Written evidence submitted by NHS Providers (EPW0011)

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

Planning for the workforce

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

1. In NHS Providers' March 2022 survey of trust leaders, 97% of respondents reported that workforce shortages are having a serious and detrimental impact on services, with 98% agreeing that this will slow down care backlog recovery[1]. Respondents also reported that the NHS does not have robust national-level plans for tackling workforce shortages in the short- to medium-, and long-term (89% and 88% respectively)[2].

2. It is therefore concerning that the government twice voted down the workforce planning amendment to the Health and Care Bill, which was backed by over 100 health and social care organisations. It is disappointing that the government were unwilling to further engage on this amendment despite the offer of compromise by the supporting coalition of organisations. This amendment sought to introduce a statutory duty to ensure long-term planning for the NHS workforce, which has been needed for some time, and is particularly pertinent now given that there are over 110,000 vacancies. The effects of vacancies on this scale are reflected in the fact that only 27.2% of respondents to the 2021 NHS staff survey think their organisation has enough staff for them to be able to do their job properly. This is a drop of 11.2% since 2020 and the lowest level since 2017.[3]

3. The latest workforce data from NHS Digital shows the full-time equivalent workforce has increased 3.5% since January 2021, with a 3.4% increase in doctors and a 3.8% increase in nurses and health visitors[4]. However, this data also shows there has been a significant upswing in resignations from staff citing a desire for better work/life balance[5]. Despite nominal increases in

[1] NHS Providers, briefing, 'Workforce planning survey 2022':
https://nhsproviders.org/resources/briefings/workforce-planning-survey-2022
[2] NHS Providers, briefing, 'Workforce planning survey 2022':
https://nhsproviders.org/resources/briefings/workforce-planning-survey-2022
[3] NHS England and NHS Improvement, Staff Survey 2021: https://www.nhsstaffsurveys.com/results/national-results/
[4] NHS Digital, NHS workforce statistics – January 2022: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2022
[5] Source ibid, reported in HSJ, 'More than 7k resignations every month as NHS staff seek better work life

staff, given significant ongoing vacancies and increasing demand for services, trusts of all types are seeing substantial gaps across professions and regions. Trust leaders have reported that shortfalls are especially severe in nursing – particularly paediatric intensive care, and mental health and learning disability services – midwifery, and radiography[6]. Other notable shortages were mentioned in health visitors, allied health professionals, specialty registrars, specialty and associate specialist and trust grade doctors, and healthcare support workers[7]. Community, mental health, and ambulance trusts are reporting shortages in psychiatry, community district nursing, and ambulance call handlers[8]. Given that these shortages are across the board, the 'one workforce' approach to workforce planning within local systems is key, as competition for staff between organisations risks exacerbating pressures on other parts of the system.

4. In 2020/21 and 2021/22 the medical school cap was removed to reflect the impact of the pandemic on A-level examinations. Data from the Office for Students shows a confirmed intake of 10,461 medical students for the 2020/21 academic year, while the summary intake for 2021/22 is 10,543. However, the target intake for 2022/23 has reduced to 7,571[9]. To ensure sustainability in the domestic supply of doctors to the NHS, trust leaders would support the removal of medical school caps, so long as this is in tandem with appropriate funding for the required increase in foundation training placements. The Royal College of Physicians calculated that increasing the medical school cap to 15,000 students per year would cost £1.85bn annually[10]. Action taken in this regard must recognise that increased medical students do not necessarily equate to increased doctors due to student, and later staff, attrition. Retention initiatives which begin at training and continue across careers are therefore key, to ensure that students are attracted to the NHS and supported to stay long-term.

5. Assuming that the ongoing increase in nursing numbers is sustained at the same pace until March 2024, the government is currently on course to meet its target of 50,000 more nurses in the NHS[11]. It is important, however, to note that this target is not calculated on demand projections. This is one reason why NHS Providers supported the aforementioned amendment to the Health and Care Bill to ensure workforce planning is based on future projections.

