

Health Scrutiny Committee

20 July 2016

Recruitment and retention of nursing staff in the Suffolk health and care industry

Summary

1. On several occasions over the last 18 months, the Health Scrutiny Committee has identified concerns relating to the recruitment and retention of health and care staff.
2. On 20 January 2015, the Committee considered the arrangements for discharge from Suffolk hospitals and heard that skill shortages and the ageing demographic profile of some sectors of the workforce were of concern. Members agreed to add an item to the Committee's forward work programme to "consider issues of recruitment and retention of health and care staff in Suffolk, what pressures exist, and what steps are being taken to help address this".
3. On 21 January 2016, the Committee considered verbal feedback from the Winter Pressures Task and Finish Group and was informed that the Group had spoken to representatives from health and care services in Suffolk and all parties had expressed concerns about recruitment and retention of staff. On 14 April 2016, when considering quality and capacity in residential and nursing care, the Committee was also informed that residential and nursing care providers were unable to recruit sufficient staff locally.
4. The Committee has agreed that it would like to give further consideration to how issues of recruitment and retention of health and care staff are being addressed in Suffolk. Having recently considered GP services in some detail (meeting of 18 March 2015), this report focuses on the recruitment and retention of nursing staff by the NHS and other health and care providers in Suffolk.

Objective of Scrutiny

5. The objective of this scrutiny is to identify the issues that affect the recruitment and retention of nursing staff in the Suffolk health and care industry and to consider the steps that are being taken by stakeholder organisations to help address them.

Scrutiny Focus

6. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
 - a) Who is responsible for workforce planning nationally and locally?
 - b) To what extent is the supply of trained nurses sufficient to fill vacant posts in the Suffolk Health and Care system?
 - c) What reasons have been identified for this?
 - d) Are the recruitment and retention issues for nursing consistent across all sectors of the Suffolk Health and Care system?
 - e) How do these issues compare to the situation nationally?
 - f) What attracts people into nursing and why do they leave the profession?
 - g) How is nurse education and training funded?
 - h) What is being done to address issues with recruitment and retention of nurses in Suffolk in the short term?
 - i) What will be done to address issues of recruitment and retention of nursing staff in Suffolk in the medium to long term? and
 - j) What can be done to ensure that Suffolk is an attractive place for nursing staff to train and establish a career?
7. Having considered the information, the Committee may wish to:
 - a) make recommendations to the commissioner/s and providers of services;
 - b) seek to influence partner organisations;
 - c) request further information;
 - d) identify issues which would benefit from further scrutiny.

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Background

8. We live in an environment with a rising need for healthcare. People are living longer than previously with complex health issues. Long term health conditions, rather than illnesses susceptible to a one-off cure, now take up 70% of the health services budget (NHS Five Year Forward View) and the population of the East of England is growing, and aging, at a rate above the UK average. However, there are insufficient numbers of clinical staff in post in England, and problems with their recruitment and retention are well documented, the House of Commons Public Accounts Committee (PAC), and the National Audit Office (NAO) both having recently published reports on the matter.
9. Providers are responsible for ensuring they have enough staff with the right skills to deliver high-quality, safe healthcare, and the importance of safe staffing levels has had a particularly high profile since the 2013 Francis Report into

failings at Mid Staffordshire NHS Foundation Hospital. Although a universal minimum safe staffing level has not been recommended, hospitals have been focussing on the staffing levels they need to maintain quality, and it is likely that this deviation from forecasts has been one of the factors leading to a national shortage of nursing staff.

