

Health care providers and skills development

**Relevant Findings from the 2007 National
Employer Skills Survey for England**

Skills for Health

Final Report: May 2009

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1. Executive Summary

Measuring how employers are affected by skills deficiencies within the labour market and with those who work for them, is key for government and its agencies monitor how the skills base of the countries meets their needs. It is also an important aid to understanding if its training and development policies are relevant and effective. It also helps employers in one sector of the economy compare themselves to other employers.

The NESS 2007 survey is one of a series of employer surveys undertaken between 2004 and 2007. Its core areas of questioning have remained the same. As a result, some general comparisons are able to be made. Around 75,000 employers within England were asked their views on a range of employment and skills issues. Around 2,500 of these employers were within the Skills for Health footprint. This makes it one of the most robust surveys of its type.

Such comparisons indicate strong positive indicators for the performance of the whole economy and the Health Sector on a range of measures. For instance from 2004 to 2007;

- The proportion Health Sector employers indicating 'hard-to-fill' vacancies dropped from 12% to 7%
- Those vacancies that were hard to fill because of the shortage of skills amongst applicants i.e. 'Skills Shortage vacancies' dropped from 7% to 4%

Furthermore, the numbers of establishments reporting skills gaps has also dropped from 26% to 13% between 2004 and 2007. Whilst the rate of skills gaps remained relatively stable at between 7% and 5% between 2004 and 2007.

More investigation is required to fully understand the factors behind these declining trends. However, it is likely that the recent policy to increase the supply of people with the skills to enter sector are a positive contributory factor.

In relation to the training activities, the Health Sector also reports a great deal of activities with employers reporting higher than average on the job and off the job training and development.

Conducted prior to the recent economic crisis, results of the survey also indicates that employers in the health sector have a greater propensity to purchase support to solve workforce issues, such as in recruitment initiatives rather than seek to develop in-house solutions. There are also indications that around a quarter of employers see skills gaps as an obstacle to making changes to working practices. Both of these themes will feature highly on the minds of health sector employers as they contemplate tighter financial regimes.

2. Key points

The following are highlights from the National Employer Skills Survey 2007.

Hard to fill vacancies and skills shortages

- The percentage of establishments reporting vacancies, hard-to-fill vacancies (HtFVs) and skill-shortage vacancies (SSVs) has reduced significantly since 2004
 - hard to fill vacancies 2004 (12%) 2009 (7%)
 - skills shortage vacancies 2004 (7%) 2009 (4%)
- Recruitment problems are relatively uncommon across the Health sector affecting only a minority of establishments (7%), but when they occur they can have a significant impact on business effectiveness.
- The top three causes of hard to fill vacancies
 - Low numbers of applicants with required skills, 25%
 - Poor terms and conditions, 23%
 - Not enough people interested in doing this type of job, 21%
- Skills found difficult to obtain from applicants within establishments that have skill shortage vacancies
 - Technical, practical or job-specific skills, 44%
 - Oral communication skills, 29%
 - Written communication skills, 29%
- Impact of hard to fill vacancies
 - Increased workload for other staff, 68%
 - Increased operating costs, 34%
 - Difficulties meeting quality standards, 23%
- Hospital Activities (given profile of larger employers in this part of the health sector) are most likely to be recruiting and thus experiencing recruitment difficulties, whilst Medical and Dental practices are the least likely to be recruiting and having recruitment difficulties.
- 70% of the all of the sector's vacancies are for either Personal service staff (41%) or Associate professionals (29%). These occupation vacancy rates represent a higher proportion than their share of the sector's workforce i.e. personal services account for 37% and associate professional's account for 17% of the workforce.
- The main response taken by sector employers (and employers generally) is to increase advertising or the recruitment spend, just over half (53%) of employers (with HtFVs) report take this approach

Perceived skills deficiencies of younger people

- Two fifths of Health sector establishments report having recruited at least one young person (aged 16-24) in the last 12 months
- By sub-sector there are big variations with 40% of those Health Activities employers taking on

a young person falling to only 13% within Medical and Dental Practice establishments

- University graduates are seen as most likely to be very or well prepared to work in the Health sector
- Only 14% of the sector's establishments reported offering an apprenticeship in the 12 months prior to the NESS07, but the sector compares favourably to the all sector picture
- Within the sector the most cited reason for offering apprenticeships was 'training the future workforce' at 27%, very closely followed by 'we can train them in our way of doing things' at 26%

Employers experience of skills gaps

- Skills gaps (where there are skills deficiencies in the workforce) affect many more establishments (16%) within the sector than do skill shortage vacancies (4%)
- An estimated 96,100 staff within the Health sector have skills gaps, this equates to 6% of the workforce covered by Skills for Health, compared to only 3,900 vacancies identified as hard to recruit to due to lack of skills in applicants
- As with recruitment difficulties there has been a reduction in the sector's establishments reporting they have skills gaps, and this trend is in line with the national picture
- The main cause of skill gaps is lack of experience or recent recruitment (72% of establishments)
- The main impact of skills gaps within the Health sector is to increase the workload for other staff, 55% of establishments with skills gaps reported this as an impact
- Most establishments increase training activity/expand trainee programmes to overcome lack of proficiency among staff

Actions taken to train and develop their workforce

- The Health sector compares favourably to the national picture on the incidence of business and training plans within the sector, only 17% of establishments within the sector do not have either a business or training plan
- There is a much higher incidence of both off and on the job training in the Health sector compared to the all national all sector profile
- The main reasons for not offering more training was lack of funding and inability to spare the staff, similar to the all sector picture
- There is also a relatively high incidence of formal job descriptions and skill gap assessments within the sector

3. Report Introduction

3.1. Report purpose

This report summarises the findings from the National Employer Skills Survey (NESS) for 2007 for the Skills for Health Sector Skills Council.

The NESS was commissioned by the Learning and Skills Council, in collaboration with the Department for Innovation, Universities and Skills (DIUS) and the then Sector Skills Development Agency (SSDA), which is now the UK Commission for Education and Skills (UKCES). The NESS has been undertaken in its present form since 2003. It aims to provide detailed information about the extent, causes, and implications of England's recruitment problems and skills gaps, as well as measuring employers' training activities.

The NESS is the biggest survey on the topic of recruitment skills and training. The 2007 survey is based on 79,000 interviews with employers of different sizes, sectors, and localities across England.

3.2. Coverage of the Skills for Health Sector

The NESS 2007 defines Skills for Health and other Sector Skills Council (SSC) sectors on a 'best fit' basis using Standard Industrial Classifications (SIC). For Skills for Health NESS survey coverage is based SIC03 85.1 – Human Health Activities, which is comprised of the following areas:

SIC 85.11 – Hospital activities both public sector hospital activities including NHS Trusts (85.11/1), private sector hospital activities (85.11/2), and medical nursing home activities (85.11/3)

SIC 85.12 – Medical practice activities

SIC 85.13 – Dental practice activities

SIC 85.14 – Other human health activities

In total, the NESS 2007 conducted 2,416 interviews with establishments in the sector. When Skills for Health NESS sample is split by the sub-sectors a total of 665 interviews were achieved in 85.11, 544 interviews in 85.12, 466 interviews in 85.13 and 741 interviews in 85.14.

Table 1: Unweighted Sample Sizes by SIC03 Codes

SIC03 Codes	Description	NESS07 Unweighted Sample Sizes
85.1	Human Health Activities	2,416
85.11 - 85.11/1 - 85.11/2 - 85.11/3	Hospital Activities - <i>Public sector hospital activities including NHS Trusts</i> - <i>Private sector hospital activities</i> - <i>Medical nursing home activities</i>	665
85.12	Medical practice activities	544
85.13	Dental practice activities	466
85.14	Other human health activities	741

Source: National Employer Skills Survey, 2007

3.3. Methodological notes

The NESS07 survey covers all establishments with at least two people in employment¹, and the survey sample was drawn from Experian's National Business Database.

The NESS 2007 has an identical sample design to the NESS05 and NESS04, but there are some key sample and methodological differences that impact on drawing time series comparisons across data with the NESS03 survey which surveyed the population of establishments with at least one employee (excluding working proprietors).

Data for the survey were grossed-up to population estimates of establishments (some 1.45 million establishments) and to the population of employees (22.3 million). These population estimates were derived from the 2006 Inter-Departmental Business Register (IDBR).

3.4. Definitions of key terms

Vacancies	Vacancies reported by respondents
Hard-to-fill Vacancies (HtFVs)	Those vacancies classified by respondents as hard-to-fill
Unprompted Skill-shortage vacancies (SSVs)	These were defined as hard-to-fill vacancies where at least one of the following causes was spontaneously cited by the respondent: low number of applicants with the required skills, lack of work experience the company demands or lack of qualifications the company demands
Prompted Skill-shortage vacancies (SSVs)	These were defined as hard-to-fill vacancies where at least one of the following causes were cited on prompting but had not been cited spontaneously: low number of applicants with the required skills, lack of work experience the company demands or lack of qualifications the company demands

¹ This definition excludes the self-employed who do not have anyone working for them

Density of Vacancies	Vacancies expressed as a percentage of employment
Skills Gaps	These are said to exist at an establishment when the employer indicates that staff at the establishment are not fully proficient at their jobs. The number of skills gaps refers to the number of staff not fully proficient
Establishment based measures	These are survey results which are based on the proportion of employers responding in a particular way (e.g. the proportion of employers providing training for their staff)
Employee based measures	These are survey results which are based on the number of employees(e.g. the proportion of employees for whom training has been provided)
Weighting	Weighting of the survey data was undertaken to ensure the survey results are representative of the population of employers. The weighting process involved grossing-up the survey results to population estimates on an establishment and an employment basis separately
Unweighted base	This refers to the number of respondents on which a survey result is based

3.5. Report structure and notes

This report presents key findings from the NESS07 survey and is divided into the following sections:

- Key Findings and Messages
- Current Size and Structure of Skills for Health SSC
- Recruitment Activity and Difficulties
- Recruitment of Young People to Employment and Apprenticeships
- Workforce Skills Gaps
- Employer Engagement in Training and Workforce Development
- Employer Engagement with Government Support, Its Importance & Views on Effectiveness
- Appendix – Additional Sub-Sector Tables

For tables and data presentation the standard conventions have been used:

- All percentages have been rounded to whole numbers – this may mean on occasion that percentages do not round to 100 per cent
- A N/A indicates that the value is less than 0.5 per cent
- Only data with unweighted bases of more than 30 are reported – where unweighted base sizes are between 30 and 50 the text is italicized – data with unweighted samples will be represented by a *

4. Current size and structure of Health Sector

Section summary

This section of the report provides an overview of the characteristics of the Skills for Health sector, how it is structured, and how it compares to the all sector profile. Understanding the overall proportion of the sector is important to help us make sensible generalisations. Appendix 1 provides a more detailed examination of the sector's size and structure.

- In summary the sector is characterised by a concentration of employment in hospital activities (accounting for 70% of the sector's workforce) which is also characterised by some very large dominate employers, specifically the NHS
- By number of establishments it is Hospital Activities with the lowest proportion within the Health sector, at 17%, whilst Other Human Related activities has the highest proportion of establishments at 35%, but this sub-sector only accounts for 16% of the sector's workforce
- Overall 69% of all Skills for Health establishments are classed as profit-seeking compared to 88% of all establishments

4.1. Overall size of the sector

The NESS07 data shows that the sector as defined by the SIC codes (see Table 1) employs a total of 1,647,445 individuals engaged in 42,645 establishments. The majority of employment (1,154,700 or 70%) is located in the Hospital activities sub-sector, 16% is located in Other Human Health activities, 10% in medical practice activities and 4% in dental practice activities.

However, with regard to the establishment structure Hospital activities actually have the lowest proportion of establishments within the sector at 17%. Other human health activities have the greatest proportion of the sectors establishments at 35%.

4.2. Size, structure and geographic location of health sector establishments

Size of health sector establishments

According to the NESS 07 the majority (79%) of Skills for Health establishments are small (fewer than 25 employees). The striking aspect for the sector is the lower proportion of micro establishments (2-4 employees) at 32%, when compared to the all sector England picture of 54%, a 22 percentage point difference.

The Skills for Health sector also has almost twice the proportion of establishments employing 25-99 employees at 17% compared to 8% for England as a whole. Larger establishments (100 plus employees) account for 4% of the sector, compared to 2% of all establishments within England.

Although large establishments are numerically small, they are very important to the sector (and more generally); **the largest 4% of Skills for Health establishments employ 1,071,979 or 65% of the workforce within the sector.**

Large organisations (such as the NHS trusts) make up a bigger proportion of the Hospital activities sub-sector at 5% of establishments within this area of activity and only a quarter (26%) of establishments within Hospital activities employ 25-99 staff, this compares to 69% of establishments employing 25-99 in the Medical practice sub-sector.

