



The Government response to the Health and Social Care Select Committee Second Report of Session 2017-19, ‘The Nursing Workforce’

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

July 2018

Cm 9669



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ISBN 978-1-5286-0284-6

CCS0318311280 07/18

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the APS Group on behalf of the Controller of Her Majesty's Stationery Office

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Executive summary

I welcome the Health Select Committee's report and its promotion of a flexible workforce to meet the needs of our nation's health. I would also like to thank my predecessor, Philip Dunne MP, who gave evidence to the committee.

I am glad that the committee notes and encourages work that is already under way to support trusts with retention. We want to ensure trusts have the tools, knowledge and expertise to develop initiatives that will encourage staff to stay working for the NHS. We also want to ensure our nurses, who are the heart of the NHS, feel valued at work. We recognise that NHS staff have never worked harder and, as a result of constructive dialogue over recent months, NHS Employers and the NHS Trade Unions began a consultation exercise on a three year pay deal for NHS staff employed under the Agenda for Change Pay contract. The starting salary of a nurse will rise to £24,907 by 2021 which will have a significant impact on retention and recruitment issues

Action on health and wellbeing is a key element in tackling the wider workforce agenda and NHS England are driving reforms, particularly regarding the effect of workplace culture and nutrition on staff health and wellbeing. We also acknowledge points made about continuing professional development and recognise the need to align the investment of national bodies and employers.

Regarding the funding reforms for healthcare students, the Government has been clear that the bursary funding system was not working for patients, for students, or for the universities that train them. The reforms moved away from centrally imposed number controls and financial limitations, creating a sustainable long-term model for universities and the healthcare workforce supply.

The Government recognises that we need more nurses. That is why additional clinical placement funding was announced by the Department of Health in August and October 2017 and why as part of changes announced on 15th June, the Government will be exempting nurses and doctors from the annual Tier 2 (General) cap on a temporary basis, pending a review by the Migration Advisory Committee on the composition of the Shortage Occupation List. Collectively, these changes will enable around 5,000 more nursing students to enter training each year from September 2018; an historic increase. Furthermore, we are working to broaden routes into nursing through the nursing associate role and the nurse degree apprenticeship. This will open up routes into the registered nursing profession for thousands of people from all backgrounds and allow employers to grow their own workforce.

We also accept the need to give clear messaging to EU nursing staff working across health and social care and the need to develop ethical overseas

recruitment programmes at scale. That is why, on 8 December 2017, the UK and the EU Commission reached an agreement to safeguard the rights of people who have built their lives in the UK and EU, following the UK's exit from the EU.

The Department agrees on the need for robust, timely and publicly available data at a national, regional, and trust level on the scale of nursing vacancies. We would emphasise again that the latest figures estimate around 36,000 nursing roles were not filled by a substantive member of staff, of which around 33,000 were being filled by agency or bank staff. We also recognise the importance of transparent, robust supply and demand projections which include demographic and other demand factors alongside considerations of affordability, as well as the requirement to account for nurses working in the NHS, adult social care, primary care and other settings. Such robust and comprehensive data will provide the foundation for the flexible workforce of the future.

1. Retention - keeping the current workforce

[1] We note the work that is already under way by NHS Employers and NHS Improvement to support trusts with retention, and we recommend that this work should continue, with a specific focus on initiatives that will increase the opportunities for nurses to access high quality continuing professional development, flexible career pathways and flexible working. NHS England, NHS Employers and HEE should facilitate transfers and training for nurses who wish to move between departments, organisations and sectors and remove unnecessary bureaucratic barriers which prevent recognition of their skills (Paragraph 45)

1.1. The Government agrees that it is essential to have a robust programme to support trusts in retaining their staff, and believes that the NHS Improvement (NHSI) and NHS Employers programme is a major step forward in giving trusts the tools, knowledge and expertise to develop initiatives that will encourage staff to stay working for the NHS. The intensive support programme which started in July 2017 has included:

- Targeted, clinically-led support from NHSI to either trusts in the top quartile of nursing turnover rates or all Mental Health trusts. Trusts are supported in developing Retention Improvement Plans which address their high nursing turnover rates, including through increasing opportunities for flexible working and career pathways. Such targeted intervention should reduce variation across trusts. The first cohort, targeted at the 35 trusts with the highest leaver rates, started in July 2017 and plans have been submitted. The second cohort of 40 trusts started in October 2017; the final cohort of 40 trusts will commence in April 2018.
- A series of NHSI and NHS Employers Retention masterclasses aimed at Directors of Nursing (DoN) and Human Resources Directors (HRD), with high profile speakers and trust DoN/HRDs describing how they have implemented successful interventions. These have included best practice examples of utilising flexible working and rotational working. For example, following a recent presentation by University of London Hospital many trusts are developing internal nursing transfer schemes, which is important for trusts in providing development opportunities. .
- A series of improvement resources has been published by NHS Employers¹ and NHSI² detailing how trusts have improved retention, with practical resources for them to replicate in their own trusts. These were formed through extensive interviews with trust HR Directors and Directors of Nursing.

