Recruitment and retention of NHS staff in Oxfordshire

Summary

This House of Commons Library debate pack briefing has been prepared in advance of a debate entitled “Recruitment and retention of NHS staff in Oxfordshire”. This will take place in Westminster Hall on Tuesday 20th February 2018 at 11.30am and will last for 90 minutes. It will be led by Layla Moran MP. This debate pack provides background information, parliamentary material, press articles, and further reading materials which Members may find useful when preparing for this debate.

The recruitment and retention of NHS staff is largely the responsibility of the individual NHS trusts which employ them. Whilst the overall number of doctors and nurses in the NHS has increased since 2010, NHS trusts throughout England face staff shortages in a number of areas.

In addition to these general recruitment and retention challenges, trusts in Oxfordshire faces some more specific issues. One of these is the cost of housing. A 2017 study by Lloyds Bank listed Oxford as the most expensive city in the UK, with the average house price 10.7 times average earnings. Another issue relates to the higher proportion of NHS workers from EU countries working in Oxfordshire. According to a 2016 BBC Freedom of Information (FOI) request, the proportion of EU migrants employed at OUH NHS Foundation Trust has risen from 2% to around 11% over the past four years, compared to a national average of 4.6%. In addition, there have recently been press reports outlining concerns that staff shortages have had, or may have, an effect on certain types of care and treatment, particularly relating to cancer, provided by Oxfordshire trusts.

This debate pack provides some background on all these issues, as well as the latest statistics on NHS staffing in England, and Oxfordshire in particular.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.
1. Background

1.1 Recruitment and retention of NHS staff in England

The recruitment and retention of NHS staff is largely the responsibility of the individual NHS trusts which employ them. However, the Secretary of State for Health and Social Care also has a statutory duty to ensure an effective system of education and training of healthcare professionals.

In practice these duties are carried out by an arm’s length body, Health Education England (HEE). HEE’s annual workforce plan for England analyses demand and supply across NHS professions, and sets out plans to ensure sufficient education and training places are commissioned to meet future workforce demands.

NHS England’s 2014 *Five Year Forward View* (5YFV) has also looked at improving recruitment and retention, as well as how to adapt to changing workforce requirements:

Since 2000, the workforce has grown by 160,000 more whole-time equivalent clinicians. In the past year alone staff numbers at Foundation Trusts are up by 24,000 – a 4% increase. However, these increases have not fully reflected changing patterns of demand. Hospital consultants have increased around three times faster than GPs and there has been an increasing trend towards a more specialised workforce, even though patients with multiple conditions would benefit from a more holistic clinical approach. And we have yet to see a significant shift from acute to community sector based working – just a 0.6% increase in the numbers of nurses working in the community over the past ten years.\(^1\)

In a follow up document, *Five Year Forward View: Time to Deliver*, the following proposals were outlined, with a particular focus on reducing trusts’ reliance on agency staff:

- Ensuring a greater supply of NHS nurses through extending the successful national Return to Practice Campaign which has already supported over 1,300 experienced nurses to come back to the NHS within months at a cost of £2,000 per person, rather than 3 years at a cost of £50,000
- Sharing of best practice on staff retention, and joint action on short-term international recruitment to alleviate immediate pressures whilst increased domestic supply from recent increases to training commissions comes on stream
- Supporting efforts to provide NHS staff with more flexible working including looking at shift patterns and pensions and supporting better career paths for our nurses\(^2\)

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\(^1\) NHS England, *Five Year Forward View*, October 2014, p30

\(^2\) NHS England, *Five Year Forward View: Time to Deliver*, June 2015, p6
The Government has also developed new routes into the nursing profession, through the Nursing Degree Apprenticeship and the nursing associate role. ³

As part of the 5YFV, key improvements on recruitment and retention set out by NHS England for 2017/18 and 2018/19 include:

- Creation of a ‘Nurse First’ programme, similar to the Teach First programme;
- Creation of 1,500 extra undergraduate medical school places, starting with 500 in 2018 and a further 1,000 from 2019;
- Increasing the number of nursing training places;
- Tackling pressures on doctors in training⁴

Overall numbers of doctors and nurses in the NHS have increased since 2010 (see section 1.3 for more detailed statistics), however NHS trusts face staff shortages in a number of areas. The Health Foundation’s 2017 briefing, **A sustainable workforce**, set out some of the key pressure points:

In 2015, Health Education England calculated that the NHS had 30,000 fewer full-time equivalent nurses than needed – equivalent to nearly one in 10 positions. For those nurses that care for adult patients, the shortfall was 22,000. This shortage is expected to continue to 2020 – and depending on different assumptions, it could be as high as 38,000 or as low as 15,000. The Royal College of Nurses calculated that one in nine (11.1%) nursing posts are unfilled and that this number has doubled since 2013. There are also gaps in recruiting trainee doctors, with one in five GP and psychiatry training places unfilled in 2017. While hospital staff shortages are the ones that most often hit the headlines, patients also need access to a range of services provided in the community (known as non-acute services). There are major problems with staffing numbers in non-acute services. For example, between 2009 and 2016, the numbers of full-time equivalent mental health nurses and community nurses employed by the NHS both fell by 13%, while the number of district nurses fell by 42%.⁵

A 2015 survey by Unison and the Smith Institute found that 63% of NHS trusts were unsure they had enough staff to meet demand, with 85% finding recruitment very or fairly difficult. It identified the main reasons for this as increasing demand, new safe staffing guidelines following the 2013 Francis Report into Mid Staffordshire, and the impact on staff morale of the 1% public sector pay cap, in place since 2013.⁶

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³ PQ 125270, 1 February 2018
⁵ The Health Foundation, *A sustainable workforce – the lifeblood of the NHS and social care*, June 2017, p3
⁶ Unison and the Smith Institute, *From Pay Squeeze to a Staffing Crisis*, 2015
1.2 Recruitment and retention of NHS staff in Oxfordshire

