



BUILDING A SUCCESSFUL NHS WORKFORCE

THE ADDED VALUE OF SPECIALIST HOSPITALS IN ENGLAND

OCTOBER 2016

Federation of
Specialist Hospitals

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FOREWORD

Specialist hospitals have an international reputation for high quality training and innovative workforce management. They recognise that a motivated workforce leads to better patient outcomes and higher standards of care. This is demonstrated by their positive scores in the NHS Workforce Survey and the significant numbers of overseas staff who wish to practice at these centres of excellence.

This report highlights the valuable contribution that specialist hospitals can make to the further improvement of the NHS workforce and sets out a number of challenges and recommendations, which will repay careful study across the system.

Health Education England is the national body which focuses on the training and education of the NHS workforce. We aim to improve the quality of care for patients by educating and training people to have the right skills values and behaviours to deliver the highest possible standards of care.

Recognising the pressures of the current financial climate, we at HEE are looking to help shape and reform the health service workforce to meet the challenges and vision set out in the Five Year Forward View and for the sustainable longer-term provision of healthcare in England. This will include ensuring that we can be responsive to local requirements and supportive of locally driven change where appropriate, whilst promoting economies of scale and spreading best practice as key to how the NHS improves by learning from itself.

The Federation's involvement in the New Care Models programme and Getting It Right First Time project demonstrate ways in which the Federation is able to spread innovation throughout the NHS and their involvement is truly welcome. We will work with the Federation and the wider NHS to establish further areas of opportunity.

I look forward to my organisation HEE, and others in the system, considering this report and its recommendations on how the NHS can make the best use of staff to ensure they can deliver the care patients need now and into the future.



A handwritten signature in black ink, appearing to read 'Ian Cumming', written over a light-colored background.

Professor Ian Cumming
Chief Executive, Health Education England

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1. EXECUTIVE SUMMARY

The UK, like many other health economies, is facing the challenges of an ageing population with increasing co-morbidities and the growing costs of more severe and complex cases. There is widespread recognition that workforce planning and development is key to addressing these challenges.

As world-leading centres of excellence, specialist hospitals are well placed to anticipate changing healthcare needs and to help develop a future workforce that can respond to ongoing changes. This success is underpinned by a strong understanding of the needs of patients and how the NHS can best harness the ideas and wisdom of its staff to deliver high quality and efficient care.

Working with their partners, specialist hospitals have also devised innovative workforce practices to respond to immediate workforce challenges while supporting the development of future care models. These arrangements have allowed NHS staff to work across organisational boundaries to share good practice and learn from the best in the field.

The Federation of Specialist Hospitals is committed to working with others throughout the NHS to build on the existing successes of specialist trusts and support a culture of excellence across the health service. The ability of the NHS to meet its future workforce needs will be vital to its financial and operational sustainability and should be a core consideration for Brexit.

This report sets out the Federation's recommendations on how the NHS can make the best use of staff to ensure they can deliver the care patients need now and into the future. It should be read in conjunction with the Federation's earlier report on driving innovation in the NHS, especially in relation to the development of networks, which have an important role to play in optimising use of the NHS's workforce.

RECOMMENDATIONS	
1	Health Education England should work with NHS providers, including specialist hospitals, to develop a comprehensive and robust national data-set to allow NHS organisations to monitor, compare and inform future workforce plans, in response to changing health care needs.
2	NHS Improvement and Health Education England should work with specialist hospitals to identify the cultural and organisational practices which make them the best places to work, and explore how these practices can be generalised and scaled up.
3	The Government should commit to implementing the recommendations of Professor Sue Bailey's independent review on junior doctors' experience, and work with NHS employers including specialist trusts to improve the working lives of junior doctors across the NHS.
4	The Government should confirm the ability of EU nationals to work in health and social care roles in the UK, including those in specialist hospitals, through mechanisms such as the Migration Advisory Committee's shortage occupation list.
5	Health Education England should work with specialist hospitals to identify and roll out innovative workforce initiatives, and leverage specialist care networks to share their knowledge with colleagues countrywide and at all points along the care pathway.
6	A national body should be given explicit responsibility for addressing existing staffing shortfalls, and it should work with STP leaders and NHS providers, including specialist hospitals, to identify joint solutions to ongoing workforce challenges.
7	The Department of Health and its Arm's Length Bodies should explicitly consider the workforce implications of key policies, such as plans for a '7-day NHS' and the introduction of the apprenticeship levy, to ensure that providers can respond quickly and cost effectively to new policies and standards.
8	Health Education England should work with NHS providers, including specialist hospitals, to encourage multi-professional working and maintain an appropriate balance of generalists and specialists in both medical and support roles.
9	Health Education England should work closely with providers of NHS specialist services at a national level to pre-empt future staffing challenges in individual specialties and sub-specialties, with dedicated national funding and support.
10	Health Education England should work with specialist trusts to identify best practice in developing the NHS support workforce, and facilitate its roll-out across the NHS through specialist care networks and initiatives such as the Return-to-Practice scheme.

2. THE CASE FOR CHANGE

The system for health education in England has undergone significant change over the past few years. New structures and funding mechanisms have been introduced, designed to allow workforce planning and commissioning on a national scale while being responsive to local needs and changing workforce requirements.

While the 2015 Comprehensive Spending Review delivers an additional £8 billion for the NHS as requested in the Five Year Forward View, this is significantly offset by cuts in health education and elsewhere. In addition, the NHS will need to make at least £22 billion of efficiency savings by 2020/21. Improved workforce planning and use of existing staff, while reducing agency spend, will be essential for the NHS to live within its means.

2.1 HEALTH EDUCATION IN ENGLAND

The education and training of the healthcare workforce is the foundation on which the NHS is built. It is the single most important thing in raising standards of care today and meeting the needs of patients in the future. This section sets out the strategic context for health education in England and its relationship with the wider challenges facing the NHS.

STRUCTURAL REFORM

Prior to 2012, the NHS's education and training functions were largely delegated to 10 strategic health authorities (SHAs). Funding arrangements were principally based on historical flows rather than in anticipation of the future healthcare needs of a local health economy. The workforce budget at SHA level was not ring-fenced, which led to a perception that the training budget was used to support activities in other areas.¹

The Health and Social Care Act 2012 introduced significant changes to the way that health education is commissioned and funded. Since 1st April 2013, the Act placed a duty on the Secretary of State for Health to ensure there is an effective system in place for the planning and delivery of education and training in England.² This duty was delegated to Health Education England (HEE), a Special Health Authority established in June 2012 which later became a Non-Departmental Body under the provisions of the Care Act 2014.³

HEE replaces the education functions of SHAs and is tasked with ensuring that the future NHS workforce has "the right numbers, skills, values, cultural sensitivities and behaviours to meet patients' needs and deliver high quality care."⁴ It comprises a national board and a number of regional local education and training boards (LETBs), a structure which is designed to allow workforce planning and commissioning at a national scale while being responsive to local needs and changing workforce requirements.

The Forward View sets out a vision for how the NHS should transform to meet the future needs of the population. This ambition can only be achievable with a corresponding change in the NHS workforce. As world-leading centres of excellence, specialist hospitals have a key role to play in delivering a workforce that has the right skills and values to meet the needs of patients today and into the future.

Under the new system, HEE receives a ring-fenced budget of around £5 billion a year, the majority of which is invested in structured education and training programmes for undergraduate and postgraduate staff, students and trainees. Funding is provided to NHS employers and trusts to cover the salaries of NHS staff while they are undergoing training, as well as other direct costs such as trainee study leave and teaching facilities. For the most part, this does not cover the continuing professional development of existing NHS employees, which is the responsibility of NHS employers and trusts.

FINANCIAL PRESSURES

The Five Year Forward View, the health service's own vision for this parliament, predicted that a combination of growing demand, no further annual efficiencies and flat real terms funding could produce a NHS funding gap of nearly £30 billion by 2020/21. The document requested an additional £8 billion a year to be invested in the NHS, which when combined with £22 billion worth of efficiency savings, would help close this funding gap.⁵

In response, the government's 2015 Comprehensive Spending Review broadly delivered the £8 billion of additional NHS spending asked for by the Forward View.⁶ However, this was achieved in part by redefining 'NHS spending' to mean NHS England's budget only, not the whole of the Department of Health budget – the definition used by previous governments. As a result, there has been a fall in other areas of health spending, such as health education and public health budgets, amounting to a cut of £3 billion in real terms over the same period.⁷

HEALTH EDUCATION FUNDING

Pressures on health spending are particularly felt by Health Education England, whose budget has been frozen in cash terms at £4.8 billion a year until 2020/21.⁸ This does not take into account the recent reforms to student bursaries, which would see the introduction of student tuition fees for nursing, midwifery and allied health students – costs which are currently borne by the NHS. It is anticipated that this would reduce health education budgets by an additional £1.2 billion a year by the end of this parliament.⁹

The Department of Health has insisted that the reforms to student bursaries would lead to more people studying, as the number of training places are no longer restricted by the amount of NHS funding available. However, professional unions and patient organisations have warned of an ‘untested gamble’ and urged the government to reconsider.¹⁰ Until these changes are fully implemented, their medium term impact will remain unclear, which adds further instability to a system under ongoing financial stress.

