all ALBs and other key stakeholder organisations to lead the delivery of the vision outlined within 'Better Births' across nine workstreams.

HEE, through the LWAB network, will work with Local Maternity Services to implement 'Better Births' and provide a joint and agreed plan for the maternity workforce in each part of the country.

An overarching maternity transformation workforce strategy will be published in the summer of 2018 and will

set out how we will provide the NHS with the skilled staff it needs to deliver improved maternity care. It will:

- Identify current supply and future demand requirements including the need for up-skilling, re-skilling, new roles, new ways of working, leadership and culture change to support maternity transformation.
- Address the high attrition rates for maternity support workers, registered midwives and neonatal nurses and other registered nurses and midwives who leave their organisations for non-retirement reasons each year including opportunities for return-to-practice.
- Identify the needs of the current workforce who may need upskilling to work in a new way across a range of care settings and that recognises the leadership challenges to support the significant culture shift required to implement continuity of carer and new commissioning models.
- Outline how we will work with the Royal College of Obstetricians and Gynaecologists (RCOG) to understand and better support the 30% of obstetrics and gynaecology trainees who do not complete training, many of whom move into general practice.
- Explain how we intend to close gaps in current workforce provision especially in midwifery, sonography and neonatal nursing including the role of advanced practitioners.
- Build on the scoping work commissioned in 2017 on the current position of the Maternity Support Worker (MSW) workforce in England by developing a national competency framework and defined roles for MSWs. We will work with stakeholders towards the establishment of a voluntary accredited register to provide assurance to the public that MSWs are appropriately trained to high standards. New routes into midwifery will also be explored as part of this work.

6. Population Health and Prevention

The FYFV is clear that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.

HEE is working with Public Health England (PHE) on the Population Health and Prevention programme to develop public health capability and capacity of the core (specialist

and practitioner) and wider public health workforce across health and social care to support prevention and improvement of the population's health. In short, we need to equip healthcare workers with the necessary tools to improve prevention and maximise well-being of the population.

During 2018/19 HEE will be focusing on actions in the following areas:

- **Making Every Contact Count:** HEE will support and complement the national action on obesity, smoking, alcohol and other major health risks through supporting the implementation of Making Every Contact Count (MECC) and behaviour change approaches across the system. This will enable the workforce to have the knowledge and skills to empower people to change their lifestyles to improve health and wellbeing outcomes.
- **Antimicrobial Resistance (AMR) and Sepsis:** HEE will enhance system awareness and delivery of HEE AMR and sepsis learning materials and develop new products and materials to support AMR and sepsis awareness and management.
- **Public Mental Health:** The promotion of mental wellbeing is a core part of the prevention, health and wellbeing agenda. During 2018/19 HEE will deliver the action plan for mental health promotion and prevention courses and work with partners to develop a sustainable model to support 'Connect 5' cascade training.
- **Workforce Development:** We will embed public health practitioner development schemes across HEE. We will continue to strengthen links with Heads of Schools of public health, establish our role in supporting the public health academic workforce and consider what additional support can be provided to the workforce supporting sexual health, reproductive health and HIV services. We will also support cross-system work on schools' engagement (teachers' curricula) and develop a good practice framework.
- **Strengthening Systems Thinking and Leadership:** Developing leadership and critical skills, including health economics, digital and commercial will help to transform the system. The Leadership Academy will also work with PHE on the Future Public Health Leaders campaign.

Much of this work will be facilitated by enhancing the digital public health offer through, for example,

improving access to relevant e-Learning for Healthcare (e-LfH) modules, populating HEE's new digital learning solution with resources that support the prevention agenda and supporting 'All our Health' programme through the development of e-LfH content.

Together these initiatives will have a real impact on our current and future public health workforce but will also help us as a service get better at using all our health and care resources to support population health and prevention.

1.1 Education and training reform

Medical education reform

HEE's Medical Education Reform Programme (MERP) supports change in medical education and training to meet these six cross-system priorities, identified in the FYFW and the NHS workforce strategy consultation document, '*Facing the Facts, Shaping the Future*'. The reform programme aims to ensure that doctors in training are supported to become highly skilled, motivated and versatile clinicians, integrated into multi-professional teams within changing service models. It will reform medical education in order to better produce the required supply of doctors with the appropriate skills, attributes and experience. There are a number of workstreams, the most recent being the review of Foundation Programme training.

The programme for Medical Education Reform is ambitious and cross-cutting and includes ongoing work to deliver the aims for flexibility and capability for broader care models in the Shape of Training and those of transferability in the GMC's Generic Professional Capabilities. This aligns with the Five Year Forward View's requirement for the delivery of more holistic care cutting across traditional boundaries. Our work alongside partners to promote flexibility through curriculum development, credentialing and individualised training pathways supports this strategic agenda.

HEE is driving radical changes to postgraduate medical training to ensure doctors are supported, valued and provided with the means to be the best they can be. This will include supporting doctors stepping in, out and returning to training to continue developing their skills

and knowledge. This will attract and retain high quality doctors by providing the career flexibility that society and doctors now expect and the adaptability the service needs. This work has opened up wider opportunities across multi-disciplinary teams and in terms of re-thinking advanced practice to ensure that the wider team are enabled to provide exemplary care to patients.

Advanced clinical practice

Work to support the new care models and local innovation has shown that Advanced Clinical Practice (ACP) roles are an effective and increasingly attractive workforce solution for employers in allowing doctors to work and practice while realising the potential of the wider workforce to support delivery of complex NHS services.

The Medical Education Reform Programme has opened opportunities to the wider workforce in an unprecedented way, enabling the workforce to be recognised for their invaluable team contribution and develop new ways to train and evidence competence progression. The 'Blue Triangle' model of cross profession, multidisciplinary team working referenced in publications such as 'Enhancing training and the support for learners', published in March 2018, has laid foundations to support the realisation of the potential of the wider workforce. HEE has significant plans to work with employers and system partners to increase the scale and transferability of ACP roles during 2018-19 and beyond.

Dental workforce

HEE commissioned the Advancing Dental Care Education and Training Review to consider the skills and composition of the future dental workforce that will best meet future patient need, and the training structures and funding models that will deliver that workforce. The Review represents an opportunity to co-design an evidenced approach to dental training, that will serve patients and the public in England for the next thirty years.

Advancing Dental Care was established in the context of significant improvements in adult oral health in England over recent decades that are projected to continue. Over the same period pockets of entrenched oral health inequality has remained and as the overall profile of the population is ageing, we need a greater emphasis on different treatment modalities and care pathways. Furthermore, there is evidence to suggest that dentists

could be released for more complex work if the dental team (dental care professionals or DCPs) employed their full scope of practice.

The initial Advancing Dental Care report was published on 16th May 2018 following six months research and widespread engagement with learners, registrants, commissioners and patients. The Review's 21 recommendations have been endorsed by HEE's Executive Team and the Review is now entering its second three-year phase.

Phase two of the Review will entail further focused research, stakeholder engagement, options analyses and piloting of potential solutions, with a view to:

- Develop a needs-based approach for training commissioning
- Provide flexibility for the service and the workforce
- Implement early careers support for the whole of the workforce, and
- Build academic capacity and capability.

Pharmacy workforce

In line with HEE's mandate to deliver the right workforce for the future, HEE is in its first phase of work to review the current model of education and training for the pharmacy workforce. This is in the context of an increasingly complex health and care system, technological advances and a changing trend in patient and service needs.

Phase one will include undertaking a full scoping exercise and engagement piece. HEE will then publish a series of evidence-based options and recommendations in the summer of 2019 which will support the Executive to agree HEE's strategy on reforming pharmacy education and training. This will ensure that any proposed reforms are evidence based, cost-effective, future focused, and meet the needs of the future workforce and patients.