In addition to general recruitment and retention challenges facing the NHS, Oxfordshire faces some more specific issues. One of these is the cost of housing. A 2017 study by Lloyds Bank listed Oxford as the most expensive city in the UK, with the average house price 10.7 times average earnings.\(^7\)

Concerns have been raised by the Royal College of Nursing (RCN) about housing costs and their impact on nursing numbers. Senior RCN Officer Victoria Couling argued in 2015 that “nursing staff in this area are not offered cost of living subsidies, so it is not surprising those starting out in their careers are looking to work elsewhere.”\(^8\)

In March 2016, a scheme was launched by Oxford University Hospitals (OUH) NHS Foundation Trust where new nursing recruits at the neonatal unit at John Radcliffe Hospital would be offered a cash incentive of the equivalent of their first month’s rent and deposit.\(^9\)

In his speech to the 2017 Conservative Party Conference, the Health Secretary Jeremy Hunt proposed that NHS staff should get preferential consideration for new housing on NHS land:

> And like many people, NHS staff can also struggle to find homes near work they can actually afford. So from now on when NHS land is sold, first refusal on any affordable housing built will be given to NHS employees benefitting up to 3,000 families.\(^10\)

Unison’s Oxfordshire health branch has called for the introduction of an ‘Oxford weighting’ by OUH to help staff with living costs in the area:

> We have also warned that failure to tackle the high cost of living in Oxfordshire would create a staffing crisis - yet Oxfordshire’s NHS Trusts removed the small Oxford weighting to meet government demands for cuts. While we welcome the fact that the OUH Trust has eventually come round to reconsidering making a small additional payment to solve the staffing crisis we are concerned it will be too little too late. We believe that a fixed payment similar to NHS weighting paid to London staff will be necessary to make a real difference.\(^11\)

An e-petition\(^{12}\) is also currently running which calls for the introduction of an Oxford weighting for OUH staff. As of 19 February the petition had around 7,250 signatures.

Another issue relates to the higher proportion of NHS workers from EU countries working in Oxfordshire. According to a 2016 BBC Freedom of Information (FOI) request, the proportion of EU migrants employed at

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\(^7\) Lloyds Banking Group, *Home affordability in cities at its worst since 2008*, February 2017

\(^8\) ‘Affordable NHS housing will help to ease staff shortages says chief nurse’, *Oxford Mail*, 30 May 2015

\(^9\) ‘Nurses offered cash incentives to work at John Radcliffe Hospital neonatal unit’, *The Oxford Times*, 25 March 2016


\(^11\) Unison, Oxfordshire Health Services Branch, *Unison response to Oxfordshire NHS bed and staffing crisis*, May 2017
OUH NHS Foundation Trust has risen from 2% to around 11% over the past four years, compared to a national average of 4.6%.

The then MEP for the South East, now MP for Oxford East, Anneliese Dodds, called the figures “very significant,” and stated that any future controls on workers from EU countries could have an impact on Oxfordshire.12

In 2018, an FOI request by Anneliese Dodds founds that the nurse vacancy rate at OUH had increased from 6.0% to 10.8% between October 2016 and October 2017. In response, the trust’s chief nurse stated that around 350 job offers had been made to staff from India, the Philippines, Spain and Italy.13

The trust outlined further initiatives to address recruitment and retention issues in its 2016/17 business plan, including:

- Considering investment in travel options and reviewing current staff car parking policy;
- Discussing with Oxfordshire councils about including key worker housing in planned housing developments;
- £500 training grant for Band 5 clinical staff;
- Increasing nurse training places at Oxford Brookes University.14

The 2017/18 business plan did not set out any new initiatives, but highlighted concerns about retaining overseas staff from the EU in light of the EU referendum result.

In January 2018, it was reported in The Times that Churchill Hospital in Oxford was having to delay chemotherapy for cancer patients as a result of a shortage in specialist nurses.15 However, OUH responded that although there had been an internal memo discussing challenges facing the chemotherapy service, there had been no decision to delay any treatment.16

A subsequent Times report claimed that staff shortages, in part a result of pay restraint and cost of living issues, had led to the closure of hospice beds at Churchill Hospital.17

1.3 Key NHS staffing statistics

England

The number of people employed by NHS hospital and community health services rose by 1.5% (17,439) between September 2016 and September (headcount). In full-time-equivalent terms, which take into account whether people work part-time or full-time, the workforce rose

12 ‘Oxfordshire NHS worker numbers from EU twice UK average’, BBC News, 22 June 2016
13 ‘Nurse vacancies at Oxfordshire hospitals almost double in just one year’, Oxford Mail, 2 February 2018
14 Oxford University Hospitals NHS Foundation Trust, Business Plan 2016/17, June 2016
15 ‘Top Oxford hospital cuts cancer care due to lack of staff’, The Times, 10 January 2018
16 ‘Oxford hospital seeks to reassure patients over cancer fears’, Oxford Times, 10 January 2018
17 ‘Hospice loses beds in NHS staff crisis’, The Times, 11 January 2018
by 1.5% (15,909). Please see the source statistical releases for staff numbers on headcount and role count bases.

Recent data shows that there were 27,836 GPs in England in June 2017 (excluding locums, trainees and those undertaking only a small amount of clinical work). This is 2.2% lower than the estimated figure for September 2016, and 4.8% lower than in September 2015.

The number of doctors in Hospital and Community Health Services (HCHS) rose by 2.7% in the year to September 2017 – an increase of 2,871 full-time equivalent doctors. Over five years, the increase is 8.7% - 8,724 doctors.

Over the past few years the number of nurses has increased, but at a slower rate than the number of doctors. Over the twelve months to June 2017, however, the number of FTE nurses and health visitors fell by 0.2% (around 400 fewer nurses) Since September 2010, the number of nurses has increased by 1.4%.

