

REPORT TO THE TRUST BOARD - PUBLIC
29 JUNE 2017

Title	Education and Training Report
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Purpose of the Report:

The purpose of this report is to brief the Trust Board on the key issues relating to workforce education and training and of the development of a comprehensive plan in response to these issues.

Summary of Key Issues:

1. The funding, commissioning and provision of education and workforce training is complex, involving multiple external agencies, Trust departments and committees.
2. Structures, systems and processes for managing this complex area of Trust activity have evolved over time in response to the increasing complexity and scope of the work required to manage these activities effectively.
3. Management and oversight of training and education is done in silos which can impede effective strategic planning, fragment monitoring and oversight and reduce the efficient use of limited funding resources.
4. A comprehensive plan covering all aspects of education and training will provide a clearer, more effective and coherent approach to managing the current and future demands of this complex area of work.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input checked="" type="checkbox"/>	Having the right skills within the workforce should improve clinical care and the outcomes, experience and satisfaction for service users.
Improving staff satisfaction	<input checked="" type="checkbox"/>	The accessibility and provision of appropriate learning and development activities is linked to staff satisfaction.
Maintaining financial viability	<input checked="" type="checkbox"/>	Effective and prudent training expenditure will minimise the impact of training need, on other financial resources.

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
/	This report has not been considered by other committees or meetings.

Implications:

Equality Analysis	The contents of this report have no direct implications or impact, positive or negative, upon any of the protected characteristics.
Risk and Assurance	The contents of this report do not directly impact upon existing strategic risks but do support the achievement of all three strategic objectives.
Service User/Carer/Staff	The content of this report has no implications for service users, carers or staff.
Financial	The content of this report has no financial implications.
Quality	The content of this report has no implications for quality or the work of the Quality Improvement Programme.

1.0 Background/Introduction

- 1.1 The Trust has university status in recognition of its extensive research and educational work. It is a major provider of training placements, particularly for the range of mental health disciplines, in the geographical regions within which it operates. It conducts and supports a wide range of research activities in collaboration with the academic partners at: Bart's and the London School of Medicine & Dentistry; Queen Mary, University of London; and City University, London. A significant part of the research is conducted in international collaboration with a range of academic partners, mainly but not exclusively in Europe.
- 1.2 The Trust has the highest score in the country for the "quality of non-mandatory training, learning or development" as measured by the National Staff Survey, with approximately 90% of staff agreeing that training had helped them to do their job more effectively, and helped to deliver a better service user experience. The Trust does, however, have a lower than average score for the fairness of career progression, particularly in administrative and corporate staff.
- 1.3 As the landscape for commissioning and providing healthcare evolves, so too does the landscape for workforce training, education and development. Both landscapes continue to grow in breadth and complexity. The Trust's structures and systems for responding to the demands of its role as a large employer and training provider in healthcare have mostly developed organically as the pace of external change has often been rapid, intense and, at times, unforeseen.
- 1.4 The introduction of the national Apprenticeship Levy, reduced funding from Health Education England (HEE) and increased financial pressures from the continued requirement for Cash Releasing Efficiency Savings (CRES), are creating a pressing need and opportunity to review the Trust's strategy in relation to the funding, expenditure, commissioning and provision of education and training, as both an employer and educational training provider.
- 1.5 The current structures, systems and processes for managing the diverse training needs of the Trust's large, heterogeneous workforce is fragmented, making it difficult to have both comprehensive and selective oversight of significant areas of funding, expenditure and performance. There have been attempts over recent years to address this lack of oversight but given the impetus described above, a more comprehensive approach is required.
- 1.6 Education and training activities are considered under the following three broad headings:
 - Education (eg., the provision of training placements to post-graduate medical trainees, nurse trainees, clinical psychology trainees, etc.);
 - Statutory and mandatory training;
 - Continuing Professional Development (CPD).