Regional break down of health sector employment

The Skills for Health regional location profile of establishments and the regional distribution are both very similar to the all sector profile for England. The only notable difference regionally is there is a lower proportion of Skills for Health employment in London at 15% compared to the all sector employment of 18%.

4.3. Type of establishment within the Skills for Health sector

As would be expected, the Skills for Health establishment type i.e. profit-seeking, charity or local/central government financed differs markedly from the all sector profile and most other sectors. 69% of all Skills for Health establishments are classed as profit-seeking compared to 88% of all establishments and only 29% of Skills for Care and Development (SfCD) establishments. 17% are classed as voluntary/charity (compared to 6% all sector), 12% are local government financed bodies, and 7% (including NHS Trusts) are central government financed bodies, the remaining 6% do not fit into any of the above classifications.

4.4. Occupational structure of the Skills for Health sector

The occupational profile for the Skills for Health sector differs from the all sector England picture in the following ways:

- The sector employs more than twice the proportion of Associate professionals at 17% when compared to the all sector picture of 7% or against the Skills for Care and Development (SfCD) sector proportion of 6%. This group includes nurses, midwives and therapists.
- Personal service staff account for over a third of all employed in the sector at 37%. This compares to only 8% across England as a

whole, but is below the proportion of 46% within the Care Sector covered by SfCD. This official occupational group also includes nursing auxiliaries and nursery nurses.

- Very few people are employed in Sales and customer service roles and only 6% of the sector's workforce are employed as elementary staff compared to 14% for England as a whole.

5. Recruitment activity and difficulties

Section summary

This section of the report examines the extent of recruitment activity and difficulties within the Skills for Health sector, by looking at skills shortage hard-to-fill vacancies i.e. those which arise because of a lack of applicants with the required experience, qualification or skills for a particular current vacancy.

- Recruitment problems are relatively uncommon across the Health sector affecting only a minority (7% of establishments), but when they occur they can have a significant impact on business effectiveness.
- Those employer categorised as undertaking Hospital Activities are most likely to be recruiting and thus experiencing recruitment difficulties, whilst Medical and Dental practices are the least likely to be recruiting and having recruitment difficulties.
- NESS07 estimates there were a total of 30,500 vacancies in the Health sector, accounting for 2% of the workforce. Of the sector's vacancies only 7,900 were hard-to-fill.
- 70% of the all of the sector's vacancies are for either Personal service staff (41%) or Associate professionals (29%). These occupation vacancy rates represent a higher proportion than their share of the sector's workforce i.e. personal services account for 37% and associate professional's account for 17% of the workforce.
- The percentage of establishments reporting vacancies, hard-to-fill vacancies and skill-shortage vacancies appears to have (significantly) reduced since NESS04.

5.1. Recruitment activity and difficulties

Recruitment problems are relatively uncommon and affect only a minority of the sector (and all employers), but when they do occur can have a significant impact on business effectiveness.

Of the Skills for Health establishments surveyed in the NESS 2007 24% reported having at least one vacancy. Of which, 7% stated that they have at least one hard-to-fill vacancy (HtFVs), 4% were reported as being skills-shortage related hard-to-fill vacancies (SSVs). There has been little change in these headline figures since the NESS began in 2003.

Relatively more Skills for Health establishments have vacancies than for the all sector profile of England as whole, but slightly fewer reported these as skill-shortage vacancies.

Table 2: Percentage of Establishments with Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies

Vacancies	% of Establishments		
	All Sector	SfH	SfCD
Have at least 1 vacancy	18	24	28
Have at least 1 HTF vacancy	7	7	7
Have a skill-shortage vacancy	5	4	4
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments

Region

The Skills for Health unweighted sample base only allows analysis of the percentage of establishments reporting at least one vacancy at the time of the NESS07 by regional location.

Chart 1 shows the distribution of the percentage of establishments reporting vacancies by region. It is the South West at 29% of establishments that shows the highest incidence of recruitment within the Skills for Health sector, followed closely by the South East at 28%. The East Midlands, the North East and London regions all have the lowest rate of regional recruitment within the sector at 20% of establishments each.

Although not statistically reliable it would appear that the North East and South East are more likely to have a higher incidence of establishments reporting hard to fill vacancies. Again, although not statistically reliable it would appear that London Skills for Health establishments are more likely to report skills shortage vacancies.

Chart 1: Percentage of Establishments with at Least One Vacancy



Source: NESS07 Base: All establishments

Sub-sector and organisation type

When the vacancy, HtFV and SSV profile by establishment is analysed by Skills for Health sub-sectors some notable differences are shown (see appendix 1 for table). Establishments in the Hospital activities sector are much more likely to have a vacancy (44%), HtFV (13%) or an SSV (7%) – this is probably reflective of the larger employers within this sub-sector as it is known that larger employers are more likely to have vacancies. It is dental practices that are the least likely to be recruiting with only 11% reporting a vacancy, 4% with an HtFV and only 2% with an SSV.

Because 69% of all establishments within the sector are profit-seeking this limits the statistical analysis that can be undertaken by organisational type.

22% of organisations that seek a profit have a vacancy, 7% have an HtFV and 4% have an SSV – in line with the sector percentages. A relatively high proportion (39%) of Charities/voluntary organisations has a vacancy (at the time of NESS07), 28% of local government financed bodies, and 29% of central government financed bodies. The unweighted sample base is too low to provide statistics by these organisation types for HtFVs and SSVs.

Organisation size

The incidence of vacancies, hard-to-fill vacancies and skill shortage vacancies vary consistently with the size of employer. The data for Skills for Health sector shows that, in general, the larger the employer the more likely they are to report current vacancies. Within the Skills for Health sector organisation size does appear to increase the proportion of establishments with vacancies reporting these as hard-to-fill vacancies or those with hard-to-fill vacancies reporting these skill shortage vacancies:

- 62% of organisations employing 200 plus employees report having vacancies whilst only 17% of organisations 24 or less employees have a vacancy
- 33% of organisations with vacancies and employing 2-24 employees report they have hard-to-fill vacancies, whilst for organisations employing over 100 the percentage is 22%.
- For small organisations (2-24) with vacancies 17% report they have skill shortage vacancies, and for larger businesses (100 plus) the percentage is very similar only 10%.

5.2. Incidence of vacancies, HtFVs and SSVs

The NESS 2007 estimated that there were a total of 30,500 vacancies in the Skills for Health sector, accounting for approximately 2% of the estimated employment population. Only 7,900 (or 26% of all vacancies) were hard-to-fill vacancies, of which 48% were skills-shortage related. Of

all reported vacancies in the Skills for Health sector SSVs accounted for 13% (for England as a whole it is 21%). It would therefore seem that establishments in the Skills for Health sector are relatively less affected by skill shortage vacancies.

For England the NESS 2007 estimates there were 619,700 vacancies, of which 183,500 were HtFVs and 130,000 were SSVs.

Table 3: Number of Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies

Vacancies	% of Establishments	
	All Sector	SfH
Total number of vacancies	619,700	30,500
Total number of hard-to-fill vacancies	183,500	7,900
Total number of skill shortage vacancies	130,000	3,900
Total Weighted Base	22,259,634	1,647,445
Total Unweighted Base	2,277,027	156,016

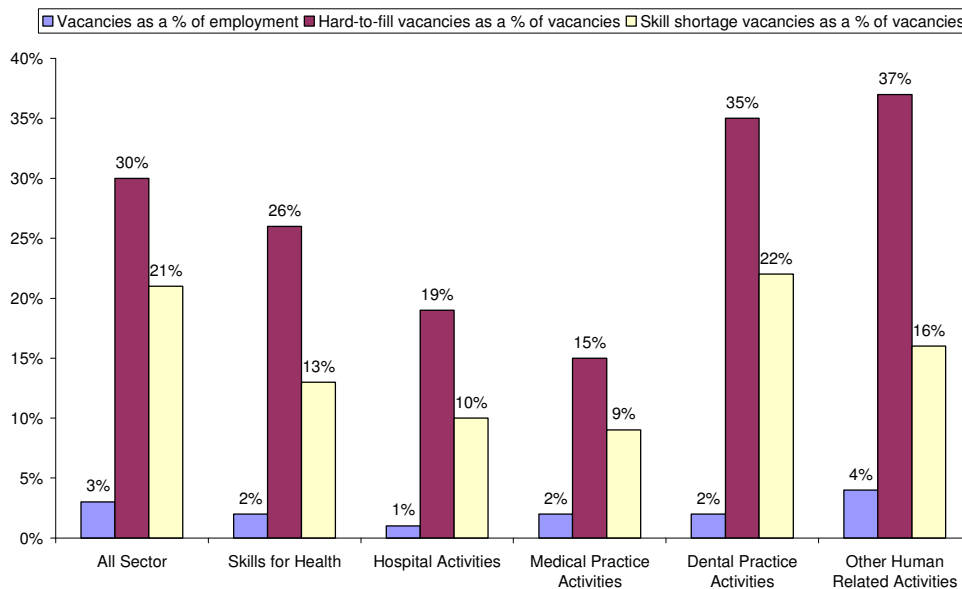
Source: NESS, 2007

Base: All employment, rounded to the nearest 100

The Dental practice sub-sector shows the highest SSVs as a proportion of vacancies (22%), this is supportive of the known shortage of people seeking to be NHS dentists.

Other human related activities shows the highest proportion of hard to fill vacancies as a proportion at 37%, compared to only 15% within medical practice activities at only 15% (the lowest percentage by sub-sector).

Chart 2: Level of Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies



Source: NESS, 2007

Base: All employment

Table 4 shows the average number of vacancies and HtFVs for establishments with vacancies (and HtFVs) and for all establishments. The Skills for Health sector shows relatively high averages with regards to these two aspects, but as noted above it has a lower proportion of SSVs.

Table 4: Average Number of Vacancies and HtFVs

Vacancies	Average Number		
	All Sector	SfH	SfCD
Average no. of vacancies for those with vacancies	2.42	3.30	2.14
Average no. of vacancies for all establishments	.43	.80	.60
Average no. of HtFVs for those with vacancies	2.00	2.58	2.17
Average no. of HtFVs for all establishments	.13	.19	.16
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments

5.3. Occupational profile of vacancies, HtFVS and SSVs

Table 5 below shows the share of vacancies by occupational category. 70% of the all of the sector's vacancies are for either Personal service staff (41%) or Associate professionals (29%). These occupation vacancy rates represent a higher proportion than their share of the sector's workforce i.e. personal services account for 37% and associate professional's account for 17% of the workforce.

Table 5: Vacancies by Occupation

Occupation	Number and % of Vacancies - SfH		Occupational Workforce Structure - SfH
	No.	%	%
Managers and senior officials	800	3	11
Professionals	1,500	5	11
Associate professionals	8,600	29	17
Administrative/clerical staff	4,600	15	14
Skills trades people	*	*	2
Personal service staff	12,200	41	37
Sales and customer service staff	*	*	*
Machine operatives	*	*	*
Elementary staff	1,100	4	6
Unclassified staff	*	*	*
Total Weighted Base	30,096		1,647,445
Total Unweighted Base	2,626		156,016

Source: NESS, 2007

Base: All establishments with vacancies, *unweighted base below 30, rounded to the nearest 100

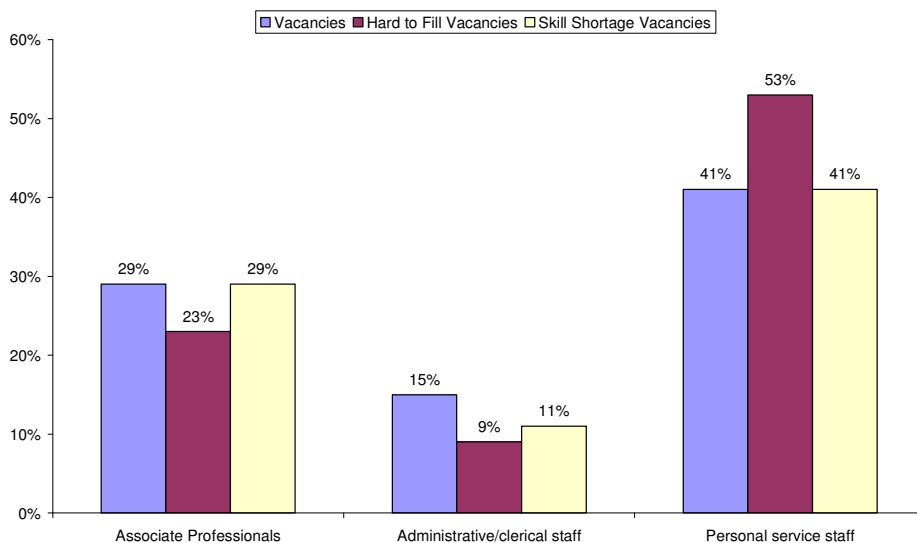
By comparing the incidence of vacancies by occupational category to the proportion this occupation accounts for within the Skills for Health

workforce it can be seen whether this category is over or under-represented.