Between 2010 and 2017, the number of nurses per million population has fallen from 5,330 to 5,080. The bulk of this fall took place between 2010 and 2012 – there was then a slight increase in nurse numbers relative to the population between 2012 and 2014. Between 2016 and 2017, there was a slight fall.

Scientific, therapeutic and technical staff levels have risen by 10%. Support to clinical staff, including healthcare assistants, rose by 9%. There was a fall of 11.9% in infrastructure support staff between June 2010 and June 2017, including a reduction of 16% in managers. However, over the past year numbers have risen in these categories.

Data sources: NHS Digital, General and Personal Medical Services, NHS Workforce Statistics

Data frequency: quarterly (GPs), monthly (HCHS).

For further information on key NHS statistics, see the Commons Library briefing CBP-7281, ‘NHS Key Statistics: England, January 2018’.

**Oxfordshire**

Information on the number of staff employed by each NHS organisation is published monthly. However, data on the turnover of staff – e.g. on the number of leavers and joiners to the NHS – is only published by NHS region. Oxfordshire forms part of the ‘Thames Valley Health Education England region’, which also covers Buckinghamshire, Berkshire, and Milton Keynes.

In October 2017, the NHS directly-employed hospital & community workforce in Oxfordshire was 14,941 (full-time equivalent basis). This is down from 15,029 in October 2016, but up from 14,831 in October 2015. This covers staff working at Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, and NHS Oxfordshire CCG. In England as a whole, the total number of staff has risen from 1,018,787 in October 2015 to 1,042,627 in October 2016 and 1,059,985 in October 2017.
The tables below show data on leavers and joiners to the NHS in Thames Valley for twelve month periods ending in September each year. Oxfordshire’s NHS staff make up just under half of the NHS workforce in the Thames Valley region.18

### NHS STAFF TURNOVER, 2012-2017

<table>
<thead>
<tr>
<th>Thames Valley</th>
<th>England</th>
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<tr>
<td><strong>ALL STAFF</strong></td>
<td><strong>ALL STAFF</strong></td>
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<tr>
<td>Period</td>
<td>Joiners</td>
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<tr>
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<tr>
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<tr>
<td>Sep 2014 - Sep 2015</td>
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<td>Sep 2016 - Sep 2017</td>
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<td><strong>NURSES AND HEALTH VISITORS</strong></td>
<td><strong>NURSES AND HEALTH VISITORS</strong></td>
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<tr>
<td>Period</td>
<td>Joiners</td>
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<tr>
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<td>1,207</td>
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<td>Sep 2016 - Sep 2017</td>
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In the 12 months to September 2017 there were 5,745 joiners to the NHS in Thames Valley and 5,280 leavers – 9% more joiners than leavers. In England as a whole there were 14% more joiners than leavers, meaning that the workforce increased more slowly in Thames Valley.

The turnover of staff was higher in Thames Valley than England over the year to September 2017. Around 13.5% of staff left during the year, compared with 11.4% in the country as a whole.

The tables above also show figures just for nurses and health visitors. In England as a whole there were 10% more nurse leavers than joiners in the year to September 2017. However, in Thames Valley, there were 39% more leavers than joiners. Turnover was around 10.3% in England and 12.3% in Thames Valley. However, the main driver of the change in Thames Valley was a reduction in the number of nurses joining the NHS compared with previous years.

The charts below show the age profile of nurse leavers and joiners in Thames Valley in the year ending September 2017. It shows a very different profile to the country as a whole. In England, in all age groups up to 39 there were more nurse joiners than leavers. However, in Thames Valley, among ages 25-34 there were more nurse leavers than joiners. Note that this may reflect general trends in the local workforce rather than specific trends in the NHS.

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18 Note that the turnover data is on a ‘headcount’ basis, which counts each staff member as 1 regardless of whether they work part-time or full-time. The totals given above are ‘full-time-equivalent’ figures, which take into account whether a person works full-time or part-time – e.g. a half-time worker would count as 0.5.
It possible to track changes in the number of hospital doctors specialising in clinical oncology or medical oncology, but not other staff groups working on cancer. At Oxford University Hospitals NHS Foundation Trust in September 2017 there were 51.9 FTE doctors specialising in clinical or medical oncology. This is an increase from 40.2 in 2011. However, the number has been unchanged for the last two years.

Data source: NHS Workforce Statistics, September 2017; Supplementary data on turnover

**NHS cancer workforce**
In England as a whole, the number of clinical or medical oncology doctors was 2,229 in September 2017, up from 2,023 in September 2015 and 1,799 in September 2011 (full time equivalent basis).

Source: NHS Workforce Statistics, September 2017
2. Parliamentary material

2.1 Written Parliamentary Questions

• **Cancer: Oxfordshire**

**Asked by:** Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what progress is being made on implementing the NHS England Cancer Strategy in Oxfordshire.

**Answering member:** Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Oxfordshire Clinical Commissioning Group has been working hard to implement the cancer Strategy for England within Oxfordshire and are committed to improving cancer services to all of its patients. They have just secured funding for a new post (in conjunction with Macmillan Cancer Support) to develop an Oxfordshire Cancer Strategy and continue implementation of the national strategy. Work on national strategy key priority areas, including prevention, early diagnosis, improving patient experience and living with and beyond cancer has already been undertaken.

Additionally, the launch of Thames Valley Cancer Alliance provides an opportunity for a different way of working; taking a whole population, whole pathway approach to improving cancer outcomes across its geographical footprint and building on Sustainability and Transformation Plans. The Alliance brings together influential local decision makers and is responsible for directing funding to transform services and care, delivering continuous improvement and reducing inequalities of experience of care. The Alliance published its five-year delivery plan in January 2017. The plan is the Alliance’s blueprint for local delivery of the national strategy.

01 Feb 2018 | Written questions | Answered | House of Commons | 124617

**Date tabled:** 24 Jan 2018 | **Date for answer:** 29 Jan 2018 | **Date answered:** 01 Feb 2018

• **GP Surgeries and Pharmacy**

**Asked by:** Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure the availability of small (a) pharmacies and (b) GP surgeries in (i) Oxford, (ii) Oxfordshire and (iii) England; and if he will make a statement.