¹ <http://www.nhsemployers.org/case-studies-and-resources/2017/09/improving-staff-retention-a-guide-for-employers>

² <https://improvement.nhs.uk/resources/retaining-your-clinical-staff-practical-improvement-resource/>

- NHS Employers worked with 92 trusts to identify and implement actions trusts can take to reduce the rate of leavers in their organisations. NHS Employers will roll out its retention support programme to other trusts/Sustainability and Transformation Partnerships (STPs) that are not included in NHSI's direct support programme.
- 1.2. Since giving evidence at the Health and Social Care Select Committee (HSCSC), NHSI and NHS Employers have scoped the second year of the retention programme. Starting in July 2018, the programme will focus on the following areas:
 - supporting those new to the NHS
 - supporting those mid-career who need flexibility and a good work life balance
 - developing our offer to those aged 50 and over
 - continuing professional development (CPD)
 - housing and transport solutions
 - 1.3. This is based on learning from direct work with trusts. Available leaver data is broken down by age demographics and reasons for leaving; these are aligned and are consistent with the recommendations of the HSCSC Nursing report. Support on these areas will involve developing a suite of best practice around the year two priority areas and direct support programmes for trusts with particular challenges in these areas. NHSI will also monitor and support trusts that are part of the retention programme's first three cohorts.
 - 1.4. In addition to the NHSI retention programme, NHS England will invest in the recruitment and retention of the practice nurse workforce through the General Practice Forward View.
 - 1.5. NHS England (NHS E) is continuing to support the NHSI retention programme. This includes work on health and wellbeing (set out at points 1.11-1.16 below). Work is also underway to mitigate risks to system change and to remove obstacles to staff working across organisations. This requires organisations to collaborate differently at national and sub-national levels, and to respond sufficiently and effectively to the emerging policy challenges that will need to be resolved to deliver the ambitions of the Five Year Forward View.
 - 1.6. NHS England and NHS Improvement are collaborating on a programme to develop, test and implement an agreed national approach based on a “place based” model, building on existing flexibilities and consistencies within national and local arrangements. They will work with other Arm's Length Bodies to streamline some of the core technical employment processes to enable staff to move and work easily across multiple employers. The models (as there will more than likely be more than one way to achieve this) will be tested with Integrated Care Systems, Devo, Vanguard, and Local Boroughs, underpinned by STPs.
 - 1.7. This will align to existing work on streamlining focussed on recognition of training and employment checks across employers. NHSI report significant progress on the streamlining of statutory and mandatory training

regionally. Three leading regions, the North West, North East and South West and North Central London STP, have been working collaboratively to ensure the majority of their providers are adopting the key skills framework, ensuring accurate system recording of competence and sharing these with each other ahead of employee movements between them. They are testing the principles and practicalities of approach and proving the concept of the value of improved experience for staff, in not repeating training they have already completed and is still “in date” or valid and what organisational efficiencies as a consequence may be achievable. We expect to see early proof of concept of this work in the Autumn to inform a more detailed timeline for delivery in 2019.

- 1.8. The Department is also working with NHS land owners to implement a scheme to offer a first right of refusal to NHS employees on affordable housing built on surplus NHS land sold, with an ambition to benefit up to 3,000 families.
- 1.9. NHS staff have never worked harder and the agreement that was reached recently between NHS employers and Agenda for Change trade unions is recognition of that. The starting salary of a nurse will rise to £24,907 which will have a significant impact on retention and recruitment issues.

[2] Health Education England must reverse cuts to nurses’ continuing professional development budgets. Funding allocated to trusts should be specifically ring-fenced for CPD for nurses, and specific funding should be made available to support CPD for nurses working in the community. We also recognise the need for Health Education England to be able to support training in areas where the NHS has skills shortages. We heard a clear message that access to continuing professional development plays an important role in retention. It will also need to reflect skill shortages and patient needs. This change should be clearly communicated to nurses both by national bodies and by employers, and a clear audit trail should be available to ensure that funding reaches its intended destination. We will review progress on this recommendation in one year, and will expect HEE to be able to demonstrate clear action on each point. (Paragraph 46)

- 1.10. We welcome the Committee's commentary on Continuing Professional Development (CPD) and agree that it is a very important issue.
- 1.11. CPD is a complex issue with many interdependencies, therefore the Department is continuing to consider the HSCSC recommendations in further detail and will set out potential options as soon as possible.

