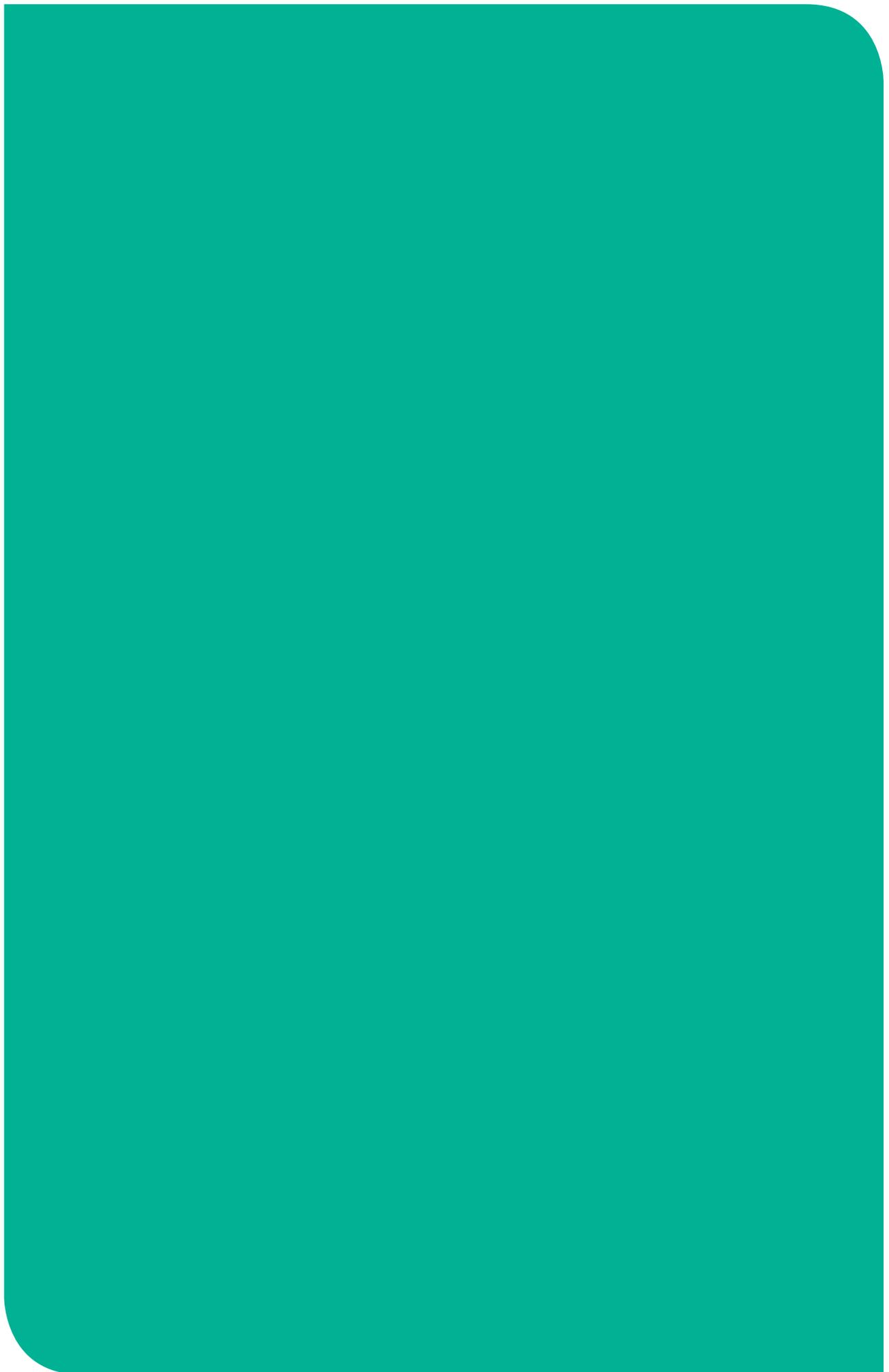




Department  
of Health

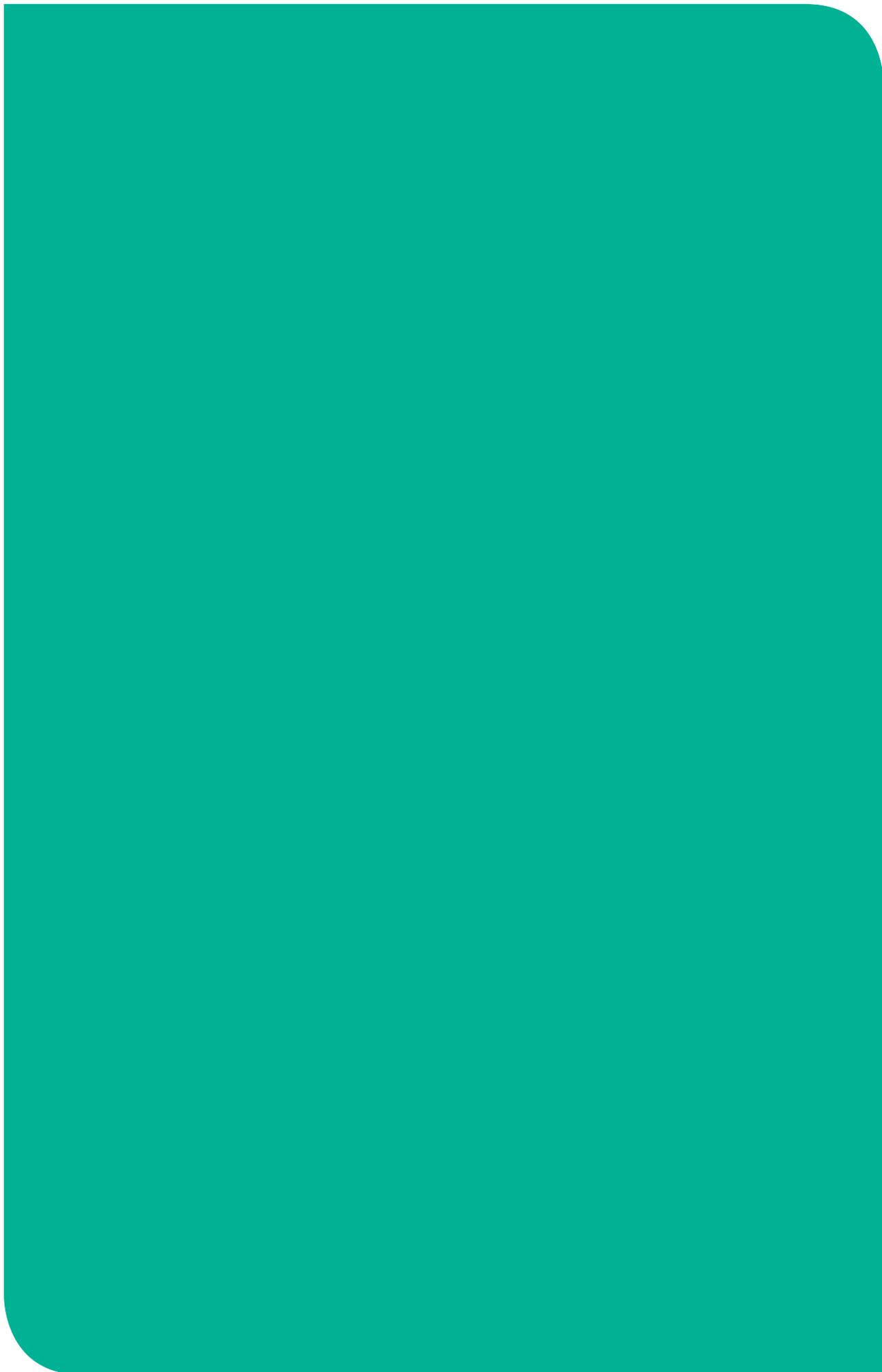
# Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values

