**Written evidence submitted by The NHS Confederation (WBR0051)**

## About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales.

In England, we represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems. We represent local health boards in Wales, and health and social care trusts in Northern Ireland. We also have a Brussels office where we focus on EU legislation, Brexit, policy and our international engagement.

Through our team in NHS Employers, we have a range of expertise on workforce supply and wellbeing which the Committee may find valuable as part of this inquiry.

## Key points

- **Our members are focused on the people agenda and committed to maintaining the focus of staff well-being in the longer term.** Support to staff has been scaled up during the pandemic and our members are finding ways to maintain this support for the longer term.
- **The factors which contribute to burnout, work-related stress and poor mental wellbeing within the NHS and social care workforce can be systemic and longer term.** High workloads and staff shortages have impacted on workplace culture and practices, and are compounded by other long-standing factors including discrimination, the burden of regulation and a lack of investment in facilities and technology.

- **Reducing workforce vacancies in the NHS and social care is urgent and essential for reducing the effects of longer term and COVID-19 related burnout.**
  Continued investment in workforce growth for all parts of the health and social care sectors is urgently needed if employers are to make sustainable improvements to staff wellbeing and the experience staff have at work.

- **Vacancies, burnout and the toll of COVID-19 have affected all parts of the NHS, but in different ways.** Addressing this will require targeted support for different sectors. From support with the expedited digital transformation process to managing the mental health impacts of the pandemic, the challenges are diverse. When thinking about how to manage the effects of burnout, it is important to factor in the unique challenges facing the acute, primary, community, social care and mental health sectors, as well as system-level workforces. There is no one-size-fits-all solution.

- **Employers in the NHS remain deeply concerned about shortages in social care, specifically support roles, and the impact this has on being able to deliver an integrated care package**. It is essential that a social care people plan is published alongside wider social care reforms to stabilise and secure the sector's long-term future, as well as build the ability to recruit from outside the UK into the UK's new immigration policy.

- **Significant financial investment will be required to deliver the solutions needed to tackle workforce burnout and significant vacancies.** The government's Comprehensive Spending Review in the autumn of 2020 will need to address this if the NHS is to return to pre-COVID-19 levels of service delivery, and deliver Conservative party manifesto pledges.

- **Winter pressures will only exacerbate existing workforce pressures unless urgent action is taken.** With no time for the workforce to recover from the level-four pandemic state, and in trying to resume pre-COVID-19 NHS services, it will be incredibly challenging for employers to properly prepare the service for the difficult winter ahead, adding to the risk of burnout.

- **Prevention is better than cure.** Actions by our members that can improve the environment and conditions in which staff work, prevent staff from becoming unwell and reduce suffering will ultimately prove more cost-effective, reduce further workforce gaps and prevent long-term ill health for staff.

## Recommendations

It will take time to recover from the pandemic which has exacerbated and magnified pre-existing pressures and challenges. Understanding the strain of COVID-19 on health and care staff and the cumulative effects of restoring services, significant vacancy rates and a possible second peak will be critical. Focus and resources should continue as we look ahead to provide ongoing support to employers in health and social care to strengthen their workforce.

In addition to the actions and commitments set out in the NHS People Plan, and to address the key points outlined above, we would ask the government to support the NHS in the following ways:

- **Continued investment in training places** to improve workforce supply into the NHS in the long term, especially focusing on a number of allied health professions and mental health and learning disability nursing, which have not received the same level of attention as other professions.

- **Provision of funding to enable employers make improvements to their working environments and people practices**, reducing attrition and improving staff experience.

- **Investment in accessible local wellbeing support packages for the health and care workforce**, and supplement this where it makes sense to commission national services. Fund training and deployment of additional mental health trained professionals to be available locally to support staff wellbeing.

- **Continue to provide a national attraction and recruitment campaign** for health and social care to encourage applications from all parts of our communities to join the team.

- Increased patient self-management during COVID-19 has been welcomed by many clinical directors. **NHS England and NHS Improvement (NHSEI) should work with primary care networks to encourage patients to take advantage of digital self-management tools and the NHS app nationwide.** We believe that there is an opportunity for the development of a national self-care strategy and hope that this would be supported by NHSEI and the Department of Health and Social Care.

- **Increased management support for PCNs, with dedicated funding**. This would help free up clinical directors' time to do more of the leadership and relationship-building work that will be critical to the future success of PCNs. Put simply, clinical directors need more time to achieve to PCN objectives. This should be combined with greater autonomy for PCNs so that clinical directors have the freedom and flexibility to ensure that they can manage their workforce according to the needs of their local population. As such, restrictions on which types of staff they can recruit through the Additional Roles Reimbursement Scheme should be removed.

- **Introduce a comprehensive measure of primary care workload** to enable better matching of capacity and demand to protect primary care staff from burnout and enable a more responsive, safer service for patients.

- **Regulation, reporting and performance management should be 'right touch'**.

