Unite response to 'Liberating the NHS: Developing the Healthcare Workforce'

This evidence is submitted by Unite the Union – the country's largest trade union, with almost 1.5 million members. Unite's members work in a range of industries including manufacturing, financial services, print, media, construction and no-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

- Unite believes that a great deal remains unclear about how the Government plans to take forward the development of the healthcare workforce. The consultation document is vague in many areas with a lack of proposed, measurable actions.

- There are a great many issues not addressed, or acknowledged, in the 'Developing the Healthcare Workforce' consultation document which are central to developing a workforce.

- Unite believe that the implementation of the Health and Social Care Bill will lead to a "churn" of profiteering providers, entering and exiting the market place and the 'cherry picking' of more profitable, less complex cases. This market will drive the developing and the shape of the future workforce, and creating an unstable labour market that will damage the delivery of health services and a sharp reduction in the number of jobs and training places available in unprofitable specialisms.

Introduction

1. Unite believes that a great deal remains unclear about how the Government plans to take forward the development of the healthcare workforce. The consultation document is vague in many areas with a lack of proposed, measurable actions. There are also a great many issues not addressed, or acknowledged, in the 'Developing the Healthcare Workforce' consultation document which are central to developing a workforce. In no particular order, some of these issues include; the need to address the current time and financial pressures on training; recruitment and retention of the workforce after their initial training; the role of pay, terms and conditions in recruitment and retention, morale and motivation; lifelong career and professional development for all – not just clinical – staff; the appropriate skill mix rather than the most cost-effective skill mix; the application of the Knowledge and Skills Framework; the development of Union Learning Representatives; widening participation must include applying the public body Equality Duties to all organisations providing health care services. These comments are expanded further in response to Question 1.

2. Unite must also express the strong view that the competitive market free for all which the Health and Social Care Bill threatens to introduce will lead to a "churn" of profiteering providers, entering and exiting (so, having to close services as they are not profitable enough) the market place and the 'cherry picking' of more profitable, less complex cases. There is a real prospect of this market driving developments in the shape of the future workforce, and creating an unstable labour market that will damage the delivery of health services and a sharp reduction in the number of jobs and training places available in unprofitable specialisms.

3. The Government's 'Developing the Healthcare Workforce' plans have been the subject of meetings between the Department of Health and the trade unions, through established consultation mechanisms. Unite supports the continuation of these meetings and believes they offer a forum to put forward our strong concerns on the areas outlined above. The dangerous context of the Health and Social Bill and the issues simply not acknowledged by the Department of Health as requiring attention in this consultation document have meant it has not been possible for Unite to answer all the questions posed.

Question 1: Are [the objectives given] the right high-level objectives? If not, why not?

4. The 'high-level objectives' for workforce planning, education and design given by the Government in their consultation document are; security of supply, responsiveness to patient needs and changing service models; high quality education and training that supports safe, high quality care and greater flexibility; value for money; widening participation.

5. However, as noted in the 'Introduction' above Unite believes there are a great many issues not addressed, or acknowledged, in the 'Developing the Healthcare Workforce' consultation document which are central to developing a workforce. Just some of these important issues are outlined below, and Unite believe they must be addressed in any plan to develop the healthcare workforce.

Time and Financial Pressures on training

6. In the IDS Staff Survey conducted for the trade unions in the summer of 2010 32.4 per cent of respondents reported that they had not had any training, other than mandatory training, over the past year. Just under one-third (30.3 per cent) of respondents received between one and two days' training and 23.2 per cent have had between three and six days. Further, when it came to bearing the cost of training, 23 per cent of respondents had to pay for all or part of their training. Unite has submitted evidence to the NHSPRB in previous years that some of our Speech and Language Therapy members were even been asked to bear the cost of mandatory training, rather than their employer, even though it was a requirement for the individual to be able to continue in that role. Comments received during the survey included the following from a Band 6 Nurse: "*There's only essential training and you have to wear your uniform for mandatory training in case you get called on to the ward – which often happens".* The actions of the Government in cutting the health budget in real terms over the coming years, and the implementation of the Health and Social Care Bill will cause huge upheaval for the NHS workforce. The Bill will lead to large scale privatisation – the contracting out of health services to the private sector. Delivering health services is labour intensive and the drive to reduce costs to maximise profits will come at the expense of the number of staff employed – as well as staff pay, terms and conditions – and this will worsen the availability of on-going training for staff. Staff need to have the time to complete the necessary training to maintain their registration, but also to keep improving their skills if services are to keep improving in quality.

