



Unite evidence to the Health Select Committee inquiry into education, training and workforce planning

This evidence is submitted by Unite the Union - the country's largest trade union. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not-for-profit sectors, local government, education and health services.

Unite represents approximately 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

Executive Summary

- The Health and Social Care Bill will be a disaster for education, training and workforce planning in the health sector.
- Unite is extremely concerned about how workforce planning, training and education will be provided once large swathes of the NHS are privatised through commissioning to “Any Qualified Providers”. There needs to be clear legal duties on new providers to participate in education training and workforce planning.
- There should be duty of responsibility place on the Secretary of State for Health for education, training and workforce planning.
- HEE, LETBs and the whole education, training and workforce planning system needs to be much better defined, with clearly defined roles, responsibilities and proper resourcing.

Unite Case in detail:

1. Unite is extremely worried about the direction this Government is taking the NHS. The Health and Social Care Bill currently passing through the House of Lords will be a disaster for the health care in England, with knock-on effects across the UK.
2. One of the biggest causes for concern with the Bill is the lack of clear provision for education, training and workforce planning within it. The implications of the Bill of privatisation, outsourcing, fragmentation and increased bureaucracy will seriously undermine any coordination or proactive workforce planning.
3. The Government has still not sufficiently set out a national blueprint for skills or workforce planning. Not only is this key issue absent from the current Bill, but worse still the responsibilities conferred in previous legislation have been diluted (e.g. the duties on the Secretary of State). Once services begin to be commissioned out, Unite is concerned that training and skills will simply not be taken into account, leading to deficits in appropriate health professionals. Providers will either choose to fill these

vacancies by employing already trained staff from the EU or by using lesser skilled and qualified staff in 'task' work, who do not have the professional skills to fulfil their role as part of the holistic care of patients. This is already happening in areas where pathology services are outsourced, and healthcare scientists are being replaced by under-qualified staff who are not able to adequately interpret clinical results.

4. Unite is strongly against the use of non-NHS providers to deliver our health service and thinks that this system will be a disaster for workforce planning issues, staff turnover and ultimately the quality of care the NHS will provide.
5. In particular Unite is concerned about the impact of fragmentation on access to clinical training experience. It is not clear how new trainees will receive this experience and Unite suspects that this will become an additional cost in any contract negotiations. It will be impossible for local providers who may have short term contracts to commit sufficient funds to adequately train the future health professional workforce. Equally, Unite considers that it will not be possible for providers who are in competition for contracts to engage in the necessary cooperation, pooled funding and long term planning to deliver the qualified person to the right job at the right time.

Balancing workforce requirements of NHS and non-NHS healthcare

6. Unite finds it hard to see how the workforce requirements of providers of NHS and non-NHS healthcare will be balanced. The voluntary sector and social enterprises that take on outsourced services will be moving staff out of the NHS training system. This means that they will now have pay for any training they want their staff to get, rather than rely on the tax payer to foot the bill. This has already happened to a Unite health visiting team working for a social enterprise. Unite is worried that many of these organisations may be unable or unwilling to pay for training. Worse still they may attempt to pass training costs onto the workers, especially when professional training is required for them to continue working.

7. In the not for profit sector, when competition was introduced, training was the first thing that disappeared, other than mandatory/statutory training. Unite believes the same thing will happen in the health service. There cannot be an option for the private sector to produce less training than the statutory sector as this will lead to a race to the bottom in training standards that will ultimately hit patients. As a hypothetical example if a non NHS provider such as Turning Point cuts its training for all not for profit work. It wins a contract to run mental health services. It then provides the same level of training to the TUPEd staff as its own workforce therefore bidding for contracts by undercutting other providers.
8. Workforce planning will become harder with the policy of opening services up to “Any Qualified Providers” (AQP) The creation of a market suggests the need for over supply of providers and workers, otherwise it will simply be creating a competing layer of legal entities and investors passing staff on between them with every contractual change. With the cuts, this over supply seems unlikely and Unite expects that the real result will be that we enter an era of ‘famine rather than feast’.

Breakdown of Agenda for Change

9. Unite believes that AQP could lead to a breakdown in national bargaining, resulting in health workers being on different salaries in different areas. The Chancellor has already asked the NHS Pay Review Body to consider this option. Any breakdown in national pay bargaining will add considerable costs to employers as they are forced to compete for professional staff across the UK and this will open employers up to challenges through equality legislation.
10. At the moment the health workforce is relatively mobile across the NHS due to defined job profiles under Agenda for Change. Similarly the Agenda for Change agreement created the Knowledge and Skills Framework which provides a requirement on employers and an opportunity for all NHS

staff to develop skills and have the chance to progress their career in the NHS. Unite is committed to ensuring that this system is maintained.

