

HEE Briefing for the
Expert Group on European Health Workforce

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Our purpose

- *Health is all about people. Beyond the glittering surface of modern technology, the core space of every health care system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them'*

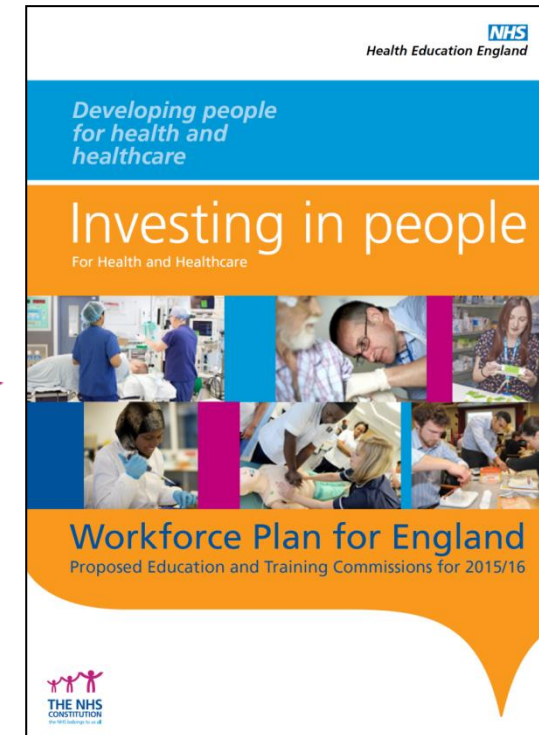
Health professionals for a new century [first published in the Lancet], 2010



Our core functions

- Workforce Planning
- Attracting and recruiting the right people to the posts we have identified
- Commissioning excellent education and training
- Lifelong investment in our people

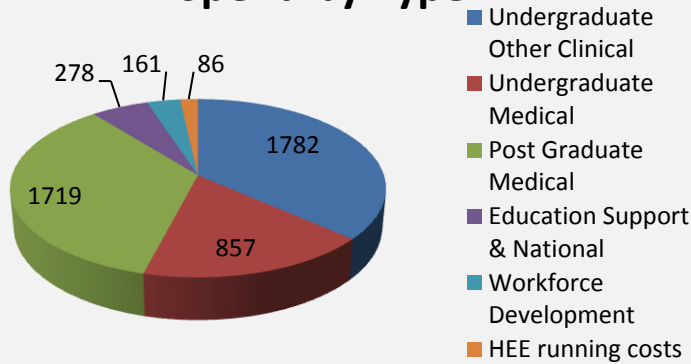
We don't work alone – we have many key partners including other Arms Length Bodies (ALBs), Higher Education Institutions (HEIs) , Regulators, Professional Bodies and the Department of Health (DH)