Wider education and training policy development

Aligned to our strategic vision in the FYFV and the draft Workforce Strategy, HEE continues to work on developing policy which helps to transform the education and training of the healthcare workforce to meet the increasingly complex needs of patients and the public. This includes policy making on:

- Assessing the appropriate level of regulation for new and existing healthcare roles
- Considering new education and training models
- Allocating non-medical education funding
- Identifying gaps in the workforce and working with others to support supply, particularly with the small and vulnerable professions, and
- Identifying new and flexible advanced practice roles.

1.2 Our core business goals

To help provide greater clarity for staff HEE has developed goals aligned to its core business activity to support our overall purpose.

These general statements of purpose provide a longer-term perspective and sense of direction of what we want to achieve in each area of core business.

To effectively deliver the priorities in the previous section HEE will also need to achieve these goals. Doing so, in turn, will help us to achieve our mission and contribute to the wider system outcome of high-quality healthcare for patients and service users. This is explained further at Appendix 1. The Business Plan divides the education segment of our core business between medical and other clinical education components to reflect HEE's changing responsibility for the latter. Leadership is also treated as a separate area of core business in the plan to recognise its distinct and growing importance within the NHS.

HEE CORE BUSINESS AREA	GOALS
Medical and Dental Education	HEE will ensure the planning, management, delivery and quality assurance of education and training to the highest standards.
Education of clinical professions	HEE will act to enable a sufficient, high quality and well-functioning market for these education programmes.
Quality and Patient Safety	With partners, HEE will improve the overall quality of the learning environment for all learners and will improve education and training for patient safety.
Workforce Planning and Intelligence	With partners, HEE will secure the right supply of skilled staff across priority areas to meet patterns of demand.
Workforce Transformation	With partners, HEE will build and develop a workforce that drives innovation and improvement.
Leadership Services	HEE, through the NHS Leadership Academy and partners, will develop the leaders required to deal effectively with the healthcare challenges of today and tomorrow.

1. HEE will ensure the planning, management, delivery and quality assurance of education and training to the highest standards.

Managing the delivery of Postgraduate Medical and Dental Education (PGMDE) is currently the biggest area of HEE spending and risk. HEE Postgraduate Deans are crucial to supporting the development of a greater multi-professional focus in the structures that they are responsible for locally.

This includes the recruitment, delivery and assessment of medical training; the sign-off for full registration of doctors educated in the UK (on behalf of medical schools); the recommendations for inclusion on the specialist register via a recognised training programme which issues a final certificate of completion of training (CCT) and the responsibility for the quality of the medical education and training delivered in placements in their HEE defined geographical area. The statutory responsibilities for fitness to practice and revalidation also sit with Postgraduate Deans.

HEE's responsibilities in this area also include the planning, funding, quality management and organisation of postgraduate medical and dental education. HEE will take forward the second phase of its Advancing Dental Care initiative to develop the dental workforce required to meet future patient service need.

HEE Postgraduate Deans are supporting reform of Medical Education, including implementing the changes to the Annual Review of Competency Progression (ARCP) process outlined in Enhancing Training and the Support for Learners published in February 2018. We are also continuing work with partner organisations including the British Medical Association (BMA) and General Medical Council (GMC) and Royal Colleges and improving the working lives of doctors in training through reforming study budgets, study leave and helping support doctors to formal training programmes. HEE will also work to develop a support offer for doctors outside formal training programmes to improve the quality of care and filling gaps in rotas.

In order to create a truly integrated workforce that has the knowledge, skills, and competence to work across organisational and professional boundaries the current school's structure will need to rapidly evolve to ensure it can support multi-professional programmes. HEE Deans will work with current Heads of Schools and Training Programme Directors to drive this change.

2. HEE will act to enable a sufficient, high quality and well-functioning market for these education programmes.

HEE's responsibilities includes an expanding role around the career development of other healthcare staff such as clinical placements for nursing and AHP students. A professional clinical workforce, with the right competencies, will complement and integrate with the service provided by medical staff to the benefit of both. HEE Postgraduate Deans and their local teams can contribute to supporting service redesign and the new care models across the system and to evaluate what the required skills should be, and how they may be obtained.

Locally, HEE will work through LWABs to assess need for new supply in the area; exercise our responsibility for funding clinical placements, working with HEIs and local service providers to support sufficient supply.

Nationally, HEE will work with the Office for Students to protect courses for small and vulnerable professions; run recruitment campaigns and where necessary design and propose support packages to attract students to less popular courses.

3. With partners, HEE will improve the overall quality of the learning environment for all learners and improve education and training for patient safety.

Quality and safety across the NHS depend on the capacity, capability and competence of clinicians, which is ultimately secured through their selection, training and regulation. In addition to providers meeting regulatory requirements, HEE's Quality Framework describes the standards expected of providers across six domains to demonstrate high-quality education and training within work-based learning environments.

Through the Quality Framework, HEE will support providers to plan placement shape and capacity in response to changing patient needs and new service models whilst maintaining high-quality training. Training environments are a good barometer for quality of care. Failings in the quality and standard of education within a provider can be an early warning sign of emerging issues about service fragility or patient safety. Improvements to the educational environment can also be a significant part of the solution to improving quality of care within such providers.

4. With partners, HEE will secure the right supply of skilled staff across priority areas to meet patterns of demand.

Having enough staff with the right skills and values is a fundamental strategic issue for the provider trust sector. It is fair to say that the supply of new staff has not kept pace with rising demand for services and a greater focus on quality. The supply of domestic staff needs to grow substantially.

In October 2016 the Health Secretary announced a historic expansion of medical students by 1,500 places to reduce the reliance on overseas doctors. The first 500 additional places have been allocated to existing medical schools and the new students (630) will start in September 2018.

A jointly managed bidding process through Health Education England (HEE) and the Higher Education Funding Council for England (HEFCE) has now allocated the remaining 1,000 places, some of whom will commence this year, but the majority will be 2019.

In addition, there are plans in place to boost the number of nurses and other healthcare students, and open new routes into healthcare careers such as apprenticeships. These initiatives will help to close the workforce gap but need to be supplemented by recruitment and retention of staff from the EU and the rest of the world as well as delivering services in new ways with staff working differently and more flexibly.

To help deliver this corporate goal HEE, in partnership, will review data requirements across the system and the collections we need to support them. This will include developing more authoritative data on vacancy rates for clinical staff and providing greater insight into regional variation and differences between different staff groups. HEE is committed to routinely publishing more specific monitoring reports during 2018/19 to ensure more informed local and national policy. This will include the skills and resources to support local planning for STPs through the LWABs.

5. With partners, HEE will build and develop a workforce that drives innovation and improvement.

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.

Developing new roles and pathways is a key part of supporting a richer skill mix in multi-disciplinary teams across health and care. HEE is supporting rapid growth in physician associates and nursing associates as part of this. There is a wealth of evidence that multi-disciplinary team working delivers significant improvements in safety, patient experience, team productivity and the working lives of individual clinicians. It also allows the system to blur traditional lines between services, for example by ensuring a mental health professional is part of every team.

In addition, we are supporting a range of initiatives to support advanced or extended practice in a range of professional roles. These include the introduction of clinical pharmacists into general practice and the development of a cross-profession advanced clinical practice framework. HEE, through its workforce development and transformation offer will support provider trusts to make the required changes at pace and scale.

HEE has developed the 'HEE STAR' as a tool to support workforce transformation, helping providers to understand their workforce requirements as well as providing a range of potential solutions. It provides a simple framework to facilitate and guide local conversations with providers about workforce requirements and enables the exploration of workforce solutions.

6. HEE, through the NHS Leadership Academy and partners, will develop the leaders required to deal effectively with the healthcare challenges of today and tomorrow.

Leadership capability in the NHS is being stretched at a time when it is most needed to maintain and improve performance levels, help to close the workforce gap, develop the workforce and enhance productivity, reconfigure services, and deliver service transformation.

These complex tasks place new demands on the leadership, skills and morale of the people who work in the NHS in already demanding circumstances.

