

Health Education England Business Plan 2019/20



Developing people
for health and
healthcare

www.hee.nhs.uk



Royal Free London
Expires 01/06/2018
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Staff Nurse

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Foreword

Foreword from our Chairman and Chief Executive

In our Business Plan last year, we rightly celebrated the 70th birthday of the NHS. We also highlighted the importance of the NHS responding to changing patient needs.

The NHS Long Term Plan, published in January 2019, has set out the service priorities and organisational models required to support this ambition and has identified securing the NHS workforce as the critical issue now facing the healthcare system, which, if not addressed, risks threatening the quality of care that should be expected in the NHS's next decade.

At Health Education England (HEE) we recognise that the health and care system needs to adapt, taking full advantage of new technology, pharmaceutical innovation and advances in genetic medicine. These opportunities, together with evidence-based developments in clinical practices, will help us deliver new ways of working for an ageing population with more complex comorbidities. The NHS is more aware of the care needs of patients and has a growing expectation of what the care system should deliver with them and for them. However, with increasing demand on services and the changing career expectations from staff, the NHS faces, and will continue to face, significant pressures. This Business Plan sets out how HEE is changing and responding.

We are now working much more collaboratively with NHS England and NHS Improvement to provide the workforce the NHS needs now and in the future. We want to ensure we have the right structures to support the delivery of system-wide workforce plans and ensure that we can transform the way we work, providing a more joined-up, effective and comprehensive leadership for the NHS. HEE is therefore moving to seven regions that reflect the arrangements in NHS England and NHS Improvement. New Regional Directors and Postgraduate Deans have been appointed for HEE, with the Regional Directors joining the new NHS England and NHS Improvement regional teams.

Going forward, this also provides an opportunity to ensure functions such as Local Workforce Action Boards (LWABs) and Local Education Training Boards (LETBs) are as effective as possible within the new regional and local NHS management arrangements to ensure that we can support systems and coordinate workforce activity in a more cohesive way as outlined in the Long Term Plan.

The Long Term Plan for the NHS set the direction of travel for the service and made proposals on how workforce pressures could be tackled, and staff supported. The NHS is the biggest employer in Europe. Health and care staff are the biggest single investment we make in the NHS, and the performance of any healthcare system ultimately depends on its people. That is why getting the right workforce strategy is critical to the sustainability of high-quality health and care services. HEE has been fully involved in helping to shape the new interim People Plan for the NHS. This aims to make the NHS the best place to work, improving its leadership and working towards a sustainable overall balance between supply and demand across all staff groups. For doctors, it focuses on reducing geographical and speciality imbalances. For the wider workforce the immediate aim is to ensure a sufficient supply of nurses and to address specific shortages for Allied Health Professionals (AHPs) and other key groups.

In the future we also need to harness new technology, new medicines and new ways of working to ensure patients continue to access the best possible care. Earlier this year we published the Topol Review 'Preparing the healthcare workforce to deliver the digital future' which outlines how healthcare technologies (genomics, digital medicine, artificial intelligence and robotics) can be part of the solution of addressing the big healthcare challenges facing the NHS. Implementing the recommendations of this report during 2019/20 will be instrumental in building the skills, behaviours and attitudes that will enable NHS staff to become more digitally skilled and confident.

Making a difference to the NHS

Our commitment remains to support the delivery of excellent healthcare and health improvement to the patients and public of England. We will do this by focusing on the transformation of the current health workforce and the training of the future one, to help ensure there are the right numbers of staff, with skills, values and behaviours, available at the right time and in the right places.

While staff supply, through training, retention and recruitment from elsewhere, is the most immediate issue facing the NHS, skill mix and workforce transformation through continuing professional development (CPD) are also key issues for HEE to address. We are responsible for future workforce supply and are exploring all available routes (new graduates, staff returning to practice and staff joining from elsewhere, either overseas or non-NHS sectors) to better match supply and demand.

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) evolve into Integrated Care Systems (ICSs) and 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 healthcare.

As the health care system is so clearly dependent upon its staff, it is important that we support the current and future workforce to deliver high-quality safe care by identifying good practice for the mental health and wellbeing of staff and learners in the NHS. The commission, chaired by the former HEE Chair, Sir Keith Pearson, reported its findings earlier this year and the recommendations advance a range of interventions that will support staff and improve patient safety, such as the introduction of Wellbeing Guardians in every Practice, Trust and care setting.

Clarity of purpose is key. A focus on our strategic goals, supporting objectives and our self-identified enablers of performance will enhance our capacity and capability to perform our core business better than ever. As such we are confident that with the support of the partnerships we have made across the system we will help build a sustainable clinical and non-clinical workforce through expansion of training, enhanced overseas recruitment, improved retention and the increased use of remote technology and make a real difference to the NHS and patients across England.



A handwritten signature in dark ink, appearing to read 'David Behan'.

Sir David Behan CBE



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

Professor Ian Cumming OBE

Introduction

The HEE Board and Executive Team together have 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.

HEE's three strategic goals are designed to articulate the outcomes that will make the difference for our stakeholders, reflect our overarching purpose and align as closely as possible with our statutory responsibilities. They define what we aspire to achieve in the longer-term and effectively provide the framework for our annual objectives. Section 1 describes these in more detail and briefly looks back on our achievements last year. These objectives are summarised in Section 2 and set out the key things HEE will do in 2019/20 to help achieve our goals.

The goals and objectives provide a strategic line of sight around which staff and team objectives can then be aligned. In addition to a continued focus on our core business of supporting 150,000 trainees across the health professions in their education and development, many of our new objectives this year have been developed in partnership with other NHS agencies as part of the cooperation required to produce the interim People Plan. As part of this process they have been assessed for affordability and will be delivered in accordance with HEE's budget set out in section 3.



Section 1:

HEE Strategic Goals and Core Responsibilities

Our strategic goals provide a longer-term perspective on what we will always aspire to achieve. They are statements of intent aligned with our overall purpose. Each goal is supported by more specific 'in-year' objectives (Section 2) clustered around our core responsibilities that can be described as the stepping-stones on that journey.

Strategic Goals 2023-24

1. Future Workforce	2. Current Workforce	3. Quality and Patient Safety
Delivering the future health and care workforce in sufficient numbers and with the skills the NHS needs through high quality education and training.	Developing and transforming current health and care staff to work effectively in new ways in response to new technologies and changing patient need.	Assuring and improving the quality of the learning environment to enhance the safety and well-being of current and future patients.

These three interdependent and mutually reinforcing goals, together with their underpinning tactical objectives have been developed and agreed with our ALB partners to ensure that we are responding in the best possible way to the NHS service requirements and complement wider efforts to make the NHS the best place to work.

Core responsibilities

To help achieve these long-term goals we will focus our resources and efforts in 2019/20 around six core responsibilities. As an organisation we believe that we must excel in these areas in order that we can make progress towards our strategic goals and help provide a more sustainable workforce that works differently in the provision of safe and compassionate healthcare.

1. Medical and Dental Education

The Challenge

While the overall numbers of medical staff are greater than ever before, demand for care is increasing in volume and complexity with shortages of staff in some areas of England and some parts of the health and care provision, particularly community and primary care. While individuals are delivering exemplary care, this creates huge pressures on the medical workforce that we need to address. In addition, there is a need to make a shift from the dominance of 'highly specialised' medicine to generalist roles. We also need to improve the working lives of doctors in training through, for example, more

flexible and relevant training programmes. This will help to ensure medics are better able to provide care to patients who have more than one long-term condition.

HEE Response

The overall picture is much more nuanced than described above, but the unavoidable reality is that there is a supply shortage of staff with the right level of experience and skills. In 2019/20 almost 70% of HEE's overall budget allocation will be spent on undergraduate (clinical teaching costs) and postgraduate medical and dental education (clinical placement payments and half of basic salaries of doctors in training). This is our core business and requires an increase in funding in 2019/20 to reflect the increase in costs associated with increasing the numbers of trainees choosing GP training and the planned expansion of placements for medical students.

To help address this workforce challenge facing the NHS, HEE will implement the short-term objectives outlined at Section 2 to guide its activities in the coming year. This will include a push to grow the numbers of UK-trained doctors substantially. We will increase the new supply of doctors and boost the number of trainees in GP training programmes as we look to make progress towards the Government's 2020 target to recruit 5,000 more doctors working in general practice. We have also helped to expand the number of undergraduate medical school places to 7,500 and will be looking to advise Government on the case for a further increase, while providing more immediate support to the NHS through our international recruitment programme.

It is vitally important too, in the absence of domestic supply quick fixes, to ensure recruitment from the EU is maintained. We will continue to mitigate the uncertainties for applicants from the EU to training programmes arising from the UK's decision to leave the EU.

Whilst increasing the future supply of doctors and dentists is critical to address current workforce shortages, we also need to ensure that quality and safety standards are not compromised. HEE will deliver the short-term tactical objectives associated with the medical and dental workforce during 2019/20 as set out at Section 2.

2. Nursing and other Clinical Professions

The Challenge

Perhaps the biggest single workforce challenge we face is in the nursing and midwifery profession. There are vacancies across all branches of nursing, with the most significant shortages in mental health, learning disability and community nursing. HEE's budget in this area will reduce by £379.4m in 2019/20 to reflect funding reform changes for the professions.

