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Dear Secretary of State

Ensuring Safe Staffing

Thank you for your letter received today, dated 13 November.

As you know from our recent meetings, Health Education England is committed to ensuring we have a workforce in the right numbers, with the right skills, values and behaviours to deliver high quality care for patients.

To this end, we have recently published the first comprehensive workforce planning guidance, setting out a clear and transparent process for the system. During the year, each employer will have shared their forecast needs with regard to the future workforce with their Local Education and Training Board (LETB). The LETBs have used these forecasts as the basis for conversations with commissioners and other local stakeholders, before developing their workforce investment plans and submitting them to us. We are now in the process of aggregating and assuring these thirteen plans, and the forecasts that support them, to ensure that collectively we will be able to deliver on our Mandate requirements. Our Workforce Investment Plan for England will set out the education commissions we intend to make with universities for places commencing in September 2014 (which in the case of nursing, will result in newly qualified nurses in 2017), and subject to the approval of our board, we will publish this on 5 December.

I am currently liaising with your office to ensure we get time in your diary to brief you on our Workforce Investment Plan for England, but in advance of this, I thought it would be helpful to expand upon some of the issues we have discussed recently with regard to nursing. As you know, the publication of the Robert Francis report has already had a profound effect on the system, and the anticipated Government's response, together with the National Quality Board, is quite rightly increasing the focus on safe staffing levels in general and for nursing in particular.

Whilst the increased focus on safe staffing levels is welcome, this has occurred towards the end-stage of our workforce planning cycle, causing Trusts to revise their forecasts in-year. Based upon the data submitted to us, Trusts are now telling us that their employment intentions have changed significantly between last year and this, and even in-year, with Trusts now planning to employ an additional 3700 nurses during 2013/14. Previous provider forecasts under the SHAs had indicated providers intended to employ less staff not more in 2013/14.

The workforce forecasts submitted to LETBs contain employers' actual employment intentions for 13/14 and the forecast of their future intentions for 14/15 to 17/18. We then use those forecasts to inform decisions on the number of newly qualified staff that we will need in the future and therefore the number of training places which need to be commissioned. The HEE investment plans represent education commissions that will not become available to the system until 2017, and whilst we have some further analysis to do, our indicative analysis suggests that if we continue to drive down attrition (which in some LETB areas is reported as being as high as 30%) we will be able to maintain the current level of nurse output from courses (which during 2013/14 is forecast as being at an all-time high) for fewer commissions. My board is clear that we should not waste public money on ever increasing commissions when attrition rates are as high as they are, and so we are keen to increasingly shift attention to the number, quality and employability of nurses that graduate successfully at the end of courses, rather than how many students start courses. This is also a more effective measure for patients, who at the end of the day want a successful, compassionate, fully qualified nurse to treat them, not a misleading chart that shows a growth in commissions.

Finally, I would like to alert you to some work we are about to do with regard to supporting Trusts to meet their current nursing needs. Although our role is to secure the future supply of the workforce, and it is the statutory responsibility of employers to ensure they can meet current need, we think that the on-going impact of Francis warrants concerted and special action, as evidenced by their intention to employ more nurses. We therefore intend to lead a campaign on behalf of the system to help encourage registered nurses back to work. We know that many Trusts often require more experienced or specialised nurses.

Such action will benefit the Trusts, avoiding duplication of effort and economies of scale, and by working with the NMC and other national partners, we can help put registered nurses in touch with Trusts who have staffing needs, and provide further support through bespoke education and training packages. HEE is keen to move to a model by where we don't just commission university courses, but manage our investments in people, so that we provide continual support where appropriate, so that valuable skills and experience are not lost to the system, causing waste to the taxpayer and the individual nurse.

I have asked my Director of Nursing, Lisa Bayliss-Pratt to chair a Steering Group involving NMC, NHS Employers, Monitor, NTDA, NHS England as well as local acute and community partners. The group will oversee the work we intend to lead on behalf of, and in partnership with, the rest of the system to help employers ensure they have nurses in the right numbers, with the right skills, values and behaviours.

I hope that we will get chance to discuss the above in more detail soon, but meanwhile I trust that this is a helpful update with regard to the actions that Health Education England is taking to support the delivery of high quality care for patients.

Yours sincerely



Professor Ian Cumming, OBE
Chief Executive