THE NHS NEEDS A BETTER APPROACH TO ENSURING TRUSTS HAVE THE STAFF THEY NEED TO CARE FOR PATIENTS

Workforce – a top concern for trust leaders

Staffing pressures are now up there with the money as a top concern for trust leaders. In our State of the provider sector report in July, well over half of trust leaders (57%) were “worried” or “very worried” about their current ability to maintain the right numbers of staff – clinical and non-clinical – to deliver high-quality care. When asked what the picture would look like in six months’ time, their level of confidence decreased and 61% were “worried” or “very worried”.

Different trusts face different pressures, but the provider sector as a whole is finding it increasingly difficult to recruit and retain the staff it needs to meet rising demand for services.

Not having enough staff impacts on the safe and sustainable delivery of high quality care, particularly as winter approaches, and there have been examples of trusts having to temporarily close services.

As one chief executive put it in State of the provider sector, “It is the only thing that keeps me awake at night. It speaks of our capacity to provide safe quality of care to patients.”

Why trust leaders are worried about staffing

There are significant shortages of key staff, most notably clinical staff such as nurses, some medical specialities like emergency medicine, and paramedics. Demand for services, and in turn demand for staff to deliver those services, has grown more quickly than the supply of new staff. Unhelpfully, workforce policy decisions have too often been dominated by unacknowledged funding considerations.

Trusts need support from the national bodies – the Department of Health and its arms length bodies like Health Education England and NHS Improvement – to recruit and retain the staff they need. Yet it is widely acknowledged that there is a disjointed approach to workforce matters at the national level. Responsibility and accountability is fragmented and there is no effective mechanism for ensuring a coherent and credible approach.

As the job gets tougher and real pay falls, trusts are increasingly struggling to retain the staff they already have. NHS staff report themselves as being under increasing pressure with the job becoming more difficult and those who choose to leave say work-life balance is the number one reason for doing so. Alongside this, NHS pay has now been restrained for several years and NHS leaders and a range of politicians have begun to call for a plan as to how this restraint will end, when, what approach will take its place, and how it will be funded.

Faced with these persistent staff shortages, NHS trusts depend on nurses, doctors, and other staff from overseas. As a House of Commons Library briefing has detailed, around 5% (60,000) of NHS staff are from the EU and 6.8% (74,000) are from the rest of the world. The picture varies across England, with for example EU nationals making up 11.7% of staff in North West London but only 1.7% of staff in North East England. And some staff groups have a greater proportion of staff from overseas than others. For example, for nurses 7% are from the EU and 9% are from the rest of the world, and for doctors 10% are from the EU and 16% are from the rest of the world. Clearly though, the NHS is not yet training enough health professionals to be self-sufficient. Yet trusts face increasing challenges to recruiting and retaining staff from overseas. Brexit continues to present uncertainty for EU staff working in the NHS and trusts who had been considering recruiting from the EU to address domestic shortages. Tougher language
testing for nurses and increased immigration charges have also made it more challenging and expensive to recruit staff from overseas.

**What needs to happen nationally**

These problems are not new and are widely recognised. Yet leadership on workforce at the national level has been muddled or trumped by worries over funding.

We need a co-ordinated, realistic, long-term strategy from the Department of Health and its arms length bodies to ensure that trusts are supported to recruit and retain the staff they need to deliver high quality care to patients.

**What trusts need to do**

While recognising that national strategy and policy decisions are muddled, trusts must do everything they can to ensure that they are great places to work. This includes fostering positive and inclusive cultures, focusing on staff engagement and wellbeing, and making progress on the workforce race equality standard.

Trusts also need to maximise the opportunities and minimise the risks of significant changes such as the new apprenticeships targets and levy and the introduction of student loans for nurses and other healthcare students.

Looking to the future, trust need to be planning for the workforce implications of delivering care in new ways, as envisaged by the Five Year Forward View and new care models.

**Questions for governors to consider**

The role of governors in “holding to account” is helping the board to gain assurance. Governors should therefore assess the key areas of workforce concern and provide appropriate challenge, particularly if they feel due process is not being followed, the interests of the members (especially staff in this context) are not being appropriately represented, or of failing to deliver on the workforce goals outlined in the forward plan. Some example questions are below:

- How are NEDs assured that the board is doing everything it can to make the trust a great place to work for staff?
- Why are NEDs confident that the board will maximise the opportunities and minimise the risks of new arrangements for apprentices and the introduction of student loans for nurses and other healthcare students?
- What evidence have NEDs looked at to assure themselves that the board is preparing and developing its workforce to support the delivery of care in new ways?