The NHS Leadership Academy will work with the provider trusts to secure the pipeline of future leaders and ensure once in post they are supported to address the challenges faced. It will also encourage and promote a positive and inclusive culture which is fundamental to the success of the NHS, both nationally and locally.

Working in partnership with NHS Improvement, the Academy will launch a range of new programmes that will ensure the NHS develops a whole-system approach to talent management which will enable development for all staff. Initiatives will target both clinical and non-clinical current NHS staff as well as external talent from graduate level through to senior leadership. Inclusion and diversity will be central to the Academy's plans, which will encourage and promote a positive and inclusive culture which is fundamental to the success of the NHS, both nationally and locally.

2. Strategic Context

a) Five Year Forward View

HEE operates within the context of the **FYFV**. This encompasses the broad consensus on what a better future should look like. This 'Forward View' sets out a clear direction for the NHS, showing why change is needed and what it will look like. The FYFV covers a number of themes, such as the importance of public health and ill-health prevention, empowering patients and communities, strengthening primary care and making further efficiencies within the health service.

It also proposed a number of new care models, designed to break down the traditional divides between primary, secondary and community care, mental health and social care. The new care models are being piloted through a national programme known as 'the vanguard'.

b) Next steps on the Five Year Forward View

In March 2017, NHS England published '**Next steps on the Five Year Forward View**'. This plan takes stock of progress at the half way point of the FYFV and sets out priorities for the next two years. This Business Plan is fully cognisant of and aligned with the priorities outlined in this document.

c) Specific FYFV workforce plans

In support of the above strategic framework a series of workforce plans in FYFV priority service areas have been developed. These provide the detail that this Business Plan represents. These are:

- '**Stepping Forward to 2020/21 – The mental health workforce plan for England**', supporting Future in Mind.
- **Cancer Workforce Plan** – Delivering the Cancer Strategy to 2021
- **General Practice Forward View**
- **Urgent and Emergency Care Forward View**
- National Maternity Review '**Better Births**'. Maternity's workforce plan will be published in Autumn 2018.
- **Fit for the Future: Public Health People**, a review of the public health workforce.

Much of the preliminary stages of this work is around design of interventions and political management across ALBs and with ministerial teams, prior to regional implementation planning.

d) Sustainability and Transformation Partnerships (STPs)

STPs are the mechanism at local level covering every area of England, to create and design integrated (or 'accountable') health systems. They are a means to an end and a crucial component for delivering the Forward View and the key national priorities.

STPs bring together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most.

They are a forum in which health leaders can plan services that are safer and more effective because they link together hospitals so that staff and expertise are shared between them. At their best, they engage frontline clinicians in all settings to drive the real changes to the way care is delivered that they can see are needed and beneficial. They are the vehicles for making the most of each pound of public spending, for example, by sharing buildings or back office functions.

e) DHSC Mandate to HEE

The DHSC Mandate sets out key HEE requirements for 2018/19 and beyond. It outlines the need for HEE to deliver the first phase of the national apprentice programme for Nursing Associates and support NHS employers to employ 5,000 Nursing Associate apprentices in 2018 and a further 7,500 in 2019. The apprentice route is a way of unlocking talent on our own doorstep as well as helping people earn as they learn. We will have a complete nursing apprentice pathway from entry level through to advanced clinical practice.

Nursing is just the start and HEE will also continue to support the wider apprentice programme by supporting employers to develop apprentice routes into roles the NHS wants to train, including prioritising support to develop an apprentice route into midwifery by spring 2019.

DHSC expects HEE to support the expansion of undergraduate medical education and continue to focus on producing doctors to work in shortage specialties and geographies through postgraduate medical education.

HEE will review, with partners, the delivery of the Foundation Programme in England to assess how it can best support the development of the doctors of tomorrow.

With respect to Mental Health, following the publication of '**Stepping Forward to 2020/21 – The mental health workforce plan for England**', HEE will move from planning to implementation of an enhanced mental health workforce, which includes resourcing and establishing 21,000 new posts in mental health filled by 19,000 additional NHS staff by 2020/21. This will require leadership from HEE, working alongside NHS England and NHS Improvement.

HEE will also work closely with PHE to strengthen the focus on prevention.

Integration of health and social care continues to be a high priority for the Government, and HEE will continue to work with NHS and social care partners to develop a multi-professional workforce and opportunities for planning, recruiting and training the future workforce as a single workforce.

f) Facing the Facts, Shaping the Future – a draft Health and Care Workforce Strategy

The draft workforce strategy '**Facing the Facts, Shaping the Future**', published last December, detailed the current health and care workforce and how it had changed over the last five years. Workforce growth is underpinned by output from education and training, retaining our current workforce, and recruitment of trained workforce from elsewhere. The draft strategy also outlined actions to grow capacity and capability to move towards self-sustainability in our workforce and to build the NHS's global reputation as a centre of excellence in healthcare education and training. A massive consultation response to what was the first workforce strategy for 20 years strongly supported its analysis and endorsed the great majority of its proposals for action.

Following the Prime Minister's announcement in June of a five year funding settlement for NHS England of an average 3.4% annual real terms growth, the Government is expecting to see improvements in NHS performance to be outlined in a 10-year plan to be agreed later this year. This will need to address the following priorities:

1. Putting the patient at the heart of how we organise care.
2. A workforce empowered to deliver the NHS of the future.
3. Harnessing the power of innovation.
4. A focus on prevention, not just cure.
5. True parity of esteem between mental and physical health

As a future NHS workforce will be a key part of the new 10-year plan, HEE is working to ensure that the final workforce strategy will need to be aligned with it.



3. Description

Background

HEE was established as a Special Health Authority on 1 April 2013 and became a non-departmental public body from 1 April 2015 under the provisions of the Care Act 2014. We are an arm's-length body of the DHSC, providing system wide leadership and oversight of workforce planning, education and training and workforce development and transformation across England. Our priorities and corporate goals, set out at section 1 above, provide more detailed information about what we are striving to achieve and how we will do it.

Our objectives

HEE exists, as our mission makes clear, to support the delivery of excellent healthcare and health improvement by ensuring that the health workforce has the right skills, behaviours and training and are available in the right numbers. The fundamental purpose of HEE is cemented through our five corporate objectives, which are:

- 1. Thinking and Leading:** We will lead thinking on new workforce policy solutions in partnership with the DHSC and others as appropriate to support high quality and sustainable services.
- 2. Analysing and Influencing:** We will use high quality data, evidence, advice and workforce expertise to influence the delivery of NHS priorities.

- 3. Changing and Improving:** We will design and respond positively to innovative recruitment, retention, development and transformation initiatives locally, regionally and nationally which change and improve NHS services and quality of care.
- 4. Delivering and Implementing:** We will deliver high quality education and training, implement our Mandate and support partner led programmes to improve the quality of care and services, guided at all times by the principles of the NHS Constitution.
- 5. Focusing on tomorrow:** We will strategically focus on the future including new roles and pathways to the professions and helping the NHS workforce embrace new technology.

These five objectives were devised in 2016 and reflect HEE's changing role and help support our purpose.

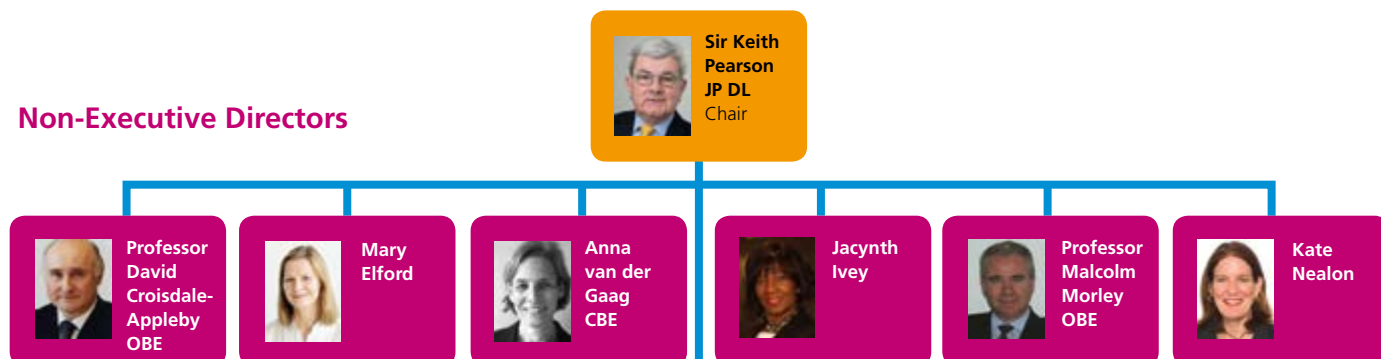
Historic track record

HEE has a strong track record of delivering on its commitments, as set out in our Mandate with DHSC. Further information is available in our [Annual Report and Accounts 2017/18](#). For more details of the work of HEE, visit our website.