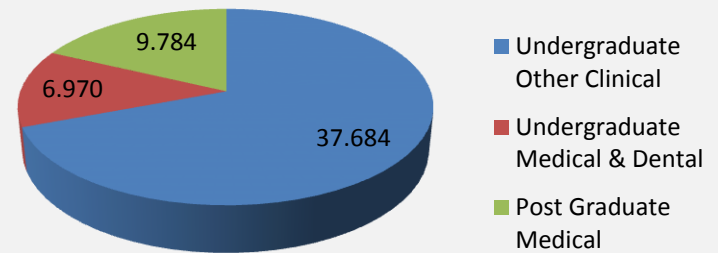
Spend - £4.9bn

New Trainees – 54,000

HEE Spend by Type - £m

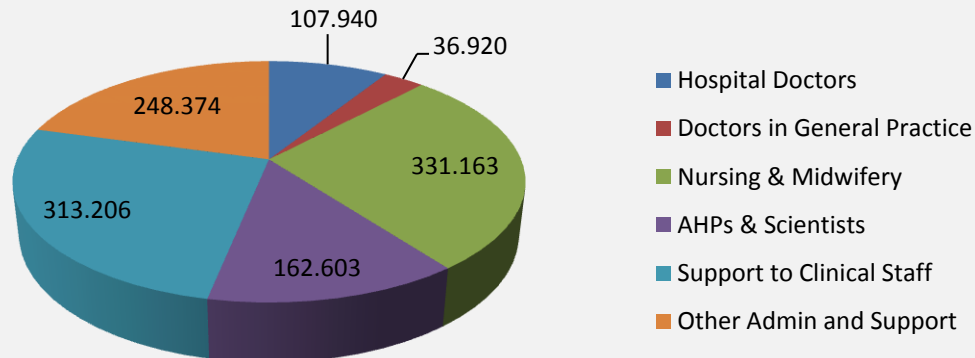


New Trainees 2015



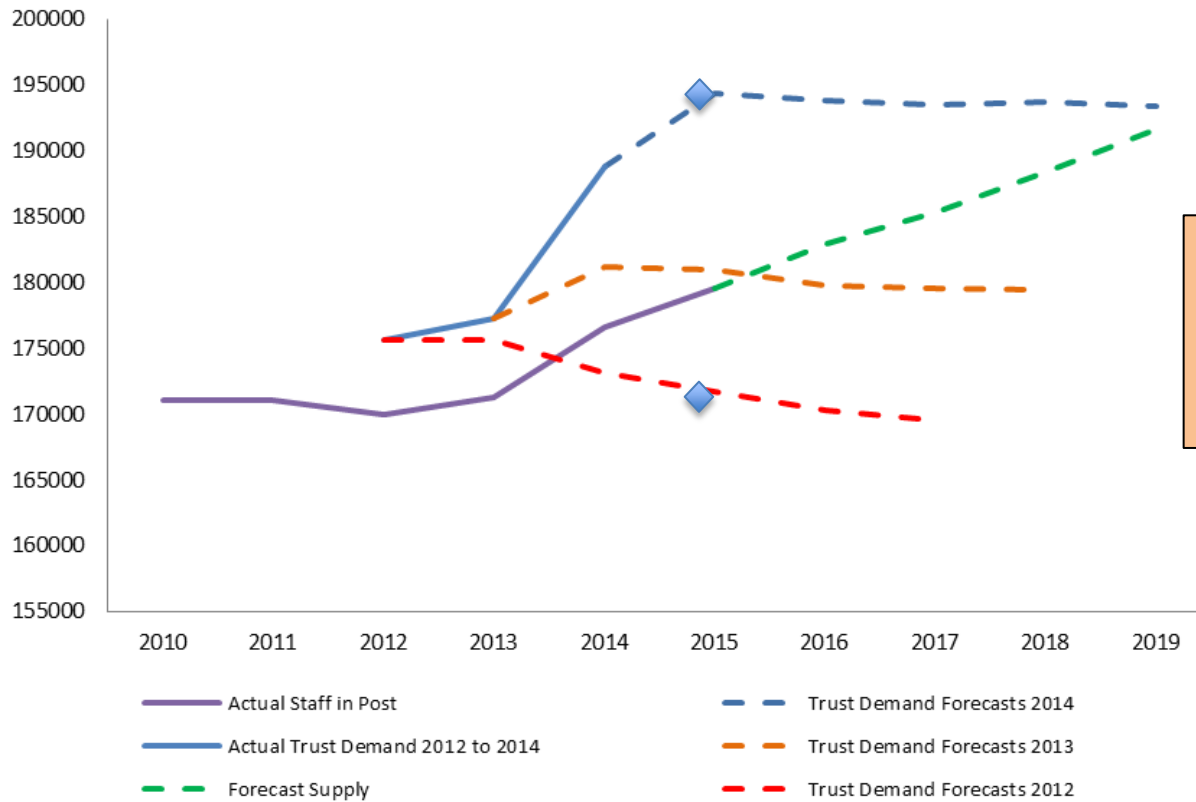
NHS Workforce – 1.2m fte

NHS Workforce - FTE



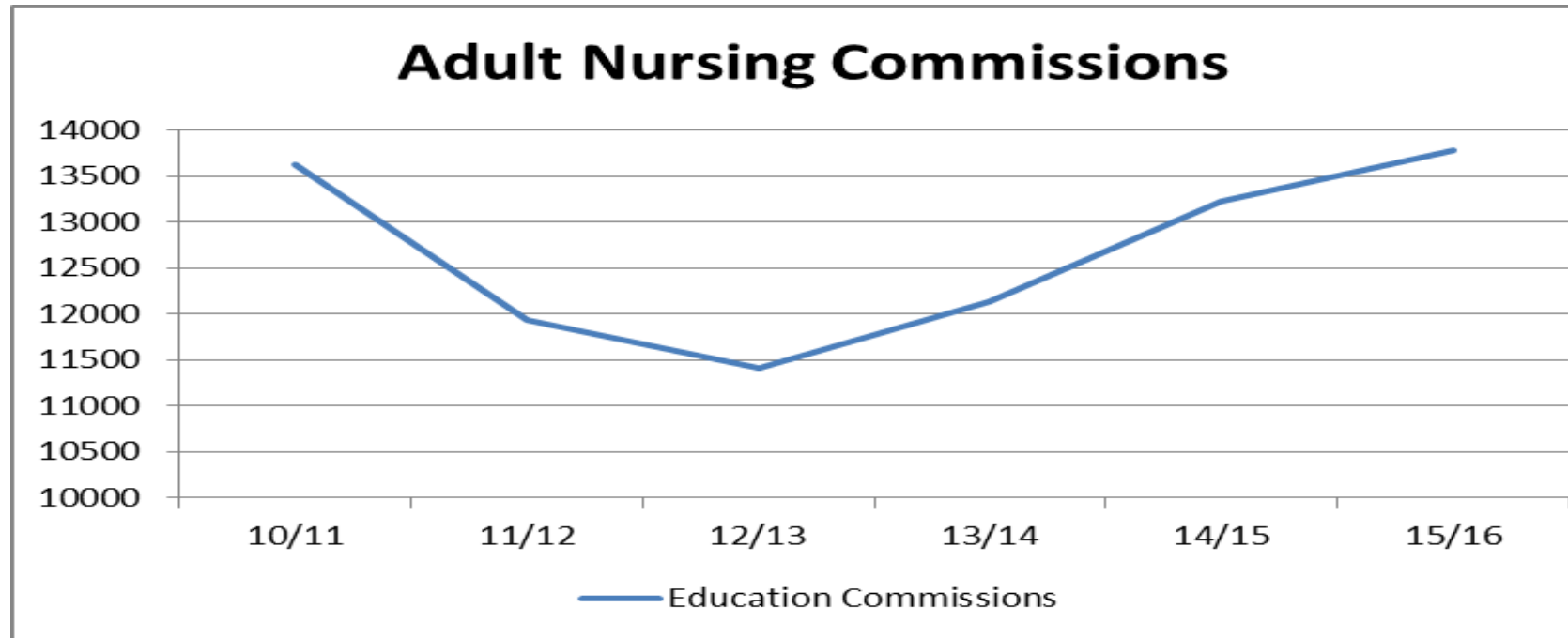
When demand forecasting goes wrong...

Adult Acute Nursing - Forecast Workforce Demand & Supply (FTE) 2010 to 2019



Demand for Nurses in 2015:
2012 trust forecast for 2015 = 173,205 fte
2014 trust forecast for 2015 = 194,358 fte
Additional demand = 21,153 (12.2%)

- Excess vacancies and consequent International Recruitment (IR) has been caused predominately by the rapid and significant increase in trust demand, not an underlying imbalance in supply.
