

Leading the NHS workforce through to recovery

The NHS is faced with the need to make around £20bn in savings from the years 2011 to 2014, just as the wider economy is predicted to start recovering. While the amount may still be debated, the response that the situation demands of the NHS is becoming ever clearer. Savings on this scale cannot be met by tweaking around the edges. This challenge demands transformation of the way that NHS organisations work, with staff and patients central to this change.

Staff headcount will have to be reduced, but this shouldn't and can't mean mass redundancies nationally. Instead, NHS boards need to move quickly and deliberately to engage staff and stakeholders in the shared goal of improving services, while delivering the efficiencies and innovation needed. A focus on quality, safety and value for money will be paramount.

This *Briefing* looks at the way that employers who have worked through past and present challenges adjusted their workforce and HR strategies to meet them. It considers what the NHS can learn from their experiences and outlines how NHS employers can use the workforce to redesign services: contributing to quality, raising productivity and ensuring patient safety.

About this briefing

This *Briefing* is the result of discussions and thinking from NHS Employers' policy board. Made up of chief executives, HR directors, non-executive directors, medical directors and senior representatives from across the NHS, the policy board brings together the perspectives of a range of work areas and professions to drive the work of NHS Employers.

The *Briefing* is relevant to NHS organisations that employ staff and the senior managers who lead them, both at board and non-executive level. It should also be read by policy makers and trade union leaders.

An employer's checklist for economic recovery

- ✓ **Start planning now.** NHS trust and PCT boards need to take ownership of the financial challenge they face and put a workforce strategy in place that takes a long-term view of both immediate and upcoming challenges.
- ✓ **Lead by example.** Leaders must be honest and open, listen and respond, and model the cultural changes that they would like to see. Boards could consider developing a narrative that explains to staff the scale of the challenge and their part in meeting it.
- ✓ **Think staff engagement.** Understand the issues and concerns for your workforce. The staff survey is our starting point for this and communication is key. Engaged staff will have higher morale, be more productive and will help improve organisational performance.
- ✓ **Undertake a workforce review.** Understand your likely staff turnover, scrutinise your vacancies and review your use of temporary staff. Each vacancy could be a redeployment, cash savings released, or a chance to deliver greater value to the organisation through careful recruitment.
- ✓ **Take a whole system approach.** Methodologies to eliminate waste and redesign services, such as Lean and the Productive Ward, are delivering results. Having a well understood approach to managing change and a strong improvement method is key to transforming services.
- ✓ **Know the type of talent you need.** Then work out how to recruit and develop it. Access to and retention of the right staff is crucial to your ability to meet the challenges ahead.
- ✓ **Harness effective partnership working.** Examples from both the local level and through the national Social Partnership Forum prove it can be done. Learning from others and sharing your learning will have system-wide benefits.
- ✓ **Make the most of levers already in the system.** National contracts, the Knowledge and Skills Framework (KSF) and the NHS Pension Choice exercise all offer tools and/or opportunities to drive quality and improvement.
- ✓ **Understand the balance of pay and reward.** Recognise – and talk to your staff about – the full value of the NHS employment package, including pay and conditions, pensions and opportunities for development.
- ✓ **Cooperate with partners in your wider community.** Councils, Jobcentre Plus, education institutions and community services can all benefit from boosting skills, sharing resources, understanding each other's needs and considering their social responsibility as trainers and employers. All employers should be involved in Local Employment Partnerships.

Part 1: Understanding the challenge

What does the NHS face?

The years from 2011/12 to 2016/17 are expected to be lean years for the NHS. Comprehensive spending review settlements will be tight and the emerging consensus is that the NHS is likely to have to make £20bn savings by 2013/14, with a further significant funding gap for the subsequent three years. The current assumption is one of zero growth in the NHS budget.^{1,2}

This follows a period of growth averaging 5.7 per cent each year in the ten years from 1998 to 2008, bringing NHS spending as a percentage of gross domestic product (GDP) close to the European average of nearly nine per cent.³

The NHS now employs 1.3 million people and the pay bill accounts for around 40 per cent of overall expenditure (up to 65 to 70 per cent in acute or mental health trusts). Inevitably, some of the savings must come from this budget and a number of organisations have warned that the NHS must reduce staff numbers.^{4,5}

Yet demand on NHS services will continue to increase as the population grows and ages. The public will continue to expect

access to the latest treatment and technologies, high-quality care and improvements to patient safety.