**Answering member:** Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The Government is committed to ensuring access to National Health Service pharmaceutical and general practitioner (GP) services. In line with this commitment, NHS England is working with general practice
stakeholders to develop primary care networks, which enable more multi-disciplinary working and provide more attractive career models for GPs and practice teams.

To ensure that all patients have access to NHS pharmaceutical services locally, the Government has introduced a Pharmacy Access Scheme, which provides additional funds to smaller pharmacies in areas where there are fewer pharmacies and higher health needs. There are more than 1,400 community pharmacies in England in the scheme. This includes seven pharmacies in Oxford West and Abingdon.

Doctors: Migrant Workers

Asked by: Fabricant, Michael | Party: Conservative Party

To ask the Secretary of State for the Home Department, whether she has received representations on doctors from overseas being prevented from working in the NHS on account of immigration rules relating to their salaries; and if she will make a statement.

Answering member: Caroline Nokes | Party: Conservative Party | Department: Home Office

We have received representations concerning the recruitment of overseas doctors under Tier 2 (General), our main immigration work route for non-EEA workers. The minimum salary thresholds were set following consultation with the independent Migration Advisory Committee and are based on pay scales published by the NHS – and have not been recently changed.

When we receive more applications than the number of places available in any given month, priority is given – through the award of points— first to occupations in UK shortage as identified by the independent Migration Advisory Committee, then to PhD-level occupations, and followed by economically valuable jobs paying higher salaries.

Cancer: Oxfordshire

Asked by: Moran, Layla | Party: Liberal Democrats

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure compliance with the national cancer waiting time standard in Oxfordshire; and if he will make a statement.

Answering member: Steve Brine | Party: Conservative Party | Department: Department of Health and Social Care
Oxford University Hospital NHS Foundation Trust is currently meeting seven out of the eight national cancer waiting times standards. Oxford Clinical Commissioning Group is working with Oxford University Hospitals NHS Foundation Trust to improve waiting times performance and ensure national standards are met, including the 62-day cancer standard.

Achieving the unmet 62-day cancer standard is a key objective in the Government’s Mandate to NHS England for 2017-18 and Next Steps on the NHS Five Year Forward View.

To ask the Secretary of State for Health and Social Care, whether his Department has had discussions with Oxford University Hospitals NHS Foundation Trust on the recruitment and retention of specialist cancer staff in that trust; and if he will make a statement.

I spoke to Dr Bruno Holthof, Chief Executive of Oxford University Hospitals NHS Foundation Trust, on Wednesday 11 January. We discussed how the Trust is not currently changing cancer treatment regimes for its patients, or considering any change outside the standards set out by the National Institute for Health and Clinical Excellence. I also sought reassurance from the Trust that it is communicating effectively to patients, families and staff that there are no changes to cancer treatment programmes.

To ask the Secretary of State for Health and Social Care, how many specialist cancer staff in (a) Oxfordshire and (b) England are non-UK EU citizens.

The specific level of detail required to answer this question is not available in the information held by NHS Digital relating to the National Health Service workforce.
To ask the Secretary of State for Health and Social Care, how many specialist cancer staff in (a) Oxfordshire and (b) England are non-UK EU citizens.

The specific level of detail required to answer this question is not available in the information held by NHS Digital relating to the National Health Service workforce.

To ask the Secretary of State for Health and Social Care, what assessment he has made of the reasons for shortages in chemotherapy nurses in Oxfordshire; and if he will make a statement.

Oxford University Hospitals NHS Foundation Trust continues to meet operational standards for providing cancer care to its patients. The most recent figures for Q2 2017/18 show:

- Two Week Wait from GP Urgent Referral to First Consultant Appointment: 96.9% (operational standard 95%);
- One Month Wait from a Decision to Treat to a First Treatment for Cancer: 97.0% (operational standard 95%); and
- Two Month Wait from GP Urgent Referral to a First Treatment for Cancer: 85.1% (operational standard 85%).

We are committed to improving the capability and capacity of the cancer workforce in England. Health Education England (HEE) published its first ever Cancer Workforce Plan on 5 December 2017, setting out plans to increase the numbers working in cancer care, speeding up diagnoses and treatment.
Macmillan Cancer Support are currently carrying out a Specialist Adult Care Nurse Census to understand the current size and location of the specialist cancer nurse workforce. This will enable HEE to develop a much more comprehensive picture of how many specialist nurses are working in cancer and what further action and investment might be required to ensure timely and good quality patient care and experience.

15 Jan 2018 | Written questions | Answered | House of Commons | 121973

Date tabled: 10 Jan 2018 | Date for answer: 15 Jan 2018 | Date answered: 15 Jan 2018

- Health Services: Oxfordshire

Asked by: Moran, Layla | Party: Liberal Democrats

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to tackle the causes of absence of NHS staff in Oxfordshire due to (a) stress and (b) mental health-related illnesses.

Answering member: Stephen Barclay | Party: Conservative Party | Department: Department of Health and Social Care

Employers across the National Health Service including those in Oxfordshire are responsible for tackling the causes of absence of their staff including stress and mental health related illnesses.

The Department is supporting the NHS in tackling these causes of absence through its mandate with NHS England which has a Commissioning for Quality and Innovation (CQUIN) incentive programme1 to improve staff health and wellbeing, and publishes the annual NHS Staff Survey.

NHS England’s CQUIN programme should encourage trusts to, where appropriate, introduce new services for employees to give them the support they need including quicker access to mental health services.

The NHS Staff Survey2 helps trusts benchmark the percentage of staff feeling unwell due to work related stress in the last 12 months against their peers which should inform local improvement plans.