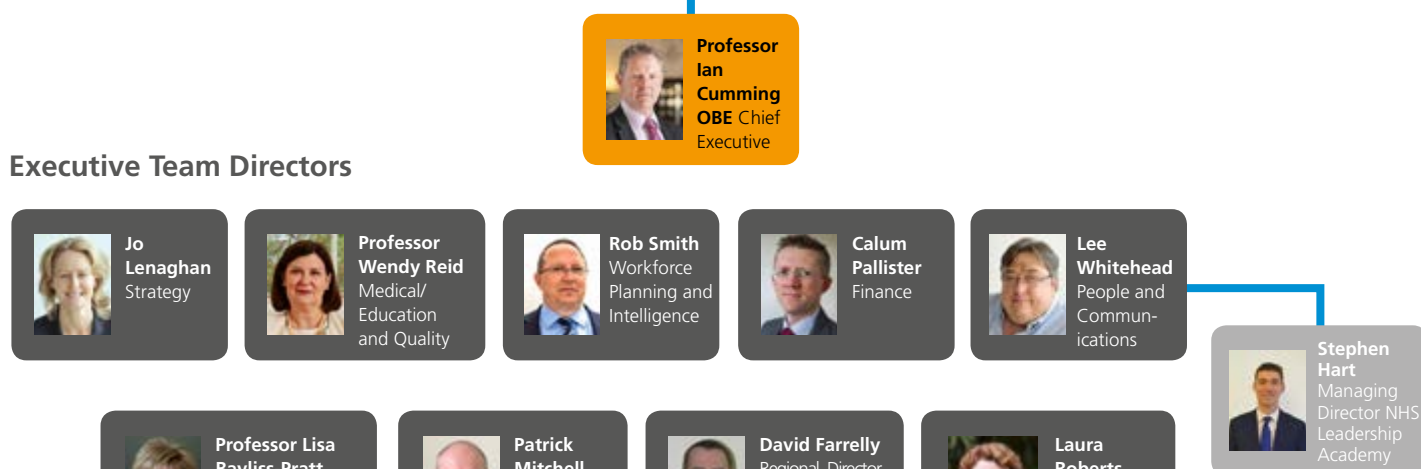


4. Management and Organisational Structures

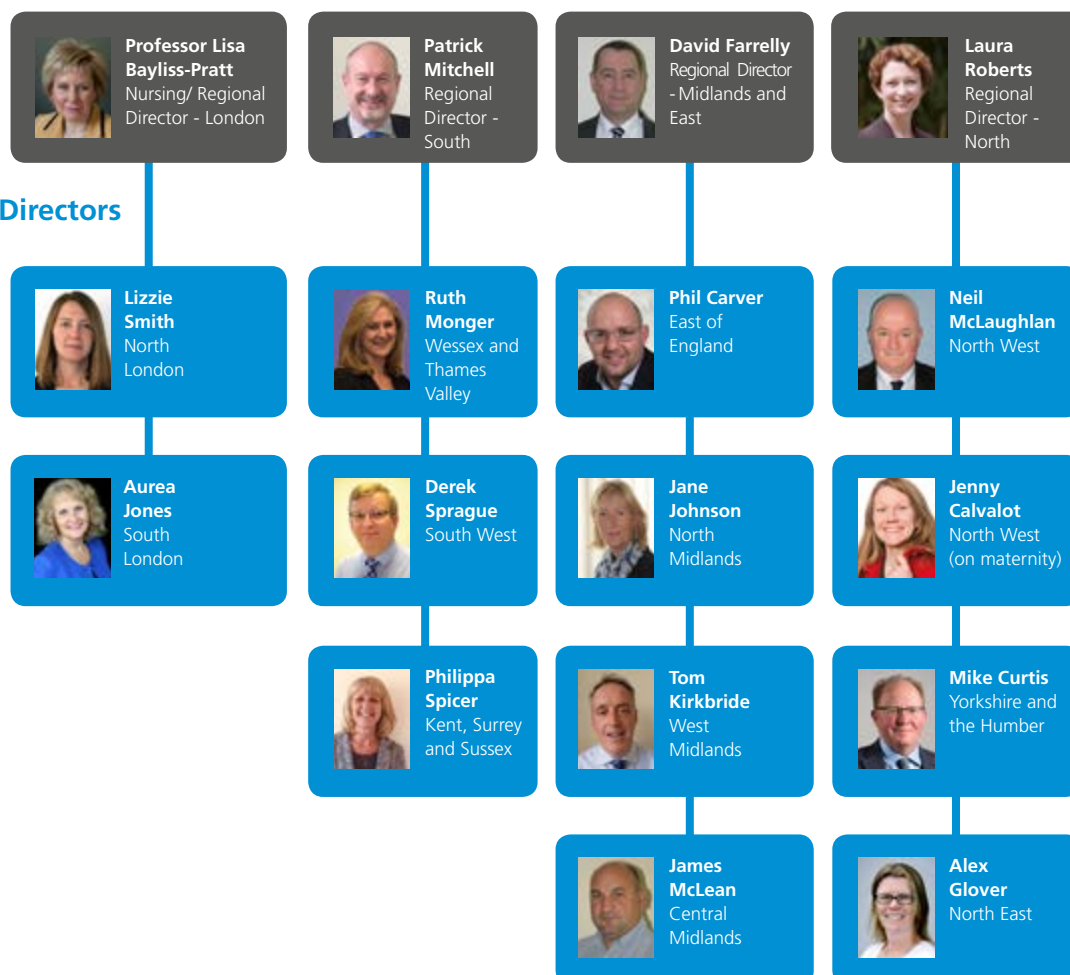
Non-Executive Directors



Executive Team Directors



Local Directors



Leaders and structure

We work nationally, regionally and locally. We are led by our Chair, Sir Keith Pearson JP DL, and our Chief Executive, Professor Ian Cumming OBE, who are part of our Board alongside non-executive directors and directors drawn from HEE's Executive team. These include four Regional Directors who provide coverage across England and link with our local teams.

Further information on our leaders and structure can be found on our [website](#).

At a local level HEE has developed and drives the workforce arm of the STPs/ICSs known as LWABs. Each one of these have agreed a programme of work with a focus on action, solutions and delivery. Priorities for each LWAB is agreed locally but common themes exist, based around the FYFV and follow the points on the [HEE star](#).

Decision-making

We hold public meetings of the HEE Board regularly. Officials from the Department of Health and Social Care attend and observe the meetings along with any media representatives and member of the public who choose to do so.

Copies of the agenda and meeting papers are available on our [website](#) normally five working days before the date of each board meeting.

Equality, diversity and inclusion

Promoting and supporting diversity in the workplace is an essential aspect of good people management. We recognise that we must give our colleagues a powerful reason to stay and grow with the organisation and this comes from a sense of belonging. We will reap the benefits of a diverse workforce through fostering an inclusive culture that embraces different perspectives and celebrates diversity.