A mandate from the Government to Health Education  
England: April 2013 to March 2015



# Contents

Foreword	3
1. Introduction	5
2. Support for service priorities	7
3. Values and Behaviours	13
4. Excellent Education	15
5. Competent and Capable Staff	19
6. Flexible Workforce, receptive to research and innovation	23
7. Widening Participation	25
8. Working in Partnership – Patient and Public Voice and Local Accountability	27
9. Value for money, transparency and fairness	31
Annex A – Timetable of Short-Term Deliverables	33



# Foreword

**Our National Health Service and public health services' first priority must be the public that we serve. It is the commitment, professionalism and dedication of the NHS and public health staff that can make the greatest difference in providing high quality services and care for patients and their families.**

The terrible events at Mid-Staffordshire Foundation Trust and the Francis Report reinforces the need to recruit NHS and public health staff with the right values and the need to put the delivery of high quality compassionate care at the heart of our NHS.

Effective and high quality education and training must ensure that NHS staff are available in the right numbers with the right skills, values and competencies to deliver both excellent clinical outcomes together with patient-centred care. Staff need to be supported by NHS employers through their working lives by effective support, supervision and appraisal.

In training and providing our NHS workforce with the right skills to deliver effective patient care, our NHS must become increasingly responsive to the patient and public need to deliver more care in the community and in people's homes - in particular, to better

support patients, and their families, with long term conditions and disabilities such as diabetes and dementia. Investment in our NHS workforce will therefore need to reflect the changing needs of patients, carers, and the local community with healthcare and public health providers taking greater responsibility and accountability for the training, skills and competencies of the workforce they employ.

There is a responsibility on healthcare providers to deliver high quality education and training not just for their students, but for all their staff in order to ensure high quality and safe patient care. Local NHS employers must support students and staff at every stage of their development and careers. Local Education and Training Boards will hold local healthcare employers to account where training provided falls short of expectation.

In order to ensure that Health Education England is able to support the commitment to deliver high quality health and public health services and a smooth transition for patients between care settings and organisations, this mandate is aligned with and reflective of the priorities set in the mandate for NHS England and the NHS and public health outcomes frameworks.

Health Education England has primary responsibility for healthcare education and training in England but where possible will endeavour to work with the devolved administrations and health services of Scotland, Wales and Northern Ireland to

deliver objectives that impact and improve health services across the UK.

It is our intention that the mandate for Health Education England should be reviewed regularly to ensure that the objectives are current and meaningful to the needs of our health and care systems.

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

Rt. Hon. Jeremy Hunt MP  
Secretary of State for Health

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

Dr. Dan Poulter MP  
Parliamentary Under-Secretary of  
State for Health

# 1. Introduction

## 1.1. Reform of the Education and Training System

**1.1.1.** From 1st April 2013, the Secretary of State for Health has a statutory duty to ensure that an effective education and training system is in place for the NHS and public health system. This duty coincided with the abolition of the strategic health authorities and the transfer of their responsibilities for education and training to Health Education England (HEE) and employers working together in local education and training boards (LETBs).

**1.1.2.** The key principles for the education and training of healthcare workers were set out in the document *Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery* and are summarised below:

- greater accountability for all healthcare providers to plan and develop their workforce, whilst being professionally informed and underpinned by strong academic links;
- aspiring to excellence in training and a better experience and outcomes for patients, students and trainees;
- supporting NHS values and behaviours to provide person-centred care;
- supporting the development of the whole workforce, within a multi-professional and UK-wide context;
- supporting innovation, research and quality improvement;
- providing greater transparency, fairness and efficiency to the investment made in education and training; and
- reflecting the explicit duty of the Secretary of State to secure an effective system for education and training.

**1.1.3.** It will be the responsibility of HEE to provide national leadership and strategic direction for education, training and workforce development and to ensure a nationally coherent system is in place.

**1.1.4.** HEE will work with stakeholder to ensure that there is an appropriate balance between supply and demand of staff in terms of numbers, skills and behaviours to support the delivery of high quality care.

**1.1.5.** This mandate provides details of the strategic objectives of the Government in the areas of workforce planning, health education, training and development for which HEE and the LETBs have responsibility. It aligns with the mandate for NHS England and the Francis Report as well as the requirements of the NHS, Public Health and Social Care Outcomes Frameworks. It also reflects the increasing importance of public health matters and will require HEE to take into account the development of the Public Health England (PHE) strategy and the Secretary of State's four priorities:

- preventable mortality;

- long-term conditions;
- ‘being caring’ and
- dementia.

**1.1.6.** HEE’s primary focus will be on professionally qualified healthcare and public health staff whose education and training is funded through the multi-professional education and training budget for which HEE will be responsible. HEE, with the networks of employers working through LETBs, will also provide a wider leadership role in relation to the development of the whole workforce engaged in the delivery of healthcare and public health.

**1.1.7.** HEE and the LETBs will play leading roles in delivering the objectives within this mandate. To achieve these objectives will require close partnership working with providers of education and those organisations commissioning and providing front-line NHS and public health services.

**1.1.8.** HEE will work with key partners to support and enable greater local responsibility and accountability for decision making in order to build a system that is responsive to the needs of patients and communities.

**1.1.9.** This mandate recognises that HEE and the LETBs are new and will develop. They need to establish themselves and their working relationships with key partners. As well as including clearly defined early deliverables, this mandate identifies longer-term objectives including the development of baseline measures to improve performance measurement and ensuring that appropriate incentives for excellence are developed. HEE needs to ensure that it establishes a strong foundation to make progress against these longer-term outcomes and objectives.

## 1.2. The Education Outcomes Framework (EOF)

**1.2.1.** This mandate aligns with the recently published Education Outcomes Framework (EOF), which sets out the outcomes we expect from the reformed education and training system. A copy of the EOF can be viewed at the following web address:

<https://www.gov.uk/government/publications/education-outcomes-framework-for-healthcare-workforce>

**1.2.2.** The EOF is a “living document” that will evolve during the life of this mandate. While HEE is responsible for a number of areas within the framework, in other areas progress is dependent on the entire health and care system working effectively. The EOF does not replace existing responsibilities, for example on those delivering education and training to meet their obligations to professional regulators.

**1.2.3.** This mandate has been structured to match the five domains of the EOF:

- Domain 1: excellent education
- Domain 2: competent and capable staff
- Domain 3: flexible workforce, receptive to research and innovation
- Domain 4: NHS values and behaviours
- Domain 5: widening participation

**1.2.4.** In some cases, the objectives described in this mandate are relevant to more than one EOF domain but in these instances they are only included under one heading.

## 2. Support for service priorities

### 2.1. Integrated Care

*Smooth transition between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services and health and social care – thereby helping to reduce health inequalities.*

*The mandate for NHS England*

**2.1.1.** The future needs of the NHS, public health and the care system will require a greater emphasis on community, primary and integrated health and social care than in the past. An understanding of working in cross-disciplinary teams and working to break down barriers between primary and secondary care is required and HEE's objective is to ensure that it trains and develops a workforce with skills that are transferable between these different care settings.

