

## WORKFORCE

# HOW TO REDUCE TEMP STAFF

HSJ is launching an investigation to see if providers can cut the £3.3bn they spend on temporary staff every year. Sally Gainsbury reports

Workforce costs have never been an area the NHS can afford to be complacent about – accounting for around two-thirds of a typical provider's operating expenditure, they are constantly under scrutiny.

But with the NHS being asked to deliver £22bn in efficiencies by 2020-21, workforce productivity is again centre stage, with a particular spotlight on the reported £3.3bn NHS providers have spent on temporary staffing in 2014-15.

So far, Monitor and Lord Carter's efficiency review have taken the lead in analysing the factors behind the NHS's rapidly growing expenditure on temporary clinical staff, and in proposing remedies to reduce it.

The interim Carter report recommended the use of e-rostering and other management tools to better deploy permanent nursing staff, while Monitor has implemented the first of a number of caps on provider expenditure with agencies in a bid to bolster the NHS's collective buying power to drive down charges imposed by nursing agencies.

These actions could help, but not in isolation. Temporary staffing has proved an intransigent problem, not least due to the fact that reasons and available remedies for escalating costs differ between staff groups, organisations and regions, meaning there are few, if any, "silver bullets".

HSJ is now launching its own investigation into the causes and consequences of the NHS's growing reliance on temporary clinical and medical staff. The aim will be to help the NHS articulate its own set of proposals for addressing the temporary workforce problem, drawing on experience around the system.

### Proposed action

These will likely include recommendations for individual NHS providers to change working practices, but they may also include proposals as to what central bodies and regulators can and should do to better support NHS providers in their bid to reduce temporary staff spending.

Clare Panniker, chief executive of Basildon and Thurrock University Hospitals



**'With the NHS being asked to deliver £22bn in efficiencies by 2020-21, workforce productivity is again centre stage'**

### GET INVOLVED IN THE INVESTIGATION

Make your submission by emailing Sally Gainsbury at [workforceinvestigation@emap.com](mailto:workforceinvestigation@emap.com)  
Visit the investigation page: [hsj.co.uk/workforce-investigation](http://hsj.co.uk/workforce-investigation)

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AND  
PROVOKE**



If the NHS is to achieve the step-change in efficiency set out in the *Five Year Forward View*, then the way in which its clinical workforce operates must change significantly. At the same time, the NHS faces the task of meeting the government's commitment to delivering a service that is more accessible and offers higher quality outside normal working hours. This also presents a profound challenge to the working methods of the service's clinicians.

For this reason, among many others, HSJ is launching a special investigation focusing on the productivity of the NHS's clinical workforce,

with a particular focus on the pressing need to reduce the current escalating expenditure on temporary staffing.

We will seek to produce a report which will speak directly to the needs, concerns and ambitions of healthcare leaders.

It will be written by Sally Gainsbury, a journalist who has just left the *Financial Times* investigation unit to become a senior policy analyst for the Nuffield Trust. She is also, of course, a former HSJ news editor.

As part of her research, Sally will be interviewing a series of experts and very senior

In association with



**CLAIRE  
BILLENNESS  
ON THE  
FUTURE OF  
NHS STAFFING**



**The Carter report recommended the use of e-rostering and other management tools to better deploy permanent nursing staff**

How can the NHS reduce its reliance on temporary staffing?

Submissions are welcome on all aspects of the medical and clinical temporary workforce: we are looking for evidence to better help us understand the extent and drivers of the problem in different areas and among different staff groups, as well proposals to reduce dependency on expensive agency staffing.

Submissions can be made in confidence, if required, to [workforceinvestigation@emap.com](mailto:workforceinvestigation@emap.com).

Interim findings from the investigation will be reported later this year at the HSJ Summit on 5 November, with a final report published here online and as a special *HSJ* supplement in early December. We will follow this in the New Year with an invited roundtable of NHS management and clinical leaders to discuss the way forward. ● *Sally Gainsbury is a former journalist for the Financial Times and HSJ. She is now a senior policy analyst for the Nuffield Trust and is coordinating this investigation in a personal capacity.*

Foundation Trust, says the investigation is timely: "This is the million dollar question facing all NHS providers. The challenges are the same as they have always been: ensuring patient safety and increasing productivity whilst reducing our reliance on expensive temporary staff.

"But staff shortages are more severe than ever before. Our focus has to include making NHS employment as attractive as possible, working harder to retain staff, using bank efficiently and improving processes like rota planning, development of new roles and more flexible working."

*HSJ* is now calling for NHS managers, clinicians, regulators and leaders to submit evidence and proposals to the investigation addressing the central question:

**'We will produce a report which will speak directly to the needs, concerns and ambitions of healthcare leaders'**

leaders in the health service. Our report partner is HCL Workforce Solutions. HCL is one of the country's leading healthcare recruitment businesses whose insight derived from the day to day experience of dealing with the workforce challenges faced by the NHS will add significant value to the report.

*HSJ* will, as ever, retain total control over the report's content and recommendations.

We hope our investigation into this mission critical issue will provide both provocation and inspiration.

*Alastair McLellan is editor of HSJ.*

“ The past few years have witnessed an increasingly disjointed approach to workforce planning in the NHS. With spending on staffing accounting for nearly two-thirds of the annual NHS budget, this is simply unsustainable and requires urgent attention. The current financial state of the health system makes the status quo unworkable and HCL is determined to work with our NHS partners to develop a new approach and practical solutions.

The system continues to face severe challenges in recruiting sufficient numbers of staff. It is evident that when demand exceeds supply, the risk of inappropriate and unethical activity rises; the growth of the unapproved off framework agency market and associated activities is indicative of this point.

Not only does this add unnecessary cost to the NHS – typically upwards of 30 per cent more than the cost of recruiting from on framework – but we are concerned that patient safety is also being jeopardised. The lack of compliance in the clinical staffing market, such as underskilled candidates being used in locum positions, creates inherent risk in the system; this can no longer continue. However, with a better grasp of the issues, there is much more that can be done. I am optimistic about the future.

HCL Workforce Solutions is firmly in favour of the Department of Health and NHS England's recent focus on spiralling agency spend, which has acted as a catalyst for the system to wake up and realise that tackling excessive agency spend is just the first step in a journey to put NHS workforce on a sustainable footing.

HCL is delighted to be supporting and contributing to this work – we want to support the NHS in developing effective and long lasting solutions. For me, this process will be about better understanding how to make more effective use of substantive and bank employees while cutting the cost of agency workers, embracing the use of technology, putting in place robust management information, improving workforce know-how and encouraging good staff engagement.

While there is much work to do, the recognition by policy makers that change is pressing presents opportunities for major improvement. With the right steps, it is possible to fix immediate challenges facing the system, transition staff back into the NHS family and finally to fix the market for the long term.

I look forward to helping to progress this important work over the coming weeks and I hope it has a long lasting influence across the health service.

*Claire Billenness is managing director of client solutions for HCL*

*Workforce Solutions.*

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