The Department also commissions NHS Employers3, which is working with NHS England, NHS Improvement and Public Health England to help the NHS tackle the causes of absence due to stress and mental health related illness through advice, guidance and good practice as well as tools and resources such as their emotional wellbeing toolkit “How are you feeling NHS”.

Notes:
To ask Her Majesty's Government what plans they have (1) to ensure the retention of doctors who work in the NHS, and (2) for recruiting more overseas doctors, after the UK leaves the EU.

Answering member: Lord O'Shaughnessy | Party: Conservative Party | Department: Department of Health and Social Care

The Department continues to monitor and analyse overall staffing levels across the National Health Service and is working across Government to ensure that there will continue to be sufficient staff to deliver the high quality services that patients rely on following the United Kingdom’s exit from the European Union.

The Government hugely values the contribution of the 12,000 EU27 doctors working in the NHS. The Prime Minister has publicly reassured all EU citizens who have chosen to make their homes and livelihoods in the UK, that she wants them to stay. Furthermore, the agreement announced on the 8 December between the UK and the EU Commission delivered on the Prime Minister’s number one priority and safeguarded the rights of people who have built their lives in the UK and EU, following the UK’s exit from the EU. In addition, NHS Improvement is leading a programme of work to improve staff retention in trusts across England and bring down the leaver rates in the NHS by 2020.

The Government is committed to ensuring that the NHS is able to meet future demand and this is why from September 2019, the Government will fund up to 1,500 additional medical training places in England each year. This is in addition to the 6,000 medical school places currently available in England.

The Department has also submitted evidence to the Migration Advisory Committee to ensure the position of staff in health and social care is fully understood and taken into account as part of their evidence gathering into the impact of the UK’s exit from the EU on the UK labour market.

We will continue to engage with the Home Office to secure a future migration system which gives the health and care system the flexibility to meet future and growing demand.
Date tabled: 21 Dec 2017 | Date for answer: 09 Jan 2018 | Date answered: 09 Jan 2018

Cancer: Health Services

Asked by: Drew, Dr David | Party: Labour Party · Cooperative Party

To ask the Secretary of State for Health, what plans he has to ensure that the increases in the number of staff recruited as a result of the Government’s cancer plan are in line with local implementation plans so as to guarantee equality of provision across the country.

Answering member: Mr Philip Dunne | Party: Conservative Party | Department: Department of Health

On 5 December 2017 Health Education England (HEE) published its Cancer Workforce Plan. The plan outlined how HEE working with other arm’s length bodies will lead the workforce planning process for cancer at a national and local level.

Workforce plans are to be submitted as part of, and aligned to Operational and Sustainability Transformation Plans (STPs) by March 2018 (unless otherwise agreed). STPs bring National Health Service providers, commissioners, local authorities, and other health and care services together to propose how they, at local level, can improve the way that health and care is planned and delivered in a more person-centred and coordinated way.

To support this process, HEE will share regional data and host a national peer-learning event in January 2018 between Cancer Alliances and local HEE teams.

Date tabled: 18 Dec 2017 | Date for answer: 21 Dec 2017 | Date answered: 21 Dec 2017

NHS: Migrant Workers

Asked by: Furniss, Gill | Party: Labour Party

To ask the Secretary of State for Health, what assessment he has made of the potential effect of the recent fall in EU immigration on trends in NHS recruitment during Winter 2017.

Answering member: Mr Philip Dunne | Party: Conservative Party | Department: Department of Health

The latest data available from NHS Digital shows as at June 2017 there was an increase of over 5% in the number of EU27 nationals employed in NHS trusts and clinical commissioning groups compared with June 2016.

Ensuring appropriate staffing over winter is essential. NHS England and NHS Improvement have worked with the National Health Service to ensure that plans are in place to meet the demands put on the service. This includes necessary staffing levels.
As announced in the Autumn Budget, an extra £335 million, on top of the previously announced £100 million will be provided to relieve pressure on accident and emergency departments. An additional £1 billion of funding will be spent on meeting adult social care needs, supporting the social care market and reducing pressure on the NHS this year.

08 Dec 2017 | Written questions | Answered | House of Commons | 116898

**Date tabled:** 30 Nov 2017 | **Date for answer:** 04 Dec 2017 | **Date answered:** 08 Dec 2017

- **Care Homes**

**Asked by:** Cameron, Dr Lisa | **Party:** Scottish National Party

To ask the Secretary of State for Health, what steps are being taken to provide nursing placements in community nursing homes as a means of expanding training placement availability.

**Answering member:** Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

We anticipate that community nurse placements will be a part of the increase in the number of available clinical placements for undergraduate nurse degrees announced by my Rt. hon. Friend the Secretary of State on 3 October 2017.

Health Education England’s (HEE) Community Education Providers Networks bring together all involved with education and training in primary care within a specified geography to work across health and social care, delivering and coordinating educational training and so helping to attract, recruit and retain staff in the region and develop a sustainable workforce.

HEE has also developed Advanced Training Practice hubs which are accredited to provide undergraduate and post-graduate multi-professional training placements that offer opportunities for learners to develop the competencies needed to work effectively in primary and community care settings.

Education and training provision for healthcare systems in the National Health Service in Northern Ireland, Scotland and Wales is a matter for each of the devolved administrations.

07 Dec 2017 | Written questions | Answered | House of Commons | 116380

**Date tabled:** 29 Nov 2017 | **Date for answer:** 01 Dec 2017 | **Date answered:** 07 Dec 2017

- **Mental Health Services: Recruitment**

**Asked by:** Williams, Dr Paul | **Party:** Labour Party

To ask the Secretary of State for Health, with reference to the report by Health Education England, Stepping forward to 2020-21: The mental health workforce plan for England*, published in July 2017, how many
and what proportion of the new mental health workforce recruits will be trained as occupational therapists.

**Answering member:** Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health

The breakdown of the overall increase in workforce that the ‘Stepping forward to 2020/21: The mental health workforce plan for England’ will deliver will be defined by local needs.