- **Different parts of the NHS should not be competing with each other on recruitment from the same pool of staff**. National policy needs to support and encourage collaboration within local systems. Policy which sets out workforce growth must be funded to support actual growth and not movement from one part of the sector to another.

- **The government must urgently deliver a long-term funding settlement and long-term plan for social care.** Without this, the social care sector will remain at risk of collapse and patients will increasingly have to rely on the NHS for support – which is far more costly and far less effective or suitable for the patient.

## Workforce burnout and resilience: the issues in focus

In the section that follows, we explore the state of the health and care workforce before the COVID-19 pandemic, the impact of the outbreak and implications for the future. Throughout, we address the questions posed by the inquiry, drawing on insights from organisations and leaders across our membership.

## The state of the NHS and social care workforce: understanding the landscape pre-COVID-19

For a number of years, the NHS Confederation and its networks, including NHS Employers, have been highlighting the significant workforce shortages across the NHS and social care sector. The issues surrounding high and consistent vacancy rates are closely linked to staff wellbeing and collective workforce resilience. Where there are gaps in staff rotas, and where optimal staffing numbers are persistently hard to obtain, the existing workforce is called upon to fill these gaps.

Over recent years, this has taken its toll on staff from across the health and social care sectors. In the last quarter of 2019/20, there were 88,347 full-time equivalent (FTE)[1] vacancies in England. In 2019, the NHS Staff Survey found that 40.3 per cent of respondents reported feeling unwell as a result of work-related stress in the last 12 months (this score has been steadily increasing since 2016)[2]. The national sickness absence rate rose from 3.8 per cent in April 2018 to 4.1 per cent in April 2019 – the highest level reported at that time of the year in a decade[3]. The most common cause of sickness absence was anxiety, stress, depression and other psychiatric illnesses, which accounted for nearly a quarter of staff absences.

Workforce challenges are not unique to one part of the NHS. Rather, the NHS Confederation – which represents NHS organisations across acute, primary, community and mental health care, as well as leading the Health for Care Coalition, which campaigns on social care sector issues – has heard from members that workforce issues are challenging their ability to deliver timely and effective patient care.

Recent reports by the Society of Occupational Medicine[4], the General Medical Council[5] (GMC) and Health Education England[6] (HEE) highlight the impact of ongoing pressures on the NHS workforce, resulting in the high prevalence of work-related stress, burnout, exhaustion, mental health conditions and in some professions, suicide.

There is consensus among these reports and studies that the factors which contribute to burnout, work-related stress and poor mental wellbeing among staff are often organisational or systemic in nature. These factors include workload, working patterns, bullying and harassment, work-life balance, presenteeism and challenges in providing the quality of care they would like to in difficult circumstances.

Overall, these factors could stem from either high workloads due to staff shortages or workplace cultures, practices and environments. The two are inextricably intertwined. The additional pressure placed on NHS staff is unsurprising, considering the significant workforce gaps the service is operating with[7], and compounded by staff shortages in the social care sector[8].

These challenges are prevalent across the NHS and social care. Below is a selection of examples:

### Mental health

Pre-pandemic, mental health and learning disabilities services saw some of the highest levels of vacancies across the system, with around 10 per cent of roles unfilled by permanent staff. An additional 10,000 staff have been recruited since 2017, but this is 9,000 short of HEE's target. To successfully implement the mental health commitments of the NHS Long Term Plan, an additional 27,000 staff are required.

### Primary care

There remain workforce shortages across nearly all roles in primary care. Despite ambitious government pledges to increase GP numbers and attempts to recruit internationally, numbers have in fact declined in recent years[9]. To take another example, while primary care networks (PCNs) receive funding to recruit clinical pharmacists, many have reported that there are simply not enough pharmacists to meet demand[10]. Looking ahead, the number of students applying to study pharmacy in the UK has fallen by more than 20 per cent over a five-year period, from 2014 to 2019.

In a recent report by the NHS Confederation's PCN Network, PCNs: One Year On, workload is identified as a key issue. For many PCNs, their workload has been heavier and more stressful than anticipated, with much of this work falling to the clinical director.

Primary care workload is not measured in the same way as in other sectors, making it difficult to truly understand the pressures. Where, for example, acute trusts have operational pressure escalation protocols (OPEL), there is no similar protocol in primary care when workload reaches unacceptable, and potentially unsafe, levels. There is no comprehensive measure of primary care workload, only of appointments, which fails to take account of the range of duties of the primary care workforce.

### Clinical commissioning

It is important to recognise that NHS staff that are not on the frontline can also suffer from burnout. In the 2019 NHS Staff Survey, clinical commissioning groups (CCGs) improved in a number of areas, including health and wellbeing and morale. CCGs are also concerned about staff wellbeing.

CCGs are in a period of transition. Mergers took effect from 1 April 2020 and a number of CCGs were merging at the time of the pandemic. This means those staff were either going through recruitment processes, organisational change or experiencing uncertainty in their current role. Their resilience at this point would have been mixed. Prior to the pandemic there was already pressure on CCG capacity as many staff had roles in integrated care systems (ICSs) or sustainability and transformation partnerships (STPs) alongside their CCG role. NHSEI's ambition to achieve a single CCG per ICS has created difficulties in recruiting to CCGs, and low staff morale as they move towards 'inevitable' mergers.