**2.1.2.** Although HEE does not have responsibility for the social care workforce, it will be expected to work closely with the social care sector at local and national level to ensure that workforce plans align with the training and development of the healthcare and public health workforce commissioned by the LETBs.

**2.1.3.** To support the development of this integrated approach to NHS, public health and social care systems, HEE needs to

work with partners across health and care to develop common standards and portable qualifications. This must make it easier for staff to work and move between settings and should build on existing work, such as skills passports and national minimum training standards.

**2.1.4.** In order to tackle historical shortages in doctors working in emergency medicine, HEE will need to ensure that the existing medical taskforce working group continues to work and that progress is maintained.

**2.1.5.** The HEE taskforce will urgently review the workforce issues in emergency medicine, produce recommendations in summer 2013 and develop and execute an implementation plan with relevant partners to address workforce shortages for both the short and long term.

## 2.2. Treating Mental and Physical Health Conditions with Equal Priority

*Treating mental health and physical health conditions in a co-ordinated way, and with equal priority, is essential to supporting recovery. The NHS Commissioning Board's objective is to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole.*

*The mandate for NHS England*

**2.2.1.** The NHS, public health and social care system must treat mental health and physical health conditions with equal priority. As part of this, the Government has committed to the continued rollout of the Improving Access to Psychological Therapies (IAPT) programme for people with depression and anxiety. HEE will need to ensure that there are sufficient therapists and other staff with the right skills to support the delivery of the IAPT programme. HEE will need to ensure that there is a good skill mix so that the IAPT programme includes a range of evidence-based therapies. In particular, HEE have the opportunity to play a crucial role in transforming children's IAPT.

**2.2.2.** HEE will also need to focus on the mental health workforce more widely and ensure sufficient numbers of psychiatrists,

other clinicians and care staff are trained to meet service needs. It will need to deliver a mental health workforce with the skills and values needed to continually improve services and promote a culture of recovery and aspiration for all of their patients.

**2.2.3.** Mental health is a matter for all health professionals and HEE should develop training programmes that will enable employers to ensure that staff have an awareness of mental health problems and how they may affect their patients. This should include an awareness of the links between patients' mental and physical health, in particular how this might affect military veterans, and the impact of co-morbidity as well as the actions they can take to ensure that patients receive appropriate support.

## 2.3. Early Years – Best Start in Life

*Our ambition is to help give children the best start in life and promote their health and resilience as they grow up.*

*The mandate for NHS England*

**2.3.1.** To enable children to get the best start in life, prevention and treatment services from pregnancy through to adolescence and young adulthood need to be high quality, evidence-based and safe. These services need to be delivered in the right place by a properly planned, educated and trained workforce.

**2.3.2.** NHS and public health staff across a range of professions should work in partnership for the benefit of children and young people. They will require appropriate training to help them reach a joint and holistic view of a child's needs and development and enable them to provide support to mothers and to children in their early years and as they grow.

**2.3.3.** As part of this ambition, HEE should work with the NHS England and others to ensure that sufficient midwives and other maternity staff are trained and available to provide every woman with personalised one-to-one care throughout pregnancy, childbirth and during the post-natal period.

**2.3.4.** The commitment to an additional 4,200 FTE health visitors, by April 2015, will help to ensure vital support to new families and give children the best start in life. HEE has a key role to play in commissioning sufficient training places across the country to ensure the additional staff are available in the right place at the right time. To achieve

this, HEE will need to work closely with the NHS England to align training commissions with service plans and with PHE and local authorities to ensure sustainable development and smooth transfer of commissioning.

**2.3.5.** HEE will work with PHE and local authorities to ensure a well educated workforce for school aged children and young people and in particular school nurses.

**2.3.6.** Local authorities need to be supported by specialist public health teams which can effectively influence all aspects of local communities to ensure services and an environment which ensures the best start in life for all children.

## 2.4. Long-term Conditions and Dementia

*We want to empower and support the increasing number of people living with long-term conditions.*

*Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs. This has inspired the Prime Ministers Challenge on Dementia, which was launched in March 2012. The Government's goal is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.*

*The mandate for NHS England*

**2.4.1.** HEE will need to support training for staff to deliver better prevention and care to patients with long-term conditions. Training should enable staff to help patients and their families manage these conditions by reflecting the increasing role of carers and self-management of long-term conditions and the supportive roles that wider communities can play. This will also include diagnosis, treatment and care of those with dementia.

**2.4.2.** HEE will need to provide leadership through LETBs in the development of training programmes to support staff to diagnose early symptoms of dementia and ensure they are aware of the needs of patients and their families and carers to enable them to

provide safe, dignified and compassionate care. In particular, the GP workforce needs to be developed to ensure it has the skills necessary to identify and work with dementia patients.

**2.4.3.** To improve care of dementia patients, all NHS staff that look after patients with dementia will go through a dementia awareness programme (foundation level dementia training) HEE will ensure that 100,000 staff have foundation level training by March 2014. HEE will work with stakeholders to develop concrete plans by autumn 2013 for a rapid roll out, so that all NHS staff that look after patients with dementia will receive foundation level dementia training. This

programme will enable staff to spot the early symptoms of dementia, know how to interact with those with dementia, and signpost staff to the most appropriate care; it will be backed up with more in-depth training of expert leaders and staff working with people with dementia.

**2.4.4.** Training should also raise awareness of the increased likelihood of mental health problems presenting themselves in those people with long-term conditions and

the need for care to address both issues concurrently.

**2.4.5.** HEE will work with Higher Education Institutions (HEIs) to review the content of pre-registration nurse education to ensure all new nurses have the skills to work with the large numbers of older people being treated in the healthcare system. HEE should develop specific post-graduate training for nurses caring for older people with complex needs.

## 2.5. Public Health

*The Public Health Outcomes Framework (PHOF) indicates that the whole system will be refocused around achieving positive health outcomes for the population and reducing inequalities in health.*

*The Public Health Outcomes Framework sets the context for the public health system, from local to national level, setting out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist.*

*Achieving these outcomes requires the collective efforts of all parts of the public health system, and across public services and wider society in implementation.*

*Public Health Outcomes Framework (PHOF)*

**2.5.1.** HEE will have a critical role in commissioning education and training for public health specialists and other public health staff in PHE and local government, as well as in embedding public health capacity across the wider NHS, public health and social care system. The role of health practitioners in the new system must begin well before the hospital doors. There is a growing understanding of the interdependence of public health and the NHS through the Section 7a agreement with the NHS England and shared indicators in the Public Health, Social Care and NHS Outcomes Frameworks.

**2.5.2.** The NHS has an important public health role in making every contact count. The mandate for NHS England states “in focusing the NHS on preventing illness, with

staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more. As the country’s largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce”.

**2.5.3.** Implementing the PHOF will require an understanding of the need for partnership between the NHS, the public health system (including PHE and local government) and social care. It also requires an understanding of the importance of the “life course” approach and where interventions are needed to make savings down the line. The “life course” approach is an integral part of each domain, reflecting the extent to which

action at different ages can contribute to the top-level outcomes and enabling a robust analysis of how outcomes are improving at all ages.

**2.5.4.** The health of people in England will only improve in line with other comparable

developed countries when the entire NHS, public health and social care workforce genuinely understands how their services together can improve the public's health. This new focus for education and training is an essential element of the role of HEE.

