

Workforce: recruitment, training and retention (evidence to Expert Panel)

June 2022

About us

The [NHS Confederation](#) is the membership organisation that brings together, supports, and speaks for the whole healthcare system in England, Wales, and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care, and reducing health inequalities. As such, we will predominantly focus on the health workforce rather than social care in this submission.

Executive summary

Progress across the Government commitments on the health and care workforce has been mixed.

There has been progress on a number of the key commitments including increased numbers of nurses. However, there are questions about the impact of this recruitment in the face of growing issues with retention, increased demand from the backlog of care caused by the pandemic and the increased complexity of this demand, and burnout across the health and social care workforce.

Despite increased investment in the health service to help tackle the backlog, the NHS faces a huge challenge in the face of 110,000 vacancies. To reap the benefits of this funding, Government must urgently publish a 15-year, funded workforce plan that can meet current and projected demand in different parts of the country, different parts of the health service and different medical speciality areas. A key part of this will need to be incentivising the workforce to stay in the NHS and social care through fair and competitive pay, pension frameworks and other benefits.

A failure to deliver this will seriously impede the ability of the NHS to tackle the elective backlog of care caused by the pandemic and meet the demand placed on the system by an

aging population and limit the ability of the Government to achieve one of the key measures of success outlined in their recent Levelling Up White Paper – increasing healthy life expectancy (HLE) by five years by 2035 and narrowing the gap in HLE for those living in the areas where it is highest and lowest.

Only with a 15-year, funded workforce plan will the NHS workforce be able to provide the best possible care. This is the key measure of the commitments made by Government.

Planning for the workforce

‘Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other professionals that it needs.’

1. The health and social care workforce cannot meet the levels of need or demand for NHS services and this has been the case for a number of years. There are an estimated 110,000 vacancies across the NHS.¹
2. In a survey of our members undertaken just before Christmas, 9 in 10 told us they think that a lack of staffing in the NHS is putting patient safety and care at risk.²
3. In the latest NHS staff survey, only 27.3% of respondents thought there were enough staff in their organisation for them to do their job properly.³
4. It should be noted that the 110,000 vacancies are not distributed evenly across the service in terms of care settings, geographical location, and types of roles.
5. For example, the numbers of the health workforce working in community settings have been falling since 2009.⁴ For example, the numbers of community nurses have fallen dramatically by 45% since 2010, as have the number of school nurses (29%). This is despite rises in the number of nurses overall.
6. This has particular implications over the coming years as the NHS works to tackle the elective backlog. The focus on waiting lists for treatment in acute settings obscures the backlog found in community, mental health, and primary care settings. We simply don't know the level of need in these care settings, but our members leading these services tell us they urgently need similar support like that given to acute settings through the elective recovery strategy.⁵ There is particular concern about the impact of this on children and young people's health.⁶
7. Different parts of England have varying challenges in terms of recruiting and retaining staff. Data from last year shows us that London has the highest percentage of vacancy rates with 8.5% FTE (full-time equivalent) roles unfilled.⁷ However this data provides us only with a snapshot and obscures the longer-term challenges faced in rural and coastal areas with attracting and retaining staff. In coastal communities

¹ NHS Digital, 2022, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2021-experimental-statistics>

² NHS Confederation, 2021, <https://www.nhsconfed.org/news/nhs-has-reached-tipping-point-warn-healthcare-leaders>

³ NHS staff survey, 2022, <https://www.nhsstaffsurveys.com/results/national-results/>

⁴ Nuffield Trust, 2021, <https://www.nuffieldtrust.org.uk/public/chart/nhs-clinical-staff-shortages-by-region-hospital-and-community-health-services-1>

⁵ NHS Confederation, 2022, <https://www.nhsconfed.org/news/nhs-confederation-responds-hscsc-inquiry-backlog-care-caused-pandemic>

⁶ NHS Confederation, 2022, <https://www.nhsconfed.org/publications/hidden-waits-lasting-impact-pandemic-childrens-community-services>

⁷ Ibid.

particularly, high rates of deprivation mean the level of poor health and population need for services is likely to be higher.⁸

8. There also needs to be more focus on roles outside of doctors and nurses – such as physician associates, healthcare assistants and occupational therapists. The backlogs in community, mental health and primary care referenced above mean these roles will be more important than ever.
9. There are a number of examples⁹ of places across England where health trusts have been able to boost their own local workforce supply through developing staff career pathways. But without a national strategy, the work NHS leaders are doing locally is not scalable.