- Current training levels, RTP and existing performance on retention will result in forecast demand being met in 2018/9. Supply forecast does not anticipate increased IR above historic levels.
- Closing excess vacancies and the volume of agency usage will require additional system wide short term supply measures being considered by the nursing supply group

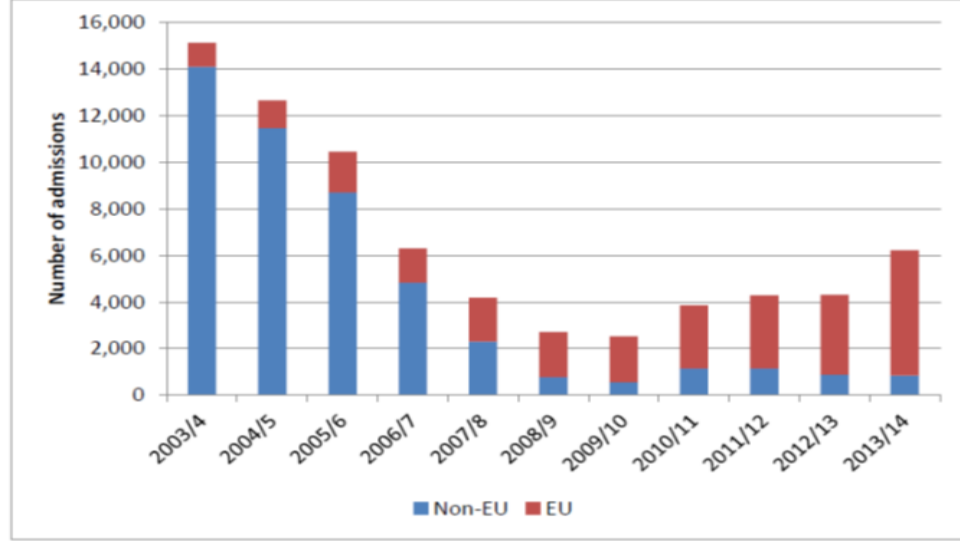


- HEE have increased annual adult nursing commissions by 1649 between 2013/4 and 2015/16 from 12,134 to 13,783
- 7,690 additional student will have entered training by 2019/20 compared to inherited levels
- HEEs annual planning process for 2016/7 commissions is in progress, concluding in December

