### Report Title
Quarter 4 2016/17 Corporate Dashboard

### Paper Number

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### FOI Status
Applicable

## Report Summary

**Corporate Dashboard**

The purpose of this paper is to present the Board with the Quarter 4 2016/17 performance report and corporate dashboard.

Highlights of HEE’s performance during 2016/17:

- 100% delivery against the 56 Mandate and Business Plan commitments due in 2016/17.
- Enhancing junior doctors working lives by leading cross partnership engagement with professional bodies to improve policies relating to whistleblowing, advanced notice of placements and flexible working pilots;
- Supporting workforce transformation by leading the development and creation of new training courses and career pathways such as apprenticeships; nursing associates; physicians associates and non-medical endoscopists;
- Highest ever levels of GP specialty recruitment, recruiting a total of 3,019 including ST1;
- The development of the HEE Quality Framework which will enable placement providers to work in partnership with education providers and HEE regional and local quality teams to collaboratively evaluate, manage and improve the quality of education and training for all learners.

## Purpose (tick one only)

- **Approval** Checkbox
- **To Note** Checkbox
- **Decision** Checkbox

## Recommendation

The Board is asked to:

- **Note** HEE’s performance against key business priorities

## Strategic Objective Links

The development of the Corporate Dashboard and Performance Report is aligned with the HEE Business Plan and Mandate.
| Identified risks and risk management actions | The dashboard helps to mitigate risks by providing information on performance from across the organisation. Each programme keeps a detailed register of risks for their projects and, where applicable, these will be escalated to the corporate risk register for Executive Team review. |
| Resource implications | Cross directorate work continues to maximise resources and facilitate reporting. Resources required to produce and maintain the dashboard are provided from existing budget streams. |
| Support to NHS Constitution | This report assists HEE to understand its performance in addressing its objectives, including those within the Constitution. This paper recognises that HEE is an organisation accountable to the public, communities and patients that it serves and, as a result, decisions and actions must be evidenced and transparent and underpinned by reliable and consistent information. |
| Legal implications including equality and diversity assessment | This report aims to highlight corporate risks, including those that may result in legal challenge, for instance, data protection issues. HEE will be considered as a failing organisation if it does not perform well against HEE’s Mandate commitments; this includes addressing equality and diversity issues. |
1.0 Introduction

The purpose of this paper is to inform the Board of HEE’s Quarter 4 performance and provide assurance that the organisation is operating effectively.

The report provides an overview of:

- Delivery of Business Plan priorities, Mandate commitments and programmes of work;
- The performance of corporate functions and commissioning activity.

Good progress continues to be made on:

- GP specialty recruitment
- The Shape of Caring programme
- Delivery against the Business Plan and Mandate commitments

The Executive Team remains focused on addressing the challenges relating to:

- Mandatory training compliance
- Recruitment of post-registration specialist nursing and Allied Health Professions

2.0 Performance Update

2.1 Commitments and Programmes

2.1.1 Business Plan and Mandate Commitments - Delivery Confidence Assessments

In 2016/17 there were 86 deliverables mapped to the 15 business plan domains with an additional category to ensure any ongoing Mandate requirements were being monitored and met. Fifty-six had a clear commitment to be delivered by 31st March 2017. A summary of progress against each domain is illustrated in Chart 1.

[Chart 1: Quarter 4 2016/17 Mandate and Business Plan deliverable RAG status by domain]
Highlights for 2016/17 include:

- supporting workforce transformation by leading the development and creation of new training courses and career pathways such as apprenticeships; nursing associates; physicians associates and non-medical endoscopists;
- enhancing junior doctors working lives by leading cross partnership engagement with professional bodies to improve policies relating to whistleblowing, advanced notice of placements and flexible working pilots;
- the development of the HEE Quality Framework which will enable placement providers to work in partnership with education providers and HEE regional and local quality teams to collaboratively evaluate, manage and improve the quality of education and training for all learners.

2.1.2 Projects Portfolio Tracking

In order to deliver the national priorities as described in the Business Plan and Mandate, HEE has adopted and continues to develop its project and programme management approach. As at Quarter 4, the HEE portfolio contained 52 programmes and projects as mechanisms for delivery. The majority of the Business Plan and Mandate deliverables are mapped to these programmes of work.

The financial position at year end was 14% underspent on an overall budget of £35.5m with spend of £30.5m during Quarter 4. Delays in recruitment and approval of IT contracts contributed to the underspend position.