10. In an ideal world, the number of nurses entering the NHS would be equal to the number leaving, resulting in a balance, with no oversupply of staff or staffing gaps. To achieve this, there needs to be a continual supply of new staff to replace those who leave, meet changing demand for services or cover staffing shortfalls. This can be achieved by training new staff, encouraging staff who have left the profession to return, recruiting staff from overseas or using temporary staff.
11. There are a number of different bodies who are responsible for managing the recruitment and retention of NHS clinical staff, including:
 - a) The Department of Health (DoH), which is ultimately responsible for securing value for money from healthcare spending, including educating and training the workforce.
 - b) Health Education England (HEE), which has responsibility for providing leadership and oversight of workforce planning, education and training. It seeks to ensure that the NHS has the staff and skills it needs to meet the current and future needs of patients, by working with providers, commissioners, professionals and the education sector.
 - c) Health care providers, who are responsible for employing staff, supporting clinical placements and providing input into the collective planning for the future NHS workforce.
12. However, the complexity and scale of workforce planning for the health and care service, combined with the time taken to train staff, means that it will never be an exact science. Currently there are significant shortfalls in the number of nurses in post, especially in the East of England. The NAO has identified that in 2014 there were 7.5% less NHS non-medical staff (including nurses) in post in the East of England than providers said they needed. This was higher than the national average staff supply-demand gap of 6.7% for non-medical staff, and was the largest nursing shortfall outside London and the Thames Valley.
13. A report, published in April 2016 by the House of Commons Public Accounts Committee (PAC) focussed on clinical staff generally, but identified a particular shortage of nurses, which it noted was due to continue for the next three years. The report concluded that the supply of nurses had been adversely affected by:
 - a) a reduction in nurse training places, resulting from historical unrealistic efficiency targets, which had led trusts to underestimate the numbers of staff they would require. Training places had subsequently been reduced in four consecutive years, with 3,400 fewer places commissioned in 2012-13, compared to 2008-9.
 - b) a reduction in the number of nurses recruited from outside the EU. The NAO identified that the number of non-EU overseas nurses recruited had fallen from 11,359 to 699 per year in the period between 2004-2015. The number recruited from within the EU had increased from 1192 to 7232 per

year in that time, but this left a significant overall reduction in the number of overseas nurses coming into the NHS.

- a) a reduction in the number of nurses returning to practice. Between 2010-2014 an average of 1000 former nurses and midwives returned to work each year compared with 3,700 each year a decade earlier (NAO).

14. The Committee also expressed concerns about:

- a) the availability of affordable housing, as it considered that the high cost of living in some areas meant that staff were unlikely to be permanently based there, even if recruitment and retention premiums were offered.
- b) changes to the funding arrangements for student nurses, which the Committee was concerned could have a negative impact on the overall numbers and demographic profiles of applicants.
- c) the impact that changes to working practices, such as 7 day services and care in the community would have on the number and mix of clinical staff required. The Committee was not convinced that these proposals had been costed in detail, or that there would be enough clinical staff with correct skills to achieve them.
- d) limitations in the data on staffing pressures, which the Committee considered made it difficult for health bodies to make well-informed decisions about workforce planning. The NAO identified that nationally, the number of staff leaving the NHS had increased from 6.8% in 2010 to 9.2% in 2015, but that there was little systematic information about why staff left, where they went, or why they transferred between trusts.

The complete recommendations of the Public Accounts Committee can be found in the Annex to this report.

- 15. In July 2015, the Norfolk NHS Workforce Planning Scrutiny Task and Finish Group, which was considering the recruitment and retention of NHS clinical staff, heard about an inability to recruit nurses in sufficient numbers in Norfolk. In its recommendations, the Group encouraged HEE, local colleges and the University of East Anglia to work together with a view to providing more courses for student nurses in Norfolk and making arrangements for students to be offered clinical placements in West Norfolk. Many students take up jobs in the area they trained in, and the recommendations of the Norfolk Task and Finish Group are consistent with subsequent NAO advice that HEE could potentially help to reduce regional variations in staffing gaps by commissioning more places in areas where shortfalls are greatest (NAO, 2016).
- 16. The Norfolk Task and Finish Group also recommended that the Local Enterprise Partnerships (LEPs) in Norfolk and Cambridgeshire should “work with local NHS organisations and Higher Education Institutes to consider innovative ways to support recruitment of healthcare students and workers to Norfolk”. The Suffolk Health Scrutiny Committee subsequently heard at its meeting on 14 April 2016, that the care sector had requested support from the New Anglia LEP to promote adult health and social care sector skills as a priority career progression route and raise the profile of the sector as a career pathway for local people and Members have been informed that the LEP was supportive of this bid. The bid identifies three key areas of focus, each having a series of actions, one of which relates to actions to improve the recruitment

and retention of registered nurses in nursing homes. When considering quality and capacity in residential and nursing care (on 14 April 2016), the Suffolk Health Scrutiny Committee heard about proposals for a Nurse Associate role, which would provide care workers with a career progression route to registered nurse status.

17. This scrutiny will consider how issues of recruitment and retention of nursing staff for the NHS and other health and care providers are being addressed in Suffolk and what steps can be taken to address the issues that have been identified.

