

TRUST BOARD PART I – JULY 2012

Agenda Item Number: 114/12
Enclosure Number: (8)

Subject:	Provider Led Education and Training System
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Purpose of paper <i>Why is this paper going to the Trust Board?</i>	For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • The DH has published a detailed Framework for establishing a new education and training system for the NHS. • Health Education England (HEE) has been established to take on full accountability for the new education and training system from April 2013. • Local Education and Training Boards (LETBs) are being established to enable HEE to discharge its accountabilities through current providers of education and training. • Portsmouth Hospitals NHS Trust will form part of the Wessex LETB which is now operating in shadow form. • The introduction of an education outcomes framework will ensure that future provision of education and training is measured more effectively in relation to patient outcomes.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	The Board is asked to note the development of a provider led education and training system through the creation of Health Education England (HEE) and Local Education and Training Boards (LETBs).
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	The Board will be updated on the authorisation process in relation to the Wessex LETB.
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

PORTSMOUTH HOSPITALS NHS TRUST BOARD PAPER
NEW PROVIDER-LED EDUCATION AND TRAINING SYSTEM

1.0 PURPOSE

1.1. The purpose of this paper is to brief the Trust Board on the introduction of a new provider-led education and training system that has been confirmed through the recent NHS Future Forum recommendations, and in particular the creation of Local Education and Training Boards. The mandate for implementing this new system is established by the provisions of the Department of Health (DH) Policy 'Liberating the NHS: Developing the Healthcare Workforce - From Design to Delivery', published in January 2012. The DH Policy provides the main source of reference for this paper, which is also informed by the involvement of Portsmouth Hospitals NHS Trust in the establishment of a system delivery framework within NHS South of England (Central).

1.2 The changes introduced by the new system will see many of the current Strategic Health Authority (SHA) workforce and postgraduate deanery functions, and their associated budgets, transfer to local providers of healthcare, by April 2013. In future, provider organisations, in partnership with their key stakeholders, will need to work across local health economies to plan, educate and train the health and public health workforce.

2.0 BACKGROUND

2.1 In December 2010, in its publication 'Liberating the NHS: Developing the Healthcare Workforce' the Government set out its vision for a new system for developing the healthcare workforce. Taking account of the subsequent consultation and recommendations from the NHS Future Forum, the DH has now issued guidance ('From Design to Delivery'), which sets out the new education and training system for the health workforce in England. This system will supersede the current arrangements whereby the majority of healthcare education and training is commissioned and/or provided on a regional basis by SHAs and postgraduate deaneries, on behalf of their provider organisations. The stated aim of the new system is to:

"Ensure the health workforce has the right skills, behaviours and training, available in the right numbers, to support the delivery of excellent healthcare and health improvement".

Design Principles

2.2 The key principle driving the reform of the current education and training system is the need to improve care and outcomes for patients. The NHS Future Forum consultation found strong and continued support for a system that will be more responsive to the needs of patients and employers, whilst being professionally informed and underpinned by strong academic links. The NHS Future Forum report also acknowledged the widespread concerns amongst healthcare providers about the quality of many education and training programmes, and recognised that better leadership and a greater focus on outcomes and flexibility will support services in being more responsive.

2.3 The system builds upon the following design principles:

- greater accountability for all providers to plan and develop their workforce, whilst being professionally informed and underpinned by strong academic links;

- aspiring to excellence in training and a better experience for patients, students and trainees;
- supporting NHS values and behaviours to provide person-centred care;
- supporting the development of the whole workforce, within a multi-professional and UK-wide context;
- supporting innovation, research and quality improvement;
- providing greater transparency, fairness and efficiency to the investment made in education and training;
- reflecting the proposed, explicit duty of the Secretary of State to secure an effective system for education and training.

There are two central planks to the new education and training system, namely Health Education England and Local Education and Training Boards.