‘1500 more medical students’

10. There have been five new medical schools across England since 2017 meaning 1500 more medical school places.
11. However, the medical school’s council published a report last year that said to meet levels of population need an additional 5000 places are needed. The key challenge to facilitating medical school expansion is placement capacity.
12. Additionally, the report identified the latest intake into medical schools in 2020 and 2021 is not addressing widening participation issues in terms of geography and socio-economic background.¹⁰

‘50,000 more nurses’

13. The commitment to increase nursing numbers by 50,000 looks set to be achieved by March 2024, though there is a large range in the numbers estimated by the Department for Health and Social Care.¹¹ It should be noted that groups including the Royal College of Nursing (RCN) have pointed out that vacancy rates continue to rise in spite of this.
14. The King’s Fund have also drawn attention to the fact that due to the number of nurses leaving the profession, progress on recruitment of nurses is not making any difference to the overall vacancy rate.¹²
15. The other issue for NHS Confederation members is in the spread of these additional nurses across different settings. For example, just 2000 of these new nurses are projected to specialise in mental health.¹³ Some of the most pressing need for increased nurses is in the community, where numbers of health visitors have fallen by 20% since 2019.¹⁴ Members of our Primacy Care Network tell us the differing terms and conditions in the contracts of nurses working outside hospitals presents a challenge to recruitment.

‘6000 more doctors in general practice’

⁸ Chief Medical Officer, 2021, <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities>

⁹ NHS Employers, 2022, <https://www.nhsemployers.org/articles/developing-staff-career-pathways-support-workforce-supply>

¹⁰ Medical Schools Council, 2021, <https://www.medschools.ac.uk/media/2899/the-expansion-of-medical-student-numbers-in-the-united-kingdom-msc-position-paper-october-2021.pdf>

¹¹ DHSC, 2022, <https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update>

¹² The King’s Fund, 2022, <https://www.kingsfund.org.uk/blog/2022/04/nhs-recruit-50000-more-nurses>

¹³ NHS Confederation, 2022, <https://www.nhsconfed.org/publications/running-hot>

¹⁴ NHS Digital, 2022, <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

16. In November 2021, the Secretary of State for Health and Social Care told the Health and Social Care Select Committee that the department was not on track to meet this commitment.
17. Instead, the numbers of FTE GPs are declining – from 29,364 in September 2015 to 27,920 in September 2021.¹⁵ Our primary care network (PCN)¹⁶ members tell us of widespread burnout and that GPs are increasingly likely to leave the profession due to workload.
18. As mentioned above, the ‘hidden’ backlog in primary care contributes to burnout but they are also facing increased complexity of demand, longer working hours and a lack of recognition – particularly in the media. Our PCN network members have repeatedly said that what they want from Government is honesty with the public about the scale of the backlog challenge beyond acute settings.

‘26,000 more primary care professionals’

19. In December, NHSEI stated 16,000 more primary care professionals had been recruited to the Additional Roles Reimbursement Scheme (ARRS) roles.¹⁷
20. Our Primary Care Network (PCNs) members tell us that they are making good headway with recruiting to these roles and welcomed the 2022/23 Priorities and Operational Planning Guidance because of the additional flexibility they now have in how they recruit to these roles.¹⁸
21. As part of this, additional funds were released to the System Development Fund (SDF) for systems to support PCNs with reaching their share of the year’s target. None of our members have yet been able to receive this support.
22. Our members in primary care also tell us there has been little support to embed, manage and supervise these roles – it falls to the PCN Clinical Director (these are not full-time roles but usually GPs or other clinicians undertaking this responsibility in addition to their day job.)
23. There is also no commitment to additional PCN contracts beyond 2024 which would lead to a chilling effect regarding recruitment and training within primary care unless this is remedied.

