

Rt Hon. Jeremy Hunt MP
Chair, Health and Social Care Select Committee

09 December 2021

Dear Jeremy

Re. Elective Recovery – workforce plan

Thank you for inviting me and Professor Stephen Powis to give evidence to committee's inquiry into Clearing *the backlog caused by the pandemic*. I am writing to provide more detail on the workforce retention and supply actions that I referred to.

As discussed at the Committee, NHS England and NHS Improvement (NHSE&I) is working closely with clinical leaders and with local systems to develop a workforce plan that will deliver on elective recovery while continuing to provide high quality patient care. This plan covers three broad time horizons:

- **Short term** – Targeted national interventions over the coming months to increase workforce supply for elective recovery and to provide resilience over the winter, including maximising national and international recruitment, boosting temporary staffing programmes and maximising staff retention. For example, we are currently working with Ambulance Trusts to provide a tailored package of support, developed in collaboration with them, which includes interventions to improve staff retention, embed preventive health and wellbeing measures, increase workforce supply (particularly call handlers), and over the longer-term will include work on leadership. We have also increased the recruitment of call handlers for the NHS111 service.
- **Medium term** – Rapid work to ensure workforce availability for implementation over the next two years of pathway improvements in key elective specialties such as cardiac, musculoskeletal and eye care, including the digital transformation of services and outpatient transformation. This will make best possible use of the existing workforce while also ensuring the NHS remains an attractive place to work for both new recruits and those within the service, for example by enhancing the skill gains which the workforce have gained in the response to COVID-19.
- **Longer term** – Introducing new roles and training for our existing workforce to enable them to work across systems and supporting workforce transformation over the next 3+ years to enable sustainable growth of the workforce to recover the elective backlog and deliver high quality patient care. This will initially be focussed on areas with existing shortages or that require increased capacity such as critical care, theatre capacity, diagnostics, and cancer services, as well as mental health and primary and community services.

Prioritising the health and wellbeing of staff

Across all these initiatives, we will maintain our focus on the health and wellbeing of all staff, as a safe and healthy workforce is critical to delivering the recovery of services, retention and providing high quality patient care. From April 2020 to September 2021, the national health and wellbeing support offer has been accessed over 1.3 million times, demonstrating the value of the offer to NHS staff. Our health and wellbeing programme is increasingly moving to a model of prevention and organisation/system-led wellbeing interventions, with national support to monitor key metrics.

Increasing workforce supply

- The NHS has six national short-term workforce supply programmes underway to bolster capacity across the service during winter and for the recovery phase of the pandemic. These programmes are targeted at areas where we know there are workforce supply challenges or opportunities.
- As these programmes progress, we will identify further areas where targeted and focused supply measures may be required so we can respond to issues promptly as they arise.
- These national programmes are in addition to locally led initiatives to reinforce workforce capacity. There are also extensive international recruitment and apprenticeship programmes in progress to support the nationally led programmes.

The six national workforce supply programmes are:

Programme	Target
International recruitment (mandate – 50K nurses)	7,000 FTE over and above previous achievements
Landmark	800 headcount
Health and Care Reserve	20,000 headcount equating to 2,600 FTE
Medical Support Workers	500 headcount
Healthcare Support Workers	10,000 FTE growth on previous achievements
Maternity (responding to the Ockenden Review)	1,200 FTE growth

Longer-term workforce supply

Health Education England (HEE) have a statutory responsibility to Parliament and the Secretary of State for Health and Social Care for “ensuring that a sufficient number of persons with the skills and training to work as health care workers for the purposes of the health service is available to do so throughout England”. As part of this, they are responsible for the longer-term strategic overview of workforce demand across the health and care system, and addressing the future workforce requirements associated with recovering elective activity and responding to medium- and longer-term scenarios.

In light of the benefit of better joining up workforce strategy, planning, and delivery, HEE, as well as NHSX and NHS Digital, will formally merge with NHSE&I, subject to parliamentary passage of the requisite powers in the Health and Care Bill and the appropriate consultation. This will achieve a more co-ordinated approach where service, financial and workforce planning are better aligned. This will be central to recovering elective care.

HEE is also primarily responsible for new roles, future supply and expanding the skills of existing staff as part of its education and training remit. Initial assessments of the registered workforce show rising demand in particular for medical staff, nursing staff and allied health professionals. Further work is also underway to better understand any potential constraints at a specialty level.

Over the next three years, HEE's modelling indicates that registered workforce supply will continue to grow at an estimated 2-3% per year based on the current pipeline. Meeting this future supply will depend on continued investment in education and training, but also on optimising how the current registered workforce is deployed, alongside a continued focus on the retention and wellbeing of staff.

To address these issues, investment in training, upskilling and new ways of working will be key, as well as supporting locally driven initiatives around workforce optimisation and transformation. In addition, there will also be a focus on furthering the work already done around temporary staffing in developing staff banks and ensuring all agency procurement is done via recognised frameworks.

In July 2021, DHSC commissioned HEE to refresh the long-term strategic framework for the health workforce, HEE's *Framework 15*. This work will inform future workforce planning across the NHS and social care and will help ensure the NHS has the right numbers, skills, values, and behaviours to deliver high quality clinical services and continued high standards of care.

I hope this provides the additional context sought by the Committee.

Best wishes,



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NHS Chief Executive



Steve Powis
National Medical Director