

NHS Pay Review Body

**Health Education England's written
evidence for 2021/22**

March 2021

(LEAVE BLANK)

1. Introduction

- 1.1. Health Education England (HEE) welcomes the opportunity to 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 2021/22.
- 1.2. HEE's evidence provides an update on our key areas of responsibility, namely medical trainee recruitment and our range of initiatives to drive reform in postgraduate medical education. We have also included information on the impact of COVID-19 and the resultant and associated financial challenges.
- 1.3. Our evidence has been provided in the light of the broad strategy outlined in the [NHS Long Term Plan](#) and [We are the NHS: People Plan for 2020/21](#).

2. Health Education England

- 2.1. HEE was created by the NHS reforms of 2012 which abolished Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). The functions of these organisations were given to new bodies including the NHS Commissioning Board, Clinical Commissioning Groups, The Trust Development Authority, and to HEE. HEE was originally created as a Special Health Authority in 2013 and was formalised by the Care Act 2014 as a statutory Arm's Length Body of the Department of Health and Social Care.
- 2.2. HEE is the NHS body that works with others to plan, educate and train the health workforce. To deliver this purpose, HEE:
 - seeks out, invests in and quality assures the best education and training for trainees, new roles and current professionals; intervening where quality, environment or supply are not meeting the needs of learners or the NHS;
 - ensures new evidence-based science, digital technology, skills and knowledge enhance both individual staff and multi-professional teams;
 - co-operates and collaborates with partners across health and education, respecting each other's roles, expertise and responsibilities. HEE brings workforce data, intelligence and analysis, policy proposals, practical transformation and development tools and resources, both financial and people, to shared issues.

2.3. HEE has identified its core roles as:

- Workforce design and analysis
- Medical and Dental education
- Clinical education and training
- Quality of education and training
- Workforce transformation and skills development
- Developing global partnerships

2.4. While HEE will continue to deliver its statutory responsibilities to secure sufficient and high quality education and training for the NHS workforce, HEE recognises the importance of working collaboratively with the Department of Health and Social Care (DHSC), NHS England / Improvement (NHSE/I), and other health system stakeholders to tackle the issues facing the NHS and its workforce as a whole. This view is shared by HEE's partners, who are committed to working together using the different levers each has available.

2.5. Similarly, there is mutual agreement that there must be better alignment of service, workforce, and financial planning at a national, regional, and local levels - in particular to support the delivery of the NHS Long Term Plan published in January 2019 and the People Plan for 2020/21 published in July 2020.

2.6. To reinforce the desire to work more collaboratively, HEE worked with NHSE/I to ensure HEE's mandate for 2020/21 aligned with national service plans, before it was finalised and published by the Department. The same process is underway for the HEE mandate 2021/22. HEE and NHSE/I have also agreed a reciprocal arrangement where one Board member from each organisation will sit as an Associate Non-Executive Director on the Board of the other.

3. Service transformation, integration and productivity

Clarity on where the lead responsibility for workforce planning sits under new models of care and what actions might be taken at national, regional and local level.

- 3.1. While staff supply, through training, retention and recruitment from elsewhere, is the most immediate issue facing the NHS, skill mix and workforce transformation through continuing professional development (CPD) are also key issues for HEE to address. We are responsible for future workforce supply and are exploring all available routes (new graduates, staff returning to practice and staff joining from elsewhere, either overseas or non-NHS sectors) to better match supply and demand.
- 3.2. A continued focus on the current workforce, supporting initiatives such as better retention, return to practice after time out of the workforce and workforce transformation can also make a difference to the frontline quickly and effectively. This will require increased flexibility as local Sustainability and Transformation Partnerships (STPs) evolve into Integrated Care Systems (ICSs) and develop new models of care in accordance with population need in their area. As a result, roles and places of work will evolve in line with changes to clinical practice and the shape of healthcare. HEE will agree principles that inform our developing relationship with ICSs in delivering recovery and developing resilience through our operating model in what is anticipated to be the transition year to ICSs becoming statutory bodies (ref: [Working together to improve health and social care for all](#))
- 3.3. To coincide with the start of the 2021/22 financial year HEE will begin sharing statements that show the financial support it provides for education and training, and the corresponding activity delivered by providers, within each of the 42 ICS/STP geographic footprints. The aim of this activity is to:
 - Increase transparency in educational funding flows; enabling ICS-level strategic discussions on HEE's investment including its alignment to ICS clinical strategy delivery and long-term service sustainability.
 - Inform the development of an Education and Training Plan for each ICS.
 - Enable, through the production of an ICS Education and Training Plan, engagement with HEE on the future investment of educational funds to support the right educational capacity and thus prioritise delivery.