2.2 Corporate Governance and Management

2.2.1 Financial Tracking

Subject to audit, HEE is reporting a year end underspend of £5.58m. Please refer to the Board finance report for further details.

2.2.2 Human Resources

Mandatory Training Compliance

The snapshot position as at April 2017 shows mandatory training compliance at 74.6%. Senior managers within HEE have accountability to ensure that compliance reaches the 95% target mandated by the organisation. The Human Resources team is supporting teams to achieve compliance through regular monitoring and review. Improvements to data quality have been undertaken, however, compliance levels continue to be below the target. The HEE-wide initiative to increase compliance will continue during 2017/18.

Staff Attendance and Retention

Attendance and Retention rates for April 2017 continue to be positive. Wessex and NE local offices are reported as slightly under targeted levels of attendance. This is due to long-term sickness cases from the beginning of the 2016/17 financial year. Recent month trends suggest an improvement over the last 6 months, so we would expect the 12 month cumulative rates to improve in both local offices. Retention rates are within expected parameters in most areas.

2.2.3 Corporate Risk Register

The corporate risk register continues to be reviewed by the Executive Team on a monthly basis. The risk register for April contains eight risks that have been reviewed and updated by the owners and approved by the Executive Team. New risks and improvement actions being undertaken are included in Table 1.
### Table 1

<table>
<thead>
<tr>
<th>New Risks</th>
<th>Improvement Actions</th>
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| Environmental impact on recruitment of doctors                             | 1. Notify potential applicants of developments and impact.  
2. Additional recruitment rounds for specialities with predicted under recruitment.  
3. Specific recruitment campaign and action plans implemented.  
4. Review of vacancies for those specialities with continuing under recruitment, to determine next steps. |
| Financial cost pressures                                                  | 1. Plans and budget setting to close for 2017/18, with budget upload for new financial year.  
2. New information on agenda for change to action, issued 1st April 2017.  
3. Medical and Dental cost pressures to be assessed. Tariffs moving away from funding a specific proportion to a fixed £ value to reduce pressure.  
4. Regular monitoring, reporting and review of actual spend against budgets. |
| LWABs and the development of an effective STP workforce strategy and delivery | 1. Ensure that HEE staff have the right skills to meet the needs of the STP programmes' workforce workstreams.  
2. Keep the membership and engagement of LWAB membership under continual review to ensure that the whole health and care system is represented.  
3. Ensure the TDG shares good practice and keeps up to practice with regional developments, providing regular analysis of themes.  
4. Develop regional workforce intelligence hubs that deliver strong modelling and analytical capability. |
| Talent management requirements                                            | 1. Business case completed to secure funding and submitted to the DH. DH process now under way.  
2. Monitor business case progression within DH. |

There has been a reduction in the risk scoring and RAG rating relating to GP recruitment (risk 53). HEE is working with a key group of GP Directors/Deans and workforce managers to assess and implement a range of recruitment changes to support increased flexibility of the GP recruitment processes to enable maximum recruitment into GP specialty training.

#### 2.2.4 Public and Parliamentary Accountability

In Quarter 4 2016/17, HEE responded to 68 FOI requests, 36 Correspondence, 66 Briefings and 54 Parliamentary Questions (PQs). There were three requests in total that were responded to late in March, which were caused by issues with the migration of emails across to Office 365. The delays were no more than 24 hours and appropriate organisations and colleagues were made aware in advance of potential delays.

In April and May, HEE responded to 27 FOI requests, 14 Correspondence, 20 Briefings and three Parliamentary Questions (PQs). One request was responded to one day late due to an administrative issue. The pre-election period has meant fewer requests were made.

#### 2.3 Investments and Commissions

##### 2.3.1 Medical fill rates

**2016/17**

The final position for the 2016/17 recruitment year is included within the dashboard and includes starters in August 2016 and February 2017.

To support overall net growth of 5,000 extra doctors in general practice by 2020, HEE has increased GP training capacity and increased recruitment each year. 2016 GP specialty recruitment is the highest it has ever been, recruiting a total of 3,019 (against the target of 3,250) including ST1, pre-specialty trainee, GPF2 and broad based training.

**2017/18**
Recruitment is currently under way to fill training positions for August 2017. Whilst the snapshot position taken on the 21st April 2017 shows an overall drop in Round 1 (CT1/ST1) acceptances by 2.5% (98) compared to the same stage in 2016, GP acceptances have increased by 3.5% (117) over the same period. The following specialties at CT1/ST1 have been re-advertised for August 2017 - ACCS – Emergency Medicine, General Practice, Histopathology, Core Medical Training, Core Psychiatry, Paediatrics and Obstetrics & Gynaecology, with offers commencing from 3rd May 2017.