Thus it would appear that Managers and senior officials and Professional and under-represented in the recruitment profile when compared to the proportion they account for within the workforce. Whereas, it is the occupational categories of associate professionals and personal service staff that are both over-represented within recruitment when compared to their workforce proportions. Personal service staff appears to be particularly over-represented in the hard-to-fill vacancies accounting for half of these at 53%.

These findings are consistent with the known fact that the skills required within these hard to fill vacancies or occupations are not available in large numbers from other sectors across England. The health sector is largely responsible for setting the training levels of its professional staff and fast changes in technology cannot necessarily be replicated across the workforce.

Chart 3: Recruitment by the Three Main Occupations within Skills for Health



Source: NESS, 2007

Base: All establishments with vacancies, HTF's and SSVs

5.4. Trends in the number of vacancies and recruitment difficulties – 2004, 2005 and 2007

The percentage of establishments reporting vacancies, hard-to-fill vacancies and skill-shortage vacancies appears to have reduced since 2004. Table 6 below shows the trend in the percentage of establishments for vacancies there has been a 3% reduction, for hard-to-fill vacancies the fall is 5% and for skill-shortage vacancies 3%.

Table 6: Incidence of Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies from 2004 to 2007

Vacancies, HtFVs & SSVs	% of Skills for Health Establishments		
	2004	2005	2007
% of employers with vacancies	27	23	24
% of employers with hard-to-fill vacancies	12	9	7
% of employers with skill-shortage vacancies	7	6	4

Source: NESS, 2004, 2005 & 2007

Base: All establishments

In absolute terms the number of vacancies, hard-to-fill vacancies, and skill-shortage vacancies has also fallen since 2004. The total number of vacancies reported in 2007 is 9,950 less than the number of vacancies reported in the 2005 NESS. The number of hard-to-fill vacancies fell by 9,400 over the same period and skill-shortage vacancies by 5,750.

In relative terms, the proportion of vacancies that are hard-to-fill has fallen since 2004 from 43% of all vacancies to only 26% of all vacancies in 2007. Similarly, the proportion of vacancies that are skill-shortage has fallen from 24% in 2004 to only 13% in 2007. This fall in the number of vacancies, hard-to-fill vacancies, and skill shortage vacancies mirrors the national picture; the causes of these falls are yet to be fully explained. A possible explanation with the Skills for Health sector is the recent supply policies (i.e. increases in the number of trained health sector workers) are having an effect and helping to reduce skill shortages.

Table 7: Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies as a proportion of employment from 2004 to 2007

Vacancies, HtFVs & SSVs	% of Skills for Health Establishments		
	2004	2005	2007
Total number of vacancies	40,450	27,650	30,500
Vacancies as a % of employment	2.7	1.8	1.9
Total number of hard-to-fill vacancies	17,300	9,400	7,900
HtFVs as a % of employment	1.2	0.6	0.5
HtFVS as a % of vacancies	43	34	26
Skill-shortage vacancies (unprompted & prompted)	9,600	6,625	3,850
% of vacancies that are SSVs	24	24	13
SSVs per 1,000 employees	6	4	2
Total Weighted Base	1,480,798	1,545,000	156,016
Total Unweighted Base	139,295	134,993	1,647,445

Source: NESS, 2004, 2005, & 2007

Base: All employment, figures rounded to the nearest 25

5.5. Main causes of recruitment difficulties

Establishments with HtFVs were asked to state the main causes for struggling to recruit to these vacancies.

Table 8: Main Causes of Hard-to-Fill Vacancies

Vacancies	% of Establishments ranked by SfH		
	All Sector	SfH	SfCD
Low number of applicants with the required skills	36	25	19
Poor terms and conditions	9	23	27
Not enough people interested in doing this type of job	16	21	14
Job entails shift work/unsociable hours	7	15	11
Lack of work experience the company demands	19	11	9
Low number of applicants with the required attitude, motivation, or personality	12	11	12
Low number of applicants generally	11	9	7
Lack of qualifications the company demands	12	8	10
Too much competition from other employers	6	8	4
Remote location/poor public transport	5	8	8
Poor career progression/lack of prospects	2	*	*
Government legislation (e.g. security clearance needed)	1	*	*
Poor recruitment channels/mechanisms	1	*	*
Seasonal work	1	*	*
Unattractive site/location (inc expensive)	1	*	*
Difficulty with work permits/immigration issues for non-EU staff	N/A	*	*
Bad time of year to recruit	N/A	*	*
Other	4	*	7
Vacancies	% of Establishments ranked by SfH		
	All Sector	SfH	SfCD
No particular reason	2	*	*
Don't know	2	*	*
Total Weighted Base	183,472	7,892	8,047
Total Unweighted Base	14,595	622	779

Source: NESS, 2007

Base: All establishments with hard-to-fill vacancies N/A (below 0.5%),

*unweighted base below 30, italics denotes unweighted base of between 30-50

Of three main causes establishments (with HtFVs) state as the difficulties in recruiting within the Skills for Health sector two relate to either a lack of applicants (21%) or applicants with the required skills (25%), whilst the third relates to poor terms and conditions (23%). The latter cause is relatively high when this is compared to the all sector England percentage of 9%, but is similar to the Skills for Care and Development percentage of 27%.

Although it is not possible using NESS07 it may be worthwhile investigating further the causes of recruitment difficulties and how this vary by the Skills for Health sub-sectors.

5.6. Skills deficiencies in applicants

Within the Skills for Health sector the most reported area of skill deficiency amongst establishments with skill-shortage vacancies are the technical, practical or job specific skills (44%), followed by oral communication and written communication skills (each 29%). It is not possible to analyse the sector's skills deficiencies by occupation due to the low unweighted sample base.

Table 9: Skills Found Difficult to Obtain from Applicants within Establishments that Have Skill Shortage Vacancies

Skills found difficult to obtain (multiple response)	% of Establishments ranked by SfH		
	All Sector	SfH	SfCD
Technical, practical or job-specific skills	53	44	50
Oral communication skills	34	29	43
Written communication skills	27	29	42
Team working skills	27	27	34
Customer handling skills	34	25	36
Literacy skills	24	24	27
General IT user skills	14	22	*
Management skills	23	*	25
Problem solving skills	29	*	32
Numeracy skills	20	*	17
Foreign language skills	12	*	15
No particular skills difficulties	11	*	*
IT professional skills	12	*	*
Other	6	*	*
Personal attributes (e.g. motivation, reliability etc)	3	*	*
Experience/lack of product knowledge	1	*	*
Skills found difficult to obtain (multiple response)	% of Establishments ranked by SfH		
	All Sector	SfH	SfCD
Sales/marketing/promotional/PR skills	1	*	*
Relevant qualifications	N/A	*	*
Don't know	2	*	*
Total Weighted Base	67,269	1,672	2,146
Total Unweighted Base	4,588	117	198

Source: NESS, 2007

Base: All establishments with skill-shortage vacancies N/A (below 0.5%),

*unweighted base below 30, italics denotes unweighted base of between 30-50

Table 10 shows how the profile of skills deficiencies differs when measured as a total of all Skill Shortage Vacancies. Technical, practical, or job-specific skills account for 39% of the sector's total SSVs (similar to the proportion of establishments with SSVs). Compared to the all sector proportion of 52%, and 51% within the SfCD sector, Skills for Health displays a relatively low proportion of SSVs with technical, practical, or job-specific skills deficiencies. Team working skills show a slightly higher

concentration of 34% as a proportion of SSVs, as opposed to 27% of establishments with SSVs.

Table 10: Skills Found Difficult to Obtain from Applicants for All Skill Shortage Vacancies

Skills found difficult to obtain (multiple response)	% of All SSVs ranked by SfH		
	All Sector	SfH	SfCD
Technical, practical or job-specific skills	52	39	51
Oral communication skills	33	27	44
Written communication skills	25	26	44
Team working skills	26	31	37
Customer handling skills	32	25	35
Literacy skills	22	22	13
General IT user skills	12	17	*
Management skills	23	*	23
Problem solving skills	29	*	28
Numeracy skills	18	*	21
Foreign language skills	12	*	18
No particular skills difficulties	10	*	*
IT professional skills	13	*	*
Other	5	*	*
Personal attributes (e.g. motivation, reliability etc)	2	*	*
Experience/lack of product knowledge	1	*	*
Sales/marketing/promotional/PR skills	N/A	*	*
Relevant qualifications	N/A	*	*
Don't know	2	*	*
Total Weighted Base	130,004	3,855	4,705
Total Unweighted Base	10,399	301	433

Source: NESS, 2007

Base: All establishments with skill-shortage vacancies N/A (below 0.5%),

*unweighted base below 30, italics denotes unweighted base of between 30-50

5.7. Impact of hard-to-fill vacancies

Where an establishment reports a hard-to-fill vacancy or vacancies approximately 87% go on to state it does have an impact on their business operations. Only 13% of establishment's state there has been no impact on their business.

The main impact on the Skills for Health sector is an increased workload for other staff at 68% of establishments with an HtFVs.

Table 11: Impact of Hard-to-Fill Vacancies

Impact of HtFVs (multiple response)	% of Establishments ranked by SfH		
	All Sector	SfH	SfCD
Increased workload for other staff	74	68	72
Increased operating costs	34	34	37
Difficulties meeting quality standards	30	23	28
Loss of business or orders to competitors	34	21	15
Difficulties introducing new working practices	28	21	28
Delays developing new products or services	35	20	29
Need to outsource work	25	19	22
None	9	13	12
Don't know	2	*	*
Total Weighted Base	94,569	3,198	3,569
Total Unweighted Base	6,323	222	328

Source: NESS, 2007

Base: All establishments with hard-to-fill vacancies, *unweighted base below 30, italics denotes unweighted base of between 30-50

5.8. Actions taken to overcome the impact of hard-to-fill vacancies

Employers (with HtFVs) were asked what actions they have taken to overcome the difficulties of finding candidates to fill hard to fill vacancies. Employers can essentially take external (e.g. increased advertising and recruitment spend) and/or internal (e.g. increase training) responses.

Due to the low unweighted sample base any sector analysis of actions is very limited. The main response taken by sector employers (and employers generally) is to increase advertising or the recruitment spend, just over half (53%) of employers (with HtFVs) report take this approach. A quarter (24%) of sector employers report using new recruitment methods and channels. Approximately 10% of Skills for Health employers report doing nothing as a result of HtFVs.

Table 12: Actions to Overcome the Impact of Hard-to-Fill Vacancies

Actions to Overcome the Impact of HtFVs (multiple response)	% of Establishments		
	All Sector	SfH	SfCD
External Responses			
Increasing advertising/recruitment spend	44	53	50
Using new recruitment methods or channels	23	24	20
Increasing salaries	4	*	*
Hiring (additional) part-time/temporary/agency/contract staff	3	*	*
Considering a wider range of applicants	1	*	*
Recruiting (additional) staff from overseas	1	*	*
Sub-contracting (more) work to outside organisations	1	*	*
Offering enhanced terms and conditions (incl. working hours)	1	*	*
Internal Responses			

Increasing the training given to your existing workforce in order to fill the vacancies	10	*	<i>10</i>
Actions to Overcome the Impact of HtFVs (multiple response)	% of Establishments		
	All Sector	SfH	SfCD
Internal Responses			
Increasing/expanding trainee programmes	7	*	*
Redefining existing jobs	6	*	*
Making existing staff work longer hours	3	*	*
Automating certain tasks	N/A	*	*
Other	4	*	*
Nothing	13	<i>10</i>	9
Don't know	2	*	*
Total Weighted Base	94,569	3,198	3,569
Total Unweighted Base	6,323	222	328

Source: NESS, 2007

Base: All establishments with hard-to-fill vacancies, *unweighted base below 30, italics denotes unweighted base of between 30-50

It would seem that more needs to be done within the sector to strengthen internal responses to recruitment difficulties rather than over-relying on external responses like increasing the advertising expenditure.

6. Recruitment of young people to employment and apprenticeships

Section Summary

This section of the report examines the extent of young people's recruitment within the Skills for Health sector, establishments' perception of their preparedness for work and what are young peoples' perceived skills deficiencies.