### Community services

Community health services keep people well at home, or in community settings as close to home as possible, and support people to live independently. Yet they have historically suffered from a lack of understanding and profile within the NHS national bodies. This has improved recently with the creation of a senior director role at NHSEI to champion community services and ageing well. However, there remains a need for NHSEI to invest appropriately in national policy and support infrastructure for these key services.

Much like clinical commissioning groups, even prior to the pandemic, the community services workforce faced the double challenge of meeting increasing patient demand and at the same time delivering against new goals as set out in the NHS Long Term Plan. This includes the aim to 'boost out-of-hospital care' and commitments to introduce a new national two-hour standard for community health crisis response and two-day standard for reablement care by 2023/24.

### Social care

The need for an increase in the social care workforce was already overwhelming before COVID-19 hit. With a workforce of circa 1.6 million people and the obvious demand of an ageing population,

the jobs growth in the sector has stalled since 2014. In comparison to other sectors, the vacancy rate in social care was nearly 8 per cent in 2018 versus the national average of 2.8 per cent in the same period[11].

In 2018/19, care workers were paid less than shop workers and cleaners. Yet it can be said that their responsibilities and training needs far outweighed those of workers earning comparable wages. As a result, social care has suffered for a long time from the combination of relatively low wages, high levels of responsibility, skills and time commitments that come with caring for patients.

## COVID-19's impact on the NHS and social care

COVID-19 changed the landscape for health and social care almost overnight. As a result, staff had to adapt in a multitude of ways, including learning and using technology for remote consultations; embedding social distancing in hospitals; wearing personal protective equipment (PPE) during medical interventions; treating severely ill COVID-19 patients; and in many instances, working longer hours and /or being away from home and family.

On top of this, staff have themselves suffered or died from COVID-19; had to deal with the loss of patients, family and colleagues resulting from the virus; and have also had to manage the mental health challenges of shielding and isolation that the wider public also faced during lockdown. This combination of events – even where necessary or inevitable – is going to take a toll on people.

Nevertheless, the workforce has shown great resilience in the face of these significant personal and sector-wide challenges. Employers in the NHS have told us that the majority of the workforce has so far coped well with the pandemic, but that they are starting to see the impact on individuals' mental health, reporting that their staff are beginning to show signs of fatigue, exhaustion and emotional distress.

They anticipate mental health issues will continue to develop in the coming months and years. This is consistent with the evidence base, which suggests that burnout and post-traumatic stress disorder may only start to emerge in the period following a crisis[12] [13].

Against the backdrop of the requirement for NHS trusts to significantly step up service provision and preparations for winter as part of the phase three guidance[14], NHS employers are concerned about their ability to deliver services at this pace with an already exhausted workforce.

There are many ongoing studies exploring the impact of the COVID-19 pandemic on the wellbeing of the NHS workforce, several of which will explore the impact on different staff groups, such as those with a disability or from a black and minority ethnic (BME) background[15]. At the time of writing, the only published studies are relatively small-scale, however, they do provide indicative findings that the pandemic has had a negative impact on the mental wellbeing of a significant proportion of the NHS workforce.

Evidence emerging from current studies and feedback from NHS employers outline a breadth of issues arising from COVID-19 that have had, and may continue to have, a negative impact on the mental wellbeing of the workforce. Specific issues include:

- increased workload and working hours
- intensity of working in different / COVID-19-safe environment
- the impact of the heroes narrative
- emotional strain from seeing large numbers of patients dying
- anxiety about their own and loved ones' health and infection risk
- guilt experienced by those shielding or working from home
- worries about being able to provide high-quality care.

### What is the current scale of workforce burnout across NHS and social care?

Burnout is only one example of how poor mental wellbeing, or mental ill health, might manifest itself. Individuals can experience a breadth of symptoms and conditions where work is a contributory factor[16].

The NHS Staff Survey 2020, due to take place in autumn 2020 and report in spring 2021, will focus on understanding the experience of NHS staff during the pandemic, their wellbeing and the support they received from their organisation.

### How does burnout manifest, how is it assessed and what are its causes and contributing factors?

Burnout is a psychological syndrome resulting from prolonged exposure to stressors, and is characterised by three characteristics: exhaustion; depersonalisation and detachment; and a sense of ineffectiveness[17].

There are a multitude of tools and measures used to assess these characteristics of burnout. However, burnout is not routinely assessed across the NHS workforce and the majority of the evidence on workforce burnout originates from academic studies or profession-specific surveys.

The annual NHS Staff Survey does measure many elements of staff wellbeing and factors that contribute to burnout, such as workload, organisational support, line manager support and organisational culture (such as bullying and harassment and raising concerns).

In addition, national sickness absence statistics demonstrate high incidences of overall mental-health-related illness, over 20 per cent of absence relating to stress, anxiety and depression[18]. Many NHS organisations also undertake regular pulse surveys and staff engagement activities to understand the experience of their staff and make improvements[19].