ST3/ST4 recruitment is ongoing with initial offers being made in April for starters to commence from August 2017.

Further rounds of recruitment are planned for later in the year to fill remaining vacancies at CT1/ST1 and ST3/ST4 for February 2018.

### 2.3.2 Non-Medical Education Commissioning (EdCom)

October to December (FYQ3 / AYQ2) saw little change to the year-end forecast position that was reported for the first quarter of the academic year. This is due to October to December only having 3% of planned annual activity. Eighteen of the 38 standard programmes had no planned Quarter 2 activity at all; 11 of these programmes are first quarter recruits only so have no further planned activity for the rest of the year.

There are four main programme groups. After the second quarter, the England level year end predictions are that two groups will end the year on or slightly above target (other scientific, technical and therapeutic, and pre-registration nursing and midwifery) and the other two will be between -1% and -19% under recruited (allied health professionals and post-registration specialist nurses).

As reported previously, the under recruitment in Paramedic programmes has largely been a result of concerns around HEI capacity and quality of output within the East of England, resulting in a capping of numbers whilst the quality issues that were arising due to pressures on the clinical learning environment are addressed. Work continues to address placement hours, mentor capacity and cohort sizes with HEIs and ambulance services who are also reviewing operational pressures and high vacancy rates against the numbers of student paramedics they are safely able to take into a quality training environment. London is in a different position as Paramedic Science degrees are not NHS commissioned, however there is close working between the HEIs and HEE teams as similar issues have been reported. Recruitment has fallen in London from 256 in 2015/16 to 219 for 2016/17.

With regards Specialist Nursing, further work is ongoing to explore future roles and opportunities for delivering high quality community nursing and care.

The January to March (FYQ4 / AYQ3) position is currently being validated. The final position will be reported in the next Board report.

### 2.4 Trainee and Learner Management

#### 2.4.1 Trainee Revalidations

Of the 2,866 recommendations (made in January and February 2017) 6 cases were late recommendations. The slightly higher incident of late recommendations in London & South East is primarily attributed to a technical issue with the Intrepid database. Progress has been made to resolve the issue with the current database which will be reflected in the next reporting period.

#### 2.4.2 Apprenticeships and Care Certificate
Apprenticeships

The National Skills Academy for Health has more than doubled its target of 400 to 881 apprentice starts in primary care, and is preparing final reports and new case studies. The Quality Principles' work commissioned from the National Skills Academy for Health into high quality and high ambition apprenticeships has been progressing well and will continue into 2017/18.

A successful national apprenticeship social media campaign culminated in Apprenticeship week, 6 - 10 March. The campaign has also produced resources for providers to promote NHS apprenticeships with shared imagery for banners, leaflets and posters. A second national NHS apprenticeship awards’ event was held in London in March 2017, to recognise some of HEE’s outstanding apprentices from across the country.

2016/17 has been a challenging year for NHS apprenticeships due to employers deferring apprenticeship starts in anticipation of the introduction of the Levy and the new statutory public sector targets in April 2017 (deferred from mid-year, 2016/17) and the reduction in HEE budgets previously used to support apprenticeship starts in provider organisations (again, in anticipation of the introduction of the Levy).

The 2016/17 outturn for the NHS* - including both apprenticeship starts and new role trainee starts supported and funded by HEE pending the approval of their apprenticeship standards (Nursing Associates, Physician Associates** and others***) - came to a combined total of 18,453.

This, along with the increasing number of healthcare apprenticeship standards now being developed clearly indicates that the apprenticeship model will continue to be adopted by the NHS and is key to the training and development of its staff.

Care Certificate

The final validated numbers for Quarter 3 2016/17 are 4,500 care certificate completions and 6,332 commencements. The indicative Quarter 4 position from the local team leads is 4,504 care certificate completions and 6,353 commencements.

The Care Certificate was not mandated and as such no target associated with the numbers of commencements or completions. The target audience for the Care Certificate is health care support workers, and the focus for delivery is on those new to organisations, linked to induction to care roles.

The e-learning programme supported by e-learning for health continues to progress on time and within budget. Fourteen of the 15 sessions were completed in March 2017 with the final one (Information Governance) being ready for May 2017. The sessions will cover all 15 standards for the care certificate.

