

Evidence Brief: Workforce challenges and solutions

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Reports

Key policy documents

[Priorities for the NHS workforce: the NHS Trust perspective](#)

September 2024, NHS Providers

This briefing provides an overview of the following areas of NHS workforce policy:

1. Building an NHS fit for the future
 - The NHS Long Term Workforce Plan (LTWP)
 - Supporting management and leadership
2. Pay
 - Very senior manager (VSM) pay framework
 - Chair and non-executive director (NED) remuneration
3. Culture and staff wellbeing
 - NHS England's equality, diversity and inclusion (EDI) improvement plan
 - Staff wellbeing and mental health
 - Sexual safety

[The NHS workforce in numbers](#)

February 2024, Nuffield Trust
Here we lay out the facts – in so far as the existing data allow – on size and structure of the current NHS workforce. We highlight the extent of current shortages and their effect, and outline some of the workforce pressures that lie ahead.

[NHS People Plan](#)

July 2020, NHS
The [People Plan 2020/21: action for us all](#), published at the end of July 2020 along with [Our People Promise](#), built on the [interim People Plan](#) to set out a range of actions to deliver this. These are organised around four pillars:

- looking after our people – with quality health and wellbeing support for everyone

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- belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- new ways of working and delivering care – making effective use of the full range of our people's skills and experience
- growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

[NHS Long Term Plan](#)

January 2019, NHS
The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

Ageing workforce

[Recruitment and retention of older workers](#)

2022, NHS Employers

Information and practical guidance for employers in being more age-inclusive towards older workers in recruitment processes and employment offers.

[Supporting an ageing medical workforce](#)

2019, British Medical Association (BMA)
The UK workforce is ageing and so are NHS staff. The UK's ageing population is growing, and this demographic shift is shaping the UK labour market. As older workers will constitute a growing proportion of the available workforce, employers must adapt to accommodate their needs. As the fifth largest employer in the world, the NHS's workforce is also ageing. Forty seven percent of NHS staff are now aged 45 or over and the average age is 43. This is predicted to rise over the coming years.

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[The ageing workforce: checklist to assess organisational readiness](#) 2015, NHS Working Longer Group

The NHS Working Longer Group (WLG) has produced this readiness checklist to help you assess how age aware your organisation currently is and to help you action plan for the future. It is a stage in the continuous improvement cycle which should be repeated regularly to track improvements and continue action planning for success.

Burnout

[Beating burnout in the NHS](#) February 2024, NHS Employers
Burnout in the NHS is more prevalent than ever. NHS trusts must address this to ensure staff wellbeing and high-quality patient care is sustained.

[Burnout in healthcare: risk factors and solutions](#) July 2023, Society of Occupational Medicine
Burnout has serious implications for organisations and patients/service users as well as the health and wellbeing of practitioners, so it is essential to implement evidence-informed intervention strategies for its prevention and management. As burnout is a response to workplace stress, interventions are needed at the organisational as well as the individual level.

[Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis](#) September 2022, BMJ
This meta-analysis provides compelling evidence that physician burnout is associated with poor function and sustainability of healthcare organisations primarily by contributing to the career disengagement and turnover of physicians and secondarily by reducing the quality of patient care. Healthcare organisations should invest more time and effort in implementing evidence-based strategies to mitigate physician burnout across specialties,

and particularly in emergency medicine and for physicians in training or residency.

[Workforce burnout and resilience in the NHS and social care](#)

May 2021, Health and Social Care Select Committee
Against a context of workforce shortages, funding pressures and reconfiguration of services, concerns about the morale of the NHS and social care workforce are not new. Even before the pandemic, one third of the doctors who responded to a survey published by the BMJ in January 2020 were described as burned out, with those in emergency medicine and general practice most impacted. In June 2019, the predecessor Health and Social Care Committee held a one-off evidence session with Baroness Harding on the Interim People Plan, intended to complement the NHS Long Term Plan and focus on the challenges specific to the health service workforce. Key proposals included making the NHS the ‘best place to work’ and improving leadership culture. In July 2020 We are the NHS: People Plan for 2020/21– action for us all was published, along with Our NHS People Promise, with further detail expected after that Autumn’s Spending Review.

[Burnout in healthcare: the case for organisational change](#) July 2019, BMJ

The link between burnout and performance in healthcare is probably underestimated: job performance can still be maintained even when burnt out staff lack mental or physical energy as they adopt “performance protection” strategies to maintain high priority clinical tasks and neglect low priority secondary tasks (such as reassuring patients). Thus, evidence that the system is broken is masked until critical points are reached. Measuring and assessing burnout within a system could act as a signal to stimulate intervention before it erodes quality of care and results in harm to patients.

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Brexit

[Brexit and health: 4 years on](#) February 2024, The Lancet
Perhaps the most obvious impact Brexit has had is on the NHS workforce, which is a function of both recruitment and retention. Brexit has made recruitment more difficult. Since 2016, numbers of health workers coming from the EU to work in the NHS have fallen precipitously. From September, 2016, to September, 2021, the number of nurses who trained in the European Economic Area and were registered in the UK fell by 28%, from 38,992 to 28,007. However, there has also been an increase in health workers coming from the rest of the world, who now make up the majority of newly registered doctors in some specialties. For example, the number of international medical graduates joining the General Practitioner Register almost tripled from 2018 to 2022, whereas the number of UK graduates becoming general practitioners fell by 4%. Yet while pivoting recruitment of staff from Europe to the rest of the world has avoided a more disastrous short-term crisis, the current UK Government's determination to reduce net migration threatens future recruitment. Although NHS workers can get cheaper visas than others and can claim back the cost of the NHS surcharge that visa holders must pay on top of their taxes to access NHS services, constant changes to the rules have created uncertainty and health workers considering moving to the UK can have little confidence in their long-term future. Brexit has had a less direct role in staff retention, which has been more severely impacted by health-care professionals choosing to leave a system in which they do not feel valued to emigrate or retire prematurely. But the adverse impact of Brexit on economic performance in the UK also makes it more difficult to find money for competitive salaries for a health workforce and investment in working environments.