There is a decline in mature students choosing to train as nurses and we need a serious focus on the supply, development and retention of the nursing and midwifery workforce. There are also shortfalls of allied health professionals such as radiographers and paramedics, as well as healthcare scientists.

HEE Response

We recognise the urgent need to boost entrants to nursing and midwifery courses and through an unerring focus on this area of our business and the supporting objectives outlined in Section 2 we believe we can start to alleviate this current crisis. HEE has an expanding role around the training and careers development of healthcare staff such as clinical placements for nursing and AHP students. As part of the new Maternity Workforce Strategy we will increase the number of midwifery placements by 25% over the next four years with the first 650 places available in 2019.

However, it is estimated that almost 22% of HEEs overall budget will be required here to maintain business as usual to cover clinical placement payments for nursing, midwifery and allied health courses. Our efforts to encourage a greater uptake of undergraduate nurse training, whilst in line with meeting our service requirement, will create added cost pressures that will need to be managed this year and in future years. When combined with our existing commitments to undergraduate and postgraduate medical education (see above) these two workforce elements represent almost 90% (£3.78b) of the overall HEE budget.

We will work with providers to increase the number of nurse clinical placements to accommodate the Government's intended 25% increase in nurse undergraduate places over 2016 numbers. We will develop new accessible routes into education and training for the nursing profession through apprenticeships and develop a complete nursing apprentice pathway from entry level through to advanced clinical practice. We will lay the foundations for an innovative, accessible digital nursing degree programme. Nurses and Allied Health Professionals working in advanced roles as part of multidisciplinary teams alongside doctors and other staff can significantly improve access to and effectiveness of both primary and secondary care. However, expanding routes into nursing must be accompanied by improved 'attrition rates' from nursing degree courses and retaining the existing nursing workforce.

A more detailed response to the nursing and other clinical professions challenge is set out as part of the action plan at Section 2.

3. Quality and Patient Safety

The Challenge

Patient safety and well-being is inseparable from a good learning environment and culture that values and supports learners and educators. Quality and safety across the NHS will depend on the capacity, capability and competence of clinicians, which is ultimately secured through their selection, training and regulation. Therefore, quality and patient safety risks being compromised if any of these components are affected, and current messages from clinicians on their service workloads has raised questions about the impact on the quality of their training, which ultimately risks impacting on patients' experience.

HEE Response

We recognise 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) and we should together understand the risks to patient safety so that action can be taken.

The response should also directly address the issues that can compromise quality of care and patient safety. Working through the HEE Quality Framework, we will support providers to plan placement shape and capacity in response to demand, changing patient needs and new service models whilst maintaining high quality training.

We will also, through the implementation of the Mental Health and Wellbeing Commission recommendations and Medical Education Reform Programme (MERP) recommendations prioritise the mental and physical health of clinicians. 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. HEE's Postgraduate Deans and their teams are at the heart of improving the educational environment which can be a significant part of the solution to improving the quality of care within such providers.

More detailed actions to improve quality and patient safety are set out at Section 2.

4. Workforce Planning and Intelligence

The Challenge

The NHS Long Term Plan has confirmed the need, emphasised in the draft Workforce Strategy "[Facing the Facts, Shaping the Future](#)", that the health system needs both to integrate workforce planning with service and financial planning and to plan long term to make sure that the healthcare sector has a workforce with the right skills in the right places. This requires making better use of complex and sometimes imperfect data and turning it into meaningful information that can provide system partners with a greater understanding of and insight into the health and care workforce.

The effective analysis and interpretation of data, ideally from a single source of trusted information, by all partners can help provide a clear picture of the planning requirements over the period of the LTP in terms of numbers and skills and support day to day and strategic workforce decision making. This will of course need to be considered in the context of the financial information and require closer working at all levels to fully understand the scale of the workforce challenge. A forensic examination of existing workforce information (numbers, location, costs, age profile, turnover rates, current qualification and skill levels, values and behaviours, absence data, demographics, shift/working patterns etc) should all help provide an understanding of the present position and what needs to change to meet the vision and strategic requirements in the future, including future models of care/patient need.

HEE Response

HEE will work more closely with our national partners to develop a coherent approach to workforce policy and planning. This will establish clarity of function, clearly identifying which national agency is responsible for each aspect of policy and planning and how they can coordinate more effectively.

More specifically, HEE 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 2019/20 to ensure more informed local and national policy. This will include the skills and resources to support local planning for Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) through the Local Workforce Action Boards (LWABs). More detailed actions are set out at Section 2.

Workforce Transformation

The Challenge

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.

To deliver truly population-based care we will need to change the way we work, with new roles, competence-based credentials across professions and new multidisciplinary team models in every care setting and organisation. We will need to facilitate this movement of staff by recognising relevant skills and training acquired in different settings and removing barriers to integrated care provision. We will also need to harness the potential of technology to enable our people to work more flexibly and spend more time with patients, as well as equip them with the skills needed to operate in a world constantly evolving due to digital and genomic innovation.

This all equates to a transformed workforce, engaged, motivated and supported with compassionate and inclusive leadership and working in positive cultures; with sufficient nursing staff and the right number of staff across all disciplines and all regions. We need a new skill mix which is more responsive to local patient and population needs, delivered through a new workforce operating model where the right activities are done at the right level, whether this is employers, Integrated Care Systems (ICSs), regional or national bodies. The current budget to transform the existing workforce however is small in comparison to new staff training.

HEE Response

The transformation of the workforce to respond to the model of care set out in Long Term Plan is already underway in some parts of the workforce. We have developed and introduced critical new roles such as Physician Associates and Nursing Associates, but we must accelerate our efforts to bring about a different skill mix and new ways of working to meet patient and population need.

During 2019/20 we will support the rapid growth in physician associates and nursing associates by planning for a sustainable pipeline as part of the need to provide a richer skill mix in multi-disciplinary teams across health and care.

The apprentice route is a way of unlocking talent on our own doorstep, widening participation and helping people earn as they learn. We will work with partners to encourage ICSs to work together to take advantage of the levy funding available to secure the workforce skills required locally. The newly established National Academy of Advancing Practice will also lead development of and agree the standards for multi-professional credentials, which are another means of safely and effectively widening the skill mix of our workforce.

We increased the proportion of the HEE budget that is spent on workforce development (including Continuing Professional Development) from 2% to 3% in 2018/19 and a further increase will be made in 2019/20, with a focus on trainee nursing associates within primary care and community settings. This will help deliver a step-change in capabilities at a local level. It will also have a positive bearing on morale and ultimately the retention of staff as well as being a critical enabler of new and extended practice which will enable staff to adapt to the changing skill mix that is required now and in the future. More extensive actions addressing the workforce transformation challenge is set out at Section 2.

6. Promotion of Health Careers

The Challenge

To support the intention in the interim People Plan to increase the number of undergraduate nurse training places we need to attract enough students of the right quality and with the right values to apply to courses and take up these extra places.

In addition, there is a need to realise the potential of mature students as they are often interested in specialties with significant shortages such as mental health, learning disability and community nursing.

HEE Response

The NHS has launched the first major recruitment campaign in more than 10 years and HEE will continue its 'Step into the NHS' campaign to engage young people in the range of career options and help them to make career decisions.

HEE Health Careers will continue to offer information on the current and future labour market allowing individuals to make informed education, training and career decisions and will encourage consideration of health careers through marketing communications underpinned by research. Further actions are included in Section 2.



Section 2: HEE Action Plan 2019/20

The actions below have been developed in collaboration with our health partners. Linked to the NHS interim People Plan and HEE Mandate 2019/20 they represent the key

priorities for HEE to deliver in 2019/20. However they are not exhaustive and we recognise the importance of continuing to deliver our core business to a high standard.

