In July 2013 the NHS Employers organisation invited HR directors from across the NHS to participate in a workforce survey. The survey gathered information about pay awards and affordability, recruitment, retention, workforce supply and service demand.

Responses were gathered from 60 NHS organisations representing all regions (London, North, Midlands and South). The findings from the survey enable us to share the current reported trends in the labour market across the NHS, nationally and regionally.

### NHS labour market indications

#### Key findings

- 214 reported staff shortages across all occupations (medical and non-medical)
- Majority of reported hard to fill vacancies are for between 1-10 FTE, more severe shortages (i.e. 30+ FTE) have been reported by small numbers of employers in pockets of the country
- 53 per cent of reported hard to fill vacancies have remained unfilled for 3-12 months from first advertisement
- Local and national skills shortages are cited as the predominant reasons for difficulty recruiting
- Employers will most likely use recruitment campaigns and temporary staff to manage occupational shortages
- Some organisations are experiencing difficulties in sourcing agency staff when they need them, cost and quality of agency staff are recurrent issues reported
- Oversupply is most prevalent among the support workforce and admin & clerical staff groups.
Occupational shortages, over supply and turnover

Trends by occupation group

Nurses

• 29 per cent of all the reported hard to fill vacancies in the survey are for nursing positions. The most reported being in specialist roles – acute, paediatrics, neonatal and theatre but the numbers are small (less than seven per cent of respondents reported hard to fill vacancies in any of these areas). Therefore, this would not appear to be reflective of a national problem. However, the results indicate that where small pockets of employers are experiencing local hard to fill nursing vacancies, it is more likely to be a severe shortage of 30+ full time equivalent (FTE) posts for periods of between 3–12 months.

• 26 of the 43 organisations (60 per cent) that reported staff shortages of qualified nurses said that they were due to skill shortages, either at a local or national level. One organisation reported that a shortage of qualified nurses was due to insufficient pay or reward.

• Hard to fill vacancies in paediatrics and neonatal were also identified in small numbers at band 6. This would reinforce Centre for Workforce Intelligence (CfWI) data, which lead to the retention of specialist nurses working in neonatal intensive care units, in the most recent review of the Home Office shortage occupation list.

• Local actions by employers to manage the shortages of nurses have focused on recruitment campaigns and international recruitment, and to a lesser extent temporary staff.

• Other reported strategies in place, to ensure nursing workforce supply meets current and predicted future demand on services, include:
  – professional development opportunities to unqualified staff and to entry level registered nurses
  – skill mix reviews and service reconfiguration
  – developing assistant practitioner roles at Band 4
  – work placements for Return to Practice nurses
  – new training programmes for Band 3 and Band 4 nurses
  – nursing apprentices and skills platforms for HCAs
  – developing Advanced Nurse Practitioners
  – offering RRPs.

• Of the eight respondents who stated that they would use international recruitment to meet staff shortages in nursing, seven said that this was in response to local or national skills shortages.

Reported hard to fill vacancies by staff group
Doctors and dentists

- Where recruitment and retention issues have been specifically referred to by employers these are locality and specialty specific or are part of known labour supply problems. Solutions require wider labour market supply changes and changes to service configurations. For example, in relation to emergency medicine physicians, actions are being taken at a national level by NHS England and Health Education England in relation to service demand, service configurations, better training programmes, clearer careers guidance, and a planned growth in the numbers of specialty training opportunities.

- Other reported strategies being put in place by employers to ensure medical workforce supply meets current and predicted future demand on services are as follows:
  - investing in Advanced Nurse Practitioners
  - clinical attachments
  - development of Nurse Consultants
  - use of existing advanced practitioners, physicians’ assistants and non-medical prescribers
  - new clinical support workforce training programmes to be implemented.

- Typically, where organisations have indicated shortages of doctors (all levels) they are reporting between 1-10 FTE in any given specialty. However, the results indicate that in these shortage areas, vacancies remain unfilled for longer periods compared to other staff groups (for example 35 per cent of hard to fill medical vacancies remain unfilled for 12+ months, compared to just three per cent of reported nursing shortages).

- 17 organisations (28 per cent) are considering international recruitment in the next 12 months to fill medical vacancies due to local or national shortages.

Allied health professionals

- Of the 22 organisations reporting shortages of qualified allied health professionals, 20 stated that the reasons were local or national skill shortages. One respondent cited competition from other NHS organisations as a reason for this staff group.

- It is evident that across this staff group there are hard to fill vacancies for sonographers across bands 5–7. Ten organisations (across North, London and South) reported shortages in this occupation (of between 1–10 FTE), with 57 per cent of reported hard to fill vacancies being unfilled for over six or 12 months. National and local skills shortages are cited as the reasons for difficulty in recruiting. This evidence reinforces Centre for Workforce Intelligence (CfWI) data, which has lead to the retention of sonographers in the most recent review of the Home Office shortage occupation list.

