

Unison Response to the Health Select Committee inquiry:

Workforce needs and planning for the health service

- 1 In considering future demand, how should the following be taken into account:
 - recent policy announcements, including commissioning a patient led NHS;
 - technological change;
 - an ageing population;
 - the increasing use of private providers of services.
- 1.1 An ageing population and technological advance pose significant but not insurmountable challenges to the health service workforce. In this submission we set out how recruitment and retention, changing roles, improving skills and effective planning all have a part to play in meeting the workforce challenges of delivering a patient led NHS.
- 1.2 Recent policy announcements and increasing use of private providers of services clearly do need to be taken into account in considering future demand. As we explain below, reforms set out in *Commissioning a Patient Led NHS* and *Our Health, Our Care, Our Say* threaten to fragment the health service, forcing providers to compete rather than co-operate, causing financial pressures and damaging workforce morale. This in turn will undermine the ethos of universality and make workforce planning ever more difficult. These policy announcements should be contrasted with the NHS Ten Year Plan and Agenda for Change, which facilitated a partnership approach to workplace planning for the longer term.
- 2 How will the ability to meet demands be affected by:
 - financial constraints;
 - the European Working Time Directive;
 - increasing international competition for staff;
 - early retirement.
- 2.1 Financial constraints

It is axiomatic that financial constraints will impact on workforce planning. UNISON take the view that such constraints are an inevitable consequence of the introduction of a competitive commercial market within the NHS.
- 2.1.2 Despite record levels of investment, the NHS is facing a major financial crisis. It is not for us, in this submission, to examine the reasons for this financial crisis. However, we do feel that it is important to highlight our concerns that, by encouraging a multiplicity of providers and introducing a payment system where money follows patients, financial constraints can only become more pressing. Providers will inevitably choose to provide the most financially attractive services and patients and will avoid those where they risk making losses, compromising the principle of equal access for those in equal need. Competition between providers undermines collaborative working and the

sharing of good practice. Evidence from other countries shows that the transaction costs of administering such a system will be high. Healthcare provision requires substantial capital investment and long-term workforce planning, both of which are undermined by the constraints of a competitive market.

2.2 Working Time Directive

The Working Time Directive has had a positive impact on work life balance for many health service workers. We note, however, that it is not yet fully operational and that its implementation masks the continuation of long hours culture. As the 2004 Healthcare Commission NHS national staff survey revealed, 71 per cent of staff routinely worked more than their contracted hours. What's more, 55 per cent of all staff worked unpaid additional hours. Forty three per cent of all staff worked between one and five additional unpaid hours per week, 9 per cent worked between six and 10 additional unpaid hours, and 3 per cent said they worked more than 10 hours unpaid overtime in an average week.

2.3 UNISON continue to monitor the operationalisation of the working time directive, but most definitely does not see meeting the requirements of the directive as a problematic issue.

2.3 Increasing international competition for staff

UNISON note that competition for health service staff is a global phenomenon and that recruiting staff from developing countries raises profound moral and economic issues. However, we also recognise that as a consequence of the demographic issues facing the health service, the UK needs to recruit staff from abroad. To address this problem we should permit the immigration of unqualified health service workers from overseas and to train them in the UK. We note that this planned approach was pursued successfully by UK governments during the 1960s and 1970s. We believe that this would benefit both our health service and, potentially, the countries of origin of migrant workers. It is important, however, that a planned expansion of the workforce in this way will need to be linked to protections, high standards of training and clear career paths.

2.4 Early retirement

UNISON is acutely aware of the demographic challenge facing the health service. This is demonstrated by the increase of 74,907 registered nurses since 1997, against the 100,000 who are due to retire by 2010.

2.4.1 The implications of the aging workforce are significant for the future of nursing. Only 7.5% of midwives are under 30 years old, 60% of nurses are over 40 and 1:40 of nurses are over 50. This has to be addressed by a combination of effective recruitment and retention, valuing staff, changing roles and improving skills of the existing workforce.

2.4.2 UNISON welcomes the NHS commitment to flexible retirement set out in 'Improving Working Lives'. The opportunity to change working patterns, or move to a less demanding role is particularly important to staff, such as paramedics and ambulance staff, who have been working in very demanding

and stressful frontline services. Similarly the opportunity to undertake forms of further work after retirement is an opportunity that some staff value. However, we do remain concerned that early retirement can mask problems. Why, for example, do people retire early from the health service? Is this linked to the stress in the health service? Are all workers equally placed to retire early? Do low paid women, for example, have the same opportunities to retire early as other groups of staff?

3 To what extent can and should the demand be met, for both clinical and managerial staff, by:

- changing the roles and improving the skills of existing staff;
- better retention;
- the recruitment of new staff in England;
- international recruitment.

3.1 Changing the roles and improving the skills of existing staff

As a union representing clinical occupations and grades across the health service UNISON welcomes opportunities to work in partnership with the health service to meet future demands through changing roles and improving skills of existing staff.