Meanwhile, in March 2016, Health Education England announced that it would reduce funding for ‘workforce development’ by around 50% for each of its 13 local education and training boards across the country, in order to prioritise spending in other areas, such as additional undergraduate places. This money – which will be reduced from a total of £205 million in 2015/16 to £104.3 million in 2016/17 – is allocated locally and is largely used for Continuing Professional Development (CPD) for nurses, midwives and allied health professionals.¹¹

Although representing only a small proportion of the total £5 billion education budget, CPD funding for professionally registered staff is significant. It is usually provided through a service-level agreement with local universities for CPD modules and through a cash allocation based on head count of non-medical professional registered staff. The proportion ‘tied into’ local universities is large and, for specialist trusts, this has been a particular challenge as it is not always possible to obtain the specialist training required at universities locally.

In response to the funding reductions, universities and NHS provider organisations have raised serious concerns about the speed, size and late notification of these cuts, which vary across regions and between institutions.¹² Without replacement funding, the lack of CPD opportunities is likely to have a negative impact on staff development and the delivery of care across the NHS.

The impact of these reducing opportunities for development will be felt more by specialist trusts which often recruit from the cohort of staff who have already started to undertake CPD in their area of interest. Recruiting staff with no additional training will put an added burden on the resources of specialist trusts in developing novice staff to deliver specialist care.

EFFICIENCY CHALLENGE

With the Spending Review settlement agreed, the biggest challenge for the NHS is to deliver the £22 billion of productivity improvements required by 2020/21.

Staff productivity presents an important opportunity for efficiency savings, particularly as clinical staff and resources account for two-thirds of hospital costs. This opportunity is recognised by Lord Carter’s review of productivity in NHS hospitals, which estimates that increasing NHS staff efficiency by just 1% could save hospitals £400 million a year.¹³

In reality, the worsening financial health of the provider sector will require the NHS to save more than £22 billion to live within its budget.¹⁴ With NHS providers spending £3.6 billion on agency staff in 2015/16 (up 17.6% since 2014/15), both NHS Improvement and NHS England have identified the higher use of agency staff as the primary driver of deficits.¹⁵ A reduced level of reliance on agency staff and more effective workforce planning are therefore essential to ensuring the sustainability of the NHS as a whole.

TRANSFORMATION FOCUS

The Forward View envisions a future health service which sees far more care delivered locally but with some services provided in specialist centres, through networks of care organised around patients and local populations.¹⁷ One of the principal means by which the NHS aims to realise this vision is through the creation of a number of ‘major new care models’. 50 vanguard sites have been selected since 2015 to trial and evaluate these new care models, including a number of initiatives led by specialist hospitals.¹⁸

Workforce redesign has been a key focus of the national New Care Models programme to date. Individual vanguards have been working closely with HEE, the Royal Colleges, regulatory bodies, NHS Employers and other national organisations to build a future workforce which is best placed to deliver new models of care. This is supplemented by local workforce initiatives which are aimed to meet the training needs of NHS staff while creating new and extended roles to close existing workforce gaps.¹⁹

However, the NHS cannot rely solely on the vanguards to deliver a better healthcare workforce. For transformation to be successful, the national bodies will need to work with individuals and organisations from across the NHS to attract and develop an adequate workforce with the right skills, values and outlook to respond to current and future healthcare needs. Only by harnessing the insights and experiences of people across the NHS, can the NHS achieve the aims of the Forward View and ensure the sustainability of the service in the years to come.

2.2 SPECIALIST PROVISION

As world-leading centres of expertise, specialist hospitals play an important role in training the future NHS workforce and ensuring that staff across the system have the right skills and outlook to achieve the transformational change envisioned by the Forward View.

ABOUT SPECIALIST HOSPITALS

There are 17 standalone specialist trusts in England, in addition to many other specialist units which form part of larger trusts. Specialist provision is characterised by a single-specialty focus and, typically, by a disproportionately complex case mix.

Within their clinical specialties, specialist hospitals are internationally recognised for their clinical excellence, education, training and research. Collectively, they span a wide range of specialities, from cancer, cardiac, neurology and orthopaedic services to women's and children's health. A list of specialist hospitals in England is set out below.

LIST OF SPECIALIST HOSPITALS IN ENGLAND

- Alder Hey Children's NHS Foundation Trust
- Birmingham Children's Hospital NHS Foundation Trust
- Birmingham Women's NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- National Hospital for Neurology and Neurosurgery
- Nuffield Orthopaedic Centre
- Papworth Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Royal National Hospital for Rheumatic Diseases
- Royal National Orthopaedic Hospital NHS Trust
- Royal National Throat, Nose & Ear Hospital
- Sheffield Children's NHS Foundation Trust
- St Mark's Hospital and Academic Institute
- The Christie NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Wrightington Hospital

The success of specialist hospitals is underpinned by a number of factors, not least of which is their single specialty focus which allows them to develop expertise and cascade their excellence elsewhere.

The emphasis on delivering transformative care for patients is the driving force behind much of what specialist hospitals have to offer. The opportunity to change the lives of patients around the world is what attracts leading clinical and academic experts to these trusts, where research opportunities are a fundamental part of delivering patient care. This focus on patient care is also reflected by the results of numerous NHS patient experience surveys, in which specialist trusts typically perform better compared with general hospitals.²⁰

As the case studies in this report demonstrate, the clinical and management expertise of specialist trusts enable them to use staff, technology and networks in effective and innovative ways. This can lead to increased quality and efficiency of provision not only within specialist hospitals but also across their local geography and the wider NHS.

CONTRIBUTION TO WORKFORCE DEVELOPMENT

The reputations of specialist hospitals are established by the work of their staff, past and present. The intellectual capital and technical skills they provide are the most valuable assets of these hospitals and provide the basis for much of their success and potential for the wider NHS.

Specialist hospitals are well-placed to attract highly qualified people due to their recognised expertise and culture of innovation. They understand that the most talented individuals are rarely content with using tried and tested methods of treating patients, and respond by providing opportunities for them to gain experience solving a rich variety of rare and challenging problems, rarely found in other centres. In doing so, they are able to retain a critical mass of clinical experts with the capabilities and drive to revolutionise care in their respective disciplines.

That is not to say that specialist hospitals do not face their own workforce challenges. They are often relatively small and are vulnerable to unexpected changes in workforce supply and demand. Specialist hospitals have responded to these challenges by making the most of the existing workforce and developing innovations in training. This emphasis on workforce development has formed the basis of specialist hospitals' work in driving high quality outcomes and establishing new models of care.

The rest of this report demonstrates the significant contributions specialist hospitals have made to the NHS workforce agenda and how their potential can be maximised. Chapter two focuses on specialist hospitals' contribution to developing the future NHS workforce, and chapter three outlines their experience in using innovations to respond to more immediate workforce challenges. Chapter four considers the evolving role of specialism in the NHS and sets out the Federation's recommendations for changes that are required to realise the full potential of specialist hospitals.

CASE STUDY 1

BEST PLACES TO WORK IN THE NHS

Specialist hospitals recognise that their staff and the high standards of care they provide are the crucial factors in their continuing success. This is reflected by the NHS Staff Survey, which looks across three dimensions of engagement – the levels of motivation/ satisfaction, involvement and willingness to be an advocate for the service. Specialist hospitals attained the highest overall engagement scores in the 2015 NHS Staff Survey, at 3.96, compared to the national average of 3.78 and higher than the scores attained by all other trust types.²¹

The strength of specialist trusts in staff engagement is also reflected in the list of Best Places to Work in the NHS for 2015, compiled by Health Service Journal and Nursing Times, in partnership with NHS Employers. 16 specialist trusts are included in the top 100 provider organisations to work for, despite the fact that specialist hospitals only account for 7% of NHS providers by number.²² Examples of their staffing policies and benefits include:

Liverpool Heart and Chest Hospital holds monthly staff awards and employee events such as bake offs and red dress day when health checks are available. A gym and walking route at the site also help to contribute to staff fitness and wellbeing.

Moorfields Eye Hospital works actively to recruit, retain and support staff with disabilities and especially those with sight problems. As well as monthly staff recognition awards, it hosts an annual celebration of achievements, and a specific charitable donation enables it to run a staff benevolent scheme to support staff in acute financial difficulties.

Queen Victoria Hospital offers a progressive flexible working policy, which enables staff to meet changing priorities throughout their career and maintain a positive work-life balance. Flexible working options include flexible hours and working practices as well as family friendly policies, such as carers' leave career break.

Royal Brompton and Harefield routinely offers smoking cessation courses, physiotherapy and counselling to its employees. Childcare vouchers, season ticket travel loans and optical care vouchers are also offered as part of the trust's employee benefits scheme.

Royal National Orthopaedic Hospital actively seeks to recruit and retain staff with disabilities, and has invested in software to support staff with dyslexia. Gym and swimming pool facilities also exist on site to promote staff health and wellbeing.

The Christie believes in the importance of supporting staff wellbeing. It runs many staff events including garden parties, team sporting challenges and a staff quiz. There is access to pilates and mindfulness classes, as well as to complementary therapies, the income from which supports the service to patients. The trust's "you made a difference" awards are celebrated monthly, with an annual celebration of achievement in service research and education.

The Clatterbridge Cancer Centre holds summer barbecues for its entire workforce. Outdoor gym equipment and secure bike racks help to promote healthy lifestyles, as do a running club and an on-site fruit and veg for staff. Each employee receives an average of 60 hours of training and development per year.

