

# WORKFORCE PLANNING SURVEY MARCH 2022

## Sample

- We sent out a survey to a range of executive directors including chairs, chief executives, medical directors, nursing directors, directors of operations, HR directors and directors of strategy. The online survey was open from 14 – 23 March 2022.
- We received 236 responses from trust leaders to the survey from 142 unique trusts. This accounts for 67% of the provider sector (212 trusts in England).
- All trust types and regions were represented in the survey:

Trust type	Responses	% of responses
Acute Specialist trust	10	4%
Acute trust	97	41%
Ambulance trust	9	4%
Combined Acute and Community trust	50	21%
Combined Mental Health / Learning Disability and Community trust	36	15%
Community trust	15	6%
Mental Health / Learning Disability trust	19	8%
Grand Total	236	100%

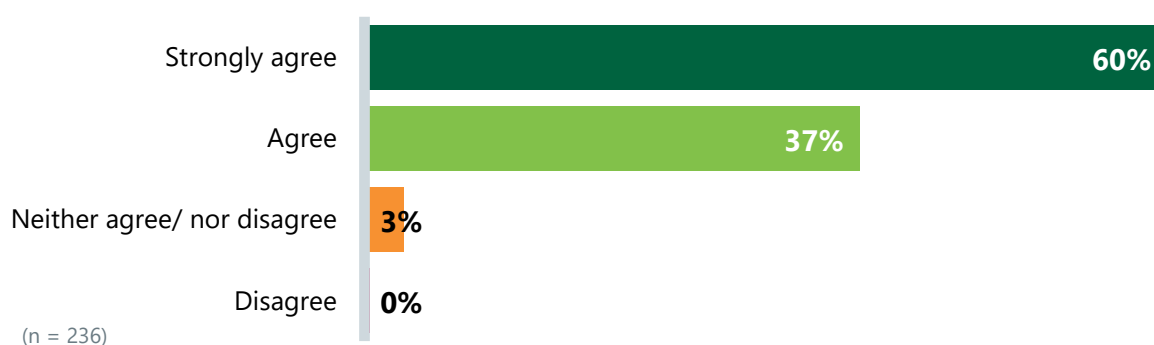
Region	Responses	% of responses
East of England	19	8%
London	32	14%
Midlands	38	16%
North East and Yorkshire	36	15%
North West	39	17%
South East	35	15%
South West	37	16%
Grand Total	236	100%

## Findings

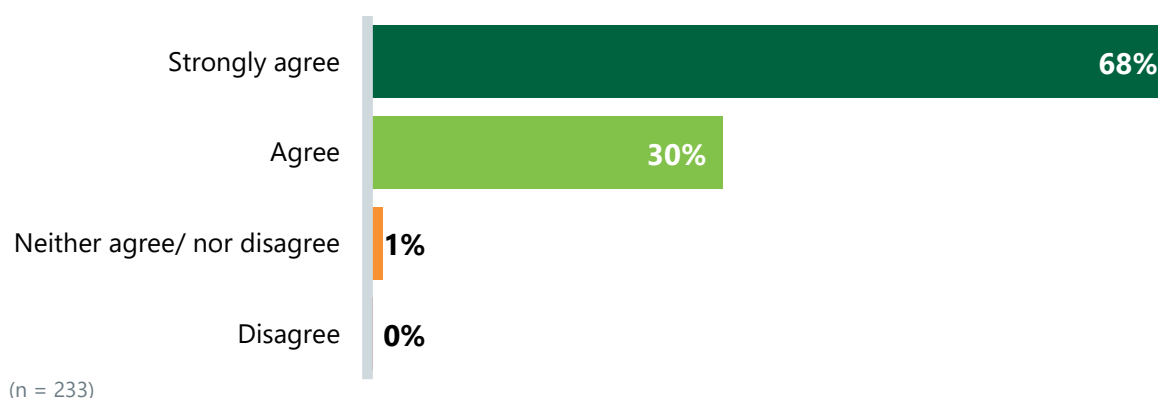
### 1. To what extent do you agree with the following statements:

- 97% of trust leaders strongly agree or agree that current workforce shortages are having a serious and detrimental impact on services.
- 98% of trust leaders strongly agree or agree that current levels of workforce shortages will slow down care backlog recovery.
- 89% of trust leaders strongly disagree or disagree that at a national level, the NHS has robust plans to tackle workforce shortages in the short to medium term.
- 88% of trust leaders strongly disagree or disagree that at a national level, the NHS has the right long term workforce planning process already in place.

