What does Labour say it would do for you? The Wes Streeting interview

We ask the politician who would be in charge of health and social care in England – if Labour were to form the next government – what his plans are for NHS pay, staffing and breaking the logjam in emergency departments

A head of the general election on 4 July, Nursing Standard met shadow health and social care secretary Wes Streeting to find out what nurses could expect from a Labour government.

From pay to student recruitment, ‘corridor care’ and his own experience of being treated for kidney cancer, Mr Streeting spoke to us at St Mary’s Hospital in London to discuss his priorities for the NHS and the nursing workforce.

We issued the same invitation to the Conservatives, but this was not taken up in time to make it into our print issue. For our interview with the Tories’ Maria Caulfield, go to rcni.com/tories-maria-caulfield

NS: Could nurses expect a decent pay rise from a Labour government?
WS: ‘As I’ve argued with this government throughout the various disputes, I don’t think it’s fair that consultants were given a larger percentage pay award than nurses.

‘I say that with enormous respect to consultants. But when I think about my priorities on pay, first and foremost I’m worried about staff who are struggling in the middle of a cost-of-living crisis.

‘The fact we’ve seen hospitals open up food banks for staff is shameful and an indictment on how bad the situation is. So I look forward to working with the RCN, Unison and nursing reps to make sure that nurses get a fair deal with Labour.’

NS: We know the NHS pay award is already delayed. Would a Labour government negotiate straight after the election and would you continue to use the Pay Review Body process?
WS: ‘I want to move as quickly as possible to give people that certainty. There is value to having an independent pay process but I know there are concerns about the way it has been working. That’s one of many issues I’m prepared to sit down and discuss with nursing unions.’

NS: You pledge that Labour would cut the NHS waiting lists by creating an extra 40,000 appointments, scans and operations a week through adding weekend and evening appointments. Many nurses are sceptical about how these will be provided, with such high vacancy rates and staff shortages. Where will the skilled staff come from to cover these extra services?
WS: ‘Well, the good news is this policy has been based on an approach that’s working in practice. It’s working in hospitals like Guy’s and St Thomas’ and in Leeds.

‘And where it’s happening we’ve seen tremendous benefits for patients, but also real pride from the staff for delivering the service.

‘The important thing for me to emphasise is that no one’s going to be compelled to do this. This is for staff who are able and willing to put in the overtime, and they’ll be paid fairly. We put a £1.1 billion commitment behind this, which will go directly into the pockets of NHS staff.

‘I recognise that, more fundamentally, there is a staffing crisis in the NHS and that’s a direct result of poor workforce planning now for the best part of 14 years. We’re committed to train more nurses, midwives, allied health professionals and doctors to make sure we’ve got the staff the NHS needs to treat patients on time.

‘Retention is one of the key challenges and that’s where making progress on pay will be important, but also dealing with the underlying conditions that nurses are working in. Because I think the big risk isn’t simply that NHS staff walk out on more days of strikes, it’s that they walk out of the NHS altogether. We can’t afford to lose these people.’
NS: With applications for nursing degrees falling, would Labour consider a loan forgiveness scheme for graduates who would stay in the NHS for a given period, to encourage recruitment and retention?

WS: 'I’m attracted to the idea. The challenge with student finance is it’s fiendishly complicated. It’s something I’m willing to consider as part of the discussions with the profession about how we recruit and retain nurses.

‘One of the first debates I led as a new MP was in opposition to scrapping the NHS bursary. Now the government’s U-turned to an extent but there are still challenges. I want people to think of nursing as a great career, to enjoy their training and emerge from it looking forward with optimism.’

‘We can’t keep on emotionally blackmailing NHS staff by simply saying “Give us that extra mile, go the extra hour without remuneration”’
‘What I’ve found when I’ve been to nursing schools and have talked to people who are in their second or third year is anxiety about the conditions they are working in and the future of the NHS. One of the big retention challenges is the moral injury nurses face – they go to work, slog their guts out, then go home feeling like their best wasn’t good enough and through no fault of their own.’

NS: You have said the NHS is being run on goodwill that’s now exhausted. And that it’s time to restore professional pride and improve working conditions. Nurses have told how their trusts try to improve working environments with Zumba or yoga classes at lunch, but they are too busy to attend. They say what they need is better pay and colleagues with the right skills. How would Labour restore professional pride and improve working conditions?

WS: ‘I don’t say this to be critical of well-meaning well-intentioned initiatives, but they’re sticking plasters. We’ve got to fix the fundamentals in the NHS.

‘Nurses are right to raise the issue of pay, working conditions and understaffing. I want to make sure we are keeping to safe staffing standards.’

‘There’s a staffing crisis in the NHS and that’s a direct result of poor workforce planning’

‘Seeing patients in a timely way, being able to give great quality care, that’s ultimately what motivates NHS staff. But I stand by what I’ve said: we can’t keep on emotionally blackmailling NHS staff by simply saying, “Well, you believe in the NHS. Give us that extra mile, go the extra hour without remuneration and without good conditions”.

NS: Would we see more investment in the NHS from a Labour government?

WS: ‘The lesson of the last Labour government was that investment plus reform delivers results. And although money is tight at the moment and Labour’s not making lots of big spending commitments, where we have done it has been around the NHS.’

NS: You recently backed the RCN’s declaration of a national emergency in corridor care.

WS: ‘We’ve just spoken to a matron who told us she has a patient who has been waiting 40 days for a bed in a nursing home. How would Labour ease crowding and pressures in emergency departments and ease the impact on social care?’

WS: ‘There are things that can be done in hospitals, and we’ve seen some examples of that here at St Mary’s. There are some great staff-led initiatives to improve the flow of patients, to make sure people are triaged effectively, and they do ambulance handovers well here.

‘All of those hospital-centric solutions are fantastic, but the fundamental answers lie outside hospitals. It’s about better primary care and community services, so that we’re making sure people who don’t need to be in A&E can find the right access point in the community.

‘And then at the exit door of the hospital, going to that utterly appalling case: I dread to think about the misery that patient will have experienced, stuck in a hospital bed for 40 days. The cost to the NHS will be astronomical.

‘It’s a good example of where money spent on providing inappropriate care to a patient in a hospital bed could be spent with them through social care partners in the community. Social care is a big challenge.’

NS: What did your own experience of kidney cancer teach you about the NHS and nursing in particular?

WS: ‘First, despite the fact the NHS is going through what is objectively the worst crisis in its history, when something serious happens like a cancer diagnosis there is this incredible machine that kicks into gear, staffed by the most wonderful people. ‘The care I had included robotic surgery performed by one of the world’s best surgeons, and not having to ever worry about the bill. That is what makes the NHS so special and I will defend that until my dying breath.

‘The second thing I’d say is I love my surgeon, but am equally grateful to my clinical nurse specialist David Cullen, who was at the end of the phone or at the end of an email anytime I needed help.

‘The nurses on the ward were fantastic but I also say, in common with lots of patients, there were not enough of them.

‘Every single place I’ve been to in the NHS, people say the same thing. The NHS is in crisis but the staff are brilliant, and I hope the staff know how valued and loved they are by patients.’