Health Education England

2.4 Health Education England (HEE) has been developed to operate as a special health authority from, June 2012, to provide national leadership and oversight on strategic planning and development of the health and public health workforce, and to allocate education and training resources at a national level. Accountable to the Secretary of State, via the DH, HEE will promote high quality education and training that is responsive to the changing needs of patients and local communities. This will include responsibility for ensuring the effective delivery of important national functions, such as medical trainee recruitment. Once the new education and training system is fully established, HEE will be able to consider to what extent its responsibilities can be devolved. The five key responsibilities of HEE are summarised as follows:

- providing national leadership on planning and developing the healthcare and public health workforce;
- authorising and supporting the development of Local Education and Training Boards (see below);
- promoting high quality education and training, responsive to the changing needs of patients and local communities. This includes responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment;
- allocating and accounting for NHS education and training resources and the outcomes achieved;
- ensuring the security of supply of the professionally qualified clinical workforce.

Local Education and Training Boards

2.5 Local Education and Training Boards (LETBs) are being established as the vehicles by which local partnerships, with healthcare and public health providers at their centre, will take on the functions of SHAs, including the postgraduate deaneries. Through

HEE, health and public health providers will have strong input into the development of national strategies and priorities, in order that education and training can adapt quickly to new ways of working and new models of service. LETBs may also take on specific leadership roles for particular professional groups, such as the smaller professions and commissioning specialist skills. While the new NHS and public health system is taking shape and maturing, LETBs will be hosted by HEE from April 2013 (i.e. upon the demise of SHAs). In the interim LETBs are operating in shadow format, as SHA sub-committees.

2.6 Education and training is an important factor in translating new developments and technologies into practice. Therefore, it is anticipated that LETBs will work closely with the new Academic Health Science Networks (AHSNs) to realise the ambition (set out in the NHS report: 'Innovation, Health and Wealth') for an NHS that is defined by its commitment to innovation and the rapid diffusion of transformative ideas and practice. Together, LETBs and AHSNs will exploit the potential for high quality care and innovation, through the integration of clinical, research, and educational and training functions.

2.7 The purpose and core functions of LETBs are more comprehensively detailed at Appendix 1.

Education Outcomes Framework

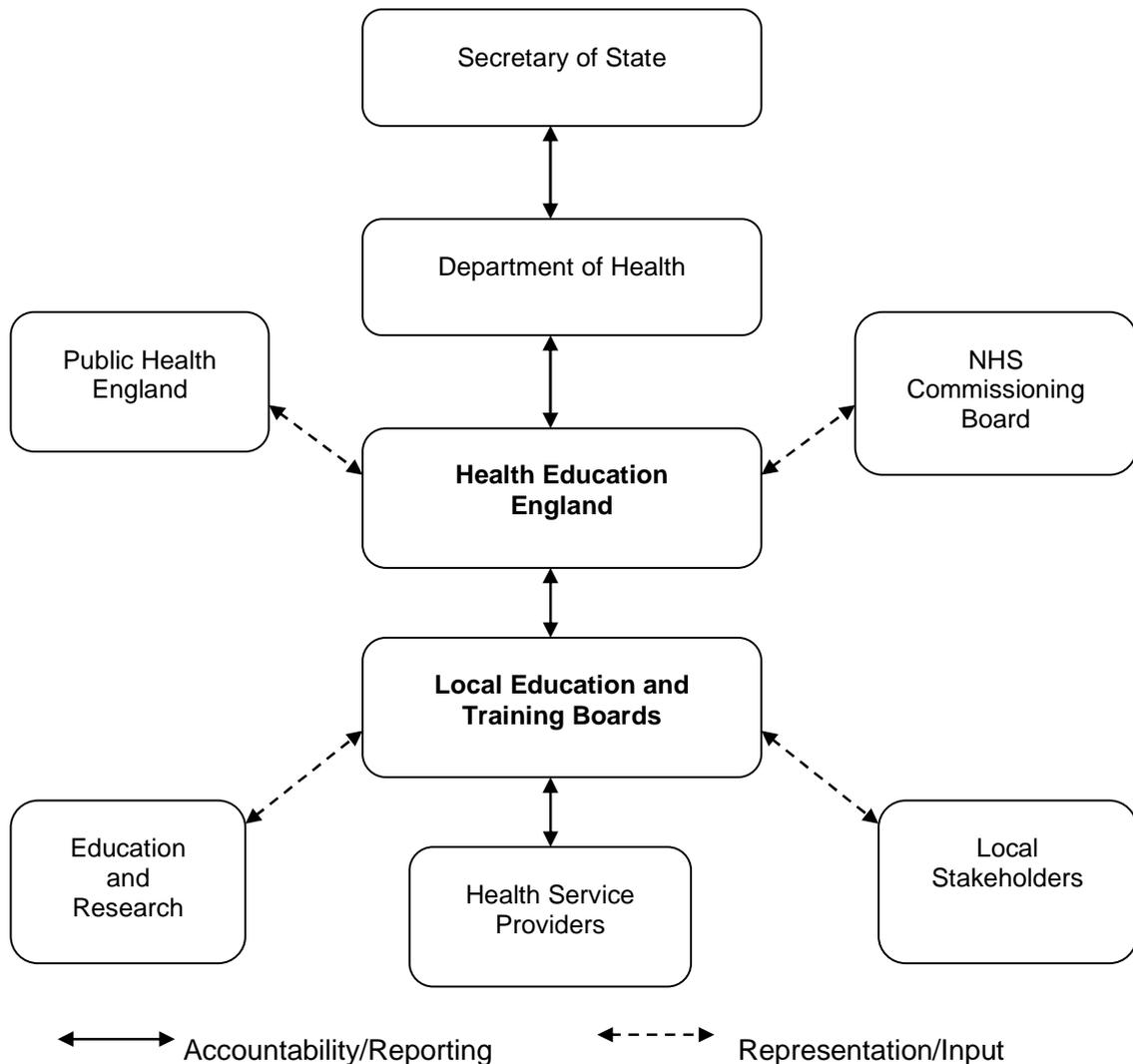
2.8 In order to ensure the future allocation of education and training resources are linked to the delivery of quantifiable, quality outcomes, an Education Outcomes Framework is being developed. The high level outcomes already established will be further refined to provide a more detailed Framework that will include metrics to support its application both nationally and locally. LETBs and the HEE will use the Framework as the basis for developing the operating model and working arrangements with partners.