The Recruitment and Retention of the workforce

7. The Government consultation document makes no reference as to how staff will be retained in the health sector after their initial training. Yet, to lose experienced staff after the investment in their training is a bad investment and will damage the quality of services, and the ability to fully deliver health services.

8. As mentioned above the implementation of the Health and Social Care Bill carries the very real and present danger that the drive to reduce costs to maximise profits will come at the expense of the number of staff employed, with consequences for the remaining staff workloads, and their

pay, terms and conditions. Staff Side have previously commented, when looking at the results of the 2010 IDS Staff Survey that;

> *"Vacancy freezes and recruitment problems were found to be leading to increased workloads for a large number of respondents, with one-third (34%) and one quarter (25%) respectively of all respondents reporting that vacancy freezes and recruitment problems were contributing to work pressures. Significantly, a much larger number reported that increased workloads were having a negative impact on their organisation…Staff Side is highly concerned about the survey finding relating to intention to leave the NHS due to increased stress and workload. Some three-quarters (75%) of respondents reported that they have seriously considered leaving their job in the last 12 months, while over one-third (35%) would consider taking a position completely outside of the NHS or health care sector. This compares with just over one-fifth (23%) who would take up a post in another NHS trust or organisation".* [1]

9. Unite is concerned that under the Government's current plans for the future of our health services this situation will deteriorate further.

Pay, terms and conditions

10. Unite supports the continuation of the national, collective agreement for the NHS, Agenda for Change, and its application to all workers in providers delivering services on behalf of the NHS. It is not only an equality-proofed and transparent pay scheme, but it also provides some national stability to the health workforce. National agreements also avoid the unnecessary duplication of work in organisations at a local level. In the context of this consultation, it is important to note that one of the reasons Agenda for Change was introduced was that the previous system was thought unsustainable and had not delivered fairly for staff, the consequence of NHS pay slipping ever further behind the private sector was a recruitment and retention crisis for employers that needed to be addressed[2].

Lifelong career and professional development for all

11. The overwhelming focus of the consultation document 'Developing the Healthcare Workforce' is on the initial training of clinical staff. As Unite has highlighted above, on-going training is one of the necessary factors in improving health services. But Unite feels it needs to be highlighted to Government that responsible employers who are genuinely geared towards improving overall service, retaining staff and increasing staff morale and motivation take steps to

[1] Page 24, NHS Staff Side Evidence to the NHSPRB, 2010-2011
[2] IDS for the Council of Civil Service Unions, Report on Pay in the Public Sector

train and develop the skills of its whole workforce. One of the comments received in the IDS 2010 Staff Survey was from a Band 1 Porter, who said that *“The policy is now that there’s no training at all. I am trying to do an NVQ in literacy and numeracy skills but there’s no encouragement. Because we’re short staffed we’re too busy for me to do the NVQ”.*

12. Unite would further add that the role of Union Learning Reps is important in having workplace ‘champions’ for on-going skill development, learning and training. The inclusion of ULRs in the Government’s consultation document on workforce development could have represented concrete actions to be taken, yet they are omitted.

<u>Appropriate Skill Mix</u>

13. There are frequent mentions of skill mix and multi-disciplinary working throughout the consultation document. Unite would highlight that appropriate skill mix and appropriate multi-disciplinary working is positive. What can, and does, occur is that rather than the most appropriate skill mix and multi-disciplinary working being put in place, the most cost-effective is. This is not the same thing, and there are no checks or steps given in the document that would prevent such occurrences.