- Two fifths of Health sector establishments report having recruited at least one young person (aged 16-24) in the last 12 months
- By sub-sector there are big variations with 40% of Health Activities employers taking on a young person falling to only 13% within Medical and Dental Practice establishments
- University graduates are seen as most likely to be 'very well' or 'well prepared' to work in the Health sector
- Only 14% of the sector's establishments reported offering an Apprenticeship in the 12 months prior to the NESS07, but the sector compares favourably to the all sector picture

6.1. Recruitment of young people leaving school, college or university

Two-fifths (39%) of employers have recruited at least one young person aged 16-24 in the 12 months proceeding the NESS. But this means the majority (60%) of all Skills for Health establishments have NOT recruited a young person (aged 16-24) in the 12 months prior to the NESS survey, a similar percentage to the all sector and SfCD sector picture.

Only 4% of Skills for Health establishments have recruited 16 year olds to their first job after school, lower than the all sector percentage of 7% but similar to the SfCD sector percentage of 3%. This is probably a reflection of the legislative restrictions and nature of the type of jobs available within the Health sector. The same percentage of Skills for Health establishments recruited 17 to 18 year olds and university leavers at 11% each respectively. 15% of the sector's establishments had recruited 16-24 year olds but from another job.

Table 13: Recruitment of Young People under 24 in the Last 12 Months

Type of young person recruited in Last 12 Months	% of Establishments		
	All Sector	SfH	SfCD
Yes – recruited anyone aged 16-24	40	39	38
Yes – 16 year olds recruited to first job from school	7	4	3
Yes – 17 or 18 year olds recruited to first job from school or college	12	11	11
Yes - Recruited to their first job from university or other Higher Education Institution	10	11	11
No, have recruited no 16 to 24 year olds	59	60	61
No, but have recruited 16 to 24 year olds from another job	14	15	13
Don't know	1	1	2
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments with hard-to-fill vacancies, *unweighted base below 30, italics denotes unweighted base of between 30-50

Recruitment of young people by region, sub-sector, size and organisation type

By region it seems that a lower proportion of Skills for Health establishments in London have taken on a young person aged 16-24 in the last 12 months at 18%, whereas the region with the highest proportion is the South East at 29%.

There appears to be wide variations in the likelihood of taking on young people by sub-sector with 40% of Hospital activities employers reporting they have taken on a young person compare to only 13% with medical practices.

By organisational size, larger organisations are much more likely to have taken on a young person with 45% of those employing 100 or more staff, compared to 19% of organisations employing 2-24 staff.

By organisation type organisations seeking a profit are most likely to have taken on a young person at 26%, compared to only 15% of central government funded organisations.

Table 14: Recruitment of Young People under 24 in the Last 12 Months

	% of Establishments Recruited a Young Person 16-24 in Last 12 Months		
	Yes – recruited anyone aged 16-24	Total Weighted Base	Total Unweighted Base
Region			
Eastern	25	4,504	250
East Midlands	21	3,533	223
London	18	6,539	366
North East	27	2,021	209
North West	28	5,727	278
South East	29	7,543	366
South West	23	4,752	242
West Midlands	21	4,044	238
	% of Establishments Recruited a Young Person 16-24 in Last 12 Months		
	Yes – recruited anyone aged 16-24	Total Weighted Base	Total Unweighted Base
Yorkshire and the Humber	27	3,982	244
Sub-Sector			
Hospital Activities	40	7,380	665
Medical Practice Activities	13	9,407	544
Dental Practice Activities	19	11,074	466
Other Human Related Activities	27	14,785	616
Organisation Size			
2-24	19	33,901	1,494
25-99	42	7,060	724
100+	45	1,684	198
Organisation Type			
Seeking a profit	26	29,593	1,599
Charity/voluntary sector	21	2,222	170
Local government financed body	22	5,182	305
Central government financed body	15	2,956	200
Skills for Health	39	42,645	2,416

Base: All establishments

6.2. Young people’s work readiness

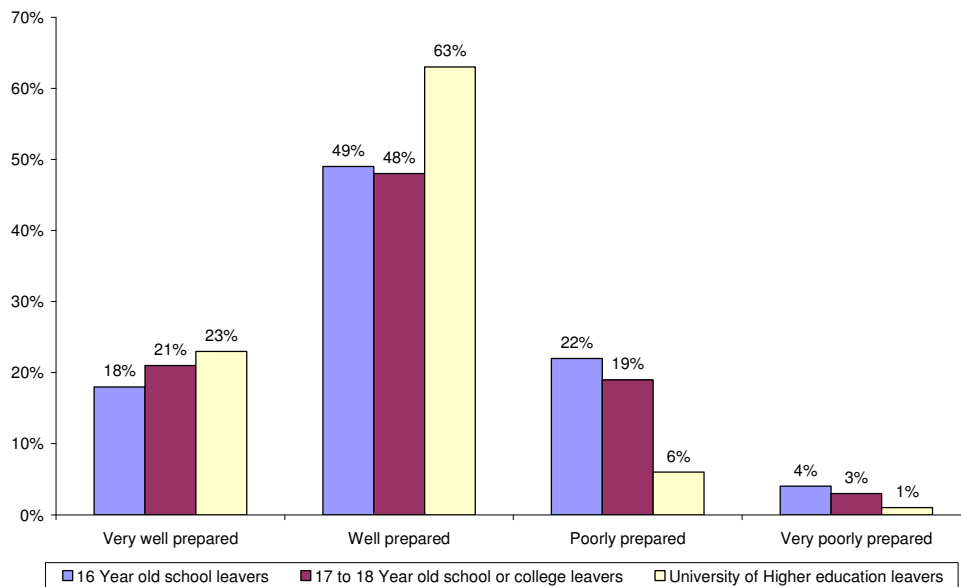
Employers who had taken on young recruits direct from education were asked whether they considered recruits to be very well prepared, well prepared, poorly prepared, or very poorly prepared for work.

University graduates at 86% (very well/well prepared) are the most likely to be perceived by sector employers as being work ready, followed by 17/18 college leavers at 69%. 16 year old school leavers have the lowest proportion of employers (who have recruited them) perceiving them as work ready at 67%, close to the college leaver percentage.

It is important to note that approximately a quarter of the sector’s employers that had recruited young people aged 16 to 18 felt they were either poorly prepared or very poorly prepared for work.

The sector shows a very similar profile on their view of young people’s work readiness when compared to the England all sector percentages.

Chart 4: Work-Readiness of 16 to 24 Year Old Leavers from Education



Source: NESS, 2007

Base: All employers that have recruited each type of 16 to 24 year old leaver from education on the previous 12 months

6.3. Skills lacking in young people

Due to the very low unweighted sample bases of sector establishments that have recruited 16 year olds (unweighted base 24), recruited 17 to 18 year olds (unweighted base 77), or university leavers (unweighted base 24) it is only possible to provide some general indications of skills lacking within these groups.

The most reported skill deficiency in 16 year old school leavers is a lack of oral/general communication skills, whilst for 17 to 18 year college and university leavers the most reported skills lacking are the technical, practical and job specific skills.

6.4. Employer recruitment to apprenticeships

For the first time, the NESS 2007 contained a series of questions relating to employers' use of Apprentices or Advanced Apprenticeships (referred collectively as Apprenticeships).

14% of the sector's employers reported offering an Apprenticeship in the 12 months prior to the NESS 2007 survey, 82% had not, and 4% did not know. These percentages mirror the national England percentages.

Based on a mean score analysis, across the sector each employer has taken on 0.2 apprentices in the last 12 months. This would appear to be a low figure but it actually compares favourably to the England all sector mean score of 0.1 apprentices per establishment.

Reasons for offering apprenticeships

Within the sector the most cited reason for offering apprenticeships was 'training the future workforce' at 27%, very closely followed by 'we can train them in our way of doing things' at 26%. Other key reasons are:

- Because we find it difficult to recruit staff with the skills we need/existing staff lack the skills/have outdated skills – 19%
- It's the way I trained/got an opportunity – 15%

A slightly higher proportion of all surveyed Employers report offering Apprenticeships because 'we can train them in our way of doing' at 33%.

Reasons for NOT offering apprenticeships

The 82% of the sector's establishments that had not offered Apprenticeships were also asked their reasons the three most cited reasons are as follows:

- All staff are fully trained – 22% (All sector 16)
- We prefer to recruit fully trained/qualified recruits – 16% (All sector 8%)
- Not relevant/applicable to our business/don't need them/not necessary – 15% (All sector 15%)

7. Skills gaps within the Skills for Health workforce

Section Summary

This section of the report examines the extent of internal skills gaps that employers experience in their existing workforce.

- Skills gaps (where there are skills deficiencies in the workforce) affect many more establishments (16%) within the sector than do skill shortage vacancies (4%)
- An estimated 96,100 staff within the Health sector have skills gaps, this equates to 6% of the Skills for Health workforce, compared to only 3,900 vacancies identified as hard to recruit to due to lack of skills in applicants
- As with recruitment difficulties there has been a reduction in the sector's establishments reporting they have skills gaps, and this trend is in line with the national picture
- The main cause of skill gaps is lack of experience or recent recruitment (72% of establishments)
- The main impact of skills gaps within the Health sector is to increase the workload for other staff, 55% of establishments with skills gaps reported this as an impact
- Most establishments increase training activity/expand trainee programmes to overcome lack of proficiency among staff

7.1. Incidence and extent of skills gaps

16% of establishments in the Skills for Health sector reported suffering from internal skills gaps, compared to 15% for England as a whole. This means that skills gaps affect many more of the sector's employers than skills shortage vacancies (4% of establishments).

Table 15: Establishments with Skills Gaps

Skills Gaps	% of Establishments		
	All Sector	SfH	SfCD
Any skills gaps	15	16	18
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments

An estimated total of 96,100 staff within the sector's workforce have skills gaps, this equates to 6% of the total Skills for Health workforce. This compares to an estimated 3,900 vacancies advertised within the sector that were difficult to recruit to due to a lack of sufficient applicants with the right experience, qualifications, or skills. Thus, in terms of the volume of

people affected, skills gaps far exceeds skills related recruitment problems, and suggests that there is a need for on-going workforce development to address these skills gaps, as well as looking to achieve a sufficient supply of appropriately qualified and skilled entrants into the sector.

Table 16: Number of Staff with Skills Gaps

Skills Gaps	Number of Staff with Skills Gaps					
	All Sector		SfH		SfCD	
	Number	%	Number	%	Number	%
All staff with skills gaps	1,361,138	6	96,106	6	43,861	5
Total Weighted Base	22,259,634		1,647,445		867,385	
Total Unweighted Base	2,277,027		156,016		93,774	

Source: NESS, 2007

Base: All employment

Skills gaps by region, sub-sector, size and organisation type

▪ Region

The North East at 22% of establishments, followed by the South West (20%) are the regions displaying the highest proportion of Skills for Health establishments affected by skills gaps within their workforce. The regions least affected by skills gaps are the Eastern and North West regions both with 13% of establishments.

▪ Sub-Sector

When the percentage of establishments reporting skills gaps is analysed by Skills for Health sub-sectors Hospital activities stands out as having a relatively strong issue with workforce skill gaps with a quarter of establishments within this area reporting they have skills gaps.

This higher percentage of establishments reporting skills gaps within the workforce in Hospital activities translates into a higher percentage of the total workforce being assessed as NOT totally proficient at 6%, this compares to 4% of the workforce within Dental practices being assessed as NOT fully proficient.

Table 17: Establishments with Skills Gaps by Region, Sub-Sector, Size and Type

Skills Gaps	% of Establishments with Any skills gaps	Total Weighted Base	Total Unweighted Base
Region			
Eastern	13	4,504	250
East Midlands	16	3,533	223
London	14	6,539	366
North East	22	2,021	209
North West	13	5,727	278
South East	18	7,543	366
South West	20	4,752	242
West Midlands	16	4,044	238
Skills Gaps	% of Establishments with Any skills gaps	Total Weighted Base	Total Unweighted Base
Yorkshire and the Humber	14	3,982	244
Sub-Sector			
Hospital Activities	25	7,380	665
Medical Practice Activities	15	9,407	544
Dental Practice Activities	14	11,074	466
Other Human Related Activities	14	14,785	616
Organisation Size			
2-24	13	33,901	1,494
25-99	26	7,060	724
100+	29	1,684	198
Organisation Type			
Seeking a profit	16	29,593	1,599
Charity/voluntary sector	17	2,222	170
Local government financed body	13	5,182	305
Central government financed body	20	2,956	200
Skills for Health	16	42,645	2,416

Source: NESS, 2007

Base: All establishments

- **Organisation size**

When skills gaps are analysed by organisational size then the larger the organisation the more likely they are to report there are skills gaps within their workforce. For smaller organisations 13% report skills gaps whereas for organisations employing 100 plus staff double the percentage report skills gaps at 26%.