Following the e-learning pilot phase 2 “toolkit” information sheets are being developed to accompany the programme and support assessors, mentors and students of the care certificate.

The care certificate e-learning programme will be hosted by e-learning for health, with the website showcasing what is on offer and how to access the programme.

* Apprenticeship starts in the Arm’s Length Bodies have been excluded from the 2016/17 outturn as these numbers are now contained within the civil service targets.

** Physician associate numbers are for 2016 and have been taken from the National Training Data Modelling spreadsheet.

*** Subject to verification.
2.4.3 Code of Practice

The compliance rates will be published on HEE’s website, once validated. The requirement of Code of Practice will be included in the refreshed learning and development agreement to ensure employers undertake their commitments and HEE will engage with NHS Improvement and NHS employers to obtain data on employers’ compliance. All partners will review the Code after one full year’s implementation and agree any revisions.

The March 2017 rotation position is reported to be 66% against a target of 90%, and the regional position varies between 41.9% and 100%. Technical difficulties led to late notification of some trainees in this region and contingency plans will be initiated to minimise the impact of technical issues on future returns. The regional exception rates fell between 0% and 2.4%. The reasons for these exceptions include individuals’ circumstances such as sick leave, maternity leave, and being out of programme (e.g. for research purposes).

The table in the corporate dashboard indicates regional compliance with the code for rotations which occurred in the three months to February 2017, which should have been communicated to Trusts by HEE in September, October and November 2016. The HEE position is 96.9% against a target of 90%, and the regional position varies between 91.4% and 99.8%. The regional exception rates were reported to be between 0.6% and 3.7%.

2.4.4 Return to Nursing Practice (RtP)

The return to practice table in the dashboard shows delivery against the 2016/17 milestones and planned RtP figures across the four regions. Whilst there is some variation, overall HEE has met 90% (1,154) of the planned commissions.

Collaborative work has led to the Nursing & Midwifery Council (NMC) call to action letter to 54,000 ex-registrants to return to nursing practice. Initially this generated significant interest across the country with six local offices receiving three-fold the number of enquiries. The letter continues to contribute to a steady flow of enquires and applications from students as courses are accessed at a point in time which is convenient to the individual.

Two HEI summits were held in 2016/17 (with 90 delegates attending) delivering a programme of RtP innovation and sharing best practice for the national RtP stakeholder group. The 2017/18 RtP workstreams highlighted for focus will be Back to the Floor programme working in partnership with NHS Blood and Transplant Service, the social care sector and General Practice Nurse (GPN) pilots developing mentorship infrastructure to support returner placements, pastoral and preceptorship workstreams.

In alignment with the workforce shortages list, the 2017/18 programme will be further enhanced through national inclusion of RtP for Allied Health Professions (AHPs).

A project plan has been approved by Primary and Community Care Programme - Workforce 20/20 Advisory Board led by Professor Simon Gregory, identifying a variety of options for RtP General Practice Nurses to return to the profession; this activity will continue for 2017/18 supported by the Community Education Provider Network (CEPN) and Training Hubs network to contribute to the delivery of the General Five Year Forward View.

2.5 Quality & Outcomes

2.5.1 Quality Framework

Following the initial publication of the HEE Quality Framework in April 2016, HEE has worked in collaboration with quality teams, key partners and stakeholders to test, pilot and refresh the Framework with the support of an independent academic partner.
The refreshed HEE Quality Framework 2017/18 has now been published on the HEE website, and the framework and associated systems and processes will be implemented across the organisation from April 2017.

Over the coming year, the quality teams will continue to build upon the framework as a multi-professional diagnostic tool in order to support HEE in engaging with system partners and provide targeted and bespoke support to providers. In parallel, the quality team will establish a HEE Quality Dashboard to underpin and evidence the framework, and continue to develop and launch a National Education and Training Survey (NETS).

3.0 Future Reporting

The HEE Performance Leads Network is reviewing the draft Mandate and Business Plan to ensure that HEE’s deliverables reflect new and emerging priorities. Significant development work is under way to move to new technology, recently invested as part of the HEE Information Strategy. During 2017, HEE will transition from Excel-based dashboards to Tableau, which will facilitate HEE’s decision makers to access the information they require on HEE’s performance when and where they need it, using web based technologies.

4.0 Recommendations

The Board is asked to note HEE’s performance against the Business Plan and Mandate commitments and key business priorities at Quarter 4 2016/17.