‘7500 extra nursing associates’

¹⁵ NHS Digital, 2022, <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>

¹⁶ NHS Confederation, 2022, <https://www.nhsconfed.org/primary-care>

¹⁷ Management in Practice, 2021, <https://managementinpractice.com/news/pcns-advised-to-grow-their-own-arrs-staff-to-help-address-recruitment-challenges/>

¹⁸ NHSEI, 2022, <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>

24. The most recent numbers from the Nursing and Midwifery Council show 5509 nursing associates on the permanent register, growing by 26.6% between April and September 2021.¹⁹
25. Pre-pandemic, there were examples of Integrated Care Systems (ICS) and (as of then) Sustainability and Transformation Programmes (STP) developing models to offer training of nursing associates, co-ordinating healthcare assistant and care worker recruitment across an STP, two-year rotations for midwives to work across different units. We have seen more cross-organisational working through the pandemic across the health service.
26. This is one example of how apprenticeships are critical to the health service – with Health Education England (HEE) planning to see 27,000 of the 45,000 nursing associates they plan to see trained by 2027 go on to qualify as Registered Nurses via the apprenticeship route.
27. We note the intention set out in the Queen’s Speech to review if the Apprenticeship Levy is doing enough to incentivise businesses to invest in the right kinds of training.²⁰

‘Addressing pensions taper problem’

28. Pension changes made in March 2020, to increase the annual allowance pensions tax threshold, was a welcome concession made by Government to support the NHS to recover from the pandemic and to address the issue that disincentivised senior staff from taking on additional work and leadership opportunities.²¹
29. However, our members are still concerned about the impacts of pension taxation on higher earners, such as consultants and senior doctors and on the flip side the affordability of pension contributions for lower earners, particularly in the face of the cost-of-living crisis.
30. Recently, NHSEI wrote to hospital trusts urging them to encourage the 21,000 doctors due to retire in September to stay on to help tackle the elective backlog.²² Offering flexibility and incentivising taking on this extra work via the NHS pension will be a key part of encouraging these senior doctors to stay on.

Moving forward

31. Along with over 100 other health and care organisations, we were disappointed that the amendment tabled to the Health and Care Bill (now Act), that would mandate regular, independent assessments of the health and social care workforce based on population need, was rejected by the Government.²³ This amendment constituted an opportunity to address the workforce issues in the sectors in the medium and long term.

¹⁹ NMC, 2022, <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

²⁰ Prime Minister’s Office, 2022, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1074113/Lobby_Pack_10_May_2022.pdf

²¹ House of Commons Library, 2021, <https://commonslibrary.parliament.uk/research-briefings/cbp-8626/>

²² The Times, 2022, <https://www.thetimes.co.uk/article/nhs-pleads-for-retired-doctors-to-staff-hospitals-vtvc63d8v>

²³ RCP, 2022, <https://www.rcplondon.ac.uk/news/rcp-responds-health-and-care-bill-passing>

32. The work the Secretary of State for Health and Social Care has commissioned Health Education England (HEE) and NHSE to do is very welcome but it must be completed at pace and made publicly available so there is a collective understanding of the level demand now and in the medium term. Government must provide additional investment to ensure the workforce is sufficient in both size and skill to meet this demand. This should be weighted in favor of areas with the greatest need to ensure health inequalities are not exacerbated.
33. Without a funded 15-year workforce strategy, the NHS will be unable to meet the level of demand it faces in the coming years.

Building a skilled workforce

‘Help the million and more NHS clinicians and support staff develop the skills they need, and the NHS requires in the decades ahead’

34. One of the most common reasons cited by staff leaving the NHS is a lack of skill development and career progression opportunities.²⁴
35. To improve workforce retention and to reduce shortages of workers with specifically needed skillsets, some NHS employers have pursued initiatives locally to provide more development opportunities to their staff.
36. For example, Medway NHS Foundation Trust was experiencing significant challenges in recruiting nurses within the emergency department, so the trust's developing workforce strategy focused on introducing several work-based educational programmes that would be used to support existing registered nurses to obtain a specialist award accredited at BSc or MSc level. It also enabled unregistered members of the nursing team to gain new knowledge and skills and progress their careers from clinical support worker to associate practitioner, nursing associate and registered nurse.²⁵
37. Other notable and innovative strategies for supporting staff to develop the skills they need have been undertaken at the trust-level or system-level by Northamptonshire Healthcare NHS FT, Greater Manchester Health and Social Care Partnership, and Dorset Healthcare University NHS FT.²⁶
38. Again, without a national workforce strategy with funding from Government, these examples cannot be scaled up. This year, the HEE workforce education budget was continually delayed – reportedly because of the merger of HEE with NHSEI. This delay made it nigh-on impossible for NHS leaders to know what funding they would have available for upskilling their workforce.
39. Concerns have been raised by a number of professional bodies about the impact of the pandemic on training for those working towards qualification. At the height of COVID-19, trainees were working shifts alongside qualified doctors and nurses due to the pressure on hospitals, and thus not undertaking training placements in the same way.