6. It was encouraging to see a record number of applications to nursing degrees in 2021[12], yet as with medical school places, it is an important caveat that increased student numbers will not

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balance': https://www.hsj.co.uk/workforce/more-than-7k-resignations-every-month-as-nhs-staff-seek-better-work-life-balance/7032351.article

[6] NHS Providers, briefing, 'Workforce planning survey 2022': https://nhsproviders.org/resources/briefings/workforce-planning-survey-2022

[7] NHS Providers, briefing, 'Workforce planning survey 2022': https://nhsproviders.org/resources/briefings/workforce-planning-survey-2022

[8] NHS Providers, briefing, 'Workforce planning survey 2022': https://nhsproviders.org/resources/briefings/workforce-planning-survey-2022

[9] NHS Providers, submission, 'Review Body on Doctors' and Dentists' Remuneration 2022/23 pay round': https://nhsproviders.org/media/693035/nhs-providers-ddrb-written-submission-february-2022.pdf

[10] Royal College of Physicians, 'Double or Quits: a blueprint for expanding medical school places': https://www.rcplondon.ac.uk/projects/outputs/double-or-quits-blueprint-expanding-medical-school-places

[11] The King's Fund, 'Is the NHS on track to recruit 50,000 more nurses?': https://www.kingsfund.org.uk/blog/2022/04/nhs-recruit-50000-more-nurses

[12] UCAS, 'Pandemic inspires future nurses with a welcome increase in school and college leavers looking to enter the profession': https://www.ucas.com/corporate/news-and-key-documents/news/pandemic-inspires-

necessarily translate into increased nurses if student and staffing attrition is not actively addressed. The Department of Health and Social Care's delivery update on the 50,000 nurses programme specifically notes that the most significant risk to meeting this target is retention, with the impact of working throughout the pandemic and pension reform listed as two contributing factors. It also notes student attrition is a risk to the programme, namely due to students opting to take a break after graduation, deciding to work outside the NHS or UK, or opting to work less than full time[13].

7. New roles, including nursing associate positions, have the potential to expand recruitment, increase skills-mix and further develop flexible working within the NHS. However, these roles are currently underutilised due to restrictions on fully incorporating these staff into workforce planning, and gaps in professional guidance. Time-limited funding is a further barrier[14].

8. Government changes to pension taxation rules in March 2020 increased annual allowance income 'taper' thresholds, which has helped improve the situation for senior clinicians who were facing large and often unexpected tax bills after taking on additional work. However, many senior doctors remain affected by the underlying issue of annual and lifetime allowances. We welcomed the government's decision to extend pension abatement rules to 31 October 2022, while noting the need for broader pension reform, to remove disincentives for the most experienced staff to continue working in the NHS[15]. Data regarding staff retirement as a direct result of pension regulations must be monitored to ensure swift and targeted action can be taken. Reform of contribution tiers for the NHS pension scheme will take effect from October 2022, and we are concerned about the flattening of contribution rates, as this will disproportionately impact lower and middle band staff at a time of increased cost of living[16]. These staff are generally younger and more likely to be from minority ethnic backgrounds than higher banded staff. It is essential that these changes do not undermine efforts to diversify recruitment, improve retention and tackle race inequality.

9. We continue to call for a nationally coordinated, fully funded and costed long-term workforce plan which is based on local need, in order to tackle the current workforce crisis and to ensure the sustainability of the NHS. In its rejection of the Health and Care Bill workforce amendment, the government pointed to a review of Health Education England's (HEE) Long-Term Strategic Framework for Health and Social Care Workforce Planning (Framework 15), due for publication in June 2022, and the Secretary of State announced a review of workforce planning in the

future-nurses-welcome-increase-school-and-college-leavers-looking-enter-profession

[13] Department of Health and Social Care, '50,000 nurses programme – delivery update': https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update

[14] NHS Providers, submission, 'Health and Social Care Committee inquiry on workforce recruitment, training and retention in health and social care': https://nhsproviders.org/resources/submissions/nhs-providers-submission-to-the-health-and-social-care-committee-inquiry-on-workforce-recruitment-training-and-retention-in-health-and-social-care

[15] NHS Providers, submission, 'NHS pension scheme – consultation to extend rules supporting senior and returning staff': https://nhsproviders.org/resources/submissions/nhs-pension-scheme-consultation-to-extend-rules-supporting-senior-and-returning-staff

[16] NHS Providers, press release, 'NHS Providers response to the consultation outcome on the NHS pension scheme': https://nhsproviders.org/news-blogs/news/nhs-providers-response-to-the-consultation-outcome-on-the-nhs-pension-scheme

autumn. We look forward to understanding the content of these reviews in greater detail and whether they will address the points made in this submission.

Building a skilled workforce

Help the million and more NHS clinicians and support staff to develop the skills they need and the NHS requires in the decades ahead.