<u>Knowledge and Skills Framework</u>

14. There is no mention of the current Knowledge and Skills framework, its application and its continuation. While there have been some difficulties with take-up amongst employers which led to a re-design of the KSF tool-kit and re-launch of the Framework continues to be supported by the trade unions and our members. The KSF represents a coherent mapping of learning, skills and development that fits alongside the pay and reward structure – Agenda for Change – operating in the NHS. The linkage between the two is important in developing staff skills, rewarding staff for those skills and therefore recruitment, retention, morale and motivation.

<u>Applying the public body Equality Duties to all organisations providing health care services</u>

15. Unite has frequently argued, and has campaigned for, the additional Equality Act duties that apply to public bodies to also apply to those healthcare providers that may be private sector but are delivering a public service. Unite believes the Equality Act duties placed on public bodies must apply to those providers who are contracted to deliver health care services on behalf of the NHS.

Question 2: Are [those given] the right design principles [for workforce planning, education and training]?

16. The ‘design principles’ given in the consultation document are not concrete and are un-specific – this is concerning in itself. If there are to be underpinning principles they should be clear and measurable in action so that an assessment can be made as to whether the principles have indeed been put into practice. Unite believes the underpinning principles to workforce development must address the issues that have been set out in answer to Question 1.

Question 3: In developing the new system, what are the key strengths of the existing arrangements that we need to build on?

Question 4: What are the key opportunities in developing a new approach?

17. The current arrangements have eliminated wage competition in the sector – competition is on quality – it is clear that this is desirable. Consultative structures at County level, (essentially travel to work areas) building upon workforce groups will have benefits and help avoid the worst excesses of free markets

18. Strong and representative workplace union provide a check and balance in the workplace. This can help avoid the Staffordshire Royal Infirmary problem, a culture of bullying that resulted in people dying because staff were scared to speak out.

19. Additionally, many health staff are currently trained over and above their level of pay. This means that the NHS gets added benefit from staff who remain interested in their jobs. There is every reason to suppose that private companies and cash strapped Foundation Trusts will choose to train staff to the minimum required levels.

20. Long term planning is important where young people begin to decide upon their careers well in advance. However, many proposed provider contracts will be short term, and it is difficult to see employers supporting long term training when they might never benefit from this investment.

21. NHS employers such as hospitals and PCTs are usually supportive of continuous professional development (CPD) our members in private employment, such as practice nurses, report a more patchy commitment. Currently the whole system of training is in the public sector, but once private companies are involved, then money which should be going to training will be diverted.

Question 5: Should all healthcare providers have a duty to consult patients, local communities, staff and commissioners of services about how they plan to develop the healthcare workforce?

22. As the development of the healthcare workforce has a direct bearing on the availability of healthcare services that will be available in the future, Unite believes that yes there should be a duty for healthcare providers to consult – in the very least with staff, trade unions, commissioners of services, the Health and Wellbeing Boards (which Unite have frequently argued should be made more democratic) and HealthWatch.

Question 6: Should healthcare providers have a duty to provide data about their current workforce?

Question 7: Should healthcare providers have a duty to provide data on their future workforce needs?

23. Yes. This information should be provided in detailed breakdowns of job titles and areas, age, gender, ethnicity, pay grade and any Recruitment and Retention Premia paid, and levels of staff turnover. This information should be collated nationally and available publically. The NHS Pay Review Body stated in its most recent Report that workforce data and planning is critical;

> *"We consider it important that wider NHS reforms planned for England – including the abolition of Strategic Health Authorities – are not allowed to fragment the way in which information on workforce requirements is gathered at a local level, leading to imbalances between demand and supply. Individual employers, it could be argued, may be likely to take a short-term view of their own requirements, especially when their own financial plans are typically of between one and three years in length; we encourage employers to engage effectively with the CfWI to ensure that longer-term training commissions are set at an appropriate level."*[3]

Question 8: Should healthcare providers have a duty to co-operate on planning the health care workforce and planning and providing professional education and training?