[3] The Chief Nursing Officer should take a lead in setting out how to ensure that nurses are working in safe and acceptable working conditions. Nurses must be able to hand over patients to colleagues safely, without routinely staying late; nurses must be able to take breaks; and nurses must have access to facilities to make food and drink near their place of work. (Paragraph 47)

[4] There needs to be a greater focus on staff wellbeing in all areas. This work should be driven forward as a national policy priority, and nurses of all grades and from all settings should contribute to it. (Paragraph 48)

[5] As a first step, we recommend that the Chief Nursing Officer should write to all Directors of Nursing, including in social care providers, asking them to confirm whether their nurses are able to complete handovers without routinely staying late, and whether they have time to take their breaks. (Paragraph 49)

[6] The Chief Nursing Officer should establish a nursing wellbeing reference group, with membership of nurses from all grades, career stages and settings, which should design and oversee a programme of work to monitor and help to advise on improving nurses' working conditions. (Paragraph 50)

1.13. We know that health and wellbeing contributes to staff engagement and retention as well as being positively correlated with patient outcomes and satisfaction measures. We also know that it has a direct impact on rates of staff sickness, absence and presenteeism. A recent Kings Fund report, commissioned by NHS England, shows clear evidence that trusts with higher engagement levels have lower levels of sickness absence among staff, and also have lower spend on agency and bank staff.

1.14. Action on health and wellbeing is a key element in tackling retention and the wider workforce agenda. NHS England (NHS E) are working with NHSI and other Arm's Length Bodies on a Health and Wellbeing programme to drive forward improvements. This builds on the Healthy Workforce programme - an existing NHS E programme that has been running since September 2015 with the aim of improving the health and wellbeing of the people who work in the health service. The programme advisory board is chaired by Dame Carol Black and includes Public Health England (PHE) and NHS Employers, the chief medical officers from British Telecom and British Petroleum, and Steve Boorman, author of the 2009 report on NHS Health and Wellbeing. The programme scope covers four areas:

- defining the key elements of organisational leadership and culture necessary to promote staff health and wellbeing
- identifying a set of interventions that target the leading causes of absence around mental health and physical health (including MSK [Musculoskeletal])

- improving the nutrition of the food and drink available to staff
 - setting out principles for how organisations should use data to monitor and manage staff health and wellbeing
- 1.15. NHS E have been investing in and working with a number of leading NHS organisations around the country to identify the most effective interventions to improve staff health and wellbeing, and to define critical organisational and cultural enablers. In 2017/18 NHSE have funded five trusts £80k each and one CCG £50k to deliver interventions and to participate in the national programme.
- 1.16. The demonstrator sites have delivered over 150 interventions, of which 80 were new or expanded offers supported by NHSE funding. These interventions involved over 18,000 engagements with staff. Examples include:
- West Midlands Ambulance Service worked with Slimming World and 500 staff lost a total of 4000lbs; and also implemented a fast-track physiotherapy service which was used by 301 staff and delivered a 2.8% reduction in sickness absence related to Musculoskeletal problems
 - Northumbria Healthcare delivered Acceptance and Commitment Therapy resilience training to 500 nurses which was published in *Counselling at Work Journal*
 - Bradford District Care Trust ran a series of workshops on Musculoskeletal good practice and built reminders into screen savers
 - Southampton University Hospitals have made health and wellbeing a core component of staff reviews across the organisation
- 1.17. In 2018, NHSE will publish a 'Health and Wellbeing Framework' which will set the standard all NHS organisations should adopt to support their staff for health and wellbeing. The framework will be supported by a diagnostic tool for use by employers to assess and improve across a number of areas.
- 1.18. In line with recommendation 5, the Chief Nursing Officer for England will be writing out to Directors of Nursing and establishing a nursing reference group that will support and contribute to the work of the advisory board chaired by Professor Dame Carol Black.

2. New nurses

[7] While it is too early to draw firm conclusions about the impact of the withdrawal of bursaries and the introduction of student loans and apprenticeships, there are early warning signs of emerging problems. In its response to this report, the Government should set out a) how it is monitoring this situation, and b) what specific actions it will take i) if applications, especially from mature students and to courses in shortage specialities, continue to fall, and ii) if courses are undersubscribed. (Paragraph 73)