Support for Service Priorities	
<b>Themes</b>	
	Ensuring the workforce is responsive to changing service priorities.
<b>Short term deliverables</b>	
	Maintain midwifery-training numbers at a sufficient level to meet service demand.
	Delivery of additional trained health visitors to support the objective of increasing the health visitor workforce by 4,200 FTE by April 2015.
	Commission IAPT Training places at a sufficient levels and numbers to meet service demand and commissioning intentions across all aspects of the IAPT programme to 2015.
	Develop specific post-graduate training for nurses caring for older people with complex needs.
	To ensure training is made available so that <b>all</b> NHS staff whom look after patients with dementia have foundation level dementia training, HEE will ensure that 100,000 staff have foundation level training by March 2014. HEE will work with stakeholders to develop concrete plans by autumn 2013 for a rapid roll out, so that all NHS staff that look after patients with dementia will receive foundation level dementia training. To work with higher education providers and regulators ensure newly qualified staff receive foundation level dementia training.
	To ensure that the medical taskforce working group is maintained to tackle historical shortages in doctors working in emergency medicine and to encourage more doctors into emergency medicine. The taskforce will urgently review the workforce issues in emergency medicine, produce recommendations in summer 2013 and develop and execute an implementation plan with relevant partners to address workforce shortages for both the short and long term.
<b>Longer Term Objectives</b>	
	Improved integration of health and care workforce.
	Staff equipped to treat mental and physical conditions with equal priority.
	Staff effectively trained to provide support to parents and children in their early years and to address inequalities as a result of early years' experience.
	Improved care of people suffering with long-term conditions and dementia.



## 3. Values and Behaviours

### 3.1. Overall Objective of HEE

**3.1.1.** HEE should ensure that recruitment, education, training and development results in patients, carers and the public reporting a positive experience of services consistent with the values and behaviours identified in the NHS Constitution. HEE must ensure that the principles of safeguarding are integral to education and training curricula for health professionals.

### 3.2. Recruiting and Training Staff to Demonstrate NHS Values

**3.2.1.** Future health professionals need to understand that the quality of care and prevention is as important as the quality of treatment. HEE must work with healthcare providers, regulators and educational institutions to ensure both recruitment processes and education and training curricula identify and reinforce these values.

**3.2.2.** HEE will work with employers, professional bodies and education providers to develop evidence based approaches to recruitment and selection for training programmes based on values and behaviours as well as technical and academic skills. HEE

should also work with providers to ensure that the continuing personal development of staff reinforces these values.

**3.1.3.** Ensuring that, starting with pilots, every student who seeks NHS funding for nursing degrees should first serve up to a year as a healthcare assistant, to prompt frontline caring experience and values, as well as academic strength. The scheme will need to be tested and implemented carefully to ensure that it is neutral in terms of cost. HEE will evaluate the impact and develop the learning. We will explore whether there is merit in extending this principle to other NHS trainees. HEE's objective is to enable an increasing proportion of nurses to have the opportunity to do this. HEE will work with the Nursing and Midwifery Council, professional leaders and trade unions in developing the pilots and develop approaches to provide prospective student nurses with opportunities to work in care settings, with appropriate supervision, before entering their degree courses.

## NHS Values and Behaviours

### Themes

Increased focus on delivering safe, dignified and compassionate care.

### Short term deliverables

Ensure that selection into all new NHS funded training posts incorporates testing of value based recruitment.

Introduce and evaluate pilots of giving NHS-funded students hands-on care experience.

Increasing the proportion of entrants to healthcare professional education who have experience working providing care in a care setting before they start their course.

### Longer Term Objectives

Continual improvement in scores from patient surveys on questions relating to staff behaviours and compassion in care.

Support efforts to deliver a continual improvement in proportion of both staff, patients and the public who recommend friends and family by ensuring an adequate supply of suitably qualified staff.

## 4. Excellent Education

### 4.1. Overall Objective of HEE

**4.1.1.** HEE should ensure that current and future NHS and public health staff receive high quality education, training and development to enable them to deliver the highest possible quality of prevention and care for patients and the public now and in the future.

### 4.2. Ensuring Education Reflects Service Needs

**4.2.1.** In order to achieve the overall “Excellent Education” objective, HEE and the LETBs will lead the commissioning of education and training for the future workforce based on robust workforce planning and clear quality indicators.

**4.2.2.** HEE and the LETBs should work with partners, including patient representatives, employers, service commissioners, sector skills councils, professional regulators and professional bodies to ‘future proof’ education and training programmes. These programmes should meet future service and public health needs and reflect changing technologies, delivery systems and the increased emphasis on disease management through the primary care sector and health protection and improvement.

**4.2.3.** Although it will always be necessary to deliver discrete training programmes for many professions, there will be an increasing need to deliver healthcare in multi-

disciplinary teams and the delivery of training should reflect this. Where appropriate, it should incorporate working in multi-skilled teams reflecting care pathways rather than exclusively professional groupings.

**4.2.4.** An increasing focus on public health matters will require HEE to work with partners to improve the public health capability of all professional staff going through training and to work with others to support preventative services.

**4.2.5.** To ensure that excellent education is relevant to the needs of patients and the public, the workforce planning system needs to be based on the way people expect services to be delivered.

### 4.3. Improving the Quality of Education and Supporting Students

**4.3.1.** Students should receive the appropriate level of support to ensure that they are able to provide safe and effective prevention and care as part of their supervised training. Any issue regarding quality of training needs to be addressed openly and transparently. Education providers should be given the opportunity to address quality issues but this should not prevent information being shared with regulators and other partners to ensure that the interests of patients are protected. HEE should ensure that it monitors and acts on feedback from students and trainees as this provides an

important measure of the effectiveness of their education and training. This should include ensuring that staff and trainee feedback is passed to the Care Quality Commission (CQC) within one month of receiving it where concerns have been raised.

**4.3.2.** HEE will work with LETBs and healthcare providers to deliver high quality clinical and public health placements that provide trainees and students with sufficient time working with patients to gain experience in relevant and varied clinical and public health settings. Clinical placements should be supported through the engagement of employers and high quality supervision of students and trainees.

**4.3.3.** The role of the ‘educator’ or ‘trainer’, in the context of delivering excellent education and training, is of vital importance and must be seen as an essential part of the healthcare professional’s role and responsibilities. HEE should work with the LETBs and healthcare providers to ensure that trainers and educators have access to the necessary support and professional development to allow them to provide excellent education and training.

**4.3.4.** Unnecessary attrition from training programmes can result in significant cost and impact on the health and wellbeing of students. HEE’s objective is to reduce unnecessary attrition from training programmes.

**4.3.5.** HEE will work with LETBs to ensure that all providers deliver excellent education but it should recognise and act to withhold funding from those providers who consistently fail to meet the required standards.

**4.3.6.** HEE will work with regulators and royal colleges to conduct a review of the qualifications required for non-surgical cosmetic procedures and the qualifications required to be responsible prescribers. This work should be delivered by October 2013.

## 4.4. Support the Development of the Existing Workforce

**4.4.1.** HEE will provide leadership and work with LETBs and healthcare providers to ensure professional and personal development continues beyond the end of formal training to enable staff to deliver safe and high quality healthcare and public health services both now and in the future. This will include supporting the development and training of existing NHS and public health staff and supporting staff who may wish to return to practice.

## 4.5. Improving the Evidence Base to Support Investment Decisions

**4.5.1.** Recruiting staff and students into education and training courses requires significant investment. HEE should work with relevant partners to strengthen the evidence base to support the most effective approaches to recruitment to health education, the provision of education and training, and the on-going development of staff to meet patient and public needs.

