



## **NHS Employers' response to Facing the Facts, Shaping the Future: a draft health and social care workforce strategy**

### **INTRODUCTION**

NHS Employers is a national organisation which acts on behalf of NHS trusts in England. We represent workforce leads across the NHS in national negotiations and policy development, and provide advice, guidance and good practice on workforce issues. As an organisation, we maintain sustained and regular engagement with employers across the NHS in England, and therefore speak authoritatively on behalf of employers in this response to the draft health and social care workforce strategy.

Employers in the NHS welcome the development of this strategy and the opportunity it presents in bringing the system together to look to the future of the NHS. Employers believe it provides a seminal opportunity to have an open and candid conversation about what the service needs to not only sustain the delivery of high-quality care, but to continue to innovate and develop our world-leading healthcare service through taking more collaborative, cross-system approaches. Employers are clear that the final strategy will need to ensure a balance between actions to support supply, and strategies to enable improved productivity. Any resulting plans or actions must be affordable for the healthcare system and be supported by additional investment. Employers have engaged thoroughly in the discussions held regarding the strategy, and are keen to influence its development through our collective response and through additional, local responses.

To inform our response, we have held facilitated discussions through established workforce director networks, which have representation from 235 provider organisations across England. Our response also includes input from the NHS Employers policy board, which has representation from chief executives and executive directors from across the system, and the NHS Employers medical workforce forum and workforce supply reference groups.

In our response, we have summarised employer feedback on areas of the draft strategy that employers feel require further emphasis and expansion, and other areas of importance that are not currently featured in the draft document, but employers view as essential components of a future-focused strategy. We begin our response by setting out five national actions that we, on behalf of employers, believe to be essential for the system to implement a future workforce strategy.

### **FIVE NATIONAL ACTIONS: SETTING THE CONDITIONS FOR SUCCESS**

Employers have engaged positively with discussions regarding the development of the health and social care workforce strategy, but have stressed that there are actions that need to be taken

urgently at a national level, to set the system conditions required for future workforce development and continued high-quality patient care:

1. Flexibility for the NHS in the use of the apprenticeship levy.
2. Immigration policy support from Home Office.
3. Reinstatement of national funding for continued professional development.
4. National support in the implementation of new roles.
5. A review of the allocation of medical training posts.

## **1. FLEXIBILITY FOR THE NHS IN THE USE OF THE APPRENTICESHIP LEVY**

The first national action we believe needs to be taken is to introduce greater flexibility for NHS employers in the use of the apprenticeship levy. The introduction of the apprenticeship levy in April 2017 has provided an opportunity for the health service to significantly scale up its approach to embedding apprenticeships into the way talent is recruited and developed. Employers across the NHS are expanding their apprenticeship programmes<sup>1</sup> as the range of healthcare standards available increases, but are facing some specific challenges unique to the health sector, which are reflected in the apprenticeship figures for health for 2017-18.

To help mitigate the impact of these challenges, and to help make best use of the £200 million contribution the sector makes to the levy, employers are clear that the following three flexibilities would have a dramatic impact on the NHS' ability to increase its apprenticeship offer.

### *Extending the timeframe for accessing levy funds*

Of the 1.2 million staff employed in the NHS, almost half a million are in roles that did not have a relevant apprenticeship standard available when the levy was introduced in April 2017. There are now 19 health and science industry-specific apprenticeships available<sup>2</sup> and 29 more in development, which is more than double what it was when the levy was first introduced. This represents a sizeable opportunity for employers. However, a considerable amount of time has lapsed since the introduction of the levy, during which employers' ability to broaden the range of apprenticeships offered has been limited.

Despite their ambitions, employers in the NHS are now faced with the challenge of scaling up both the number and range of apprenticeships, some of which only recently became available. Allowing an interim extension of 12 months to the time that levy funds are available in digital accounts, in addition to the existing 24 months, will have a significant positive impact on the NHS' ability to increase its apprenticeship offer.

### *Use of levy funds for infrastructure development to support the growth of apprenticeship delivery*

In scaling up apprenticeships, NHS employers are required to provide increasing numbers of placements and learning support in the workplace. This is further increased by government policy to expand the number of training places available for nurses and the introduction of the nursing associate training programme, for which extensive practice supervision and assessment are required. These are typically provided by registered healthcare professionals working alongside the apprentice learner.

