Health Select Committee inquiry into the shortage of nursing staff
Joint AIHO/NHSPN HR Forum response

The Association of Independent Healthcare Organisations (AIHO) is the trade association for independent healthcare providers across the United Kingdom. AIHO represents the majority of hospitals that provide services to insured, self-paying and NHS-funded patients. AIHO members vary from large hospital groups to smaller, specialist providers of specific surgeries and treatments.

The NHS Partners Network (NHSPN), one of the NHS Confederation's hosted networks, is the trade association representing a wide range of independent sector providers of NHS clinical services, ranging through acute, diagnostic, clinical home healthcare, primary and community care and dentistry services. Our members are drawn from both the 'for profit' and 'not for profit' sectors and all are absolutely committed to working in partnership with the NHS and in accordance with the values set out in the NHS Constitution.

Altogether, more than 85,000 staff – including surgeons, anaesthetists, GPs, nurses and other healthcare professionals are engaged by NHSPN and AIHO members. This submission represents views from the joint AIHO/NHSPN HR Directors Forum.

The current and future scale of the shortfall of nursing staff

1.1 Independent healthcare providers, like their counterparts in the NHS, are currently experiencing high nursing vacancy rates given a recent drop in applications from nurses of all levels of experience - those who have recently qualified; experienced practicing nurses, and those looking to return to the profession. This is due to a number of factors, including Brexit where significant numbers of EU nurses have returned home to countries such as Spain and Portugal; a complex registration process for nurses from outside the EU, as well as the high cost of living in London which has led to the capital having particularly acute issues in this regard.

1.2 While nurse recruitment is challenging in all specialities, there are a number of areas including theatre, paediatrics and fertility which are currently under particular strain. In other areas, such as Advanced Nurse Practitioners, demand has increased and the current shortage of appropriately qualified nurses has made recruitment an even more significant challenge. This role is particularly useful in managing demand in many services in the community and in primary care; ensuring patients can be seen by the most appropriate clinician to meet their need. This shortage of practitioners has meant that there's been an increase in the number of patients being seen by more senior clinicians including GPs (with a correspondent increase in costs), and increased waiting times for treatment.

1.3 With any strategies to increase the domestic nursing workforce likely to take upwards of five years before there is a new pool of candidates to draw from (international nursing recruitment would help increase nursing levels in the short term however they are costlier and have significant process barriers), independent providers have had to review the skills mix and the tasks undertaken by their workforce. Providers have trained and enhanced the skills and competencies of Health Care Assistants in line with NMC and RCN guidance to provide safe care with tasks delegated from registered nurses. Whilst this strategy has mitigated in part the increased vacancies being experienced it puts additional pressure on the nurses to delegate

tasks and mentor the HCAs. Independent providers are also introducing additional initiatives to attract candidates including the developing additional continuous development programmes, relocation incentives, supporting placements for nursing students and flexible working opportunities. Given the market for nurses has become very competitive, salaries are increasing which is putting pressure on all independent providers, and this is particularly impacting smaller organisations who are finding it increasing hard to compete.

The impact of new routes into nursing (including student funding reforms, the Apprenticeship Levy, Nurse First and nursing associates)

2.1 While the independent sector is actively responding to the introduction of the Apprenticeship Levy as a means of directing additional funding to training, despite providers already paying into the levy, many "health" apprenticeships are still in the development stages which is severely limiting the extent to which organisations can offer these programmes. Moreover despite severe recruitment challenges in District Nursing, this area is not yet being considered for an apprenticeship by Skills for Health who are requiring evidence that it is a 'unique profession' before it will be considered. Moreover, the reduction of Health Education England funding across the country makes the availability of suitable programmes more urgent.

2.2 While some members have found the take up of the apprenticeship programmes to be very variable, overall feedback is positive for colleagues who do take up a course which bodes well for organisations in terms of planning the future workforce. Due to economies of scale needed, smaller independent healthcare providers are, however, finding it difficult to fully benefit from the apprenticeship levy and thus contribute to the number of apprenticeships available for those wishing to follow a route into nursing.

2.3 Given that the nursing associate role is in its infancy, members are yet to reflect this cohort in workforce planning. Equally the 'Nurse First' programme is in the pilot stage and therefore its impact cannot yet be seen but we will be observing carefully how it develops as it has the potential to reduce the scale of the shortfall faced by the sector.

