



1. Home (<https://www.gov.uk/>)
  2. Health and social care (<https://www.gov.uk/health-and-social-care>)
  3. National Health Service (<https://www.gov.uk/health-and-social-care/national-health-service>)
  4. Health workforce (<https://www.gov.uk/health-and-social-care/health-workforce>)
  5. Health and social care training (<https://www.gov.uk/health-and-social-care/health-social-care-training>)
  6. Health Education England mandate: 2020 to 2021 (<https://www.gov.uk/government/publications/health-education-england-mandate-2020-to-2021>)
- Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Policy paper

# The Department of Health and Social Care mandate to Health Education England: April 2020 to March 2021

Published 11 December 2020

## Contents

Ministerial foreword

Introduction

The mandate objectives

Education outcomes

[Print this page](#)



© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3) (<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3>) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications/health-education-england-mandate-2020-to-2021/the-department-of-health-and-social-care-mandate-to-health-education-england-april-2020-to-march-2021>

## Ministerial foreword

I was delighted and honoured to have been asked to take on the NHS and social care workforce portfolio within the department at this critical time for our health and care system. I have long had a personal interest in the skills and development of our health and care workforce and ensuring the leadership needed at all levels – with emotional intelligence as well as clinical ability and managerial expertise – to foster a culture in health and care which does the best for citizens by doing the best for staff.

The UK, like the rest of the world, is facing the unprecedented challenge of managing the threat of COVID-19. Given the exceptional circumstances I am setting Health Education England a very brief mandate for 2020/21, to provide clarity for the system. My intention is to replace this with a further mandate once the virus has been suppressed.

The response to COVID-19 is our current priority but we must also prepare for the recovery of our health and care system and learn lessons from this experience.

We remain committed to delivering 50,000 more nurses in the NHS, but clearly the context for the delivery of that commitment has changed. While we will continue to welcome overseas staff as an invaluable part of the NHS team, the pandemic poses extra challenges for the recruitment of staff from overseas and justifies an even greater focus on enlarging our home grown workforce. HEE is already doing an outstanding job supporting this growth, and will play a vital role in the months ahead.

The People Plan for 2020/21 has set out an updated vision for tackling the workforce challenges the NHS is facing – supply, culture, reform – and HEE also has a crucial part to play in putting that into practice.

Central to this work is the retention of those staff who have returned to help the NHS in our hour of need. I would like to take this opportunity to pay tribute and say thank you to the thousands of healthcare students, and former NHS staff who have played their part in helping the NHS tackle COVID-19. For some this has meant learning new skills or working in a different speciality – each individual will have had different experiences – but each has a place in the NHS if they want to remain and HEE will have an important job in equipping them to do so.

The capability with which existing staff adapted their practice to meet the needs of the patients they were presented with at the height of the pandemic also showed the value of flexible, collaborative and multi-disciplinary working when trained professionals are freed up to work together. I am keen that this spirit is sustained into the future, not just by training new staff to work in this way, but by giving the current workforce the space, development and support they need to do so. Again, HEE will be part of the answer for making this happen

Finally, the pandemic has shown more than ever the interdependence between health and social care and the need for close collaboration, mutual support and common understanding. While HEE's legal remit is largely the healthcare workforce, this of course includes healthcare workers in social care and more broadly, involves HEE working with the social care system at all levels to make sure the healthcare needs of those who receive social care are met as well as those in the population as a whole.

I would also like to take this opportunity to thank HEE for the tremendous work they have done so far – and continue to do – to support the country's response to the pandemic.

Helen Whately MP

## Minister of State for Care

### Introduction

This mandate is an interim mandate for 2020/21, which will be updated later in the year once the UK emerges from the COVID-19 crisis.

### HEE's role

HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement for patients and the public in England, by ensuring that the workforce of today and tomorrow has the right numbers of staff with the right skills, values and behaviours at the right time and in the right place to meet patient needs. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system for education and training for the NHS and public health. The Care Act also places a duty on HEE to have regard to the NHS Constitution.

### Accountability

The Framework Agreement between the Department of Health and Social Care (DHSC) and HEE for 2018 to 2021 defines how the department and HEE work in partnership to serve patients, the public and the taxpayer; and how both HEE and the department discharge their accountability responsibilities effectively. HEE will also work collaboratively with NHS England/Improvement (NHSE/I) and other partners, playing its part in building effective relationships to achieve shared goals.

DHSC, HEE and NHSE/I will work together to review progress against the themes and deliverables in the mandate and, where necessary, agree additional action to mitigate any risks.

### Educational outcomes

The educational outcomes underpin this mandate and have been developed with partners across the health and education landscape. HEE will use these to help drive improvements in education and training and will reflect on progress in its annual report.

### EU Exit and trade

There will be continued monitoring of the clinical workforce from the European Economic Area (EEA). There will also be an assessment of what the UK's future relationship with the EU and other new trade agreements mean for the availability of an adequate and skilled workforce. This includes working to ensure the continued flow of trained health and care professionals into the UK, and capitalising on opportunities to increase the number of health and care staff, in the context of COVID-19.

### The mandate objectives

There are 6 objectives:

- As a priority we would expect HEE, with ALB partners, to act collaboratively and with agility to take all necessary action to ensure a robust response to the impact of COVID-19 on the NHS, its staff and its patients. A particular focus should be on ensuring that, where students and trainees are able to contribute to the response to the pandemic, as far as possible future student graduation and progression is maintained to the expected academic schedule.

- Progress work on delivering the 50,000 nurse programme – working with Programme leads in DHSC and NHSE/I on robust project delivery plans with agreed trajectories, milestones, risks, issues and dependencies; setting up appropriate project governance arrangements to ensure delivery at pace; and ensuring project SROs are duly supported within the organisation to discharge their role appropriately.
- Make progress towards the government's commitments on primary care including increasing the number of GP training places to 3,500 a year in 2020.
- Continue to work collaboratively with DHSC and NHSE/I on implementing the NHS People Plan 2020/21: actions for us all, including making further progress on addressing equality, diversity and inclusion in all aspects of HEE's work and supporting NHS staff as they act flexibly and take on new roles as we continue to respond to the pandemic.
- Provide finance, activity and outcomes information to support in year financial discussions with DHSC – acknowledging that the HEE programme Budget for 2020/21 has been set at £4.170 billion, including £60 million for People Plan priorities – and to inform the Spending Review (including clarification of the funding requirements for the 50,000 nurse programme and primary care commitments).
- Complete the mandate and business plan deliverables from 2019/20.

Over the next few months, the first objective on supporting the government to manage COVID-19 will be the main focus. Expectations on the amount of progress to be made in delivering the other objectives during 2020/21 will be adjusted if necessary to take account of this.

## **Education 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 has developed its own indicators to track progress and report on progress annually through the publication of its annual report.

### **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 reflective of the changing demography of the population they serve, 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**

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**

Sourcing talent and providing leadership that flourishes free from discrimination with fair opportunities to access careers, progress and fulfil potential, recognising individual as well as group differences, treating people as individuals and placing positive value on diversity in the workforce and where role models are promoted and encouraged. This will include opportunities to progress across the five leadership framework domains.

## **Volunteering**

Following the production of the HEE Volunteering Strategy, deliver proposed products to support the recruitment and enhanced experience of volunteers across the NHS. Additionally, encourage and support NHS staff themselves, to take advantage of volunteering opportunities within health and social care, and ensure senior clinical and managerial leadership value the vital contribution volunteers make to the service.

## **NHS values and behaviours**

Healthcare staff have the necessary compassion, values and behaviours (including supporting colleagues) 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.

Print this page