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<sup>1</sup> <http://www.nhsemployers.org/case-studies-and-resources/2018/03/using-the-apprenticeship-levy>

<sup>2</sup> <https://haso.skillsforhealth.org.uk/standards>

Better value could therefore be achieved from the levy if employers in the NHS were able to use a specific proportion of the levy to train those who supervise, assess and mentor apprentices. Further, allowing the levy to fund backfill for protected time for those undertaking supervision and assessment of apprentices will provide a long-term return on this investment, with these skills being used to support apprentices and work-based learning in the coming years. This will enable broader use of the apprenticeship training model in the future, as set out in the draft strategy.

#### *Use of levy to support backfill of supernumerary apprentices*

Employers in the NHS recognise the value of having 20 per cent 'off-the-job' training as a key component of an apprenticeship. However, for healthcare-specific standards such as the nursing degree apprenticeship, there is a much larger off-the-job requirement of over 50 per cent. This time is considered supernumerary<sup>3</sup> and means that when the apprentice is in the workplace, undertaking tasks within their competency and scope of practice, they cannot be considered as part of the workforce or included in safe staffing figures. Employers must provide backfill for this element of their training, usually at a rate of £7.88-£10.15 per hour. This represents a significant cost to the employer when increasing the scale of the nursing degree apprenticeship offer.

This additional cost is potentially a disincentive for employers wishing to make use of the nursing degree apprenticeship and risks making this nursing supply route relatively unattractive. We would therefore propose an amendment the use of the levy, so that, for apprenticeships where there is a supernumerary or off-the-job requirement that is more than 20 per cent, NHS employers are able to use the apprenticeship levy funds to contribute towards this additional and unavoidable cost.

From our engagement with employers, we know that there is both commitment and motivation within the NHS to use the apprenticeship levy to maximum effect. However, employers require support to realise this ambition and the three flexibilities outlined here would have a significant positive impact on employers' ability to strengthen their approach to increasing apprenticeships and support the stability of future supply.

## **2. IMMIGRATION POLICY SUPPORT FROM HOME OFFICE**

The second national action employers have requested is support for the NHS on immigration policy decisions. Currently, the sustainability of some health and social care services is at risk due to insufficient numbers of staff, including nurses, doctors and allied health professionals, being trained in recent years relative to the service requirements of our communities. We welcome the steps being taken to increase numbers in training but recognise that it will take some time for this additional supply to join our teams. This gap puts pressure on all our teams, and threatens the delivery of essential services. However, recruiting from overseas is an immediate-term action which helps to fill the shortages across health and social care.

Employers will therefore require continued overseas recruitment to manage short- to medium-term supply to specific professions, and we believe this should be more strongly reflected in the final strategy.

Employers welcome the steps taken to provide greater certainty to our colleagues from the EU, in light of the UK's withdrawal from the European Union in the next year. We recognise, along with

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<sup>3</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-to-support-learning-assessment.pdf>

colleagues across health and social care, that the UK's exit from the EU provides an opportunity for the UK to establish new systems for managing immigration that properly recognise where our sector may need to complement domestic supply with international workers to maintain patient safety and provide continuity of care.

Together with our colleagues in the Cavendish Coalition<sup>4</sup>, a group of health and social care organisations convened to act as a shared voice to influence and lobby on post-EU referendum matters, NHS employers are clear that any new system must fully recognise the range of roles required across health and social care, including world-class researchers, care workers, domiciliary workers, paramedics, nurses, doctors, dentists and pharmacists.

Future immigration policy must therefore:

- a) support a strategy and plan to grow and develop our domestic supply of health and social care staff
- b) maintain the sector's ability to recruit quality and skilled staff from abroad when domestic supply is not available
- c) recognise the value and contribution of the health and social care sector to the UK population, with public service value used as a key assessment of skill
- d) enable the sector to attract high calibre professionals in clinical practice, research, education and infrastructure
- e) provide opportunities for overseas nationals to gain knowledge in the UK health system, to support the improvement of health and healthcare systems abroad.

Developing an immigration system that meets these principles will enable employers to maintain delivery of services in the short term, while investing in longer-term solutions to workforce supply challenges, as set out in the strategy.