10. In our 'Workforce Flexibility in the NHS' report, trust leaders told us that greater flexibility in the deployment of staff seen during the pandemic brought benefits to both patient care and staff development opportunities[17]. NHS England and NHS Improvement's (NHSE/I) 'future of NHS human resources and organisational development' report, published in November 2021, recognises increasing preferences for portfolio careers, flexible working and work/life balance in the NHS, and the need for more flexibility in training offers[18]. HEE's 'Future Doctor' report also notes the importance of flexibility in medical training and how a greater skills-mix and non-linear career pathways provide an opportunity to build agility and resilience into the system[19]. These findings correlate with the increase in multidisciplinary team working across the NHS. However, despite national and local initiatives to support this direction of travel, it is exceedingly difficult for trusts to offer full flexibility due to severe workforce shortages, burdening current staff and affecting the attractiveness of careers in the service for prospective staff.

11. Despite the commencement of the 2022/23 financial year, the final details of HEE's budget for this period remain publicly unconfirmed. Responding to a parliamentary question in April, Minister of State Edward Argar clarified that HEE will not receive a multi-year funding deal[20]. This is disappointing as long-term initiatives require long-term funding. While we recognise the benefits of integrating HEE into NHSE/I in 2023, it is crucial that workforce training and development funding is protected among the ringfenced NHSE/I budget as part of this transition[21]. HEE's budget has reduced by roughly £1 billion in real terms since the body's first settlement in 2013/14, directly resulting in training and workforce funding being spread too thinly as the number of NHS staff increases[22].

12. Underfunding and a lack of protected time for staff to pursue training (due to increasing workloads as a result of workforce shortages) limits the continued professional development

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[17] NHS Providers, briefing, 'Workforce flexibility in the NHS': https://nhsproviders.org/media/690388/workforce-flexibility-during-covid19.pdf

[18] NHS England and NHS Improvement, the future of NHS human resources and organisational development: https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf

[19] HEE, Future Doctor report, July 2020: https://www.hee.nhs.uk/sites/default/files/documents/Future%20Doctor%20Scenario%20Report.pdf

[20] UK Parliament, Parliamentary questions – April 2022: https://questions-statements.parliament.uk/written-questions/detail/2022-04-19/155608

[21] NHS Providers, briefing, 'Autumn budget and spending review 2021': https://nhsproviders.org/media/692396/october-2021-budget-and-csr.pdf

[22] NHS Providers, submission, 'Health and Social Care Committee inquiry on workforce recruitment, training and retention in health and social care': https://nhsproviders.org/resources/submissions/nhs-providers-submission-to-the-health-and-social-care-committee-inquiry-on-workforce-recruitment-training-and-retention-in-health-and-social-care

(CPD) offer for staff in the NHS. Trusts tell us that strict caveats on how available funding can be spent put further barriers in the way of staff accessing training. CPD funding needs to increase in real terms, noting the scope for significant return on investment regarding retention and morale alongside benefits to patient outcomes[23]

13. With changing care delivery models within the NHS, including more community-based services and the develop of system working as ICSs are implemented, training needs to reflect this new landscape and support its implementation.

Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.

14. Historically, there has been relatively little national support and investment for digital transformation in the community sector and while this has improved in recent years, available funding is often short-term and access routes remain opaque. Additionally, as a significant proportion of community care is delivered by non-NHS providers, funding for digital transformation needs to be accessible to all providers to ensure a minimum standard can be met[24].

15. Ambulance services have long pioneered innovation to improve services for patients and to reduce conveyance to A&E, yet the pandemic and sustained pressure on ambulance services have highlighted how there remains scope to deliver services differently to reduce pressure across the system[25]. Sufficient capital investment for interoperable computer aided dispatch systems, telephony and triage tools would improve system resilience and responsiveness, while sufficient revenue funding is needed to meet ongoing commitments for IT developers, software licences and training for existing staff. Legacy IT systems not only present a security and outage risk but reduce efficiency. As with community funding for digital transformation, transparent and long-term funding options are crucial for the ambulance sector[26].

