

## What the NHS really thinks about workforce planning

Effective workforce planning is crucial to making the £22 billion of NHS efficiency savings which are going to be needed. To achieve this, we first need a better understanding of the impact of new models of care on the current and future workforce.

As we know, the Five Year Forward View sets out the £30 billion challenge facing the NHS alongside the demographic, lifestyle and quality challenges we also face. The £8 billion of additional annual funding required to keep pace with current demand (and promised by the current government) has been the focus of much attention both in the NHS and across the media.

But the real challenge is the £22 billion demanded in efficiencies, which have within them significant implied workforce savings. If we are to deliver these savings we need to look at planning for what our people do, not just for workforce numbers. Workforce planning doesn't exist in isolation – it is informed by clarity in service planning and it is at its weakest in the absence of such clarity.

The service models that emerge from the Five Year Forward View will need to be supported with workforce solutions that are replicable and scalable.

“Whilst appreciating the need for restraint, I have a real concern that the ‘squeeze’ on public sector pay, together with the changes to the NHS Pension scheme, will have a significant impact on the recruitment and retention of, particularly, professional healthcare staff, especially as the economy improves and private sector employers are in a position to offer more.”

**Ian Leather, Head of Employment Relations (retired),  
Torbay and Southern Devon Health and Care NHS Trust,  
South Devon Healthcare NHS Foundation Trust**

# The challenge of workforce supply

Workforce supply is the biggest single immediate concern for employers in the NHS. In our recent survey of over 300 healthcare leaders, 85 per cent said that it is becoming more difficult to recruit and retain staff.

You told us that temporary solutions, such as the use of agency staff, are inevitable but they are also unsustainable.

Danny Mortimer, chief executive of the NHS Employers organisation, says: "Through NHS Employers' HR director networks, we know that recruiting staff from overseas is helping with supply issues. However, this isn't without problems and the process isn't a smooth one – aside from the controversy and headlines it generates in the media."

There is a lot of discussion around re-skilling, up-skilling and right-skilling the workforce but, we are hearing from you, the real risks are the focus on one profession – nursing – and on one role – the band 4 assistant practitioner.

It is good to see the strides being made to extend the scope of practice for non-medical professionals. The work to develop the role of pharmacists in treatment as opposed to dispensing is rightly a focus, and there are also encouraging developments in relation

to prescribing rights for allied health professionals, the development of social work practice in mental health, and the development of new roles, including the physician associate.

It is encouraging too that the latest Health Education England mandate creates a requirement to 'future proof' education and training programmes. But, you tell us, this has to translate to greater investment in our present workforce as well as undergraduates. The challenge is how the national bodies can support the rapid changes in roles and practice that services require.

## Staff experience

Professor Michael West has clearly evidenced that which we always believed to be true: caring for our people improves the care they can give their patients. He says: "The National Staff Survey data, collected over the last ten years, offer a clear and consistent message: if we want staff to treat patients with respect, care, compassion and dignity, we must treat staff with respect, care, compassion and dignity."

The variation between and within organisations on staff experience, as

indicated in the 2014 NHS Staff Survey, also remains a concern.

In December 2014, ten major national organisations signed a staff experience pledge, committing to improve this vital area through leading by example and supporting the share and spread of evidence-based good practice.

There is rightly a focus this year on workforce race equality and the challenges BME colleagues face. This area – and others such as gender, sexuality and disability – are also areas where staff experience requires our attention and urgent collective action.

Pay and contracts are a big part of addressing all of the above challenges. Danny Mortimer's views on this are clear: "Pay and contracts are vital, but they are not in isolation the solution. Five years of pay restraint have provided financial benefits, but the last dispute slowed momentum towards reform of Agenda for Change. Consultant and junior contracts are overdue improvement and await pay review guidance in July, whilst contracts for primary care services are on a journey to support service change."

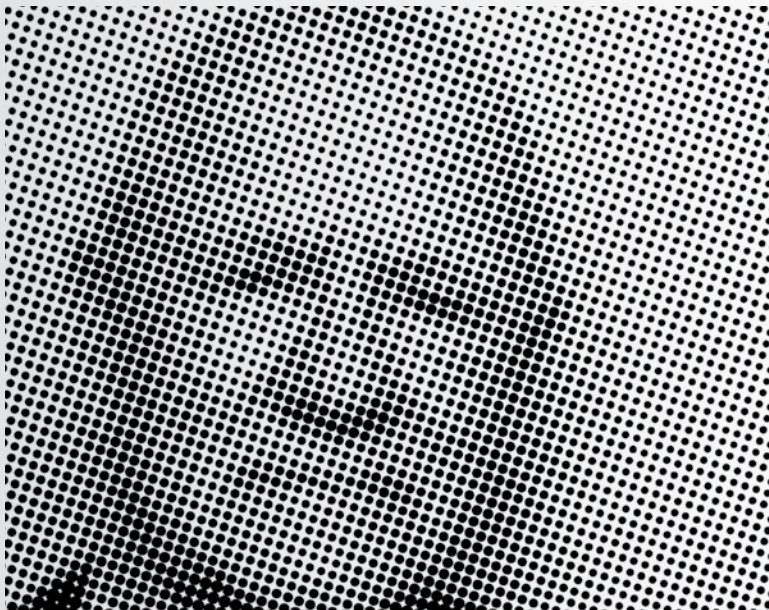
These areas will command a great deal of attention in the coming months.