- **Organisation type**

When skills gaps are analysed by organisational type centrally government funded organisations are the most likely to report skills gaps at 20%. The organisation type least likely to report skills gaps is locally government funded bodies at 13%.

▪ **Occupational profile of skills gaps**

The occupational profile of skills gaps will to a large extent be reflective of the occupational profile of the sector’s workforce. Therefore 41% (39,500) of skills gaps are located in Personal service staff, 19% (18,500) within Associate professional staff and administrative/clerical staff account for 18% (17,100) of all those with skills gaps.

7.2. Trends in Skills Gaps 2004, 2005 and 2007

The percentage of Skills for Health establishments reporting they have skills gaps i.e. where they have staff whom they believe are not fully proficient at their job has reduced since 2004, from 26% of all establishments to only 16% of establishments in NESS 2007. This reduction is not consistent across all sizes of employers, with similar numbers of larger employers still reporting skills gaps; hence there is only a marginal decrease in the percentage of the workforce as having skills gaps from 7% in 2004 to 6% in 2007.

Again, this decrease in the percentage of establishments with skill gaps and proportion of the workforce identified as having skill gaps is in line with the national trend, and again more investigation needs to take place to fully explain this trend.

Table 18: Incidence of Skills Gaps

Skills Gaps			
	2004	2005	2007
% of establishments with any skills gaps	26	18	16
% of staff reported as having skills gaps	7	5	6

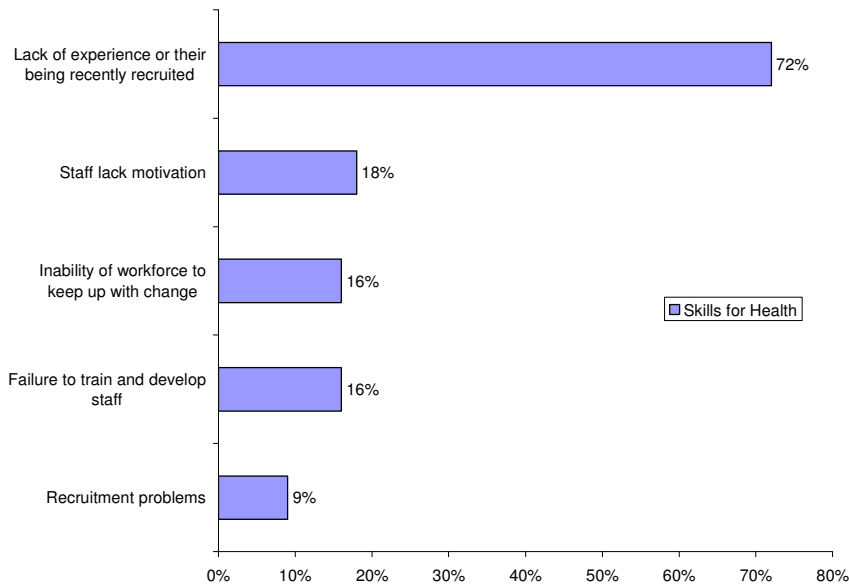
Source: NESS, 2004, 2005, & 2007

Base: All establishments/employment

7.3. Causes of Skills Gaps

The five main identified causes of skills gaps within occupations by Skills for Health establishments are, lack of experience or their being recently recruited (72%), staff lack of motivation (18%), failure to train and develop staff (16%), inability of workforce to keep up with change (16%) and recruitment problems (9%). These percentages mirror the England picture except for staff lack motivation, where nationally this is identified as a cause by 24% of all establishments (a +6 percentage point difference).

Chart 5: Top Five Main Causes of Skills Gaps



Source: NESS, 2007

Base: All with skills gaps

It is interesting to note that the main causes of skills gaps are within the ability of employers to influence, especially the ‘failure to train and develop staff’.

7.4. Skills that Need Improving within the Workforce

As with recruitment difficulties, employers when reporting the skills lacking among their staff focus on the technical, practical or job-specific skills at over half (55%) of Skills for Health establishments (with skills gaps).

Next most cited skills lacking in the Skills for Health workforce are customer handling skills (38%), followed by team working skills (37%). Over a third of employers within the sector report a gaps in problem solving skills (36%), and oral communication skills (35%).

Over a quarter of employers with in the sector report skills gaps in written communication skills (29%), management skills (28%), general IT user skills (28%) and office admin skills (26%).

Table 19: Skills That Need Improving in Occupations with Skills Gaps

Skills that Need Improving (multiple response)	% All with Skills Gaps		
	All Sector	SfH	SfCD
Technical, practical or job-specific skills	52	55	50
Customer handling skills	41	38	37
Problem solving skills	36	36	39
Oral communication skills	36	35	39
Team working skills	35	37	46
Management skills	29	28	34

Written communication skills	25	29	41
General IT user skills	24	28	34
Office Admin Skills	23	26	24
Literacy skills	17	18	25
IT professional skills	15	16	19
Numeracy skills	15	14	16
Foreign language skills	12	12	11
Total Weighted Base	221,654	6,840	8,738
Total Unweighted Base	15,754	469	816

Source: NESS, 2007

Base: All establishments with skill gaps

For occupations identified as having skills gaps establishments were asked to identify the MOST important skills that needs improving (in occupations that were followed up). By MOST important the percentage but not the profile of the nature of skills gaps changes. 30% of establishments report technical, practical, or job-specific skills as the most important skill that needs improving, followed by 10% citing customer handling skills.

7.5. Causes of Skills Gaps within the Workforce

Almost three quarters (73%) of the reasons for skills gaps in occupations that were followed up in the survey relate to the lack of experience or their being recently recruited.

The next more cited reasons are, staff lack motivation and inability of workforce to keep up with change both 31% respectively. Nationally, only 19% of skills gaps were attributed to the inability of the workforce to keep up with change, which suggests this is a relatively important issue for the Skills for Health sector. Just over a quarter (27%) of skills gaps (in followed up occupations) are attributed to the failure to train and develop staff, this is higher than the England percentage of 20%.

Table 20: Causes of Skills Gaps

Causes of Skills Gaps (multiple response)	% All Skills Gaps		
	All Sector	SfH	SfCD
Lack of experience or their being recently recruited	68	73	65
Staff lack motivation	28	31	24
Failure to train and develop staff	20	27	20
Inability of workforce to keep up with change	19	31	25
Recruitment problems	15	11	16
High staff turnover	15	20	12
Lack of other skills (e.g. communication, interpersonal)	3	*	*
Lack of aptitude to do job/reached maximum potential	1	*	*
Language barrier/English not first language	1	*	*
Basic skills difficulties (e.g. reading, writing, maths)	1	*	*
Other	3	10	3
Total Weighted Base	1,121,271	54,212	40,250
Total Unweighted Base	120,952	4,572	4,650

Source: NESS, 2007

Base: All skill gaps (occupations followed up)

7.6. Impact of skills gaps

The main impact of skills gaps within the Skills for Health sector is to increase the workload for other staff, with 55% of establishments reporting this as an impact.

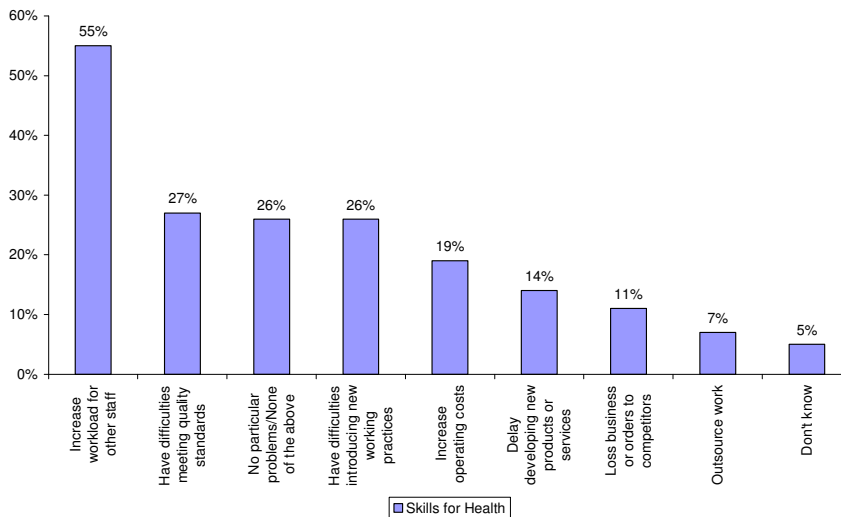
Approximately a quarter of establishments believe workforce skills gaps have impacted on their ability to meet quality standards (27%). This might have serious consequences within the health sector, particularly in terms of organisations being able to meet the full range of statutory and regulatory requirements.

Interestingly, skills gaps are or have created difficulties when introducing new working practices (26%). This demonstrates that revising the skills of those working in the sector is a key factor in work force redesign.

A further 26% report skills gaps have not produced any particular problems. This may suggest that there is more work to educate employers to assess and uncover the impacts workforce skill gaps have

All sector comparisons indicate that skills gaps appear to have less impact on operating costs (28% of all establishments), and loss of business/orders to competitors (20%). This is a reflection of the structure of the Skills for Health sector and its high proportion of government funded and voluntary organisations.

Chart 6: Implications of Skills Gaps



Source: NESS, 2007

Base: All establishments with skill gaps

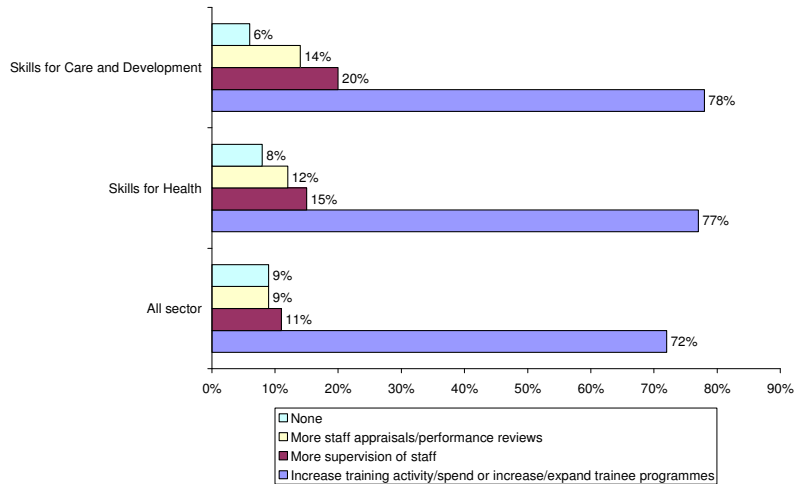
7.7. Actions taken to overcome skills gaps within the workforce

Three out of four (77%) employers within the sector (with skills gaps) state the action they take to overcome lack of proficiency among staff is to increase training activity/spend or expand trainee programmes.

A much lower proportion of employers also report introducing more supervision of staff (15%) or more staff appraisals/performance review (12%). Eight percent of Skills for Health employers with skills gaps do not take any actions to address the identified gaps in workforce proficiency.

The sector’s profile of actions taken to address skills gaps mirrors that for England as a whole and the Skills for Care and Development sector.

Chart 7: Three Main Actions Taken to Address Skills Gaps



Source: NESS, 2007

Base: All establishments with skill gaps

8. Employer engagement in training activity and workforce development

Section summary

This section of the report examines the extent of employers' actions taken to train and develop their workforce.

- The Health sector compares favourably to the national picture on the incidence of business and training plans within the sector, only 17% of establishments within the sector do not have either a business or training plan. Furthermore within health care establishments
 - 41% provided training compared to 13.8% in the whole economy
 - 32.7% of staff received 'off-the-job' compared to 11.8% in the whole economy
 - 43% of staff received 'on-the-job' training compared to 14.8% in the whole economy
- The main reasons for not offering more training was lack of funding and inability to spare the staff, similar to the all sector picture
- There is also a relatively high incidence of formal job descriptions and skill gap assessments within the sector

8.1. Extent of employers with business/training plans & budgets

For workforce development and training to occur and be effective it is important that the activity is formalised and linked to the current and future needs of the employer. Therefore it is useful to measure the extent of Skills for Health Employers that have a business plan, a training plan and budget.

The Skills for Health sector compares favourably to the all sector profile on the incidence of business and training plans within the sector but it compares unfavourably to the Skills for Care and Development SSC sector - see Table 28. Overall, 17% of employers within the Health sector do not have either a business or a training plan, or a training budget, whilst 40% have all of these.

This data demonstrates there is still work to do ensure business planning and workforce development are both formalised and linked together, supported by dedicated and appropriate training budgets.