Excellent Education	
<b>Themes</b>	
	Partnership working to ensure that education is closely linked to service needs, health improvement and protection.
	Ensuring that education delivery reflects the multi-disciplinary delivery of healthcare services and public health.
	Ensuring that support is provided to develop the existing workforce.
<b>Short term deliverables</b>	
	Improved feedback from students on the quality of education and training they receive and hold HEE to account.
	Measurement of attrition rates on NHS funded courses in 2013 to act as a baseline for action to further reduce rates from 2014 onwards.
	Complete review of qualifications required for non-surgical cosmetic procedures and qualification required to be responsible prescribers by October 2013.
	To ensure progress should be made in each year of the mandate towards ensuring that 50% of medical students become GPs.
	To ensure significant progress towards a target of at least 50% of student nurses undertaking community placements by March 2015.
<b>Longer Term Objectives</b>	
	Ensuring that 50% of specialty trainees choose to enter GP specialty training.
	At least 50% of student nurses undertaking community placements by March 2015.
	Increased proportion of staff responding to surveys saying that training has helped them to do their job.
	Increased proportion of healthcare providers who publish data on staff training levels.



## 5. Competent and Capable Staff

### 5.1. Overall Objective of HEE

**5.1.1.** HEE's objective is to ensure that the right numbers of staff with the right values are being trained and developed and that they have the right competence, capability and performance to meet future needs.

### 5.2. Improving Workforce Planning to Ensure Continuing Supply of Appropriately Skilled Staff

**5.2.1.** The delivery of high quality services can only happen if the staff employed to undertake this work are suitably trained and competent to undertake their roles.

**5.2.2.** It is often the case that students take up work close to the areas where their training was undertaken, leading to workforce imbalances across many areas of the country. Training will need to take place across the whole of England to reflect the service needs both now and in the future and HEE should work with LETBs to understand geographical imbalances and take action to correct them.

**5.2.3.** HEE's objective is to work through the LETBs to lead a process of improved workforce planning to ensure sufficient staff are trained with the right skills in the right locations to enable healthcare providers to deliver their commissioning plans. Successful implementation of this requirement should lead to a significant reduction in the number

of health roles on the Shortage Occupation List by March 2015.

**5.2.4.** HEE will use all the levers available to ensure that LETB plans and activity are consistent with the national and local NHS workforce requirements.

**5.2.5.** It is important to ensure that sufficient numbers of staff are available to focus on preventative services. This will include working with PHE to commission the appropriate number of public health specialists to meet demand and improve the public health capability of all professional healthcare staff undertaking training.

**5.2.6.** HEE will need to take a strategic role in relation to those healthcare professions where number controls are determined nationally, including medicine, dentistry and pharmacy. HEE's objective is to work with partners in higher education to keep medical and dental training numbers under review and to work with the Higher Education Funding Council of England (HEFCE) to develop a process for determining the number and distribution of undergraduate pharmacy places.

**5.2.7.** In the case of smaller specialties and professions, planning will be led on a national basis by an individual LETB with HEE ensuring that overall training numbers in the plans reflect the national demand for smaller specialties. HEE should use the consolidated responses from all the LETBs to inform the production of a national 5-year workforce plan.

**5.2.8.** HEE should establish a lead LETB for public health allowing for the consideration of the unique challenges facing the public health workforce by concentrating HEE expertise in one place with a single dialogue between HEE and the public health community to address the training and educational needs of the public health workforce.

**5.2.9.** HEE should work with the Department of Health (DH) to consider the impact of the *Shape of Training* review that is being led by Professor David Greenaway. When this review is published HEE should work rapidly to develop a plan that takes forward the agreed work programme.

**5.2.10.** HEE has an objective to continue the delivery of national medical recruitment programmes, including the UK-wide foundation programme in partnership with the other health departments of the UK and oversight of specialty recruitment in England. HEE will need to agree, and monitor the delivery of, key objectives for the UK Foundation Programme Office (UKFPO) in conjunction with the devolved administrations.

**5.2.11.** HEE should ensure that General Practitioner (GP) training produces GPs with the required competencies to practise in the new NHS. Medical Education England (MEE) accepted the educational case to extend GP training to four-years and this extension is supported in principle subject to confirmation of the economic case and affordability. HEE will work with the General Medical Council (GMC), the four UK Health Departments and the Royal College of General Practitioners to agree an approach for implementing the revised training programme, which should also include much more emphasis on child health, mental health and care of the elderly. This objective will be updated to reflect progress and the outcome of the Greenaway review when the mandate is refreshed in autumn 2013.

**5.2.12.** HEE also needs to ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration.

**5.2.13.** The existing system needs reform, so that there is a clear and sustainable path, which enables all suitable graduates to secure full GMC registration. DH and HEE will work with partners, including the other UK health departments, the GMC, medical schools, employers and trainees to set out a reformed approach by autumn 2013 with a view to an introduction in autumn 2014. This objective will be updated to reflect progress when the mandate is refreshed in autumn 2013.

**5.2.14.** Healthcare providers are responsible for ensuring that they have the right level of staffing to provide high quality care. The Government's response to the Mid-Staffordshire inquiry emphasises the importance of this and will lead to changes in some healthcare providers' workforce plans. HEE must work with LETBs and others to ensure that there are sufficient nurses and other staff being trained to meet the needs of patients.

### 5.3. Developing the Care Assistant/Support Workforce

**5.3.1.** The capability of, and public confidence in, care assistants is of increasing importance. HEE will work with employers to improve the capability of the care assistant workforce, including those in the care sector, as well as the standards of training they receive. HEE should develop a strategy and implementation plan to achieve this, building on the Cavendish review and the work by Skills for Health (SfH) and Skills for Care (SfC) on minimum training standards. The strategy should cover job roles, recruitment, induction, training standards and transparency as

well as identifying opportunities for career progression. This strategy should also include a plan and implementation programme that supports the career progression of healthcare assistants (HCAs) into nursing. Employers are responsible for ensuring this group of staff have the right training but HEE should play a leadership role with partners including NHS Employers, the Care Quality Commission CQC, SFC and SfH.

Competent and Capable Staff	
<b>Themes</b>	
	Ensuring effective workforce planning through close work with the LETBs.
	Delivery of a workforce to meet the changing needs of the service, with particular focus on preventative measures and primary care.
<b>Short term deliverables</b>	
	Significant reduction in the number of roles on the Shortage Occupation List.
	Delivery of a 5-year consolidated workforce plan.
	To ensure agreement on the policy, funding and implementation plan for improvements to GP training including compulsory work-based training modules in child health, and mental health, including dementia. Training should include understanding of working in multi-disciplinary teams to deliver good integrated care.
	<small>*It is desirable to achieve this by the autumn of 2014 but we recognise delivery is dependant on wider agreement outside of HEE which will affect the time scales.</small>
	To ensure that a plan and implementation programme is introduced that supports progression of HCAs into nursing that recognises their track record of front line patient care through supplementary academic training. To be introduced autumn 2014.
	To establish minimum training standards for all HCAs, reflecting levels of seniority and responsibility in the Agenda for Change bands 1 to 4.
	Establish a robust baseline of HCA training standards in 2013, and achieve a significant improvement against that baseline in 2014/15.
	Increase the number of healthcare apprentices.

## Competent and Capable Staff

Establish a robust baseline of the number of support workers entering professional training in 2013 and achieve a significant improvement against that baseline in autumn 2014 entry to courses.

Ensure that the NHS in England makes a fair contribution so that there are sufficient foundation places for suitable medical students from UK medical schools in **2013**.