The NHS, therefore, still needs to be an employer of choice, attracting and retaining the talent it needs to deliver the vision of quality healthcare for all. It makes sense to foster and retain skills and talent through these lean years, developing the solutions the NHS needs through the people who will deliver them. The NHS has a chance now to take a long-term view of the challenges ahead, tackling immediate budget shortfalls alongside designing its workforce for the future.

Can we afford redundancies?

Using redundancies for cost savings is a “blunt and expensive tool” according to Simon Pleydell, chair of the NHS Employers policy board.

The evidence of earlier recessions is that staff who are made redundant are often re-employed, either in a different part of the NHS or the wider public sector. This is a poor use of public funds.

More recent experience from NHS trusts in financial turnaround has shown that ‘slash and burn’ strategies to release immediate cash savings from salary and training and learning budgets succeed only in disengaging

“The Government can help (the recovery) by supporting organisations to preserve as much as possible of their human capital and science base and by investing also in the physical and electronic infrastructure. But ultimately, it is today’s strategic decisions of knowledge based organisations – both public and private – that will determine the state in which we find ourselves in ten years from now.”

Ian Brinkley
Director of the Knowledge
Economy Programme
The Work Foundation

staff in the short term and lead to skills gaps in the medium term. These skills cannot easily be regained.

Redundancies also have a negative impact on morale and motivation as employees worry about whether their job is on the line. This in turn affects productivity, and therefore the savings target.

The potential impact on patient safety, patient satisfaction and quality raises concerns not only among patients, clinical staff and professional trade unions but also politicians and the public, who wish to

protect the NHS and see continued improvements in frontline services.

Trust boards will need to consider ways of reducing the pay bill other than redundancy, making the most of natural wastage, eliminating waste in processes and increasing productivity.

A complicated job market

There is some evidence that the public sector is currently benefiting from the economic downturn. NHS Jobs saw the number of job applications for administrative and clerical positions in June and July 2009 reach 423,529, compared with 307,418 for the same period of the previous year. The Army has

reported that in the three months to July 2009, 3,840 recruits signed up, compared with 2,801 a year earlier. The Army's drop out rate fell from 35 per cent last year to 28 per cent this year.

However, the job market is likely to become increasingly competitive for employers. The

Meeting the financial challenge at Blackpool, Fylde and Wyre

Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust set the standard for financial turnaround without redundancies when faced with a projected budget deficit of nearly £21m in 2006. The trust had to improve costs within two years, while maintaining activity levels and minimising the need for expensive compulsory redundancies. Of the trust's £200m budget, 70 per cent was spent on staff salaries and wages, so the biggest changes had to take place in this area.

Partnership working was already strong in all areas and at all levels of the trust, with HR professionals recognising that they had to step outside their traditional boundaries and contribute their expertise in the delivery of patient services through truly integrated planning. The trust credits good partnership working, forward planning and fast action with its success in turning around its financial position in one year, rather than two.

A consultation process and communications strategy were put together with the involvement of trade unions before any

changes took place. Operational divisions identified potential service reconfigurations that would deliver the required savings and tighter vacancy controls and less reliance on temporary and agency staff meant that staff were able to be moved into suitable new posts.

A total of 523 full-time equivalent posts were removed from the budget, made up from:

- actual redeployments of staff into suitable alternative posts
- removal of vacant posts from budgets
- reductions in the use of agency and temporary bank staff.

Becoming less reliant on the use of temporary staffing saved over £2m. The trust has also led the way in reducing waiting times as one of only a handful of trusts in the NHS to deliver the 18-week target one year earlier than planned. It also achieved foundation trust status one year earlier than expected, allowing it to deliver planned improvements to patient care.

Confederation of British Industry has predicted an end to the recession by Christmas 2009, with recovery starting slowly in the summer of 2010. Recent reports from recruiter Hays suggest that the public sector jobs market is now beginning to contract, roughly 18 months behind the private sector and just as the private sector begins to pick up.⁶

Meanwhile, the NHS workforce is ageing and we know that around 30,000 people retire from the NHS each year (see box below). While this does present an opportunity for shedding jobs, it will also incur a loss of knowledge and skills that NHS managers will need to replace through a mixture of recruitment and training. It could mean that

the NHS faces a significant and expensive staffing shortfall in five to ten years if it does not plan ahead carefully now.