However, improvements are urgently required prior to the date of exiting the EU. Employers are experiencing significant challenges in securing staff from overseas, due to current immigration policies. We would highlight in particular the difficulties NHS employers are facing in acquiring restricted certificates of sponsorship for doctors. The inability to obtain tier 2 visas for these essential medical staff directly impacts on the delivery of care and increases excess temporary staffing costs.

### **3. REINSTATING NATIONAL FUNDING FOR CONTINUED PROFESSIONAL DEVELOPMENT (CPD)**

The third national action we are asking for is the reinstatement of national CPD funding. The draft workforce strategy sets a vision for a workforce of the future that is agile, stable, skilled and innovative. Employers are direct in their feedback that the reinstatement and protection of national CPD funding for staff is core to achieving this future workforce, and retaining the existing workforce.

In the past, CPD has been funded centrally through HEE's workforce development fund. As part of the government's Comprehensive Spending Review<sup>5</sup>, this fund was reduced from £205 million to £84 million in two years. Due to this significant cut to budgets and wider financial pressures at a

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<sup>4</sup> <http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition>

<sup>5</sup> <https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015#a-sustainable-health-and-social-care-system-1>

local level, it has become increasingly difficult for employers to ringfence funds for staff development. Employers are keen to stress that CPD activity goes far beyond a requirement for maintaining professional registration, and, as highlighted by the Health Select Committee on nursing supply<sup>6</sup>, is a means of retaining staff, improving staff experience, developing staff to meet essential requirements in their existing roles and progressing new ways of working.

The draft strategy references the development of advanced clinical practitioners as an example of how the future workforce will better utilise non-medical capability to help manage skills gaps, and deliver more blended approaches to team design. The post-graduate training required to become an advanced clinical practitioner, district nurse or health visitor is paid from CPD budgets. As a result of the reduction in central funding, training for these roles has been restricted at a local level.

Employers have shared that the final strategy should be clear about the importance of CPD in the health sector. In order to relieve the pressure to allocate funding for CPD at a local level, we ask that ringfenced funding for employers to provide training opportunities for NHS staff is reinstated to the same level as prior to the Comprehensive Spending Review, taking into account any increase in workforce growth during this period.

#### **4. SUPPORTIVE NATIONAL ACTION FOR NEW ROLES**

Our fourth national action is for visible support, particularly from heads of profession and regulators, for the introduction and implementation of new roles. The flexible future workforce outlined in the draft strategy is dependent on the successful development and implementation of innovative new roles as part of a wider multi-disciplinary team. Employers are clear that the success of these new roles, and more blended approaches to team design, hinge on regulatory practices that enable the creation of new roles, training routes and ways of working, whilst ensuring that the public is protected. These innovations are rooted in an approach that increasingly focuses on the needs of patients rather than the numbers of any one type of worker, and which release the time of registered professionals to benefit patients.

As set out in our recent regulatory reform consultation response<sup>7</sup>, employers feel strongly that regulators play a key role in whether or not organisations can innovate within their workforce. This future innovation will be through using new forms of training leading to registration, new roles, advanced clinical practice, or the prescribing rights of professionals.

National action in this area would address the concerns of employers that existing approaches risk being a disincentive for further scale up. For example, employers have reported concerns about specific issues relating to the regulation of new roles, such as the nature of supervision for the nursing associate and medical associate roles. By seeking to restrict practice through a focus of supervision, we may limit the benefits these roles can provide to patients and the range of settings in which they may be deployed.

There is also, however, a vital leadership role for professional leads across the various arm's-length bodies to provide clearer support for the development of new ways of working. Further, for employers to continue to embrace new roles and redesign care delivery teams, national

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<sup>6</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35305.htm#footnote-080>

<sup>7</sup> <http://www.nhsemployers.org/-/media/Employers/Documents/Retain-and-improve/Promoting-professionalism-response-to-DH-January-2018.pdf?la=en&hash=FBA2570387FF709D09FB3D26194CBC366EA98D1F>

professional leads, regulators and inspectors must develop and make clearer their understanding of these new roles in practice.

Supportive action must be taken at a national level to enable innovation, rather than stifle change through the restrictive approach of risk-based regulation.

