

NHS Pay Review Body

Health Education England's written evidence for 2017/18



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Background

- i. Health Education England (HEE) welcomes the opportunity to once again submit evidence to the NHS Pay Review Body (NHSPRB) as part of its national process of gathering evidence from interested parties to inform the recommendations for 2017/18.
- ii. We greatly appreciated the opportunity to meet to review and discuss the handling of the evidence round for 2016 with the Review Body Secretariat earlier in the year. It was also helpful that Ffiona Hesketh, Deputy Director, Office of Manpower Economics, was able to meet with HEE's Chief Executive, Ian Cumming, to discuss HEE's role in supporting the pay review bodies, and the particular value that HEE can add. The session proved helpful in enabling us to reflect further on how we can best support the work of the review bodies going forward.

Health Education England's role

- iii. HEE exists for one reason only: to help improve the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients. In 2013 we took over the functions of the former strategic health authorities (SHAs) and their Deaneries for workforce planning, education commissioning and education provision. It is the first time that responsibility for all of these functions are within the same body, and by doing so, we aim to improve both national consistency and standards and local leadership and decisions. We recruit doctors and dentists into training and we fund and support the training of a range of multi-professional staff and apprentices. We are also responsible for supporting the NHS Constitution and helping to embed the NHS Values into everyday activity in the NHS.
- iv. We are now in our fourth year as HEE, providing the NHS with a single national body with a ring-fenced budget for commissioning education and training places to secure the future workforce. Our four local education and training boards (LETBs), regionally based and employer-led, provide a single strategic forum for their region in which health care economies can come together to discuss and agree plans and actions on the local workforce.
- v. We operate a single system of dispersed leadership, working together to deliver both local and nationwide success. To achieve this we are proud to also work with:
 - The providers of NHS services who are ultimately responsible for employing, maintaining and developing their staff and the quality of care they provide; and
 - Other organisations such as commissioners, local authorities and higher education providers.
- vi. We also have a wider role on the national stage working with the Department of Health (DH) and other health Arms-Length Bodies (ALBs) and Non-Departmental Public Bodies, including NHS England, NHS Improvement, the Care Quality Commission and

Public Health England. Together, HEE and these organisations have developed the NHS Five Year Forward View¹. The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it together.

- vii. HEE has now established, for the first time ever in the NHS, a workforce planning process that brings together into one place decisions about:
- Planning the future medical workforce;
 - Planning the future non-medical workforce;
 - Investment in the education and training of existing staff;
 - Local needs and national priorities; and
 - National workforce priorities alongside wider system/strategic goals
- viii. Earlier this year we published our third Workforce Plan for England², which set out the investment we are making in education and training programmes for 2016/17. In line with the previous two versions, it sets out the £5bn worth of investment we will make in education and training programmes for the following year. These investments are primarily (though not exclusively) focussed on our core role of ensuring secure future supply.
- ix. This year we have again increased the overall volume of education and training with in excess of 38,000 new training opportunities for nurses, scientists, and therapists, and over 50,000 doctors and dentists in training. We have targeted increases on critical areas such as adult and mental health nursing, paramedics, and physician's associates, whilst in postgraduate medicine there are increases to training posts in General Practice, Emergency Medicine and Clinical Radiology. This training supports continuing strong growth in the number of clinical professional staff both within the NHS and the total number of registered clinical professionals in England. HEE forecasts that as result of this training between 24,000 and 82,000 additional staff could be available to the NHS or other employers by 2020, depending on the extent to which service providers' act to employ output from our programmes and work to retain their existing staff.
- x. The Plan also starts to address the full range of workforce issues facing the Health and Care system, regardless of HEE's own specific responsibilities. In doing so it aims to address the important issues raised in both the National Audit Office and Public Accounts Committee reports on 'Managing the supply of NHS clinical staff in England', and will also reflect on the observations made in the Health Foundation's recent report on workforce policy in the English NHS. In addition to future workforce supply the Plan also therefore considers current workforce shortages and how they may be addressed

¹ The NHS Five Year Forward View, NHS ALBs: <https://www.england.nhs.uk/ourwork/futurenhs/>

² Investing in People, HEE 2016: <https://www.hee.nhs.uk/sites/default/files/documents/Workforce%20Plan%20for%20England%202016-17.pdf>

and also builds on the opportunities presented by the Shared Delivery Plan and the new Sustainability and Transformation Plans (STPs) to outline the critical service and workforce transformation agenda.