Competition is likely to be strongest for the skilled workers so vital to a knowledge economy,⁷ including the health professions, managers, IT and finance staff.

Part 2: Meeting the challenge

Leadership: making the case

Achieving these changes will require leadership at executive and board level. Trust boards will need to make robust decisions and engage with the workforce and trade unions to

help deliver them. Boards may want to consider:

- ensuring that the existing workforce review is up to date, uses the most relevant information and is designed as a tool for planning and staff engagement
- a five-year strategy to deliver specified workforce changes that may include increasing productivity, eliminating waste, the contribution of new technologies and IT and reducing the headcount. This strategy should be kept under regular (at least quarterly) review and be sufficiently flexible to respond to changing conditions
- a narrative for discussing this strategy with different staff groups. This may explain the need to reduce the pay bill and by how much, how the workforce will need to change to achieve this, what will be done to maintain quality and safety and what can be done to avoid redundancy. This should also be reviewed regularly as circumstances change
- a strategy for engaging staff and trade unions in delivering the necessary changes. This may include communicating the narrative to different staff groups in an open, honest and meaningful way

NHS workforce facts – in numbers

1.3 million – number of people employed in the NHS.

250,000 – number of jobs advertised on NHS Jobs last year. Two thirds of these would have been filled with staff already working in the NHS.

10,000 – average number of jobs NHS organisations are recruiting to at any one time.

30,000 – staff retiring from the NHS each year.

35,000 – reduction in the number of NHS staff between 2005 and 2007, following seven years of growth.

30 per cent – proportion of the NHS workforce made up of qualified nurses, midwives and health visitors.

40 per cent – proportion of overall expenditure spent on NHS pay.

- a training and learning strategy that is forward looking and plans for the time when knowledge workers will be in high demand.

Invest to save

Investing in skills, knowledge and building the right behaviours for staff to respond to change may sound counter-intuitive in a recession but is essential for the short and long-term future of the NHS.

Employers are concerned that the NHS does not yet have enough staff with the right

talent and skills to lead it through to recovery. This highlights an urgent need for boards to consider any gaps in capability, for example, skills needed for effective partnership working and service redesign. This would mirror the actions of some of the best employers when hit with the recession considerably earlier than the NHS.

Evidence from several sources shows that successful employers have taken a twin approach to dealing with it: avoiding costly redundancies and continuing to invest in training and learning

for their workforce. Training budgets are under increased scrutiny, with employers looking for improved and/or documented outcomes for their investment.^{8, 9, 10, 11}

Major corporations still identify the 'war for talent' as a major strategic concern¹², regarding access to and retention of key talent as critical or important to sustaining growth over the long term (see graphs on pages 7 and 8). Crucial to their success in this is understanding what motivates younger workers and new graduates. Pricewaterhouse Coopers (PwC) research shows that the top benefit that the generation of young people

Case study: Understanding the workforce

Princess Alexandra Hospital NHS trust in Essex put a high-level workforce review in train in autumn 2009. A multi-disciplinary group is working to agreed objectives with a view to producing action plans with timelines.

"This is not an exercise in cost cutting," says chairman Gerald Coteman. "We want to know what a good workforce looks like and how better engagement with and management of the workforce can help us deliver a more efficient and effective service with staff and patient satisfaction."

"Key to a better understanding is engagement with the staff themselves, aligning employee aspirations with corporate objectives, and setting these in the context of the lean years ahead for the NHS."

As a first step, he has set up some board-to-ward and board-to-floor visits by board members. "We are going to hold our meetings at the trust's various hospitals and clinics and send an open invitation to staff to come and meet us."

"In previous recessions training has always been one of the first areas to be cut. In my opinion this is because it has been seen by senior managers and finance managers as a cost rather than an investment. There is a definite difference this time. Talking with our clients (and training and development is one of our company offerings so I talk with them frequently about this), there is a real change."