# It's not just about doctors and nurses

You tell us that it's important that any future Government policies support the ability of local NHS organisations to deploy staff in the best way, to support high-quality and efficient patient care.

## Working together

Innovating



There is an opportunity to build on existing examples of innovation in the NHS and the learning from the vanguard organisations. We must look at all settings and areas of the workforce – not just doctors and nurses and not just acute services – to ensure that the workforce can be deployed responsively to support new models of care for the benefit of patients. Medical consultant and junior doctor contractual reform is overdue and is a key enabler to safer, more efficient services.

No movement on medical contracts heightens tensions with the non-medical trade unions who have made concessions and are worried that the language of reform

applies only to them. Supply of nursing, paramedic and GP staff is an urgent 'here and now' issue, but we also need a calm appraisal of what is needed, including debating the benefits and risks of a modest over-supply.

David Cameron has reiterated his vision for seven-day working in the NHS: "This isn't about NHS staff working seven days a week. It's about different shift patterns – so that our doctors and nurses are able to give that incredible care whenever it is needed."

We know a move towards seven-day services for the NHS will provide a better, safer and more responsive experience for patients and

could lead to a more efficient use of NHS resources. But in order to achieve this, a wider culture change across the NHS is needed, in addition to resolving the financial, workforce and service design challenges.

As Dr Nav Chana, chairman of the National Association of Primary Care, tells us: "Any increase in the number of GPs must be accompanied by more sophisticated approaches to recruitment and retention, as well as a fundamental review of the model of care in which GPs operate."

Given the complexity of these issues, it is ever more vital that we work together to get this right.

"At a time when the focus on safe staffing levels has increased and there are significant shortages in key populations, we will all have to work even harder and more creatively to attract and retain the right people and give them the support and development needed to work in different ways, both within our organisations as part of new workforce models and as part of a more integrated health and social care system, applying their skills in new environments."

**Nicky Hill**, Director of HR, Nottingham University Hospitals NHS Trust



# Support and resources for members

Here are a few resources on the workforce planning from our website you may find useful.

## Blogs and case studies

### **'Time for tough decisions on workforce planning for surgeons'**

Vassilios Papalois asks is it finally time for a new approach to workforce planning in surgery?

<http://nhsconfed.org/surgeons>

### **'Developing the perioperative medicine workforce will deliver a win-win service'**

"The drivers for developing the field of perioperative medicine are compelling," writes Dr Chris Carey, a consultant anaesthetist at Brighton and Sussex University Hospitals. Discover what these drivers are and why Chris believes developing the workforce will deliver a win-win service.

<http://nhsconfed.org/perioperative>

### **'Delivering seven-day care in Bassetlaw'**

In Bassetlaw, commissioners and providers have been working in partnership to enable consultant-delivered care seven days a week, reduce variation and improve clinical outcomes through a new model of care.

<http://nhsconfed.org/sevendaycare>

### **'Can pharmacists be dispensed as a 'fix-all' for GPs?'**

Rob Darracott, chief executive of Pharmacy Voice on building GP and pharmacy teams.

<http://nhsconfed.org/pharmacists>

## Publications

### ***Not more of the same: ensuring we have the right workforce for future models of care***

Sets out some considerations for developing a primary care workforce that is fit for purpose now and in the future.

<http://nhsconfed.org/notmoresame>

### ***Better staff engagement is linked to improved patient outcomes***

Evidence-based report highlighting some of the findings from research conducted by Professor Michael West of Aston Business School.

<http://nhsconfed.org/patientoutcomes>

### ***NHS managers: busting the myths***

Provides some clear and simple facts about the role of NHS managers.

<http://nhsconfed.org/managers>

### ***Working better together: community health and primary care***

Slide pack capturing the main points from a workshop on integrated working between primary care and community health services.

<http://nhsconfed.org/workingbetter>

## Other resources

### **Planning your workforce**

The NHS Employers website is packed with useful information and resources.

[www.nhsemployers.org/your-workforce/plan](http://www.nhsemployers.org/your-workforce/plan)

## How can we support you?

For discussion and support on any of the issues raised, please contact [membership@nhsconfed.org](mailto:membership@nhsconfed.org)

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