[Health and Brexit: six years on](#) December 2022, Nuffield Trust
On workforce, the English NHS had been drifting along with unsuccessful or non-existent domestic planning for some time. By 2016, EU migration had become one of its greatest relief valves, serving the same purpose for social care where poor pay and conditions, and a lack of reform, was causing growing problems. Largely shutting it off has caused complex issues. The primary response of the system has been to recruit aggressively from other sources of migration, but this is fraught with multiple problems: finding the same types of staff for whom reliance on the EU had been built up, ethical concerns about recruiting migrants with fewer rights from poorer countries, and the practical issue of migration rules which still bar many social care staff.

[Has Brexit affected the UK's medical workforce?](#) November 2022, Nuffield Trust
The findings suggest that stagnation in the number of EU doctors in these specialties has exacerbated existing shortages in areas where the NHS has not been able to find enough qualified staff elsewhere. While deeper research into drivers of migration is needed, it appears likely that the decision to leave the EU in 2016 plays a role.

[Brexit and the Health & Social Care workforce in the UK](#) November 2018, National Institute of Economic and Social Research
The UK's H&SC workforce is under considerable strain to provide services for an ageing population with increasingly complex needs. While many of the problems supplying new recruits into the sector pre-date the 2016 Brexit referendum, the vote to leave the European Union (EU) has added another layer of challenge and uncertainty for planning this future workforce. This report examines recent trends in the UK's H&SC workforce and the critical role of EEA nationals within it. This is a vital issue

because the vote to leave the EU and ongoing uncertainty regarding any deal between the UK and EU, will undoubtedly impact on their decision whether or not to stay with significant implications for the sector. It can also impact the decision of EEA nationals to move to the UK in the future.

COVID-19 and the pandemic

[COVID-19: The impact of the pandemic on the medical profession](#) June 2024, BMA

This report looks at the impact of the pandemic on the medical profession. It explores how the pandemic has affected their physical, mental, and emotional wellbeing, and to what extent adequate support was available. It also discusses the financial consequences of COVID-19 for medical professionals and the pandemic's impact on career progression for those in training.

[COVID-19: Impact of the pandemic on healthcare delivery](#) June 2024, BMA

Growth in health spending has not been consistent over the lifetime of the NHS – and in the decade before the pandemic, spending increases were significantly below the long-term average. This put the UK's total health spend well below that of comparable nations. While some additional funding was made available during the pandemic, sustained underinvestment left the UK's health services unable to sufficiently grow the workforce, tackle rising waiting lists, or modernise infrastructure and estates in the years preceding the pandemic.

[The recovery of training and education post-COVID-19: the importance of supporting the consultant workforce](#) January 2023, British Journal of Hospital Medicine

The consultant workforce is key to training recovery, but their motivation to do this, particularly post-COVID-19-pandemic, is poorly understood. In general, in this study the motivation to

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perform educational activities was lower than pre-pandemic levels and may be owing to increased workload pressures. There was a mismatch between the desire to perform additional hours of work and the frequency at which additional hours of work were performed. A large proportion of the consultant workforce demonstrate a degree of burnout, which may affect the motivation to deliver on educational and training roles. Interventions delivered at on an organisational level are more likely to have a positive impact on both motivation and levels of burnout.

[Securing a sustainable and fit-for-purpose UK health and care workforce](#) May 2021, The Lancet

COVID-19 has exposed weaknesses in the workforce, and the UK has experienced one of the highest rates of excess mortality attributable to the pandemic. The health and care workforce was placed under unprecedented pressure and frequently exposed to high-risk and traumatic situations. The health and care workforce will continue to be put under considerable strain as the NHS seeks to address a growing backlog of unmet need for health-care services caused by the cancellation or postponement of many elective procedures and routine care. Now, as the UK seeks to rebuild its health and care service and improve resilience against future health-care shocks, we discuss how to develop, support, and sustain the current and future health and care workforce.

[Recover, reward, renew: a post-pandemic plan for the healthcare workforce](#) March 2021, Institute for Public Policy Research

One year since the COVID-19 pandemic took hold, the political narrative has become one of recovery, for the health system as much as for the economy. But what does 'build back better' really mean for an exhausted and over-stretched healthcare workforce?

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[Covid-19 and the health and care workforce: supporting our greatest asset](#) September 2020, NHS Reset and NHS Confederation

Health and care staff and the teams they form are the fundamental component of how the nation delivers healthcare. Over the last six months, colleagues across all parts of the health system have mobilised resources, deployed creativity, worked at pace and applied learning to ensure the immediate challenges presented by the pandemic were managed. In responding to the pandemic, we have seen the commitment, professionalism and compassion of staff shine through. Sacrifices have been made by many, and public support has been both uplifting and humbling. This needs to be harnessed in collective efforts to improve people's experience of work and to build the workforce of the future.

Cost of living

[Supporting staff with the rising cost of living - good employment practice](#) 2024, NHS Employers

Our cost of living hub brings together long and short-term solutions to support employees with the rising cost of living. These solutions are real life examples of what organisations are currently putting in place to support their staff. We also have our enablers, which provide key background information, guidance from NHS Employers and case study snippets from organisations who are implementing strategies into their workforce.

