

*Developing people
for health and
healthcare*

**NHS Pay Review
Body
2015/16 evidence**

12 October 2015

1 Background

- 1.1 Health Education England (HEE) welcomes the opportunity to once again submit evidence to the NHS Pay Review Body (NHS PRB) as part of its national process of gathering evidence from interested parties to inform the recommendations for 2016/17.
- 1.2 We greatly appreciated the opportunity to meet to review and discuss the handling of the evidence round for 2014/15 with the Review Body Secretariat last month. The session proved helpful in enabling us to reflect further on how we can best support the work of the Review Bodies going forward. To this end it was also useful to meet with colleagues from the secretariat, the Department of Health, HSCIC and NHS Employers last month to consider how we can work together further to improve the way we collect, share and use data.

2 Health Education England's role

- 2.1 HEE exists for one reason only: to help improve the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients. We are now in our third year as HEE, providing the NHS with a single national body with a ring-fenced budget for commissioning education and training places to secure the future workforce. Our local education and training boards (LETBs), locally based and employer-led, provide a single strategic forum in which local health care economies can come together to discuss and agree plans and actions on the local workforce.
- 2.2 HEE has now established, for the first time ever in the NHS, a workforce planning process that brings together into one place decisions about:
 - planning the future medical workforce
 - planning the future non-medical workforce
 - investment in the education and training of existing staff
 - local needs and national priorities
 - national workforce priorities alongside wider system/strategic goals
- 2.3 In December 2014 we published our second Workforce Plan for England¹, which set out the £5bn investment we are making in education and training programmes for 2015/16. Overall, we are commissioning more education and training than ever before, with over 50,000 doctors in training and over 37,000 new training opportunities for nurses, scientist, and therapists.
- 2.4 The Plan is made up of the identified needs of local employers, providers, commissioners and other stakeholders who, as local members of our LETBs, have shaped the thirteen local plans that are the bedrock of this plan for England. The plan has been developed further, in order to create a final national plan, with the advice and input of our clinical advisory groups and Patients Advisory Forum, as well as the Royal Colleges and other

¹ Investing in People: Workforce Plan for England. HEE 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/Investing-in-People-Workforce-Plan-for-England-2015-16.pdf>

stakeholders. It is this wide discussion, engagement and involvement, locally and nationally, that makes this a plan for the whole NHS, developed by the NHS.

- 2.5 The Workforce Plan has allowed us to significantly expand the future workforce in key priority areas, such as nursing, paramedic, primary care and emergency medicine. It also:
- sets out clearly the education and training commissions we intend to make in 2015/16;
 - explains how these decisions were made;
 - provides the aggregate number of commissions for each profession and the trend increases and decreases within and between key groups;
 - provides detailed analysis for a small number of priority areas and professions, setting out what we are doing to address immediate workforce pressures, the education and training commissions we are making for the future, and the actions we are taking to support further transformation.
- 2.6 We also decided again to continue growing the nurse workforce available to the NHS. Last year we increased commissions by 9% and this year we added another 555 training posts, a further increase of 4.2% meaning we will have invested in 13% growth over two years. On top of this our Return to Practice campaign² brought nearly 800 nurses back into the system whilst also reducing attrition amongst nursing students in our Universities, introducing recruiting for values and pre-degree care experience to ensure the new nurses we employ have the right values and behaviours.
- 2.7 Some of the medical students who started university in September 2015 may not become consultants until 2029 by which time the whole pattern of service provision could have radically changed, as well as medicine itself. That is why in 2014 we published *Framework 15*³, which provides a strategic look at the likely needs of future patients, as a guide to our long-term investments. We tested the thirteen local plans against *Framework 15* and the Five Year Forward View⁴ which sets out a new ambition and new models of care for our NHS, both of which suggest radical changes in the workforce are required.
- 2.8 Through our analysis, we are surfacing the difficult issues the wider system will need to address together in order to deliver the Five Year Forward View. The Workforce Plan, and the analysis and issues that it exposes, will now form the basis for conversations at a local level through our LETBs, and with our national partners through our new Workforce Advisory Board, as we work together to understand the workforce implications of the Five Year Forward View.

