



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 2016 to March 2017



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Author: ACW-WS-WDS 13500**Document Purpose:**

Policy

Publication date:

October 2016

Target audience:

NHS Trust & Foundation Trust CEs, Medical Directors, Directors of Education and Training, Directors of Health and Social Care Workforce Planning, Directors of Public Health, Directors of Nursing, Local Authority CEs, NHS Trust Board Chairs, Directors of HR, Higher Education Institutions, Other Government Departments, HEE and LETBs, PHE, NHS England and CCGs, NHS Improvement, CQC, NICE, NIHR, HSCIC, Directors of Adult Social Services, Academy of Medical Royal Colleges, Academic Health Science Networks, HEFCE, Devolved Administrations, GPs, Allied Health Professionals, Healthcare Professional Bodies and Professional Regulators, Universities UK, Council of Deans, Sector Skills Councils, PSA, MSC, DSC, NHS Employers, Social Care employers, Health and Wellbeing Boards, Voluntary and community sector, Patient groups and Healthwatch, Comms leads.

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Foreword - Philip Dunne MP



It is the people of the NHS who deliver care to patients and support to families when they are feeling at their most vulnerable. It is NHS staff who ensure ours is rated as the fairest and most patient-centred health system in the world, achieving near record levels of satisfaction and record lows in dissatisfaction. It is because of our NHS people that our country is rightly proud of our NHS.

Ensuring we have exceptional people is not achieved by chance. We invest over £4.8 billion a year to ensure the NHS has the right staff, in the right numbers with the right skills. The NHS typically has about 140,000 students in training at any one time. It takes over three years to train a nurse and an allied health professional, a minimum of thirteen years to train a consultant doctor and ten years for a General Practitioner.

Stewarding this formidable training system on behalf of the NHS is now my responsibility as Health Minister, alongside that of Health Education England who ensure delivery of the NHS education and training system.

The Government has set Health Education England an ambitious and stretching mandate, one that is central to delivering on our key priorities and underpins the vision set out in the Five Year Forward View. I am clear that our education and training system needs to embed a learning and safety culture committed to eradicating variations in care in all that we do from the day our future colleagues enter training in universities, to when they reach our wards, no matter where in the country that is, and in their ongoing career development.

Over this coming year, we need also to strengthen our leadership capacity and develop skills alongside our successful medical and non-medical training record. Running NHS organisations is rewarding but it is challenging. It requires people with exceptional skills, resilience and intellectual capacity at every level. We need to recognise this and build for the future. That is why responsibility for the NHS Leadership Academy has moved to Health Education England. I expect to see rapid and demonstrable progress, both in ensuring the NHS has ready access to tomorrow's leaders and in giving staff the skills they need now to improve operational performance and delivery.

Through the taxpayer, the Government has committed extra investment of £3.8 billion to the NHS front line during 2016/17. This must come with significant reform - education and training is not immune from this. As announced in the 2015 Spending Review, the funding system for nursing, midwifery and allied health pre-registration courses will change and no longer be funded through NHS bursaries or Health Education England funded tuition. From 1 August 2017, new students starting on these courses will be able to access the higher education

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student support system, providing them typically with up to 25 per cent more financial support while at university in comparison to the current system.

This will create a system which is better for students, better for universities and better for the NHS. It will enable universities to offer up to 10,000 additional nursing, midwifery and allied health professional training places over this parliament. It will also mean more people who want to take these subjects at degree-level at university will be given that opportunity. Around two-thirds of nursing applicants are currently turned down. Importantly, it will also lead to a larger pool of highly qualified, home-grown staff being available to NHS employers. This will reduce the NHS's reliance on expensive agency and overseas staff.

The NHS should be at the vanguard of widening participation and social mobility. For too long we have lagged behind the best: we fail to provide the opportunities that should be a fundamental value of our NHS. Our workforce should reflect the makeup and background of the patients it treats; I expect to see Health Education England make real progress in this area.

Central to this will be the rapid advancement of the NHS Apprenticeship agenda and, working with NHS employers, the development of far reaching apprentice standards that the NHS wants. Not everyone who joins the NHS comes through a traditional route and we should welcome this. A key delivery priority for Health Education England is the development of a new Nursing Associate role. This new role will offer opportunities for progression for those in caring roles in the NHS. Once developed and approved, the Nursing Associate role will provide a pathway for progression to a nursing degree, allowing talented health care support workers to study towards becoming a registered nurse through the apprentice route.

Finally, we must begin in earnest the work that will be needed to ensure that our NHS has the workforce it requires not just next year but in the next generation. We must put in place the training structures and pipeline that will secure for our NHS the people, the skills and the values that will guarantee that it maintains its world-leading position.

This mandate sets out clear and specific deliverables for Health Education England in return for the significant investment it has been given and I look forward to seeing real progress in the months ahead.



Philip Dunne MP

Minister of State for Health

Introduction

HEE's role and responsibilities

1. Health Education England (HEE) is responsible for ensuring that our future workforce is available in the right numbers and has the necessary skills, values and behaviours to meet patients' needs and deliver high quality care. The Care Act 2014¹ sets out HEE's remit and range of roles and responsibilities in detail, including HEE's duty to ensure an effective system is in place for education and training in the NHS and public health system.
2. Many of the deliverables in the mandate cannot be delivered by HEE alone, but rather depend on strong partnerships with NHS delivery partners, the higher education sector and professional and regulatory bodies who set the standards and curricula for education and training.
3. As announced in the 2015 Spending Review,² the funding system for nursing, midwifery and allied health pre-registration courses will change and no longer be funded through NHS bursaries or HEE funded tuition. From 1 August 2017, new students starting on these courses will be able to access the higher education student support system.
4. In ensuring the successful implementation of these reforms, the Department of Health and HEE will work with the higher education sector, the Department for Education, the Higher Education Funding Council for England and others on the plans to reform the education and training funding system as set out in the 2015 Spending Review.
5. These reforms will enable universities to offer up to 10,000 additional nursing, midwifery and allied health professional training places over this parliament. It will also mean more people who want to take these subjects at degree-level at university will be able to. This will create a system which is better for students, better for universities and better for the NHS.