- 2.1. The Universities and Colleges Admissions Service (UCAS)'s end-of-cycle data published in December 2017 showed 22,575 applicants with confirmed places to study pre-registration nursing and midwifery in England from August 2017. This represents a decline of 3% from the same time in 2016 but an increase on the numbers at the same stage in 2014 and 2015. This was despite a 22% decline in applications shown in UCAS application data in February 2017.
- 2.2. Early indications of UCAS's application data for 2018/19, published in April 2018, show that the number of students applying to study nursing and midwifery has declined 13% from this point in the cycle last year and 32% from 2016 figures. However, there is still strong demand for nursing courses with more applicants than available training places. The university application cycle is not over, so we do need to apply some caution when interpreting the figures at this point.
- 2.3. The Government has been clear that the bursary funding system was not working for patients, for students, or for the universities that train them. The reforms moved away from centrally imposed number controls and financial limitations, creating a sustainable long-term model for universities and the healthcare workforce supply.
- 2.4. The Government listened to issues raised during the consultation on the reforms and published its response in July 2016. Healthcare students typically receive up to a 25% increase in the financial resources provided whilst they study, compared to previous arrangements. Eligible healthcare students also have access to additional Government funding for those with children, support for travel to clinical placements and an exceptional support fund in eligible cases. Responses to the consultation suggest that this supplementary funding is particularly pertinent to mature students.
- 2.5. There is also protection for low earners built into the loans-based model for financial support. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced. If earnings drop below the threshold of £25,000, for any reason, then repayments stop. Any outstanding loan balance is written off 30 years after the repayment period starts.

- 2.6. Health Education England (HEE) alongside the Department of Health and Social Care (DHSC), are planning a campaign to improve perceptions of nursing, the allied health professions and midwifery and encourage applications to relevant undergraduate courses through Clearing in 2018. This will be supported by the emerging findings of the CNO-led campaign on the perception of nursing.
- 2.7. On 28 March, the Department for Education laid amendments to their student support regulations to allow pre-registration postgraduate students to access student loans from August 2018. Universities have consistently argued that the postgraduate model was prime for growth if we offered a loan product; the product we are offering is more generous and widely-available than other comparable postgraduate products.
- 2.8. The Department is working with relevant bodies across health and education to monitor the effects of the reforms, including the effects on different student groups and specialties, and as part of this, plans to publish an update in Autumn 2018, following the close of the 2017/18 application cycle.
- 2.9. We are also considering the most effective way to implement the 'golden hello' incentive scheme for postgraduate nursing students, which Steve Barclay MP, Minister of State for Health, announced on 9 May.
- 2.10. These payment incentives offer £10,000 to postgraduates who complete loan-funded courses starting in the 2018/19 academic year. The golden hello payments are anticipated to be contingent on these graduates working in specific fields of the health and care sector including mental health, learning disability and community, including district, nursing.
- 2.11. The detail of the scheme is being developed by the Department. Officials are engaging with stakeholders as part of finalising proposals; including determining whether it is in the best interests of the NHS to split out the numbers eligible for a payment determined by branch of nursing. The conclusions of this will inform assessments of the potential impact of such incentives.
- 2.12. Our cost projections were based on current numbers, and if the number of students increases we will consider how best to implement the incentives to continue meeting objectives to fill hard-to-recruit places.

[8] We were particularly concerned to hear that 30% of nursing undergraduates do not complete their course, and we would like further assurance from HEE that attrition rates have been taken into account in future workforce projections. There is stark variation in the attrition rate for nursing degree courses. This must be closely monitored, and HEE and the Government must hold universities and NHS provider organisations to account for investigating and addressing the causes. In response to this report we want to see action to reduce variations in attrition rates between institutions and will follow this up in a year to ensure progress has been made in bringing low performers up to the level of the best. (Paragraph 74)

- 2.13. The most important point to make in response to this recommendation is that the statement in paragraph 74 is unfortunately a misrepresentation of the RePAIR data. In 2015 Health Education England (HEE) established the Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project, to address the mandated requirement to reduce unnecessary attrition and identify areas of best practice in improving retention. The project focuses on the four fields of nursing, midwifery and therapeutic radiography and aims to increase the supply of nurses and allied health professionals by supporting Higher Education Institutions (HEIs) and NHS service provider organisations to work collaboratively to reduce attrition and improve retention.
- 2.14. The statement should read that 30% of the students included in the scope of RePAIR (four fields of nursing, midwifery and therapeutic radiography) do not complete on time. The reason for collecting this data is that this figure supports the trusts when planning their workforce needs and is central to the RePAIR commitment model. The exact numbers that go on to complete, within the NMC maximum student registration period for a course, of 5 years, is currently being collected from the RePAIR case study sites and the final output will be available in Summer 2018.
- 2.15. The Office for Students (OfS) calculate non-continuation rates by nursing and midwifery degree subject for full time undergraduates. This is OfS analysis of HESA individualised student records. OfS define non-continuation as students starting the first year of study but who do not progress to the second year. The latest figures for nursing and midwifery are for 2014/15 and show non-continuation to be 6% for nursing and midwifery students.
- 2.16. The RePAIR project team has collected data to gain a greater understanding about what influences a student's decision to stay on a course, and the experiences of those who leave or consider leaving. This data comes from a nationally distributed survey and discussions with groups of students, clinical staff and academics. There are 16 case study sites dispersed across the four NHS/HEE regions, established to test emerging assumptions and identify examples of best practice. Evolving interventions include the development of buddying schemes, the impact of the culture of care on the student experience, valuing year two students, student confidence at the point of qualification, and the design of preceptorship programmes. Each site has chosen to explore interventions which are most relevant to the requirements of their organisation.
- 2.17. It is also worth noting that, although there are many factors involved and it is too early to make a judgement, the Government did anticipate that the move from bursary to loan funding for nursing, midwifery and allied health profession students had the potential to reduce student attrition and increase commitment to employment in the health system.