Evidence relating to non-medical professions on behalf of Health Education England

1. Introduction

1.1 The NHS in England employs directly of the order of 1,138,886 staff in 992,978 whole time equivalent (WTE) posts. Within this, total there are around 560,506 (495,410 WTE) professional qualified staff:

- 358,755 (319,013 WTE) Registered Nurses and Midwives;
- 123,662 (107,129 WTE) Allied Health Professionals (including those named as allied health professionals, therapeutic radiography, diagnostic radiography, speech and language therapy, qualified ambulance staff);
- Of which, Qualified Ambulance Staff were 18,896 (17,919 WTE);
- 27,078 (24,986 WTE) Health Care Scientists; and
- 51,011 (44,282 WTE) Other Qualified Staff.

1.2 In addition, there are 578,380 (497,568 WTE) providing support services (clinical and non-clinical).

1.3 These figures only include those employed directly by NHS; they exclude GP practices.

1.4 HEE has no specific formal remit in the area of pay. However, the workforce and labour market intelligence that HEE has developed to inform commissioning decisions, and now to support the Five Year Forward View Sustainable Transformation Planning round, has a clear overlap with the intelligence the NHS Pay Review Body (NHSPRB) requires for its deliberations. Hence, HEE is pleased to submit this evidence to the NHSPRB. Our evidence, and the data supplied, is structured around a specific brief provided by the NHSPRB Secretariat and addresses explicitly the points the Review Body asked us to address and the data we were asked to supply. Within this context, at the request of the NHSPRB, we have been as concise as we think possible while conveying the key points we understand the members of the NHSPRB are interested in.

1.5 Our written evidence is structured as follows:

- Section 2 summarises the HEE approach to non-medical workforce analysis;
- Section 3 discusses current non-medical workforce supply including an analysis; of 'shortfall from demand' by specialty and geography, and commentary on the proportion of non-medical NHS workforce 'non UK' nationalities and country of origin (from the Nursing and Midwifery Council register); and

- Section 4 outlines the NHS activity relating to apprenticeships.
- 1.6 As noted above HEE has no formal role in determining the pay of the NHS workforce. However our comment is that overall we suggest that, at this stage.
- 1.7 We look forward to the opportunity to address further specific questions at the forthcoming oral evidence session on 15 November 2016.

2 The HEE Approach to non-medical workforce analysis

2.1 HEE took over some of the functions, and some of the resource, from the Centre for Workforce Intelligence from April 2016. We are currently refining our approach to non-medical workforce analysis into the following core components as follows:

- ‘Short run’ supply forecasts which will set out forecasts of supply for the coming five years at the level of professional group for registered professions. This data will be further analysed by HEE Region and by HEE local area for all but the smallest professional groups. Data will also be available at ‘Sustainable Transformation Planning’ (STP) footprint level. This data is currently being prepared and will not be available to the system in time for the Review Body submission, but may be available ahead of the NHSPRB report;
- ‘Short run’ *provider expressed* demand forecasts. In 2015 HEE collected from providers’ current (2015) demand and forecast demand for each of the subsequent five years (i.e. to 2020). In 2016, to date, HEE has collected from providers their current (2016) demand and an *initial* 2017 demand forecast. This later data collection clearly precedes the submission of the outcome from the pan-ALB Sustainable Transformation Planning (STP) process (due in December 2016). HEE is currently analysing the 2016 data and awaiting a decision by the collective Arm’s Length Bodies (ALBs) as to whether there will be a further collection of future demand data. Hence, at this stage, HEE cannot provide general comment on the risk of future shortages with a demand context defined by the wider system planning process. We expect to be able to do so early in 2017; and
- The process for HEE to influence the labour market and/or individual students’ decisions (following the change in funding arrangements) is still in development. There are a number of other developments in train which will impact on the workforce supply such as new roles (including the new nursing associate role) and the apprenticeship levy which will open up alternative supply routes. As such, it is not possible to provide a more detailed assessment of long term supply and demand to support HEE’s non-medical workforce investment. HEE’s approach will develop further as the data improves and techniques to explore long term demand also develop.