Director of training quoted in Institute of Directors' 2009 report *Training in the recession: winner or loser?*

Talent shortage remains the top concern



Source: PricewaterhouseCoopers 12th Annual Global CEO Survey 2009

entering the workforce want is training and development, including mentoring. PwC recommends that businesses segment their workforce to offer the most appropriate benefits to employees at different stages of their careers.

This experience chimes with the recommendations of the Cabinet Office Public Service Forum report, *Quality Skills, Quality Services*.¹³ This called on public services employers and trade unions to make a public

statement on the need to maintain investment in skills during the economic downturn in the same way as private sector employers and the Trades Union Congress (TUC) have done. It said: "The Government must ensure that all public services employers are persuaded that this challenge applies as much to them as to their counterparts in the private sector. Maintaining skills investment will be essential in order to boost the capacity of public services to support

individual citizens, communities and the wider economy through the recessionary period and also to help maximise the benefits of the upturn when it arrives."

Doing more with less

The years ahead present an unprecedented challenge for NHS managers. Previously they have often dealt with cuts in funding by cutting frontline services, cutting training and allowing waiting lists to lengthen. Meeting targets has usually been achieved with extra resources. Now, more than ever, they are expected to deliver efficiencies while maintaining quality services.

NHS workforce leaders are centrally positioned to contribute to this. They need to engage with staff to look at how the NHS can work in new and different ways to increase productivity, reduce waste and eliminate inefficiency.

Of course, none of this is entirely new. Many of the solutions that trusts have used in recent years to meet the 18-week target or turn around their finances now need to be applied across the board to deliver the large-scale savings required.

Some of these include:

- adopting new technologies
- streamlining care pathways

To retain talent, companies increase workplace flexibility and redeploy workers



Source: PricewaterhouseCoopers 12th Annual Global CEO Survey 2009

- using whole systems approaches to eliminate waste
- engaging with staff and patients to redesign services
- creating new roles and redeploying those from roles no longer needed
- tackling staff sickness absence
- using buildings and equipment more flexibly
- finding efficiencies through mergers and shared resources.

The idea that improving quality will increase efficiency and productivity, leading to savings, is gaining traction in the NHS. A number of trusts or departments have taken on methodologies such as the NHS Institute for Innovation and Improvement's Productive Ward¹⁴ or Lean,¹⁵ which offer the chance to improve quality and safety while cutting waste. Boards must be prepared to invest both time and effort in order to realise efficiency.

Case studies: Learning and development

Homes for Haringey, which manages 21,000 homes in north-east London and employs 800 staff, has deliberately avoided cutting its development budget as a response to the recession. Instead, it has invested in schemes to offer apprenticeships to local people, a management development scheme to foster talent, and may look to develop a graduate recruitment scheme, spotting talented youngsters at 16 and sponsoring them through university. Chief executive Paul Bridge believes the investment is contributing to lower staff turnover and a greater number of applicants for jobs.

Hyde Housing Association, which manages 400,000 houses with 1,600 staff, has similarly continued to invest in training but has contained costs by bringing more of it in house. Hyde's learning and development manager, Alka Ladva, says: "We have established a sound balance between in-house and external learning solutions that focus on skills that are core to our business."

Maintaining staff engagement is crucial and may be met by making use of an evidence-based change methodology, such as Listening into Action. The model must be consistent across the organisation and understood and accepted from the board to line managers.

Eliminating waste

Taking waste out of the system and identifying those actions that will have the biggest impact on quality, productivity and patient care may be a significant source of savings for many trusts.

For example, between 2006 and 2007 14 trusts from across England were involved in an NHS Employers programme to introduce the role of maternity support worker across maternity teams in the NHS. It aimed to help release highly-skilled midwives from administration and clerical duties and some minor clinical activities.

The trusts involved first carried out a simple analysis of midwifery activity per shift to identify blocks in the system and agree which categories of work could be safely delegated to the maternity support worker. Training and education packages were developed and the support workers on the programme took on tasks

varying from obstetric theatre scrub assistant to working in the discharge lounge and foetal assessment unit to release valuable midwifery hours. Trusts reported improved choice for women, an improvement in staff satisfaction levels and savings of up to £65,000 in lost bed days over one year.

