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NHS staffing challenges - strategy for survival 22/03/2010

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The NHS is currently experiencing a worrying workforce dilemma. Not only are imminent budget cuts due to slash their way through the system, causing disturbances until at least 2017, (according to NHS Employers) there will soon be a growing skills gap stemming from a generation of workers entering retirement. And there's more.



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Who will guide NHS to recovery?

As the population ages, demands on the NHS will increase. In this advanced technological age, we – the general public – expect more from the NHS. We want the latest technological improvements and highly efficient services. We want drastically reduced waiting lists and faster diagnosis times. We're a picky nation and we expect the NHS to keep up.

Currently, the NHS employs over 1.3 million people. It's seen as the 'Employer of Choice' in many boroughs, but for this view to remain, the NHS must improve its recruiting and talent retention. But with the increasing skills gap and the estimated 30,000 people (and growing) who retire from the NHS annually, there are real concerns that future staff will not have the necessary skills to guide the NHS through to recovery.

After all, how would you meet vital efficiency savings of £20 billion? Cut the workforce, right? The NHS Employers' Policy Board, made up of chief executives, HR directors and medical directors are adamant that this must not happen. They do not believe in mass redundancies to be a workable answer. And actually, they have another way.

NHS - solutions

Retain a skilled workforce. This is the key line of recommendation running throughout Briefing 66: Leading the NHS workforce through recovery (November 2009), written by NHS Employers' Policy Board.

Retaining a skilled workforce is about investing in staff rather than losing them. It's about up-skilling through CPD training and development programmes as well as listening to feedback. It's about using what you already have – and using it well. In short, it's very much a 'more for less' approach.

Karen Charman, head of employment services at NHS Employers said: "It's essential to tap into talent that is already available, both within their organisations and the wider NHS." She added: "Staff engagement is therefore a critical component of any recovery plan. So too is expedience because the NHS is a heavily structured organisation where changes can't always be made swiftly."

Utilising 'available' talent also avoids huge redundancy costs (which would be a false economy if and when the sector picks up and staff are re-recruited) and provides further incentive for staff to remain in their jobs.

NHS - Briefing 66 recommendations

In essence, Briefing 66 provides ten recommendations which NHS leaders should follow if economic recovery is to be achieved. The report suggests that NHS leaders should:

- Start planning now
- Lead by example
- Think staff engagement
- Take a whole system approach
- Know the type of talent they need

- Harness effective partnership working
- Make the most of levers already in the system
- Understand the balance of pay and reward
- Co-operate with partners in the wider community.

Service transformation key

Director of NHS Employers, Sian Thomas, said: "these measures in themselves may not be enough to achieve the Challenge, but together with service transformation, they will be key to delivering it."

One specific recommendation for direct cost-cutting is the call for a drastic reduction in agency workers who are often used to reduce pressure on over-stretched permanent staff. NHS Employers believe that some of this pressure is due to additional admin-based workloads. To eliminate this culture of bureaucratic waste, Briefing 66 recommends creating specific administrative support roles for clinical practitioners.

The report cites a 2006-2007 NHS Employers programme which introduced maternity support worker roles across 14 NHS trusts. The admin-based role freed up maternity teams to perform their clinical duties and was so successful that NHS Employers would like to see similar roles created throughout the NHS in the future.

Talent management plans

Essentially, for these recommendations to work, Strategic Health Authorities and PCTs should be developing their cost-saving and talent management plans now. But such initiatives come at a price: the ultimate success of these savings and efficiencies will be gradual rather than immediate and many would prefer to see instantaneous Results.

It's mass redundancy versus staff investment. But for these plans to work, retaining and recruiting talent is key. If successfully implemented, it would lead the NHS through recovery. So what's it to be: short-term survival or long-term success?



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