[The cost of caring: poverty and deprivation among residential care workers in the UK](#) October 2022, Health Foundation

Broader policy action is also needed to improve living conditions and reduce the burden of poverty on the nation's health – including investment in housing, education and training, and social security. Government has recently provided considerable

support to help people cope with soaring energy bills. But without further targeted support for poorer households, life will get even harder for social care workers in the UK.

[Rising cost of living is worsening NHS workforce crisis and workload](#) September 2022, BMJ

The impact of the rise in the cost of living on staff health and wellbeing has been highlighted in a survey of leaders of NHS hospital, mental health, community, and ambulance services in England by their representative organisation NHS Providers.

NHS leaders said that rising living costs are also increasing demand for care and support, with some patients struggling with the costs of managing their conditions, heaping more pressure on overstretched services.

[Rising living costs: the impact on NHS, staff and patients](#) September 2022, NHS Providers

Inflation is eroding the NHS funding settlement, creating cost pressures for trusts, particularly for fuel, energy and consumables. However this briefing, based on a survey of trust leaders, focuses deliberately on the impact of the rising cost of living on NHS staff, and the patients and communities they support. The response rate to our survey of trust leaders was 54% with representation across acute, mental health, ambulance and community sectors, all showing a high level of concern about the effect the cost of living is having on NHS staff and patients alike.

[Cost of living and the impact on nursing labour outcomes in NHS acute trusts](#) February 2021, Institute for Fiscal Studies (IFS)

This report examines the effect that variation in the cost of living has on the labour supply of existing nurses in NHS acute trusts.

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Culture

[Incivility experiences of racially minoritised hospital staff, consequences for them and implications for patient care: An international scoping review](#) March 2024, Sociology of Health and Illness

The ongoing reporting of workforce disparities faced by racially minoritised hospital staff underscores the inadequacy of current interventions in addressing negative workplace behaviours. It highlights the need for hospital initiatives to address the intersections between racialisation, racism and incivility in order to effectively progress towards an inclusive, positive work culture. Moreover, there is a lack of comprehensive understanding regarding how covert behaviours function, contributing to this complex workforce issue. Our global scoping review examined subtle, uncivil behaviours and experiences of racially minoritised staff from both internal (staff) and external (patients and visitors) sources. It revealed that rude and disrespectful behaviours manifest in diffusive ways, leading to multi-level consequences that significantly strain workgroup relations and impact patient care processes.

[Being fair 2 – improving organisational culture in the NHS](#) March 2023, NHS Resolution

The report also highlights the significant link between organisational culture and individual behaviours, emphasising how fairness and open cultures of continuous quality improvement can improve staff wellbeing and patient safety. This link is explored as part of the advice that we provide and is also a key driver for our Compassionate Conversations programme, which aims to support honest conversations on practitioner performance.

[Supporting our staff: a toolkit to promote culture of civility and respect](#) 2021, NHS

Bullying and harassment have no place in the NHS. The NHS Constitution provides the framework for the principles and values of the NHS in England. The NHS People Plan reminds us to ensure that staff must feel valued, supported and empowered to carry out their work. Therefore, we must address levels of bullying and create compassionate and inclusive cultures which has implications for staff health & wellbeing, staff engagement and ultimately patient care.

[Bullying and harassment report: Policy, research and recommendations](#) 2018, BMA

BMA policy recommendations on how to reduce bullying and harassment and create a more positive culture in the NHS and medical profession. This bullying and harassment report, launched at our conference in November 2018, is a reflection of what we have learned and what needs to happen across the profession. It sets out key issues that need addressing, and recommendations for change.

Diversity and Inclusion

[NHS Workforce Race Equality Standard \(WRES\)](#) March 2024, NHS England

This Workforce Race Equality Standard 2023 report is a snapshot of where NHS trusts and foundation trusts in England are today on addressing race inequalities.

There is continued evidence of ongoing and sustained improvement since 2016 across the indicators that measure representation, shortlisting to appointment and continuous development. It also highlights areas where there is more to be done to address existing discrimination. Inequalities in any form are at odds with our NHS values.

The overview of the regional variations in experiences presents an opportunity to consider steps that can be taken to raise all regions to similar levels of improvement. It is through shared learning and collaboration, that we envisage continued improvement in the coming years.

[NHS equality, diversity and inclusion \(EDI\) improvement plan](#)

June 2023, NHS England

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

[Sexual orientation and gender identity in the medical profession](#)

November 2022, GLADD and British Medical Association

This report has found that fewer than half (46 per cent) of lesbian, gay, bisexual, and queer respondents feel able to be open about their sexual orientation where they work or study. The report, based on 2,490 responses from doctors across the UK, suggests a medical workforce that still suffers from and engages in persistent negative stereotypes, derogatory language and social exclusion. It makes several recommendations around improving medical curricula, better training, increasing the visibility of LGBTQ+ role models and enabling dialogue and space to learn.

[Shattered hopes: black and minority ethnic leaders' experiences of breaking the glass ceiling in the NHS](#)

June 2022, NHS Confederation

Reflections on the lived experience of senior black and minority ethnic leaders in the NHS.

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[NHS Disabled staff experiences during Covid-19](#) NHS

Employers

This report outlines the working experiences of NHS disabled staff during the first wave of the pandemic, access the key findings and recommendations.

[Attracting, supporting and retaining a diverse NHS workforce](#)

November 2021, Nuffield Trust

The NHS in England employs some 1.5 million people (Rolewicz and Palmer, 2021). This equates to around 1 in 19 of the total workforce in England. The work that the NHS does would not be possible without the critical contribution of a broad diversity of people, covering different genders, ethnicities, disabilities, religions, national origins, sexual orientations, ages and other characteristics. However, there appears to be scope for the NHS to become a more inclusive, diverse and equitable workforce at every level. Across an array of characteristics – including ethnicity, disability, gender and religion – some groups are under-represented in certain NHS careers. For instance, men account for only 1 in 9 (12%) of the nursing and health visitor workforce whereas women account for little more than a third of medical consultants (38%) (NHS Digital, 2021b).