## 5. REVIEW OF MEDICAL TRAINING POST ALLOCATIONS

The fifth and final national action employers have requested relates to the review of the system for medical training post allocations. As set out in the draft strategy, the medical workforce has experienced growth over the last five years. However, the rates of growth for different specialties and geographies has varied significantly.

Employers welcome the significant steps to ensure longer-term growth in the medical workforce. Evidence suggests that demographic and educational factors influence doctors' decisions to apply for training programmes and their final career destinations<sup>8</sup>. Most employers agree with the government view that it would be preferable for the additional medical school places to be allocated to medical schools in regions with historical low fill rates into specialty training posts, as well as prioritising interest in care of the elderly, emergency medicine, general practice and psychiatry.

The review into the process for allocating medical training posts, confirmed in the draft strategy, is welcomed by employers. The existing system creates an uneven distribution of medical trainees who, while developing their skills and knowledge, deliver a substantial amount of medical care and therefore build capacity in the organisations they complete their training in. Medical trainees are also likely to remain as consultants in the region they have undertaken their training. This creates geographical variation across the country and potential skills shortages at a local level, dependent on whether an employer is allocated medical trainees, which may contribute to geographical variation in key service performance indicators and health inequalities<sup>9</sup>.

Employers have shared concerns that, if not undertaken with full involvement and representation of employers from across the country, the review into medical staffing allocation may not address the variation outlined above in an effective way. Employers request that this review considers all geographical variables<sup>10</sup> influencing trainee movements, and that any resulting allocation system is transparent.

### SECTIONS FOR FURTHER EMPHASIS

Employers have highlighted that it is encouraging to see repeated and meaningful references to topics such as widening participation and retention throughout the current draft strategy. However,

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<sup>8</sup> [https://link.springer.com/epdf/10.1186/s12916-017-0982-6?author\\_access\\_token=sOtg3zFsMqJqOHLrIMD2Zm\\_BpE1tBhCbnbw3BuzI2RMP2zkQAnwlk-4G-4KpKiSKmwpih-wGDsjrrcnlQYigAUH2cxu30BUyZPqZ9LfOlaCXYbRc8TXqZt9-e256D3K6Ju0BMajvqTTG-LTXqNZPQ%3D%3D](https://link.springer.com/epdf/10.1186/s12916-017-0982-6?author_access_token=sOtg3zFsMqJqOHLrIMD2Zm_BpE1tBhCbnbw3BuzI2RMP2zkQAnwlk-4G-4KpKiSKmwpih-wGDsjrrcnlQYigAUH2cxu30BUyZPqZ9LfOlaCXYbRc8TXqZt9-e256D3K6Ju0BMajvqTTG-LTXqNZPQ%3D%3D)

<sup>9</sup> <https://www.kingsfund.org.uk/sites/default/files/Variations-in-health-care-good-bad-inexplicable-report-The-Kings-Fund-April-2011.pdf>

<sup>10</sup> [https://www.abdn.ac.uk/heru/documents/HERU\\_PB\\_Junior\\_Doctors\\_Training.pdf](https://www.abdn.ac.uk/heru/documents/HERU_PB_Junior_Doctors_Training.pdf)

feedback from employers has highlighted the following six areas within the current draft strategy that require greater emphasis and detail in the final draft.

### **1. Health and social care**

In our discussions with workforce leads, there has been repeated concerns about the NHS focus of the current draft. Employers have stressed that the final strategy must have equal consideration of social care, as part of a wider acknowledgement of the need to better integrate the care we provide to our communities. A strategy that covers health and all areas of social care should highlight the interdependency of these two sectors, both in terms of service delivery and strength of workforce supply. The final strategy should recognise and highlight the areas in which health and social care have shared ambitions and challenges but also, importantly, the areas where there are different issues that need differing approaches.

The linked consultation, launched by the Department for Health and Social Care (DHSC) and Skills for Care, should address NHS employer concerns that the social care sector would not be adequately represented. Employers will welcome a final strategy document that has a balanced consideration of health and social care workforce issues, and reflects the shared challenges and potential solutions.

### **2. Leadership and change management**

Employers have highlighted that the ability for the service to implement the future approaches outlined in the strategy, and to manage the current changes the service is adapting to, is critically dependent on the system having the leadership capability to manage these changes.