2.9 The five key domains associated with the Education Outcomes Framework are as follows:

- **Excellent education** - 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** - 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 the service needs, whilst working effectively in a team.
- **Adaptable and flexible workforce** - 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.
- **NHS values and behaviours** - 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 (CPPD) that instils respect for patients.

- **Widening participation** - talent and leadership flourishes free from discrimination, with fair opportunities to progress and everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce, and there are opportunities to progress across the five leadership framework domains.

2.10 The structure of the new provider-led workforce and education system is summarised as follows:



NHS Commissioning Board - inputs service commissioning priorities to HEE strategic Education Operating Framework

Public Health England - inputs public health priorities to HEE strategic Education Operating Framework

3.0 THE ESTABLISHMENT OF LETBs

3.1 The quality of relationships between LETBs and HEE will be the cornerstone of the new system. HEE will provide the statutory basis for the establishment of LETBs. HEE will need to develop working relationships with LETBs that encourage and promote local

leadership, build confidence, and which are based on clear accountability and transparent, evidence-based decision-making.

3.2 HEE will hold the LETBs to account for their investment in education and training and delivery against the Education Outcomes Framework and the national priorities set out in the strategic Education Operating Framework. The workforce education and training commissioning plans and quality objectives set by individual LETBs will be developed locally to reflect local education and training requirements and also agreed with HEE to respond to the key national priorities set out in the Education Operating Framework. With the support of the Centre for Workforce Intelligence (CfWI), HEE will scrutinise the local skills and development plans of LETBs, to ensure local and national alignment.

3.3 As the new system establishes itself, and as LETBs develop and embed their local role and responsiveness to both local and national workforce issues, the expectation is that HEE will need to intervene directly only where there is:

- evidence that public money is not being used effectively;
- concern about the quality of education and training which are not being adequately addressed by the LETB;
- evidence that local plans and delivery look likely to lead to a shortfall in an important part of the professional workforce, or
- concern about patient safety.

Authorisation and Accountability

3.4 HEE will be responsible for developing a unified authorisation and accountability framework and managing a robust and consistent process by which LETBs will meet the authorisation criteria, such that they are able to act with autonomy and take decisions locally. Determining the detailed authorisation criteria, the accountability framework for allocating Multi-Professional Education and Training (MPET) funding (currently issued annually to SHAs) and establishing the authorisation process will be critical actions for HEE in its first year.