- Highlight any inequity of activity which will be underpinned by HEE's funding strategy and policy, including medical redistribution.
 - Alongside the production of HEE's Annual Funding Guide, standardising and providing clarity of payment rates.
- 3.4. This will become an annual publication process. The statements will initially focus on two funding pots; future workforce and workforce development funding.
- 3.5. Through the Covid-19 pandemic Workforce Planning and Intelligence played a significant role in the response to COVID-19, applying available data and analytics in 'real-time', developing a range of tools aimed at supporting front-line services during the early stages of the pandemic. Critical care staffing models, combining clinical expertise with analytical know-how enabled assessment of beds and staff required, and consideration of working patterns and skill mix. These tools, constructed extremely rapidly, informed strategy and delivery plans. Analysis of data from HEEs Trainee Information System (TIS) and the NHS Electronic Staff Record (ESR) enabled identification of staff with 'airways 'management' competences, quantification of the depth of that competence, and intelligence on how recently these skills had been deployed. Other tools drew on ESR data to identify latent 'surge capacity'. Workforce Planning and Intelligence worked nationally and locally with education providers and NHS trusts to support the design and rapid delivery of a bespoke system to enable students to be deployed into the workforce and to extend placements at the height of the first wave. Latterly the tools have been repurposed to track the disruption this caused to training pathways, supporting remediation processes and enabling assessment of the impact remediation will have on the supply of new registrants in future.

Growth in the primary and community care, under multi-disciplinary teams, on attracting AfC staff from the acute sector.

- 3.6. By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.
- 3.7. We work collaboratively with NHS England and Improvement, the Royal College of GPs and the British Medical Association GPs committee on specific commitments to tackle workforce issues, including the government's commitment to deliver 50 million more appointments, 6,000 doctors and 26,000 more staff into general practice - alongside a range of other proposals.

4. Workforce strategies

Facing the Facts, Shaping the Future

- 4.1. HEE's previous submission to the NHS PRB set out the findings and recommendations of Facing the Facts, Shaping the Future; a whole national system consultation document, produced by HEE with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Clinical Excellence and the Department of Health.
- 4.2. The draft strategy looked at the challenges faced by the health and care system, charting the growth in the NHS workforce over the previous five years while also setting out the critical workforce challenges that will be faced over the next decade. The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff.
- 4.3. Facing the Facts, Shaping the Future was published in December 2017.

We Are the NHS: People Plan 2020/21

- 4.4. To ensure the NHS has the workforce it needs to deliver the service ambitions for patients set out in the Long-Term Plan, HEE and NHSE/I worked together to lead the development of the NHS People Plan, with a continued focus on:
 - **make the NHS the best place to work**, improving staff experience and retention.
 - **improve the leadership culture**, with an emphasis on compassionate, inclusive and collaborative leadership behaviours.
 - **transform and grow the workforce** ('more staff, working differently') in support of Long-Term Plan service priorities by:
 - i. **releasing more time for care**, supported by systematic use of digital technology.
 - ii. **supporting and enabling workforce redesign** through better use of clinical and non-clinical roles to support registered professions, extended and advanced roles, and helping established professions work in multidisciplinary teams across different settings including primary care. Through the pandemic employers have been encouraged to use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by