Health Education England is working with a number of partners, including National Health Service trusts, to assess demand and supply for clinical staff, including occupational therapists.

**30 Nov 2017 | Written questions | Answered | House of Commons | 115772**

**Date tabled:** 27 Nov 2017 | **Date for answer:** 30 Nov 2017 | **Date answered:** 30 Nov 2017

- **Colorectal Cancer**

**Asked by:** Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what steps he is taking to ensure that there is sufficient resource and capacity to meet waiting time standards for colonoscopy and flexible sigmoidoscopy for suspected lower gastrointestinal cancer.

**Answering member:** Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England and NHS Improvement regional teams are leading work to ensure that cancer waiting times standards are met. This involves continually assessing demand and capacity for diagnostic tests.

In December 2016, NHS England announced that £200 million would be made available to Cancer Alliances over the next two years (2017/18 and 2018/19) to support delivery, including of early diagnosis. Cancer Alliances will be the driving force to deliver transformation of cancer services locally bringing together senior leaders from the region to effectively make decisions on the management of resources.

Oxfordshire Clinical Commissioning Group carried out a procurement of local diagnostic services to enable wider provision in the community of colonoscopy, flexi-sigmoidoscopy and endoscopy services.

The majority of patients are being diagnosed and treated promptly against a backdrop of more people being referred and diagnosed than ever before. In 2016/17 the National Health Service carried out 21.4 million diagnostic tests, 7 million more than in 2010.

**11 Sep 2017 | Written questions | Answered | House of Commons | 7684**

**Date tabled:** 04 Sep 2017 | **Date for answer:** 06 Sep 2017 | **Date answered:** 11 Sep 2017

- **Nurses: Oxfordshire**
To ask the Secretary of State for Health, what assessment he has made of the effect of the relative cost of housing compared with wages in (a) Oxford and (b) Oxfordshire on the ability of Oxford University Hospitals NHS Foundation Trust to recruit nursing staff on a starting salary.

Department: Department of Health

04 Sep 2017 | Written questions | Tabled | House of Commons | 7432

Date tabled: 04 Sep 2017 | Date for answer: 06 Sep 2017

The recruitment of nursing and other staff to deliver safe patient care is the responsibility of employers across the National Health Service. The average pay for full time nurses is £31,278 per annum, well above national average full time earnings of about £27,000 per year.

In addition, from completion of training nurses can expect eight incremental pay rises worth £936 (3.8%) on average each year on top of annual pay awards plus benefits including an excellent pension.

However, we are not complacent and acknowledge the challenges staff have in securing suitable accommodation in some parts of the country. That is why the Government wants to support key workers such as nurses by making homes more affordable with steps outlined in the Housing white paper to increase supply.

Currently the Government funds a range of home ownership schemes including Help to Buy Equity Loans and Shared Ownership to support key workers to buy a home where they are unable to afford market prices locally. In addition, the Department has been engaging with a wide range of stakeholders to understand better the housing need for NHS staff. The need for affordable homes for NHS staff differs across the country, and we are working with the NHS, local authorities, housing associations and other partners to explore opportunities for supporting local solutions, including the option for NHS organisations to use their surplus land to provide staff housing.

18 Jul 2017 | Written questions | Answered | House of Commons | 4977

Date tabled: 13 Jul 2017 | Date for answer: 18 Jul 2017 | Date answered: 18 Jul 2017

NHS: Migrant Workers

Asked by: Moran, Layla | Party: Liberal Democrats
To ask the Secretary of State for Health, what estimate he has made of the number of EU citizens working in the NHS in (a) Oxford, (b) Oxford West and Abingdon constituency and (c) Oxfordshire.

**Answering member:** Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

The Secretary of State for Health has not had discussions with Oxford University Hospitals NHS Foundation Trust specifically on the Trust’s ability to recruit nursing following the United Kingdom leaving the European Union.

The Secretary of State holds regular discussions with all National Health Service trusts throughout the year on a broad range of issues, including workforce.

NHS Digital publishes data on the nationality of staff working in the NHS in England. The table below shows the number of EU27 citizens employed within trust’s active in Oxfordshire at 31 March 2017:

<table>
<thead>
<tr>
<th>European Union 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Specified Organisations</td>
</tr>
<tr>
<td>NHS Oxfordshire Clinical Commissioning Group</td>
</tr>
<tr>
<td>Oxford Health NHS Foundation Trust</td>
</tr>
<tr>
<td>Oxford University Hospitals NHS Foundation Trust</td>
</tr>
</tbody>
</table>

Notes: The nationality field available within the systems, upon which these figures are based, contains self-reported information from individual employees. Nationally thousands of NHS staff records do not contain useful data with people choosing not to specify their nationality or not asked to. In addition, as nationality is self-reported the value entered by an individual may reflect their cultural heritage rather than their country of birth. As such, these figures should be treated with a significant degree of caution.

Source: NHS Digital, NHS Hospital and Community Health Service workforce statistics

The Department is committed to ensuring that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that they need.

As negotiations continue around the United Kingdom’s exit from the European Union, the Department and its arm’s length bodies will continue to support the health and care system to ensure they are able to deliver the services on which patients rely.

The Department continues to monitor and analyse overall staffing levels across the NHS, and is working across Government to ensure there will continue to be sufficient staff to deliver the high quality service that patients expect.

18 Jul 2017 | Written questions | Answered | House of Commons | 4976
2.2 Oral Parliamentary Questions

- **Mental Health Workforce**

**Asked by:** Mr Richard Bacon (South Norfolk) (Con) | **Party:** Conservative Party

Given that the NHS owns a great deal of land and buildings, and that mental health workers and other health workers face high accommodation costs, will the Secretary of State meet me so that I can explain how the benefits of the Self-build and Custom Housebuilding Act 2015 could be used as a powerful retention and recruitment tool for mental health workers?