3. Nursing Associates

[9] Nursing associates need and deserve a clear professional identity of their own and we recommend that development and communication about this role should be led nationally. Clarity about the NA role, and the scope of their practice, is also essential for patient safety. There must be a clear understanding that NAs are registered professionals in their own right, supplementing rather than substituting for nurses. Alongside the professional standards being developed by the NMC against which NAs will be regulated, we recommend that a 'plain English' guide to the new role should be developed, published and communicated at both a national and a local level. This guide should include examples of tasks that NAs will, and will not, be expected to undertake, but will need also to reflect the scope of their practice across a range of healthcare settings. (Paragraph 89)

- 3.1. The Government acknowledges that further publicity and communications work is needed on a national and local level regarding the Nursing Associate (NA) role to raise awareness of the role and its benefits across a range of settings. The Department of Health and Social Care has established a Nursing Associate Communications Group to take this work forward, and products are in development. Communications materials will be developed to provide clarity on the role for a wide audience including the public, employers, Nursing Associates in training, potential new recruits, and agencies operating in local communities.
- 3.2. The central nursing team supports local Nursing Associate test-sites, while the communications and careers teams work at a national level to increase the level of communications, including role descriptors and entry requirement details on the HEE Careers website for new recruits. Booklets on careers in nursing and wider healthcare, including information on the NA route, are also in distribution.
- 3.3. The NMC's Code: Professional standards of practice and behaviour for nurses and midwives presents the professional standards that registrants must uphold in order to be registered to practise within the UK. Failure to comply with the Code may bring their fitness to practise into question. The English system of regulation relies on the protection of the relevant professional titles as opposed to functions. This allows flexibility and supports the development of a profession. It is only possible to protect a function where that function can be defined in legislation as discrete interventions or areas of practice which are limited to members of a particular profession.
- 3.4. We do not want to set out a list of tasks which Nursing Associates can and cannot perform as we all believe this will be too restrictive. However on the basis of advice from the CNO, ALB senior nurses and other registered nursing professionals, the Department agrees further guidance should be developed about deployment of the role.

- 3.5. For the purposes of deployment of the role, and on the basis of advice from the CNO, NMC, ALB senior nurses and other registered nursing professionals, the Department agrees Nursing Associates will be responsible and accountable for their actions and able to work independently to deliver the standards of proficiency set out by the NMC. They should not be the primary assessor of care, but will provide a wide range of care and monitor the condition and health needs of those in their care and be able to recognise when it is necessary to refer to others for reassessment.
- 3.6. As a new profession, employers, co-workers (especially registered nurses), patients and Nursing Associates themselves will need clear guidance on how Nursing Associates will operate in practice. The Department will work across the ALBs, NHS Employers, HEIs and the regulators – the NMC and the Care Quality Commission – to develop guidance about deployment of the role. Guidance, including such for patients and the public, will be available for use by the time the first Nursing Associates have qualified and are registered in January 2019.
- 3.7. The Government agrees that NAs should not be used to substitute registered nurses. We want more, not fewer nurses, which is why in October 2017 the Secretary of State for Health announced a 25% increase in training posts for nurses to ensure the NHS meets current and future nursing workforce needs.
- 3.8. NAs will free up time for registered nurses so they can use their skills and knowledge to focus on complex clinical duties and lead decisions on the management of patient care. The introduction of the NA role will enrich the skill mix available to treat patients, not dilute it. We need a modern flexible workforce to keep pace with developments in treatments and interventions. The NA role is designed to provide employers with a wider skill mix within multidisciplinary teams.
- 3.9. In respect of the Care Quality Commission (CQC) inspection process, the CQC will continue to monitor the impact of nurse staffing on safety and quality of care. Their inspections will always include an assessment of the adequacy of nurse staffing levels, skill mix, and competency. The CQC will make an assessment of how decisions are reached on staffing levels and skill mix. The CQC recognise the need for providers to use innovative workforce models in order to manage the challenge of qualified nurse shortages and, most importantly, to meet the needs of an increase in acuity of patients within care settings. CQC inspectors will be looking for assurance that workforce plans are centred on the needs of patients and clinical safety and that risks to skill mixing are considered by boards, understood locally, and implemented in a way that manages risk and monitors impact.