New leadership development responsibilities

6. The NHS needs high quality leaders at every level and in every area to ensure that it is able to deliver high quality compassionate care to the people it serves. This is more important now than ever as the health service changes to deliver new models of care over the coming years and responds to the efficiency challenge set out in the Five Year Forward View,³ whilst also looking to improve current operational performance and efficiency. With effect from 1 April 2016, HEE will assume formal national responsibility for leadership development activities. These activities will be informed by advice from the National Leadership Development and Improvement Board.

HEE's mandate

7. This mandate reflects the priority objectives of the Government in the areas of workforce planning, education, training and development for which HEE and the Local Education and Training Boards have responsibility. It is consistent with the objectives in the Shared Delivery Plan,⁴ which sets out the Department of Health's plan for delivery until 2020 and it recognises the work being taken forward through the Five Year Forward View, in particular the Workforce Advisory Board, the National Improvement and Leadership Development Board which HEE chairs and the National Information Board (NIB). It also includes ongoing deliverables from the 2015/16 mandate⁵ that require continued investment. The deliverables that underpin these objectives are set out at Annex A. At a time of great pressure on public finances, it is vital that HEE delivers this mandate within available resources and continues actively to review its existing expenditure.
8. Following the recent National Audit Office⁶ and Public Accounts Committee⁷ inquiries into managing the supply of NHS clinical staff in England, HEE will take steps to continue to deliver improvements to the supply of the NHS workforce. This will include working with the Department of Health, NHS England and NHS Improvement to deliver the recommendations of the National Audit Office and Public Accounts Committee where appropriate.
9. As the system leader for education and training, HEE will play a part in delivering Government commitments that fall within its remit and any that may arise during the life of this mandate.

Accountability

10. The Framework Agreement between the Department of Health and HEE⁸ defines how the Department of Health and HEE work in partnership to serve patients, the public and the taxpayer; and how both HEE and the Department of Health discharge their accountability responsibilities effectively.
11. The process for setting objectives for HEE is managed through the development and publication of the Government's mandate to HEE. This mandate sets out priorities to be delivered through 2016/17 and beyond in this parliament. It will be reviewed and refreshed on an annual basis. HEE produces a business plan each year which demonstrates how it will meet its legal duties and deliver the objectives set out in the mandate.

Educational Outcomes

12. The educational outcomes at Annex B have been developed with partners across the health and education landscape. HEE will use these in support of driving improvements in

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education and training that will have a real impact on the quality of care delivered to patients and service users.

Health Education England's Objectives

13. This mandate sets priority objectives for HEE for 2016/17 and beyond.
14. HEE's business plan for 2016/17 will set out additional details on how it intends to take these forward.

Objective 1: To develop the workforce to improve out of hospital care

15. The Government wants to see more services provided out of hospitals, a larger primary care workforce and greater integration with social care, so that care is more joined up to meet people's physical health, mental health and social care needs.
16. We expect HEE to continue to support growth in the primary care workforce to enable there to be 5,000 more doctors working in general practice by 2020, and an increase of 5,000 other multi-professional primary and community staff with 1,000 of those being Physician Associates. Physician Associates have significant potential to address workload issues in primary care as part of a multi-disciplinary team.
17. To support delivery of the Five Year Forward View for Mental Health,⁹ HEE will deliver by the end of 2016 a comprehensive workforce strategy for the future shape and skill mix of the mental health workforce.
18. HEE will continue to identify ways to support the development of a more flexible workforce with greater skills in general healthcare that are transferable across all care settings. Working with the social care sector, HEE will also go further and faster in supporting the development of a more integrated health and social care workforce. This will help provide the preconditions for integrating health and social care by 2020, as set out in the 2015 Spending Review.

Objective 2: To create the safest, highest quality health and care services

19. The NHS should provide the highest quality care for all. Everyone deserves care that is safe, compassionate and effective, at all times and regardless of their condition. The NHS should meet the needs of each individual with a service where a patient's experience of their care is as important as their clinical needs and outcomes.
20. It is the duty of everyone in the NHS to ensure that people receive the right care, minimising harm by avoiding unnecessary complications and/or admissions to hospital, and to do so by making the best use of available resources. This is not a trade-off. The pursuit of quality is not merely consistent with the fair and efficient use of resources - these are two aims to be pursued together, as the Five Year Forward View set out. HEE will work closely with NHS providers to ensure that workforce planning is integrated with

financial and service planning to ensure plans are affordable and to support the system to be financially sustainable.

21. HEE is expected to ensure that recruitment to, and delivery of education and training for the future workforce and development of the current healthcare workforce supports equality and results in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution. HEE will ensure training supports a culture of continuous learning and improvement in safe services with a focus on reducing the rates of stillbirths, neonatal and maternity deaths and other adverse outcomes such as sepsis and intrapartum brain injuries.
22. HEE will continue to use its expertise and influence to assure and continuously improve the learning environment by working with providers to deliver high quality clinical and public health placements based on high quality outputs and educational outcomes. HEE, in delivering its functions, also needs to be mindful of the need to support the Secretary of State in meeting his duty to reduce health inequalities in England.
23. We expect HEE to work with partners to ensure that the NHS has available the right number of staff to deliver on the Government's commitment to provide the same quality of care in hospitals for urgent and emergency services seven days a week.

Objective 3: To deliver value for money

24. The Government currently invests over £4.8 billion each year in central funding for the training and development of the future NHS and public health workforce. HEE will continue to work with partners to ensure that the usage of this funding is maximised and distributed fairly to meet service needs.
25. HEE should ensure that through its recruitment, education and training it supports value for money. In particular, HEE will use the evidence from the Getting It Right First Time (GIRFT) programme which is specifically designed to improve quality and reduce variation in care in the provider sector. By using the GIRFT evidence and dashboards alongside its Quality Framework and Commissioning for Quality strategy, HEE will improve its evaluation of the quality of training placements and their associated outcomes. This will help HEE continue to support the development of a workforce shaped to meet the changing needs of the NHS.