‘£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities’

²⁴ NHS Employers, 2022, <https://www.nhsemployers.org/articles/developing-staff-career-pathways-support-workforce-supply>

²⁵ Ibid.

²⁶ Ibid.

40. At the March 2020 Budget, the Government confirmed that an additional £1 billion for adult social care in 2020/21 would be provided in every year of the current Parliament.²⁷
41. In addition to this commitment, local authorities were permitted by central government to levy an additional 3% social care precept on council tax in 2021-22. The average council tax increase attributable to the precept was 2.4%, with 70% of local authorities raising council tax by 3%.
42. Additionally, in the 2020 Spending Review, the Government announced £300 million of additional grant funding for adult social care, on top of the £1.41 billion Social Care Grant from the previous year. This, together with the 3% social care precept would, the Government said, give local authorities “access to over £1 billion of funding for social care.” This Spending Review also stated £2.1 billion would be provided to local authorities in 2021-22 through the improved Better Care Fund.
43. Despite these funding increases, social care services remain under-resourced and under-staffed given shortages of care packages and the growing support needs of an ageing population.
44. This has led to higher bed occupancy rates in hospitals of patients deemed medically fit for discharge. In November 2021, when NHS leaders were asked by the NHS Confederation which one measure would help reduce pressure on the NHS heading into the winter, the most endorsed recommendation from respondents was for the Government to provide extra support for social care.²⁸

‘Supporting moves towards prevention and support, we will go faster for community-based staff, including increased access to digital tools’

45. Community providers are facing significant challenges as they look to embrace the opportunities generated by digital transformation. However, the community sector has often been overlooked in national policy priorities and funding streams.
46. Insufficient access to national funding has led to variation in digital maturity across the community provider sector including ambulance services, with community interest companies often excluded from national funding pots and only some providers able to self-fund digital programmes.
47. Interoperability remains a key barrier for digital improvement within the community sector. 44% of survey said that insufficient access to nationally allocated funding had impacted on their organisation’s ability to deliver interoperability.²⁹
48. As ICS take on an increasing role in system-wide digital leadership and transformation, community providers need to be resourced and supported to maximise the potential from digital improvement and build on existing momentum.
49. Having the right numbers of community staff is essential to providing high quality care, keeping people well in their own home or in the community, and preventing demand on other part of the healthcare service. Yet the supply of staff has not kept pace with increases in demand for community care, and recruitment and retention challenges have been exacerbated by the pandemic.

²⁷ House of Commons Library, 2022, <https://commonslibrary.parliament.uk/research-briefings/cbp-7903/>

²⁸ NHS Confederation, 2021, <https://www.nhsconfed.org/news/nhs-has-reached-tipping-point-warn-healthcare-leaders>

²⁹ Community Network, 2021, <https://www.nhsconfed.org/publications/digital-transformation-community-health-services>

Wellbeing at work

‘Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services’

50. The Covid-19 pandemic has placed unprecedented demands on NHS staff, highlighting the importance of mental health and wellbeing support. There has been improvement in the provision of health and wellbeing support, both nationally and locally.
51. Local employers are offering more services, ranging from “calm rooms” for staff to rest when working to online counselling sessions.³⁰ This has been complemented by the development of a national support offer based on online support and counselling, delivered through a network of 40 regional health and wellbeing hubs by NHS England and NHS Improvement.³¹ There has been recent concern raised about a lack of use of these hubs despite an increase in sick days and widely reported burnout. Whilst these hubs are a welcome measure it seems more needs to be done to understand what support the workforce wants and in enabling them to access support offered.³²
52. The 2020 NHS Staff Survey revealed that there was an increased number of staff had registered the greater support.³³ However, the 2021 NHS Staff Survey found that there were high levels of stress and burnout, showing a need to address the underlying causes of these issues, such as increased patient demand combined with chronic staff shortages, and provide increased mental health support for staff.³⁴