² Return To Practice, Health Education England, 2014/15: <https://hee.nhs.uk/2015/06/04/hee-chief-reveals-full-impact-of-francis-effect-on-nursing-numbers/>

³ Framework 15, Health Education England, 2014: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/07/HEE_StrategicFramework15_2410.pdf

⁴ Five Year Forward View, NHS England: <http://www.england.nhs.uk/wp-content/uploads/2015/06/5yfv-time-to-deliver-25-06.pdf>

2.9 On 1 April 2015 Health Education England moved from its status as a special health authority to become a Non-Departmental Public Body (NDPB) as a result of the 2014 Care Act⁵. This change of status puts HEE on a firmer statutory footing as the single national organisation responsible for educating and training the health workforce in England, now and in the future.

3 HEE's Mandate

3.1 On 12 March 2015, HEE's revised Mandate from the Government was published⁶. The Mandate reflects the updated strategic objectives of the Government in the areas of workforce planning, health education, training and development for which HEE has responsibility. It sets out HEE's role in improving the quality of education and training in England as well as the requirements to support NHS and public health service priorities, such as to improve health outcomes for children and young people.

3.2 The key principles for the education and training of healthcare workers are set out in the document 'Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery'⁷ and can be summarised as:

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

3.3 HEE's Business Plan for 2015/16 was published in April 2015⁸ and this sets out the operational framework within which the Mandate requirements are being resourced, managed and delivered.

4 Service Transformation

4.1 We know that in order to improve the quality of care to patients, the NHS needs to change. But the NHS is delivered by people, not buildings, and so if we want to transform the NHS, then we will have to transform the way we

⁵ Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

⁶ Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values, Dept. of Health 2014:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411200/HEE_Mandate.pdf

⁷ Liberating the NHS: Developing the healthcare workforce, Dept. of Health 2012:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216421/dh_132087.pdf

⁸ HEE Business Plan 2015/16: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/HEE-Business-Plan-2015-16.pdf>

educate, employ and deploy our people. Sometimes we can drive service transformation through the rapid expansion of existing roles (such as Health Visitors – a 400% increase in trainees over the past four years, or School Nurses – a 71% increase this year). Sometimes transformation can be achieved through encouraging commissioners and employers to create jobs for staff in different locations – such as increasing community based nursing.

- 4.2 But increasingly, we will need to invest in entirely new roles and professions, such as Physicians Associates, to help deliver more holistic care across different teams and settings. This year, we commissioned 205 Physician Assistant (PA) training posts, representing a 754% increase on last year. PAs are trained to perform a number of duties, including taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans. So by 2017, we expect to see real improvements in patient care, particularly in emergency care, general adult medicine and general practice.
- 4.3 We also commissioned 108 Broad Based Training Pilots for doctors, representing a 50% increase on last year, to provide a more flexible workforce with general skills, to ensure that a proportion of doctors have a better generalist knowledge and hence is better equipped to deliver the future needs of patients.
- 4.4 Service innovation will be driven not just by what training posts we commission, but how our students and trainees are educated. That is why we have delivered major changes to the Foundation Programme this year, so that more trainees now spend more of their training time in the community. We will continue to increase the number of placements outside of acute settings and encourage more community and primary care based training, whilst exploring ways to support more flexible and dynamic education and training, so that, for instance, post registrations programmes enable nurses to look after the whole person, including psychiatry, mental health and the physical therapies.
- 4.5 However, whilst it is important to create and invest in new roles, we recognise that the existing workforce will make up the majority of the future workforce. At any one time there are about 140, 000 students in training, compared to the 1.3m existing staff who will still be working ten, twenty and thirty years from now. So the way to drive transformation at scale and pace is through investing in our current workforce. We recognise that the education and training of our existing staff is primarily an employer responsibility, but in addition to this, £0.2bn of HEE's £5bn budget is allocated for the education and training of existing staff to support service transformation.