Objective 4: Preventing ill health and supporting people to live healthier lives

26. The Five Year Forward View has a strong focus on preventing avoidable ill health and premature mortality. HEE plays a critical role in commissioning education and training for public health specialists and other public health staff in Public Health England and local

government, as well as in embedding public health capacity across the wider NHS, public health and social care system.

27. HEE will continue to support the delivery of the 2020 Dementia Challenge.¹⁰

Objective 5: Supporting research, innovation and growth

28. The Government is committed to building on Britain's status as a world leader in clinical research and the Life Sciences, to better understand how diseases are diagnosed and treated, and to revolutionise our approach to treatment to improve health – while giving the sector the support it needs to realise ideas and help drive growth in the UK economy.

29. HEE will contribute to realising the potential of research and innovation in healthcare and demonstrate commitment to the UK Life Sciences growth agenda, for example by continued education and training developments for the scientific workforce and more broadly in genomics, bioinformatics and the use of data across all levels of the workforce.

Objective 6: Building the workforce for the future

30. The Government is committed to supporting a world class education and training system to support the delivery of integrated health and related care services which is built on robust workforce planning reflecting the needs of all providers of NHS commissioned services. HEE has been given a clear remit to lead workforce planning and education commissioning across the health system to secure the future supply of the workforce, and will play its part by planning a workforce which can adapt and change. HEE will continue to support the aim to reduce dependence on temporary staffing.

31. As set out in the 2015 Spending Review, the Government is going to extend its student finance reforms to students studying health higher education courses.¹¹ By doing so, universities will be able to create up to 10,000 more nursing, midwifery and allied health degree places during this Parliament. This will mean that NHS employers, as well as those in the independent and care sectors, will have a larger pool of highly qualified home-grown staff available. In turn, universities will be able to accept more applicants who get the right grades than they currently do. The reforms will provide more up front living cost support – typically 25 per cent more – to full time students. The benefits of these changes will accrue not just to students, but to the NHS. As domestic student numbers increase we will be able to reduce reliance on expensive agency and overseas staff allowing more money to be freed up and put into frontline patient care. HEE will work with the Department of Health, the Department for Education, and the Higher Education Funding Council for England to ensure that the reforms are successfully implemented.

32. HEE will take the lead on supporting public sector apprenticeships in healthcare through the Trailblazer process, increasing the number of new apprenticeships in healthcare to 19,000 starts in 2016/17.

33. HEE will lead on the development of the Nursing Associate role to provide care to patients in a range of settings, including primary, secondary and social care. The Nursing Associate role will give new and existing NHS staff the opportunity to progress within the nursing profession and will provide employers with a greater skill mix to deliver services. HEE will take forward a programme of work with key partners to develop a scope of practice, national curriculum and competencies for the role. HEE will work with Higher Education Institutes to establish training courses and will support a Trailblazer Group to develop an apprentice standard. HEE will recruit 1,000 Nursing Associates into training by the end of 2016.
34. HEE will take on responsibility for the NHS Leadership Academy from 1 April 2016 and will enable a pipeline of highly capable leaders with the right skills, values and behaviours to lead beyond organisational boundaries, and across health and care systems, to deliver the necessary priorities and improvements to health and care services, including increasing efficiency and productivity.

Objective 7: Improving services through the use of digital technology, information and transparency

35. Better use of data and technology has the power to improve health, transform quality and increase efficiency in the delivery of health and care services. It can also reduce the administrative burden for care professionals. Furthermore, technology is key to enhancing training and learning across the health and social care workforce.
36. HEE, as a key partner of the NIB, is working with partners to deliver the vision set out in 'Personalised Health and Care 2020: A framework for action'¹² to support care professionals to make the best use of data and technology.
37. HEE will continue to explore options for the promotion, adoption and spread of technologies and techniques for training and education, in line with the Digital by Default Service Standards¹³ and spend controls set out by the Government's Digital Service.

Annex A - Health Education England Deliverables

1. To develop the workforce to improve out of hospital care, HEE will:

Primary and Community Care

- 1.1. take forward recommendations arising from the Primary Care Workforce Commission report 'The Future of Primary Care: Creating Teams for Tomorrow'¹⁴ to deliver a multi-disciplinary workforce for primary care and promote innovative workforce models, for example, ensuring a sufficiently skilled workforce to enable e.g. training for clinical pharmacists working in general practice
- 1.2. implement plans to support 5,000 more doctors working in general practice by 2020 and increase other multi-professional primary and community staff by 5,000, including 1,000 Physician Associates
- 1.3. ensure a minimum of 3,250 trainees continue to be recruited to GP training programmes in England in 2017
- 1.4. continue to work with partners to support 'return to practice' initiatives across the general healthcare workforce with specific emphasis on nursing and general practice. Building on previous year's achievements, HEE will increase the number of nurse returners by 2.5 per cent by March 2017
- 1.5. continue to work with NHS England and others to deliver significant workforce transformation in pharmacy to support:
 - the integration of community pharmacy into the NHS, building on work relating to advanced consultation skills
 - the development of relevant clinical skills and the use of the Single Care Record
 - the development of primary care teams through the development of clinical pharmacist posts in general practice, including up to 450 new clinical pharmacists by March 2018, with a progress report on pharmacists in training by March 2017
 - the effective deployment of pharmacists in hospitals and across urgent and emergency care settings
 - the development of clinical and professional leadership skills across the system, including the publication of a report with recommendations on how to ensure partners work together to develop clinical and professional leadership to support medicines optimisation by March 2017