Commissions for all nursing branches have increased by 2004 from 12,000 to 14,000

Migration of Nursing Staff into and out of the UK 2003/4 to 2013/14

Figure 9: Number of new entrants to the UK nursing register from non-EU and EU sources (2003/4 to 2012/13)

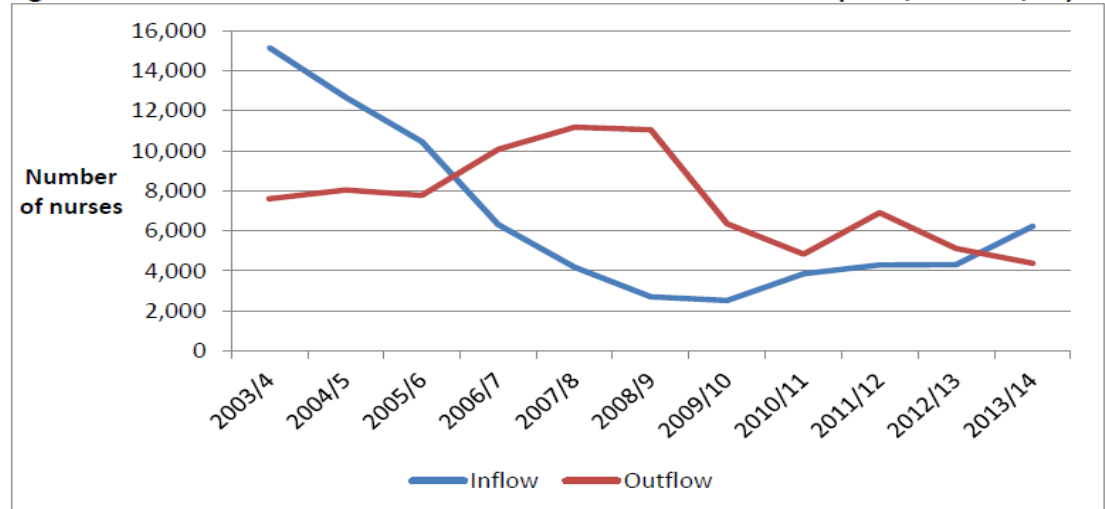


Source: Nursing and Midwifery Council, obtained under Freedom of Information

- Non EU immigration has been approx. 1000 per annum for the previous 6 years (UK wide including non NHS employers)
- NMC confirm 763 new registrants in 2014/15 (compared to the 3600 CoS issued)
- We would expect reliance on both EU and Non EU to diminish from 2017/18 as high levels of excess vacancies reduce
- EU migration is due to push factors as well as pull (redundant health staff in southern europe)