[How to recruit and support disabled staff in the NHS](#)

August 2021, NHS Employers

A toolkit to help NHS organisations encourage and support disabled applicants to apply for roles in the NHS and retain them.

[Workforce race inequalities and inclusion in NHS Providers](#)

July 2020, The King's Fund

The NHS has one of the most ethnically diverse workforces in the public sector. However, year after year, ethnic minority staff report worse experiences in terms of their lives and careers, when compared with white staff and people from an ethnic

minority background are under-represented in senior positions in the NHS.

Flexible working

[Flexible working to support staff with the rising cost of living](#)

March 2024, NHS Employers

As part of the NHS People Plan, the NHS People Promise sets out a series of commitments, one of which is we work flexibly. This ambition is to give people greater choice over their working patterns, helping them to achieve a better work-life balance, and support them with the increased cost of living. To ensure the NHS remains an employer of choice and can attract talent in a competitive job market, more action is needed to increase the uptake of flexible working.

[Gender, flexibility and workforce in the NHS: A qualitative study](#)

February 2024, International Journal of Health Planning and Management

Although there are expected trajectories in medicine which tightly align with the needs of the healthcare system and patients, the experience of these trajectories in practice is very different than those anticipated by policy makers. Without the flexibility required for trainee doctors to manage family life, the unintended consequences range from burnout to leaving the profession entirely. The lack of accommodation of individual need is in stark contrast to NHS rhetoric for patients, around personalised care and continuity. While there is increasing recognition of a requirement for flexibility, as evidenced in recent changes to medical training programmes, this represents small steps in a slow programme of improvement, and does not address the wider need for reform. Until medical careers have a greater tolerance for diversity within them, they will not meet the needs of diverse doctors.

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[Job crafting and flexible working in general practice](#) October 2022, Institute for Employment Studies

This study explores how six GP practices across the UK have approached the challenges of designing and implementing flexible work designs and job crafting to meet the increase in patient demands and ensure that individual staff needs and the wider practice can be balanced.

[Flexible working: toolkit for individuals and line managers](#) July 2022, NHS England

NHS England have created two flexible working guides, in collaboration with Timewise and NHS Staff Council. The guide for individuals will help prepare staff for positive conversations to make requests about flexible working and provide staff with the best chance of agreeing a solution that works for them, their teams and their organisations. The guide for line managers offers support in how to lead a flexible team, helping managers to put structures and processes in place to support and encourage flexible workplace for all.

[Flexible working scenarios](#) February 2022, NHS Employers

The NHS Staff Council has developed a range of scenarios to help employers embed the new contractual flexible working provisions.

[Workforce Flexibility in the NHS](#) October 2020, NHS Providers

This briefing focuses specifically on NHS workforce flexibilities and innovations. It has been directly informed by trust leaders, drawn from the conclusions of a roundtable discussion held in July, which focused on changes to workforce management during the first peak of COVID-19 in England. This briefing explores and makes recommendations on six key areas of change:

1. staff wellbeing
2. flexibility in staff deployment and roles

3. cross-organisational working and regulation
4. technology
5. making use of new roles
6. funding.

[How to embed flexible working for nurses](#) August 2020, NHS Employers
A guide on flexible working for the nursing workforce.

[Flexible working in the NHS: the case for action \(how designing roles flexibly will help the NHS find and keep talented staff\)](#) 2018, Timewise

The staffing crisis in the NHS has the organisation close to breaking point. Large numbers of staff are leaving, with many citing work-life balance as the primary reason. Recruitment is proving challenging, vacancies remain unfilled, and agency costs are spiralling as a result. Yet, while flexible working is central to tackling these issues, there is no clear definition of what flexible working means within the NHS. Furthermore, the organisation tends to operate on a request-response model, in which flexibility is seen as a problem to be accommodated, rather than a way to meet the nonwork needs of all staff. The variety of roles and ways of working adds further complexity, with different solutions needed for shift-based working.

Leadership

[Connected Leadership: a unique learning community for ICS leaders](#) October 2022, NHS Confederation
A new leadership development programme that will build community, ignite collaboration, spread innovation and grow networks.

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[Leadership for a collaborative and inclusive future](#) June 2022, Department of Health and Social Care

There are many examples of inspirational leadership within the health and social care sector, delivered in the face of enormous pressure. From ward to board, from the manager in a care home to the receptionist in a GP surgery, great leadership and personal example are being exercised daily in pursuit of the best possible outcomes for patients and public health. But such qualities are not universal and nor are leadership and management skills engrained as the basic building blocks of organisational success, as they perhaps are in other sectors.

[Strengthening NHS management and leadership](#) February 2022, The Health Foundation

As part of the Health Foundation's research on management in the health service, we interviewed NHS managers and leaders in England to understand the challenges they face, what works well and what could be done differently. In this long read, we set out some of the insights from these interviews, focusing mainly on the role and practice of managers, and how they are trained and supported.

[Clinical leadership – a framework for action: A guide for senior leaders on developing professional diversity at board level](#)

August 2021, NHS Improvement

This guide addresses The NHS Long Term Plan priority around nurturing the next generation of leaders and supporting all those with the capability and ambition to reach the most senior levels of the service. It was developed in response to the 2018 recommendations to the Secretary of State for Health and Social Care to ensure more clinicians from all professional backgrounds take on strategic leadership roles.