HEE Diversity and Inclusion – Our Strategic Framework 2018-22

We recognise the critical importance of diversity and inclusion to our business and are determined to be ambitious. The [framework](#) will exist as a tool to help HEE remain focused on what matters and better understand what it can, and should, do to support the diversity and inclusion agenda; whilst it delivers upon its prime purpose of ensuring that the healthcare system has the right staff, with the right skills, values and behaviours. We are committed to ensuring the best possible experiences and outcomes for patients, service users and the public in England.

We have worked to ensure that the framework is aligned to our existing national and corporate objectives, priorities and values as well as the principles set out in the NHS Constitution. This framework also demonstrates our appreciation that diversity and inclusion should be used to advance organisational development and behaviour and culture change.

The framework sets out our ambitions and priorities at an organisation-wide level. Through the governance and accountability structures we will ensure that our strategic commitment is translated into measurable outcomes at national, regional and local level.

5. Drivers of change

The enablers or drivers of change are the fundamental organisational ‘building blocks’ that HEE will need to have in place to give it the best chance of excelling at its core business and delivering its priorities (see section 1).

For 2018/19 these have been identified as:

Performance-driven culture:

Strengthening our governance processes and being clear on individual accountabilities will help HEE develop a performance improvement culture. Little conversations that happen thousands of times across the organisation will drive this. Keeping our customers and stakeholders at the forefront of our thinking and measuring how well we are delivering our core functions and priorities for them will help embed such a culture.

Governance and decision-making:

HEE will refine and improve its governance arrangements to ensure that decisions are clear, timely and transparent and that programmes are managed and reported in an open way. The introduction of a new Programme Oversight Board in 2018/19 supports this intent.

Business and financial planning integration:

To ensure HEE gets the best outcome from its resources we need to better align service planning with our financial planning, and, by implication, ensure our workforce is marshalled around the critical priority areas.

Value for money:

Our Mandate from DHSC contains an objective to ‘Deliver value for money and reform education and training funding’. Achieving financial balance and delivering our services within the constraints of our budget is therefore essential.

Digital technology:

We need to leverage new technology and understand the implications for our staff. The Review led by Professor Eric Topol (facilitated by HEE) will consider how technology and other developments are likely to change the roles and functions of clinical staff. The [interim report](#) was published in June 2018.

Organisational development:

A planned approach to organisational effectiveness through the involvement of our people, in line with the development of our core business and system priorities, and the systematic delivery of these can equip staff to become more productive, leading to an increase in organisational performance. This can also be enhanced through promoting and supporting diversity in the workplace as an essential aspect of good people management as well as addressing the findings of the HEE staff survey 2018.

Communications throughout HEE:

Improving communication of strategic initiatives and corporate performance so staff have a clear line of sight between organisational and individual objectives will enhance performance.

These drivers help illustrate what it means to be and to work as “One HEE”. The HEE resource architecture (people, finance, technology etc) is the foundation of the organisation and helps us to perform effectively. Intangible resources such as staff skills and behaviours and stakeholder relationships are also becoming increasingly important as drivers of performance.

Ultimately, delivery will require the commitment, effort and energy of our biggest asset - our staff.

6. Strategies and outline action plans

Developing strategies

The priorities and corporate goals outlined at section 1 include some detail about how they will be delivered. The drivers of change outlined at section 5 will provide the appropriate platform to aid their successful delivery. However, we need to develop and implement relevant strategies and related action plans as the means to move us from where we are now to where we want to be. Critically we also need to develop an improved process for the allocation of resources to service priorities.

Some of these strategies are already in place (see section 2) with a range of targets attached to them, but there has often been a lack of clarity in terms of delivery due to limitations and constraints laid down by the organisational structure and corporate framework. This Business Plan aims to build on recent Organisational Development training and provide clarity with respect to the HEE corporate framework (i.e. vision, mission and values). This is summarised at appendix 1.

HEE is a national organisation with a local focus – a single organisation on the national and international stage, working in partnership with healthcare providers locally through our teams based across England in the relatively newly-formed LWABs. This level of complexity can sometimes mean that it is unclear about what is being delivered at a national level and what is being delivered at a local level and who is responsible for delivering it.

However, recent changes to the HEE operating model recognises that the regional and local structures of HEE should effectively be the delivery arm of the organisation, whilst recognising and implementing national policy and strategies, whereas national structures of HEE should be responsible for policy development, systems thinking and leadership but with a clear knowledge and understanding of the practicalities of action on the ground. In other words, we need to better connect high level policy, strategy and implementation and reflect this in improved governance arrangements. Further details around governance is set out in section 8 but there is more to do.

Developing action plans

This HEE Business Plan 2018/19 does not include detailed actions for implementation, but simply establishes the framework for the development of any new service delivery plans at a local level. This plan sets out some key national programmes, projects, initiatives and actions that will assist in delivering our corporate goals and strategies and contribute to NHS system-wide priorities.

This combination of a national HEE Business Plan (i.e. this plan) supported by local service delivery plans that utilise a common template would provide greater consistency and create a synergy for the whole organisation. This would provide much needed clarity and greater HEE corporacy but still allow for local flexibility and responsiveness to local need.

7. Financial requirements

Finance

Ensuring that we deliver quality education and training from initial supply to further development of the workforce within the financial resources provided to us is of utmost importance. HEE is responsible for £4.57 billion of funding to deliver its priorities and we recognise that ensuring it is spent efficiently and effectively is essential.

Income

HEE receives most of its funding directly from DHSC, with other funding from a few key sources as shown in the table below. The allocation is based on flat cash less the changes to the funding of bursaries and tuition fees for undergraduate nurses and allied health professionals and unavoidable cost pressures. An adjustment will be made during the year as necessary up to the additional £125m of underwritten cost as necessary.

A summary of the allocation and other main sources of income is shown below as at March 2018.

	2017-18 Budget	2018-19 Budget	Change	
	£ million	£ million	£ million	% Change
Allocation and other income				
DH Programme - Recurrent flat cash	4,702.7	4,248.0	-454.7	-9.7%
Income subject to realisation of exp.		125.0		
DH Programme - Genomics	4.8	0.0	-4.8	-100.0%
DH Programme - Clinical Excellence	0.3	0.3	0.0	-4.2%
Subtotal DH Programme	4,707.8	4,373.3	-459.5	-9.8%
Contributions to programmes				
Mental Health Expansion	46.5	22.6040	-23.9	-51.4%
Primary Care Expansion	35.1	37.0000	1.9	5.3%
Pharmacy Integration	0.0	8.3750	8.4	--
Devolved administrations	1.2	1.2000	0.0	0.0%
Subtotal Contributions	82.8	69.2	-13.7	-16.5%
Total Programme Funding	4,790.7	4,442.5	-473.2	-9.9%
DH Admin - non-ring-fenced	66.5	62.0	-4.5	-6.8%
DH Admin - Nonrec Clinical Excellence	0.2	0.2	0.0	8.7%
DH Admin - ring-fenced DEL	1.0	1.0	0.0	0.0%
Subtotal Admin funding	67.7	63.2	-4.5	-6.6%
Subtotal Grant in Aid from DH	4,775.5	4,436.5	-464.0	-9.7%
Other income				
NIHR	53.8	63.3	9.5	17.7%
Subtotal Other	53.8	63.3	9.5	17.7%
Total Income	4,912.2	4,569.0	-468.2	-9.5%

Expenditure

Our expenditure plans are categorised the same as previous years. Future workforce remains the largest category of expenditure and covers funding for both medical, dental and non-medical undergraduate students and postgraduate medical and non-medical trainees. Since last year's introduction of changes to student funding for nurses and allied health professionals the non-medical budget has again reduced.

The expenditure for future workforce is closely linked with activity levels. Once places are commissioned, expenditure is committed for the subsequent period until professional qualification is achieved. The part year effect of increased capacity for undergraduate medical students and potential increase in non-medical students is built into the budgets and will be closely monitored as the expansion plans unfold.

A summary of planned expenditure is shown below as at March 2018.