HEE must ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration.

The existing system needs reform, so that there is a clear and sustainable path which enables all suitable graduates to secure full GMC registration. Department of Health and HEE will work with partners, including the other UK health departments, the GMC, medical schools, employers and trainees to set out a reformed approach by autumn 2013 with a view to an introduction in autumn 2014. This objective will be updated to reflect progress when the mandate is refreshed in autumn 2013.

### Longer Term Objectives

Support efforts to reduce the level of spend on agency staff by ensuring an adequate supply of suitably qualified staff.

## 6. Flexible Workforce, receptive to research and innovation

### 6.1. Overall Objective of HEE

**6.1.1.** HEE's objective is to develop a more flexible workforce that is able to respond to the changing patterns of service. It will need to develop a workforce that is more receptive to research and innovation to allow it to adapt to the changing demands of public health, healthcare and care services.

### 6.2. Training Staff to work in the 21st Century NHS

**6.2.1.** The NHS and public health system and the delivery of prevention, treatment and care will continue to change over the coming years. An increased focus on managing complex co-morbidities will place a greater emphasis on the skills of the generalist as will the move towards increased care provision outside of dedicated care settings.

**6.2.2.** Over time, the boundaries between NHS, public health and social care will become more blurred and staff will need to be sufficiently skilled to enable them to work across health and social care and be able to deliver care for preventative and other community health measures.

**6.2.3.** HEE will work with key partners to support the delivery of a more flexible workforce in line with, and in anticipation of, the changing health and care landscape.

**6.2.4.** Working with partners, HEE's objective is to review curricula and training pathways to support the development of a more flexible

workforce with greater generalist skills, including the development of the primary care workforce and in supporting community health and preventative services.

**6.2.5.** HEE should work with healthcare providers, regulators, educational institutions and the NHS Leadership Academy to ensure that relevant leadership training, including quality improvement methodology, is delivered both in formal curricula and as part of the continuous professional development of staff. This must include a focus on the right values, behaviours and leadership to ensure that we develop managers, leaders and leadership at every level to influence the culture and values of the NHS from 'ward to board.' This should ensure that future health professionals are equipped to undertake leadership roles where the focus is on improving quality and that more clinical staff are able to move into leadership roles.

**6.2.6.** HEE will work with LETBs to develop education strategies to ensure future professional staff are more technologically literate and able to promote the adoption and spread of new technologies and innovation, particularly in respect of long term conditions and their prevention.

**6.2.7.** HEE is also to achieve a significant increase in the use of technology in the education, training and development of staff including through e-Learning.

**6.2.8.** HEE will work with partners to develop a strategy for training and continuous professional development in genomics and genomic technology.

## 6.3. Supporting Research and Innovation

**6.3.1.** An objective for HEE is to support clinical academic careers for health professionals and increase numbers of staff accessing academic careers programmes across all clinical and public health professions. This will include working with medical schools to explore opportunities for students to intercalate BScs as part of their education.

**6.3.2.** HEE will be expected to contribute to improving the proportion of staff who consider that they can suggest improvements and drive them through.

Flexible Workforce receptive to research and innovation	
<b>Themes</b>	
	Recognising the changing way in which healthcare, public health and care services will be delivered in the future.
	Ensuring that technology is increasingly used and that staff are competent in the use of technology.
<b>Short term deliverables</b>	
	Delivery of a training strategy for genomics and bio-informatics.
	Recognising the value to the NHS of a workforce better able to support research and innovation in healthcare, to encourage and support more medical students to undertake an intercalated BSc as part of their medical training as per discussions with the Department for Business Innovation and Skills (BIS).
	HEE will work with NHS England to support the NHS Leadership Academy in providing development routes for clinical staff moving into the NHS management structure by autumn 2013.
<b>Longer Term Objectives</b>	
	Improvement in appropriate technological literacy of NHS and public health staff.
	Increase in the use of e-learning and simulation technologies.
	More staff consider that they can suggest improvements in services and drive them through.

## 7. Widening Participation

### 7.1. Recruiting Into Training Programmes

**7.1.1.** As a system leader, HEE will ensure that principles of equality and diversity are integral to education, training and workforce development and, as an employer, it will promote equality and diversity.

**7.1.2.** There has been significant progress in increasing the diversity of the NHS and public health workforce in recent years. However, progress in encouraging people from poorer socio-economic backgrounds to pursue a career in healthcare has been more limited. This is particularly the case in relation to medical training.

**7.1.3.** HEE must monitor and report on recruitment to all NHS-funded courses against all equality strands and socio-economic groupings. HEE should work with healthcare and public health providers and other partners to identify existing good practice and develop evidence-based approaches to widening participation.

**7.1.4.** A key part of this is for HEE is to work with the GMC and Medical Schools Council to develop ways of assessing aptitude for medical careers that will support a broader approach to admissions policy and have international credibility. Furthermore, HEE should ensure that LETBs work with HEIs and local organisations to forge links with local schools so that a wide range of students are encouraged to consider a career in health as a rewarding option and are supported into relevant work experience.

**7.1.5.** HEE should work with HEFCE and the Office for Fair Access, as they develop a shared strategy for promoting access to higher education, and should aim to maximise the impact of spending on widening participation in higher education.

**7.1.6.** HEE should work also with DH to ensure that student support arrangements are effectively targeted to support widening participation objectives.

**7.1.7.** The above work should result in recommendations being delivered by December 2013 with the intention of implementing in 2015.

### 7.2. Creating and Supporting Career Pathways for all NHS and Public Health Staff

**7.2.1.** HEE's objective is to support the delivery of a more strategic approach to promoting careers in the NHS, public health and healthcare services to support widening participation objectives. HEE will work with partners, including relevant government departments and the National Careers Service, to ensure that high quality careers advice is available at the right points to support cross-government objectives to improve work opportunities.

**7.2.2.** HEE should work with partners to support the development of clearer and more effective career paths for healthcare assistants, including routes into senior care assistant roles and professional training. HEE

should support this by working with partners to improve the access to part-time degree courses.

**7.2.3.** There are advantages to both the NHS and armed forces of healthcare professionals contributing to the armed services as reservists and volunteers. HEE should work closely with the Ministry of Defence (MoD) and with LETBs and their members to develop close links with the MoD on implementation of *Future Reserves 2020*. HEE should work with employers, LETBs (and other stakeholders) to support reservists to have time off for training and possible deployment. This should also incorporate working with LETBs and their members to

support wider volunteering activity and to maximise the learning benefits from all such activity. HEE should work with the MoD to develop an action plan by end 2013.

**7.2.4.** The NHS has already seen significant progress in the development of apprenticeships over recent years with numbers growing from approximately 500 nationally in 2008/09 to over 12,000 in 2011/12. HEE's objective is to support flexible methods for entering training and employment (e.g. the development of healthcare apprenticeships) in conjunction with LETBs and other relevant parties such as NHS Careers.

## Widening Participation

### Themes

Improving careers support and access to careers in health for all parts of society.

Improving career opportunities for existing staff.

### Short term deliverables

Improved levels of application to NHS funded courses from groups currently under-represented in line with the widening participation goals.

HEE should work closely with the MoD and with LETBs and their members to develop close links with the MoD on implementation of *Future Reserves 2020*. HEE should work with employers, LETB's (and other stakeholders) to support reservists to have time off for training and possible deployment. This should also incorporate working with LETBs and their members to support wider volunteering activity and to maximise the learning benefits from all such activity. HEE should work with the MoD to develop an action plan by end 2013.