Mental Health

- 1.6. work with partners to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver the Five Year Forward View for Mental Health, 'Achieving Better Access to Mental Health by 2020'¹⁵ and the workforce recommendations set out in Future in Mind.¹⁶ This should address training

needs for those delivering care to people with a mental health condition and should report by the end of 2016

- 1.7. continue to ensure that there are sufficient therapists and other staff with the right skills to support the delivery of the Improved Access to Psychological Therapies (IAPT) programme. HEE will work with NHS England and other system delivery partners on the expansion of IAPT, developing a plan to support workforce expansion by 2020/21. HEE will commission courses to provide top up training for existing IAPT practitioners working with patients with long term conditions by January 2017 and will ensure an understanding of the impact on long term conditions is embedded into IAPT training to support wave 1 of the IAPT expansion programme by January 2017
- 1.8. support Early Intervention in Psychosis by ensuring the workforce is available in sufficient numbers and with the requisite skills to enable the specialist early interventions recommended by the National Institute for Health and Care Excellence
- 1.9. continue to work to increase the numbers of doctors in foundation training undertaking placements in psychiatry towards a target of 22.5 per cent of Foundation Year One doctors and 22.5 per cent of Foundation Year Two doctors
- 1.10. lead the health and care system to transform the workforce and ensure it is available in sufficient numbers and possesses the right skills, values and behaviours to deliver care in the community and support for people with learning disabilities, autism, mental health problems and multiple and complex needs. As part of this, HEE will work with Skills for Health and Skills for Care to develop a Learning Disability Core Education, Training and Skills Framework, which will set out expected learning outcomes and minimum standards for delivery of education and training on core skills and knowledge which can be used across different services. The Framework will be published in July 2016
- 1.11. undertake joint work with NHS England to consider the workforce and training implications of providing appropriate mental health support to detainees of all ages, including, by Winter 2017, the construction of an overarching health and justice competency framework, a career development path and an assessment and articulation of training needs
- 1.12. work with Public Health England and NHS England to ensure the right skills are in place to enable healthcare staff to deliver healthcare, including public health/substance misuse interventions, in custodial settings, including Immigration Removal Centres and police custody
- 1.13. work with Public Health England, professional bodies, educators, charities, the NHS and local authorities to ensure that alcohol and drug use are appropriately responded to by health and social care professionals, including the specialist treatment workforce, through supporting the inclusion of alcohol and drug use in relevant education and training and relevant competency frameworks and guidance by March 2017
- 1.14. continue to ensure its dedicated Mental Capacity Act (MCA) e-learning packages are up-to-date and appropriately publicised, including signposting to the MCA Directory, the national repository of MCA best practice materials. HEE, in partnership with

medical royal colleges and other bodies, will, by March 2017 confirm the minimum content required for comprehensive training in this area appropriate to the needs of the workforce, and will continue to work with partners to develop and signpost profession-specific MCA training pathways, including publication of pathways by March 2017

Children's Mental Health

- 1.15. work proactively with providers of mental health services to children and young people, including those in the local authority, voluntary and independent sectors to:
 - support them to undertake an audit of the mental health workforce
 - pilot innovative ways of working, based on available evidence about the current and future workforce, by providing funding and support through the innovation fund
 - ensure there is regional support to Clinical Commissioning Groups and providers to plan for and build a diverse workforce by widening access to employment in children and young people's mental health services
- 1.16. work with the Department of Health and NHS England to implement training for the workforce in awareness and skills required for working with vulnerable groups, promoting early intervention and prevention to support improvements in children and young people's mental health
- 1.17. continue to support and contribute to the extension and expansion of the children and young people's IAPT transformation programme,¹⁷ to reach 100 per cent coverage in England by 2018, including planning to mainstream access to training by 2018 to ensure staff can continue to be trained to deliver evidence based interventions
- 1.18. develop a detailed trajectory for the additional workforce required to support NHS England in the delivery of the Mental Health Taskforce recommendation on improvement in access so that at least 70,000 more children and young people each year will be able to access high quality mental health care when they need it by 2020/21
- 1.19. work with NHS England and the Department of Health to enable the development of specialist community eating disorder teams for children and young people and to support the implementation of access and waiting times standards by commissioning the delivery of 'whole team' training and supporting the development of training curricula and training in evidence based interventions
- 1.20. review, maintain and promote the MindEd e-Portal for children and young people's mental health and the Disability Matters e-Portal

Perinatal Mental Health

- 1.21. work with partners to ensure the workforce across the care pathways has access to the right knowledge and skills enabling them to deliver the appropriate care, support and treatment for patients. This will include:
- developing and delivering plans to increase workforce capacity and capability in specialist perinatal mental health services by 2021, to support 30,000 more women a year to receive evidence-based care, as part of the broader HEE mental health workforce strategy
 - continuing to work with partners to identify the key competencies and skills across the multi-professional workforce and to develop a framework to underpin pre- and post-registration training for doctors, nurses, health visitors, midwives and psychological therapists from prevention through to specialist care in perinatal mental health by 2017
 - continuing to promote e-learning modules in perinatal mental health and to ensure access to these for the workforce across the care pathways
 - working with the medical royal colleges to support specific perinatal mental health training being incorporated into the curricula for doctors in postgraduate training by 2017

Integration

- 1.22. work with key partners across health and social care to support the development of an integrated workforce - in keeping with the Government's commitment to integrate health and social care by 2020. This will need to take into account wider workforce developments such as new models of care, and plans for the provision of seven day services and will include:
- estimating the size and shape of the health and care workforce required to deliver ongoing integrated services, and work with Skills for Care to develop joint recommendations by December 2016 on how the challenges can be addressed leading up to 2020
 - developing plans to promote parity of esteem between the health and social care workforce – to support the movement of staff between sectors - and to improve the sustainability of both sectors through integrated apprenticeships and training programmes with placements across health and social care
 - developing and implementing plans for integrated leadership for commissioners and providers of integrated health and care services. This should include working with Health and Wellbeing Boards to ensure that leaders in the NHS and local government are receiving the right knowledge and support to drive local integration – as well as targeted work with Local Workforce Action Boards and those leading the Sustainability and Transformation Planning process to encourage joint workforce planning at a local level from April 2017 onwards
 - continued assessment, role development and training for care coordinators and any new roles needed to support the delivery of an integrated health and social care system
 - working collaboratively with senior leaders from across Skills for Care, NHS England, the Local Government Association and other key organisations to

drive action on workforce integration, and to coordinate action across the wider system

