The NHS is one of the largest employers in the world, with a total workforce of over:

**One million**

- **Almost 320,000** total number of nurses
- **Over 113,000** total number of medical staff

They provide care, free at the point of use, for 55 million people. Every year they:

- Transport **4.7 million** patients to A&E by ambulance
- Provide **100 million** contacts in community services
- Manage **21 million** A&E attendances
- Deliver over **648,000** babies
- Provide specialist mental health and learning disabilities services for over **1.8 million** people
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But NHS leaders are increasingly worried about having the right number of staff with the right skills:

“[Workforce] is the only thing that keeps me awake at night. It speaks to our capacity to provide safe quality of care to patients.”

Hospital trust chief executive
What are the workforce challenges facing NHS trusts?

**Significant shortages of clinical staff**

In the first three months of 2017...

- There are significant shortages of clinical staff, most notably nurses, paramedics and some medical specialists.

- Demand for services, and in turn demand for staff to deliver services, has grown more quickly than the pipeline of new staff. At the same time, workforce policy decisions have too often been dominated by unacknowledged funding considerations, which has created unintended consequences later on. For example, between 2010/11 and 2012/13, nurse training places were cut by 13%.

- Trusts are finding that they are increasingly having to close specialty services, either completely or for periods of time. In many places, they are finding it difficult to fill rotas, and so need to use agency staff or ask existing staff to fill gaps and work longer or extra shifts.

...over 86,000 NHS posts were unfilled.

**Mismatch between the number of staff required and the funding available**

In April, over 60% of trust leaders were worried they wouldn’t have the right staff in six months’ time to deliver high-quality care.

- Patient demand is increasing, and there is a mismatch between the number of staff required to safely staff services and the NHS budget.

- The pressures on workforce and funding are intertwined. Trusts are struggling to match the staffing levels they require with the finances available. Even if money were not a constraining factor, insufficient staff have been trained to meet current and projected demand. Meanwhile, where staff can be recruited, trusts cannot afford to employ them and balance their books.

- There is a lack of transparency about how the NHS budget constrains national workforce-planning decisions around how many staff to train, which influences trust-level forecasts of demand for staff. The workforce picture for healthcare providers continues to be one where the NHS needs a strategic, planned solution to the triple problem of ensuring a supply of staff, meeting rising demand and affordability.
What are the workforce challenges facing NHS trusts?

**Increasing difficulty in recruiting and retaining overseas staff**

- The NHS is not training enough healthcare professionals to be self-sufficient, meaning that it relies on EU and international staff to ensure safe staffing levels. Around 167,500 nationals from the European Economic Area (EEA) currently deliver health and social care services to local communities across England. Trusts are working to increase domestic training opportunities, but the NHS and social care system will need to continue to recruit from abroad for the foreseeable future.

- As NHS trusts seek to tackle workforce shortages and ensure services are staffed safely, a number of recent developments have made recruitment and retention of overseas staff more challenging:
  - Brexit has introduced unwelcome uncertainty for EU staff, with the ongoing rights and status of EEA staff currently working in the health and social care sector unclear, and how the NHS will be able to recruit staff from the EEA unconfirmed.
  - The tougher language tests introduced in 2016 for EEA nurses registering to work in the UK (which were already impacting on recruitment of nurses from the rest of the world) and increased immigration charges for employers have also made overseas recruitment more difficult and expensive.

In 2016, 2,700 EU nurses left the nursing register, an increase of 69% on 2014’s figure. In early 2017 60% of surveyed EEA doctors said they were considering leaving the UK, with 91% indicating that Brexit was a factor in this decision.

**Pay restraint and increasingly pressured working conditions**

- The NHS is more than seven years into the longest and deepest financial squeeze in its history. Against a backdrop of rising patient demand, trusts are increasingly struggling to retain staff as their jobs become tougher and pay falls in real terms.

- The future adverse impact of ongoing pay restraint has been highlighted by independent review bodies and has now become a matter of political debate. There is increasing demand from staff and NHS leaders, as well as a growing number of politicians, for a plan on how and when pay restraint will end, and how it will be funded.

- In addition, staff report that their jobs are becoming increasingly stressful and difficult. The latest General Medical Council training survey shows, for instance, that over half of all doctors in training say that they work beyond their rostered hours at least weekly. The latest NHS staff survey reveals that more than 1 in 3 NHS staff (37%) report they have experienced illness due to work-related stress.

More UK nurses and midwives are now leaving the nursing profession...

...than joining it.
How can workforce challenges be tackled?

Trusts are already making progress locally...

Trusts have made sustained improvement in tackling workforce challenges by:

- **Reducing agency spending**
  Trusts have improved the financial sustainability of the NHS by saving £700m since price caps were introduced in October 2016.

- **Developing new and more staff**
  NHS trusts have embraced the newly developed nursing associate role, and are furthering apprenticeship opportunities.

- **Taking the initiative locally**
  Trusts are responding to the long-term national workforce supply challenge by pursuing local solutions. These range from making links with local colleges which include guaranteed employment at the end of courses to promoting careers in the NHS through local secondary schools.

...but will require national support if they are to succeed in this parliament

There is an opportunity to support trusts in meeting the workforce challenge through:

- **A plan to tackle current workforce gaps**
  based on realistic training timescales

- **A plan to move from seven years of pay restraint**
  to ensure NHS roles are attractive and appropriately rewarded

- **Urgent clarity on the status of EU nationals who work in the NHS**
  and a future immigration system that is sufficiently flexible to allow the NHS and social care system to continue to recruit the staff it requires

- **A credible and joined up workforce strategy**
  setting out the long-term approach to ensuring the NHS has the right number of staff, with the right skills in the right place to deliver high-quality care within the allocated NHS budget

- **An appropriately funded NHS**
  to ensure that we are not constantly asking NHS staff to deliver the impossible.

**NHS Providers** is the representative body for NHS hospital, ambulance, community and mental health providers. We have 97% of all NHS foundation trusts and trusts in membership. Collectively, our members interact with a million patients every 36 hours, account for £70 billion of annual expenditure and employ more than 960,000 staff. We help them 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.

For data sources, please visit [www.nhsproviders.org](http://www.nhsproviders.org)