The Walton Centre has implemented a health and wellbeing programme, including activities such as Zumba, Pilates, circuit training and massage therapy, which has seen a fall in sickness absence rates from 7% to 4% since 2012. The trust is also one of only five trusts in the country to receive a gold standard accreditation from Investors in People, in recognition of its excellent people management practices.

3. CREATING AN NHS WORKFORCE TO MEET FUTURE NEEDS

Successful workforce planning depends on accurate predictions of future service needs, which is determined by many factors such as demographics, evolving standard of care, medical innovations and new models of care delivery.

Given their clinical expertise and role in the development of new care models, specialist hospitals are well placed to support the NHS

to respond to the global drivers of change and to develop a future workforce that can rise to the challenge. This chapter describes specialist hospital contributions to workforce planning and the delivery of a future NHS workforce which is responsive to changing healthcare needs.

3.1 THE CHALLENGE OF WORKFORCE PLANNING

Of the more than \$4 trillion global spend on healthcare each year, close to 60% is spent on the clinical workforce.²³ Yet few health systems estimate their future workforce accurately or are able to develop a strategy for their workforce that effectively keeps supply and demand near equilibrium.

At the heart of the problem is the extended length of education and training cycles for many working in health care. It takes over a decade to train a medical consultant or senior nurse, and those who get a student place in 2016 may still be working as a healthcare professional in 2060.

MEDICAL TRAINING PATHWAY		
Undergraduate medical training	4-6 years	The first step for anyone wanting to pursue a career as a doctor is to study medicine at undergraduate level or via a graduate medical course
Foundation programme (stage 1)	2 years	A wide range of training opportunities are provided across different speciality areas. The foundation programme includes several 4-6 month placements, in both acute and community settings.
Specialty or general practice training*	3-7 years	On successful completion of the foundation programme, doctors continue training in either a specialist area of medicine or in general practice. There are around 60 different specialties to choose from and the area of medicine doctors choose will determine the length of training required before becoming a fully qualified doctor.

*Although doctors are able to apply for consultant roles at the end of their specialty training, in practice, they rarely do. They spend a year, and sometimes two, on a fixed term contract in their chosen sub-specialty as a Clinical Fellow. This provides them with extensive exposure to the area they want to specialise in, working alongside and being trained further by the best specialists in their chosen field, and gaining experience in a wide range of rare and difficult cases. Specialist hospitals are some of the largest employers of Clinical Fellows in the NHS.

Every time the NHS makes an investment in a training place, it is doing so on the basis of a large set of assumptions about future healthcare needs and how best to meet them.

This challenge is recognised by Health Education England's 2014 strategic framework, which - unlike other health service plans - takes a longer term view and sets out the priorities for health education for the next 15 years. Speaking at the launch of the strategic framework, Framework 15, HEE Chief Executive Professor Ian Cumming said:

“The NHS is about people, not buildings. We need to deliver change through the workforce to ensure we are providing appropriate care to meet the needs of the future patient. Framework 15 is all about that future patient, understanding who they are and the healthcare needs they will have.”²⁴

Successful workforce planning depends on two criteria being met. The first is about correctly anticipating future healthcare needs, so that the NHS can develop a workforce that can best meet those needs. The second is recognising that, no matter how accurate the assumptions may seem initially, they are subject to ongoing changes, influenced by factors such as technology, delivery models and patient expectations.

As world-leading centres of excellence, specialist hospitals are well placed to anticipate changing healthcare needs and to help develop a future workforce that can respond to ongoing changes.

3.2 ANTICIPATING FUTURE HEALTHCARE NEEDS

Forecasting the demand for individual specialities is difficult and has historically been done poorly, not least owing to the lead time involved in specialist training and the introduction of different care models. As a result, the existing workforce planning process runs the risk of driving oversupply in certain areas and magnifying existing staffing shortages. These shortcomings are recognised by the Five Year Forward View:

“Since 2000, the workforce has grown by 160,000 more whole-time equivalent clinicians. In the past year alone staff numbers at Foundation Trusts are up by 24,000 - a 4% increase. However, these increases have not fully reflected changing patterns of demand. Hospital consultants have increased around three times faster than GPs... and we have yet to see a significant shift from acute to community sector working – just a 0.6% increase in the numbers of nurses working in the community over the past ten years.”²⁵

The criticism put forth by the Forward View is one that has been recognised in a number of recent workforce policies. It is also in part what has driven the establishment of Health Education England, which is mandated by the Government “to build a system that is responsive to the changing needs of patients and local communities”.²⁶

Whilst the NHS is well resourced with workforce and data analysts, specialists who are proficient in the overall workforce flow are a much scarcer resource. Given the complexity of the overall workforce flow, the development of a responsive workforce cannot be the responsibility of HEE alone. It needs to be supported by close collaboration between providers and educators, working alongside academic institutions, industry and third sector organisations, amongst others.

In order to create an NHS workforce that can meet future needs, the NHS must understand both how activity levels – the rate at which various services are offered – are likely to evolve and how the services are likely to be delivered in the future. This will be determined by changes in demographics, medical innovations, policy and reimbursement shifts and patient expectations.

The clinical and management expertise of specialist hospitals enable them to use staff, technology and networks in effective and innovative ways. As global leaders within their respective specialties, specialist hospitals are well-placed to advise the NHS on changes in clinical practice and patient needs, and to support the development of a workforce that is responsive to those needs.

The following section describes the key components in creating an NHS workforce that can meet future needs, and outlines how specialist hospitals can make a contribution in those areas:

- **Developing an adaptive workforce** that responds to meet changing healthcare needs
- **Developing an innovative workforce** that actively engages in research and maximises the impact of new technologies for patient benefit
- **Developing a collaborative workforce** that works with partner organisations to share their knowledge with colleagues countrywide
- **Developing a culture of excellence** which can sustain the ongoing development and success of the NHS workforce in the years to come

RECOMMENDATION

Health Education England should work with NHS providers, including specialist hospitals, to develop a comprehensive and robust national data-set to allow NHS organisations to monitor, compare and inform future workforce plans, in response to changing health care needs.

A RESPONSIVE WORKFORCE

The delivery of high quality care begins with an adaptive workforce that is responsive to changing healthcare needs. This principle is at the heart of the NHS Constitution and is highlighted by Professor David Greenaway's Shaping of Training Review as the crucial starting point for health education and training in the UK.^{27 28}

In recent years, there has been a growing demand for care to be shifted away from hospitals and closer to home. In order to provide better access to a wide range of high quality services, specialist hospitals have established close links to partner organisations across the country, which has enabled patients to be cared for at their homes where possible, with specialist oversight where necessary. Specialist care networks such as these are now widespread across the country, in a range of clinical areas such as ophthalmology, cancer, neurology and respiratory services.

In order to facilitate the work of these networks, specialist hospitals have put significant resource into developing joint-working relationships between different healthcare professionals across different locations. Digital tools are often used to ensure closer collaboration within the network as well as to facilitate discharge across the pathway.

In doing so, staff at specialist hospitals are able to effectively coordinate between different elements of care and pre-empt problems that are likely to trigger an escalation of need. As the below case study demonstrates, their activities in this area not only anticipate the needs of patients but also support the educational development of the future NHS workforce.

CASE STUDY 2

SPECIALIST SERVICES CLOSE TO HOME

CHRISTIE@ MODEL

As a regional centre, The Christie has for many years provided oncologist services at local general hospital. In recent years, it has expanded its vision of specialist care locally through developing the Christie@ model.

By working in partnership, the Christie now provides radiotherapy from three sites in Greater Manchester, building and developing The Christie@ Oldham and The Christie@ Salford. It has a Christie@Wigan chemotherapy centre, and runs a mobile chemotherapy services which visits north Manchester centres, ensuring no patient in Greater Manchester has to travel more than 20 minutes for their treatment.

MOORFIELDS' SATELLITE MODEL

Moorfields Eye Hospital is the largest provider of ophthalmology services in England. It offers a range of specialist and routine ophthalmology services across 32 locations in and around London.

Apart from the hospital in Central London, these locations are grouped into four distinct categories in discrete geographical clusters:

- 1. District Hubs:** Co-located with general hospital services, Moorfields' district hubs provide outpatient and diagnostic care as well as more complex eye surgery. They will increasingly serve as local centres for eye research and multidisciplinary eye education.
- 2. Local Surgical Centres:** These centres provide more complex outpatient and diagnostic services alongside day-case surgery for the local area.
- 3. Community-based Outpatient Clinics:** These clinics focus predominantly outpatient and diagnostic services in community based locations close to patients' homes.
- 4. Partnerships and Networks:** Moorfields offers medical and professional support to eye services managed by other organisations.

Approximately 50% of Moorfields' total activity is delivered away from the central London hospital.

AN INNOVATIVE WORKFORCE

Workforce planning needs to respond to the introduction of new treatments and technologies, which have the potential of transforming care while delivering savings. However, it is not enough to anticipate innovations alone. The NHS must also take into account the techniques and practices which are crucial to translating invention into patient benefit and maximising the value of those innovations to the NHS.

Specialist hospitals are well-placed to help the NHS workforce anticipate technological advances. Their staff are responsible for many of the defining breakthroughs of modern medicine, developing new techniques and practices that have later become international standards for treatment in a variety of conditions. In doing so, specialist hospitals have played a key role in establishing the UK's place at the forefront of global innovation, and will do so in the years to come.