2.0 Governance

- 2.1 The Director of Corporate Affairs is the executive lead for education, CPD and statutory and mandatory training.
- 2.2 The Trust has two departments responsible for education and training, one concerned with medical education and the other with non-medical education.
- 2.3 The Learning and Development Team is managed within the Human Resources Department. It is responsible for the management of mandatory and statutory training and continuing professional development. It commissions and administers the delivery of training and provides training compliance data for the purpose of monitoring by senior management and the Workforce Committee.
- 2.4 The Medical Education Department is responsible for undergraduate and postgraduate medical training. It is led by the Director for Medical Education. The Medical Education Manager now attends the Workforce Committee.
- 2.5 Professional leads are responsible for their individual components of the workforce, and a significant amount of CPD is coordinated and delivered within professional groups or services.
- 2.6 The Trust-wide Education Committee used to meet bi-monthly and was set up with the purpose of providing the forum where strategic decisions could be made about education and training for the workforce development within the Trust. It aimed to ensure that the learning and development needs of all staff groups were identified and addressed. The Education Committee was also responsible for considering applications for the funding of education and training exceeding £5000. The Education Committee was disbanded at the end of 2016 and its role has been integrated into that of the Trust-wide Workforce Committee.
- 2.7 Seven Directorate Education Committees (DECs) were established in 2016. The DECs are multi-professional and tasked with identifying the CPD needs of the staff groups which they represent locally and with ensuring that these needs are met, where possible, through the direct and indirect commissioning processes. Using their individual direct funding allocation, they act as CPD review panels to receive, consider and authorise funding for local training applications below £5,000, by individuals, teams and services.

3.0 Funding Arrangements

- 3.1 The Trust receives funding from two of HEE's thirteen local teams, North Central and East London (NCEL) and East of England (EOE). EOE provides funding for Bedfordshire and Luton services and NCEL provides it for all other Trust services.
- 3.2 The funding of training and education for NHS staff is currently divided into two distinct areas, medical and non-medical. This division is adopted by the Department of Health, NHS England, and NHS Improvement.
- 3.3 Funding for health care education and training covers three distinct areas:

- Reimbursement for the provision of medical and non-medical training placements based on annually refreshed education and training tariffs;
 - Indirect funding of education and training provided by higher education institutions for non-medical workforce CPD needs;
 - Direct funding (London only) of education and training activities commissioned directly by the Trust.
- 3.4 The Trust submits annual costings for training and education to NHS Improvement along with the reference costs for clinical service provision.
- 3.5 Education and Training Tariffs are published each year and cover funding for all direct costs involved in delivering medical and non-medical education and training, by healthcare providers.
- 3.6 The Trust is only involved in the direct and indirect commissioning of education and training for the non-medical workforce.
- 3.7 Continuing Professional Development (Non-medical)
- 3.7.1 Funding received from HEE for CPD is divided into direct and indirect funding streams.
- 3.7.2 The Trust divides its annual direct funding allocation between the Workforce Committee (50% allocation) and the seven DECs (50% allocation). The proportion of the 50% direct funding allocated internally to each of the seven DECs is determined by its head count or percentage of the total non-medical staff.
- 3.7.3 Workforce development funding from HEE is based on the ESR head count for staff in Agenda for Change pay bands 1-9, which covers almost all of the non-medical workforce such as nursing, allied health professionals, psychology and admin staff groups.
- 3.7.4 EOE no longer provides direct funding. This is in response to the reduced resource available nationally to support workforce development activity. In its letter to Trust chief executives, it stated that, “the reductions in workforce development budgets and the focus on the contracted CPD means there will not be money for other CPD activity out of the contract. HEE has had to prioritise investment which is subject to contractual commitments.”
- 3.7.5 Annual spend returns are submitted to NCEL and EOE outlining how we have spent both direct and indirect funding received from them.
- 3.7.6 Funding allocations from HEE for 2017-18 were released on 1 June. Table 1 below provides a breakdown of the direct and indirect funding allocations for 2016-17 and 2017-18.