**Answered by:** Mr Hunt | **Party:** Conservative Party | **Department:** Health

I commend my hon. Friend for his work and thinking on this through the Public Accounts Committee, and he is absolutely right. I am more than happy to talk to him about this, but we actually have it as a priority to make sure that when NHS land is disposed of, NHS workers get the first opportunity to buy or rent the houses that are built.

**Date answered:** 19 Dec 2017

- **Leaving the EU: Health and Social Care**

**Asked by:** Mr Philip Hollobone (Kettering) (Con) | **Party:** Conservative Party

During his visit to the hospital in April, the Minister will have seen that Kettering General has a long and proud record of recruiting medical staff from outside the EU, and in numbers. Is it not the case that the NHS has always recruited from outside the EU and will continue to do so after Brexit?

**Answered by:** Mr Dunne | **Party:** Conservative Party | **Department:** Health

My hon. Friend is right to say that there has been a long-standing tradition of this country welcoming professionals from outside, through various waves of migration that go back several decades. It is important to point out to him that the Secretary of State announced a year ago a 25% increase in the number of doctors in training in this country and earlier this autumn a 25% increase in the number of nurses to be trained in this country, so that we become less reliant on overseas clinicians at a time of a shortage of some 2 million worldwide.

**Date answered:** 14 Nov 2017
• **NHS: Winter Staffing Levels**

**Asked by:** Baroness Watkins of Tavistock (CB) | **Party:** Crossbench

My Lords, will the Minister join me in acknowledging the stance being taken by the NMC in seriously considering changes to the English language test to make it more relevant to nursing practice, while maintaining patient safety? This has the potential to increase significantly the recruitment of overseas nurses in the UK. I also seek assurance that the Government will not cut investment in district nurse training.

**Answered by:** Lord O’Shaughnessy | **Party:** Conservative Party

I am grateful to the noble Baroness for raising this. We have discussed a number of times the impact of the test on recruitment from countries other than the UK. It is entirely sensible for the NMC to look at this. On nurse training, I hope she will have been reassured by the announcement from my right honourable friend the Secretary of State for Health at the Conservative Party conference that we will deliver a 25% increase in nurse training places from 2018-19 onwards.

26 Oct 2017 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 785 c972

**Date answered:** 26 Oct 2017

• **Nursing**

**Asked by:** Dr Whitford | **Party:** Scottish National Party

Obviously we know that it takes quite some time to train a nurse, and one in 10 posts in England is vacant—that is twice the rate we face in Scotland. We also know that there is a 51% increase in nurses leaving the profession, a 96% drop in those coming from the European Union, and a limit on the use of agency staff, so where does the Secretary of State expect NHS England to find the 40,000 nurses it needs right now?

**Answered by:** Mr Hunt | **Party:** Conservative Party | **Department:** Health

Let me just remind the hon. Lady that there are 11,300 more nurses on our wards than there were just four years ago, so we are increasing the number of nurses in the NHS. She mentions what is happening in Scotland. I gently remind her that nearly double the proportion of patients are waiting too long for their operations in Scotland as in England.

10 Oct 2017 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 629 c147

**Date answered:** 10 Oct 2017

• **Nursing**

**Asked by:** Mr Ben Bradshaw (Exeter) (Lab) | **Party:** Labour Party

University admissions departments have reported an 8% fall in the number of people accepted on to nursing courses this autumn, so the situation is getting worse, not better as the Secretary of State claims.
What contingency does he have in place, in the event that we crash out of the European Union, to address a further haemorrhaging of European Union staff from the NHS, and when will he review his disastrous decision to abolish nurse bursaries, which has had such a negative impact?

Answered by: Mr Hunt | Party: Conservative Party | Department: Health

Let us be clear: we took the difficult decision on nurse bursaries precisely so that we could have the biggest expansion in nurse training places we have ever had. When we had the higher education reforms in 2011, which the right hon. Gentleman’s party opposed, we also saw a drop in initial applications, but then we saw them soaring to record levels. That is what we want to happen with nurses, because we need more nurses for the Royal Devon and Exeter, and all the hospitals that serve our constituents.

10 Oct 2017 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 629 c146

Date answered: 10 Oct 2017

• NHS: Working Conditions

Asked by: Lord Clark of Windermere (Lab) | Party: Labour Party

I thank the Minister for his reply, but it indicates to me that the Government are still in a state of denial. He talks about recruiting extra nurses. Has he seen the report last week that showed that for the first time ever there were more nurses leaving the profession than joining it? How does that stack up with his assertion that they are recruiting more nurses? Does he not accept that it is only on account of the dedication and commitment of all NHS staff, including doctors, nurses and ancillary staff, who on occasion work in appalling conditions, that the service is as good as it is? Why do the Government, as a first step, as a gesture, lift the pay cap so that the nurses and the doctors can have a salary that they deserve?

Answered by: Lord O'Shaughnessy | Party: Conservative Party

I join the noble Lord in paying tribute to the commitment and selflessness of NHS staff. I am of course aware of the report that he talked about. That is why we need to increase the numbers of both nurses and doctors in training, which has happened. On pay, I think we all know that everybody has had to make sacrifices as we get the public finances in order. That is well understood. My right honourable friend the Secretary of State is shortly meeting the leaders of the Royal College of Nursing, for example, but of course any decisions on pay will be made as a consequence of the reports from the independent pay review bodies.

05 Jul 2017 | Oral questions - 1st Supplementary | Answered | House of Lords | House of Lords chamber | 783 c882

Date answered: 05 Jul 2017
• **Nursing**

**Asked by:** Wes Streeting (Ilford North) (Lab) | **Party:** Labour Party

The fact is that when the Government chose to charge students record levels of tuition fees and scrap their NHS bursary, the Secretary of State and his Ministers were warned that that would lead to a fall in the number of applications, and what has happened since then? The number of applications for nursing degrees has fallen by 23%. Given that the Secretary of State has already acknowledged that we cannot continue our over-reliance on EU staff following Brexit, when will Ministers understand that the biggest challenge facing nursing recruitment is not our policy on the EU, but the Government’s own health policies?