1. Medical and Dental Education

	Deliverables	Delivery Date	Board Sponsor
1.1	Launch a national consultation by November 2019 to establish what the NHS, patients and the public require from 21st century medical graduates to inform ongoing review of undergraduate and postgraduate medical education and training and support the GMC in shaping curricular outcomes (with GMC, Medical Schools Council, Royal Colleges, NHS England and NHS Improvement and the devolved administrations).	30-Nov-19	Wendy Reid
1.2	Develop plans for further expansion of undergraduate medical placements (with DHSC).	31-Mar-20	Wendy Reid
1.3	Establish (with NHS England and NHS Improvement) a national programme board to address geographical and specialty shortages in doctors, including planning for the distribution of increased numbers of medical graduates entering the NHS from 2022/23 and supporting NHS England and NHS Improvement in developing new staffing models for rural and coastal hospitals and general practice.	31-Mar-20	Wendy Reid
1.4	Start to implement the recommendations set out in the Advancing Dental Care Review report by producing a robust evidence base to understand the dental workforce required for the future NHS by: <ul style="list-style-type: none"> • undertaking quantitative and qualitative research to understand the skills and composition required in the future dental workforce; • reviewing the effectiveness of existing training models and propose future options; • engaging with trainees, dental professionals, other stakeholders and partner organisations in exploring the development of more flexible and alternative dental training pathways. 	31-Mar-20	Wendy Reid
1.5	Begin to implement relevant recommendations of the 'Maximising the Potential' report for Specialty and Associate Specialist doctors: <ul style="list-style-type: none"> • ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors; • work with NHS provider organisations to ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations. 	31-Mar-20	Wendy Reid

1.6	Implement post-foundation Internal Medicine Training for doctors by March 2020 to expand the number of doctors who can provide generalist care across a range of healthcare settings to people with multiple long-term health problems.	31-Mar-20	Wendy Reid
1.7	Work with key partners to ensure that medical schools prioritise and support generalist careers and general practice careers, in accordance with the recommendations of 'By choice not by chance' (the Wass Report).	31-Mar-20	Wendy Reid
1.8	Through well-developed educational schemes increase the supply of doctors from outside the UK with an emphasis on 50 emergency medics	31-Mar-20	Ian Cumming
1.9	Help create more flexibility in undergraduate and postgraduate medical training by: <ul style="list-style-type: none"> • developing, with relevant partners, a range of options to widen access to medical careers, including expanding accelerated degree programmes and part-time study; • evaluating flexible training programmes, including less-than-full-time and 'step out, step in' postgraduate medical training as part of the managed roll-out of these flexible arrangements (with NHS England and NHS Improvement). 	31-Mar-20	Wendy Reid
1.10	Publish recommendations for effective supervision of doctors in training, and tools and supporting material to deliver a measurable improvement in the capacity and quality of supervision across the NHS (with NHS England and NHS Improvement).	31-Mar-20	Wendy Reid
1.11	Support employers in providing better support for junior doctors at the start of their career and improving their working experiences (with NHS England and NHS Improvement), including: <ul style="list-style-type: none"> • ensuring junior doctors have appropriate and high quality supervision, an improved mental wellbeing support offer, and clear and timely rotas; • streamlining induction as junior doctors move within and between employers. 	31-Mar-20	Wendy Reid
1.12	In collaboration with the devolved administrations, support the proposed roll-out of medical credentialing, enabling doctors to develop a broader range of skills and more easily adapt to changes in service requirements and patient safety practice. Support the GMC in developing credentials that most directly support NHS Long Term Plan service priorities – with the aim of starting in 2019/20 with the development of a mechanical thrombectomy credential to support improved care for stroke patients.	31-Mar-20	Wendy Reid

1.13	<p>In support of the commitment to an additional 5,000 doctors working in general practice:</p> <ul style="list-style-type: none"> • recruit at least 3,250 trainees to GP training programmes in the year to March 2020; • support NHS England and NHS Improvement in rolling out a voluntary two-year Primary Care Fellowship programme for newly qualified GPs and nurses entering general practice; • manage the Induction and Refresher Scheme for GPs; • support the International GP Recruitment Programme, providing input to the interview process, design and delivery of the educational elements of the programme, clinical and educational supervision and training, and input into GPs' first appraisals; • develop a place-based training model for GP trainees, linked to the further development of primary care training hubs. 	31-Mar-20	Wendy Reid
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2. Nursing and other Clinical Professions

	Deliverables	Delivery Date	Board Sponsor
2.1	Deliver a rapid expansion programme to increase nursing clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity (with NHS England and NHS Improvement).	30-Sep-19	Lisa Bayliss-Pratt
2.2	Undertake a more comprehensive review of current clinical placement activity, identify outliers and provide support to remove barriers to expansion for future intakes (with NHS England and NHS Improvement). This will include options for expanding the provision of placements in primary and social care and explore how innovative approaches and best practice can support expansion.	31-Mar-20	Calum Pallister
2.3	Support a significant increase in international recruitment of nurses by continuing work to build global partnerships and exchanges and (with NHS England and NHS Improvement) developing a best practice toolkit to support employers.	31-Mar-20	Ian Cumming
2.4	<p>Improve student experience and reduce attrition by:</p> <ul style="list-style-type: none"> • working collaboratively with HEIs to ensure every learner is well prepared for each practice placement and that every learner reports a meaningful placement experience; • working with the Office for Students to agree a standard definition of attrition for all healthcare programmes and ensure this is recorded and reported in a way that enables better workforce planning; • developing a toolkit for supervisors and assessors to enable them to support the wide diversity of learners. 	31-Mar-20	Lisa Bayliss-Pratt

2.5	Undertake a detailed review of mental health and learning disability nursing to support growth in these areas (with NHS England and NHS Improvement)	31-Mar-20	Lisa Bayliss-Pratt
2.6	Work with partners to identify how best to support growth in the primary and community nursing workforce, including district nursing, general practice nursing, health visitors and school nursing (with NHS England and NHS Improvement)	31-Mar-20	Lisa Bayliss-Pratt
2.7	Promote alternative routes into the nursing profession by: <ul style="list-style-type: none"> • developing a clear model that sets out the different entry routes into nursing highlighting the different approaches and benefits, to inform employer and entrant decisions (with NHS England and NHS Improvement); • expanding the pilot programme for nursing associates wishing to continue their studies to registered nurse level; • developing proposals for a blended learning nursing degree programme that maximises the opportunities to provide a fully interactive and innovative programme through a digital approach; • starting training of an additional 7,500 nursing associates. 	31-Mar-20	Lisa Bayliss-Pratt
2.8	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): <ul style="list-style-type: none"> • train 500 clinical pharmacists to be effective in a general practice setting; • produce 1,000 newly qualified physician associates and help secure increases in the number of physician associates taking up new roles in primary care. 	31-Mar-20	Wendy Reid
2.9	Develop the infrastructure that will underpin a new foundation training programme for pharmacists to ensure all pharmacists are able to work across	31-Mar-20	Wendy Reid
2.10	Implement the Nursing and Midwifery Council's new nurse education standards.	31-Mar-20	Lisa Bayliss-Pratt
2.11	Develop a pipeline of AHPs by increasing applications to undergraduate AHP education and developing AHP faculties to work with providers to identify how to expand clinical placement capacity, whilst also supporting continuing education and training of AHPs in current practice, including the development of advanced practice roles.	31-Mar-20	Wendy Reid
2.12	Support the new healthcare science workforce programme, including exploring more flexible entry routes and career pathways, supported by competency-based development frameworks and more responsive education and training.	31-Mar-20	Wendy Reid
2.13	Begin work to review current models of multidisciplinary working within and across primary and secondary care (with NHS England and NHS Improvement).	31-Mar-20	Wendy Reid

2.14	<p>Enable nurses, AHPs, healthcare scientists and other clinical staff to maximise their professional competencies by:</p> <ul style="list-style-type: none"> • agreeing education and training standards for advanced clinical practice programmes, including standards for equivalence and specific frameworks for individual branches of nursing; • developing nationally accredited education and training standards for advanced clinical practice programmes for HEIs. 	31-Mar-20	Wendy Reid
2.15	<p>In support of Long Term Plan priorities for community health services:</p> <ul style="list-style-type: none"> • work with the education reform programme and providers to increase student placements in all community nursing teams; • implement, with providers, the new Apprenticeship Specialist Qualification for District Nursing and the core capabilities for advanced nursing practice in the community; • work with providers and HEIs to prepare for the increases in the community workforce aligned to the Ageing Well priorities. 	31-Mar-20	Lisa Bayliss-Pratt

3. Quality and Patient Safety

	Deliverables	Delivery Date	Board Sponsor
3.1	<p>Develop and deliver a national patient safety syllabus, with associated educational resources and infrastructure, aligned to the NHS Patient Safety Strategy (with NHS England and NHS Improvement, Royal Colleges, and professional regulators), including:</p> <ul style="list-style-type: none"> • creating the first national syllabus by the end of March 2020; • conducting an evaluation of current education and training packages to inform plans (to be established by the end of March 2020) for implementing patient safety training in all relevant training and education. 	31-Mar-20	Wendy Reid
3.2	<p>Working with DHSC, Public Health England, NHS England and NHS Improvement and other partners, contribute to improving population health and preventing ill health by helping improve the capability of the future and existing public health workforces and by developing and promoting innovative approaches to training and education on public health for the wider health and healthcare workforce, including:</p> <ul style="list-style-type: none"> • commissioning guidance by March 2020 to increase learning on population health within curricula; • producing a directory of effective training courses on mental wellbeing, mapped to a quality framework and a gap analysis; • producing a competency framework to support training in effective interventions to prevent obesity and improve nutrition. 	31-Mar-20	Patrick Mitchell
3.3	<p>Work with key stakeholders to further develop and embed the National Education and Training Survey (NETS) to underpin HEE's quality management systems and processes.</p>	31-Mar-20	Wendy Reid

3.4	<p>In support of the new UK 5-year action plan for antimicrobial resistance (AMR) and the cross-system sepsis action plan:</p> <ul style="list-style-type: none"> • explore training needs for pharmacists working in primary care networks and community settings to review the dose, duration and appropriateness of antimicrobial prescriptions; • increase awareness of sepsis among health and care workers including pharmacists working in primary and community settings, health visitors, community nurses, and domiciliary and care home workers; • commission projects to fulfil specific education and training gaps in antimicrobial resistance and sepsis. 	31-Mar-20	Wendy Reid
3.5	With partners, support and deliver the recommendations for HEE in 2019/20 of the NHS Staff and Learner Wellbeing Commission.	31-Mar-20	Wendy Reid