	2017-18 Budget	2018-19 Budget	Change	
	£ million	£ million	£ million	% Change
Expenditure				
Future workforce - post graduate M&D	1,894.8	1,893.7	-1.2	-0.1%
- undergraduate medical and dental	881.3	888.3	7.0	0.8%
- non medical	1,670.2	1,326.8	-343.3	-20.6%
Subtotal future workforce	4,446.4	4,108.8	-337.5	-7.6%
Workforce development	83.5	83.5	0.0	0.0%
Education support	118.5	104.0	-14.5	-12.3%
National activities	87.0	91.3	4.3	4.9%
Transformation fund	5.8	5.8	0.0	0.0%
Genomics project	4.8		-4.8	-100.0%
Leadership	44.7	49.1	4.4	9.8%
Subtotal Programme Expenditure	4,790.7	4,442.5	-348.2	-7.3%
Admin Expenditure	67.7	63.2	-4.5	-6.6%
Other Expenditure	53.8	63.3	9.5	17.7%
Total Expenditure	4,912.2	4,569.0	-343.2	-7.0%

The £5.8 million Transformation fund will be utilised in four key areas; i) Clinical workforce modelling to build capacity and capability in STPs; ii) Support the development of the National Academy of Advanced

Practice; iii) HEE wide roll-out of the RePair programme and iv) Upskilling, taking the opportunity to deliver some upskilling developments that have a national demand such as supporting the intent of the apprenticeship levy.

Capital expenditure

It is anticipated that there will be minimal capital requirement for HEE.

Procurement – governance

The Finance function within HEE has the lead responsibility for procurement and maintenance of all appropriate contractual records, overseen by the Procurement Committee. The Director of Finance will therefore ensure the HEE Board has oversight of all relevant procurement decisions. A scheme of delegation, procurement policy, contract management and procurement manual have been issued across HEE and will be reviewed and updated regularly to ensure guidance is current, follows DHSC policy and is best practice.

Procurement – strategy and policy

HEE is committed to ensuring that procurement development and delivery aligns with the national standards of procurement. HEE will continue to develop the commercial and procurement skills available with the support of our procurement partners. Guidance, training and support is available to ensure rules and processes are followed in line with both the organisation's financial instructions, Cabinet Office controls and EU procurement rules.



8. Accountability

Governance and performance management

HEE is accountable to the DHSC for the delivery of the Mandate and this Business Plan. This Business Plan, as well as being a vehicle for setting out our strategic direction and what HEE aims to achieve, is also a key instrument in shaping our performance framework.

As such it is essential that HEE put in place suitable measures of performance to aid accountability and transparency to attempt to answer questions such as 'Are we delivering for our customers and stakeholders?' and 'How can we tell if we are delivering our core services well and is anyone better off as a result?'

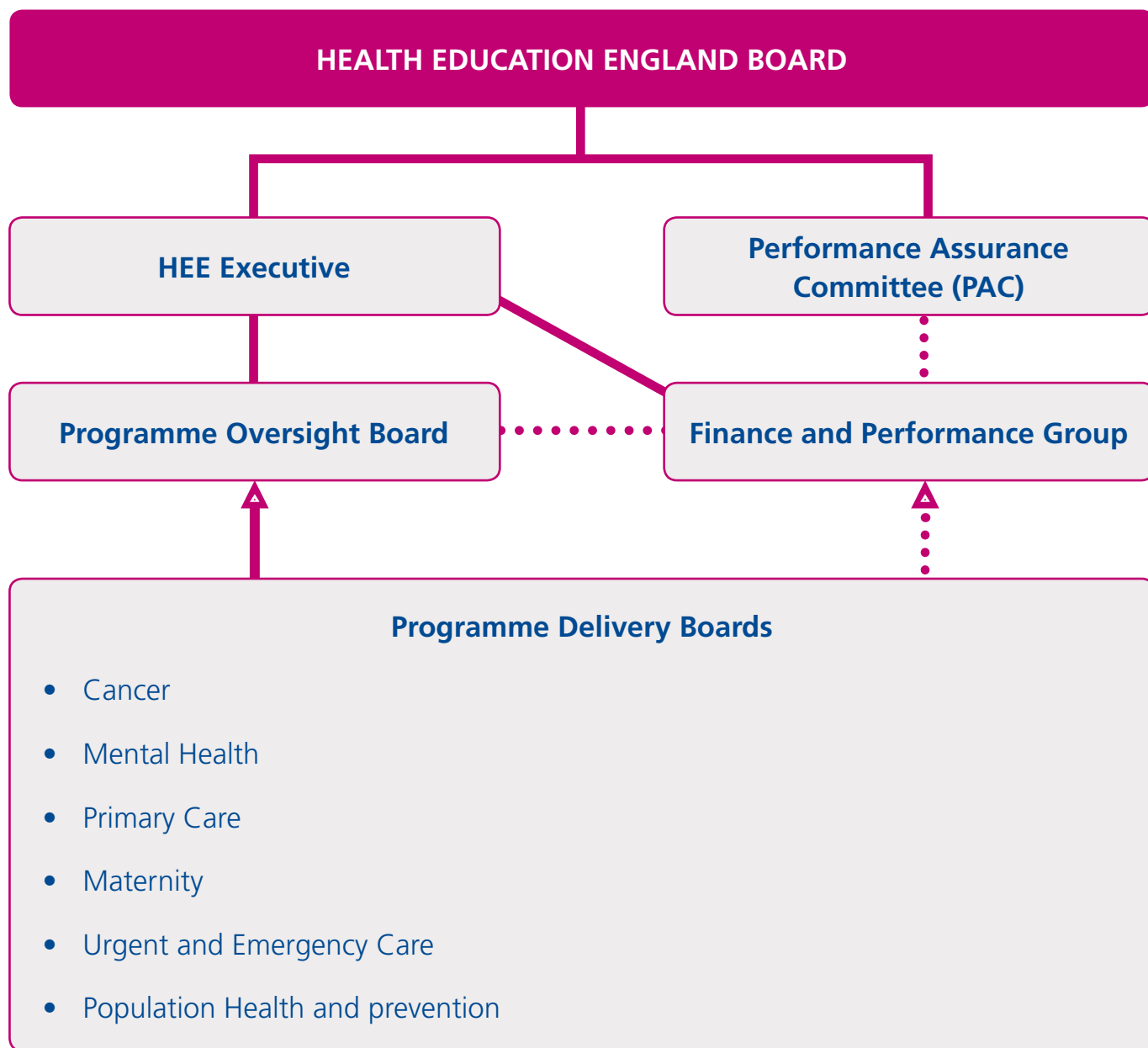
When programmes, projects and initiatives work well they provide services that lead to changes in the well-being of the people who use those services (students

for example) or the stakeholders who have an interest in those services (e.g. DHSC). Consequently, we need to try and capture this to measure progress against our corporate goals and priorities.

A strengthening of our own governance arrangements should ensure that programmes are managed and reported in an open and transparent way, with early escalation of barriers through to the Executive Team and Board in a timely manner.

The HEE Finance and Performance Group will have a key role in the oversight of the Business Plan and Mandate delivery as well as an increasing responsibility for programme/project delivery. This Finance and Performance Group is directly accountable to the Executive Team operationally and to the Board Performance and Assurance Committee for overall delivery. This is shown overleaf.





The Finance and Performance Group will be responsible for reviewing overall performance and delivery against the Business Plan, Mandate and Programme objectives. The Group will also be responsible for taking remedial actions to keep performance 'on-track' and signing off all performance related reports before onward submission to the Executive Team.

We believe that there are three simple plain language categories of performance measurement i.e. How much did we do? (quantity), How well did we do it? (quality) and Is anyone better off? (impact). We have used these principles to develop our performance framework which includes the following measures.