Table 1

Local Health Education England Office	Direct Funding Allocation		Indirect Funding Allocation	
	2016-17	2017-18	2016-17	2017-18
North Central and East London (NCEL)	£216,774	£146,387	£216,932	£1157,146
East of England (EOE)	£0	£0	£63,796	TBC
Trust Totals	£216,774	£146,387	£280,728	£162,699

- 3.7.7 The Trust does not receive the indirect funding allocation but can draw upon it for the purpose of buying training and education places from higher education institutions (HEIs).
- 3.7.8 Indirect funding is used to commission block places from contracted universities for education and training activities, such as non-accredited short courses, accredited modules, degree programmes and bespoke learning activities not offered within the prospectus of courses. Commissioning starts in February for commencement in the new academic year (September onwards) and the funds must be spent with the allocated universities by the end of August, otherwise they will be lost.
- 3.7.9 The Trust may also receive funding from different sources in response to transformation or other strategic priorities (i.e. Tower Hamlets integrated care, quality improvement etc.)
- 3.7.10 Some departments have training monies built into their revenue budgets, which are generally designed to cover specialist training needs for particular groups of staff, or local team development activities.

3.8 Medical Education and Training

- 3.8.1 We provide postgraduate training for approximately 150 trainees per year which includes both foundation programme and specialty trainees.
- 3.8.2 We provide undergraduate training placements lasting five weeks. The approximate value of undergraduate funding from NCEL for 2016-17 is £1.95m. Undergraduate trainees are non-salaried. We have approximately 240 4th year and 80 2nd year medical students per academic year in London, and 36 5th year medical students in Bedfordshire. In September 2017, the number of 4th year medical students in London will be higher than the previous average as the medical school had a higher than normal intake at 265.
- 3.8.3 We have 115 funded postgraduate trainees in London. As well as core (ST1-3) and higher (ST4+) psychiatry trainees, this number included General Practice. There are 48 core, 53 higher trainees and 14 GP trainees. In Bedfordshire EOE, we have 8 core, 8 higher and 6 GP trainees. We have foundation training posts across the Trust on honorary contracts.
- 3.8.4 Postgraduate funding for specialist trainees (core and higher) in psychiatry approximates to £2.68m per year for 115 trainees (2016-17).

- 3.8.5 We receive no funding at all for Foundation Programme (FY1 & FY2) and GP Vocational Training Scheme (VTS) trainees. Historically, the number of these types of trainees has been small and the provision of their four month long placements, offered by agreement between the Trust and their host employers such as Bart's Health. More recently, the number of trainees is increasing which may stimulate a review of the existing agreements.
- 3.8.6 Funding from HEE for specialist trainees includes 50% of their salary costs and the remaining salary costs are met by the Trust.
- 3.8.7 All specialist trainees are entitled to 30 days study leave and have access to a personal training budget of £850 per year.
- 3.8.8 Core trainees commonly use approximately 20 days of their study leave allowance and their personal training budget, to prepare and pay for their MRCPsych examination.
- 3.8.9 Clinical consultants within the Trust are allocated a personal training budget of £1000 per year which can be accumulated and spent over a three year period. This can be used for conference fees, etc., and can be accessed via application to and approval from the Director of Medical Education. They are entitled to 30 days of study leave over a three year period. This is a requirement of the national consultant contract. However, it might be worth noting that in practice, leave may be limited to an average of 10 days per year because the associated funding for the reimbursement of course/conference fees and travel expenses for study leave cannot be carried forward. Consultants can claim up to £1000 in any single financial year.

3.9 Statutory and Mandatory Training

- 3.9.1 Each NHS Trust is required to deliver a core set of 20 courses. This training is not funded by HEE. It is funded by the Trust as part of its core business requirements and provided to all employees including trainees and bank staff, as relevant to their role.
- 3.9.2 The Trust is currently spending approximately £500,000 per year on mandatory and statutory training. The Trust delivers 37 courses in total with 20 topics delivered face-to-face and 17 delivered online via e-learning.
- 3.9.3 The current statutory and mandatory training matrix is being reviewed with the aim of reducing the number of courses that are mandatory and the delivery method to ensure efficiency and the best learning outcomes for the investment.

4.0 **Current challenges and Future Plans**

- 4.1 HEE continues to focus upon the workforce in priority areas such as general practice, nursing and urgent and emergency care. It provides staff available to be employed by the NHS, is developing new roles such as nursing associates and providing new routes into the NHS workforce. It aims to train more than 15,000 GPs between 2015 and 2020 and has ensured nearly 2000 nurses have returned to the front line through its return to practice programme. It aims to support a further 2000

nurses back into work through this programme over the next two years. It is due to publish its Workforce Plan for England.

