Stage Review emphasised the importance of having a ‘high-quality workforce to deliver high-quality care’ (DH, 2008a).

Many aspects of the NHS conspire to make workforce planning challenging, not least the ongoing development of new roles, structures and services. Critics of workforce planning in the UK rarely acknowledge these inherent difficulties in the NHS (Bosworth et al, in press).

At trust level, these problems have often resulted in adopting a firefighting approach to immediate, practical problems (such as filling individual vacancies), rather than developing a long-term, strategic plan. Nationally, the NHS’ expanding size and complexity (there are 1.3 million NHS employees, 148 PCTs and 237 other trusts) has contributed to the increasing prominence of workforce planning as a key issue in English healthcare.

The NHS Workforce Review Team (WRT) is a group of dedicated workforce planners who provide objective modelling, analysis and evidence-based recommendations to enable patient-centred and clinically driven strategic decision-making in the workforce in England.

WRT works with stakeholders including the DH, SHAs, PCTs and NHS trusts to support and build capability in workforce strategy and planning throughout the service. It also aims to identify workforce priority areas and groups.

Effective workforce planning has three basic elements: assessing how many and what type of staff are needed (demand); identifying how these staff will be supplied (supply); and determining how a balance between demand and supply can be achieved (Buchan, 2007).

WRT modelling indicates that, currently, the overall nursing workforce supply in England largely meets demand. However, certain areas remain difficult to recruit to (intelligence suggests that nursing homes in particular rely heavily on international recruitment). The latest forecasts show that if current nurse training places are maintained, there will be a fall in the number of nurses in the future.

Knowledge base and resources

There is much discussion about what Modernising Nursing Careers will mean and how the profession needs to change to deliver nursing care into the future.

Proposals on academic preparation are well advanced, with plans for degree-level registration and career pathways.

Locally, senior nurses will experience different pressures on services in different parts of the UK. Those seeking planned and integrated management of the local workforce will need knowledge and understanding of workforce analysis, review and redesign.

Senior nurses will need to build a workforce planning toolkit that is specific to their situation. This will need to include knowledge of current nursing staff and their skill-mix, and data on other healthcare professionals.

In many cases, planning a future workforce is about reshaping an existing one, as 60% of staff who will deliver services in 10 years’ time are working in health care now (DH, 2008a).

Important questions to ask are: what is the age profile, and how many will reach retirement within the planning timetable? A nursing ‘Christmas tree’ (Fig 1) may help nurses to plot the workforce. Local planning, including staff profiling, needs to feed into a national plan for future nursing numbers.

Fig 1 shows the percentage of NHS nurses (FTE) in England working in each Agenda for Change band from bands 5–9.

A Christmas tree can be used as a visual representation of the workforce. This one shows that a large proportion of the NHS nursing workforce in England currently works at AfC band 5 and that there are very few nurses working at band 9.

Once the profile of the existing local workforce is understood, how this might need to be changed to adapt to a new way of working needs to be assessed.

As well as recognising the future shape of the service that is required, and identifying the skills to deliver it, consideration needs to be given to how existing staff will be educated or retrained.

Horizon scanning (looking at future medical/healthcare developments and technologies) and scenario planning are useful tools in determining roles that are envisaged. Some useful questions are included in Box 2.

If the service planned needs senior nurses, perhaps leading teams, managing a caseload or delivering high-level clinical skills, one option is investing in the existing workforce. This may require a change in skill-mix and investing in support or auxiliary staff to deliver aspects of clinical and administrative roles. Nurses may be recruited to specific roles with a development programme.

Integrated workforce planning requires senior nurses to work with workforce planners, human resource teams and education commissioners at SHA and trust level. Collaboration with colleagues in finance is particularly important in this time of economic constraint.

There may be a need for some formal education (an example might be because team members are required to prescribe or to take on new assessment procedures).

Education programmes may already be available for commissioning. However, senior nurses may need to become involved in helping higher education institutions to develop and deliver new programmes.

These changes may need to be implemented months or even years before the intended effect on the skill-mix of the workforce is achieved.

Nursing is, at present, usually a three-year training programme and will probably remain so under Modernising Nursing Careers – hence the need to consider workforce strategy at the time of planning new services.

**Fig 1. Christmas tree of NHS nursing workforce bands 5–9**

<table>
<thead>
<tr>
<th>Band</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>35%</td>
</tr>
<tr>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>7</td>
<td>15%</td>
</tr>
<tr>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>9</td>
<td>5%</td>
</tr>
</tbody>
</table>