Sickness absence

Sickness absence is another area where improvements can be made. Over 45,000 NHS workers call in sick every day, and on average, staff are absent for 10.7 days each year. In addition to being expensive, this is also a serious issue for the quality of care, as outlined in

Case study: Virginia Mason Production System

Seven years ago, the Virginia Mason Medical Center in Seattle, USA, embarked on an ambitious, system-wide programme to change the way it delivers healthcare and in the process improve patient safety and quality.

The Virginia Mason Production System (VMPS) is based on the Toyota Production System and incorporates two key concepts: just-in-time production or producing and delivering only what is needed when and where it is needed (anything else is deemed waste), and *jidoka* – identifying defects in production and ‘stopping the line’ to fix them.

Gary Kaplan, medical director, chairman and chief executive of Virginia Mason explains: “It is a management philosophy or system focused on the elimination of waste in performing work. We have found that healthcare is full of waste, whether it is putting a caller on hold or having a patient wait in an exam room.”

There are two key elements: rapid process improvement workshops that redesign how frontline staff perform their work to build in quality, safety, customer satisfaction, staff satisfaction and cost effectiveness. So far, there have been over 500 of these resulting in significant change.

The other is the Patient Safety Alert System where staff ‘stop the line’ when they detect a safety issue. In six years, there were over 7,500 of these. The goal is to deliver a product or service that is defect free, says Dr Kaplan.¹⁶

Dr Steve Boorman's NHS Health and Wellbeing Review interim report of September 2009.

This says: "Reducing current levels of sickness absence across the NHS by a third, a challenging but realistic target, would result in a gain of 3.4 million days a year, equivalent to 14,900 extra whole-time equivalent staff and an annual direct cost saving of £555 million. There are also potentially significant savings in indirect costs such as spending on agency staff. It could also improve performance on a range of outcome measures, including patient satisfaction rates."¹⁷

Managing the pay/ jobs tension

There are a number of ways of reducing the pay bill: cutting jobs and pay restraints are two of them and there is an inevitable tension in managing the balance.

NHS Employers expects that pay restraint will be necessary for a considerable period as the NHS adjusts to the resources available to it. Issues for consideration will be overall levels of recruitment, retention and return as well as labour market factors and inflation as measured by the Consumer Price Index.

NHS Employers, the Department of Health and the NHS trade

Case study: The consultant contract

NHS Employers worked with 47 trusts in 2008 to identify, describe and deliver service improvements through the effective use of the consultant contract. One example is Royal Free Hospital Hampstead NHS Trust, which used the terms and conditions of the contract as part of its work to develop a 24-hour consultant-delivered service in paediatrics. As a result children receive consultant-delivered care 24 hours a day, 365 days a year, children spend less time in A&E and fewer are admitted. In addition, children referred to outpatients are seen within ten days and do not attend rates have dropped.

County Durham and Darlington NHS Foundation Trust set out to maximise theatre capacity through integrated job planning. A banking system was agreed and implemented for unused anaesthetic hours, the trust now uses theatres at 95 per cent capacity, an electronic leave system has been introduced and pay progression is held back unless the trust has evidence that appraisals have been completed.

unions have all recommended to the NHS Pay Review Body that the multi-year pay deal for Agenda for Change staff in 2010/11 is honoured. Implementation of this will be very challenging for employers and organisations will be careful about how they replace staff, which posts they need to replace and how they configure or reconfigure services.

Productivity and pay will also come under scrutiny. While the Department of Health is seeking national approaches, most employers feel that solutions will come from local

management, for example reducing reliance on overtime, agency workers and on call. Boards may wish to build this into their strategies. Employers may also want to emphasise some of the benefits of working for the NHS such as generous annual leave and the deferred value of pensions.

Agenda for Change also provides a framework to deliver savings. It can be used as a tool to enable the best fit of workforce to service delivery needs. As the National Audit Office noted in January 2009, only half of trusts had used Agenda for Change to

Case study: Newly-qualified physiotherapists

In 2006/07, an oversupply of newly-qualified healthcare professionals, and in particular physiotherapists, occurred due to a combination of increased commissions and unanticipated financial pressures. An initial meeting was set up between NHS Employers and the trade unions to discuss possible solutions. Both partners recognised that a concerted effort was needed to retain the valuable skills of those graduates and ensure a return on investment in their training.

