

Written evidence submitted by NHS Confederation (EPW0048)

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.

Executive summary

There has been progress on a number of the key Government commitments including increased numbers of nurses and investment in medical school places, though benefits are not felt equally across all care settings.

Despite increased investment in the health service to help tackle the backlog, the system faces a huge challenge in the face of 110,000 vacancies in the NHS and mounting problems in social care. To reap the benefits of this funding, Government must urgently publish a long term funded workforce plan that can meet current and projected demand in different parts of the country, different parts of the health service and vitally social care. A key part of this will need to be urgently incentivising and attracting people to work in health and social care through fair and competitive pay and other benefits.

A failure to deliver this will seriously impede the ability of the NHS to tackle the backlogs of care caused by the pandemic and meet the demand placed on the system by an ageing 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. It is also a key intervention to improve community-based services and support the well-being of people working in health and social care.

Only with a funded workforce plan that speaks to the reality of the health of the population will health and social care services be able to provide the best possible care. This will be the key measure of the delivery 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.’

The emerging workforce plans

1. We were disappointed that the amendment tabled to the Health and Care Bill (now Act), that would mandate regular assessments of the health and social care workforce based on system level assessments of population and service need, was rejected by the Government.¹ This amendment constituted an opportunity to address the workforce issues in the sectors in the medium and long term.
2. The workforce strategy the Secretary of State for Health and Social Care has commissioned Health Education England (HEE) and NHSE to do is very welcome and will complement the

¹ RCP, 2022, <https://www.rcplondon.ac.uk/news/rcp-responds-health-and-care-bill-passing>

15-year Planning Framework and ‘refresh’ of the Long Term Plan. Together, these three pieces of work have the potential to meet the recommendation of the Committee for the longer term.

3. There is a need however to have similar clarity for the social care workforce, and the Government is not clear that it will provide additional investment to ensure the workforce across the system is sufficient in both size and skill to meet this demand. As we have stressed before this clear plan for the whole workforce (linked to the plan for service demand and delivery) will give hope to the existing workforce.
4. 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 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
5. There are strong examples⁴ of systems, places and organisations across England where health trusts have acted to boost their own local workforce supply through developing staff career pathways, including use of Degree Apprenticeships.

Specific Actions

6. In the shorter term the government and its Arm Length Bodies (ALBs) are addressing specific workforce objectives in nursing and medicine.
7. The commitment to increase nursing numbers by 50,000 looks set to be achieved by March 2024, and there is clear and effective support to deliver this ambition particularly in relation to international recruitment and retention.
8. A key concern for our members however is in the spread of these additional nurses across different settings with acute care benefiting the most when there are clear risks elsewhere. For example, just 2000 of these new nurses are projected to specialise in mental health.⁵ The numbers of community nurses have fallen dramatically by 45% since 2010, as have the number of school nurses (29%). Members of our Primary Care Network tell us the differing terms and conditions in the contracts of nurses working outside hospitals also can present a challenge to recruitment. We do recognise that the 50,000-nurse programme has started to consider issues for mental health and primary care (and that infrastructure is also being used to support social care recruitment).
9. The expansion of medical school places by 10,000 with a further 5,000 during the pandemic is significant though the plan for which specialities these additional doctors would work in is unclear. The positive work by HEE and the CMO to promote generalism recognises that the medical workforce must be able to respond to the complex as well as specialist needs of our communities. HEE are also taking steps to address the geographical imbalances in the distribution of medical posts though this work needs to go further.
10. The commitment to expand numbers of GPs is not progressing. Instead, the numbers of FTE GPs are declining – from 29,364 in September 2015 to 27,920 in September 2021.⁶ Our

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

⁵ NHS Confederation, 2022, <https://www.nhsconfed.org/publications/running-hot>

⁶ NHS Digital, 2022, <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>

primary care network (PCN)⁷ members tell us of widespread burnout and that GPs and are increasingly likely to leave the profession due to workload.