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[Leadership in the NHS](#) September 2019, BMJ Leader
Inclusive leaders apply a similar approach to improving staff treatment as to any other factor impeding good patient care. They listen to staff and patients, understand relevant research, find other organisations successfully tackling similar issues and adapt or adopt evidenced approaches using real-time data from staff surveys, workforce reports, patient feedback, clinical risk indicators and soft informal staff intelligence that may be direct or proxy measures of culture. For such leaders, budget pressures are not simply counter posed to caring for and supporting staff since that approach prevents either being achieved.

New roles

[New clinical roles in the NHS](#) June 2024, BMA
A broad guide to some of the newer clinical roles that have been introduced to the NHS as part of new models of service delivery or to ease workload pressures.

[Expanding our workforce](#) 2023, NHS England
The Additional Roles Reimbursement Scheme was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of 17 new roles within the multidisciplinary team, selected to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

Pay

[Pay setting for doctors and nurses: what can the NHS learn from other countries?](#) May 2024, Nuffield Trust

Industrial action has been an ongoing feature of the NHS in England since 2022. Although consultants have recently accepted a new pay deal, nurses remain officially in dispute and there has been no conclusion for junior doctors. Alongside disputes over pay, there has been criticism of the process by which pay is set, with questions arising about the independence and fairness of the pay review bodies. Unions have argued for reform of the process, calling for the government to move to direct negotiations. International experience can provide helpful insight into how other countries set pay for doctors and nurses. In a sample of countries that we looked at, we found that negotiations and collective bargaining most often take place between employer and employee organisations. Agreements range from one to four years in duration, with flexibility to account for different circumstances. Processes such as mediation, arbitration and independent bodies exist to help resolve disputes.

[Where next for nurses' pay?](#) June 2022, Health Foundation
The gruelling effects of the pandemic and cost-of-living crisis have accelerated the need to review the current approach to NHS nurse pay determination, to ensure it can be fit for purpose as part of an overall NHS workforce strategy. • This analysis looks at the impact of high inflation and other factors affecting nurse pay, assessing the potential implications for the 2022 NHS Pay Review Body recommendations on nurses' earnings. Secondly, we consider the extent to which the current pay determination system could be improved to meet NHS nurse workforce priorities.

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[Placed at a premium? The use of recruitment and retention pay supplements to address staffing shortfall](#) June 2022, Nuffield Trust

Regional variation in NHS staffing levels can lead to inequalities in health outcomes, care quality and people's ability to access services. Our new analysis explores supplementary payments (also known as recruitment and retention premia), which have been used by NHS organisations across England over the last few decades and present an opportunity to ensure a fairer distribution of staff. They can be designed to attract or keep staff working in certain services, locations or specialties.

Pensions

[Pay, pensions and reward](#) 2024, NHS Employers
Advice, guidance and support on staff reward, the NHS Pension Scheme and the NHS pay and terms and conditions of service.

[NHS workforce and pension taxation crisis](#) June 2022, British Medical Association

Since 2018, the BMA has argued that the Annual Allowance (AA) is completely unsuited to defined benefit schemes such as the NHS and called for the AA to be scrapped in defined benefit schemes, something that had been supported by the Treasury's own advisers, the Office for Tax Simplification. However, the Government, did not agree and instead raised the taper thresholds to £200,000 and £240,000. The BMA was clear at the time, and ever since, that whilst this approach does mitigate some of the issues around the taper, it is not an effective solution, as the unfair interactions between pension taxation and the NHS pension scheme regulations remain – and crucially this does nothing to affect the punitive effects of the general annual allowance nor the lifetime allowance. Not only has the raise in taper thresholds not fixed the problem but the situation has reached now reached a further crisis point due to the

combination of the levels of stress and burnout across the NHS, the McCloud judgement, the freezing of the lifetime allowance in 2021 and the rapid rise in inflation (Consumer Price Index, CPI) and a flaw in the Finance Act such that it is no longer operating as originally intended (i.e. measuring pension growth above inflation).

Social care

[Adult social care workforce in England](#) January 2024, House of Commons Library

Adult social care faces several longstanding workforce challenges, including:

- Increasing demand for care
- High vacancy and turnover rates
- Low pay with limited pay progression
- Poor terms and conditions compared to competing occupations

[Social care data in the UK: current landscape, challenges, and future recommendations](#) November 2023, Expert Review of Pharmacoeconomics & Outcomes Research

This study identified several social care data sources that are currently suitable for research purposes or that may be suitable in the future should data availability, access route, and/or scope of social care data captured be established, and data custodians' aspirations are achieved. However, there is still a need to improve the availability and the accessibility of social care data to researchers. Given the extreme cost and resource pressures on social care and the interdependence between social and health care, the ability to perform studies with comprehensive, high-quality, and readily accessible social care data may improve the efficiency and use of social care in the UK, allow for better integration of social care data in Health Technology Assessments (HTA) processes, improve assessment of the

impact of medicines and vaccines on social care, and ultimately save very limited financial and other resources.

[The state of the adult social care sector and workforce in England](#) October 2023, Skills for Care

We identify five factors that are key to retaining adult social care staff. They are:

- Being paid more than the minimum wage
- Not being on a zero-hours contract
- Being able to work full time
- Being able to access training
- Having a relevant qualification.

Where none of these factors apply, care workers are more than twice as likely to leave their jobs than when all five factors apply – a 48.7% turnover rate compared with 20.6%. Implementing these factors should make it easier for the people who love what they do to stay, by improving terms and conditions and investing in their career development.