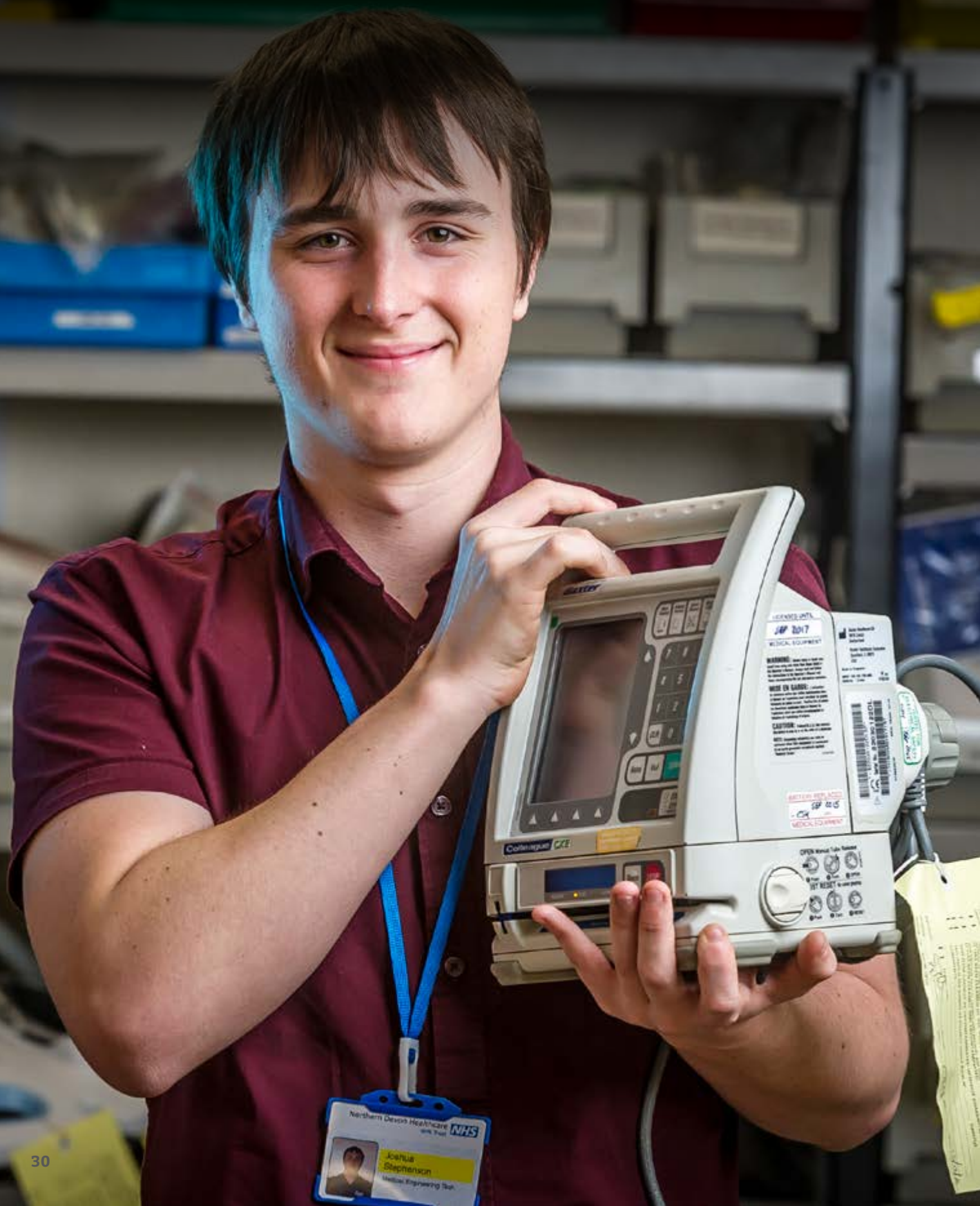
Performance Framework

Performance Measures	Target (2018/19)
Quantity	
The number of trainees recruited to GP training programmes in England.	3,250
The number of additional mental health therapists in Primary Care.	1,500 (includes 800 by March 2018)
The number of undergraduate medical places.	500
The number of training posts recruited to Emergency Medicine.	Increase
The number of non-medical endoscopists.	200
The number of reporting radiographers.	300
The number of extra nurse training places.	5,000
The number of former Allied Health Professionals (AHPs) and Healthcare Scientists (HCS) recruited through the Return to Practice programme.	300
The number of former nurses recruited and trained through the Return to Practice programme.	1,000
The number of Nursing Associates trained through the apprentice route.	5,000
The number of graduates recruited and trained through the Graduate Management Training Scheme.	200
The number of additional clinical pharmacists recruited to work in General Practice.	987
Quality	
Compliance rate with the Code of Practice.	Improve
The proportion of the learner population utilising the National Education and Training Survey (NETS).	National launch in 2018/19 – monitor response rate
The proportion of NHS Trusts compliant with the HEE Quality Framework.	No target (baseline collection year)
Impact	
The proportion of trainees who rate the quality of education as 'good' or 'very good'. (76.4% in 2017 – GMC National Training Survey).	Improve
The proportion of trainees who 'disagreed' or 'strongly disagreed' that patient safety concerns are effectively dealt with. (GMC National Training Survey).	Improve
Learner satisfaction with the quality of the practice placements they undertake. (National Student Survey and NETS).	Improve
Learner satisfaction with the quality of the education and training they receive. (NSS, GMC and NETS).	Improve

Some of the above performance measures might require new data collection systems to be put in place and these will need to be monitored on a regular basis. Performance will be tracked throughout 2018/19 and reported to the HEE Finance and Performance Group and the

Performance and Assurance Committee. These measures provide an 'at a glance' view of performance but a much more comprehensive performance and assurance mechanism will be developed to enable a more detailed examination of performance, processes and activities.

HEE Business Plan 2018-19: Summary



HEE Business Plan 2018-19: Summary

HEE provides system-wide leadership and oversight of the education and training of healthcare staff to help the NHS provide the highest quality care for all. We are part of a respected service, helping to develop a world-class healthcare workforce which is improving the care provided to our citizens that is compassionate and effective.

We use data to generate insight and drive innovative workforce solutions, whilst retaining a national perspective to ensure sustainability, co-ordination and effective workforce transformation. HEE's role as the ALB for the NHS workforce continues to be at the centre of a sustainable and successful NHS.

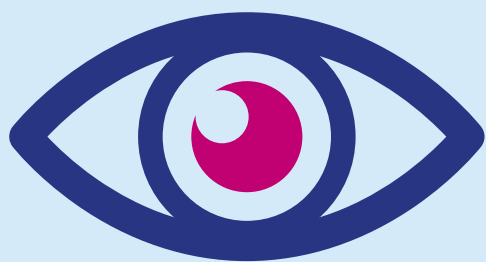
We quality assure and continuously improve the learning environment by working with providers to deliver high-quality clinical and public health placements. We ensure that training supports a culture of equality and results in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the [NHS Constitution](#). We will continue to support development of the workforce in the priority areas of cancer, mental health, primary care, maternity and urgent and emergency care and population health. Every role within HEE is helping to shape our clinical needs of the future and make a difference.

HEE believes that the education and training of the health and healthcare workforce should be planned and delivered as close to the patient as possible, making best use of public money and, critically, ensuring that patients have access to the right workforce when they need it. Whenever appropriate, without compromising local flexibility and innovation, we will adopt a 'one HEE' approach across the organisation to embed greater efficiency and consistency.

The FYFV recognises that healthcare depends on people and that innovative new care models won't become a reality without the right workforce. We will work with employers, employees and commissioners to identify the education and training needs of our current workforce, equipping them with the skills and flexibilities to deliver the new models of care and the FYFV priorities.

Vision

This is what all our efforts are ultimately striving to achieve. The continuous improvement in the quality, compassion and safety of healthcare for the population and patients of England is the end result.



Purpose

This is effectively the HEE mission statement and the means to achieving the end result. The correlation between the work that HEE does and its link to the quality and outcomes for patients is well understood. This is why HEE exists.



Corporate objectives

Our corporate objectives were created in 2016 in response to our developing role and to help cement our purpose.