‘Reduce bullying rates in the NHS which are far too high’

53. The NHS has an overall objective of ensuring all staff have a safe and healthy working environment, as part of the NHS People Promise.³⁵ The NHS mandate has included an overall objective to reduce levels of bullying, harassment and abuse.³⁶
54. There has been work to support initiatives that aim to reduce bullying, harassment and abuse through the Social Partnership Forum.³⁷ In January 2021, NHS England and NHS Improvement developed the Civility and Respect Toolkit to provide a framework to underpin positive workplace cultures.³⁸
55. Statistical data from the NHS Staff Survey shows bullying and harassment from the patients and the public persists. In 2019, 28.7% of staff reported being subject to bullying, harassment and abuse. In 2020, this fell to 26.8%, and then rose to 27.5% in 2021.³⁹

³⁰ NHS Employers, 2021, <https://www.nhsemployers.org/articles/improving-staff-experience-across-nhs-conference-resources>

³¹ NHSEI, 2022, <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/>

³² Health Service Journal, 2022, <https://www.hsj.co.uk/mental-health/few-staff-using-wellbeing-hubs-despite-rise-in-sick-days/7032325.article>

³³ NHSEI, 2020, <https://www.england.nhs.uk/statistics/2021/03/11/2020-national-nhs-staff-survey/>

³⁴ NHSEI, 2021, <https://www.england.nhs.uk/blog/2021-nhs-staff-survey-making-each-voice-count/>

³⁵ NHSEI, 2022, <https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/>

³⁶ DHSC, 2021, <https://www.gov.uk/government/publications/nhs-mandate-2021-to-2022>

³⁷ Social Partnership Forum, 2022, <https://www.socialpartnershipforum.org/articles/building-positive-workplace-cultures-nhs>

³⁸ Social Partnership Forum, 2022, <https://www.socialpartnershipforum.org/articles/building-positive-workplace-cultures-nhs>

³⁹ NHSEI, 2022, <https://www.nhsstaffsurveys.com/>

56. The percentage of staff reporting bullying, harassment and abuse by managers fell from 12.3% in 2019 and 2020 to 11.6% in 2021. Levels of bullying, harassment and abuse amongst colleagues remained roughly stable at 19% in 2019, 18.7% in 2020 and 18.7% in 2021.⁴⁰

57. Whilst any bullying of NHS staff is unacceptable, it must be understood in the context of significant vacancies, increased demand, burnout and increased use of bank and agency workers rather than reliance on permanent staff and teams.

‘Listen to the views of social care staff to learn how we can better support them – individually and collectively’

58. The Government’s white paper on adult social care reform, *People at the Heart of Care: adult social care reform*,⁴¹ acknowledged and addressed the views and concerns of leaders and staff across both health and social care. For example, the white paper committed to higher quality training, greater professionalisation of social care careers, and support for unpaid carers.

59. The white paper’s proposed spending commitments to better support social care staff included: at least £500 million over the next three years to “transform the way we support the social care workforce” and up to £25 million to “kick-start a change” in the services provided to support unpaid carers.

60. However, staff across health and social care also found that the white paper lacked the urgency, ambition, and level of funding needed to alleviate pressures on the current workforce and improve the quality of care and support received by service users.⁴²

61. The social care sector in England current has over 105, 000 vacancies⁴³. The cost-of-living crisis is further exacerbating this trend as the low pay offered to social care workers by providers means working in other sectors like retail and service - where high number of vacancies are available and hours tend to be more predictable – are more attractive.

62. Despite these difficulties, policy actions called for by bodies representing NHS and social care organisations over previous months have often not been adopted by the Government.

⁴⁰ NHS Employers, 2022, <https://www.nhsemployers.org/articles/nhs-staff-survey-2021-results>

⁴¹ DHSC, 2021, <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>

⁴² NHS Confederation, 2021, <https://www.nhsconfed.org/news/nhs-confederation-responds-social-care-white-paper>

⁴³ Skills for Care, 2021, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>