[The state of health care and adult social care in England 2022/23](#) October 2023, Care Quality Commission

Workforce pressures, already a huge challenge, have further intensified, with ongoing industrial action by NHS staff unhappy with pay and conditions. The number of people on waiting lists for treatment has grown to record figures and in the face of longer waits, those who can afford it are increasingly turning to private healthcare. Research from YouGov shows that 8 in 10 of those who used private health care last year would previously have used the NHS, with separate research showing that 56% of people had tried to use the NHS before using private healthcare.

The danger is that the combination of the cost of living crisis and workforce challenges exacerbate existing health inequalities, increasing the risk of a two-tier system of health care. People who cannot afford to pay could end up waiting longer for care

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while their health deteriorates. Our adult inpatient survey, based on feedback from over 63,000 people, found that 41% felt their health deteriorated while they were on a waiting list to be admitted to hospital.

[Addressing social care workforce challenges: what can England learn from Wales, Scotland and Northern Ireland?](#) Nuffield Trust, February 2023

All four UK countries are struggling with workforce pressures and it's clear that none have successfully tackled the issue. But it is striking that the Migration Advisory Committee has singled out England for its inaction, warning that “the conditions now faced by the social care sector are unsustainable”. In contrast, the committee has commended Scottish and Welsh governments for their “clear action” to address pay and professional status of staff working in social care. So is there anything England can learn from its closest neighbours when it comes to workforce reform in social care?

[System on a cliff edge: addressing challenges in social care capacity](#) July 2022, NHS Confederation

There is unsustainable pressure on health and care services, driven strongly but not exclusively by the severe capacity challenges affecting social care. Like the NHS, the sector faces steep vacancies and is struggling to recruit and retain staff desperately needed to keep people well at home and support them to leave hospital safely.

[Recruitment and retention in adult social care: a qualitative study](#) June 2022, Migration Advisory Committee

The adult social care sector has experienced major challenges related to the recruitment and retention of staff for many years. These have been acutely felt in the last few years in the wake of events such as COVID-19 and Brexit, with vacancy rates in the sector reported to have risen sharply in the last year. These

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challenges put pressures on the sector, its workers, and users, with care providers increasingly having to rely on expensive agency staff and feeling forced to turn down new clients. In July 2021, the Migration Advisory Committee (MAC) was commissioned by the Minister of Future Borders and Immigration to undertake an independent review of adult social care and how these challenges might be addressed. The specific objective of the commission was to understand the impact that the ending of Freedom of Movement between the UK and EEA in January 2021 has had on the sector, and particularly how it has impacted:

- The adult social care workforce, such as skills shortages
- Visa options for migrant care workers
- Long-term consequences for workforce recruitment, training and employment terms and conditions

[Unfair to care: understanding the social care pay gap and how to close it](#) 2021, Community Integrated Care

In our report - 'Unfair To Care: Understanding The Social Care Pay Gap and How To Close It' - we provide empirical evidence that frontline carers receive an unfair deal in comparison to other publicly-funded roles and we break the stereotype that social care is a 'low-skilled' sector. This groundbreaking research demonstrates the true financial value of a frontline care worker. Illustrating that many frontline social care workers would be paid 39% more - nearly £7000 per year - in equivalent positions within the NHS, local authorities and other public funded industries, the roots of the social care crisis are laid bare. This is an issue that affects not only the entire care sector but society at large too. It can only be changed with progressive reform and focus from central government. Social care is funded by local authorities who are stretched to breaking point. These same challenges, in turn, are passed on to care providers, families and the people we support. Change is needed. We hope that this research gives fresh impetus to support this.

Shortages, supply, recruitment and retention

[Trends and determinants of clinical staff retention in the English NHS: a double retrospective cohort study](#) April 2024, BMJ Open

This study tackles pressing retention challenges, including high turnover, demographic shifts and evolving work contracts. The results highlight the need for strategies, incentives and policies to improve retention rates and ensure the NHS's future sustainability. This study also highlights that proximity to the early retirement and state pension ages, as well as the flexibility of appointment and contract duration, are the primary predictors of retention among NHS clinical professionals. The findings shed light on the individual drivers of retention, encompassing both stability within the NHS and the decision to quit the NHS hospital sector. Furthermore, the study reveals the changes in retention patterns over time, providing valuable insights for identifying and addressing future retention challenges within the NHS.

[Inspire, attract, and recruit toolkit: resources and guidance to support your workforce supply](#) May 2024, NHS Employers

This resource has been developed for NHS HR professionals, recruitment teams and managers to help inspire, attract and recruit your future workforce.

[NHS staffing shortages: Why do politicians struggle to give the NHS the staff it needs?](#) November 2022, The King's Fund

The paper is chiefly focused on the political barriers that have led to the failure over time to secure a sufficient supply of NHS staff. It does not therefore address non-political aspects of workforce planning, such as its technical design. Nor does it cover shorter-term staffing issues, including questions of pay and non-pay retention initiatives (such as reform of doctors' pensions), and questions of administrative and technological support to help staff do their jobs – where the principal barriers are those of

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feasibility and affordability rather than being mainly political in nature. These are nonetheless critically important to ensuring we have a sufficient number of staff, working effectively.

[RCP view on the NHS workforce: short- and medium-term solutions](#)

October 2022, Royal College of Physicians

This policy paper outlines how staffing shortages are the biggest barrier to meeting demand for care and delivering health care sustainably in the long term. It describes how a long-term plan for increasing staffing numbers, including expanding medical school places, is needed to put the NHS workforce back on a sustainable footing, restore timely access to care and protect patient safety. But given the urgency of the situation, the RCP has set out a range of short- and medium-term solutions that will make a difference now, from affordable childcare and flexible working to overseas recruitment and a new 'retire and return' deal for consultants.