Support the development of healthcare staff by offering flexible mechanisms for entering training and employment (e.g. apprenticeships).

Work with partners to ensure that metrics are developed that measure the performance in promoting greater social mobility into medical training courses and a national framework for action by spring 2014. This objective will be reviewed in autumn 2013.

### Longer Term Objectives

Increase the participation in medical and dental training from lower socio-economic groups.

Increased numbers of support staff entering health professional training.

## 8. Working in Partnership – Patient and Public Voice and Local Accountability

### 8.1. Overall objective of HEE

**8.1.1.** HEE will need to work with the wide range of partners involved to ensure they effectively support the aim of having the right numbers of staff, with the right skills and values, to deliver the high quality healthcare and public health expected by patients and the public now and in the future.

### 8.2. Ensuring a More Devolved System

**8.2.1.** A key objective of the reforms to ensure the NHS is more responsive to patient and public needs and the changing service models such that the investment in the workforce reflects the needs of patients, carers and local communities. Healthcare and public health providers will take greater responsibility and accountability for planning and developing the workforce that they employ.

**8.2.2.** The creation of LETBs is an important aspect of decentralising power and HEE should work with LETBs to support more autonomous local decision-making on behalf of local communities. HEE's objective is to support the development of LETBs and encourage the development of close working relationships with the full range of healthcare and public health providers in their areas. This should allow LETBs to produce high quality workforce plans as the basis for education and training investment decisions that reflect

the requirements of the communities they serve. HEE should ensure that LETBs are supported to reach full authorisation during 2013.

**8.2.3.** A critical measure of the success of HEE at the national level will be the effectiveness with which their engagement with LETB and employer results in greater responsibility and accountability for workforce development being taken by employers at local level. As LETBs develop, it is expected that an increasing proportion of LETB plans are accepted by HEE at national level without the need for modification.

### 8.3. Patient and Public Voice

**8.3.1.** An effective voice for patients, service users and the public is needed to ensure that safe, dignified and compassionate care is delivered. HEE should ensure that they and the LETBs seek advice on proposed reforms for patient and public representatives.

### 8.4. Engaging with a Wide Range of Partners

**8.4.1.** HEE will need to establish mechanisms to ensure that ongoing engagement takes place with a wide range of partners including:

- Students, trainees and staff representing the health and care workforce.
- Local government, who have significant resources and responsibilities with regard

to public health and the development of Directors of Public Health in their locality; and PHE for matters relating to public health on a national basis.

- Social care employers to ensure improved health and care integration.
- Professional and system regulators to ensure that any significant problems relating to the education and training can be shared and addressed as soon as they are identified.
- DH and the health departments of the devolved administrations to ensure that UK-wide and EU aspects of training and workforce planning are fully understood.
- Royal Colleges and professional bodies particularly in relation to developing curricula.
- CQC to ensure that staff and trainee feedback is acted upon where issues relating to safety are raised
- Universities and other HEIs on the planning and delivery of education and training programmes to ensure sufficient high quality clinical placements are made available to maintain the stability of the education and training system.
- NHS England and Clinical Commissioning Groups (CCGs) to ensure that workforce planning reflects strategic commissioning intentions.
- The NHS Leadership Academy to ensure that leadership training is embedded into curricula for all Healthcare Professionals.
- Health and Social Care sector skills councils, for example in relation to their development of training material and the creation of national occupational standards.
- Relationships should be developed with academic health science networks (AHSNs) and academic health science centres (AHSCs) to align education with research and innovation.
- Providers of wider public health related qualifications such as the Royal Society for Public health.

## Working in Partnership – Patient Voice and Local Accountability

### Themes

Education and Training of staff should be with the objective of improving the prevention and care delivered to patients and communities.

An increased focus should be given to patient and public involvement.

HEE can only achieve its objectives if there is effective partnership working with other bodies.

HEE should be encouraging a devolved system with LETBs taking the lead and representing the views of local service providers and communities.

### Short term deliverables

All LETBs with conditional authorisation should be supported to achieve full authorisation with a timetable for the achievement of full authorisation to be published.

Evidence that the system is devolving significant control to LETBs and healthcare providers to take responsibility for the development of their own workforce.

HEE will work with NHS England to ensure that the NHS Leadership Academy develops a bespoke course to encourage clinical leadership into the NHS management structure.



## 9. Value for money, transparency and fairness

### 9.1. Value for Money Invested in Education and Training

**9.1.1.** The NHS invests almost £5 billion each year in central funding for the training and development of its workforce and that of the public health system. HEE's objective is to demonstrate robust public accountability to ensure that all this money is spent on education, training and development of the workforce, that it is managed effectively, and to demonstrate improvements in value for money.

### 9.2. Ensuring Funding is Well Managed and Meets Financial Targets

**9.2.1.** HEE's objective is to demonstrate excellent financial management and to meet the full range of financial duties including limits on expenditure on management and administration, restrictions on the flexibility in use of funding and to ensure funding allocated for education and training is fully spent for that purpose with the exception of any year-end flexibility approved by DH finance.

### 9.3. Reforming Education and Training Funding

**9.3.1.** The Government is committed to the principle of tariffs for education and training as the foundation of a transparent

funding regime and will introduce the tariffs for non-medical education and training and undergraduate clinical placements for medical students in the hospital sector from April 2013, phased over a number of years. HEE will ensure that implementation is carefully managed in order not to destabilise NHS provider organisations through unmanageable changes in the level of funding for education and training.

**9.3.2.** An objective for HEE is to work with stakeholders including DH to develop tariffs for postgraduate medical training programmes and primary care medical education and training, which better reflects the costs and benefits to employers of trainees.

**9.3.3.** In the longer term, re-costing of education and training alongside service through the reference costing system will provide a more robust evidence base for the level of funding provided, and a basis for removing cross subsidisation and will support the "fairer playing field". HEE's objective is to support the work to develop reference costs and develop proposals for Education Resource Groups to form the basis of future tariffs.

**9.3.4.** HEE should inform LETBs of the breakdown of programme funding retained centrally and develop plans to ensure that all LETBs receive an equitable share of the funding provided for Education and Training. This will require the development of a transparent long-term allocations policy.

**9.3.5.** HEE should ensure that significant changes in the distribution of the funding for multi professional education and training, which may affect the stability of NHS providers, are discussed in advance with DH and with the relevant group established to consider cross cutting financial issues.

**9.3.6.** Education and training funding is predominantly provided to support the next generation of clinical and professional staff, with a level of flexibility to invest in innovative approaches to education and training for the existing workforce agreed by the DH. This should not compromise the responsibility of employers to develop their own staff.

## 9.4. Measuring and Reporting on Performance

**9.4.1.** Demonstrating improved value for money will require greater clarity and transparency in relation to the measurement of the quality of education and training programmes and the costs of those programmes.

**9.4.2.** Education and training is often commissioned using different models depending on both locality and the nature of the work. HEE's objective is to improve the comparative information available on the quality of education and training, and the measurement of quality and value outcomes. This should enable the outcomes of education and training commissioned by HEE and the LETBs to be measured and published in a similar way.

**9.4.3.** The mandate does not set out in detail all the areas where HEE will be expected to make a contribution. HEE will play a part in meeting other pre-existing Government commitments that fall within its remit and any that may arise during the life of this mandate.

**5.** The mandate covers the two years from April 2013 to March 2015 and will be reviewed in autumn 2013. It should be viewed in parallel with the Framework Agreement between the DH and HEE, which will highlight specific annual activities required to support these goals.