- 1.23. support local transformation plans including development and implementation of local devolution deals such as Greater Manchester and other areas

2. To create the safest, highest quality health and care services, HEE will:

7 day services

- 2.1. work with key partners to ensure that the NHS has available the right number of staff to deliver on the commitments to provide the same quality of care in hospitals for urgent and emergency services seven days a week. The 2017/18 Workforce Planning Guidance will take account of these commitments and feed into the development of the Workforce Plan for England 2017/18

Diagnostics

- 2.2. continue to work with its Diagnostic Steering Advisory Committee and other key partners to ensure that the NHS has available the right number of trained staff to deliver current and future demand for diagnostic tests. HEE has already made an assessment of the number of commissions required in 2016/17 and these are set out in its annual Workforce Plan for England,¹⁸ including an increase in the number of training posts in clinical radiology from 1,112 to 1,144 in 2016/17 and in diagnostic radiography from 1,115 to 1,131 in 2016/17. Annual delivery plans will set out how HEE will:
 - ensure sufficient numbers of:
 - suitably qualified sonographers to maintain ultrasound services
 - radiographers to support imaging services
 - trained radiologists to support imaging services
 - build on the non-medical endoscopist trainees who commenced training in 2015/16, to train 200 non-medical endoscopists by 2018

End of life care

- 2.3. continue to work with its key partners to ensure that all staff delivering end of life care are appropriately trained, particularly in the five priorities of care. Through a lead local area, by March 2017 HEE will deliver a national action plan to promote best practice in workforce education and training in end of life care and will work with Skills for Care and Skills for Health to develop a refreshed core competency framework to standardise end of life care training and education by March 2017. HEE will work with its Medical and Nursing Advisory Groups to review progress in strengthening the undergraduate and postgraduate curricula to support patient choice in end of life care. HEE will also ensure workforce planning delivers the right people with the right skills to support improved quality and greater choice in end of life care, in both hospital and out-of-hospital settings

Quality and Patient Safety

- 2.4. building on the Quality Framework which it launched in April 2016, HEE will work with placement and education providers to embed its Quality Strategy for Education and Training,¹⁹ including developing and launching the National Education and Training Survey (NETS)
- 2.5. continue to provide a strategic leadership role to the organisations which have been working together to embed patient safety knowledge and skills at all stages and levels of education, training and professional development, including:
 - responding to the recommendations made by its Commission on Education and Training for Patient Safety, HEE will publish a detailed implementation plan by December 2016 and submit a one year on progress report to the Department of Health by March 2017
 - supporting the work of the National Quality Board, including making available from December 2016 an e-learning package on safe and sustainable staffing
 - contributing to continual improvements in the provision of safe and compassionate care in line with the NHS Constitution as reflected in scores from patient surveys on questions relating to staff behaviours and compassion in care and in the proportion of staff, patients and the public who recommend a service to friends and family
 - supporting the Government's aspiration for the NHS in England to become 'the world's largest learning organisation', in particular helping providers to learn from previous incidents and implement that learning to deliver better safer care for all patients
- 2.6. continue to support the response to the recommendations made by the Freedom to Speak Up review.²⁰ By March 2017, HEE will produce a suite of training and guidance materials around raising concerns, including the training which will be needed for the Guardian role and an e-learning package. HEE will also host the Freedom to Speak Up National Guardian Conference in Spring 2017 where learning and best practice will be shared
- 2.7. work with partners to support the multi-professional training recommendations from the National Maternity Review: 'Better Births – Improving outcomes for maternity services in England'.²¹ HEE will create a comprehensive catalogue of 'approved' training programmes suitable for maternity units across England by July 2016
- 2.8. work with partners to ensure education and training materials are available to support the Government's ambition to halve the rates of stillbirth, neonatal and maternal deaths and intrapartum brain injuries in babies in England by 2030. From August 2016, HEE will work with maternity units to undertake self-assessment and cultural capability assessments and prepare bids for training funding. HEE will work with partners to roll out, by December 2016, the funding of agreed programmes of training to successful bidders across England to further improve quality and safety within maternity services

Sepsis

- 2.9. build on work started in 2015 to ensure that training is available so that healthcare staff are competent in the recognition of, and response to, acute illness such as sepsis as a key factor in preventable mortality, including making available, by August 2016, a specific training module for sepsis. HEE will also make recommendations on any new materials identified as necessary from wider scoping work by March 2017

Cancer

- 2.10. continue to take forward relevant recommendations set out in the Independent Cancer Task Force report, 'Achieving World Class Cancer Outcomes: a strategy for England 2015 - 2020',²² including working with partners to develop a vision for the future shape and skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service and report by December 2016
- 2.11. continue to work with NHS England and wider partners to assure the provision of skills and competences that will provide a suitably qualified and trained workforce for the Proton Beam Therapy service commencing in April 2018

3. To deliver value for money and reform education and training funding, HEE will:

Funding reform

- 3.1. continue to ensure that significant changes in the distribution of the funding for education and training, which may affect the stability of NHS providers, are discussed in advance with the Department of Health and with the relevant group established to consider cross cutting financial issues (e.g. the quarterly finance meeting held between the Department of Health and HEE), in order to seek broad agreement and enable changes to be carefully managed
- 3.2. continue to work with the Department of Health to improve the cost and activity data being reported by the hospital sector as part of the 2015/16 education and training cost collection exercise, due in September 2016
- 3.3. work with the Department of Health and other key partners to develop proposals for new currencies, enabling a consultation exercise to be undertaken in Autumn 2016
- 3.4. continue to work with the Department of Health, and other parties, to develop and assist the Department of Health to set tariffs for primary care education and training for both medical and non-medical, which better reflect the costs and benefits to employers of trainees
- 3.5. adopt budget policies which ensure that resources are distributed transparently in line with the local distribution of education and training places as set out in the 2016/17 HEE Workforce Plan

