Creating a coherent and credible national workforce strategy

CHAIR

Sue Davis, chair, Birmingham and Solihull Mental Health NHS Foundation Trust

SPEAKERS

Saffron Cordery, director of policy and strategy and deputy chief executive, NHS Providers

Anita Charlesworth, director of research and economics, Health Foundation

Lara Carmona, associate director – policy, international, and parliamentary, Royal College of Nursing

Rob Smith, director – strategy and planning, Health Education England

SESSION SUMMARY

• Saffron shared the key messages from the report published by NHS Providers the day before, There for us: a better future for the NHS future. There is a need to grow the domestic supply of staff, while ensuring trusts are supported to continue to recruit from overseas to mitigate shortages. Trusts must all make themselves great places to work and the Department of Health and its national bodies need to take a more joined up and credible approach to workforce strategy, planning, and policy.

• Responding to the Secretary of State’s speech earlier in the day, in which is committed to the development of a national NHS workforce strategy £, Saffron suggested that what is needed is a holistic strategy rather than just a plan to boost domestic supply of staff, and also that the strategy should be used as an opportunity to consider the balance between the national and local levels of workforce responsibility and resources.

• Anita argued the new strategy needs to address both the supply of new staff and the current workforce. The NHS needs to aim for an oversupply of staff, rather than consistently training fewer than needed, and there also needs to be a rebalancing given that recent years have for example seen 26% growth in consultants but only 1% growth in nurses. For the current workforce there is a need to enhance productivity and look at skill mix in order to create jobs that people actually want to do. There strategy should also be developed across independent healthcare and social care and recognise the contribution of the NHS to local communities with many trusts being one of the largest employers in their local area.

• Lara agreed that the new strategy must take a holistic view and argued that it must include measure of how many staff the NHS will actually need and explicitly support the delivery of safe and high quality care. Crucially, financial pressures must not be allowed to cloud the health and social care sectors’ true workforce needs. There is also a need to develop a workforce which reflects the communities it serves.
• Rob welcomed the report from NHS Providers and recognised that workforce responsibility is fragmented across the national bodies and also NHS trusts. Health Education England (HEE) therefore cannot develop and deliver the new strategy on its own. HEE will consult on the new strategy by December 2017 and publish the final version by Summer 2018. Taking a comprehensive approach is challenging. The national bodies have already begun to take a more joined up approach, for example with the development of the mental health workforce plan and the emergency departments workforce plan.

• Questions from delegates focused on the following.
  
  o Aiming for an oversupply of staff. The question of oversupply will require a “system conversation” about the advantages and disadvantages of such an approach.
  
  o Financial constrains. In the past NHS trusts have been put under pressure to submit workforce plans to the national bodies that fit within the financial envelope rather than setting out actual staffing requirements.
  
  o Changing staff expectations. Increasingly staff come and go from NHS trusts more frequently and may wish to develop a portfolio career, paramedics for example can now work in non-ambulance settings such as primary care. The NHS needs to recognise this and offer careers that people want. There is an opportunity for trusts to collaborate to offer careers pathways across wider geographical areas and settings and to link to other sectors such as social care.
  
  o NHS trusts will need to continue to recruit internationally with the “earn, learn, and return” scheme piloted by HEE being an opportunity to do this in a more centralised way. There is also a need to better understand the flows of UK trained staff in and out of the NHS, for example although many doctors in training choose to work overseas at some point most of them eventually return to the UK and the NHS.