Table 21: Establishments with Business and Training Plans

Type of Business/Training Plan	% All Establishments		
	All Sector	SfH	SfCD
Business plan specifying objectives for the coming year	57	66	82
Training plan specifying in advance the level and type of training employees will need in the coming year	48	72	76
Budget for training expenditure	35	50	72
Any of the above	69	83	94
All of the above	25	40	55
None of the above	31	17	6
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007 Base: All establishments

8.2. Nature and extent of training provision and workforce development

Only 15% of Health establishments do not offer either on or off the job training, this compares to 33% for all establishments within England. For those employers not providing the training the main reason is the 'all our staff are fully proficient' at 59% this rises to 64% of all employers not providing training.

Of the 85% of the establishments within the Skills for Health sector providing training 45% report they would like to have provided MORE training over the last 12 months. The two main reasons why these employers didn't provide more training was, lack of funds for training/training expensive (53%), and can't spare more staff time (having them away on training) at 44%. These percentages are line with the national percentages.

There is a much higher incidence of on and off the job training occurring within the Health sector at 57% of all establishments compared to the England percentage of 33%.

A further 12% of Skills for Health establishments offer on the job training only, whilst a further 16% offer on the job training only.

Table 22: Establishments that Have Arranged/Funded Staff Training in Last 12 Months

Type of Training	% All Establishments		
	All Sector	SfH	SfCD
Provide both off the job and on the job training	33	57	64
Provide off the job training only	13	12	14
Provide on the job training only	21	16	13
Provide neither off the job nor on the job	33	15	9
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments

Workforce training by region, sub-sector, size and organisation type

It would appear that a slightly higher percentage of Skills for Health establishments located in the South East are providing any training (either on or off the job) at 92%, whilst those located in the Eastern or London region show the lowest percentage at 81%.

By sub-sector it is the hospital activities that show the highest percentage offering training at 93%, whereas other human health related activity organisations are less likely to offer training at 82%.

Central government funded organisations are most likely to offer training at 93%, and lowest for profit-seeking organisations at 83%.

Table 23: Establishments Providing Training by Region, Sub-Sector, Size, and Type

Skills Gaps	% of Establishments that have provided Training (on or off the job)	Total Weighted Base	Total Unweighted Base
Region			
Eastern	81	4,504	250
East Midlands	84	3,533	223
London	81	6,539	366
North East	86	2,021	209
North West	86	5,727	278
South East	92	7,543	366
South West	87	4,752	242
West Midlands	83	4,044	238
Yorkshire and the Humber	87	3,982	244
Sub-Sector			
Hospital Activities	93	7,380	665
Medical Practice Activities	89	9,407	544
Dental Practice Activities	83	11,074	466
Other Human Related Activities	82	14,785	616
Organisation Size			
2-24	83	33,901	1,494
25-99	96	7,060	724
100+	94	1,684	198
Organisation Type			
Seeking a profit	83	29,593	1,599
Charity/voluntary sector	88	2,222	170
Local government financed body	89	5,182	305
Central government financed body	93	2,956	200
Skills for Health	85	42,645	2,416

Source: NESS, 2007

Base: All establishments

8.3. Number of staff trained in the last 12 months

Skills for Health establishments providing training show a relatively high mean score for the average number of staff trained per establishment at 40.8 staff, compared to an average of 13.8 staff for all establishments across England. This is probably explained by the higher proportion of large employers within the sector. Also there is known to be a high incidence of training that relates to legislation and health and safety within the Skills for Health sector, for example Moving and Handling, and Fire Safety.

Within each establishment (providing training) the average proportion of staff trained over the past 12 months is 88.2% within the Health sector, compared to 77.3% for England as a whole, but lower than the 94.2% average within the Skills for Care and Development sector.

The majority (60%) of Skills for Health establishments (providing training) have arranged on-the-job or off-the-job training for ALL categories of staff employed. For England as a whole the proportion is only 51% of establishments. Of the remaining establishment 38% had arranged on-the-job or off-the-job training for SOME categories of staff within the sector.

Off-the-job training

The average number of staff receiving off the job training per Skills for Health employer (that provided off the job training) is 32.7, compared to only 11.8 staff per establishment across all of England. This may in part be explained by the importance of on-going professional development required by many in the sector to maintain their professional credentials.

44% of Skills for Health establishments (providing off-the-job training) state they arrange off-the-job training for ALL categories of staff employed, whilst the majority 56% state they arrange off-the-job training for SOME categories of staff employed.

Within each establishment (providing off-the-job training) the average proportion of staff receiving off the job training in the past 12 months is 71.1%, for England as a whole the average proportion is 63.8%.

Table 24: Type of Staff Trained Off the Job in Last 12 Months (by Occupation)

Occupation	All Establishments Providing off-the-job Trning		
	All Sector %	SfH %	SfCD %
Off-the-Job training for ALL categories of staff	41	44	51
Off-the-Job training for SOME categories of staff	59	56	49
Managers and senior officials	58	60	71
Professionals	14	23	14

Associate professionals	10	18	13
Administrative/clerical staff	30	47	39
Skills trades people	14	7	6
Personal service staff	12	45	49
Sales and customer service staff	17	5	4
Machine operatives	6	1	1
Elementary staff	14	10	15
Unclassified staff	3	3	4
Total Weighted Base	673,264	29,516	38,519
Total Unweighted Base	420,030	1,788	3,165

Source: NESS, 2007

Base: All establishments providing off-the-job training

Given the dominance of Professional/Associate Professionals, and Personal service staff employed with the Health sector it is perhaps not surprising to see that these occupations display a relatively high proportion of staff within each occupational group receiving off-the-job training in the last 12 months.

The figures highlighted in bold (Table 31) are the sector occupations which display a high proportion receiving off-the-job training when compared to the England as a whole proportion.

The average number of days off-the-job training per trainee (for establishments providing this) is 9.0 days per trainee within the Skills for Health sector. This compares favourably to 7.5 days per trainee across all sectors and 8.1 days within the Skills for Care and Development sector.

On average 30% of the off-the-job training that takes place within the sector relates to either health and safety or induction, overall within England a quarter (25.4%) of off-the-job training relates to these two areas.

On-the-job training

The average number of staff receiving on the job training per Skills for Health employer (that provided off the job training) is a very high 43.1 staff, compared to only 14.8 staff per establishment across all of England, and 15.2 staff per employer within the Skills for Care and Development sector.

Within each establishment (providing on-the-job training) the average proportion of the workforce receiving on-the-job training is 82.8%, for England as a whole it is 75.6% of staff.

Table 25: Type of Staff Trained On the Job in Last 12 Months (by Occupation)

Occupation	All Establishments Providing on-the-job Training		
	All Sector	SfH	SfCD
	%	%	%
On-the-Job training for ALL categories of staff	48	55	58
On-the-Job training for SOME categories of staff	52	45	42
Managers and senior officials	53	61	68
Professionals	12	22	14
Associate professionals	10	19	12
Administrative/clerical staff	34	57	43
Skills trades people	13	7	8
Personal service staff	11	46	52
Sales and customer service staff	24	7	4
Machine operatives	7	2	1
Elementary staff	19	15	19
Unclassified staff	3	4	3
Total Weighted Base	784,814	31,214	37,828
Total Unweighted Base	48,511	1,903	3,168

Source: NESS, 2007

Base: All establishments providing on-the-job training

The average number of days on-the-job training per trainee within the Health sector is 12.1 days per trainee, for England as a whole the average days is 14.0 per trainee i.e. there is a slightly lower average engagement in on-the-job training within the Health sector.

On average 33% of the on-the-job training that takes place within the sector relates to either health and safety or induction, overall within England 27.7% of the on-the-job training relates to these two areas.

8.4. Number of staff trained in the last 12 months towards a nationally recognised qualification

There is a relatively high incidence of training that occurs within the Skills for Health sector in the past 12 months leading towards a nationally recognised qualification at 65% of establishments providing training (33% state there is no training towards a nationally recognised qualification and 2% don't know).

This higher incidence translates into a comparatively high average number of staff trained towards a nationally recognised qualification within the Health sector at 8.6 staff per employer (that trains), compared to only 2.7 staff per establishment for all employers across England. Of which, on average, 4.3 of staff have trained towards an NVQ in the Health sector, comparing very favourably to the average of 1.3 staff for all of England.

This means that approximately a quarter (26.5%) of staff within each employer (that provides training) have been trained towards a nationally recognised qualification within the last 12 months. Of these, an average

of 15.2 staff within each employer within the sector has trained towards an NVQ, for England as a whole the figure is 8.4 staff.

Table 26: Type of Staff Trained On the Job in Last 12 Months (by Occupation)

Average number trained to a nationally recognised qualification	All Establishments Providing Training		
	All Sector	SfH	SfCD
None	51%	33%	29%
Total (average) number trained towards a nationally recognised qualification	2.7	8.6	5.5
Total Weighted Base	977,501	36,455	44,900
Total Unweighted Base	58,600	2,158	3,679

Source: NESS, 2007

Base: All establishments providing training

8.5. Extent of job descriptions, formal skill gap assessment and impact on training has on employee performance

On average 89% of staff within each Skills for Health establishment will have a formal job description, this compares favourably to the 71% for all establishments, but is less than the 94% within the Skills for Care and Development sector.

Three quarters (74%) of the sector's establishments report formally assessing whether an individual employee has gaps in their skills, for all establishments this percentage drops to 57%. Reinforcing the relatively strong formal assessment structure within the sector is the average percentage of employees within each sector establishment that has an annual performance review at 78%, again for England as a whole the percentage is significantly lower at 57%.

Four out five (80%) of Skill for Health establishments providing training state that they do formally assess if the training and development has had an impact on employees performance. This compares favourably to 68% of all establishments within England.

8.6. Use of, and satisfaction with, external training providers

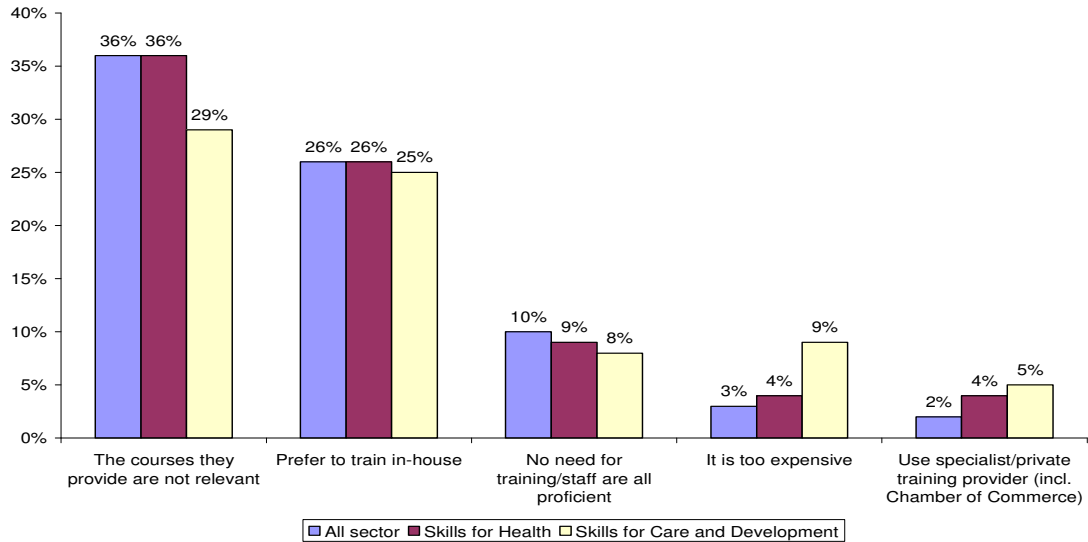
Further education colleges

The majority (56%) of establishments within the Health sector (providing training) have not used the teaching or training provided by Further Education (FE) Colleges over the last 12 months. This is a relatively low proportion as for England as a whole 73% report not using a FE College in the last 12 months.

Those establishments within the sector that had not used FE Colleges for teaching or training services in the last 12 months were asked their reasons. The five main reasons are, the courses they provide are not relevant (36%), prefer to train in-house (26%), no need for training/staff

are all proficient (9%), it is too expensive (4%), and use specialist/private training providers (4%).

Chart 8: Reasons for Not Using FE Colleges to Provide Training



Source: NESS, 2007

Base: All establishments not using FE Colleges to providing teaching or training

Where sector employers have used an FE college in the last 12 months to provide teaching or training 85% are either very satisfied (53%) or quite satisfied (32%). Nationally 84% are either very satisfied (48%) or quite satisfied (36%).

Only 6% of the sectors employers that have used an FE college in the last 12 months report being not very/not at all satisfied, this is the same as the all sector percentage.

Other external providers

Two thirds (66%) of Skills for Health establishments (providing training) report using providers that aren't FE Colleges, this compares to 51% within England as a whole.

Of those establishments that have used providers other than FE Colleges 95% of sector employers report being either very satisfied (66%) or quite satisfied (29%), this represent a 10 percentage point higher satisfaction rating compared to FE colleges. The national satisfaction percentage is similar at 93% for other external training providers.