4. Workforce Planning and Intelligence

	Deliverables	Delivery Date	Board Sponsor
4.1	Deliver a new approach and suite of products for engaging stakeholders and partners in analysing and publishing workforce data and information to better aid workforce, service and financial planning.	31-Mar-20	Rob Smith
4.2	Work with partners on a review of the case for a further increase in medical student places, to be completed in time for Spending Review discussions.	31-Mar-20	Rob Smith
4.3	Work with DHSC and NHS England and NHS Improvement to develop an action plan to ensure more comprehensive and timely workforce data, available across national, regional, system and organisational levels.	31-Mar-20	Rob Smith
4.4	Examine all the data collections we undertake and for what reason and identify any gaps in our data that is hindering effective workforce analysis.	31-Mar-20	Rob Smith
4.5	Work with NHS England to develop proposals so that every STP/ICS has access to the core services of a HEE Training Hub.	31-Mar-20	Wendy Reid
4.6	Support STPs/ICSs to develop five-year workforce plans, as an integral part of service and financial plans, providing a better understanding of the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning by November 2019 (with NHS England and NHS Improvement).	30-Nov-19	Rob Smith
4.7	<p>Work with NHS England and NHS Improvement to support the development of STPs/ICSs by:</p> <ul style="list-style-type: none"> • co-producing an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support that STPs/ICSs can expect from NHS England and NHS Improvement and HEE regional teams, and informs decisions on the pace and scale at which ICSs take on workforce and people activities; • regional teams agreeing respective roles and responsibilities, associated resources, governance and ways of working with STPs/ICSs; • agreeing development plans to improve STP/ICS workforce planning capability and capacity. 	31-Mar-20	Rob Smith (and David Farrelly)

5. Workforce Transformation

	Deliverables	Delivery Date	Board Sponsor
5.1	Develop accredited multidisciplinary credentials for mental health, cardiovascular disease and older people's services, with a focus on multidisciplinary training in primary care.	31-Mar-20	Wendy Reid
5.2	Review how to increase both national and local investment in continuing professional development (CPD) and workforce development with the aim of achieving a phased restoration, over the next five years, of previous funding levels for CPD (with NHS England and NHS Improvement).	31-Mar-20	Calum Pallister
5.3	<p>Help ensure the NHS workforce of the future is prepared to maximise the benefits of technological and scientific advances by:</p> <ul style="list-style-type: none"> • rolling out education and training interventions and multi-professional workforce development programmes to support the NHS Genomic Medicine Service; • delivering intensive training for boards and senior leaders to build tech and data awareness and capability; • providing an accreditation/credentialing framework for digital leaders working at regional, system and local levels; • starting to develop a library of education, learning, knowledge and best practice resources to support the current workforce in expanding their digital skills (generic and specialist technology) by December 2019; • working to develop and integrate digital education and learning resources into academic and professional curricula throughout 2019/20 and beyond; • carrying out an audit to assess and plan for future digital roles and skills requirements, building on the Topol review; • setting out plans for an expanded NHS Digital Academy to develop digital leadership capability by December 2019; • establishing the Topol Programme for Digital Fellowships in Healthcare by September 2019; • developing flexible career pathways, particularly for scarce roles, and establish early pathway initiatives for the future digital talent. 	31-Mar-20	Patrick Mitchell

5.4	<p>Support STPs/ICSs to put in place collaborative arrangements to use apprenticeships better and provide further tools and practical resources to help them maximise use of the Apprenticeship Levy (with NHS England and NHS Improvement), including:</p> <ul style="list-style-type: none"> • providing leadership and brokerage in developing partnerships between provider organisations and education providers for T level students to facilitate future talent pipeline into the NHS; • developing standards for apprenticeships and assuring quality; • helping to harmonise the approach to Apprenticeship Levy spend to support STPs/ICS workforce plans, including support for procurement, levy transfers and system approaches to joint cohorts; • increasing employability programmes with a focus on integration with social care in the most needed areas that will assist young people being placed in apprenticeships or employment (with the Prince's Trust); • support NHS organisations to gain the national Work Experience Quality Standard accreditation and increase the quality and quantity of work experience provision (with the Prince's Trust and Fair Train). 	31-Mar-20	Laura Roberts
5.5	<p>As part of the Talent for Care framework, continue to promote, develop, support and expand the role of volunteers and NHS ambassadors, including:</p> <ul style="list-style-type: none"> • improving opportunities and mentoring for NHS ambassadors; • working with the health and care system to ensure high quality placements and opportunities for volunteers; • developing a fully cohesive digital learning and development offering for trust-based Volunteer Service Managers, to be piloted and operational by March 2020 (in conjunction with the Helpforce programme and e-Learning for Healthcare). 	31-Mar-20	Laura Roberts
5.6	<p>Provide guidance and support to enhance the provision of Simulation-Based Education across England through the implementation of the HEE Simulation-Based Education Framework and publication of tools and resources around the application of immersive technologies.</p>	31-Mar-20	Patrick Mitchell
5.7	<p>Support the development of the Long Term Plan priorities for people with learning disability and/or autism, including developing a core workforce skills framework to give new and existing NHS staff awareness and essential knowledge and skills in relation to autism (Tier 1) and give health and care staff who make decisions in partnership with autistic people essential specialist knowledge (Tiers 2 and 3).</p>	31-Mar-20	Lisa Bayliss-Pratt

5.8	<p>Deliver the training milestones for 2019/20 both in Mental Health Workforce Plan: Stepping Forward to 2020/21, contributing to the target of the NHS establishing 21,000 posts and employing 19,000 additional members of staff in mental health services by 2021, and in the Green Paper Transforming children and young people's mental health provision. To include:</p> <ul style="list-style-type: none"> • continued focus on Improving Access to Psychological Therapies (IAPT) for adults through the training of additional mental health therapists and upskilling the current IAPT workforce, including increasing the number of IAPT practitioners working in general practice to allow adults with common mental illness timely access to IAPT services known to support recovery; • supporting the delivery and expansion of innovative new roles in mental health by implementing agreed priority workstreams which have been identified as having the greatest impact in transforming the mental health workforce; • further developing the education mental health practitioner role within the mental health support teams set out in the Green Paper to support improved access to mental health services for children and young people; • increasing workforce capacity and capability in children and young people, adult and perinatal mental health services by driving up the quality of education and training opportunities for the wider workforce and supporting new ways of working for people working in mental health services. 	31-Mar-20	Lisa Bayliss-Pratt
5.9	<p>Continue to take forward delivery of the Cancer Workforce Plan phase one actions to 2021 including:</p> <ul style="list-style-type: none"> • contributing to an increase of 1,490 whole time equivalent staff across the priority professions by March 2021; • training an additional 200 clinical endoscopists by December 2021; • training 300 reporting radiographers by March 2021. <p>In support of the cancer services commitments in the Long Term Plan, work with NHS England and NHS Improvement and other partners to:</p> <ul style="list-style-type: none"> • ensure all cancer patients have access to the right expertise and support including a clinical nurse specialist or other support worker; • bring about the workforce, training and education changes needed to develop and deliver Rapid Diagnosis Centres, targeted lung health checks and changes in national screening programmes; • develop credentials for cancer care, starting with a credential in breast disease management for breast clinicians; • develop competency frameworks and standard career pathways/progression routes for the diagnostic radiography and sonography workforces, working with cancer patients; • develop suitable training, in conjunction with the Genomics Education Programme to deliver increased testing for children and adults with cancer. 	31-Mar-20	Laura Roberts

5.10	Train at least 3,400 existing staff and 1,700 new staff to deliver evidence-based interventions for children's and young people's mental health and implement the whole system approach described in 'Future in Mind' by March 2020.	31-Mar-20	Lisa Bayliss-Pratt
5.11	Support delivery of the Long Term Plan priorities for maternity and neonatal services and the Secretary of State's 'halve it' ambition including: <ul style="list-style-type: none"> • providing multiprofessional safety training; • developing a new obstetric physician role; • working with system partners to increase numbers of midwifery training placements by 650; • supporting the implementation of the competency, education and career development framework for maternity support workers; • working with partners to ensure a sufficient and skilled obstetric ultrasound workforce in line with NICE guidance and the Saving Babies Lives' Care Bundle version 2; • supporting implementation of the Neonatal Critical Care Transformation Review by implementing a career pathway for neonatal nurses, including development of the advanced neonatal nurse practitioner role, considering scope to increase access to Qualified in Service training programmes, and working with training providers to ensure training meets all the elements of the core syllabus. 	31-Mar-20	David Farrelly
5.12	Deliver HEE objectives for 2019/20 arising from the emergency department workforce plan and (with NHS England and NHS Improvement) develop strategies to help address multi-professional workforce challenges in wider urgent and acute care settings.	31-Mar-20	Patrick Mitchell
5.13	Develop a powerful new digital platform 'the Learning Hub' that will provide easy access to a wide range of education and training resources for the health and healthcare workforce.	31-Mar-20	Patrick Mitchell
5.14	Establish a portfolio of free online learning modules for carers.	31-Mar-20	Laura Roberts
5.15	Further develop the core skills training framework to reflect the future service needs of the NHS.	31-Mar-20	Laura Roberts