In February 2007, NHS Employers organised a summit on maximising job opportunities in the NHS, inviting the trade unions, the Department of Health, universities and other higher education establishments and representatives from the social care and voluntary sectors.

This produced a series of 29 recommendations for actions that could be taken both at a national and local level. In particular, trusts were encouraged to be more proactive and some of the ideas that were put into practice were:

- reviewing job descriptions and shortlisting criteria when the skill mix allowed
- developing a new approach to recruitment to vacant posts, in particular using group interviews, which avoided students applying for multiple advertised posts
- promoting their job opportunities, including options for transferability such as nursing and paramedics
- the development of a physiotherapy pool to support newly-qualified individuals into future employment
- recruiting into rotational posts on 12-month fixed contracts to cover for things like maternity leave

- matrons and managers where possible, split jobs into part-time positions
- some trusts established 'keep-in-touch' clubs for graduates where they could meet up on a regular basis
- evening skills workshops for physiotherapy graduates to keep their skills up to date
- the employment of graduates into assistant or assistant practitioner posts
- evening sessions for physiotherapists which led to employment into the Bank
- working with local higher education institutions to plan their recruitment activity in order to provide opportunities for newly-qualified graduates that were completing their programmes.

Considerable progress has been made. The Chartered Society of Physiotherapy (CSP) tracked the progress of the 2,377 physiotherapists that qualified in 2008 across the UK. They found that:

- 83 per cent of them were employed
- 61 per cent of them have permanent jobs in the physiotherapy area
- 22 per cent have short-term work
- 9 per cent have not been able to secure a job and are still actively looking
- 8 per cent are no longer looking for physiotherapy work.

A full toolkit with the learning from this project is available from the Social Partnership Forum website: www.socialpartnershipforum.org

improve clinical pathways by creating new roles for staff, for example assistant practitioner roles where less qualified staff take on work from nurses (or other healthcare professionals) and advanced practitioner and nurse consultant roles, where senior

professional non-medical staff take on responsibility for tasks formerly carried out or supervised by medical staff, such as prescribing.

There is scope for further work here, as well as for trusts to better integrate the

Knowledge and Skills Framework into their performance management systems.

Leveraging the flexibility that is already inherent in a system like this should be the first action trusts take to achieve savings.

Case studies: Using technology

Staff data

The NHS Information Centre is working closely with the Electronic Staff Record to make sure the NHS gets the best value from this powerful computerised system. One project has involved looking at different staff groups and correlating this with activity data, for example correlating the number of doctors working in A&E departments with the number of first attendances. This can highlight where there are outliers – trusts that vary wildly from the norm. This may help PCTs and trusts to identify areas of concern, such as dangerously understaffed departments, or examples of good practice, such as efficient skill mix. For more information contact the workforce project team at the NHS IC www.ic.nhs.uk

Streamlining recruitment

Atlantic Data was the first organisation to work with the Criminal Records Bureau (CRB) to offer electronic disclosures to customers and NHS Employers is now working with them to offer this service to the NHS. The national electronic criminal record checking service is being made available to trusts as part of NHS Employers' new membership scheme.

The new service will deliver:

- paperless CRB applications
- a reduced timescale for the checking process
- reduced overall costs.

Three trusts are already live on the system and report that the time taken for checks is being reduced from weeks to days. More member trusts are being added to the system each month. The service is described as more secure, as well as cost effective, and will help trusts to streamline their recruitment processes.

Voice recognition

Digital dictation and speech recognition are fairly new technologies for the NHS. Digital tapes allow managers to streamline clerical workflows while speech recognition systems can reduce the need for traditional typing roles. Several successful examples of this including East Kent Hospitals University NHS Foundation Trust, where it has helped to improve reporting turnaround times and eradicate typing backlogs in spite of increasing workloads. At Imperial College Healthcare trust radiologists now use voice recognition software to dictate their own reports. The trust has improved efficiency to the point where it is not filling a vacant secretarial post.

Balancing training supply with demand

Previous experience of cutting the numbers of trainee nurses in 2005/06 holds important lessons for the current downturn. As finances turned around and greater nursing numbers were again desirable, the domestic workforce was not ready and some trusts had to recruit from abroad.¹⁹

Conversely, when the NHS found itself with an oversupply of physiotherapists in 2008, employers, trade unions and the Department of Health were keen to avoid future recruitment difficulties with this staff group and acted quickly in partnership to find a solution. (See the case study on page 11.)