[NHS workforce projections 2022](#)

July 2022, Health Foundation
This report provides the REAL Centre's projections of future NHS workforce supply and demand in England, up to 2030/31.

[Recruiting, retaining and sustaining the NHS Workforce](#)

November 2021, NHS Providers

The NHS is at a crossroads and that means its workforce is too. The ongoing COVID-19 pandemic has presented the biggest challenge in the history of the service, requiring staff to work at increased risk and in vastly different ways. This overhaul in priorities and ways of working, coupled with growing service demand and a care backlog requiring the NHS to run just to stand still, has led to understandably high rates of staff burnout, early retirement, and sickness absence. But, as vast as these challenges are, there are also opportunities for change and improvement. Trusts across the country are continuing to push themselves to do the best for their staff, with innovative and future-facing approaches to workforce planning, management,

and deployment. This report aims to collate best practice examples in these areas, identifying the common enablers and obstacles so that other organisations can consider this in their own work. It also gives an overview of the national context behind initiatives to recruit, retain, and sustain NHS staff.

[Securing a sustainable and fit-for-purpose UK health and care workforce](#)

May 2021, The Lancet

To supply a sustainable, skilled, and fit-for-purpose health and care workforce for the UK, a radical, integrated, and long-term strategic vision is needed. To date, this vision has been lacking. Roles and responsibilities for different components of the workforce strategy have been distributed between various national and local stakeholders with no overall ownership or oversight. Workforce planning has been inconsistent and often undertaken in professional silos. The result is fewer health and care staff than in many other high-income countries and major shortfalls in areas such as nursing, mental health, primary care, and social care. The current response has been a reliance on foreign-trained and temporary staff and small-scale changes in skill mix. This approach is neither desirable nor sustainable. Emerging challenges include rising multimorbidity, a gap in the supply of unpaid carers, an ageing workforce, and leaving the EU. To overcome these challenges, there is an urgent need to develop integrated workforce planning, reform education and training, and implement new models of care. The highest priority is to improve recruitment, retention, and morale by taking action to enhance career development opportunities, promote staff wellbeing, tackle discrimination in the NHS, and provide good pay and conditions. There is also an urgent imperative to offer sufficient aftercare and support for staff who have been exposed to high-risk and traumatic experiences during the COVID-19 pandemic. Future funding allocations for the health and care sector must take account of all these issues in order to secure a sustainable and fit-for-purpose health and care workforce.

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[Building the NHS nursing workforce in England](#) December 2020, The Health Foundation

In November 2019 we published “Falling short: the NHS workforce challenge”, our annual detailed assessment of the NHS workforce in England. The report highlighted that staff shortages had become more pronounced compared with previous years, and were increasing the risk of service delivery being compromised. In particular, the report highlighted the shortfall in registered nurses. Modest growth in NHS nurse numbers had not kept pace with demand and nursing vacancies had increased to almost 44,000 in the first quarter of 2019/20, equivalent to 12% of the nursing workforce.

[The NHS nursing workforce](#) March 2020, National Audit Office
Nurses are critical to the delivery of health and social care services, working across hospitals, community services, care homes and primary care. In 2019, around 519,000 people in England were registered to practise as a nurse, while the NHS employed 320,000 nurses in hospital and community services, making up about a quarter of all NHS staff. In January 2019, the NHS Long Term Plan acknowledged the need to increase staff numbers, noting that the biggest shortfalls were in nursing. The NHS set up the People Plan programme to decide how it would secure the workforce it needed to meet its future service commitments. In this report, we define workforce planning as the analysis and plans required to ensure that the NHS has the number and type of staff it needs, now and in the future.

System working

[System working in the NHS: How trusts work in partnership to improve care and outcomes for people](#) July 2024, NHS Providers
This resource looks at the role of system working in the NHS and how trusts can work in partnerships to improve outcomes.

[Integrated care system leadership: a rapid realist review](#) June 2024, Leadership in Health Services

Given the complex nature of integrated care systems (ICSs), the geographical spread and the large number of organisations involved in partnership delivery, the importance of leadership cannot be overstated. This paper aims to present novel findings from a rapid realist review of ICS leadership in England. The overall review question was: how does leadership in ICSs work, for whom and in what circumstances?

[Systems for Change: a whole-system approach](#) September 2023, NHS Confederation

On the question of how ICSs are making progress on social and economic development, we heard that it is the development of effective system working that is the most important enabler. To enable this, we have identified ten common approaches that leaders can take.

[Working in partnership at a systems level](#) April 2023, NHS Employers

Working at a system level means organisations can share their expertise and learn what others are doing. This means better experiences for patients and staff. It is also important to remember that your staff and patients are part of the community. Looking after your community will have a positive impact on population health outcomes.

[Integrated workforce thinking across systems: practical solutions to support integrated care systems \(ICSs\)](#) October 2022, NHS Employers

This guide has been written to support employers in integrated workforce thinking, in line with delivering the ICS strategy.

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[Sharing talent: lessons from collaborative healthcare staff banks](#)

July 2022, NHS Professionals

The 2022 Health and Care Bill establishes the foundations for a new era of co-operation and collaboration across place-based healthcare systems. It places Integrated Care Systems (ICSs) on a statutory footing with a clear mandate to integrate care, improve population health and reduce inequalities. This new environment offers considerable scope for providers to collaborate on workforce recruitment, deployment and development in a way that optimises the effective utilisation of people and skills and better enables consistently safe and effective healthcare across systems. It also supports innovation in tackling some of the biggest workforce challenges we face at the present time.