24. Yes. Unite believes that as healthcare services should have a primary duty to co-operate with each other in the patients best interest, rather than prioritise detrimental competition, there must be a duty that can be enforced on workforce planning and providing education and training. As Unite has argued, education and training should be available to all sections of the workforce; career, professional and skills development is crucial in developing and maintaining a high performing workforce**.**

25. Private Healthcare providers are likely to be motivated by shareholder profit rather than any imposed 'duties'. Healthcare providers will be at different stages of their contracts and so will find it difficult to 'work to the same hymn sheet'. Indeed on the Skills Councils will potentially be those

[3] Paragraph 5.27, NHSPRB 25th Report, March 2011

who have been awarded the current contract next to those who are competing to take over the contract at the next tendering round.

Question 9: Are there other or different functions that healthcare providers working together would need to provide?

Question 10: Should all healthcare providers be expected to work within a local networking arrangement?

26. Unite fears that, similar to other areas of Government health policy, the competition and fragmentation being rapidly introduced to the system with no underpinning national standard requirement of how arrangements will work, be governed or held accountable will lead to massive variations in functionality across the country and may leave many areas with arrangements not fit for purpose. It is difficult to comment further when there is a lack of concrete proposals given in the consultation document.

27. Furthermore, private employers may operate 'locally' in several different areas of the country, but may be organised nationally themselves, so that local agreements cannot be made without referring decisions up to their national management. Some local employers may have very little commitment to the local healthcare economy, relying instead on their national decisions about workforce planning. Healthcare providers will range from large to small, but it is possible that only those with over 1,000 employees will sit on the Skills Networks, which means that their decisions will inevitably be skewed to secondary care requirements. Will it be 'one employer, one vote'?

Question 11: Do these duties provide the right foundation for healthcare providers to take on greater ownership and responsibility for planning and developing the healthcare workforce?

Question 12: Are there other incentives and ways in which we could ensure that there is an appropriate degree of cooperation, coherence and consultation in the system?

28. Unite believe that while providers will o do what is required by law, Unite is sceptical that they will offer any 'goodwill' enhancements. It is difficult to see how long term partnership arrangements are to be built up and maintained by employers who are on short term contracts of three years or so.

29. This is a system of competition, not co-operation and the Government have resisted attempts to input 'co-operation' duties into the Health and Social Care Bill. It would be better if strengthened Health and Well Being Boards could have a supervisory role over the Skills Networks, and be able to refer to the National Commissioning Board where the networks are not

working in the best interests of local health services, particularly where they are not commissioning effectively in light of the evidence of the Joint Strategic Needs Assessment (JSNA).

Q14: How should the accountability framework between healthcare provider skills networks and HEE be developed?
Q15: How do we ensure the right checks and balances throughout all levels of the system?
Q16: How should the governance of HEE be established so that it has the confidence of the public, professions, healthcare providers, commissioners of services and higher education institutions?

30. HEE needs to be able to an annual audit and override skills networks where they have underestimated their education and training needs. Checks and balances throughout the system need to be clear and statutory, with representation from the public, professions, trade unions representing staff, commissioners and Higher Education institutions sitting on HEE.

Q17: How do we ensure that the Centre for Workforce Intelligence is effective in improving the evidence base for workforce planning and supports both local healthcare providers and HEE?
Q18: How should we ensure that sector-wide education and training plans are responsive to the strategic commissioning intentions of the NHS Commissioning Board?