Wellbeing at work

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[23] NHS Providers, submission, 'Health and Social Care Committee inquiry on workforce recruitment, training and retention in health and social care': https://nhsproviders.org/media/693093/nhs-providers-submission-workforce-recruitment-training-and-retention-in-health-and-social-care.pdf

[24] NHS Providers, report, 'Digital transformation in community health services': https://nhsproviders.org/resources/reports/digital-transformation-in-community-health-services

[25] NHS Providers, blog, 'An urgent call for ambulance support': https://nhsproviders.org/news-blogs/blogs/an-urgent-call-for-ambulance-support

[26] NHS Providers, report, 'Rapid response – the role of the ambulance sector in transforming services and copying with the long-term impact of COVID-19': https://nhsproviders.org/media/691897/rapid-response-report.pdf

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

16. Recent data shows anxiety, stress and depression are the top reasons for staff absence, accounting for 23.7% of absences in December 2021[27]. NHS staff have experienced hugely increased pressures in the last two years as the country has grappled with the pandemic, yet the service was under significant strain prior to March 2020 with over 100,000 vacancies and the legacy of the longest and deepest financial squeeze in NHS history. The NHS is now tackling a backlog of care with over 6 million patients on the elective waiting list. There are high levels of burnout among staff with 94% of trust leaders concerned about this in November 2021[28]. The 2021 NHS staff survey results show an increasing number of staff report feeling unwell due to work-related stress (46.8%) and musculoskeletal problems (30.8%)[29].

17. NHSE/I introduced mental health and wellbeing hubs in 2020, open to all health and care staff via self-referral. Flexible appointment times and the option to be treated outside your employing trust seek to remove barriers to staff accessing support. Continued funding in the long-term is required to sustain these programmes, recognising not only the lasting impact the pandemic will have on some staff, but also the continued pressure that all staff are working under. With demand for mental health services high (from January 2020 to January 2022 there has been a 10.2% increase in people contacting these services[30]), and staff shortages in mental health professions, offers for both staff and the public need long-term investment.

18. The year-on-year increase in NHS staff reporting musculoskeletal (MSK) problems requires tailored action, underpinned by appropriate funding[31]. Notwithstanding the impact MSK conditions have on staff physically and mentally, they were also the third most common reason for staff absence (11.5%) in December 2021[32]. Many trusts are increasing local support offers on this front, but more centralised support is also needed to address this growing issue.

19. 57% of staff report that their organisation takes positive action on health and wellbeing, with particularly high numbers at community trusts[33]. This is positive, speaking to the local initiatives that have been put in place to support staff throughout the pandemic and beyond, though there is room for further improvement. Trust leaders give significant focus to ensuring that support is available for staff, but in order to sustainably protect staff wellbeing in the long term, enough additional staff are needed not only to fill current workforce gaps, but also to build resilience into the system. This resilience will ensure that staff have reasonable workloads, take breaks,

[27] NHS Digital, sickness absence rates: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/october-2021-to-december-2021-provisional-statistics
[28] NHS Providers, report, 'State of the provider sector 2021': https://nhsproviders.org/state-of-the-provider-sector-2021-survey-findings/key-findings
[29] NHS England and NHS Improvement, Staff survey results 2021: https://www.nhsstaffsurveys.com/results/national-results/
[30] NHS Providers, Activity Tracker 2022: https://nhsproviders.org/nhs-activity-tracker-2022/april-2022
[31] NHS England and NHS Improvement, Staff survey results 2021: https://www.nhsstaffsurveys.com/results/national-results/
[32] NHS Digital, sickness absence rates: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/october-2021-to-december-2021-provisional-statistics
[33] NHS England and NHS Improvement, Staff survey results 2021: https://www.nhsstaffsurveys.com/results/national-results/

and access their annual leave entitlements. It is also important that NHS staff are given hope that the government is taking workforce shortages seriously, to support morale and help to retain those in the workforce today

Reduce bullying rates in the NHS which are far too high.

20. The NHS Long Term Plan[34], the NHS People Plan 2020/21[35] and the People Promise[36] all commit to tackling bullying within the NHS to ensure staff wellbeing and psychological safety, recognising the unacceptable and detrimental impact this behaviour has on staff. Civility and respect toolkits have been developed centrally by NHSE/I[37] to offer practical guidance to trusts to analyse, intervene, and measure incidents. Despite work that has been completed at local and national levels, recent data from the staff survey, Workforce Race Equality Standard (WRES)[38] and Workforce Disability Equality Standard (WDES)[39] demonstrate that there is still work to be done to tackle bullying in the NHS. Increased granularity of this data will aid the design of targeted approaches and an intersectional understanding of staff experiences at work. It is crucial that initiatives to tackle bullying are co-produced with staff who experience these behaviours to ensure a one size fits all approach is avoided.