Attrition

- 3.6. continue to work with partners to improve retention of trainees, including reducing avoidable attrition from training programmes by 50 per cent by 2017

Efficiency

- 3.7. support work across the health and social care system to improve service efficiencies, including the output from Lord Carter's report.²³
- 3.8. ensure that through its recruitment, education and training it supports value for money. In particular, HEE will use the evidence from the GIRFT programme, which is specifically designed to improve quality and reduce variation in care in the provider sector. By using the GIRFT evidence and dashboards alongside its Quality Framework and Commissioning for Quality Strategy, HEE will improve its evaluation of the quality of training placements and their associated outcomes. This will ensure training supports the development of a workforce shaped to meet the changing needs of the NHS

Cost recovery

- 3.9. continue to support NHS staff to understand the charging rules for overseas visitors through a refresh of the Overseas Cost Recovery e-learning package by March 2017

4. Preventing ill health and supporting people to live healthier lives, HEE will:

Childhood Obesity

- 4.1. continue to work with partners to build on the resources already published to support 'Making Every Contact Count',²⁴ including:
- establishing a national repository of Making Every Contact Count resources by March 2017
 - review and update relevant obesity and nutrition e-learning by March 2017

Diabetes

- 4.2. continue to invest in diabetes education and work with delivery partners to encourage the use of HEE's e-learning materials and courses covering diabetes related complications

Safeguarding

- 4.3. further review, by March 2017, the safeguarding children content of the education and training curricula for healthcare professionals for sexual abuse (including sexual exploitation) content. The Department of Health is engaging health partners widely on practice and curricula improvements for trauma-informed health services especially in mental health services for adults and children. HEE will participate in accordance with its functions

Antimicrobial Resistance

- 4.4. in relation to mitigating the risk of antimicrobial resistance as set out in the UK Antimicrobial Resistance strategy:
- build on work started in 2014 to ensure that the antimicrobial stewardship and prescribing competencies developed by the Antimicrobial Resistance and Healthcare Associated Infection Advisory Committee are embedded in professional curricula, including considering the results of the review undertaken in 2015/16
 - develop and implement an action plan for promoting examples of good practice by December 2016
 - continue cross-system work to develop and promote resources to support antimicrobial stewardship and good infection, prevention and control practices, giving particular priority to action which supports the ambition to reduce Gram negatives
 - evaluate the visibility and uptake of HEE's introductory e-learning package on antimicrobial resistance, that has a particular focus on infection prevention and control, to assess individual and organisational buy-in and usage by December 2016

Pandemic Flu

- 4.5. work with the Department of Health and other partners to support cross-Government emergency preparedness to enable an effective clinical response in the event of emerging infectious disease outbreaks and pandemic influenza

Dementia

- 4.6. in conjunction with the Department of Health, continue to support delivery of the 2020 Dementia Challenge, including:
- ensuring that Tier 1 tools and training opportunities on dementia are available to all new and existing NHS staff by the end of 2018. This will include the launch of two educational films in June 2016
 - ensuring that more in-depth (Tiers 2 and 3) dementia training is rolled out to NHS expert leaders and staff working with people with dementia
 - continue to work with higher education providers and professional regulators to shape the content of pre-registration nurse education and undergraduate medical education to ensure that all undergraduate courses include education and training in dementia, providing an update on progress in August 2016

Health, Disability and Employment

- 4.7. continue to work with the Department of Health, the Department for Work and Pensions and other key partners to ensure that health professionals in the NHS and public health system have the understanding and skills they need to play their part in supporting people to stay in or return to work so that the disability employment gap is reduced

Supporting Carers

- 4.8. work with the Department of Health and other key partners to continue to support carers through the development of the new national carers strategy by December 2016 and consider how best to enhance the skills of the clinical workforce in delivering patient-centred care, including the development of a core skills, education and training framework for person centred care, including carers by December 2016

Supporting the Armed Forces Community

- 4.9. continue to support the health commitments of the Armed Forces Covenant, including working with NHS England and others to raise awareness of the training for GPs and other health providers that will be in place by June 2016 on the needs of the Armed Forces Community and to continue supporting the development of Armed Forces Champions across England
- 4.10. work with partners in health and care to support volunteering and reservist activity and ensure that skills and continuous professional development (CPD) acquired from other activities (volunteering, armed forces reserve training and deployment etc.) are available for the benefit of health and care providers through a system of assessment and acknowledgement. This will include the development and publication of a volunteering strategy by March 2017

5. To support research, innovation and growth, HEE will:

Research and Innovation

- 5.1. continue to:
 - develop a workforce that embraces research and innovation
 - play a key partnership role in the design and delivery of place-based systems of care, by promoting a locally influenced and strategically coordinated workforce transformation offer
- 5.2. continue to support clinical academic careers for all health professionals, including launching a further cohort of the HEE/National Institute for Health Research integrated clinical academic programme in June 2016

Genomics

- 5.3. as a key partner of the 100,000 Genomes project:
 - deliver Higher Specialist Scientific Training programme in clinical bioinformatics for Autumn 2016
 - deliver a scientist training programme in Genetic Counselling for Autumn 2016
 - continue to promote and fund the Masters in Genomic Medicine programme
 - continue to develop and promote across the specialist and wider workforce of CPD modules associated with the Masters programme and other genomic education and training courses