In their conversations with us, employers have repeatedly emphasised the critical nature of consistent national leadership in enabling change, and welcome the final strategy as an essential vehicle for alignment between all national bodies.

Employers have shared that while the Developing People – Improving Care strategy, published in 2016, was welcomed and is an important strategy in its own right, this wider workforce strategy provides an opportunity to re-energise the existing leadership strategy and embed its principles throughout the NHS.

Employers have raised that there is further opportunity to make best use of the leadership capability and capacity in the system, through better alignment between local leadership requirements and the programmes delivered at a national level by the NHS Leadership Academy.

### **3. Creating career pathways, not jobs**

The central reference the draft strategy makes to ‘creating career pathways, not jobs’ is one that is widely recognised as being key to ensuring the establishment and sustainability of the future workforce. Employers have highlighted that they expect to see a stronger relationship with the education sector at all levels in the future, not only to help influence young people leaving education to consider a career in health and social care, but also to help shape the skills of school leavers to complement roles in health.

Employers in the NHS are already seeking to influence their Local Enterprise Partnerships<sup>11</sup> and local skills agendas, but see this as a growing field for health in the future and accept that this requires investment of time and resource at a local level.

While this longer-term view, demonstrating the influencing role health can play in the education of the future workforce, is welcomed by employers, there is a strong view that this could go further. Employers have highlighted the emerging role of integrated care systems and provider groups and are clear that these entities should play a greater role in taking local responsibility and accountability for workforce planning, including relationships with educational providers.

To reflect the focus and importance of this theme, employers have requested that the second principle for future workforce decisions is broadened to reflect the increasing focus employers and national organisations will have on engaging with the local education sector at all levels (primary, secondary, further and higher education). We suggest that the principle be rephrased to:

'Engaging with every level of education to develop a flexible and adaptable workforce now and in the future'.

#### **4. Staff experience and a healthy workforce**

Employers welcome the importance placed on staff experience in the current draft strategy, and the link made between staff experience, patient care and the success of the NHS. Employers recognise staff experience as an enabler for stronger workforce supply in the future and better retention of the existing workforce, and accept that they carry the greater responsibility for ensuring effective staff engagement.

There is in particular an acceptance that employers must do more to improve the health and wellbeing of their workforce, and to address the variation in levels of attendance between NHS organisations. An integral part of supporting staff to work in a healthy way is enabling a swift and safe return to work following sickness absence, or indeed preventing absence at all. A number of employers across the NHS have developed 'rapid access' referral programmes for staff<sup>12</sup>, which ensure prioritised access to referrals for treatment that facilitate a return to work as fast as reasonably practicable.

In order to further develop a consistent support offer for all NHS staff, we believe there needs to be clear national policy support for the use of such rapid access programmes. Further, this would respond to the recommendation<sup>13</sup> made by the Public Accounts Committee. This action could reduce sickness absence, increase the productivity of the existing workforce and would, we believe, command public support.

#### **5. Technology**

Employers are welcoming of the Topol review into technology in health, announced in the draft strategy. Employers welcome the contribution this review will make, and hope that it will fully explore implementation challenges and considerations in the development of new technologies, and the preparedness of the workforce to adapt to emerging digitalisation. As reported by Deloitte<sup>14</sup>, less

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<sup>11</sup> <http://www.nhsconfed.org/resources/2017/07/humber-lep-supporting-the-local-health-workforce>

<sup>12</sup> <http://www.nhsemployers.org/-/media/Employers/Documents/Retain-and-improve/Rapid-access-to-treatment-and-rehabilitation-for-NHS-staff-v5.pdf>

<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216379/dh\\_128814.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216379/dh_128814.pdf)

<sup>14</sup> <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-lshc-time-to-care-uk-cut.pdf>

than half of healthcare staff asked feel that their organisation is currently well prepared for new technology, and 43 per cent feel unprepared for new technology as an individual healthcare professional. The review should also therefore explore and recognise the significant leadership skill and resource needed to prepare the workforce to adapt to more technology-enhanced care approaches. This change management will, employers believe, require additional investment, and we ask that this is centrally provided through additional transformation funding.