[Working differently together: progressing a one workforce approach – Multidisciplinary team toolkit](#) October 2021, Health Education England

This toolkit is a step-by-step guide to help progress a one workforce approach across health and care organisations and ICSs. In this context, 'one workforce' is intended to be indicative of a workforce drawn from a range of health and social care disciplines, working seamlessly as a productive, multi-functional team across clinical pathways, for the benefit of patients/service users.

[Inclusive recruitment: supporting economic recovery](#) February 2021, NHS Employers

This briefing highlights the economic impact of COVID-19 and the role the NHS can play in supporting local recovery.

[A place to work: system approaches to workforce challenges in the NHS](#) December 2019, NHS Providers

In many sustainability and transformation partnerships (STPs) and integrated care systems (ICSs), strong relationships are

borne out of the recognition of shared motivation to improve patient care, grow the workforce and make best use of resources in a challenging financial climate. System leaders taking forward this work describe coming together around a shared aim, and recognising that organisations have commonalities which leaders can rally around to develop joined-up workforce solutions – across recruitment and retention, training, and skills gaps. System working can help address workforce challenges but this will require a significant shift in how the NHS operates, transforming culture to make close working and cross-boundary relationships part of the day-to-day business of frontline staff, as well as getting leaders from across the system together to engage in joint strategic planning.

Wellbeing, work-life balance and working life

[Enhancing doctors' working lives – 2023 annual report](#) March 2024, NHS England

The report details new and developing initiatives which support the delivery of more integrated and person-centered care and highlights those developed to reduce the impact the pandemic has had on training progression and wellbeing.

[Supporting the wellbeing needs of NHS staff](#) March 2024, NHS Employers

This guidance has been created to support NHS health and wellbeing leads, staff experience leads and line managers in ensuring that our staff are safe and healthy at work and can deliver safe and high-quality patient care as part of the 'looking after our people' theme in the NHS People Promise.

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[Organisational interventions to support staff wellbeing: case studies from the NHS](#) March 2023, SOM and Birkbeck, University of London

This report contributes to the call for more comprehensive and systematic interventions to support staff wellbeing in the National Health Service (NHS). Such interventions, also known as organisational interventions, aim to support staff wellbeing by trying to improve how work is designed, organised, and managed. A growing literature evidences that organisational interventions are typically more effective, with more sustained effects, than interventions that solely focus on the individual healthcare worker.

[Voicing the concerns of the Public Health workforce on wellbeing and work-life balance: a brief policy response](#) October 2022, Royal Society for Public Health

The public health workforce is under enormous stress. Covid-19 exacerbated the already high workload, and increasing demand for their services made them work longer hours, suffer from a lack of work-life balance, and feel burned out.

[Fronting up to the problems: what can be done to improve the wellbeing of NHS staff?](#) July 2022, Nuffield Trust

The NHS is not in a place where it can lose staff, but many workers in the health service have faced almost unimaginable difficulties during the pandemic. How worried should we be about NHS staff health and wellbeing?

[NHS Staff wellbeing: why investing in organisational and management practices makes business sense: a rapid evidence review and economic analysis](#) June 2022, IPPO (The International Public Policy Observatory)

This report makes the business case for investing in the wellbeing of NHS staff. It includes a narrative review of data on the current state of the mental health and wellbeing of NHS staff

showing that nearly half of staff reported feeling unwell as a result of work-related stress in the most recent survey, that sickness absence had increased, and that there are high vacancy and turnover rates in some Trusts. Research also shows that patient care can be affected by poor healthcare staff wellbeing.

[Health and wellbeing of the adult social care workforce](#) May 2022, Department of Health and Social Care

Advice for those working in adult social care on managing your mental health and how employers can take care of the wellbeing of their staff.

[Caring for doctors, caring for patients](#) April 2021, GMC

Medicine is a tough job, but we make it far harder than it should be by neglecting the simple basics in caring for doctors' wellbeing. The wellbeing of doctors is vital because there is abundant evidence that workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health. In two studies, researchers found that doctors with high levels of burnout had between 45% and 63% higher odds of making a major medical error in the following three months, compared with those who had low levels.

[Creating a health and wellbeing culture](#) 2021, NHS England

Many factors influence the health and wellbeing of our diverse NHS people and teams. Some of these, such as physical and mental health, are well understood. However, there are other factors such relationships, management skills and the environment that we work in, that are fundamental to healthy people who are able to provide world class health care to our patients. This resource aims to provide the evidence base and inspiration for change for all these components of health and wellbeing.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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[Workforce Stress and the Supportive Organisation: a framework for improvement through reflection, curiosity and change](#) April 2019, Health Education England and the National Workforce Skills Development Unit

One of the biggest challenges facing the NHS is workforce resilience, capacity and wellbeing. Key issues such as recruitment and retention of staff are reflected in publications such as the Health Education England draft health and care workforce strategy; 'Facing the Facts, Shaping the Future'. With this in mind Health Education England commissioned the National Workforce Skills Development Unit to bring together an expert reference group to think differently about the problems facing the NHS workforce.

[Caring for the mental health of the medical workforce](#) 2019, British Medical Association

This report provides a summary of findings from a large-scale survey into doctors' and medical students' mental health. The survey, which was open to BMA members and non-members across the UK, received over 4,300 responses. Four in 10 respondents reported currently experiencing symptoms of depression, anxiety, burnout, stress, emotional distress or a mental health condition that is impacting on their work/training/study.

[Supporting health and wellbeing at work](#) October 2018, BMA

Our 'Supporting health and wellbeing' report is based on evidence from a BMA member survey looking into doctors' experiences with occupational support services. It focuses on the issues that junior doctors face, while taking a broad view of the challenges confronting the wider NHS workforce and identifying areas of improvement.