6. To build the workforce for the future, HEE will:

Planning and commissioning the workforce

- 6.1. lead the commissioning of education and training for the future workforce based on robust workforce planning, including the publication of the annual Workforce Plan for England by December 2016, which takes account of the demands of other sectors and equalities duties, and uses clear quality indicators
- 6.2. ensure that the functionality of the Centre for Workforce Intelligence absorbed into the HEE structure from 1 April 2016 dealing with short – medium term workforce planning (across health and social care) is maintained so that workforce demand pressures are, as far as is reasonably practical, identified and supply of skilled employees (for health and social care) is sufficient to meet the demand. HEE will work with the Department of Health analytical team to ensure that synergies are exploited and that there is consistency of approach to modelling and analysis across health and social care workforce planning
- 6.3. continue to take a strategic role in relation to the healthcare professions (medicine, dentistry and pharmacy) where limits to the number of training places commissioned are determined nationally, agreeing any changes with the Department of Health in discussion with other relevant Government Departments, such as the Department for Education
- 6.4. work with partners including the Department of Health, the Department for Education, the Higher Education Funding Council for England and NHS Business Services Authority on plans to reform the education and training funding system, as set out in the 2015 Spending Review. Specifically, and in recognition that there will be extra clinical placement capacity required for the additional numbers of students that are able to take up places because of this reform, HEE will:
 - develop proposals for how future commissioning of clinical placements will function, working with universities and placement providers to ensure the reforms make additional capacity available
 - strike the right balance to ensure that there is sufficient placement capacity across the system and have appropriate mechanisms in place to take appropriate account of: capacity in the NHS, primary care and social care sectors, HEE workforce planning requirements, and the opportunity for growth in the university sector to match the expanded number of training places
 - ensure that all students have access to high quality placements and receive an outstanding placement experience
- 6.5. more generally, work with the Department of Health to consider how best to meet the future workforce requirements of the NHS through:

- designing an innovative and quality focused training pipeline, which embraces delivery priorities at a local level and empowers individual employers to take greater ownership
 - working with partners to explore new and radical reforms to training pathways, for example, by cutting training times into healthcare careers where trainees bring relevant experience or qualifications from elsewhere
- 6.6. work with the Department of Health to review more generally the various funding approaches used for other non-medical education and training, and consider how these can be better aligned with the move of non-medical pre-registration courses to the higher education student support system
- 6.7. work alongside NHS Improvement and NHS England, to look at developing a system where local employers take far more responsibility for ensuring the post registration training of and investment in their staff, including where there are significant regional recruitment issues
- 6.8. continue to lead on the transformation of the children and young peoples' healthcare workforce to ensure it is fit to serve the needs of children and young people, with a focus on long-term sustainability and integration across primary and secondary care settings. HEE will receive a report on future workforce models for children and young people in October 2016 and will consider opportunities for the redesign of paediatric and GP training pathways.
- 6.9. as part of the development of the Workforce Plan for England 2017/18, continue to work with partners to meet the Government's commitment to reduce the health and care sectors' reliance on international migration to meet staffing demands and to produce a clear plan by September 2017 by which HEE intends to reduce the demand for international migrants to fill roles in the NHS so that roles can be removed from the Shortage Occupation List, including non-medical roles by 2019/20
- 6.10. support the work of other Government Departments who have specific requirements for suitably trained healthcare staff, and facilitate access to the training required without compromising the NHS and care sector requirement
- 6.11. work with partners to help deliver the response to the recommendations of the Working Longer Group report

Developing the workforce

- 6.12. continue to take forward recommendations arising from the Shape of Caring report 'Raising the Bar',²⁵ including as a priority the development of the Nursing Associate role, driving forward actions arising from the formal HEE consultation including commissioning education providers to develop training courses to enable 1,000 Nursing Associates to be recruited into training by the end of 2016
- 6.13. share the report on the evaluation of the older persons' nurse postgraduate qualification training programme with the Department of Health by June 2016
- 6.14. continue to provide the lead in England on the Shape of Training Review,²⁶ focusing on future workforce transformation and aligned with key Government priorities such as the Five Year Forward View. The work will include:

- continuing to explore new models of postgraduate medical training in England, linked to the development of the wider workforce and the multi-disciplinary teams that will be required to deliver service in the future
 - implementing or piloting, as appropriate, those proposals supported by the Government in HEE's initial feasibility report
 - exploring the transferability of those proposals to, or the development of further models of training in, other areas of medical training and practice
 - liaising with the UK Health Departments to ensure, where appropriate, proposals are broadly compatible across the UK
 - reporting progress and making recommendations to Ministers in England (for sharing as appropriate across the UK), by, respectively, the end of September 2016 and March 2017
 - continuing to explore and evaluate the development of broader based training to enhance GPs awareness of and expertise in, for example, mental health conditions and child health care
- 6.15. continue to provide sufficient foundation places for medical students graduating in England, working with the Devolved Administrations to agree a UK wide approach where it is possible to do so
- 6.16. working alongside the Department of Health and partners, contribute to any formal consultation on moving the Point of Registration
- 6.17. lead a review of the processes relating to the deployment of junior doctors to ensure that they take account of the needs of those junior doctors with caring responsibilities. This work will be completed by the end of March 2017
- 6.18. by June 2016, in agreement with key partners, submit proposals for the reform of paramedic education and training for consideration by the Department of Health. To meet future demand forecasts for the paramedic workforce, HEE has increased its paramedic commissions in 2016/17 by over 60 per cent and is working with partners to promote national and international recruitment campaigns
- 6.19. continue to implement recommendations arising from the urgent and emergency care review, including managing a national support programme for urgent and emergency care networks
- 6.20. work with NHS England and other parties (e.g. General Pharmaceutical Council) to deliver the education, training and workforce planning activities required to:
- support the changes consequential to revised arrangements in the community pharmacy contract and any future changes
 - support and develop senior pharmacy leaders in the NHS
 - develop methods for recruiting and selecting pharmacist trainees for pre-registration training places through integration into the wider systems applied in medical, dental and healthcare science and focussing on the quality of the training to ensure that pharmacist trainees will be able to meet patient and service requirements by December 2016
 - contribute to the ongoing development and deployment of clinical skills across the registered pharmacy professions