In particular, specialist hospitals understand that the development and adoption of innovation is not without risks and that supporting workforce strategies are required to make best use of new treatments and technologies. This includes ensuring that existing staff are trained to make best use of innovations, and developing people with the right skills to disseminate the new approaches more widely. In doing so, specialist hospitals can help ensure that investment in future education and training is accurately informed, while developing a workforce that can make the most of the existing investments in innovation and research.

CASE STUDY 3

DRIVING INNOVATION IN THE NHS

REDUCING LENGTH OF STAY FOR CHILDREN ON LONG-TERM VENTILATION

The Royal Brompton and Harefield NHS Foundation Trust has developed a unique, web-based clinical pathway to support stable children who require long-term ventilation to be safely discharged from hospital sooner.

The innovative pathway has provided an online platform for secure communication across different hospitals and community services, enabling a network of professionals to work closely together to navigate complex discharge systems and reduce length of stay. This has resulted in children who are cared for by this service to be discharged after an average of three months, compared to the national average discharge time of seven to nine months.

To support the transition of these children from hospital to home, the Royal Brompton's long-term ventilation team provides a specialist training programme for hospital and community staff across London and the South East, as well as for parents of children who need to be ventilated. This includes outreach education and hand-on training, alongside an e-learning package, to improve knowledge and confidence of people caring for children on long-term ventilation.

The network allows the specialist trust to share its expertise with the wider NHS workforce and families, in order to best respond to the needs of patients, reduce length of stay and make care in the community as safe as possible.

THE CHRISTIE SCHOOL OF ONCOLOGY

The Christie School of Oncology provides an infrastructure to support innovation into practice. Taking the specialist expertise at the Cancer Centre, the School of Oncology works with the clinical and research teams, and has developed a programme of masterclasses, study days and workshops to ensure the dissemination of new innovation.

In August 2016, The School - in partnership with Christie Medical Physics and Engineering - ran the first advanced radiotherapy summer school, focusing on both academic and practical training in advanced radiotherapy, proton therapy, and brachytherapy. The school runs specialist surgical training courses in HIPEC surgery and robotic surgery, and is a centre of excellence for communication skills training.

To ensure the latest innovation is translated into academic training the Christie, through the School of Oncology, has been working with a number of universities to set up specialist clinical MSc pathways. Working in partnership ensures the expert knowledge of the latest innovation in practice is embedded into the highest quality of academic training.

DELIVERING A COLLABORATIVE WORKFORCE

The best ideas in health care are not born in isolation, but emerge in the intersection between education, research and patient care. It is therefore important to develop a future NHS workforce that can work across organisational boundaries, and alongside academic institutions, industry and third sector organisations, to deliver the transformation that the NHS needs.

As part of their focus on transforming the quality and efficiency of care delivered to patients, specialist hospitals have increasingly sought to establish strategic collaborations with partner organisations both in the UK and overseas. This has enabled them to encourage the sharing of best practice across institutional boundaries and provide more junior staff with the opportunity to learn from the best in the field, no matter where they are based.

Joint training programmes and fellowship schemes are widely available across specialist trusts to facilitate closer research and cross-fertilisation of ideas. This has led to the higher concentration of specialist knowledge in one place, and forms the foundation of specialist hospitals' strength in education and training. With a significant proportion of all clinicians in the UK having undertaken some part of their training in specialist hospitals, they play a key role in building a NHS workforce that is more collaborative and better able to respond to the changing needs of patients.

CASE STUDY 4

EXAMPLES OF CROSS-INSTITUTIONAL COLLABORATIONS

Institute of Cardiovascular Medicine and Science (ICMS): The ICMS was created by a partnership between Royal Brompton and Harefield, Liverpool Heart & Chest Hospital and Imperial College London, and it is the first partnership of its kind in Europe. The partnership provides an opportunity to pool the expertise of cardiovascular clinicians from two major centres, together with international leaders in the field of cardiovascular medicine, to conduct ground-breaking research. The unique offering of ICMS has also helped to attract international leaders in the field, enabling them to undertake ground breaking research, and educating each other in best practice.

NIHR Biomedical Research Centre for Ophthalmology: The NIHR Moorfields Biomedical Research Centre (BRC) is a partnership between Moorfields Eye Hospital NHS Foundation Trust and the UCL Institute of Ophthalmology. Together, the partnership runs courses in various specialist areas and provides extensive sub-specialty training in all types of modern ophthalmology. Staff from all professions also participate in conferences and seminars in the UK and around the world. The BRC has recently entered into a partnership with DeepMind Health, which would involve Moorfields sharing a set of one million anonymised eye scans with DeepMind, to investigate how technology could help to analyse eye scans, giving clinicians a better understanding of eye disease.

UCL/RNOH Biomedical Engineering Hub: University College London and the Royal National Orthopaedic Hospital (Stanmore) are building a state of the art research and teaching centre – the Biomedical Engineering Hub – as part of the wider redevelopment of the Stanmore site. The new building will provide purpose built accommodation and facilities for the existing UCL Division of Surgery staff at Stanmore, together with the UCL Faculty of Engineering and the RNOH Research & Innovation and Histopathology departments. The Centre is due to be opened in 2017 and will provide talented individuals with the integrated physical, medical and engineering sciences training they need to translate research into improved patient care.

A CULTURE OF EXCELLENCE

An important – if not the most important – component of workforce planning is developing the right values and outlook amongst the workforce to support the transformation that the health service needs. Indeed, the health service's vision for improved patient care delivered in new places will not be delivered unless the NHS successfully harnesses the ideas and wisdom of its staff.

Furthermore, there is good evidence that good staff engagement leads to good patient experience and clinical standards. By maintaining some of the highest staff engagement scores in the NHS, specialist hospitals are able to deliver the best clinical outcomes as well as continuous improvements to patient experience. This is demonstrated by results from a wide range of patient experience surveys, in which specialist trusts generally perform better compared with general hospitals.²⁹

To foster the right set of values in the NHS, it is essential that staff have a clear understanding of what 'excellence' looks like and how best to achieve it. Specialist hospitals support a culture of excellence across the NHS by recruiting and retaining the highly qualified staff, who can work with national bodies to set the standards of care within their individual specialties and work with others throughout the NHS to achieve those standards.

For example, clinicians within specialist hospitals have made a significant contribution in leading NHS England's Clinical Reference Groups (CRGs). In this capacity, they have played a key role in developing service specifications for individual services and helping other provider organisations achieve those standards. Another example of specialist hospitals' work in peer-to-peer learning and driving a culture of excellence is set out below.

RECOMMENDATION

NHS Improvement and Health Education England should work with specialist hospitals to identify the cultural and organisational practices which make them best places to work, and explore how these practices can be generalised and scaled up.

CASE STUDY 5

GETTING IT RIGHT FIRST TIME PROJECT

In 2012, Professor Tim Briggs published a report entitled 'Getting It Right First Time' (GIRFT), which considered the state of orthopaedic surgery provision in England and suggested that changes could be made to improve care pathways, patient experience and outcomes while reducing costs.

The Department of Health and NHS England funded the GIRFT project as a national professional pilot, supported by the Royal National Orthopaedic Hospital. The project involved senior clinicians undertaking a national review of baseline data and using the dataset as a basis for a bespoke, peer-to-peer review of adult elective orthopaedic and spinal practice of every provider across England.

Findings from the project, published in March 2015, found significant variation in device and procedure selection, clinical costs, infection rates, readmission rates and litigation rates in orthopaedics. The findings demonstrated the scale of the opportunity to drive quality and efficiency improvements through adoption of best practice and reduction of supplier costs. Indeed, the project's analysis has shown that the initial £200,000 spent on GIRFT has translated into between £60 million and £90 million in cost savings.

Lord Carter's report into the operational productivity of NHS acute hospitals has endorsed the GIRFT project, highlighting that it is "the first time quality, productivity and efficiency performance metrics have been pulled together into a single performance dashboard". As a result, work is now underway to build on the GIRFT approach for 24 other surgical and medical specialties.

Specialist trusts play a key role in implementing the next phase of the GIRFT programme, both in providing leadership for work in the other specialities and supplying the clinical expertise and impetus necessary to drive improvements across the health service. In doing so, staff in these hospitals not only provide an important source of peer-to-peer advice but also help to inspire a culture of excellence across the health service.

3.3 DELIVERING THE FUTURE WORKFORCE

IMPROVING JUNIOR DOCTORS' MORALE

It has been clear for some time that morale amongst doctors in training is low. According to the NHS Staff Survey, junior doctors are less likely than other staff groups to feel valued by the hospital they work for, and are less likely to understand how their role fits into the organisation or how they can contribute to work improvement. Too often junior doctors miss training opportunities or do not receive support around exam time because of pressures within the service.³⁰

Recent public comment has focused on the junior doctors' contract dispute, with some saying that the imposition of the junior doctor's contract in England can only exacerbate an already tense and highly charged situation and reinforce the alienation already felt by many of this critical group in the NHS workforce.³¹ Not only is it crucial to end the uncertainty this creates for NHS provider organisations, it is paramount that the NHS addresses the deep-seated issues relating to junior doctors' morale, well-being and quality of life.