- 4.2 In publishing the funding plans for 2017/18, HEE requires the Trust to submit a strategic training plan that aligns with the Five Year Forward View Delivery Plan and local priorities in Sustainability and Transformation Plans. HEE also requires Trusts to move away from ad-hoc courses to the development of more structured career pathways.
- 4.3 The Nursing Workforce Update report to the Board in February 2017 highlighted the proposed changes to pre-registration nurse training including the introduction of the Nursing Associate role. Nurses make up the largest single occupational group within the Trust, with 934 unregistered nurses and 1557 registered nurses (including Tower Hamlets community health services), which together make up 47% of the total workforce. National shortages in the registered nurse workforce have brought about major changes to nurse training which will have a significant impact on the Trust's nursing workforce over the long-term. The Trust has a detailed nursing strategy to address these challenges.

5.0 Medical workforce challenges

- 5.1 The Postgraduate Medical Education (PGME) Committee met in June and reviewed the draft medical education strategy for 2017/18. The committee will provide comments and agree the strategy at the September meeting.

6.0 Allied Health Professional (AHP) Challenges

- 6.1 AHPs make up 6% of the NHS workforce and have a key role to play in delivering the new models of care outlined in the 5 year forward view. The future focus will be on care functions and therefore what skills and competencies, rather than which professions, are needed to delivery high quality care. Extensive work has been undertaken in Tower Hamlets Community Services to identify the competencies and behaviours needed to deliver integrated care which will underpin individual and team development. The delivery of a wider range of therapies in primary care will require expert training and supervision and consultation from specialist staff

7.0 Administration and corporate workforce challenges

- 7.1 Administrative and corporate staff at ELFT have reported poorer opportunities for career progression and development. Work is currently being undertaken to identify ways that corporate services can more closely together and provide opportunities for feedback and reflection. Career pathways for administrative and corporate staff are being mapped and a focus on personal development planning to inform education and development priorities maximising use of the apprentice levy is underway.
- 7.2 The Learning and Development Strategy 2014-17 outlines the Trust's approach to providing staff with opportunities for professional development and support for the delivery of Trust objectives and implementation of operational strategy by:

- Providing basic development resources and processes so that staff can effectively carry out their work;
- Increasing leadership capacity to ensure high levels of staff engagement and improved staff morale at all levels of the organisation;
- Focusing on individual and team performance and development that will ensure that all existing resources are effectively managed and national regulatory and contract targets are met.

7.3 The strategy is now due for review in line with the development of a new Workforce Strategy in Autumn 2017.

7.4 Following the introduction of the Apprenticeship Levy, funding from HEE is increasingly being reduced with greater expectation that healthcare Trusts will fund this type of training themselves, by drawing upon funds accrued from payments to the levy. It is, therefore, important and pressing, that we identify both training need and supply and, where possible, align it to apprenticeship programmes (standards) in order to make use of this large sum of money. In relation to this, we are carrying out a Training Needs Analysis (TNA) for CPD, in order to assess the current and future learning and development needs of the workforce to ensure that we commission and develop the most appropriate training, and use our funding most effectively.

7.5 For the reasons highlighted earlier in this report, we will be developing a comprehensive and integrated plan for all education, learning and development activity within the Trust. The main areas to consider as part of this are as follows:

- The need to align education and training activity with the strategic objectives of the Trust and its local partners (ie., increased focus on integrated care);
- The need to support the development of collective leadership across the Trust, and addressing issues that have been identified in staff surveys and the diagnostic phase of the Trust's leadership work;
- The need to streamline statutory and mandatory training and, thereby, ensure appropriate balance with CPD;
- The need to better plan and coordinate the use of various funding streams in order to best deliver the plan;
- The need to further strengthen the governance arrangements and maintain effective oversight of all activity in the Trust.

7.6 The plan will be developed and is expected to be submitted to the Trust Board in October 2017.

8.0 Action being requested

8.1 The Board is asked to **RECEIVE** and **DISCUSS** the findings of the report.