3 Current workforce supply

3.1 The Review asked HEE specifically to supply data and commentary on ‘vacancy rates’. This section addresses that through a ‘proxy’ measure, described below. For these reasons set out above at this stage the summary analysis here is based on 2015 data.

3.2 There are over 420 lines of data collected from employers in our demand forecasting work. The professional groups can range in size from tens to thousands.

3.3 Providers were asked to supply information on:

- The number of staff in post by speciality expressed in WTE. These numbers did not include agency/bank staff temporarily filling substantive posts; and
- The demand for staff in that professional group expressed in WTE.

3.4 Figure 1 below shows:

- The number of staff (WTE) in each professional group in 2015;
- The overall England wide ‘shortfall’ as a percentage of total demand in 2015; and
- The corresponding shortfall in each of the four HEE regions.

3.5 The shortfall rates are coloured are to draw the eye. A shortfall of 6% or less is coloured green, which is not to say it does not present a problem for providers. It is rather that an element of ‘labour market friction’ is to be expected as staff leave (e.g. retire) and are recruited (from for example e.g. new CCT holders). Shortfalls of between 6 and 10% are coloured amber and those of 10% or more are red.

3.6 **Figure 1: Current provider expressed shortfall from demand for Staff at March 2015**

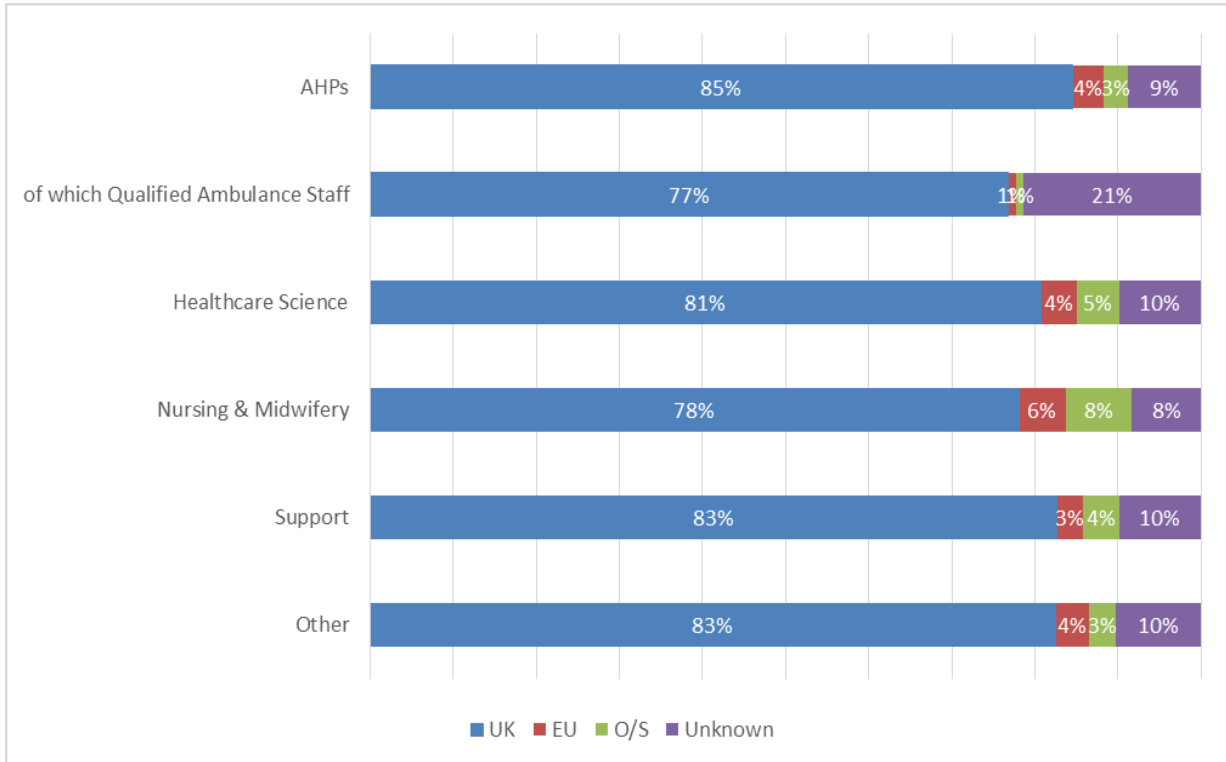
	Total Staff in Post	England	North	Mids & East	London & SE	South
Nursing & Midwifery	308,635	9.0%	6.7%	8.3%	12.4%	9.9%
Allied Health Professions	86,153	6.8%	6.0%	6.0%	9.3%	6.3%
of which Qualified Ambulance Staff	37,551	7.3%	6.3%	8.3%	9.2%	4.7%
Healthcare Scientists	22,782	6.1%	5.7%	3.7%	8.6%	6.9%
Other Qualified Staff	51,306	5.9%	5.7%	9.1%	5.4%	2.1%

