The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals	Decision		High	Med	Low
CONSULTATION:	Information	√			√
	REPORT TYPE:		RELATED WORK:		
	Strategic				
	Operational				
	Governance	√			
BAF ref:					
Monitor Compliance Framework:					
CQC Essential Standard Reference:	Outcomes 12, 13, 14				
NHSLA Standard Reference:					
Media / Communications:					

Meeting Date: **29 October 2012**
Report Title: **Changes to the funding and management of undergraduate clinical education and continuous lifelong learning for all staff working in the NHS**

Purpose: To update Board members about the changes to the funding and management of undergraduate clinical education and continuous lifelong learning for all staff working in the NHS

Summary: More than 1.4 million people work for the NHS in England, supported by people working in the community and social care and public health. In order to support them in delivering high quality care it is vital that every member of the healthcare workforce is supported by the highest standard of education and training. Education and training is integral to ensuring the values and calibre of staff. They are also central to achieving continuing development of the workforce, which is required as technology advances and opportunities for further improvement of the nation's health develops.

Part of the reform outlined in the White Paper "Equity and Excellence: Liberating the NHS", was to empower healthcare providers with clinical and professional leadership, to plan and develop their own workforce, and commission the training and education they require for their workforce. Following consultation about the changes in education provision – Health Education England was set up.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√		√

Recommendations:

Author **Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals**
Date **09 October 2012**

1 INTRODUCTION

1.1 The purpose of this briefing paper is to update Board members about the changes to the funding and management of undergraduate clinical education and continuous lifelong learning for all staff working in the NHS.

2 BACKGROUND

2.1 More than 1.4 million people work for the NHS in England, supported by people working in the community and social care and public health. In order to support them in delivering high quality care it is vital that every member of the healthcare workforce is supported by the highest standard of education and training. Education and training is integral to ensuring the values and calibre of staff. They are also central to achieving continuing development of the workforce, which is required as technology advances and opportunities for further improvement of the nation's health develops.

2.3 Part of the reform outlined in the White Paper "Equity and Excellence: Liberating the NHS", was to empower healthcare providers with clinical and professional leadership, to plan and develop their own workforce, and commission the training and education they require for their workforce. Following consultation about the changes in education provision – Health Education England was set up.

3 HEALTH EDUCATION ENGLAND

3.1 Health Education England (HEE) was formally established in June 2012 as a Special Health Authority and will function in shadow form from October, and will take on full responsibilities from April 2013.

3.2 During 2012/13 HEE will play a key role in creating the new education and training system, which will come into fruition during 2013/2014. HEE will also have an extensive range of functions and will include:

- Providing national leadership for planning and developing the whole healthcare and public health workforce.

- Authorising and supporting development of Local Education and Training Boards and holding them to account.

- Promoting high quality education and training which is responsive to the changing needs of patients and local communities; ensuring education and training is delivered to the standards set by professional regulators.

- Allocating and accounting for NHS education and training resources and the outcomes achieved; ensuring transparency, fairness and efficiency in investments made across England.

- Ensuring security of supply of the professionally qualified clinical workforce – this shall necessitate strong strategic workforce planning for the medium and longer term, supported by the Centre for Workforce Intelligence.

- Supporting development of the whole healthcare workforce, within a multi-professional and UK-wide context. This will involve working with the devolved

administrations to ensure a coherent approach to healthcare education and training across the UK.

- Assisting the spread of innovation across the NHS in order to improve quality of care; ensuring that education and training in England is at the forefront of innovation.

- Delivering against the national Education Outcomes Framework to ensure the allocation of education and training resources is linked to quantifiable improvements.

- Annually publishing and updating a Strategic Education Operating Framework for the whole health-related education and training system in England, setting out national priorities.