6. Health Careers

	Deliverables	Delivery Date	Board Sponsor
6.1	Review the Health Careers website to ensure it is an attractive advertisement for a wide range of roles, entry points and benefits of working in the 21st century NHS and enables us to compete with other large national employers.	31-Mar-20	Lee Whitehead
6.2	Consider how through education and training more clinicians can be encouraged to take up senior leadership positions (with NHS England and NHS Improvement).	31-Mar-20	Wendy Reid
6.3	<p>Help stimulate demand and shift perceptions (with NHS England and NHS Improvement) by:</p> <ul style="list-style-type: none"> • developing a customer communications programme to encourage those who have expressed an interest in nursing to apply; • expanding the ambassador network, with a particular emphasis on those aged 15-17, as well as leveraging work experience programmes, the emerging cadet scheme, and NHS volunteers to further raise the profile of nursing careers; • working with national partners to consolidate the current recruitment and perception campaigns run by different national bodies into a single campaign that reflects the realities of a career in modern nursing at the cutting edge of clinical practice, focusing on those branches of nursing with the greatest vacancies, addressing demographic issues and supporting those local health systems with the biggest challenges by linking national and local initiatives; • working with schools and careers officers to maximise A-level choices for those who may wish to consider a career in health. 	31-Mar-20	Lee Whitehead
6.4	Given the need to keep the pipeline of international staff open HEE will participate in a sector-wide international recruitment programme.	31-Mar-20	Ian Cumming

A delivery focus

HEE has a strong track record of delivering its commitments. Our achievements for 2018 are illustrated in the infographic below.

Further information is available in our [Annual Report and Accounts 2018-19](#). For more details of the work of HEE, visit our [website](#).



Section 3: Financial Requirements

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 £4.22 billion of NHS funding from the Department for Health and Social Care and other partners such as NHS England. Ensuring that it is spent effectively and efficiently is essential.

HEE's allocation for 2019-20 from the Department of Health and Social Care has been finalised and comprises the majority of our income at £4.07 billion. This incorporates the removal of funding for tuition and bursaries for nursing, midwifery and allied health professionals as part of reform of student financing introduced in 2017. For comparison purposes funding and expenditure for Leadership Academy is still showing, however, £49.1 million of the allocation will be transferring to NHS Improvement from April 2020. Other substantial sources of income from key stakeholders are shown in the table below:

	2018-19 Budget	2019-20 Budget	Change	
	£ million	£ million	£ million	% Change
Allocation and other income				
DH Programme - Recurrent flat cash	4,248.0	4,009.6	(238.4)	-5.6%
Income subject to realisation of exp.	125.0		(125.0)	-100.0
DH Programme - Genomics	0.0	0.0	0.0	0.0
DH Programme - Clinical Excellence	0.3	0.3	0.0	0.0%
Subtotal DH Programme	4,373.3	4,009.9	(363.4)	-8.3%
Contributions to programmes				
Mental Health Expansion	22.6	43.0	20.4	90.2%
Primary Care Expansion	37.0	38.6	1.6	4.3%
Pharmacy Integration	8.4	8.4	0.0	--
Devolved administrations	1.2	1.2	0.0	0.0%
Subtotal Contributions	69.2	91.2	22.0	31.8%
Total Programme Funding	4,442.5	4,101.0	341.4	-7.7%
DH Admin - non-ring-fenced	62.0	57.8	(4.2)	-6.8%
DH Admin - Nonrec Clinical Excellence	0.2	0.2	0.0	0.0%
DH Admin - ring-fenced DEL	1.0	1.0	0.0	0.0%
Subtotal Admin funding	63.2	59.029	(4.2)	-6.6%
Subtotal Grant in Aid from DH	4,436.5	4,068.9	(367.6)	-8.3%
Other income				
NIHR	63.3	61.1	(2.2)	-3.5%
Subtotal Other	63.3	61.1	(2.2)	-3.5%
Total Income	4,569.0	4,221.2	(347.8)	-7.6%

Our expenditure plans follow the same categorisation as previous years, including, for comparison purposes the £49.1 million relating to Leadership Academy that becomes the responsibility of NHS Improvement from April 2019. Investment in the Future Workforce remains the largest category at 90% of our budget and covers funding of clinical placements for medical and clinical undergraduate students and post-graduate medical, dental and clinical trainees.

Future Workforce is largely driven by activity levels and intakes in previous periods leads to commitments for subsequent periods until professional qualification is achieved, the majority at standard tariff rates. The direction of travel for this budget is being assessed as the consequences of the long term plan are worked through – the additional investment of £20 billion in NHS England for increased frontline service provision will need the workforce delivering the service to be increased.

Following considerable concern regarding previous cuts to the Workforce Development budget we have committed to increasing this budget. Along with the Transformation Fund and an element of the Future Workforce – clinical budget this is used to assist with the upskilling and progression of the existing workforce to adapt to new ways of working and take on more advanced roles.

As the sum of the expenditure plans exceed the agreed allocation and other income anticipated we have a £36.5 million Cost Improvement Programme (CIP) target to deliver in year. HEE considers that, whilst challenging, the CIP target is manageable and in line with the level of underspend delivered in previous years.

	2018-19 Budget	2019-20 Budget	Change	
	£ million	£ million	£ million	% Change
Expenditure				
Future workforce - post graduate M&D	1,921.9	1,945.8	23.9	1.2%
- undergraduate medical and dental	888.3	912.2	23.9	2.7%
- clinical	1,306.2	926.8	(379.4)	-29.0%
Subtotal future workforce	4,116.5	3,784.8	(331.7)	-8.1%
Workforce development	84.2	114.2	30.0	35.6%
Education support	104.0	96.4	(7.6)	-7.3%
National activities	82.9	87.2	4.3	5.2%
Transformation fund	5.8	5.8	0.0	0.0%
Genomics project	0.0	(36.5)	(36.5)	
Leadership	49.1	49.1	0.0	0.0%
Subtotal Programme Expenditure	4,442.5	4,101.0	(341.5)	-7.7%
Admin Expenditure	63.2	59.0	(4.2)	-6.6%
Other Expenditure	63.3	61.1	(2.2)	3.5%
Total Expenditure	4,569.0	4,221.2	-343.2	-7.6%

Section 4: Strategic Context

Critical interdependencies exist between HEE 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. Some of these are outlined below.

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 first outlined in the [Five Year Forward View](#) (FYFV) 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) Interim NHS People Plan

The [interim NHS People Plan](#) was commissioned by the Secretary of State for Health and Social Care 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.

c) 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 requirements for 2019/20. It will include 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 will include recruiting 7,500 new nursing associate apprentices in 2019.

It also sets out what HEE will do in 2019/20 to deliver the workforce plans associated with the FYFV service priorities and to start to address the workforce consequences of the additional service and system priorities in the LTP, as reflected in the interim People Plan.

d) HEE Framework 15

Framework 15 is a strategic framework for thinking about the future and how HEE approaches problems and identifies solutions. It guides our annual workforce planning process and informs the goals and objectives outlined in this Business Plan at section 1 as well as providing the basis for more detailed conversations with our partners and stakeholders about the challenges and opportunities ahead.

Framework 15 is based on three pillars:

- i. Our understanding of the key global drivers of change in health and healthcare.
- ii. Our judgement of the impact these key drivers have on people and patients of the future and how this will shape their characteristics and needs.
- iii. Our view of the characteristics of the future workforce that will be needed in order to meet the anticipated needs of people and patients.

We continue to work in partnership with the wider system to continue to understand the first two pillars mentioned above and use our levers to deliver the third pillar, namely the characteristics of the future workforce.