Collaboration and cooperation

The NHS is part of the wider public sector and delivering strategies will require partnership working not only between different parts of the health economy but also with other parts of the public sector such as local authorities, Jobcentre Plus and trade unions.

The public sector has a duty to help tackle worklessness, particularly among the young, new graduates, those who have lost jobs in sectors in difficulty and the long-term unemployed. The NHS already has a range of opportunities including apprenticeships, graduate opportunities and employment partnerships to train people in

receipt of long-term benefits and is being asked to think carefully about how it can further contribute to the local economy through recruiting these groups into available vacancies.

Setting up a local network involving these partners may help trusts boards to think creatively about moving staff between sectors (such as acute and community settings) and between employers (such as from the NHS to local authorities).

Local Employment Partnerships (LEPs) with Jobcentre Plus can also help the NHS meet its obligations for employing socially excluded adults, for example people with learning disabilities and mental health problems, under PSA 16. They

Case study: Local Employment Partnerships

The Royal Liverpool and Broadgreen University Hospitals NHS Trust was one of the first employers in the UK to help long-term benefit claimants get back into work. The trust used a Local Employment Partnership (LEP) agreement with Jobcentre Plus to provide opportunities to people who may be at a disadvantage in the labour market.

Workforce analysis showed that young people in particular were under-represented in the trust. Following discussions with Jobcentre Plus colleagues, the trust made a commitment to offer 60 work trials to bring local people into

the workplace. Using a mixture of these and informal meetings, rather than relying on traditional interview methods, they were able to select candidates for the New Deal Programme.

Jobcentre Plus offered basic skills tests and pre-employment training to meet the requirements of the trust and provide every possible chance of success for the candidate.

From October 2007, the trust provided 20 job opportunities to LEP customers over a 12-month period. They are on track to deliver 60 jobs over three years.

can also help the NHS fulfil its social responsibility in helping to reduce the number of people in long-term unemployment and tackle the issue of growing numbers of 16-to-25-year-olds not in education, employment or training. They can help the NHS access funding and financial incentives, and work with local training providers, to employ and train these groups of people.

NHS Employers is working closely with the Cabinet Office on Public Service Workforce Reform and in particular the need to promote jobs and skills in the public services during and coming out of the economic downturn.

Next steps

NHS Employers is working with its members, the Department of Health, trade unions, Jobcentre Plus, the Cabinet Office and NHS organisations to support trusts through the lean years ahead and ensure the NHS builds the workforce it needs for the future.

We believe that boards committed to clear communication, strong staff engagement and effective partnership working, matched with a strong and sustainable change management and improvement method, will go a long way to finding the

answers that NHS organisations need to meet the challenges outlined here.

Alongside this *Briefing*, we are also publishing *Talent for tough times*, which sets out why and how trusts could be addressing their talent needs, with practical examples from the public sector as well as the NHS.

We are also publishing some of the latest research on staff engagement and, as ever, are working with trusts to present considered evidence to the pay review bodies on your behalf.

Sharing good practice and learning will become even

more important and we are keen to hear from trusts as they develop their processes and practices on the topics outlined here. Please email sharedlearning@nhsemployers.org with your ideas, good practice and further suggestions.

Working together across the NHS, as well as with our partners in the wider economy, will be crucial to the NHS continuing to deliver safe, high-quality care. As employers of the largest workforce in Europe, our contribution to the challenges ahead is both significant and vital.

Resources

NHS Employers staff engagement pages:
www.nhsemployers.org/staffengagement

NHS Employers talent management pages:
www.nhsemployers.org/talentmanagement

NHS Employers pension pages:
www.nhsemployers.org/NHSPensionScheme

NHS Confederation on *Dealing with the downturn*:
www.nhsconfed.org/downturn

NHS Institute for Innovation and Improvement on productivity:
www.institute.nhs.uk/productiveseries

Social Partnership Forum: www.socialpartnershipforum.org

Lean thinking: www.leanuk.org

Listening into Action:
www.optimiselimited.co.uk/listening_into_action

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NHS Employers

supporting • promoting • representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

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