5 The Workforce Planning process for 2015/16

- 5.1 The Workforce Planning Guidance for 2015⁹ was published by HEE in March. The guidance reflects the changing environment set out in paras 2.7 and 2.8 above, confirming that HEE will no longer simply roll forward what has historically been a supply driven system. More specifically it signalled that HEE will work with local providers (through the LETBs), national advisory groups and the Workforce Advisory Board to understand the workforce implications of the new care models in the Five Year Forward View, so we can support service transformation at scale and pace through more targeted investment in our existing workforce, as well as commissioning new roles for the future.
- 5.2 In the context of the Forward View, HEE will actively redirect investment into new models and settings of care, rebalance investment between the future and the current workforce, and support promotion of wellbeing/prevention of ill health, including the pivotal role of self-care and management. In the 2015/16 planning round partners were warned to expect to be challenged on the levels of training commissioned so that the development needs of the current workforce arising from service and workforce transformation can be met. We also signalled that it is HEE's role to consolidate the NHS workforce planning process and harness it to serve the needs of the Forward View and meet the commitments set out in our Mandate.
- 5.3 HEE's Board is accountable for signing off almost £5 billion of investment in the education and development of the workforce each year. The HEE Executive has the key collective responsibility for ensuring that the 13 LETB workforce investment plans add up to a coherent plan for England that will deliver our agreed priorities as set out in the Mandate, and drive the service improvement and transformation required by patients and commissioners, and as mandated by the NHS collective leadership in the Forward View.
- 5.4 The role of each LETB as the regional committees of HEE is to provide assurance that the local plans which make up the aggregate plan are, in turn, robust and evidence based, rooted in the plans of providers reflective of the intentions of commissioners. This is achieved by ensuring that LETB plans are the result of robust local and/or national processes of aggregation, confirmation and challenge. In order to support this work there are national and regional advisory structures through which stakeholders contribute. It was disappointing to note the criticisms of the planning process referenced in last year's response, from an unidentified NHS Trust, given the role that providers now have in shaping and developing the plans that HEE deliver locally and nationally.
- 5.6 The key benefit that HEE aims to achieve through this robust workforce planning process is the ability to compare the relative importance, priority and risk, for different activities and investments so that we are able to actively

⁹ Workforce Planning Guidance 2015/16. Health Education England, March 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/06/Workforce-Planning-Guidance-2015-2016.pdf>

respond to the service's workforce needs. Our approach relies on the following processes:

- Development of LETB investment plans based on local stakeholder engagement, data analysis, data collection, confirmation and challenge;
- Development of a nationwide investment plan through systematic analysis of available national data from official and other sources, and aggregation, challenge and – if necessary – review of LETB plans;
- National triangulation between HEE and the other system leaders and stakeholders including NHS England, Public Health England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, the National Institute for Health and Clinical Excellence, NHS Employers and the Local Government Association.
- Systematic engagement with national stakeholders throughout the course of the planning cycle, including with Royal Colleges, professional representative organisations and trade unions.

5.7 This year we have introduced a number of changes to our planning process:

- HEE collectively will focus resources and planning effort on particular staff groups and particular specialties
- For small groups and small specialties HEE will develop explicitly nationwide workforce plans to inform education commissions. For some groups and specialties individual LETBs will lead this process for identified groups for the country as a whole. For other groups and specialties the HEE national planning team will play a leading role.

5.8 As discussed in the review meeting earlier this year, HEE's planning cycle leads to the publication of the annual workforce plan in December each year. A copy of the final agreed Workforce Plan for England for 2016/17 will be sent to the Review Body and to Partners as soon as it is agreed by HEE's Board.