These further issues were recognised by the Secretary of State in his statement on the junior doctors' contract:

"It is also important to note that even though we are proceeding without consensus, this decision is not a rejection of the legitimate concerns of many junior doctors about their working conditions. Junior doctors are some of the hardest working staff in the NHS, working some of the longest and most unsocial hours including many weekends."³²

Both commissioners and education providers have a crucial role to play in resolving the wider concerns of junior doctors, by creating a supportive learning environment and a more flexible approach to training and rostering. Professor Sue Bailey's independent review of junior doctors' experience of their NHS training and employment is therefore welcome, and the Government should commit to implementing the review's recommendations once they are presented.³³

Specialist hospitals take pride in their role in training the future specialist workforce, with a significant proportion of all consultant clinicians in the UK having undertaken some part of their clinical education in these hospitals. Compared to general hospitals, specialist trusts provide opportunities for junior doctors to gain experience in a rich variety of rare and difficult problems, unmatched in other centres. This will not only enable specialist trainees to gain experience in their chosen specialties, but also enable generalists to be exposed to the latest advances in specialist care, thereby facilitating effective referrals and integration of care. In this context, specialist hospitals are well placed to work with partners throughout the health service to improve the working life of junior doctors and indeed all NHS staff.

RECOMMENDATION

The Government should commit to implementing the recommendations of Professor Sue Bailey's independent review on junior doctors' experience, and work with NHS employers including specialist trusts to improve the working lives of junior doctors across the NHS.

RETAINING A GLOBAL WORKFORCE

The EU's policy of freedom of movement and mutual recognition of professional qualifications within the EU means that many health and social care professionals currently working in the UK have come from other EU countries. Indeed, 55,000 out of the 1.2 million staff in the English NHS are citizens of other EU countries, including 10% of doctors and 4% of nurses.³⁴ An additional 70,229 NHS staff are non-EU citizens.³⁵

The proportion of EU staff is particularly high in trusts where the research and educational links with international organisations are strong. This is particularly true of specialist trusts, which account for four out of ten NHS providers that are most reliant on EU staff.³⁶ The intellectual and technical skills that international and EU staff provide are valuable assets for specialist hospitals, and help to provide more junior staff the opportunity to learn from international leaders in the field.

The UK's vote to leave the European Union has caused widespread concern about the future of the NHS workforce. In particular, there is a risk of a NHS staffing crisis, particularly if new restrictions preventing EU staff from working in the UK were introduced, or if EU-born staff leave the UK pre-emptively due to the uncertainty about their future positions.

In response to these concerns, Sir Bruce Keogh, NHS England's Medical Director, and Jeremy Hunt, the Secretary of State for Health, have both publicly sought to reassure European staff working in the health service.^{37 38} While such reassurances are welcome, the government should make it a priority to clarify its intentions on the ability of EU nationals to work in health care roles in the UK, not least to avoid EU staff who are currently working in the NHS deciding to leave to work in other countries.

It is crucial that specialist hospitals retain their ability to recruit high quality staff from the EU, particularly in services for rare and complex conditions where there are often not enough resident professionals to fill vacancies. This is not only essential to the quality of care and research that these hospitals are able to deliver, but also critical to the future sustainability of specialist services in the UK.

RECOMMENDATION

The Government should confirm the ability of EU nationals to work in health and social care roles in the UK, including those in specialist hospitals, through mechanisms such as the Migration Advisory Committee's shortage occupation list.

4. ADAPTING THE NHS WORKFORCE TO RESPOND TO THE CHALLENGES AHEAD

Workforce planning is an inexact science. No matter how accurate workforce forecasts may seem initially, they are susceptible to short term changes to workforce supply and demand, leading to shortages in certain areas of the NHS workforce.

There is an urgent need to reshape the NHS workforce to equip it to meet existing challenges and deliver the vision set out by the Five Year Forward View. This should include innovative workforce practices and the development of new ways of delivering training and education, such as the creation of new job roles and the development of more creative and joined-up approaches to rotations.

4.1 CURRENT WORKFORCE PRESSURES

Limited data held by Health Education England has suggested that, in 2014, there was a shortfall of some 5.9% between the number of staff providers said that they needed and the number of staff in post. The shortages varied across clinical staff groups, with particular shortages seen in nurses, midwives and ambulance staff. They also varied significantly across geographical regions, with particular medical and dental shortfalls in the West Midlands and particular shortages of non-medical staff across the London region.³⁹

4.2 INNOVATION IN TRAINING AND EDUCATION

There are over 1.3 million people working in the NHS in England, working in over 300 different types of jobs across more than 1,000 different employers.⁴² Of the existing workforce, a very small proportion – 8,000 doctors and 3,000 nurses and allied health professionals – are fresh from medical or nursing school. Therefore, redesigning the medical and nursing curricula would do little to influence the ways of working of the existing workforce.

In this context, the development and extension of the skills within the current workforce presents the biggest opportunity to meet changing population needs and deliver the vision set out in the Forward View. There is an urgent need to embrace innovative workforce practices and new approaches to training and education, so that the NHS workforce is better equipped for current and future challenges.

Specialist hospitals recognise that a world-leading workforce is required in order to continue their drive for high quality patient care. However, the size and resource constraints of these relatively small trusts mean that they are often vulnerable to the loss of general trainees in the foundation and core levels of medical training. They have responded to these challenges with innovative practices and partnerships with other trusts. In doing so, they have been able to respond to immediate workforce challenges and support the development of new models of specialist care.

Specialist hospitals, because they are smaller and have less flexibility in their rotas, have historically been vulnerable to staffing shortages. They have responded to these challenges with innovative approaches to education and training. This chapter outlines specialist hospitals' experience in using innovation to respond to immediate workforce challenges and support the development of new models of care.

There are a number of causes for the current staffing shortages. Some are driven by changes in policy direction, such as when demand for acute sector nurses rose considerably in the wake of the Francis report and other national safe staffing guidelines.⁴⁰ Other shortages are driven by challenges with supply, as demonstrated by the problems associated with the doubling of staff turnover rates for paramedics in recent years.⁴¹

Resolving immediate staffing challenges is not only necessary to maintain the quality of care and deliver service transformation, but it is also crucial to ensure the sustainability of the health service in the current financial climate.

The following section provides examples of specialist hospitals' contributions in:

- Developing new ways of working
- Facilitating multi-professional learning
- Enabling cross organisational collaboration
- Supporting staff engagement

RECOMMENDATION

Health Education England should work with specialist hospitals to identify and roll out innovative workforce initiatives, and leverage specialist care networks to share their knowledge with colleagues countrywide and at all points along the care pathway.

NEW WAYS OF WORKING

Specialist hospitals have led the development of specialist care networks within the NHS. Typically, these are formed when smaller local hospitals recognise that they are unable to provide a service to the required quality standards themselves. They then resolve this issue by establishing links with specialist providers, which enable local access to specialist expertise while resolving gaps in the local clinical workforce.

The demand to deliver specialist care in the community has led to the development of new roles such as physician associates and advanced nurse practitioners within individual organisations. Staff in

these new roles are typically highly skilled and have an explicit focus on supporting integration and coordination across organisational boundaries, enabling more joined-up care to be delivered across the specialist care network.

However, it should be recognised that the creation of new roles is only a part of specialist hospitals' drive to deliver integration across a network. This needs to be complemented by developing existing staff to work in new ways and across multiple locations. In doing so, specialist hospitals have been able to extend the reach of their networks and deliver care closer to patients' homes.

CASE STUDY 6

THE NEURO NETWORK

As a national new care models 'vanguard', The Walton Centre operates a 'hub and spokes' model that makes tertiary centre neurology services available to more than three million patients across Merseyside, Cheshire, north Wales and the Isle of Man. Currently 13 NHS trusts are included in that model, covering all 15 district general hospitals in the region. Patients are able to access outpatient consultations and a range of tests close to where they live; services are also provided from health centres and other community settings.

Consultant neurologists at The Walton Centre work across multiple locations to provide specialist services at the centre and more general services at local hospitals. In addition, the trust has also developed a new type of neurology nurse specialist based in the community with links into hospitals. They liaise with other specialists, including physiotherapists, occupational therapists, speech and language services, dieticians, social services, mental health teams and carers, to ensure that patients have all the support they need, close to home.

MULTI-PROFESSIONAL LEARNING

One of the main barriers to creating new and extended roles is the structured education and training requirements of traditional professional roles. This is further reinforced by the different models of care favoured by different sectors, with for instance acute hospitals focusing on treatment and episodic involvement and primary care prioritising ongoing support and continuous review of care.

Through their networks of care, specialist hospitals have linked closely with local secondary and primary care services to create seamless

patient pathways for the services they offer. This is achieved through strong leadership and a clear, common focus on quality improvement which surpasses organisational and professional divides.

Arrangements such as these have allowed specialist hospitals to provide medical and professional support to referrers, advising both on individual cases and on the education and learning of colleagues across the NHS. The below case study sets out an example of multi-professional working between a specialist trust and primary care.

CASE STUDY 7

THE CHRISTIE SCHOOL OF ONCOLOGY

The Christie School of Oncology is a world class teaching centre, which brings together professional, pre-registration education and continuing professional development activities into one structure to support health care professionals at all stages of their career.⁴⁵

In recognition of the vital role that primary care plays in the care and treatment of patients with cancer, the Christie School of Oncology works with GPs and other primary care staff to provide education opportunities which ensure better outcomes and care for cancer patients. This includes programmes in advanced care planning and end of life care, which are designed in collaboration with cancer charities such as Macmillan Cancer Support.