Section 5: About HEE

Our Purpose

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

Background

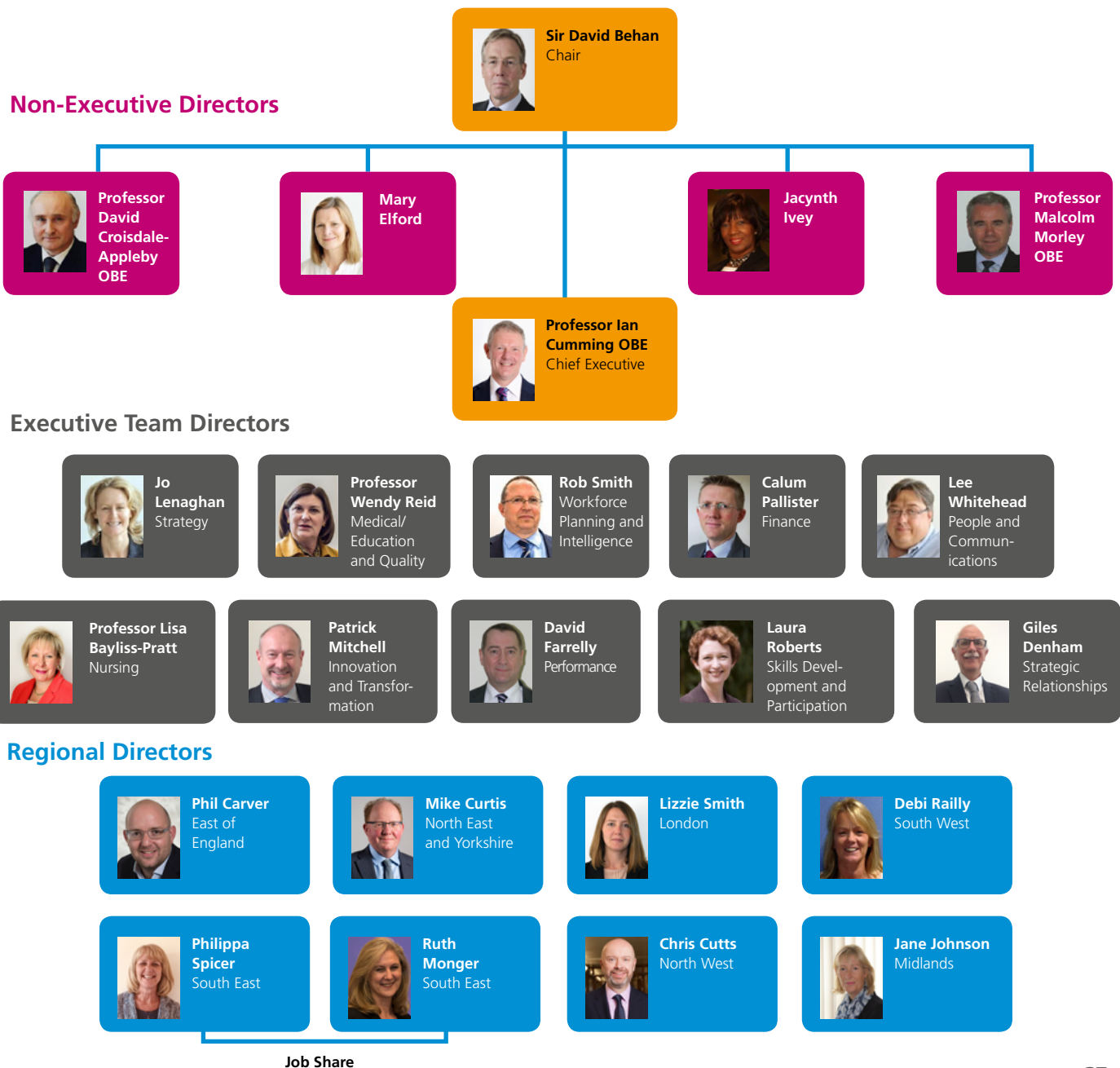
The Care Act 2014 sets out HEE’s remit and range of roles and responsibilities in detail, including its duty to ensure an effective system is in place for education and training in the NHS and public health system; also that it

delivers the geographical spread and range of healthcare graduates required.

To do this, HEE will need to ensure that the investment in and distribution of clinical placements supports the right levels of clinical workforce supply required by the NHS across England.

Organisational Structure

HEE is the strategic leader in England for healthcare education and training. We are led by our Chair, Sir David Behan CBE 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.



Non-Executive Director appointments ending:

Professor Malcolm Morley OBE on 31/10/19

Mary Elford on 31/10/19

Jacynth Ivey on 31/12/19

Non-Executive Director appointments starting:

Professor Soraya Dhillon on 01/09/19

Professor Andrew George on 01/09/19

Dr Harpreet Sood (Associate NED) on 01/09/19

Andrew Foster on 01/11/19

Professor John Latham on 01/11/19

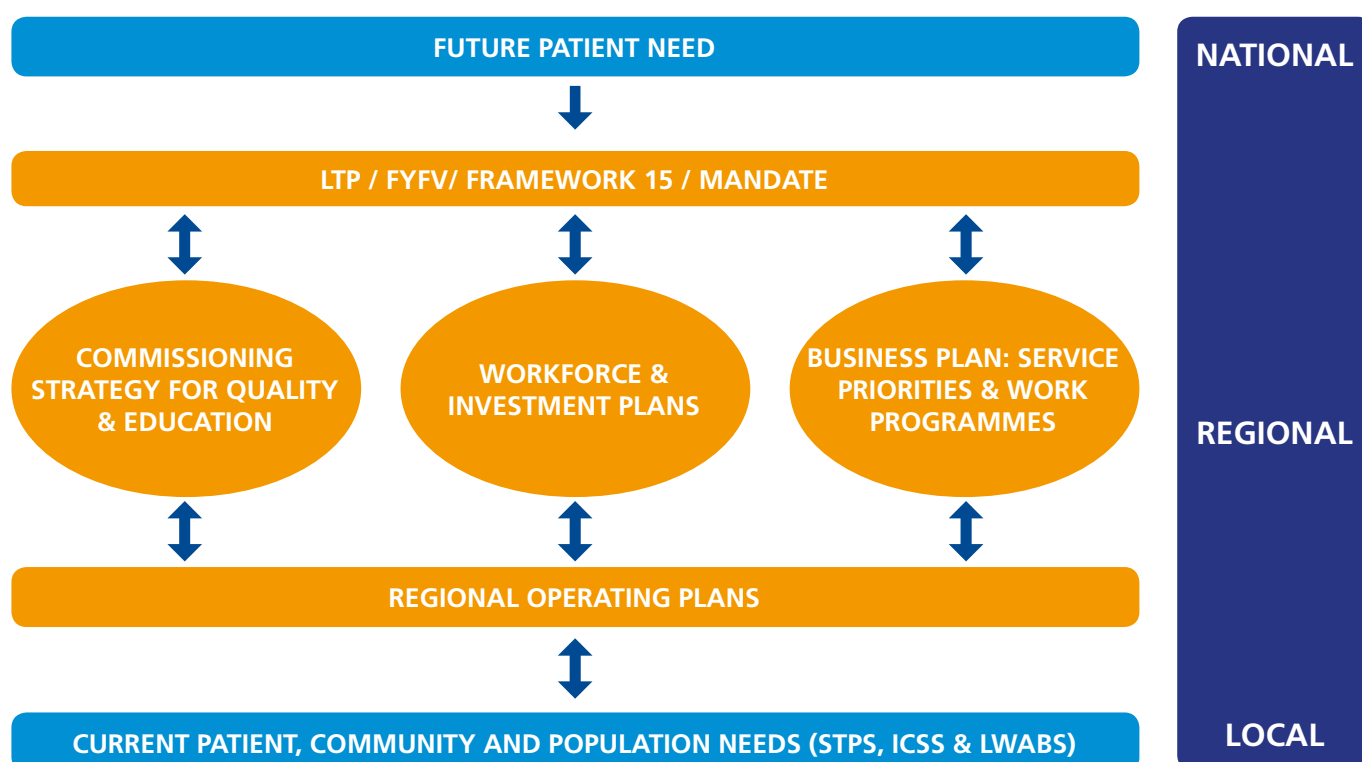
Dr Liz Mear on 01/11/19

HEE operates at national, regional and local levels.

We have recently appointed seven Regional Directors to provide coverage across England, to work in close collaboration with their counterparts in NHS England and NHS Improvement and to link with HEE's local teams. Further information on our leaders and structure can be found on our [website](#).

At a local level HEE has developed and supports the workforce arm of the STPs/ICSSs currently known as Local Workforce Action Boards (LWABs). Each of these has 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 LTP and following the points on the HEE workforce transformation tool (the "Star").

The diagram below illustrates how these relationships are intended to work, and the key documents relating to them.