Training levy

11. As currently written the Bill places no obligations on providers to play an equal part in workforce development. If there are going to be non-NHS providers, Unite would be supportive of these organisations being forced to contribute to workforce planning. The idea of a specific levy is welcome but does not go far enough. Clinical placements and opportunities for multidisciplinary learning and training must also be included. All practice teachers, mentors, supervisors of clinical training must be trained themselves, and have appropriately adjusted workloads to accommodate supporting students. This should be by law, hard wired into all commissioned contracts along with the NHS constitution. There should be appropriate sanctions for organisations that do not comply.

12. Unite is also concerned about how employers going to be checked to ensure that they carry out their fundamental responsibility to provide ongoing personal and professional development to the workforce, which may also be part of professional bodies' requirements to maintain skills for registration. Unite already have encountered problems with this for example where GPs, that employ practice nurses, insist that they do their continuous professional development (nurses have to 450 hours each three years) in their own time. There are also already differences in the way employers support the Knowledge and Skills Framework.

13. The fragmented commissioning arrangements in the Health and Social Care Bill are expected to create barriers between different organisations and health staff, and will make it harder for there to be integration of training, particularly across services and providers. It will also make it more difficult to identify suitable and accredited training placements. Private providers, for example, may refuse to provide clinical placements for professionals in training making it harder to train students or newly qualified professionals. These placements should be provided *free* to

students, universities and colleges. There is a lack of clarity as to who will have their responsibility for planning at a national level over a long term scale.

Training standards

14. In order to counter-act the implications of a more diverse provider market within the NHS, there urgently needs to be a commitment to maintain a set of national occupational training standards, backed up by a statutory commitment by all providers to share workforce data. There needs to be clear proposals as to how this will be monitored, especially the quality of practice placements, given that providers have no reason to stay in contact with colleges and universities.
15. Unite is worried that private sector providers could hide much of this data by using commercial confidentiality rules.
16. Unite also would like to see far more detail about how professional regulators, healthcare providers and commissioners, universities and other education providers, and researchers will all participate in the formulation and development of curricula.

Workforce planning

17. The sustainability of the Centre for Workforce Intelligence could be key to delivering this. Without good data it will be impossible to understand the required workforce demands for the sector and where recruitment and training are not working. All providers should continue to have obligations to provide workforce data to the CfWI.
18. As it stands, Unite continues to be concerned by the peaks and troughs in vacancy rates and poor workplace planning in many health professions. While the current system is not perfect, these variances are likely to be more marked in the future.

19. Workforce planning should remain a national issue. This is most marked when training specialist health professionals. The NHS needs to steer away from skill mix and people having to work above their professional competencies. This is always a danger when the workforce is cut back and Unite members are already reporting that this is happening due to Government's austerity drive. Unite members also report the increase in downbanding of roles under the excuse that more automatic procedures are in place. This process leads to a greater turnover.

Duty on the Secretary of State

20. Unite therefore believes that if the Government persists with the privatisation agenda there would need to be a specific duty on the Secretary of State to retain a national system of high-level education and training across all health professions. It is extremely naive to think that this kind of regulation could be anything other than statutory. Unite notes that this issue is still under discussion in Parliament.

21. If there are no national structures in place for skills and training this will mean that skills and training will have to be commissioned at a local level. Unite is not convinced that local authorities will have the information or understanding to plan for long term public health skills needs in their area and this could lead to worsening workforce planning.

22. The Government needs to set up processes for moderating high and consistent standards of education and training across the health service. One concern will be how this is implemented between the various UK countries now they will be organised under such distinct regimes.

23. It is also unclear as to how the existing workforce can be developed and re-skilled for the future (through means including post-registration training and continuing professional development). Unite members report that the Modernising Scientific Careers process has already failed to do this in the last year. Only 16 grown your applicants were successful for the approximately 270 posts that were filled.

Health Education England and the new structure

24. The structure and role of Health Education England is poorly defined, replacing one layer of bureaucracy with a new one. There is still no clear definition of its powers, responsibilities or how it will be structured and governed. Unite would like to have much more detail about how it will incorporate the roles of Medical Education England and the Professional Advisory Boards. Similarly the relationship to professional regulators and to the other parts of the new NHS system architecture needs clarifying. Lastly Unite would like to know how funding will be protected and distributed in the new system.

25. Unite members want to see much a much greater input from the NHS workforce in Medical Education England so that there is a far greater understanding of the "coal face" training needs. Unite would also like to know what strategies there will be for CPD and PREP.

26. After the criticism that Government plans received from the Future Forum it was promised that there would be clearer guidance on these processes. As yet there has not been.

Local Education and Training Boards

27. In the absence of guidance on how the Local Education and Training Boards should be constituted from the Department of Health many trusts have already started setting them up. The format is varying widely but most are being based on previously existing SHA boundaries. Unite is concerned that these seem to be matching the current Deanery structure. The LETBs need to represent the diversity of the health service workforce including all allied health professionals and non medical staff.