Understanding the wellbeing of the NHS workforce is a continual exercise, informed by the annual NHS Staff Survey, but is better understood at a local level, where organisations are able to engage directly with their staff at organisation, department and team level to gain insight into the specific issues contributing to poor wellbeing, and take targeted action to address these.

The supplementary resources and services funded by NHSEI during the pandemic have been welcomed as helpful additions for employers to offer to their staff.

Our members have provided examples of how the current working environment (responding to COVID-19) has changed how staff have needed to work. It is essential to understand this context when looking at what could be additional and new factors to burnout:

**PPE**: Restrictions brought in to protect staff and patients from the virus have been necessary, but they have impacted on the level of care that staff are able to provide. This impacts on staff morale. For example, reductions in therapeutic activities for service users in inpatient wards and use of full PPE when working with patients hinders building relationships between staff and service users.

**Remote and digital working**: The move to implement digital approaches at the beginning of the pandemic allowed many services to continue. However, staff often choose to work in the NHS as they value working face to face with patients. The move towards delivering services through video and phone calls is a huge transition for staff and working solely through digital means can cause fatigue. As one member explained, staff have to work harder to "process non-verbal cues like facial expressions, the tone and pitch of the voice, and body language."

### To what extent are NHS and care staff able to balance their working and personal lives?

The 2019 NHS Staff Survey results found that 54 per cent of staff were satisfied with the opportunities for flexible working, a result which has steadily increased from 50.3 per cent in 2015.

A 2019 survey of nurses by NHS Employers highlighted that flexibility means different things to different people[20]. Survey respondents outlined the type of flexibility they would like, including asking for greater choice in shifts, predictability of shift patterns and advance notice of rotas. Importantly, 35 per cent of respondents reported the main barrier to flexible working as staffing issues.

Lack of flexibility in working patterns can be a contributory factor to burnout, work-related stress and poor mental health. Poor work-life balance is increasingly cited by staff as a reason for leaving the NHS, accounting for 10 per cent of leavers in 2019, compared to 4 per cent in 2011[21].

There has been significant work undertaken by employers around flexible working and encouraging organisational cultures where managers and staff can have open conversations about flexible working. Where services are adequately staffed, this helps organisations to facilitate greater choice, predictability and flexibility.

There is clearly more work to do to improve flexible working opportunities and the focus in the NHS People Plan places this as a high priority for everyone.

Improving workforce supply, including developing new roles and routes into the NHS and adequately funding these initiatives, as well as using technology to deliver services differently, will enable organisations to offer and improve flexible working and agile working options for staff.

**What are the impacts of workforce burnout on service delivery, staff, patients and service users across the NHS and social care sectors?**

There is a well-established evidence base demonstrating how poor mental wellbeing impacts individuals, teams and organisations, as well as patients and service users.

At an organisational level, poor mental wellbeing and stress are associated with greater staff turnover, reduced productivity, higher rates of sickness absence and presenteeism[22] [23].

The care provided to patients can also suffer, as work-related stress is associated with medical errors, decision-making and lower quality care. Burnout, specifically, is associated with sleep deprivation, medical errors, poor quality of care and low patient satisfaction.

For individual members of staff, burnout, stress and poor mental health have significant impacts on their overall physical and mental wellbeing[24].

We know that different staff groups have been affected disproportionately by COVID-19. It is now well documented that BME individuals are at higher risk of dying from COVID-19. The anxiety that this caused for BME staff and their families cannot be underestimated. The strong focus in the latest edition of the NHS People Plan on tackling the inequalities that exist for some staff is welcomed.

A survey, carried out in June by the NHS Confederation's Health & Care Women Leaders Network, received responses from more than 1,300 women working across health and care in England, paints a stark picture of the difficulties they have faced during the pandemic, especially in terms of their physical and mental wellbeing. The findings of the survey draw out some of the positive experiences of health and care staff, such as opportunities for learning and the strength of support many have seen from their managers, as well as bringing teams together and building resilience. But most importantly, they show support will be needed as the crisis continues and beyond, in order to minimise the risk of burnout among female health and care staff, to protect women's wellbeing, and

to make sure they are mentally and physically well enough to continue to care for and support our communities.

All services are concerned that they have not yet seen the peak of demand and there are serious concerns over staff burnout over the next few months as we approach winter and demand rises. We also expect extra demand for mental health services.

### Primary care

Since the outbreak of the pandemic in England, clinicians across primary care have been required to take significant personal risks due to the lack of PPE. In April, for instance, a survey by Pulse revealed that one in four GPs had seen patients face to face without PPE[25].

Many patients have been fearful of going into hospitals for fear of catching COVID-19. While this has helped to ease pressure on A&E attendances, it has led to increased demand elsewhere – notably in community and primary care services. The setup of hot hubs has helped to mitigate these pressures in some areas.