University provision

Sector establishments (providing training) are over twice as likely as all establishments to report using a university or universities to provide teaching or training over the last 12 months. 19% of Skills for Health establishments report using a university compared to 7% of all establishments.

9. Employer engagement with government support, its importance & views on effectiveness

Section Summary

This section of the report examines the extent of employers' engagement with government funded employer training and workforce development support and their views on its ability to meet their needs.

- About a third of Health establishments have heard of Train to Gain, and 12% have been involved with Train to Gain in the last 12 months, the national percentage is only 4%
- Sector employers view the most important role of the Government in supporting education, training and qualifications as ensuring young people leave compulsory education well prepared for work
- However, employers rating of the Government's performance in six support areas shows ensuring young people leave compulsory education well prepared for work receives the lowest rating score

9.1. Awareness and use of Train to Gain

Just over a third (37%) of establishments within the Skills for Health sector report having heard of Train to Gain, this is slightly higher than the 28% for all establishments across England.

Only 12% of Skills for Health establishments report having been involved with Train to Gain in the last 12 months, but this is actually three times the national percentage of 4%.

Awareness of Train to Gain by region, sub-Sector, size and organisation type

Large organisations are the most likely to be aware of Train to Gain at 69% of these establishments, whereas the establishments least likely to be aware of Train to Gain are Dental practice establishments at only 26%.

Table 27: Awareness of Train to Gain by Region, Sub-Sector, Size, and Type

Skills Gaps	% of Establishments that are Aware of Train to Gain	Total Weighted Base	Total Unweighted Base
Region			
Eastern	40	4,504	250
East Midlands	42	3,533	223
London	31	6,539	366
North East	38	2,021	209

North West	33	5,727	278
South East	38	7,543	366
South West	41	4,752	242
Skills Gaps	% of Establishments that are Aware of Train to Gain	Total Weighted Base	Total Unweighted Base
West Midlands	40	4,044	238
Yorkshire and the Humber	35	3,982	244
Sub-Sector			
Hospital Activities	59	7,380	665
Medical Practice Activities	32	9,407	544
Dental Practice Activities	26	11,074	466
Other Human Related Activities	38	14,785	616
Organisation Size			
2-24	31	33,901	1,494
25-99	63	7,060	724
100+	69	1,684	198
Organisation Type			
Seeking a profit	39	29,593	1,599
Charity/voluntary sector	*	2,222	170
Local government financed body	*	5,182	305
Central government financed body	*	2,956	200
Skills for Health	37	42,645	2,416

Source: NESS, 2007

Base: All establishments, *unweighted base below 30

9.2. Government support for training

Employers were asked how important they consider it to be for the Government to provide support in six specific areas relating to education, training, and qualifications. They were then asked to rate the Government's performance in these six areas. These questions were asked of all employers whether or not they had trained, used external training providers, or taken on young people direct from education, therefore it should be noted that some of the employer responses are not based on recent direct experience.

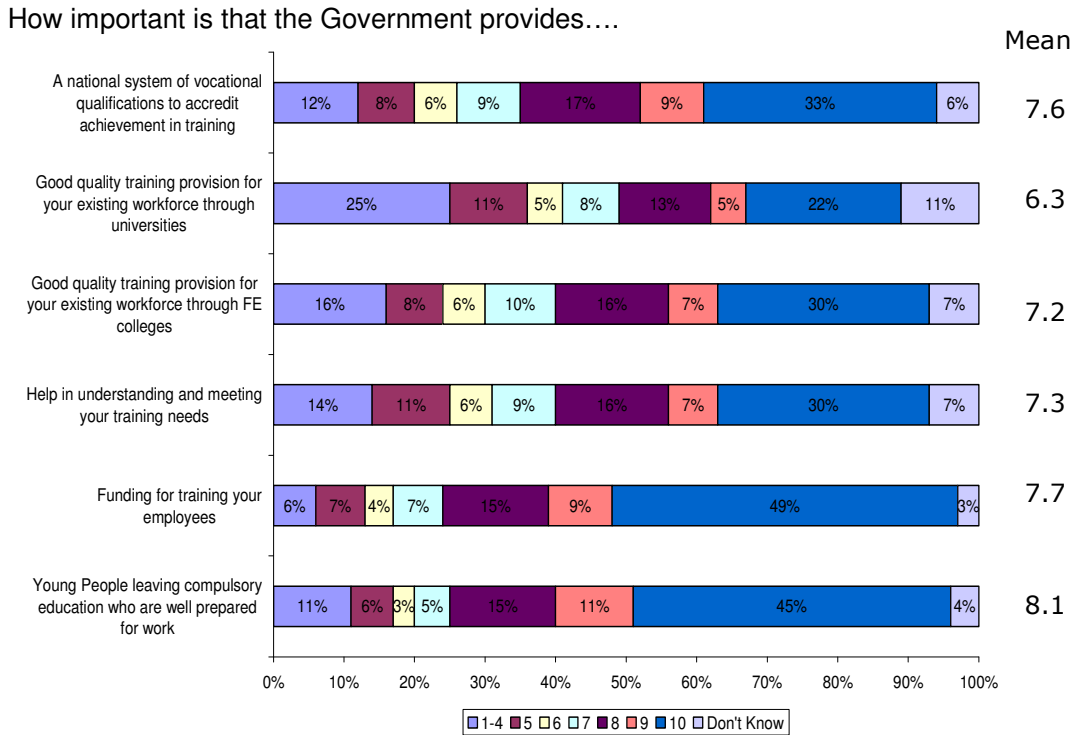
Importance of Government support areas

Figure 6 shows employers' opinions of the importance of the six areas using a 10 point scale where 1 means 'Not at all important' and 10 mean 'Essential'.

In terms of importance employer consider the Government's role in ensuring young people leave compulsory education well prepared for work to be the most important of the six areas. This aspect of Government support achieves a mean importance rating of 8.1; nationally the mean score is 7.9, notably higher than for any other area. The second most important area of the six is Government funding for training employees with a mean score of 7.7 within Skills for Health sector and 7.0 nationally.

The area seen as least important for the Government to support is ‘good quality training provision for the workforce through universities’, which achieves a mean importance score of 6.3 within the sector. Again, this is line the England picture being rated the least important but for England as a whole the mean score is only 5.3. Therefore good quality training through university provision is seen as relatively more important for the Government to support within the sector.

Chart 9: Employer Rating of Importance of Areas of Government Support



Source: NESS, 2007
 Base: All establishments

Assessment of Government Performance in the support areas

Employers’ were asked to rate Government’s performance in providing the support shown in Figure 6. Again employers were asked to respond on a 1 to 10 scale where 1 means ‘the Government is doing extremely badly’ and 10 means ‘the Government is doing an excellent job’.

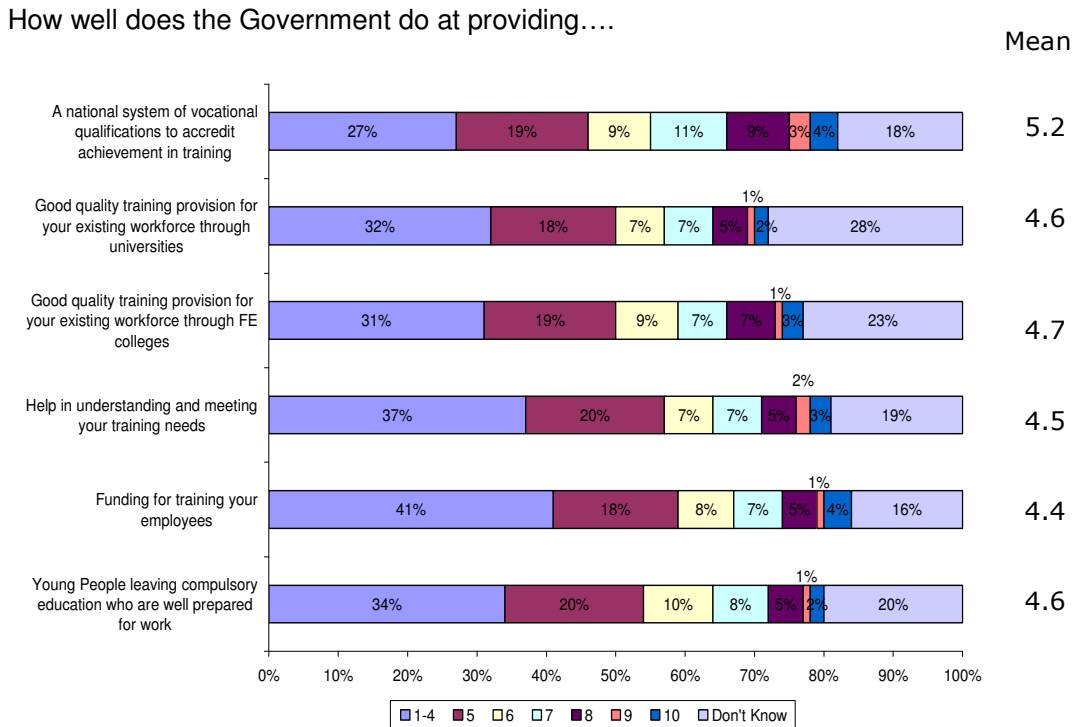
The mean scores achieved for Government performance are much lower than for importance across all of the six support areas. The sector (and nationally) scores the Government highest in performance on the ‘national system of vocational qualifications to accredit achievement in training’, with a mean score of 5.2 (England mean is 4.7). In terms of importance this area was rated third highest. The second highest sector rating on Government performance is for ‘good quality training provision for the

workforce through FE colleges' with a mean rating of 4.7, compared to 4.4 nationally. In terms of importance this area was rated fifth highest.

The areas considered to be weakest in terms of Government performance by sector employers are 'funding for training employees' at 4.4 and 'help in understanding and meeting training needs' at 4.5, nationally these are also the poorest rated areas at 4.1 each.

However, the range between employers' ratings of Government support for the six areas is relatively small.

Chart 10: Employer Rating of Government Performance in Providing Support



Source: NESS, 2007
Base: All establishments

10. Conclusion

Overall, the NESS 2007 survey presents a comparatively strong picture for the Skills for Health sector with some specific areas that need further work or attention.

In line with national trends, skill related recruitment problems and deficiencies in the workforce actually represent a decreasing challenge in recent years for employers, although skill deficiencies still affect a significant percentage of the sector's workforce (just under 100,000 or 6% of the workforce). More investigation needs to take place to fully understand the key factors behind these declining trends, although it is likely that the recent policy to increase the supply of people with the skills to enter sector are a positive contributory factor. The increased supply needs to be maintained if the recruitment picture is to remain positive in the future.

The Skills for Health sector is a relatively high recruiting sector with around a quarter of establishments reporting at least one vacancy. It also compares favourably in terms of measures of recruitment difficulties i.e. the level and incidence of hard-to-fill vacancies and skill shortage vacancies. Of the 30,500 vacancies reported in the NESS07 only 3,900 were classed as being difficult to recruit to due to skill shortages in applicants.

Sub-sector variations show it is the Hospital activities that are more prone to recruitment, and skill difficulties. The Dental practice sub-sector is least likely to recruit but it does face relatively high levels of recruitment difficulties –recent changes to the entry criteria may be affecting dental practices ability to recruit to dental nurse posts.

Both associate professionals and personal service staff are over-represented (compared to their workforce proportions) when recruitment is analysed by occupation, indicating possible retention issues and high workforce mobility within these occupational areas.

Although the Skills for Health is consistent with the national average when it comes to actions taken by establishments to overcome recruitment difficulties, there remains work to be done as 1 in 10 affected report doing nothing.

Additionally, those who do take actions largely focus their efforts on external responses such as increasing advertising. Thus more needs to be done to convince employers of the need to look at internal (training, development, promotion) solutions to recruitment difficulties.

The NESS07 data indicates that retention of key staff, particularly within certain occupations (see above) is likely to be a significant for many of the sector's employers, along with addressing internal skill deficiencies within their workforce. The main cause of skills deficiencies is 'lack of experience/recently recruited' and therefore it is essential for employers to have strong induction and initial training programmes.

Furthermore, another key reason identified as causing skill gaps is ‘failure to train and develop staff’ the reason for not doing this is time, but again, this indicates it is within the control of employers to increase the proficiency and effectiveness of their staff – a key issue given the likely pressure on public expenditure (and therefore staff recruitment) over future years.

The sector is in line with the national picture when it comes to the recruitment of young people aged 16-24 years, with 39% having recruited from this group in the last year, but are more likely to recruit graduates, than school leavers. The incidence of the use of apprenticeships is very low but actually compares favourably to national average.