3.5 The NHS Future Forum found strong support for common terms of reference for LETBs, in order to ensure consistency across the country. LETBs will need to be established in shadow form by April 2012, as SHA sub-committees (specific detail to be determined) and, by April 2013 as provider-led Boards, directly accountable to HEE. The authorisation process is expected to start in October 2012.

NHS South of England LETB Arrangements - Developments to Date

3.6 Across NHS South of England, cluster work is underway to progress the development of a number of LETBs. For the West of the region, the current proposal is to have one LETB, which will represent all healthcare providers, apart from those in Dorset. Similarly, one LETB will cover all provider organisations within the East of the region. All Dorset healthcare providers have confirmed their preference to align with the South Central region. With respect to progress and decision-making within South Central, this is summarised as follows:

- A shadow advisory board, representing all Thames Valley and Wessex healthcare providers, has been established since October 2011 and has met monthly thereafter. Representation is at Chief Executive and Executive Director level, and membership includes provider GP representatives.

- At its February meeting, the shadow advisory board unanimously proposed that two LETBs should be formed within South Central; one to cover the Thames Valley region and a second to cover the Wessex region. The rationale for creating two smaller LETBs, rather than one larger one is that the interests of individual provider organisations across what is a large and complex region will be better represented and served.
- Oxford and Wessex Deaneries will sit on the Thames Valley and Wessex LETBs, respectively, to provide multi-professional post-graduate education.
- Work is underway to establish local Provider Partnership Councils for each of the proposed LETBs. These Councils will effectively act as the LETB ‘working groups’ through which engagement and involvement will be achieved across a wide range of stakeholders, including local providers of NHS services; higher education institutions; AHSNs; medical schools; local research and innovation networks; local authorities; public health; clinical and professional advisory groups; commissioners, and patients and public.
- Each provider organisation will be represented on their respective LETB by their Chief Executive, with Boards likely to be meeting on a quarterly basis. Provider Partnership Council membership will include provider representation at lead Director level and Councils are likely to meet more frequently (probably monthly).

Governance and Advisory Structure

3.7 The governance arrangements for LETBs need to be practical, aligned with the wider reforms and secure support from the range of stakeholders, staff and students affected. The NHS Future Forum recommends that governance should reinforce collaborative, provider-led arrangements that operate in true partnership with local government and with the education and research sectors, taking into account the development of AHSNs. The arrangements should provide fair representation across the range of healthcare and public health employers, including acute, mental health and community services, primary care and local government

3.8 The financial accountabilities must be robust for handling significant education and training funds and the competing interests that LETBs will need to manage. LETBs need to operate on sufficient scale to offer a safe transition for the enduring workforce functions of SHAs, including the postgraduate deaneries, in order to provide value for money and to ensure no monopoly interests dominate.

3.9 HEE will be involved in the appointment of independent LETB Chairs. LETBs’ memberships are to determine the executive structure required to carry out the functions described in Appendix 1 and how these functions are best provided to meet the authorisation criteria. LETBs must also determine the scope and scale of operational teams they want to be directly employed by HEE on their behalf to provide services, and those services they wish to commission and be delivered externally. Boards will be accountable to their members for delivery against the Education Outcomes Framework and the national priorities set out in the strategic Education Operating Framework. HEE will hold Boards to account for their investment in education and training, assessed against the Education Outcomes Framework and delivery against national priorities.

3.10 SHAs and employers will also need to be mindful of the expectation set out in the 2012/13 NHS Operating Framework that running costs for the overall system in 2014/15 will be, on average, one third lower than running costs in 2010/11. Education commissioning and funding functions are part of the overall NHS management costs and, as such, are subject to the same efficiency requirements as the rest of the system. Therefore, the need to secure efficiency savings must be reflected in planning the scale and resourcing of LETBs. The DH and SHAs are to work together to agree an appropriate level at which to cap the management costs of LETBs.

4.0 ENSURING A STABLE AND PHASED TRANSITION

4.1 The Local Education and Training SHA cluster sub-committees will be set up as precursor LETBs from April 2012. SHA clusters remain accountable for education and training until 31 March 2013 and, with support from HEE, will build local provider-led arrangements ready to take on SHA responsibilities, including the accountability for medical training and recruitment.