- use workforce information to develop informed insight into the capacity and capability of the pharmacy team
 - ensure that pharmacists' pre-registration education is fit for purpose to support the integration of particularly, but not exclusively, clinical pharmacy across the health and social care workforces, including, by March 2017, the introduction of a Professional Attributes Framework to inform the development of Situational Judgement Tools to aid pre-registration pharmacist recruitment
 - support, through its work to integrate clinical pharmacy across health and social care, the community pharmacy contractual framework being consulted on in 2016
 - support implementation of the recommendations from the Lord Carter review in hospital pharmacy
- 6.21. continue to ensure that the unregulated workforce has the skills, values and opportunities needed to provide safe, compassionate, high-quality care, which will include:
- working in partnership to maintain the Care Certificate and associated documentation; identifying and sharing good practice; and monitoring its uptake and impact, taking appropriate action to reinforce and embed the Care Certificate
 - subject to partners' opinions and cost benefit analysis, developing, implementing and maintaining a similar 'further skills' product for Healthcare Assistants (at present known as the Higher Care Certificate) by March 2017
 - ensuring that clear career paths and development opportunities are available to Healthcare Assistants, working with adult social care partners to support development across sectors
 - helping Healthcare Assistants and their employers to understand how relevant skills development products and initiatives interrelate, identifying opportunities for rationalisation
 - implementing, by March 2017, a value for money system of quality assurance that takes account of the recommendations made by the National Skills Academy for Health and the views of employers and training providers
- 6.22. continue to play a leadership role in ensuring the service continues to invest in the ongoing education and training of all staff and a shared responsibility for investing in CPD

Social Mobility

- 6.23. continue to play a key role in improving social mobility across health education setting out a clear vision for how the NHS will ensure the future workforce will better reflect the makeup and backgrounds of the patients it treats. This will include:
- refreshing the work experience toolkit by March 2017
 - running campaigns to encourage employers to build their future workforce by offering work experience and work related experiences by March 2017
 - reporting on the evaluation of HEE's work experience activity by March 2017

- 6.24. work with NHS Improvement and NHS England to ensure the NHS is leading the way in working with employers to openly engage their local communities and schools to promote careers in the NHS, including the publication and implementation of a school/community engagement strategy from by March 2017

Leadership

- 6.25. take on leadership responsibility from 1 April 2016 for the NHS Leadership Academy, and:
- have regard to and support the implementation of the relevant recommendations made by the Lord Rose and Smith reviews and the Leadership Development and Improvement Board's national strategy for leadership development and improvement
 - publish, by October 2016, a national leadership strategic framework which should cover national, regional and local obligations
 - ensure that the Leadership Academy's leadership development programmes are tailored to the needs of the health and care system and that they promote and support cross functional working
 - ensure there is a diverse training offer available to the NHS from different sources
 - working through the Leadership Academy function and with other training providers, seek to establish, by March 2017, an accreditation scheme (e.g. a kite marking scheme) to enable achievement of a common set of standards in accordance with the needs of the system
 - deliver an expanded and refreshed graduate management training scheme by the end of the parliament to the NHS to build capability for the top leaders of the future
 - focus on enabling and improving access to leadership development opportunities for those from under-represented groups

Apprenticeships

- 6.26. continue to support flexible methods for entering training and employment, including:
- influencing the development of a coordinated menu of new apprentice standards in the NHS by identifying a list of six to ten priority standards by June 2016
 - leading on healthcare-related apprenticeships as part of the Trailblazer process, supporting the establishment of Trailblazer groups by the Autumn, liaising as appropriate with NHS employers and the Department for Education
 - actively look at all opportunities to make the Apprentice Levy a route by which more NHS training and ongoing development will be utilised laying the foundations for the Levy's introduction in April 2017
 - achieving 19,000 new apprentice starts in healthcare in 2016/17
 - preparing relevant NHS bodies to meet their public sector apprentice target
- 6.27. continue to work with the Nursing and Midwifery Council and the Department for Education to contribute to the development of proposals for nursing apprenticeships, including working with the Nurse Trailblazer group to:

- agree a final draft apprentice standard for consultation by June 2016
- consult on the draft apprentice standard by August 2016
- submit the draft apprentice standard to the Department for Education for approval by October 2016

7. To improve services through the use of digital technology, information and transparency, HEE will:

- 7.1. as a key partner of the NIB, work with partners to deliver the vision set out in 'Personalised Health and Care 2020: A framework for action' to support care professionals to make the best use of data and technology
- 7.2. continue to explore options for the promotion, adoption and spread of technologies and techniques for training and education, in line with the Digital by Default Service Standards and spend controls set out by the Government's Digital Service
- 7.3. continue 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. HEE will continue to work with the NIB to develop those digital capabilities which fit the workforce for living, learning, working, participating and thriving in a digital workplace and society

Annex B - Educational Outcomes

The educational outcomes below support improvements in education and training that have a real impact on the quality of care delivered to patients and service users.

HEE will develop its own indicators to track progress and report on progress annually through the publication of its annual report.

Excellent education

I. Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

Competent and capable staff

II. There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.

Flexible workforce, receptive to research and innovation

III. The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.

Widening participation

IV. Talent and leadership flourishes free from discrimination with fair opportunities to progress and fulfil potential, recognising individual as well as group differences, treating people as individuals and placing positive value on diversity in the workforce. This will include opportunities to progress across the five leadership framework domains.

NHS values and behaviours

V. Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular continuing personal and professional development, that instils respect for patients.

Endnotes

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- ¹⁰ Department of Health. Prime Minister's Office. Prime Minister's Challenge on Dementia 2020. <https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020> (accessed 7 October 2016)
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