NHS England and NHS Improvement and key partners, alongside the existing tool, the [HEE Star](#); a simple but effective model to support workforce transformation, enabling those responsible for delivering healthcare services to explore workforce challenges in more detail, and develop bespoke action plans to address them. HEE is delivering training to support a systematic approach to using the HEE Star as a methodology to create robust workforce transformation plans in 2020-21. The training includes theoretical and practical elements to ensure attendees are equipped with the knowledge and understanding of the methodology, as well as support on the practical application to embed learning. The first cohort includes AHSNs to enable a collaborative approach to spread and adoption of the methodology. Training of 25 senior representatives from across all regions commenced in October. In addition, 150 places are available to develop capability within at least 50% of ICS/STPs across the country to further accelerate use of the methodology. Bookings are now being taken with training to commence in late November and will be complete by end March 2021. Following the roll out, a supplementary train the trainer module will also be made available to maximise use of the methodology.

- iii. [growing the future workforce and reforming education and training](#) to ensure the right number and mix of staff – with the right skills – able to join our workforce in the short, medium and longer term.
- iv. [implement a new operating model for workforce issues](#), with a much stronger role for integrated care systems.

4.5. Key HEE actions withing the NHS People Plan include:

- Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce including 108 additional Responsible Clinicians, 50 community-based specialist mental health pharmacists, 250 Advanced Clinical Practitioners, 2926 Adult IAPT practitioners, 245 Psychological Wellbeing Practitioners and 300 CYP IAPT Practitioners.
- Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (total of 734 starting training in 2020/21).
- Investing in measures to expand psychiatry starting with an additional 17 core psychiatry training programmes in hard to recruit areas in 2020/21 and the development of bespoke Return to Practice and preceptorship programmes for mental health nursing.

- Training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.
- Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to support the pipeline into psychiatry, general practice and other priority areas – notably, cancer, with clinical radiology, oncology and histopathology.
- Working with universities to support an increase of over 5000 undergraduate places from September 2020 in nursing, midwifery, allied health professions and dental therapy and hygienist courses.

5. Supply and recruitment of AfC Staff

Covid-19, impact and future supply of AfC staff

- 5.1. Interest in health and care careers has soared during the pandemic, with a huge surge in visitors to the NHS Health Careers website seeking information about scores of different roles. Record numbers of students have applied to begin nursing courses at English universities this year.
- 5.2. Data suggests that more people are not only looking for an NHS career, but looking to find one that matches their skills and interests. The number of people completing the 'Find your Career' tool on the website increased by 150 per cent in the last two months compared with the same period in 2020.
- 5.3. Interest in working in mental health has also increased since the start of the year, with a 133 per cent rise in people seeking information about the psychological professions.
- 5.4. Among the roles attracting increased inquiries are those of clinical psychologist, child well-being practitioner and high-intensity therapist.
- 5.5. Non-clinical roles in NHS management and health informatics, which includes IT and library and knowledge management roles, have also seen surges in interest since the start of this year, while interest in working for NHS 111 has risen by a very sizeable 43 per cent.
- 5.6. HEE has produced guidance documents is aimed at providing information to all [nursing](#) and [AHP](#) students in England as to what the system response to the Covid-19 pandemic means for them during this time. The guidance is focused on

how students can support the health and care system during this time of emergency and how we will support their health and wellbeing and their education.

- 5.7. In March 2020, we asked those students who were able to opt into paid placements to support our health and care teams. Those paid placements came to an end over the summer as the new academic year commenced and the clinical need changed. Increasing rates of COVID-19 and the emergence of a new variant of the virus are placing additional strain on NHS services as we start the new year.
- 5.8. Following a request from the Secretary of State for Health and Social Care, the Nursing and Midwifery Council (NMC) has introduced a set of emergency standards that enables final year nursing students (not including those in their final year of a two-year postgraduate diploma programme) to undertake up to 100 percent of their time in clinical practice while that standard remains in effect.
- 5.9. The NMC has also recognised that in some regions it may not be possible for first year students to remain in practice as normal and have therefore agreed to reinstate the emergency standard which allows first years to complete their year in academic and online learning where their normal placements cannot be supported.
- 5.10. The NMC emergency and recovery standards are optional; it will be up to each Approved Education Institution (university) in consultation with the placement providers to determine if their adoption is needed. We are committed to minimising the disruption to your learning and as far as possible enabling you to continue with your study, graduate and join the workforce as a registered nurse.
- 5.11. This is a fast-changing and dynamic situation and this guidance may be subject to further development. Therefore, these principles should be used in conjunction with advice and guidance from students' universities, the NMC and Royal Colleges and trade unions.