4.2 During transition SHA workforce staff, including deanery staff, and those undertaking a national education and commissioning role, will continue to provide operational management for education and training and continuity for the work they currently undertake. This will include responsibility for recruitment to medical, and some other education programmes, contract and quality management, and planning for education commissioning in 2013/14. LETBs will, in due course, need to put in place robust financial governance and develop arrangements for management of financial and operational risk.

4.3 The timeline for transition is detailed at Appendix 2.

5.0 SUMMARY

5.1 Informed by the recommendations of the NHS Future Forum, the DH has published a clear and detailed framework for establishing a new education and training system for the NHS. The timetable for delivery will see Health Education England (HEE) established in June 2012 and starting to take on its functions from October. SHA Clusters will continue to lead on education and training until HEE is ready to take on full accountability in April 2013. SHA Clusters, working with their providers are leading the development of Local Education and Training Boards (LETBs) such that they are ready, by 2013, to take on the SHA functions for planning and commissioning multi-professional education and training.

5.2 The publication 'Liberating the NHS: Developing the Healthcare Workforce - From Design to Delivery' sets out the key requirements for LETBs and the criteria against which they will be assessed. These include appointment to the Board of an independent chair and the need for the LETBs to command the confidence of a broad range of stakeholders, whilst not becoming so representational that they are too large to be effective. Healthcare employers will provide a clear majority of the membership and the Board members will need to represent fairly the full range of NHS funded providers across acute, mental health, community and primary care settings.

5.3 A good working partnership with the education sector will be central to the way LETBs do business and it is expected that Board membership will represent views from across the sector. LETBs will also need to consider how they capture public health interests and views from social service providers; clinical and professional networks; research and innovation networks, including the new Academic Health Science Networks;

commissioners; and from patients and the public. The success of LETB partnership arrangements will be critical and open to challenge as part of the authorisation process. These governance and advisory arrangements will be reflected in setting up Local Education and Training SHA Cluster sub-committees from April 2012.

5.4 The number of LETBs to be established is not prescriptive and SHA leads are working with local healthcare providers to determine the future LETB architecture within their respective regions. Within the NHS South Central region two LETBs are to be established - one to represent Wessex and one to represent Thames Valley. Each South Central LETB is likely to be underpinned by a working group, in the form of a Provider Partnership Council, which will be responsible for engaging with and involving a range of stakeholders, all of whom need to be represented within the new system. The further development of an Education Outcomes Framework aims to ensure future education and training resources are expressly aligned to the delivery of measurable quality outcomes that benefit patient care.

6.0 RECOMMENDATION

6.1 The Trust Board is asked to note the contents of this report, and in particular the Trust's involvement in the development and implementation of the Wessex LETB.

Appendices

Appendix 1: Purpose and Core Functions of Local Education and Training Boards

Appendix 2: Transition Timeline

Appendix 1

Purpose and Core Functions of Local Education and Training Boards

The purpose of Local Education and Training Boards (LETBs) is to:

- Identify and agree local priorities for education and training to ensure security of supply of the skills and people providing health and public health services;
- Plan and commission education and training on behalf of the local health community in the interests of sustainable, high quality service provision and health improvement;
- Be a forum for developing the whole health and public health workforce.

The core functions of a LETB are to:

- Bring together all healthcare and public health employers providing NHS funded services with education providers, the professions, local government and the research sector, to develop a skills and development strategy for the local health workforce that meets employer requirements and responds to the plans of commissioners;
- Consult with patients, local communities, and staff to ensure the local skills and development strategy is responsive to their views;
- Aggregate workforce data and plans for the local health economy and share with the Centre for Workforce Intelligence (CfWI) to improve local workforce planning;
- Account for education and training funding allocated by Health Education England (HEE);
- Commission education and training to deliver the local skills and development strategy and national priorities set out in the Education Operating Framework;
- Ensure value for money throughout the commissioning of education and training and for running costs;
- Secure the quality of education and training programmes in accordance with the requirements of professional regulators and the Education Outcomes Framework;
- Take a multi-professional approach in planning and developing the healthcare and public health workforce and in commissioning education and training;
- Support access to continuing professional development and employer-led systems for the whole health and public health workforce;
- Work in partnership with universities, clinical academics, other education providers and those investing in research and innovation;
- Work with local authorities and health and well-being boards in taking a joined-up approach across the local health, public health and social care workforce;
- Work with HEE to develop national strategy and priorities.

Appendix 2

Transition Timeline