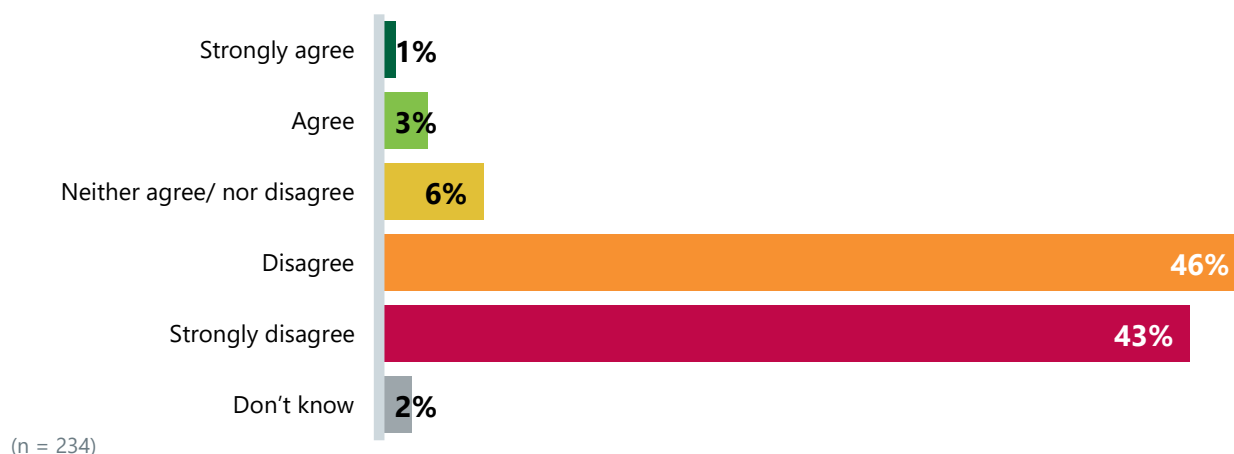
#### Current workforce shortages are having a serious and detrimental impact on services



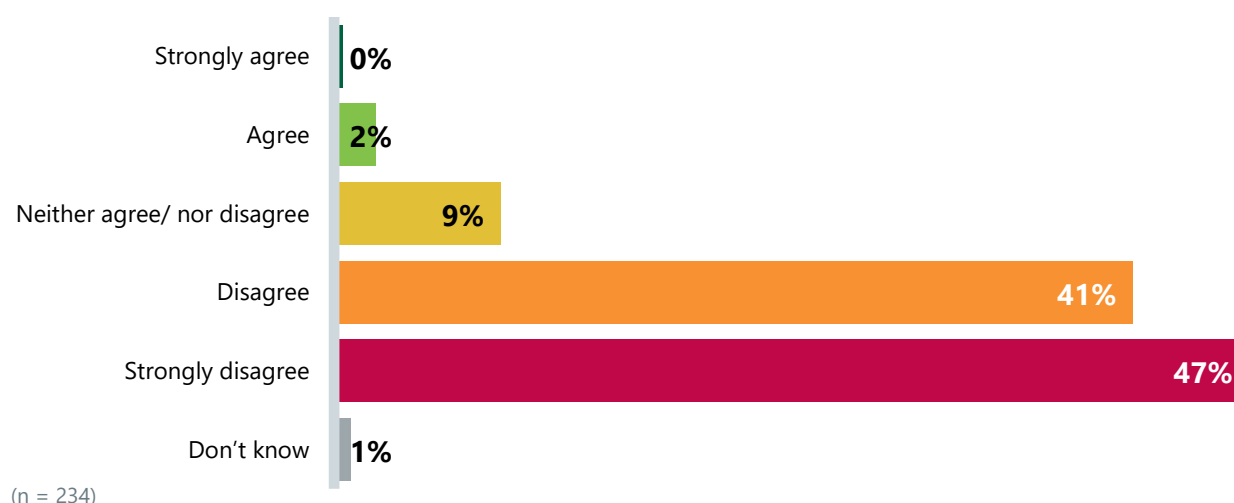
#### Current levels of workforce shortages will slow down care backlog recovery