Both clinical and non-clinical staff have often been required to worker longer days to compensate for others self-isolating or being sick. This has led to fatigue, which combined with the anxiety of rising COVID-19-related mortality among patients, has put significant pressure on staff.

During the first year of PCNs, clinical directors have faced an uphill battle to manage all the demands on their time and, as the PCN Network has highlighted, this has been especially difficult as they have had very limited or no administrative/management support. Within networks, clinicians are equally squeezed, with research this month showing that GP workload has been consistently higher than in 2019 over the past month[26]. As a result, certain aspects of PCN work delivery have had to be slowed to account for staff fatigue and absences.

However, the impact has also been felt by patients in primary care. Clinical directors have shared concerns that patient safety may be affected, with so many clinicians across primary care in a near constant state of stress and fatigue. Research released last year has demonstrated an association between GP wellbeing and burnout with patient safety in the UK, and there are worries about what the implications of staff burnout will be on patients over the crucial months ahead[27].

During the pandemic, some staff have been instructed to work remotely following a risk assessment and this in turn has created tensions. Those working directly with patients have often felt increased anxiety due to bearing higher risks and exposure to COVID-19, which have often not been compensated for, such as through increased pay. Those working remotely, meanwhile, have sometimes felt impotent and limited in their ability to help both patients and colleagues locally.

That said, digital working has helped to improve the resilience of the primary care workforce and ease pressures across many PCNs. This has been a necessity in many areas. One PCN clinical director told us that at one point up to 50 per cent of staff within their practice were self-isolating. Many have realised that, while not a panacea, much can be done through digital platforms off-site. We have heard that digital platforms have in some cases “created capacity that we didn’t realise we had.”

As we move out of the COVID-19 ‘emergency’ phase, PCN clinical directors have told us that the increasing demand from patients is proving an additional burden. Not only are PCNs now required to restore ‘business as usual’ services, but do so according to social distancing guidelines while simultaneously making preparations for a possible second wave of infections, upcoming winter

pressures and a mass flu vaccination programme. One GP has said this month that they have had the busiest phone call list they have had in 20 years in the profession, calling the current pressures a "tidal wave" of demand.

Amid this, it has been difficult for activity delivered against local enhanced services (LES) and the direct enhanced service (DES) to be aligned with COVID-19 working and the risk of local lockdown.

### Clinical commissioning

While the move to virtual meetings has significantly reduced travel times, the average time in meetings has significantly increased. Many staff reported they were in meetings almost non-stop from early in the day until well into the evening. This level of working is unsustainable and productivity is now reducing as staff are exhausted.

There was some positive impact among CCG staff. At the start of the pandemic, some CCG staff volunteered to do other things, indicating a high level of resilience and engagement. Indeed, commissioning staff were redeployed at pace during the crisis, for example CCG nurses supported the Integrated Personal Commissioning  training effort in care homes, while continuing healthcare (CHC) nurses supported hospital discharge. Similarly, we saw managers deployed out to support the primary care effort, for example bolstering the managerial capacity and planning for general practice, and adding a lot of value and technical expertise.

Throughout the pandemic, CCGs were also monitoring workforce capacity in general practice to keep an eye on capacity/support practices. Some practices struggled to keep services going due to staff sickness, childcare issues, lack of PPE and isolating, which had an impact on the wider staff who were bearing the load. Many CCG staff worked round the clock to get real-time data on staffing in order to keep as many practices as they could open.

### Community services

Community service providers worked tirelessly to support staff who are often spread out across hundreds of sites or work remotely, and are conscious that they will need the opportunity to recover and rest after this challenging period.

Community providers welcomed the 2.8 per cent pay rise for doctors, which was announced on 21 July, but stress the importance of providing central funding to recognise the additional work undertaken by community staff in all roles and professions during the pandemic.

Fragmented commissioning and frequent retendering of contracts has been a longstanding issue for community service providers. Given the scale and spread of NHS community health services, many providers manage several different contracts with various CCG and local authority commissioners. This often entails time-consuming performance management and transactional contract monitoring meetings.

While community service providers welcomed the suspension of transactional contracting during the COVID-19 response, there are now worrying reports of local authorities looking to retender contracts for NHS community health and public health services. It is not reasonable or feasible to expect community staff and services still operating in a Level 3 incident to divert time and energy to take part in competitive tendering processes this financial year. Competitive tendering risks damaging morale by creating an unnecessarily uncertain future for frontline staff who continue to

risk their own safety to support the NHS response to the pandemic. It would also destabilise effective working relationships with both NHS and local authority commissioners.

### Social care

The biggest impact of COVID-19 on the social care workforce has been staff sickness. Care home workers and home carers account for the highest proportion (76 per cent) of COVID-19 deaths[28].

Skills for Care has also reported that staff absences have risen[29]. It is worth noting there is no data at the moment to analyse how much of this absence has been due to COVID-19 illness or due to other associated reasons like anxiety.

The second biggest impact has been on pressure, as demand has significantly changed during the period when the sector responded to the COVID-19 crisis. The Health Foundation, among others, has pointed out big changes in patterns in admissions to both hospital and nursing/care homes. The demand for care has seen a significant change of pattern too: 26 per cent of care providers reported an increase in demand for social care in May, however, 46 per cent reported a decrease[30].