11. In December, NHSEI stated 16,000 more primary care professionals had been recruited to the Additional Roles Reimbursement Scheme (ARRS) roles.⁸ 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.⁹
12. 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. 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.) 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.
13. 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 2021.¹⁰ This is one example of how new roles can grow at scale with appropriate support and how apprenticeships can be used well in the health service. We know Health Education England (HEE) are 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 nurse degree apprenticeship route.
14. We welcome 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.¹¹ This has been an area of long-standing concern to our members.

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.'

15. The Framework 15 publication will give much greater clarity as to the skills health (and social care) colleagues will need in the future. The merger of HEE and NHS England should help provide some greater certainty in the longer term as to the ability of the NHS to invest in skills development.
16. One of the most common reasons cited by staff leaving the NHS is a lack of skill development and career progression opportunities.¹² 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.

⁷ NHS Confederation, 2022, <https://www.nhsconfd.org/primary-care>

⁸ Management in Practice, 2021, <https://managementinpractice.com/news/pcns-advised-to-grow-their-own-arrs-staff-to-help-address-recruitment-challenges/>

⁹NHSEI, 2022, <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>

¹⁰ NMC, 2022, <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

¹¹ 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

¹² NHS Employers, 2022, <https://www.nhsemployers.org/articles/developing-staff-career-pathways-support-workforce-supply>

17. For example, Medway NHS Foundation Trust was experiencing significant challenges in recruiting nurses within the emergency department, so the trust introduced several work-based educational programmes 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.¹³
18. 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.¹⁴
19. Again however, without a coherent national workforce strategy with clear prioritisation and funding from Government, these examples cannot necessarily be scaled up. Last year, the HEE workforce education budget was continually delayed which presented real difficulties for NHS leaders with regards to what funding they would have available for upskilling their workforce.
20. Concerns have been raised by a number of professional bodies about the impact of the pandemic on training for those working towards qualification as students supported the effort to care for those ill due to the virus. Our members are making strenuous efforts to restore education provision, and welcome the particular work that HEE have led in that regard.

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

21. 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.
22. NHS Employers (part of the NHS Confederation) convenes the Cavendish Coalition of social care and health organisations and called for government action to improve availability of overseas workers for social care provision. The intervention by the Migration Advisory Committee (MAC) in December 2021 and the government’s agreement to add social care workers to the shortage occupation list was enormously welcome. In the longer term this will help support the staffing of social care services.
23. Despite these interventions, social care services remain under-resourced and under-staffed given shortages of care packages and the growing support needs of an ageing population. We continue to support further intervention to improve rates of pay and career development for social care staff. As ADASS have pointed out previous government action has improved pay by around £100 per social care staff member.¹⁵
24. Social care workforce shortages have led to higher bed occupancy rates in hospitals of patients deemed medically fit for discharge. In November 2021, when NHS leaders were

¹³ Ibid.

¹⁴ Ibid.

¹⁵ ADASS, 2021 <https://www.adass.org.uk/adass-responds-to-funding-to-help-with-retention-and-recruitment-of-the-adult-social-care-workforce>

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.¹⁶

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

25. Community providers are still facing significant challenges, including in relation to the opportunities generated by digital transformation.
26. 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.
27. 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.¹⁷
28. As ICS take on an increasing role in system-wide digital leadership and transformation, community providers still report that they need to be resourced and supported to maximise the potential from digital improvement and build on existing momentum.
29. 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.

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.’