Thinking and leading:

We will lead thinking on new workforce policy solutions in partnership with the Department of Health and Social Care and others as appropriate to support high quality and sustainable services.

Analysing and influencing:

We will use high-quality data, evidence, advice and workforce expertise to influence the delivery of NHS priorities.

Changing and improving:

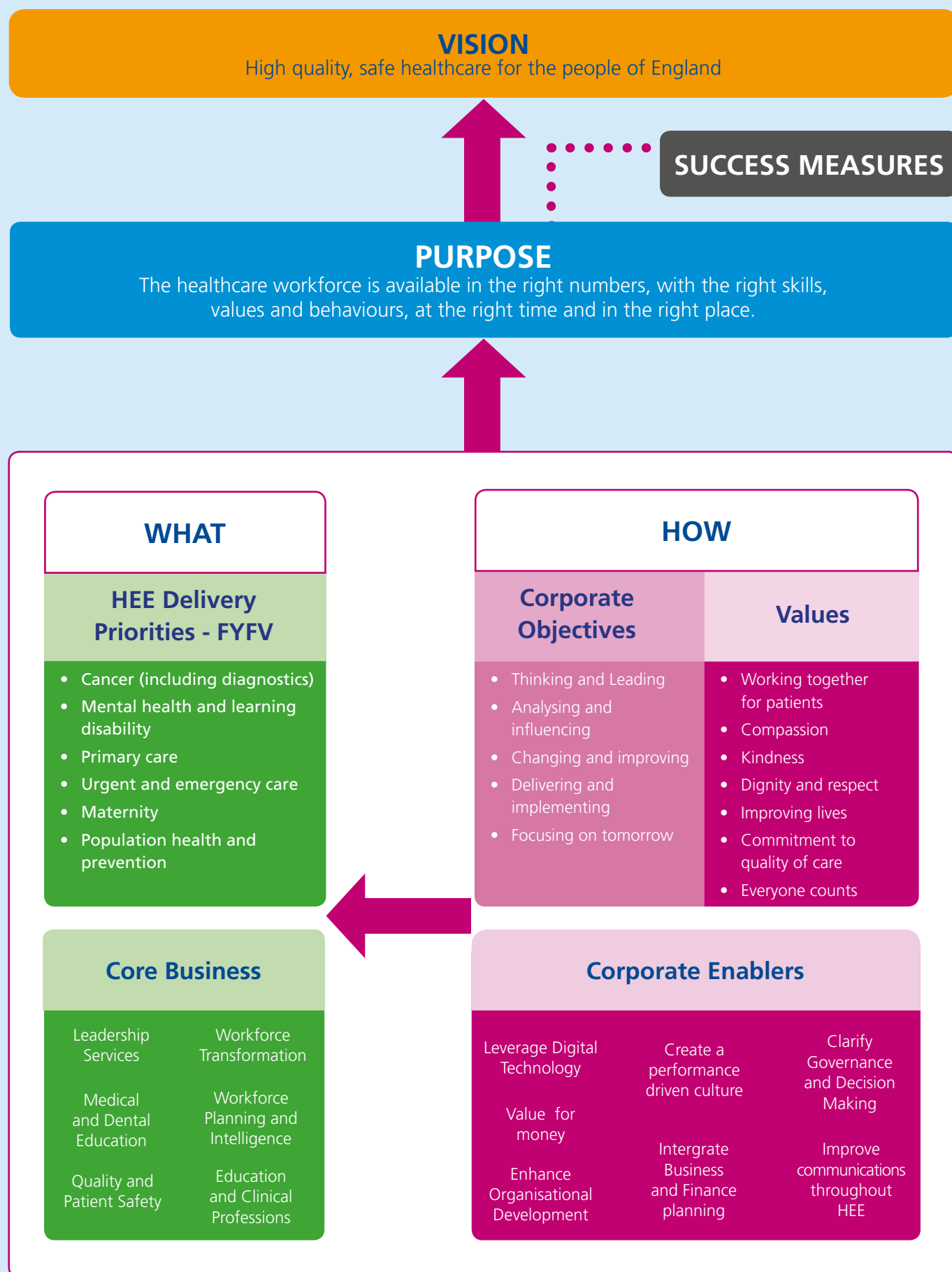
We will design and respond positively to innovative recruitment, retention, development and transformation initiatives locally, regionally and nationally which change and improve NHS services and quality of care.

Delivering and implementing:

We will deliver high-quality education and training, implement our Mandate and support partner-led programmes to improve the quality of care and services, guided at all times by the principles of the NHS Constitution.

Focusing on tomorrow:

We will strategically focus on the future including new roles and pathways to the professions and helping the NHS workforce embrace new technology.

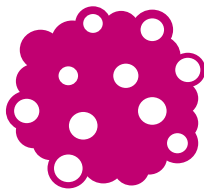


Priorities

Our priorities are derived from the Five Year Forward View (FYFV), the DHSC Mandate and a series of workforce plans in FYFV priority areas. These priorities are corroborated by the workforce strategy 'Facing the Facts, Shaping the Future'. We deliver these by programme and project management.

Cancer

One of the public's most feared illnesses, affecting more than one in three of us in our lifetimes, meaning most of us will face the anxiety of ourselves or a loved one receiving this diagnosis at some point.



Mental Health

Increasingly, the public understand that many of our lives at some point will be touched by mental health problems. Historically, treatment options for mental health compared unfavourably with those for physical conditions, particularly for children and young people. These service gaps need to be urgently addressed.



Primary Care

Most NHS care is provided by general practice. One of the public's top priorities is to know that they can get a convenient and timely appointment with a GP when they need one. That means having enough GPs backed up by the resources, support and other professionals required to enable them to deliver the quality of care patients need.



Urgent and Emergency Care

We all want to know that the NHS will be there for us and our families when we need it the most – to provide urgent and emergency care 24 hours a day, 7 days a week.



Maternity

The 'Better Births' vision is for services to become safer, more personalised, where every woman has access to information to enable her to make decisions about her care and access the best possible support.



Population Health and Prevention

The FYFV refers to a 'radical upgrade in prevention and public health' as a means of ensuring the sustainability of the NHS as well as reducing health inequalities.



HEE core business

HEE Core Business Area	Goals
Medical and Dental Education	HEE will ensure the planning, management, delivery and quality assurance of education and training to the highest standards.
Education of Clinical Professions	HEE will act to enable a sufficient, high quality and well-functioning market for these education programmes.
Quality and Patient Safety	With partners, HEE will improve the overall quality of the learning environment for all learners and will improve education and training for patient safety.
Workforce Planning and Intelligence	With partners, HEE will secure the right supply of skilled staff across priority areas to meet patterns of demand.
Workforce Transformation	With partners, HEE will build and develop a workforce that drives innovation and improvement.
Leadership Services	HEE, through the NHS Leadership Academy and partners, will develop the leaders required to deal effectively with the healthcare challenges of today and tomorrow.

Enablers	Our underpinning corporate enablers are the foundations or building blocks of any successful organisation that enables us to perform our core business better. The enablers referred to in the diagram above were derived from a Business Planning workshop and, as drivers of performance, reflect the causal relationship between resources and organisational value creation. Intangible resources such as staff skills and customer relationships often deliver satisfaction and loyalty, which in turn deliver successful organisational performance levels.
Values	Our HEE values are the principles that run through our everyday work. Working together for Patients, Compassion, Kindness, Dignity and Respect, Improving Lives, Commitment to Quality of Care and Everyone Counts. These are the 'touchstones' that guide and underpin everything that we do.
Measuring Success	Success needs to be driven through the eyes of our service users and we, therefore, need to measure if we are delivering our core services effectively, achieving our goals and contributing to our shared priorities. These performance measures can be a mix of how much did we do (quantity), how well did we do it (quality) and is anyone better off as a result (impact). For 2018-19 and onwards the measures used to determine how well we are performing as an organisation are clearly set out in section 8.

Contact Information

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