4. Nurses from overseas

[10] Whilst welcoming the proposal for a central recruitment programme for overseas nurses, we have not seen evidence that it is being made to happen at the scale and pace needed. We recommend that Health Education England should work closely with NHS England, as well as working directly with health and social care providers, to develop an ethical overseas recruitment programme that will deliver the numbers of new overseas nurses needed in England in the short to medium term. This should be done as an immediate priority, and HEE's draft workforce strategy should be updated to include such a programme. (Paragraph 106)

- 4.1. Ethical international recruitment clearly has a role to play in meeting the short-term staffing needs of the NHS and a longer term role in ensuring continued access to world class expertise in areas such as research. However, we cannot denude low and middle income countries of their clinical staff.
- 4.2. Health Education England (HEE) designed the Global Learners Programme as a temporary measure in support of the healthcare system.
- 4.3. Recognising the current pressure the NHS is under, HEE is working to develop ethical recruitment programmes at scale. This is complex and the context of each country requires a bespoke approach which often involves a significant period of in-country training and support before individuals arrive to work in England.
- 4.4. HEE has committed to rapidly delivering this programme at scale with the aim of recruiting over 1,000 nurses per year into the NHS from 2018/19 onwards.

[11] Further assurance is needed to retain EU nursing staff in England. We urge the Government to set out what further measures they will take to ensure the message— that they will be able to remain in the UK, irrespective of the final outcome of negotiations—is getting through. (Paragraph 108)

- 4.5. The Government hugely values the contribution of EU staff working across health and social care and understands the need to give them certainty.
- 4.6. On 8 December 2017 the UK and EU Commission reached an agreement that delivered on the Prime Minister's number one priority: to safeguard the rights of people who have built their lives in the UK and EU, following the UK's exit from the EU.
- 4.7. The Home Secretary has communicated the agreement reached with the EU on the rights of EU citizens.

- 4.8. The agreement will guarantee the rights of the 150,000 EU nationals working in our health and care system, including nurses. It means that EU citizens living lawfully in the UK and UK nationals living lawfully in the EU by the end of the implementation period will be able to stay and enjoy broadly the same rights and benefits as they do now.
- 4.9. There is universal recognition of, and gratitude for, the contribution of overseas staff working in the NHS. In 2015 the Government accepted the recommendation of its Migration Advisory Committee (MAC) to place all nurses on the Shortage Occupation List for a limited period, making it possible for more qualified nurses to enter the UK from outside the European Economic Area.
- 4.10. However, moving forward the Government is additionally focusing on increasing the domestic supply of registered nurses and other healthcare professionals.

[12] NHS England must closely monitor the situation regarding language testing to ensure it is at an appropriate level whilst not proving an unnecessary barrier to recruiting trained international nurses. We recommend that in response to this report NHS England provide us with a report setting out how they are monitoring the situation, what the data show following the NMC's changes, and what action they are taking as a consequence. We will then expect an update on that report on 1st November 2018. (Paragraph 107)

- 4.11. Government policy on language controls is aimed at ensuring that only health and care professionals who have a sufficient knowledge of the English language are able to work in the United Kingdom (UK), in the interests of patient safety and public protection.
- 4.12. Language testing of nurses, where this is deemed necessary to evidence language competency, is a matter for the Nursing and Midwifery Council (NMC) as part of its registration or fitness to practise processes. It is important to note that the NMC is independent of Government bodies including the Department of Health and Social Care and NHS England. Accordingly, the regulator itself is best placed to advise how changes introduced to its language controls impact on its register and applications to join its register.
- 4.13. Departmental officials are aware that in the interests of transparency the NMC intends to publish bi-annual reports about its register. To date the NMC has published reports about its register in July 2017, November 2017 and April 2018. These reports have shown a reduction in the number of nurses who trained in the European Economic Area (EEA) joining the NMC register for the first time since July 2016. Departmental officials have identified enhanced language controls introduced by the NMC for EEA applicants, which took full effect in July 2016 and the referendum decision to leave the European Union as contributory factors. While there were fewer

EEA trained nurses on the NMC register in March 2018, than in March 2017, it should be noted that the numbers of nurses trained in the UK and in countries outside of the EEA had increased.

- 4.14. In summer 2017, the NMC began a review of its approach to language testing in order to ensure that it is both proportionate and sufficient to protect the public. This review remains ongoing and the NMC arranges regular meetings to keep key stakeholders (including officials from DHSC, NHS England, NHS Employers and NHS Improvement) informed of developments and progress.
- 4.15. On 1 November 2017, following the first stage of this review, the NMC introduced a number of changes to its English language requirements for nurses and midwives who trained abroad. Early indications are that these changes appear to be having a positive impact but it is too soon to determine the impact on actual joiners to the register. These changes increased the options available for applicants to demonstrate their English language capability without compromising patient safety by:
- widening the language assessments accepted by the NMC to include the Occupational English Test (OET) alongside the International English Language Test System (IELTS)
 - aligning language requirements for all applicants trained in countries outside the UK, so that nurses who have completed a recent pre-registration nursing programme taught and examined in English, or who have two years of registered practice in an English-speaking country, will not be required to take a language test
- 4.16. Departmental officials, with the Chief Nursing Officer, will continue to closely monitor the situation regarding NMC language testing and its impact on the nursing workforce by staying in close contact with the NMC, participating in stakeholder meetings concerning the NMC's review of its approach to language testing and reviewing the information contained within NMC Register publications.