Source: HEE Workforce returns from providers relating to March 2015

Colleagues from the EU and wider overseas

3.7 Figure 2 below summarises the proportion of non-medical staff recorded in ESR with UK, EU and overseas (outside of EU nationalities).

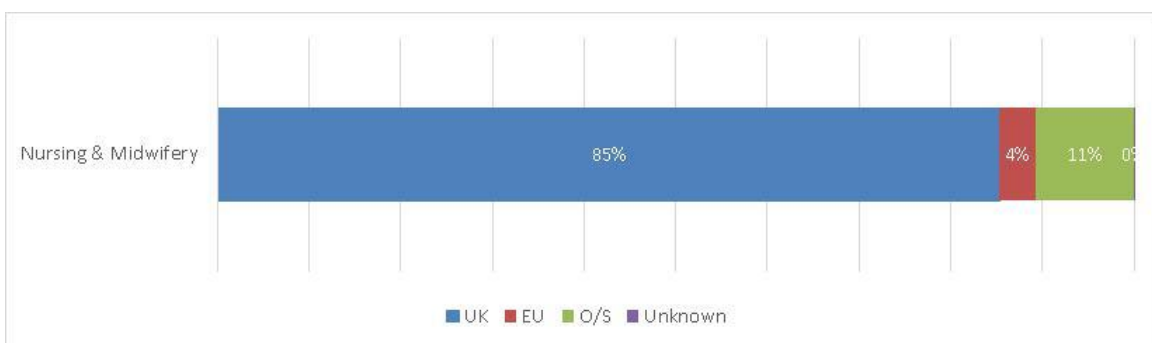
3.8 **Figure 2: Components of the non-medical workforce and world region of nationality - whole time equivalents**



Source: Electronic Staff Record – nationality field

3.9 Figure 3 below summarises the proportion of Nursing and Midwifery staff recorded in the Electronic Staff Record (ESR) with NMC registration. Nationality of the other professional groups is not available from HCPC registration data held in ESR.

3.10 **Figure 3: Components of the non-medical workforce and world region of nationality - whole time equivalents**



Source: Electronic Staff Record – nationality sourced from NMC PIN

4 Apprenticeships

4.1 Please see in figure 4 below the number of NHS apprenticeships by local HEE area in 2015/16 and the targets for 2016/17. We do not yet have targets set for 2017/18 because of the on-going changes in the national apprenticeship agenda (i.e. introduction of the apprenticeship levy in 2017/18).

4.2 **Figure 4: Regional breakdown of NHS apprentices in 2015/16 and targets for 2016/17**

	England (Total)	North	Mids & East	London & SE	South	CCG's/Special Health Authorities
Number of Apprenticeship starts in 2015/2016	19,818	6,109	6,678	3,555	3,476	Included in HEE regional figures
Apprenticeships target for 2016/17	19,009	6,094	5,153	4,053	3,126	583

4.3 Kindly note that these are the total number of apprenticeship starts. A number of funding models are currently in operation, e.g. some HEE local offices pay for all, or some, of the training costs, some don't pay for any training costs but will pump prime initiatives that support the take up of apprenticeships. The introduction of the apprenticeship levy and standardisation of processes across HEE will reduce this variation.