28. Without a clear Government strategy on this there are concerns about the accountability of these new LETBs and the greater risk of conflicts of interests within them. It is not clear how the Boards will relate to Clinical

Commissioning Groups and the Commissioning Board or what the role will be for Skills for Health and Skills for Care.

29. Lastly Unite would like to know what the contractual timeframe will be for the LETBs. Will they be on annual or longer term funding? This will have a major influence on their ability to plan for the long term.

Impact on Public Health

30. Public health failure, as defined by the World Health Organisation,¹ is very expensive for the NHS. Therefore Unite thinks that a much greater emphasis must be placed on prevention and early detection of problems. The Coalition Government and previous ones have policies and guidance on this, and in particular the policy to increase the number of health visitors to 4,200.

31. Unite is concerned that there is no additional commitment to increase school nurse numbers from the current extremely low number (1,104 whole time equivalent), with the obvious result that the investment in the health of under 5 year olds will not be continued as they grow older. The local guidance to the future Health and Well-Being Boards is not clear as to how they must prioritise prevention, and Unite is concerned that illness issues will dominate commissioning priorities. For example, where programmes (such as MEND) are commissioned to treat childhood obesity, or to measure childhood obesity (the National Child Measurement Programme), school nurses are still not trained and employed in sufficient numbers to prevent childhood obesity. We await the final NHS public health outcomes, but are not clear what sanctions are in place for local areas who by commission or omission fail to deliver them.

32. There is no suggestion yet that Public Health England will be well-equipped for workforce development roles, nor how it will relate to HEE. There appears to be a view that workforce development can be managed

¹ For example substance misuse, poor nutrition leading to obesity, behaviour that results in injuries and violence and sexual behaviour which causes unintended pregnancy and disease.

at local level but a national shortage of public health specialists and consultants will make that impossible.

R&D

33. In order for the training curricula to adequately reflect the changing nature of healthcare delivery, there must be a strong commitment to R&D development. This should have national training standards built on the back of these. For example Modernising Scientific Careers (MSC) is a step in the right direction, but it focuses on academia rather than practical skills (creating clinical scientists researching only).

34. Unite notes with dismay the major cuts to HEFCE funding and is concerned that this will have an impact on the future of research and development in the health sector.

Multi-professional and multidisciplinary leadership

35. The Government has not made any provisions that Unite is aware of for multi-professional and multidisciplinary leadership and accountability (encompassing the full range of healthcare professions, specialties and grades) at all levels. This issue is extremely important and Unite believes that processes must be brought in to prevent in-house politics from creating barriers to this.

36. While Unite supports the creation of open and equitable access to all careers in healthcare for all sections of society, flexible career paths must not be a skill mix exercise where professional jobs are diluted in order to cut costs. People should be able to progress their careers and this process should be properly funded and trained.

37. Unite members are concerned that there is currently no equitable distribution of resources for different health professions. For example the distribution of MPET funding has already begun with medics dominating, leading to unfair allocation. This issue has been compounded by the

evidence that MPET funding has already been slashed (over £50m in London alone).

38. Unite believes that we need to go back to some of the principles of the Knowledge and Skills Framework, where people should be enabled to develop, and that all organisations are charged with delivering this, or else they lose their contract.

39. As it stands there are currently serious concerns from some Unite members that their qualifications and skills are not properly recognised. For example Unite estates and maintenance workers would argue strongly that their training and development qualifications have not been properly recognised under the current system. These workers undertake a substantial amount of training through the City and Guilds system several years as an apprentice and on the job training followed by specialist equipment training but these skills are still treated as NVQ 2 level. Unite believes that any NHS training and skills structure must work closely with awarding bodies in order to properly value the skills that health sector employees hold.

Students and research funding

40. Unite is worried about the changes to funding for undergraduate students, as it will be severely impacted by the new university fees regime. Given the high costs now associated with a university degree Unite is worried that this will have a major impact on access to certain professional qualifications creating much great class segmentation in the workforce and undermining equal opportunities for health professions. One major example of this will be in the nursing profession, where those currently doing a diploma would receive a bursary while those doing a degree would need to take out a student loan.

41. In order to have a strong linkage with workforce development and education there needs to be strong systems of career guidance and engagement with schools. In the new structure this will have to come from

the LETBs. Unite has not seen any explanation about how this will happen.

42. Unite is similarly concerned about what will happen to post graduate and research funding now that HEFCE has had major cuts to it.

Impact of changes to pay and terms

43. The NHS workforce is currently experiencing major upheaval including changes to terms and conditions, pay freezes, job losses and down banding. This is having a massive impact on morale and job satisfaction as well as undermining the professional standards for example in many places school nurses.

44. Unite is also worried about the rapid loss of professional staff and experience from the NHS which is undermining previous workforce plans. The current attacks on the NHS pension scheme will make it far more difficult to keep staff, especially older more experienced staff who may retire early in order to safeguard their pensions

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