

Nursing Workforce Shortages in England: 21 Missed Warnings



Introduction

In a heavily fragmented health and care system, as we have in England, the UK Government must ultimately be accountable for ensuring workforce planning to enable safe and effective staffing levels. Health and care service staffing levels have significant implications for patients' safety, experience and outcomes. Studies have shown that too few nursing staff can lead to higher instances of missed care, increased patient mortality and longer hospital stays.¹

The COVID-19 pandemic has exposed the fragilities within our health and care services. Nurses and nursing support staff have been on the frontline, supporting patients and their families throughout the deadly pandemic. The UK government has failed to heed the multiple warnings about workforce planning by multiple organisations in the years before the pandemic hit. Due the scale of workforce insufficiency for the delivery of safe and effective care, it was necessary to have to execute emergency powers to enable the regulator to register retired nurses, and to deploy nursing students. Nursing staff and patients have borne the brunt of Government inaction.

“The government’s Health and Care Bill presents the clear opportunity to introduce provisions for workforce planning.”

In recent years, the strength of voices speaking out about the inadequacy of health and care workforce planning in England has increased. A diverse range of stakeholders, from independent thinktanks to professional bodies and trade unions, continue to highlight the impact that a lack of workforce strategy, poor workforce planning and the poor funding for health and care services is having on staffing levels and patient safety. Despite the consistency of these warnings, the UK government is yet to act substantively, despite well documented workforce shortages, leaving immediate and longer-term patient care at significant risk.

We – along with all the other organisations cited here – have called repeatedly on the government to take meaningful action to address workforce planning. The government’s Health and Care Bill presents the clear opportunity to introduce provisions for workforce planning. As it passes through parliament, we urge government to amend the Bill to ensure that in future England has robust, independent projections of the health and care staff the country will need, to underpin fully funded workforce planning. We, the RCN, must be recognised for our role in setting standards as the professional nursing body in the UK.

We set out here just how often - in the past five years alone - the UK government has been warned by relevant cross-party parliamentary groups, health think tanks, trade unions and other influential health sector organisations, about the growing scale of the nursing workforce shortage, within the context of growing population needs. We have included publications from wider independent organisations to demonstrate the strength of support. Our own publications can be [accessed here](#).

2016

March

- 1 The Health Foundation released **a report examining whether the workforce was fit for purpose**, assessing all the components and bodies of the NHS workforce in England. They conclude that “the solution to the workforce system’s structural problems is not to seek wholesale reorganisation, but to improve opportunistically, and to introduce better strategic coordination”.²

July

- 2 The Health Foundation looked at **the profile and features of the NHS workforce in England**, including:
 - health labour market trends
 - relevant international data and comparisons from other countries
 - a series of specific ‘pressure points’.

The report concludes that the greatest threats to the delivery of the NHS’s *Five Year Forward View* are funding constraints and workforce shortages.³

2017

October

- 3 The Health Foundation released **a report analysing the profile and trends of the NHS workforce**. It also focuses on two pressure points:
 1. the impact of the removal of the NHS bursary on student nurse numbers
 2. staff retention.

They stated that “there is a substantial disconnect between headline statements and actual policy implementation and local delivery – the gap between national rhetoric and the reality for the NHS workforce is growing”.⁴

2018

January

- 4 The Health Select Committee **released a report on the nursing workforce**. They found that the nursing workforce is overstretched, struggling to cope with demand and that not enough attention is being paid to retaining the existing nursing workforce.⁵

November

- 5 The three major health think tanks - the Health Foundation, the King's Fund and the Nuffield Trust set out **the reasons why the long-term plan and supporting workforce strategy must address the urgent and mounting challenges facing the health care workforce**. They warned that "Current workforce shortages are taking a significant toll on the health and wellbeing of staff."⁶ [and] "If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5bn secured for NHS frontline services will go unspent".⁷

2019

March

- 6 The three major health think tanks - the Health Foundation, the King's Fund and the Nuffield Trust released **a report looking into the key areas of action needed to tackle the health and care workforce shortages**. Looking specifically at nursing and general practice, where the workforce problems are particularly severe, the report examines evidence to propose a series of policy recommendations which should be at the centre of the workforce implementation plan. They state that "there are no silver bullets, but these are high-impact policy actions which, if properly funded and well implemented across the NHS, would over time create a sustainable model for general practice and help to eliminate nursing shortages. They will require investment of an extra £900m per year by 2023/24 into the budget of Health Education England".⁸
- 7 The NHS Confederation reported on **developing integrated care systems**. Within this report, they highlighted the importance of local involvement in workforce decision making and planning. They recommended that "integrated care systems should pilot and prioritise local approaches to supply and retention, and develop and deploy new system measures to better understand and utilise their existing health and care workforce".⁹ Despite this recommendation, there have been no published findings on how local decisions have been used to understand existing workforce needs. Integrated care systems have continued to formalise without this key learning. NHS Confederation said that "it is critical that local leaders and systems are heavily involved in shaping the wider public discussion about devolving workforce responsibilities".¹⁰

June

- 8 NHS England published the *Interim NHS People Plan*. This marked a significant shift as it was the first time that the NHS itself was publicly acknowledging the scale of the nursing workforce challenge as well as a clear understanding of underlying factors affecting domestic workforce supply. The report stated that “There are significant staff shortages across the country in many parts of our workforce; however, shortages in nursing are the single biggest and most urgent we need to address”.¹¹

July

- 9 The House of Lords Economic Committee published their *findings from an inquiry into social care funding*. Workforce retention and recruitment was identified as one of the three main challenges in social care. They focussed on the need for additional investment to allow for pay increases to address these challenges. They recommended that the UK government “increased funding for adult social care will allow for investment in the care workforce. Higher pay is required for care workers in publicly-funded care providers to allow those providers to compete with other local employers”.¹²

November

- 10 The Health Foundation looked at *the challenges within the NHS workforce in England*. They used data and trends to show that the reality of progress was limited. They warned the UK government that “to prevent nursing shortages growing further, urgent action is needed to increase the numbers of nurses in training, reduce attrition and improve retention”.