21. 27.5% of NHS staff reported bullying, harassment or abuse from patients, their families and the public in the 2021 NHS staff survey, an increase on 2020 (26.8%)[40]. While the data shows an improvement in rates of bullying from managers (11.6% in 2021 compared to 12.4% in 2020), reported bullying from other colleagues has remained static at 18.7% in 2020 and 2021[41].

22. While the percentage of staff experiencing harassment, bullying or abuse from patients, their relatives or the public has hovered in the high 20s since 2016 for both minority ethnic staff and white staff, the gap between harassment experienced by minority ethnic staff and their white colleagues has grown since 2019 and now stands at 3% (with minority ethnic staff more likely to experience these incidents). There is a marked difference between the proportion of ethnic minority staff and their white peers reporting harassment, abuse or bullying from colleagues in the last 12 months and this gap has widened over time, from 3% in 2016 to 5.6% in 2021[42]. Trust

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[34] NHS England and NHS Improvement, Long Term Plan: https://www.longtermplan.nhs.uk/online-version/chapter-4-nhs-staff-will-get-the-backing-they-need/5-supporting-our-current-nhs-staff/

[35] NHS England and NHS Improvement, People Plan: https://www.england.nhs.uk/ournhspeople/

[36] NHS England and NHS Improvement, People Promise: https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/the-promise/

[37] NHS England and NHS Improvement, Civility and Respect toolkits: https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/civility-and-respect/

[38] NHS England and NHS Improvement, Workforce race equality standard: https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

[39] NHS England and NHS Improvement, Staff survey results 2021 – National WRES and WDES metrics: https://www.nhsstaffsurveys.com/results/national-results/

[40] NHS England and NHS Improvement, Staff survey results 2021: https://www.nhsstaffsurveys.com/results/national-results/

[41] NHS Providers briefing, 'On the day briefing NHS staff survey results 2021': https://nhsproviders.org/resources/briefings/on-the-day-briefing-nhs-staff-survey-results-2021

[42] NHS Providers briefing, 'Next day briefing 2021 workforce race equality standard report': https://nhsproviders.org/resources/briefings/next-day-briefing-2021-workforce-race-equality-standard-wres-report

leaders are clear that tackling race inequality is a top priority and the increased granularity of data in the WRES will aid understanding of how to tailor action on this front.

23. The sheer diversity of data available across the WRES, WDES and staff survey reveals a concerning picture for a number of staff groups with protected characteristics. Staff from Gypsy or Irish Traveller communities experience particularly high levels of bullying from both patients and the public, as well as colleagues.[43] While there has been a reduction in rates of disabled staff reporting bullying by colleagues or patients, disabled staff are still nearly twice as likely to have experienced this treatment from a colleague compared to staff without a long-lasting health condition or illness.[44] LGBTQ+ staff also report higher rates of bullying across all three measures, with rates of bullying by patients and their families particularly high for ambulance staff.[45]

24. No staff should experience bullying, harassment, discrimination or abuse at work. Whilst local and national initiatives are key to stamping out these behaviours, wider issues currently facing the service are making this harder to achieve – namely, the increasing demand on NHS services, the backlog of care, and over 110,000 staff vacancies. Whilst a survey published by Ipsos and The Health Foundation in February 2022 found strong public support for the core principles of the NHS[46], public satisfaction with the NHS at its lowest point in 25 years.[47] Recent NHS staff survey results also show high levels of burnout and low morale, and these tensions will increasingly risk translating into incidents of uncivility. Central government intervention to tackle a critical shortage in staffing numbers would go a long way to addressing this.

May 2022

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[43] NHS Providers briefing, 'Next day briefing 2021 workforce race equality standard report': https://nhsproviders.org/resources/briefings/next-day-briefing-2021-workforce-race-equality-standard-wres-report
[44] NHS Providers briefing, 'On the day briefing NHS staff survey results 2021': https://nhsproviders.org/resources/briefings/on-the-day-briefing-nhs-staff-survey-results-2021
[45] NHS Providers briefing, 'On the day briefing NHS staff survey results 2021': https://nhsproviders.org/resources/briefings/on-the-day-briefing-nhs-staff-survey-results-2021
[46] The Health Foundation, Public perceptions of health and social care 2021: https://www.health.org.uk/publications/public-perceptions-of-health-and-social-care-november-december-2021
[47] The King's Fund, Public satisfaction with the NHS and social care in 2021: https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-social-care-2021#key-findings