As part of the Christie's work in the national cancer vanguard, the School of Oncology will be working with primary care professionals, cancer charities and others to develop an online platform for cancer education and information for primary care.

The platform will provide a central repository for Greater Manchester specific information on cancer risk, cancer symptoms, decision-making and referral pathways. The aim is to support GPs and other primary care staff in the difficult job of recognising and referring early patients who might have cancer, while creating a unique educational environment for the wider primary care workforce.

CROSS-ORGANISATIONAL COLLABORATION

Where local hospitals or community providers have clinical services that are clinically or financially unsustainable, a specialist care network may provide a solution that enables the continued provision of those services locally and avoids the cost and impact of the failure of those services. The economies of scale that the network creates enables cost savings through reduced variation of services and reduced corporate overhead costs through shared back office functions.

Networked models of care can also result in better utilisation of the specialist workforce across the health system. In some cases, specialist hospitals may be asked to deliver a service or specialty from the premises owned by another provider. Formal arrangements such as this require the service provider to spread its clinical workforce across multiple locations on a day-to-day basis, enabling local hospitals to gain the benefits of scale.

CASE STUDY 8

ACUTE ONCOLOGY EDUCATION LEAD

The needs of Acute Oncology (AO) patients have represented one of the key challenges for cancer clinicians and policymakers in a field where service structures and referral mechanisms are often at a developmental phase.

The Clatterbridge Cancer Centre has built a network with the Acute Medical Teams at Royal Liverpool and Broadgreen University Hospitals and Aintree University Hospital to enhance the quality, safety and efficient service delivery and care for AO patients, which is now subject to peer review. The network enables a coordinated approach to managing patients requiring unplanned care, such as those presenting with cancer of unknown primary or those who have an acute problem.

Clatterbridge Cancer Centre has appointed an Acute Oncology Education Lead to drive forward the AO strategy and develop one AO core induction training programme for dissemination throughout the network. The AO Education Lead acts as a vital conduit for developing and championing the education requirements for acute oncology services, while eliminating non-clinical variation in service structures and awareness.

In doing so, Clatterbridge Cancer Centre is able to train junior medical and nursing staff across the local health care network and support the education needs of its partner organisations.

STAFF ENGAGEMENT

There is a growing recognition - both within the NHS and elsewhere - of the link between employee well-being and the operational and financial performance of their employers. Studies have routinely shown that trusts in which the workforce feels disengaged from the people taking key decisions will struggle to deliver the increases in quality and productivity that are required.⁴⁴

Experience shows that often the most important element of any change programme is in ensuring that staff are properly engaged and invested in the change agenda. This is particularly true of the Forward View vision, the successful implementation of which requires a new culture of collaboration and the delivery of care beyond existing organisational boundaries.

Specialist hospitals understand the value of a collaborative culture both in building more motivated teams and in establishing strong partnerships with other trusts. This is reflected in the NHS Staffing Survey 2015, in which specialist hospitals accounted for 11 of the top 20 scores for staff engagement:

STAFF ENGAGEMENT SCORES		
1	Guy's and St Thomas' NHS Foundation Trust	4.04
2	Royal Brompton & Harefield NHS Foundation Trust	4.03
3	The Walton Centre NHS Foundation Trust	4.03
4	Oxleas NHS Foundation Trust	4.02
5	Northumbria Healthcare NHS Foundation Trust	4.02
6	Liverpool Heart and Chest Hospital NHS Foundation Trust	4.02
7	Papworth Hospital NHS Foundation Trust	4.01
8	Salisbury NHS Foundation Trust	4.01
9	Birmingham Children's Hospital NHS Foundation Trust	4.01
10	The Royal Marsden NHS Foundation Trust	4.01
11	Moorfields Eye Hospital NHS Foundation Trust	4.01
12	Wrightington, Wigan and Leigh NHS Foundation Trust	4.00
13	Tavistock and Portman NHS Foundation Trust	4.00
14	The Christie NHS Foundation Trust	3.99
15	The Clatterbridge Cancer Centre NHS Foundation Trust	3.98
16	Queen Victoria Hospital NHS Foundation Trust	3.98
17	Great Ormond Street Hospital for Children NHS Foundation Trust	3.97
18	Tees, Esk and Wear Valleys NHS Foundation Trust	3.95
19	Dartford And Gravesham NHS Trust	3.95
20	East London NHS Foundation Trust	3.95

Specialist Trusts

4.3 ADDRESSING IMMEDIATE STAFFING SHORTFALLS

A MORE INTEGRATED APPROACH

The establishment of Health Education England presents a welcome opportunity to make strategic decisions about workforce planning at a national level. However, HEE's remit is to commission training places for the future. Its statutory responsibilities, as set out by the Care Act 2014, do not include responding to immediate staffing pressures or directly supporting providers to address immediate workforce gaps.⁴⁵

This is highlighted by the Government's mandate to HEE, which centres on the organisation's responsibilities for future workforce planning:

“HEE is responsible for ensuring that our future workforce has the right numbers, skills, values, cultural sensitivities and behaviours to meet patients' needs and deliver high quality care.”⁴⁶

Although it is vital to get the workforce of the future right, the NHS must not neglect the challenges of today. Part of this responsibility lies with individual organisations to ensure that they develop and learn from best practice. However, this needs to be supported by clear regional and national level planning to identify shortages and system approaches to meet common workforce challenges.

The development of regional Sustainability and Transformation Plans (STPs) presents an opportunity for local organisations to come together and resolve workforce issues in a more joined-up way. Clearly, the STPs will encompass significant system level changes, that will take a number of years to design, implement and realise benefits. To make the most of this opportunity, workforce development should form a central part of STP priorities and any local investment decisions. Each STP should also put in place strong workforce leadership and governance structures in order to implement cross-organisational solutions to local staffing challenges.

Within this context, there is a particular challenge in ensuring that specialist services are not neglected in the STP planning process – which like other regional level plans – are likely to focus on more general acute and community services. There is a particular opportunity for specialist hospitals to work with partner organisations to ensure that regional staffing needs are met while developing the wider NHS workforce.

The work of local organisations and STPs should be supported by a national body with an explicit responsibility for overseeing the current workforce, including addressing existing staffing shortages. At a national level, the NHS should make greater use of return-to-practice schemes and international recruitment where necessary to increase the overall pool of available qualified staff. It should also work with NHS organisations to identify innovative workforce practices and cascade them more widely to better respond to the needs of today and deliver a health service that is fit for the years to come.

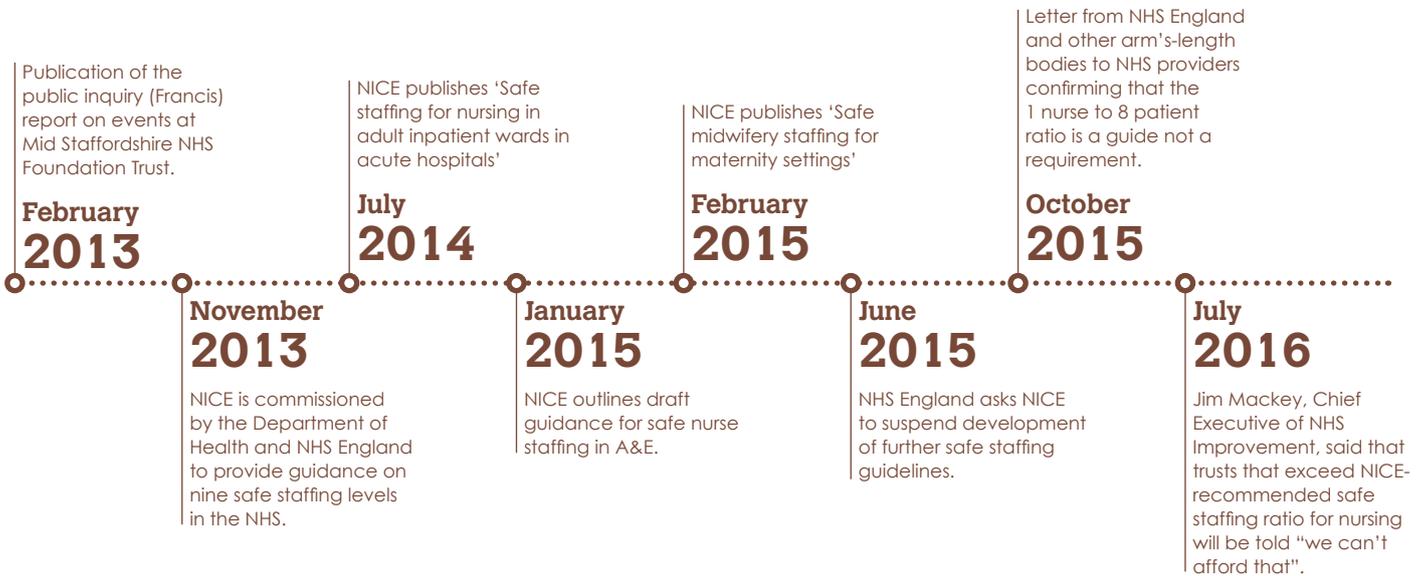
RECOMMENDATION 5

A national body should be given explicit responsibility for addressing existing staffing shortfalls, and it should work with STP leaders and NHS providers, including specialist hospitals, to identify joint solutions to ongoing workforce challenges.