3.1.2 UNISON prides itself in being at the forefront of developing new educational pathways and increasing access to continuing education for all NHS staff. We are a board member of Skills for Life and of the KSF Development Group. UNISON is a partner in both the NHS Institute for Innovation and Improvement, which is responsible for training and education policy across the NHS, and the Widening Participation Unit. UNISON participates in this work, not simply because this can improve the lives of our members, or because we are invited to do by employers. We do so because we believe that working in partnership on workforce planning issues is the most effective way of delivering an optimum service.

3.1.3 We have worked with partners, including employers and the Open University, to put in place a skills escalator. This ranges from Skills for Life and Health (including English as an Additional Language), through 'second chance' learning and onto work-based professional qualifications. We also serve as a 'broker' for learning opportunities provided by further and higher education providers through our Open College and train and develop a network of workplace learning representatives, who provide advice and guidance on learning opportunities to their colleagues at work.

3.1.4 We welcome the funding that the government has provided for training and learning opportunities including NHS Learning Accounts, NVQs and Skills for Life Frameworks. We note that between April 2001 and March 2005 this funding has supported around 240,000 learners.

3.1.5 However, we are increasingly concerned that this driver of workforce development is under threat. We note that the separately designated Department of Health funding stream which supports NHS Learning Accounts, NVQs and Skills for Life Frameworks has not yet been finalised. Posts supported by this funding are already falling vacant or coming under threat and

planning for provision beyond March is proving difficult. Failure to finalise the funding stream also threaten proposals to attract match funding from the Learning and Skills Council.

- 3.1.6 UNISON take the view that learning and skills budgets need to be ring fenced nationally so that improving workforce skills can play an appropriate part in meeting the workforce demands of the future. As explained in more detail below, training unregistered staff, such as Healthcare Assistants, is vital to meeting future workforce demand. This will only be achieved if education and training is appropriately funded.
- 3.2 Better retention
Making staff feel valued is a pre-requisite to ensuring that they remain in the health service. Unfortunately, the sense of being valued at work is seriously at risk from the uncertainty caused by financial difficulties and policy change across the health service. As a consequence of Commissioning a Patient Led NHS and the Our Health, Our Care, Our Say White Paper many staff in primary care face uncertainty about their future terms of employment and, indeed, who their future employer will be. We note evidence that continual organisational change in the public sector has a negative effect on morale (CIPD survey 2004).
- 3.2.1 UNISON accepts that there have been some improvements in recruitment and retention. Overall vacancy levels have improved and turnover has declined. The transition to Agenda for Change pay scales may have temporarily stabilised staffing, as staff may be reluctant to leave their current position until after assimilation.
- 3.2.2 UNISON would however draw attention to the fact that most employers have significant recruitment and retention problems according to the Office of Manpower Economics survey of NHS employers (OME 2004)
- 3.2.3 Wastage has also worsened slightly and remains at an unacceptable level of 9.2% for registered staff and 12% for Non Registered staff.
- 3.2.4 We are also concerned about high attrition rates for student nurses. These continue to be an average of 20 per cent and as high as 24 per cent in London. We are concerned at this level of wasted public spending and the negative impact on students.
- 3.2.5 For Professions Allied to Medicine the highest vacancy rates were found amongst Therapeutic Radiographers (6%) and Occupational Therapists (3.9%). For Occupational Therapy employers also face significant recruitment and retention problems with 76% of employers reporting problems. UNISON recently made the case to the Pay Review Body that there should be a national recruitment and retention supplement for Occupational Therapy to tackle the national problems.
- 3.2.6 UNISON fears that the financial problems being experienced in a substantial minority of Trusts are leading to cutbacks in staff numbers which will

exacerbate current problems and this will have an adverse effect on the ability of the NHS to attract staff in future.

3.2.7 UNISON supports the improvements in non pay terms and conditions of service that have been introduced through the Improving Working Lives programme but believes improving pay remains a central issue for staff who leave. Employers cite pay as an important reason why staff leave. The NHS does not systematically collect information on leavers and their destinations. UNISON believes that there should collection of such data as part of proper planning.

3.3 Recruitment of new staff in England

The NHS needs to develop a comprehensive strategy to release the untapped potential of its non-registered workforce as the future pool of registered recruits. We represent over 90,000 Healthcare Assistants and see this group of staff as key to meeting future workforce demand.

3.3.1 Healthcare Assistants currently make up 17 per cent of the NHS workforce and are the staff group displaying the greatest growth. This is also a highly aspirational group of staff. A recent UNISON survey revealed that 75 per cent of Healthcare Assistants were interested in accessing professional training. The survey also found that 82 per cent would consider undertaking a secondment. Where Healthcare Assistants have undertaken secondments the attrition rates have been negligible in comparison with bursary students.

3.3.2 UNISON have recommend to the Department of Health that the secondment rate of Healthcare Assistants into nurse training be increased on a systematic nationwide basis, that a national induction programme be introduced for all Healthcare Assistants, and that NHS Learning Accounts be continued. We have also recommended that Healthcare Assistants be regulated by the Healthcare Professions Council, as discussed in more detail below.