What is clear is that between March and April, admissions to hospital from care homes went up as a percentage of all hospital admissions[31].

While not directly a workforce issue, the financial pressures in the social care sector are significant. Care England has pointed to financial pressures, including insurance premiums, over the last months. Any instability in the market, and especially any shortage of beds, is highly likely to have a direct link to demand in the NHS. This will be at a cost and will lead to shortages in other NHS areas.

### Planning for the workforce of the future

It has been well-established that both the NHS and social care have significant workforce gaps, and that there is a need to increase training and supply into the NHS workforce[32] [33] [34]; improve working conditions to retain existing staff[35]; and develop new roles to support transformation of how services are delivered and complement existing roles. The NHS People Plan aims to tackle a number of key issues, however, there remain questions that still need to be answered. These are set out below.

Moreover, employers in the NHS remain deeply concerned about shortages in social care, specifically support roles and the impact this has on being able to deliver an integrated care package. When freedom of movement ends from January 2021, supply from outside the UK will effectively be cut off for employers recruiting these key workers, and this will impact on the ability to grow the workforce to meet the demand. It is essential that a social care people plan is published alongside wider social care reforms to stabilise and secure the sector's long-term future.

Ultimately, the challenges and solutions presented in this submission require significant financial investment, and so the NHS and social care sector look eagerly toward the government's Comprehensive Spending Review in the autumn of 2020 to understand what will be achievable. What is clear, however, is that fixing the workforce challenges is a crucial part in achieving the NHS Long Term Plan, delivering the government's manifesto pledges, resuming services as per the pre-COVID-19 era and preparing the service for a difficult winter ahead.

**To what extent are there sufficient numbers of NHS and social care professionals in training for service and resilience planning?**

Employers and training providers, with the support of Health Education England, are working quickly to support students and trainees to catch up on any study/placement time using different learning methods where possible, to ensure completion of programmes as planned.

Reducing workforce gaps, whether through increasing training places, additional recruitment activity, developing new roles or retaining existing staff, is essential to bolstering staff numbers in health and care.

Nevertheless, it is reassuring that last year saw a record number of GP training places accepted[36]. Continued growth in this area will be needed if we are to avoid seeing the shortfall of 7,000 GPs that the Health Foundation has warned we may see by 2023/24[37]. Of course, any recruitment successes will also be in vain without improved retention of the existing workforce, and recent figures showing a drop in the number of GPs overall (as set out above) are cause for concern. Equally, the success of PCNs will rely not simply on GPs but on a wide range of primary care professionals working collaboratively. Clinical pharmacists, for instance, will be key and as highlighted above there are real concerns about the drop in those taking up pharmacy training places.

**Will the measures announced in the NHS People Plan so far be enough to increase resilience, improve working life and productivity, and reduce the risk of workforce burnout across the NHS, both now and in the future?**

The ambitions set out in the NHS People Plan are in line with evidence and reflect the multitude of report recommendations explored in this submission.

The NHS Confederation was supportive of the NHS People Plan being published with as much certainty as could be provided, especially around funding workforce growth, at this point in time.

NHS Employers, and employers across the NHS, recognise that there are other factors and investment decisions that still need to be taken, which impact on the workforce growth plans acknowledged as necessary in the NHS Long Term Plan and Interim People Plan.

The forthcoming spending round, and the decisions on where to place NHS money to support workforce growth and improving the experience of staff, are critical.

Without a sufficient and sustainable workforce pipeline for health and social care, the impact of the time, energy and investment organisations make in interventions to improve staff wellbeing will be severely diminished by the negative consequences of workforce shortages.

Many of the asks announced in the NHS People Plan to improve the wellbeing of NHS staff are already in place in many NHS organisations but will need continual and sustained investment and review to ensure effectiveness in an ever-changing context and environment.

Employers are working hard to engage with staff to develop local solutions that address the needs and challenges experienced by their workforce. The examples explored in this submission demonstrate the significant progress that organisations have already made in improving workplace cultures, changing ways of working, and improving staff wellbeing[38].

Employers feel they can best deliver the changes asked of them when they have freedom and support to make the right decisions for their local organisations, workforces and the service users they support.

Employers know there is more work needed, particularly to improve the experience of staff from different backgrounds, including BME staff.

NHS Employers is continuing to support organisations to do this, through facilitating shared learning, developing practical guidance and keeping employers up to date with the latest thinking.

Employers also tell us they need funding, resources and staff to deliver:

- preventative approaches to reduce the risk of burnout and mental ill health by improving workplace cultures, practices and environments

- implement services, whether locally or at a system level, to treat mental health issues across the workforce.

This is particularly important to support the immediate health needs of the health and care workforce resulting from COVID-19, but also to support the longer-term wellbeing of staff.