### At a national level, the NHS has robust plans to tackle workforce shortages in the short to medium term



### At a national level, the NHS has the right long term workforce planning process already in place



## 2. If your trust is experiencing workforce shortages, can you please provide examples of services or professions you are most concerned about?

- Trust leaders reported workforce shortages across the board, covering all professions, trust types and regions.
- Significant shortfalls in nursing staff, midwives and radiographers were the professions that were mentioned most frequently. However, many trust leaders also mentioned shortages of health visitors, allied health professionals, specialty registrars, SAS and trust grade and health care support workers. Shortages in psychiatry, community district nursing teams and ambulance call handlers were also frequently mentioned.
- Shortages across different professions are leading to some services being reduced or closed.

- Many respondents highlighted how the shortage of radiographers is preventing progress towards developing community diagnostic hubs, a key component of elective recovery.
- Shortages across midwifery services were mentioned many times with some respondents saying they have had to close services and are fearful that they will not be able to recruit to the standards set out in the Ockenden report.
- Another strong theme from the responses included high turnover of staff and the reliance on expensive agency staff to fill gaps. There was a sense that reliance on agency has really increased once again.
- Several respondents also said that their services were reliant on international recruitment, or they had international recruitment plans in place to address shortfalls.
- Several respondents mentioned that workforce shortages of health care support workers and admin staff can be explained by relatively low NHS pay with keen competition from the retail and hospitality sector.

### 3. What are the consequences of not having certainty over multiyear NHS workforce supply covering 5-10 years? Tick all that apply.

- With regard to the consequences of not having certainty over multiyear NHS workforce supply covering 5-10 years:
  - 97% of trust leaders said it will increase burnout and morale of existing staff
  - 97% said it may impact retention of existing staff
  - 93% said it would negatively impact patient experience
  - 92% said it will take longer to deliver care backlog recovery targets
  - 90% said it would extend waiting times for individuals
  - 90% said it will be harder to meet new or existing performance standards
  - 87% said it will negatively impact the quality of care.

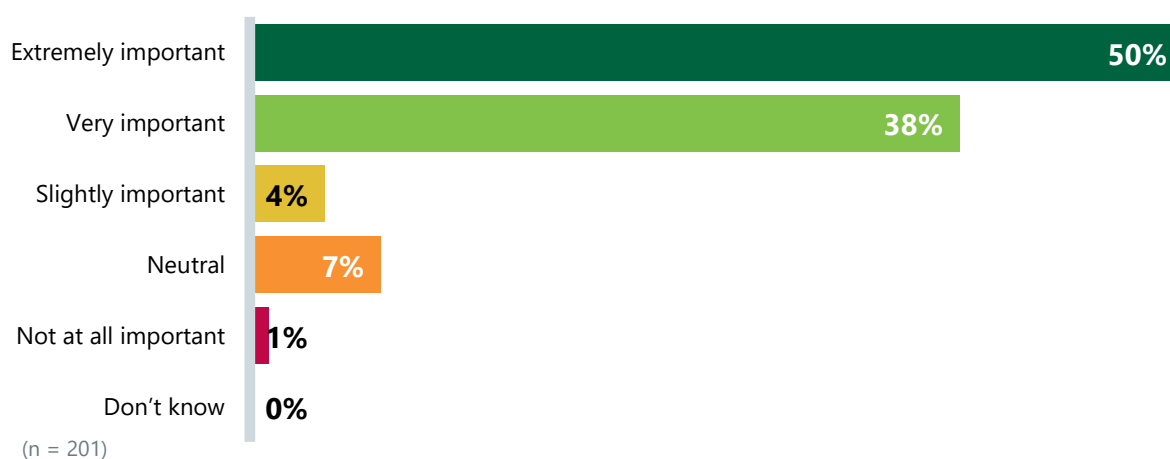
### What are the consequences of not having certainty over multiyear NHS workforce supply covering 5-10 years?