2.4 With regards other new routes into nursing, larger independent organisations are hoping to collaborate with higher educational institutions and if strong evidence suggests new roles improve the quality of care and patient outcomes, further investment would be made.

The effect of changes to funding arrangements for nurse training, including the withdrawal of bursaries, and consider alternative funding models and incentives

3.1 The removal of bursaries, introduction of student fees and no further financial incentive to off-set these costs (given that salaries remain capped) are no doubt increasing the barriers to developing a workforce which is already under immense pressure. Given the public benefit of having a high-quality nursing workforce (where salaries can often be lower than many non-degree required occupations), we believe that bursaries or other financial benefits should be reintroduced to make the nursing profession as attractive as possible to potential candidates. Moreover, with the increasing complexity of patients' needs, it's also important to ensure that any future funding models are focussed on the whole patient pathway and nursing roles are funded accordingly.

3.2 Potential ways of increasing incentives for nurses to continue to enter training would be for any loan to be set with a lower interest rate than other students or an abatement linked to working within the healthcare setting in the United Kingdom following graduation. Equally if the bursary was re-introduced it could be beneficial to pay half a grant/bursary upon completion of the course and the other half upon having worked 2 years in healthcare as a way of ensuring candidates still apply for nursing courses but stopping students undertaking the course in order to obtain a free degree and leaving the profession.

How policymakers could optimise the potential of new routes into nursing, as well as how they might retain and deploy existing staff more effectively

4.1 Independent hospital organisations currently pay for Continuous Professional Development (CPD) of their staff, establishing their own courses and seeking accreditation for their employees. However, more broadly, the reduction of CPD funding from Health Education England, will directly influence how likely health professionals are to stay within the sector, as it becomes more difficult to develop new skills and knowledge through education and training. Members have found that the training and education of nurses, as well as other colleagues, is not prioritised during the commissioning process, despite often being one of the first things commissioners request following an incident.

4.2 While independent health providers do welcome an increased focus on apprenticeships, they do represent a comparatively long route into the workforce and demands the learner is very motivated to achieve their goal, as well as presenting the challenges of both low pay and the demands of trying to study and work at the same time.

4.3 Alongside training and development of the existing workforce, a key way we believe staff could be deployed more effectively is through the use of technology. For example, the use of the mobile Clinical Management System for community staff allows colleagues to retain secure access to notes without visiting their 'base' and without clunky equipment. This has helped address increasing demand and complexity and has reduced the need to recruit additional colleagues. To widen the uptake of such schemes, however, proper connectivity in rural areas is needed, alongside further investment in mobile solutions within the health arena. It is also key that such solutions are developed so that tools can be customised to meet local need, but which have been designed in co-operation with highly trained, experienced practitioners, with providers having the necessary tools and funding to oversee these projects.

4.4 Given the importance of the preventative healthcare both in terms of patient outcomes and long term financial savings, we believe a community-only nursing placement option, integrated with social care and focussing on prevention, would be hugely beneficial.

The impact of language testing and Brexit

5.1 Professionals from the European Economic Area (EEA) make up approximately 10% of the independent health sector workforce and providers have seen a significant reduction of EU applications from nurses with a number returning home as a result of the weakening pound and the uncertainty of what Brexit will mean for a future immigration system. Some early guarantees for staff from the EU already working in the United Kingdom would therefore help reduce a

gradual drift whilst Brexit negotiations are taking place. Whilst independent sector organisations have provided support seminars and some legal assistance, a central message is also required.

5.2 The AIHO/NHS Partners Network HR Directors Forum has been working closely with NHS Employers to ensure that the NMC's IELTS (International English Language Testing System) does not impede the recruitment of much needed foreign nurses. Currently a significant number of nurses have great difficulties in passing the IELTs test, despite many, including those from English speaking countries, having excellent English language and communication skills that are more than sufficient for effective nursing (indeed many feel that the level of English required is above that of even British trained nurses). This both increases costs for the individual and lengthens the time to hire nurses, making it more difficult to recruit and increasing reliance on more expensive agency staff. We therefore very much welcome the NMC's recent decision to introduce the Occupational English Test (OET) as an alternative to the IELTS, and ensure that all nurses who have trained on pre-registration courses taught in English, as well as those who have practiced for two years in an English-speaking country, are no longer required to pass the IELTS before they can work in the UK.