**Answered by:** Mr Dunne | **Party:** Conservative Party | **Department:** Health

The hon. Gentleman is right to draw attention to the fact that we continue to have a surplus of applicants for nursing degree courses in this country. The level of that surplus has fallen somewhat as a result of the change in funding structures. We shall have to see where it ends up, because at present universities are not recruiting directly outside the UCAS system, but we are confident that there will be more applicants than places this year by a ratio of some 2:1.

04 Jul 2017 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 626 c1010

**Date answered:** 04 Jul 2017

• **Brexit: Nursing Staff**

**Asked by:** Lord Hunt of Kings Heath | **Party:** Labour Party

To ask Her Majesty’s Government what assessment they have made of the impact on the NHS of figures released by the Nursing and Midwifery Council showing a 96 per cent reduction in the number of nurses registering to work in the United Kingdom in the year since the referendum on leaving the European Union.

**Answered by:** The Parliamentary Under-Secretary of State, Department of Health (Lord O’Shaughnessy) (Con) | **Party:** Conservative Party

My Lords, the Government are aware of a reduction in the number of European Economic Area trained nurses applying to register with the Nursing and Midwifery Council. The department’s assessment suggests that this is largely a consequence of the NMC introducing language testing, rather than the vote to leave the European Union. The number of European nurses working in the NHS increased by more than 400 between June 2016 and March 2017.

27 Jun 2017 | Oral questions - Lead | Answered | House of Lords | House of Lords chamber | 783 cc290-3

**Date answered:** 27 Jun 2017
2.3 Debates

- **NHS: Staff** (HL Deb 30 November cc754-786)
- **Healthcare in Oxfordshire** (HC Deb 17 October 2017 cc213-235WH)
- **NHS Pay** (HC Deb 13 September 2017 cc849-904)

2.4 Select Committees

3. Press articles and notices

3.1 NHS staff in Oxfordshire

Oxfordshire hospital staff struggling with heavy workloads due to recruitment issue
National Health Executive, 13 February 2018

Oxfordshire health and care services ‘must work together better’
BBC News, 13 February 2018

CQC review finds Oxfordshire health and social care services not working together
Oxford Mail, 12 February 2018

Joined-up service would help patients
Oxfordshire Guardian, 14 February 2018

Health watchdog ‘concerned’ by cancer and heart operation cancellations
Oxford Mail, 7 February 2018

Banbury turns out to support Horton staff
Banbury Guardian, 7 February 2018

Nurse vacancies at Oxfordshire hospitals almost double in just one year
Oxford Mail, 2 February 2018

MP Victoria Prentis accuses Oxford NHS trust of ‘cover up’
BBC News, 26 January 2018

JR took north Oxfordshire midwives to cope with pressure
Banbury Guardian, 24 January 2018

‘Rude’ Oxford hospitals parking staff to undergo training
BBC News, 18 January 2018
Petition calls for 'Oxford weighting' to salaries to help NHS staff amid house prices
Oxford Mail, 11 January 2018

Hospice loses beds in NHS staff crisis
The Times, 11 January 2018 [available via parliamentary subscription]

Top Oxford hospital cuts cancer care due to lack of staff
The Times, 10 January 2018 [available via parliamentary subscription]

Churchill Hospital chemotherapy treatment 'unsustainable'
BBC News, 10 January 2018

Health trust winning recruitment battle as it turns to India and the Philippines to fill nursing gap
Oxford Mail, 1 November 2017

Hundreds of staff could leave Oxfordshire's NHS due to Brexit, Lib Dems claim
Oxford Mail, 6 June 2018

Oxfordshire GP out-of-hours health service staff shortages
BBC News, 31 May 2017

'Oxford weighting' back on table amid NHS recruitment crisis
Oxford Mail, 11 May 2017

Health workers in Oxfordshire call for 'Oxford weighting' after one percent rise announced by Department of Health
Oxford Mail, 4 April 2017

3.2 NHS staff throughout the UK
Number of GPs continues to decline as 200 leave in three months
Pulse, 15 February 2018
NHS trusts transferring staff into subsidiary companies to cut VAT
The Guardian, 14 February 2018

Exclusive: Thousands of NHS staff to transfer to subsidiary companies
Health Service Journal, 14 February 2018

Exclusive: NHS staff in Yorkshire taking tens of thousands of days off sick with stress every month
ITV News, 12 February 2018

16,600 reports on NHS staff shortages in Scotland over 4-year period
The Scotsman, 11 February 2018

Foreign staff stick to NHS despite Brexit fears
The Times, 9 February 2018 [via parliamentary subscription]

Greater use of locums affects wellbeing of NHS staff and patients, report finds
The Pharmaceutical Journal, 9 February 2018

Jeremy Hunt admits NHS winter crisis is ‘worst ever’ but says doctors and nurses ‘knew what they signed up for’
The Independent, 8 February 2018

Hundreds of NHS staff forcibly moved to a private company, says UNISON
Nursing Notes, 7 February 2018

NHS staff are being pushed to the limits. Our protest is to say enough is enough
The Guardian, 2 February 2018

Call for NHS staff investment as cancer cases rise
Cancer Research UK, 25 January 2018
4. Further reading

4.1 Reports

- The Health Foundation, *A sustainable workforce – the lifeblood of the NHS and social care*, June 2017
- Lloyds Banking Group, *Home affordability in cities at its worst since 2008*, February 2017
- Unison and the Smith Institute, *From Pay Squeeze to a Staffing Crisis*, 2015

4.2 Commons Library publications

- Commons Library briefing CBP-7783, *NHS staff from overseas: statistics*, 7 February 2018
- Commons Library briefing CBP-7747, *What is affordable housing?*, 14 November 2017

4.3 Lords Library publications

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