[13] It is in the national interest to ensure that migration policy ensures that the UK is able to recruit and retain the nursing workforce it needs. We ask the Department of Health to provide us with further evidence that it is taking this forward with urgency with other relevant Government Departments. We recommend that nursing remains on the shortage occupation list and that the current period is extended and kept under regular review. (Paragraph 109)

- 4.17. The Government has commissioned the Migration Advisory Committee (MAC) to gather evidence on patterns of EU migration and the role of migration in the wider economy, ahead of our exit from the EU.
- 4.18. The Department has submitted evidence to the MAC to ensure the position of staff in health and social care is fully understood and taken into account

as part of their evidence gathering into the impact of the UK's exit from the EU on the UK labour market.

- 4.19. The Government continues to develop options for the future immigration system to ensure that the system works in the national interest and enables us to support businesses accessing the skills we need for the UK. We await the MAC's report due to be published in September. This will allow us plenty of time to consider their conclusions ahead of our future arrangements which would not be implemented until 2021.

5. Workforce planning

[14] We recommend the development of a nationally agreed dataset to enable a consistent approach to workforce planning and an agreed figure for the nursing shortfall. This dataset should include figures on how many nurses have taken up advanced practitioner roles. The Department of Health and its arm's length bodies must ensure there is robust, timely and publicly available data at a national, regional and trust level on the scale of the nursing shortage. (Paragraph 115)

- 5.1. The Government recognises the importance establishing the current number of vacancies in the nursing workforce and is taking steps to increase the supply of nurses available to the NHS. However, the latter is not a short term solution and so we are taking measures to better understand the number of vacancies in the nursing workforce. We are working with NHS Improvement (NHSI), NHS Digital, NHS England (NHSE) and Health Education England (HEE) to determine the most accurate way to count and report the shortfall. This is not a simple task given the complexity of the question, the number of alternative methods available, and the fact that there are lots of reasons why posts might be vacant. The latest figures, included in the recently published workforce strategy, estimate around 36,000 nursing roles were not filled by a substantive member of staff, of which around 33,000 were being filled by agency or bank staff.
- 5.2. We acknowledge the importance of being transparent about the size of the nursing shortfall and how it varies nationally and at a more local level. A vacancy subgroup, led by NHS Digital, has been established to investigate the current provision of vacancy statistics and what might be possible in the future. In line with the recommendations of the Workforce Information Architecture programme of work and the development of the workforce Minimum Data Set (wMDS), the scope should ultimately cover all providers of NHS funded care, including independent sector healthcare providers and social enterprises amongst others. The group will consult stakeholders to ascertain the preferred option while balancing the requirement for high quality data against the additional burden it would place on NHS providers. In addition to this work NHSI has published, as part of its quarterly reporting, management information on nursing vacancies that can be assessed against other information such as that provided by NHS Digital who publish the number of job adverts placed on the NHS Jobs platform.
- 5.3. HEE and NHSI have agreed a joint collection as part of the 2018/19 planning round that will allow the level of staff shortages to be identified at the level of individual professions, medical specialties, and components of the nursing and midwifery workforce. This process allows for comprehensive and consistent reporting of shortages on an annual basis.
- 5.4. In addition to this, there are five main areas where we need to develop further a consistent dataset:

- bank, agency, and locum (volumes and spend by group)
 - flow of staff: joiners and leavers (including reasons for leaving)
 - workforce seen through lenses other than professions / specialties:
 - care pathways and settings
 - advanced and associate practice roles
 - geographic / organisational reporting and benchmarking
 - the workforce beyond the NHS – professional registers / other employment
- 5.5. HEE and partners have made significant progress in terms of flow and the registered workforce and have clear plans for reporting data at the following levels: region, Sustainability and Transformation Partnership / Integrated Care System; organisation. We expect proposals to develop other areas, such as the routine collection and analysis of bank and agency use will emerge from the consultation with partners on the workforce strategy.
- 5.6. Advanced Clinical Practitioners (ACPs) enhance capacity and capability within multi-professional teams by supporting existing and more established roles. They also help to improve clinical continuity, provide more patient-focused care, and help to provide safe, accessible and high-quality care for patients. In late 2017 HEE, NHSI and NHS England launched a new framework for the ACP profession to create a definition for the role and a set of standards for staff to meet. NHS Digital is leading work, via the Workforce Information Review Group, on a review of coding for the nursing workforce. We hope this develops further our understanding of the nursing workforce in order to make more informed decisions on the future of this critical section of the workforce.