31. The path the Government has chosen for the future of our health services is one in which the workforce is divided amongst competing healthcare providers, possibly operating a variety of information and data collection mechanisms. Healthcare providers must be forced to not only co-operate with one another, but also national organisations such as the proposed HEE and NHS Commissioning Board. Providers must also be forced to collect data in a standardised way that provides detailed breakdowns of job titles and areas, age, gender, ethnicity, pay grade and any Recruitment and Retention Premia paid, and levels of staff turnover. This information should be collated nationally and available publically. This data collection and recording cannot be dismissed as a ‘barrier’ to market entry or a ‘burden’ on businesses. The collection of this information and its analysis must also be adequately funded if it is to be conducted properly.

Q19: Who should have responsibility for enforcing the duties on providers in relation to consultation, the provision of workforce information, and cooperation in planning the workforce and in the planning and provision of professional education and training?

32. Unite believes that the Secretary of State remains accountable for the performance of the NHS, and for what will occur after the implementation of the Health and Social Care Bill. Within the framework that will exist after the passage of the Health and Social Care Bill the most appropriate

body may be the NHS Commissioning Board as at least it has some national oversight responsibilities. However, for enforcement to be meaningful there has to be a sanction that not only exists on paper, but that can and will be exercised. Meaningful sanctions would be high level financial penalties and the withdrawal of a provider's license. Yet the only organisation with those powers is 'Monitor', a body which is being designed and invested with powers to promote competition, not co-operation.

Q20: What support should Skills for Health offer healthcare providers during transition?
Q21: What is the role for a sector skills council in the new framework?

33. This is an area where it is difficult to make any constructive suggestion on the information presented in the consultation document, and in the context of a massive upheaval in health services that will be chaotic in its implementation.

Q22: How can the healthcare provider skills networks and HEE best secure clinical leadership locally and nationally?

34. Unite believe there should be equal quotas of medical and non medical staff.

Q26: How should Public Health England, and its partners in public health delivery, be integrated within the new framework for planning and developing the healthcare workforce?

35. As public health is everyone's business, Public Health England and HEE should be equal partners in commissioning training of public health staff (medial and non medical).

Q27: Should Local Authorities become members of the healthcare provider skills network arrangements, including their associated responsibilities; and what funding mechanisms should be employed with regard to the public health workforce?

36. Local councils should be equal partners on the Skills Councils, as they are locally accountable to the population. However there may well be a difference between the local authority vision for seamless health and social care, and employers' requirement for clinical staff.

Q29: What should be the scope for central investment through the Multi-Professional Education and Training budget?

37. The next generation of clinical staff (including all medical and non medical staff) as well as post graduate professional and academic qualifications which are necessary for career progression of the current workforce. There would need to be a commitment on employers to employ 'backfill' staff.

Q30: How can we ensure funding streams do not act as a disincentive to innovation and are able to support changes in skill mix?

38. By statute Skills Councils involve healthcare professionals (medical and non medical) in the workforce planning.

Q31: How can we manage the transition to tariffs for clinical education and training in a way that provides stability, is fair and minimises the risks to providers?

39. Unite believe there will need to be an element of 'weighting' for HEIs in high cost areas.

Q35: What is the appropriate pace to progress a levy?

Q36: Which organisations should be covered by the levy? Should it include healthcare providers that do not provide services to the NHS but deliver their services using staff trained by the public purse?

40. The private sector and other 'new entrants' to the 'healthcare market' that employ, benefit and profit from staff who the public have paid to train must all make a contribution to the cost of that training.

Q46: Do you think any groups or individuals (including those of different age, ethnic groups, sexual orientation, gender, gender identity (including transgender people), religions or belief; pregnant women, people who are married or in a civil partnership, or disabled people) will be advantaged or disadvantaged by these proposals or have greater difficulties than others in taking part in them? If so, what should be done to address these difficulties to remove the disadvantage?

41. The key issue is that all health and social care providers, contracted to deliver services on behalf of the NHS Commissioning Board and Public Health England must be covered by the public body duties in the Equality Act 2010.

This consultation response was submitted on behalf of Unite the Union, 31st March 2011 by;

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