3.3.3 UNISON welcomes Agenda for Change, which has led to increases in NHS pay in recent years, particularly for low paid staff, and addressed equal pay for work of equal value issues within the service. Through working together in partnership with employers, 97 per cent of staff have been assimilated into the national framework, guaranteeing equal pay. This contrasts with the situation in local government where there is no national framework and where only 16 per cent of staff have been assimilated into equal pay frameworks. The TUC say that all employers should aspire to being an employer of choice. In many respects the NHS has achieved this, and we think that the government and the NHS should do more to trumpet their achievements.

3.3.4 We note, however, that there remains an historical legacy of low pay, and poor pay relative to other public service occupations. This must be addressed if the NHS is to recruit and retain sufficient staff.

3.4 International recruitment

Analysis of the recruitment of overseas nurses has shown that without the doubling of the rate of overseas recruitment the NHS would have barely

maintained the numbers of nurses it employs despite the expansion of nurse training places and better recruitment and retention (Kings Fund 2003). The substantial recruitment and retention of overseas nurses has allowed the NHS to fill the vacancies created by the expansion of services. UNISON believes that overseas nurses have played a pivotal role in allowing the NHS to deliver the Governments targets. However, as a result of international recruitment some developing countries are now struggling to maintain their own health infrastructure and it is incumbent upon us to help those countries.

- 3.4.1 We strongly support the protocol 'A Guide to Ethical Recruitment'. We note, however, that its effects are too often undone through blanket recruitment by the private sector and so called 'back-door' recruitment of the NHS. This occurs when health sector professionals are recruited outside of the protocol, and, following an initial period working in the private sector, switch to the NHS.
 - 3.4.2 As explained above we also support the immigration of unqualified health service workers from overseas, where this can be carefully planned, and where such workers can be suitably protected and supported. This can be beneficial to both the UK health service and to the country of origin of such workers. Along with our sister unions we are also supporting a Public Services International project to develop a trade union passport, so that overseas health service workers receive the same protections and representation as UK health workers, as well as access to English courses when they arrive in the UK.
 - 3.4.3 We note that there are potential recruitment issues within the UK, as a consequence of devolution of health services to Scotland and Wales and that there is scope within the current arrangements for intra-UK competition for staff. We would be interested to learn whether the Committee has considered this and whether any arrangements could be put in place to ensure that UK health service workforce planning could be appropriately co-ordinated.
- 4 How should planning be undertaken:
- to what extent should it be centralised or decentralised?
 - how is flexibility to be ensured?
 - what examples of good practice can be found in England and elsewhere?
- 4.1 To what extent should it be centralised or decentralised?
If the health service is to remain a universal service and achieve its historic mission of providing equality of care, overall workforce planning must take place within a centralised framework. Without such an overarching strategic approach shortfalls, gaps and unevenness in provision are inevitable.
 - 4.1.1 We note that countries in which there is no national health system, such as the USA, are more dependent on attracting healthcare professionals from overseas.
 - 4.1.2 We would be interested in learning whether the Committee has undertaken any research into historic trends, and the extent to which centralised planning has been used to meet demand during previous periods of expansion.

- 4.2 How is flexibility to be ensured?
UNISON recognise that flexibility is needed to meet the future demand. However, if flexibility is to be ensured it has to do so within a framework of universality and consistency of standards.
- 4.2.1 The post code lottery of duties provided by Health Care Assistants demonstrates how flexibility outside of a national framework has led to an inconsistency that if not addressed will make it extremely difficult to deliver on future workforce demand.
- 4.2.3 The title Healthcare Assistant was created in the 1993 Health Act, which enabled NHS trusts to offer local terms and conditions to this group of staff. This has resulted in inconsistency, with Healthcare Assistants performing different tasks across the country. At a recent UNISON Healthcare Assistants conference, we heard from a delegate who had been trained in female catheterisation by her ward manager. However, when the manager left, her new manager was not happy for her to continue to undertake this task despite being trained and deemed competent to perform it. UNISON continues to lobby for regulation of Healthcare Assistants by the Health Professions Council, so that we can guarantee consistency, transparency and standards of care on a nationwide basis.
- 4.2.4 We also note the example of teaching assistants. As with Healthcare Assistants, this group of staff remain outside of a national structure. However, as the Government have recently pointed out in their Education White Paper, this situation is leading to untenable inconsistencies, which it is proposing to address through national dialogue with the trade unions.
- 4.3 What examples of good practice can be found in England and elsewhere?
Agenda for Change, the NHS framework for pay and conditions, has had a major impact on the workforce across the health service. It has fostered a partnership between health service managers and employees which has in turn facilitated steps being taken towards guaranteeing equal pay for work of equal value. As such Agenda for Change is an example of a framework that supports effective workforce planning.
- 4.3.1 We would welcome the opportunity to give oral evidence to the Health Select Committee on how Agenda for Change is working, and on how policy changes will impact upon its future operation.