Strategic Fit

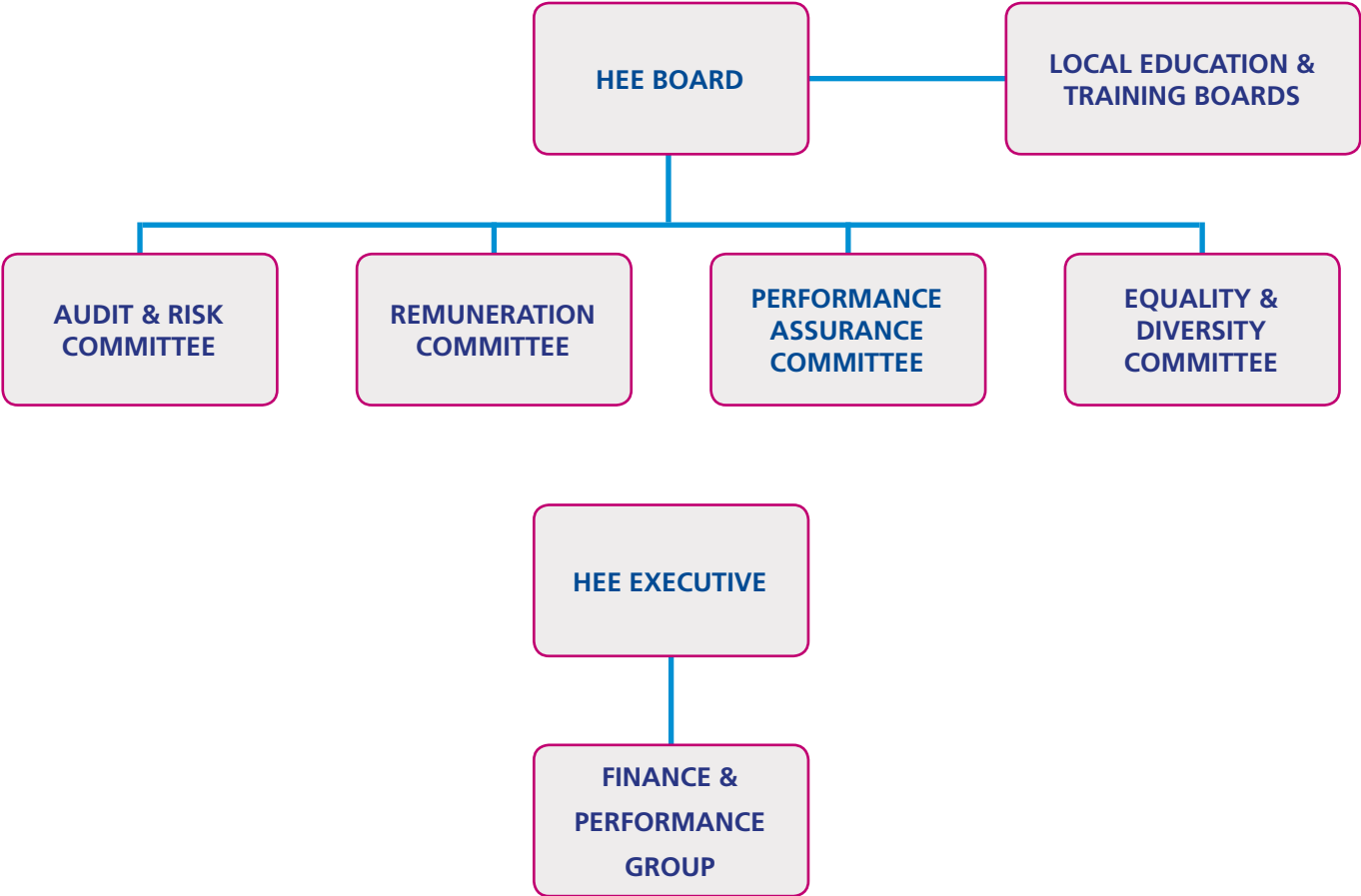
Governance and decision-making

The HEE Board is supported by committees covering Audit and Risk, Remuneration, Equality, Diversity and Inclusion and Performance Assurance Committees. These underpin the Boards oversight of the organisation. There are also Local Education and Training Boards (LETBs) to help oversee HEE’s discharge of its functions at regional level.

The committees are part of HEE’s formal governance structure and provide the Board with regular reports. This helps the Board to spend a significant proportion of its time on strategic decision-making, whilst giving assurance that effective business decisions are made based on the right information.

HEE also has a Finance and Performance Group, reporting to the Executive Team. The key role of this group is the oversight of target and programme delivery through established metrics designed in a standardised way. We hold public meetings of the HEE Board regularly. Our Governance Structure is illustrated in the diagram below.

HEE Governance Structure



Working in Partnership

Many of the objectives in this Business Plan cannot be delivered by HEE alone, but rather depend on strong partnerships with stakeholders and delivery partners such as NHS providers and their representative bodies, Royal Colleges, trades unions, the higher education sector and professional and regulatory bodies who set the standards and curricula for education and training. By working with these bodies in partnership rather than in isolation, cultivating positive relationships and being responsive to feedback, HEE will ensure that the NHS and public health workforce truly meets the requirements for delivering high quality patient care now and in the future.

In such a complex and devolved landscape HEE's future success is dependent on working collaboratively. As noted about the mandate, an important recent development is the closer working between HEE and NHS Improvement to ensure that we develop a clearer approach to workforce development across the NHS in support of service requirements.

Working more collaboratively, joining up service, financial and workforce planning, reducing duplication, clarifying the respective roles and responsibilities of the national health bodies is essential if we are to deliver the best value for taxpayers' investment.

It is vitally important to ensure that national, regional and local organisations are working effectively together to address the workforce challenges facing the NHS, such as providing a cohesive approach to recruiting, retaining, deploying and developing the current and future NHS workforce. This has led to an alignment of organisational boundaries around a seven-region footprint. More than this though is the need to establish a collective endeavour to provide more staff for the NHS but also make improvements to the workplace environment through staff working in rewarding and engaging roles within a more supportive culture.

HEE global engagement

HEE is working to address workforce shortages in the NHS by implementing the 'earn, learn and return' programme. HEE helps support overseas professionals (nurses, doctors, AHPs etc) through their application to work for the NHS with preparation for language, competency tests, visa applications and through an inclusive programme of pastoral care prior to and on arrival in England. This is an ethical way to recruit staff from overseas, as it is a great opportunity for individuals from overseas to learn new skills to take back with them to improve their health care systems, whilst it helps fill critical workforce shortages and attracts staff to 'hard-to-recruit' geographies and specialties, in turn improving care to patients and the public.

HEE operating model

The purpose of the HEE Operating Model is to outline how HEE works and adds value, where decisions are made and how HEE fits into the wider health and social care landscape. The Operating Model aligns policy and strategy with the implementation and delivery of our priority work through appropriate support processes and governance.

The regional and local structures of HEE are effectively the 'delivery arm' of HEE, working with national teams implementing national policy and strategy. The national structures, in conjunction with the DHSC, are largely responsible for workforce policy development, systems thinking and leadership.

Diversity and Inclusion

HEE is committed to ensuring that colleagues feel supported, acknowledged and able to be themselves at work.

By embedding diversity and inclusion in business planning and performance management processes as well as organisational, team and individual objectives, we want to achieve a culture that leads towards consistent consideration of inclusion.

We also recognise there is a crucial role to play within the healthcare system, so we can support a world-class approach to education and training that creates ladders of opportunity for people in every setting and from every background.

Our [2018-2022 Diversity & Inclusion Framework](#) has built 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 document sets out our ambitions and priorities at an organisation-wide level, which are then translated into measurable outcomes.

As a system leader within the NHS, it is also vital HEE reflects the communities we serve. In order to accurately analyse our workforce, it is vital we gain a more accurate picture through completed diversity data. We will therefore work to create an inclusive culture where people feel able to be themselves, disclose information on protected characteristics and increase diversity data completions.



Section 6: Enablers of Change

The key enablers or drivers of change are the tangible and intangible resources, competencies and activities necessary to deliver our strategic goals and objectives as outlined in section 1.

Governance and decision-making

To reflect our new long-term strategic goals, changing operating model and accountability arrangements we will refine and improve our internal governance arrangements to ensure that decisions are clear, timely and transparent and that programmes and projects are managed and reported with a firm emphasis on the outcomes and benefits realised as a result of the project and/or programme.

Create an open performance culture

Strengthening our governance processes and being clear on individual accountabilities will help HEE develop a performance improvement culture. Performance needs to be driven through the eyes of our stakeholders and be understood at all levels of the organisation. It is not about 'star-chamber' type questioning of individuals, rather little conversations that happen thousands of times across the organisation.

In delivering our services HEE must be aware of who our stakeholders are and what they require from HEE. These stakeholders may be recipients of HEE services or products or they provide funding or resources. Developing key stakeholder relationships will better help HEE understand what matters most to our stakeholders and hence should be important to HEE in determining what we endeavour to deliver for them and make the best possible use of our limited resources. Better knowledge of stakeholder needs will inform our business planning process and enable us to craft performance measures and articulate the benefit we want to realise from current and new programmes and therefore understand success better. Keeping our customers and stakeholders at the forefront of our thinking and measuring how well we are delivering our core functions and programmes for them will help embed such a culture.

Organisational Development

A planned approach to improving organisational effectiveness through the involvement of our people – one that aligns strategy, individuals and processes will improve productivity and organisational performance.

Ensuring our staff have the knowledge, skills and expertise to carry out their role is vital if staff are to realise their full potential and help drive organisational performance improvement across HEE. This is about embedding a learning and development culture within HEE so that staff have the appropriate tools to do their job effectively. HEE has recently conducted the HEE Learning and Needs Survey as the first step to matching training to individual and team needs.

Employee engagement is at the centre of this philosophy and can be defined as a workplace approach designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own well-being. It extends beyond a commitment to do one's job diligently and faithfully to a more proactive engagement with the overall organisational purpose, goals and objectives – 'going the extra mile'.

Digital Technology

The intelligent use of data, information, knowledge and technology is central to achieving the required changes in the way that health services are delivered as set out in the NHS Long Term plan. Our 'Building a Digital Ready Workforce' is a programme that aims to support all employees in the health and care sectors to be digitally ready by supporting culture change, professionalising the informatics workforce and developing a self-diagnosis toolkit for digital literacy. As NHS staff become more comfortable and confident with digital tools they can contribute more effectively to the transformation of healthcare services and deliver the outcomes of their role quicker, easier, safer and at a higher level of quality.

