

Number of NHS staff after the COVID-19 pandemic

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Background

Even before the pandemic the NHS workforce was under extreme pressure, with demand for health and care services increasing year-on-year in the context of constrained finances and workforce shortages. After the longest and deepest financial squeeze in NHS history, the service entered the pandemic with over 100,000 workforce vacancies. Over two thirds of respondents in the 2018 NHS Staff Survey felt there were not enough staff at their organisation to enable them to do their jobs properly.¹ The pandemic has exacerbated these pressures, with the NHS now facing a care backlog and an exhausted workforce.

Workforce challenges

The NHS workforce has been working flat out for the best part of a year, with the most recent COVID-19 peak seeing higher rates of hospitalisation and death than the first and occurring alongside winter pressures. Frontline NHS staff need time to recover. Even before the pandemic, the 2019 NHS Staff Survey showed that a significant portion of staff experience work-related stress and too many staff are stretched beyond a reasonable limit.² In an NHS Providers survey of trust leaders in August 2020, 99% of respondents were concerned about the level of burnout across the workforce, even before the second wave.³

¹ <https://www.nhsstaffsurveys.com/Page/1101/Past-Results/Staff-Survey-2018-Detailed-Spreadsheets/>

² <https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>

³ <https://nhsproviders.org/the-state-of-the-nhs-provider-sector-2020/key-findings>

Trust leaders have also reported higher levels of staff absence during the pandemic. The latest sickness absence figures show that across England, over 100,000 NHS staff were absent from work with more than 50% linked to COVID-19 related sickness or self-isolation on 14 January, creating additional strain on staff who are still able to work.⁴

In order to reduce burnout and pressure on the frontline of health and social care, enough additional staff are needed not only to cover existing workforce gaps, but also to build flexibility into the system.

Workforce flexibilities and innovations

The speed at which workforce flexibilities and innovations have been implemented in the NHS since the outbreak of COVID-19 has been both impressive and encouraging. It is important that these valuable developments are not lost after the pandemic and should be given longevity to bring about a more flexible approach to workforce management in the NHS. Examples of workforce flexibilities include⁵:

- **Flexibility and staff deployment in roles** – Staff movement between employing organisations and different clinical settings was made significantly more straightforward by reduced bureaucracy enabling staff to begin new posts more quickly while avoiding repeated and time-consuming training.
- **Cross-organisational working** – The pandemic has shown the opportunities for joined up recruitment and workforce planning. In addition, a more streamlined regulatory environment during the pandemic has facilitated rapid action and decision-making between different health and care organisations.
- **Technology** – Use of technology during the pandemic enabled NHS capacity to increase through expanded use of virtual consultations and remote care. Trusts reported that this has improved outpatient experiences and enabled better prioritisation of care delivery.

Developing workforce resilience

Steps must be taken to ensure, protect, and maintain staff resilience, particularly by giving them time to decompress. It is unrealistic and unfair to expect healthcare workers to go from coping with one crisis to working flat out to manage the backlog of care that has arisen during the pandemic.

⁴ <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/>

⁵ <https://nhsproviders.org/media/690388/workforce-flexibility-during-covid19.pdf>

It is not only issues of staff wellbeing arising from the pandemic which need to be addressed, but also those that were prevalent prior to it. For too long, an unsustainable level of discretionary additional effort has been required by staff in the delivery of rising demands in patient care, with just 22.9% of respondents to the 2019 NHS Staff Survey reporting that they “never” or “rarely” experienced unrealistic time pressures in their jobs, and 55.9% reporting that they worked unpaid hours in the preceding year.⁶

The People Plan 2020/21, published in July 2020, also recognised the growing issue of staff burnout, but stopped short of offering a comprehensive, multi-tiered approach to protect mental wellbeing backed by significant government funding. Research has repeatedly shown that workload is a central determinant of stress at work and, ultimately, burnout for staff. Trust leaders are keenly aware of the potential for large numbers of staff needing to take long term leave, or exit the NHS altogether, following the relentless pressure of the pandemic. The Health Foundation projects the workforce gap is set to double over the next five years, exceeding 475,000 staff by 2033/34.⁷

To protect the wellbeing of the NHS workforce in the long term it is clear that enough additional staff are needed not only to cover existing workforce gaps, but also to build flexibility into the system. By building a resilient system, workforce wellbeing will be far better protected by realistic workloads, more regular and reliable breaks, and a better work life balance. A fully costed and funded workforce plan is absolutely key to making this a reality for the NHS.

⁶ <https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>

⁷ <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/144997/nhs-facing-projected-workforce-gap-of-more-than-one-million-by-203334/>