However, the lack of a plan for social care is a significant problem which must be addressed. The NHS Confederation's report Time to Grasp the Nettle reiterates our members' call for a national, integrated health and care workforce strategy to address a workforce that is under-trained, underpaid and overly reliant on agency staff[39].

A cultural shift that clearly considers social care as an important part of the health and care system could be a good first signal. For example, COVID-19 showed that social care often came second to the NHS, for example, in accessing PPE.

The high vacancy rate, increased responsibilities and ratios will unquestionably have affected employees' stress levels. Taking into account the changes in demand that we have seen during the pandemic, an integrated workforce strategy would be the best way to respond.

Achieving parity with the NHS is a long way off if we look at the disparities in current pay and conditions. There are arguments in favour of moving social care workers into the Agenda for Change framework. While these are plausible, any levelling-up of the playing field would most likely have to take into account the whole of the playing field as it did within the NHS, including costs and access to the market[40]. What is clear is that England needs a stable, well-funded social care sector that can respond to current demand, so patients access the highest quality care, at the right time and in the right place.

## Conclusion

We entered the pandemic with nearly half the workforce reporting work-related stress, multiple workforce challenges and high vacancy rates across every part of the NHS – and critical vacancy rates in some areas, such as mental health. COVID-19 has exacerbated these systemic challenges. Many staff have been redeployed to new environments, working extraordinary hours and postponing annual leave, while enduring a sobering new normal with the loss of patients and colleagues on a scale unimaginable, and enduring the daily anxiety of whether they and their families were sufficiently protected.

Our teams have demonstrated incredible resilience in the face of these challenges, but our members are starting to see the cusp of a tidal wave of mental health issues among their exhausted staff. Senior leaders recognise the need to improve conditions for all staff, particularly those from ethnic minorities and are committed to providing support to their teams. They tell us though that they need support from national leaders, both political and regulatory, in a number of key areas.

There is a danger that the resilience shown in the first wave of the pandemic is leading to complacency about what can be achieved as part of the phase three guidance, against the backdrop of winter pressures and the potential for a second peak or series of localised outbreaks of infection. Conversely, the ambition of the NHS People Plan is welcome but too many investment decisions have been postponed or clarity has not been forthcoming, especially with the longstanding need to address vacancies.

For an exhausted workforce, platitudes and promises need to rapidly turn into tangible solutions that are fully resourced in the upcoming spending round. Indeed, the spending round really will be the last opportunity to ensure systemic workforce challenges do not enter an acute phase just as we approach winter. As outlined in this submission, there are plentiful examples of employers taking action to improve staff experience, engagement, flexible working and wellbeing. However, these will ultimately remain incremental gains until shortages are addressed. It is a numbers game and we can ill afford for investment decisions to be postponed any longer.

## Further information

If you would like further information please contact Victoria Fowler, public affairs manager on victoria.fowler@nhsconfed.org

Additional information on the NHS workforce and COVID-19 can be found on our website: NHS Employers.

Danny Mortimer, chief executive of NHS Employers is available to take part in oral evidence sessions or to speak with the committee with regards to any of the issues highlighted in this report. Please contact Victoria Fowler if you would like to arrange this.

## References


[1] NHS Digital (2020). NHS Vacancy Statistics England February 2015 - March 2020, Experimental Statistics https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/february-2015---march-2020-experimental-statistics

[2] NHS Staff Survey Results http://www.nhsstaffsurveyresults.com/

[3] Copeland, A (2019). NHS sickness absence: let's talk about mental health. The King's Fund. https://www.kingsfund.org.uk/blog/2019/10/nhs-sickness-absence

[4] Kinman,G, Teoh, K and Harriss, A (2020). The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom. The Society of Occupational Medicine https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf

[5] West, M and Coia, D (2019). Caring for doctors Caring for patients. General Medical Council. https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

[6] Health Education England (2019). Mental Wellbeing Report. https://www.hee.nhs.uk/our-work/mental-wellbeing-report

[7] Nuffield Trust (2019, updated 2020). The NHS workforce in numbers https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#2-what-is-the-overall-shortfall-in-staff-in-the-nhs

[8] Skills for Care (2019). The state of the adult social care sector and workforce in England https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf

[9] Nuffield Trust (2019, updated 2020). The NHS workforce in numbers. What is the overall shortfall in staff in the NHS? https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#2-what-is-the-overall-shortfall-in-staff-in-the-nhs

[10] The Pharmaceutical Journal (2019). 'Urgent action' needed on pharmacist shortages. https://www.pharmaceutical-journal.com/news-and-analysis/features/urgent-action-needed-on-pharmacist-shortages/20207322.article?firstPass=false

[11] The King's Fund. Social care 360: workforce and carers https://www.kingsfund.org.uk/publications/social-care-360/workforce-and-carers

[12] Greenberg, N (2020). "Going for Growth": An outline NHS staff recovery plan post-COVID-19 (outbreak 1) . Royal College of Psychiatrists. https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/going-for-growth-version-3-05-05-20.pdf?sfvrsn=7cf71c97_4