### Value for money, transparency and fairness

#### Themes

Improving the transparency of educational funding.

Develop tariff based funding.

Prudent use of funding to maximise the money spent of education and training.

#### Short term deliverables

Ensure that administrative costs are kept within the agreed limits.

Ensure all LETBs receive an equitable share of the education and training funds.

Achieve significant year-on-year efficiencies in the investment in education and training.

Start implementation of tariffs for postgraduate medical training programmes and primary care medical education and training.

#### Longer Term Objectives

Develop methods to demonstrate the value for money delivered from education and training funding.

## Annex A – Timetable of Short-Term Deliverables

Timetable of Short-Term Deliverables	
Deliverable	Date due
<b>Support for service priorities</b>	
Maintain midwifery training numbers at a sufficient level to meet service demand.	Appraise and review annually
Delivery of additional trained health visitors to increase the health visitor workforce by 4,200 FTE by April 2015.	April 2015
Commission IAPT Training places at a sufficient levels and numbers to meet service demand and commissioning intentions across all aspects of the IAPT programme to 2015.	September 2015
Develop specific post-graduate training for nurses caring for older people with complex needs.	For introduction in September 2014
To ensure training is made available so that <b>all</b> NHS staff whom look after patients with dementia can have foundation level dementia training, HEE will ensure that 100,000 staff have foundation level training by March 2014. HEE will work with stakeholders to develop concrete plans by autumn 2013 for a rapid roll out, so that all NHS staff that look after patients with dementia will receive foundation level dementia training. To work with higher education providers and regulators ensure newly qualified staff receive foundation level dementia training.	Training timetable by autumn 2013 100,000 staff trained by March 2014
To ensure that the existing working group is maintained in order to tackle historical shortages in doctors working in emergency medicine and to encourage more doctors into emergency medicine. The taskforce will urgently review the workforce issues in emergency medicine, produce recommendations in summer 2013 and develop and execute an implementation plan with relevant partners to address workforce shortages for both the short and long term.	HEE to provide recommendations in summer 2013

Timetable of Short-Term Deliverables	
Deliverable	Date due
<b>NHS values and behaviours</b>	
Ensure that selection into all new NHS funded training posts incorporates testing of value based recruitment.	March 2015
Introduce and evaluate pilots of giving NHS-funded students hands-on care experience.	Summer 2014
Increasing the proportion of entrants to healthcare professional education who have experience working and providing care in a care setting before they start their course.	Spring 2015
<b>Excellent education</b>	
Improved feedback from students on the quality of education and training they receive and hold HEE to account.	Ongoing
Measurement of attrition rates on NHS funded courses in 2013 to act as a baseline for action to further reduce rates from 2014 onwards.	December 2013
Complete review of qualifications required for non-surgical cosmetic procedures and qualification required to be responsible prescribers.	HEE will agree a time table by summer 2013
To ensure progress should be made in each year of the mandate towards ensuring that 50% of medical students become GPs.	March 2015
To ensure significant progress towards a target of at least 50% of student nurses undertaking community placements by March 2015.	March 2015
<b>Competent and capable staff</b>	
Significant reduction in the number of roles on the Shortage Occupation List.	March 2015
Delivery of a 5-year consolidated workforce plan.	Autumn 2013
To ensure agreement on the policy, funding and implementation plan for improvements to GP training including compulsory work based training modules in child health, and mental health, including dementia. Training should include understanding of working in multi-disciplinary teams to deliver good integrated care.	Autumn 2014 (to be reviewed autumn 2013)*
*It is desirable to achieve this by the autumn of 2014 but we recognise delivery is dependant on wider agreement outside of HEE which will affect the time scales.	

Timetable of Short-Term Deliverables	
Deliverable	Date due
To ensure that a plan and implementation programme is introduced that supports progression of HCAs into nursing that recognises their track record of front line patient care through supplementary academic training. To be introduced in autumn 2014.	Autumn 2014
To establish minimum training standards for all HCAs, reflecting levels of seniority and responsibility in the Agenda for Change bands 1 to 4.	Spring 2014
Establish a robust baseline of HCA training standards in 2013, and achieve a significant improvement against that baseline in 2014/15.	Autumn 2013
Increase the number of healthcare apprentices.	March 2015
Establish a robust baseline of the number of support workers entering professional training in 2013 and achieve a significant improvement against that baseline in autumn 2014 entry to courses.	Autumn 2014
Ensure that the NHS in England makes a fair contribution so that there are sufficient foundation places for suitable medical students from UK medical schools in 2013.	September 2013
<p>HEE must ensure that medical trainees who are competent and able to complete training programmes successfully are supported to secure full registration.</p> <p>The existing system needs reform, so that there is a clear and sustainable path which enables all suitable graduates to secure full GMC registration. The DH and HEE will work with partners, including the other UK health departments, the GMC, medical schools, employers and trainees to set out a reformed approach by April 2013 with a view to an introduction in autumn 2014. This objective will be updated to reflect progress when the mandate is refreshed in autumn 2013.</p>	Autumn 2013 (to be reviewed)
<b>Flexible workforce receptive to research and innovation</b>	
Delivery of a training strategy for genomics.	TBC
Recognising the value to the NHS of a workforce better able to support research and innovation in healthcare, to encourage and support more medical students to undertake an intercalated BSc as part of their medical training as per discussions with the Department for Business Innovation and Skills (BIS).	Autumn 2014

Timetable of Short-Term Deliverables	
Deliverable	Date due
HEE will work with NHS England to support the NHS Leadership Academy in providing development routes for clinical staff moving into the NHS management structure.	Autumn 2013
<b>Widening participation</b>	
Improved levels of application to NHS funded courses from groups currently under-represented in line with the widening participation goals.	Ongoing
HEE should work closely with the MoD and with LETBs and their members to develop close links with the MoD on implementation of <i>Future Reserves 2020</i> . HEE should work with employers, LETBs (and other stakeholders) to support reservists to have time off for training and possible deployment. This should also incorporate working with LETBs and their members to support wider volunteering activity and to maximise the learning benefits from all such activity. HEE should work with the MoD to develop an action plan by end 2013.	End 2013
Support the development of healthcare staff by offering flexible mechanisms for entering training and employment (e.g. apprenticeships).	Ongoing
Ensure that metrics are developed that measure the performance of incentives used to promote social mobility into medical training courses and a national framework as to how it will work.	Autumn 2013 This objective will be reviewed in autumn 2013 with a view to full implementation
<b>Working in partnership – patient voice and local accountability</b>	
All LETBs should be authorised and those with conditional authorisation should be supported to achieve full authorisation with a timetable for the achievement of full authorisation to be published.	Summer 2013
Evidence that the system is devolving significant control to LETBs and healthcare providers to take responsibility for the development of their own workforce.	Summer 2013

Timetable of Short-Term Deliverables	
Deliverable	Date due
HEE will work with NHS England to ensure that the NHS Leadership Academy develops a bespoke course to encourage clinical leadership into the NHS management structure.	Autumn 2013
<b>Value for money, transparency and fairness</b>	
Ensure that administrative costs are kept within the agreed limits.	Yearly
Ensure all LETBs receive an equitable share of the Education and Training funds.	Yearly
Achieve significant year-on-year efficiencies in the investment in education and training.	Yearly
Start implementation of tariffs for postgraduate medical training programmes and primary care medical education and training.	April 2014

\* We recognise delivery is dependant on wider agreement outside of HEE.



Department  
of Health