30. 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.
31. Local employers are offering more services particularly focused on mental health, ranging from “calm rooms” for staff to rest when working to online counselling sessions.¹⁸ This has been complemented by the development of a national support offer based on online support, and significant funding to enable the development of 40 regional health and wellbeing hubs by NHS England and NHS Improvement.¹⁹
32. There are three further areas of provision which employers have highlighted that would be helpful:
 - Understand the usage and impact on users and for this evaluation data to underpin decisions about next steps for investment (the data being available to local leaders)

¹⁶ NHS Confederation, 2021, <https://www.nhsconfed.org/news/nhs-has-reached-tipping-point-warn-healthcare-leaders>

¹⁷ Community Network, 2021, <https://www.nhsconfed.org/publications/digital-transformation-community-health-services>

¹⁸ NHS Employers, 2021, <https://www.nhsemployers.org/articles/improving-staff-experience-across-nhs-conference-resources>

¹⁹ NHSEI, 2022, <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/>

- Provide autonomy at system level to use the funding, data and evaluation to ensure that the system hub offer provides services that add value, are accessible and have the greatest impact delivering it through the hub -working constructively with local providers through the decision making process to ensure there is clarity on the whole wellbeing offer for staff
 - Communication for staff to know what is available beyond what is offered by the employer and how to access.
33. Overall, continued investment to support staff health and wellbeing is needed and we expect to see the rising cost of living challenges for our staff will present an additional pressure on mental wellbeing. Ensuring there is flexibility to use funding on the interventions that have the greatest impact is essential and prioritising short- and longer-term evaluation as part of funding plans to ensure this happens.
34. Unless we can address the shortage of people, we will not address some of the underlying causes of rising levels of pressure and burnout among staff.
35. Improving access for NHS staff to physical treatment (including MSK) continues to be discussed and was raised in the recent discussions about the potential NHS Staff Covenant.²⁰ Government has always been nervous regarding any formal intervention which give priority access to treatment for health staff to elective care.

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

36. The NHS has an overall objective of ensuring all staff have a safe and healthy working environment, as part of the NHS People Promise.²¹ The NHS mandate has included an overall objective to reduce levels of bullying, harassment and abuse.²²
37. There has been work to support initiatives that aim to reduce bullying, harassment and abuse through the Social Partnership Forum.²³ In January 2021, NHS England and NHS Improvement developed the Civility and Respect Toolkit to provide a framework to underpin positive workplace cultures.²⁴
38. 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 2021.²⁵
39. 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 2021.²⁶
40. Our members accept action must be taken; they welcome the work of the Messenger review²⁷ and are committed to challenging bullying and poor behaviour and believe that national organisations must hold themselves to the same standards of behaviour.

²⁰ DHSC, 2021, <https://www.gov.uk/government/speeches/nhs-confederation-integrated-care-system-leaders-conference>

²¹ NHSEI, 2022, <https://www.england.nhs.uk/our-nhspeople/online-version/lfaop/our-nhs-people-promise/>

²² DHSC, 2021, <https://www.gov.uk/government/publications/nhs-mandate-2021-to-2022>

²³ Social Partnership Forum, 2022, <https://www.socialpartnershipforum.org/articles/building-positive-workplace-cultures-nhs>

²⁴ Social Partnership Forum, 2022, <https://www.socialpartnershipforum.org/articles/building-positive-workplace-cultures-nhs>

²⁵ NHSEI, 2022, <https://www.nhsstaffsurveys.com/>

²⁶ NHS Employers, 2022, <https://www.nhsemployers.org/articles/nhs-staff-survey-2021-results>

²⁷ NHS Confederation, 2022, <https://www.nhsconfed.org/publications/messenger-review-health-and-social-care-leadership-what-must-it-address>

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

41. The Government’s white paper on adult social care reform, *People at the Heart of Care: adult social care reform*,²⁸ acknowledged and addressed some of the concerns of leaders and staff across both health and social care.
42. 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.²⁹
43. The social care sector in England current has over 105, 000 vacancies³⁰. 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 - where high number of vacancies are available and hours tend to be more predictable – are more attractive.
44. 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.

²⁸ 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>

²⁹ NHS Confederation, 2021, <https://www.nhsconfed.org/news/nhs-confederation-responds-social-care-white-paper>

³⁰ 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>