[15] Future projections of need should be based on demographic and other demand factors rather than just affordability. They also need to include proper consideration of the interrelated nature of the social care and other non-NHS nursing and wider healthcare workforce. HEE should publish detailed projections for nursing staff for the coming years—both numbers entering the workforce from different routes and the anticipated need for staff—and must clearly set out the basis on which its future projections of need for nursing staff are made. These projections must include nurses working in and outside the NHS. (Paragraph 116)

- 5.7. The Department recognises the importance of transparent, robust supply and demand projections which include demographic and other demand factors alongside considerations of affordability, as well as the requirement to account for nurses working in the NHS, adult social care, primary care and other settings.
- 5.8. Projections of workforce requirements based on service need that also recognise the NHS works within a finite resource envelope underpin recent publications from Health Education England (HEE) such as chapter 6 of

Facing the Future 'workforce requirements beyond 2020/21' and the Mental Health and Cancer workforce implementation plans.

- 5.9. It is one of the six principles outlined in the workforce strategy that service and workforce planning must be integrated. We must ensure therefore that service plans also outline how need and affordability are reconciled through issues such as prevention and service productivity and that workforce projections equally reflect need and the impact of service solutions to this need.
- 5.10. The Department is working with its Arm's Length Bodies to improve workforce planning practice and collect better data on nurses across employment sectors. Recent enhancements include the HEE workforce strategy, NHS Digital launching the National Workforce Minimum Dataset for primary care and NHS Improvement's collection of temporary staffing in the NHS. The Department is also working with the Nursing and Midwifery Council to better utilise data on nurses joining the register from the wide range of background and sources.
- 5.11. The Department, NHS England, NHS Improvement and HEE are working together to better understand the flow of nurses in and out of the workforce and between employment sectors; to continue to better account for any changes in service demand for nurses (including from Sustainability and Transformation Partnerships) and the underlying demand questions concerning demography, affordability and changing levels of service utilisation. This includes other connected and related workforces such as nursing associates.

[16] The Draft Workforce Strategy describes plans to improve workforce data. This is long overdue, and we will ask the Department and HEE to provide us with an update on these plans in six months' time. (Paragraph 117)

- 5.12. Understanding, analysing and acting on NHS workforce data is complicated by the scale and breadth of the workforce, 1.3m people, in 350 different roles, moving between thousands of employers producing almost certainly the most complex and dynamic workforce picture in the world.
- 5.13. As more organisations beyond the NHS become involved in commissioning and delivering healthcare - local authorities and PHE in public health and NHS care delivered by independent sector organisations - some health staff groups are now employed by several different bodies.
- 5.14. Developing a shared understanding of this across the whole system will improve planning and encourage co-ordinated action to address staffing issues. Therefore, Health Education England (HEE), NHS Improvement, NHS England and NHS Digital, working with the Department of Health and Social Care, will review data requirements across the system and the collections we need to support them. We will also need to work with

professional regulators to understand the dynamic of the whole workforce not just that employed by the NHS. Using this new data, HEE has started to publish profession specific analysis and will continue this throughout Spring 2018, to ensure more informed local and national policy. This will include the skills and resources to support local planning for Sustainability and Transformation Partnerships through Local Workforce Action Boards.

[17] Sustainability and Transformation Partnership and Accountable Care System workforce plans need full scrutiny from HEE. This scrutiny should be carried out in a timely and transparent manner and take account of, and look to redress, shortages in community nursing. In response to this report, Health Education England must set out its planned timescales for undertaking this scrutiny, and we will expect it to supply us with a report of its scrutiny of STP workforce plans when they have been completed. (Paragraph 118)

- 5.15. Health Education England (HEE) does not have a role as the regulator of service provider or commissioner plans. However, HEE is engaging with partners nationally and regionally to support their plan assurance role, for instance through provision of supply assessments against which the deliverability of local plans can be assessed for 'optimism bias'.
- 5.16. Perhaps more importantly HEE is engaging with the Sustainability and Transformation Partnerships (STP) themselves, through its local teams and Local Workforce Action Boards, to develop the service and workforce plans they are submitting. The aim of this work is to ensure the workforce component of plans fully reflects the consequences of service proposals and addresses any issues and concerns before submission of the plans not after.
- 5.17. HEE is playing a similar role with individual providers in relation to the submission of their 2018/19 operational plan refresh.
- 5.18. We anticipate development of workforce delivery plans for both national priority programmes and place-based plans in support of STPs. These are not simply numerical exercises; instead they should form the framework for consistent local and national conversations about who needs to do what and when.

CCS0318311280
978-1-5286-0284-6