[13] British Psychological Society (2020). The psychological needs of healthcare staff as a result of the Coronavirus outbreak https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf

[14] NHS England and NHS Improvement (2020). Third phase of the NHS response to COVID-19 (letter). https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

[15] NHS Employers (2020). Disabled staff experiences during COVID-19 survey https://www.nhsemployers.org/news/2020/08/disabled-staff-experiences-during-covid19-survey

[16] Mind. Types of mental health problemshttps://www.mind.org.uk/information-support/types-of-mental-health-problems/

[17] Maslach C, Leiter MP (2016). Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103-111. doi:10.1002/wps.20311 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911781/

[18] NHS Digital (2020). NHS Sickness Absence Rates April 2020, Provisional Statistics. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2020-provisional-statistics

[19] NHS Employers (2019). Maximising NHS Staff Survey data at a local level. https://www.nhsemployers.org/-/media/Employers/Publications/Staff-engagement/Maximising-NHS-Staff-Survey-data-at-local-level---Jul-2019.pdf

[20] NHS Employers (2020). Nurses' views on flexible working: survey report https://www.nhsemployers.org/-/media/Employers/Publications/Workforce-Supply/Retention/FW-Survey-report.pdf

[21] NHS Digital (2019). Leavers from the NHS by age and reason for leaving 2010 -2019 AH3120 https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2019-supplementary-information-files/leavers-and-joiners/leavers-from-the-nhs-by-age-and-reason-for-leaving

[22] Royal College of Physicians (2015). Work and wellbeing in the NHS: why staff health matters to patient care https://www.rcplondon.ac.uk/file/2025/download

[23] West, M and Coia, D (2019). Caring for doctors Caring for patients. General Medical Council. https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

[24] Health Education England (2019). NHS Staff and Learners' Mental Wellbeing Commission https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf

[25] Pulse (2020). One in four GPs has seen Covid-positive patients with no PPE http://www.pulsetoday.co.uk/clinical/clinical-specialties/respiratory-/one-in-four-gps-has-seen-covid-positive-patients-with-no-ppe/20040684.article

[26] Bostock, N (2020). GP workload consistently higher than 2019 over past month, data show. GP Online. https://www.gponline.com/gp-workload-consistently-higher-2019-past-month-data-show/article/1692107?bulletin=bulletins%2Fdailynews&utm_medium=EMAIL&utm_campaign=eNews%20Bulletin&utm_source=20200818&utm_content=GP%20Daily%20(71)::www_gponline_com_article__1&email_hash=

[27] Hall, L, Johnson, J, Watt, I and O'Connor, D (2019). Association of GP wellbeing and burnout with patient safety in UK primary care: a cross-sectional survey. British Journal of General Practice 2019; 69 (684): e507-e514. https://bjgp.org/content/69/684/e507

[28] Hodgson,K et al (2020). Adult social care and COVID-19: Assessing the impact on social care users and staff in England so far. The Health Foundation. https://www.health.org.uk/sites/default/files/upload/publications/2020/20200730-Adult-social-care-and-COVID-19-impact-so-far.pdf

[29] Skills for Care (2020). Days lost due to sickness - monthly tracking https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Days-lost-due-to-sickness.aspx

[30] Skills for Care (2020). Recruitment and retention. https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Recruitment-and-retention.aspx

[31] Hodgson,K et al (2020). Adult social care and COVID-19: Assessing the impact on social care users and staff in England so far. The Health Foundation. https://www.health.org.uk/sites/default/files/upload/publications/2020/20200730-Adult-social-care-and-COVID-19-impact-so-far.pdf

[32] National Audit Office (2020). The NHS nursing workforce. https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce-Summary.pdf

[33] Shembavnekar, N (2020). Going into COVID-19, the health and social care workforce faced concerning shortages. The Health Foundation. https://www.health.org.uk/news-and-comment/charts-and-infographics/going-into-covid-19-the-health-and-social-care-workforce-faced-concerning-shortages

[34] Beech, J et al (2019). Closing the gap: key areas for action on the health and care workforce. The King's Fund. https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce

[35] The Health Foundation. Falling short: the NHS workforce challenge. https://reader.health.org.uk/falling-short/retention

[36] Canter, L (2019). Record numbers of GP training places accepted. Pulse. http://www.pulsetoday.co.uk/news/all-news/record-numbers-of-gp-training-places-accepted/20039580.article

[37] Charlesworth, A et al (2019). Investing in The NHS long term plan: Job done? https://www.health.org.uk/publications/reports/investing-in-the-nhs-long-term-plan

[38] NHS Employers (2020). Improving performance by improving staff wellbeing https://www.nhsemployers.org/case-studies-and-resources/2020/08/improving-performance-by-improving-staff-wellbeing

[39] NHS Confederation (2020). Social Care: Time to Grasp the Nettle. https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Social-care-RESET_report_FNL.pdf

[40] Monitor (2013). A fair playing field for the benefit of NHS patients: Monitor's independent review for the Secretary of State for Health https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284634/The_Fair_Playing_Field_Review_FINAL.pdf