Main body of evidence

Evidence Set 1 has been provided by Norfolk and Suffolk Workforce Partnership, Health Education England

Evidence Set 2 has been provided by IESCCG and WSCCG

Evidence Set 3 has been provided by Ipswich Hospital

Evidence Set 4 has been provided by West Suffolk Hospital

Evidence Set 5 has been provided by NSFT

Evidence Set 6 has been provided by Suffolk Association of Independent Care Providers

Supporting information

Five Year Forward View, NHS, October 2014:

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Managing the Supply of NHS Clinical Staff in England, House of Commons Committee of Public Accounts, Fortieth Report of Session, April 2016:

<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmpubacc/731/731.pdf>

Managing the supply of NHS clinical staff in England, National Audit Office, February 2016:

<https://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf>

Mind The Gap: Exploring the needs of early career nurses and midwives in the workplace; Health Education England, May 2015:

https://www.hee.nhs.uk/sites/default/files/documents/Mind%20the%20Gap%20Report_0.pdf

National Minimum Data Set for Social Care:

<https://www.nmds-sc-online.org.uk/>

New Anglia Health and Social Care Sector Skills Plan, Presented to New Anglia Local Enterprise Partnership, 19 April 2016:

<https://www.norfolk.gov.uk/-/media/norfolk/downloads/business/supplying-ncc/health-and-social-care-sector-skills-plan.pdf>

Registered nurses in adult social care, Skills for Care, 2015:

<http://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/NMDS-SC/Analysis-pages/Registered-nurses-in-social-care.pdf>

Report of the NHS Workforce Planning in Norfolk Scrutiny Task and Finish Group, July 2015:

<http://tinyurl.com/jdtz3hx>

Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants, Lord Willis, Independent Chair - Shape of Caring review, Health Education England, March 2015:

https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL_0.pdf

Glossary

AHP Allied Health Professionals

APEL Accreditation of Prior Experiential Learning

ASC Adult Social Care

C&Y Children and Young People

CLiP Collaborative Learning in Practice

CPD Continuing Professional Development

CQC Care Quality Commission

DoH Department of Health

EEA European Economic Area

EU European Union

FE Further Education

GPN General Practice Nursing

HCA's Health Care Assistants

HEE Health Education England

HEI Higher Education Institute

LA Local Authority

LETBs Local Education Training Boards

NAO National Audit Office

Nd Neuro developmental

NMDS-SC National Minimum Data Set for Social Care

NSWP Norfolk and Suffolk Workforce Partnership

PAC House of Commons Public Accounts Committee

PEBLS Practice Education Based Learning: Suffolk

STPs Sustainability and Transformation Plans

UCS University Campus Suffolk

UEA University of East Anglia

UKBA UK Border Agency

WTE Whole Time Equivalent

**Recommendations of the House of Commons Public Accounts Committee,
published 11 May 2016:**

- a) “The Department of Health, NHS Improvement and Health Education England should provide greater national leadership and co-ordinated support to help trusts reconcile financial, workforce and quality expectations. They should report back to us (the PAC) in December 2016, summarising what actions they have identified and implemented.”
- b) “NHS Improvement should review trends in clinical staff leaving the NHS and variations between trusts and provide a plan by December 2016 on how it will support trusts to retain staff better.”
- c) “The Department of Health, NHS Improvement and Health Education England should set out a plan for how the shortage of nurses will be addressed over the next three years, including how they will better co-ordinate overseas recruitment and return to practice initiatives and how they will attract nurses to those areas with the highest shortfalls.”
- d) “As well as capping hourly rates, the Department of Health and NHS Improvement also need to address the fundamental issue of the increased demand for agency staff; they should report back to us in December 2016 on progress in reducing use of agency staff and achieving the intended savings.”
- e) “The Department of Health should set out how it will take account of the housing requirements for NHS staff, particularly in high cost areas, in order to support permanent staffing.”
- f) “The Department of Health and Health Education England should assess the likely effect of the new funding system on rates of applications for nursing, midwifery and allied health training courses and how the changes are expected to affect the relative numbers of overseas students to home students. We also expect them to monitor the effects in real time and report back to us in autumn 2018 after the first year of the new funding system.”
- g) “All major health policy initiatives should explicitly consider the workforce implications, and specifically the Department should report back to us by December 2016 with a summary of the workforce implications of implementing the 7-day NHS.”
- h) “The Department, working with its arm’s-length bodies, should set out how it will ensure that there is systematic reliable data on workforce pressures, including vacancy rates and reasons why staff leave the NHS, to help them manage the supply of clinical staff more effectively.”