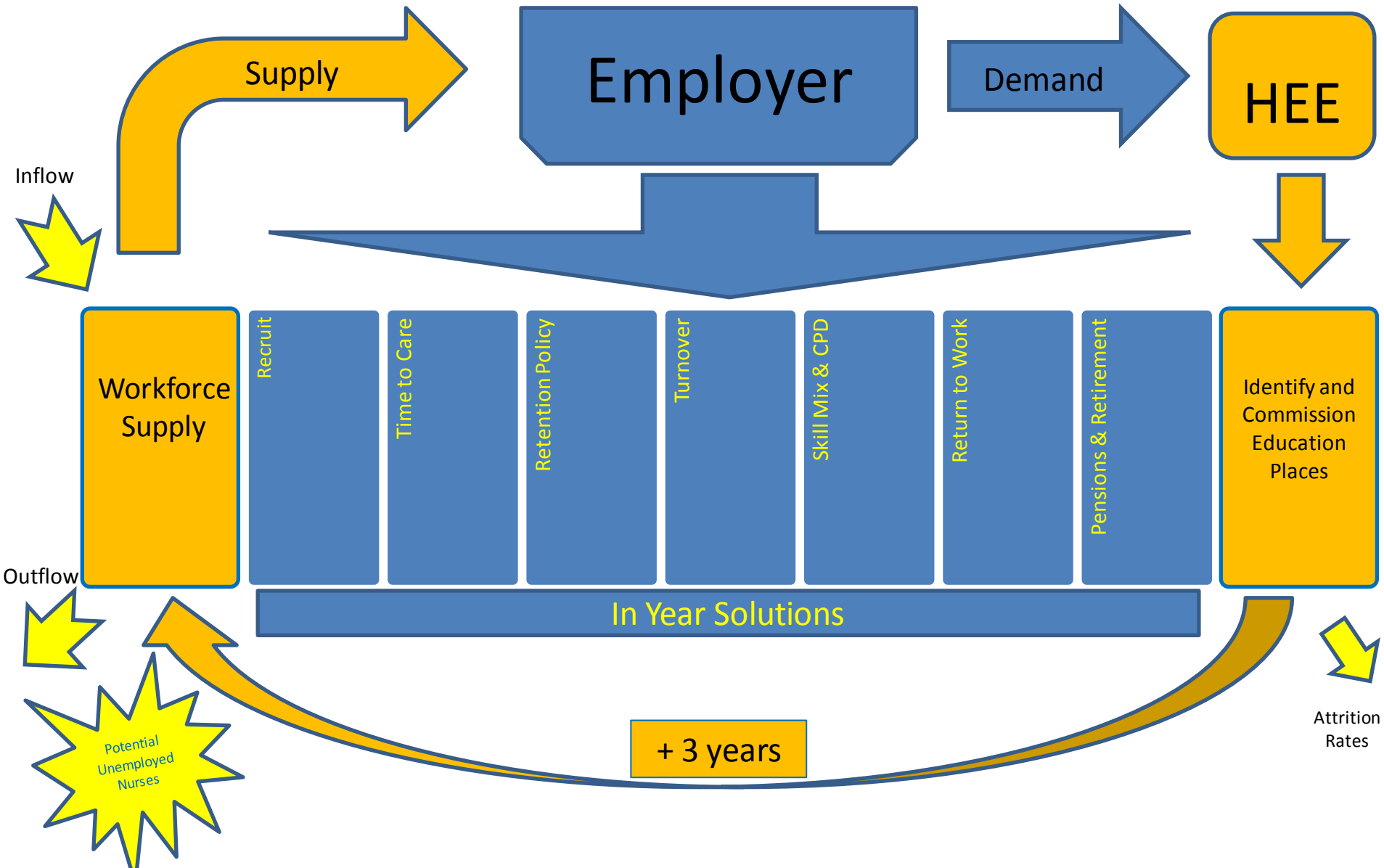
- Nursing has demonstrated net outward migration until 2013/14
- There has been a welcome reduction in the number of UK nurses leaving

Figure 11: Inflow and outflow of nurses and midwives from the UK (2003/4 – 2013/14)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

Ensuring a Workforce with the Right Numbers, Skills & Behaviours



Our best chance of success is to base our long-term workforce strategic framework on the anticipated needs of future patients.

Global drivers of change



Our understanding of the key drivers of change in health and healthcare, based upon a review of international evidence.

Future patients



Our judgement of the impact these drivers are likely to have on people and patients of the future, and how this will shape their characteristics and needs.

Future workforce



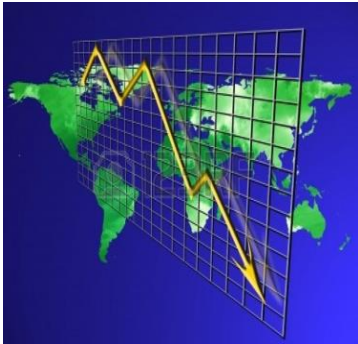
Our view of the characteristics of the future workforce that will be needed in order to meet the anticipated needs of people and patients.

KEY DRIVERS OF CHANGE

- Informatics



- Economics



- Demographics

Estimated and projected age structure of the United Kingdom population, mid-2010 and mid-2035



- Genomics



Five Year Forward View

Three areas of action

- Health gap
- Quality gap
- Finance gap



HEE – two years on

- 2nd Workforce Plan for England
- Framework 15
- Values Based Recruitment
- 5YFV and WAB
- Primary care workforce commission
- Return to practice schemes
- Emergency Medicine Taskforce
- Genomics revolution
- Patient safety commission
- Undergraduate 'attrition' & course content



We must be bold and brave...

“We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten. Don’t let yourself be pulled into inaction.”

Bill Gates