In addition, employers have raised that the strategy should consider the current technology used in the service, both in frontline care delivery and back-office functions. Employers are clear that it is essential to recognise the need to improve existing digital systems in the NHS, to help increase productivity in people and resource management.

As a result of any outcomes of the strategy, employers have asked that the implementation of new technology or digital systems is managed in a consistent way across the NHS, to help establish consistency and agility between services that will ultimately contribute to productivity. To ensure any changes in approach to working are implemented effectively and robustly, we would suggest that any national or local work in this area must be undertaken in partnership with trade union colleagues.

While technology is referenced in the draft strategy as part of how the future workforce will operate, employers would like to see a stronger vision of the expected increase in the use of technology in the sector over the next ten years. This should include the impact this will have on the skills, capabilities and numbers of staff needed in the future, informed by the Topol review. Employers acknowledge the opportunities to increase productivity, improve staff experience and strengthen supply presented through greater integration of technology in the NHS, but are keen to see a more robust analysis of this expected impact.

## **6. Developing generalists**

The draft strategy refers to the *Shape of training* report, which recommended developing a stronger generalist medical workforce to provide counterweight to the highly specialised medical workforce currently in practice. Employers feel that the high levels of specialism now seen in the medical workforce is often misaligned to the demand in the service and the way care needs to be delivered. Employers have asked that the system including Royal Colleges needs to address the increasing specialisation of the medical workforce, which inhibits sustainable local services for local people.

The principles of fluidity and flexibility in the future are reliant on developing a workforce that can properly respond to the complex needs of our population. Elevated levels of specialism do not enable this way of working, and so employers ask that national organisations learn from the position the medical workforce is in, and avoid over-specialisation of other professions that might hinder the flexibility of the future workforce.

## **RECOMMENDATIONS FOR INCLUSION**

The current draft of the workforce strategy is extensive in its breadth and range of topics. However, employers have raised four key areas that are not currently reflected in the document, which we believe are integral to a comprehensive workforce strategy.

### **1. Articulating the current climate**

Chapter two of the draft workforce strategy sets out the current supply situation in the NHS, showcasing specific areas and challenges. Employers welcome this picture of the current national supply position, but feel that the picture does not fully reflect the pressures the NHS is operating under and has been struggling to cope with for some time.

Employers have stressed that the strategy should identify and acknowledge the jeopardy that the workforce, services and professions are currently in, and the subsequent impact this has on staff experience. This working environment is reflected in the increase in scores purporting to work-related stress in the recently published NHS Staff Survey, as well as decreases in staff satisfaction of care delivery and the overall staff engagement index<sup>15</sup>. These are key indicators used by the Care Quality Commission in their inspections to provide a gauge of staff experience. These results must be recognised as an influencing factor on staff experience and therefore retention. Employers are clear that they would like to see the current environment reflected more transparently in the final strategy draft.

Employers have also shared that, although mentioned briefly in the earlier chapters of the draft strategy, there is minimal acknowledgment of the variation in supply across the country, owing to geographical differences and the impact this can have on the ability to attract, recruit and retain staff. Employers would welcome a clearer exposition of these challenges and possible solutions in the final strategy.

## **2. National support in attraction and recruitment**

In our discussions with employers, many conversations have centred on the need for national direction in recruitment activity to support a more positive narrative about working in healthcare. Employers are concerned about the impact negative media coverage has on attracting new talent into health, and are keen to promote a positive message that showcases the NHS as a great place to work; a view also shared by NHS Clinical Commissioners in their response to this consultation. To counter the negative narrative surrounding the NHS, employers ask for a significant national recruitment campaign that will provide consistency and support in local attraction activity, making best use of the NHS 'brand'. We welcome the recently announced, nursing-focused national campaign<sup>16</sup>, and would highlight that our proposal for a long-term campaign for the wider workforce is still awaiting approval.

## **3. Reflecting on the current education and supply market**

As mentioned above, the current picture set out in the draft strategy is helpful, and the future set out within it provides a vision for the service. A number of policies implemented in the last two years, including the removal of the bursary for undergraduate study, were introduced with the intent of stimulating supply of healthcare professionals.

