

3 June 2015

Ian Cumming
Chief Executive
Health Education England

Simon Stevens
Chief Executive
NHS England

Dear Ian and Simon

Nursing Workforce Strategy for 15/16

You asked me to provide an update on the work of the Nursing Workforce Programme Board that I established earlier this year. This Board now reports to the new Workforce Advisory Board and Lisa Bayliss-Pratt is my vice-chair. The work of this whole system Board has become particularly important as the pressure to deliver safe, consistent, quality care has relied increasingly on high cost temporary staff. The system has also become mainly focused on numbers and input measures as opposed to the wider clinical workforce and outcomes, including the 6Cs. I am writing to you now as requested to outline the five key areas we believe we should focus on and which provide a roadmap for how we will approach workforce issues in the coming year.

1. Permanent staff

An increasing proportion of the nursing workforce is delivered by staff working for agencies. The increasing cost, lack of continuity and less effective teamwork this causes can have a significant impact on patient care. It is my view that we need to convert a significant proportion of this spend into permanent nursing and midwifery roles. This will require the whole health and care system to improve its recruitment and retention, streamline international recruitment where necessary, offer flexible working opportunities to new and existing staff, and support staff in their roles. The work of Professor Michael West clearly demonstrates that staff who work in well-structured and supportive teams deliver improved outcomes for patients.

2. Efficiency

Lord Carter's review will set out challenges for all parts of the NHS to work more efficiently. For nursing and midwifery specifically, we will need to ensure appropriate use of e-rostering, target our workforce at the times of the day and

High quality care for all, now and for future generations

week when they are most needed, and support clinical staff to focus on patient care. The work we did last year to review the amount of contact time nurses spent with patients demonstrated significant variation, and through the appropriate use of technology, administrative resource and other non-clinical colleagues, contact time can and should be improved. We know there are areas of good practice and improving variation is key.

3. Planning

We must ensure that workforce planning continues to secure the appropriate workforce for the future, not just in the NHS, but across the whole health and care system. Commissioning nursing and midwifery graduate training places has previously been based largely on NHS provider plans which are now helpfully moderated by HEE. Social care and the independent sector are represented at the LETBs, as are commissioners. The creation of the Workforce Advisory Board chaired by Ian Cumming provides a useful forum for us to connect the service vision with the workforce commissions at a national level, and provide the key means to drive new workforce roles. HEE's work on the "Shape of Caring" review will be critical to this as will the role and support of the NMC.

4. Progression and Career Escalator

There is currently a gap between the health and care assistant role and the graduate nurse. The support for career development of the critically important health and care assistant workforce has been sporadic and developed in local silos. A clear competency based career ladder for care assistants is being developed by HEE which will allow care assistants to develop skills, move between different parts of the health and care system, work at different levels to care for patients, support the registered nurse and midwife workforce and provide access to the graduate nurse programme through a clearly defined route. The whole health and care system should provide meaningful career development, take proper account of prior experience, and reduce the time it takes for some staff to subsequently complete a graduate programme.

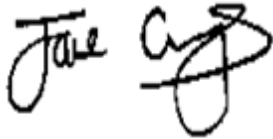
5. Multi-professional working

When we consider overall staffing levels, it is crucial that we now look beyond traditional professional boundaries. The Five Year Forward View provides us with an opportunity to recognise the importance of multi-professional working, and we need to focus more on this type of holistic assessment of staffing rather than a narrower focus on nursing or midwifery numbers. Staffing levels should be based on the needs of patients, not on traditional professional and organisational boundaries. Through the Programme Board, we have seen more examples of this and my proposal is that we link the existing Vanguard, the fast track Learning Disability settings, the new Urgent and Emergency vanguards and the Mental Health Taskforce with the work being done by HEE to adopt this approach to identifying staffing needs and patient outcomes rather than through input numbers or ratios. This means that the programme of work commissioned from NICE could be stopped.

To conclude, all of this work must be underpinned by the values embedded within the '6Cs' – care, compassion, competence, communication courage and commitment. This five point plan can be used to support the leadership of HEE

and ensure we have a workforce which meets the needs of our patients, is fit for the future and is able to address the gaps in health and well-being, care and quality, and efficiency and sustainability outlined within the cross-system Five Year Forward View. Our patients, the public and our staff deserve that.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jane Cummings'. The signature is written in a cursive style with a large, stylized initial 'J'.

Jane Cummings
Chief Nursing Officer, England