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

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

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

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

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

HSJ is now launching its own investigation into the causes and consequences of the NHS’s growing reliance on temporary clinical staff, and in proposing remedies to reduce it.

The aim will be to help the NHS articulate its own set of proposals for addressing the temporary workforce problem, drawing on experience around the system.

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

Clare Panniker, chief executive of Basildon and Thurrock University Hospitals

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

This also presents a profound challenge to the working methods of the service’s clinicians.

For this reason, among many others, HSJ is launching a special investigation focusing on the productivity of the NHS’s clinical workforce, with a particular focus on the pressing need to reduce the current escalating expenditure on temporary staffing.

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

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

As part of her research, Sally will be interviewing a series of experts and very senior
The Carter report recommended the use of e-rostering and other management tools to better deploy permanent nursing staff.

How can the NHS reduce its reliance on temporary staffing?

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

Submissions can be made in confidence, if required, to workforceinvestigation@emap.com.

Interim findings from the investigation will be reported later this year at the HSJ Summit on 5 November, with a final report published here online and as a special HSJ supplement in early December. We will follow this in the New Year with an invited roundtable of NHS management and clinical leaders to discuss the way forward.

Sally Gainsbury is a former journalist for the Financial Times and HSJ. She is now a senior policy analyst for the Nuffield Trust.

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

Claire Billerness is managing director of client solutions for HCL Workforce Solutions.

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