We ask that, in tandem with the development and implementation of the final strategy, there is a commitment to a full review of the impact of these policies on access to education and labour supply

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<sup>15</sup> <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/the-nhs-staff-survey/nhs-staff-survey-2017>

<sup>16</sup> <https://www.england.nhs.uk/2018/03/englands-top-nurse-announces-major-new-recruitment-and-retention-campaign-to-coincide-with-70th-anniversary-of-nhs/>

by 2020/2021. We would welcome the opportunity to help shape the terms of reference of this review.

#### **4. Streamlining as an enabler**

As mentioned previously, employers welcome a vision of a future workforce that works easily across settings and between NHS employers. Employers have highlighted that in order to achieve this vision, the service needs to support employment flexibility and create processes that enable staff to move easily between different care settings throughout their career.

The national streamlining programme, which is co-ordinated through NHS Employers<sup>17</sup>, supports employers to optimise systems and processes to deliver safe, effective and efficient recruitment of staff and transfer of staff between NHS organisations. Streamlining is designed to deliver HR best practice, maximise ESR and support the NHS to be a modern, model employer. The national streamlining programme is already working closely with the Enhancing Junior Doctors Working Lives Committee<sup>18</sup> to improve the experience of doctors in training as they move across employers as part of their training. This good practice currently being developed is applicable across the wider workforce.

Data shared with us by employers in the NHS suggests that the implementation of streamlining allows employers to significantly reduce their overall time to hire, enabling vacancies to be filled quicker, resulting in a reduced reliance on temporary or agency staff. Employers involved in the programme have reduced their time to hire by up to 16.5 days. If this was applied across the NHS it would result in an additional 4,000 working days, which is equivalent to a saving of up to £127 million per year (based on average NHS salary<sup>19</sup>). Wider implementation of streamlining represents a sizeable opportunity for the NHS to reduce agency spend and increase productivity across the system.

The current draft strategy makes no reference to the work already being done in this area, and would benefit from outlining how streamlining can help support a more flexible workforce, delivering care across primary, secondary, community and social care settings.

### **SUMMARY AND CONCLUSIONS**

The development of the health and social care workforce strategy represents a co-ordinated approach from the Department of Health and Social Care and arm's-length bodies to have a national conversation about the challenges facing the NHS and social care workforce. This unified action is welcomed by employers.

Employers have engaged comprehensively with this consultation and would value any opportunity to be involved in the development of the final strategy, either directly or by representation through our organisation.

Our response has been informed by board members across the service. It outlines the urgent national actions that are required to support the growth of the workforce. These actions complement the welcome lifting of the pay cap and the commitment of additional funding for Agenda for Change staff. Employers have stressed that national action is required to develop:

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<sup>17</sup> <http://www.nhsemployers.org/your-workforce/recruit/streamlining-programme/nhs-staff>

<sup>18</sup> <https://hee.nhs.uk/sites/default/files/documents/Enhancing%20junior%20doctors%20working%20lives%20-%20a%20progress%20report.pdf>

<sup>19</sup> <https://digital.nhs.uk/catalogue/PUB30174>

- flexibility in the use of the apprenticeship levy
- immigration policy support from government, particularly in relation to the immediate challenges of recruitment from outside the EEA
- reinstatement to pre-2013 levels of national investment for CPD
- more visible national support for realising the potential of new roles
- a review of the allocation of postgraduate medical training posts.

These actions will set the system conditions for future workforce development.

Our response highlights six areas within the strategy that our members have identified as requiring further emphasis. These are:

- a stronger representation of the social care workforce
- the importance of leadership and change management capability
- further work to articulate the service's offer of careers, not jobs
- national direction on supporting staff experience, particularly in accessing health treatment
- a broadened consideration of the impact of an increased interaction with technology
- clear direction from the strategy on developing generalists across the system.

Finally, our response also raises four areas that are currently absent from the draft strategy but employers believe are important to include to further strengthen the final version. These areas are:

- a candid articulation of the current climate the NHS is operating in
- national attraction and recruitment support for the full workforce
- the need for a review of the current education and supply market
- the importance of streamlining as an enabler for effective deployment of the NHS workforce.

If you would like to discuss the content of this response further, or you require any clarification on the points raised, please contact Robyn Swain at [robyn.swain@nhsemployers.org](mailto:robyn.swain@nhsemployers.org).