Reasons for difficulty recruiting (across all reported hard to fill vacancies)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competition from NHS orgs</td>
<td>4%</td>
</tr>
<tr>
<td>Desirability of area</td>
<td>5%</td>
</tr>
<tr>
<td>Insufficient pay/reward</td>
<td>2%</td>
</tr>
<tr>
<td>Local skill shortage</td>
<td>25%</td>
</tr>
<tr>
<td>National skill shortage</td>
<td>48%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Not known</td>
<td>12%</td>
</tr>
</tbody>
</table>
Other staff

- Five organisations reported hard to fill vacancies for health visitors, in the main the reports are of shortages of between 1–10 FTE. Local and national skills shortages across London, Midlands and the North are cited as reasons for this difficulty to recruit.

- Six respondents said there were hard to fill vacancies for healthcare scientists, across bands 5, 6 and 8. The numbers remain small, with three employers reporting vacancies that were not filled a year after first advertisement. National skills shortages have been cited as the reason for the difficulty in recruiting. There is suggestion from these findings that this could be due to the lack of training places offered (Practitioner Training Programme/Scientific Training Programme) for neurophysiology in areas of the country.

- Three organisations reported shortages of midwives (band 6–7), giving the reason as local or national skill shortages.

- Three ambulance trusts responded to the survey, two of which are reporting hard to fill vacancies of band 5 paramedics. Local and national skill shortages are believed to be the reasons. Additional pressures come from reported shortages of nurse clinical advisors (band 6) in control rooms, high turnover of health advisors and call handlers in control rooms (band 2 & 3).

- Much of the evidence supports a general oversupply of administrative and clerical, healthcare support and property and estates workers, particularly in pay bands 1–4. With reports in some instances of over 100 applications per vacancy. However, the poor quality of applicants to vacancies in the support workforce is also a recurrent theme among respondents.

Reported oversupply by staff group

- 34% Admin & clerical
- 2% Doctors
- 45% Healthcare support workers
- 2% Hotel, property & estates
- 11% Allied health professionals
- 4% Nurses
- 2% Senior managers
Recruitment outside of the UK

Nineteen organisations (33 per cent) reported having recruited from outside of the UK during the last 12 months, of which we know they were most frequently filling medical and nursing vacancies from European Economic Area (EEA) countries, such as Spain and Portugal. Outside of the EEA, employers reported most commonly recruiting from India to medical vacancies.

The majority of these organisations (18) indicated that they are considering recruitment outside of the UK again in the next 12 months, typically to fill medical and/or nursing vacancies from EEA countries and India.

Pay Awards

- Of 38 employers who responded to the question ‘what is the most appropriate way of distributing the 2014/15 pay award’, the option most frequently selected by employers was the same pay uplift for all staff (21 responses). The table below shows the number of responses to each option, ranked by frequency of response.

<table>
<thead>
<tr>
<th>The most appropriate way of distributing the 2014/15 pay award amongst staff</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. same pay uplift for all staff</td>
<td>21</td>
</tr>
<tr>
<td>i. by level of performance</td>
<td>15</td>
</tr>
<tr>
<td>c. to aid recruitment and retention for difficult to recruit/retain staff</td>
<td>9</td>
</tr>
<tr>
<td>h. for the lowest paid</td>
<td>7</td>
</tr>
<tr>
<td>b. by geographical area (please explain below)</td>
<td>5</td>
</tr>
<tr>
<td>j. other – (please explain below)</td>
<td>3</td>
</tr>
<tr>
<td>e. by pay band/grade</td>
<td>2</td>
</tr>
<tr>
<td>d. by position on band</td>
<td>1</td>
</tr>
<tr>
<td>f. by contract (please state which contract/s) (AfC, Consultants, SAS, Juniors)</td>
<td>1</td>
</tr>
<tr>
<td>g. by staff group</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
</tr>
</tbody>
</table>

(Respondents could choose multiple answers. 38 Respondents answered with 64 options.)

- 59 per cent of 39 employers who responded to the question of how the pay award should be allocated, thought that a consistent national approach should be adopted. 41% thought there should be ‘some’ local discretion. It was thought that given the low level of the pay award likely to be available, the benefit would be limited.

Conclusion

Recruitment and retention does continue to be generally stable in the NHS across the country. Where there are known local recruitment challenges the survey indicates that employers are taking various actions to resolve and where hard to fill vacancies are part of known wider labour supply problems, national solutions are being explored.

Some employers have reported receiving large numbers of applicants for some of the vacancies they advertise. Oversupply is most prevalent among the support workforce and admin & clerical staff groups. However, the poor quality of applicants to vacancies in the support workforce is also a recurrent theme among respondents.