IMPACT OF NEW POLICIES ON WORKFORCE

The NHS should not underestimate the impact health policies can have on short-term workforce demand. This is clearly demonstrated in the case of the Francis report and safe staffing guidelines, which have been associated with an immediate rise in the demand for nurses as trusts sought to increase the nurse-to-patient ratios in the wake of these policy changes.^{47 48}

Partly as a result of these policy changes, figures obtained by the BBC show that in December 2015, the NHS in England, Wales and Northern Ireland had more than 23,443 vacant nursing posts. This equates to a vacancy rate of 10% for nurses, compared with an average vacancy rate of 2.7% for the general economy as assessed by the Office for National Statistics.



Moreover, only half of the vacant nursing posts would be filled by qualified nurses on full-term contracts. The remainder would be filled by more expensive agency and temporary staff, and by recruitment from overseas, placing further pressure on NHS finances. This shortfall is recognised by Professor Ian Cumming, Chief Executive of Health Education England, who said there would be a shortfall in nurses until at least 2020.⁴⁹

The need for clinical staff, including nurses, is expected to continue to change in the coming years. For example, the Government's commitment to a '7-day NHS' is likely to require more staff. However, at the same time, the need to make significant efficiency savings may force providers to reduce staff numbers to meet their financial targets.

Other policies which may affect the supply of NHS staff include the introduction of the new apprenticeship levy and changes to the European Working Time Directive following the UK's decision to leave the European Union. Meanwhile, NHS Improvement has published a list of trusts with the highest pay bill growth, which – unless 'justified' – would be required to make additional savings.⁵⁰ This will likely add to the financial pressures experienced by some providers, while making it difficult for trusts to implement policies that require additional staff.

In this context, it is crucial that policymakers work with NHS organisations to consider the workforce implications of key national policies and service changes. An assessment should be made as to whether the necessary staff are available and supported to deliver those policies, without adding to the financial pressures experienced by NHS organisations. Doing so will help the NHS to ensure the successful delivery of service change and prevent immediate staffing shortfalls from arising, thereby reducing trusts' reliance on temporary staff.

RECOMMENDATION

The Department of Health and its Arm's Length Bodies should explicitly consider the workforce implications of key policies, such as plans for a '7-day NHS' and the introduction of the apprenticeship levy, to ensure that providers can respond quickly and cost effectively to new policies and standards.

5. THE FUTURE OF SPECIALISM

Greater workforce flexibility is seen as an important means of ensuring that the NHS can respond quickly to unexpected changes in future healthcare needs. Whilst it is important to maintain a degree of generalism and adaptability, the NHS should not lose sight of the crucial role of specialism in training and education.

5.1 THE SPECIALIST/GENERALIST DEBATE

In the light of ongoing staffing challenges, many have advocated a more 'flexible' workforce which is better equipped to respond to sudden changes in workforce demand.

Recent public comment has focused on rebalancing the mix of generalists and specialists as a means of achieving a more flexible NHS workforce. This is a key focus of Professor Sir David Greenaway's 2013 Shape of Training Review, which is jointly sponsored by the four UK departments of health, employers, patient and professional interest groups. The Review's final report states:

"We heard that employers want doctors who provide care in different settings and in a range of ways depending on local service needs. To meet this demand, postgraduate training must focus on preparing doctors with generic clinical and professional competencies that can be adapted and enhanced to support local workforce and service requirements."⁵¹

Currently, doctors spend the first two years after graduation rotating between about half a dozen different areas of medicine, such as obstetrics or A&E. Many then specialise and stay within that area until they reach consultant level. Depending on which area they choose to focus on, that can take between eight to 10 years.

VIEWPOINTS ON SPECIALISM/GENERALISM

"In healthcare, specialisation is considered proof of disciplinary maturity and excellence in research and practice. It has led to more effective treatments for serious diseases."⁵⁴

Steven Lewis, The Guardian, 2014

"Specialisation encourages doctors to look at the parts rather than the whole and this can result in a less person-centred approach to the delivery of care. It can also lead to the medicalisation of complex problems and to increased risks associated with greater interventions."⁵⁵

Martin Marshall, The Health Foundation blog, 2011

Specialist hospitals are committed to bringing their expertise and innovation to bear, in order to maximise the benefits of specialism while disseminating best practice for the benefit of patients across the NHS. This chapter considers the evolving role of specialism in the NHS and sets out the Federation's recommendations for changes that are required to realise the full potential of specialist hospitals.

The Shape of Training Review argues that doctors need to have a greater breadth of knowledge, rather than specialising early in their careers, in order to respond to more patients with a complex mix of conditions. Indeed, it proposes to shorten consultant training to between six and eight years, and to allow doctors to be fully registered to practise when they leave medical school, rather than waiting a year as they do now.

Since the publication of these recommendations, there have been concerns that the postgraduate training reforms would result in people being labelled as a consultant without reaching the same standard of care and safety that patients have come to expect.⁵² Various professional bodies have also spoken out about the impact changes would have on the quality of specialist care delivered in the UK.⁵³

"The generalist sees health and ill-health in the context of people's wider lives, recognising and accepting wide variation in the way those lives are lived, and in the context of the whole person."⁵⁶

The Health Foundation, 2011

"Those adopting a generalist approach to the provision of care will need to recognise the limitations of their skills and experience and know when and where to enlist the most appropriate help, support and advice from colleagues."⁵⁷

The Health Foundation, 2011

5.2 THE COLLABORATIVE FUTURE OF MEDICINE

It is undeniable that medical generalism should have a strong and growing part in the way that health care must change, and this should be fully recognised in medical training and other workforce policies. However, this should not be delivered at the expense of patients with rare and complex conditions, for whom specialist services continue to be required.

Patients need a balance of both generalist and specialist doctors to treat an ageing population with multiple conditions and to protect access to specialist services where those are required. Specialism can also deliver advantages in terms of outcomes achieved and economies of scale.

Efforts to resolve this debate must go beyond merely achieving the 'right balance' of specialist and generalists for the NHS workforce. Instead, it should be recognised that neither specialism nor generalism can be delivered by the individual alone. High quality care – both complex and routine – depends on close collaboration between people across multiple clinical professionals and disciplines, to pool their skills together to care holistically for a patient according to their need.

In particular, it is important for generalists in any area to gain exposure to complex and rare conditions during training, not least to ensure that they are aware of the available specialist care options and the associated referral pathways. Brief attachments to specialist hospitals and tertiary centres during training present a good opportunity to gain such insights into specialist services.

In many ways, the generalist/ specialist debate merely acts as a distraction from system approaches to delivering better care. Patients need support and care from specialists and generalists regardless of where they are being cared for. The key is therefore to find ways of integrating specialist and generalist care so patients at once benefit from excellent clinical outcomes and holistic care, delivered as close to home as appropriate. Patients deserve nothing less.

“My mum couldn't care less about the specialist/generalist categorisation. What she wants is the right care at the right time.”⁵⁸

David Behan, Director General for Social Care, Department of Health

RECOMMENDATION

Health Education England should work with NHS providers, including specialist hospitals, to encourage multi-professional working and maintain an appropriate balance of generalists and specialists in both medical and support roles.

CASE STUDY 9

FELLOWSHIPS AT ST MARK'S HOSPITAL

St Mark's Hospital, part of the London North West Healthcare NHS Trust, offers one year fellowships to post- Completion of Training (CCT) trainees in general surgery with a specialist interest in colorectal surgery. During the fellowship, trainees have the opportunity to:

- Work on one of two national intestinal failure units;
- Work with the inherited colorectal cancer service and polyposis registry (the largest such outside the USA);
- Work with the complex colorectal cancer team, along with several other tertiary referral specialists.

The intention of the programme is not to equip trainees to provide each of these services. Rather, it is to provide insight into what is available in terms of specialist care, which patients should be considered for referral and how they should be managed. The brief exposure to each of these services is immensely helpful to the future success of the trainees and cannot be obtained outside a specialist centre.

SPECIALIST TRAINING NEEDS

Within this context, the future of specialism becomes less a question of supplanting generalism but ensuring that the NHS workforce has the right mix of specialist skills to meet current and future healthcare needs.

While the overall size of the clinical workforce has more than kept pace with activity, shortages are apparent in individual specialties.⁵⁹ For example, difficulties in recruitment and increased spending on temporary locums are routinely reported in the specialties of emergency medicine, diagnostic services and psychiatry.

Shortages such as these have added to continuing agency cost pressures and called into question the future sustainability of these services in the NHS. This is particularly felt by specialist hospitals which – as a result of their single specialty focus – are vulnerable to rapid changes in workforce flows and changes in medical training towards generalism.

As the NHS looks to implement the Shape of Training proposals, it is important that each clinical specialty and local areas assess their own staffing challenges and develop an agenda for change which best meets clinical needs. These should take into account areas of practice that are covered poorly within the existing education pathway, or where the introduction of more specialist training would be desired.

For example, 'national treasure posts' have offered trainees the opportunity to acquire specific additional or contextual experience which may not be available in all programmes. While these have been less widespread in recent years, they provide a much needed national co-ordination of training needs for some specialist roles. Accordingly, posts such as these should continue to form an important part of specialist training, with dedicated national support and funding.