#### 4. How important is it for there to be a statutory requirement for government to publish frequent, independently verified assessments (updated every two years) of how many health and social care staff are needed to keep pace with projected demand over the next five, 10 and 20 years?

- 88% of trust leaders said it was extremely important (50%) or very important (38%) for there to be a statutory requirement for government to publish frequent, independently verified assessments (updated every two years) of how many health and social care staff are needed to keep pace with projected demand over the next five, 10 and 20 years.

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#### Quotes from respondents:

*'We have asked staff to go the extra mile during COVID-19 which they did. We are now asking them to do the same to recover backlog. We need to promise them that staffing shortages will be sorted - we must give them hope!' – Chair, combined acute and community trust*

*"It's completely unaffordable not to have a workforce plan."- Director of strategy, combined acute and community trust*

*"(It's) not just about planning numbers, it's about planning for pay and development as they are now big factors impacting retention." – HR director, combined acute and community trust*

*"If we don't plan over an extended period, we won't be able to deliver the workforce that we require. It takes years to train and develop, so if we don't plan then how do we ensure we have the right workforce to deliver services?" – Strategy director, combined acute and community trust*

*"Quality and safety will deteriorate and the divide in trusts' performance will worsen. Competition not collaboration will thrive as will the cost... with very expensive agency bills." – Nursing director, combined mental health, learning disabilities and community trust*

*"Now even high cost agencies cannot meet demand. Five years ago we were trying to phase the use of such agencies out of our organisations." – HR director, acute trust*

*"There seems to be a naïve view that money will sort the problems - without workforce, it won't. There also need to be realistic pay increases or there may be a mass exodus and further recruitment problems." – Medical director, acute trust*

*"Workforce is palpably the biggest single risk to achieving objectives. Without a clear short, medium and longer term plan to mitigate we cannot be confident that we can meet those objectives." – Chief medical officer, acute trust*

*"Every patient should still get the best of care, we just will not be able to care for as many patients in the right timescale." – Chair, acute trust*

*"25% vacancy rate for health visitors, 20% vacancy rate for speech and language therapists, 17% vacancy rate of occupational therapists" – Chief executive, community trust*

*"Radiographer shortages limiting full use of available equipment. Trainee doctor gaps in rotas requiring high numbers of additional internal shifts and use of agency locums." – Medical director, combined acute and community trust*

*"Health care support worker vacancies at 25%. Lower paid roles are becoming ever more difficult to recruit to given the increased competition and better paid roles in hospitality/retail etc." – Chief executive, acute trust*

*"Community hospital beds have had to close for periods of time due to insufficient qualified nursing staff being available. Our wound care and musculoskeletal services backlog is increasing due to AHP shortages, physiotherapists in particular." – Medical director, community trust*

*"Nursing and midwifery. Current vacancy rate 17%, turnover 12%. There have been more leavers than new starters in 10 of the last 12 months." – Chief executive, acute trust*

*"Continued vacancies across the trust workforce particularly within admin and clerical and nursing workforce. 10.9% vacancies overall and 16.8% vacancies for nursing staff." – Deputy chief executive, acute trust*

*"40% turnover of clinical hub call handlers at band 3 level. Shortfall of clinical staff in clinical hubs 20%. Projected shortfall of paramedics." – Chair, ambulance trust*

*"Significant shortfall of psychologists and mental health nurses impacting on all services but most significantly impacting on CAMHS and eating disorders - safety issues due to lack of staffing have resulted in bed closures across the region which in turn has resulted in long term stays in acute wards which are not appropriate for mental health patients." – Chair, mental health and learning disabilities trust*

*"30% vacancies in midwives." – Director of strategy, combined acute and community trust*

*"We have lost 68 staff from the emergency department in the last 12 months. Currently there are huge numbers of posts we cannot recruit to. We now have concerns about areas such as admin and clerical. Traditionally we always had huge numbers of applicants. Now we really struggle as the work is just too hard." – HR director, acute trust*