There is a relatively high incidence of on and off the job training within the sector. Two thirds of establishments have a business plan and almost three quarters a training plan, but this still means around a third don't have a business plan and a quarter are without a training plan. What is more doubtful is the nature of the type of training that is taking place, there is evidence to suggest that much of it is driven by health and safety and professional accreditation requirements, with less focus on training that will equip staff to be more effective or diversely skilled.

More also could to be done to improve upon an already strong incidence of skill gap assessment and training impact assessment within the sector to ensure training and workforce development is effective and improves the ability of the workforce to meet employer needs.

The Skills for Health sector is less likely to use Further Education Colleges and is more likely to use other external providers and Universities. Awareness of Train to Gain (TtG) is relatively good within the sector at just over a third of establishments, and 12% of Skills for Health establishments report having been involved in TtG – this compares to 4% of all establishments surveyed in NESS07.

Skills for Health establishments consider the most important role the Government has to play in supporting education and skills is ensuring that young people leave compulsory education well prepared for work but actually rates the Government lowest for their performance in this area. This suggests a sector mismatch perception when it comes to areas of importance and perceived Government performance.

APPENDICES

Appendix 1

Current Size and Structure of Skills for Health

This section provides an overview of the characteristics of the Skills for Health sector, how it is structured, and how it compares to the all sector profile.

Overall Size of the Sector

The NESS07 data shows that the sector as defined by the SIC codes (see Table 1) employs a total of 1,647,445 individuals engaged in 42,645 establishments. The majority of employment (1,154,700 or 70%) is located in the Hospital activities sub-sector, 16% is located in Other Human Health activities, 10% in medical practice activities and 4% in dental practice activities.

However, with regard to the establishment structure Hospital activities actually have the lowest proportion of establishments within the sector at 17%. Other human health activities have the greatest proportion of the sectors establishments at 35%.

Table 28: Employment Levels and Number of Establishments

Skills for Health Sub-Sectors	Employment		Establishment	
	Number	%	Number	%
85.11 Hospital Activities	1,154,700	70	7,400	17
85.12 Medical practice activities	162,400	10	9,400	22
85.13 Dental practice activities	71,900	4	11,100	26
85.14 Other human health activities	258,400	16	14,800	35
Skills for Health SSC Weighted Base	1,647,445	100	42,645	100
Total Unweighted Base	156,016		2,416	

Source: NESS, 2007

Base: All establishments/employment, rounded to the nearest 100

Size Structure and Geographic Location of Skills for Health Establishments

Size

The majority (79%) of Skills for Health establishments are small (fewer than 25 employees). The striking aspect for the sector is the lower proportion of micro establishments (2-4 employees) at 32%, when compared to the all sector England picture of 54%, a 22 percentage point difference.

The Skills for Health sector also has almost twice the proportion of establishments employing 25-99 employees at 17% compared to 8% for England as a whole. Larger establishments (100 plus employees) account for 4% of the sector, compared to 2% of all establishments within England.

Although large establishments are numerically small, they are very important to the sector (and more generally); the largest 4% of Skills for Health establishments employ 1,071,979 or 65% of the workforce within the sector.

Table 29: Skills for Health Size Structure

Establishment Size	Employment		Establishments	
	Number	%	Number	%
2-4	37,800	2	13,800	32
5-24	219,300	13	20,100	47
25-99	318,400	19	7,100	17
100+	1,072,000	65	1,700	4
Total Weighted Base	1,647,445		42,645	
Total Unweighted Base	156,016		2,416	

Source: NESS, 2007

Base: All employment/establishments, rounded to the nearest 100

Large organisations (such as the NHS trusts) make up a bigger proportion of the Hospital activities sub-sector at 5% of establishments within this area of activity and only a quarter (26%) of establishments within Hospital activities employ 25-99 staff, this compares to 69% of establishments employing 25-99 in the Medical practice sub-sector.

Table 30: Skills for Health Sub-sector by Size Structure

Establishment Size	England	Skills for Health	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
	%	%	%	%	%	%
1-4	54	32	*	17	45	46
5-24	36	46	26	69	54	39
25-99	8	17	54	12	*	12
100-199	1	2	6	*	*	2
200-499	1	*	5	*	*	*
500+	N/A	*	*	*	*	*
Total Weighted Base	1,451,507	42,645	7,380	9,406	11,074	14,784
Total Unweighted Base	79,018	2,416	665	544	466	741

Source: NESS, 2007

Base: All establishments, N/A (below 0.5%), *unweighted base below 30

Region

The Skills for Health regional location profile of establishments and the regional distribution are both very similar to the all sector profile for England. The only notable difference regionally is there is a lower proportion of Skills for Health employment in London at 15% compared to the all sector employment of 18%.

Table 31: Regional Establishment Structure

Region	% Employment		% Establishment	
	All Sector	SfH	All Sector	SfH
Eastern	10	9	11	11
East Midlands	8	8	8	8
London	18	15	16	15
North East	5	5	4	5
North West	13	15	12	13
South East	16	15	17	18
South West	10	11	11	11
West Midlands	10	10	10	9
Yorkshire and the Humber	10	11	9	9
Total Weighted Base	2,277,027	1,647,445	1,451,507	42,645
Total Unweighted Base	22,259,634	156,016	79,018	2,416

Source: NESS, 2007

Base: All employment/establishments

When the establishment distribution is analysed by both sub-sector and region a few notable differences are apparent when compared to the total sector profile. The cells in Table 3 have been highlighted in bold where they differ by three or more percent from the overall Skills for Health sector regional profile.

Table 32: Skills for Health Sub-sector by Region

Establishment by Region	England	Skills for Health	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
	%	%	%	%	%	%
Eastern	11	11	8	10	11	12
East Midlands	8	8	11	8	9	6
London	16	15	10	19	14	17
North East	4	5	6	6	3	4
North West	12	13	14	10	17	13
South East	17	18	18	16	20	17
South West	11	11	12	10	9	13
West Midlands	10	9	8	11	10	9
Yorkshire and the Humber	9	9	13	10	7	9
Total Weighted Base	1,451,507	42,645	7,380	9,406	11,074	14,784
Total Unweighted Base	79,018	2,416	665	544	466	741

Source: NESS, 2007

Base: All establishments, N/A (below 0.5%), *unweighted base below 30

Type of Establishment with the Skills for Health Sector

As would be expected, the Skills for Health establishment type i.e. profit-seeking, charity or local/central government financed differs markedly from the all sector profile and most other sectors. 69% of establishments are classed as profit-seeking compared to 88% of all establishments and only 29% of Skills for Care and Development (SfCD) establishments. 17% are classed as voluntary/charity (compared to 6% all sector), 12% are local government financed bodies, and 7% (including NHS Trusts) are central government financed bodies, the remaining 6% do not fit into any of the above classifications.

Table 33: Establishment Type

Establishment Type	% Establishments		
	All Sector	SfH	SfCD
Profit-seeking	88	69	26
Charity/Voluntary sector	6	5	59
Local Government financed body	4	12	10
Central Government financed body	1	7	1
Total Weighted Base	1,451,507	42,645	49,285
Total Unweighted Base	79,018	2,416	3,971

Source: NESS, 2007

Base: All establishments

When organisation type is analysed by the sub-sectors a few marked differences are apparent and highlighted in bold in Table 8. Other Human Related activities² show the highest percentage of organisations that are classed as profit seeking at 84%, followed by dental practices at 79%. Medical practices are least likely to be profit-seeking at only 42% of all establishments, and are the most likely to be central government funded at 19%, with a further quarter local government funded. Hospital activities have a relatively high concentration of charity or voluntary organisations at 14% within this sub-sector.

Table 34: Establishment Type by Sub-Sector

Establishment Type	England	Skills for Health	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
	%	%	%	%	%	%
Profit-seeking	88	69	61	42	79	84
Charity/Voluntary sector	6	5	14	*	*	6
Local Government financed body	4	12	11	25	12	4
Central Government financed body	1	7	8	19	*	*
Other	2	6	*	12	5	4
Total Weighted	1,451,507	42,645	7,380	9,406	11,074	14,784

² This category includes activities performed by para-medical practitioners e.g. physiotherapists, medical massage, occupational therapy, dental therapists, medical laboratories, blood banks, ambulance transport etc

Base						
Total Unweighted Base	79,018	2,416	665	544	466	741

Source: NESS, 2007

Base: All establishments, N/A (below 0.5%), *unweighted base below 30

It may seem high that 69% of establishments within the Skills for Health sector are profit making but it should be remembered that most of the employment within the sector will be concentrated within the not for profit establishments, especially given the dominance of the NHS.

Occupational Structure of the Skills for Health Sector

The occupational profile for the Skills for Health sector differs from the all sector England picture in the following ways:

- The sector employs more than twice the proportion of Associate professionals at 17% when compared to the all sector picture of 7% or against the Skills for Care and Development (SfCD) sector proportion of 6%
- Personal service staff account for over a third of all employed in the sector at 37%. This compares to only 8% across England as a whole, but is below the proportion of 46%.
- Very few people are employed in Sales and customer service roles and only 6% of the sector's workforce are employed as elementary staff compared to 14% for England as a whole.

Table 35: Profile of Employment by Occupation

Occupation	Number and % of Employment		
	All Sector	SfH	SfCD
Managers and senior officials	18	11	16
Professionals	12	11	8
Associate professionals	7	17	6
Administrative/clerical staff	14	14	11
Skills trades people	7	2	3
Personal service staff	8	37	46
Sales and customer service staff	14	*	2
Process, plant & machine operatives	7	*	*
Elementary staff	14	6	9
Total Employed (weighted base)	22,259,634	1,647,445	867,385
Total Unweighted Base	2,277,027	156,016	93,774

Source: NESS, 2007

Base: All employment

Health and social welfare associate professionals provide a variety of technical support functions for health professionals in the treatment of patients, apply physical, therapeutic and other treatments or activities to assist in physical and psychological recovery, and provide social welfare and related community services. Workers in this occupational group assist doctors in their tasks, provide nursing care for the sick and injured, provide prenatal and postnatal care for

mothers and babies, administer first aid treatment in emergencies, operate x-ray and other imaging equipment, fit hearing aids and spectacles, treat foot, eye, speech and movement disorders, provide a variety of technical support functions for health professionals.

Occupations in the Health and social welfare associate professional occupational group include:

- Nurses
- Midwives
- Paramedics
- Medical radiographers
- Chiropodists
- Dispensing opticians
- Pharmaceutical dispensers
- Medical and dental technicians

Workers in this Healthcare Personal Services assist health professionals in the care of patients. Workers in health care personal services transport patients by ambulance, stretcher, wheelchair or other means and assist health professionals with the care of patients in hospitals, dental surgeries, nursing homes, clinics and within the home.

Occupations in Healthcare Personal Services occupational group includes:

- Nursing auxiliaries and assistants
- Ambulance staff (excluding paramedics)
- Dental nurses

Appendix 2

Additional Sub-Sector Tables

Table 36: Percentage of Establishments with Vacancies, Hard-to-Fill Vacancies, and Skill Shortage Vacancies by Sub-Sector

Vacancies	% of Establishments				
	SfH	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
Have at least 1 vacancy	24	44	21	11	25
Have at least 1 HTF vacancy	7	13	3	4	10
Have a skill-shortage vacancy	4	7	2	2	5
Total Weighted Base	42,645	7,380	9,406	11,074	14,784
Total Unweighted Base	2,416	665	544	466	741

Source: NESS, 2007

Base: All establishments

Table 37: Occupational Employment Profile by Sub-Sector

Occupation	% of Employment				
	SfH	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
Managers and senior officials	11	9	13	17	14
Professionals	11	12	11	15	6
Associate professionals	17	20	8	8	10
Administrative/clerical staff	14	12	37	20	11
Skills trades people	2	1	2	7	2
Personal service staff	37	38	20	27	48
Sales and customer service staff	*	*	4	*	3
Process, plant & machine operatives	*	*	*	*	*
Elementary staff	6	7	3	3	4
Total Employed (weighted base)	1,647,445	1,154,722	162,423	71,867	258,434
Total Unweighted Base	156,016	114,027	14,613	3,924	23,452

Source: NESS, 2007

Base: All employment

Table 38: Number of Staff with Skills Gaps by Sub-Sector

Skills Gaps	Number of Staff with Skill Gaps				
	SfH	Hospital Activities	Medical Practice Activities	Dental Practice Activities	Other Human Related Activities
Total number of staff NOT fully proficient	96,100	69,900	9,400	3,100	13,800
Total Weighted Base	1,647,445	1,154,722	162,423	71,867	258,434
Total Unweighted Base	156,016	114,027	14,613	3,924	23,452

Source: NESS, 2007

Base: All employment, rounded to nearest 100