CASE STUDY 10

OPTOMETRY EDUCATION

Moorfields Eye Hospital is the leading provider of eye health services in the UK and a world-class centre for excellence for ophthalmic research and education.

2015/16 has seen some exciting developments in optometry education at Moorfields. Building on existing programmes, Moorfields has introduced recorded teaching sessions on Insight, the trust's e-learning platform so that all staff can benefit from teaching, whichever site they work from in the Moorfields network.

In addition, Moorfields' optometry education team and the UCL Institute of Ophthalmology joined forces to deliver the advanced clinical optometry suite of qualifications. The project was approved at the start of 2015 for five years, and aims to set up three PGCerts in glaucoma, medical retina and medical contact lenses.

The glaucoma module has been implemented with 28 students from around the country, with the next cohort due to start in September 2016. This module was the first in the country to be accredited by the College of Optometrists.

The different levels of qualification underpin the training required for optometrists in all areas of the profession. They also enable new care models where optometrists can see patients in dedicated optometrist-led clinics, enabling improved services and patient care.

RECOMMENDATION

Health Education England should work closely with providers of NHS specialist services at a national level to pre-empt future staffing challenges in individual specialties and sub-specialties, with dedicated national funding and support.

Greater workforce flexibility can also be delivered by encouraging people who have left – including those who have retired, moved to work for private and agency sectors or taken a career break – to return to work.

Return-to-practice initiatives derive value from the money that was previously spent on an individual's training, and are a relatively inexpensive way to respond to fill staffing shortages. However, relatively little use is currently being made of return-to-practice schemes, with only 900 nurses enrolling in these courses in 2014/15.⁶¹

In this context, it is welcome that Health Education England has placed special attention on return-to-practice initiatives for nurses, even though they go beyond HEE's role in relation to the future NHS workforce. Despite the growing constraints on HEE funding, it is crucial that these programmes are retained and extended to accommodate the growing need for specialist nurses and other support staff, particularly given the important role they play in rolling out new models of care.

RECOMMENDATION

Health Education England should work with specialist trusts to identify best practice in developing the NHS support workforce, and facilitate its roll-out across the NHS through specialist care networks and initiatives such as the Return-to-Practice scheme.

DEVELOPING THE SUPPORT WORKFORCE

Part of the motivation for more generalist training is to promote a degree of flexibility in the NHS workforce, so that it can better respond to unexpected changes in workforce supply and demand. However, it should be recognised that there are numerous other ways to achieve a more flexible workforce and better care coordination, without necessarily changing the medical education pathway.

In particular, workforce flexibility can be improved by enhancing the skills and capabilities of NHS support staff. For example, in recent years the role of nurse practitioners and physician assistants has broadened considerably in many countries. This is matched by a similar expansion of non-clinical support staff, such as care coordinators and community navigator roles.

Expanding support staff is a particularly attractive way to increase flexibility because they can be trained much more rapidly than doctors can, and can provide a means of freeing up clinical time e.g. by reducing admission to hospital and taking on associated tasks. Specialist hospitals have particularly benefited from this approach, through the development of non-medical staff to fill key specialist roles and to support the delivery of new models of care.

However, the generalisation of nursing and advanced health practitioner roles is not without risks, as demonstrated by ongoing shortages in some specialist nursing roles.⁶⁰ It is therefore important to ensure the right balance of specialists and generalists in both medical and support roles, ensuring that the NHS has the right mix of staff to deliver the level of care that is most appropriate for the patient.

CASE STUDY 11

DEVELOPMENT PATHWAYS FOR NHS SUPPORT STAFF

HEALTHCARE ASSISTANT DEVELOPMENT PROGRAMME

Liverpool Heart and Chest Hospital (LHCH) understands what a key part its support workforce can play in providing excellent, compassionate and safe care. It has made a commitment to invest in its healthcare assistants (HCAs) through a dedicated HCA development programme, which includes the following components.

Induction programme: The trust has introduced a four day HCA development programme for all new support workers, where HCAs learn interactively about fundamental care linked to the 6Cs, clinical skills, OSCE assessments and scenario judging. Trainers also work with them to consider what each person should do when they observe poor care.

Apprenticeship programme: LHCH, along with other trusts in the North West, has made an 'apprenticeship promise' to support all bands 1 to 4 staff to achieve at least a level two qualification. Each person starts their apprenticeship at different points, according to their ability and previous achievements, supported by an external education provider.

Career development: Having obtained their apprenticeships, HCAs are given an initial career advice session and are provided opportunities for further development based on their performance. Outstanding support workers are put forward for nurse training secondments, and a career pathway is in place for band 2 health care assistants to develop into a registered nurse via a band 4 assistant practitioner role.

The work has not been without its challenges. One of these has been that the advanced apprenticeship does not provide enough accreditation to get into pre-registration nursing courses in most universities. Working with their local university, LHCH developed a bridging module for their advanced apprentices to enable access to the degree, which resulted in the university accepting the advanced apprenticeship qualification as sufficient entry requirement to the degree.

NURSE-DELIVERED INTRAVITREAL INJECTIONS

Moorfields Eye Hospital has established the first course in the UK on how to set up a nurse-delivered intravitreal injection service. The one-day programme bridges the gap between theory and practical skills for experienced ophthalmic nursing professionals working in a medical retina setting, focusing on the treatment of AMD, retinal vein occlusion and diabetic oedema either in the UK or overseas.

Explaining why there has been a need for change, Moorfields' lead AMD consultant Robin Hamilton says: "With the increasing demand for treatment for people with eye conditions such as diabetic macular oedema, retina vein occlusion and age-related macular degeneration, the demands on NHS services will increase exponentially. With this will come the need to train more specialist nurses to deliver intravitreal injections under the supervision of a consultant."

"We expect the course to fulfil a definite need in the training market and by sharing our own experience and knowledge, we hope to support other organisations in coping with rising demands for these services and ensure that patients can be treated in a timely fashion, freeing up consultants to supervise both nursing staff and junior doctors and to make high level decisions on clinical issues."

The course builds on Moorfields' experience of implementing a nurse-delivered service of this kind, and draws on the expertise in clinical care, education and research of the consultants, senior nurses and management staff who were involved in establishing the facility. 47 nurses at Moorfields are now qualified to deliver the intravitreal injection service.

BURDETT NURSING SCHOLARSHIPS

St Mark's Hospital has set up a Burdett Nursing Scholarship programme, funded by the Burdett Foundation, which enables nurses from a ward background to undergo an educational programme on gastrointestinal nursing and to work alongside specialist nurses in areas such as cancer genetics, stoma care, inflammatory bowel disease and biofeedback.

This programme has enabled ward nurses to gain a broad insight into the types of specialist roles that are available, aiding recruitment into these areas, while increasing the level of specialist knowledge amongst those who remain in a ward setting.

5.3 CONCLUSION AND NEXT STEPS

Workforce development is an essential component of the drive for improved outcomes and efficiency, as well as the transformational changes set out by the Five Year Forward View. Specialist hospitals have an important role to play in this regard, by delivering a future workforce that can best respond to changing needs and supporting the health services to meet the staffing challenges of today.

The Federation of Specialist Hospitals is committed to working with partner organisations to build on existing successes to maintain and enhance the system for health education in England. The recommendations set out in this report have the potential to harness the ideas and wisdom of NHS staff to deliver care in better and more innovative ways, without significant levels of investment. These recommendations will need to be implemented quickly in order to have the greatest impact for patients.

1. Health Education England should work with NHS providers, including specialist hospitals, to develop a comprehensive and robust national data set to allow NHS organisations to monitor, compare and inform future workforce plans, in response to changing health care needs.
2. NHS Improvement and Health Education England should work with specialist hospitals to identify the cultural and organisational practices which make them best places to work, and explore how these practices can be generalised and scaled up.
3. The Government should commit to implementing the recommendations of Professor Sue Bailey's independent review on junior doctors' experience, and work with NHS employers including specialist trusts to improve the working lives of junior doctors across the NHS.
4. The Government should confirm the ability of EU nationals to work in health and social care roles in the UK, including those in specialist hospitals, through mechanisms such as the Migration Advisory Committee's shortage occupation list.
5. Health Education England should work with specialist hospitals to identify and roll out innovative workforce initiatives, and leverage specialist care networks to share their knowledge with colleagues countrywide and at all points along the care pathway.
6. A national body should be given explicit responsibility for addressing existing staffing shortfalls, and it should work with STP leaders and NHS providers, including specialist hospitals, to identify joint solutions to ongoing workforce challenges.
7. The Department of Health and its Arm's Length Bodies should explicitly consider the workforce implications of key policies, such as plans for a '7-day NHS' and the introduction of the apprenticeship levy, to ensure that providers can respond quickly and cost effectively to new policies and standards.
8. Health Education England should work with NHS providers, including specialist hospitals, to encourage multi-professional working and maintain an appropriate balance of generalists and specialists in both medical and support roles.
9. Health Education England should work closely with providers of NHS specialist services at a national level to pre-empt future staffing challenges in individual specialties and sub-specialities, with dedicated national funding and support.
10. Health Education England should work with specialist trusts to identify best practice in developing the NHS support workforce, and facilitate its roll-out across the NHS through specialist care networks and initiatives such as the Return-to-Practice scheme.

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