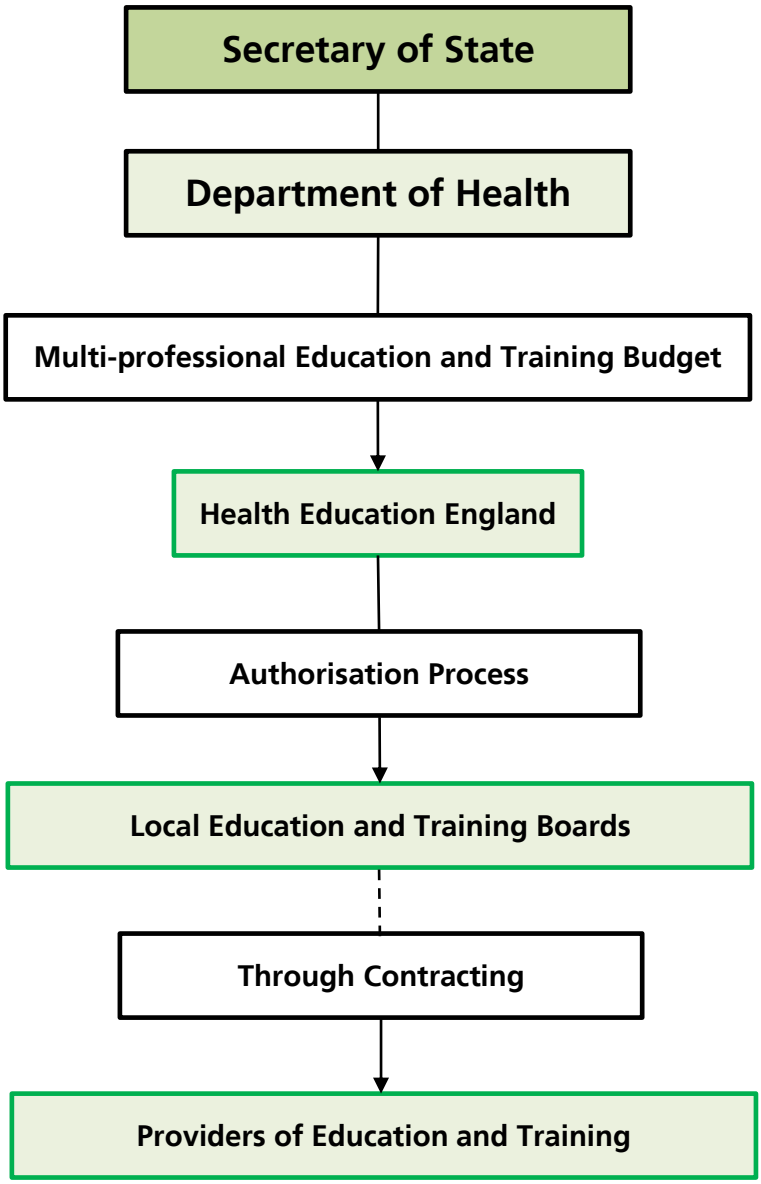
- Working together in the interests of patients, people who use services and the public to maximise the health and well-being of the population, in line with the values set out in the NHS Constitution.

- Respecting the importance of autonomy throughout the system. The Department of Health will respect Health Education England's autonomy and shall not interfere in its day-to-day operations or decision making.

- Working together openly and positively. This includes working constructively and collaboratively with other organisations within and beyond the health and social care system, demonstrating a commitment to wider societal goals.

- Recognising that the Secretary of State is ultimately accountable to Parliament and the public for the system. Health Education England shall support the Department of Health in the discharge of its accountability duties, and the Department of Health shall support Health Education England in the same way.

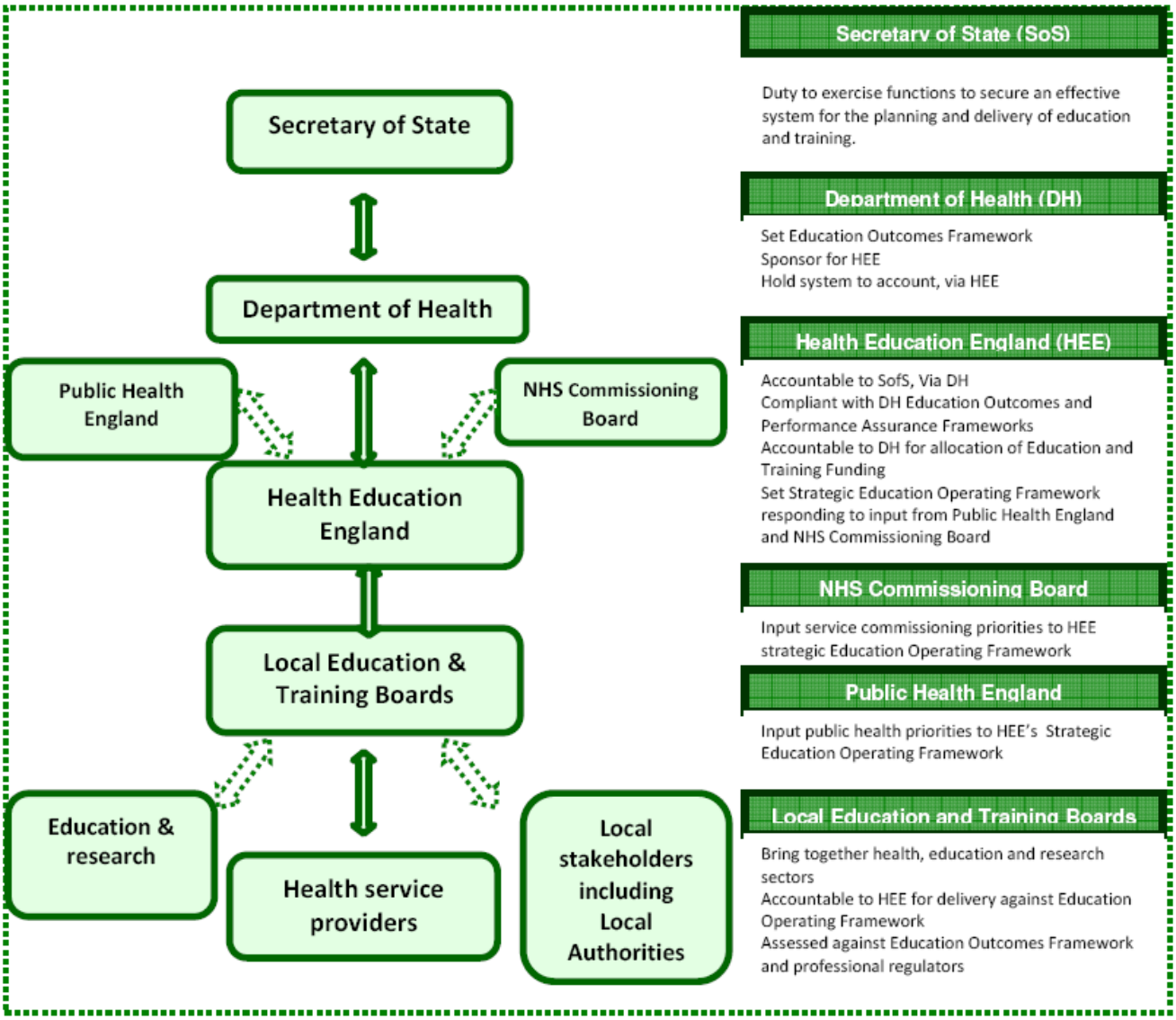
3.3 The lines of accountability in the new system are shown in the diagram over the page:



3.4 The HEE Board members are:

- Ian Cumming, Chief Executive
- Jo Lenaghan, Directorate of Strategy and Planning
- Dr Nikki Latham, Directorate of Performance and Development
- Lee Whitehead, Directorate of People and Communications
- Steve Clarke, Directorate of Finance
- Chris Welsh, Directorate of Education and Quality

3.5 In the new system greater responsibility and accountability for decision making will rest with healthcare providers. HEE will develop a clear scheme of delegation to Local Education and Training Boards. Once fully established, HEE will need to work with a range of organisations, some of whom will be accountable to HEE and others who will work in partnership.



4 CLUSTER BOARD

4.1 The SHA Cluster Board will retain formal responsibility for MPET (Multi-Professional Education and Training) funded education until April 2013 in order to oversee this the Cluster will establish a sub-committee chaired by a Non-Executive Director and will include representation from the Chair of each shadow LETB in the SHA Cluster.

5 LOCAL EDUCATION AND TRAINING BOARDS (LETB)

5.1 These Boards will lead workforce planning and education commissioning on behalf of all providers of NHS funded care, with a local geographically defined area, ensuring security of supply of the local health and care workforce and supporting national workforce priorities set by HEE.

5.2 The East of England LETB Board members are:

- Anna Dugdale
- Aiden Thomas
- Mathew Winn
- Patrick Geoghegan

- Tom Cahill
- Valerie Morton
- Stephen Welfare
- Paul Holmes
- Simon Gregory

6 CORE FUNCTIONS

6.1 The core functions are:

- Identifying and agreeing local priorities for education and training
- Planning and commissioning education and training on behalf of the local health community
- Forum for the development of the whole health and public health workforce
- Advise the SHA Cluster Board on all investment decisions relating to Multi-Professional Education and Training funded activity during the period of transition
- Oversee the development of the workforce, education and training systems in the East of England and establishment of the local Workforce Partnership Groups.

6.2 The LETBs will develop geographically located Workforce Partnership Groups. The Trust is part of the Norfolk and Suffolk Partnership Group.

7 TIMELINE FOR LOCAL EDUCATION AND TRAINING BOARDS

Apr 2012	Transitional LETB Boards established as sub committees of the SHA Cluster Board	Achieved
	Geographical cover of LETBs agreed	
Jul 2012	Shadow LETB Development Plan	In progress
Sept 2012	Shadow LETB Strategic Investment Plan	
Oct 2012	Appointment of Independent Chair	
	Shadow Executive Team agreed and appointments underway	
	MPET review transition plans agreed with DH and providers	
Dec 2012	Business continuity plans finalised	
Mar 2013	5 year LETB Workforce Strategy produced	
Apr 2013	LETBs established as HEE Boards	
	LETB staff transfer to HEE employment	

Gwyneth Wilson
Director of Patient Experience and Lead for Nursing and Non-Medical Professionals

9th October 2012

APPENDIX

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Analysis of MPET Income Streams 2011/12 and 2012/13

MPET Income Streams	Actual 2011/12 £s	Plan 2012/13 £s	Forecast 2012/13 £s
Learning & Devlopment Agreement 2012/13:			
Core funding for training Posts	3,193,483	3,200,954	3,182,723
Study Leave Support	55,400	55,400	55,400
Postgraduate Infrastructure Support	340,546	340,546	340,546
Education Equity & Excellence	19,500	19,500	19,500
SIFT - UEA	**307,440**	**307,440**	**619,562**
SIFT - Cambs	**502,688**	**502,688**	**423,706**
WDC Training Support	**575,790**	**580,851**	**580,851**
Total MPET Funding	**4,994,847**	**5,007,379**	**5,222,288**

Please note - the above table includes MPET funded education & training only.