Communications

Improving the communication of our mission, vision, strategic initiatives and performance outcomes so that staff have a clear line of sight between organisational and individual objectives will enhance overall performance. Our stakeholders also need to better understand the contribution that HEE is making to the wider health system outcomes in line with the direction of the NHS Long Term Plan.

These enablers of performance help illustrate what it means to be and to work as “One HEE”. Our people, finance and technology are the foundation of the organisation and help us to perform effectively. However, it is becoming obvious that it is through the skills and behaviours of staff, the partnerships we develop, how we respond to stakeholder expectations and effectively make decisions that are increasingly important as the enablers that will help deliver this Business Plan.

Value for money

As recipients of public funding it is important that we spend our allocated budget wisely. Through reforming education and training funding we will endeavour to deliver even better value for money through achieving financial balance and delivering our services within the constraints of our budget, making further efficiency savings wherever possible.

It is vitally important that we deliver our business plan and at the same time provide value for money to taxpayers. We have identified five key areas that will help us deliver our services in a more economic, efficient and effective way. These are:

(i) Integrated Planning – through closer integration of service, financial and workforce planning we will make better use of our resources.

(ii) Balanced Budget – we will strive to remove ‘cost’ from our business, rather than ‘value’ and deliver a balanced budget.

(iii) Portfolio Management – we will manage our programme and projects efficiently and effectively to ensure benefits are fully realised.

(iv) Procurement and Contract Management – We will adopt an ‘outcomes’ approach to procurement coupled with robust contract management arrangements to help improve efficiency.

(v) Collaboration – we will work with our partners to tackle the challenges facing the NHS in the most efficient, effective and sustainable way.

Section 7: Strategies and Subsidiary Plans

Specific Workforce Plans

The NHS Five Year Forward View (FYFV) contained much of the policy platform developed further in the NHS Long Term Plan, articulating the need to integrate care to meet the needs of a changing population. In support of this strategic framework and this Business Plan, HEE developed a series of workforce plans in FYFV priority areas. These strategies provide much greater detail which this Business Plan can only highlight that will show how we move from where we are now to where we want to be.

These are:

a) 'Stepping Forward to 2020/21' – The mental health workforce plan for England.

'Stepping Forward to 2020/21' has provided the imperative to think about how we recruit, train, develop and support our staff as part of multi-professional teams focused on delivering person-centred care across all settings for those who access mental health services.

b) Cancer Workforce Plan (Phase 1 to 2021)

The Cancer Workforce [Plan](#) focusses on the actions needed to ensure we have enough staff with the right skills to deliver the funded activity set out in the Cancer Taskforce Strategy by 2021. This is not just about increasing numbers, but supporting our staff to develop new skills and enabling them to work differently. This plan sets out a number of 'pragmatic steps' to increase net supply and support new ways of working in the key professions highlighted in the Cancer Taskforce report.

c) General Practice Forward View

A [plan](#) to help struggling practices through the expansion of a wider workforce, investment in technology and estates and a national development programme to speed up the transformation of services. The plan aims for at least 10,000 more staff working in general practice by 2020/21 – 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses and physician associates.

d) Urgent and Emergency CareForward View

This [plan](#) outlines a series of measures to bolster front line services to ensure patients get the right care, in the right place and at the right time, including the introduction of 'Urgent Treatment Centres' that will be integrated with existing front-line services in local communities.

e) Maternity Workforce Strategy

The purpose of the [Maternity Workforce Transformation Strategy](#) is to support NHS maternity services to deliver more personalised and safer care for women and babies and improve outcomes for women by ensuring that there is more midwives in the workforce nationally. It will support the vision set out in 'Better Births' and will implement the key actions needed to address workforce gaps by 2021.

f) Fit for the Future: Public Health People

This review of the skills and capabilities of the public health workforce: [Fit for the Future](#), outlines five important themes that underpin the response to developing a workforce for 2021 and provides a clear pathway and plan to achieve the 'new' workforce. Building on this and the Government's vision for prevention: [Prevention is better than cure](#) it is important to harness the potential of the public health workforce to embed prevention and improve support for individuals and communities in as many settings as possible.

g) Topol Review

HEE's Strategic Framework (Framework 15) identifies technology as one of the key drivers of change to affect the healthcare workforce. The Secretary of State commissioned a review to explore the future impact of technology to prepare the healthcare workforce, through education and training to deliver the digital future.

This review was facilitated by HEE and led by Dr Eric Topol. The [Topol Review's Final Report](#) was published on 11 February 2019 and HEE has since launched 20 new digital fellowships to incorporate digital health expertise within their careers and pursue training in informatics and digital health. The Topol Programme for Digital Fellowships aims to support NHS organisations to invest in clinical staff to develop specialist digital skills, including the use of digital technologies, while giving clinicians enough time outside of clinical commitments to dedicate to training for a digital future.

h) NHS Staff and Learners' Mental Wellbeing Commission

This commission, chaired by the former HEE Chair, Sir Keith Pearson, set out to discover and review evidence of good practice for the mental health and wellbeing of staff and learners in NHS organisations. HEE recognises its central role in supporting the current and future workforce to deliver high-quality, safe care, and the commission has examined successful interventions from around the country, to identify what has worked well and what could be adopted widely.

The [NHS Staff and Learners' Mental Wellbeing Commission report](#) and recommendations aim to advance a range of measures that will support staff and learner's mental wellbeing.

These strategies and reviews are all now in place with a range of recommendations and targets attached to them, but there has sometimes been a lack of clarity in terms of delivery due to limitations and constraints laid down by the corporate framework and organisational structure. This Business Plan provides greater clarity on both of these aspects at sections 1 and 3 respectively.

Regional Operating Plans

The HEE Business Plan for 2019/20 ('this plan') outlines HEE's three strategic goals for at least the next five years and associated actions for 2019/20 (Section 2) that reflects the political and strategic context in which HEE operates. It does not however, include all the detailed actions for implementation; rather it establishes the framework for the development of national policies and programmes as well as operating plans at regional level.

To better connect high-level policy, strategy and implementation HEE has introduced Regional Operating Plans across each of its seven regions. These plans will dovetail with the HEE Business Plan 2019/20 as well as the requirement for every NHS Trust, NHS Foundation Trust and Clinical Commissioning Group to produce organisation level operational plans which will combine to form a coherent system-level (STP or ICS) operating plan.

HEE can help to build and quality assure these local plans which are the starting point for every STP and ICS to develop five-year LTP implementation plans up to 2023/24.

HEE's own Regional Operating Plans, with a mix of 'top-down' and 'bottom-up' challenges can help create common purpose, consistency, understanding and synergy for the whole of HEE and our partners.

Section 8: Information Strategy

The HEE Information Strategy was launched in April 2016 and is a portfolio of work comprising six programmes.

It covers advancement and progression of digital services in HEE with the aim to improve how data, technology, information and knowledge are used by everyone involved in the delivery of HEE's strategic goals and supporting objectives. Staff need to be equipped with new technologies and the necessary digital skills and be supported to work differently to maximise the potential benefits.

The six programmes of work are:

- 1) One infrastructure – the technologies and services that underpin and enable all other technology provided within HEE.
- 2) Our shop window – how we share information and work with our external stakeholders using the web.
- 3) Knowledge Management – the tools and services that help HEE staff to make the best use of the digital tools

on offer supported by sound knowledge management principles.

- 4) Streamlining the Business – how we build or buy technology to help us do the jobs that we undertake in HEE such as the management of medical trainees.
- 5) The Data – how we collect, source and generate data; how we agree standards; how we store, link and make better use of data and share it with others.
- 6) People – how we improve the training of our staff as well as organising and developing them in the use of data, information, knowledge and technology.

These six broad programmes of work contain a number of specific projects, each with their own defined outcomes, but linked to the broader strategic goals and objectives of HEE as set out in section 1 and Section 2.



Section 9: Performance Reporting

Accountability

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

An effective performance measurement and reporting system is essential to provide relevant information for management to know if performance is on track, and if not, take action to correct and improve. A good system of performance information should be focused on our goals and objectives and be appropriate to, and useful for, our key stakeholders, giving a balanced picture of what we are doing, covering all major areas of work.

Measures of success needs to be driven and judged primarily through the eyes of our service users, who will expect to see improvements in their whole experience, not just one particular service at the expense of another. As such we will tailor our performance framework around three categories of performance measurement i.e. (i) Quantity (How much did we do), (ii) Quality (How well did we do it) and (iii) Impact (Is anyone better off?).

Reporting

The HEE Finance and Performance Group has a key role in the oversight of the Business Plan and Mandate delivery with the Programme Oversight Board assuming responsibility for programme and project delivery. This Group is directly accountable to the Executive Team operationally and to the Board Performance and Assurance Committee for overall delivery.

Performance reports are submitted on a quarterly basis and tracked throughout 2019/20. Some of the performance measures, once agreed, might only be collected and available on an annual basis (for example the information obtained from the General Medical Council (GMC) National Training Survey). The HEE performance framework will present an 'executive view' of performance but a more comprehensive performance and assurance mechanism exists that provides a more detailed examination of performance, processes and activities at various levels of the organisation.





Contact Information



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