Routes into Nursing

- 5.12. Most people qualify by studying a degree in nursing, the four fields of nursing are:
 - adult nursing
 - children's nursing
 - learning disability nursing
 - mental health nursing

- 5.13. As at 29 January 2021– the deadline to start degrees this autumn – a total of 60,130 people across the UK had applied for nursing courses, up 32 per cent on last year. The figure is even higher for applications to English universities, at 34 per cent with a total of 48,830 applicants, according to the figures from the university admissions service UCAS. Applications have risen for the third year running and have soared across every age group.
- 5.14. Latest figures for England from UCAS show the number of new starters on degree courses to study mental health and learning disability nursing also rose by nearly a third last year, at 31 per cent.

Blended Learning Nursing Degrees

- 5.15. The Blended Learning Nursing Degree provides a flexible way to fit study around work and life, using mainly digital technologies, but still including practical, hands-on experience.
- 5.16. Working with seven universities and advisory partner-organisations, Health Education England has developed the programme which opens up the profession to a much wider group of people who have the skills and aptitude to nurse, but whose current situation doesn't allow them to study in the traditional way. This may be due to caring commitments, physical access or other barriers to study that a blended approach will support.
- 5.17. This is significantly different offer in nursing education that will support the growth a digitally-expert and professional nurse workforce suited to the demands of care and service now and in the future.
- 5.18. It will give trainee nurses easy access to new and emerging technologies and will help them and their employing trusts meet the requirement for strong digital capabilities. It will also give the NHS access to a twenty-first century workforce that is agile and enthusiastic about change. This ambitious programme will:
- Fully exploit digital technologies to deliver fully interactive and integrated programmes including immersive technologies like Virtual and Augmented Reality.
 - Provide a technology framework that enables student-led provision, online communities of practice leading to development of engaged and self-directed learners with strong digital capabilities.
 - Develop flexible, adaptable, resilient, curious, collaborative learners and professionals.

- Attract greater numbers and a more diverse student population into the health profession.
- Create a significantly different offer in healthcare professional education, that will support the growth of a qualitatively different, expert and professional workforce suited to the demands of care now and in the future.

5.19. This innovative approach is designed to help grow the nursing workforce, as set out in NHS Long Term Plan, and the first students began to apply from September 2020 for courses starting January – March 2021. This five-year contract with the Universities will result in an additional 8,428 people from diverse backgrounds receiving Adult Nursing degree training (undergraduate and postgraduate)

5.20. In March 2021, the government announced a £35 million investment for nurse training which will see nurses and other healthcare students benefit from expanded virtual training, and the launch of a new national critical care qualification for qualified nurses.

5.21. Up to £25 million of the funding will go to universities to invest in new simulated training facilities and technology. This can involve the use of virtual reality (VR) technology, manikins, role play, and smart phones, tablets or computers, allowing nursing students to practise their clinical skills in a safe environment. They will be able to train on clinical procedures and simulate a realistic clinical setting with the support from experienced colleagues.

5.22. The Nursing and Midwifery Council have confirmed that up to 300 of the 2,300 clinical practice hours nurses need to complete during their degree can now be completed in simulated environments, due to the pandemic.

5.23. Alongside this, the government will also invest £10 million to develop a new, nationally recognised, critical care qualification for qualified nurses, which can be accessed by a number of Allied Health professions. This will be rolled out for immediate use during the pandemic to help boost the number of people able to work in critical care.