6 Key workforce issues

6.1 Primary and out of hospital care

To support the overall transformation in primary care and wider out of hospital care, the Government has committed to working to increase the primary and community care workforce by at least 10,000, including an estimated 5,000 more doctors working in general practice by 2020. HEE is playing a central role of taking forward initiatives to meet this commitment, within the context of challenges within the GP workforce alongside NHS England and other partners and is leading working on developing the wider primary care workforce, including improving skill mix by developing a range of health care professionals as well as GPs.

6.2 The New Deal for General Practice¹⁰ sets out a range of plans to address recruitment and retention of General Practitioners but also looks at promoting innovation in skill mix, including a commitment to ensure 1,000 physicians' associates are available to work in general practice by September 2020.

6.3 The Primary Care Workforce Commission

To consider the longer term requirements for the primary care workforce, HEE established an independent Primary Care Workforce Commission. Chaired by Professor Martin Roland, Professor of Health Services Research, University of Cambridge, the Commission published its report in July¹¹. The work has identified good examples of integrated, patient focused, primary care and the report will inform HEE's priorities for education and training to ultimately deliver a primary care workforce that is fit for purpose, flexible and able to respond to new models of care. HEE is considering the recommendations that the report has outlined and a formal response will go to the HEE Board in October.

6.4 The Shape of Caring review

*"Raising the Bar - Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants"*¹² was published in March of this year. The review makes a number of recommendations for changes to education and training in nursing and supporting roles. It will help to meet future patient needs and aims to ensure that throughout their careers nurses and care assistants receive consistent high quality education and training.

6.5 The recommendations include the following:

- HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.
- HEE should set the competency standards for care assistants (NHS bands 1-4) in both health and social care, and work with employers to ensure the workforce is trained to meet those standards.
- HEE should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.
- HEE, in collaboration with employers and higher education institutions, should support the development of more innovative work-based learning routes, to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.

¹⁰ 'Building the Workforce - the New Deal for General Practice, NHS England, HEE, RCGP and the BMA, 2015: <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf>

¹¹ The future of primary care: creating teams for tomorrow, Primary Care Workforce Commission/HEE, July 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/07/The-future-of-primary-care.pdf>

¹² Shape of Caring, HEE and the Nursing and Midwifery Council <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

6.6 HEE is currently undertaking an engagement programme on the recommendations made in the review with a series of events and ‘Twitter chats’ which will run until the end of October.

6.7 The Talent for Care and Widening Participation

The *Talent for Care*¹³ and *Widening Participation*¹⁴ national strategic frameworks were launched in March this year, following publication of the initial reports in 2014. HEE is working with local NHS organisations across the country to implement the two strategies, building on the good work that is already place and working to fill any gaps where they are identified, using established best practice. *Talent for Care* focuses on improving the education, training and development opportunities available to those working in an NHS support role (typically Agenda for Change roles banded 1 to 4). *Widening Participation* focuses on ensuring that the healthcare workforce is representative of the communities it serves, and that progression and opportunities are based on merit, not social background.

6.8 To further support the profile of these important workforce initiatives, the Partnership Pledge¹⁵ was launched in August. Partnership working between LETBs, employers and trade unions is an essential component of the Talent for Care and Widening Participation strategic frameworks. All parties have a direct interest in developing the healthcare support workforce and recognise that, by working in partnership, they can deliver real opportunities for staff working in a support role. The Partnership Pledge presents a formal opportunity for HEE, local employers and trade unions to jointly confirm their commitment to implementing these strategies locally to improve both the supply and diversity of staff joining the service, and the development opportunities available to them having done so.

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¹³ The Talent for Care, HEE, October 2014: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/08/TfC-National-Strategic-Framework.pdf>

¹⁴ Widening Participation, HEE, October 2014: http://nw.hee.nhs.uk/files/2014/11/r-HEE-Widening-Participation-Strategy_Booklet_20141014.pdf

¹⁵ Partnership Pledge, HEE, August 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/08/Local-Partnership-Pledge-Action-Plan-and-Implementation-Tool.pdf>