2020

March

- 11** The National Audit Office reported on **the delayed NHS People Plan**, particularly looking at challenges such as the scale of nursing workforce shortages. In this report, they warned that “despite overall increases in the number of nurses, the NHS does not have the nurses it needs”.¹³ They also stated that “in January 2019, the NHS Long Term Plan set out service commitments for NHS England’s £33.9bn additional funding settlement that did not include detailed plans to secure the workforce needed to deliver them”.¹⁴

July

- 12** The Public Accounts Committee reported on **NHS capital expenditure and financial management**. Within this context, they made clear that the pandemic “should not be used as an excuse not to address long-standing issues which we have highlighted in our previous reports such as workforce shortages”.¹⁵ The Committee warned that they still had concerns about the level of vacant posts, and noted that “the people plan, intended to be published in 2019 to support the NHS Long Term Plan has been repeatedly delayed, and only an interim, non-costed plan has been published. The delayed people plan has now been put on hold again by the COVID-19 crisis”.¹⁶ As of June 2021, this plan has still not been published.

September


- 13** The Public Accounts Committee published its **report into the NHS nursing workforce** and highlighted that there has been “further delay to the overdue NHS People Plan”, they warned that “there is a risk that the NHS is focusing on short-term pressures at the expense of the necessary long-term strategy”.¹⁷ They further criticised the UK government’s approach to expanding the nursing workforce, stating: “the Department could not show that its commitment to 50,000 more nurses by 2025 matches the actual need for nurses in the NHS. It is essential that the NHS understands not just how many nurses it needs, but where and in what specialism”.¹⁸ Despite this, the UK government has not published any further detail underpinning the 50,000 figure, either in terms of how this figure has been calculated, where these nurses will be deployed, how this additional supply will be secured or how far it goes to address both population and service needs.
- 14** The King’s Fund **reported on supporting nurses and midwives to deliver quality care**. Within this report, they discussed that the pandemic has highlighted the conditions which the nursing and midwifery workforce have been working under. They stated that “the impact of the pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for a long time to come. The crisis has also laid bare and exacerbated longstanding problems faced by nurses and midwives, including inequalities, inadequate working conditions and chronic excessive work pressures”.¹⁹
- 15** The NHS Confederation reported on **the workforce of the future**. Within this report they stressed the importance of workforce within future planning. They stated that “future workforce needs is one of the biggest challenges facing NHS leaders. In responding to COVID-19, we are likely to see both the continued focus on recruiting into the nursing profession but also the need to widen traditional means of access and the development of more integrated health and care roles to meet new ways of working and the changing system priorities”.²⁰

October

- 16** The Health and Social Care Select Committee published their **report into social care funding and workforce**. They highlighted that funding shortfalls are “having a serious negative impact on the lives of those who use the social care system [in England], as well as impacting the pay levels of the workforce and threatening the sustainability of the care market”.²¹ Despite this, there is a still significant funding shortfall, no published long-term plan and no package of reforms. The Committee warned about the impact of not providing a long-term funding settlement: “Failure to do so is also likely to inhibit reform and lead to higher costs as workforce shortages become more pronounced with higher dependency on agency staff”.²²
- 17** The British Medical Association (BMA) **reported on workforce shortages and supply amongst consultants**. Within this report they called on the government to “prioritise health and wellbeing of staff: It is vital that existing staff are properly cared for, including ensuring comprehensive risk assessments are rolled out and staff need to have adequate access to appropriate PPE”.²³
- 18** Healthwatch published their **findings into people’s experiences of hospital discharge during the pandemic**. They identified the workforce shortage as a key factor in impacting peoples experiences. Healthwatch recommended that “at a national level, the NHS People Plan for 2020/21 should be built on to create a fully costed and funded health and care workforce strategy based on a robust assessment of population needs”.²⁴

December

- 19** The Health Foundation **reported on workforce pressure points**. Within this report, they warned that “the 50,000 target will be insufficient to meet increased demand. We argue there needs to be a shift in focus, away from a single top-down target to a more sustainable, long-term approach”.²⁵ They highlighted that compared to other high income countries the UK has fewer nurses per population.



“Integrated care systems should pilot and prioritise local approaches to supply and retention, and develop and deploy new system measures to better understand and utilise their existing health and care workforce.”

2021

May

- 20 The Health and Social Care Select Committee criticised the proposed workforce planning solution put forward by the **UK government in their February 2021 White Paper**.²⁶ The Committee stated: “we do not believe that the duty to publish an update on the roles and responsibilities once every five years is an adequate response to workforce shortages that are endemic in the NHS”.²⁷

June

- 21 The Health and Social Care Select Committee published their **report into workforce burnout and resilience in the NHS and social care**. In this report they stated that “the way that the NHS does workforce planning is at best opaque and at worst responsible for the unacceptable pressure on the current workforce which existed even before the pandemic”.²⁸ They also highlighted that workforce decisions are made based on existing funding rather than identified population needs for the people of England, stating “It is clear that workforce planning has been led by the funding envelope available to health and social care rather than by demand and the capacity required to service that demand”.²⁹ The Committee concluded that the impact of burnout “has negative consequences for the mental health of individual staff, impacting on their colleagues and the patients and service users they care for”.³⁰



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