Nursing degree apprenticeships

5.24. The standards for nursing degree apprenticeships have been approved and there is a growing number of NHS organisations advertising vacancies. Nursing degree apprenticeships offer flexible routes to becoming a nurse that don't require full-time study at university, although nursing degree apprentices will still need to undertake academic study at degree level.

- 5.25. In September 2020 Health Education England (HEE) confirmed that it would make £7m available for employers to support the apprenticeship route into registered nursing. Nursing associates and assistant practitioners are set to benefit from the funding that will allow them to train to become nurses through a two-year 'top-up' apprenticeship.
- 5.26. Employers were invited to express their interest in applying for the funding which will make £8,300 available per apprentice. It is hoped that the funding will support more than 400 new apprenticeships train to become registered nurses.

Nursing associate

- 5.27. The role of nursing associate sits alongside existing nursing care support workers and fully-qualified registered nurses in both health and social care.
- 5.28. It opens up a career in nursing to people from all backgrounds and offers the opportunity to progress to training to become a registered nurse. Trainee roles are often available in a variety of health and care settings. This means that nursing associates have wider opportunities and more flexibility to move between acute, social and community and primary care.
- 5.29. A nursing associate is not a registered nurse, but with further training, it can be possible to 'top up' training to become one.
- 5.30. COVID-19 inevitably had an impact on the programme to train Nurse Associates. With activity has been curtailed due to COVID-19 and all placements and activity ceased in March 2020. Since the start of the second wave activity has again seen reductions.
- 5.31. HEE is working with Kings College on an employer survey of the Nursing Associate role to better inform target number for future years.

Apprenticeships

- 5.32. There has been over 22,000 NHS Apprenticeship starts to date this academic year. These apprentices make a huge contribution to the delivery of essential services across the NHS in front line clinical and non-clinical roles, and each and everyone of them has made a difference and are still making a difference to the continuing delivery of care and clinical services, during the COVID-19 pandemic.
- 5.33. Health Education England sponsors the development of Trailblazer Apprenticeships in the Health Sector as part of the Talent for Care 'Get in, Get on, Go Further' themes and strategic aims. Skills for Health is facilitating the

development of several apprenticeship standards for use in the health sector to train staff in both clinical and non-clinical roles.

- 5.34. Health Education England has continued to develop innovative support for employers to ensure our apprenticeship programme continues on course despite the pandemic. This includes supporting employees in developing their Skills for Life (numeracy, literacy, digital skills) with over 7,000 learners nationally accessing HEE Talent for Care funded functional skills software.
- 5.35. Throughout the pandemic HEE worked closely with the Institute for Apprenticeships and Technical Education to ensure our apprentices, including those in nursing roles, could still qualify in a timely way and be able to take up their new role in delivering service, at a time of great need.

6. Retention

Reducing Pre-Registration Attrition and Improving Retention

- 6.1. One of the key issues that the NHS PRB has previously highlighted with HEE in previous evidence rounds has been the attrition of students from training and the retention. Prior evidence to the NHS PRB has detailed The RePAIR (Reducing Pre-registration Attrition and Improving Retention) project, which has enabled HEE to gain an in-depth understanding of the factors impacting on healthcare student attrition and the retention of the newly qualified workforce in the early stages of their careers.
- 6.2. In May 2020 the RePAIR team undertook a survey to capture the experience of pre-registration nurses, midwives and AHPs (Allied Health Professionals) during the first wave of the pandemic. The first COVID wave changed student experiences in several profound ways including:
 - The students who were on an extended placement were largely positive about their experience – although anxious about catching up on their academic studies.
 - The students who focused on academic studies were very positive about contacting the academic staff but less so about the online learning especially completing learning outcomes.
 - The reasons behind students thinking about leaving are: academic concerns; being overwhelmed and stressed by the situation they find themselves in; and doubting their clinical ability.

- 6.3. The full report including key findings, forms a part of HEE's evidence to the NHS PRB and can be accessed [here](#).